MORONGO BASIN
COMMUNITY HEALTH CENTER
A SERVICE OF MORONGO BASIN HEALTHCARE DISTRICT

Morongo Basin Healthcare District

Morongo Basin Community Health Center

GOVERNING BOARD MEETING AGENDA

Thursday, September 3, 2026 at 4:45

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
- PLEDGE OF ALLEGIANCE: *Please stand as able.*

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 taking action 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, your 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 26-178** Motion to approve the meeting agenda as published.

APPROVAL OF CONSENT AGENDA---------- Tab 1

- **Motion 26-179** Motion to approve the Governing Board meeting minutes dated August 6, 2026, as presented.

BOARD EDUCATION:

OVERVIEW OF CALIFORNIA PROPOSITION 44 – – *Cindy Schmall, CEO*

BUSINESS ACTION ITEMS:

REVIEW AND ACCEPT BOARD ANNUAL ATTENDANCE REPORT | ATTESTATION COMPLIANCE RESULTS – *Tricia Gehrlein, CAO*

- **Motion 26-180** Motion to accept the annual board attendance report and the board member attestation results as presented

STAFF REPORTS

- MONTHLY FINANCIAL REPORT – – *Cindy Schmall, CEO*---------- Tab 2
  Motion 26-181 to accept the monthly financial report as presented.
- CEO STAFF REPORT – *Cindy Schmall, CEO*

CALENDAR REVIEW ---------- Tab 3

BOARD MEMBER COMMENTS

MEETING ADJOURNED

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

Posted August 31, 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.

MORONGO BASIN
COMMUNITY HEALTH CENTER
A SERVICE OF MORONGO BASIN HEALTHCARE DISTRICT

TAB #1
CONSENT AGENDA

MINUTES FOR
LAST MONTH'S MEETINGS

MORONGO BASIN
COMMUNITY HEALTH CENTER
A SERVICE OF MORONGO BASIN HEALTHCARE DISTRICT

Morongo Basin Healthcare District

Morongo Basin Community Health Center
Minutes of the Governing Board Meeting

Thursday, August 6, 2026

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 MEMBERS PRESENT
- Cody Briggs *(present by remote)*
- Gloria Cabrera *(present)*
- Pat Cooper *(present)*
- James Flynt *(present)*
- Marc Greenhouse *(present)*
- Sean Loomis *(present)*
- Lisa Ryan *(present)*
- Jackie Todd *(present)*
- Esther Watson *(not present)*

STAFF PRESENT
- Cindy Schmall, CEO
- Debbie Anderson CFO
- Tricia Gehrlein, CAO
- Karen Graley, Board Clerk *(remote)*
- Tela Thornett, Operations Manager
- Kelly Hedges-Wehner, Director Pt Care Services
- Dianna Anderson, Community Programs Mgr
- Mia Fisher, Dental Manager
- Jill Goodwin, Clinical Services Manager
- Kim Harrison, Director Business Office
- Fredi Levitt, Behavioral Health Manager
- Sherri Tincher, Patient Financial Services Manager
- Angie Villaluz, EHR Manager

CALL TO ORDER

Lisa Ryan called the meeting to order at 4:45 p.m. Board Clerk Karen Graley took roll call and declared a quorum for the meeting. Ms. Ryan led the Pledge of Allegiance and read the mission and vision statements. There were no public comments.

APPROVAL OF MEETING AGENDA

- Motion 26-174: Motion by Cody Briggs to approve the meeting agenda; second by Jackie Todd; motion carried by unanimous vote.

APPROVAL OF CONSENT AGENDA

- Motion 26-175: Motion by Gloria Cabreras to approve the Governing Board meeting minutes dated July 2, 2026; second by Jackie Todd; motion carried by unanimous vote.

BOARD EDUCATION – IEHP QUALITY REIMBURSEMENT PROGRAM – *Tricia Gehrlein, CAO*

Ms. Gehrlein provided an overview of the IEHP quality program and the changes that affect reimbursement to the health center. Pay for Performance, called P4P, is an income line on the CHC budget because we receive dollars from the Inland Empire Health Plan based on our performance. In this presentation, we will explain what performance means, why we receive money, where the money comes from, and why we never really know how much reimbursement we will receive.

