



**DESERT HEALTHCARE DISTRICT  
SPECIAL MEETING OF THE BOARD OF DIRECTORS  
Board of Directors  
August 25, 2020  
5:00 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/85822075866?pwd=aVNCSzILZ0pCc1VDU0ZTSE5TSWcyQT09>  
Password: 833494**

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:**

**Webinar ID: 858 2207 5866**

**Password: 833494**

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](mailto:ahayles@dhcd.org) with your public comment no later than 4 p.m., Tuesday, 08/25

<i>Pages</i>	<b>AGENDA</b> <i>Any item on the agenda may result in Board Action</i>	<i>Item Type</i>
	<b>A. CALL TO ORDER – President De Lara</b> Roll Call Director Shorr____Director Zendle, MD____Director PerezGil____ Director Rogers, RN____ Director Matthews____ Vice-President/Secretary Borja____President De Lara	
1-3	<b>B. APPROVAL OF AGENDA</b>	Action
	<b>C. PUBLIC COMMENT</b> At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. <b>The Board has a policy of limiting speakers to no more than three minutes.</b> 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.	



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- |              |  |               |
|--------------|--|---------------|
|              | <b>D. DESERT HEALTHCARE DISTRICT CEO REPORT</b>  | Information   |
|              | – Conrado E. Bárzaga, MD   |               |
|              | 1. Inland Empire Health Plan (IEHP) Commitment of \$100,000 to support access to care for black communities                                      | Information   |
| <b>4-5</b>   | 2. SB 977 Health care system consolidation – Attorney General approval and enforcement   | Information   |
| <b>6-9</b>   | 3. SB 758 Health and care facilities – Disaster and seismic preparedness   | Information   |
|              | 4. COVID-19 Federally Qualified Health Centers Testing/Antibody Updates  | Information   |
|              | <b>E. NEW BUSINESS</b>   |               |
| <b>10-11</b> | 1. Local Area Formation Commission (LAFCO) – Consideration to approve an alternate member of appointment to the LAFCO Special District Committee | <b>Action</b> |
| <b>12-19</b> | 2. Consideration to approve Mini Grant #1132 – Vision Y Compromiso – The Promotoras Census Outreach Project in Coachella Valley – \$5,000        | <b>Action</b> |



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**F. LEGAL**

- |              |   |               |
|--------------|---|---------------|
| <b>20-32</b> | 1. Consideration to approve Resolution #20-04 – Conflict of Interest Code approved at the March 24, 2020 Board of Directors Meeting   | <b>Action</b> |
| <b>33-42</b> | 2. Consideration to approve Resolutions #20-05, #20-06, and #20-07 requesting the Board of Supervisors appoint President De Lara (Zone 7) Director Shorr (Zone 5), and Director Zendle (Zone 1) to terms ending in 2024 | <b>Action</b> |

**G. STUDY SESSION**

- |               |   |                         |
|---------------|---|-------------------------|
| <b>43-158</b> | 1. FY 20-21 Grant-making process and approved recommendations for Equity, Fairness, Transparency and Accountability <ol style="list-style-type: none"><li>a. Healthcare Infrastructure</li><li>b. Behavioral Health</li><li>c. Homelessness</li><li>d. Vital Human Services to People with Chronic Conditions</li><li>e. Economic Protection, Recovery, and Food Security</li></ol> | Information /Discussion |
|---------------|---|-------------------------|

**H. 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](mailto:ahayles@dhcd.org) or call (760) 323-6110 at least 24 hours prior to the meeting.*



**Date:** August 25, 2020

**To:** Board of Directors

**Subject:** California Senate Bill 977

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**Background:**

- **California Senate Bill 977** (“**S.B. 977**”) was introduced by Senator Monning on February 11, 2020.
- The bill would require a health care system, as defined, private equity group, or hedge fund to provide written notice to, and obtain the written consent of, the Attorney General prior to a change of control, as defined, or an acquisition between the entity and a health care facility or provider, as those terms are defined, *except as specified*.
- The bill would *authorize* the Attorney General to deny consent to a change of control or an acquisition between a health care system, private equity group, hedge fund, and a health care facility, provider, or both, unless the health care system, private equity group, or hedge fund demonstrates that the change of control or acquisition will result in a substantial likelihood of clinical integration, a substantial likelihood of increasing *or maintaining* the availability and access of services to an underserved population, or both. The bill would authorize a health care system, private equity group, or hedge fund located in a rural area, as defined, to request a waiver of this prohibition.
- The bill would authorize the Attorney General to deny consent to a change of control or an acquisition between a health care system, private equity group, or hedge fund and a health care facility, provider, or both, if there is a substantial likelihood of anticompetitive effects that outweigh the benefits of a substantial likelihood of clinical integration, a substantial likelihood of an increase *in*, or maintenance of, services to an underserved population, or both. The bill would make these provisions applicable to any transaction initiated, completed, or pending on or before December 31, 2025.
- [https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201920200SB977](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB977)

