



*Morongo Basin Health Care District*  
**Community Health Center**  
**GOVERNING BOARD MEETING**

**MINUTES of Thursday, April 2, 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 (*present*)
- Esther Watson (*present*)
- Gloria Cabrera (*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 (*present*)
- 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 (*present*)
- Jill Goodwin, Clinical Services Manager (*absent*)
- Kelly Hedges-Wehner, Patient Care Services Director (*present*)
- Kim Harrison, Business Office Services Director (*present*)
- Mia Fisher, Dental Manager (*absent*)
- 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 and Cody Briggs read the Mission & Vision Statements.

PUBLIC COMMENTS – There were no public comments.

APPROVAL OF MEETING AGENDA -

*Motion 26-155: MSC (Greenhouse/Watson) 7/0/1 motion carried to approve April 2, 2026, agenda.*

APPROVAL OF CHC CONSENT AGENDA –

*Motion 26-156: MSC (Greenhouse/Todd) 7/0/1 motion carried to approve consent agenda.*

## BOARD EDUCATION-UDS-UDS CLINICAL QUALITY MEASURES – *Tricia Gehrlein, CAO*

CEO Schmall asked CAO Gehrlein to put together a more in depth education presentation on what the UDS actually is, where it comes from, and how we use it to improve quality of care. Because this is one of your key responsibilities with HRSA, it's important that you understand what we are doing. We are going to try and do more board education to help build your knowledge and get you more familiar with the terms.

CAO Gehrlein continued with the presentation, reviewing the importance of the evidenced based UDS measures, including the three areas of focus and how these measures are used within the clinics, as well as how to interpret the results for the board.

### ACTION ITEMS

#### REVIEW BOARD MEMBER ATTENDANCE – *Cindy Schmall, CEO*

CEO Schmall stated that the CHC board has attendance requirements in the By-Laws for this meeting to ensure that board members are staying active and meeting their requirements. Hermione Gutierrez Rios has not been attending for some time. We have attempted to reach out to her with no response. We knew that she was planning to move out of the area but we have not heard if it has happened or not. However, at this point, she is not meeting the compliance requirements and hasn't attended a meeting since October. The By-Laws state that you have to make 75% of the meetings, which means you can only miss three (3). At this time, I have to ask for your approval to remove Hermoine from the board and we will start a search for another patient board member.

*Motion 26-157: MSC (Briggs/Ryan) 7/0/1 motion carried to remove Hermoine Gutierrez Rios from the CHC board as it pertains to attendance.*

#### POLICY NO. CHC-PC-125 – INTERPRETIVE SERVICES – *Tricia Gehrlein, CAO*

CAO Gehrlein stated that the board currently has in front of them is an updated version to the original policy and what we have added and changed. for the previous version did not directly address an employee who wished to translate or what happens when a family member comes in with the patient. The law is very strict, if you are going to be interpreting medical information, you must have certification to do so. If our providers happen to speak Spanish, they cannot interpret for themselves. They must our approved language service contractors to do the translation for them. If a family member comes in with a patient, they can translate information such as your name, date of birth, address, or anything non-medical. Employees or anybody can only do the interpretation if they have the proper certification.

*Motion 26-158: MSC (Briggs/Greenhouse) 7/0/1 motion carried to approve Policy No. CHC-PC-125 – Interpretive Services.*

#### POLICY NO. CHC-PC-200 – 340B DRUG PROGRAM, POLICY, & PROCEDURE

CAO Gehrlein informed the board that the 340B program is quite extensive and means that our patients can access medication at a lower cost than if they were to go to private insurance. We do not have a pharmacy in-house; however, some federally qualified health centers do have their own pharmacy. What this means for our patients is that we have agreements with local pharmacies that allow them to access medications. We have an intermediary who helps us manage this.

By accessing the drugs at a lower cost, the pharmaceutical companies are required to take some of the cost savings and give it to the federally qualified health centers. There is a stream of income that comes from this, it's not very big but there is a stream of revenue. This is very tightly regulated by the federal government because they are ensuring that our patients have access to medication that they normally couldn't afford.