In the state of California, Medi-Cal Managed Care dollars are allotted for financial rewards to providers, such as Inland Empire Health Plan (IEHP), for improving healthcare quality. The state incentivizes them to do well. They in turn incentivize those of us who accept their patients to meet specific measurements, because if we do well, then they do well, and the dollars will follow. IEHP sets the measurement rules for performance and reimburses for achieving those defined goals.

The P4P program tracks specific measures with benchmarks and goals identified. There is a minimum threshold to meet. Once the minimum has been met there is a tier system with assigned scores to determine the amount of the earned reward. Ms. Gehrlein presented a grid from the IEHP website that showed the tier levels and the related reimbursement for achieving those thresholds.

She explained that the P4P program has significantly more measures than UDS HRSA program. Bonus dollars are available based on measure outcomes. UDS does not give financial rewards as performance is an expectation for a federally qualified health center. P4P calculates scores on the full 9,000 patients assigned to CHC, whether or not they are seen or treated in our health centers. The reimbursement score is based on the health outcomes of those 9,000 patients. As an example, the IEHP patient named Jackie has been assigned to CHC, but we've never seen her, not once. She's not complied with getting her annual health exam. Yet, we are held accountable for that measurement. In UDS program, if we do not see her as a patient, we do not include her in the scoring. Additionally, IEHP bases its score on claims billed. Did Jackie pick up her prescribed medication? If IEHP didn't receive a pharmacy claim documenting she picked up her prescribed medication, we do not receive score credit in the P4P program.

IEHP has a very detailed formula to calculate scores based on patient health outcomes. The scoring criteria have evolved over the last three years.

Last year, 2025, we talked a lot about the impact of federal bill HR1 which is the federal government's new rules for Medicaid. Last year we were told by IEHP to expect less P4P dollars based on HR1 projected outcomes. There are now fewer people enrolled in California's Medi-Cal program. Less people means less money. IEHP also removed from the program measures that were easier for us to attain. That has made our score more difficult to achieve. And then suddenly, without notice or explanation, in August of last year, IEHP separated our clinics into two reporting units rather than one reporting unit with an accumulated score. This change has made achieving the qualifying scores more difficult to attain.

When dollars are earned, it's paid out over the course of a year, divided into twelve monthly payments. Because IEHP calculates payment from confirming claims, payment is delayed, allowing time for the outstanding claims to be processed. In 2023, the combined clinic reimbursement was $602,000 but was not paid until fiscal year 2024-25 because of the typical six-month lag. In 2024, the clinics combined received about $648,000, which was very nice, but it was less than we were expecting. For 2025, we just found out we will receive $648,000; no increase, but no decrease.

Our patient census has not been greatly impacted yet by the changes brought by HR1. The first group to lose benefits were because of immigration status. Our community does not have a large population in that category.

We do the right thing for our patients because it is the right thing to do. We focus on quality care to get the highest score because it's the right thing for the patient. And if you do the right thing, the dollars will follow, but we do not do it to chase the dollars. Our number one goal is always, always, always patient care. It's just nice when we get money for it.

Our clinical team has focused their attention on these P4P measures because they're the same as UDS measures. We want to improve our UDS measure scores. That is our over-arching goal, as then our efforts will improve these numbers naturally.

It is unknown how P4P in 2026 and 2027 will deliver. There are more changes coming with HR1. For example, in the new year, Medi-Cal subscribers will have a work or volunteer requirement to continue the program. We expect many to lose their benefits, further reducing program funding. This is a very

unpredictable model. We don't rely on it. We don't depend on it. We're grateful when we get it. But again, we're just focused on quality for quality's sake.