**ACHD assessment of SB 977:**

- SB 977 is an unprecedented policy change that allows the Attorney General to have approval authority over healthcare districts’ transactions, typically a lease or purchase of a district hospital.

- Healthcare District transfer agreements are governed by Health & Safety Code and require a vote of the constituents of the District.
- At best, SB 977 will significantly delay the transfer process for Healthcare Districts, by an unknown amount of time, as SB 977 does not set timelines for the Attorney General's approval process.
- More likely, SB 977 will have the devastating unintended consequence of closing district hospitals, especially in areas of the state that are already struggling with access to care issues. Healthcare systems are not likely to want to purchase, lease, or take over district hospitals due to the increased review of the AG and the requirements, including ballot measure requirement, in Health & Safety.
- The COVID-19 pandemic has financially burdened already struggling facilities. Now, more than ever, patients need predictability and reliability when it comes to their health care. Health care providers need to make difficult and prudent decisions to carry out their mission and deliver quality care. SB 977 will stifle this lifesaving work.

**Actions:**

Staff and Legal Counsel participated in conference call last week with Assmbyman Eduardo Garcia's Office and the Attorney General's Office concerning the bill and its application to Healthcare Districts.

Staff and Counsel were able to point out to the Attorney General that transfers of assets of California Healthcare Districts whether through a lease or sale have been governed for the last 30-years by a very extensive and rigorous set of requirements set forth in the Health & Safety Code which ensure that asset transfers and leases or sales of District Hospitals are for the benefit of the communities served by the District.

This includes the requirement that all transfers of over 50% of a Healthcare District assets must be approved by a majority vote of the residents voting in the District.

We were also able to point out that the Attorney General has historically deferred to the local elected Board members, the voters of the District, and the provisions of the Health & Safety Code in safeguarding the interests of the community in asset transfers, leases and sales of Healthcare District Hospitals. The Attorney General's Office believes this bill will add to safeguarding the community's interests.

We would like to thank Assmbyman Garcia for providing the opportunity for Staff and Legal Counsel to dicuss their concerns with the application of the bill to Healthcare Districts with the Attorney General's Office.

**Recommendation:** Information only

**Fiscal Impact:** N/A



**Date:** August 25, 2020

**To:** Board of Directors

**Subject:** California Senate Bill 758: seismic safety

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**Background:**

- **California Senate Bill 758 ("S.B. 758")** was introduced by Senator Portantino on February 22, 2020.
- **In its earlier versions**, this bill would enact the Health Care Delivery System Preparedness Act and require the department to appoint the members and convene a meeting of the Health Care Delivery System Preparedness Advisory Committee on or before January 1, 2021. The bill would specify the membership of the advisory committee is no fewer than 12 and no more than 13 members who are experienced in health care, public health, and emergency preparedness, among other qualifications. The bill would require the State Public Health Officer to offer the County Health Executives Association of California to provide a representative of its association to serve as a member. The bill would require the department, on or before November 1, 2022, to submit a report to the Legislature based on the recommendations of the advisory committee regarding health care delivery system preparedness in the event of a disaster that includes the advisory committee's recommendations relating to, among other things, an alternative to the requirement for hospitals to be in compliance with a specified provision of the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983. The bill would repeal these provisions on January 1, 2024.
- This bill would extend the deadline to January 1, 2037, to comply with seismic retrofit requirements, and require the office to revise its regulations to reflect the revision of the deadline as emergency regulations.
- [http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201920200SB758](http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB758)

**In its latest version**

- SB 758, as amended, Hospitals: seismic safety would extend the deadline to comply with existing seismic retrofit requirements for two year only, to January 1, 2032.
- It also drops the formation of an advisory committee.

