



Morongo Basin Health Care District
Community Health Center
GOVERNING BOARD MEETING

MINUTES of Thursday, May 7, 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 (*present*)
- Jackie Todd (*present*)
- Marc Greenhouse (*present*)
- Lisa Ryan (*absent*)
- Pat Cooper (*absent*)
- 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 (*absent*)
- JJ Greer, SR Site Supervisor (*remote*)
- Janeen Duff, Director Strategic Initiatives (*present*)
- Jill Goodwin, Clinical Services Manager (*present*)
- Kelly Hedges-Wehner, Patient Care Services Director (*remote*)
- Kim Harrison, Business Office Services Director (*remote*)
- Mia Fisher, Dental Manager (*absent*)
- Sheri Tincher, Patient Financial Manager (*absent*)
- Tina Huff, Integrated Health Services Director (*remote*)
- Tricia Gehrlein, CPE/CO (*present*)

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 26-161: MSC (Greenhouse/Briggs) 6/0/2 motion carried to approve May 7, 2026, agenda.

APPROVAL OF CHC CONSENT AGENDA –

Motion 26-162: MSC (Briggs/Watson) 6/0/2 motion carried to approve consent agenda.

ACTION ITEMS

Q1 2026 QUALITY REPORT – *Tricia Gehrlein, CAO*

2026 UDS Measures Q1

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,
2. Providers receive their individual scores
3. Q1 scores:
 - a. Scores are similar to Q1 2025
 - b. Q1 scores are specifically impacted by:
 - i. UDS scores are rated based upon a *qualifying visit*. The patient must have been seen in a department that qualifies for having a reason to evaluate a measure.
 - ii. Behavioral Health, Chiropractic, and Telehealth visits are qualifying visits.
 - iii. Patients may not yet have seen their primary care provider this year, so the measure needed is not yet captured as this usually occurs in the primary care office.
 - iv. If the measure has not yet been captured, the resulting score will be low.
 - v. Scores increase over the course of the year as patients are seen in primary care.

UDS Measures for Q4 are summarized as follows:

- 1 of the 16 measures was *equal to or higher* than target goals: HIV Screening
- 5 of the measures were within 10% of achieving target goals: Controlling High Blood Pressure, IVD Aspirin Use, Statin Therapy, Tobacco Use: Screening and Cessation; and Dental Sealants for Children
- 10 of the measures did not meet target goals: BMI Screening and Follow up (Adult), Breast Cancer Screening, Childhood Immunizations, Weight Assessment and Counseling for Nutrition/Physical Activity for Children and Adolescents (BMI), Colorectal Cancer Screening, Diabetes A1c, and Screening for Depression and Follow up plan/Depression Remission at 12 months.

2026 Patient Satisfaction Q1

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 example, based on data, they have identified that the number one way to improve our key question (Likelihood you recommend MBCHC to others) is in service recovery. If a patient has scored MBCHC low on their ability to contact us for an appointment, a positive experience upon arrival and throughout the appointment can negate the low score.

For Q1, there has been a slight increase in overall satisfaction over 2025. Overall scoring places Medical at 93.09% (was 92.33) satisfaction and Dental at 95.11% (was 92.24%) satisfaction. Behavioral Health did not receive a high enough response to rate this past quarter. We are exploring other ways to reach this patient population.

Patient Satisfaction tracking for 2026 now includes:

- Primary Care Providers overall
 - Individual scores are shared with providers.
 - Adult Primary Care Providers = 91.04%
 - Pediatric Providers – 96.86%
 - Dentists = 93.74%
- Medical Assistants = 93.51%
- Dental Team (not Dentists) – 98.21%
- Front Desk – 92.80%

Our key indicators (specific question scores) show a slight increase in each factor. Of note:

- One decrease in Medical – Appointment at time of need – was 88.25% in 2025. Q1 shows a decrease to 84.29%. The decrease was anticipated due to provider shortage; this has been addressed with Dr. Kim back to work full-time and the addition of Lorraine Kirkpatrick, NP.
- Ease of contacting improved from 84.01% in 2025 to 88.51% for Q1. We believe this is due to the resolution of the phone system issues.
- Likelihood to Recommend our practice to other significantly increased in the Dental department from 90.90% in 2025 to 97.09% in Q1. We believe this is due to having two full-time dentists, whose practices have been well received.

