AGENDA

HI-DESERT MEMORIAL HEALTH CARE DISTRICT dba MORONGO BASIN HEALTHCARE DISTRICT

BOARD OF DIRECTORS REGULAR BUSINESS MEETING

Thursday, August 6, 2026 at 6:15 p.m.

Meeting will be held at 6530 La Contenta Road, Suite 400, Yucca Valley CA 92284
and may be attended by the remote platform, Microsoft Teams.

INSTRUCTIONS TO JOIN THIS MEETING FROM A REMOTE SITE: This public meeting may be accessed through the Microsoft Teams platform. Join the meeting by **(1)** visiting the District website at MorongoBasinHealth.org and **(2)** selecting at the top of the website page the purple tab "Board Meeting Agendas" **(3)** Click on the link presented under the agenda buttons. Access to the meeting will require the download of the Microsoft Teams application on the device used if not already done so.

CALL TO ORDER

ROLL CALL

OBSERVANCE

- READING OF 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, Equity
- *The Pledge of Allegiance was observed in the previous meeting.*

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 that are of interest to the public at large and are within the subject matter jurisdiction of this Board. The Board is prohibited by law from acting on matters discussed that are not on the agenda, and no adverse conclusions should be drawn if the Board does not respond publicly because of California Brown Act and/or due to patient confidentiality obligations. In all cases, concerns will be referred to the Chief Executive Officer for review and a timely response. Comments are limited to three minutes per speaker and shall not exceed a total of 20 minutes for all speaking. Comments should be made to the 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. Members of the public who wish to speak should notify the meeting chairperson; and for remote attendees through the application's "Chat" option.

APPROVAL OF MEETING AGENDA

- **Motion 26-50** Motion to approve the meeting agenda as published.

APPROVE CONSENT AGENDA ---------- Tab 1

Minutes of the regular business meeting of the Board of Directors, July 2, 2026.

- **Motion 26-51** to approve the minutes of the July 2, 2026, meeting as presented.

PRESENTATION

WASTE WATER TREATMENT FACILITY *–Mike Metts, Principle, Dudek*

ACTION ITEM

APPROVE CONFLICT OF INTEREST POLICY LD-224 – *Cindy Schmall CEO* ---------- Tab 2

2026 is a mandatory review year for all local public agencies to review their Conflict of Interest Code (LD-224).

- **Motion 26-52** to approve Conflict of Interest policy LD-224 as presented.

APPROVE RESOLUTION DECLARING VOLUNTEER STATUS – *Cindy Schmall CEO* ------- Tab 3

- **Motion 26-53** to approve Resolution #26-04 declaring that volunteers shall be deemed to be employees of the district for the purpose of providing Workers' Compensation coverage while providing their services.

ACCEPT RESIGNATION OF DIRECTOR STIEMSMA – *Cindy Schmall CEO* ---------- Tab 4

- **Motion 26-54** to accept the resignation of Heidi Stiemsma from the Board of Directors, effective August 31, 2026.

REPORTS

IEHP QUALITY REIMBURSEMENT PROGRAM – *Tricia Gehrlein, CAO*

MONTHLY FINANCIAL REPORT – *Debbie Anderson, CFO*---------- Tab 5

- **Motion 26-55** to accept financial report(s)

CEO STAFF REPORT | STRATEGIC PLAN UPDATE – *Cindy Schmall, CEO* ---------- Tab 6

CALENDAR REVIEW ---------- Tab 7

- Schedule of events: CHC Week

DIRECTOR COMMENTS

ADJOURN TO CLOSED SESSION

- Pursuant to Section 32106 of the Health and Safety Code: report involving trade secret. Estimated date of public disclosure is October 1, 2026.

ADJOURN MEETING

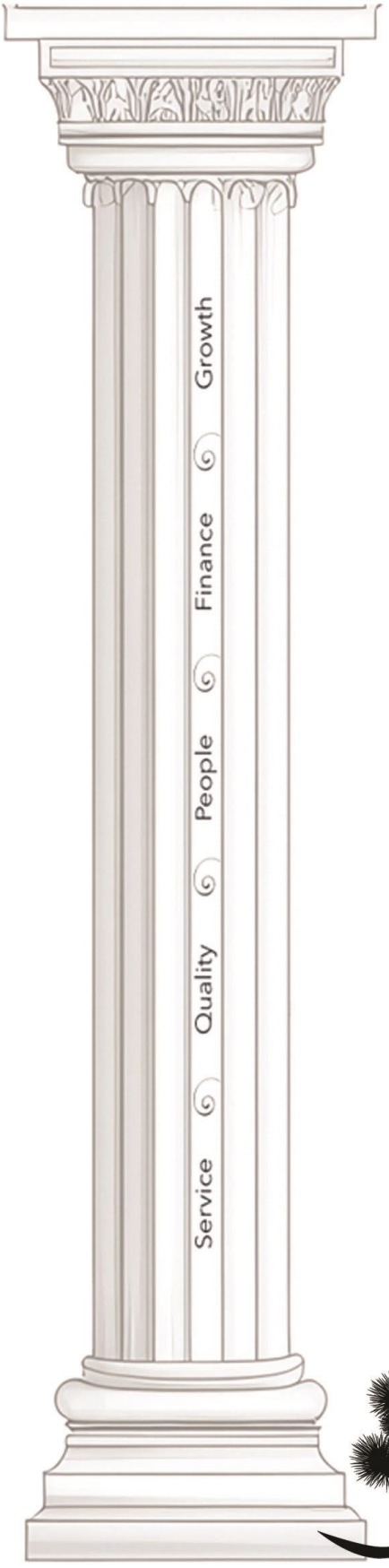
I certify that a copy of this agenda was posted per the State of California's Government Code, Section 54954.2.

Karen Graley, Board Clerk

Agenda posted August 3, 2026

This meeting facility is accessible to people 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 Board Clerk at least three (3) business days prior to the meeting. The Board Clerk's telephone number is 760.820-9229 extension 1901. The office is located at 6530 La Contenta Road #100, Yucca Valley, CA. 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 the Board 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 kgraley@MBHDistrict.org.



TAB #1
CONSENT AGENDA

MINUTES FOR
LAST MONTH'S MEETINGS

MORONGO BASIN
HEALTHCARE DISTRICT
MorongoBasinHealth.org

MORONGO BASIN HEALTHCARE DISTRICT

Service Quality People Finance Growth

Hi-Desert Memorial Health Care District dba

Morongo Basin Healthcare District

BOARD OF DIRECTORS REGULAR MEETING MINUTES

July 2, 2026 at 6:15 p.m.

Convened on the La Contenta campus; the public was invited to attend the meeting on campus or via Microsoft Teams, an electronic, remote platform.

- ***Mission Statement: To** improve the health and wellness of the communities we serve.*
- ***Vision:** A healthy Morongo Basin.*
- ***Core Values:** Commitment, Collaboration, Accountability, Dignity, Integrity, Equity.*

Board of Directors:
- Director Cooper
- Director Evans *(not present)*
- Director Markle-Greenhouse
- Director Stiemsma
- Jacqueline Todd

Administrative Staff:
- CEO Cindy Schmall *(remote)*
- CFO Debbie Anderson *(remote)*
- Karen Graley, Board Clerk *(remote)*
- Tela Thornett, Operations Manager

Guests
- Marc Greenhouse, CHC board member
- Liz Neff, Laundry Love volunteer

CALL TO ORDER

Director Greenhouse called the meeting to order at 6:15 p.m. The meeting was convened on the La Contenta campus and by electronic platform using Microsoft Teams.

ROLL CALL

Karen Graley, Board Clerk, conducted a roll call and declared a quorum.

OBSERVANCE

Director Stiemsma read the mission and vision statements. Director Todd led the assembly in the pledge of allegiance.

PUBLIC COMMENT

None presented.

APPROVAL OF THE MEETING AGENDA

- **Motion 26-43**: Director Stiemsma motioned to approve the meeting agenda as presented; second by Director Todd, motion passed by unanimous vote.

APPROVAL OF THE CONSENT AGENDA

- **Motion 26-36**: Director Stiemsma motioned to approve the minutes of June 4, 2026, regular monthly business meeting, second by Director Todd. Motion passed by unanimous vote.

ACTION ITEMS

AUTHORIZED BANK SIGNATURES – *Cindy Schmall, CEO*

Motion 26-45 Motion by Director Stiemsma, second by Director Todd, to approve Resolution #26-03 to add Tricia Gehrlein and Tina Huff as authorized signatures to District bank accounts. A roll call vote was taken. Motion passed 4:0. Director Evans was absent.