**Actions:**

Staff and Legal Counsel, along with the Board Chair coordinated efforts to submit a letter of support when the SB 758 was passed to the Assembly Committee on Health.

A copy of the August 3, 2020 letter of support is enclosed.

Staff met with the Office of Assemblymember Chad Mayes, which supported the District's position.

**Recommendation:** Information only

**Fiscal Impact:** N/A



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

August 3, 2020

The Honorable Chad Mayes  
Vice Chair Assembly Health Committee  
State Capitol, Room 4098 Sacramento, CA 95608

**SUBJECT: SB 758 (Portantino) - SUPPORT**  
**To be heard in the Assembly Health Committee August 4, 2020**

Dear Assembly Member Mayes:

**When COVID-19 hit**, the Desert Healthcare District and Desert Regional Medical Center responded decisively, suspending elective procedures and services, purchasing personal protective equipment for employees and staff, creating a COVID-19 response plan. Additionally, we deployed all available financial resources to support the local community clinics and service providers to care for and protect the most vulnerable in our community, including the elder, homeless, farm workers, and at-risk persons.

This response was unprecedented, and it has come at a high cost for healthcare districts and hospitals at the front lines of the COVID-19 fight. The effects of COVID-19 on our viability have been severe due to incredible and continued revenue loss suffered by hospitals and healthcare providers in general, while managing increased expenses. We have experienced unprecedented dislocation in the costs and availability of medical supplies, personnel and the ability to continue normal operations due to "shelter in place" orders and other interventions by federal, state and local governments in response to the pandemic. It is estimated that there will be an \$11.2 billion lost in revenues between April and December 2020 with permanent reductions in patient volumes because of COVID-19.

**In the midst of all of this, the next seismic mandate still looms.** Current law requires our District to structurally retrofit our existing hospital by 2030 to achieve yet even higher structural strength. The structural retro fit is not simple. We have estimated that we will need to spend at least **\$120M - \$180M** to retrofit to meet the current 2030 standards. The costs will probably be higher than this considering we are located in a desert community hundreds of miles east of larger metropolitan areas. Because we are a hospital, all licensing and operational requirements must continue to be met 24 hours a day, whether there is construction happening or not. This means temporary spaces must be built. The disruption to patient care is massive. And all of this will be done, with absolutely no guarantee that the structural upgrades will *ACTUALLY* ensure the hospital will remain operational after an earthquake. This "operational" requirement has been interpreted beyond what is reasonable, and we are urging legislators to examine closely the financial and operational impacts for hospitals such as ours.

A recent report on hospital seismic mandates analyzed statewide costs to meet the 2030 seismic requirement. The price tag for the remaining seismic compliance work is estimated to be more than \$140 billion statewide but may even be higher after factoring in financing, and indirect impacts related to unpredictability, disruption, discontinuity of services, and possible temporary loss of capacity, all potentially leading to decreased healthcare services and decreased revenue.



As the study notes, hospitals bear the entire financial burden for the required upgrades and it is by far the largest unfunded mandate for our State! And capital dedicated to upgrades becomes unavailable for other capital investment or operational improvements that could benefit hospital operations, service provision, and the health and well-being of Californians.

**It is important to understand that the extension in SB 758 is not the long-term solution.** At a time when COVID-19 has forced us to realize how fragile and insufficient our California healthcare infrastructure is, there *MUST* be changes to the current seismic mandates, or many hospitals in California will close. As a result, there will be health care "deserts" created in areas that are already underserved. The absurd and unsustainable cost of the seismic regulations is already forcing consolidation and eliminating competition amongst neighboring hospitals, with the closing doors of hospitals completely in other areas. This trend will continue unless the seismic requirements are revisited.

**Many legislators may think there is time to address this in future years.** That is not the case. Planning for massive infrastructure projects of this size takes years, not only from a blueprint and construction perspective but also with consideration for OSHPD inspections and requirements. At this time, when hospitals' budgets have been crippled by the pandemic, an extension of the current seismic mandate is critical given the extensive work and expense. More importantly, we strongly support a state-led advisory committee to re-examine the state's response to all disasters, including a seismic event. There are a variety of options for providing regulatory relief or flexibility to hospitals, including providing public subsidies to share the costs of compliance or reduce financing costs, offering additional flexibility in the timing of compliance deadlines, rethinking what it means for hospitals to remain operational post event, and streamlining the administrative processes associated with seismic compliance projects. If we explore the structure of seismic policies for other types of critical infrastructure -water resources management, dams, and transportation infrastructure we find that such infrastructure is often publicly owned and operated and thus can *draw on public funds as a financial backstop for funding seismic upgrades.* California needs to see the preservation of hospital infrastructure in the same light, whether or not the hospital or hospital system is publicly owned. The Desert Healthcare District would like to be one of the voices at the table of the state-led advisory committee.

