



Morongo Basin Health Care District
Community Health Center
GOVERNING BOARD MEETING

MINUTES of Thursday, February 5, 2026, at 4:45 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 (*absent*)
- Dianne Markle-Greenhouse (*present*)
- Esther Watson (*absent*)
- Gloria Cabrera (*present*)
- Hermoine Gutierrez 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 (*present*)
- Dianna Anderson, Community Programs Manager (*present*)
- Fredi Levitt, BH Manager (*present*)
- JJ Greer, SR Site Supervisor (*remote*)
- Janeen Duff, Director Strategic Initiatives (*remote*)
- Jill Goodwin, Clinical Services Manager (*present*)
- Kelly Hedges-Wehner, Patient Care Services Director (*present*)
- Kim Harrison, Business Office Services Director (*absent*)
- Mia Fisher, Dental Manager (*present*)
- Sheri Tinchler, 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 Sean Loomis at 4:45 p.m.

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

OBSERVANCES – Sean Loomis led the Pledge of Allegiance.

Lisa Ryan read the Mission, Vision, and Core statements.

PUBLIC COMMENTS – There were no public comments.

APPROVAL OF MEETING AGENDA -

Motion 26-141: MSC (Greenhouse/Markle-Greenhouse) 7/0/3 motion carried to approve February 5, 2026, agenda.

APPROVAL OF CHC CONSENT AGENDA –

Motion 26-142: MSC (Greenhouse/Markle-Greenhouse) 7/0/3 motion carried to approve consent agenda with the change to read January 8, 2026 meeting minutes.

**POLICY NO. CHC-QA-100 QUALITY ASSURANCE & PERFORMANCE
IMPROVEMENT PLAN – Tricia Gehrlein, CPE/CO**

CPE/CO Gehrlein expressed that in the past she has spoken about the way we are implementing change, and that we have become very data-driven when implementing change, tracking how we are doing and keeping things moving along appropriately. In the currently approved Quality Plan, improvement efforts are tracked utilizing PDSA (Plan Do Study Act), which is a very nursing/medical background type of implementation.

PDSA no longer fits our organization in the way we do things. What does fit very well is the DMAIC process, which is more data driven. It requires a root cause analysis before you begin to identify what the issues are, measure it, and analyze it – and then implement change. Like PDSA, it is a continuous improvement process but there is greater emphasis placed on pre-planning and then monitoring success and ensuring controls in place to sustain the improvements that have been made.

After discussing with our management team and leaders who use these processes, everyone agreed that this way of doing things is more efficient for us. A brief Q&A period followed.

Motion 26-143: MSC (Greenhouse/Markle-Greenhouse) 7/0/3 Motion to approve Policy No. CHC-QA-100 Quality Assurance Performance Improvement Plan.

**POLICY NO. CHC-PC-148 PATIENT TERMINATION FROM SERVICES –
Tricia Gehrlein, CPE/CO**

CPE/CO Gehrlein began the discussion explaining that Policy No. CHC-PC-148 was recently approved, however, she recognized in implementation of the policy that steps six and seven were not included in the approved version. , These steps are internal processes are taken once a termination has happened with a patient.

A patient termination/divorce occurs when, if for some reason, it doesn't make sense to continue to provide care to a patient.

It may be due to:

- non-compliance with their medical team
- financial reasons
- behavior related

In particular, it was not documented in the policy, that if a patient had been divorced from service due to nonpayment that once they paid their account in full, we would reverse the divorce and allow appointments again. However, the policy did not document how we would reverse the divorce. The version presented for approval is to clearly document how to handle the patient account once a patient divorce has entered the system.

CEO Schmall informed everyone that the list of reasons for a patient termination is on page 8 in the board packet, reiterating that there is a rigorous process that is followed. A brief Q&A period followed.

Motion 26-144: MSC (Markle-Greenhouse/Greenhouse) 7/0/3 Motion to approve Policy No. CHC-PC-148 Patient Termination from Services.

Q4 & YEAR END QUALITY REPORT – Tricia Gehrlein, CPE/CO

UDS (Uniform Data Submission) Quality Measures are set by HRSA (Health Resources and Services Administration) based on best practice. Each measure targets a specific subset of our patient population and outcomes in these measures are one indicator of the quality of care received.

Of note:

1. UDS is presented as a whole and by provider
2. Q4/Year End scopes
 - a. Scores are accumulated to date; what is presented is for the year.
 - i. Improvements are due to Quality, Clinic Management, Providers and MA's, working collaboratively to ensure quality measures are addressed and that accurate documentation of quality measures in the electronic health record occurs.