Cody Briggs asked if there was a requirement for us to prescribe medicine in order to get full points in certain scoring categories. Ms. Gehrlein responded, "Yes. So, for example, I can have Jill or Angie speak to this a little bit more from a nursing perspective because I am not a nurse, but statin therapy is a prime example. If you fall under certain criteria based on your health, both UDS and P4P programs say you should be on medication for that. They expect we will prescribe that medication and that the patient is compliant in taking it. If you are a diabetic and your A1C is high, it is expected that you will take insulin and reduce the A1C with medication. That's sort of how they track your health. Many patients don't want to take a statin because it is for their cholesterol, essentially, and they want to try diet and exercise. That's their choice. They have that right. We're not going to force a patient to accept medication. We put the patient first."

He continued, "And is that something that like as the public, we could advocate for those agencies to change that policy? It just is like they're, to me, it's an incentivizing pushing pills. And I don't, you know, I don't like that. It sounds like we're doing the right thing, but…"

She responded, "Cody, I understand where you're going with that, but I want you to understand that these protocols are based are based on Health and Human Services' research and is not something that's ever going to go away. There are a lot of these kinds of measures that are based upon research and data going back many, many years that really tell public health how to best manage a patient with that diagnosis. It is the result of evidence-based practice."

ACTION ITEMS

Quarterly Quality Report – UDS Measurements – *Tricia Gehrlein, CAO*

- Motion 26-176: Motion by Gloria to accept the second quarter 2026 quality report; second by Marc Greenhouse; motion carried by unanimous vote.

Ms. Gehrlein referred the board members to a handout she provided.

- BMI screening, child weight assessment, and tobacco cessation: When we talk about meeting these measures, all of us within the clinic have a responsibility to work with the patient, to gather this information. For these three measures, the medical assistants engage the patient and screen these measures when they check the patient in. The provider discusses with the patient their responses and appropriate treatment. This process allows us to control those three measures. As you can see, we're doing very well with BMI for adults; the child weight assessment is improving. We've done a lot of education with pediatric staff about when and how to do this measure and collect better information for the provider to engage their patient. We've done the tobacco cessation screening very, very well.
- HIV screening, HIV connection to care, screening for depression, and depression remission is a shared responsibility between us and the patient. We can do the HIV screening, and if someone is positive, we can encourage them to get care. But you'll see this year we had two people who proved positive, one who refused to do follow-up care. And that's that patient's right, but we did our part by administering. Screening for depression and follow-up plan we expect to improve significantly over time. We've done staff education and are now consistently screening for depression. However, depression remission is much more difficult to attain. People need time to go to therapy and have time to overcome what's going on. That's why the measurement score is expected to improve with time.

- IVD, aspirin use and statin therapy: These measurements are screened by the provider. We are very close to achieving our measure for IVD and aspirin use and have met the measurement for statin therapy.
- Child immunizations, dental sealants, and substance use disorder treatment: Many parents choose not to immunize their children. That's the first measurement barrier. The second is that if the child is not fully immunized by the age of two, it cannot count as achieving the measurement. That works against us. It's a very strict, hard and fast measure. It has always been a challenge for us to attain. And 19%, honestly, is better than we've done in years. That's it. That's a really good number. Dental sealants for children has been a very easy measure for us to attain. The measure was changed this year, and the dental team is working on meeting the new challenge. The substance use disorder treatment is a new measure this year. Staff is learning how to manage this measure. It is difficult to understand and HRSA gave us the opportunity to join a working group and learn what to do to meet the measure requirements.
- Diabetes A1C: We've traditionally done very well with this measure.
- Controlling high blood pressure: Again, we're very close to meeting the measure. That's a goal of ours, something we've been working on.
- Breast cancer screening, cervical cancer screening, colorectal cancer screening: These measures are very difficult to attain as the results depend solely on patient compliance. We campaign and encourage patients to get screenings. We make referrals and connect them to where they can get the screening done. We work with EHP, such as bringing the mobile mammogram unit to the Morongo Basin. Our scores fall into a normal range for clinics across the United States. We are not alone.

Three of the 16 measures presented scored higher than our target goal, which is great. Three other measures are within 10% of the targeted goal, and we have full expectation we will achieve goal. Ten of the measures we met target goals.

