COMMUNITY HEALTH CENTER (CHC)
GOVERNING BOARD MEETING

MEETING AGENDA

Thursday, June 4, 2026, at 4:45 p.m.

District Administrative Offices: 6530 La Contenta Road, Suite 400, Yucca Valley CA 92284

The public may also attend the meeting via the electronic link provided below:

INSTRUCTIONS FOR JOINING THIS MEETING BY REMOTE LINK

This public meeting may be accessed through the Microsoft Teams platform. Join the meeting by (1) visiting the District website at MBHDistrict.org and (2) selecting the purple tab "Board Meeting Agendas" at the top of the home page. (3) Click on the URL link presented under the agenda buttons and (4) enter the meeting using the ID and Passcode listed below. Access to the meeting may require the download of the Microsoft Teams application on the device being used.

- ❒ Meeting ID: 279 840 463 674 54
- ❒ Passcode: Gt2h3f27

CALL TO ORDER

ROLL CALL

PLEDGE OF ALLEGIANCE – *Please stand as able.*

READING OF MISSION AND VISION STATEMENTS

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*

PUBLIC COMMENTS

The public comment portion of this agenda provides an opportunity for the public to address the Governing Board on items not listed on the agenda and that are of interest to the public at large and are within the subject matter jurisdiction of this Board. The Governing Board is prohibited by law from taking action on matters discussed that are not on the agenda, and no adverse conclusions should be drawn if the Board does not respond to public comments at this time. Comments that concern individual incidences of patient care are welcome, however, we encourage doing so only after other administrative avenues for redress have been fully exhausted. In all such instances we will be unable to ever respond publicly due to patient confidentiality obligations. In all cases, your concerns will be referred to the Administrator for review and a timely response. Comments are limited to three (3) minutes per speaker. All comments are to be directed to the Governing Board and should not consist of any personal attacks. Members of the public are expected to maintain a professional, courteous decorum during their comments. Public input may be offered on an agenda item, when the item comes up for discussion and/or action and will be limited to 90 seconds per speaker. Members of the public who wish to speak shall proceed when called by the Chairperson of the Board. Please state your name and community of residence for the record.

APPROVAL OF MEETING AGENDA *Pages 1-2*

- *Motion 26-166: Motion to approve the meeting Agenda as published.*

APPROVAL OF CHC CONSENT AGENDA *Pages 3-10*

- *Motion 26-167: Motion to approve the minutes of May 7, 2026.*

PATIENT FINANCIAL SERVICES & PATIENT REGISTRATION PRESENTATION – *Sheri Tincher, Patient Financial Services Manager & Kim Harrison, Business Office Services Director*

ACTION ITEMS

RATIFY CO-APPLICANT AGREEMENT AS PRESENTED – *Cindy Schmall, CEO* *Pages 11-15*

- *Motion 26-168: Motion to approve the updated Co-Applicant Agreement as presented.*

APRIL 2026 FINANCIAL REPORT – *Debbie Anderson, CFO* *Pages 16-19*

- *Motion 26-169: Motion to accept and file the April 2026 financial report as presented.*

REPORTING

CEO REPORT - *Cindy Schmall, CEO* *Page 20*

CALENDAR REVIEW – *Cindy Schmall, CEO* *Pages 21-22*

PLEASE NOTE: July 4th holiday is on the first Saturday.

BOARD MEMBERS' COMMENTS

ADJOURN MEETING

I CERTIFY THAT A COPY OF THIS AGENDA WAS POSTED PER SECTION 54954.2 OF THE CALIFORNIA GOVERNMENT CODE.

Beverly Krushat Posted June 1, 2026, at 4:00 p.m.