NOTE: **Patient comments** are reviewed every two weeks to identify trends or specific concerns. *No trends or specific concerns identified. When negative comments are received, an investigation occurs to the extent possible.*

Results as of March 31, 2026				TOTAL Compliant	TOTAL Non Compliant	Total Patients
Measure	2025	2026 Goals	YTD			
BMI Screening and Follow-Up (Adult)	83.71%	86.0%	69.52%	1594	699	2293
Breast Cancer Screening	48.00%	80.3%	44.47%	209	261	470
Cervical Cancer Screening	46.80%	79.2%	48.62%	476	503	979
Childhood Immunization Status	14.75%	35.0%	20.11%	37	147	184
Child Weight Assessment/Counseling for Nutrition/Physical Activity	70.17%	85.1%	39.38%	497	765	1262
Colorectal Cancer Screening	49.67%	72.8%	54.01%	593	505	1098
Diabetes A1c (compliant > 9 or Untested)	77.42%	88.4%	53.59%	209	181	390
Hypertension Controlling High Blood Pressure	74.97%	80.0%	72.06%	361	140	501
IVD Aspirin Use	82.52%	80.0%	76.56%	49	15	64
Statin Therapy	77.71%	80.0%	79.34%	434	113	547
Tobacco Use: Screening and Cessation	86.04%	80.0%	75.90%	1814	576	2390
Dental Sealants for Children between 6-9 Years (76.9%)	84.93%	85.0%	78.57%	11	3	14
Screening for Depression and Follow-Up Plan	67.86%	85.8%	35.82%	902	1616	2518
Depression Remission at Twelve Months	10.61%	18.0%	3.28%	4	118	122
HIV Screening	78.49%	75.0%	83.05%	1769	361	2130
HIV Connection to Care	n/a	100.0%				
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	6.77	5%	4.19%			
Child lead test screening 9 months to 72 months	25.46%	28.60%	6.58%			
Child development screenings and evaluations (less than 18 y/o)	30.88%	20.80%	35.99%			

Motion 26-163: MSC (Greenhouse/Briggs) 6/0/2 Motion carried to accept and file Q1 2026 Quality Report & UDS as presented.

FY 26-27 BUDGET – Debbie Anderson, CFO

CFO Anderson began with FY 26-27 Budget Assumptions:

- Payer funding mix remains consistent with prior year funding mix.
- Average billing rates & contractual/write-off rates have been calculated based on historical average rates multiplied by visits.
- Capitation fees, 340B revenue, medical records, and other operating revenue have all been projected based on trending amounts tempered by historical information.
- Quality is based on latest information from managed care sites.
- Cost reconciliation adjustments are based on projected revenue tempered by historical information.
- Grant Funding is estimated based on known amounts currently.
- Budgeted FTEs remain filled the entire year and benefits don't cease due to staff turnover.
- Physician fee amounts are based on units of service that determine underlying revenue and assume the payer mix will remain consistent (i.e. the mix between contracted and employed).
- Expenses with known contracted amounts are budgeted based on those amounts. Known increases are also factored into the budget.
- Expenses that are variable (physician fees based on units, outside billing service based on collections, etc.) are based on the underlying data.

FINANCIAL ROLLUPS

- CONTRACT LABOR – Includes non-clinical contract labor & consulting fees.
- PROFESSIONAL FEES – Includes physician fees, legal & settlements, auditing, & other professional fees.
- PURCHASE SERVICES – Includes lab fees, printing, contract services, other purchased services, and payroll fees.
- IT/NETWORK/PHONES – Includes IT, IT equipment, telephone, cell phone, and software.
- SUPPLY EXPENSE – Includes medical supplies, 340B drug costs, office supplies, cleaning supplies, program supplies, minor office equipment/fixtures, and medical equipment.
- REPAIR & MAINTENANCE – Includes maintenance supplies, building R&M, equipment R&M, and vehicle R&M.
- RENT & LEASE – Includes building lease, equipment leases, and vehicle leases (which is N/A).
- UTILITIES – Includes electric, gas, water, and trash.
- INSURANCE – Includes D&O, building, general, auto, liability, and workers compensation.

FY 26-27 CHALLENGES

- It is hard to get replacement providers, due to national shortages, aging/retirement of existing providers, & unrealistic salary expectations by new doctors. We are in a rural area which increases the difficulties of getting qualified providers. The conversion to managed care means annual visits are longer because of all the requirements mandated by the managed care providers so doctors aren't as productive as they were previously.
- HRSA FQHC base grant dollars stay the same at \$1,532,907 and has been this amount since 2/1/2019.
- Health benefits continue to increase year over year (14% in PY).
- Directors & Officers/Employment practices liability policy has a 20% plus increase this year and with the new building bought, the property policy will have a significant increase also.
- IT needs are continuously emerging in the age of AI. IT vulnerabilities constantly evolve, and have to be addressed, which forces IT projects and additional costs.
- Software costs continue to rise. Software is predominately subscription based (including our EHR).