CEO Cindy Schmall presented Resolution #26-03 to add Tricia Gehrlein, Chief Administrative Officer, and Tina Huff, Director of Behavioral Health, as authorized signatures to the District bank account; and remove Janeen Duff from authorized signatures. Resolution #26-03 provides for an

authorized signature onsite. Resolution 26-02 was passed at the June 4, 2026 meeting before staff reduction and the loss of the onsite signature. Ms. Schmall explained that Resolution #26-03 captures all the changes on one document for bank authorization.

APPROVE FIRM FOR ANNUAL FINANCIAL AUDIT – *Debbie Anderson, CFO*
Motion 26-46 Motion by Director Stiemsma, second by Director Todd, to approve DZA Accountants | Advisors to administer the District's annual financial audit for fiscal year ending June 30, 2026. Motion passed by unanimous vote.

Ms. Anderson referred the Directors to the engagement letter from DZA Accountant | Advisors located in the agenda packet. This is the sixth year this firm has administered the audit. Next year a different auditing firm will be presented for consideration based on the District's policy. Director Greenhouse commented that DZA has done an exceptional job in the past; Director Todd noted that their presentation was easy to understand.

APPROVE FINANCIAL POLICIES – *Debbie Anderson, CFO*

- **Motion 26-47** Motion by Director Todd, second by Director Stiemsma, to approve financial policies FN-AP-101 Cash Disbursements, and FN-AP-104 Levels of Authorization as presented. Motion passed by unanimous vote.

Ms. Anderson reviewed the policy revisions for the Directors.

AP-FN-100 Cash Disbursements: The policy was edited to reflect the new electronic accounts payable system and to maintain the security of the bank account.

AP-FN-104 Levels of Authorization: This policy was edited to include the use of purchase orders for District purchases.

APPROVE HUMAN RESOURCE POLICIES – *Cindy Schmall, CEO*

- **Motion 26-48** Motion by Director Todd, second by Director Stiemsma, to approve Human Resource policies HR-224 Performance Evaluations, and HR-262 Tuition Reimbursement as presented. Motion passed by unanimous vote.

Ms. Schmall reviewed the policy revisions for the Directors.

HR-224 Performance Evaluations: The policy was edited to reflect how pay rate adjustments are distributed to employees who are at the top of their pay scale. CEO Schmall asked the board to approve the policy as presented and explained the change. As an example, if an employee is at the top of the pay scale at $25 but is being paid $25.50, and is qualified for a merit increase of three percent, the base pay rate will not increase by three percent. Instead, the base pay rate would remain static, and the employee would receive a one-time bonus in the amount of three percent.

She continued, "As a public agency, we have an obligation to remain within fair market value for employee wages. If we exceed the fair market wage, that creates a compliance risk. This policy has been edited to retain that fair market value structure and provide employee compensation in the form of a one-time bonus, and not increase the base pay rate."

HR-262 Tuition Reimbursement: The policy was edited to clarify that the policy is now based on the District's fiscal year (July 1 through June 30) which works best for our budgeting process; and that if you are not in good standing and are on disciplinary status, you are not eligible for tuition benefits until the disciplinary status falls off.

A few years ago, it was determined that the District could not retrieve monies when the contract was unfulfilled, such as when an employee terminates employment before completing the contract. Ms. Schmall stated she spoke to our attorneys, and they have given us new language that will allow us to recapture tuition monies. As an example, if the District funds $6,000 towards a degree and that employee leaves within six months of receiving that money from the District, the employee is required to repay it on a prorated basis, which in this example would be $3,000. Essentially, if this tuition benefit is awarded, the expectation is you maintain employment with the District for one year.

STAFF REPORTS

HUMAN RESOURCE QUARTERLY REPORT – *Tela Thornett, Operations Manager*
Ms. Thornett report data for first and second quarters 2026 (April through June).

January to March 2026	April to June 2026
Terminations: 3 voluntary (2 resigned, 1 per diem no longer available) Newly hired: • 2 medical assistants • 1 licensed social worker • 2 patient registration clerks • 1 nurse practitioner • 1 driver	Terminations: 6 voluntary (2 resigned, 1 retired, 3 workforce reductions). 3 involuntary Newly hired: • 2 medical assistants • 2 referral coordinators • 1 community health worker • 1 driver

- Phase two of SB-525 implemented ensuring all hourly staff minimum wage raised to $23 per hour.
- Staff are being trained in new timekeeping and ticketing systems to ensure proper setup and to streamline processes.
- HR / Admin Assistant onboarding to support administration and human resources
- CHC Week begins Monday, August 3. Ms. Thornett presented the celebratory schedule for the employee appreciation week.

FINANCIAL REPORT - *Debbie Anderson, CFO*
Motion 26-32: Director Todd motioned to accept the financial report as presented, second by Director Stiemsma; motion passed by unanimous vote.

CFO Anderson presented the May financial report. Consolidated financials for the month of May 2026 show income of $192,495 and year to date income of $3,615,313. Non-clinic financials for May show income of $179,428 and a year-to-date income of $3,033,400. The health center financials for the month of May show loss of income of $13,067 and year to date income of $581,913.

The auditors advised a new GASB 103, Financial Reporting Model Improvements issued in May 2024 modernizes the rules for state and local governments. It is effective for fiscal years beginning after June 15, 2025, which means it will be implemented this year. The definitions of operating revenues and expenses and of nonoperating revenues and expenses will replace accounting policies that vary from government to government, thereby improving comparability. Our most significant impact will be that grant revenue will be required to be reported as non-operating revenue vs. operating revenue as it was previously. This will have a negative impact on your operating indicator. However, the hospital lease revenue will continue to be reported as operating, and the interest component of the lease will continue to be reported as non-operating.

The published financial report is attached to these minutes.

CEO STAFF REPORT

CEO Schmall referred the Directors to her written report in the agenda packet.

- Considering the significant $2.7 million dollar expected budget deficit in the 26/27 Fiscal Year Budget, the administrative team is looking at ways to cut expenses and increase revenue. These include:
  - ❖ In June, we eliminated three positions. This was after a lengthy review of all positions in the District's service. Where we found redundancies, and identified other positions that could absorb the work, we determined that the management positions of Director of Strategic Initiatives, Facilities Manager and Office Services Manager would be removed. These are overhead positions and the duties have been centralized to other areas. This resulted in salary cost-savings of nearly $300,000 annually.
  - ❖ Tricia Gehrlein, Chief Administrative Officer, has been working with management to identify several grant opportunities and determine if we qualify for new grants. We are also looking at some collaboration opportunities which can increase revenues.
  - ❖ Finally, we have made a change to our Medical Directorship in Behavioral Health which will reduce costs by $70,000 per year.
  - ❖ We have implemented new purchasing processes with more oversight and restrictions to ensure that we are as cost-effective as possible.
- The Colorado River Basin Regional Water Quality Control Board met in May 2026 and has notified us of the requirement to add two additional monitoring wells at the Hi-Desert Medical Center (HDMC) site. I am working with our attorneys, the Joshua Basin Water District and HDMC leadership, to determine steps for compliance and will have a more complete report to you as soon as we know how we must proceed. This mandate is likely to cost the district about $150,000. This decision was not made due to any problems with the existing equipment, rather it is a result of new requirements (since the existing well was built) to bring the system into compliance. The recent recertification of our existing well shows that it is performing optimally.

  CEO Schmall stated that she spoke to the water expert at Best Best and Krieger who said this is happening across the state. It's not just us. It's happening everywhere. The water board is enforcing these requirements and making a lot of people install these monitoring wells. We will be looking at the lease with Tenet to determine if there is opportunity for us to charge back the costs of that installation. We have twelve months to develop a plan. The engineering company that monitors our existing well is already working on a plan. They designed it and made sure that it's in good working order. Joshua Basin Water District went directly to them and asked them to formulate a plan. We've already received some documentation; things are well underway.
- The Split Rock Building has power; however, we are still awaiting the installation of the fire alarm system. The fencing around the property is in progress and is expected to be done soon. Repeated calls to the state regarding the permit for the removal of a single limb of the Joshua Tree have been fruitless. We will continue to follow up with these items and hope to have the project up and running by the end of August.

- At the Yucca Valley campus the Behavioral Health waiting room and reception area are complete, and staff are working to remove old carpet, replace lighting, paint, and provide more sound proofing of the offices for privacy. This will allow us to bring the referrals and case management teams onto the Yucca Valley campus creating a single site campus for all services except dental. Plans are still in process for moving dental services to our Ancillary Services building. The Town advised the fence needs to be moved back from the highway. The fencing facing the highway will be replaced with wrought iron fencing and relocated next to the building; the remainder of the fencing surrounding the campus will remain chain link. She noted that since it was installed there has been no vandalism or theft.
- We have hired a part-time nurse-practitioner with a strong emergency background. He will be starting in July. Our search for a provider continues and we are currently in negotiation with a strong potential candidate.
- IEHP Quality requirements have continued to change, and our quality reimbursement monies have decreased. Tricia Gehrlein, Chief Administrative Officer, will present a report to you next month on some of these changes.