UDS Measures for 2025 are summarized as follows:

- Six (6) of the 16 measures were equal to or higher than target goals: Adult BMI measuring and counseling, Colorectal Cancer Screening, Diabetes A1c, Ischemic Vascular Disease-Aspirin Use, Controlling Blood Pressure, HIV Screening, and Dental Sealants for Children.
- Seven (7) of the measures were within 10% of achieving target goals: Breast Cancer Screening, Cervical Cancer Screening, Statin Therapy, Tobacco Screening & Intervention, Screening for Depression/Follow-Up Plan, and Depression Remission at Twelve Months.
- Two (2) of the measures did not meet target goals; Childhood Immunizations and HIV connection to care (1 patient qualified but refused referral to specialist).

At the January 8, 2026 CHC Board meeting, the Quality Committee supported increasing our target goals for 2026. Meeting these new goals will be the focus during 2026; success will lead to the CHC's being recognized by HRSA with corresponding Quality Badges in the (potential) areas of: Behavioral Health, Diabetes Health, Heart Health, and Preventive Health.

2025 PATIENT SATISFACTION

MBCHC contracts with Press-Ganey to conduct patient satisfaction surveys. Press-Ganey is a known leader in patient satisfaction surveys and works with MBCHC to interpret the responses into actionable data.

For Q4, there has been a slight decrease in satisfaction for Medical and slight increase for Dental compared to Q3. Overall scoring places Medical at 91.79% (was 92.80) satisfaction and Dental at 93.89% (was 91.78%) satisfaction. Behavioral Health did not receive a high enough response to rate this past quarter. We have discovered that there was an issue with the data exchange between our system and Press-Ganey – we anticipate an increase in survey results for Q1 2026. Our key indicators for Q4 (specific question scores) show results similar to Q3. 2025 cannot be compared to 2024 as the surveys were re-configured in early 2025.

For 2025, there was a corresponding slight decrease in Medical and slight increase in Dental. Medical scored 92.23% for the year (was 93.51% in 2024) and Dental scored 92.24% (was 90.18% in 2024).

Overall, given the challenges the clinics faced in 2025 with the installation of the new phone system and a shortage of providers (causing many patients to have to be rescheduled), our results remain positive and reflect how well staff have done to provide high customer service in all circumstances.

NOTE: Patient comments are reviewed to identify trends or specific concerns. No trends or specific concerns identified.

NEEDS ASSESSMENT PRESENTATION – *Tricia Gehrlein, CPE/CO*

CPE/CO Gehrlein shared the Needs Assessment presentation with the board members. A Q&A period was held after the presentation with the following being discussed:

- Population by service area zip codes
- Demographics:
 - Population mix
 - Language
 - Education
 - Income
 - Housing
- Socio-Economic Indicators
- Morbidity and Mortality
- Health Behaviors
- Unique Health Needs of the Region
 - Provider Access
 - Social Factors
 - Transportation
 - Language Needs
 - Housing Status

The Needs Assessment Presentation “*Community Health Assessment 2026*” is attached to these minutes.

Board members engaged in a discussion regarding the content of the Assessment. They agreed that the content was reflective of their knowledge of the community and the needs that the residents in our designated region face. No additional areas of concern/needs were identified.

DECEMBER 2025 FINANCIAL REPORT – *Debbie Anderson, CFO*

OVERVIEW

The clinic financials for the month of December show income of \$57,759 and year to date shows income of \$214,560. (See Table 2 & 3)

A recap of the 1st half of the year of the clinics by service line is in Table 1. Per review, dental and BH are the service lines struggling the most. Also, if we look at the net surplus, \$155,273 of that surplus is from grants. Normally the grants column should be zero (since we are reimbursed for all expenses); however, we bought some equipment that qualified for capitalization on the Statement of Net Position, which is why the grants column is showing “income”. If you back out the grants “income”, then you are left with a net surplus of \$59,287, which is essentially a break even of the clinics.

