



**DESERT HEALTHCARE DISTRICT
BOARD MEETING
Board of Directors
May 26, 2020
5:30 P.M.**

In accordance with the current State of Emergency and the Governor’s Executive Order N- 25-20, of March 12, 2020, revised on March 18, 2020, teleconferencing will be used by the Board members and appropriate staff members during this meeting. In lieu of attending the meeting in person, members of the public will be able to participate by webinar by using the following link:

**<https://us02web.zoom.us/j/88107215963?pwd=Ty8zNHFGTmhVL1BJN0l6dUdSbDVPQT09>
Password: 206854**

Participants will need to download the Zoom app on their devices. Members of the public may also be able to participate by telephone, using the follow dial in information:

Dial in #: (669) 900-6833 To Listen and Address the Board when called upon:

Passcode 206854

Webinar ID: 881 0721 5963

If you are unable to use the 669 area code (San Jose), dial (877) 304-9269 – Passcode: 594808#

You may also email ahayles@dhcd.org with your public comment no later than 4 p.m., Tuesday, 05/26.

<i>Page(s)</i>	AGENDA <i>Any item on the agenda may result in Board Action</i>	<i>Item Type</i>
	A. CALL TO ORDER – President De Lara Roll Call ____Director Shorr____Director Zendle, MD____Director PerezGil____ Director Rogers, RN____ Director Matthews____ Vice-President/Secretary Borja____President De Lara	
	B. PLEDGE OF ALLEGIANCE	
1-3	C. APPROVAL OF AGENDA	Action
	D. PUBLIC COMMENT At this time, comments from the audience may be made on items <i>not</i> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Board has a policy of limiting speakers to no more than three minutes. The Board cannot take action on items not listed on the agenda. Public input may be offered on agenda items when they come up for discussion and/or action.	
	E. CONSENT AGENDA All Consent Agenda item(s) listed below are considered routine by the Board of Directors and will be enacted by one motion. <u>There will be no separate discussion of items unless a Board member so requests, in which event the item(s) will be considered following approval of the Consent Agenda.</u>	Action



	1. BOARD MINUTES	
4-10	a. Board of Directors Meeting – April 28, 2020	
	2. FINANCIALS	
11-38	a. Approval of the March and April 2020 Financial Statements – F&A Approved May 12, 2020	
	3. LAS PALMAS MEDICAL PLAZA	
39	a. Interior Fire Sprinkler Installation – Drawings, Plan Check, and Permits – Estimated Costs \$23,000	
	F. DESERT HEALTHCARE DISTRICT CEO REPORT	
	– Conrado E. Bárzaga, MD	
	1. Association of California Healthcare Districts (ACHD) Certification Update	Information
	2. COVID-19 Response Funding of Remaining \$1.2M	
40-44	a. Consideration to approve Grant #1080 – Lift to Rise – \$500,000 Cost Grant Extension Contract to Expansion of the Regional Economic Protection Plan Collaborative Fund	Action
45-46	b. Consideration to approve a \$150,000 Match to Grantmakers Concerned with Immigrants and Refugees Partnership (GCIRP) to support recipients in Coachella Valley	Action
47	c. Consideration to approve a \$150,000 allocation to Volunteers in Medicine (VIM) Grant Request for Core Operating Support in Response to COVID-19	Action
48-51	d. Federally Qualified Health Centers (FQHCs) Response to COVID-19	Information
	G. DESERT REGIONAL MEDICAL CENTER CEO REPORT	Information
	– Michele Finney, CEO	
	H. 1. PROGRAM COMMITTEE – Chair/Director Evett Perez Gil, Vice-President Karen Borja, and Director Carol Rogers, RN	
52-54	1. Draft Meeting Minutes – May 12, 2020	Information
	2. Letters of Intent and Other Funding Requests	Information
55	3. Grants Payment Schedule	Information
56-57	4. Regional Access Project Foundation Collaborative Fund Update	Information
58-77	5. Consideration to approve Grant #1085 – Olive Crest Treatment Center: General Support for Mental Health Services to Vulnerable Children and Families in Coachella Valley – \$50,000	Action
78-102	6. Consideration to approve Grant #1057 – Desert Cancer Foundation: Patient Assistance Program – \$150,000	Action
103-104	7. Coachella Valley Association of Governments (CVAG) Cooling Centers – Consideration to approve a \$20,000 reserve fund for incidental expenses of Overnight Cooling Centers	Action



- | | | |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| | I. 2. STRATEGIC PLANNING COMMITTEE –
Chair/Director Les Zendle, MD; President De Lara, and
Director Arthur Shorr | |
| 105-107 | 1. Draft Meeting Minutes – May 13, 2020 | Information |
| 108-119 | 2. Non-Profit Organizations COVID-19 Community Survey
Results | Information |
| | 3. Discussions and Recommendations for Grantmaking
Trends in FY20-21 | Information |
| 110-126 | 4. Equity, Fairness, Transparency, and Accountability in
Grantmaking | Information |
| | J. 3. LEGAL COMMENTS & REPORT | |
| 127-129 | 1. AB 2019 Impact on Grantmaking | Information |
| | 2. District-wide Resolution for Eastern Coachella Valley
Funding | |
| 130-131 | a. Consideration to approve Resolution #20-02 for
District-wide funding of the Coachella Valley | Action |
| | K. 4. FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE
COMMITTEE – Chair/Treasurer Mark Matthews, President
Leticia De Lara, and Director Arthur Shorr | |
| 132-135 | 1. Meeting Minutes – May 12, 2020 | Information |
| 136-165 | 2. Desert Hospital Investment Portfolios, Highmark Capital
Management – March 31, 2020 | Information |
| 166-183 | 3. FY 2020-2021 Annual Budget Review and Consideration
for Approval | Action |
| | L. OLD BUSINESS | |
| 184-188 | 1. Coachella Valley Association of Governments (CVAG) –
CV Link Project Q1 Report | Information |
| | M. NEW BUSINESS | |
| | N. IMMEDIATE ISSUES AND COMMENTS | |
| | O. ADJOURNMENT | |

If you have any disability which would require accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer, at ahayles@dhcd.org or call (760) 323-6110 at least 24 hours prior to the meeting.



**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
April 28, 2020**

Directors Present – Video Conference	District Staff Present – Video Conference	Absent
President Leticia De Lara Vice-President/Secretary Karen Borja Treasurer Mark Matthews Director Carole Rogers, RN Director Evett PerezGil Director Les Zendle, MD Director Arthur Shorr	Conrado E. Bárzaga, MD, CEO Chris Christensen, CAO Donna Craig, Senior Program Officer Will Dean, Marketing and Communications Director Alejandro Espinoza, Program Officer and Outreach Director Eric Taylor, Accounting Manager Meghan Kane, Programs and Research Analyst Vanessa Smith, Special Projects and Program Manager Ericka Husky, Administrative and Program Assistant Andrea S. Hayles, Clerk of the Board <u>Legal Counsel</u> Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order	President De Lara called the meeting to order at 4:08 p.m.	
Roll Call	The Clerk of the Board called the roll with all Directors' present.	
B. Pledge of Allegiance	President De Lara asked those in attendance to join in the Pledge of Allegiance.	
C. Approval of Agenda	President De Lara asked for a motion to approve the agenda.	#20-68 MOTION WAS MADE by Director Shorr and seconded by Director Zendle to approve the agenda. Motion passed unanimously. AYES – 7 President De Lara, Vice-President Borja, Director Matthews, Director Rogers, Director PerezGil, Director Zendle, and Director Shorr NOES – 0 ABSENT – 0



**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
April 28, 2020**

<p>D. Public Comment</p>	<p>Silvia Paz, Executive Director, Alianza, recommends considering the economic instability when budgeting funds as part of the work of the District.</p>	
<p>E. Consent Agenda</p> <p>1. BOARD MINUTES</p> <p>a. Board of Directors Meeting – March 24, 2020</p> <p>b. Special Meeting of the Board of Directors – April 3, 2020</p> <p>c. Special Meeting of the Board of Directors – April 13, 2020</p>	<p>President De Lara requested a revision to the April 3 minutes for funding the collaborative and FQHCs as she recused herself from discussions and the vote.</p> <p>Director Rogers explained the quote for Governor Cuomo on the March 24 meeting minutes stating action and not words.</p> <p>President De Lara asked for a motion to approve the consent agenda.</p>	<p>#20-69 MOTION WAS MADE by Director PerezGil and seconded by Director Zendle to approve the consent meeting minutes. Motion passed unanimously. AYES – 7 President De Lara, Vice-President Borja, Director Matthews, Director Rogers, Director PerezGil, Director Zendle, and Director Shorr NOES – 0 ABSENT – 0</p>
<p>F. Desert Healthcare District CEO Report</p> <p>1. Local Area Formation Commission (LAFCO) Ballot for a Special District Member, Vice-President Borja, and an Alternate Special District Member, Director Shorr to serve on the LAFCO Commission – Due Date May 5</p> <p>2. Community Health Needs Assessment, Jenna LeComte-Hinely, PhD, Chief Executive Officer, Health Assessment and Research Communities</p> <p>3. Regional Access Project Foundation (RAP) Office</p>	<p>Conrado E. Bárzaga, MD, CEO, explained the LAFCO ballot for a Special District Member and an Alternate Member. The ballot has been submitted by the May 5th deadline.</p> <p>Jenna LeComte-Hinely, PhD, CEO, HARC, provided an overview of the Community Health Needs Assessment and the modifications since December. The Advisory Council meetings, data, and other aspects of the Assessment were discussed.</p>	<p>#20-70 MOTION WAS MADE by Director Zendle and seconded by</p>



**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
April 28, 2020**

<p>Lease – 1,028 Sq. Ft. – 12 Month – \$2,000 Per Month</p>	<p>President De Lara rescued herself from the Regional Access Project Foundation (RAP) office lease. Dr. Bárzaga explained that the current office occupancy at the RAP office is small, with the expansion for staff, a larger office is necessary. The lease term is a 12-month lease commencing on May 31 with automatic renewal or termination with notice at \$2k per month and will not increase with a yearly renewal.</p> <p>Silvia Paz, Executive Director, Alianza, inquired whether the District considered other locations in the east Valley before establishing the RAP Lease. Dr. Bárzaga explained that the District has been leasing an office at the RAP Foundation for the past 2 years, and a larger space is necessary as the District continues to expand.</p>	<p>Director Shorr to approve the Regional Access Project Foundation (RAP) Office Lease – 1,208 Sq. Ft. – 12 Month – \$2,000 Per Month Motion passed 6-1. AYES – 6 Vice-President Borja, Director Matthews, Director Rogers, Director PerezGil, Director Zendle, and Director Shorr NOES – 0 ABSENT – 0 RECUSAL – 1 President De Lara</p>
<p>G. Desert Regional Medical Center CEO Report</p>	<p>Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center, provided an update on the recent activities, which includes testing 438 patients for COVID-19, 379 negative cases and 49 positive tests. There are currently 10 COVID-19 patients inhouse. The hospital will begin to resume deferred healthcare focusing on the protocols set by the California Department of Public Health, Riverside County, Center for Disease and Control, governing authority, and others for surgical work and onboarding to meet the guidelines.</p>	



**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
April 28, 2020**

<p>H. COVID-19 Updates</p> <ol style="list-style-type: none"> 1. FQHCs Core Operating Support Grants (Borrego Health, Desert AIDS Project, and Clinicas De Salud) 2. FQHCs Expansion of COVID-19 Testing 3. FIND Food Bank Ending Hunger Today, Tomorrow, and for a Lifetime – Latest Activities 4. Riverside University Health System (RUHS) Drive-Thru Testing 	<p>Dr. Bárzaga, CEO, provided an update on the funding allocations to the Federally Qualified Health Centers.</p> <p>Dr. Foltz, Internal Medicine & Infectious Disease, Desert AIDS Project (DAP), explained the work DAP is doing on COVID-19 testing. Gary Rotto, Vice-President of Policy, provided additional information, such as the dates and times of testing.</p> <p>Donna Craig, Chief Program Officer, described the staff report on the latest activities for FIND Food Bank. Debbie Espinosa, Executive Director, FIND Food Bank, provided an update on the grant activities and preparations for the summer.</p> <p>Silvia Paz, Executive Director, Alianza, thanked the District for supporting FIND Food bank.</p> <p>Dr. Bárzaga explained that the District invited Riverside University Health Systems (RUHS) Public Health to provide an update on COVID-19 in Riverside County and the Coachella Valley; however. Dr. Kaiser, Riverside County Public Health Officer, Department of Public Health, had a conflict and provided a report that is included in the packet.</p> <p>Greg Rodriguez, Government Relations and Public Policy Advisor, Office of Supervisor Perez, provided an update on the antibody testing</p>	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--



**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
April 28, 2020**

<p>5. Regional Economic Protection Plan, Heather Vaikona, President and CEO, Lift to Rise</p> <p>6. Regional Access Project Foundation (RAP) COVID-19 Collaborative Fund</p> <p>7. Procurement of Personal Protective Equipment (PPE) for the Coachella Valley – \$30,000</p> <p>8. DHCD COVID-19 Website Resource Center</p>	<p>and other specifics on a public health recovery plan to mirror the governor’s four phases.</p> <p>Heather Vaikona, President and CEO, Lift to Rise, provided a presentation on the updates of the Regional Economic Protection Plan outlining the need for housing-related costs, and a public-private partnership.</p> <p>Donna Craig, Chief Program Officer, described the Regional Access Project Foundation (RAP) Collaborative Fund match approval of \$100,000, totaling \$200k in the collective, with \$85,000 remaining, opening the fund for applications, and 29 have applied.</p> <p>Dr. Bárzaga, CEO, explained the \$30,000 allocation, including donations due to the challenges of purchasing personal protective equipment (PPE). 2,100 face shields were approved through a Nike grant, and the District will receive the shipments in 150 increments. The District received approval from Panda Express for donations of 10,000 respirators and surgical masks.</p> <p>Dr. Bárzaga, explained the \$50,000 contract to CV Strategies for the website resource center for COVID-19 information in English and Spanish, also creating resources for</p>	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--



**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
April 28, 2020**

<p>9. Community Donations of Medical Supplies</p>	<p>the agricultural community, such as challenges with internet access. The District will be working with FIND Food Bank to ensure the needs are met to educate agricultural workers.</p> <p>Will Dean, Communications and Marketing Director, explained that the District received \$500, oxygen, cups, razors, and toothbrushes; however, the District is not receiving enough supplies, but continue to accept the donations, providing them with a donation tax letter for tax filing purposes.</p>	
<p>I. Legal Comments and Reports</p>	<p>Jeff Scott, Legal Counsel, described his legislative report concerning next Monday, May 4, as the legislators return date with direction to limit their bills to five with the emphasis on the COVID-19 crisis.</p>	
<p>J. Immediate Issues and Comments</p>	<p>Director Zendle encouraged staff to commence the committee meetings again as the District is not only focused on COVID-19.</p> <p>President De Lara explained that discussions with the CEO involved the committees and other items to bring forward to the Board.</p>	
<p>K. Adjournment</p>	<p>President De Lara adjourned the meeting at 6:03 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>



**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
April 28, 2020**

ATTEST: _____
Karen Borja, Vice-President/Secretary
Desert Healthcare District Board of Directors

Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board

DRAFT

DESERT HEALTHCARE DISTRICT
MARCH / APRIL 2020 FINANCIAL STATEMENTS
INDEX
Year to Date Variance Analysis
Cumulative Profit & Loss Budget vs Actual - Summary
Cumulative Profit & Loss Budget vs Actual - District Including LPMP
Cumulative Profit & Loss Budget vs Actual - LPMP
Balance Sheet - Condensed View
Balance Sheet - Expanded View
Accounts Receivable Aging
Deposit Detail - District
Property Tax Receipts - YTD
Deposit Detail - LPMP
Check Register - District
Credit Card Expenditures
Check Register - LPMP
Retirement Protection Plan Update
Grants Schedule

**DESERT HEALTHCARE DISTRICT
YEAR TO DATE VARIANCE ANALYSIS
ACTUAL VS BUDGET
TEN MONTHS ENDED APRIL 30, 2020**

Scope: \$25,000 Variance per Statement of Operations Summary				
	YTD		Over(Under)	
Account	Actual	Budget	Budget	Explanation
4000 - Income	\$ 7,864,988	\$ 6,860,640	\$ 1,004,348	Higher interest income (net) from FRF investments \$1,039k; lower NEOPB Grant Income \$35k
4500 - LPMP	\$ 989,632	\$ 1,019,350	\$ (29,718)	Lower income due to vacant units and COVID-19 rent deferral
4501 - Misc Income	\$ 57,500	\$ 9,500	\$ 48,000	\$50,000 donation from RAP to be used for COVID-19 relief
5000 - Direct Expenses	\$ 726,269	\$ 979,355	\$ (253,086)	Lower wage related expenses \$169k due to open positions; lower health insurance related expenses \$25k; lower retirement \$21k; higher education exp 8k; lower Board related expenses \$46k.
6445 - LPMP Expense	\$ 812,097	\$ 973,980	\$ (161,883)	Lower landscaping expense 138k; lower depreciation exp 11k; lower marketing exp 10k; lower various \$3k
6500 - Professional Fees Expense	\$ 548,765	\$ 987,480	\$ (438,715)	Lower Professional Services 348k; lower PR & Communications 35k; lower Legal 55k
7000 - Grants Expense	\$ 1,970,498	\$ 3,000,420	\$ (1,029,922)	Budget of \$3.5 Million for fiscal year is amortized straight-line over 12-month fiscal year.

Desert Healthcare District
Cumulative Profit & Loss Budget vs. Actual
 July 2019 through April 2020

	MONTH						TOTAL		
	Mar 20	Budget	\$ Over Budget	Apr 20	Budget	\$ Over Budget	Jul '19 - Apr 20	Budget	\$ Over Budget
Income									
4000 · Income	2,274,172	686,064	1,588,108	618,486	686,064	(67,578)	7,864,988	6,860,640	1,004,348
4500 · LPMP Income	103,691	102,300	1,391	84,638	102,400	(17,762)	989,632	1,019,350	(29,718)
4501 · Miscellaneous Income	750	950	(200)	50,750	950	49,800	57,500	9,500	48,000
Total Income	2,378,613	789,314	1,589,299	753,874	789,414	(35,540)	8,912,120	7,889,490	1,022,630
Expense									
5000 · Direct Expenses	86,709	97,116	(10,407)	64,400	97,270	(32,870)	726,269	979,355	(253,086)
6000 · General & Administrative Exp	48,695	43,082	5,613	29,274	43,081	(13,807)	410,430	430,816	(20,386)
6325 · CEO Discretionary Fund	1,964	417	1,547		417	(417)	4,297	4,170	127
6445 · LPMP Expenses	87,020	112,398	(25,378)	77,249	112,398	(35,149)	812,097	973,980	(161,883)
6500 · Professional Fees Expense	41,598	98,748	(57,150)	29,550	98,748	(69,198)	548,765	987,480	(438,715)
6700 · Trust Expenses	10,456	10,708	(252)	10,456	10,708	(252)	112,157	110,302	1,855
Total Expense	276,442	362,469	(86,027)	210,931	362,622	(151,691)	2,614,017	3,486,103	(872,086)
7000 · Grants Expense	376,485	300,042	76,443	975,478	300,042	675,436	1,970,498	3,000,420	(1,029,922)
Net Income	1,725,686	126,806	1,598,880	(432,534)	126,752	(559,286)	4,327,605	1,402,991	2,924,614

Desert Healthcare District
Cumulative Profit & Loss Budget vs. Actual
 July 2019 through April 2020

	MONTH						TOTAL		
	Mar 20	Budget	\$ Over Budget	Apr 20	Budget	\$ Over Budget	Jul '19 - Apr 20	Budget	\$ Over Budget
Income									
4000 - Income									
4010 - Property Tax Revenues	561,355	561,355	0	561,355	561,355	0	5,613,550	5,613,550	0
4200 - Interest Income									
4220 - Interest Income (FRF)	132,715	106,250	26,465	74,980	106,250	(31,270)	1,009,512	1,062,500	(52,988)
9999-1 - Unrealized gain(loss) on invest	1,576,604	8,333	1,568,271	(33,326)	8,333	(41,659)	1,176,208	83,330	1,092,878
4200 - Interest Income	1,709,319	114,583	1,594,736	41,654	114,583	(72,929)	2,185,720	1,145,830	1,039,890
4300 - DHC Recoveries	3,498	1,750	1,748		1,750	(1,750)	17,651	17,500	151
4400 - Grant Income		8,375	(8,375)	15,478	8,375	7,103	48,069	83,750	(35,681)
Total 4000 - Income	2,274,172	686,063	1,588,109	618,487	686,063	(67,576)	7,864,990	6,860,630	1,004,360
4500 - LPMP Income	103,691	102,300	1,391	84,638	102,400	(17,762)	989,632	1,019,350	(29,718)
4501 - Miscellaneous Income	750	950	(200)	50,750	950	49,800	57,500	9,500	48,000
Total Income	2,378,613	789,313	1,589,300	753,875	789,413	(35,538)	8,912,122	7,889,480	1,022,642
5000 - Direct Expenses									
5100 - Administration Expense									
5110 - Wages Expense	77,345	88,000	(10,655)	80,012	88,000	(7,988)	667,208	898,230	(231,022)
5111 - Allocation to LPMP - Payroll	(5,085)	(5,084)	(1)	(5,085)	(5,084)	(1)	(50,850)	(50,840)	(10)
5112 - Vacation/Sick/Holiday Expense	6,672	7,500	(828)	5,109	7,500	(2,391)	110,225	75,000	35,225
5114 - Allocation to Foundation	(25,473)	(25,473)	0	(25,473)	(25,473)	0	(254,730)	(254,730)	0
5115 - Allocation to NEOPB		(7,289)	7,289	(14,807)	(7,289)	(7,518)	(44,941)	(72,890)	27,949
5119 - Allocation to RSS/CVHIP-DHCF	(3,176)	(2,382)	(794)	(1,907)	(2,382)	475	(18,180)	(23,820)	5,640
5120 - Payroll Tax Expense	5,505	6,732	(1,227)	6,509	6,732	(223)	62,206	68,716	(6,510)
5130 - Health Insurance Expense									
5131 - Premiums Expense	11,625	13,012	(1,387)	10,759	13,012	(2,253)	109,973	125,326	(15,353)
5135 - Reimb./Co-Payments Expense	4,143	2,250	1,893	689	2,250	(1,561)	12,214	22,500	(10,286)
Total 5130 - Health Insurance Expense	15,768	15,262	506	11,448	15,262	(3,814)	122,187	147,826	(25,639)
5140 - Workers Comp. Expense	955	924	31	522	1,078	(556)	10,220	9,586	634
5145 - Retirement Plan Expense									
5146 - Retirement Plan - Forfeiture							(18,419)		
5145 - Retirement Plan Expense - Other	5,384	5,807	(423)	7,027	5,807	1,220	48,081	51,089	(3,008)
Total 5145 - Retirement Plan Expense	5,384	5,807	(423)	7,027	5,807	1,220	29,662	51,089	(21,427)
5160 - Education Expense	2,986	625	2,361		625	(625)	14,509	6,250	8,259
Total 5100 - Administration Expense	80,881	84,622	(3,741)	63,355	84,776	(21,421)	647,516	854,417	(206,901)
5200 - Board Expenses									
5210 - Healthcare Benefits Expense	359	5,834	(5,475)	415	5,834	(5,419)	43,183	58,340	(15,157)
5230 - Meeting Expense	2,736	1,667	1,069		1,667	(1,667)	12,625	16,670	(4,045)
5235 - Director Stipend Expense	1,470	4,200	(2,730)	630	4,200	(3,570)	16,940	42,000	(25,060)
5240 - Catering Expense	1,263	583	680		583	(583)	4,825	5,830	(1,005)
5250 - Mileage Reimbursement Expense		208	(208)		208	(208)	1,176	2,080	(904)
5270 - Election Fees Expense									
Total 5200 - Board Expenses	5,828	12,492	(6,664)	1,045	12,492	(11,447)	78,749	124,920	(46,171)
Total 5000 - Direct Expenses	86,709	97,114	(10,405)	64,400	97,268	(32,868)	726,265	979,337	(253,072)
6000 - General & Administrative Exp									
6110 - Payroll fees Expense	171	208	(37)	316	208	108	1,840	2,080	(240)
6120 - Bank and Investment Fees Exp	9,330	9,833	(503)	9,283	9,833	(550)	93,376	98,330	(4,954)
6125 - Depreciation Expense	986	1,250	(264)	(901)	1,250	(2,151)	7,973	12,500	(4,527)
6126 - Depreciation-Solar Parking lot	15,072	15,072		15,072	15,072		150,720	150,720	
6130 - Dues and Membership Expense	1,894	2,500	(606)	1,014	2,500	(1,486)	33,775	25,000	8,775
6200 - Insurance Expense	1,753	1,500	253	1,853	1,500	353	17,980	15,000	2,980
6300 - Minor Equipment Expense		42	(42)		42	(42)		420	(420)
6305 - Auto Allowance & Mileage Exp	462	600	(138)	462	600	(138)	3,464	6,000	(2,536)

Desert Healthcare District
Cumulative Profit & Loss Budget vs. Actual
 July 2019 through April 2020

	MONTH						TOTAL		
	Mar 20	Budget	\$ Over Budget	Apr 20	Budget	\$ Over Budget	Jul '19 - Apr 20	Budget	\$ Over Budget
6306 - Staff- Auto Mileage reimb	763	500	263	(41)	500	(541)	4,881	5,000	(119)
6309 - Personnel Expense	3,302	83	3,219		83	(83)	10,173	830	9,343
6310 - Miscellaneous Expense	(9)	42	(51)		42	(42)	83	420	(337)
6311 - Cell Phone Expense	394	776	(382)	371	776	(405)	4,406	7,760	(3,354)
6312 - Wellness Park Expenses		83	(83)		83	(83)		830	(830)
6315 - Security Monitoring Expense		42	(42)	108	42	66	432	420	12
6340 - Postage Expense		417	(417)	129	417	(288)	1,004	4,170	(3,166)
6350 - Copier Rental/Fees Expense	788	458	330		458	(458)	3,654	4,580	(926)
6351 - Travel Expense	1,322	917	405		917	(917)	18,376	9,170	9,206
6352 - Meals & Entertainment Exp	1,069	583	486	14	583	(569)	7,976	5,830	2,146
6355 - Computer Services Expense	7,694	3,775	3,919	1,290	3,775	(2,485)	20,255	37,750	(17,495)
6360 - Supplies Expense	3,001	1,667	1,334	153	1,667	(1,514)	23,597	16,670	6,927
6380 - LAFCO Assessment Expense	153	1,667	(1,514)	153	1,667	(1,514)	1,530	16,670	(15,140)
6400 - East Valley Office	550	1,067	(517)		1,067	(1,067)	4,950	10,670	(5,720)
Total 6000 - General & Administrative Exp	48,695	43,082	5,613	29,276	43,082	(13,806)	410,445	430,820	(20,375)
6325 - CEO Discretionary Fund	1,964	417	1,547		417	(417)	4,297	4,170	127
6445 - LPMP Expenses	87,020	112,395	(25,375)	77,248	112,395	(35,147)	812,102	973,950	(161,848)
6500 - Professional Fees Expense									
6516 - Professional Services Expense	28,475	70,000	(41,525)	14,620	70,000	(55,380)	351,390	700,000	(348,610)
6520 - Annual Audit Fee Expense	1,563	1,540	23	1,563	1,540	23	15,630	15,400	230
6530 - PR/Communications/Website	4,310	7,208	(2,898)	4,368	7,208	(2,840)	37,210	72,080	(34,870)
6560 - Legal Expense	7,250	20,000	(12,750)	9,000	20,000	(11,000)	144,541	200,000	(55,459)
Total 6500 - Professional Fees Expense	41,598	98,748	(57,150)	29,551	98,748	(69,197)	548,771	987,480	(438,709)
6700 - Trust Expenses									
6711 - Disability Admin. Fee Expense								3,222	(3,222)
6720 - Pension Plans Expense									
6721 - Legal Expense		167	(167)		167	(167)		1,670	(1,670)
6725 - RPP Pension Expense	10,000	10,000		10,000	10,000		100,000	100,000	
6728 - Pension Audit Fee Expense	456	542	(86)	456	542	(86)	12,157	5,420	6,737
Total 6700 - Trust Expenses	10,456	10,709	(253)	10,456	10,709	(253)	112,157	110,312	1,845
Total Expense Before Grants	276,442	362,465	(86,023)	210,931	362,619	(151,688)	2,614,037	3,486,069	(872,032)
7000 - Grants Expense									
7010 - Major Grant Awards Expense	376,485	291,667	84,818	960,000	291,667	668,333	1,922,429	2,916,670	(994,241)
7027 - Grant Exp - NEOPB		8,375	(8,375)	15,478	8,375	7,103	48,069	83,750	(35,681)
Total 7000 - Grants Expense	376,485	300,042	76,443	975,478	300,042	675,436	1,970,498	3,000,420	(1,029,922)
Net Income	1,725,686	126,806	1,598,880	(432,534)	126,752	(559,286)	4,327,605	1,402,991	2,924,614

Las Palmas Medical Plaza
Cumulative Profit & Loss Budget vs. Actual
 July 2019 through April 2020

	MONTH						TOTAL		
	Mar 20	Budget	\$ Over Budget	Apr 20	Budget	\$ Over Budget	Jul '19 - Apr 20	Budget	\$ Over Budget
Income									
4500 · LPMP Income									
4505 · Rental Income	75,042	73,500	1,542	61,217	73,500	(12,283)	713,464	732,450	(18,986)
4510 · CAM Income	28,649	28,700	(51)	23,421	28,900	(5,479)	276,168	286,600	(10,432)
4513 · Misc. Income		100	(100)					300	(300)
4500 · LPMP Income	103,691	102,300	1,391	84,638	102,400	(17,762)	989,632	1,019,350	(29,718)
Expense									
6445 · LPMP Expenses									
6420 · Insurance Expense	1,879	1,083	796	1,879	1,083	796	18,790	10,830	7,960
6425 · Building - Depreciation Expense	21,484	21,667	(183)	21,700	21,667	33	215,056	216,670	(1,614)
6426 · Tenant Improvements -Dep Exp	15,914	17,083	(1,169)	18,252	17,083	1,169	161,478	170,830	(9,352)
6427 · HVAC Maintenance Expense	90	1,333	(1,243)		1,333	(1,333)	10,024	13,330	(3,306)
6428 · Roof Repairs Expense		208	(208)		208	(208)		2,080	(2,080)
6431 · Building -Interior Expense		833	(833)		833	(833)	1,600	8,330	(6,730)
6432 · Plumbing -Interior Expense	1,240	333	907	1,100	333	767	4,932	3,330	1,602
6433 · Plumbing -Exterior Expense		208	(208)		208	(208)		2,080	(2,080)
6434 · Allocation Internal Prop. Mgmt	5,085	5,084	1	5,085	5,084	1	50,850	50,840	10
6435 · Bank Charges	885	1,042	(157)	1,150	1,042	108	11,189	10,420	769
6437 · Utilities -Vacant Units Expense	86	208	(122)	89	208	(119)	603	2,080	(1,477)
6439 · Deferred Maintenance Repairs Ex	7,800	500	7,300		500	(500)	12,640	5,000	7,640
6440 · Professional Fees Expense	10,117	10,472	(355)	10,117	10,472	(355)	108,670	104,720	3,950
6441 · Legal Expense		83	(83)		83	(83)		830	(830)
6458 · Elevators - R & M Expense	1,591	1,000	591	224	1,000	(776)	8,087	10,000	(1,913)
6460 · Terminating Service Expense	205	417	(212)	205	417	(212)	2,285	4,170	(1,885)
6463 · Landscaping Expense		30,833	(30,833)		30,833	(30,833)	19,842	158,330	(138,488)
6467 · Lighting Expense		833	(833)		833	(833)	2,250	8,330	(6,080)
6468 · General Maintenance Expense		83	(83)		83	(83)		830	(830)
6471 · Marketing-Advertising		1,417	(1,417)		1,417	(1,417)	4,096	14,170	(10,074)
6475 · Property Taxes Expense	6,000	6,008	(8)	6,000	6,008	(8)	60,000	60,080	(80)
6476 · Signage Expense	178	125	53		125	(125)	497	1,250	(753)
6480 · Rubbish Removal Medical Waste E	2,959	1,442	1,517	1,514	1,442	72	15,521	14,420	1,101
6481 · Rubbish Removal Expense	2,227	2,250	(23)	2,226	2,250	(24)	22,269	22,500	(231)
6482 · Utilities/Electricity/Exterior	445	625	(180)	379	625	(246)	4,392	6,250	(1,858)
6484 · Utilities - Water (Exterior)	335	708	(373)	358	708	(350)	4,498	7,080	(2,582)
6485 · Security Expenses	8,500	6,417	2,083	6,970	6,417	553	70,911	64,170	6,741
6490 · Miscellaneous Expense		100	(100)		100	(100)	1,622	1,000	622
6445 · LPMP Expenses	87,020	112,395	(25,375)	77,248	112,395	(35,147)	812,102	973,950	(161,848)
Net Income	16,671	(10,095)	26,766	7,390	(9,995)	17,385	177,530	45,400	132,130

Desert Healthcare District
Balance Sheet
As of April 30, 2020

			Apr 30, 20
ASSETS			
Current Assets			
Checking/Savings			
		1000 · CHECKING CASH ACCOUNTS	859,072
		1100 · INVESTMENT ACCOUNTS	61,050,170
		Total Checking/Savings	61,909,242
		Accounts Receivable	279,195
Other Current Assets			
		1270 · Prepaid Insurance -Ongoing	10,015
		1279 · Pre-Paid Fees	6,922
		1281 · NEOPB Receivable	15,478
		1295 · Property Tax Receivable	1,403,138
		1565 · Retirement Plan ForfeitureAsset	3,806
		Total Other Current Assets	1,439,358
		Total Current Assets	63,627,795
Fixed Assets			
		1300 · FIXED ASSETS	4,913,164
		1335-00 · ACC DEPR	(1,987,814)
		1400 · LPMP Assets	6,894,301
		Total Fixed Assets	9,819,651
Other Assets			
		1700 · OTHER ASSETS	2,867,136
		TOTAL ASSETS	76,314,582
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
		Accounts Payable	
		2000 · Accounts Payable	15,297
		2001 · LPMP Accounts Payable	17,289
		Total Accounts Payable	32,586

Desert Healthcare District
Balance Sheet
As of April 30, 2020

			Apr 30, 20
		Other Current Liabilities	
		2002 · LPMP Property Taxes	(10,924)
		2110 · Direct Deposit Liabilities	(26,034)
		2131 · Grant Awards Payable	5,896,650
		2133 · Accrued Accounts Payable	140,776
		2141 · Accrued Vacation Time	40,597
		2145 · Payroll Liability	(13,352)
		2188 · Current Portion - LTD	2,467
		2190 · Investment Fees Payable	2,401
		Total Other Current Liabilities	6,032,581
		Total Current Liabilities	6,065,167
		Long Term Liabilities	
		2170 · RPP - Pension Liability	3,495,623
		2171 · RPP-Deferred Inflows-Resources	1,643,743
		2280 · Long-Term Disability	40,626
		2281 · Grants Payable - Long-term	5,400,000
		2286 · Retirement BOD Medical Liabilit	72,501
		2290 · LPMP Security Deposits	61,962
		Total Long Term Liabilities	10,714,455
		Total Liabilities	16,779,622
		Equity	
		3900 · *Retained Earnings	55,207,356
		Net Income	4,327,605
		Total Equity	59,534,961
		TOTAL LIABILITIES & EQUITY	76,314,582

Desert Healthcare District
Balance Sheet
As of April 30, 2020

			Apr 30, 20
ASSETS			
Current Assets			
Checking/Savings			
1000 · CHECKING CASH ACCOUNTS			
		1010 · Union Bank - Checking	575,751
		1046 · Las Palmas Medical Plaza	282,821
		1047 · Petty Cash	500
		Total 1000 · CHECKING CASH ACCOUNTS	859,072
1100 · INVESTMENT ACCOUNTS			
		1130 · Facility Replacement Fund	59,480,806
		1135 · Unrealized Gain(Loss) FRF	1,569,364
		Total 1100 · INVESTMENT ACCOUNTS	61,050,170
		Total Checking/Savings	61,909,242
Accounts Receivable			
		1201 · Accounts Receivable	
		1204 · LPMP Accounts Receivable	(4,774)
		1205 · Misc. Accounts Receivable	56,104
		1211 · A-R Foundation - Exp Allocation	227,865
		Total Accounts Receivable	279,195
Other Current Assets			
		1270 · Prepaid Insurance -Ongoing	10,015
		1279 · Pre-Paid Fees	6,922
		1281 · NEOPB Receivable	15,478
		1295 · Property Tax Receivable	1,403,138
		1565 · Retirement Plan Forfeiture Asset	3,806
		Total Other Current Assets	1,439,358
		Total Current Assets	63,627,795
Fixed Assets			
1300 · FIXED ASSETS			
		1310 · Computer Equipment	94,034
		1315 · Computer Software	68,770
		1320 · Furniture and Fixtures	33,254
		1325 · Offsite Improvements	300,849
		1331 · DRMC - Parking lot	4,416,257
		Total 1300 · FIXED ASSETS	4,913,164

Desert Healthcare District
Balance Sheet
As of April 30, 2020

			Apr 30, 20
	1335-00 · ACC DEPR		
		1335 · Accumulated Depreciation	(210,452)
		1336 · Acc. Software Depreciation	(68,770)
		1337 · Accum Deprec- Solar Parking Lot	(1,567,659)
		1338 · Accum Deprec - LPMP Parking Lot	(140,934)
	Total 1335-00 · ACC DEPR		(1,987,814)
	1400 · LPMP Assets		
		1401 · Building	8,705,680
		1402 · Land	2,165,300
		1403 · Tenant Improvements -New	2,214,163
		1404 · Tenant Improvements - CIP	129,550
		1406 · Building Improvements	
		1406.1 · LPMP-Replace Parking Lot	676,484
		1406 · Building Improvements - Other	1,562,034
	Total 1406 · Building Improvements		2,238,518
		1407 · Building Equipment Improvements	364,891
		1409 · Accumulated Depreciation	
		1410 · Accum. Depreciation	(7,369,419)
		1412 · T I Accumulated Dep.-New	(1,554,382)
	Total 1409 · Accumulated Depreciation		(8,923,801)
	Total 1400 · LPMP Assets		6,894,301
	Total Fixed Assets		9,819,651
	Other Assets		
	1700 · OTHER ASSETS		
		1731 · Wellness Park	1,693,800
		1740 · RPP-Deferred Outflows-Resources	1,159,189
		1741 · OPEB-Deferrred Outflows-Resourc	14,147
	Total 1700 · OTHER ASSETS		2,867,136
	Total Other Assets		2,867,136
	TOTAL ASSETS		76,314,582
	LIABILITIES & EQUITY		
	Liabilities		
	Current Liabilities		
		Accounts Payable	
		2000 · Accounts Payable	15,297
		2001 · LPMP Accounts Payable	17,289
	Total Accounts Payable		32,586
	Other Current Liabilities		

Desert Healthcare District
Balance Sheet
As of April 30, 2020

			Apr 30, 20
		2002 · LPMP Property Taxes	(10,924)
		2110 · Direct Deposit Liabilities	(26,034)
		2131 · Grant Awards Payable	5,896,650
		2133 · Accrued Accounts Payable	140,776
		2141 · Accrued Vacation Time	40,597
		2145 · Payroll Liability	(13,352)
		2188 · Current Portion - LTD	2,467
		2190 · Investment Fees Payable	2,401
		Total Other Current Liabilities	6,032,581
		Total Current Liabilities	6,065,167
		Long Term Liabilities	
		2170 · RPP - Pension Liability	3,495,623
		2171 · RPP-Deferred Inflows-Resources	1,643,743
		2280 · Long-Term Disability	40,626
		2281 · Grants Payable - Long-term	5,400,000
		2286 · Retirement BOD Medical Liabilit	72,501
		2290 · LPMP Security Deposits	61,962
		Total Long Term Liabilities	10,714,455
		Total Liabilities	16,779,622
		Equity	
		3900 · *Retained Earnings	55,207,356
		Net Income	4,327,605
		Total Equity	59,534,961
		TOTAL LIABILITIES & EQUITY	76,314,582

Desert Healthcare District
A/R Aging Summary
As of April 30, 2020

	Current	1 - 30	31-60	61 - 90	> 90	TOTAL	Comment
Desert Healthcare Foundation-	27,380	120,124	-	52,608	27,753	227,865	Due from Foundation
Laboratory Corporation of America	-	(4,774)	-	-	-	(4,774)	Prepaid
Mark Matthews	1,927	-	1,927	-	-	3,854	Director Premiums
Regional Access Project Foundation-	50,000	-	-	-	-	50,000	COVID-19 Grant Funds
Sovereign	750	750	-	750	-	2,250	Slow pay
TOTAL	80,057	116,100	1,927	53,358	27,753	279,195	

Desert Healthcare District
Deposit Detail
 March through April 2020

Type	Date	Name	Amount
Deposit	03/03/2020		1,749
		T-Mobile	(1,749)
TOTAL			(1,749)
Deposit	03/11/2020		69,342
		Riverside County Treasurer - Property Tax	(69,342)
TOTAL			(69,342)
Deposit	03/26/2020		20,358
		Riverside County Treasurer - CalFresh	(13,515)
Payment	03/26/2020	FIND-Food Bank	(6,843)
TOTAL			(20,358)
Deposit	03/31/2020		1,749
		T-Mobile	(1,749)
TOTAL			(1,749)
Deposit	03/31/2020		2,144
		Riverside County Treasurer - Property Tax	(2,144)
TOTAL			(2,144)
Deposit	04/07/2020		251
		Principal Financial Group	(251)
TOTAL			(251)
Deposit	04/14/2020		405,506
		Riverside County Treasurer - Property Tax	(405,506)
TOTAL			(405,506)

Desert Healthcare District
Deposit Detail
 March through April 2020

Type	Date	Name	Amount
Deposit	04/23/2020		97
		State Compensation Insurance Fund	(97)
TOTAL			(97)
		TOTAL	501,196

DESERT HEALTHCARE DISTRICT										
PROPERTY TAX RECEIPTS FY 2019 - 2020										
RECEIPTS - TWELVE MONTHS ENDED JUNE 30, 2020										
	FY 2018-2019 Projected/Actual					FY 2019-2020 Projected/Actual				
	Budget %	Budget \$	Act %	Actual Receipts	Variance	Budget %	Budget \$	Act %	Actual Receipts	Variance
July	2.5%	\$ 165,105	1.3%	\$ 87,106	\$ (77,998)	2.5%	\$ 168,407	0.0%	\$ -	\$ (168,407)
Aug	1.6%	\$ 105,667	1.3%	\$ 88,674	\$ (16,993)	1.6%	\$ 107,780	3.1%	\$ 207,292	\$ 99,512
Sep	2.6%	\$ 171,709	2.4%	\$ 155,626	\$ (16,083)	2.6%	\$ 175,143	0.0%	\$ -	\$ (175,143)
Oct	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	2.4%	\$ 158,895	\$ 158,895
Nov	0.4%	\$ 26,417	0.0%	\$ -	\$ (26,417)	0.4%	\$ 26,945	0.0%	\$ -	\$ (26,945)
Dec	16.9%	\$ 1,116,106	17.8%	\$ 1,177,161	\$ 61,054	16.9%	\$ 1,138,429	18.2%	\$ 1,222,723	\$ 84,294
Jan	31.9%	\$ 2,106,733	19.7%	\$ 1,299,278	\$ (807,456)	31.9%	\$ 2,148,868	33.1%	\$ 2,228,697	\$ 79,829
Feb	0.0%	\$ -	13.9%	\$ 918,846	\$ 918,846	0.0%	\$ -	1.0%	\$ 69,468	\$ 69,468
Mar	0.3%	\$ 19,813	0.7%	\$ 44,532	\$ 24,719	0.3%	\$ 20,209	1.1%	\$ 71,486	\$ 51,277
Apr	5.5%	\$ 363,230	5.9%	\$ 392,745	\$ 29,515	5.5%	\$ 370,495	6.0%	\$ 405,506	\$ 35,012
May	19.9%	\$ 1,314,232	20.3%	\$ 1,341,271	\$ 27,039	19.9%	\$ 1,340,517	0.0%		
June	18.4%	\$ 1,215,169	22.3%	\$ 1,470,000	\$ 254,830	18.4%	\$ 1,239,473	0.0%		
Total	100%	\$ 6,604,180	105.6%	\$ 6,975,238	\$ 371,058	100.00%	\$ 6,736,264	64.8%	\$ 4,364,067	\$ 207,792