Our intermediary helped us write these policies that are in line with HRSA's requirements that formalize and structure how we implement the program, how we audit the program, and how we ensure that only patients of ours receive the medications that are prescribed. As an example, if a patient presents and their name is John Doe and they present to Vons to fill their medication, we may have five (5) patients named John Doe, we then get this record and ensure that the patient who presented is our John Doe patient,

which we then ensure that it is true and correct. If it's not our patient and they received the discount, this is illegal.

The policy outlines the program, the legalities of how we implement the program, and what we have to audit and then present to our compliance committee.

Esther Watson asked how do you audit the various pharmacies to ensure they are giving the discount to the right person?

CAO Gehrlein stated that our intermediary receives a report from the pharmacies and the report has all of the patient identifiers in it. We do random audits, sometimes a full audit of patients. Our intermediary has our patient provider NPI numbers, which is their provider number that is registered with the government. First they check and match "did the prescription come from that provider"? This is the first screening then it cascades down from there.

*Motion 26-159: MSC (Greenhouse/Watson) 8/0/0 motion carried to approve Policy No. CHC-PC-200-340B Drug Program. (This was inadvertently listed on the agenda as Policy No. CHC-PC-20 by clerical error).*

FEBRUARY 2026 FINANCIAL REPORT – *Cindy Schmall, CEO*

**OVERVIEW**

The clinic financials for the month of February show income of \$29,831 and year to date shows income of \$601,785. (See Table 1 & 2)

Visits performed for the month of February came down compared to other months in the fiscal year, but were still over budgeted visits (2,903 actual vs 2,737 budget). This has contributed to the clinics being over budget by 862 visits to date, which is reflected in the financial statements patient services revenue. Capitation revenue seems to have finally leveled out from IEHP. Previous to this year, we were continually receiving increased capitation amounts, which has added more variables to trying to estimate the year end payback to Medi-Cal. Now that this has leveled out, we are hoping we can fine tune our estimates for the paybacks owed that come about from the Medi-Cal payment reconciliation process. Clinic operating expenses continue to be with 1%-2% of budget, excluding allocations.

**CLINIC CHANGE IN NET POSITION**

**Table 1 Clinics February 2026**

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Patient services (net)	690,508	574,048	116,461	20.29%
Grant Revenue	134,793	127,742	7,051	5.52%
340B Revenue	34,354	25,805	8,549	33.13%
Capitation Fees	178,792	180,832	(2,040)	-1.13%
Records & Interest	341	133	208	156.87%
Cost Report Adjustments	(137,361)	(137,360)	(0)	-0.00%
Quality & TRI/Prop 56, Misc	62,528	21,042	41,486	197.16%
Mat Grant		-	-	0.00%
	<b>963,956</b>	<b>792,240</b>	<b>171,715</b>	<b>21.67%</b>
Salaries - Clinic	432,733	465,432	32,699	7.03%
Fringe - Clinic	115,522	115,330	(192)	-0.17%
Phys Fees - Clinic	86,745	63,121	(23,624)	-37.43%
Purchases Services - Clinic	55,979	60,559	4,580	7.56%
IT, Network & Phones - Clinic	19,849	24,459	4,611	18.85%
Supplies - Clinic	18,620	28,518	9,897	34.71%
Supplies - 340B	32,339	22,467	(9,873)	-43.94%
R&M - Clinic	4,496	6,199	1,703	27.47%

Table 6 (continued)

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Leases/Rentals - Clinic	272	142	(130)	-91.85%
Utilities - Clinic	6,900	6,025	(875)	-14.53%
Ins - Clinic	287	302	14	4.75%
Other - Clinic	4,490	7,191	2,701	37.56%
Depreciation	16,419	18,792	2,372	12.62%
	<b>794,651</b>	<b>818,535</b>	<b>23,883</b>	<b>2.92%</b>
Operating Income/(Loss) before Allocation	169,305	(26,294)	195,599	743.89%
Allocation of Overhead for Health Centers	(139,473)	(160,556)	21,083	13.13%
<b>Change in Net Position</b>	<b>29,831</b>	<b>(186,850)</b>	<b>216,681</b>	<b>115.97%</b>