Table 1 Clinics Year to Date Change in Net Position by Service line

Description	Adult	Peds	Dental	Chiro	BH	340B	Grants	Indirect	Total
Operating Income and Expense									
Operating Income									
Patient service revenue	1,346,759	1,029,222	768,004	434,229	652,344	-	-	-	4,230,558
Grant Revenue	-	-	-	-	-	-	312,350	766,454	1,078,803
Other Operating Revenue 340B	-	-	-	-	-	267,669	-	-	267,669
Other Operating Revenue Cap Fees	701,271	400,999	-	-	3,919	-	-	-	1,106,189
Other Operating Revenue Records & Interest	750	350	-	50	25	-	-	65	1,240
Other Operating Revenue Cost Report Adj	(329,665)	(288,457)	-	(41,208)	(164,832)	-	-	-	(824,163)
Other Operating Revenue Other	27,899	45,300	19,381	-	63,652	-	-	334,891	491,123
Total Operating Income	1,747,014	1,187,414	787,385	393,071	555,107	267,669	312,350	1,101,409	6,361,418
Operating Expenses									
Salaries and Wages	837,171	405,101	558,948	21,722	241,004	-	29,753	742,614	2,836,311
Fringe Benefits and Payroll Taxes	178,423	64,829	124,653	7,199	70,050	-	9,422	173,118	627,894
Physician Fees/Contract Labor	-	165,130	-	131,560	215,975	-	-	-	512,665
Purchased Services	14,387	7,945	40,121	1,735	2,374	-	1,694	301,814	370,070
IT, Network, & Phones	9,048	12,235	7,169	474	2,133	-	-	100,462	131,522
Supplies	15,261	139,961	39,375	106	40	181,858	93,122	3,952	473,675
Repair and Maintenance	37,773	3,193	10,938	918	1,766	-	-	19,957	74,544
Rent and Lease	-	-	600	-	-	-	-	-	600
Utilities	10,963	9,024	7,273	874	4,839	-	-	15,125	48,097
Insurance Expenses	862	-	862	-	-	-	-	-	1,724
Other Direct Expense	14,332	3,291	3,992	68	600	-	14,855	24,739	61,877
Operating Expense before depreciation	1,118,220	810,709	794,129	164,656	538,781	181,858	148,847	1,381,781	5,138,979
Depr & Amort	32,144	6,875	43,107	1,079	4,019	-	-	21,300	108,524
Total Depreciation	32,144	6,875	43,107	1,079	4,019	-	-	21,300	108,524
Total Operating Expenses	1,150,363	817,583	837,236	165,735	542,800	181,858	148,847	1,403,081	5,247,503
Net Operating Income (Loss)	596,651	369,830	(49,852)	227,336	12,307	85,811	163,503	(301,671)	1,103,915
Clinic Allocations									
Clinic Allocation Income	465,418	239,896	226,740	30,996	132,108	-	6,821	(1,101,978)	-
Clinic Allocation Expenses	(616,620)	(331,475)	(244,812)	(44,072)	(157,088)	-	(9,014)	1,403,081	-
District Allocation Income	1,336	689	652	89	380	-	3	-	3,149
District Allocation Expenses	(376,977)	(194,310)	(183,643)	(25,111)	(106,991)	-	(6,040)	-	(893,073)
Non-Operating Revenues (expenses)	-	-	-	-	-	-	-	568	568
Total Allocations & Non-operating	(526,843)	(285,201)	(201,063)	(38,098)	(131,592)	-	(8,230)	301,671	(889,355)
NET SURPLUS/(DEFICIT)	63,808	84,630	(250,914)	189,238	(119,285)	85,811	155,273	-	214,560

CLINIC CHANGE IN NET POSITION

Table 2 Clinics December 2025

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Patient services (net)	748,985	664,687	84,298	12.68%
Grant Revenue	142,478	127,742	14,736	11.54%
340B Revenue	43,707	29,879	13,828	46.28%
Capitation Fees	183,308	180,832	2,476	1.37%
Records & Interest	257	153	104	67.85%
Cost Report Adjustments	(137,361)	(137,360)	(0)	-0.00%
Quality	48,770	21,042	27,728	131.78%
Other/Misc	20,000	-	20,000	100.00%
	1,050,144	886,974	163,170	18.40%
Salaries - Clinic	470,892	535,247	64,355	12.02%
Fringe - Clinic	96,975	106,009	9,034	8.52%
Phys Fees - Clinic	77,220	73,087	(4,133)	-5.65%
Purchases Services - Clinic	57,878	61,933	4,055	6.55%
IT, Network & Phones - Clinic	21,896	24,459	2,563	10.48%
Supplies - Clinic	44,166	33,020	(11,146)	-33.75%
Supplies - 340B	33,006	24,999	(8,007)	-32.03%
R&M - Clinic	8,986	6,507	(2,480)	-38.11%
Leases/Rentals - Clinic	100	142	42	29.41%
Utilities - Clinic	6,887	5,472	(1,415)	-25.86%
Ins - Clinic	287	302	14	4.75%
Other - Clinic	13,879	7,886	(5,994)	-76.01%
Depreciation	15,909	18,792	2,883	15.34%
	848,083	897,854	49,771	5.54%
Operating Income/(Loss) before Allocation	202,061	(10,880)	212,941	1957.18%
Allocation of Overhead for Health Centers	(144,301)	(185,907)	41,606	22.38%
Change in Net Position	57,759	(196,787)	254,546	129.35%