Previously, we had talked about pursuing HRSA award badges for achieving targeted goals. If we want the behavioral health badge, for example, we must exceed at two out of the three measures. I think we will earn badges. Staff for behavioral health, adult and pediatric departments are working with focus to meet targeted goals. The behavior health team is focused on screenings for depression; for diabetes it's two out of three measures; for heart health it's three out of four measures, we have two done. For preventative badges it's five of ten, so far, we have two. If we keep up the good work, keep working hard to get the other measures up, we have a good chance of getting some of these HRSA badges.

DISCUSSION

Annual Board Attestation Form – *Cindy Schmall, CEO*
CEO Schmall explained that due to change over of staff, she asked the board members to complete the annual conflict of interest form and the attestation form to prove to HRSA that we are meeting the minimum 51% patient membership. The patient requirement is that you have been seen at the health center within the last two years.

REPORTS

Monthly Financial Report:

- Motion 26-177: Motion by Marc Greenhouse to accept the June 2026 financial report as presented; second by Gloria Cabreras; motion carried by unanimous vote.

Debbie Anderson, CFO, presented the financial report for June 2026. She referred the members to the agenda packet for the published report. Ms. Anderson reported that June shows a loss of $(40,752) and year to date income of $541,160.

She explained that this June report is an interim report as the closing month of the fiscal year. After the annual financial audit, she will adjust the actual data and report back to this board on what those adjustments were. We hold the books open for a couple months, filing the cost reports and the payment reconciliations with the state. We need that number finalized before issuing the financial statements.

For June, we did much better than budgeted. The variance between the budget and the actual was about $2.8 million. This is a significant variance from $1.3 million more in patient services income. We budgeted based on 36,440 patient visits. There were 38,306 patient visits in June which is reflected in the income.

CEO Schmall interrupted the report, saying, "I think it's important for this board to hear that is a significant number of visits over what we were budgeted for when multiple providers were not available throughout the year for various and sundry reasons. We had three full-time providers leave the practice. Our staff, this group that is in front of you here, really is to be commended for all the hard work that they did to get those patients into the office and finding a way to get them seen by their provider. So please let them know how much you appreciate them."

Ms. Anderson continued with her report. As Cindy was saying, that's the biggest part of the variance. $1.3 million in revenue is not a small amount and is the direct result of staff efforts. We also have 0.8 million more in grants.

Regarding $10 million in 340B revenue. 340B has been very volatile for a couple of years since HRSA lost the court case allowing the drug manufacturers to do what they call restrictions. They place restrictions on what we can and can't buy and how often we can recognize it for the 340B program. And I'm not going to go into all the details, but it affects the revenue.

Next is $0.6 million in quality money. Now, this goes directly back to what Tricia was talking about earlier. This is our P4P quality related reimbursement. As Tricia indicated in her presentation, IEHP had informed us they were reducing quality dollars. We incorporated that information into the budget, but that didn't happen this year, which created a larger variance.

Those four items are all what makes up the difference between what we budgeted versus actual. June shows a $40,000 variance compared to the budget. Year to date income for June was $541,160. It is exciting that we had more patient visits than the budget called for.

Board members commented on the impressive increase in patient volume and thanked staff for their hard work to increase patient visits.

CEO Staff Report:
Ms. Schmall referred the members to her written report in the agenda packet.

- 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. LAST WEEK FINISHED THE FENCING, TEMP FENCE REMOVED. Submitted fire alarm system to fire department for final approval. No update regarding the Joshua Tree.
- 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. Very proud of this team who volunteered and worked to immunize kindergarten and seventh graders before school started. They have made a significant difference.

- 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. Coming on board in October.
- 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.

Gloria Cabreras asked if the new doctor would be specific to the 29 Palms clinic. CEO Schmall stated that both male and female providers will see patients at Split Rock.

CALENDAR REVIEW:
Cindy Schmall reviewed the upcoming events calendar. She highlighted National Community Health Center Week, saying, She invited board members to join staff for lunch in suite 600 at 11:00 a.m. Tela provided an overview of the week's activity. Dianna Anderson shared that the patients could choose from a collection of logo-imprinted items, from water bottles, key chains and more.