Beverly Krushat, *CHC Board Clerk*

The Morongo Basin Healthcare District Board of Directors' meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed to participate in the public meeting, requests should be made through the Executive Assistant at least three (3) business days prior to the meeting. The Executive Assistant's telephone number is 760.820-9229 and the office is located at 6530 La Contenta Rd, #100, Yucca Valley, CA. The California Relay Service is 711. In conformity with Government Code Section 54957.5, any writing that is a public record, that relates to an item listed on this agenda, and that will be distributed to all or a majority of Morongo Basin Healthcare District Board of Directors less than twenty-four (24) hours prior to the meeting for which this agenda relates, will be available for public inspection at the time the writing is distributed. This inspection may be made during the meeting at the address/meeting room(s) listed above or an electronic copy may be requested in advance of the meeting via email message to bkrushat@mbhdistrict.org.

MORONGO BASIN HEALTHCARE DISTRICT

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

Measure	2025	2026 Goals	YTD	TOTAL Compliant	TOTAL Non Compliant	Total Patients
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 too 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	6,317429
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	2,009,390	1,601,985	1,165,473	656,072	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 & Interr	1,229	388	-	63	100	-	-	105	1,886
Other Operating Revenue Cost Report Adj	(494,082)	(432,686)	-	(61,813)	(247,249)	-	-	-	(1,235,829)
Other Operating Revenue Other	37,445	57,805	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	34,698	386,151	-	38,998	1,068,948	4,258,516
Fringe Benefits and Payroll Taxes	305,528	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	33,766	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	6,163	-	-	31,572	157,582
Total Depreciation	42,940	10,825	64,462	1,621	6,163	-	-	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	382,857	343,842	47,108	180,609	-	6,821	(1,667,124)	-
Clinic Allocation Expenses	(922,958)	(491,875)	(386,458)	(63,778)	(215,924)	-	(9,014)	2,090,008	-
District Allocation Income	1,508	776	735	100	415	-	3	-	3,537
District Allocation Expenses	(588,634)	(301,516)	(285,740)	(39,159)	(149,278)	-	(6,040)	-	(1,368,366)
Non-Operating Revenues (expenses)	-	-	-	-	-	-	-	568	568
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 carv 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 estimted 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%
Puchases 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	2,670	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	3,415
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	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

SIXTH ~~FIFTH~~ AMENDED AND RESTATED~~, RE-RATIFIED~~ ~~2023~~
CO-APPLICANT AGREEMENT BETWEEN
HI-DESERT MEMORIAL HEALTH CARE DISTRICT AND
HI-DESERT MEMORIAL HEALTH CARE DISTRICT COMMUNITY HEALTH CENTER

THIS AGREEMENT, entered into this FOURTH DAY OF JUNE, 2026~~SEVENTEENTH DAY OF AUGUST, 2023~~, by and between **Hi-Desert Memorial Health Care District Board of Directors**, a publicly elected board for a public agency formed under the California Health & Safety Code Section 32000 *et seq.* ("District Board") and **Morongo Basin Community Health Center Board,** a Co-Applicant Board required as a recipient of the United States Department of Health and Human Services Administration (HRSA) Section 330 grant ("CHC Board")

WITNESSETH:

WHEREAS, on November 1, 2013, a Co-Applicant Agreement was entered by the Hi-Desert Memorial Health Care District ("District"), dba Hi-Desert Medical Center ("Hospital") and Morongo Basin Community Health Center ("CHC"), memorializing and reiterating the nature of the relationship between the District and the CHC and establishing the District as the Public Center and the CHC as the Co-Applicant as applied to HRSA Regulations and Authorities pertaining to the operation of a Federally Qualified Health Center, and

WHEREAS, The First Amended and restated Co-Applicant Agreement of May 2015 referenced sections of the CHC bylaws that have since been revised; and

WHEREAS, The Second Amended and restarted Co-Application Agreement was signed on November 30, 2016.

WHEREAS, The Third Amended and restarted Co-Application Agreement was signed on April 11, 2017.