Table 3 Clinics Year to Date

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Patient services (net)	4,230,558	3,837,055	393,503	10.26%
Grant Revenue	1,078,803	791,981	286,823	36.22%
340B Revenue	267,669	172,485	95,184	55.18%
Capitation Fees	1,106,189	1,084,991	21,198	1.95%
Records & Interest	1,240	884	356	40.26%
Cost Report Adjustments	(824,163)	(824,163)	0	0.00%
Quality	446,123	126,250	319,873	253.36%
Other/Misc	45,000	-	45,000	100.00%
	6,351,418	5,189,482	1,161,937	22.39%
Salaries - Clinic	2,836,311	3,071,853	235,542	7.67%
Fringe - Clinic	627,894	688,018	60,125	8.74%
Phys Fees - Clinic	512,665	421,911	(90,754)	-21.51%
Purchases Services - Clinic	370,070	369,690	(380)	-0.10%

Table 3 (continued)

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
IT, Network & Phones - Clinic	131,522	146,757	15,235	10.38%
Supplies - Clinic	291,818	190,617	(101,200)	-53.09%
Supplies - 340B	181,858	145,774	(36,084)	-24.75%
R&M - Clinic	74,544	38,527	(36,016)	-93.48%
Leases/Rentals - Clinic	600	850	250	29.42%
Utilities - Clinic	48,097	46,337	(1,760)	-3.80%
Ins - Clinic	1,724	1,810	86	4.75%
Other - Clinic	61,877	46,156	(15,721)	-34.06%
Depreciation	108,524	112,749	4,225	3.75%
	5,247,503	5,281,050	33,547	0.64%
Operating Income/(Loss) before Allocation	1,103,915	(91,568)	1,195,483	1305.57%
Allocation of Overhead for Health Centers	(889,924)	(1,073,190)	183,266	17.08%
Operating Income/(Loss) after Allocation	213,992	(1,164,758)	1,378,749	118.37%
Non-Operating	568	-	568	-100.00%
	568	-	568	-100.00%
Change in Net Position	214,560	(1,164,758)	1,379,318	118.42%

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. Quality is higher because we anticipated cuts to quality which happened yet. Other/Misc revenue variance is due to grant monies for the MAT program. Physician fees are higher due to increased services being done by all providers. 340B supplies expense is higher due to drug manufacturer restrictions. 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	2,595
Dec	2,858	3,304	2,976	2,705	2,881	2,556	3,027	3,000
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	18,804
Total YTD	19,389	20,920	18,038	18,539	18,129	17,057	18,722	18,804

Motion 26-145: MSC (Markle-Greenhouse/Greenhouse) 7/0/3 Motion to accept and file the December 2025 Financial Report.

CEO REPORT

- The IEHP mobile mammogram program scheduled to return on January 30th has been cancelled by IEHP. The IEHP team is actively looking for a different vendor with the hopes of restarting Mammo scheduling soon.
- We have been recruiting for a doctor in our Yucca Valley location with little success. Our efforts have been assisted by another provider of ours who has referred a friend. We have interviews scheduled with the applicant and hope to have more info for you soon.
- Other key provider searches include 1 full-time NP and 1 LCSW. Interviews have been scheduled so we are hopeful to fill our positions soon.
- Staff are working on the UDS for 2025 and annual program update with HRSA and will be completing reports and information to be submitted by February 15th.
- Some phone issues resulted in complaints by our patients. We identified the issue and have worked with the system and 3rd party vendor to correct this.

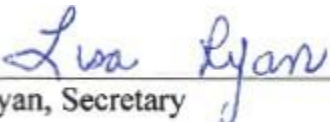
CALENDAR REVIEW – *Cindy Schmall, CEO*

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

Janeen Duff informed the board about the Flying Doctors event March 7th through March 8th (on March 8th there will be no Outreach tables).

BOARD MEMBER COMMENTS – None

ADJOURNMENT – Meeting adjourned at 6:02 p.m.



 Lisa Ryan, Secretary