**Las Palmas Medical Plaza
Deposit Detail - LPMP
March through April 2020**

Type	Date	Name	Amount
Deposit	03/02/2020		3,854
Payment	03/02/2020	Quest Diagnostics Incorporated	(3,854)
TOTAL			(3,854)
Deposit	03/04/2020		49,192
Payment	03/04/2020	Steven Gundry, M.D.	(5,235)
Payment	03/04/2020	Desert Oasis Healthcare Medical Group	(2,177)
Payment	03/04/2020	Hassan Bencheqroun, M.D.	(2,580)
Payment	03/04/2020	Desert Regional Medical Center	(5,006)
Payment	03/04/2020	Tenet HealthSystem Desert, Inc	(5,543)
Payment	03/04/2020	Tenet HealthSystem Desert, Inc.	(28,650)
TOTAL			(49,192)
Deposit	03/05/2020		20,509
Payment	03/05/2020	Derakhsh Fozouni, M.D.	(5,969)
Payment	03/05/2020	Pathway Pharmaceuticals, Inc.	(2,296)
Payment	03/05/2020	Ramy Awad, M.D.	(3,246)
Payment	03/05/2020	Aijaz Hashmi, M.D., Inc.	(2,745)
Payment	03/05/2020	Brad A. Wolfson, M.D.	(3,354)
Payment	03/05/2020	Cure Cardiovascular Consultants	(2,898)
TOTAL			(20,509)
Deposit	03/06/2020		3,570
Payment	03/06/2020	Desert Family Medical Center	(3,570)
TOTAL			(3,570)
Deposit	03/11/2020		6,217
Payment	03/11/2020	Palmtree Clinical Research	(6,217)
TOTAL			(6,217)

Las Palmas Medical Plaza
Deposit Detail - LPMP
 March through April 2020

Type	Date	Name	Amount
Deposit	03/26/2020		12,033
Payment	03/26/2020	Dennis Spurgin, D.C.	(2,739)
Payment	03/26/2020	EyeCare Services Partners Management LLC	(6,293)
Payment	03/26/2020	Peter Jamieson, M.D.	(3,001)
TOTAL			(12,033)
Deposit	03/26/2020		7,412
Payment	03/26/2020	Desert Oasis Healthcare Medical Group	(2,177)
Payment	03/26/2020	Steven Gundry, M.D.	(5,235)
TOTAL			(7,412)
Deposit	03/30/2020		4,774
Payment	03/30/2020	Laboratory Corporation of America	(4,774)
TOTAL			(4,774)
Deposit	04/01/2020		3,854
Payment	04/01/2020	Quest Diagnostics Incorporated	(3,854)
TOTAL			(3,854)
Deposit	04/03/2020		3,570
Payment	04/03/2020	Desert Family Medical Center	(3,570)
TOTAL			(3,570)
Deposit	04/07/2020		42,742
Payment	04/07/2020	Cohen Musch Thomas Medical Group	(3,543)
Payment	04/07/2020	Desert Regional Medical Center	(5,006)
Payment	04/07/2020	Tenet HealthSystem Desert, Inc	(5,543)
Payment	04/07/2020	Tenet HealthSystem Desert, Inc.	(28,650)
TOTAL			(42,742)

Las Palmas Medical Plaza
Deposit Detail - LPMP
 March through April 2020

Type	Date	Name	Amount
Deposit	04/08/2020		20,509
Payment	04/06/2020	Derakhsh Fozouni, M.D.	(5,969)
Payment	04/08/2020	Pathway Pharmaceuticals, Inc.	(2,296)
Payment	04/06/2020	Ramy Awad, M.D.	(3,246)
Payment	04/06/2020	Aijaz Hashmi, M.D., Inc.	(2,745)
Payment	04/08/2020	Brad A. Wolfson, M.D.	(3,354)
Payment	04/08/2020	Cure Cardiovascular Consultants	(2,898)
TOTAL			(20,509)
Deposit	04/13/2020		5,161
Payment	04/08/2020	Hassan Bencheqroun, M.D.	(2,580)
Payment	04/09/2020	Hassan Bencheqroun, M.D.	(2,580)
TOTAL			(5,161)
Deposit	04/22/2020		4,774
Payment	04/22/2020	Laboratory Corporation of America	(4,774)
TOTAL			(4,774)
Deposit	04/23/2020		2,739
Payment	04/23/2020	Dennis Spurgin, D.C.	(2,739)
TOTAL			(2,739)
		TOTAL	190,910

Desert Healthcare District
Check Register
As of April 30, 2020

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1010 - Union Bank - Checking				
Bill Pmt -Check	03/02/2020	15894	Law Offices of Scott & Jackson	(10,890)
Liability Check	03/05/2020		QuickBooks Payroll Service	(37,392)
Bill Pmt -Check	03/05/2020	15895	Chris Christensen	(36)
Bill Pmt -Check	03/05/2020	15896	Image Source	(801)
Bill Pmt -Check	03/05/2020	15897	IntelliCorp Records, Inc.	(40)
Bill Pmt -Check	03/05/2020	15898	Jeff Crider	(4,888)
Bill Pmt -Check	03/05/2020	15899	Leticia De Lara	(464)
Bill Pmt -Check	03/05/2020	15900	Meghan Kane	(80)
Bill Pmt -Check	03/05/2020	15901	Negro Academic Scholarship Fund	(195)
Bill Pmt -Check	03/05/2020	15902	Palm Springs Youth Theatre Boosters	(500)
Bill Pmt -Check	03/05/2020	15903	Ready Refresh	(50)
Bill Pmt -Check	03/05/2020	15904	Safehouse of the Desert	(43,041)
Bill Pmt -Check	03/05/2020	15905	Shred-It	(103)
Bill Pmt -Check	03/05/2020	15906	So.Cal Computer Shop	(810)
Bill Pmt -Check	03/05/2020	15907	Underground Service Alert of Southern Cal	(3)
Bill Pmt -Check	03/05/2020	15908	Verizon Wireless	(604)
Bill Pmt -Check	03/05/2020	15909	Will Dean	(943)
Bill Pmt -Check	03/05/2020	15910	Zendle, Les-	(438)
Check	03/06/2020	Auto Pay	Calif. Public Employees' Retirement System	(12,025)
Bill Pmt -Check	03/06/2020	15911	Frazier Pest Control, Inc.	(90)
General Journal	03/09/2020	09-03	457(b) payment - 3/06/20 payroll	(4,255)
Bill Pmt -Check	03/16/2020	15912	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	03/16/2020	15913	Palms to Pines Printing	(196)
Bill Pmt -Check	03/16/2020	15914	State Compensation Insurance Fund	(619)
Liability Check	03/19/2020		QuickBooks Payroll Service	(39,378)
Bill Pmt -Check	03/19/2020	000000	First Bankcard (Union Bank)	(3,989)
Bill Pmt -Check	03/19/2020	000000	First Bankcard (Union Bank)	(5,011)
General Journal	03/19/2020	09-04	March 2020 LTD Payment - Jena Marie Van Earl	(1,234)
Bill Pmt -Check	03/19/2020	15915	Alejandro Espinoza-	(643)
Bill Pmt -Check	03/19/2020	15916	Chris Christensen	(530)
Bill Pmt -Check	03/19/2020	15917	Coachella Valley Rescue Mission	(48,645)
Bill Pmt -Check	03/19/2020	15918	CoPower Employers' Benefits Alliance	(1,507)
Bill Pmt -Check	03/19/2020	15919	HARC, INC.	(13,187)
Bill Pmt -Check	03/19/2020	15920	Image Source	(399)
Bill Pmt -Check	03/19/2020	15922	Law Offices of Scott & Jackson - Wire Transfer	(11,250)
Bill Pmt -Check	03/19/2020	15923	Staples Credit Plan	(1,235)
Bill Pmt -Check	03/19/2020	15924	Time Warner Cable	(247)

Desert Healthcare District
Check Register
As of April 30, 2020

Type	Date	Num	Name	Amount
Bill Pmt -Check	03/19/2020	15925	Tri-Star Risk Management	(336)
Bill Pmt -Check	03/19/2020	15926	Xerox Financial Services	(394)
General Journal	03/23/2020	09-05	457(b) payment - 3/20/20 payroll	(4,292)
Bill Pmt -Check	03/26/2020	15921	Grapttek Interactive	(38)
Bill Pmt -Check	03/26/2020	15927	Frazier Pest Control, Inc.	(30)
Bill Pmt -Check	03/26/2020	15928	Principal Life Insurance Co.	(1,517)
Bill Pmt -Check	03/26/2020	15929	Ready Refresh	(50)
Bill Pmt -Check	03/26/2020	15930	Regional Access Project Foundation	(550)
Bill Pmt -Check	03/26/2020	15931	Shred-It	(102)
Check	03/31/2020		Bank Service Charge	(359)
General Journal	03/31/2020	09-10	Record Medical Reimbursements - March 2020	(4,143)
Liability Check	04/02/2020		QuickBooks Payroll Service	(40,278)
Bill Pmt -Check	04/03/2020	15932	Jeff Crider	(4,293)
Bill Pmt -Check	04/03/2020	15933	Borrego Community Health Foundation	(350,000)
Bill Pmt -Check	04/03/2020	15934	So.Cal Computer Shop	(2,190)
General Journal	04/06/2020	10-01	457(b) payment - 4/03/20 payroll	(4,273)
Check	04/07/2020	Auto Pay	Calif. Public Employees'Retirement System	(10,173)
Bill Pmt -Check	04/07/2020	15935	Boyd & Associates	(108)
Bill Pmt -Check	04/07/2020	15936	Eric Taylor	(179)
Bill Pmt -Check	04/07/2020	15937	Evet PerezGil	(592)
Bill Pmt -Check	04/07/2020	15938	HARC, INC.	(14,785)
Bill Pmt -Check	04/07/2020	15939	Image Source	(870)
Bill Pmt -Check	04/07/2020	15940	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	04/07/2020	15941	Rogers, Carole	(525)
Bill Pmt -Check	04/07/2020	15942	State Compensation Insurance Fund	(619)
Bill Pmt -Check	04/07/2020	15943	Time Warner Cable	(247)
Bill Pmt -Check	04/07/2020	15944	Verizon Wireless	(607)
Bill Pmt -Check	04/07/2020	15945	Xerox Financial Services	(394)
Bill Pmt -Check	04/07/2020	15946	Zendle, Les-	(210)
Bill Pmt -Check	04/07/2020	15947	AIDS Assistance Program	(10,000)
Bill Pmt -Check	04/07/2020	15948	Coachella Valley Rescue Mission	(25,000)
Bill Pmt -Check	04/07/2020	15949	Find Food Bank, Inc.	(90,311)
Bill Pmt -Check	04/07/2020	15950	First Bankcard (Union Bank)	(5,907)
Bill Pmt -Check	04/07/2020	15951	Galilee Center	(25,000)
Bill Pmt -Check	04/07/2020	15952	Lift To Rise	(100,000)
Bill Pmt -Check	04/07/2020	15953	Martha's Village & Kitchen	(25,000)
Bill Pmt -Check	04/07/2020	15954	Staples Credit Plan	(166)
Bill Pmt -Check	04/07/2020	15955	First Bankcard (Union Bank)	(3,932)
Bill Pmt -Check	04/08/2020	15956	Cathedral Center	(10,000)

Desert Healthcare District
Check Register
As of April 30, 2020

Type	Date	Num	Name	Amount
Bill Pmt -Check	04/08/2020	15957	Cove Communities Senior Association	(10,000)
Bill Pmt -Check	04/08/2020	15958	Grapttek Interactive	(38)
Bill Pmt -Check	04/08/2020	15959	Hope Through Housing Foundation	(10,000)
Bill Pmt -Check	04/08/2020	15960	Mizell Senior Center	(10,000)
Bill Pmt -Check	04/15/2020	15961	Borrego Community Health Foundation	(150,000)
Bill Pmt -Check	04/15/2020	15962	Clinicas De Salud Del Pueblo Inc	(150,000)
Bill Pmt -Check	04/15/2020	15963	Desert AIDS Project	(150,000)
Bill Pmt -Check	04/15/2020	15964	Quest Diagnostics	(25)
Bill Pmt -Check	04/15/2020	15965	Vanessa Smith-	(644)
Bill Pmt -Check	04/15/2020	15966	SDRMA	(100)
Bill Pmt -Check	04/15/2020	15967	Well in the Desert	(10,000)
Liability Check	04/16/2020		QuickBooks Payroll Service	(39,582)
General Journal	04/20/2020	10-11	457(b) payment - 4/17/20 payroll	(4,243)
Check	04/22/2020	Auto Pay	Principal Financial Group-	(815)
Bill Pmt -Check	04/22/2020	IB 04222020	Law Offices of Scott & Jackson	(9,000)
General Journal	04/23/2020	10-13	April 2020 LTD Payment - Jena Marie Van Earl	(1,234)
Bill Pmt -Check	04/23/2020	15968	CoPower Employers' Benefits Alliance	(2,441)
Bill Pmt -Check	04/23/2020	15969	Frazier Pest Control, Inc.	(30)
Bill Pmt -Check	04/23/2020	15970	Grapttek Interactive	(38)
Bill Pmt -Check	04/23/2020	15971	Palms to Pines Printing	(531)
Bill Pmt -Check	04/23/2020	15972	Principal Life Insurance Co.	(1,611)
Bill Pmt -Check	04/23/2020	15973	Purchase Power	(129)
Check	04/27/2020		Bank Service Charge	(283)
General Journal	04/28/2020	10-15	Desert Healthcare Foundation- Wire Transfer - Concur	(16,475)
Liability Check	04/30/2020		QuickBooks Payroll Service	(39,528)
General Journal	04/30/2020	10-21	Record Medical Reimbursements - April 2020	(689)
TOTAL				(1,591,626)

Desert Healthcare District									
Details for credit card Expenditures									
Credit card purchases - February 2020 - Paid March 2020									
Number of credit cards held by District personnel -2									
Credit Card Limit - \$7,000									
Credit Card Holders:									
Conrado Bärzaga - Chief Executive Officer									
Chris Christensen - Chief Administration Officer									
Routine types of charges:									
Office Supplies, Dues for membership, Computer Supplies, Meals, Travel including airlines and Hotels, Catering, Supplies for BOD meetings, CEO Discretionary for small grant & gift items									
Statement									
Month		Total		Expense					
Year	Charged	Charges		Type	Amount	Purpose	Description	Participants	
		\$ 9,000.29							
Chris' Statement:									
2020	February	\$ 3,989.01		District					
				GL	Dollar	Descr			
				6355	\$ 179.88	Adobe Pro subscription			
				6352	\$ 255.53	January Staff team building			
				6309	\$ 503.19	Advertising for Accounting Manager position			
				6309	\$ 542.57	Advertising for Senior Development Officer & Senior Program Officer position			
				5240	\$ 256.39	2/11/2020 Program Committee Meeting food			
				5160	\$ 695.00	Community Information Exchange Conference		Alejandro	
				6309	\$ 558.94	Advertising for Senior Development Officer, Senior Program Officer & Accounting Manager position			
				5230	\$ 250.00	Leticia - Wine Lover's Auction			
				6309	\$ 508.62	Advertising for Accounting Manager position			
				6309	\$ 40.00	Employment verification expense			
				6352	\$ 207.89	February Staff team building			
				6310	\$ (9.00)	Overlimit fee credit from January statement			
					\$ 3,989.01				
Conrado's Statement:									
2020	February	\$ 5,011.28		District					
				GL	Dollar	Descr			
				5240	\$ 290.86	1/28/20 BOD food			
				5160	\$ 160.00	All That Jazz - +1 Conrado			
				6325	\$ 1,000.00	Joslyn Center Donation			
				5230	\$ 700.00	Take Off With Mizell Event - Arthur +1			
				5230	\$ 322.48	Modernism week 2020 - Carole +1			
				5230	\$ 150.00	It's All About the Kids Event - Lety			
				6352	\$ 12.13	Meals Expense UC Davis Air Quality Meeting			
				6352	\$ 37.32	Meals Expense UC Davis Air Quality Meeting			
				6360	\$ 4.37	Conference Call Expense			
				6352	\$ 62.74	Meals Expense UC Davis Air Quality Meeting			
				6360	\$ 11.28	Conference Call Expense			
				6325	\$ 1,500.00	Desert AIDS Project Donation			
				5230	\$ 125.00	2020 Angels Dinner - Lety			
				6360	\$ 13.46	Conference Call Expense			
				6351	\$ 45.00	Taxi in Sacramento for ACHD - Conrado			
				5240	\$ 284.94	2/19/20 CHNA Committee Meeting food			
				6352	\$ 16.03	Meals Expense ACHD - Conrado			
				6351	\$ 15.90	Return Taxi for ACHD			
				6352	\$ 162.40	Meals Expense ACHD - Conrado			
				6351	\$ 12.00	In-flight Wifi Access for ACHD trip			
				6351	\$ 489.18	Hotel - ACHD			
				5240	\$ 187.92	2/25/20 BOD food			
				6360	\$ 27.88	Conference Call Expense			
				5230	\$ 38.00	Becky Baker Memorial - Karen			
				5240	\$ 96.64	2/25/20 UCR Family Residency Meeting Food			
				6120	\$ (29.25)	Reversal of interest charge from February			
				6325	\$ (725.00)	Credit of payment made in February			
					\$ 5,011.28				

Desert Healthcare District									
Details for credit card Expenditures									
Credit card purchases - March 2020 - Paid April 2020									
Number of credit cards held by District personnel -2									
Credit Card Limit - \$7,000									
Credit Card Holders:									
Conrado Bärzaga - Chief Executive Officer									
Chris Christensen - Chief Administration Officer									
Routine types of charges:									
Office Supplies, Dues for membership, Computer Supplies, Meals, Travel including airlines and Hotels, Catering, Supplies for BOD meetings, CEO Discretionary for small grant & gift items									
Statement									
	Month	Total	Expense						
Year	Charged	Charges	Type	Amount	Purpose	Description	Participants		
		\$ 9,839.16							
Chris' Statement:									
2020	March	\$ 5,907.17	District						
			GL	Dollar	Descr				
			6355	\$ 162.00	Cisco WebEx Annual License				
			6309	\$ 541.52	Advertising for Senior Development Officer, Senior Program Officer & Accounting Manager position				
			6309	\$ 51.38	Employment Advertising on Indeed.com				
			6355	\$ 46.19	Dropbox License				
			6355	\$ 92.38	Dropbox Licenses				
			6355	\$ 66.39	Dropbox License				
			6355	\$ 45.32	Dropbox License				
			5240	\$ 146.40	3/10/20 Program Committee Meeting food				
			6530	\$55.33	1&1 Ionos Instant Domain for CVHIP				
			6355	\$447.00	Smartsheet annual subscription				
			6355	\$ 331.95	Laptop Cases & Mice for Staff				
			6355	\$ 3,364.90	Laptops for Staff				
			6309	\$ 530.85	Advertising for Senior Development Officer, Senior Program Officer & Public Policy Analyst positions				
			6355	\$ 43.04	Dropbox License				
			6355	\$ 43.04	Dropbox License				
			6355	\$ 43.04	Dropbox License				
			5230	\$ (103.56)	Credit for Cesar Chavez Breakfast Celebration - Lety, Les, Evett, Carole				
				\$ 5,907.17					
Conrado's Statement:									
2020	March	\$ 3,931.99	District						
			GL	Dollar	Descr				
			6352	\$ 55.93	Pueblo Viejo - Lunch Meeting - Conrado, Lety & Gary Rotto (Borrogo Health)				
			5230	\$ 59.00	Cathedral City State of the City and Expo - Evett				
			5160	\$ 236.00	Cathedral City State of the City and Expo - Conrado, Donna, Alejandro & Will				
			5230	\$ 125.00	2020 Angels Dinner - Karen				
			6130	\$ 350.00	Guidestar Pro Subscription Access				
			6352	\$ 229.79	Panera - Lunch Meeting - Conrado, Dr./Dean Deas & Dr. Larson (University of Riverside School of Medicine)				
			5230	\$ 300.00	Fools Folly Event - Les & Carole				
			5230	\$ 45.00	Palm Desert Chamber - 3/10 Program Committee Room				
			5230	\$ 369.90	Bloom In the Desert Event - Lety, Evett, Karen +1, Carole +1				
			5160	\$ 123.30	Bloom In the Desert Event - Conrado +1				
			5230	\$ 125.00	2020 Angels Dinner - +1 Karen				
			5230	\$ 35.00	Paint It Forward Event - Karen				
			6360	\$17.45	Conference Call Expense				
			6360	\$ 26.67	Conference Call Expense				
			5160	\$ 899.00	GIH Annual Conference - Conrado				
			5160	\$ 899.00	GIH Annual Conference - Donna				
			6360	\$ 6.67	Conference Call Expense				
			6360	\$ 5.22	Conference Call Expense				
			6360	\$ 39.64	Conference Call Expense				
			6360	\$ 3.40	Conference Call Expense				
			6360	\$ 6.91	Conference Call Expense				
			5160	\$ (25.89)	Credit for Cesar Chavez Breakfast Celebration - Conrado				
				\$ 3,931.99					

Las Palmas Medical Plaza
Check Register
As of April 30, 2020

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1046 - Las Palmas Medical Plaza				
Bill Pmt -Check	03/04/2020	10150	Desert Water Agency	(485)
Bill Pmt -Check	03/04/2020	10151	Frazier Pest Control, Inc. - VOID	0
Bill Pmt -Check	03/04/2020	10152	Imperial Security	(1,700)
Bill Pmt -Check	03/04/2020	10153	Palm Springs Disposal Services Inc	(2,227)
Bill Pmt -Check	03/16/2020	10149	Frazier Pest Control, Inc.	(175)
Bill Pmt -Check	03/16/2020	10154	Imperial Security	(1,700)
Bill Pmt -Check	03/19/2020	10155	INPRO-EMS Construction	(10,117)
Bill Pmt -Check	03/19/2020	10156	Frontier Communications	(226)
Bill Pmt -Check	03/19/2020	10157	Hassan Bencheqroun, M.D. -	(2,067)
Bill Pmt -Check	03/19/2020	10158	Imperial Security	(3,400)
Bill Pmt -Check	03/19/2020	10159	INPRO-EMS Construction	(9,040)
Bill Pmt -Check	03/19/2020	10160	Stericycle, Inc.	(1,479)
Bill Pmt -Check	03/19/2020	10161	Southern California Edison	(531)
Bill Pmt -Check	03/26/2020	10162	Amtech Elevator Services	(1,365)
Bill Pmt -Check	03/26/2020	10163	Best Signs, Inc.	(178)
Bill Pmt -Check	03/26/2020	10164	Imperial Security	(1,700)
Bill Pmt -Check	03/26/2020	10165	Jon Christensen Riverside Co. Treasurer	(35,462)
Check	03/31/2020		Bank Service Charge	(885)
Bill Pmt -Check	04/03/2020	10166	Desert Water Agency	(335)
Bill Pmt -Check	04/07/2020	10170	Desert Air Conditioning Inc.	(90)
Bill Pmt -Check	04/07/2020	10169	Frazier Pest Control, Inc.	(175)
Bill Pmt -Check	04/07/2020	10167	Imperial Security	(1,700)
Bill Pmt -Check	04/07/2020	10171	Palm Springs Disposal Services Inc	(2,227)
Bill Pmt -Check	04/07/2020	10168	Stericycle, Inc.	(1,480)
Bill Pmt -Check	04/15/2020	10172	Imperial Security	(1,700)
Bill Pmt -Check	04/23/2020	10173	Frontier Communications	(224)
Bill Pmt -Check	04/23/2020	10174	Imperial Security	(3,570)
Bill Pmt -Check	04/23/2020	10175	Southern California Edison	(469)
Check	04/30/2020		Bank Service Charge	(1,150)
TOTAL				(85,855)



MEMORANDUM

DATE: May 12, 2020

TO: F&A Committee

RE: Retirement Protection Plan (RPP)

Current number of participants in Plan:

Active – still employed by hospital	103
Vested – no longer employed by hospital	62
Former employees receiving annuity	<u>7</u>
Total	<u>172</u>

The outstanding liability for the RPP is approximately **\$4.2M** (Actives - \$2.9M and Vested - \$1.3M). US Bank investment account balance \$4.9M. Per the June 30, 2019 Actuarial Valuation, the RPP has an Unfunded Pension Liability of approximately **\$3.4M**. A monthly accrual of \$10K is being recorded each month as an estimate for FY2020.

The payouts, excluding monthly annuity payments, made from the Plan for the Ten (10) months ended April 30, 2020 totaled **\$196K**. Monthly annuity payments (7 participants) total **\$1.0K** per month.

DESERT HEALTHCARE DISTRICT						
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE						
As of 4/30/20						
TWELVE MONTHS ENDED JUNE 30, 2020						
Grant ID Nos.	Name	Approved	Current Yr	6/30/2019	Total Paid	Open
		Grants - Prior Yrs	2019-2020	Bal Fwd/New	July-June	BALANCE
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000		\$ 10,000,000	\$ -	\$ 10,000,000
2015-876-BOD-6-23-15	Arrowhead Neuroscience Fndtn-NeuroInterventional & NeuroCritical Care Fellowship 2 Yr	\$ 373,540		\$ 37,354	\$ 27,522	\$ 9,832
	Unexpended funds of Grant #876 (\$9,832.32 10% Retention)					\$ (9,832)
2016-927-BOD-12-20-16	SafeHouse of the Desert - "What's Up" Crisis Texting Application - 3 Yr	\$ 679,357		\$ 169,839	\$ 144,945	\$ 24,895
	Unexpended funds Grant #927					\$ (24,895)
2017-938-BOD-07-25-17	Mizell Senior Center - A Matter of Balance Phase 2 - 2 Yr	\$ 400,300		\$ 40,030	\$ 2,077	\$ 37,953
	Unexpended funds of Grant #938 (\$37,953 10% Retention)				\$ -	\$ (37,953)
2018-960-BOD-02-27-18	Desert Cancer Foundation - Patient Assistance and Suzanne Jackson Breast Cancer	\$ 200,000		\$ 20,000	\$ 20,000	\$ -
2018-967-BOD-05-22-18	The City of DHS-Public Safety Emergency Response Program - Purchase AEDs	\$ 30,000		\$ 3,000	\$ 710	\$ 2,290
	Unexpended funds of Grant #967 (\$2,290.34 10% Retention)				\$ -	\$ (2,290)
2018-974-BOD-09-25-18	HARC - 2019 Coachella Valley Community Health Survey - 2 Yr	\$ 399,979		\$ 219,989	\$ 89,995	\$ 129,994
2018-980-BOD-10-23-18	Joslyn Wellness Senior Behavioral Health Services Program - 1 Yr	\$ 112,050		\$ 11,205	\$ 11,205	\$ -
2018-981-BOD-10-23-18	Desert Arc Healthcare Program - 1 Yr	\$ 164,738		\$ 16,474	\$ 16,474	\$ (0)
2018-979-BOD-11-27-18	FIND Food Bank - Healthy Food First/Pathways Out of Hunger - 1 Yr	\$ 396,345		\$ 217,989	\$ 171,513	\$ 46,476
	Unexpended funds Grant #979					\$ (39,633)
	Invoiced Grantee for over payment					\$ (6,843)
2019-985-BOD-03-26-19	Coachella Valley Volunteers in Medicine - Primary Healthcare & Support Services - 1 Yr	\$ 121,500		\$ 66,825	\$ 54,675	\$ 12,150
2019-986-BOD-05-28-19	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr	\$ 200,000		\$ 200,000	\$ 180,000	\$ 20,000
2019-997-BOD-05-28-19	Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	\$ 200,896		\$ 110,493	\$ 90,403	\$ 20,090
2019-989-BOD-05-28-19	Pegasus Riding Academy - Cover the Hard Costs of Pegasus Clients - 1 Yr	\$ 109,534		\$ 60,244	\$ 49,290	\$ 10,954
2019-994-BOD-05-28-19	One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yr	\$ 700,000		\$ 621,250	\$ 78,750	\$ 542,500
2019-995-BOD-05-28-19	One Future Coachella Valley - HCC Summer Intern at DHCD/F & FIND Food Bank	\$ 14,628		\$ 1,463	\$ 1,463	\$ -
2019-1000-BOD-05-28-19	Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$ 24,000		\$ 13,200	\$ 10,800	\$ 2,400
2019-1006-BOD-06-25-19	Desert Healthcare Foundation - Homelessness Initiative Collective Fund	\$ 1,000,000		\$ 1,000,000	\$ 1,000,000	\$ -
2019-1017-BOD-09-24-19	Jewish Family Services - Case Management Services for Homeless Prevention - 1 Yr		\$ 90,000	\$ 90,000	\$ 40,500	\$ 49,500
2019-1025-BOD-09-24-19	Desert Healthcare Foundation - Ready Set Swim - 1 Yr		\$ 200,000	\$ 200,000	\$ 200,000	\$ -
2019-1023-BOD-10-22-19	CVRM - Transportation for Seniors & Homeless Hospital Discharge Referrals - 1 Yr		\$ 216,200	\$ 216,200	\$ 97,290	\$ 118,910
2019-1021-BOD-11-26-19	Neuro Vitality Center - Community Based Adult Services Program - 6 Months		\$ 143,787	\$ 143,787	\$ 64,704	\$ 79,083
2020-1045-BOD-03-24-20	FIND Food Bank - Ending Hunger Today, Tomorrow, and for a Lifetime - 1 Yr		\$ 401,380	\$ 401,380	\$ 90,311	\$ 311,069
2020-1063-BOD-03-24-20	AIDS Assistance Program - Food Voucher Program		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1065-BOD-03-24-20	Well in the Desert - Saving Lives - 3 Months		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1066-BOD-03-24-20	Hope Through Housing Foundation - COVID-19 Emergency Response & Resilience Fund		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1072-BOD-03-24-20	Cathedral Center - CCSC Operating Funding to Continue Essential Services		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1077-BOD-03-24-20	Cove Communities Senior Association - Joslyn Center Nutrition Programs - 3 Months		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1078-BOD-03-24-20	Mizell Senior Center - Meals On Wheels Program - 3 Months		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1080-BOD-03-24-20	Lift To Rise - Coachella Valley Economic Protection Plan and Support Fund		\$ 100,000	\$ 100,000	\$ 100,000	\$ -
2020-1086-BOD-04-03-20	Borrego Community Health Foundation - To purchase COVID-19 Virus Pandemic Test Kits		\$ 350,000	\$ 350,000	\$ 350,000	\$ -
2020-1081-BOD-04-13-20	Clinicas De Salud Del Pueblo - COVID-19 Support - 9 Months		\$ 150,000	\$ 150,000	\$ 150,000	\$ -
2020-1083-BOD-04-13-20	Desert AIDS Project - COVID-19 Triage Clinic - 9 Months		\$ 150,000	\$ 150,000	\$ 150,000	\$ -
2020-1084-BOD-04-13-20	Borrego Community Health Foundation - Response to COVID-19 - 9 Months		\$ 150,000	\$ 150,000	\$ 150,000	\$ -
			\$ -	\$ -	\$ -	\$ -
TOTAL GRANTS		\$ 15,126,867	\$ 2,011,367	\$ 14,820,722	\$ 3,402,626	\$ 11,296,650
Amount budgeted 2019-2020			\$ 3,500,000		G/L Balance:	4/30/2020
Amount granted through June 30, 2020:			\$ (2,011,367)		2131	\$ 5,896,650
Mini Grants:	1009; 1015; 1019; 1016; 1039; 1031; 1051		\$ (32,508)		2281	\$ 5,400,000
Net adj - Grants not used:	967; 876; 938; 979; 927		\$ 121,446		Total	\$ 11,296,650
Balance available for Grants/Programs			\$ 1,577,571		Difference - Rdg	\$ 0



Chief Administration Officer's Report

May 12, 2020

Las Palmas Medical Plaza - Property Management:

Occupancy:

See attached unit rental status report.

97.9% currently occupied –

Total annual rent including CAM fees is **\$1,251,084**.

Leasing Activity:

Cohen, Musch, Thomas Medical Group (currently located in 3W-101) is working on their tenant improvement for their new units (1W 105-106), which should be complete in May.

Staff is working to complete the interior fire sprinkler system. It will be more cost effective if the installation is completed in multiple suites simultaneously. Estimates will be brought to the committee as work develops.

The District is addressing individual rent relief requests from tenants during this COVID-19 health crisis. Deferred rent for each tenant will be pro-rated over the remaining life of their lease.

Las Palmas Medical Plaza

Unit Rental Status

As of May 1, 2020

Unit	Tenant Name	Deposit	Lease Dates		Term	Unit Sq Feet	Percent of Total	Monthly Rent	Annual Rent	Rent Per Sq Foot	Monthly CAM	Total Monthly Rent Inclg CAM	Total Annual Rent Inclg CAM
			From	To									
											\$ 0.62		
3W, 101	Available when Cohen, Musch relocates to 1W, 105-106					1,656	3.36%						
2W, 107	Vacant					1,024	2.07%						
Total - Vacancies						1,024	2.07%	Currently excludes 3W, 101					
Total Suites-33 - 31 Suites Occupied		\$59,043.50				49,356	97.9%	\$ 75,444.37	\$ 905,332.44	\$ 1.56	\$ 28,812.64	\$ 104,257.01	\$ 1,251,084.12
Summary - All Units													
			Occupied	48,332	97.9%								
			Vacant	1,024	2.1%								
			Pending	0	0%								
			Total	49,356	100%								



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: May 26, 2020
To: Board of Directors
Subject: Consideration to Approve Survey, Drawings, Plan Check and Permit fees for the Interior Fire Sprinkler system in Buildings 1, 2, & 3 West. Estimated \$23,000

Staff Recommendation: Consideration to approve the Survey, Drawings, Plan Check and Permit fees for the Interior Fire Sprinkler system in Buildings 1, 2, & 3 West. Estimated \$23,000.

Background:

- The District has been in process of installing the fire sprinkler system at the Las Palmas Medical Plaza.
- The exterior infrastructure was completed recently.
- The original plan was to install the interior fire sprinklers when each tenant renewed their lease or with a new tenant lease and include with the Tenant Improvement allowance.
- We are learning that most tenants desire the District to complete this work separate from their Tenant Improvements.
- The individual suite installations are more costly, so to create overall savings and to complete the installation, staff desires to begin the process of a full installation.
- The initial step (Step 1) is to complete a survey, produce drawings, submit for plan check, and to obtain a building permit.
- Once this process is completed, a formal bidding process will be performed for the installation.
- Step 1 is estimated to cost \$23,000.
- The draft FY 2020-2021 annual budget includes \$210,000 of estimated costs to complete the entire installation.
- At the May 12, 2020 Finance & Administration Committee meeting, the Committee approved the request and recommended forwarding to the Board for consideration of approval.
- Staff recommends approval of the Drawings, Plan Check and Permit fees for the Interior Fire Sprinkler system in Buildings 1, 2, & 3 West.

Fiscal Impact:

Estimated Cost \$23,000

Interior Fire Sprinkler System - estimated budget of \$210,000 is included in the proposed FY 2020-2021 annual budget.



Date: May 26, 2020

To: Board of Directors

Subject: Grant #1080 LIFT TO RISE – COVID-19 Emergency Response

Background:

- At the March Special Meeting staff requested to repurpose the remainder of the District’s grantmaking budget to support our community partners by allocating emergency funding in response to the COVID-19 outbreak.
- The Board approved a \$100,000 grant to Lift to Rise in support of the Coachella Valley Economic Protection Plan and Support Fund. The funds were utilized towards the disbursement of emergency cash payment to more than 2,500 households. At the time this report was written, 3,000 households have benefitted from this fund.
- Understanding the extreme housing insecurity faced by tens of thousands of Coachella Valley households, Lift To Rise is pivoting their efforts to transition to a next phase of work, launching a Rental Assistance Fund beginning June 1st.
- The initial goal is to keep a minimum 2,000 Coachella Valley families housed (representing 8,000 individuals), thereby preventing homelessness and eviction.
- Keeping 2,000 families housed will cost an approximate \$5 million.
- District funds will, similarly to the previously approved \$100,000 be matched by other organizations, and provide a solid foundation for even more successful fundraising campaign.

Recommendation: To consider approval of a cost-grant extension of \$500,000 to support *Phase 2: Rental Assistance Program of the Coachella Valley Economic Protection Plan and Support Fund*

Fiscal Impact: Funds to be allocated from the current FY19/20 grant budget.

DESERT HEALTHCARE DISTRICT GRANT EXTENSION AGREEMENT

This agreement is entered into by the Desert Healthcare District (“DISTRICT”), a California health care district organized and operating pursuant to Health and Safety Code section 32000 et seq., and Lift To Rise (“RECIPIENT”) and is effective upon execution by both parties.

1. **Grant Extension**

Purpose and Use of Extension: Lift To Rise is hereby granted an extension to the original grant agreement approved on April 2, 2020 for Coachella Valley Economic Protection Plan and Support Fund

Additional funds of \$500,000 will be added to the original grant amount of \$100,000 for a total of \$600,000 during the extension period. RECIPIENT shall use remaining dollars, if any, from original grant amount of \$100,000 during extension period.

Additional funds of \$500,000 will be utilized towards the **Rental Assistance Fund**, Phase 2 of the Coachella Valley Economic Protection Plan and Support Fund.

Funds will be paid against invoices submitted directly by landlords of those eligible residents applying for rental assistance.

2. **Term of Agreement**

The end of term of this agreement shall remain the same at December 31, 2020.

3. **Agreement Requirements**

RECIPIENT shall submit a final report with tracking documents to DISTRICT within thirty (30) days from the expiration of this agreement. All other requirements and conditions not specified in this extension agreement remain the same as in the original grant agreement.

4. **Signatories**

The persons executing this extension agreement on behalf of the RECIPIENT have been designated by the governing body or fiscal agent of the RECIPIENT as the official signatories of this agreement and all related documents. At least one of these persons is a

member of the RECIPIENT'S governing board, and both persons have the authority to execute this agreement on behalf of RECIPIENT.

RECIPIENT:

Lift To Rise
73710 Fred Waring Dr. Ste 100
Palm Desert, CA 92260

Name: President/Chair of RECIPIENT
Governing Body

Name: Executive Director

PLEASE PRINT

PLEASE PRINT

SIGNATURE

SIGNATURE

DATE

DATE

Authorized Signatory for Desert Healthcare District:

Name: Conrado Barzaga, M.D.

Title: Chief Executive Officer

SIGNATURE

DATE

Desert Healthcare District
1140 N. Indian Canyon Dr.
Palm Springs, CA 92262

EXHIBIT B revised to reflect cost grant extension amount

PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES

<u>Project Title</u>	<u>Start/End</u>
Coachella Valley Economic Protection Plan & Support Fund	04/01/2020
Phase 2: Rental Assistance Fund	12/31/2020

PAYMENTS:

(1) Payment: \$100,000.00

Total request amount: \$100,000.00 + \$500,000 = \$600,000

GRANT AND PAYMENT SCHEDULE REQUIREMENTS

Scheduled Date	Grant Requirements for Payment	Payment
04/01/2020	Signed Agreement submitted and accepted.	Advance of \$100,000.00 for time period 04/01/2020- 12/31/2020
06/01/2020	Signed cost grant agreement submitted and accepted	Advance of \$500,000 For time period 06/01/2020 - 12/31/2020
01/31/2021	Final report (04/01/2020- 12/31/2020), final budget & number of households to be supported with this Fund to serve those in need. Final report (06/01/2020 - 12/31/2020), final budget with proof of payment of copies of invoices submitted directly by landlords of eligible residents requesting Rental Assistance.	\$0.00

TOTAL GRANT AMOUNT: \$100,000.00 + \$500,000.00 = \$600,000.00

DELIVERABLES:

Evaluation

The success of the Support Fund will be measured by the number of households provided with \$200 in emergency cash relief.

The success of the Rental Assistance Fund will be measured by the number of Coachella Valley families kept housed.



Date: May 26, 2020

To: Board of Directors

Subject: Consideration to approve \$150,000 match to Response Grant for Grantmakers Concerned with Immigrants and Refugees – COVID-19 Emergency

Background:

- Despite paying \$7 billion in local, state, and federal taxes annually, undocumented workers have been excluded from federal relief under the CARES Act; are ineligible for unemployment insurance and most state safety-net programs; and have no means of keeping a roof over their heads and putting food on the table.
- Two million undocumented immigrants, which include two-thirds of the country's farmworkers, live in California. They represent a significant segment of Coachella Valley's economic activity, and are members of our community, as caregivers for our children and elders, and as volunteers in our food pantries and community clinics. They play a vital role in our economy—from growing, cooking, and serving our food to building our homes and cleaning our offices, and hotels.
- Those who are essential workers continue to work tirelessly to ensure our health and food security, often without proper protective equipment.
- Supporting these integral members of our communities—including children and youth who are key to future—will ensure our state's collective health and wellbeing, economic stability and recovery, and long-term resilience.
- In order to provide financial relief to this community, Grantmakers Concerned with Immigrants and Refugees (GCIR) has launched the California Immigrant Resilience Fund.
- The initial fundraising goal is \$50 million and GCIR has raised \$29.3 million. GCIR has an outstanding \$10 million match offer from the Charles and Lynn Schusterman Family Foundation, that if raised and matched, would bring the total raised to \$45 million.
- The Fund focuses on underserved immigrant populations and communities across the state through partnerships with local immigrant-serving organizations that meet certain criteria, including an established track record working with undocumented immigrants and their families, trust and credibility with this community, and the capacity to manage a direct relief program.



- GCIR is allocating funds by region based on the approximate percentage of undocumented residents in the region based on the Public Policy Institute of California analysis. Coachella Valley is considered to be in the Inland Empire region that includes Riverside, San Bernadino, and Inyo that is home to approximately 9% of undocumented Californians.
- GCIR has selected two local organizations to implement this work in the Inland Empire Region, Alianza CV and the Inland Coalition for Immigrant Justice Fund. Alianza CV will be focusing their effort in Coachella Valley.
- Based on the funds that were available for distribution as of May 8, 2020, each of these local partners in the Inland Empire region received \$150,000. GCIR will allocate 9% of all funds raised statewide to the region; and based on the fundraising goal of \$50 million could be up to \$4.5 million that would be allocated to these local partners. GCIR may consider adding additional local partners in Coachella Valley for future distributions.
- GCIR has received commitments from philanthropy and individual donors from across the State of California and nationally. GCIR is able to ensure that funds that are directed to a particular region are spent in that region or geographic area.
- These community partners determine the process, criteria, and methods for providing cash assistance in a fair, timely, and equitable manner. They also have systems in place to maintain privacy and guard against fraud.

Recommendation: To consider approval of a matching grant for \$150,000 to GCIR and to direct staff to seek reassurances that District funds will be used in its totality in Coachella Valley.

Fiscal Impact: funds to be allocated from the current FY19/20 grant budget.



Date: May 26, 2020

To: Board of Directors

Subject: Consideration to approve \$150,000 – COVID-19 Emergency Fund to Coachella Valley Volunteers in Medicine (CV VIM)

Background:

- The COVID-19 Outbreak exposed the inadequacy of existing healthcare services for large segments of the Coachella Valley population. Access to care for lower-income and uninsured individuals remain scarce, particularly in the eastern Coachella Valley in and near the cities of Coachella, Thermal, Mecca, Oasis and other communities as far as the Salton Sea.
- In response to this crisis, at the Special Meeting in March the Board approved a \$600,000 allocation for FQHCs and other community clinics.
- A \$150,000 emergency fund was approved to three community clinics, which includes Desert Aids Project, Borrego Community Health Foundation, and Clinicas de Salud del Pueblo.
- At that time, CV VIM had been forced to close its doors due to uncertainty, therefore the Board was unable to decide to fund them.
- CV VIM is the only free provider of medical services in the entire Coachella Valley.
- With the requested emergency fund, CV VIM will provide free medical care, and outreach and education services, which are necessary, especially for physically and linguistically isolated communities, to ensure they receive the healthcare they need.
- Although located in Indio at the City of Coachella border, the location is too far for many of these residents who live further south.
- The requested fund will allow CV VIM deliver healthcare services to the uninsured and underinsured where they live and work, and help our community retain an organization that remains a vital asset to deliver healthcare to the most vulnerable of our community members.