Table 2 Clinics Year to Date

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Patient services (net)	5,662,964	5,045,576	617,388	12.24%
Grant Revenue	1,668,057	1,047,465	620,592	59.25%
340B Revenue	340,913	226,810	114,103	50.31%
Capitation Fees	1,467,631	1,446,655	20,976	1.45%
Records & Interest	1,719	1,163	556	47.79%
Cost Report Adjustments	(1,098,468)	(1,098,884)	416	0.04%
Quality & TRI/Prop 56, Misc	571,936	168,333	403,603	239.76%
Mat Grant	75,000	-	75,000	100.00%
	<b>8,689,752</b>	<b>6,837,118</b>	<b>1,852,633</b>	<b>27.10%</b>
Salaries - Clinic	3,743,359	4,049,261	305,902	7.55%
Fringe - Clinic	839,734	916,699	76,965	8.40%
Phys Fees - Clinic	688,630	554,796	(133,834)	-24.12%
Purchases Services - Clinic	493,066	492,707	(359)	-0.07%
IT, Network & Phones - Clinic	178,159	195,676	17,516	8.95%
Supplies - Clinic	351,184	250,655	(100,530)	-40.11%
Supplies - 340B	244,514	192,395	(52,119)	-27.09%
R&M - Clinic	87,399	51,130	(36,269)	-70.93%
Leases/Rentals - Clinic	1,072	1,133	62	5.43%
Utilities - Clinic	61,939	58,616	(3,323)	-5.67%
Ins - Clinic	2,299	2,413	115	4.75%
Other - Clinic	73,001	61,001	(12,000)	-19.67%
Depreciation	140,988	150,332	9,344	6.22%
	<b>6,905,344</b>	<b>6,976,814</b>	<b>71,470</b>	<b>1.02%</b>
Operating Income/(Loss) before Allocation	1,784,408	(139,696)	1,924,104	1377.35%
Allocation of Overhead for Health Centers	(1,183,191)	(1,411,202)	228,011	16.16%
Operating Income/(Loss) after Allocation	601,216	(1,550,898)	2,152,115	138.77%
Non-Operating	568	-	568	-100.00%
	568	-	568	-100.00%
<b>Change in Net Position</b>	<b>601,785</b>	<b>(1,550,898)</b>	<b>2,152,683</b>	<b>138.80%</b>

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 because the cuts will take another year before they are realized. 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	3,346
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	3,210
Feb	3,198	3,763	3,190	3,068	2,882	2,980	3,303	2,903
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	24,916
Total YTD	26,285	28,693	24,149	24,532	24,012	23,263	25,341	24,916

Motion 26-160: MSC (Greenhouse/Briggs) 7/0/1 motion carried to approve the February 2026 financial report.

CEO REPORT – *Cindy Schmall, CEO*

- I am pleased to announce that Lorraine Kirkpatrick, NP, and Daniela Attia, LCSW have started orientation and are doing well. Our search for an additional provider is still ongoing to help us meet the needs of the patient volume.
- Dr. Kim will be back to full time in April and is doing well.
- Kelly Hedges Wehner and JJ Greer, participated in an IEHP audit of patients screened for lead testing and we scored a 95% which is excellent.
- Work on the Yucca Valley clinic and Behavioral Health office has begun. The goal is to do some minor updates and remodeling to accommodate growth and space needs to get all the supporting services on clinic sites.
- The Yucca Valley Clinic has been experiencing plumbing malfunctions due largely to the old cast iron pipes. This is being addressed but will require some major updating to the plumbing lines.

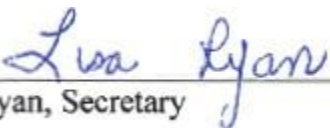
Next month the meeting will be short as we are taking you on a tour of the clinics. Kelly and his team will be on site to walk you around and show you what’s going on.

CALENDAR REVIEW – *Cindy Schmall, CEO*

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

BOARD MEMBER COMMENTS – None

ADJOURN MEETING – Meeting adjourned at 6:01 p.m.

  
 \_\_\_\_\_  
 Lisa Ryan, Secretary