FY 26-27 ADDITIONAL ITEMS TO CONSIDER

- We have projected significant losses for the clinics for several years now. However, these losses have not come to fruition due to PPS retro payments, COVID grants, increased quality payments, and higher capitation amounts.
- Each of these unanticipated revenues are not likely to offset future losses. We have no more PPS retro adjustments on the horizon, COVID grants are done, quality dollars are being reduced from the managed care organizations, and capitation amounts have leveled out.
- Due to new Medi-Cal rules, and higher premiums on the California marketplace, we are anticipating reductions of patients on Medi-Cal and Covered CA. Since we have a high concentration in these areas of patients served, this will likely affect frequency of visits by our patients as well as a reduction in PPS payments as patients shift from being insured to uninsured.

CHC budget is depicted below, and a copy of the budget presentation is attached with the minutes.

Description	FY 23-24 Actual	FY 24-25 Actual	Calendar 25 Actual	FY-25-26 Budget	FY 26-27 Budget
Total Patient Service Revenue Net	7,809,015	9,099,810	9,198,376	7,643,897	8,383,976
Total Grant Revenue	1,840,757	2,058,512	2,077,530	1,558,434	1,695,180
Total Capitation	1,981,321	2,192,090	2,234,857	2,196,982	2,198,391
Total 340B Revenue	381,489	415,000	501,445	343,611	396,245
Total Medical Records	2,166	1,982	2,264	1,700	1,766
Total Cost Report Adjustments	(1,471,091)	(1,767,614)	(1,792,137)	(1,648,326)	(1,850,000)
Total Quality	536,108	717,179	997,093	252,500	248,800
Total Interest	126	128	160	61	99
Total Operating Income	11,079,892	12,717,087	13,219,589	10,321,859	11,076,457
Total Salary and Wages	5,276,127	5,632,976	5,817,553	6,073,891	6,317,429
Total Fringe Benefits and Payroll Taxes	1,215,141	1,407,801	1,464,639	1,391,617	1,474,894
Total Contract Labor	51,111	17,581	22,417	26,050	27,800
Total Professional Fees	1,082,948	1,224,450	1,012,168	854,593	923,725
Total Purchased Services	647,842	692,958	690,351	698,630	703,125
Total IT, Network and Phones	269,465	295,197	290,572	293,513	306,294
Total Supplies	543,893	743,053	800,084	619,287	795,410
Total Repair and Maintenance	41,604	59,443	99,231	50,974	98,128
Total Rent and Lease	4,487	9,485	8,745	1,700	1,200
Total Utilities	68,800	79,020	83,549	83,609	86,337
Total Insurance	2,015	4,462	4,640	3,620	3,620
Total Other Direct Expense	237,326	227,777	190,239	169,209	225,161
Total Depreciation	185,752	205,771	214,714	225,498	179,571
Total Operating Expenses	9,626,511	10,599,973	10,698,902	10,492,191	11,142,694
Net Op Inc (Loss) b4 Depr. & Overhead	1,453,381	2,117,114	2,520,686	(170,332)	(66,237)
District Overhead	(1,969,577)	(1,839,358)	(1,859,188)	(2,137,929)	(2,835,269)
Total Overhead	(1,969,577)	(1,839,358)	(1,859,188)	(2,137,929)	(2,835,269)
Net Operating Income (Loss)	(516,196)	277,756	661,498	(2,308,262)	(2,701,506)
Net Operating Income Gain/Loss Sale of	1,672	26,000	568		
Net Operating Income/Loss	1,672	26,000	568		
Final Income (Loss)	(514,524)	303,756	662,067	(2,308,262)	(2,701,506)

Motion 26-164: MSC (Greenhouse/Briggs) 6/0/2 motion carried to instruct staff to proceed with final Operations Budget.

MARCH 2026 FINANCIAL REPORT – Debbie Anderson, CFO

OVERVIEW

The clinic financials for the month of March show income of \$16,203 and year to date shows income of \$617,988. (See Table 1 & 2)

The table below shows the breakdown of the clinics by service line.