Recommendation: To consider approval of \$150,000 fund to CV VIM to deliver free healthcare to the uninsured and underinsured Coachella Valley.

Fiscal Impact: Funds to be allocated from the current FY19/20 grant budget.



Date: May 26, 2020
To: Board of Directors
Subject: Impact of COVID-19 Emergency Response Grants to Federally Qualified Health Centers

Background:

- At the March Special Meeting staff requested to repurpose the remainder of the District’s grantmaking budget to support our community partners by allocating emergency funding in response to the COVID-19 outbreak.
- The Board approved a \$150,000 operational core support allocation to three Federally Qualified Health Centers:
 - Desert Aids Project (Grant #1083)
 - Borrego Community Health Foundation (Grant #1084)
 - Clinicas de Salud del Pueblo (Grant #1081)
- At the April 3, 2020 special meeting, the Board approved an additional \$350,000 grant to Borrego Community Health Foundation (Grant #1086) to purchase rapid antibody tests and distribute them amongst the three FQHC partners to further supports our local capacity to address community needs as result of the COVID-19 outbreak.
- To provide the Board with an update on the impact our COVID-19 response funds have had on healthcare services, staff requested a written statement from our FQHC partners.
- Enclosed, please find a written statement submitted documenting the impact District funding has had in their operations and their ability to continue providing healthcare services to our community.

Recommendation: N/A

Fiscal Impact: N/A

Desert AIDS Project Impact Statement

On March 16, 2020, Desert AIDS Project (DAP) expanded our services to respond to the needs of the community by providing COVID-19 testing and symptom treatment in a dedicated COVID-19 Triage Clinic. DAP is deeply grateful for contributions from the Desert Healthcare District (DHCD) in the form of a \$150,000 grant and rapid COVID-19 antibody test kits to support our Triage Clinic. DHCD was one of the first organizations to support DAP, propelling us, along with our fellow Coachella Valley Federally Qualified Health Centers (FQHC) to the forefront of our local response efforts to better serve our community.

As of May 17, DAP has conducted over 490 COVID-19 polymerase chain reaction (PCR) swab tests with a 7.4% positivity rate. With the financial assistance provided by DHCD to cover some of the costs of the Triage Clinic, estimated at \$575,000 over the next several months, DAP has been able to double capacity by launching drive-up service for people who qualify for testing to be evaluated and swabbed for COVID-19.

In addition to the swab tests, DAP offers rapid antibody tests to individuals who may be asymptomatic or individuals who have recovered after experiencing COVID-19 symptoms. DAP recently received its first shipment from the DHCD for 800 antibody tests which allows us to redirect funds we would normally use to purchase antibody tests for other costs such as those associated with upgrading our dental facility to comply with American Dental Association standards in the age of COVID-19.

By testing for COVID-19 antibodies, we identify potential donors whose blood and plasma can be used to treat seriously ill COVID-19 patients in the community. Thirty-eight of the 475 antibody tests given in our Triage Clinic have yielded a positive result for COVID-19 antibodies.

Funding from DHCD was also used to purchase Personal Protective Equipment (PPE) for Triage Clinic staff. Historically, DAP staff used PPE in approximately 5% of patient interactions in our primary health center clinics. Today, staff uses PPE in 100% of their interactions with patients in the Triage Clinic as well as our primary health clinics.

Funding from DHCD has been crucial as DAP experienced initial severe and unprecedented drops in short-term revenue due to sharp decreases in routine primary care and behavioral healthcare visits as patients shelter in place and while we ramped up telehealth services. DAP initiated telemedicine virtual visits with patients, retaining 96% of all scheduled appointments in the first week. Our health center patients retained the option to meet in person with their clinicians in our primary care clinics, which operate in the building adjacent to our Triage Clinic. Given that many of our patients are at higher risk of negative outcomes if they contract COVID-19, offering this Triage Clinic is of the upmost importance to their welfare. Especially in light of our specialized infectious disease expertise, we believe that we have an obligation and duty to provide leadership in the local response, and to serve as a vital participant in the local healthcare community's collaborative response.

Borrego Community Health Foundation

Impact Statement

Borrego Health is grateful for the continued support of the Desert Health Care District in ensuring a strong response to the COVID-19 Pandemic. As a result of the District's commitment to the Coachella Valley, Borrego Health has been able to continue to provide needed services, such as increased testing, to many of our most vulnerable populations.

\$150,000 Operational Support Grant:

1. **Increased Hours of Operation:** These funds have afforded us the opportunity to expand clinic operations from 3 days a week to 5 days a week at our Martha's Village & Kitchen Clinic. This has also allowed for an expansion of COVID-19 testing at that location.
2. **Staffing:** Funds have allowed us to prevent the layoffs by supporting the salaries of 1 Physician Assistant, 1 Nurse Practitioner and 2 Medical Assistants.
3. **PPE:** Ability to purchase additional face shields, N95 masks and isolation gowns to properly protect both staff and patients.

\$350,000 Grant for Purchase of 10,000 Rapid Antibody Test:

Borrego Health, in collaboration with Desert Aids Project and Clinicas De Salud Del Pueblo, were able to successfully validate and design a protocol for use of the COVID-19 Antibody Rapid test.

Rapid tests are now being utilized at our 29 Palms Coachella Valley Drive-Thru testing site. To date we have provided over 300 COVID-19 tests, which is a combination of PCR & Rapid Antibody tests.

Clinicas de Salud del Pueblo

Impact Statement

The funding from Desert Healthcare District Foundation assisted Clinicas de Salud del Pueblo tremendously in our early efforts to combat the COVID-19 pandemic. The funding allowed us to address critical issues and make the necessary changes to ensure our ability to provide quality primary healthcare to the communities we serve. The funding has helped in the following ways:

- Clinicas de Salud del Pueblo added 3 additional call-center staff to handle the increased number of calls which improved our operations by directing patients appropriately within the new clinic workflows.
- Clinicas de Salud del Pueblo increased its supply of the necessary safety gear including masks, gloves and PPE for our staff in order to prevent infection. Additionally, thermometers were purchased and distributed to patients that needed to be monitored at home.
- With the availability of more Personal Protective Equipment, Clinicas de Salud del Pueblo was able to expand testing capacity by implementing a drive-through testing site at the Coachella clinic. Last week Clinicas tested 18 patients at our drive through, all negative. This week we are planning to test approximately 60 people via our drive through testing site, which allows us to reach the homeless, farm workers and more patients of our high-risk community. At full capacity, the goal is to be able to test about 120 a week or more.
- Clinicas de Salud del Pueblo also expanded its telehealth capacity with the implementation of OTTO Health, a virtual healthcare visit platform, in order to conduct virtual visits with patients. With the rapid deployment of this software, we have deployed two Clinicians in Mecca and one in Coachella, with more Clinicians being added in the coming weeks.



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
May 12, 2020**

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Chair Evett PerezGil Vice-President Karen Borja Director Carole Rogers, RN Nicolas Behrman, Community Member Luciano Crespo, Community Member Allen Howe, Community Member	Conrado E. Bázquez, MD, Chief Executive Officer Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, Program Officer and Director of Outreach Meghan Kane, Programs and Research Analyst Erick Husky, Administrative and Programs Assistant Andrea S. Hayles, Clerk of the Board	Thomas Thetford, Community Member

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 12:01 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	Moved and seconded by Director Rogers and Vice-President Borja to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. March 10, 2020	Chair PerezGil asked for a motion to approve the March 10, 2020 minutes.	Moved and seconded Director Rogers and Community Member Howe to approve the March 11, 2020 meeting minutes. Motion passed.
IV. Public Comment	There was no public comment	
V. Old Business 1. Funding Requests 2. Grant Payment Schedule	<p>Donna Craig, Chief Program Officer, explained that the Letters of Intent (LOI) are currently on hold. Joslyn Senior Center and Mizell Senior Center are awaiting the next steps to reopen their facilities for LOI submissions.</p> <p>Donna Craig, Chief Program Officer, explained the most recent grant payment schedule, which is in the packet for further review and questions.</p>	

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
May 12, 2020**

<p>3. COVID-19 Grant Funding Update</p>	<p>Donna Craig, Chief Program Officer, explained the COVID-19 grant awards by the District and the collaborative fund with the Regional Access Project Foundation (RAP). A Request for Proposal (RFP) process was reopened with the remaining \$85,000 from the initial \$200,000.</p> <p>Vice-President Borja suggested contacting the United Way concerning housing needs in Coachella Valley and possibly allocating the remaining \$2M</p> <p>Conrado E. Barzaga, MD, CEO, explained the work with Grantmakers Concerned with Immigrants and Refugees (GCIR) for agricultural workers who also need assistance and the work of Lift to Rise with efforts to secure funding.</p>	
<p>VI. New Business</p> <p>1. Consideration to approve Grant #1085 – Olive Crest Treatment Center: General Support for Mental Health Services to Vulnerable Children and Families in Coachella Valley – \$50,000</p> <p>2. Consideration to approve Grant #1057 – Desert Cancer</p>	<p>Donna Craig, Chief Program Officer, described the grant request from Olive Crest Treatment Center for general support of mental health services to vulnerable children and families in the Coachella Valley. Tracy Fitzsimons, Executive Director, Olive Crest provided an overview of the services and the request for funding.</p> <p>Donna Craig, Chief Program Officer, described the grant request for \$150k from Desert</p>	<p>Moved and seconded by Director Rogers and Vice-President Borja to approve Grant #1085 – Olive Crest Treatment Center: General Support for Mental Health Services to Vulnerable Children and Families in Coachella Valley – \$50,000 and forward to the Board for approval. Motion passed.</p> <p>Moved and seconded by Vice-President Borja and Director Rogers to approve Grant #1057 – Desert</p>



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
May 12, 2020**

<p>Foundation: Patient Assistance Program – \$150,000</p> <p>3. Non-Profit Organizations Community Survey Findings</p>	<p>Cancer Foundation for the patient assistance program. Sarah Bryant, Executive Director, Desert Cancer Foundation, explained the need and costs related to patients, especially now during the COVID-19. Pandemic</p> <p>Meghan Kane, Programs and Research Analyst provided a PowerPoint presentation on the COVID-19 Impact Survey of non-profit organizations that included forty-eight respondents, and the top 10 target populations of respondents. The primary focus of organizations is human services, followed by education, behavioral health, food services, recreation, and housing. Revenue sources resulted in a \$0-\$500k budget for most respondent’s annual budgets. The operational impact, primary services offered, recovery plans, COVID-19 funding, and details of the COVID-19 economic impact were also presented.</p>	<p>Cancer Foundation: Patient Assistance Program – \$150,000 and forward to the Board for approval. Motion passed.</p>
<p>VII. Committee Members Comments</p>	<p>There were no committee comments.</p>	
<p>V. Adjournment</p>	<p>Chair PerezGil adjourned the meeting at 1:01 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
 Evett PerezGil, Chair/Director
 Program Committee

Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board

DESERT HEALTHCARE DISTRICT						
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE						
As of 4/30/20						
TWELVE MONTHS ENDED JUNE 30, 2020						
Grant ID Nos.	Name	Approved Grants - Prior Yrs	Current Yr 2019-2020	6/30/2019 Bal Fwd/New	Total Paid July-June	Open BALANCE
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000		\$ 10,000,000	\$ -	\$ 10,000,000
2015-876-BOD-6-23-15	Arrowhead Neuroscience Fndtn-NeuroInterventional & NeuroCritical Care Fellowship 2 Yr	\$ 373,540		\$ 37,354	\$ 27,522	\$ 9,832
	Unexpended funds of Grant #876 (\$9,832.32 10% Retention)					\$ (9,832)
2016-927-BOD-12-20-16	SafeHouse of the Desert - "What's Up" Crisis Texting Application - 3 Yr	\$ 679,357		\$ 169,839	\$ 144,945	\$ 24,895
	Unexpended funds Grant #927					\$ (24,895)
2017-938-BOD-07-25-17	Mizell Senior Center - A Matter of Balance Phase 2 - 2 Yr	\$ 400,300		\$ 40,030	\$ 2,077	\$ 37,953
	Unexpended funds of Grant #938 (\$37,953 10% Retention)				\$ -	\$ (37,953)
2018-960-BOD-02-27-18	Desert Cancer Foundation - Patient Assistance and Suzanne Jackson Breast Cancer	\$ 200,000		\$ 20,000	\$ 20,000	\$ -
2018-967-BOD-05-22-18	The City of DHS-Public Safety Emergency Response Program - Purchase AEDs	\$ 30,000		\$ 3,000	\$ 710	\$ 2,290
	Unexpended funds of Grant #967 (\$2,290.34 10% Retention)				\$ -	\$ (2,290)
2018-974-BOD-09-25-18	HARC - 2019 Coachella Valley Community Health Survey - 2 Yr	\$ 399,979		\$ 219,989	\$ 89,995	\$ 129,994
2018-980-BOD-10-23-18	Joslyn Wellness Senior Behavioral Health Services Program - 1 Yr	\$ 112,050		\$ 11,205	\$ 11,205	\$ -
2018-981-BOD-10-23-18	Desert Arc Healthcare Program - 1 Yr	\$ 164,738		\$ 16,474	\$ 16,474	\$ (0)
2018-979-BOD-11-27-18	FIND Food Bank - Healthy Food First/Pathways Out of Hunger - 1 Yr	\$ 396,345		\$ 217,989	\$ 171,513	\$ 46,476
	Unexpended funds Grant #979					\$ (39,633)
	Invoiced Grantee for over payment					\$ (6,843)
2019-985-BOD-03-26-19	Coachella Valley Volunteers in Medicine - Primary Healthcare & Support Services - 1 Yr	\$ 121,500		\$ 66,825	\$ 54,675	\$ 12,150
2019-986-BOD-05-28-19	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr	\$ 200,000		\$ 200,000	\$ 180,000	\$ 20,000
2019-997-BOD-05-28-19	Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	\$ 200,896		\$ 110,493	\$ 90,403	\$ 20,090
2019-989-BOD-05-28-19	Pegasus Riding Academy - Cover the Hard Costs of Pegasus Clients - 1 Yr	\$ 109,534		\$ 60,244	\$ 49,290	\$ 10,954
2019-994-BOD-05-28-19	One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yr	\$ 700,000		\$ 621,250	\$ 78,750	\$ 542,500
2019-995-BOD-05-28-19	One Future Coachella Valley - HCC Summer Intern at DHCD/F & FIND Food Bank	\$ 14,628		\$ 1,463	\$ 1,463	\$ -
2019-1000-BOD-05-28-19	Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$ 24,000		\$ 13,200	\$ 10,800	\$ 2,400
2019-1006-BOD-06-25-19	Desert Healthcare Foundation - Homelessness Initiative Collective Fund	\$ 1,000,000		\$ 1,000,000	\$ 1,000,000	\$ -
2019-1017-BOD-09-24-19	Jewish Family Services - Case Management Services for Homeless Prevention - 1 Yr		\$ 90,000	\$ 90,000	\$ 40,500	\$ 49,500
2019-1025-BOD-09-24-19	Desert Healthcare Foundation - Ready Set Swim - 1 Yr		\$ 200,000	\$ 200,000	\$ 200,000	\$ -
2019-1023-BOD-10-22-19	CVRM - Transportation for Seniors & Homeless Hospital Discharge Referrals - 1 Yr		\$ 216,200	\$ 216,200	\$ 97,290	\$ 118,910
2019-1021-BOD-11-26-19	Neuro Vitality Center - Community Based Adult Services Program - 6 Months		\$ 143,787	\$ 143,787	\$ 64,704	\$ 79,083
2020-1045-BOD-03-24-20	FIND Food Bank - Ending Hunger Today, Tomorrow, and for a Lifetime - 1 Yr		\$ 401,380	\$ 401,380	\$ 90,311	\$ 311,069
2020-1063-BOD-03-24-20	AIDS Assistance Program - Food Voucher Program		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1065-BOD-03-24-20	Well in the Desert - Saving Lives - 3 Months		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1066-BOD-03-24-20	Hope Through Housing Foundation - COVID-19 Emergency Response & Resilience Fund		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1072-BOD-03-24-20	Cathedral Center - CCSC Operating Funding to Continue Essential Services		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1077-BOD-03-24-20	Cove Communities Senior Association - Joslyn Center Nutrition Programs - 3 Months		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1078-BOD-03-24-20	Mizell Senior Center - Meals On Wheels Program - 3 Months		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1080-BOD-03-24-20	Lift To Rise - Coachella Valley Economic Protection Plan and Support Fund		\$ 100,000	\$ 100,000	\$ 100,000	\$ -
2020-1086-BOD-04-03-20	Borrego Community Health Foundation - To purchase COVID-19 Virus Pandemic Test Kits		\$ 350,000	\$ 350,000	\$ 350,000	\$ -
2020-1081-BOD-04-13-20	Clinicas De Salud Del Pueblo - COVID-19 Support - 9 Months		\$ 150,000	\$ 150,000	\$ 150,000	\$ -
2020-1083-BOD-04-13-20	Desert AIDS Project - COVID-19 Triage Clinic - 9 Months		\$ 150,000	\$ 150,000	\$ 150,000	\$ -
2020-1084-BOD-04-13-20	Borrego Community Health Foundation - Response to COVID-19 - 9 Months		\$ 150,000	\$ 150,000	\$ 150,000	\$ -
				\$ -	\$ -	\$ -
TOTAL GRANTS		\$ 15,126,867	\$ 2,011,367	\$ 14,820,722	\$ 3,402,626	\$ 11,296,650
Amount budgeted 2019-2020			\$ 3,500,000		G/L Balance:	4/30/2020
Amount granted through June 30, 2020:			\$ (2,011,367)		2131	5,896,650
Mini Grants:	1009; 1015; 1019; 1016; 1039; 1031; 1051		\$ (32,508)		2281	5,400,000
Net adj - Grants not used:	967; 876; 938; 979; 927		\$ 121,446		Total	\$ 11,296,650
Balance available for Grants/Programs			\$ 1,577,571		Difference - Rdg	\$ 0

COVID-19 EMERGENCY COLLECTIVE FUND UPDATE for May 2020

Information only

History

On March 24, 2020, the Desert Healthcare District's Board of Directors approved a match of \$100,000 with the Regional Access Project Foundation to create a **COVID-19 Emergency Collective Fund**. This fund, through a RFP process, was created to provide operating support to nonprofits serving high-risk populations directly impacted by COVID-19, within the District and RAP Foundation's geographic boundaries. Examples of vulnerable and high-risk populations included, but were not limited to, the homeless, elderly, special needs, and chronic and long-term illnesses or health conditions/diseases.

Initial Funding

During the first round, 12 out of 15 of the requests received were mutually approved for funding. Below are the nonprofits funded by each organization in April 2020.

Desert Healthcare District

- Mizell Center \$10,000
- The Joslyn Senior Center \$10,000
- Cathedral City Senior Center \$10,000
- Hope Through Housing Foundation \$10,000
- Well In The Desert \$10,000
- AIDS Assistance Program \$10,000

Regional Access Project Foundation

- Angel View \$10,000
- Operation Safe House \$10,000
- LGBT Community Center of the Desert \$10,000
- Jewish Family Services of the Desert \$10,000
- John F. Kennedy Memorial Foundation \$10,000
- Elder Love USA \$5,000

Second Round of Funding

During the second round, the **COVID-19 Emergency Collective Fund** received twenty-nine requests. While several requests fell outside of the geographic and/or funding guidelines, a vast majority of applications were strong, however, the Collective was limited by remaining funding. Eleven out of twenty-nine requests were mutually approved for funding in May 2020. All COVID-19 Emergency Collective Funds have been allocated and/or expended.

Desert Healthcare District

- DesertArc \$10,000
- United Cerebral Palsy of the Inland Empire \$10,000
- Alianza Coachella Valley \$10,000
- Hanson House Foundation \$5,000
- Family Services of the Desert \$5,000

Regional Access Project Foundation

- Palo Verde Valley Senior Citizens \$2,102
- Pueblo Unido, CDC \$10,000
- Desert Cancer Foundation \$8,225
- Hidden Harvest \$10,000
- Blood Bank of Riverside and San Bernardino Counties Foundation \$10,000
- Loma Linda University Children's Hospital \$4,673



Date: May 26, 2020

To: Board of Directors

Subject: Grant # 1085 Olive Crest Treatment Center, Inc.

Grant Request:

General Support for Mental Health Services to Vulnerable Children and Families in Coachella Valley

Amount Requested: \$50,000.00

Project Period: 6/1/2020 to 5/31/2021

Project Description and Use of District Funds:

Grant funding will be used to help fund Olive Crest's services to provide access to comprehensive mental health and behavioral care services and support for children and families living in some of the most high-need communities of the Coachella Valley. These core services work together to prevent abuse and neglect, strengthen families, and create systemic community change that can break generational cycles of dysfunction, abuse, and neglect.

Olive Crest programs work together to provide integrated care to improve the health and well-being of the region's most vulnerable children and youth. In addition to in-home, face-to-face service delivery and counseling, Olive Crest also provides services using remote support, tele-therapy, tele-psychiatry, and tele-parent partner support. Services include: temporary emergency housing for children; basic needs; foster care services; therapeutic and educational services; educational support; independent life skills and mentoring; workforce development; counseling and mental health care; extended family support; and family crisis intervention and preservation services.

Health challenges are diagnosed by Olive Crest clinicians; guidance is provided by Behavioral Health Specialists (for youth) and Parent Partners (for parents or caregivers). Integrated services are then provided to address the children's individualized need. As children and their families receive coordinated, safety-net services, they stand a greater chance of forging independence and healthier futures for themselves and their families.



Funding will specifically support costs of local psychiatric and nursing services along with travel expenses for tele-psychiatry appointments and In-home visits.

Strategic Plan Alignment: Primary Care and Behavioral Health Access

Geographic Area(s) Served: All District Areas

Action by Program Committee: (Please select one)

- ✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$50,000.00 be approved.

Recommendation with modifications

Deny

2020 Grant Request Summary

Olive Crest Treatment Center, Inc., Grant #1085

About the Organization

Olive Crest Treatment Center, Inc.
42-580 Caroline Court, Suite A
Palm Desert, CA 90007
Tel: 760-564-1430
Fax: 760-564-1732
<http://www.olivecrest.org>

Organization Type:

501(c)(3) \Medical

Primary Contact:

Theresa Mckinley
Tel: (951) 300-9820
Fax: (760) 564-1732
theresa-mckinley@olivecrest.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
1999		\$25,000	Grant	12/31/1999	

Proposal

Project Title: General Support for Mental Health Services to Vulnerable Children and Families in Coachella Valley

Total Project Budget: \$1,164,416

Requested Amount: \$50,000

Length of Project: 12 months

Start Date: 6/1/2020

End Date: 5/31/2021

Background:

A \$50,000 Desert Healthcare District Foundation grant will help Olive Crest respond to increasing community needs (a 54% growth rate in service provision in FY19) for integrated community health services that provide access to primary care and mental health services for children and families. Grant funding will help fund core services needed to deliver both in-person mental health and telehealth services to over 300 children and families in the Coachella Valley. This support will be part of diversified funding that will positively impact the health and wellness of children/families living in the Coachella Valley area.

Community Health Focus Area

Primary Care and Behavioral Health Access

Community Need:

The task of improving mental health outcomes is being severely challenged by introduction of sweeping new changes to the child welfare system in California, through the Continuing Care Reform (CCR) legislation, introduced in 2017. Social service providers are now expected to serve many more children, with significantly higher levels of acuity, in shorter lengths of time,

stretching service providers resources and staffing. This situation is creating the need for a major enhancement of healthcare services—one that requires much more comprehensive and robust clinical and non-clinical protocols in place for the successful transition of children in the care of the Riverside County child welfare system.

In response, Olive Crest programs work together to provide integrated care to improve the health and wellbeing of the regions' most vulnerable children and youth. In addition to in-home, face-to-face service delivery and counseling, Olive Crest also provides services using remote support, tele-therapy, tele-psychiatry, and tele-parent partner support. Olive Crest addresses the mental, social/emotional, and physical health of each child through provision of a holistic treatment plan that is delivered by a multi-disciplinary professional team. Health challenges are diagnosed by Olive Crest clinicians; guidance is provided by Behavioral Health Specialists (for youth) and Parent Partners (for parents or caregivers). Integrated services are then provided to address the children's individualized need. As children and their families receive coordinated, safety-net services, they stand a greater chance of forging independence and healthier futures for themselves and their families.

With 54% growth in FY 2019, a \$50,000 Desert Healthcare District & Foundation grant will help Olive Crest respond to growing community needs for integrated community health services. Grant funding will help fund these core services and provide the critical support needed to deliver in-person and tele-services to over 300 children and families in the Coachella Valley 365 days per year.

The task of improving health outcomes for underserved populations has been severely challenged by the introduction of sweeping new changes to the child welfare system in California, through the Continuing Care Reform (CCR) legislation, introduced in 2017. Social service providers are now expected to serve many more children, with significantly higher levels of acuity, in much shorter lengths of time, stretching service providers resources and staffing. This leaves children in the child welfare system highly vulnerable to being unfairly rushed through a continuum of care that does not have the time or resources to adequately assess and manage their care.

Olive Crest is addressing this need in the local Coachella Valley community by establishing more robust clinical/non-clinical protocols for the increased and intensive access to mental health services for children and families in the care of the child welfare system. Olive Crest's programs treat the holistic health of each child with plans delivered by a multi-disciplinary professional team. In this way, more children will receive enhanced services, standing a greater chance of forging independence and healthier futures for themselves and their families.

These efforts are directly in alignment with the DHCD Strategic plan in all three areas. This effort “enhances delivery system capacity and promotes stable, high-quality health services”, “strengthens community health outcomes”, and will “demonstrably improve community health.”

As demonstrated in the goals below, the impact made possible through this funding will be clear, measurable and significant for the highest risk population of Coachella Valley.

Program Area

Direct Services; Direct Services

Project Description:

Grant funding will be used to help fund Olive Crest's services to provide access to comprehensive mental health and behavioral care services and support for children and families living in some of the most high-need communities of the Coachella Valley. These core services

work together to prevent abuse and neglect, strengthen families, and create systemic community change that can break generational cycles of dysfunction, abuse, and neglect.

Olive Crest programs work together to provide integrated care to improve the health and well-being of the region's most vulnerable children and youth. In addition to in-home, face-to-face service delivery and counseling, Olive Crest also provides services using remote support, tele-therapy, tele-psychiatry, and tele-parent partner support. Services include: temporary emergency housing for children; basic needs; foster care services; therapeutic and educational services; educational support; independent life skills and mentoring; workforce development; counseling and mental health care; extended family support; and family crisis intervention and preservation services.

Health challenges are diagnosed by Olive Crest clinicians; guidance is provided by Behavioral Health Specialists (for youth) and Parent Partners (for parents or caregivers). Integrated services are then provided to address the children's individualized need. As children and their families receive coordinated, safety-net services, they stand a greater chance of forging independence and healthier futures for themselves and their families.

Funding will specifically support costs of local psychiatric and nursing services along with travel expenses for tele-psychiatry appointments and In-home visits.

Proposed Program / Project Evaluation Plan

The Health Services Director trains the treatment team on collecting all outcome measurements necessary for evaluating all programs. Olive Crest uses a customized, client data base, management, and internal tracking systems to generate reports on the number of children and families trained and served. Regular reporting and oversight ensure that project goals are met, or any challenges addressed. In addition, Olive Crest will also use the Child and Adolescent Functional Assessment Score (CAFAS) to track and assess functional improvement for each child/teen enrolled in these programs.

Program/Project Goals and Evaluation

<p>Goal #1: By June 30, 2021, 99% of children in Olive Crest's care will be determined as risk-free each month as measured by the number of incident reports filed.</p>	<p>Evaluation #1: All Incidents are reported with corrective actions to supervisors within 48 hours. Documentation Is necessary for car accidents Involving clients, suicide attempts, necessary medical Intervention, abuse reports, safety, or behavioral Intervention and/or client restraint. Reports are simultaneously reported to state and/or county representatives.</p> <p>Each Incident Is evaluated for process Improvement and a summary Is provided to the Board of Directors.</p>
<p>Goal #2: By June 30, 2021 95% of foster and residential children will have one or less placement moves while in Olive Crest's care as tracked through case notes and discharge reports. By comparison, the national average on placement stability is 74.5%.</p>	<p>Evaluation #2: Data Is collected on a monthly basis by program supervisors through the "monthly benchmarking report."</p> <p>Placement stability scores are based on foster children who have had one or few placement moves. Results are reported out to leadership team and Board of Directors on a monthly basis.</p>

<p>Goal #3: By June 30, 2021, 85% of the children will successfully complete Olive Crest's programs being discharged to a permanent placement, or successfully graduating or transitioning to a lower level of care as evidenced by the total number of client case closures and exit reporting. By comparison, the national average on permanency is 72.75%.</p>	<p>Evaluation #3: Data Is collected on a monthly basis by program supervisors through the "monthly benchmarking report."</p> <p>Permanency rates are determined by child(ren) transitioning out of current placement. Changes in placement Include reunification, move to new agency, runaway, legal guardianship, juvenile hall, foster or group or adoptive home. Only Improvements In placement can be counted toward permanency score. (Lateral or higher levels of care would lower the permanency rate.)</p>
<p>Goal #4: By June 30, 2021, 80% of clients will show improvement from intake to closure as measured by the percentage of children with improved CAFAS scores (Child and Adolescent Functional Assessment Scale). CAFAS measures impairment of functioning in the areas of education, relational skills with peers, and social skills within their environment. It also assesses major risk factors.</p>	<p>Evaluation #4: CAFAS Is a formal, evidence-based, clinical outcomes measurement tool. It is administered by staff who have successfully completed the "CAFAS Reliability Training." Testing Is conducted at Intake, annually, and at discharge. Results are monitored in database in order to ensure successful treatment strategies.</p>
<p>Goal #5: By June 30, 2021, 80% of clients will show improvement to stable state levels of acuity.</p>	<p>Evaluation #5: Clinicians track acuity upon a child's intake in the program while establishing acuity through clinical judgment. Over the course of the treatment plan, the full-service team continues to note and submit progress reports from each Interaction. Acuity levels are categorized between high risk, moderate risk and stable.</p> <p>Examples of high-risk acuity Includes recent suicidal or homicidal ideation or attempts, psychotic episodes, frequent AWOLs with high risk behavior, sexual acting out, and placement in jeopardy. Moderate-risk acuity Includes psychotic episodes now on medication, at-risk of school expulsion, multiple AWOLs, and suicidal or homicidal ideation in the past year. Stable acuity Includes stable psychosis, Impulsive, and ADHD symptoms.</p>

Participants:

Population Served

Children (6-17 years old); Disabled and/or special needs; Infants (0 -5 years old)

Geographical Area Served

All District Areas

Age Group

(0-5) Infants

(06-17) Children

Number Served Per Age Group

0-5: 22

6-17: 288

18-24: 0

25-64: 0

65 or more: 0

Total:

Participant Community

Olive Crest serves an extremely vulnerable population - abused and neglected children and vulnerable families. This includes children in troubled homes, in foster care, and at-risk of needing Child Protective Services (CPS) intervention. Those served range in age from 0-18 years old. All of the children have experienced past traumas and many have serious behavioral challenges or struggle with anxiety and depression. Intervention early can help change the trajectory of these lives.

Organizational Capacity and Sustainability

Organizational Capacity

A total of 22 staff members contribute to this program. Staffing Includes 14 members of the family preservation or "wraparound" team, 8 full or part-time clinicians, 2 part-time psychiatrists, a LVN and administrative support. Development and community involvement staff assist with volunteer/trustee support and community fundraising.

In 2020, Olive Crest celebrates 42 years of serving Riverside and San Bernardino Counties, providing evidence-based solutions and compassionate care to more than 2,000 of our region's most vulnerable and highest-needs young people, ages 0-21, each year.

Organizational Sustainability:

Mental Health Services for Vulnerable Children/Families in Coachella Valley Is central to Olive Crest's strategic plans - as shown In our Mission Growth (increasing services In family preservation), Continuum of Services (through enhancement and expansion of existing programs to meet the needs of children and families), and Exemplary Programs (exceeding best practices and measuring Impact).

In addition, the services provided through funding could grow into other projects in the near future (such as the transitional-aged youth program).

Partnerships:

Key Partners:

Partnership and collaborations differ due to client needs. Some youth are referred to Oasis Crisis Services for psychiatric emergencies. RI International provides an urgent care facility for mental health. Olive Crest also works together with Betty Ford Center/Hazelton, Jewish Family Service and Catholic Charities for clients with substance use issues. Tele-psychiatry has been made possible through partnership with University of California, Riverside. Olive Crest maintains an ongoing partnership and agreement with Riverside University Health Systems - Behavioral Health in the delivery of treatment plans to local families.

Olive Crest has submitted one MOU as an attachment, for our partnership with Riverside University Health System. Due to delays caused by COVID-19, we were unable to gather others - but can supply them if given more time.

Line Item Budget Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs Detail on sheet 2		905467		40000
Equipment (itemize)				
1	Office Furniture, Chairs, Etc.	8711		0
2	Computers	1375		0
3				0
4				0
Supplies (itemize)				
1	General Office Items	1698		0
2				0
3				0
4				0
Printing/Duplication				
Mailing/Postage		7		0
Travel/Mileage		46518		10000
Education/Training		5753		0
Office/Rent/Mortgage		42565		0
Telephone/Fax/Internet		4376		0
Utilities		4770		0
Insurance		4753		0
Other facility costs not described above (itemize)				
1	Maintenance	6169		0
2	Depreciation	0		0
3	Interest & Escrow	0		0
4				0
Other program costs not described above (itemize)				
1	Licenses	316		0
2	PR/Marketing	21		0
3				
4				
Total Program Budget		1032499	0	50000
Budget Narrative	Staffing costs include FT employees as well as part-time consultants (as indicated in section 2). Equipment reflects need for regular replacement and additions of both furniture and computers in order to provide an optimal working environment for staff. (Recently, a SMART board was purchased to enable tele-psychiatry and child-family team meetings for clients, and facilitate easier and more frequent trainings for Coachella Valley staff and families). Travel/mileage costs are considerable due to the vast area covered through services. Staff serve communities south to Blythe and Salton Sea and north to Desert Hot Springs. Regular education and training are critical for our team to know and follow best methods and maintain proper, current certifications. Office rent provides space for staff and client visitations. Telephone and utilities are also critical staff need. Other facility costs include basic maintenance.			

Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
Employee Position/Title					
1	Clinicians			661164	
2	Sr. Clinician Supervisory			41796	
3	LVN			16128	10000
4	Community Involvement/Billing			50884	
5					
6					
7					
8					
Total Employee Benefits					
Enter this amount in Section 1; Staffing Costs				Total >	774972
Budget Narrative	<p style="color: red;">Our clinicians work out of our Palm Desert office and address the mental, social/emotional, and physical health of each child through holistic treatment plans that they take leadership in developing. The Head of Service provides leadership to the team. Administration and Billing support their field efforts by helping to manage schedules and bill (when applicable) for services provided.</p>				
Budget Narrative	<p style="color: red;">Benefits are budgeted at 20% of wages. Employees can elect full health coverage, vision and dental. AFLCA is available for unforeseen circumstances. Basic life insurance coverage is also available.</p>				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1	Psychiatric Services			7275	30000
2	Psychological Services			1540	
3	Administrative Outsourcing			731	
4	Attorney Costs			68	
5	Marriage & Family Therapist			1260	
Enter this amount in Section 1; Staffing Costs				Total >	130495
Budget Narrative	<p style="color: red;">Our team of psychiatric and psychological professionals utilize tele-psychiatry and tele-care to communicate directly with patients.</p>				

Line Item Budget Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project		Amount
Fees		0
Donations		80437
Grants (List Organizations)		
	1	
	2	
	3	
	4	
Fundraising (describe nature of fundraiser)		
	1	Fall Gala 145000
	2	Spring Luncheon 30000
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)		
	1	In Kind Donations 40000
	2	
	3	
	4	
Total funding in addition to DHCD request		295437
Budget Narrative	<p style="color: red;">Funding reflects the full amount that is received from our Desert Communities in support of Olive Crest programs. Only a small percentage of these dollars go directly into the project indicated in this proposal.</p>	

Grant Scoring Review

Reviewer: Donna Craig

Executive Summary: 9

Need and Alignment: 9

Goals: 9

Evaluation: 9

Organizational Capacity: 10

Organizational Sustainability: 9

Budget: 9

Percent of Funding Requested: 9

Fiduciary Compliance: 9

Financial Stability: 9

Key Partners/Collaborations: 10

Total Score: 101.00

Reviewer Comments: Olive Crest is a strong national organization that has helped connect children and families to safety net services for abused, neglected, and at-risk children and families for 42 years. Now more than ever, with the COVID-19 pandemic, the teams at Olive Crest strive to continue connecting with their clients and ensuring the safety and potential increased stress levels are addressed, which in turn can increase the risk of abuse on children (PBS News Hour April 6, 2020).

Response Notes:

Average Review Score: Staff Review Stage: 98.666666666666666666666666666667 (3 of 3)

Sum of all Reviews: Staff Review Stage: 296 (3 of 3)

Grant Scoring Review

Reviewer: Alejandro Espinoza

Executive Summary: 9

Need and Alignment: 10

Goals: 9

Evaluation: 9

Organizational Capacity: 8

Organizational Sustainability: 9

Budget: 8

Percent of Funding Requested: 8

Fiduciary Compliance: 9

Financial Stability: 9

Key Partners/Collaborations: 9

Total Score: 97.00

Reviewer Comments: Olive Crest through their proposed project addresses the ever-growing mental and behavioral health problem here in the Coachella Valley, which is projected to increase due to the COVID-19 epidemic. This grant will allow Olive Crest to continue providing services in-person, while expanding their services via telehealth for at-risk children and their families. I recommend approval of this grant.

Response Notes:

Average Review Score: Staff Review Stage: 98.666666666666666666666666666667 (3 of 3)

Sum of all Reviews: Staff Review Stage: 296 (3 of 3)

Grant Scoring Review

Reviewer: Meghan Kane

Executive Summary: 9

Need and Alignment: 10

Goals: 9

Evaluation: 10

Organizational Capacity: 8

Organizational Sustainability: 9

Budget: 8

Percent of Funding Requested: 8

Fiduciary Compliance: 10

Financial Stability: 10

Key Partners/Collaborations: 9

Total Score: 98.00

Reviewer Comments: With the District's recent Behavioral Health Needs Assessment and last year's focus groups, behavioral health access and availability of support resources for children, youth, and families continues to be a top priority. Olive Crest targets at-risk, vulnerable children and families to prevent child abuse and to promote healing and redemption. Olive Crest's strategic plan outlines how they continue to expand their work in child abuse prevention and reach more children and families every year as demand continues to rise. Due to the COVID-19 crisis, highlighted demand is likely and the need for Olive Crest's services will be crucial for more families and children. I recommend approval for the grant to support the work and the future growth of Olive Crest.

Response Notes:

Average Review Score: Staff Review Stage: 98.666666666666666666666666666667 (3 of 3)

Sum of all Reviews: Staff Review Stage: 296 (3 of 3)



Grant Application Scoring Rubric

Category	Exceeds expectations <i>(7-10 points)</i>	Meets expectations <i>(3-6 points)</i>	Does not meet expectations <i>(0-2 points)</i>
Executive Summary (10 points)	The applicant includes and effectively describes the project’s mission and vision, the specific population the project will serve, the expected benefits to the community, the support for applicant’s project in the community with evidence based proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.	The applicant includes and describes the project’s mission and vision, the population the project will serve, the expected benefits to the community, the support for applicant’s project in the community with evidence based proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.	The applicant is unclear or does not include or describe the project’s mission and vision, the general population the project will serve, the expected benefits to the community, the support for applicant’s project in the community with proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.
Need & Alignment and Demonstrate (10 points)	The applicant explicitly defines a specific need for the project within the identified community and effectively describes the alignment of that need to one of the Community Focus Areas of the District/Foundation’s Strategic Plan by using data, case studies, interviews, focus group results, media attention, etc.	The applicant identifies a need within the identified community for the project and describes the alignment of that need to one of the Community Focus Areas of the District/Foundation’s Strategic Plan by using data, case studies, interviews, focus group results, media attention, etc.	The applicant does not clearly describe a need for the project that its alignment to one of the Community Focus Areas of the District/Foundation’s Strategic Plan by using data, and/or case studies, and/or interviews/focus group results, and/or media attention, etc.
Goals (10 points)	The applicant has provided SMART goals with an evaluation plan that is fully developed . The SMART goals are specific, measurable, ambitious, realistic and time-bound , and the evaluation plan will accurately measure the project’s effectiveness.	The applicant has provided SMART goals with an evaluation plan. The SMART goals are mostly specific, measurable, ambitious, realistic, and time-bound , and the evaluation plan will measure the aspects of the project’s effectiveness.	The applicant has provided very limited goals and evaluation plan. The goals are not specific, measurable, timebound and will weakly measure the project’s effectiveness.