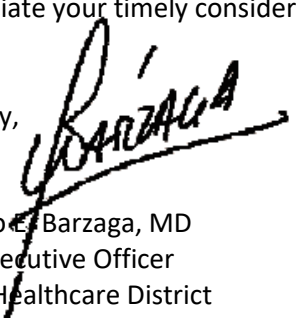
*Our District therefore supports SB 758, which would extend the deadline for the 2030 mandate to 2037 and create a stakeholder advisory committee to examine how California's health care delivery system prepares and responds to disasters of all kinds.*

**The Desert Healthcare District requests your support for SB 758 in Assembly Health Committee.**

We have done our job to be here when our community needs us most. Now we are asking that you be here for us and other hospitals, when we need you most. It is time to re-evaluate the current regulations around seismic compliance in California so functioning hospitals are not taken out of service unnecessarily. We need to spend money to improve patient care in California, not eliminate it.

I appreciate your timely consideration of this matter and look forward to talking with you about this further.

Sincerely,

  
Conrado Barzaga, MD  
Chief Executive Officer  
Desert Healthcare District

Cc: Senator Anthony Portantino  
Members, Assembly Health Committee



via electronic mail

August 3, 2020

CALL FOR NOMINATIONS FOR AN ALTERNATE  
SPECIAL DISTRICT MEMBER OF THE  
RIVERSIDE LOCAL AGENCY FORMATION COMMISSION

**To the Special District Selection Committee (Presiding Officers of Independent Special Districts of Riverside County c/o District Clerks):**

We are commencing a new appointment process for an Alternate Member of the Riverside Local Agency Formation Commission (LAFCO). Selection proceedings will be conducted by electronic mail (e-mail). Specifically, the alternate position is as follows:

Alternate Special District Member-must be a board member from any district with the majority of its assessed value within Riverside County.

Terms of LAFCO Members are four years and until appointment of a successor or reappointment of the incumbent. The term of this position will run until May 6, 2024.

The nomination period for the alternate seat will begin on Monday, August 10, 2020 and close on Monday, September 21, 2020. Any member of the Special District Selection Committee (presiding officer or an alternate board member designated by the governing body) may nominate a member of the legislative body of an independent special district board to fill the position, consistent with the geographic requirements noted above.

All nomination forms must be signed and dated by the presiding officer, or the designee of your District Board of Directors. Once complete, please scan the form and email it to Rebecca Holtzclaw at [rholtzclaw@lafco.org](mailto:rholtzclaw@lafco.org). **Nominations must be received in our office by 5 p.m. on Monday, September 21, 2020.**

Following the nomination period, a ballot and voting instructions will be sent to SDSC members. However, if only one candidate is nominated, that candidate will be deemed selected with no further proceedings.

If you have any questions, please contact our office.

Sincerely,

  
Gary Thompson  
Executive Officer

cc: District Managers





**Date:** August 25, 2020

**To:** Board of Directors

**Subject:** Grant #1132 Vision y Compromiso

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**Grant Request:** The Promotoras Census Outreach Project in Coachella Valley

**Amount Requested:** \$5,000.00

**Project Period:** 8/24/2020 to 9/30/2020

**Project Description and Use of District Funds:**

With support from the Desert Healthcare Distract and Foundation, VyC will provide training and support to 2-3 experienced promotoras in Coachella Valley to increase local efforts to ensure that every person is counted by the Census 2020 deadline of 9/30/20. This project aligns with the selected Strategic Focus Area because of the importance of an accurate Census count to the provision of future health, education and social services in Riverside County.