Description	Adult	Peds	Dental	Chiro	BH	340B	Grants	Indirect	Total
Operating Income and Expense									
Operating Income									
Patient service revenue	2,008,390	1,601,985	1,165,473	658,072	1,057,216	-	-	-	6,489,116
Grant Revenue	332,499	-	-	-	3,786	-	317,374	1,149,680	1,803,340
Other Operating Revenue 340B	-	-	-	-	-	388,094	-	-	388,094
Other Operating Revenue Cap Fees	1,046,753	599,659	-	-	6,849	-	-	-	1,653,262
Other Operating Revenue Records & Intere	1,229	388	-	63	100	-	-	105	1,886
Other Operating Revenue Cost Report Adj	(494,082)	(432,688)	-	(61,813)	(247,249)	-	-	-	(1,235,829)
Other Operating Revenue Other	37,445	57,605	23,129	-	122,168	-	-	496,770	737,117
Total Operating Income	2,932,235	1,826,933	1,188,602	594,322	942,870	388,094	317,374	1,646,555	9,836,985
Operating Expenses									
Salaries and Wages	1,268,073	609,687	831,963	34,898	388,151	-	38,996	1,088,948	4,258,516
Fringe Benefits and Payroll Taxes	305,526	104,909	180,300	8,055	111,242	-	13,388	268,042	991,462
Physician Fees/Contract Labor	-	258,370	-	197,730	325,225	-	-	-	781,325
Purchased Services	22,089	11,718	61,773	2,437	3,840	-	1,757	451,914	555,508
IT, Network, & Phones	14,688	16,751	10,925	673	3,303	-	-	154,513	200,853
Supplies	22,049	202,901	59,987	148	397	271,960	93,122	7,924	658,489
Repair and Maintenance	45,702	4,497	13,142	2,428	4,940	-	-	29,671	100,380
Rent and Lease	327	16	900	4	18	-	-	6	1,272
Utilities	15,807	11,919	9,494	1,318	6,870	-	-	23,649	69,057
Insurance Expenses	1,293	-	1,293	-	-	-	-	-	2,586
Other Direct Expense	19,283	3,978	4,669	78	876	200	14,855	33,768	77,707
Operating Expense before depreciation	1,714,817	1,224,745	1,174,446	247,570	842,863	272,160	162,118	2,058,434	7,697,154
Depr & Amort	42,940	10,825	64,462	1,621	6,183	-	-	31,572	157,582
Total Depreciation	42,940	10,825	64,462	1,621	6,183	-	-	31,572	157,582
Total Operating Expenses	1,757,757	1,235,570	1,238,908	249,191	849,026	272,160	162,118	2,090,006	7,854,736
Net Operating Income (Loss)	1,174,478	591,362	(50,306)	345,132	93,844	115,934	155,256	(443,450)	1,982,249
Clinic Allocations									
Clinic Allocation Income	705,888	362,857	343,842	47,108	180,608	-	6,821	(1,647,124)	-
Clinic Allocation Expenses	(922,958)	(491,875)	(386,458)	(63,778)	(215,924)	-	(9,014)	2,090,008	-
District Allocation Income	1,508	778	736	100	415	-	3	-	3,537
District Allocation Expenses	(586,634)	(301,516)	(285,740)	(39,159)	(149,278)	-	(6,040)	-	(1,368,366)
Non-Operating Revenues (expenses)	-	-	-	-	-	-	-	588	588
Total Allocations & Non-operating	(802,197)	(429,757)	(327,621)	(55,728)	(184,178)	-	(8,230)	443,450	(1,364,261)
NET SURPLUS/(DEFICIT)	372,281	161,605	(377,926)	289,404	(90,334)	115,934	147,026	-	617,988

Of the \$617,988 income, \$147,026 is attributable to income recognized for a grant, but the corresponding expense isn't included because it was a capital item. Additionally, the 340B service line has only made \$115,934. The drug manufacturer restrictions along with the carve out for Medi-Cal Rx have both cut into the income that this program used to make. Chiro, adults, and peds all show income whereas the dental and BH show losses. In FY 24-25, we estimated the cost report payack to be \$1.7 million and it ended up being closer to \$2 million. This means as we review the revenue above, it I likely we will need to futher adjust the cost payment reconciliation liability by another \$262,500.

The investments for the District showed losses, so this caused the non-clinic financials to show losses for the month. However, year to date, the non-clinic financials continue to do better than budgeted.