Dianna Anderson shared about the month's focus of Vaccination Awareness campaign.

BOARD MEMBER COMMENTS:
Cody Briggs commented, "I guess I want to say thank you to all the staff, you guys are just continuing to knock it out of the park and doing a great job. So, thank you all."

Gloria Cabreras added, "I second that. Yeah, absolutely. But I wanted to say thank you to everybody that's been working really hard for the clinics to be so good and going as they're supposed to. So, I give you a clap on that. And thank you, everybody. Appreciate it. Thank you. And thank you to our two board members who, even though they were not feeling well, still showed up. We appreciate that."

Pat Coop thanked staff for their outstanding work.

MEETING ADJOURNED:
The meeting was adjourned at 5:57 p.m.

_____
Lisa Ryan, Secretary of the Board

MORONGO BASIN
COMMUNITY HEALTH CENTER
A SERVICE OF MORONGO BASIN HEALTHCARE DISTRICT

TAB #2
REPORTS

MONTHLY FINANCIAL REPORT

MORONGO BASIN HEALTHCARE DISTRICT

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

August 27, 2026

To: CHC Board of Directors

From: Deborah Anderson, CFO

Re: CFO's Report for July 2026

OVERVIEW

The clinic financials for the month of July show a loss of $(47,334) and year to date show a loss of $(47,334). (See Table 1)

For the clinic financials, the clinics did have losses of $(47,334), but not as much as budgeted $(217,375). Visits came in very strong over budget (3,597 actual vs 3,154 budgeted), which contributed to patient services (net) revenue being $148,141 over budget. However, grant revenue was $(16,401) under budget and quality was also under budget by $(13,212). Since quality resets for the new fiscal year, we did not receive any quality $ from one of our managed Medi-Cal insurance companies, but we expect this will catch up and we will retroactively receive that quality payment.

Professional fees (which includes our contract providers) came in over budget by $(10,027). However, this is not unexpected since our visits were also over budget. Purchased services is $(11,856) over budget; however, this is due to catching up on processing of payments by our contacted RCM company since the state doesn't process payments for the last 2 weeks of June. So everything comes in during July and therefore the billing is much higher for July. Clinic supplies had savings of $19,767; this is due to the pharmaceuticals line item, which includes our vaccines, which typically don't get purchased in July. R&M is over budget by $(7,972) due to a large invoice needed for biohazard cleaning due to water flooding in one of the clinics. Finally, allocation of overhead was $23,550 less than budgeted.

CLINIC CHANGE IN NET POSITION

Table 1 Clinics July 2026

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Patient services (net)	877,182	729,042	148,141	20.32%
Grant Revenue	131,666	148,067	(16,401)	-11.08%
340B Revenue	36,523	34,630	1,893	5.47%
Capitation Fees	181,251	183,199	(1,948)	-1.06%
Records & Interest	913	162	752	464.29%
Cost Report Adjustments	(154,167)	(154,167)	0	0.00%
Quality & TRI/Prop 56, Misc	7,521	20,733	(13,212)	-63.72%
	1,080,890	**961,666**	**119,224**	**12.40%**
Salaries	540,650	556,708	16,058	2.88%
Fringe	116,520	120,737	4,217	3.49%
Contract Labor	-	2,317	2,317	100.00%

Table 1 (continued)

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Professional	90,294	80,267	(10,027)	-12.49%
Puchases Services	70,528	58,672	(11,856)	-20.21%
IT, Network & Phones	23,319	25,525	2,205	8.64%
Supplies	24,790	44,557	19,767	44.36%
Supplies - 340B	6,148	11,792	5,644	47.86%
R&M	16,149	8,177	(7,972)	-97.50%
Leases/Rentals	-	100	100	100.00%
Utilities	10,327	10,065	(261)	-2.60%
Insurance	287	302	14	4.80%
Other Expenses	7,813	15,704	7,892	50.25%
Depreciation	15,795	14,964	(831)	-5.55%
	922,620	**949,887**	**27,267**	**2.87%**
Operating Income/(Loss) before Allocation	158,270	11,779	146,491	1243.69%
Allocation of Overhead for Health Centers	(205,604)	(229,154)	23,550	10.28%
Change in Net Position	**(47,334)**	**(217,375)**	170,041	78.22%