<p>Proposed Program/Project Evaluation Plan (10 points)</p>	<p>The applicant describes a specific detailed plan of action for evaluation, that includes both qualitative and quantitative assessment of the project that is well-defined with data reporting mechanisms and narrative that are clear and transparent. Evaluation is in alignment with Goals of the project.</p>	<p>The applicant describes a plan of action for evaluation that includes both qualitative and/or quantitative assessment of the project that is well-defined with data reporting mechanisms and /or narrative that are clear and transparent. Evaluation is in alignment with the Goals of the project.</p>	<p>The applicant does not describe, or vaguely describes a reasonable plan of action that can be completed during the grant period, involves some identified partners appropriately, and might make the project a reality.</p>
<p>% of Funding Requested – Leveraging of Outside Funds (10 points)</p>	<p>0-50% Budget shows mostly committed funds, in-kind funds for professional services and balance is from proposed funds have been identified and in place</p>	<p>51-70% Budget shows some committed funds, in-kind funds for professional services and proposed funds making up the majority, have been identified.</p>	<p>71 - 100% Budget shows limited to no committed funds, balance is made up of mostly identified proposed funds</p>
<p>Applicant Capacity and Infrastructure to Execute Proposal (10 points)</p>	<p>The applicant includes concrete examples that strongly demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.) The applicant strongly demonstrates credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support)</p>	<p>The applicant includes solid examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant demonstrates credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support)</p>	<p>The applicant does not include examples that would demonstrate the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant is limited in its ability to demonstrate credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support).</p>

<p>Organizations' Sustainability (10 Points)</p>	<p>The applicant strongly demonstrates that it has a current strategic plan and/or business plan with measurable outcomes. Strong board engagement and governance. The proposed program is identified within the strategic plan.</p>	<p>The applicant demonstrates that it has a current strategic plan and/or business plan with measurable outcomes Shows Board engagement and governance. Applicant has clearly identified that the program is supported by the strategic plan</p>	<p>The applicant does not demonstrate that it has a strategic plan and/or business plan. The program only reflects the applicant's mission.</p>
<p>Budget (10 points)</p>	<p>The budget is specific and reasonable, and all items strongly align with the described project. The budget strongly demonstrates financial clarity/value and tells the same story as the proposal narrative. There are no unexplained amounts. The overall value of the project (the relationship of benefits and/or participants) to costs is effective. Additional leveraged funding sources and in-kind services are included. Staff FTE is identified clearly.</p>	<p>The budget is clear and reasonable, with the items aligned with the described project. There are no unexplained amounts. The overall value of the project (the relationship of benefits and/or participants to costs) is reasonable and/or some additional funding sources and/or in-kind services are included.</p>	<p>The budget is not specific and/or reasonable, and the items are somewhat aligned with the described project. The budget somewhat demonstrates financial clarity. There are no unexplained amounts.</p>
<p>Fiduciary Compliance (10 Points)</p>	<p>The applicant strongly demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financials produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, and the Board reviews financials on a regular basis.</p>	<p>The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financials produced in a timely fashion, and the board reviews financials on a regular basis.</p>	<p>The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through audited financials produced. A positive cash flow at the end of each fiscal year is not consistent. and the Board does not review financials on a regular basis.</p>

<p>Financial Stability (10 Points)</p>	<p>Funding sources for operations and programs are coming from multiple sources and is driven by a strategic plan for stability for both short- and long-term growth.</p>	<p>Source of funds for operations and programs are coming from multiple sources. There is a limited plan in place for stability for short term only.</p>	<p>Source of funds for operations and programs are coming from limited sources. There is no plan for stability in place currently.</p>
<p>Key Partners / Collaboration (10 points)</p>	<p>The applicant strongly demonstrates solid partnerships and collaborative approach with letters of commitment or an MOU that includes a scope of work.</p>	<p>The applicant demonstrates partnerships and collaborative approach with letters of commitment.</p>	<p>The applicant demonstrates limited or no partnerships and has not included any letters of commitment.</p>
<p>Comments/Notes:</p>			

Total Score: ____ / 110 = ____%

Exceeds expectations:	77% or Higher	Fully Funded
Meets expectations:	50%- 76%	Full to Partial – Possible restrictions/conditions
Does not meet expectations:	49% or Lower	No funding to Partial funding with restrictions/conditions

Grant #1085

EXHIBIT B**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
General Support for Mental Health Services to Vulnerable Children and Families in Coachella Valley	6/1/2020 5/31/2021

PAYMENTS:

(2) Payments: \$22,500.00
10% Retention: \$5,000.00

Total request amount: \$50,000.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
6/01/2020	Signed Agreement submitted & accepted.	Advance of \$22,500.00 for time period 6/01/2020 - 11/30/2020
12/01/2020	1 st six-month (6/01/2020 - 11/30/2020) progress report, budget reports and receipts submitted & accepted	Advance of \$22,500.00 for time period 12/01/2020 - 5/31/2021
6/01/2021	2 nd six-month (12/01/2020 - 5/31/2021) progress report, budget reports and receipts submitted & accepted	\$0
6/30/2021	Final report (6/01/2020 - 5/31/2021) and final budget report submitted & accepted	\$5,000.00 (10% retention)

TOTAL GRANT AMOUNT: \$50,000.00

DELIVERABLES:

Program/Project Goals and Evaluation

<p>Goal #1:</p> <p>By June 30, 2021, 99% of children in Olive Crest's care will be determined as risk-free each month as measured by the number of incident reports filed.</p>	<p>Evaluation #1:</p> <p>All Incidents are reported with corrective actions to supervisors within 48 hours. Documentation Is necessary for car accidents Involving clients, suicide attempts, necessary medical Intervention, abuse reports, safety, or behavioral Intervention and/or client restraint. Reports are simultaneously reported to state and/or county representatives.</p> <p>Each Incident Is evaluated for process Improvement and a summary Is provided to the Board of Directors.</p>
<p>Goal #2:</p> <p>By June 30, 2021 95% of foster and residential children will have one or less placement moves while in Olive Crest's care as tracked through case notes and discharge reports. By comparison, the national average on placement stability is 74.5%.</p>	<p>Evaluation #2:</p> <p>Data Is collected on a monthly basis by program supervisors through the "monthly benchmarking report."</p> <p>Placement stability scores are based on foster children who have had one or few placement moves. Results are reported out to leadership team and Board of Directors on a monthly basis.</p>
<p>Goal #3:</p> <p>By June 30, 2021, 85% of the children will successfully complete Olive Crest's programs being discharged to a permanent placement, or successfully graduating or transitioning to a lower level of care as evidenced by the total number of client case closures and exit reporting. By comparison, the national average on permanency is 72.75%.</p>	<p>Evaluation #3:</p> <p>Data Is collected on a monthly basis by program supervisors through the "monthly benchmarking report."</p> <p>Permanency rates are determined by child(ren) transitioning out of current placement. Changes in placement Include reunification, move to new agency, runaway, legal guardianship, juvenile hall, foster or group or adoptive home. Only Improvements In placement can be counted toward permanency score. (Lateral or higher levels of care would lower the permanency rate.)</p>

<p>Goal #4:</p> <p>By June 30, 2021, 80% of clients will show improvement from intake to closure as measured by the percentage of children with improved CAFAS scores (Child and Adolescent Functional Assessment Scale). CAFAS measures impairment of functioning in the areas of education, relational skills with peers, and social skills within their environment. It also assesses major risk factors.</p>	<p>Evaluation #4:</p> <p>CAFAS Is a formal, evidence-based, clinical outcomes measurement tool. It Is administered by staff who have successfully completed the "CAFAS Reliability Training." Testing Is conducted at Intake, annually, and at discharge. Results are monitored in database in order to ensure successful treatment strategies.</p>
<p>Goal #5:</p> <p>By June 30, 2021, 80% of clients will show improvement to stable state levels of acuity.</p>	<p>Evaluation #5:</p> <p>Clinicians track acuity upon a child's intake in the program while establishing acuity through clinical judgment. Over the course of the treatment plan, the full-service team continues to note and submit progress reports from each Interaction. Acuity levels are categorized between high risk, moderate risk and stable.</p> <p>Examples of high-risk acuity Includes recent suicidal or homicidal ideation or attempts, psychotic episodes, frequent AWOLs with high risk behavior, sexual acting out, and placement in jeopardy. Moderate-risk acuity Includes psychotic episodes now on medication, at-risk of school expulsion, multiple AWOLs, and suicidal or homicidal ideation in the past year. Stable acuity Includes stable psychosis, Impulsive, and ADHD symptoms.</p>



Date: May 26, 2020

To: Board of Directors

Subject: Grant # 1057 Desert Cancer Foundation

Grant Request: Patient Assistance Program

Amount Requested: \$150,000.00

Project Period: 6/1/2020 to 5/31/2021

Project Description and Use of District Funds:

DCF will provide financial assistance and patient navigation for cancer care for uninsured/underinsured DHCD residents in the original district (Zone 1, 4, portions of 2, 3, and 5 along the Cook Street, Hwy 74, and Thousand Palm lines). Program will navigate patients in need of cancer screening and diagnosis, in addition to treatment for any cancer. DCF will leverage existing health systems and programs to expand resources, improve sustainability of patient care, increase access to timely and appropriate care, and increased probability of a successful treatment plan and outcome.

Our Patient Assistance Navigator coordinates with Desert Regional Medical Center Comprehensive Cancer Center and Eisenhower Health Center Lucy Curci Cancer Center to track patient navigation and access appropriate cancer care services when referred to our program. In addition, the DCF team will work with social workers, financial counselors and physicians to direct applicants to public and private programs that may support the patient throughout the continuum of care. Our team works directly with the patient and their medical team to ensure the application and other requirements are fulfilled. DCF utilizes community partnerships to **leverage** programs and services to further enhance improved health outcomes for our community.

For example:

- Since inception, Desert Cancer Foundation has paid \$9.9 million dollars for cancer care valued at nearly \$100 million dollars.
- Over the years, Desert Cancer Foundation receives from local medical community and negotiated rates, with each dollar received equals approximately \$9:00 to \$12:00 in patient care. It varies even higher at times, upwards of \$19 value for each dollar received, depending on various factors. However, on average it equates to approximately \$1 = \$10 in cancer care.



- Based upon leveraging our Patient Navigation and negotiated rates, the average cost per DHCD patient assisted with the requested funding for the Patient Assistance Program equals \$2,233.71 and is the average cost per patient for cancer care in 2019 paid for by DCF. This is the average total paid per patient for an entire year.

Additionally, \$2,617.89 average cost per patient for cancer care **and** patient navigation in 2019.

Finally, \$103.56 is the average cost of a cancer care service paid for by DCF (the average of the actual billed value per cancer care service would be \$1,658.05). Please note, this data is representative of 2019 only and not averages based upon our inception.

Percentage of Clients Served in District zones indicated: 46%

Estimated 12-month total: 185 patients; 85 individuals residing in DHCD zones indicated with 1200 services

Requested funding will be utilized to pay for cancer care services and navigation for uninsured/under-insured residents who need assistance for insurance premiums, co-insurance, co-pays, deductibles, prescriptions, chemotherapy, radiation, screenings/diagnostics, etc.

Strategic Plan Alignment: Primary Care and Behavioral Health Access

Geographic Area(s) Served: All District Areas

Action by Program Committee: (Please select one)

- ✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$150,000.00 be approved.

Recommendation with modifications

Deny

2020 Grant Request Summary

Desert Cancer Foundation, Grant #1057

About the Organization

Desert Cancer Foundation
74091 Larrea Street
Palm Desert, CA 92260
Tel: (760) 773-6554
Fax: (760) 773-6532
www.desertcancerfoundation.org

Organization Type:

501(c)(3) \Medical

Primary Contact:

Nit Perry
Tel: (760) 773-6554
Fax: (760) 773-6532
nperry@desertcancerfoundation.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2005	Project Support & Expansion	\$150,000	Grant	7/26/2005	Grant budget
2006	Comprehensive Program & Capacity Building Support	\$155,000	Grant	10/24/2006	Grant budget
2008	Operating support for program expansion	\$100,000	Grant	7/22/2008	Grant budget
2009	Comprehensive Patient Assistance Project	\$150,000	Improving Lives	10/27/2009	Grant budget
2010	Comprehensive Healthcare Assistance Project	\$200,000	Improving Lives	9/28/2010	Grant budget
2011	Integrated Healthcare Assistance Program	\$588,983	Achievement Building	9/27/2011	Grant budget
2013	Integrated Cancer Assistance Program	\$341,997	Achievement Building	1/28/2014	Grant budget
2015	Patient Assistance - Cancer Care	\$185,000	Grant	6/28/2016	Grant budget
2017	Patient Assistance and SJBCF Programs	\$200,000	Grant	2/27/2018	Grant budget

Proposal

Project Title: Patient Assistance Program

Total Project Budget: \$646,998

Requested Amount: \$150,000

Length of Project: 12 months

Start Date: 6/1/2020

End Date: 5/31/2021

Background:

Desert Cancer Foundation was founded in 1994 by Art and Cory Teichner, and dedicated valley oncologist, Dr. Sebastian George. Their vision was to ensure that no resident of our local community went without cancer care as the result of the inability to pay. Desert Cancer Foundation (DCF) is a non-profit organization dedicated to assisting residents in the Coachella Valley and surrounding communities who need financial assistance in obtaining screening, diagnosis and treatment for cancer and allied diseases.

Community Health Focus Area

Primary Care and Behavioral Health Access

Community Need:

DCF will provide financial assistance and patient navigation for cancer care for uninsured/underinsured Desert Healthcare District (DHCD) residents in the original DHCD region (presently Zone 1, Zone 4, and portions of Zones 2, 3, and 5 along the Cook Street, Hwy 74, and Thousand Palm lines). Program will help navigate patients for financial assistance for cancer screening and diagnosis, in addition to treatment for any cancer. DCF will leverage existing health systems and programs to expand resources, improve sustainability of patient care, increase access to timely and appropriate care, and thus increasing the probability of a successful treatment plan and outcome.

Our Patient Assistance Navigator coordinates with Desert Regional Medical Center Comprehensive Cancer Center and Eisenhower Health Center Lucy Curci Cancer Center to track patient navigation and access appropriate cancer care services when referred to our program. In addition, the DCF Patient Navigator and Patient Assistance Administrator work with social workers, financial counselors and physicians to direct applicants to public and private programs that may support the patient throughout the continuum of cancer care. Our team is able to work directly with the patient and their medical team to ensure the application process and other requirements are fulfilled in a timely manner. DCF utilizes community partnerships to leverage programs and services to further enhance improved health outcomes for our community, such as through our Better Together Collaborative of cancer care organizations, cvHIP, and other local partnerships/resources.

Average Percentage of Clients Served by Program in District service area: 46%

- Estimated 12 month total for Patient Assistance: 185 patients; 85 residing in DHCD service area in zones indicated.

Requested funding will be utilized to pay for cancer care for uninsured/under-insured residents who need financial assistance. Cancer care includes insurance premiums, co-insurance, co-pays, deductibles, prescriptions, chemotherapy, radiation, screenings, diagnostic services, etc.

DCF's request aligns with DHCD's Strategic Plan Community Focus Area Priority 3 Community Health & Wellness. DCF's Patient Assistance Program demonstrates we are ensuring access to health/medical services specific to cancer care and other resources that impact an individual's health status. According to the Health Assessment and Research for Communities' 2019 Coachella Valley Community Health Survey, 1 in 5 local adults are uninsured. Nearly a quarter of the survey respondents indicated they could not afford health insurance premiums. In fact, the Coachella Valley's rate of uninsured is double that of the state of California as a whole, and higher than the rate across the US and Riverside County as well. The survey also indicates nearly 25 percent of residents are not obtaining recommended cancer screenings. Finally, the survey indicates 42,749 Coachella Valley residents have had cancer. With more than 44,787 Coachella Valley residents indicating they need financial assistance, imagine being diagnosed with cancer in addition to being low income. This is where Desert Cancer Foundation steps in. Our Patient Assistance Program can help mitigate the repercussions of a cancer diagnosis.

Patients that are enrolled in the Patient Assistance program are given renewed hope, knowing that they can focus on healing instead of a debt they can't afford due to unemployment or disability in cancer treatment. DCF is able to bridge the gap in financial needs to help those who have become unemployed, disabled, and/or lost their health insurance. DCF allows the patient to continue their care, as well as connect them with other resources that can help meet additional needs. DCF ensures that no patient goes without cancer care, does not become homeless due to the cost of their cancer treatment, and enables the patient to use income to ensure stability for the family.

Program Area

Direct Services; Direct Services

Project Description:

DCF will provide financial assistance and patient navigation for cancer care for uninsured/underinsured DHCD residents in the original district (Zone 1, 4, portions of 2, 3, and 5 along the Cook Street, Hwy 74, and Thousand Palm lines). Program will navigate patients in need of cancer screening and diagnosis, in addition to treatment for any cancer. DCF will leverage existing health systems and programs to expand resources, improve sustainability of patient care, increase access to timely and appropriate care, and increased probability of a successful treatment plan and outcome.

Our Patient Assistance Navigator coordinates with Desert Regional Medical Center Comprehensive Cancer Center and Eisenhower Health Center Lucy Curci Cancer Center to track patient navigation and access appropriate cancer care services when referred to our program. In addition, the DCF team will work with social workers, financial counselors and physicians to direct applicants to public and private programs that may support the patient throughout the continuum of care. Our team works directly with the patient and their medical team to ensure the application and other requirements are fulfilled. DCF utilizes community partnerships to leverage programs and services to further enhance improved health outcomes for our community.

Percentage of Clients Served in District zones indicated: 46%
Estimated 12 month total: 185 patients; 85 individuals residing in DHCD zones indicated with 1200 services

Requested funding will be utilized to pay for cancer care services and navigation for uninsured/under-insured residents who need assistance for insurance premiums, co-insurance, co-pays, deductibles, prescriptions, chemotherapy, radiation, screenings/diagnostics, etc.

Proposed Program / Project Evaluation Plan

Our Patient Assistance Program pays for cancer care including but not limited to, biopsies, chemotherapy, radiation, prescriptions, insurance premiums, Medi-Cal Share-of-Cost, copays, deductibles, co-insurance, dental as well as screening and diagnostic services.

Desert Cancer Foundation is requesting funding from Desert Healthcare District in the amount of \$150,000 to assist in providing cancer care through our Patient Assistance Program, including patient navigation, for Desert Healthcare District residents of the zones as outlined in the grant request. With the expansion of the Desert Healthcare District zones, nearly all clients served by Desert Cancer Foundation are residents of Desert Healthcare District, however there remains some regions that we do serve outside of the district with very few clients. It is estimated 85 residents will receive approximately 1200 cancer care services through this program if funded by Desert Healthcare District. This is approximately 46% of all clients Desert Cancer Foundation will serve during a one year period. DCF will utilize other funding sources to meet the cancer care needs of residents in the other zones and regions we serve. DCF

coordinates with health care systems across the valley to track patient navigation, referrals, applications and timely access to services and care. This process reduces barriers to care and increases access to early detection, with hopes of reducing late-stage diagnosis and associated increased burdens. We collect qualitative feedback from our clients and community partners. Furthermore, we track quantitative data specific to quantities in age, zip code, gender, race/ethnicity, type of cancer, providers, services rendered, amount billed, amount paid, providers, resources, and other data. We are able to quantify the number of individuals served, the total number of services provided, the value of the services, the amount paid for services, and a variety of other information that indicates our success at serving a community in need.

Program/Project Goals and Evaluation

<p>Goal #1: From June 1, 2020 to May 31, 2021, DCF will provide financial assistance for cancer treatment through the Patient Assistance Program for an estimated 85 cancer patients (with approximately 1200 cancer-related services including insurance premiums, co-pays, prescriptions, co-insurance, deductibles, chemotherapy, radiation, screenings, diagnostic services, dental, and more) of residing in the original district region (Zone 1, 4, portions of 2, 3, and 5 along the Cook Street, Hwy 74, and Thousand Palm lines).</p>	<p>Evaluation #1: DCF's Patient Assistance Program is regularly monitored by the Patient Assistance Navigator, Assistant, Executive Director, Patient Assistance Committee, Patient Assistance Committee Chair, Medical Advisory Committee and Board of Directors. We work closely with community social workers, financial counselors, oncologists, radiologists, surgeons, nurses, pharmacies, and more. We host bi-monthly Patient Assistance Committee meetings to ensure applications are received, reviewed within a timely manner (some may be expedited for consideration), patients are receiving appropriate and timely care, leveraging additional resources, and billing/services rendered are reviewed and paid. We work closely with our clients to obtain health insurance coverages if they are uninsured, share resources for insurance counseling services, leverage existing resources to meet our clients needs, and more. Our staff are cross-trained to ensure smooth and streamlined efforts to assist our clients. Furthermore, all clients are reviewed after one year of assistance with DCF. We provide 60 day notice of their one year of assistance, as well as an account of the total dollars paid by DCF for their cancer care. All billing received for clients' services are entered into our tracking system by patient identification number for payment and detailed reporting as needed.</p>
<p>Goal #2: From June 1, 2020 to May 31, 2021, DCF will provide patient navigation through the Patient Assistance Program for an estimated 85 cancer patients residing in the original district region (Zone 1, 4, portions of 2, 3, and 5 along the Cook Street, Hwy 74, and Thousand Palm lines).</p>	<p>Evaluation #2: DCF's Patient Assistance Program is regularly monitored by the Patient Assistance Navigator, Assistant, Executive Director, Patient Assistance Committee, Patient Assistance Committee Chair, Medical Advisory Committee and Board of Directors. We work closely with community social workers, financial counselors, oncologists, radiologists, surgeons, nurses, pharmacies, and more. We host bi-monthly Patient Assistance Committee meetings</p>

	<p>to ensure applications are received, reviewed within a timely manner (some may be expedited for consideration), patients are receiving appropriate and timely care, leveraging additional resources, and billing/services rendered are reviewed and paid. We work closely with our clients to obtain health insurance coverages if they are uninsured, share resources for insurance counseling services, leverage existing resources to meet our clients needs, and more. Our staff are cross-trained to ensure smooth and streamlined efforts to assist our clients. Our Patient Assistance Navigator communicates with applicants, as well as receives, reviews, and prepares all applications for the Patient Assistance Committee review. The Patient Assistance Navigator researches and identifies additional resources to meet the patient's additional basic living needs, such as financial assistance for rent/mortgage, utilities, food, transportation, shelter, etc.</p>
Goal #3:	Evaluation #3:
Goal #4:	Evaluation #4:
Goal #5:	Evaluation #5:

Participants:

Population Served

Seniors (65+ years old); Uninsured; Youth (18-64 years old)

Geographical Area Served

All District Areas

Age Group

- (18-24) Youth
- (25-64) Adults
- (65+) Seniors

Number Served Per Age Group

- 0-5:** 0
- 6-17:** 0
- 18-24:** 1
- 25-64:** 50
- 65 or more:** 49
- Total:**

Participant Community

District residents who will benefit from DCF's patient assistance program are adults (age 18 and above), who are uninsured or under-insured, living at or below 300 percent of the Federal Poverty Guidelines, and are diagnosed with any form of cancer, in need of cancer treatment, or

need assistance obtaining screening or diagnostic testing, with a demonstrated need for financial assistance.

Organizational Capacity and Sustainability

Organizational Capacity

The Executive Director oversees all aspects of organization, including execution of the Patient Assistance Program. The DCF Controller assists with accounting, office management, and community outreach. Our Patient Assistance Navigator is solely dedicated to the Patient Assistance Program, from resources, lay navigation, working with social workers, oncologists, patients, etc. from start to finish for each patient. The Patient Assistance Administrator processes medical billing received for services rendered to our clients undergoing cancer care, assists the Patient Assistance Navigator with insurance premiums, patient eligibility, and assists patients with applications. Our capacity to conduct our Patient Assistance Program is evident by the 25 years of execution and success. Our longstanding and trusted relationships with our community partners enable DCF to further support the cancer care needs of our community. Our community partners' commitment is made evident through our shared stable history, client rapport, and key stakeholder relations.

Organizational Sustainability:

Desert Cancer Foundation Board of Directors meet on a monthly basis. An integral part of monthly Board of Directors' meetings is to review, discuss and plan operational needs for DCF. In addition, Desert Cancer Foundation Board of Directors Annual Meeting is in June. The focus of the Annual Meeting is to address and review current and future organizational fiscal sustainability. Furthermore, the organization continually seeks potential new grant funding sources. Finally, our Patient Assistance Committee meets twice monthly at Eisenhower Medical Center's Lucy Curci Cancer Center and Desert Regional Medical Center's Comprehensive Cancer Center to review program guidelines, patient applications, and make recommendations to the DCF Board of Directors for program sustainability and implementation. Due to COVID-19, our Patient Assistance Committee meets virtually. Our ongoing continuous improvement processes focus on improved patient care, program needs, and sustainability initiatives. Our current living strategic plan began in 2019, and places emphasis on financial/sustainability, programs, talent management, and operations. Our goals are consistent with improving our Patient Assistance Program, expanding its influence and impact throughout our community, as well as development of activities to sustain its service.

Partnerships:

Key Partners:

Desert Cancer Foundation partners with Desert Regional Comprehensive Cancer Center, Eisenhower Lucy Curci Cancer Center, City of Hope, more than ten local pharmacies, in addition to many local oncologists and doctors. These are partners are critical to our ability to ensure our clients receive the care they need, allowing flexibility for Desert Cancer Foundation to pay for their patient's care. Many of these providers have negotiated with Desert Cancer Foundation a reduced rate for uninsured patients services. On average, we pay about 1/10 of the billed cost for services for uninsured patients. However, for insured patients, we do not receive a reduced rate, but rather pay insurance premiums, copays, co-insurance, and deductibles for the services the patient receives specific to their cancer treatment.

Desert Cancer Foundation collaborates with our local nonprofit cancer-related organizations as well. We often refer our clients for additional resources such as transportation assistance, mental health counseling services, support groups, group exercise, homeless shelters, food banks, basic living assistance programs, prescription drug assistance, and more. A collaborative called "Better Together for Community" to help leverage resources and provide support for the overall health needs of those in the midst of cancer care was convened in 2015. The Better

Together for Community partners currently include: American Cancer Society, Desert Cancer Foundation, LifeStream, Susan G. Komen Inland Empire and The Pendleton Foundation. Examples of a few organizations we refer clients to for resources or use as tools to identify resources include, but are not limited to: The Pendleton Foundation, United Way of the Desert, FIND Food Bank, Martha's Village and Kitchen, Shelter from the Storm, RAP/CNA Foundation, CVHIP, Every Woman Counts, Breast and Cervical Treatment Program, Medi-Cal, Coachella Valley Rescue Mission, local senior centers and many others.

Line Item Budget Operational Costs

PROGRAM OPERATIONS	Total Program/Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs Detail on sheet 2	\$161,045	\$126,045	\$35,000
Equipment (itemize)			
1			0
2			0
3			0
4			0
Supplies (itemize)			
1			0
2			0
3			0
4			0
Printing/Duplication	1440	1440	0
Mailing/Postage	900	900	0
Travel/Mileage			0
Education/Training			0
Office/Rent/Mortgage	26337	26337	0
Telephone/Fax/Internet	6576	6576	0
Utilities	4700	4700	0
Insurance			0
Other facility costs not described above (itemize)			
1			0
2			0
3			0
4			0
Other program costs not described above (itemize)			
1 Patient Assistance	\$446,000	\$331,000	\$115,000
2			0
3			0
4			0
Total Program Budget			
	\$646,998	\$496,998	\$150,000
Budget Narrative	Request of \$35,000 total for labor costs to assist with the administration and navigation of patients eligible for DCF's Patient Assistance Program, who reside in portions of Desert Healthcare District zones (Zone 1, Zone 4, and portions of Zones 2, 3, and 5 along the Cook Street, Hwy 74, and Thousand Palm lines). A total of \$115,000 is requested for the Patient Assistance Program to provide financial assistance for cancer care for uninsured/under-insured residents of DHCD zones indicated. Payment for cancer care services is rendered directly to the provider. Cancer care services include: cancer screenings, diagnostic testing (ultrasounds, biopsies, MRI, etc.) and treatment for cancer (chemotherapy, radiation, co-pays, co-insurance, deductibles, insurance premiums, prescriptions, etc.). DCF leverages existing patient assistance programs and services to assist in covering healthcare costs, such as state or federally funded health programs, pharmaceutical copay assistance programs, and more.		

Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
Employee Position/Title					
1	Executive Director	\$120,286	30%	\$36,085	\$0
2	Controller	\$92,372	10%	\$9,237	\$0
3	Patient Assistance Navigator	\$66,078	100%	\$66,078	\$25,000
4	Patient Assistance Administrator	\$62,056	80%	\$49,645	\$10,000
5					
6					
7					
8					
Total Employee Benefits		\$340,792		\$161,045	
Enter this amount in Section 1; Staffing Costs				Total >	\$35,000
Budget Narrative	Salaries listed are inclusive of employee benefits Executive Director oversees all aspects of organization, including execution of Patient Assistance. Controller assists will patient assistance processing. Patient Assistance Navigator is solely dedicated to the program, from resources, lay navigation, working with social workers, oncologists, patients, etc. from start to finish for each patient. The Patient Assistance Administrator processes medical billing for each patient service rendered, assists the Patient Assistance Navigator and assists patients with applications. Amounts requested are a portion specific to serving DHCD zones indicated in proposal.				
Budget Narrative	Employee benefits for each employee include medical health insurance (not dental/vision), life insurance, long-term disability, state unemployment insurance/tax, workers comp, FICA/Medicare, and retirement.				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1					
2					
3					
4					
5					
Enter this amount in Section 1; Staffing Costs				Total >	0
Budget Narrative	Not applicable.				

Line Item Budget Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project			Amount
Fees			
Donations			\$36,295
Actual	1	United Way of the Desert	\$6,250
Applied	2	Susan G. Komen Inland Empire	\$20,000
Actual	3	Walmart Foundation	\$1,000
Actual	4	City of Indian Wells	\$10,000
Projected	6	City of Rancho Mirage	\$2,500
Actual	7	Champions Volunteer Foundation	\$7,000
Projected	8	City of La Quinta	\$4,000
Projected	9	The Auen Foundation	\$10,000
Applied	10	Stater Brothers Charities	\$10,000
Fundraising (describe nature of fundraiser)			
Projected	1	DCF Events (Paint El Paseo Pink, Corks & Cuisine,	\$75,000
Projected	2	Third-party Fundraising Events	\$75,000
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)			
	1	Payroll Protection Program	61000
	2		
	3		
	4		
Total funding in addition to DHCD request			\$318,045
Budget Narrative	Additional funding sources listed above are identified as projected or actual based upon our 2019/2020/2021 budget forecast and received that are allocated for Patient Assistance and can be used to serve in the DHCD zones as planned in this proposal. Additional funds have been requested and/or confirmed to serve the remaining zones of DHCD without funding support from DHCD. Additional funds have been requested based upon the impacts of COVID-19 and projected revenue losses.		



EISENHOWER HEALTH
CURCI CANCER CENTER

April 2, 2020

Desert Healthcare District
1140 N. Indian Canyon Dr.
Palm Springs, CA 92262.

This letter is in support of the grant request from the Desert Cancer Foundation, our local non-profit providing financial assistance for cancer patients residing in the Coachella Valley.

Eisenhower Medical Center has been partnering with DCF for over 20 years, helping to ensure no Coachella Valley resident goes without cancer care because they cannot afford the costs of that care.

Financial toxicity is the number one reason many choose to forgo life-saving or life-extending cancer care. A 2018 study from the Perelman School of Medicine at the University of Pennsylvania found patients undergoing cancer treatment face exceptionally high out-of-pocket costs that impact their abilities to adhere to treatment plans.

Working closely with Eisenhower physicians, nurses, social workers, and our finance department, the Desert Cancer Foundation has served over 8,250 patients, covering insurance premiums, co-pays, and/or (for those few under-insured or uninsured), the costs of their cancer treatments. In partnership with our local medical community, Desert Cancer Foundation has paid for cancer care valued at nearly \$100 million for local valley residents in need.

Meeting twice monthly, dedicated oncology professionals and Board members review every application to ensure the request meets all guidelines and then moves forward through the approval process.

The Desert Cancer Foundation provides a much needed safety net for our community and Eisenhower Medical Center is proud to partner with them in providing this care.

Sincerely,

Alison Mayer Sachs, MSW, OSW-C, FAOSW
Director Community Outreach and Cancer Support Services
Eisenhower Lucy Curci Cancer Center

Financial Toxicity: Still Not Discussed With Cancer Patients

Roxanne Nelson, BSN, RN

July 24, 2018

Financial toxicity has become a well-established issue within cancer care, ever since the term was first [coined](#) by S. Yousuf Zafar, MD, and Amy Abernethy, MD, from the Duke Cancer Institute in Durham, North Carolina, to describe an "adverse event" increasingly experienced by patients with cancer.

Despite the growing attention to cancer costs and the need for that aspect of care to be addressed in the clinical setting, a new study has found that this topic is not being adequately addressed by oncologists and other clinicians.

The findings were [published online](#) July 23 in *Cancer*.

They come from a survey that included 306 medical oncologists. About half of them reported that someone in their practice often or always discusses financial burden with patients.

Among breast cancer patients who responded that they were worried about finances, almost three quarters said that their physicians and staff did not offer any assistance.

Among patients who wanted to discuss the impact of breast cancer on employment or finances, 55% reported that they had not had a relevant discussion about this with their provider.

"There definitely appears to be growing awareness in the oncology community of financial toxicity and the need for providers to support patients in this regard," said lead author Reshma Jagsi, MD, DPhil, from the Department of Radiation Oncology at the University of Michigan, Ann Arbor.

But it is a big challenge to know how to have these difficult conversations, she told *Medscape Medical News*.

"A potentially useful intervention strategy involves communication training for oncology providers," said Jagsi, who is also director of the Center for Bioethics and Social Sciences in Medicine.

"These sorts of interventions need to be developed and evaluated in future research if we are to move the needle on this important issue," she added.

A Gap Remains

There is limited evidence as to whether growing attention to financial issues has motivated physicians to more routinely embrace practices that address and attempt to mitigate financial toxicity, the authors note.

Virtually nothing is known concerning the level of physician engagement with patients regarding financial toxicity or patient perceptions about whether or not their needs are being met, they write. This is what motivated them to conduct the survey.

The survey involved 2502 patients with early breast cancer, 370 surgeons, 306 medical oncologists, and 169 radiation oncologists.

Among medical oncologists, 50.9% reported that someone in their practice often or always discusses financial concerns with patients, as did 15.6% of surgeons and 43.2% of radiation oncologists.

Forty percent of medical oncologists also believed that they were quite aware or very aware of the out-of-pocket costs of the tests and treatments that they recommend to patients, as did 27.3% of surgeons and 34.3% of radiation oncologists.

More than half (about 57%) of medical oncologists and radiation oncologists (55.8%) reported that it was quite important or extremely important to save the patient money, as did 35.3% of surgeons.

Many of the patients who participated in the survey reported that they had acquired debt from their treatment. These patients included 27.1% of white, 58.9% of black, 33.5% of Latina, and 28.8% of Asian women. Many patients also reported substantial amounts of lost income and out-of-pocket expenses that they attributed to their disease.

About 14% of all patients reported that the lost income amounted to 10% or more of their household income; 17% of patients reported spending 10% or more of their household income on out-of-pocket medical expenses; and 7% of patients reported spending the same proportion on out-of-pocket nonmedical expenses.

Jagsi and coauthors note that the unmet patient needs for engaging physicians in discussion about financial concerns were common. Of 945 women who expressed concern about finances, 679 (72.8%) indicated that physicians and their staff did not help them. Among 523 patients who wanted to discuss the impact of breast cancer on employment or finances with their clinicians, 283 (55.4%) reported that no relevant discussions took place with their oncologist, primary care providers, social workers, or other professionals.

Awareness that financial toxicity exists isn't enough — we have to arm providers with tools they can use to provide meaningful help when it is needed. Dr Reshma Jagsi

"Awareness that financial toxicity exists isn't enough — we have to arm providers with tools they can use to provide meaningful help when it is needed," said Jagsi.

The study was funded by a grant to the University of Michigan from the National Cancer Institute and was supported by the University of Michigan Cancer Center Biostatistics, Analytics and Bioinformatics shared resource. Dr Jagsi has received grants from the National Cancer Institute, the Doris Duke Charitable Foundation, and Blue Cross Blue Shield of Michigan and has acted as a paid consultant for Amgen for work performed outside of the current study. Coauthors have received research funding from pharmaceutical companies for work performed outside of the current study.

Cancer. Published online July 23, 2018. [Abstract](#)

Medscape Medical News © 2018

Cite this: Financial Toxicity: Still Not Discussed With Cancer Patients - *Medscape* - Jul 24, 2018.

Grant Scoring Review

Reviewer: Donna Craig

Executive Summary: 9

Need and Alignment: 9

Goals: 8

Evaluation: 8

Organizational Capacity: 9

Organizational Sustainability: 8

Budget: 9

Percent of Funding Requested: 9

Fiduciary Compliance: 8

Financial Stability: 8

Key Partners/Collaborations: 10

Total Score: 95.00

Reviewer Comments: Desert Cancer Foundation has been the major organization and go-to for uninsured and under-insured residents that seek cancer treatment of which could be otherwise unattainable due to cost of treatments, prescriptions, transportation to treatment, high copays, etc. DCF is the perfect example of what leveraging dollars is about. The clients of DCF are thoroughly vetted and are navigated through patient navigators very carefully. No one falls through the cracks. DCF and DHCD have a long and successful partnership. DCF fills the gaps in a timely, consistent and compassionate manner.

Response Notes:

Average Review Score: Staff Review Stage: 95.3333333333333333333333333333 (3 of 3)

Sum of all Reviews: Staff Review Stage: 286 (3 of 3)

Grant Scoring Review

Reviewer: Alejandro Espinoza

Executive Summary: 9

Need and Alignment: 8

Goals: 9

Evaluation: 9

Organizational Capacity: 9

Organizational Sustainability: 9

Budget: 8

Percent of Funding Requested: 9

Fiduciary Compliance: 9

Financial Stability: 9

Key Partners/Collaborations: 9

Total Score: 97.00

Reviewer Comments: The Desert Cancer Foundation through their Patient Assistance Program provides cancer patients with vital resources and guidance in a difficult period in their life. The partnerships with the two local cancer centers and other organizations provides them and their patients with a comprehensive list of available resources to assist them in their battle and/or recovery from cancer.

Response Notes:

Average Review Score: Staff Review Stage: 95.333333333333333333333333333333 (3 of 3)

Sum of all Reviews: Staff Review Stage: 286 (3 of 3)

Grant Scoring Review

Reviewer: Meghan Kane

Executive Summary: 9

Need and Alignment: 9

Goals: 8

Evaluation: 8

Organizational Capacity: 9

Organizational Sustainability: 8

Budget: 9

Percent of Funding Requested: 8

Fiduciary Compliance: 9

Financial Stability: 9

Key Partners/Collaborations: 9

Total Score: 94.00

Reviewer Comments: I appreciate the constant coordination efforts of the Desert Cancer Foundation and their partners to make sure they are referring patients efficiently and working together to avoid duplication and increase effectiveness, collaboratively. Not only is the Desert Cancer Foundation strategically engaging partners externally, they have continuous communication across their internal team and Board. The Patient Assistance Program provides not only financial relief to patients but a supportive, trusting environment where patients and families can consistently turn to for assistance. I recommend approval for the grant to support the continuous work of the Desert Care Foundation as it directly aligns with the Desert Healthcare District and Foundation's health focus area of access to care.

Response Notes:

Average Review Score: Staff Review Stage: 95.333333333333333333333333333333 (3 of 3)

Sum of all Reviews: Staff Review Stage: 286 (3 of 3)



Grant Application Scoring Rubric

Category	Exceeds expectations <i>(7-10 points)</i>	Meets expectations <i>(3-6 points)</i>	Does not meet expectations <i>(0-2 points)</i>
Executive Summary (10 points)	The applicant includes and effectively describes the project’s mission and vision, the specific population the project will serve, the expected benefits to the community, the support for applicant’s project in the community with evidence based proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.	The applicant includes and describes the project’s mission and vision, the population the project will serve, the expected benefits to the community, the support for applicant’s project in the community with evidence based proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.	The applicant is unclear or does not include or describe the project’s mission and vision, the general population the project will serve, the expected benefits to the community, the support for applicant’s project in the community with proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.
Need & Alignment and Demonstrate (10 points)	The applicant explicitly defines a specific need for the project within the identified community and effectively describes the alignment of that need to one of the Community Focus Areas of the District/Foundation’s Strategic Plan by using data, case studies, interviews, focus group results, media attention, etc.	The applicant identifies a need within the identified community for the project and describes the alignment of that need to one of the Community Focus Areas of the District/Foundation’s Strategic Plan by using data, case studies, interviews, focus group results, media attention, etc.	The applicant does not clearly describe a need for the project that its alignment to one of the Community Focus Areas of the District/Foundation’s Strategic Plan by using data, and/or case studies, and/or interviews/focus group results, and/or media attention, etc.
Goals (10 points)	The applicant has provided SMART goals with an evaluation plan that is fully developed . The SMART goals are specific, measurable, ambitious, realistic and time-bound , and the evaluation plan will accurately measure the project’s effectiveness.	The applicant has provided SMART goals with an evaluation plan. The SMART goals are mostly specific, measurable, ambitious, realistic, and time-bound , and the evaluation plan will measure the aspects of the project’s effectiveness.	The applicant has provided very limited goals and evaluation plan. The goals are not specific, measurable, timebound and will weakly measure the project’s effectiveness.

<p>Proposed Program/Project Evaluation Plan (10 points)</p>	<p>The applicant describes a specific detailed plan of action for evaluation, that includes both qualitative and quantitative assessment of the project that is well-defined with data reporting mechanisms and narrative that are clear and transparent. Evaluation is in alignment with Goals of the project.</p>	<p>The applicant describes a plan of action for evaluation that includes both qualitative and/or quantitative assessment of the project that is well-defined with data reporting mechanisms and /or narrative that are clear and transparent. Evaluation is in alignment with the Goals of the project.</p>	<p>The applicant does not describe, or vaguely describes a reasonable plan of action that can be completed during the grant period, involves some identified partners appropriately, and might make the project a reality.</p>
<p>% of Funding Requested – Leveraging of Outside Funds (10 points)</p>	<p>0-50% Budget shows mostly committed funds, in-kind funds for professional services and balance is from proposed funds have been identified and in place</p>	<p>51-70% Budget shows some committed funds, in-kind funds for professional services and proposed funds making up the majority, have been identified.</p>	<p>71 - 100% Budget shows limited to no committed funds, balance is made up of mostly identified proposed funds</p>
<p>Applicant Capacity and Infrastructure to Execute Proposal (10 points)</p>	<p>The applicant includes concrete examples that strongly demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.) The applicant strongly demonstrates credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support)</p>	<p>The applicant includes solid examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant demonstrates credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support)</p>	<p>The applicant does not include examples that would demonstrate the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant is limited in its ability to demonstrate credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support).</p>

<p>Organizations' Sustainability (10 Points)</p>	<p>The applicant strongly demonstrates that it has a current strategic plan and/or business plan with measurable outcomes. Strong board engagement and governance. The proposed program is identified within the strategic plan.</p>	<p>The applicant demonstrates that it has a current strategic plan and/or business plan with measurable outcomes Shows Board engagement and governance. Applicant has clearly identified that the program is supported by the strategic plan</p>	<p>The applicant does not demonstrate that it has a strategic plan and/or business plan. The program only reflects the applicant's mission.</p>
<p>Budget (10 points)</p>	<p>The budget is specific and reasonable, and all items strongly align with the described project. The budget strongly demonstrates financial clarity/value and tells the same story as the proposal narrative. There are no unexplained amounts. The overall value of the project (the relationship of benefits and/or participants) to costs is effective. Additional leveraged funding sources and in-kind services are included. Staff FTE is identified clearly.</p>	<p>The budget is clear and reasonable, with the items aligned with the described project. There are no unexplained amounts. The overall value of the project (the relationship of benefits and/or participants to costs) is reasonable and/or some additional funding sources and/or in-kind services are included.</p>	<p>The budget is not specific and/or reasonable, and the items are somewhat aligned with the described project. The budget somewhat demonstrates financial clarity. There are no unexplained amounts.</p>
<p>Fiduciary Compliance (10 Points)</p>	<p>The applicant strongly demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financials produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, and the Board reviews financials on a regular basis.</p>	<p>The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financials produced in a timely fashion, and the board reviews financials on a regular basis.</p>	<p>The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through audited financials produced. A positive cash flow at the end of each fiscal year is not consistent. and the Board does not review financials on a regular basis.</p>

<p>Financial Stability (10 Points)</p>	<p>Funding sources for operations and programs are coming from multiple sources and is driven by a strategic plan for stability for both short- and long-term growth.</p>	<p>Source of funds for operations and programs are coming from multiple sources. There is a limited plan in place for stability for short term only.</p>	<p>Source of funds for operations and programs are coming from limited sources. There is no plan for stability in place currently.</p>
<p>Key Partners / Collaboration (10 points)</p>	<p>The applicant strongly demonstrates solid partnerships and collaborative approach with letters of commitment or an MOU that includes a scope of work.</p>	<p>The applicant demonstrates partnerships and collaborative approach with letters of commitment.</p>	<p>The applicant demonstrates limited or no partnerships and has not included any letters of commitment.</p>
<p>Comments/Notes:</p>			

Total Score: ____ / 110 = ____%

Exceeds expectations:	77% or Higher	Fully Funded
Meets expectations:	50%- 76%	Full to Partial – Possible restrictions/conditions
Does not meet expectations:	49% or Lower	No funding to Partial funding with restrictions/conditions

Grant #1057

EXHIBIT B**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
Patient Assistance Program	6/1/2020 5/31/2021

PAYMENTS:

(2) Payments: \$67,500.00
10% Retention: \$15,000.00

Total request amount: \$150,000.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
6/01/2020	Signed Agreement submitted & accepted.	Advance of \$67,500.00 for time period 6/01/2020 - 11/30/2020
12/01/2020	1 st six-month (6/01/2020 - 11/30/2020) progress report, budget reports and receipts submitted & accepted	Advance of \$67,500.00 for time period 12/01/2020 - 5/31/2021
6/01/2021	2 nd six-month (12/01/2020 - 5/31/2021) progress report, budget reports and receipts submitted & accepted	\$0
6/30/2021	Final report (6/01/2020 - 5/31/2021) and final budget report submitted & accepted	\$15,000.00 (10% retention)

TOTAL GRANT AMOUNT: \$150,000.00

DELIVERABLES:

Program/Project Goals and Evaluation

<p>Goal #1: From June 1, 2020 to May 31, 2021, DCF will provide financial assistance for cancer treatment through the Patient Assistance Program for an estimated 85 cancer patients (with approximately 1200 cancer-related services including insurance premiums, co-pays, prescriptions, co-insurance, deductibles, chemotherapy, radiation, screenings, diagnostic services, dental, and more) of residing in the original district region (Zone 1, 4, portions of 2, 3, and 5 along the Cook Street, Hwy 74, and Thousand Palm lines).</p>	<p>Evaluation #1: DCF's Patient Assistance Program is regularly monitored by the Patient Assistance Navigator, Assistant, Executive Director, Patient Assistance Committee, Patient Assistance Committee Chair, Medical Advisory Committee and Board of Directors. We work closely with community social workers, financial counselors, oncologists, radiologists, surgeons, nurses, pharmacies, and more. We host bi-monthly Patient Assistance Committee meetings to ensure applications are received, reviewed within a timely manner (some may be expedited for consideration), patients are receiving appropriate and timely care, leveraging additional resources, and billing/services rendered are reviewed and paid. We work closely with our clients to obtain health insurance coverages if they are uninsured, share resources for insurance counseling services, leverage existing resources to meet our clients needs, and more. Our staff are cross-trained to ensure smooth and streamlined efforts to assist our clients. Furthermore, all clients are reviewed after one year of assistance with DCF. We provide 60 day notice of their one year of assistance, as well as an account of the total dollars paid by DCF for their cancer care. All billing received for clients' services are entered into our tracking system by patient identification number for payment and detailed reporting as needed.</p>
<p>Goal #2: From June 1, 2020 to May 31, 2021, DCF will provide patient navigation through the Patient Assistance Program for an estimated 85 cancer patients residing in the original district region (Zone 1, 4, portions of 2, 3, and 5 along the Cook Street, Hwy 74, and Thousand Palm lines).</p>	<p>Evaluation #2: DCF's Patient Assistance Program is regularly monitored by the Patient Assistance Navigator, Assistant, Executive Director, Patient Assistance Committee, Patient Assistance Committee Chair, Medical Advisory Committee and Board of Directors. We work closely with community social workers, financial counselors, oncologists, radiologists, surgeons, nurses, pharmacies, and more. We host bi-monthly Patient Assistance</p>

	<p>Committee meetings to ensure applications are received, reviewed within a timely manner (some may be expedited for consideration), patients are receiving appropriate and timely care, leveraging additional resources, and billing/services rendered are reviewed and paid. We work closely with our clients to obtain health insurance coverages if they are uninsured, share resources for insurance counseling services, leverage existing resources to meet our clients needs, and more. Our staff are cross-trained to ensure smooth and streamlined efforts to assist our clients. Our Patient Assistance Navigator communicates with applicants, as well as receives, reviews, and prepares all applications for the Patient Assistance Committee review. The Patient Assistance Navigator researches and identifies additional resources to meet the patient's additional basic living needs, such as financial assistance for rent/mortgage, utilities, food, transportation, shelter, etc.</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

To: Desert Healthcare District Program Committee
From: Greg Rodriguez, Supervisor Perez and CVHEART Homeless Collaborative
Re: Summer Cooling Center Funding Date: May 26, 2020

Dear Desert Healthcare District Board of Directors,

The Coachella Valley is already experiencing high temperatures, but we need to start planning for our extreme heat season. The eastern Coachella Valley has shelter capacity to provide reprieve, however the western portion of the valley does not. While we are working on addressing a navigation center in the west valley in the future, we have an urgent need to provide cooling centers to this vulnerable population. We have seen many deaths in the past and want to prevent that this summer.