Time is of the essence for this mini-grant application. These experienced community leaders are currently engaged in VyC's mental health and wellness campaign in Riverside County. They are recognized and well-respected in Coachella Valley and their Facebook Live webinars on mental health topics have had great response locally. They will conduct outreach and education using personalized, culturally responsive and in-language messages to share information about the Census and motivate residents to complete the Census forms before the 9/30/20 due date. Given the current pandemic and social distancing guidelines, all activities will be delivered virtually via telephone outreach (in collaboration with our community partners, faith-based communities, schools, parent groups, farm worker associations), targeted social media blasts, Facebook Live webinars, and similar remote technologies. We will also explore opportunities to distribute door hangers or other information safely. Grant funds will be used to support promotoras to do this work (\$18/hour x 20 hours/week x 4 weeks x 3 promotoras = \$4320 + \$500 each for mileage; VyC will provide the mileage from Other Sources).

**Strategic Plan Alignment:** Healthcare Infrastructure and Services / Increase access to healthcare for traditionally underserved populations

**Geographic Area(s) Served:**

Cathedral City; Coachella; Desert Hot Springs; Mecca; North Shore; Thermal

## **Mini-Grant Application Summary**

### **Vision y Compromiso, Grant #1132**

#### **About the Organization**

Vision y Compromiso  
1000 Alameda Street  
Los Angeles, California 90012  
Tel:  
<http://www.visionycompromiso.org>

#### **Primary Contact:**

Maria Lemus  
Tel: (510) 303-3444  
[maria@visionycompromiso.org](mailto:maria@visionycompromiso.org)

#### **Historical (approved Requests)**

#### **Program/Project Information**

**Project Title:** The Promotoras Census Outreach Project in Coachella Valley

**Start Date:** 8/24/2020 **End Date:** 9/30/2020

**Term:** 2 months

**Total Project Budget:** \$6,000

**Requested Amount:** \$5,000

#### **Program/project Background and Community Need:**

Vision y Compromiso (VyC) has been actively leading Census outreach efforts in urban and rural areas throughout California (Los Angeles, Orange County, Central Valley, Alameda County). We know it is not enough to distribute information – the distributors must reflect the community, make the issue relevant and get residents to see the benefits to their own lives. VyC will rely on the skills of trusted community leaders who use personalized, culturally responsive, and in-language messages to deliver accurate information to educate, motivate, and activate “hard to count” (HTC) Latino residents. In Coachella Valley, our trained promotoras are trusted messengers and knowledgeable about the local community. Because of their respected role in the community, their personal experience, and their expertise on many different topics, promotoras are effective at sharing information, building trust and rapport, and making the issue (i.e. Census Counts 2020) relevant to local residents. They have the tools necessary to counter myths and misinformation, highlight the impact of an undercount in California, and provide the community with an integrated understanding of the role of the census in local, state and federal government. Because of our unique collaboration with promotores, we are able to select venues and channels that reflect the best strategies for communicating key messages in culturally relevant and linguistically appropriate ways to reach the HTC Latino community.

#### **Strategic Plan Alignment:**

Healthcare Infrastructure and Services

**Program/project description:**

With support from the Desert Healthcare Distract and Foundation, VyC will provide training and support to 2-3 experienced promotoras in Coachella Valley to increase local efforts to ensure that every person is counted by the Census 2020 deadline of 9/30/20. This project aligns with the selected Strategic Focus Area because of the importance of an accurate Census count to the provision of future health, education and social services in Riverside County.

Time is of the essence for this mini-grant application. These experienced community leaders are currently engaged in VyC's mental health and wellness campaign in Riverside County. They are recognized and well-respected in Coachella Valley and their Facebook Live webinars on mental health topics have had great response locally. They will conduct outreach and education using personalized, culturally responsive and in-language messages to share information about the Census and motivate residents to complete the Census forms before the 9/30/20 due date. Given the current pandemic and social distancing guidelines, all activities will be delivered virtually via telephone outreach (in collaboration with our community partners, faith-based communities, schools, parent groups, farm worker associations), targeted social media blasts, Facebook Live webinars, and similar remote technologies. We will also explore opportunities to distribute door hangers or other information safely. Grant funds will be used to support promotoras to do this work (\$18/hour x 20 hours/week x 4 weeks x 3 promotoras = \$4320 + \$500 each for mileage; VyC will provide the mileage from Other Sources).

**Description of the target population (s):**

Promotores will engage "hard to count" Latinos including limited English proficient households, immigrants, mixed status households, multigenerational households including children 0-5 and seniors, areas with low broadband access, and farmworkers to counter myths/misinformation and assist families to complete Census 2020 forms by the 9/30 deadline.