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	FY 26-27
Jul	2,942	3,283	3,091	2,877	2,670	2,758	3,030	3,467	3,597
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	3,597
Total YTD	2,942	3,283	3,091	2,877	2,670	2,758	3,030	3,467	3,597

MORONGO BASIN
COMMUNITY HEALTH CENTER
A SERVICE OF MORONGO BASIN HEALTHCARE DISTRICT

TAB #3
CALENDARS

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SEPTEMBER 2026

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

August 2026

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

Health Talks
- Sep 16: YV Senior Ctr 10:30-noon
- Sep 17: JT Senior Ctr 10:00-11:30a
- Sep 30: 29P Senior Ctr 10:00-11:30a

October 2026

S	M	T	W	T	F	S
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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

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

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OCTOBER 2026

SUN	MON	TUE	WED	THU	FRI	SAT
27	28	29	30	**1** **4:45 CHC board mtg** **6:15 District board mtg**	**2**	**3**
4	**5**	**6**	**7**	**8** 12p MB Community Coalition at Reach Out YV	**9**	**10**  9a to 1p **HEALTH FAIR** 29Palms
11	**12**	**13**	**14** 12:30p JT Community Resource Fair @JT ComCtr	**15** 10a East Desert Steering Com @ JT Elementary	**16**	**17**
18	**19**	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**	**31**

September 2026

S	M	T	W	T	F	S
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Notes:

<u>October Community Education</u>

- 29 Palms Rotary Club
- Children's and Family Services
- Copper Mtn College

<u>Community Awareness Topics</u>

- Breast Cancer
- Dental Hygiene
- Domestic Violence in collaboration with Unity Home

November 2026

S	M	T	W	T	F	S
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

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NOVEMBER 2026

SUN	MON	TUE	WED	THU	FRI	SAT
1	**2**	**3**	**4**	**5** **4:45 CHC board mtg** **6:15 District board mtg**	**6**	**7**
8	**9**	**10**	**11**	**12** 12p MB Community Coalition at Reach Out YV	**13**	**14**
15	**16** Health Talk	**17**	**18** Health Talk	**19** 10a East Desert Steering Com @ JT El Health Talk	**20**	**21**
22	**23**	**24**	**25**	**26** Thanksgiving Day	**27**	**28**
29	**30**	1	2	3	4	5

October 2026

S	M	T	W	T	F	S
				1	2	3
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Notes:

November Community Education

- Health talks: diabetes, scam awareness & senior safety
- Desert Arc
- YV Chamber membership

Community Awareness Topics

- Diabetes

December 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		

COMMUNITY HEALTH & RESOURCE FAIR

Saturday, October 10

9:00 a.m. - 1:00 p.m.

FREEDOM PLAZA | 6547 Freedom Way in downtown 29 Palms

MORONGO BASIN HEALTHCARE DISTRICT
MorongoBasinHealth.org

Partnering for the Health and Wellness of our communities

Enjoy a family day at Freedom Plaza in 29 Palms

Visit us in the gymnasium for free health screenings, local and regional health resources and more!
Shop at the Farmer's Market.

- FREE health screenings: blood pressure, body mass index, and glucose or A1c
- Get a free Harm Reduction Kit: a test-at-home HIV kit, fentanyl test strips & Narcan spray while supplies last
- Vaccinations for influenza
- Schedule to donate blood: www.Lstream.org or 800-879-4484
- Connect with local and regional community resources
- Free give-away items, a drawing for a terrific gift basket!

GET RESOURCES TO MANAGE YOUR HEALTH

This event is brought to you by Morongo Basin Healthcare District, the City of 29 Palms and Morongo Unified School District who have partnered for your health and wellness.

Our Vision: A Healthy Morongo Basin!