Last year we have developed a plan to place cooling centers in Palm Springs, Cathedral City and Desert Hot Springs that represent the largest portion of our homeless population in eastern Riverside County. These not only provided relief from the extreme heat, but we utilized them as access points to engage the homeless population for services utilizing the housing first model. The Desert Healthcare District was a major partner in this effort last year.

We are now planning to duplicate this program for summer 2020 if we can secure the necessary funding. Like last year, we are looking at donated spaces and have already received confirmation of that from the facility in DHS and we are confident we will be able to use the High School gym or the Boxing Club in Palm Springs. We are in discussion with Cathedral City for a location there.

Operations would be contracted through CVRM based on their great performance from last year. Sites would be open from 7 PM to 7 AM and run from June 1 to September 30. The estimated cost for each site would be \$30,000 per month for a total of \$90,000 per month. If we were able to expand those hours to provide 24-hour services, not only would be preventing people from sleeping in the heat, we could also enhance our delivery of services and access to permanent housing solutions. For a 24-hour operation, the budget would need to be doubled.

A more detailed budget, and answers to any other questions, can be provided upon request. You can contact me at grodrigu@rivco.org or 760-902-9882.

We appreciate your consideration of this request.

Palm Springs Cooling Center 24 hrs			
Staff		\$ 18,000.00	
Management		\$ 3,000.00	
Food		\$ 30,000.00	
Vehicles		\$ 2,000.00	
Bathroom		\$ 2,000.00	
Supplies		\$ 2,000.00	
Laundry		\$ 2,000.00	
Shower		\$ 1,000.00	
Drivers		\$ 2,000.00	
Admin Fee		\$ 6,200.00	
Total		\$ 68,200.00	

24 Note: figures are a rough estimate. Food is at three meals a day. Bathroom and Showers are estimated if there are no facilities to use. If there are facilities to use, then costs will be less.

Palm Springs Cooling Center 12 hrs			
Staff		\$ 9,000.00	
Management		\$ 1,500.00	
Food		\$ 15,000.00	
Vehicles		\$ 1,000.00	
Bathroom		\$ 1,000.00	
Supplies		\$ 1,000.00	
Laundry		\$ 1,000.00	
Shower		\$ 500.00	
Drivers		\$ 1,000.00	
Admin Fee		\$ 3,100.00	
Total		\$ 34,100.00	

12 Note: figures are a rough estimate. There would be no meals served, but snacks can be provided. Bathroom and Showers are estimated if there are no facilities to use. If there are facilities to use, then costs will be less.

Palm Springs Cooling Center 16 hrs			
Staff		\$ 12,000.00	
Management		\$ 2,000.00	
Food		\$ 20,000.00	
Vehicles		\$ 1,333.00	
Bathroom		\$ 1,333.00	
Supplies		\$ 1,333.00	
Laundry		\$ 1,333.00	
Shower		\$ 667.00	
Drivers		\$ 1,333.00	
Admin Fee		\$ 4,133.00	
Total		\$ 45,465.00	

16 Note: figures are a rough estimate. There would be one meal served, but snacks can be provided. Bathroom and Showers are estimated if there are no facilities to use. If there are facilities to use, then costs will be less.



**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
May 13, 2020**

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Director/Chair Les Zendle, MD Vice-President Karen Borja Director Arthur Shorr	Conrado E Bárzaga, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Meghan Kane, Programs and Research Analyst Andrea S. Hayles, Clerk to the Board	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Zendle called the meeting to order at 3:38 p.m.	
II. Approval of Agenda	Chair Zendle asked for a motion to approve the Agenda.	It was moved by President De Lara and seconded by Director Shorr to approve the agenda. Motion passed unanimously.
III. Public Comment	There was no public comment.	
IV. New Business 1. Non-Profit Organizations Community Survey Findings 2. Grant-making Trends for FY 20-21 with Transparent and Competitive Development	<p>Conrado E. Bárzaga, MD, CEO, explained the survey for non-profit organizations, and Meghan Kane, Programs and Research Analyst provided a presentation on the results of the community survey. Funding received for the COVID-19 response was detailed, where the funding was produced, the operational impact, the primary services offered, sustainability, and information to funders.</p> <p>Dr. Bárzaga, CEO, described the grantmaking trends, measuring outcomes, and the role and value of the District in the Coachella Valley. Dr. Bárzaga’s presentation outlined the District and Foundation funding, grantmaking developments, suggested</p>	



**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
May 13, 2020**

<p>3. Grant-making Budget Study Session</p>	<p>modifications for FY 20-21 to healthcare infrastructure, homelessness, vital human services to people with chronic conditions, economic protection/recovery/food security, health promotion, education, and information.</p> <p>The outcomes for recommendation included increased access to healthcare for traditionally underserved populations, increased number of mobile and portable medical units, and increased capacity to serve patients through telehealth technology. The Foundation grantmaking budget will be Valley-wide as opposed to east versus west, totaling \$600k.</p> <p>The committee discussed addressing the highest need as opposed to maintaining the existing level of services that have been impacted by COVID-19, staying within the mission of the District, increasing the level of services the District provides, increasing the capacity to serve, maintaining the existing services to those impacted by COVID-19, and strengthening the capacity building and partnerships with other organizations.</p> <p>Chair Zendle requested that legal counsel advise on the Foundation funds versus the District funds as a driver of grantmaking, RFP's and RFQ's</p>	
----------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--



**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
May 13, 2020**

	<p>as it relates to AB 2019 and any potential restrictions.</p> <p>Public Comments were provided by the following: Greg Rodriguez, Office of Supervisor Perez, CVAG CVHEART Administrator Eva Guenther-James, Grants Manager, Regional Access Project (RAP) Foundation</p>	
V. Adjournment	<p>Chair Zendle adjourned the meeting at 4:57 p.m.</p>	<p>Audio recording available on the website at https://www.dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
 Les Zendle, MD, Chair/President, Strategic Planning Committee
 Desert Healthcare District Board of Directors

Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board



Board Meeting

MAY 26, 2020

COVID-19 Impact Survey

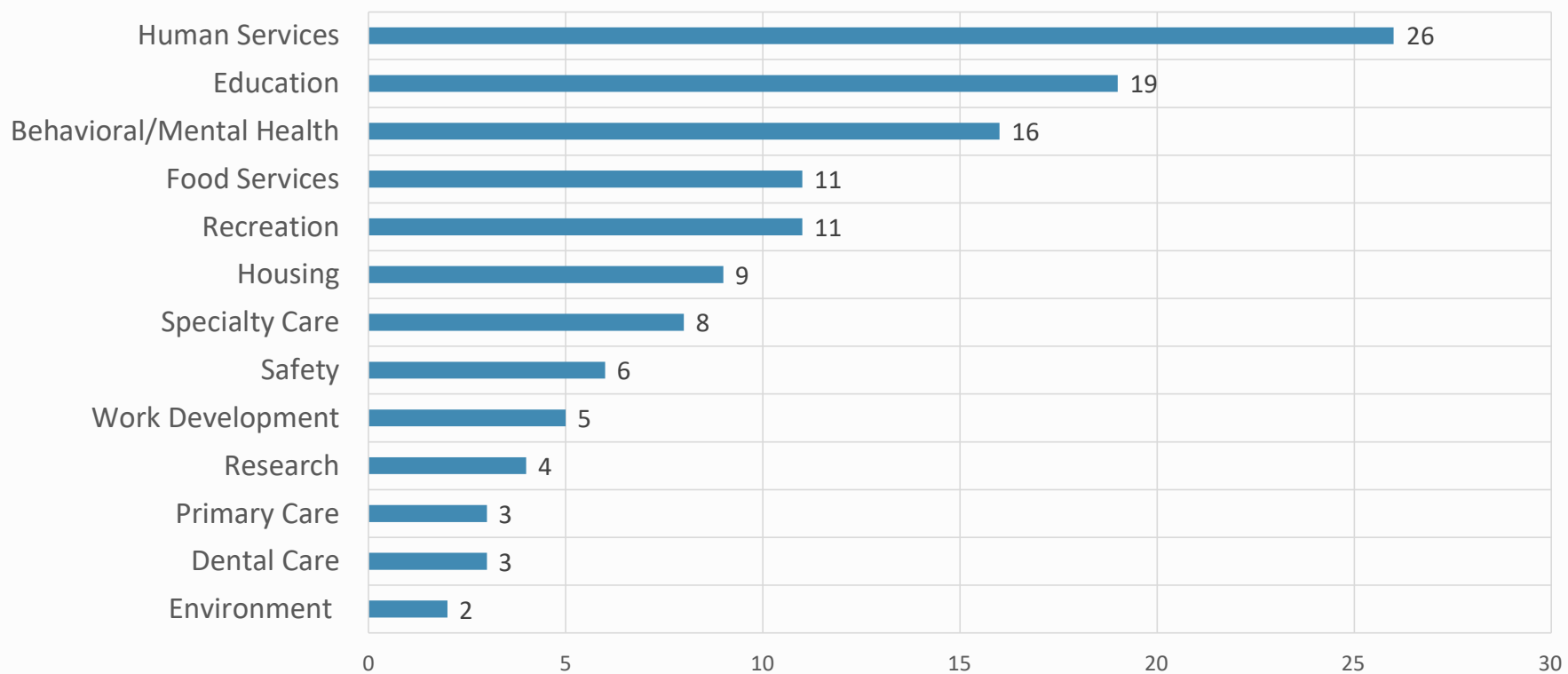
- Determine COVID-19 impact
- Help to inform future funding
- Prioritize and understand recovery needs
- COVID-19 response funding: \$1.6 million
- Looking to recover and rebound

COVID-19 Impact Survey

- Respondents: 48

TOP 10 Target Populations of Respondents	
1. Seniors (28)	6. Children 0-5 (18)
2. Youth (25)	7. Homeless (14)
3. LGBTQ (20)	8. HIV/AIDS (14)
4. Individuals with Chronic Conditions (19)	9. Clients with Developmental Disabilities (4)
5. Veterans (18)	10. Farmworker Communities (2)

Primary Organization Focus

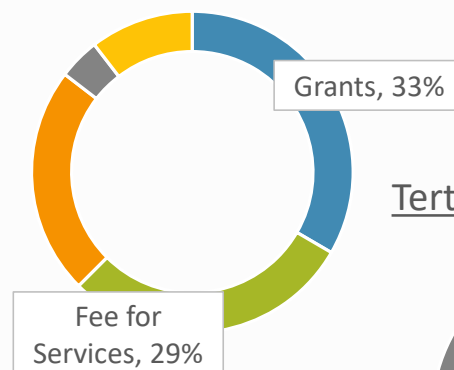


*Others receiving only one vote included: advocacy, water infrastructure, rehabilitation, animals, adult day care services, educational seminars, in-home care, legal assistance, business development, medical case management – many orgs. that mission was not aligned with the District

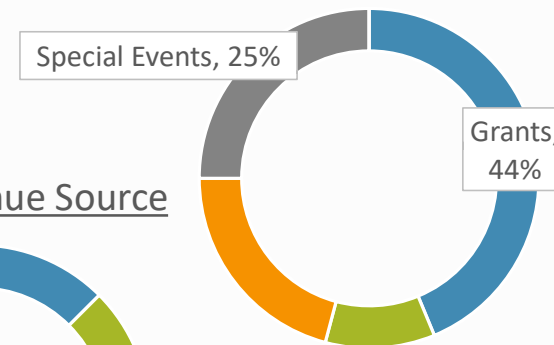
Revenue Sources

Annual Operating Revenue of Respondents	
\$0 - \$500,000	20
\$500,001 - \$1,000,000	9
\$1,000,001 - \$5,000,000	11
>\$5,000,000	8

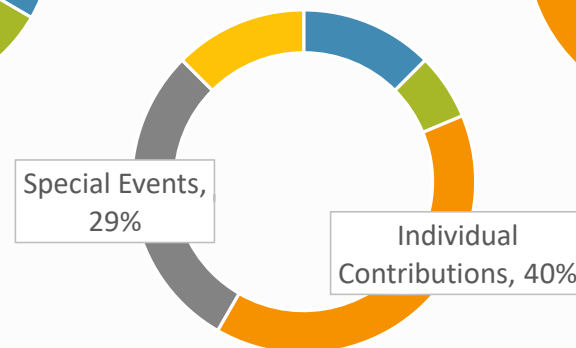
Primary Revenue Source



Secondary Revenue Source



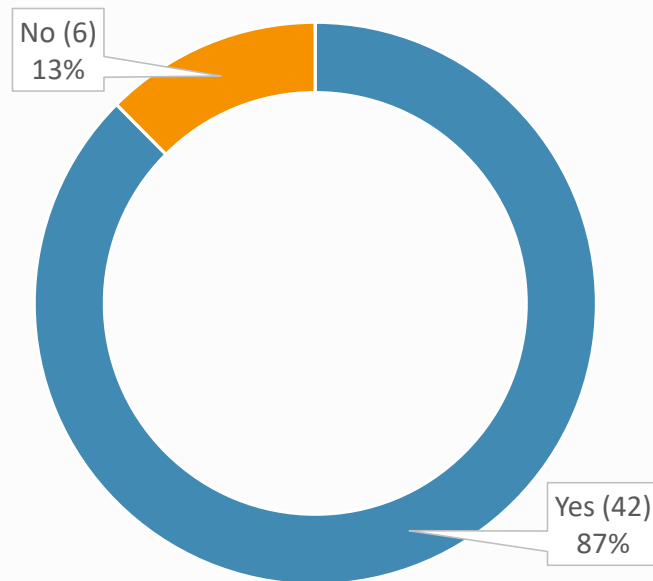
Tertiary Revenue Source



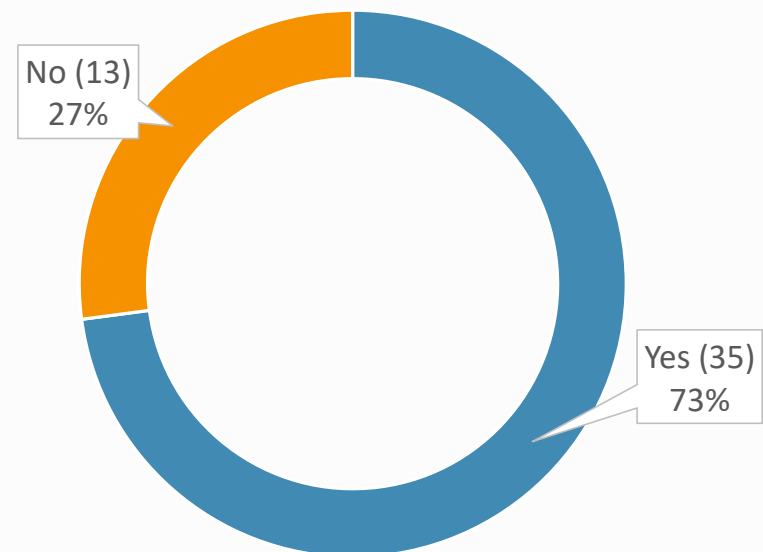
■ Grants ■ Fee for Services ■ Individual Contributions ■ Special Events ■ Other

COVID-19 Operations

Organizations Still Operating

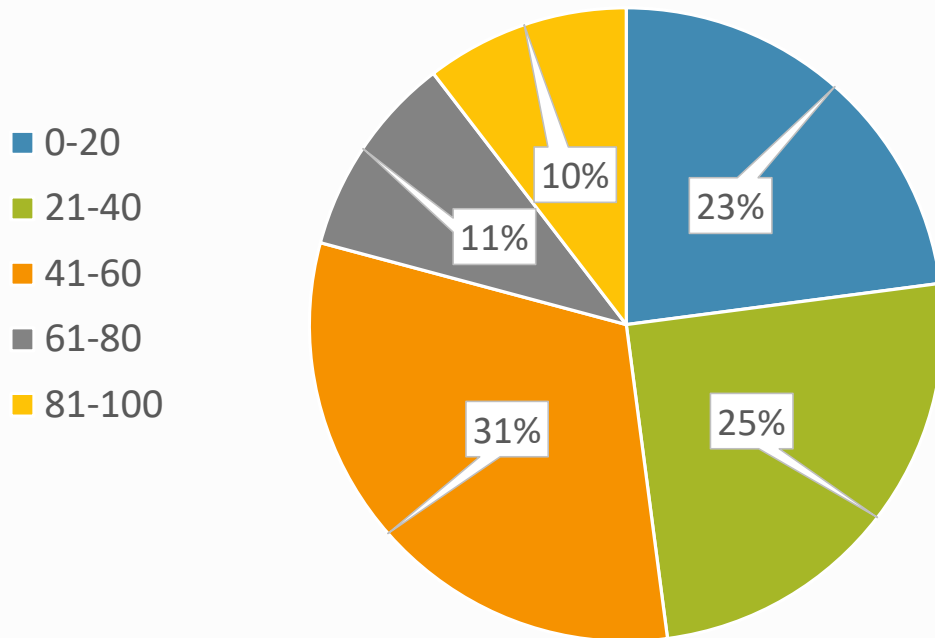


Organizations Providing COVID-19 Services



COVID-19 Economic Impact

Percentage of Organizational Income Impacted



Reasons for financial impact:

- Depleting revenues
- Increased demand for services
- Cancellation of major fundraising events
- Lack of new patients
- Closing of resale stores
- Additional expenses related to cleaning, proper PPE, technology
- No room/facility rentals for events/conferences
- Decreased membership
- Individual donations
- Reduced volunteers
- Shortened hours of operation
- Reduced funding from foundations
- Lost fee-for-service

COVID-19 Funding

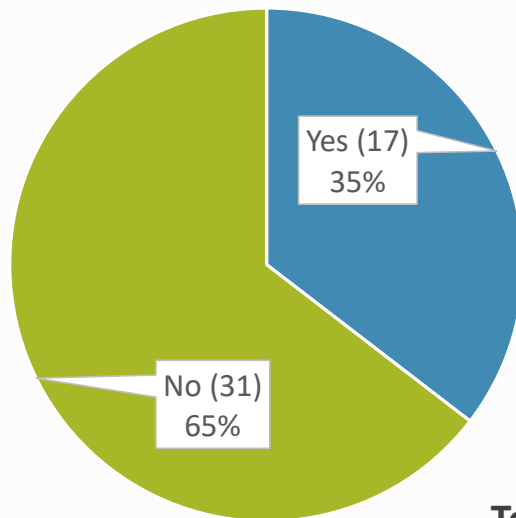
Funding Received for COVID-19 Response:

- Federal Government
 - Small Business Administration Payment Protection Program
 - HRSA Grant Funding
 - Desert Healthcare District Emergency Response Fund
 - DHCD/RAP Collaborative Fund
 - Inland Empire Funders Alliance – Rapid Response Fund
 - Foundations (Berger, Auen)
 - Individual Donations
 - Riverside County – CoC, Office on Aging
 - Substance Abuse Prevention and Treatment Grant
 - Nonprofits Insurance Alliance
- * 31% of respondents received no funding

TOTAL: \$6.6 million

COVID-19 Operational Impact

Furloughed or Laid Off Staff



Total: 581 employees

*42.5% came from one organization

Rehiring Needs:

- Revenue, funding
- Time
- Back to full patient capacity
- Reopening stores
- Shelter in place orders lifted
- Reopening all programs/activities
- Internal assessment/new strategic plan to understand organizational staffing needs

Primary Services being Offered

- COVID-19 education
- Resource connectivity and referrals
- Food distribution – home delivery
- RX and medical supply delivery
- Telehealth services
- Youth recreational virtual activities
- Behavioral health counseling services
- Testing
- Case management
- EDD assistance
- Educational assistance – tutoring, technology assistance, grants for students
- Advocacy – healthcare, behavioral health, education, basic needs
- Childcare for essential workers
- Housing
- Relapse prevention programming
- Essential personal supplies
- Support groups
- Animal food/supplies
- Check-ins with clients
- Personal protection equipment

Recovery Plans

- Revising strategic plans
- Reinstate noncontact sports
- Convert to virtual services
- Reduce staffing and program services
- Implement safety procedures
- Alternative fundraising events and grants
- Cutting expenses wherever possible
- Contracting with development consultants
- Collaborate and build meaningful partnerships with other organizations
- Prepare for possible second wave
- Increase telehealth options
- Creating multi-phase reopening plans
- Increase outreach efforts
- Increase social distance learning/services

Information to Funders

- Redirect funding to core operating support vs. programmatic support
- Assistance in refining current operations
- Provide technical support and infrastructure
- Budget assistance
- Provide unrestricted support
- Continue disseminating safety procedures and resource connectivity
- Flexibility
- Continue support outside of solely COVID recovery
- Create funding resource hub
- There will be a need for short-term and long-term recovery funding



DESERT HEALTHCARE DISTRICT & FOUNDATION EQUITY, FAIRNESS, TRANSPARENCY AND ACCOUNTABILITY IN GRANTMAKING

The Desert Healthcare District and Foundation (DHCD) began the year 2020 by launching an unprecedented, participatory, community-driven health needs assessment and a long-term health improvement plan. The results of this work will inform our collective investments for years to come, and provide access to meaningful, comprehensible data to our stakeholders. This body of work is expected to be completed by early 2021. In the meantime, the outbreak of COVID-19 exposed the inadequacy of our healthcare infrastructure to respond to unexpected health-related events, and amplified the intersection of public health, healthcare, and the economy. DHCD reacted to the unforeseen events by repurposing and focusing its grantmaking dollars. Grants were made to support the critical work of healthcare providers and human service programs serving vulnerable populations. Additionally, we contributed to a collaborative economic protection plan to safeguard Coachella Valley families.

As the fiscal year 2019-2020 ends, we continue to work under challenging circumstances, and have prepared a grantmaking budget for the upcoming fiscal year 2020-2021 that reflect this new reality. The proposed budget is responsive to the specific needs of the community, and promotes equity, fairness, transparency and accountability.

To ensure our grantmaking is responsive to the needs in our community, we launched a rapid **community survey** while we wait for the community needs assessment due at the end of 2020. A summary of the survey findings is presented to you in this document. Additionally, a detailed PowerPoint presentation is enclosed.

To warrant equity, fairness and transparency, our **grantmaking process** will offer clear guidelines and be open to our stakeholders, partners and grantees. Additional work may be needed to further simplify our application process for future grant seekers. Our grantmaking allocations, proposed outcomes, and philosophy are also outlined in this paper.

COMMUNITY SURVEY

DHCD invited nonprofit organizations to participate in a 17-question survey to assess the impact of COVID-19 on local organizations and help determine community funding needs, impact, and priorities for the upcoming fiscal year. Staff reached out to 138 contacts within a variety of nonprofit organizations. 48 organizations completed the survey.

There was great operational diversity amongst respondents. The primary focus of the respondent organizations included healthcare, primary and specialty care, dental care, human services, education, mental health, food services, recreation, housing, workforce development and the environment. The primary service recipients of the respondents varied from children 0-5 to seniors, as well as homeless, veterans, farmworkers, people with chronic conditions, LGBTQ, etc.

Key findings:

[Most organizations have a small operating budget.](#)

60% of the respondents have an operating budget below \$1million. Only 16% of the respondents have an operating budget above \$5million.

[There is high dependency on grant revenues.](#)

Grants are the primary source of revenue to 16 (33%) respondents and a secondary source of revenue for 21 (44%), totaling 77%. Fee for service was the second most common source of revenue with special events also representing a significant source of funding.

[Most organizations continue to provide services.](#)

Only 6 (13%) of the respondents stopped their services. Most organizations (73%) are providing COVID-19-related services.

[All organizations have been financially impacted.](#)

56% of the organizations estimate their deficit between 21% and 60%. Some have suffered a higher deficit. The reasons for their deficit include decreased fee-for-service revenues; decreased grants; cancelation of special events; closing of retail stores; increased demand for services; additional expenses related to cleaning, proper PPE, technology; and reduced patient income.

[Most organizations have received financial assistance.](#)

Nearly 70% of the respondents confirmed they have received financial assistance. This also means that 30% have received NONE. The sources of

financial assistance include DHCD and local funders like the RAP, the Auen, and the Berger foundations; the federal government, including the Small Business Administration Payment Protection Program and HRSA Grant Funding; DHCD/RAP Collaborative Fund; the Inland Empire Funders Alliance; Riverside County's Continuum of Care, the Office on Aging, and Substance Abuse Prevention and Treatment Grant. Funding in the amount of \$6.6 million has been received by the respondents that quantified their financial assistance.

Most organizations are keeping their staff.

Only 17 (35%) respondents reported furloughing or laying off staff. They also reported plans to rehire staff considering the following factors: additional revenue; grant funding; time; back to full patient capacity; reopening resale stores; and shelter in place orders lifted. Organizations also expressed their need for internal assessments and revised strategic plans to understand their staffing needs.

Most organizations are planning for their recovery.

Most organizations reported plans for recovery. Their ideas include both cost reductions and increasing revenues. Their strategies include revising strategic plans; converting to virtual services; increasing use of telehealth; increasing outreach efforts; reducing expenses; contracting with development consultants; developing alternative fundraising events; collaborating and building meaningful partnerships with other organizations; preparing for possible second wave of COVID-19; creating multi-phase reopening plans; and increasing social distance learning/services.

Key message to funders:

The survey asked what message they wanted to convey to funders in Coachella Valley. The following are summarized responses:

- Redirect funding to core operating support vs. programmatic support
- Assistance in refining current operations
- Provide technical support and infrastructure
- Budget assistance
- Provide unrestricted support
- Continue disseminating safety procedures and resource connectivity
- Flexibility
- Continue support outside of solely COVID recovery
- Create funding resource hub
- There will be a need for short-term and long-term recovery funding

We thank all the respondents who took the time to provide their valuable input to the District. It is our hope that other funders in Coachella Valley will read this report and that the information provided will help spark more partnership amongst local foundations and inspire us to implement a collective impact approach in order to reduce duplication of services and foster deeper collaboration between local agencies.

GRANTMAKING PROCESS FY 2020-2021

DHCD is committing \$4million for its grant-making budget for FY2020-2021. This allocation will honor the spirit measure BB of 2018, which expanded the District's boundaries, and recognized that people living on one side of Cook Street often work, eat and play on the other side of Cook Street. COVID-19 emphasized the health of residents in one part of the Coachella Valley affects the health of ALL residents of the Valley. The District's grantmaking allocation will now be available to grant seekers serving the Coachella Valley, without distinctions between the former and the newer District's catchment area. This is an important principle to warrant equity in our funding.

Equally important is to us understanding the impact of social determinants of health in our community. The social determinants of health are environmental conditions in which people are born, live, learn, work, play, worship, and age. These determinants affect a wide range of outcomes and risks around health, functioning, and quality-of-life. Health insurance status and local emergency/health services, along with safe and affordable housing, good education opportunities, public safety, availability of healthy foods, and an environment free of life-threatening toxins play a role in maintaining good health.

Health starts in our homes, our neighborhoods, and our communities. Taking care of ourselves and our families by eating well, staying physically active, establishing a medical home, living a smoke-free life, getting recommended immunizations and screenings, seeing a medical provider regularly and when sick, all influence health. But our health is also determined in part by access to social and economic opportunities. Positive health outcomes are influenced by the resources and support available in our homes, neighborhoods and communities as well as the quality of our schooling, safety of our workplaces, cleanliness of our air and water, and our social interactions and relationships.

The conditions in which we live explain in part why some residents in Coachella Valley are healthier than others and why some are not as healthy as they could

be. We are therefore advancing a grantmaking budget that reflects this understanding.

The purpose of healthcare districts as defined by the California Health and Safety Code (j) To establish, maintain, and operate, or provide assistance in the operation of, one or more health facilities or health services, including, but not limited to, outpatient programs, services, and facilities; retirement programs, services, and facilities; chemical dependency programs, services, and facilities; or other health care programs, services, and facilities and activities at any location within or without the district for the benefit of the district and the people served by the district. (k) To do any and all other acts and things necessary to carry out this division. (m) To establish, maintain, and operate, or provide assistance in the operation of, free clinics, diagnostic and testing centers, health education programs, wellness and prevention programs, rehabilitation, aftercare, and any other health care services provider, groups, and organizations that are necessary for the maintenance of good physical and mental health in the communities served by the district.

Funding will be allocated in the following strategic areas:

- 1- Healthcare Infrastructure
- 2- Behavioral Health
- 3- Homelessness
- 4- Vital Human Services to People with Chronic Conditions
- 5- Economic Protection, Recovery, and Food Security

Each area has a funding allocation that aims at supporting its related needs and demands. Furthermore, to ensure greater transparency and accountability, each funding area will include a set of desired outcomes. Grant seekers will be asked to identify how their work will contribute to achieving such outcomes.

[Healthcare Infrastructure and Services \(\\$1.5million\).](#)

This funding allocation will prioritize providing core operating support for community actions that improve health-related infrastructure by:

- Increased access to healthcare for traditionally underserved populations
- Increased number of mobile and portable medical units
- Increased capacity to serve patients through telehealth technology

[Behavioral Health/Mental Health \(\\$500,000\).](#)

The COVID-19 outbreak is anticipated to have a devastating impact on mental health. It is paramount that we continue to implement our behavioral health plan, which stemmed from a recently completed assessment. We will explore

how funds from the Mental Health Service Act can be leveraged and aim at improving access to behavioral health service by:

- Maintaining number of mental health urgent care facilities (Crisis Stabilization Units)
- Increased tele-psych capacity to increase access to mental health services, aid in 5150s, and assist REACH & CREST teams
- Increased number of educators that receive training/certification in Mental Health First Aid
- Increased number of college counselors to meet the standard of one (FTE) counselor per 1,000 to 1,500 students
- Increased number of peer mental health educators

Homelessness (\$500,000).

It will add \$500,000 to the existing \$700,000 homelessness fund for a total of \$1.2million. It will seek to leverage and match other funds. It will support the ongoing CVAG CVHEART activities, including:

- Cooling centers
- Case management/ wraparound services
- Community outreach

Vital Human Services to People with Chronic Conditions (\$500.000).

This allocation will seek to support this important and at-risk community by:

- Strengthened organizational capacity
- Increased levels of services to meet increased demand post-COVID-19
- Support organizations undergoing organizational mergers
- Increased number of case managers

Economic Protection/ Recovery/ Food Security (\$500,000).

This portion will seek to provide needed support in areas of distress by:

- Sustaining ongoing efforts by collaborative partners
- Promoting community collaborations and regional work around these efforts (service caravans)
- Increased case management at food pantries through measurable food security, self-sufficiency, and quality of diet

Additional funding

Additional funding, which was previously reserved for eastern Coachella Valley, will be available through the Desert Healthcare Foundation. It is anticipated that between \$500,000 and \$600,000 of funding will be available and used to promote:

- Collective Impact
- Community collaboration

Much work is still needed. Staff needs to further simplify our application process for future grant seekers and make our best effort to be a resource to *all* our community partners, to better serve marginalized groups, and to maintain the highest level of accountability and transparency. The FY2020-2021 budget is a step in that direction.

LAW OFFICES
JEFFREY G. SCOTT

16935 WEST BERNARDO DRIVE, SUITE 170
SAN DIEGO, CA 92127

JEFFREY G. SCOTT

(858) 675-9896
FAX (858) 675-9897

Of Counsel
JAMES R. DODSON

Date: May 21, 2020

To: Board of Directors
Dr. Conrado E. Barzaga, CEO
Desert Healthcare District/Foundation

From: Jeffrey G. Scott, General Counsel

Re: **Governor's Budget Update and Application of AB 2019 to Foundation**

On May 14th the Governor released the May revisions to the budget. Although tax revenues that are normally collected on April 15th are delayed until July 15th, the Governor is planning for a \$54 billion deficit. This is a huge change from the budget he proposed in January which included a budget surplus of more than \$5 billion. The massive deficit consists of \$41 billion in lower revenues and the other \$13 billion comprising of increased costs associated with fighting the COVID-19 pandemic and increased numbers of people moving into the Medi-Cal program.

The Governor is estimating the unemployment rate will peak around 18% in July of this year which will result in an additional two million people needing Medi-Cal. Total Medi-Cal enrollment is expected to jump to 14.5 million. The state will benefit from the \$16.5 billion reserves they have accumulated through the last economic recovery but those are expected to be expended over the next three budget years.

To account for the deficit the Governor is proposing a number of actions including:

- Leverage monies sent to state through CARES Act.
- Cancelling program expansions and spending increases including cancelling a number of spending programs from the 2019-2020 budget.
- Reduce state employee salaries by 10%. This would still need to be negotiated with unions.
- Draw funds from reserve funds. \$8.3 billion would be drawn this year.
- Reduce state operating costs by five percent by implementing efficiencies.

- Borrow and transfer funds from other special funds from various departments and boards.
- Temporarily suspend net operating losses and temporarily limit to \$5 million the amount of credits a taxpayer can use in any given tax year.
- Assumes funds from the HEROES Act currently being negotiated in Congress.

There are additional actions being proposed but these are the major ones. A significant portion of Governor Newsom's focus was on the importance of the federal government providing monetary assistance. A number of the cuts are contingent on whether the federal government provides money through the HEROES Act.

Looking more closely at the health-related budget actions, I found there were a few actions worth highlighting including:

- In the January budget the Governor made one of his main priorities to reshape the Medi-Cal program to focus on treating the "whole person". This proposal, called Cal-AIM, would have expanded the types of services offered under the Medi-Cal program to address some of the social determinants of health. This plan is put on hold.
- The proposal to expand Medi-Cal to cover adult undocumented individuals will not be pursued.
- Proposition 56 was passed in 2016 to increase tobacco taxes. A significant portion of the funds have been used to supplement Medi-Cal reimbursement for physicians. \$1.2 billion of these funds will be repurposed to pay for the growth in the Medi-Cal program thus eliminating the supplemental provider reimbursement.
- Medi-Cal Managed Care capitated rates will be reduced by 1.5%.
- Program approved in the 2019-2020 budget for \$20 million to place alcohol and drug counselors in emergency departments was reversed and those funds will be moved into the Medi-Cal budget.
- Proposal to assist with the cost of hearing aids and related services for children without health insurance coverage in low income households was withdrawn.

The mood was very somber during the press conference with the Governor and even more so on the call for advocates with the Secretary of Health and Human Services. Multiple advocates expressed their shock and dismay over the cuts which the Secretary repeatedly empathized with them expressing his struggle with them as well.

AB 2019 and the Foundation

A legal issue has been raised as to whether the restrictions raised by the newly enacted Health & Safety Code section 32132.96 relating to District grants applies to Foundation funds (AB 2019). AB 2019 provisions include:

- Requirements that a grant recipient must meet, such as grant contract terms and conditions, fiscal and programmatic monitoring by the District, and reporting to the District;
- The District's plan for distributing grant funds for the fiscal year;
- A process for providing, accepting, and reviewing grant applications; and
- A prohibition against individual meetings regarding grant applications between a grant applicant and a district board member, officer, or staff outside of the District's established grant award process.

In reviewing the statute, it is clear that AB 2014 applies only to California Health Care Districts and does not apply to funds generated by a 501(c)(3) non-profit like the Desert Healthcare Foundation. However, any District funds that are transferred to the Foundation would be subject to the restrictions imposed by AB 2019. Management would need to be vigilant and able to demonstrate from an accounting perspective that the source of funds which are not subject to AB 2019, are clearly Foundation funds and not District funds.

RESOLUTION NO. 20-02

RESOLUTION OF THE BOARD OF DIRECTORS OF THE DESERT HEALTHCARE DISTRICT MODIFYING RESOLUTION NO. 18-01 AND ADOPTING A DISTRICT-WIDE POLICY FOR USE OF DISTRICT FUNDS

WHEREAS, at the regular meeting of February 27, 2018, after robust discussion and public comment from government officials, residents, community-based organizations, provider organizations, and other stakeholders, the Board of Directors (“Board”) of the Desert Healthcare District (“District”), approved Resolution No. 18-01 adopting a self-funded approach to provide \$300,000 per year for 20-years from District/Foundation unrestricted funds” to serve the Eastern Coachella Valley District in the event the expansion measure was successful and;

WHEREAS, Resolution No. 18-01 did not allow for the use of restricted District funds from property tax revenues or facility replacement funds to be used to benefit the area of the proposed Eastern Coachella Valley District expansion and;

WHEREAS, on November 6, 2018 Riverside County Measure BB which expanded the District boundaries and service area to include the Eastern Coachella Valley was overwhelmingly passed by over 80% of the voters; and

WHEREAS, on January 15, 2019 at a special meeting the Board after a public interview process, the District Board appointed Directors DeLara and Borja to represent the newly expanded areas of the Eastern Coachella Valley; and

WHEREAS, the Board finds and declares that it would serve the best interests of the District and the communities served by the District to modify Resolution No. 18-01 and pass this Resolution adopting a policy which allows the District to utilize all District funds (restricted and non-restricted) to address the mission of the District, and the health care needs of the residents of the entire District and communities served by the District.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Desert Healthcare District as follows:

Section 1: Resolution 18-01 is hereby modified to lift the restriction that District funds from property tax revenues or facility replacement funds may not be used to benefit the expanded area of the Eastern Coachella Valley and the Board hereby adopts a One-Coachella Valley approach which allows the District to utilize all District funds (restricted and non-restricted) to address the mission of the District and the health care needs of the residents of the entire District and communities served by the District.

Section 2: This Resolution shall become effective immediately upon passage by the Board.

PASSED, APPROVED AND ADOPTED by the Board of Directors of the Desert Healthcare District at a regular meeting held on this 26th day of May 2020, by the following roll call vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

Leticia De Lara, MPA, President
Board of Directors
Desert Healthcare District

ATTEST:

Karen Borja, Vice-President/Secretary



DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
May 12, 2020

Directors Present	District Staff Present	Absent
Chair/Treasurer Mark Matthews President Leticia De Lara, MPH Director Arthur Shorr	Conrado E. Bázquez, MD, Chief Executive Officer Chris Christensen, Chief Administration Officer Eric Taylor, Accounting Manager Donna Craig, Chief Program Officer Andrea S. Hayles, Clerk to the Board	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Matthews called the meeting to order at 3:34 p.m.	
II. Approval of Agenda	Chair Matthews asked for a motion to approve the agenda.	Moved and seconded by President De Lara and Director Shorr to approve the agenda. Motion passed unanimously.
III. Public Comment	There was no public comment.	
IV. Approval of Minutes 1. F&A Minutes – Meeting March 10, 2019	Chair Matthews motioned to approve the March 10, 2020 minutes.	Moved and seconded by Director Shorr and President De Lara to approve the minutes.
V. CEO Report	Conrado E. Bázquez, MD, CEO, explained that the budget being presented also represents the impact of COVID-19 and the tax revenue for the District, while also diligent to the needs in the community related to the Strategic Plan in the upcoming year. The District wants to ensure that the community is receiving available funds to keep the community healthy and help address the economic disaster.	
VI. Chief Financial Officer’s Report 1. LPMP Leasing Update	Chris Christensen, CAO, explained that the Las Palmas Medical Plaza is 98% occupied, income annually is \$1.2M with	

**DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
May 12, 2020**

	some tenants requesting rent relief, some tenants with 2 months of deferral, others for 4 months, and by the end of the lease term, all rent is paid over the remaining life of the lease.	
VII. Financial Reports 1. District and LPMP Financial Statements 2. Accounts Receivable Aging Summary 3. District – Deposits 4. District – Property Tax Receipts 5. LPMP Deposits 6. District – Check Register 7. Credit Card – Detail of Expenditures 8. LPMP – Check Register 9. Retirement Protection Plan Update 10. Grant Payment Schedule	<p>Chair Matthews reviewed the financials and answered questions of the committee members</p> <p>President De Lara requested the addition of the organization entertaining the event, in addition to the amount and name of the organization related to the events.</p>	<p>Moved and seconded by Director Shorr and President De Lara and to approve the March and April 2020 District Financial Reports - Items 1-10 and to forward to the Board for approval.</p> <p>Motion passed unanimously.</p>
VIII. Other Matters 1. Investment Portfolios – March 31, 2020 – Keith Stribling, HighMark Capital Management 2. Las Palmas Medical Plaza – Interior Fire Sprinkler Installation – Drawings, Plan Check, and Permits – Estimated \$23,000	<p>Keith Stribling, Vice President, Senior Portfolio Manager, HighMark Capital Management, described the performance report for the Desert Hospital Retirement Plan, also answering questions of the committee.</p> <p>Chris Christensen, CAO, provided background on the interior fire sprinkler system. The initial costs of approximately \$23k includes plans, survey work, and permits, with a formal bidding process to follow.</p>	<p>Moved and seconded by Director Shorr and President De Lara to approve the Las Palmas Medical Plaza Interior Fire Sprinkler Installation – Drawings, Plan Check, and Permits – Estimated \$23,000 – and to forward to the Board for approval.</p> <p>Motion passed unanimously.</p>



DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
May 12, 2020

<p>IX. FY 2020-2021 Annual Budget Review</p>	<p>Chris Christensen, CAO, explained a potential 4% reduction in property tax value from COVID-19, factoring the 2009 recession when there was a 13% reduction. The budget is a conservative approach that includes an 8% reduction from the current property tax revenue anticipated for this year. A 5% reduction in rent and Common Area Maintenance (CAM) revenue from the Las Palmas Medical Plaza commercial property is also projected.</p> <p>Chair Matthews inquired with the committee on setting aside rent relief to assist patients that are unable to pay their copays and would not seek treatment due to the costs, such as \$100k - \$150k. Additionally, placing a hold on grants and announcing that commitments are subject to review.</p> <p>Dr. Bázquez explained that staff is working with community partners to contribute to a community pool to assist with economic stability.</p> <p>President De Lara recommended and the committee agreed to a discretion for the CEO up to \$25k to work in the absence of the Board if there is a gap in funding for an organization in need, with the understanding</p>	
-----------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

**DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
May 12, 2020**

	<p>that Dr. Bárzaga provides accountability for how the funding was used. Mr. Christensen explained that the \$25k is including in the budget.</p> <p>After a lengthy discussion concerning the East Valley budgeted line item, the committee agreed to recommend to the Board modifying the designation to the East Valley as District-wide funding amounting to \$600k.</p> <p>During the review of the budgeted staff positions, the committee agreed to move forward with the new hires as illustrated in the budget.</p> <p>Director Shorr recommended illustrating in the notes that the Director’s stipends will not change in the new fiscal year.</p>	<p>Moved and seconded by Director Shorr and President De Lara to approve the FY 2020-2021 Annual Budget Review Modifying the East Valley Funding Designation to District-wide, freezing all new hires, and to forward to the Board for approval.</p> <p>Director Matthews abstained from voting on the budget.</p> <p>Motion passed.</p>
IV. Adjournment	Chair Matthews adjourned the meeting at 4:40 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST: _____
 Mark Matthews, Chair/Treasurer Finance & Administration Committee
 Desert Healthcare District Board of Directors

Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: May 26, 2020
To: Board of Directors
Subject: Desert Healthcare District Investment Portfolio Review 03/31/2020

Staff Recommendation: Information Only – provided by Keith Stribling, Senior Portfolio Manager, HighMark Capital Management

Information:

The Desert Hospital (Retirement Protection Plan) portfolio is conservatively positioned, Investments are maintained in companies that are believed to have strong balance sheets and cash flows. The returns have been tough for the first quarter. The portfolio was off -14.33% and down -6.12% for the 1-year time period through the March ending quarter. However, April has seen a recovery with the portfolio up 6.0% leaving it -8.34% for the YTD through April and -.182% for the 1-year. Longer term the portfolio has annualized returns of 5.43% for the past 10-years and 6.0% for the 10-years through April.