CALENDAR REVIEW AND COORDINATION

The July and August calendars were reviewed. CEO Schmall highlighted CHC Week on the August calendar, inviting the Directors to join staff for lunch at 11:30 a.m. to celebrate.

DIRECTOR COMMENTS

DIRECTOR COOPER: "Thank you for all the information. And Karen, thank you for calling me to remind of tonight's meetings."

DIRECTOR STIEMSMA: "I'm very glad to hear that we've got some help for Tela, and I think it was a good organizational change."

DIRECTOR TODD: "A lot of information today and interesting."

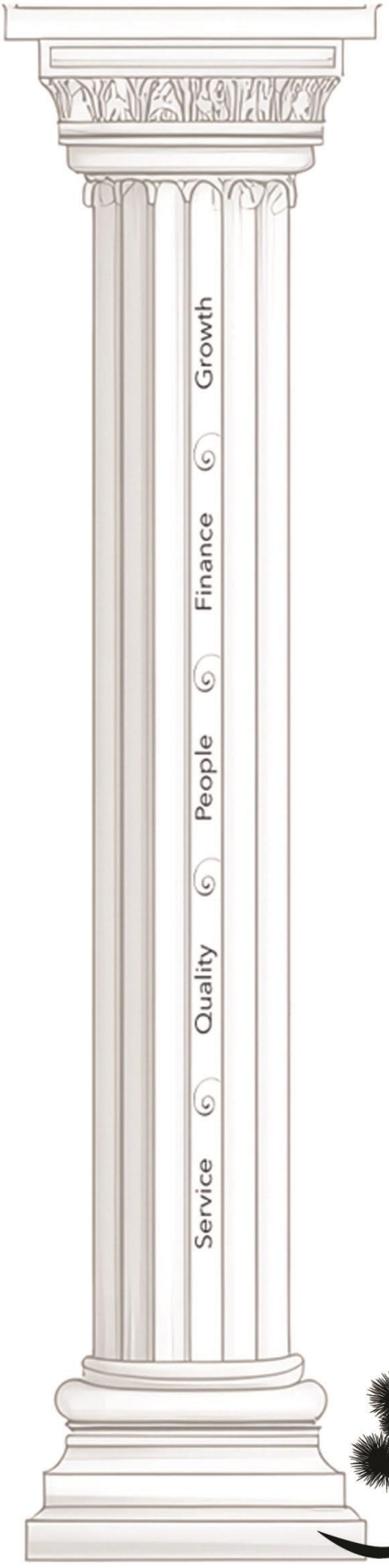
DIRECTOR GREENHOUSE: "I'd like to thank our incredible staff, Debbie Anderson, Karen Graley, our CEO, Tela is here with us. Thank you for a very productive evening."

ADJOURN MEETING

The meeting was adjourned at 7:06 p.m.

_____
Heidi Stiemsma, Secretary of the Board

Board meeting minutes recorded by K. Graley, Board Clerk.



TAB #2
ACTION ITEM

POLICY
LD-224 Conflict of Interest

MORONGO BASIN
HEALTHCARE DISTRICT
MorongoBasinHealth.org

MORONGO BASIN HEALTHCARE DISTRICT	**DEPARTMENT / MANUAL: LEADERSHIP**
ORIGINAL DATE: September 2004	**REVIEW & REVISION DATES:** 9/04, 6/08, 8/12, 6/13, 12/15, 9/16, 9/18, 8/20, 1/22, 3/22, 8/24, 8/26
TITLE: **CONFLICT OF INTEREST**	**APPROVED BY**: CO: _____ Date: _____ CEO: _____ Date: _____ Governing Board: _____ Date: _____

PURPOSE

The Political Reform Act of 1974 (Gov. Code, §81000 et seq.) requires each state and local government agency to adopt and promulgate a conflict-of-interest code. The Morongo Basin Healthcare District (MBHD) has adopted such a code that should be revised and updated. The Fair Political Practices Commission (FPPC) has adopted a regulation (2 Cal. Code of Regs., §18730), which contains the terms of a standard conflict of interest code that can be incorporated by reference as a district code. After public notice and hearing, the regulation may be amended by the FPPC to conform to amendments in the Political Reform Act.

Additionally, the Health Services and Resource Administration (HRSA), requires that all agents (an agent of the health center includes, but is not limited to, a governing board member, an employee, officer, or contractor and business associates acting on behalf of the health center) sign a Conflict-of-Interest statement annually, governing the actions of any agent engaged in the selection, award, or administration of contracts that comply with all applicable Federal requirements.

POLICY

1. **Adoption of Standard Code of FPPC** – The terms of Title 2, California Code of Regulations, section §18730 and any future amendments to it duly adopted by the FPPC are hereby incorporated by reference. This regulation and the Appendix attached hereto designating officials and employees and establishing disclosure categories shall constitute the Conflict-of-Interest Code of MBHD. This Conflict-of-Interest Code shall take effect when approved by the MBHD Board of Directors and shall thereupon supersede all prior codes adopted by MBHD.

2. **Filing of Statements of Economic Interests** – Pursuant to the standard conflict of interest code, designated employees set forth in the procedure shall file statements of economic interests with the Board Clerk of MBHD annually. Upon receipt of the statements of the members of the Board of Directors and the Chief Executive Officer, the Board Clerk shall make and retain copies and forward the originals of these statements to the Clerk of the San Bernardino County Board of Supervisors. Statements for all other designated employees shall be retained by MBHD.

   The Clerk of the Board will notify the CEO and Chief Patient Experience and Compliance Officer of any real or apparent Conflict of Interest.

3. **Conflict of Interest Statement (HRSA)** definition – A conflict of interest arises when the agent, any member of their immediate family, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. See: 45 CFR 75.327(c)1.

All providers, employees, and Board members (both the Board of Directors and the Health Center Governing Board) will sign the HRSA Conflict of Interest form each year associated with the Healthcare District.

The CEO and Chief Patient Experience and Compliance Officer will review all potential Conflicts of Interest to ensure they will not interfere with Clinic Operations. Reportable Conflicts of Interest will be disclosed to HRSA within thirty (30) calendar days of occurrence.

PROCEDURE

1. **Officials Who Manage Public Investments –** District officials who manage public investments as defined by 2 Cal. Code of Regs., §18701(b), are NOT subject to the District's Conflict of Interest Code (IRS form 700) but are subject to the disclosure requirements of the Act (Governance Code, §87200 et seq.) [2 Cal. Code of Regs., §18730(b)(3)]. These positions are listed here for informational purposes only. It has been determined that the positions listed below are officials who manage public investments:

   a. Members of the Board of Directors ----------1

   b. Chief Executive Officer ----------1

   c. Chief Financial Officer ----------1

   d. Designated Positions Governed by the Conflict of Interest:

   - Chief ~~Patient Experience and Compliance~~ Administrative Officer ----- 4
   - General Counsel ----------1, 2
   - Foundation President and Board Members ----------4

2. **Disclosure Categories –** The disclosure categories listed below identify the types of investments, business entities, sources of income, or real property which the Designated Employee must disclose for each disclosure category to which he or she is assigned.

   - Category 1: All investments and business positions in business entities, and sources of income, including gifts, loans, and travel payments, that are located in, do business in, or own real property within the jurisdiction of the District.
   - Category 2: All interests in real property which is located in whole or in part within, or not more than two (2) miles outside, the jurisdiction of the District.
   - Category 3: All investments and business positions in business entities, and sources of income, including gifts, loans, and travel payments, that provide services, products, materials, machinery, vehicles, or equipment of a type utilized by the District.
   - Category 4: All investments and business positions in business entities, and sources of income, including gifts, loans, and travel payments, that provide services, products, materials, machinery, vehicles, or equipment of a type purchased or leased by the Designated Position's department, unit, or division.

3. The Health Center has and implements written standards of conduct that apply, at a minimum, to its procurements paid for in whole or in part by the Federal award. Such standards:

- Apply to all Health Center agents involved in the selection, award, or administration of such contracts.
- Require written disclosure of real or apparent conflicts of interest annually and upon occurrence.
- Prohibit individuals with real or apparent conflicts of interest with a given contract from participating in the selection, award, or administration of such contract.
- Restrict Health Center agents involved in the selection, award, or administration of contracts form soliciting or accepting gratuities, favors, or anything of monetary value for private financial gain from such contractors, or parties to sub-agreements (including sub-recipients or affiliate organizations.
- Enforce disciplinary actions on Health Center agents for violating these standards.