CLINIC CHANGE IN NET POSITION

Table 1 Clinics March 2026

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Patient services (net)	826,152	664,687	161,465	24.29%
Grant Revenue	135,283	127,742	7,541	5.90%
340B Revenue	47,181	29,879	17,302	57.91%
Capitation Fees	185,631	180,832	4,799	2.65%
Records & Interest	167	153	15	9.54%
Cost Report Adjustments	(137,361)	(137,360)	(0)	-0.00%
Quality & TRI/Prop 56, Misc	90,181	21,042	69,139	328.58%
Mat Grant		-	-	0.00%
	1,147,234	886,974	260,260	29.34%
Salaries - Clinic	515,158	511,976	(3,182)	-0.62%
Fringe - Clinic	151,728	121,377	(30,351)	-25.01%
Phys Fees - Clinic	92,695	73,087	(19,608)	-26.83%
Puchases Services - Clinic	62,442	61,708	(734)	-1.19%
IT, Network & Phones - Clinic	22,693	24,459	1,766	7.22%
Supplies - Clinic	35,345	33,020	(2,324)	-7.04%
Supplies - 340B	27,447	24,999	(2,448)	-9.79%
R&M - Clinic	12,981	6,507	(6,474)	-99.49%
Leases/Rentals - Clinic	200	142	(58)	-41.18%
Utilities - Clinic	7,117	5,595	(1,523)	-27.21%
Ins - Clinic	287	302	14	4.75%
Other - Clinic	4,706	7,886	3,180	40.33%
Depreciation	16,594	18,792	2,197	11.69%
	949,392	889,848	(59,544)	-6.69%
Operating Income/(Loss) before Allocation	197,841	(2,874)	200,716	6983.26%
Allocation of Overhead for Health Centers	(181,638)	(185,907)	4,269	2.30%
Change in Net Position	16,203	(188,781)	204,984	108.58%

Table 2 Clinics Year to Date

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Patient services (net)	6,489,116	5,710,263	778,853	13.64%
Grant Revenue	1,803,340	1,175,207	628,132	53.45%
340B Revenue	388,094	256,690	131,404	51.19%
Capitation Fees	1,653,262	1,627,486	25,775	1.58%
Records & Interest	1,886	1,316	570	43.34%
Cost Report Adjustments	(1,235,829)	(1,236,245)	416	0.03%
Quality & TRI/Prop 56, Misc	662,117	189,375	472,742	249.63%
Mat Grant	75,000	-	75,000	100.00%
	9,836,985	7,724,092	2,112,893	27.35%
Salaries - Clinic	4,258,516	4,561,236	302,720	6.64%
Fringe - Clinic	991,462	1,038,076	46,614	4.49%
Phys Fees - Clinic	781,325	627,883	(153,442)	-24.44%
Purchases Services - Clinic	555,508	554,415	(1,093)	-0.20%

Table 2 (continued)

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
IT, Network & Phones - Clinic	200,853	220,135	19,283	8.76%
Supplies - Clinic	386,529	283,675	(102,854)	-36.26%
Supplies - 340B	271,960	217,394	(54,566)	-25.10%
R&M - Clinic	100,380	57,637	(42,743)	-74.16%
Leases/Rentals - Clinic	1,272	1,275	3	0.25%
Utilities - Clinic	69,057	64,211	(4,846)	-7.55%
Ins - Clinic	2,586	2,715	129	4.75%
Other - Clinic	77,707	68,887	(8,820)	-12.80%
Depreciation	157,582	169,123	11,541	6.82%
	7,854,736	7,866,663	11,926	0.15%
Operating Income/(Loss) before Allocation	1,982,249	(142,570)	2,124,819	1490.37%
Allocation of Overhead for Health Centers	(1,364,829)	(1,597,109)	232,280	14.54%
Operating Income/(Loss) after Allocation	617,420	(1,739,679)	2,357,099	135.49%
Non-Operating	568	-	568	-100.00%
	568	-	568	-100.00%
Change in Net Position	617,988	(1,739,679)	2,357,667	135.52%

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). Quality revenue is higher because we anticipated cuts to quality; however, 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. Since the District had savings on expenses, there is not as much movement of costs between the District and the Clinics, which shows as a positive variance above.

Motion 26-165: MSC (Briggs/Greenhouse) 6/0/2 motion carried to accept and file the March 2026 Financial Report as presented.

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	2,571	2,758	3,030	3,457
Aug	3,266	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	2,827	3,116	2,936	2,928	2,592	2,535
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	3,415
Apr	3,660	3,468	3,450	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	28,331
Total YTD	29,800	31,620	27,665	27,864	27,343	26,295	28,679	28,331

Motion 26-165: MSC (Briggs/Greenhouse) 6/0/2 motion carried to accept and file the March 2026 Financial Report as presented.

CEO REPORT – Cindy Schmall, CEO

CEO Schmall did not have a staff report; instead, the board members took a tour of the Yucca Valley adults' clinic.

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 5:42 p.m.


 Lisa Ryan, Secretary