The Desert Healthcare District fixed income portfolio was up 2.43% through March and 5.0% for the 1-year. It consists of US Treasury and Agency bonds with maturities extending to 2023. We expect the returns to fall as bonds mature given the short duration of this portfolio. Bond yields have fallen to near or at zero percent and the circumstances to see higher yields on US Treasury paper are not present at this time.

It's very difficult to figure out the direction of the stock market near term. Clearly the stock market looks stronger than the general economy. The shutting of global economies is causing great stress for families with high unemployment claims and risks of bankruptcy of small and medium sized businesses. The hard part now is getting any clarity on the recovery. Heading into the year the US economy appeared to be improving. It was characterized by a long period of relatively smooth investment returns and improving global economies, however, as we all know the coronavirus upended everything. There is no past precedence for what has occurred.

On the positive side, the Fed has acted quickly and decisively utilizing many of the programs put in place during the 2008/09 financial crisis. They are trying to maintain liquidity for capital markets, so they function normally and effectively give the capital markets a "bridge loan" of sorts until a recovery can take place. We give the Fed high marks for their actions. Additionally, Congress came together with a massive stimulus package designed to keep small and medium sized business afloat and are sending direct payments to US citizens to help with bills until the economy can begin to open and normalize. It's unclear how long the process will take to get a better economy, but most believe it will take a vaccine for full economic activity to resume.

It's hard to know when is the right time to be conservative with the asset allocation and when is the right time to add risk. Our asset allocation committee that traditionally meets monthly is currently meeting weekly and everyone is focused on these issues. At this time, they have taken a conservative stance and it is reflected in the portfolio.

Fiscal Impact:

Subject to the investment performance.

Desert Healthcare District Portfolio Review

First Quarter 2020



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Presented by
Keith Stribling, CFA

HighMark Capital Management, Inc. is a subsidiary of Union Bank.

Economic and Market Commentary Second Quarter 2020

Market Overview: Global Pandemic Shakes Markets and Economies

By all accounts, the global economy was hitting its stride entering 2020. In the U.S., dovish monetary policy led to three rate cuts providing the economy room to extend its historically long run. German manufacturing data, a proxy for global trade, was inflecting upward and U.S. employment was as strong as it had been in decades with no signs of slowing down. Investors viewed a trade conflict ceasefire as the last remaining obstacle to be cleared before continuing to add risk. Equity markets had anticipated much of this good news as evidenced by strong 2019 returns that continued into the first seven weeks of 2020.

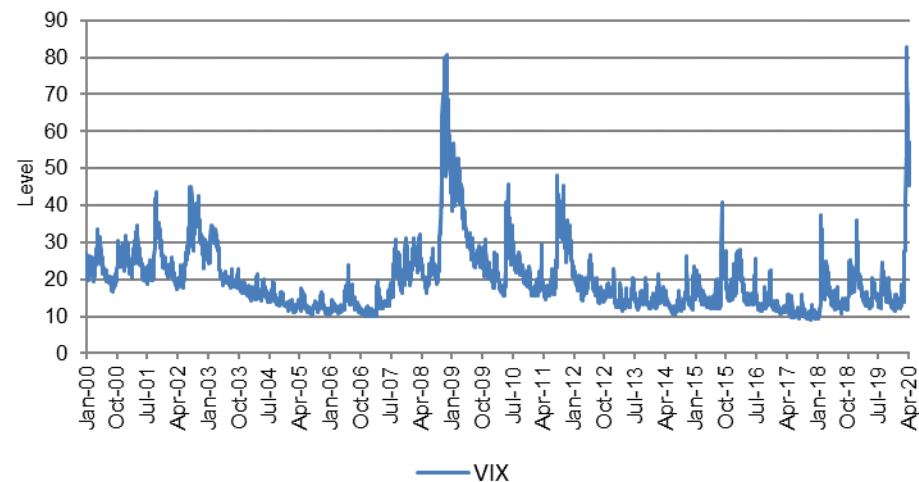
At the same time, little attention was paid to a growing concern in China about a mysterious and rapidly spreading illness. Even when China placed large portions of its population under quarantine orders in late January, investors dismissed the action as a blip on the radar screen. However, by the end of February, “coronavirus” was becoming a household term. The disease it causes, COVID-19, was formally declared a global pandemic by the World Health Organization on March 13.

The Black Swan Arrives

The economic and market ramifications of widespread government-mandated social distancing policies intended to prevent contagion were wide and deep. As soon as it became apparent that the problem would not be isolated to China, investors recalibrated to a new paradigm that included a temporary shutdown of major segments of the global economy. Investors raced to exit any asset deemed “risky” in a search for safety. The demand for “risk haven” U.S. Treasury bonds drove the 10-year Note’s yield down to 0.33% from a yield of 1.91% at the beginning of the year.

This extraordinary exogenous shock was like a record scratch of epic proportions for financial markets that were dancing to a very upbeat song. After hitting an all-time high on February 19, the S&P 500 index sold off into bear market territory at the fastest speed on record, and market volatility as measured by the CBOE Volatility Index (VIX), soared to levels that exceeded prior highs set during the Great Financial Crisis in 2008.

Market Volatility Surges to Highest Level Since 2008



Source: FactSet, CBOE

As the quarter ended, a relief rally on news that monetary and fiscal responses were being readied pared losses, but not enough to save the S&P 500’s quarterly return from being the worst since the 4th quarter of 2008 when the index declined by 22%.

Market Returns Summary

As of 3/31/2020	Q1 2020	YTD 2020	1-Year	3-Year	5-Year	10-Year
S&P 500	-19.6%	-19.6%	-7.0%	5.1%	6.7%	10.5%
MSCI EAFE	-22.8%	-22.8%	-14.4%	-1.8%	-0.6%	2.7%
MSCI Emerging Markets	-23.6%	-23.6%	-17.7%	-1.6%	-0.4%	0.7%
Bloomberg Barclays U.S. Aggregate Bond	3.1%	3.1%	8.9%	4.8%	3.4%	3.9%
ICE BofA ML U.S. Treasury Bills	0.6%	0.6%	2.4%	1.9%	1.2%	0.7%
Bloomberg Commodity	-23.3%	-23.3%	-22.3%	-8.6%	-7.8%	-6.7%

Source: Morningstar Direct

Periods greater than one year are annualized

The impact of the dramatic decline in business activity across the country was quickly apparent: several large companies announced they planned to save cash by suspending, delaying, or reducing corporate contributions to employee 401(k) plans¹ and the University of Michigan Consumer Sentiment Survey fell to 89 from 96 in February. According to Bloomberg, it was “the fourth largest one-month drop in nearly half a century” for the survey.

As companies shuttered their doors to prevent contagion, mass layoffs began. Unemployment claims soared to 3.3 million for the week ending March 21, a level four times higher than the prior record set in 1982². For the last two weeks of the quarter, initial unemployment claims totaled nearly 10 million—far surpassing anything witnessed over a two-week period during the Great Financial Crisis and the highest level of seasonally adjusted claims in the history of the series³.

The Department of Labor’s non-farm payroll report dropped by 701,000 in March, driving the unemployment rate up to 4.4% from 3.5% in February. It was the first decline in payrolls since September 2010. The survey, which is conducted mid-month, reported that two-thirds of the drop came from the hospitality industry. Final unemployment numbers for the quarter are expected to be even higher.

¹ Tergesen, Anne and Holger, Dieter. “Companies Hit Hard by Coronavirus Look to Cut 401(k) Contributions”, The Wall Street Journal, <https://www.wsj.com/articles/companies-hit-hard-by-coronavirus-look-to-cut-401-k-contributions-11585746000>

² Source: Federal Reserve Bank of St. Louis

³ Source: Department of Labor

Policy Bazooka

As markets tumbled while state governments put social distancing measures in place, the Federal Reserve (Fed) and Congress responded by implementing a variety of market and economic relief measures intended to contain the economic fallout. It would be difficult to understate the size, speed and scope of the aid packages.

The Fed’s decision to cut short-term rates and restart quantitative easing was just the beginning. The Fed stated it is “committed to using its full range of tools to support households, businesses, and the U.S. economy overall in this challenging time.”⁴ New emergency stabilization monetary and fiscal measures included:

- Lowering the Fed Funds Rate by 150 basis points to 0-0.25% before its March 18 meeting.
- Expanding the scope of securities that the Fed will purchase under a resumption of Quantitative Easing⁵ to include agency commercial and residential mortgage-backed securities.
- Opening several lending facilities to support the flow of credit in the corporate, municipal and asset-backed lending markets.
- The announcement of a “Main Street Business Lending Program” to support lending to eligible small- and medium-sized businesses, complementing efforts by the Small Business Administration.
- A \$2 trillion fiscal stimulus package, also known as the “Coronavirus Aid, Relief, and Economic Security” or “CARES Act,” which provides aid for individuals and businesses impacted by the federal- and state-mandated social distancing measures.

As the quarter ended, there were indications that vigorous Fed interventions were restoring the flow of credit to large corporations as U.S. companies raised a record \$109 billion in public bond offerings⁶. This is a vital function as companies look to shore up their cash positions to weather the storm and fund operations amid falling revenue.

⁴ Source: The Federal Reserve Board

⁵ Quantitative easing (QE) is a set of monetary policies that may be implemented by a central bank to increase the money supply in an economy. QE policies may include central-bank purchases of assets such as government bonds and other securities, direct lending programs, and programs designed to improve credit conditions. The goal of QE policies is to boost economic activity by providing liquidity to the financial system.

⁶ Source: Bloomberg

Pouring Oil On the Fire

In early March, on the heels of significantly dwindling demand for oil due to the COVID-19 pandemic, Saudi Arabia and Russia locked horns in a price war, flooding the market with cheap crude. As of quarter end, the combined effect of slumping demand and oversupply pushed crude oil prices to their lowest point in nearly two decades⁷.

The negative ramifications of oil priced at \$20 a barrel or below can be expected to extend far beyond stock prices for oil majors like Exxon or Chevron. The oil sector employs some 615,000 people in the U.S. with 600,000 of these jobs concentrated in Texas, Louisiana and the Midwest⁸. Many of these workers are employed by the several hundred privately-owned companies, often in rural areas, that manage from a few wells to a hundred or so.

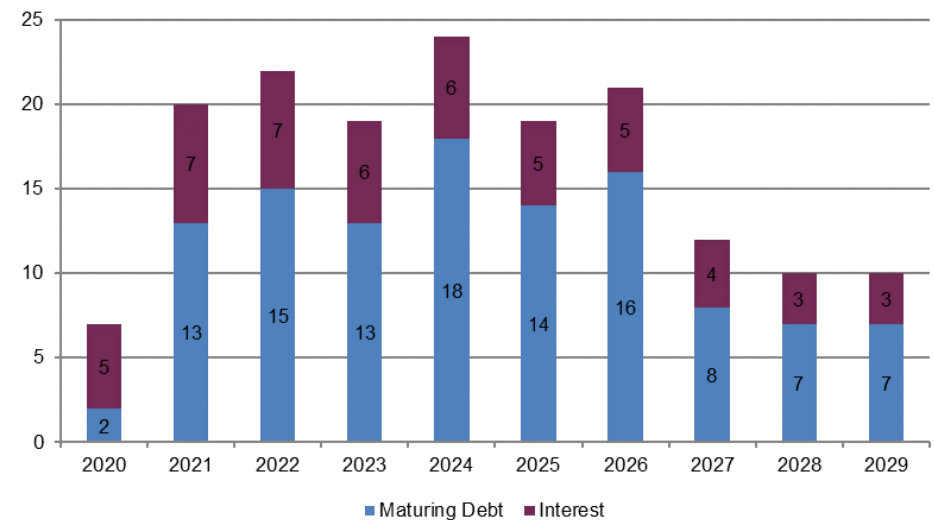
The impact of these companies possibly failing will be particularly painful for local businesses and banks as oil field pay is generally higher than alternative jobs. Shutting down wells is also problematic—the process is expensive and can result in damage to the well, making resuming production problematic should prices return to long-term averages.

Bond markets are particularly vulnerable to the oil shock. Rock-bottom rates over the last few years encouraged oil and gas producers to leverage operations. It will be difficult to service and refinance this debt in the current environment.

Moody's, the bond rating organization, calculates oil exploration and production companies have \$86 billion in debt that will mature in the next four years and pipeline companies hold another \$123 billion due over the same time period. The U.S. shale industry is in similar trouble: as shown in the chart to the right, a sample of 29 companies hold \$133 billion of debt and interest to be paid over the next six years.

It would not be surprising if domestic oil producers face a Darwinian struggle over the next few years as stronger companies with cleaner balance sheets and access to credit snap up oil production sites and firms mired in bankruptcy proceedings. Predictably, law firms specializing in bankruptcy protection are already seeing a flood of new business.

US Shale E&P Debt and Interest by Maturity (29 companies)
\$ Billions



Source: Rystad Energy, COVID-19 Report, 4th edition, April 1, 2020

No Room at the Inn

As Saudi Arabia doubles down on its confrontation with Russia, increasing production by three million barrels a day, loaded tankers left port in late March headed for Europe and the U.S. According to Bloomberg, another 16 very large crude carriers are waiting to load at Saudi oil terminals.

Their journey may be one that ends in anchorages off the coast because the world is running out of places to store oil. Already, more than 80 tankers are anchored off the coasts of Scotland and Texas among other ports⁹. In Western Canada, storage

⁷ Source: FactSet

⁸ 2020 U.S. Energy and Employment Report, National Association of State Energy Officials, www.usenergyjobs.org

⁹ Source: Alexander Booth, Kpler as quoted in Bloomberg

levels have hit 75% with more oil on the way¹⁰. “For the first time in history we are seeing the likelihood that the market will test storage capacity limits within the near future,” according to Antoine Haiff of the research firm Kayrros.

If tank farms approach capacity, and demand continues to decline due to COVID-19, oil prices may see continued downward pressure.

Cutting off a Nose to Spite a Face

Despite pressure from the U.S. government to shake hands and make a deal, Russia and the Saudis show no signs of declaring a truce, although crude prices strengthened just after quarter-end when the Saudis called for an emergency meeting of OPEC plus Russia. Russia’s refusal to go along with OPEC’s request to cut production could well be part of a larger plan to both cripple the U.S. shale industry—which recently helped the U.S. become the world’s largest producer—and to drive a wedge between the U.S. and the Saudi regime.

The U.S./Saudi relationship, reliant on both oil supply and security agreements, dates back to the 1930s but has been under increasing strain since the Twin Towers attack of September 2001. As Russia seeks to expand its sphere of influence in the Middle East, creating tensions between the two countries may be part of a longer-term strategy.

Russia might choose to extend its current approach for some time. Saudi Arabia’s fiscal break-even cost, or the oil price at which a country’s fiscal balance is \$0, is around \$84¹¹ a barrel. While the Saudis have begun modernizing their country’s economy away from oil, they have a long way to go. Russia’s command and control economy may be able to weather the storm, however, having lowered the country’s fiscal break-even cost from around \$100 a barrel in 2014 to \$40 a barrel today.

Looking Ahead

Without a doubt, the coronavirus health crisis has pushed the global economy into a deep downturn and markets are reacting unfavorably. The path forward is highly

uncertain and will likely be beset by negative economic data flow for the foreseeable future. Virus fears and quarantine measures are creating a massive global demand shock and there will be corresponding second-order effects amplified by global trade and the global nature of the financial system. Discretionary spending, tourism, exports, and manufacturing will all come under severe pressure.

Given the unprecedented collapse in demand associated with shutting down large parts of the economy, a key question is how deep the recession will get and how long it will last. These are difficult questions to answer without data indicating the full scope of the economic fallout of social distancing. A sudden onset of extreme economic constraints makes traditional analysis of data trends virtually useless. With this in mind, we expect overall financial market volatility to persist as investors search for a vector on the trajectory of the economy.

However, pent-up demand and forceful policy stimulus measures could yield a decent rebound in global growth later in the year. The recovery will likely be mild and uneven, and the economy will take time to heal back to its prior potential. Markets tend to rebound months in advance of an actual recovery in the economy, anticipating better times ahead, before showing up in economic data.

No accurate line of sight on the economy will be possible without a foreseeable end to the health crisis. To this end, investors should accept this reality as a “known unknown” while also remaining confident in the resilience, ingenuity and innovation of humankind. Our job is to evaluate near-term risks while assessing long-term opportunities presenting themselves in the face of events currently exacting a tragic human and economic cost on society.

Seeing an Endgame in View

Unlike the deep and rapid downturns in the past, such as the 1930’s Great Depression and 2008’s Great Financial Crisis, this crisis has an endgame in the not-too-distant future—hiding in plain sight—which provides some much-needed optimism. Social distancing measures combined with warmer spring temperatures could cause the virus to have a harder time spreading. The unprecedented collaboration from the healthcare industry, governments, universities, and nonprofits all banding together to deliver effective solutions in the areas of containment, treatment and ultimately vaccines to stem the pandemic is a heartening development.

¹⁰ Source: Rystad Energy

¹¹ Source: International Monetary Fund projections for 2020

It's human nature to focus on the recent cascade of bad developments, but we need to have faith in a brighter future. We are only limited by the size of our collective imagination.

Our investment process focuses on asset classes through the lenses of valuations, economic fundamentals and technical indicators, but also includes the identification of specific catalysts related to the underlying factors driving markets that would suggest the worst is behind us. For example, a peak in infection growth rates or a medical breakthrough leading to an effective therapy or vaccine could turn the tide of sentiment. Unprecedented globally-coordinated policy responses have already put a significant stake in the ground to soothe concerns about dire economic scenarios becoming reality.

Often the best returns come in the darkest hour when anxiety and uncertainty are high and volatility is at an extreme. Markets are ultimately able to see through the bad times today to better times ahead, especially during a transitory risk like a virus outbreak. Eventually investors will overlook the 2020 economic and corporate profits recession and price the market on the future recovery in 2021 and beyond.

Today we are in uncharted territory, and violent market swings are emblematic of this uncertainty. However, we remain optimistic on the long-term outlook for the economy and markets and believe the world will be in a better place a year or two from now. We should never underestimate the resiliency of human nature, the ability to adapt and to ultimately overcome difficult times. Like other sudden and unexpected events of the past, this too shall pass—we will prevail.

Economic and Market Perspectives Q2 2020

For more information, speak to your relationship manager or visit us at unionbank.com/theprivatebank

Economic and Market Perspectives is a publication of HighMark Capital Management, Inc. (HighMark). This publication is for general information only and is not intended to provide specific advice to any individual or institution. Some information provided herein was obtained from third-party sources deemed to be reliable. HighMark and its affiliates make no representations or warranties with respect to the timeliness, accuracy, or completeness of this publication and bear no liability for any loss arising from its use. All forward-looking information and forecasts contained in this publication, unless otherwise noted, are the opinion of HighMark, and future market movements may differ significantly from our expectations. HighMark, an SEC-registered investment adviser, is a wholly owned subsidiary of MUFG Union Bank, N.A. (MUFG Union Bank). HighMark manages institutional separate account portfolios for a wide variety of for-profit and nonprofit organizations, public agencies, and public and private retirement plans. MUFG Union Bank, a subsidiary of MUFG Americas Holdings Corporation, provides certain services to HighMark and is compensated for these services. Past performance does not guarantee future results. Individual account management and construction will vary depending on each client's investment needs and objectives. The benchmarks referenced in this piece are used for comparative purposes only and are provided to represent the market conditions during the period(s) shown. Benchmark returns do not reflect the deduction of advisory fees, custody fees, transaction costs, or other investment expenses, but the returns assume the reinvestment of dividends and other earnings. An investor cannot invest directly in unmanaged indices. **Investments employing HighMark strategies: • Are NOT deposits or other obligations of, or guaranteed by, the Bank or any Bank affiliate • Are NOT insured by the FDIC or any other federal government agency • Are subject to investment risks, including the possible loss of principal invested.**

DESERT HOSPITAL RETIREMENT PLAN
xxxxxx8600
03/31/2020

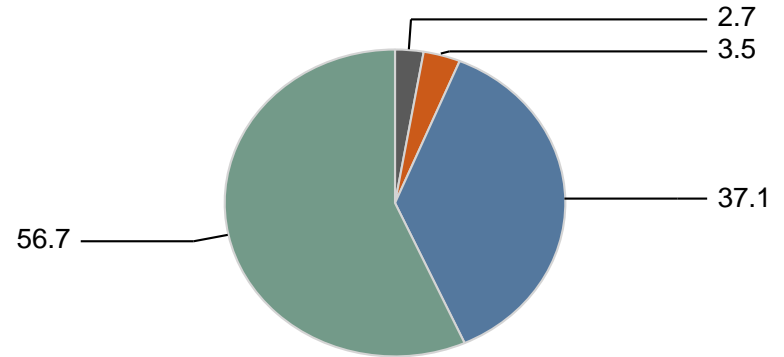
Investment Objective: DOCUMENT DIRECTED - IS
Investment Officer: KEITH STRIBLING

As of: March 31, 2020

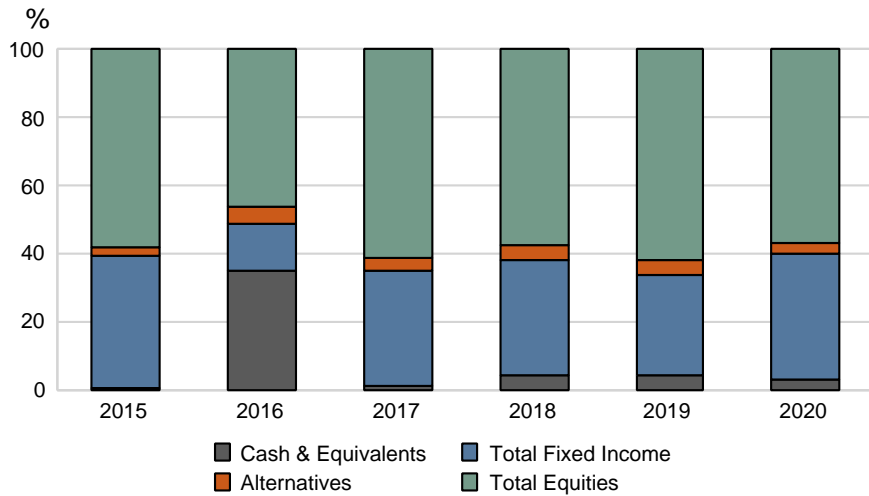
Asset Allocation Summary

Market Value by Asset Class

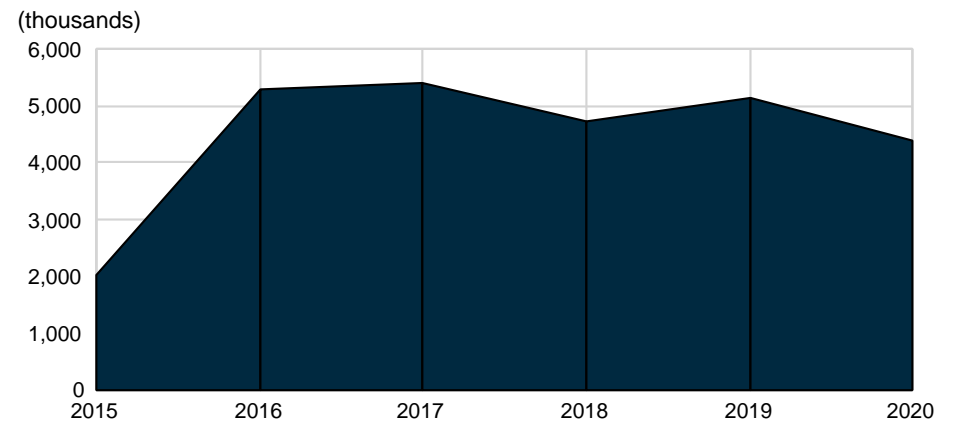
	Market Value	% of Mkt Val
Total Equities	2,484,645	56.7
Total Fixed Income	1,624,269	37.1
Alternatives	154,662	3.5
Cash & Equivalents	117,477	2.7
Total	4,381,053	100.0



Annual Allocation



Annual Ending Market Values



Reporting Period Ending: March 31, 2020

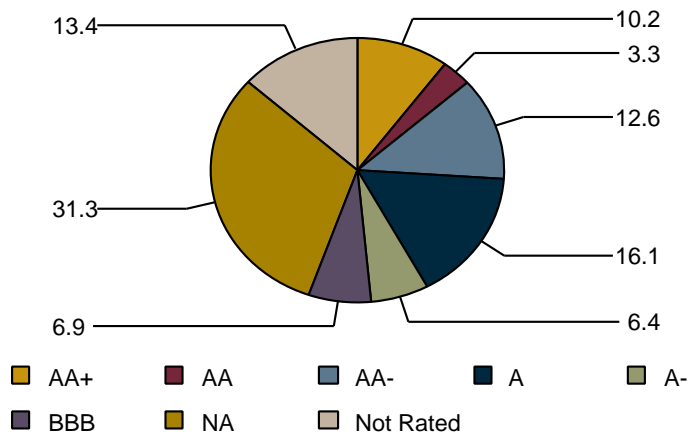
Account Name: DESERT HOSPITAL RETIREMENT PLAN
Account ID: xxxxxx8600



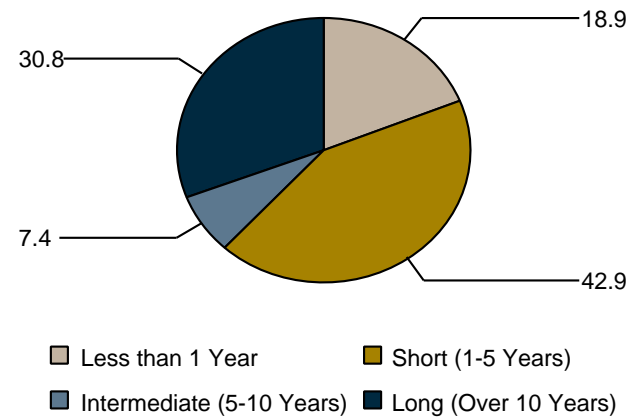
Fixed Income Analysis - Individual Holdings

	03/31/2020	04/30/2019	04/30/2018	04/30/2017	04/30/2016
Duration	6.90	7.63	7.71	7.09	6.00
Coupon	3.21	3.11	3.09	3.02	2.79
Yield to Maturity	2.21	2.86	3.15	2.39	2.07
Maturity	9.29	10.51	10.67	9.52	7.65
Current Yield	3.05	3.06	3.09	2.92	2.68
Face Amount	1,514,048	1,537,579	1,861,544	1,595,392	592,643
Market Value	1,589,920	1,559,326	1,859,229	1,644,878	612,434
Cost	1,570,543	1,584,600	1,918,739	1,645,048	609,557

Quality Allocation by Market Value



Maturity Allocation by Market Value



Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxxx8600



As of: March 31, 2020

Summary Investment Performance

Beginning Market Value	5,137,082.86
Beginning Accrued Income	8,540.21
Beginning Portfolio Value	5,145,623.07
Contributions	-329.63
Withdrawals	-31,345.93
Income Earned	23,165.81
Gain/Loss	-756,060.06
Ending Market Value	4,372,081.09
Ending Accrued Income	8,972.17
Ending Portfolio Value	4,381,053.26
Total Earnings	-732,894.25

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxxx8600



As of: March 31, 2020

Performance Report

	Market Value	Year to Date (3 Months)	1 Year	3 Years	5 Years	10 Years	20 Years	Inception to Date 05/01/1998
Cash & Equivalents	117,477	.31	1.82	1.58	1.02	1.00		
Lipper Money Market Funds Index		.32	1.74	1.49	.94	.47	1.50	1.80
Total Fixed Income	1,624,269	1.51	5.60	3.51	2.56	2.43	3.99	4.02
BBG Barclays Intmtd US Aggregate Index		2.49	6.88	3.87	2.82	3.22	4.67	4.62
Alternatives	154,662	-12.89	-3.10	-.13	2.00			
Wilshire Liquid Alternative Index		-8.48	-5.42	-1.06	-.83	.93	2.09	
Total Equities	2,484,645	-22.88	-12.94	.90	2.88	7.29	3.84	5.30
MSCI AC World Index (Net)		-21.37	-11.26	1.50	2.85	5.88	3.22	
MSCI EAFE Index (Net)		-22.83	-14.38	-1.82	-.62	2.71	1.99	3.10
MSCI EM Free Index (Net USD)		-23.60	-17.69	-1.62	-.37	.68	5.13	
Russell 2000 Index (USD)		-30.61	-23.99	-4.64	-.25	6.90	5.28	5.45
Russell Midcap Index		-27.07	-18.31	-.81	1.85	8.77	6.79	7.42
S&P 500 Composite Index		-19.60	-6.98	5.10	6.73	10.53	4.79	5.92
Total Acct - Gross of Fees	4,381,053	-14.33	-6.12	1.86	2.90	5.43	3.91	4.89

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxxx8600



As of: March 31, 2020

Holdings Report w/ Yield and Income

Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
Alternatives										
Global Macro										
EATON VANCE GLBL MACRO ABS R6 #1072	EGRSX	9,688.132	10.04	97,308.37	9.40	91,068.44	2.1	.45	4,311.22	4.734
WESTERN ASSET MAC OPP IS FD #5102	LAOSX	4,220.975	10.53	44,436.83	9.54	40,268.10	.9	.61	2,553.69	6.342
Total for Global Macro				141,745.20		131,336.54	3.0		6,864.91	5.227
Unconstrained Fixed Income										
BLACKROCK STRAT INC OPPS CL K #1944	BSIKX	2,493.409	9.90	24,694.86	9.33	23,325.59	.5	.34	850.25	3.655
Total for Unconstrained Fixed Income				24,694.86		23,325.59	.5		850.25	3.655
Total: Alternatives				166,440.06		154,662.13	3.5		7,715.16	4.990
Cash										
Cash										
Cash/Pending Trade		4,822.280	1.00	4,822.28	1.00	4,822.28	.1	.00	.00	.000
Total for Cash				4,822.28		4,822.28	.1		.00	.000
Total: Cash				4,822.28		4,822.28	.1		.00	.000
Total Equities										
Communi Services - Dom CS										
ALPHABET INC CAP STK CL A	GOOGL	16.000	793.85	12,701.63	1,161.95	18,591.20	.4	.00	.00	.000
COMCAST CORP-CL A	CMCSA	163.000	34.88	5,685.49	34.38	5,641.43	.1	.92	149.96	2.676
DISNEY (WALT) COMPANY HOLDING CO	DIS	66.000	113.30	7,478.06	96.60	6,375.60	.1	1.76	116.16	1.822
ELECTRONIC ARTS INC COMMON	EA	52.000	82.37	4,283.04	100.17	5,208.84	.1	.00	.00	.000
FACEBOOK INC CL A	FB	55.000	121.42	6,677.89	166.80	9,174.00	.2	.00	.00	.000
VERIZON COMMUNICATIONS	VZ	166.000	53.44	8,870.99	53.73	8,919.18	.2	2.46	408.36	4.578
Total for Communi Services - Dom CS				45,697.10		53,910.25	1.2		674.48	1.252

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxxx8600



As of: March 31, 2020

Holdings Report w/ Yield and Income

Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
Con Discretionary - Dom CS										
AMAZON.COM INC	AMZN	5.000	1,627.28	8,136.41	1,949.72	9,748.60	.2	.00	.00	.000
DOLLAR TREE STORES	DLTR	60.000	79.79	4,787.22	73.47	4,408.20	.1	.00	.00	.000
LOWES COS INC	LOW	59.000	68.70	4,053.01	86.05	5,076.95	.1	2.20	129.80	2.557
NIKE INC CL B	NKE	30.000	74.90	2,246.85	82.74	2,482.20	.1	.98	29.40	1.184
O REILLY AUTOMOTIVE INC NEW	ORLY	11.000	298.58	3,284.37	301.05	3,311.55	.1	.00	.00	.000
TJX COS INC NEW	TJX	72.000	38.85	2,797.18	47.81	3,442.32	.1	.92	66.24	1.924
V F CORP	VFC	35.000	95.61	3,346.18	54.08	1,892.80	.0	1.92	67.20	3.550
Total for Con Discretionary - Dom CS				28,651.22		30,362.62	.7		292.64	.964
Con Staples - Dom CS										
COSTCO WHOLESALE CORP	COST	23.000	170.48	3,921.14	285.13	6,557.99	.1	2.60	59.80	.912
PROCTER & GAMBLE CO	PG	111.000	103.61	11,500.26	110.00	12,210.00	.3	2.98	331.22	2.713
Total for Con Staples - Dom CS				15,421.40		18,767.99	.4		391.02	2.083
Emerging Market Funds										
ISHARES MSCI EMERGING MKT FD	EEM	1,162.000	36.99	42,985.59	34.13	39,659.06	.9	.97	1,131.79	2.854
VANGUARD FTSE EMRG MRKTS ETF	VWO	1,180.000	41.63	49,117.50	33.55	39,589.00	.9	1.42	1,669.70	4.218
Total for Emerging Market Funds				92,103.09		79,248.06	1.8		2,801.49	3.535
Energy - Dom CS										
CHEVRON CORP. COMMON STOCK	CVX	90.000	106.01	9,541.26	72.46	6,521.40	.1	5.16	464.40	7.121
CONCHO RES INC	CXO	22.000	115.33	2,537.17	42.85	942.70	.0	.80	17.60	1.867
EOG RES INC	EOG	77.000	81.24	6,255.52	35.92	2,765.84	.1	1.50	115.50	4.176
OCCIDENTAL PETE CORP	OXY	.000	.00	.00	.00	26.86	.0	3.16	.00	.000
Total for Energy - Dom CS				18,333.95		10,256.80	.2		597.50	5.841
Financials - Domestic CS										
AMERICAN INTL GROUP COM	AIG	50.000	61.89	3,094.46	24.25	1,212.50	.0	1.28	64.00	5.278
BERKSHIRE HATHAWAY B	BRK.B	43.000	196.34	8,442.65	182.83	7,861.69	.2	.00	.00	.000

As of: March 31, 2020

Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
	CITIGROUP INC COM	C	139.000	52.50	7,297.90	42.12	5,854.68	.1	2.04	283.56	4.843
	E TRADE FIN CORP COM	ETFC	100.000	43.39	4,339.03	34.32	3,432.00	.1	.56	56.00	1.632
	GOLDMAN SACHS GROUP INC	GS	22.000	170.97	3,761.31	154.59	3,400.98	.1	5.00	110.00	3.234
	HARTFORD FINL SVCS GROUP INC	HIG	55.000	53.63	2,949.48	35.24	1,954.45	.0	1.30	71.50	3.689
	JPMORGAN CHASE & CO	JPM	118.000	92.22	10,881.96	90.03	10,623.54	.2	3.60	424.80	3.999
	PNC FINANCIAL SERVICES GROUP	PNC	49.000	119.83	5,871.73	95.72	4,690.28	.1	4.60	225.40	4.806
	SCHWAB CHARLES CORP NEW	SCHW	152.000	36.52	5,551.00	33.62	5,110.24	.1	.72	109.44	2.142
Total for Financials - Domestic CS					52,189.52		44,140.36	1.0		1,344.70	3.048
Foreign Large Blended Funds											
	ISHARES TR HDG MSCI EAFE	HEFA	3,250.000	26.06	84,686.44	24.21	78,682.50	1.8	.97	3,149.25	4.002
	VANGUARD FTSE DEVELOPED MARKETS ETF	VEA	6,754.000	41.79	282,249.66	33.34	225,178.36	5.1	1.30	8,753.18	3.887
Total for Foreign Large Blended Funds					366,936.10		303,860.86	6.9		11,902.43	3.917
Foreign Large Growth Funds											
	ISHARES MSCI EAFE GROWTH ETF	EFG	1,415.000	66.43	94,000.31	71.11	100,620.65	2.3	1.46	2,067.32	2.055
Total for Foreign Large Growth Funds					94,000.31		100,620.65	2.3		2,067.32	2.055
Foreign Large Value Funds											
	ISHARES MSCI EAFE VALUE ETF	EFV	3,215.000	50.60	162,673.13	35.69	114,743.35	2.6	2.31	7,420.22	6.467
Total for Foreign Large Value Funds					162,673.13		114,743.35	2.6		7,420.22	6.467
Health Care - Dom CS											
	ABBOTT LABS COM	ABT	75.000	45.64	3,423.03	78.91	5,918.25	.1	1.44	108.00	1.825
	ANTHEM INC COM	ANTM	16.000	258.48	4,135.72	227.04	3,632.64	.1	3.80	60.80	1.674
	BRISTOL MYERS SQUIBB CO	BMJ	197.000	57.33	11,293.12	55.74	10,980.78	.3	1.80	354.60	3.229
	ILLUMINA INC	ILMN	13.000	296.09	3,849.12	273.12	3,550.56	.1	.00	.00	.000
	LILLY ELI & CO	LLY	55.000	113.00	6,215.23	138.72	7,629.60	.2	2.96	162.80	2.134
	MERCK & CO COM COM	MRK	105.000	58.84	6,178.27	76.94	8,142.75	.2	2.44	256.20	3.171
	PFIZER INC	PFE	135.000	35.23	4,755.78	32.64	4,406.40	.1	1.52	205.20	4.657
	REGENERON PHARMACEUTICALS INC	REGN	6.000	337.51	2,025.06	488.29	2,929.74	.1	.00	.00	.000

As of: March 31, 2020

Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
	UNITEDHEALTH GROUP INC	UNH	12.000	290.12	3,481.47	249.38	2,992.56	.1	4.32	51.84	1.732
Total for Health Care - Dom CS					45,356.80		50,183.28	1.1		1,199.44	2.393
Industrials - Domestic CS											
	BOEING CO	BA	10.000	331.10	3,310.97	149.14	1,491.40	.0	.00	.00	.000
	EQUIFAX INC	EFX	32.000	115.73	3,703.39	119.45	3,822.40	.1	1.56	49.92	1.306
	FORTIVE CORP COM	FTV	78.000	52.11	4,064.44	55.19	4,304.82	.1	.28	21.84	.507
	HONEYWELL INTL INC	HON	46.000	130.96	6,024.34	133.79	6,154.34	.1	3.60	165.60	2.691
	HUNT J B TRANS SVCS INC	JBHT	46.000	90.21	4,149.83	92.23	4,242.58	.1	1.08	49.68	1.171
	NORTHROP GRUMMAN CORP	NOC	22.000	249.78	5,495.09	302.55	6,656.10	.2	5.28	116.16	1.745
	ROCKWELL AUTOMATION, INC. COMMON STO	ROK	16.000	154.97	2,479.53	150.91	2,414.56	.1	4.08	65.28	2.704
	UNITED PARCEL SERVICE CL B	UPS	55.000	108.75	5,981.26	93.42	5,138.10	.1	4.04	222.20	4.325
	UNITED TECHNOLOGIES CORP	UTX	13.000	127.91	1,662.89	94.33	1,226.29	.0	2.94	38.22	3.117
Total for Industrials - Domestic CS					36,871.74		35,450.59	.8		728.90	2.056
Info Tech - Domestic CS											
	ADOBE INC	ADBE	13.000	110.39	1,435.05	318.24	4,137.12	.1	.00	.00	.000
	ANALOG DEVICES INC	ADI	62.000	72.41	4,489.20	89.65	5,558.30	.1	2.48	153.76	2.766
	APPLE INC COM	AAPL	122.000	119.42	14,569.71	254.29	31,023.38	.7	3.08	375.76	1.211
	APPLIED MATLS INC	AMAT	157.000	30.26	4,751.42	45.82	7,193.74	.2	.88	138.16	1.921
	CISCO SYS INC	CSCO	278.000	30.85	8,575.00	39.31	10,928.18	.2	1.44	400.32	3.663
	MASTERCARD INC-A	MA	39.000	110.52	4,310.26	241.56	9,420.84	.2	1.60	62.40	.662
	MICROSOFT CORP	MSFT	227.000	64.38	14,615.02	157.71	35,800.17	.8	2.04	463.08	1.294
	ORACLE CORP	ORCL	55.000	52.90	2,909.48	48.33	2,658.15	.1	.96	52.80	1.986
	TEXAS INSTRS INC	TXN	44.000	76.85	3,381.50	99.93	4,396.92	.1	3.60	158.40	3.603
Total for Info Tech - Domestic CS					59,036.64		111,116.80	2.5		1,804.68	1.624
Intl CS - Non-ADRs											
	UNILEVER N V	UN	222.000	57.45	12,754.85	48.79	10,831.38	.2	1.55	344.54	3.181
	ALLERGAN PLC SHS	AGN	30.000	208.54	6,256.29	177.10	5,313.00	.1	2.96	88.80	1.671
	LINDE PLC COM	LIN	46.000	135.73	6,243.35	173.00	7,958.00	.2	3.85	177.19	2.227