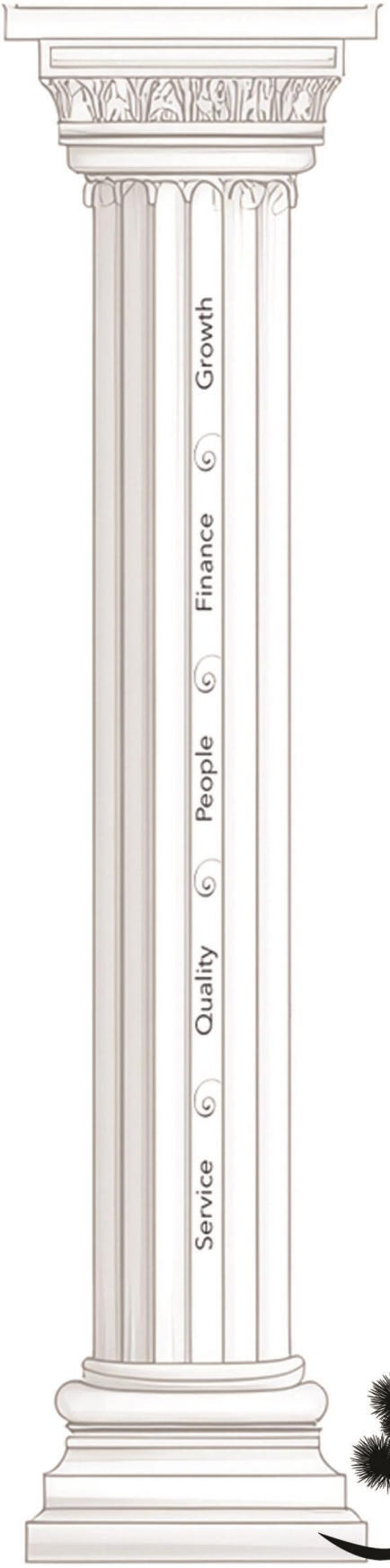
- Immediate family is defined as spouse, domestic partner, or known partner if unmarried, parents, siblings, children (in loco parentis), grandparents, in-laws, or individuals living in the household, related to any agent where the relationship could result in real or apparent financial gain.

REFERENCES

- Regulations of the Fair Political Practices Commission, Title 2, Division 6 of the California Code of Regulations §18730 (PDF)

ATTACHMENTS

- Conflict of Interest form



TAB #3
ACTION ITEM

RESOLUTION #26-04
Declaring
Volunteer Status

MORONGO BASIN
HEALTHCARE DISTRICT
MorongoBasinHealth.org

MORONGO BASIN
HEALTHCARE DISTRICT

RESOLUTION NO. 26-04

A RESOLUTION OF THE HI-DESERT MEMORIAL HEALTHCARE DISTRICT DBA MORONGO BASIN HEALTHCARE DISTRICT, DECLARING THAT VOLUNTEERS SHALL BE DEEMED TO BE EMPLOYEES OF THE DISTRICT FOR THE PURPOSE OF PROVIDING WORKERS' COMPENSATION COVERAGE WHILE PROVIDING THEIR SERVICES

WHEREAS, the Hi-Desert Memorial Healthcare District DBA Morongo Basin Healthcare District ("the District") utilizes the services of Volunteers, who offer those services to the District for civic, charitable, or humanitarian reasons, without expectation of compensation; and

WHEREAS, said volunteers are excluded from the classification and compensation provisions of the District's payroll system and are not entitled to receive any salary, holiday, sick leave, vacation, other employee benefits, or other forms of compensation from the District;

WHEREAS, said volunteers often perform important duties on behalf of the District and risk injuries to themselves for which it is hereby recognized that they should be entitled to workers' compensation benefits;

WHEREAS, Section 3363.5 of the California Labor Code provides that persons who perform voluntary service without pay for a public agency may be deemed employees for workers' compensation benefits while providing said voluntary service; and

WHEREAS, the District's Board of Directors, as the governing body of the District, does hereby resolve and declare that all persons who perform voluntary service without pay for the District are hereby deemed to be employees of the District for purposes of workers' compensation insurance benefits (Division 4 of the California Labor Code, Section 3200 et seq) while performing said voluntary service; and

WHERAS, the Board of Directors wishes to extend Workers' Compensation coverage as provided by State law to the following designated categories of persons:

> All persons designated and authorized by the Board of Directors or its designee(s) (including the Chief Executive Officer) to perform voluntary services for the District without pay other than incidental expenses actually incurred where authorized and deemed appropriate

NOW, THEREFORE, BE IT RESOLVED, the Board of Directors of the District hereby finds and determines:

1. That the public interest is best served by providing workers' compensation coverage to volunteers.
2. That such persons coming within the category specified above, be deemed to be employees of the District for the purpose of Workers' Compensation coverage as provided in Division 4 of the Labor Code while performing such service.

3. That said volunteers will not be considered employees of the District for any purpose other than for such Workers' Compensation coverage and are not eligible for or otherwise entitled to claim any other benefits or rights given to paid employees of the District.

PASSED AND ADOPTED by the Board of Directors of the District this sixth day of August, 2026.

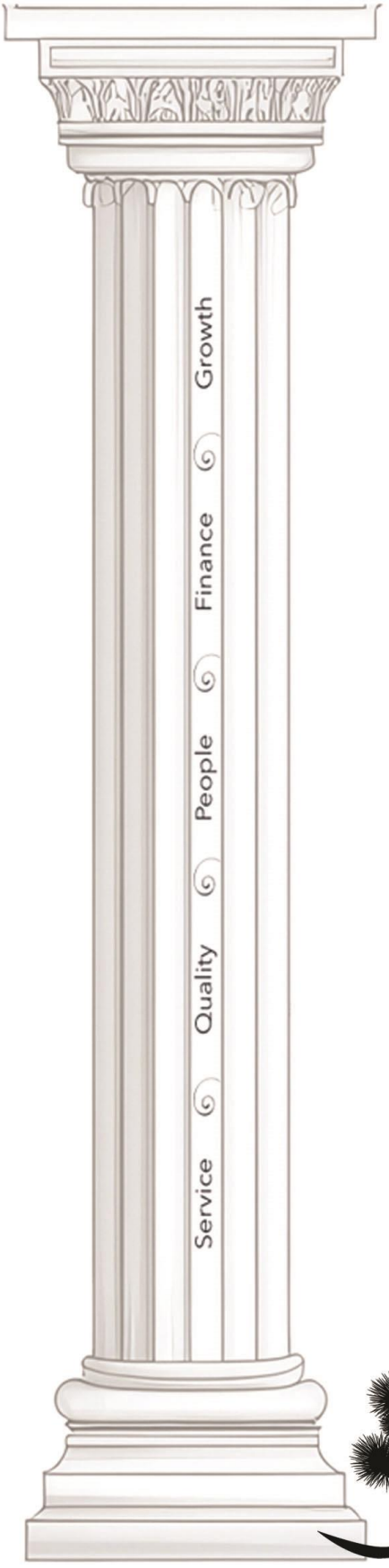
Director Cooper:	❑Yes	❑No	❑Abstain	❑Absent
Director Evans:	❑Yes	❑No	❑Abstain	❑Absent
Director Markle-Greenhouse:	❑Yes	❑No	❑Abstain	❑Absent
Director Stiemsma	❑Yes	❑No	❑Abstain	❑Absent
Director Todd	❑Yes	❑No	❑Abstain	❑Absent

AYES:
NOES:
ABSENT:
ABSTAIN:

_____
Dianne Markle-Greenhouse, Board President

ATTEST:

_____
Heidi Stiemsma, Secretary of the Board



TAB #4
ACTION ITEM

RESIGNATION
of DIRECTOR STIEMSMA
Timeline to Appoint
to Vacant Seat

MORONGO BASIN
HEALTHCARE DISTRICT
MorongoBasinHealth.org

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

August 6, 2026

To: Board of Directors
From: Karen Graley, Board Clerk
Re: Timeline to appoint vacant board seat

Following is the timeline and process to appoint the vacant seat on the Board of Directors.

CALIFORNIA LAW

When an elected seat is vacated, a timeline begins for appointing a candidate to the vacated seat, and for notifying election officials and the public of the vacancy. The Board of Directors is tasked to appoint the seat within 60 days of the resignation date. This appointment by the Board of Directors is for the remainder of the current term of office for voting zone 4 (December 31, 2026).

The seat for zone 4 is scheduled for election on the November 2026 ballot. If no community member declares their candidacy with the San Bernardino County's Registrar of Voters office by the August 7 filing date, the seat for zone 4 will be appointed after the election by the County Board of Supervisors for the next four-year term of office.