WHEREAS, the District has applied for and received grants from HRSA pursuant to Sections 330 of the Public Health Service Act to support the planning for and delivery of services to medically underserved populations; and

WHEREAS, the District has created the Morongo Basin Community Health Center (CHC) to support the delivery of services to medically underserved populations, based on funds received for the Section 330 grant; and

WHEREAS, as a condition of the receipt of the HRSA Section 330 grant funds, the CHC must have a governance structure that complies with HRSA requirements, including establishment of a co-Applicant board with certain powers relating to the program; and

WHEREAS, for the mutual benefit of the District Board and CHC Board ("Parties") agree to enter an agreement reaffirming powers and obligations of both boards, consistent with HRSA requirements; and

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

SECTION 1. Establishment of Co-Applicant Board.

The District Board establishes the CHC Board as the Co-Applicant Board. The Co-Applicant Board will serve as the governance structure for the CHC, will do so in accordance with its bylaws, in conjunction with District Board, and shall exercise the governance powers as set forth in this Agreement.

SECTION 2. Co-Applicant Board Membership and Meetings.

A. Membership: The Co-Applicant Board Membership will comply with the HRSA Compliance Manual. The Co-Applicant Board shall consist of at Least nine (9) and a maximum of twenty-five (25) members. The majority (51%) of the members of the Co-Applicant Board shall be individuals who are served by the CHC (the "Patient Members") The remaining members of the Co-Applicant Board (the "Non-patient Members") shall include two District board members and other community members that have a commitment to the populations that utilize the CHC and they shall possess expertise in community affairs, local government, finance and banking, legal affairs, trade unions, community service agencies, and/or other commercial or industrial concerns. No more than one half (50%) of these Non-patient members may derive more than ten percent (10%) of their income from the health care industry.

   All members of the Co-Applicant Board shall be residents of the District. No member of the Co-Applicant Board shall be an employee of the center, or immediate family member of employee, including spouse or child, parent, brother or sister by blood, adoption, or marriage of such employee. No member shall have a personal financial interest which would constitute a conflict of Interest.

   The Chief Executive Officer of the CHC shall be a District employee and shall be a non-voting ex officio member of the Co-Applicant Board.

B. Meetings: The Co-Applicant Board shall meet monthly at a location provided for or arranged by the District. Minutes of each meeting shall include board's attendance, key actions, and decisions and be available on the Morongo Basin website (MBHDistrict.org).

C. Quorum: A quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence of a majority of the members of the Co-Applicant Board then in existence. A majority vote of those Co-Applicant Board members present is required to take any action. Each member shall be entitled to one vote.

SECTION 3: Co-Applicant Board Roles and Responsibilities

The Co-Applicant Board has specific responsibility for the oversight of the CHC including:

A. Assuring that CHC is operated in compliance with applicable Federal, State and local laws and regulations;

B. Establishing the fee schedule for services rendered, determine the policy for Discount Sliding Fee Program, and establishing billing and collection policies for the CHC;

C. Adopting policies for quality-of care audit procedures.

D. Evaluating Program activities, including services utilization patterns, productivity of the Program, patient satisfaction, achievement of project objectives, and the process of resolving patient grievances;

E. Reviewing and setting the scope and availability of services to be delivered by, and the location and hours of operation of the CHC;

F. Approving the annual CHC budget;

G. Approving grant applications and other documents necessary to establish and maintain the CHC;

H. Filling board vacancies, selecting board members by majority vote, and removing board members.

SECTION 4. Grantee's Role and Responsibilities

The District Board shall provide certain governance responsibilities and authorities with respect to the CHC. The District shall maintain the sole authority to set general policy on fiscal and personnel matters pertaining to all District facilities, programs, and CHC, including but not limited to policies relating to financial management practices, non- Program charging and rate setting, labor relations, and conditions of employment.