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxxx8600



As of: March 31, 2020

Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
	MEDTRONIC PLC SHS	MDT	98.000	79.98	7,838.35	90.18	8,837.64	.2	2.16	211.68	2.395
	APTIV PLC COM	APTV	58.000	77.91	4,518.77	49.24	2,855.92	.1	.88	51.04	1.787
	ALCON INC ORD SHS	ALC	55.000	58.10	3,195.46	50.82	2,795.10	.1	.00	.00	.000
	ROYAL CARIBBEAN CRUISES LTD	RCL	.000	.00	.00	.00	23.40	.0	3.12	.00	.000
Total for Intl CS - Non-ADRs						40,807.07	38,614.44	.9		873.25	2.263
Large-Cap Blended Funds											
	SCHWAB STRATEGIC TR	SCHX	3,040.000	56.82	172,740.52	61.25	186,200.00	4.3	1.45	4,411.04	2.369
	VANGUARD INDEX FUNDS S&P 500 ETF SHS	VOO	790.000	218.88	172,918.69	236.82	187,087.80	4.3	5.29	4,182.26	2.235
Total for Large-Cap Blended Funds						345,659.21	373,287.80	8.5		8,593.30	2.302
Large-Cap Growth Funds											
	ISHARES S&P 500 GROWTH ETF	IVW	1,695.000	117.81	199,692.91	165.05	279,759.75	6.4	2.56	4,344.29	1.553
Total for Large-Cap Growth Funds						199,692.91	279,759.75	6.4		4,344.29	1.553
Large-Cap Value Funds											
	ISHARES S&P 500 VALUE ETF	IVE	3,245.000	93.76	304,244.26	96.25	312,331.25	7.1	2.92	9,485.14	3.037
Total for Large-Cap Value Funds						304,244.26	312,331.25	7.1		9,485.14	3.037
Materials - Domestic CS											
	ECOLAB INC	ECL	38.000	118.35	4,497.21	155.83	5,939.40	.1	1.88	71.44	1.206
Total for Materials - Domestic CS						4,497.21	5,939.40	.1		71.44	1.206
Mid-Cap Growth Funds											
	ISHARES RUS MID-CAP GRW ETF	IWP	773.000	88.04	68,054.48	121.59	93,989.07	2.1	.89	685.65	.729
Total for Mid-Cap Growth Funds						68,054.48	93,989.07	2.1		685.65	.729
Mid-Cap Value Funds											
	ISHARES RUS MID-CAP VALUE	IWS	1,229.000	72.82	89,498.36	64.09	78,766.61	1.8	2.06	2,531.74	3.214
Total for Mid-Cap Value Funds						89,498.36	78,766.61	1.8		2,531.74	3.214

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxxx8600



As of: March 31, 2020

Holdings Report w/ Yield and Income

Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
Real Estate - Dom CS										
AMERICAN TOWER CORP	AMT	47.000	101.75	4,782.19	217.75	10,234.25	.2	3.96	186.12	1.819
PROLOGIS INC	PLD	30.000	70.12	2,103.45	80.37	2,411.10	.1	2.32	69.60	2.887
WEYERHAEUSER CO COM	WY	100.000	25.43	2,542.50	16.95	1,695.00	.0	1.36	136.00	8.024
Total for Real Estate - Dom CS				9,428.14		14,340.35	.3		391.72	2.732
Small-Cap Blended Funds										
ISHARES RUSSELL 2000 ETF	IWM	979.000	122.97	120,390.12	114.46	112,056.34	2.6	2.09	2,050.03	1.829
Total for Small-Cap Blended Funds				120,390.12		112,056.34	2.6		2,050.03	1.829
Small-Cap Growth Funds										
ISHARES RUSSELL 2000 GROWTH ETF	IWO	715.000	168.51	120,488.17	158.17	113,091.55	2.6	1.53	1,091.81	.965
Total for Small-Cap Growth Funds				120,488.17		113,091.55	2.6		1,091.81	.965
Small-Cap Value Funds										
ISHARES RUSSELL 2000 VALUE ETF	IWN	1,191.000	117.63	140,100.98	82.03	97,697.73	2.2	2.40	2,863.16	2.931
Total for Small-Cap Value Funds				140,100.98		97,697.73	2.2		2,863.16	2.931
Utilities-Dom Common Stock										
EDISON INTL	EIX	69.000	69.58	4,801.18	54.79	3,824.50	.1	2.55	175.95	4.654
WEC ENERGY GROUP INC COM	WEC	94.000	62.00	5,827.56	88.13	8,284.22	.2	2.53	237.82	2.871
Total for Utilities-Dom Common Stock				10,628.74		12,108.72	.3		413.77	3.430
Total: Total Equities				2,470,760.65		2,484,644.62	56.7		64,620.12	2.601
Total Fixed Income										
Taxable FX- US Govt Agcy										
FHLMC NTS 2.375% 1/13/22	FN22322	50,000.000	105.66	52,830.60	103.51	52,010.79	1.2	2.38	1,187.50	2.295
Total for Taxable FX- US Govt Agcy				52,830.60		52,010.79	1.2		1,187.50	2.295

As of: March 31, 2020

Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
Taxable Fixed - Corporates											
	ALABAMA PWR NTS 3.375% 10/01/20	APN3320	50,000.000	105.92	52,960.50	98.16	49,921.75	1.1	3.38	1,687.50	3.438
	ALPHABET INC 3.375% 2/25/24		100,000.000	103.68	103,675.00	109.97	110,306.50	2.5	3.38	3,375.00	3.069
	BERKSHIRE HATH FIN 3.000% 5/15/22	BH33022	50,000.000	104.53	52,264.50	103.87	52,503.17	1.2	3.00	1,500.00	2.888
	CISCO SYS NTS 2.450% 6/15/20	CSN2420	100,000.000	101.52	101,522.00	100.18	100,900.39	2.3	2.45	2,450.00	2.446
	COLGATE PALMOLIVE CO 2.950% 11/01/20	CL20	100,000.000	103.10	103,095.00	100.38	101,611.17	2.3	2.95	2,950.00	2.939
	DISNEY WALT CO MTNS 2.300% 2/12/21	DWC2321	50,000.000	103.43	51,716.50	100.72	50,514.03	1.2	2.30	1,150.00	2.284
	EDWARDS LIFESCIENCES 4.300% 6/15/28	EL44328	100,000.000	112.46	112,461.00	108.94	110,203.11	2.5	4.30	4,300.00	3.947
	IBM CORP 3.375% 8/01/23	IC00323	100,000.000	103.56	103,559.00	105.25	105,812.50	2.4	3.38	3,375.00	3.207
	PRAXAIR INC	PX23	50,000.000	101.99	50,994.00	101.28	50,787.50	1.2	2.70	1,350.00	2.666
	WELLS FARGO NTS 3.500% 3/08/22	WFN3512	100,000.000	102.96	102,964.00	101.94	102,167.61	2.3	3.50	3,500.00	3.433
	Total for Taxable Fixed - Corporates				835,211.50		834,727.73	19.1		25,637.50	3.094
Taxable Fixed - Mortgages											
	FGLMC G07029 4.000% 6/01/42	G07029F	62,637.950	106.20	66,523.46	108.78	68,140.07	1.6	4.00	2,505.52	3.677
	FGLMC #C04305 3.000% 11/01/42	C04305F	48,918.440	104.36	51,051.00	105.73	51,842.79	1.2	3.00	1,467.55	2.837
	FGLMC #C18024 5.500% 11/01/28	C18024F	1,174.030	103.75	1,218.05	109.30	1,288.54	.0	5.50	64.57	5.032
	FGLMC #Q19470 3.000% 6/01/43	Q19470F	72,256.830	100.64	72,719.74	105.73	76,577.06	1.7	3.00	2,167.70	2.837
	FGLMC #G60344 4.000% 12/01/45	G60344F	62,038.540	105.62	65,528.19	108.95	67,798.41	1.5	4.00	2,481.54	3.671
	FNMA AL7945 3.50000% 1/1/2046	AL7945A	72,116.640	103.67	74,764.68	107.32	77,396.30	1.8	3.50	2,524.08	3.261
	FNMA AS6340 3.5000% 12/1/2045	AS6340A	63,098.370	102.63	64,759.63	106.72	67,337.32	1.5	3.50	2,208.44	3.280
	FNMA AU3742 3.5000% 8/1/2043	AU3742A	63,110.830	102.45	64,659.03	107.29	67,713.50	1.5	3.50	2,208.88	3.262
	FNMA 995672 4.500% 4/01/39	995672A	8,862.210	101.70	9,013.17	109.36	9,724.50	.2	4.50	398.80	4.115
	GNMA II #2629 6.000% 8/20/28	002629M	2,182.330	99.69	2,175.51	111.67	2,447.83	.1	6.00	130.94	5.373
	GNMA II #003389 5.000% 5/20/33	003389M	3,187.910	103.75	3,307.45	110.57	3,538.18	.1	5.00	159.40	4.522
	GNMA #474804 6.500% 9/15/28	474804X	1,535.050	101.19	1,553.27	109.74	1,692.81	.0	6.50	99.78	5.923
	GNMA #780912 6.500% 11/15/28	780912X	1,675.090	101.97	1,708.08	115.98	1,951.79	.0	6.50	108.88	5.605
	GNMA #781057 5.500% 6/15/29	781057X	1,253.640	100.37	1,258.34	109.69	1,380.92	.0	5.50	68.95	5.014
	Total for Taxable Fixed - Mortgages				480,239.60		498,830.02	11.4		16,595.03	3.331
Taxable Fixed - US Treas											

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxxx8600



As of: March 31, 2020

Holdings Report w/ Yield and Income

Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
US TREAS NTS 2.750% 11/15/23	UTN0023	100,000.000	100.68	100,683.59	108.72	109,765.58	2.5	2.75	2,750.00	2.529
US TREAS NTS 2.250% 4/30/21	UTN2221A	50,000.000	101.06	50,531.25	102.32	51,632.87	1.2	2.25	1,125.00	2.199
US TREAS NTS 2.250% 7/31/21	UTN2221B	50,000.000	102.09	51,046.88	102.76	51,567.53	1.2	2.25	1,125.00	2.190
Total for Taxable Fixed - US Treas				202,261.72		212,965.98	4.9		5,000.00	2.367
Taxable Funds - Bank Loan										
EATON VANCE FLT-RT HI INC R6 #1048	ESFHX	.268	8.92	2.39	7.57	2.03	.0	.41	.11	5.419
Total for Taxable Funds - Bank Loan				2.39		2.03	.0		.11	5.419
Taxable Funds - High Yield										
PIMCO HIGH YIELD,INSTL #108	PHIYX	.016	8.75	.14	8.13	.13	.0	.45	.01	7.692
Total for Taxable Funds - High Yield				.14		.13	.0		.01	7.692
Taxable Funds - Int Term										
ISHARES MBS ETF	MBB	233.000	108.15	25,199.12	110.44	25,732.52	.6	2.87	667.78	2.595
Total for Taxable Funds - Int Term				25,199.12		25,732.52	.6		667.78	2.595
Total: Total Fixed Income				1,595,745.07		1,624,269.20	37.1		49,087.93	3.038
Cash Equivalents										
Cash - Money Market										
FIRST AMERN GOVT OBLIG FD CL Z #3676	FGZXX	112,589.020	1.00	112,589.02	1.00	112,655.03	2.6	.01	979.64	.870
Total for Cash - Money Market				112,589.02		112,655.03	2.6		979.64	.870
Total: Cash Equivalents				112,589.02		112,655.03	2.6		979.64	.870
Total				4,350,357.08		4,381,053.26	100.0		122,402.85	2.800

DESERT HEALTHCARE DISTRICT
xxxxxxx4730
03/31/2020

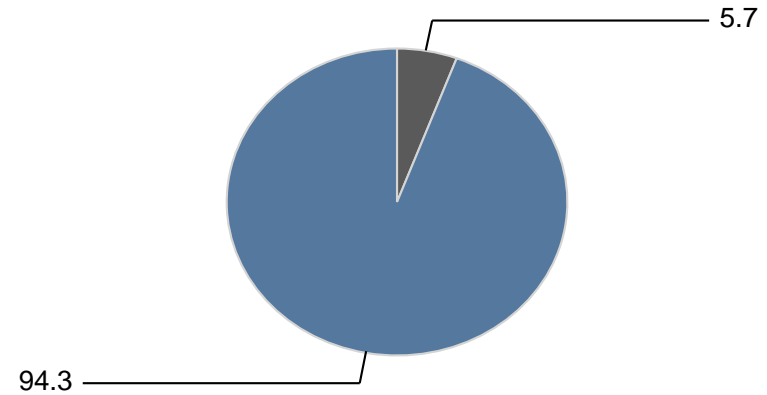
Investment Objective: FIXED INCOME MANAGEMENT
Investment Officer: KEITH STRIBLING

As of: March 31, 2020

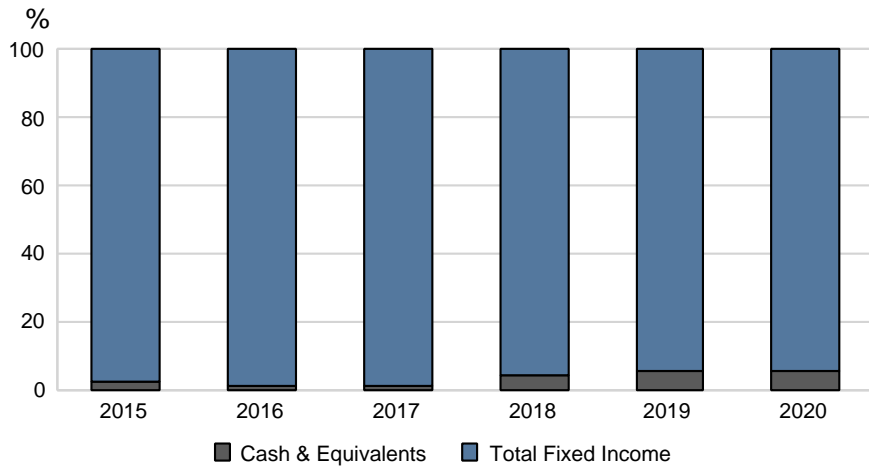
Asset Allocation Summary

Market Value by Asset Class

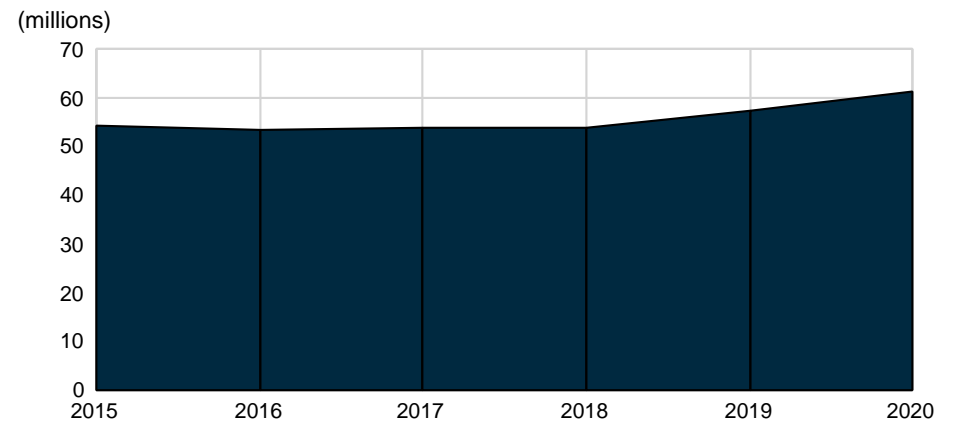
	Market Value	% of Mkt Val
Total Fixed Income	57,799,087	94.3
Cash & Equivalents	3,507,105	5.7
Total	61,306,193	100.0



Annual Allocation



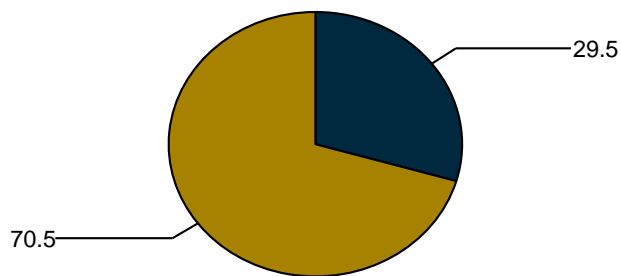
Annual Ending Market Values



Fixed Income Analysis - Individual Holdings

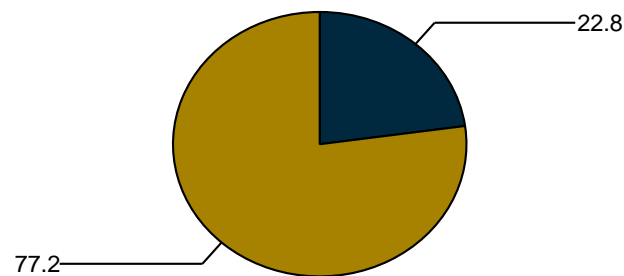
	03/31/2020	04/30/2019	04/30/2018	04/30/2017	04/30/2016
Duration	1.73	1.98	2.21	1.84	1.84
Coupon	2.07	2.30	2.44	3.21	3.82
Yield to Maturity	.35	2.39	2.65	1.78	1.16
Maturity	1.76	2.03	2.27	1.89	1.90
Current Yield	2.00	2.30	2.45	3.14	3.66
Face Amount	55,800,000	49,800,000	54,800,000	52,200,000	52,500,000
Market Value	57,534,358	49,788,430	54,253,963	53,157,514	54,709,549
Cost	55,931,668	50,022,865	55,677,770	54,862,859	56,934,665

Quality Allocation by Market Value



■ AA+ ■ NA

Maturity Allocation by Market Value



■ Less than 1 Year ■ Short (1-5 Years)

Account Name: DESERT HEALTHCARE DISTRICT

Account ID: xxxxxx4730



As of: March 31, 2020

Summary Investment Performance

Beginning Market Value	57,108,176.89
Beginning Accrued Income	274,017.69
Beginning Portfolio Value	57,382,194.58
Contributions	2,500,000.00
Withdrawals	-28,542.02
Income Earned	300,384.82
Gain/Loss	1,152,155.15
Ending Market Value	61,038,610.21
Ending Accrued Income	267,582.32
Ending Portfolio Value	61,306,192.53
Total Earnings	1,452,539.97

Account Name: DESERT HEALTHCARE DISTRICT

Account ID: xxxxxx4730



As of: March 31, 2020

Performance Report

	Market Value	Year to Date (3 Months)	1 Year	3 Years	5 Years	10 Years	20 Years	Inception to Date 07/01/1998
Cash & Equivalents	3,507,105	.31	1.83	1.58	1.05	.54		
Lipper Money Market Funds Index		.32	1.74	1.49	.94	.47	1.50	1.78
Total Fixed Income	57,799,087	2.56	5.27	2.79	1.94	1.58	3.21	3.35
BBG Barclays 1-3 Yr US Govt/Credit Index		1.69	4.53	2.58	1.90	1.62	3.21	3.33
Total Acct - Gross of Fees	61,306,193	2.43	5.00	2.68	1.87	1.53	3.14	3.28

As of: March 31, 2020

Holdings Report w/ Yield and Income

Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
Total Fixed Income										
Taxable FX- US Govt Agcy										
FHLB CONS BD 1.875% 11/29/21	FCB1821	1,000,000.000	99.56	995,643.00	102.39	1,030,234.17	1.7	1.88	18,750.00	1.831
FEDERAL HOME LOAN 2.750% 6/10/22	FHL2722	1,000,000.000	99.68	996,760.00	105.14	1,059,879.17	1.7	2.75	27,500.00	2.616
FHLB BDS 3.625% 6/11/21	FB33621A	1,000,000.000	101.44	1,014,367.84	103.94	1,050,426.39	1.7	3.63	36,250.00	3.488
FHLB BDS 1.375% 6/12/20	FB11320F	1,000,000.000	100.02	1,000,232.24	100.21	1,006,223.19	1.6	1.38	13,750.00	1.372
FEDERAL HOME LOAN BA 3.250% 6/09/23	FHL3223H	1,000,000.000	101.08	1,010,762.11	108.66	1,096,741.11	1.8	3.25	32,500.00	2.991
FNMA BDS 1.500% 6/22/20	FB11520E	1,000,000.000	100.06	1,000,591.71	100.28	1,006,935.00	1.6	1.50	15,000.00	1.496
FNMA MTN 1.875% 12/28/20	FM11820D	2,000,000.000	100.28	2,005,556.96	101.08	2,031,307.50	3.3	1.88	37,500.00	1.855
FNMA NTS 1.250% 5/06/21	FN11221B	1,500,000.000	100.03	1,500,521.59	100.80	1,519,537.08	2.5	1.25	18,750.00	1.240
FNMA NTS 2.000% 1/05/22	FN22022D	1,000,000.000	100.03	1,000,268.74	102.87	1,033,427.78	1.7	2.00	20,000.00	1.944
FNMA NTS 1.875% 4/05/22	FN11822	2,000,000.000	97.15	1,942,935.84	102.98	2,077,933.33	3.4	1.88	37,500.00	1.821
FNMA NT 2.000% 11/30/20	FN22020AC	1,000,000.000	100.36	1,003,600.60	101.03	1,017,032.22	1.7	2.00	20,000.00	1.980
FHLMC NTS 2.375% 1/13/22	FN22322	2,000,000.000	100.90	2,018,087.69	103.51	2,080,431.67	3.4	2.38	47,500.00	2.295
FEDERAL HOME LN MTG 2.750% 6/19/23	FHL2723A	1,000,000.000	98.83	988,303.00	107.13	1,079,111.67	1.8	2.75	27,500.00	2.567
Total for Taxable FX- US Govt Agcy				16,477,631.32		17,089,220.28	27.9		352,500.00	2.076
Taxable Fixed - US Treas										
US TREAS NTS 1.875% 7/31/22	UTN0022C	1,000,000.000	100.55	1,005,469.69	103.82	1,041,382.17	1.7	1.88	18,750.00	1.806
US TREAS NTS 1.625% 8/31/22	UTN1622B	2,000,000.000	100.43	2,008,639.27	103.28	2,068,446.09	3.4	1.63	32,500.00	1.573
US TREAS NTS 1.875% 9/30/22	UTN0022D	2,000,000.000	100.25	2,004,963.02	104.06	2,081,202.46	3.4	1.88	37,500.00	1.802
US TREAS NTS 2.000% 10/31/22	UTN0122B	1,000,000.000	99.78	997,812.50	104.47	1,053,096.59	1.7	2.00	20,000.00	1.914
US TREAS NTS 2.375% 1/31/23	UTN0023C	2,000,000.000	98.76	1,975,156.25	105.92	2,126,400.16	3.5	2.38	47,500.00	2.242
US TREAS NTS 2.750% 4/30/23	UST0023A	1,000,000.000	99.72	997,226.56	107.55	1,087,069.07	1.8	2.75	27,500.00	2.557
UNITED STATES TREAS 2.750% 5/31/23	UST2823	1,000,000.000	99.71	997,070.31	107.73	1,086,602.58	1.8	2.75	27,500.00	2.553
UNITED STATES TREA NTS 1.75% 7/31/21	UST1721	2,500,000.000	100.36	2,508,883.09	102.09	2,559,681.73	4.2	1.75	43,750.00	1.714
US TREAS NTS 2.125% 1/31/21	UTN2121	1,000,000.000	100.56	1,005,599.81	101.73	1,020,831.13	1.7	2.13	21,250.00	2.089
US TREAS NTS 2.000% 2/28/21	UTN2021A	2,000,000.000	100.14	2,002,701.90	101.76	2,038,638.26	3.3	2.00	40,000.00	1.965
US TREAS NTS 2.250% 3/31/21	UTN2221	1,000,000.000	100.53	1,005,341.05	102.12	1,021,231.48	1.7	2.25	22,500.00	2.203
US TREAS NTS 2.125% 9/30/21	UTN12121B	1,500,000.000	101.14	1,517,133.27	102.89	1,543,452.09	2.5	2.13	31,875.00	2.065

As of: March 31, 2020

Holdings Report w/ Yield and Income

Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
US TREAS NTS 2.000% 10/31/21	UTN2021D	1,000,000.000	100.22	1,002,228.68	102.82	1,036,606.59	1.7	2.00	20,000.00	1.945
US TREAS NTS 2.125% 12/31/21		1,800,000.000	100.71	1,812,845.97	103.32	1,869,355.58	3.0	2.13	38,250.00	2.057
US TREAS NTS 1.750% 2/28/22	UTN1722A	1,000,000.000	100.41	1,004,062.50	102.92	1,030,741.74	1.7	1.75	17,500.00	1.700
US TREAS NTS 2.625% 8/15/20	UTN2620	1,000,000.000	100.75	1,007,533.40	100.98	1,013,157.31	1.7	2.63	26,250.00	2.599
US TREAS NTS 2.625% 11/15/20	UTN2620A	1,000,000.000	100.83	1,008,294.06	101.59	1,025,811.92	1.7	2.63	26,250.00	2.584
US TREAS NTS 3.125% 5/15/21	UTN3221	1,000,000.000	101.07	1,010,674.02	103.35	1,045,367.53	1.7	3.13	31,250.00	3.024
US TREAS NTS 1.625% 5/31/23	UTN1623A	1,000,000.000	100.21	1,002,109.38	104.16	1,047,101.07	1.7	1.63	16,250.00	1.560
US TREAS NTS 2.125% 8/15/21	UTN2521	1,000,000.000	98.93	989,296.88	102.70	1,029,635.44	1.7	2.13	21,250.00	2.069
US TREAS NTS 1.250% 7/31/23	UTN1223	1,500,000.000	102.53	1,537,910.16	103.11	1,549,732.17	2.5	1.25	18,750.00	1.212
US TREAS NTS 2.000% 2/15/22	UTN2022	1,000,000.000	100.59	1,005,873.05	103.34	1,035,927.47	1.7	2.00	20,000.00	1.935
US TREAS NTS 1.625% 10/31/23	UTN1623B	1,000,000.000	100.36	1,003,632.81	104.69	1,053,740.36	1.7	1.63	16,250.00	1.552
US TREAS NTS 2.000% 7/31/20	UTN2020	1,000,000.000	100.61	1,006,064.90	100.67	1,010,071.65	1.6	2.00	20,000.00	1.987
US TREAS NTS 2.000% 9/30/20	UTN2020A	1,000,000.000	100.51	1,005,089.26	100.93	1,009,394.64	1.6	2.00	20,000.00	1.981
US TREAS NTS 1.875% 3/31/22	33122	2,000,000.000	100.20	2,004,093.44	103.31	2,066,282.46	3.4	1.88	37,500.00	1.815
US TREAS NTS 2.250% 4/30/21	UTN2221A	1,000,000.000	101.14	1,011,379.63	102.32	1,032,657.42	1.7	2.25	22,500.00	2.199
US TREAS NTS 2.250% 7/31/21	UTN2221B	1,000,000.000	100.75	1,007,534.96	102.76	1,031,350.60	1.7	2.25	22,500.00	2.190
US TREAS NTS 2.125% 6/30/22	UTN2122	1,000,000.000	100.25	1,002,505.47	104.31	1,048,420.88	1.7	2.13	21,250.00	2.037
US TREAS NTS 1.625% 6/30/20	UTN0020A	1,000,000.000	100.07	1,000,661.40	100.38	1,007,897.14	1.6	1.63	16,250.00	1.619
US TREAS NTS 1.750% 5/31/22	UTN1722C	1,000,000.000	100.63	1,006,250.00	103.27	1,038,581.15	1.7	1.75	17,500.00	1.695
Total for Taxable Fixed - US Treas				39,454,036.69		40,709,866.93	66.4		800,125.00	1.973
Total: Total Fixed Income				55,931,668.01		57,799,087.21	94.3		1,152,625.00	2.003
Cash Equivalents										
Cash - Money Market										
FIDELITY GOVT MMKT INST CL-I #57	FIDGOV	3,504,252.210	1.00	3,504,252.21	1.00	3,507,105.32	5.7	.00	9,479.00	.270
Total for Cash - Money Market				3,504,252.21		3,507,105.32	5.7		9,479.00	.270
Total: Cash Equivalents				3,504,252.21		3,507,105.32	5.7		9,479.00	.270

Account Name: DESERT HEALTHCARE DISTRICT

Account ID: xxxxxx4730



As of: March 31, 2020

Holdings Report w/ Yield and Income

Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
Total			59,435,920.22		61,306,192.53	100.0		1,162,104.00	1.904

As of: March 31, 2020



Disclosures

Investment management services offered by MUFG Union Bank, N.A. in conjunction with its subsidiary, HighMark Capital Management, an SEC-registered investment adviser. Past performance does not guarantee future results. Individual account management and construction will vary depending on each client's investment needs and objectives. **Investments strategies are NOT insured by the FDIC or by any other Federal Government Agency, are NOT Bank deposits, are NOT guaranteed by the Bank or any Bank affiliate, and MAY lose value, including possible loss of principal.**



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: May 26, 2020
To: Board of Directors
Subject: FY 2020-2021 Annual Budget Review and Consideration of Approval

Staff Recommendation: Consideration to approve the FY 2020-2021 Annual Budget.

Information:
District

- Due to the COVID-19 pandemic, the annual budget includes modifications to revenue assumptions as follows:
- 4010 Property Tax Revenue - Staff determined a range of possible reductions to property tax revenue
 - 4% reduction- Case-Schiller and other economic resources predict a possible 4% reduction in property values, but could go deeper depending on the duration of the virus and any resurgence. Real estate prices could decline as a result of the economy not rebounding, high unemployment rates, foreclosures, etc. Reductions would potentially not be realized until 2021.
 - 13% reduction- The Recession of 2009-2011 experienced a reduction in property tax revenues.
 - 8% reduction- Staff is using a conservative mid-range estimate of 8% for the annual budget
- 4505-4513 .Las Palmas Medical Plaza Rent and CAM Revenue –
 - 3% increase – If no revenues are lost and the annual increase per the lease terms.
 - 5% reduction - Staff is using a 5% reduction for the budget as a conservative estimate. Although not anticipated, tenants who might incur financial losses as a result of the pandemic, could default on lease payments or request additional rent relief.
- Graphs are included in the budget packet for both Property Tax and Rent Revenue.
- 4220 Interest Income – Although Bonds are not impacted significantly as is the stock market, our financial advisor indicates \$4M of maturities with subsequent purchases will most likely be invested at near 0% interest. This will result in lower interest income for the fiscal year.
- Proposing a Grant-Making Budget of \$4,000,000 for the fiscal year. This represents an increase of \$500,000 over the previous year.

Foundation

- 4003 Grants Income - \$200,000 is an aggressive estimate of possible external funding sources.
- 8015 Investment Income – The investments in the Foundation are somewhat more vulnerable to fluctuations in the stock market. Although difficult to estimate, staff has reduced anticipated income by 15% from the current year.

- 5101 Salaries and Wages - \$463,000 of salaries and wages expense is allocated to the Foundation from the District. \$201,000 of the \$463,000 will be charged to the Behavioral Health collective fund grant. This includes the Senior Program Officer for Behavioral Health and the Senior Development Officer.
- 8052 Grant Expense - February 2018, the Board approved a \$300,000 annual commitment for 20 years to fund programs and services in the expanded area of the District.
 - The Foundation has included \$300,000 in the FY18-19 and FY19-20 annual budgets.
 - The draft FY20-21 budget includes the third year of \$300,000.
 - The FY19-20 budget of \$300,000 has not been committed, so with the proposed FY20-21 \$300,000 budget, a combined total of \$600,000 would be available for consideration for District-wide funding.

Fiscal Impact:

District – Net Income \$44,065

Foundation – Net Loss (\$293,229)

DESERT HEALTHCARE DISTRICT									
FY 2020 - 2021 BUDGET									
INDEX									
7/1/2020 - 6/30/2021									
DRAFT									
<u>PAGE</u>									
2	ASSUMPTIONS								
4	CASHFLOW								
5	STATEMENT OF INCOME AND EXPENSE - DHCD								
7	STATEMENT OF INCOME AND EXPENSE - LPMP								
8	DIRECTORS AND EMPLOYEE EXPENSES								
9	PROGRAMS/GRANTS - SUMMARY - CASH FLOW - BY QUARTER								
10	PROGRAMS/GRANTS - CASH FLOW BY QUARTER								
11	PROJECTED PROGRAMS/GRANTS - NEW BOD APPROVED GRANTS								
12-13	BUDGET DETAIL								

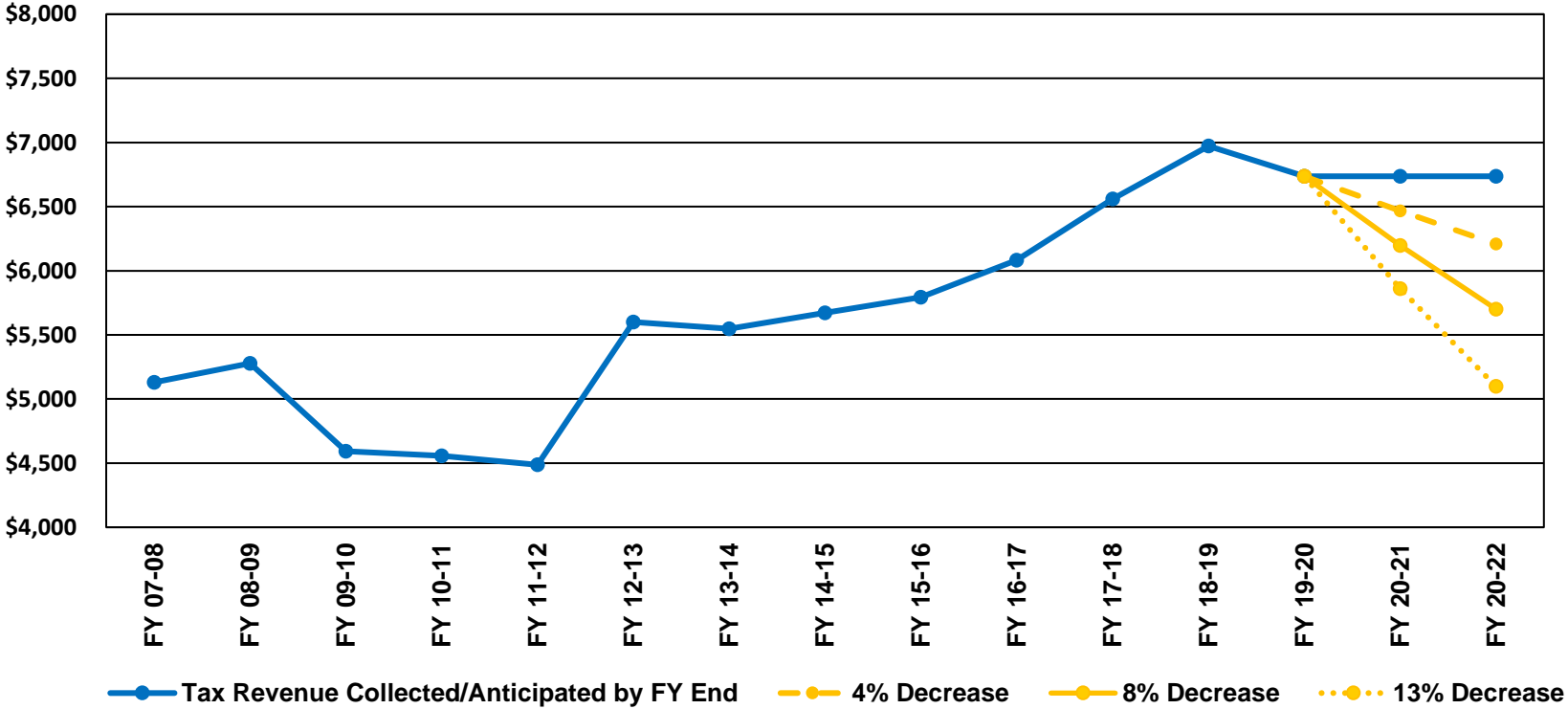
DESERT HEALTHCARE DISTRICT
FY 2020 - 2021 BUDGET
ASSUMPTIONS - MAJOR LINE ITEMS GREATER THAN \$50,000
7/1/2020 - 6/30/2021

DRAFT			
G/L		Preliminary	
Account Number	Account Description	Annual Projected Amount	Assumption
REVENUES			
4010	Property Tax	\$ 6,197,363	Assumes 8% decrease due to COVID-19 Pandemic - Case-Schiller and other sources predict possible 4% reduction, but could go deeper. 2009-2011 Recession experienced 13% reduction.
4220	Interest Income - FRF	\$ 1,043,577	VP - Senior Portfolio Mgr provided estimate - decrease 10%
9999-1	Unrealized Gain FRF	\$ 400,000	Investment portfolio's unrealized gains
		\$ 1,443,577	Net Interest Income
4501	Other Income	\$ 11,400	Airways rental
4505	LPMP - Rental Income	\$ 860,062	Average \$72k per month - Assuming 5% reduction if tenants affected by COVID-19
4509-11	LPMP - CAM Income	\$ 328,468	CAM charges to tenants to cover common area expenses - \$.62 per sq ft. - 5% reduction
EXPENSES			
Desert Healthcare District			
5110	Salary and Wages	\$ 1,363,745	See Directors and Employees Expenses for details. Pg 8
5111	Allocation to LPMP-CC(20%)&MP(25%)+OH	\$ (61,995)	Allocation of CAO and Accounting Support & Admin to LPMP
5115	Allocation to CalFresh & NEOPB	\$ (90,847)	Allocation of CalFresh Director and Accounting Admin payroll and benefits to NEOPB grant
5112	Vacation and sick pay accrual	\$ 120,000	Accrual for earned vacation and sickpay
5114/5119	Alloc to Foundation - All Staff	\$ (463,528)	District staff allocation of payroll and benefits to Foundation to provides services
5131	Benefit Premiums - Staff	\$ 201,534	See Directors and Employees Expenses for details. Pg 8
5145	Retirement Plan	\$ 94,174	Staff Retirement Plan - 8% employer contribution to 401(a) plan
5211	Active Directors - Health Ins	\$ 70,002	See Directors and Employees Expenses for details. Pg 8
6120	Bank & Investment Fees	\$ 118,000	Approximately the amount charged for FYE 6/30/2020 - \$.002 of Avg invest balance
6125/6126	Depreciation	\$ 194,864	Office equipment, Software and Parking lot/Solar Panels depreciation
6516	Professional Fees	\$ 926,376	Utilize independent contractors to provide professional project oversight skills, hospital lease consulting, and District Community Health Needs Assessment, and other professional services.
6560	Legal - General	\$ 180,000	Legal fees for operational coverage, potential litigation, and policy review
6725	RPP Contributions Accrual	\$ 90,000	Pension Expenses for Retirement Protection Plan
7010	Community investments - Grants	\$ 4,000,000	See detail grants/programs schedule - Pg 11
Las Palmas Medical Plaza			
6425	Building Depreciation	\$ 240,000	40 year Depreciation period
6426	Tenant Improv - Amortization	\$ 202,000	Tenant Improvements amortized over life of each tenant's lease

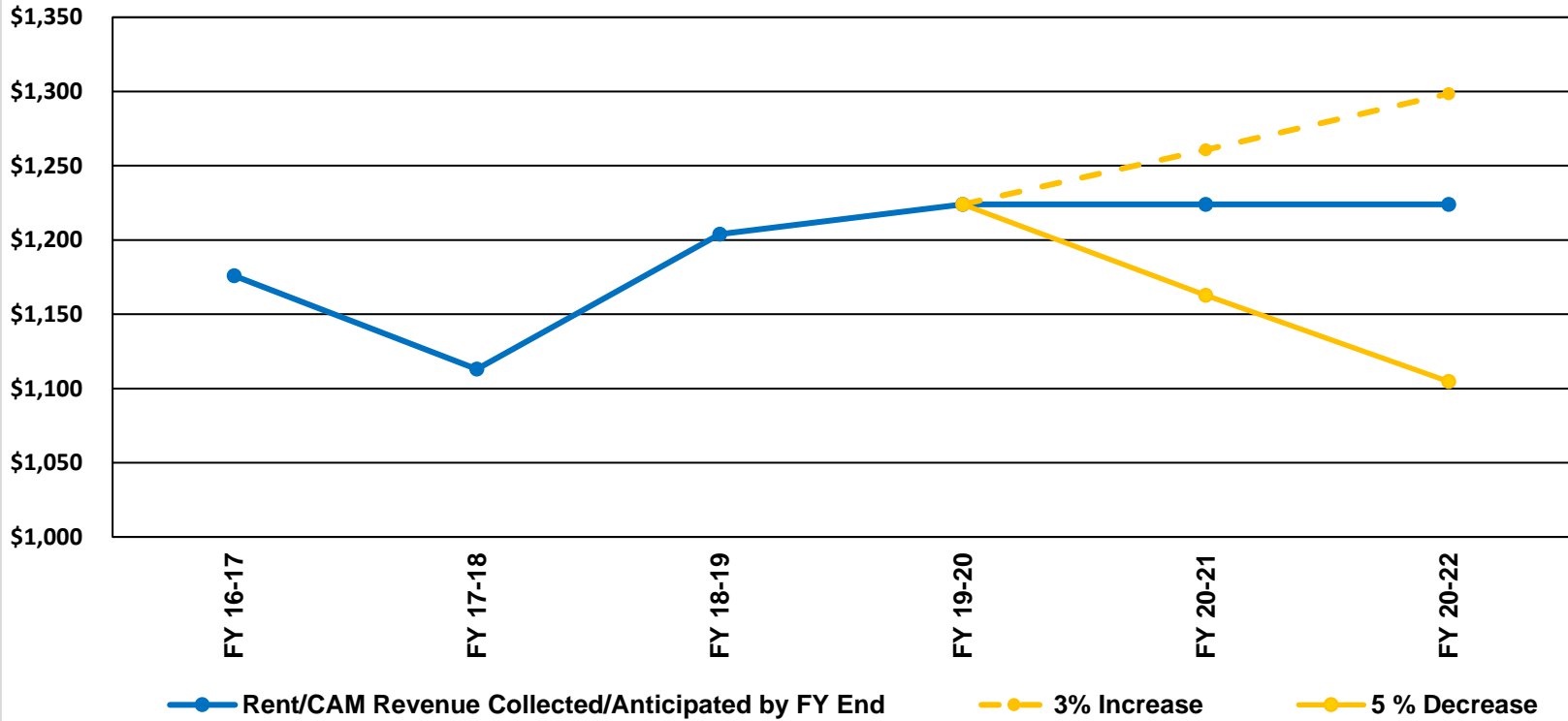
DESERT HEALTHCARE DISTRICT
FY 2020 - 2021 BUDGET
ASSUMPTIONS - MAJOR LINE ITEMS GREATER THAN \$50,000
7/1/2020 - 6/30/2021

DRAFT			
		Preliminary	
G/L		Annual	
Account Number	Account Description	Projected Amount	Assumption
6440	Professional Fees Expense	\$ 125,660	Property maintenance company - includes prevailing wage
6475	Property Taxes - Las Palmas	\$ 72,100	District is billed for the property tax and incorporates the tax in the CAM based on sq. ft.of suite
6485	Security	\$ 86,000	Security coverage 18 hrs per day Mon-Fri
CASH FLOW			
<u>Cash Receipts:</u>			
	Property Taxes	\$ 6,197,363	Assumes 8% decrease due to COVID-19 Pandemic - Case-Schiller and other sources predict possi
	Interest - NET	\$ 1,443,577	VP - Senior Portfolio Mgr provides estimate
	LPMP	\$ 1,208,344	Rental and Common Area Maintenance
	Other Income	\$ 116,400	NEOPB revenue, Airways rental, and SCE Solar rebate
	Due from DHCF - Expense Allocation	\$ 463,528	Allocation of District staff expense to perform Foundation business
<u>Cash Disbursements:</u>			
	Operations	\$ 4,152,791	See Statement of Operations - Excludes non-cash items i.e. depreciation and amortization
	Existing liabilities - Proj for disbursement	\$ 100,000	Projected liabilities as of 6/30/18 excluding grants
	Program/Grant Payments - Existing	\$ 2,718,150	See Grants cash flow statement. Pg 9-11
	Program/Grant Payments - FY2019-20	\$ 4,084,000	See Grants cash flow statement. Pg 9-11
<u>LPMP:</u>			
	Normal recurring expenses	\$ 648,960	See Statement of Operations for details. Pg7
	Bldg & Tenant Improvements	\$ 410,000	Various - including interior firesprinkler system, suite renovations, equipment replacement, lease renewals and TI's for new tenants

COVID-19 Estimated Tax Revenue Impact (in thousands)



COVID-19 Estimated LPMP Rent/CAM Revenue Impact (in thousands)