MORONGO BASIN HEALTHCARE DISTRICT

Director Stiemsma has resigned effective August 31, 2026. The official vacant-seat timeline will trigger September 1 with the appointment to the vacant seat to be completed by October 31, 2026.

VACANCY TIMELINE

The District is required to:

- Notify Registrar of Voters within 15 days of resignation (September 15).
- Publish the Notice of Vacancy at three locations within the District's boundaries (City of 29 Palms, Town of Yucca Valley, and La Contenta campus) at least 15 days before appointing to the seat. Historically, we publish the Notice of Vacancy immediately for more effective communication and recruitment. In addition to posting the Notice at the Town and City, the Notice is published to radio stations, newspapers, social

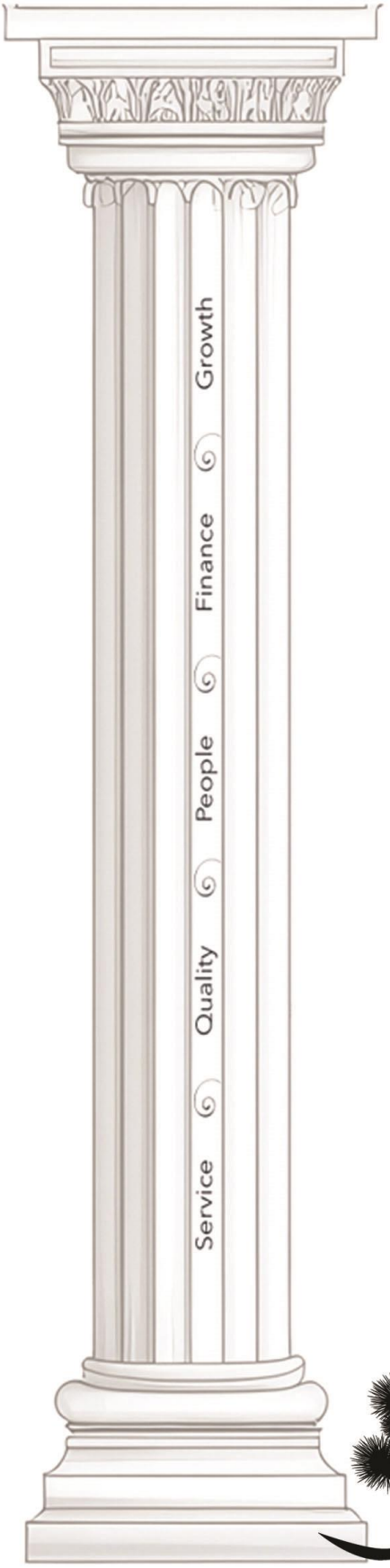
media, and the District's website. The Outreach Team distributes handbills at outreach events to recruit candidates.

- Once a potential candidate is identified, the Board of Directors will convene a special board meeting to interview candidates and choose whom to appoint to the vacant seat. The appointment must be made by October 30, sixty days after the resignation is received. Thereafter, the County is notified within 15 days of the board's appointment.

As before, if no qualified candidate is identified by the healthcare District by the deadline date, administration works with the Registrar of Voters to fill the vacant seat by County Board of Supervisors appointment.

Qualifying candidates must be registered to vote and live within Zone 4 of the redistricted map (primarily Joshua Tree and a section of 29 Palms).

■



TAB #5
ACTION ITEM

MONTHLY FINANCIAL REPORT

MORONGO BASIN
HEALTHCARE DISTRICT
MorongoBasinHealth.org

MORONGO BASIN HEALTHCARE DISTRICT

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

July 31, 2026

To: MBHD Board of Directors

From: Deborah Anderson, CFO

Re: CFO's Report for June 2026

OVERVIEW

The consolidated financials for the month of June shows income of $3,885,805 and year to date shows income of $7,501,118. (See Tables 1 & 2)

The non-clinic financials for the month of June shows income of $3,926,557 and year to date shows income of $6,959,957. (See Table 3 & 4)

The clinic financials for the month of June shows losses of $(40,752) and year to date shows income of $541,160. (See Table 5 & 6)

In reviewing the tentative year end close for non-clinics, we did much better than budgeted, with the variance between budget and actual landing at about $3.0 million. This significant variance is due to a couple of factors, which were: a) an additional $2.2 million from the hospital lease, and b) an additional $800 thousand from investment & tax income.

In reviewing the tentative year end close for clinics, we also did much better than budgeted, with the variance between budget and actual landing at about $2.8 million. This significant variance is 100% due to higher revenues than originally budgeted. It includes: $1.3 million more in patient services income (due to higher visit counts of 38,306 visits vs 36,440 budgeted visits), $.8 million more in grants (due to items bought being recognized as capital assets that land on the Statement of Net Position), .10 million more in 340B revenue, and .60 million more in quality monies.

Finally, please note that June is held open longer due to it being the last month of the fiscal year. This is so that subsequent activity for patient receivables can be captured allowing for a better estimate at June 30th. As such, the numbers for June are not final – they are interim numbers only.

CONSOLIDATED CHANGE IN NET POSITION

Table 1 Consolidated June 2026

Consolidated	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Income	5,054,697	2,610,084	2,444,614	93.66%
Expense	(1,320,390)	(1,263,802)	(56,588)	-4.48%
Operating Income/(Loss) before Allocation	**3,734,307**	**1,346,281**	2,388,026	177.38%
Non-Operating	148,124	84,396	63,727	75.51%
Discontinued Operations	3,374	-	3,374	100.00%
Change in Net Position	3,885,805	1,430,678	2,455,127	171.61%

Table 2 Consolidated Year to Date

Consolidated	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Income	19,355,575	14,275,995	5,079,581	35.58%
Expense	(14,592,293)	(14,551,730)	(40,563)	-0.28%
Operating Income/(Loss) before Allocation	**4,763,282**	**(275,735)**	5,039,018	1827.48%
Non-Operating	2,733,519	1,914,395	819,124	42.79%
Discontinued Operations	4,317	-	4,317	100.00%
Change in Net Position	7,501,118	1,638,660	5,862,458	357.76%

NON-CLINICS CHANGE IN NET POSITION

Table 3 Non-Clinics June 2026

Non Clinic	Actual Mth	Budget Mth	Over/(Under)	% of Budget
GRANT REVENUE	18,731	24,125	(5,394)	-22.36%
TENET LEASE -Amort of $2M lease	3,938,888	1,697,320	2,241,568	132.07%
INTEREST INCOME	513	1,539	(1,026)	-66.66%
OTHER OPERATING REVENUE	488	125	363	290.19%
	3,958,620	**1,723,110**	**2,235,511**	**129.74%**
Salaries	223,192	143,559	(79,633)	-55.47%
Fringe	27,934	42,162	14,229	33.75%
Puchased Services	70,905	46,840	(24,065)	-51.38%
IT, Network & Phones	29,552	20,425	(9,127)	-44.68%
Supplies	4,856	3,991	(865)	-21.67%
R&M	3,043	4,749	1,706	35.92%
Leases/Rentals	241	42	(199)	-477.96%
Utilities	6,429	5,739	(690)	-12.02%
Insurance	34,423	33,429	(994)	-2.97%
Other	10,454	20,033	9,579	47.81%
Depreciation	44,634	59,525	14,892	25.02%
	455,662	**380,495**	**(75,168)**	**-19.76%**
Operating Income/(Loss) before Allocation	3,502,958	1,342,615	2,160,343	160.91%
Allocation of Overhead for Health Centers	272,102	185,907	86,195	46.36%
Operating Income/(Loss) after Allocation	3,775,059	1,528,521	2,246,538	146.97%
Non-Operating Tax Revenue	826	14,106	(13,280)	-94.15%
Non-Operating Investment Income	142,915	63,568	79,347	124.82%
Non-Operating Rental Income	4,383	6,723	(2,341)	-34.81%
Discontinued Operations	3,374	-	3,374	100.00%
	151,498	84,396	67,101	79.51%
Change in Net Position	**3,926,557**	**1,612,918**	**2,313,639**	**143.44%**