Specific responsibilities of the District Board shall include:

A. Developing, adopting and periodically updating policies for financial management practices including policies and procedures to ensure sound financial management and procurement policies and standards;

B. Providing for an annual financial audit;

C. Preparing monthly financial and operational reports for the CHC and any other reports reasonably requested by the Co-Applicant Board to enable the Co-Applicant Board to fulfill its responsibilities for the CHC;

D. Approval of an annual budget that includes the approved CHC budget;

E. Establishing and periodically updating personnel policies and procedures applicable to all District employees assigned to the CHC. All CHC personnel shall be employees of the District and shall be subject to all District policies and procedures, including personnel policies and procedures. The District Board shall ensure the payment of wages, fringe benefits, workers' compensation and unemployment compensation for CHC personnel;

F. Disbursing Section 330 Grant funds in accordance with the federally approved budget. The parties understand and agree that the Section 330 funds shall be used solely for the purpose allowed by the Grant. Any Section 330 Grant funds remaining after the end of the fiscal year shall be disbursed at the direction of the granting authority.

SECTION 5: Shared Responsibilities

The District Board and the Co-Applicant Board (Parties) will collaborate as needed to ensure successful implementation and operation of the CHC.

The District Board President, the Chairperson of Co-Applicant Board, and the CEO shall coordinate the Parties' efforts to meet their respective obligations under this agreement and shall cooperate to communicate and resolve any issues between the Parties. Each of the aforementioned individuals will be reasonably accessible and available for consultation regarding operations of the CHC.

Shared responsibilities include:

A. Selecting, evaluating and dismissing the CHC Chief Executive Officer (CEO):

A.1 Selection / Hiring: The CEO of the District shall be the CEO of the CHC. The CEO will be selected in accordance with District policies and procedures. All candidates will be initially screened by the District Human Resources Department for conformance with the minimum criteria specified in the job announcement. The District Board will select the top two candidates for CEO functions. A Selection Committee of equal members from both boards will interview the top two candidates and select the best candidate for both the CEO of the District and CHC. The best candidate will be offered the CEO position, pending approval by the Co-Applicant Board.

A.2 Annual Evaluation: The CEO evaluation will be given annually based on the date of the employment agreement. The CEO evaluation will be comprised of evaluations from both boards. It shall be the Co-Applicant's responsibility to evaluate and provide feedback to the CEO on his/her performance relating to the CHC. It shall be the District's responsibility to evaluate and provide feedback to the CEO relating to his/her performance relating to District criteria.

A.3 Removal / Dismissal: The Co-Applicant Board has authority to remove the CEO from his/her CHC responsibilities but has no authority to terminate District employment. The Co-Applicant Board will establish objective criteria for guiding determination, with assistance from Human Resource Department, to dismiss the CEO. Any recommendation to dismiss the CEO, whether emanating from the Co-Applicant Board or the District, will require a document determination by the Co-Applicant Board based on the established criteria, and acceptance by the District Board.

B. Developing a strategic plan that is applicable to both parties.

C. Conducting or reviewing the Community Needs Assessment at least every three years.

D. Developing the CHC annual operating and capital budgets. All CHC budgets will be approved by the Co-Applicant Board and forwarded to the District Board for approval. The District Board may not unilaterally revise the budgets approved by the Co-Applicant Board without approval by the Co-Applicant Board.

E. Assuring that the CHC is operating pursuant to all applicable program requirements and grant conditions, related federal statutes, rules and regulations, and other Federal, State and local laws and regulations.

SECTION 6. Modification or Termination of the Co-Applicant Agreement.

Notwithstanding any other provision of this Agreement to the contrary, if the CHC no longer receives funding under Section 330 of the Public Health Services Act or any successor to the substitute Act(s), this Agreement shall terminate.

Modifications, amendments or waivers of any provision of this agreement may be made only by written mutual consent of the parties, signed by their duly authorized representatives.

Any party may terminate this Agreement upon sixty (60) days written notice to the other parties. A copy of any notice of termination shall be provided to the Health Resources and Service Administration (HRSA) as the granting authority.

SECTION 7. Bylaws.

The bylaws attached as Exhibit 1 shall constitute the Bylaws of the Co-Applicant Board, which may be modified thereafter pursuant to the terms of the Bylaws.

SECTION 8. Dispute and Conflict Resolution.

The District Board and the CHC Board will use their best efforts to carry out the terms of this agreement in the spirit of cooperation and will resolve by negotiation any disputes or conflicts occurring hereunder.