DESERT HEALTHCARE DISTRICT						
CASH FLOW PROJECTION						
FY 2020 - 2021 BUDGET						
7/1/2020 - 6/30/2021						
DRAFT		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Beginning Cash/Investment Balance:		\$ 62,962,332	\$ 61,349,429	\$ 60,614,598	\$ 60,840,656	\$ 62,962,332
Cash Receipts:						
Property Taxes		451,330	1,165,374	2,169,077	2,950,484	6,736,264
Interest		260,894	260,894	260,894	260,894	1,043,577
LPMP		297,232	297,232	297,232	297,232	1,188,930
Due from Desert Healthcare Foundation-Exp Allocation		115,882	115,882	115,882	115,882	463,528
Other Income - NEOPB grant, Airways, Etc		29,100	29,100	29,100	29,100	116,400
Total Receipts		1,154,438	1,868,482	2,872,186	3,653,592	9,548,699
Cash Disbursements:						
Ops-net of Deprec/amort/grants		992,748	1,062,894	1,017,581	1,079,568	4,152,791
Existing Liabilities Exclg Grants		100,000	-	-	-	100,000
Existing Grant/Prog Payments		343,856	244,681	332,810	1,796,805	2,718,150
Programs and Grants payments		1,021,000	1,021,000	1,021,000	1,021,000	4,084,000
Capital Equipment Reqmnts:						-
Computer/Office Furn/Other		15,000	5,000	5,000	5,000	30,000
Computer/Office Furn/Other-East Valley Office		30,000	5,000	5,000	5,000	45,000
LPMP:						
Normal recurring-Operations		162,240	162,240	162,240	162,240	648,960
Tenant/building Improvements - normal recurring		102,498	102,498	102,498	102,506	410,000
Total Cash Disbursements		\$ 2,767,342	\$ 2,603,313	\$ 2,646,128	\$ 4,172,119	\$ 12,188,901
Ending Cash/Investment Balance		\$ 61,349,429	\$ 60,614,598	\$ 60,840,656	\$ 60,322,129	\$ 60,322,129

DESERT HEALTHCARE DISTRICT									
FY 2020 - 2021 BUDGET									
STATEMENT OF INCOME AND EXPENSE INCLUDING LPMP									
7/1/2020 - 6/30/2021									
DRAFT	Budget	Projected	Budget					Budget	Inc(Dec)
	Fiscal Yr	6/30/20	VS					Fiscal Yr	Budget
	FYE 6/30/20	Balance	Proj	Qtr 1	Qtr 2	Qtr 3	Qtr 4	2020-2021	Vs Proj
								Total	Prior Yr
INCOME									
4010 · Property Tax Revenues	6,736,264	6,736,260	(4)	1,549,341	1,549,341	1,549,341	1,549,341	6,197,363	(538,897)
4220 · Unrestricted Interest Income - FRF	1,275,000	1,159,530	(115,470)	260,894	260,894	260,894	260,894	1,043,577	(115,953)
9999-1 · Unrealized Gain or (Loss) FRF	100,000	959,534	859,534	100,000	100,000	100,000	100,000	400,000	(559,534)
Net Investment Income - FRF	1,375,000	2,119,064	744,064	360,894	360,894	360,894	360,894	1,443,577	(675,487)
4330 · Collection Agency Recoveries	-	215	215	-	-	-	-	-	(215)
4350 · Rental - Airways	21,000	23,320	2,320	5,250	5,250	5,250	5,250	21,000	(2,320)
4405 · Grant Income - NEOPB/CalFresh	100,500	47,591	(52,909)	21,000	21,000	21,000	21,000	84,000	36,409
4505-4513 · LPMP - Rental Income	1,224,250	993,448	(230,802)	297,232	297,232	297,232	297,232	1,188,930	195,482
4501 · Other Income	11,400	9,000	(2,400)	2,850	2,850	2,850	2,850	11,400	2,400
Total Income	9,468,414	9,928,898	460,485	2,236,567	2,236,567	2,236,567	2,236,567	8,946,270	(982,628)
EXPENSES									
5110 · Salaries and Wages	1,118,234	846,197	(272,037)	306,343	367,472	318,429	371,501	1,363,745	517,548
5111-Alloc to LPMP-CC(20%)&MP(25%)+OH	(61,014)	(61,014)	(0)	(15,499)	(15,499)	(15,499)	(15,499)	(61,995)	(981)
5115 - Alloc to CalFresh-Coordinator & Account	(87,465)	(40,179)	47,286	(22,712)	(22,712)	(22,712)	(22,712)	(90,847)	(50,667)
5119 - Alloc to FND-RSS.CVHIP	(28,579)	(21,697)	6,882	(4,294)	(4,294)	(4,294)	(4,294)	(17,177)	4,519
5112 - Accrued vacation/sick -	90,000	120,115	30,115	30,000	30,000	30,000	30,000	120,000	(115)
5114 - Alloc Foundation -PR & Benefits	(305,670)	(305,676)	(6)	(111,588)	(111,588)	(111,588)	(111,588)	(446,351)	(140,675)
5120 · Payroll Tax Expense	85,545	73,697	(11,848)	23,435	28,112	24,360	28,420	104,327	30,629
5131 · Benefit Premiums	151,353	129,214	(22,139)	48,785	48,785	51,982	51,982	201,534	72,320
5135 · Reimbursements/Co-Payments	27,000	15,367	(11,633)	9,000	9,000	9,000	9,000	36,000	20,633
5140 · Workers Comp	11,741	12,933	1,192	3,217	3,858	3,344	3,901	14,319	1,386
5145 - Retirement Plan Expense	65,608	43,179	(22,429)	17,296	20,994	25,793	30,092	94,174	50,995
5160 · Education/Conferences - Staff	7,500	17,345	9,845	21,750	21,750	21,750	21,750	87,000	69,655
5211 · Health Insurance-BOD	70,008	48,026	(21,982)	17,501	17,501	17,501	17,501	70,002	21,976
5230 · BOD Meeting/Conference Expense	20,000	16,832	(3,168)	5,000	5,000	5,000	5,000	20,000	3,168
5235- Director Stipend Expense	50,400	23,747	(26,653)	13,230	13,230	13,230	13,230	52,920	29,173
5240 · BOD Catering Expense	7,000	8,431	1,431	2,125	2,125	2,125	2,125	8,500	69
5250 · BOD Mileage Reimbursment	2,500	1,569	(931)	625	625	625	625	2,500	931
5270 · BOD Election Fees	-	-	-	31,250	31,250	31,250	31,250	125,000	125,000
6110 - Payroll fees expense	2,500	2,029	(471)	625	625	625	625	2,500	471
6120 · Bank and Investment Fees	118,000	112,124	(5,876)	29,500	29,500	29,500	29,500	118,000	5,876
6125 · Depreciation Expense	15,000	11,826	(3,174)	3,500	3,500	3,500	3,500	14,000	2,174
6126 · Depreciation - Solar panels - Parking	180,864	180,864	-	45,216	45,216	45,216	45,216	180,864	-
6130 · Dues and Memberships	30,000	36,512	6,512	10,011	10,011	10,011	10,011	40,045	3,533
6220 · Ongoing InsuranceCoverage	18,000	21,498	3,498	7,250	7,250	7,250	7,250	29,000	7,502
6300 · Minor Equipment	500	-	(500)	125	125	125	125	500	500
6305 · CEO & COO Auto Allowance	7,200	4,617	(2,583)	1,800	1,800	1,800	1,800	7,200	2,583
6306-Staff Auto Mileage Reimbursement	6,000	6,563	563	1,875	1,875	1,875	1,875	7,500	937
6309 · Personnel Expense	1,000	13,564	12,564	3,500	3,500	3,500	3,500	14,000	436
6310 · Miscellaneous Expense	500	111	(389)	125	125	125	125	500	389
6311 · Cell phone expense	9,312	5,380	(3,932)	2,328	2,328	2,328	2,328	9,312	3,932
6312 - Wellness Park Expense	1,000	-	(1,000)	250	250	250	250	1,000	1,000
6315 - Security Monitoring Expense	500	432	(68)	125	125	125	125	500	68
6325 - CEO Discretionary Fund	5,000	5,029	29	6,250	6,250	6,250	6,250	25,000	19,971
6343 · Postage Expense	5,000	1,165	(3,835)	1,250	1,250	1,250	1,250	5,000	3,835

DESERT HEALTHCARE DISTRICT									
FY 2020 - 2021 BUDGET									
STATEMENT OF INCOME AND EXPENSE INCLUDING LPMP									
7/1/2020 - 6/30/2021									
DRAFT	Budget	Projected	Budget					Budget	Inc(Dec)
	Fiscal Yr	6/30/20	VS					Fiscal Yr	Budget
	FYE 6/30/20	Balance	Proj	Qtr 1	Qtr 2	Qtr 3	Qtr 4	2020-2021	Vs Proj
								Total	Prior Yr
6350 · Copier Rental/Fees	5,500	4,873	(627)	1,375	1,375	1,375	1,375	5,500	627
6351 · Travel Expense	11,000	20,499	9,499	5,000	5,000	5,000	5,000	20,000	(499)
6352 · Meals & Entertainment	7,000	9,915	2,915	2,625	2,625	2,625	2,625	10,500	585
6355 · Computer Services	45,302	22,286	(23,016)	11,326	11,326	11,326	11,326	45,302	23,016
6360 · Supplies	20,000	28,258	8,258	6,500	6,500	6,500	6,500	26,000	(2,258)
6380 · LAFCO Assessment	20,000	1,836	(18,164)	625	625	625	625	2,500	664
6405 · Office - Rent	7,800	9,500	1,700	6,300	6,300	6,300	6,300	25,200	15,700
6410 · Office - Utilities	5,000	-	(5,000)	1,250	1,250	1,250	1,250	5,000	5,000
6445 · Las Palmas Medical Plaza - Total	1,138,774	992,273	(146,501)	293,876	293,876	293,876	293,876	1,175,504	183,230
6516 · Professional Services	840,000	411,771	(428,229)	231,594	231,594	231,594	231,594	926,376	514,605
6520 · Annual Audit Fee	18,478	18,750	272	3,938	3,938	3,938	3,938	15,750	(3,000)
6530 · PR/Communications/Website	86,500	68,790	(17,710)	34,125	34,125	34,125	34,125	136,500	67,710
6560 · Legal Expense	240,000	168,540	(71,460)	45,000	45,000	45,000	45,000	180,000	11,460
6711 · Disability Administration Fees	3,222	-	(3,222)	-	-	-	-	-	-
6721 · Legal Expenses - Pension Plan	2,000	-	(2,000)	500	500	500	500	2,000	2,000
6725 · RPP Contributions Accrual	120,000	120,000	-	22,500	22,500	22,500	22,500	90,000	(30,000)
6728 · Pension Audit Fee	6,500	16,604	10,104	3,375	3,375	3,375	3,375	13,500	(3,104)
7010 · Programs/grants*	3,500,000	3,500,000	(0)	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000	500,000
7027 · Grant Expense - NEOPB/CalFresh	100,500	47,591	(52,909)	21,000	21,000	21,000	21,000	84,000	36,409
Total Expenses	7,802,114	6,771,286	(1,030,828)	2,180,102	2,250,247	2,204,934	2,266,922	8,902,204	2,130,918
Net Income(Loss)	1,666,300	3,157,612	1,491,312	56,466	(13,680)	31,633	(30,354)	44,065	(3,113,547)
EBITA	2,327,164							703,478	
Cash Flow - Add back:									-
LPMP - Depreciation	465,000	448,783	(16,217)	131,636	131,636	131,636	131,636	526,544	77,760
6725 · RPP Contributions Accrual	120,000	120,000	-	22,500	22,500	22,500	22,500	90,000	(30,000)
Grants - Separate line item	3,500,000	3,500,000	(0)	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000	500,000
District - Depreciation/Amort	195,864	11,826	(184,038)	48,716	48,716	48,716	48,716	194,864	183,038
Payroll Alloc - LPMP-Add back	(61,014)	(61,014)	(0)	(15,499)	(15,499)	(15,499)	(15,499)	(61,995)	(981)
Total	4,219,850	4,019,595	(200,255)	1,187,353	1,187,353	1,187,353	1,187,353	4,749,413	729,818
									-
District Inclg LPMP Net Cash Flow	3,582,264	2,751,691	(830,573)	992,748	1,062,894	1,017,581	1,079,568	4,152,791	1,401,101

LAS PALMAS MEDICAL PLAZA									
FY 2020 - 2021 BUDGET									
STATEMENT OF INCOME AND EXPENSE									
7/1/2020 - 6/30/2021									
DRAFT								Budget	Inc(Dec)
	Budget	Proj	Budget					Fiscal Yr	Budget
	FYE 6/30/20	6/30/20	VS					2020-2021	Vs Proj
		Balance	Proj	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total	Prior Yr
INCOME									
4505 · LPMP - Rental Income	879,450	717,247	(162,203)	215,015	215,015	215,015	215,015	860,062	142,815
4510 · LPMP - CAM Income-Billed	344,400	276,201	(68,199)	82,117	82,117	82,117	82,117	328,468	52,267
4513 · LPMP - Misc Income	400	-	(400)	100	100	100	100	400	400
Total Income	1,224,250	993,448	(230,802)	297,232	297,232	297,232	297,232	1,188,930	195,482
EXPENSES									
6420 · Insurance	13,000	22,550	9,550	8,250	8,250	8,250	8,250	33,000	10,450
6424 · Parking lot replacement - Deprec	0	22,549	22,549	5,637	5,637	5,637	5,637	22,549	(0)
6425 · Building - Depreciation Expense	260,000	235,262	(24,738)	60,000	60,000	60,000	60,000	240,000	4,738
6426 · Tenant Improv - Depreciation	205,000	190,972	(14,028)	50,500	50,500	50,500	50,500	202,000	11,028
6427 · HVAC Maintenance	16,000	13,365	(2,635)	4,000	4,000	4,000	4,000	16,000	2,635
6428 · Roof Repairs	2,500	-	(2,500)	625	625	625	625	2,500	2,500
6431 · Building - Interior	10,000	2,600	(7,400)	2,500	2,500	2,500	2,500	10,000	7,400
6432 · Plumbing - Interior	4,000	3,832	(168)	1,000	1,000	1,000	1,000	4,000	168
6433 · Plumbing - Exterior	2,500	-	(2,500)	625	625	625	625	2,500	2,500
6434 · Alloc-Internal Property Managmnt	61,014	61,014	0	15,499	15,499	15,499	15,499	61,995	981
6435 · Bank Charges	12,500	13,384	884	3,375	3,375	3,375	3,375	13,500	116
6437 · Utilities - Vacant Units	2,500	684	(1,816)	250	250	250	250	1,000	316
6439 · Deferred Maintenance Repairs	6,000	19,640	13,640	2,500	2,500	2,500	2,500	10,000	(9,640)
6440 · Professional Fees Expense	125,660	128,904	3,244	31,415	31,415	31,415	31,415	125,660	(3,244)
6441 · Legal	1,000	-	(1,000)	250	250	250	250	1,000	1,000
6458 · Elevators - Contract	12,000	10,482	(1,518)	3,000	3,000	3,000	3,000	12,000	1,518
6460 · Exterminating Services	5,000	2,773	(2,227)	1,000	1,000	1,000	1,000	4,000	1,227
6463 · Landscaping	160,000	38,455	(121,545)	42,500	42,500	42,500	42,500	170,000	131,545
6467 · Lighting	10,000	3,000	(7,000)	1,500	1,500	1,500	1,500	6,000	3,000
6468 · Maint. General	1,000	-	(1,000)	250	250	250	250	1,000	1,000
0000 · Marketing	17,000	5,462	(11,538)	3,750	3,750	3,750	3,750	15,000	9,538
6475 · Property Taxes	72,100	72,000	(100)	18,025	18,025	18,025	18,025	72,100	100
6476 · Signage Expense	1,500	663	(837)	375	375	375	375	1,500	837
6480 · Rubbish Removal Medical Waste	17,300	18,674	1,374	4,750	4,750	4,750	4,750	19,000	326
6481 · Rubbish Removal	27,000	26,721	(279)	6,750	6,750	6,750	6,750	27,000	279
6482 · Utilities/Electricity/Exterior	7,500	6,351	(1,149)	1,875	1,875	1,875	1,875	7,500	1,149
6484 · Utilities - Water (Exterior)	8,500	5,519	(2,981)	1,875	1,875	1,875	1,875	7,500	1,981
6485 · Security	77,000	85,255	8,255	21,500	21,500	21,500	21,500	86,000	745
6490 · Miscellaneous	1,200	2,162	962	300	300	300	300	1,200	(962)
Total Expenses	1,138,774	992,273	(146,501)	293,876	293,876	293,876	293,876	1,175,504	183,230
Net Income	85,476	1,175	(84,302)	3,357	3,357	3,357	3,357	13,426	
Non-Cash and other items:									
Depreciation	465,000	448,783	(16,217)	116,137	116,137	116,137	116,137	464,549	
Total Depreciation/Payroll alloc	526,014	509,797	(16,217)	131,636	131,636	131,636	131,636	526,544	
Net Cash Flow for expenses	612,760	482,476	(130,284)	162,240	162,240	162,240	162,240	648,960	
Total cash provided	611,490	510,972	(100,518)					539,970	

DESERT HEALTHCARE DISTRICT									
DIRECTORS AND EMPLOYEE EXPENSES - BUDGET 2020-2021									
HEALTH AND OTHER HEALTH RELATED INCLUDING INSURANCE EXPENSES									
7/1/2020 - 6/30/2021									
DRAFT									
Employee Name	Job Title	FT		Annual Wage	QTR 1	QTR 2	QTR 3	QTR 4	Total Wages
		PT							
# of Payrolls					6	7	6	7	26
Conrado Barzaga	Chief Executive Officer	FT		\$ 215,000	\$ 49,615	\$ 57,885	\$ 49,615	\$ 57,885	\$ 215,000
Chris Christensen	Chief Administration Officer	FT	*	\$ 173,250	\$ 39,981	\$ 46,644	\$ 39,981	\$ 46,644	\$ 173,250
Donna Craig	Chief Program Officer	FT	*	\$ 125,000	\$ 28,846	\$ 33,654	\$ 28,846	\$ 33,654	\$ 125,000
Alejandro Espinoza	Program Officer & Outreach Director	FT	*	\$ 106,935	\$ 24,677	\$ 28,790	\$ 24,677	\$ 28,790	\$ 106,935
Will Dean	Director - Communications & Marketing	FT	*	\$ 105,000	\$ 24,231	\$ 28,269	\$ 24,231	\$ 28,269	\$ 105,000
Andrea Hayles	Special Assist to the CEO/Board Relations	FT	*	\$ 71,781	\$ 16,565	\$ 19,326	\$ 16,565	\$ 19,326	\$ 71,781
Eric Taylor	Accounting Manager	FT	*	\$ 65,000	\$ 15,000	\$ 17,500	\$ 15,000	\$ 17,500	\$ 65,000
Vanessa Smith	Special Programs & Projects Manager	FT	*	\$ 60,320	\$ 13,920	\$ 16,240	\$ 13,920	\$ 16,240	\$ 60,320
Meghan Kane	Program & Research Analyst	FT	*	\$ 68,000	\$ 15,692	\$ 18,308	\$ 15,692	\$ 18,308	\$ 68,000
Erica Huskey	Administrative Assistant	FT	*	\$ 57,200	\$ 13,200	\$ 15,400	\$ 13,200	\$ 15,400	\$ 57,200
Ify Mordi - 07/06/2020	Senior Program Officer - Behavioral Health	FT		\$ 110,000	\$ 25,385	\$ 29,615	\$ 25,385	\$ 29,615	\$ 110,000
Vacant	Senior Development Officer	FT		\$ 90,000	\$ 20,769	\$ 24,231	\$ 20,769	\$ 24,231	\$ 90,000
Vacant	Public Policy Analyst	FT		\$ 80,000	\$ 18,462	\$ 21,538	\$ 18,462	\$ 21,538	\$ 80,000
*Pool-5% Merit Increase				\$ 52,374	\$ -	\$ 10,072	\$ 12,086	\$ 14,101	\$ 36,259
Total					\$ 306,343	\$ 367,472	\$ 318,429	\$ 371,501	\$1,363,745
									Total District & Taxes & Benefits \$1,814,099
									Net District - Salaries \$1,282,157
									Net District - Net of Taxes & Benefits \$1,259,724
EMPLOYER									
FICA					18,993	22,783	19,743	23,033	\$ 84,552
MEDICARE					4,442	5,328	4,617	5,387	\$ 19,774
Total					\$ 23,435	\$ 28,112	\$ 24,360	\$ 28,420	\$ 104,327
BENEFITS - Excludes deductibles									
Health					37,917	37,917	40,571	40,571	\$ 156,976
ST/LT Disability/Life					5,559	5,559	5,837	5,837	\$ 22,792
Co-Power					5,309	5,309	5,574	5,574	\$ 21,766
Total					\$ 48,785	\$ 48,785	\$ 51,982	\$ 51,982	\$ 201,534
Copays/Deductibles - Employees					9,000	9,000	9,000	9,000	\$ 36,000
Workers Comp					3,217	3,858	3,344	3,901	\$ 14,319
401A Plan					17,296	20,994	25,793	30,092	\$ 94,174
DIRECTORS									
Active Directors	Approved at May 22, 2018 BOD meeting								
Premiums - up to \$10,000/Director					17,501	17,501	17,501	17,501	\$ 70,002
Stipend - \$105/meeting - up to 6 meetings/month					13,230	13,230	13,230	13,230	\$ 52,920
Total					30,731	30,731	30,731	30,731	\$ 122,922
Retired Directors									
Health - GASB 45 Accrual - Future Benefits accrued - Fully accrued					-				

DESERT HEALTHCARE DISTRICT												
SALARY RANGE - STAFF POSITION - BUDGET 2020-2021												
			BOD Approved Salary Range	Approved Salary FY19-20	Proposed FY 20-21				Proposed Salary			
Job Title	FT PT	Job Status			Title Change	Salary Range	Salary	Effective Dates	7/1/2020			
Current					5% Merit Increase included on the Director and Employee Expenses tab							
Chief Executive Officer	FT	Exempt	175,000 - 225,000	\$ 215,000								
Chief Administration Officer	FT	Exempt	155,000 - 185,000	\$ 173,250								
Chief Program Officer	FT	Exempt	120,000 - 150,000	\$ 125,000								
Director - Communications & Marketing	FT	Exempt	95,000 - 125,000	\$ 105,000								
Program Officer & Outreach Director	FT	Exempt	95,000 - 125,000	\$ 106,935								
Special Assist to the CEO/Board Relations	FT	Non-Exempt	60,000 - 80,000	\$ 71,781								
Accounting Manager	FT	Non-Exempt	55,000 - 80,000	\$ 65,000								
Special Projects & Programs Manager	FT	Non-Exempt	55,000 - 75,000	\$ 60,320								
Program & Research Analyst	FT	Non-Exempt	65,000 - 85,000	\$ 68,000								
Administrative Assistant	FT	Non-Exempt	40,000 - 70,000	\$ 57,200								
Senior Program Officer - Behavioral Health	FT	Exempt	90,000 - 120,000	\$ 110,000								
Senior Development Officer	FT	Exempt	70,000 - 100,000									
Public Policy Analyst	FT	Exempt	60,000 - 90,000									

**DESERT HEALTHCARE DISTRICT
CASH FLOW - PROGRAM DEPARTMENT - BY QUARTER
FY 2020 - 2021 BUDGET
7/1/2020 - 6/30/2021**

DRAFT

	Total Open	2020 - 2021					2021 - 2022					
		Amount	Qtr1	Qtr2	Qtr3	Qtr4	Total	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Existing Grants for PHI:												
Existing Approved - Grants	\$ 10,595,770	\$ 343,856	\$ 244,681	\$ 332,810	\$ 1,796,805	\$ 2,718,150	\$ -	\$ 1,666,667	\$ -	\$ -	\$ -	\$ 1,666,667
Community Investments - Grants & Programs by FROM 2020-2021 Strategic Plan Goals:												
Program Area #1: Healthcare Infrastructure/Services	\$ 1,500,000	\$ 375,000	\$ 375,000	\$ 375,000	\$ 375,000	\$ 1,500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Area #2: Behavior/Mental Health	\$ 500,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Area #3: Homelessness	\$ 500,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Area #4: Vital Human Services to People with Chronic Conditions	\$ 1,000,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 1,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Area #5: Economic Protection/Recovery/Food Security	\$ 500,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grant Budget - Unallocated	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total New Grants/Programs/capital project	\$ 4,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 4,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		\$ -										
Grand Total all Grants/Programs	\$ 14,595,770		\$ 1,244,681	\$ 1,332,810	\$ 2,796,805	\$ 6,718,150	\$ -	\$ 1,666,667	\$ -	\$ -	\$ -	\$ 1,666,667

DESERT HEALTHCARE DISTRICT								
CASH FLOW - PROGRAM DEPARTMENT								
FY 2020 - 2021 BUDGET								
7/1/2020 - 6/30/2021								
DRAFT	Projected							Projected
	6/30/20							
Balance							2020 - 2021	
Existing Grants:	Name	Bal - Fwd	Qtr1	Qtr2	Qtr3	Qtr4	Total	Balance 6/30/2021
Grants:								
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 8,333,333	\$ -	\$ -	\$ -	\$ 1,666,667	\$ 1,666,667	\$ 6,666,666
2018-974-BOD-09-25-18	HARC - 2019 Coachella Valley Community Health Survey - 2 Yr	\$ 39,999	\$ -	\$ -	\$ 39,999	\$ -	\$ 39,999	\$ -
2019-985-BOD-03-26-19	Coachella Valley Volunteers in Medicine - Primary Healthcare & Support Services - 1 Yr	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2019-986-BOD-05-28-19	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2019-997-BOD-05-28-19	Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2019-989-BOD-05-28-19	Pegasus Riding Academy - Cover the Hard Costs of Pegasus Clients - 1 Yr	\$ 10,954	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2019-994-BOD-05-28-19	One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yr	\$ 463,750	\$ 157,500	\$ 78,750	\$ 157,500	\$ 70,000	\$ 463,750	\$ -
2019-1000-BOD-05-28-19	Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$ 2,400	\$ 2,400	\$ -	\$ -	\$ -	\$ 2,400	\$ -
2019-1017-BOD-09-24-19	Jewish Family Services - Case Management Services for Homeless Prevention - 1 Yr	\$ 9,000	\$ -	\$ 9,000	\$ -	\$ -	\$ 9,000	\$ -
2019-1023-BOD-10-22-19	CVRM - Transportation for Seniors & Homeless Hospital Discharge Referrals - 1 Yr	\$ 70,265	\$ 48,645	\$ 21,620	\$ -	\$ -	\$ 70,265	\$ -
2019-1021-BOD-11-26-19	Neuro Vitality Center - Community Based Adult Services Program - 6 Months	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2020-1045-BOD-03-24-20	FIND Food Bank - Ending Hunger Today, Tomorrow, and for a Lifetime - 1 Yr	\$ 311,069	\$ 90,311	\$ 90,311	\$ 90,311	\$ 40,138	\$ 311,069	\$ -
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
New Grants	Desert Cancer Foundation	\$ 116,250	\$ 33,750	\$ 33,750	\$ 33,750	\$ 15,000	\$ 116,250	\$ -
	ABC Recovery	\$ 38,750	\$ 11,250	\$ 11,250	\$ 11,250	\$ 5,000	\$ 38,750	\$ -
	Remaining Grant Budget	\$ 1,200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 800,000	\$ 400,000
Total new grants - 3 month period ended 6/30/2020		\$ 1,238,750	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total - Existing grants		\$ 10,595,770	\$ 343,856	\$ 244,681	\$ 332,810	\$ 1,796,805	\$ 2,718,150	\$ 6,666,666
Community Investments - Grants & Programs by FROM 2020-2021 Strategic Plan Goals:								
		Total Amount						
Allocations	Program Area #1: Healthcare Infrastructure/Services	\$ 1,500,000	\$ 375,000	\$ 375,000	\$ 375,000	\$ 375,000	\$ 1,500,000	
	Program Area #2: Behavior/Mental Health	\$ 500,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 500,000	
	Program Area #3: Homelessness	\$ 500,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 500,000	
	Program Area #4: Vital Human Services to People with Chronic Conditions	\$ 1,000,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 1,000,000	
	Program Area #5: Economic Protection/Recovery/Food Security	\$ 500,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 500,000	
	Grant Budget - Unallocated	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total New Programs/Grants		\$ 4,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 4,000,000	
Grand Total - Programs/Grants		\$ 14,595,770	\$ 1,343,856	\$ 1,244,681	\$ 1,332,810	\$ 2,796,805	\$ 6,718,150	\$ 6,666,666

	A	B	C	D	E	F	G
1	DESERT HEALTHCARE DISTRICT						
2	PROJECTED FY2020-2021 GRANTS APPROVED BY BOARD OF DIRECTORS						
3	GRANTS BY QUARTER AND MONTHS						
4	7/1/2020 - 6/30/2021						
5	DRAFT						
6							
7		Total	2020-2021				
8		Amount	Qtr1	Qtr2	Qtr3	Qtr4	Total
9	Community Investments - Grants & Programs by FROM 2020-2021 Strategic Plan Goals:						
10							
11	Program Area #1: Healthcare Infrastructure/Services						
12	Grant Budget Allocation	\$ 1,500,000	\$ 375,000	\$ 375,000	\$ 375,000	\$ 375,000	\$ 1,500,000
13	Objectives: Provide core operating support for community actions that address SDH and improve health-related infrastructure						
14	1. Increased access to healthcare for traditionally underserved populations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15	2. Increased number of mobile and portable medical units	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16	3. Increased capacity to serve patients through telehealth technology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17		\$ 1,500,000	\$ 375,000	\$ 375,000	\$ 375,000	\$ 375,000	\$ 1,500,000
18	Program Area #2: Behavior/Mental Health						
19	Grant Budget Allocation	\$ 500,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 500,000
20	Objectives: Explore how funds from the MHTSA can be leveraged						
21	1. Maintained number of mental health urgent care facilities (Crisis Stabilization Units)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22	2. Increased tele-psych capacity to increase access to mental health services, aid in 5150s, and assist REACH & CREST teams	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23	3. Increased number of educators that receive training/certification in Mental Health First Aid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24	4. Increased number of college counselors to meet the standard of one counselor per 1,000 to 1,500 students	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25	5. Increased number of peer mental health educators	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26		\$ 500,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 500,000
27	Program Area #3: Homelessness						
28	Grant Budget Allocation	\$ 500,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 500,000
29	Objectives: Support the ongoing CVAG CVHEART activities						
30	1. Cooling Centers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
31	2. Case management/wraparound services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
32	3. Community Outreach	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
33		\$ 500,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 500,000
34							
35	Program Area #4: Vital Human Services to People with Chronic Conditions						
36	Grant Budget Allocation	\$ 1,000,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 1,000,000
37	Objectives: Provide support for respiratory and environmental health conditions, seniors, developmentally and physically disabled, other special needs, and chronic diseases such as diabetes, cancers, and end-stage renal failure						
38							
39	1. Maintained existing level of services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	2. Support organizations undergoing mergers & acquisitions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	3. Increase number of case managers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42		\$ 1,000,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 1,000,000
43							
44	Program Area #5: Economic Protection/Recovery/Food Security						
45	Grant Budget Allocation	\$ 500,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 500,000
46	Objectives: Support the ongoing efforts by collaborative partners						
47	1. Promote community collaborations and regional work around these efforts (caravans)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48	2. Increase case management at food pantries through measurable food security. Self-sufficiency and quality of diet	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49		\$ 500,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 500,000
50							
51	Grant Budget - Unallocated	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
52	TOTAL	\$ 4,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 4,000,000
53							

Desert Healthcare District 2020-2021 Budget Detail		
DRAFT		
4010 - Property Tax Revenues - 8% decrease from FY20 due to COVID-19		
\$	6,197,363	
Case-Schiller and other resources are currently projecting approximately 4% reduction but could go deeper if virus extends into the fall of 2020 and winter of 2021.		
Reduction in 2009-2010 (recession) = 13%		
due mostly real estate related-banks/mortgage companies		
Using 8% reduction to be conservative		
4220 - Unrestricted Interest Income - FRF		
Lower coupon rate (approx 2.5%)at purchase produces less interest income		
\$4M of maturities in 2021 with new purchases are anticipated to be at zero interest		
9999-1 Unrealized Gain (Loss) FRF		
Gain on investments is expected to be lower, but undetermined.		
5160 - Education/Conference - Staff		
\$	12,000	Educational seminars
\$	50,000	Clear Impact RBA training
\$	5,000	CEO Public Leadership Credential
\$	12,000	Staff Education Incentive Program
\$	8,000	Legislative Days, etc.
\$	87,000	
5230 - BOD meeting/conference expense		
\$	8,000	
\$	12,000	BOD Conference
\$	20,000	
5270 - BOD Election Fees		
\$	125,000	FYE 2021
6130 - Dues & Subscriptions		
\$	6,000	CSDA annual membership
\$	15,000	ACHD annual membership
\$	1,300	CPA license & associations
\$	3,500	Grantmakers of SoCal
\$	5,000	PolicyMap
\$	645	American Public Health Association
\$	3,600	Guidestar Pro
\$	5,000	Other
\$	40,045	
6305 - CEO/COO Auto Allowance		
\$	7,200	CEO - 600/month
\$	7,200	
6311 - Cell Phone Expense		
\$	7,812	Current Bill
\$	1,500	Misc
\$	9,312	
6325 - CEO Discretionary Fund		
\$	25,000	CEO Discretion
6351 - Travel Expense		
\$	20,000	Travel for staff and BOD to conferences
6352 - Meals & Entertainment Expense		
\$	8,000	Conferences/CEO lunch engagements
\$	2,500	Holiday Celebration
\$	10,500	

Desert Healthcare District 2020-2021 Budget Detail			
DRAFT			
6355 - Computer			
\$	16,400	Gifts - Online	
\$	10,800	IT support	
\$	2,652	TWC	
\$	10,450	Agenda Software (\$4,500 setup fee, \$10,000 Annual)	
\$	5,000	Other	
\$	45,302		
6360 - Supplies			
\$	20,000	Current	
\$	6,000	Additional staff, etc.	
\$	26,000		
6380 - LAFCO Assessment			
\$	2,500		
6405 - Office - Rent			
		Note: Begins 5/1/2020	
\$	24,000	2000/month	
\$	1,200	misc	
\$	25,200		
6516 - Professional Fee			
\$	600,000	Facilities/Programs/Services/Lease	
\$	222,376	Community Health Needs Assessment	
\$	75,000	Strategic Planning-Communications (Board)	
\$	10,000	HR Consultant	
\$	4,000	Hospital Inspections - Dale Barnhard	
\$	15,000	Miscellaneous	
\$	926,376		
6530 - Communications/ Marketing/Website			
\$	71,500	See Detail below	
\$	5,000	Website (\$1,250 per quarter)	
\$	5,000	External Relations	
\$	50,000	Strategic Communications-External	
\$	5,000	Other	
\$	136,500		
Communications and Marketing Detail			
\$	15,050	Print Publication	
\$	1,200	Social Media	
\$	13,250	Collateral Materials	
\$	15,000	Visibility and Awareness	
\$	15,000	General Marketing	
\$	12,000	Photography	
\$	71,500		
6728 - Pension Audit Fees			
\$	5,500	Lund & Guttry	
\$	8,000	Nyhart	
\$	13,500		
Cash Flow - Tenant/building Improvements			
\$	210,000	Fire Sprinklers at LPMP	
\$	200,000	Est. Other TIs and Improvements	
\$	410,000		



Date: April 13, 2020

DHCD Progress Report #2020-1 for reporting period: January 1, 2020 to March 31, 2020

Grantee: Coachella Valley Association of Governments (CVAG)

Project Title: CV Link Project

Project Manager/ Contact: Martin Magaña, CVAG Director of Transportation (mmagana@cvag.org) or Erica Felci, CVAG Governmental Projects Manager (efelci@cvag.org)

1. Provide a brief summary of the organization and the objectives of the project.

The Coachella Valley Association of Governments (CVAG) is a regional Joint Powers Authority that serves the nine cities, the County of Riverside, and three Indian Tribes within the Coachella Valley. CVAG's jurisdiction stretches across eastern Riverside County, and its membership includes the City of Blythe on the California-Arizona border.

CV Link is an alternative transportation corridor that runs generally along the levee of the Whitewater River that will ultimately stretch from the northwest corner of the CVAG area (Desert Hot Springs) to the southeast corner (the Salton Sea). The core project will generally stretch from the City of Palm Springs to the City of Coachella. The project approved under the Final Environmental Impact Report is more than 40 miles but does not extend through the Cities of Rancho Mirage or Indian Wells. It will provide significant environmental, health, and economic benefits to generations of current and future residents and visitors. CV Link will connect users to employment centers, shopping centers, schools, and recreational opportunities. Dual paths are planned to accommodate bicycles, low-speed electric vehicles and pedestrians. This alternative transportation corridor will enable healthier lifestyles, spur economic innovation, and make the Coachella Valley a more sustainable and appealing place to live, work and play.

2. Summarize work completed during reporting period.

The first quarter of 2020 was filled with significant momentum for CV Link.

In January, CVAG received the green light for its 2020 CV Link construction plans from the California Transportation Commission (CTC). The CTC consists of 11 voting members who are responsible for programming and allocating funds for the



construction of highway, passenger rail, transit and active transportation improvements throughout California, as well as provide insight into legislative action and state policy. The CTC has been a longstanding supporter of CV Link, and CVAG has worked closely with the CTC staff and Caltrans to keep the project moving forward. The size and scope of CV Link — spanning more than 40 miles across the Coachella Valley — provides for the project to be built in segments over the next few years. Because the project's funding secured through the state's competitive Active Transportation Program (ATP) as well as the State Transportation Improvement Program (STIP), CVAG needed the CTC's approval of the segmenting plans. This unanimous approval came during the CTC meeting that was held in Sacramento on January 29-30, 2020, which CVAG staff attended.

At that meeting, the CTC also allocated the \$29.447 million in funding in ATP and STIP funding that had been previously secured for the project. While the funding was approved some time ago, CVAG could not start this segment's construction without the CTC's authorization to actually spend the money. Like the segmenting approval, this allocation approval also was a unanimous vote.

Based on these votes, the next phase of CV Link will include about 13.5 miles in the cities of Palm Springs, Palm Desert, La Quinta, Indio and Coachella as well as unincorporated Riverside County. In addition, under the terms of a cooperative agreement CVAG approved in September 2019, the City of Palm Desert will lead the construction of an additional 3.5 miles of CV Link in city limits. The combined 17 miles will all be under construction this summer, providing additional access in addition to the 3.5 miles of the project have already been built in the cities of Cathedral City and Palm Springs.

The CVAG Executive Committee took action at its January 27, 2020 meeting in order to prepare for this construction. Most significantly, the CVAG Executive Committee approved a multi-year, \$9.02 million contract with Anser Advisory Group to provide construction management services that are necessary for a project of this magnitude. Anser, formerly known as DHS Consulting, has strong knowledge of the CV Link project as they were also hired by the City of Palm Desert for the city-led construction of CV Link. The firm was chosen through a competitive request for proposals process.

CVAG also worked with Anser and the City of Palm Desert to get the on-street work in Palm Desert out to bid. The bid package was officially released on March 30, and submittals will be accepted through May 12, 2020. As noted previously, CVAG has a cooperative agreement with the City to complete the parts of CV Link in Palm Desert that are on street. This is similar to the approach CVAG used to build in Cathedral City and in Palm Springs. The design in Palm Desert is groundbreaking for the Coachella Valley as it will create the desert's first cycle track, meaning both directions of bike-and-pedestrian traffic will be on the same side of the roadway. This design includes CV Link branding/ wayfinding,



pavement marking and safety features to promote use. It also connects to the College of the Desert and the Bump and Grind trailhead, which is arguably the most popular hiking trail in the Coachella Valley. The inclusion of these destinations will increase the use of CV Link, thereby increasing the public health and air quality benefits.

While much of the work this quarter has focused on 2020 construction plans, CVAG also continued to work with the County of Riverside's Economic Development Agency (EDA) on right-of-way activities for the entire scope of the project. This process involved securing easements, license agreements and some property purchasing. CVAG obtained additional right of way in this reporting period, which should allow for additional miles to be added to the request for bids that will be released to contractors in the second quarter.

3. What challenges and opportunities have you encountered in accomplishing this portion of your Scope of Work?

The first quarter of 2020 was more about opportunities than challenges. While acquisition of right of way continues to be a lengthy process, CVAG and our partners continue to make headway on this complicated process. Due to that, CVAG currently anticipates including about four additional miles to the 13.5 miles in its bid package. This bid package will be released in the second quarter of 2020.

CVAG and the Desert Healthcare District/ Foundation also finalized the execution of the grant contract that had been approved by the District Board in December 2019. This established a reimbursement schedule that allows CVAG to utilize the \$10 million that the District committed to the project. To that end, CVAG is submitting its first invoice with this quarterly report to begin drawing down that funding, which is tied to design, right of way and/or easements, community engagement and outreach, and construction within the District's boundaries.

Like every other agency, CVAG staff also had to adjust to the public health crisis caused by the COVID-19 virus. By mid-March, CVAG staff was working remotely in order to adhere to the social distancing and quarantine restrictions that were set by the Riverside County Public Health Officer. While the work environment changed, it was not stalled or delayed. CVAG is highly mindful that keeping large construction projects like CV Link on schedule is an important part of helping the economy rebound. This unprecedented public health crisis also further demonstrated how vital it is for our community to have access to safe routes for walking, biking or riding in golf carts and low-speed neighborhood electric vehicles. Projects like CV Link are wide enough to allow for social distancing while encouraging people, who are wearing the recommended facial coverings, to get out and stay active and stay healthy.



4. Is your project on schedule?

Yes. The project schedule was revised with the CTC vote in January 2020 to establish a segmenting plan. But based on the momentum from the first quarter of this year, CVAG is now on pace to deliver more miles than initially anticipated this year.

5. Provide an update on the financial report for the project.

CVAG has received funding from an array of sources, which is reflective of the broad support the project has. Funding to date:

State Active Transportation Program:	\$21,692,000
CVAG Transportation Funds:	\$20,000,000
State Transportation Improvement Program:	\$18,655,000
South Coast Air Quality Mitigation District:	\$17,400,000
Federal Congestion Mitigation and Air Quality:	\$12,600,000
Desert Healthcare District:	\$10,000,000
California Strategic Growth Council:	\$1,000,000
Riverside County Parks:	\$750,000
Bicycle Transportation Account Grant:	\$748,500 (secured w/Cathedral City)
Caltrans Environmental Justice Grant:	\$291,000 (secured w/Palm Desert)

6. Work planned for next reporting period.

In the next reporting period, CVAG anticipates the following milestones:

1. Work with the City of Palm Desert to review the bids submitted for about 3 miles of on-street work and award a construction contract.
2. Release a bid package for the 13.5 miles identified in the CTC-approved segmenting plan as well as additional segments that have been obtained by completing right-of-way ahead of schedule. As of today, CVAG anticipates adding as much as 4 additional miles, bringing the total bid package to an estimated 17.5 miles.
3. Review the bids submitted for the work and award a construction contract.
4. Acquire additional right of way for future segments of CV Link.
As always, CVAG welcomes input on any of these issues, as your feedback as a participatory partner in the project is important to our progress and the finalization of the design, right of way and construction of CV Link.



CVAG

7. Invoice for FY 2019/ 2020

As noted above, CVAG and the Desert Healthcare District/ Foundation have now executed the grant contract that had been approved by the District Board. Per the terms of the funding schedule, CVAG is submitting its first invoice to the District.

The invoice being submitted is consistent with the terms of payment that were outlined in the grant agreement. The amount included does not exceed the \$1.67 million that is allowed each fiscal year and reflects costs that CVAG has already incurred. The work detailed in this invoice was completed in order for the project to further public access related to public health and wellness in the communities served by the DHCD. The work is all tied to design, right of way and/or easements, community engagement and outreach, and construction of CV Link within DHCD boundaries. CVAG has not, and will not, include any reimbursement requests for general operating expenses.

Please let us know if you need additional information or details on any item. Because of the current COVID-19 crisis, CVAG staff continues to work from home. During this period, Transportation Director Martin Magana can best be reached at (760) 831-3215 or at mmagana@cvag.org. CVAG Governmental Projects Manager Erica Felci can also be reached at (760) 534-1546 or at efelci@cvag.org during this period.