Table 4 Non-Clinics Year to Date

Non Clinic	Actual YTD	Budget YTD	Over/(Under)	% of Budget
GRANT REVENUE	78,470	58,500	19,970	34.14%
TENET LEASE -Amort of $2M lease	6,128,388	3,886,822	2,241,566	57.67%
INTEREST INCOME	5,229	7,314	(2,085)	-28.51%
OTHER OPERATING REVENUE	228	1,500	(1,272)	-84.79%
	6,212,316	**3,954,136**	**2,258,180**	**57.11%**
Salaries	1,794,846	1,703,134	(91,712)	-5.38%
Fringe	386,541	416,221	29,680	7.13%
Puchased Services	175,701	177,719	2,018	1.14%
IT, Network & Phones	245,229	245,106	(123)	-0.05%
Supplies	33,362	45,894	12,532	27.31%
R&M	46,435	56,291	9,856	17.51%
Leases/Rentals	1,219	500	(719)	-143.75%
Utilities	53,867	64,951	11,085	17.07%
Insurance	399,465	401,142	1,677	0.42%
Other	197,796	234,276	36,480	15.57%
Depreciation	698,907	714,305	15,398	2.16%
	4,033,367	**4,059,539**	**26,172**	**0.64%**
Operating Income/(Loss) before Allocation	2,178,949	(105,403)	2,284,352	2167.26%
Allocation of Overhead for Health Centers	2,043,942	2,137,929	(93,987)	-4.40%
Operating Income/(Loss) after Allocation	4,222,890	2,032,526	2,190,364	107.77%
Non-Operating Tax Revenue	1,268,978	1,164,352	104,626	8.99%
Non-Operating Donations	20,027	-	20,027	100.00%
Non-Operating Investment Income	1,374,803	669,363	705,440	105%
Non-Operating Rental Income	66,137	80,680	(14,543)	-18.03%
Gain/Loss Sale of Assets	2,805	-	2,805	100.00%
Discontinued Operations	4,317	-	4,317	100.00%
	2,737,067	1,914,395	822,672	42.97%
Change in Net Position	**6,959,957**	**3,946,921**	**3,013,036**	**76.34%**

Grant revenue - receipt of MBTA award
Hospital lease – additional rent amount received
Supplies – savings on medical & office supplies
Utilities – savings on electricity
Other – savings on vehicle expense & community relations

CLINIC CHANGE IN NET POSITION

Table 5 Clinics June 2026

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Patient services (net)	792,733	664,687	128,046	19.26%
Grant Revenue	156,181	127,742	28,439	22.26%
340B Revenue	40,849	29,879	10,970	36.71%

Table 5 (continued)

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Capitation Fees	182,764	180,832	1,932	1.07%
Records & Interest	218	153	65	42.56%
Cost Report Adjustments	(137,361)	(137,360)	(0)	-0.00%
Quality & TRI/Prop 56, Misc	60,692	21,042	39,651	188.44%
	1,096,077	**886,974**	**209,103**	**23.57%**
Salaries - Clinic	503,405	511,976	8,570	1.67%
Fringe - Clinic	124,581	112,479	(12,102)	-10.76%
Phys Fees - Clinic	80,505	73,087	(7,418)	-10.15%
Puchases Services - Clinic	54,600	61,708	7,108	11.52%
IT, Network & Phones - Clinic	20,156	24,459	4,303	17.59%
Supplies - Clinic	36,601	33,020	(3,580)	-10.84%
Supplies - 340B	46,457	24,999	(21,458)	-85.84%
R&M - Clinic	(34,693)	6,507	41,200	633.19%
Leases/Rentals - Clinic	47	142	95	66.77%
Utilities - Clinic	8,605	7,952	(652)	-8.20%
Ins - Clinic	287	302	14	4.77%
Other - Clinic	6,746	7,886	1,139	14.45%
Depreciation	17,431	18,792	1,360	7.24%
	864,728	**883,307**	**18,580**	**2.10%**
Operating Income/(Loss) before Allocation	231,349	3,667	227,683	6209.49%
Allocation of Overhead for Health Centers	(272,102)	(185,907)	(86,195)	-46.36%
Change in Net Position	**(40,752)**	**(182,240)**	141,488	77.64%

Table 6 Clinics Year to Date

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Patient services (net)	8,927,466	7,643,897	**1,283,569**	16.79%
Grant Revenue	2,328,273	1,558,434	**769,839**	49.40%
340B Revenue	508,547	343,611	**164,936**	48.00%
Capitation Fees	2,203,944	2,169,982	33,962	1.57%
Records & Interest	2,675	1,761	914	51.92%
Cost Report Adjustments	(1,647,910)	(1,648,326)	416	0.03%
Quality & TRI/Prop 56, Misc	820,264	252,500	**567,764**	224.86%
	13,143,260	**10,321,859**	**2,821,401**	**27.33%**
Salaries - Clinic	5,757,602	6,073,891	316,289	5.21%
Fringe - Clinic	1,404,403	1,391,617	(12,786)	-0.92%
Phys Fees - Clinic	1,029,830	840,500	(189,330)	-22.53%
Puchases Services - Clinic	725,747	738,773	13,025	1.76%
IT, Network & Phones - Clinic	269,010	293,513	24,504	8.35%
Supplies - Clinic	482,308	379,735	**(102,573)**	-27.01%
Supplies - 340B	383,449	290,703	(92,746)	-31.90%

Table 6 (continued)

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
R&M - Clinic	85,421	76,952	**(8,469)**	-11.01%
Leases/Rentals - Clinic	1,354	1,700	346	20.38%
Utilities - Clinic	91,189	83,609	(7,580)	-9.07%
Ins - Clinic	3,448	3,620	172	4.75%
Other - Clinic	116,187	92,081	(24,106)	-26.18%
Depreciation	208,978	225,498	16,519	7.33%
	10,558,926	**10,492,191**	**(66,735)**	**-0.64%**
Operating Income/(Loss) before Allocation	2,584,334	(170,332)	2,754,666	1617.23%
Allocation of Overhead for Health Centers	(2,043,942)	(2,137,929)	93,987	4.40%
Operating Income/(Loss) after Allocation	540,392	(2,308,262)	2,848,654	123.41%
Non-Operating	768	-	768	-100.00%
	768	-	768	-100.00%
Change in Net Position	**541,160**	**(2,308,262)**	2,849,422	123.44%

Patient services – higher visit counts
Grants – amounts recognized on Statement of Net Position
Quality – cuts didn't take effect this fiscal year as anticipated
Physician fees – higher visit counts, so paid more physician time
Supplies – higher amounts in medical supplies
340B – drug costs going up due to 340B restrictions
Other – amounts spent not budgeted for doctor recruitment

Statement of Net Position

Assets and Deferred Outflow of Resources	June 30, 2025 (Audited)	June 30, 2026 (Unaudited)	Difference
Current Assets			
Cash and cash equivalents	5,863,721	2,341,590	(3,522,131)
Investments	39,305,358	50,030,161	10,724,803
Receivables			-
Patients	1,108,512	920,946	(187,566)
Estimated third-party payer settlements	-	-	-
Accrued Interest	563,165	544,200	(18,965)
Lease	873,671	911,600	37,929
Rentals	75,663	49,149	(26,514)
Grants	15,148	17,649	2,501
Other	303,839	249,057	(54,782)
Receivables Sub-Total	2,939,997	2,692,601	(247,396)
Prepaid expenses	172,408	402,489	230,081
Total current assets	48,281,485	55,466,841	7,185,356
Noncurrent Assets			
Lease receivable	25,070,557	24,223,270	(847,287)
Capital assets, net	9,616,009	10,181,941	565,932
Total Noncurrent Assets	34,686,566	34,405,211	(281,355)
Deferred Outflow of Resources			
Prepaid water capacity fee	149,221	74,610	(74,610)
Total Assets and Deferred Outflow of Resources	**83,117,271**	**89,946,662**	**6,829,391**
Liabilities, Deferred Inflow of Resources, and Net Position			
Current Liabilities			
Accounts payable	330,394	209,483	(120,911)
Accrued payroll and related liabilites	378,220	452,144	73,924
Accrued paid time off	375,723	428,352	52,629
Estimated 3rd party payor settlements	2,994,520	3,501,476	506,956
Current portion of long term debt	184,179	125,809	(58,370)
Deferred Revenue	-	154,272	154,272
Total Current Liabilities	4,263,035	4,871,536	608,500
Noncurrent Liabilities			
Long-term debt, net of current portion	103,011	55,255	(47,756)
Total Liabilities	**4,366,046**	**4,926,791**	**560,744**
Deferred inflow of resources			
Deferred lease revenue for hospital and equipment	25,655,272	24,422,800	(1,232,471)
Total Deferred Inflow of Resources	**25,655,272**	**24,422,800**	**(1,232,471)**
Net position			
Net investment in capital assets	9,616,009	10,181,941	565,932
Restricted by donors for specific operating purposes	-	-	-
Unrestricted	43,479,944	50,415,130	6,935,185
Total net position	53,095,953	60,597,071	7,501,118
Total Liabilities, Deferred Inflow of Resources, and Net Positi	**83,117,271**	**89,946,662**	**6,829,391**