IN WITNESS WHEREOF, the authorized representatives of the parties hereto have fully signed this agreement on the fourth day of June, 2026. ~~seventeenth day of August 2023.~~

HI-DESERT MEMORIAL HEALTHCARE DISTRICT

BY: _____
Dianne Markle-Greenhouse, President, Board of Directors

Date: _____

MORONGO BASIN COMMUNITY HEALTH CENTER GOVERNING BOARD

By: _____
Sean Loomis~~Nicola Keller~~, Board Chairperson

Date: _____

MORONGO BASIN HEALTHCARE DISTRICT

6530 La Contenta Road, Suite 100, Yucca Valley California 92284 | 760.820.9229

June 4, 2026

To: CHC Board of Directors

From: Deborah Anderson, CFO

Re: CFO's Report for April 2026

OVERVIEW

The clinic financials for the month of April shows losses of $(49,142) and year to date shows income of $568,846. (See Table 1 & 2)

Clinics had a net loss for this month. As previously discussed, we are anticipating that the clinics will once again start showing losses due to grants ending that helped offset expenses and the 340B program not being able to contribute as much income to the change in net position.

CLINIC CHANGE IN NET POSITION

Table 1 Clinics April 2026

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Patient services (net)	833,407	664,687	168,720	25.38%
Grant Revenue	136,925	127,742	9,183	7.19%
340B Revenue	36,931	29,879	7,052	23.60%
Capitation Fees	184,267	180,832	3,435	1.90%
Records & Interest	325	153	172	112.32%
Cost Report Adjustments	(137,361)	(137,360)	(0)	-0.00%
Quality & TRI/Prop 56, Misc	6,059	21,042	(14,983)	-71.20%
	1,060,553	**886,974**	**173,579**	**19.57%**
Salaries - Clinic	513,160	511,976	(1,184)	-0.23%
Fringe - Clinic	139,383	122,375	(17,008)	-13.90%
Phys Fees - Clinic	86,030	73,087	(12,943)	-17.71%
Puchases Services - Clinic	56,295	61,708	5,413	8.77%
IT, Network & Phones - Clinic	23,012	24,459	1,447	5.92%
Supplies - Clinic	17,178	33,020	15,843	47.98%
Supplies - 340B	32,004	24,999	(7,005)	-28.02%
R&M - Clinic	13,099	6,507	(6,592)	-101.31%
Leases/Rentals - Clinic	35	142	107	75.53%
Utilities - Clinic	6,186	5,769	(417)	-7.23%
Ins - Clinic	287	302	14	4.75%
Other - Clinic	7,018	7,886	868	11.01%
Depreciation	16,950	18,792	1,842	9.80%
	910,637	**891,021**	**(19,616)**	**-2.20%**

Table 1 (continued)

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Operating Income/(Loss) before Allocation	149,917	(4,047)	153,963	3804.64%
Allocation of Overhead for Health Centers	(199,059)	(185,907)	(13,152)	-7.07%
Change in Net Position	**(49,142)**	**(189,954)**	140,811	74.13%