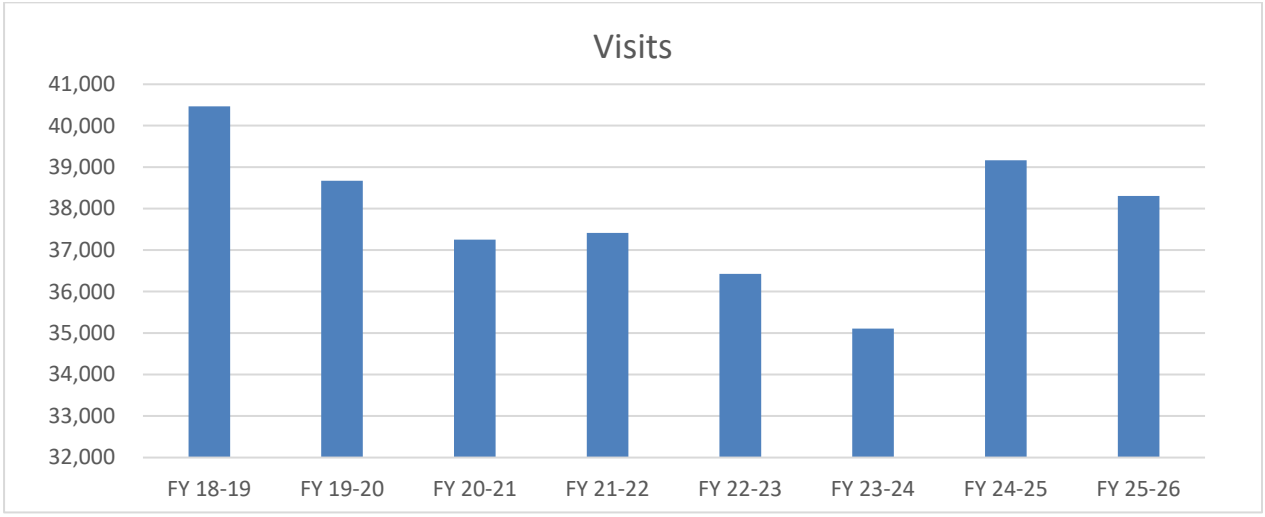
MORONGO BASIN HEALTHCARE DISTRICT
Schedule of Investments
June 30, 2026

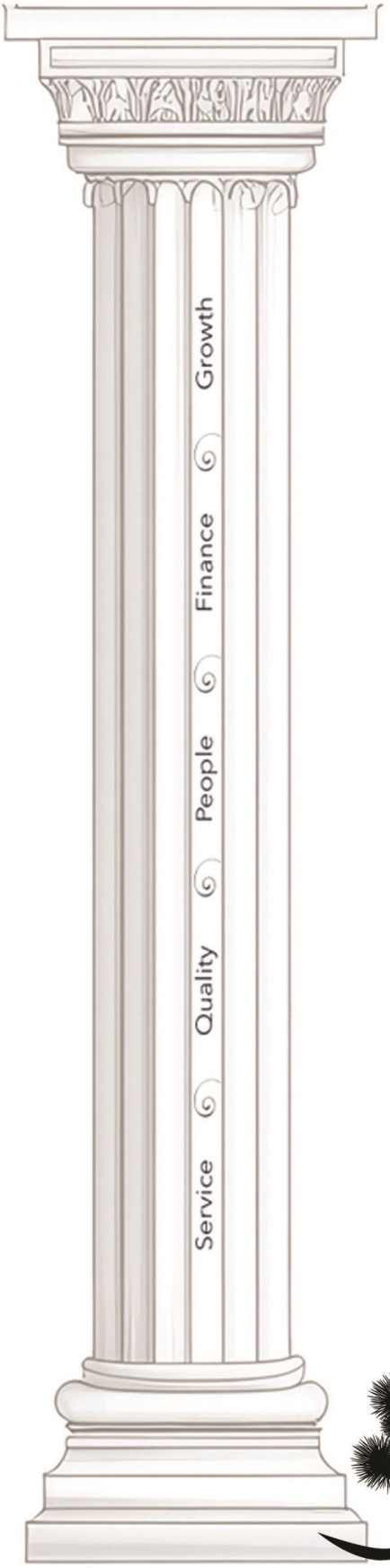
Description	Institution	5/31/2026	6/30/2026	Variance
Public Interest Acct	PWB	2,385,581.88	2,529,697.36	144,115.48
Less O/S checks	PWB	(41,686.22)	(193,307.44)	(151,621.22)
		2,343,895.66	2,336,389.92	(7,505.74)
M & O Acct	PWB	1,000.00	1,000.00	-
Revenue Acct	PWB	1,000.00	1,000.00	-
Payroll Acct	PWB	1,000.00	1,000.00	-
FSA Acc't	PWB	1,000.00	1,000.00	-
Sub-Total		2,347,895.66	2,340,389.92	(7,505.74)
Investment Access**	RBC	43,989,872.03	44,116,304.46	126,432.43
Money Market	RBC	1,970,407.26	5,474,523.41	3,504,116.15
Total Value of Accts		45,960,279.29	49,590,827.87	3,630,548.58
Est Accured Bond Int.		426,966.79	439,333.23	12,366.44
Total Portfollo Value		46,387,246.08	50,030,161.10	3,642,915.02
Total Cash		48,308,174.95	51,931,217.79	3,623,042.84
Total Market Value		48,735,141.74	52,370,551.02	3,635,409.28

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	3,430
May	3,662	2,200	3,043	3,239	3,247	3,143	3,564	3,241
Jun	3,344	2,786	3,082	3,218	2,939	2,652	3,275	3,304
Total	40,466	38,672	37,250	37,415	36,425	35,106	39,166	38,306
Total YTD	40,466	38,672	37,250	37,415	36,425	35,106	39,166	38,306

Chart B Visits FY Comparison





TAB #6
REPORT

CEO Staff Report
Strategic Plan Update

MORONGO BASIN
HEALTHCARE DISTRICT
MorongoBasinHealth.org

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

August 6, 2026

To: Board of Directors

From: Cindy Schmall, CEO

Re: CEO Board Report

DISTRICT

- The annual ACHD Conference is in Monterrey this year, October 7-9. Those who wish to attend should let me know as soon as possible for registration. Please see your folder for the flyer regarding the conference. I will be attending part of the conference. Staff have closely reviewed the criteria for the Trustee, CEO and District of the Year, however due to the requirement that to be eligible the person or organization has to have been publicized in news articles or other media we did not meet the requirements.
- The Hi-Desert Medical Center (HDMC) Behavioral Health program is suffering due to the retirement of their LCSW for therapy services. Karen Faulis, CEO of HDMC has reached out to the District to identify whether we can partner with them to assist with LCSW services.
- Staff have looked closely at three different grant opportunities and have determined that we are unable to qualify. However, we have several collaborative grants in the works with IEHP and Reach Out.
- Over the past few months, the District management team participated in our first business continuity assessment (aka BIA). This was conducted by Wipfli and we have received the preliminary report. We have also experienced a security test to ensure that our systems are not vulnerable. This is part of an overall effort to ensure that all of our systems are secure.
- Last week, unrelated to the above, our entire system went down for about four hours. Staff and providers used downtime procedures to continue operations. The outage was part of a Microsoft system update for most of the west coast.

HEALTH CENTER

- To date there has been no additional progress at Split Rock. We continue to be on hold for the approval of the fire alarm system and the removal of the limb from the Joshua Tree at the front of the property.
- I am pleased to report that we had some significant success this year with planning special immunization days for back-to-school kids. Alyssa Burton, PA and Tina Huff, FNP both offered up several days on their schedules to help facilitate the need for well child visits and immunizations. San Bernardino County has also stepped up and has provided on site immunizations to Medi-Cal eligible clients.
- The IEHP mobile mammogram program is headed our way again in September and we will be partnering with them to get patients access to screening mammogram services. Last year we only saw about 13 women but this year we have more notice and will be able to plan for more patients.
- We have hired a physician! Dr. Malekian will be starting in October and will supplement staff at 29 Palms and Yucca Valley. She will see both adult and pediatric patients.
- IEHP P4P Quality reimbursement for last year came in at approximately $648,000. This reimbursement is based on the clinic's compliance with IEHP mandated program for items that are part of our quality measures but also includes a component of how quickly we see patients and our follow-up on referrals etc. Congratulations to Tricia Gehrlein and the clinical team for all their hard work!
- HRSA has selected our team to participate in a special learning session regarding a new UDS measure on Substance Use Disorder. Tricia Gehrlein, Tina Huff, Angie Villaluz and Chantel Stanberry-Noel will be participating.

2024-27 STRATEGIC PLAN UPDATE

Presented August 6, 2026

GOAL 1: Recognize healthcare as a human right and advocate for opportunities for all community residents to "attain their full health potential."

STRATEGY	Reduce disparities in healthcare through focus on the social determinants of health on a local level.		
TACTICS	1.2.3a. Identify community physician needs for the next five years.	1.2.2c. Increase the the number of adults and adolescents that receive a preventive health visit each year.	
MEASUREMENT	Physician Needs Assessment completed.	Increase annual well visits by 20%	
TARGET DATE	2026	2026	
STATUS	Assessment in process; working with Tenet Health.	As of June 30, 2026, Yucca Valley adult annual visits have increased by 40% from last year. Pediatric visits have decreased about 9%. We attribute this to staffing changes in the Peds department with less availability for annual well child visits. Registration staff have been monitoring patients whot have not had their annual health visit, and have developed a process for scheduling patients and conducting their annual screenings via phone.	
OWNER	CEO / CAO	DPC / DBOS / CM / CAO	

2024-27 STRATEGIC PLAN UPDATE

Presented August 6, 2026

GOAL 2: Collaborate with other organizations to support community initiatives that enhance the general education and health literacy of the District's residents.

STRATEGY	Advocate for general education opportunities that foster healthcare career development.		
TACTICS	2.2.2a. Collaborate with MUSD and CMC to develop a curriculum for programs that enable students to find viable jobs locally (ie. medical and dental assistant, community health workers, cyber security and trades).	2.2.2b. Provide a job shadowing and/or job coach program to high school and college students that provide opportunities to see firsthand what career options may interest them.	2.2.2c. Collaborate with other organizations (Kaiser, IEHP, CHAISR, etc.) to provide scholarships for healthcare careers to local residents.
MEASUREMENT	Increase by 5% the number of healthcare career education classes provided locally for students.	Five students have attended and completed the program.	At least one scholarship made available to local residents.
TARGET DATE	2026	2026	2026
STATUS	In 2025, progress began through a meeting with Amy Woods (MUSD) regarding the medical assisting program and dental program. There has been no update.	As of July 2026, we are in contact with the local Girl Scout Troop on some opportunities for local kids to do job shadowing	To date, at least six of our local staff have been afforded opportunities to receive specialized training through CHAISR and Reach Out as Community Health Workers. CEO continues to sit on the AHEC committee through CHAISR for medical scholarships in Riverside and San Bernardino counties.
OWNER	CEO	CEO / CAO	CEO

2024-27 STRATEGIC PLAN UPDATE

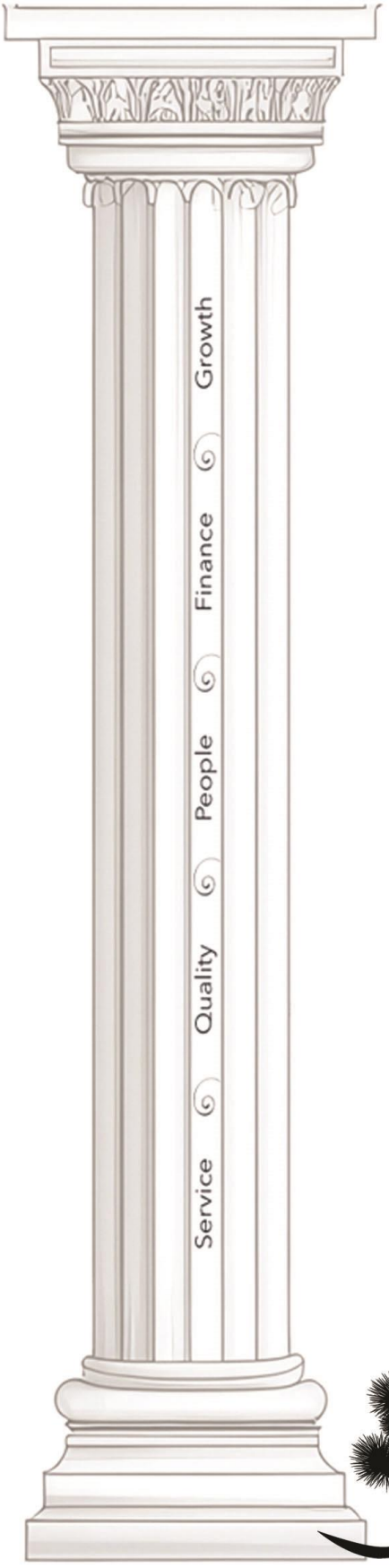
Presented August 6, 2026

GOAL 3: Collaborate on initiatives to proactively improve or enhance the economic stability of our District residents.			
STRATEGY	Identify opportunities to raise awareness of the social determinants of health and the role of poverty and its impact on our health.		
TACTICS	3.1.1e. Partner with other organizations to educate the community on domestic violence issues and promote organizations that support victims.	3.1.1f. Work with cities and local governments to help provide youth programs to promote positive community experiences and increase civic participation.	
MEASUREMENT	Work with Unity Home and MCAGCC agency to highlight domestic violence during October's National Domestic Violence Awareness Month.	Introduce Alcove Project to Yucca Valley and 29 Palms community leaders.	
TARGET DATE	2026	2026	
STATUS	Campaign will begin in October 2026.	This tactic has been deferred for this year due to lack of available resources.	
OWNER	CPM / CAO	CAO / CPM	

2024-27 STRATEGIC PLAN UPDATE

Presented August 6, 2026

GOAL 4: Advocate for interventions and policy changes at the local, state and federal level that promote enhancing the built environment in the District's service area.			
STRATEGY	Investigate sustainability opportunities (ie. green initiatives) and advocate for policy and infrastructure changes within our community that promote healthy environments.		
TACTICS	4.2.2a. Develop a drug disposal awareness program to address the impact of improper disposal on water and landfills.	4.2.2c. Develop a carpool / rideshare program for employees to promote, improve the quality of life, and reduce emissions.	4.2.2d. Explore cost effective green/sustainable options whenever possible in the District.
MEASUREMENT	Drug disposal awareness program implemented.	Program implemented.	Ongoing: considered with all future building / expansions.
TARGET DATE	2026	2026	2026
STATUS	March 2026, District initiated drug takeback information at community events and available in our clinics for patients and community. October 26 is Drug Takeback Day which we will be promoting in the community.	On hold.	Yucca Valley signage slated to use solar. June 30, 2026 Yucca Valley campus: energy efficient windows installed throughout; internal lights in adult department replaced with LED lights.
OWNER	CEO / CPM	HR / CEO	Facilities / CEO



TAB #7
REPORT

CALENDARS

MORONGO BASIN
HEALTHCARE DISTRICT
MorongoBasinHealth.org

MORONGO BASIN HEALTHCARE DISTRICT

AUGUST 2026

SUN	MON	TUE	WED	THU	FRI	SAT
26	27	28	29	30	31	1
2	3	4	5	6 4:45p CHC board 6:15p District board	7 **11:30 LUNCH**	8
	NATIONAL COMMUNITY HEALTH CENTER WEEK!					
9	10	11	12 12:30-3:30p JT Resource Fair	13 12-1:30p Morongo Basin Community Coalition, @ ReachOut YV	14	15
16	17	18	19	20 10a East Desert Steering Comm 3-6p CMC Back-2-School event	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

July 2026

S	M	T	W	T	F	S
			1	2	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	

Notes:

Monthly Awareness Education (TBD)

- *B&G Club education*
- *29 Palms Rotary Club*
- *Desert Arc*
- *YV Chamber of Commerce*

September 2026

S	M	T	W	T	F	S
		1	2	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			

MORONGO BASIN HEALTHCARE DISTRICT

SEPTEMBER 2026

SUN	MON	TUE	WED	THU	FRI	SAT
30	31	1	2	3 **4:45 CHC board mtg** **6:15 District board mtg**	4	5
6	7 Labor Day	8	9 12:30-3:30 JT Comm Ctr Resource Fair	10 10:00-11:30a **29P Health Talk** 12p Morongo Basin Coalition	11	12
13	14 10:00-11:30a **JT Health Talk**	15	16 10:30-12:00a **YV Health Talk**	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3

August 2026

S	M	T	W	T	F	S
						1
2	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					

Notes:

Monthly Awareness Education (TBD)

- *B&G Club education: Staying Healthy (childhood obesity)*
- *29 Palms Rotary Club*
- *Desert Arc*
- *YV Chamber of Commerce*

Health Talks

- Sep 10: 29P Senior Ctr 10:00-11:30a
- Sep 14: JT Senior Ctr 10:00-11:30a
- Sep 16: YV Senior Ctr 10:30-noon

October 2026

S	M	T	W	T	F	S
				1	2	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

DISTRICT HEALTH FAIR @ 29Palms
9a-1p Farmer's Market