Table 2 Clinics Year to Date

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Patient services (net)	7,322,523	6,374,950	**947,573**	14.86%
Grant Revenue	1,940,265	1,302,950	**637,316**	48.91%
340B Revenue	425,025	286,569	**138,456**	48.32%
Capitation Fees	1,837,529	1,808,318	29,210	1.62%
Records & Interest	2,211	1,469	742	50.52%
Cost Report Adjustments	(1,373,189)	(1,373,605)	416	0.03%
Quality & TRI/Prop 56, Misc	743,176	210,417	**532,759**	253.19%
	10,897,539	**8,611,066**	**2,286,472**	**26.55%**
Salaries - Clinic	4,771,676	5,073,212	301,535	5.94%
Fringe - Clinic	1,130,845	1,160,451	29,606	2.55%
Phys Fees - Clinic	867,355	700,970	(166,385)	-23.74%
Puchases Services - Clinic	611,803	616,123	4,320	0.70%
IT, Network & Phones - Clinic	223,865	244,595	20,730	8.48%
Supplies - Clinic	403,707	316,695	**(87,011)**	-27.47%
Supplies - 340B	303,965	242,393	(61,572)	-25.40%
R&M - Clinic	113,478	64,144	**(49,335)**	-76.91%
Leases/Rentals - Clinic	1,306	1,417	110	7.78%
Utilities - Clinic	75,243	69,980	(5,263)	-7.52%
Ins - Clinic	2,873	3,017	143	4.75%
Other - Clinic	84,724	76,773	(7,952)	-10.36%
Depreciation	174,532	187,915	13,383	7.12%
	8,765,373	**8,757,683**	**(7,690)**	**-0.09%**
Operating Income/(Loss) before Allocation	2,132,166	(146,617)	2,278,783	1554.24%
Allocation of Overhead for Health Centers	(1,563,889)	(1,783,016)	219,127	12.29%
Operating Income/(Loss) after Allocation	568,277	(1,929,633)	2,497,910	129.45%
Non-Operating	568	-	568	-100.00%
	568	-	568	-100.00%
Change in Net Position	**568,846**	**(1,929,633)**	2,498,479	129.48%

Patient Services variance is due to higher visits. 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. 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.

Chart A – Visits History Chart

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Dec	2,858	3,304	2,976	2,705	2,881	2,556	3,027	3,000
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Mar	3,515	2,927	3,516	3,332	3,331	3,032	3,338	3,415
Apr	3,660	2,066	3,460	3,094	2,896	3,016	3,648	3,431
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	31,762
Total YTD	33,460	33,686	31,125	30,958	30,239	29,311	32,327	31,762

MORONGO BASIN
HEALTHCARE DISTRICT
6530 La Contenta Road, Suite 100, Yucca Valley California 92284 | 760.820.9229

June 4, 2026

To: Board of Directors
From: Cindy Schmall, CEO
Re: CEO Board Report

DISTRICT

- Last week, we attended the Copper Mountain College RN and LVN graduation. These students spend time with us at the health fairs and do clinical hours in our clinics. It is a wonderful partnership that we value very much.
- The District has selected monthly health topics that we want to have providers, staff, and patients in the clinics support. These are national recognition months that will be our focus for each month. Clinic leadership also approved these topics, and the District will use these topics to do community education.

January	Cervical Health	
February	Children's Dental Health	American Heart Association
March	Colorectal Health	
April	STI Awareness	
May	Mental Health Awareness	
June	Men's Health	
July	UV Awareness (skin CA)	Healthy Skin
Aug	National Immunization Awareness	
Sept	Childhood Obesity	Flu Vax Awareness
October	Breast Cancer	National Dental Hygiene
Nov	Diabetes	
Dec	Seniors Health	

HEALTH CENTER

- We are still in desperate need of two (2) board members.
- We are currently working with one Nurse Practitioner and one physician for recruitment purposes. Initial interviews have been held and interviews with other providers will take place and if all goes well then we will have the providers on site for a tour.
- Electrical at Split Rock was in process but hit a snag due to a broken bolt on the panel. We are awaiting an update from SCE on when the replacement part can be placed into service.

BOARD CALENDAR

June 2026

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4 4:45p CHC Board 6:00p District Board	5	6
7	8	9 Community Resource Event JT Community Center 1-3p	10 Morongo Basin Community Coalition Mtg. @ Reachout YV, 12-130p	11	12	13
14	15 Health Talks: Men's Health & HIV Prevention @ JT Community Center	16	17 Health Talks: Men's Health & HIV Prevention @ YV Community Center	18 Health Talks: Men's Health & HIV Prevention @ 29 Palms Community Center	19	20 JUNETEENTH CELEBRATION 29 PALMS (TBD)
21	22	23	24	25	26	27 NATIONAL HIV TESTING DAY @ 29 PALMS FARMERS MARKET
28	29	30				

BOARD CALENDAR

July 2026

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2 4:45p CHC Board 6:00p District Board	3	4 
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	