**Geographic Area(s) Served:**

Cathedral City;Coachella;Desert Hot Springs;Mecca;North Shore;Thermal

**Age Group:**

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

**Total Number of District Residents Served:**

1,500

**Partnerships:**

**Key Partners:**

VyC has a strong Regional Network in Coachella Valley that is supported by a Regional Network Manager (VyC staff position). VyC's Regional Network infrastructure is the vehicle for building local capacity and delivering training, sharing best practices and providing peer support to promotoras. VyC's Network in Coachella Valley consists of

longstanding partnerships in the Eastern/Desert Region of Riverside County that include, but are not limited to the following organizations: Victor Community Services, Las Clinicas del Salud del Pueblo, Promotores Independientes del Valle Imperial (PIVI), Braille Institute, Poder Popular in Eastern Coachella Valley, Rural Community Assistance Corporation, Coachella Valley Unified School District, Borrego Community Health Foundation, Inland Congregations for Change, Mecca Family, Planned Parenthood Coachella, and Farmworkers Service Center. Promotoras will share information and messaging related to the Census with organizations in order to distribute broadly to their constituencies. VyC will not be subcontracting to these agencies or submitting an MOU.

## Line Item Budget Operational Costs

PROGRAM OPERATIONS	Total Program/Projec t Budget	Funds from Other Sources <span style="color: red;">Detail on sheet 3</span>	Amount Requested from DHCD
<b>Total Staffing Costs</b> <span style="color: red;">Detail on sheet 2</span>	\$4,320		4,320
<b>Equipment (itemize)</b>			
1			0
2			0
3			0
4			0
<b>Supplies (itemize)</b>			
1			0
2			0
3			0
4			0
<b>Printing/Duplication</b>			0
<b>Mailing/Postage</b>			0
<b>Travel/Mileage</b>	\$1,680	\$1,000	680
<b>Education/Training</b>			0
<b>Office/Rent/Mortgage</b>			0
<b>Telephone/Fax/Internet</b>			0
<b>Utilities</b>			0
<b>Insurance</b>			0
<b>Other facility costs not described above (itemize)</b>			
1			0
2			0
3			0
4			0
<b>Other program costs not described above (itemize)</b>			
1			0
2			0
3			0
4			0
<b>Total Program Budget</b>	<b>\$6,000</b>	<b>\$1,000</b>	<b>5,000</b>



## Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
<b>Employee Position/Title</b>					
1	Promotora	\$18/hour	20 hrs/week x 4 weeks	1440	1440
2	Promotora	\$18/hour	20 hrs/week x 4 weeks	1440	1440
3	Promotora	\$18/hour	20 hrs/week x 4 weeks	1440	1440
4					
5					
6					
7					
8					
<b>Total Employee Benefits</b>					
<b>Enter this amount in Section 1; Staffing Costs</b>				<b>Total &gt;</b>	<b>4320</b>
<b>Budget Narrative</b>	Promotoras will conduct virtual Census outreach via telephone outreach (in collaboration with our community partners, faith-based communities, schools, parent groups, farm worker associations), targeted social media blasts, Facebook Live webinars, and similar remote technologies.				
<b>Budget Narrative</b>	Please describe in detail the employee benefits including the percentage and salary used for calculation.				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
<b>Company and Staff Title</b>					
1					
2					
3					
4					
5					
<b>Enter this amount in Section 1; Staffing Costs</b>				<b>Total &gt;</b>	<b>4320</b>

## Line Item Budget Staffing Costs

<b>Budget Narrative</b>	<b>Please describe in detail the scope of work for each professional service/consultant on this grant.</b>
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## Line Item Budget Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project		Amount
Fees		
Donations		
<b>Grants (List Organizations)</b>		
1	The California Endowment	
2		
3		
4		
<b>Fundraising (describe nature of fundraiser)</b>		
1		
2		
<b>Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)</b>		
1		
2		
3		
4		
<b>Total funding in addition to DHCD request</b>		<b>0</b>
<b>Budget Narrative</b>	These are actual funds from The California Endowment to engage with residents in rural areas. Funds will be used to cover additional mileage costs as needed.	

LAW OFFICES OF  
**JEFFREY G. SCOTT**

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

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

JEFFREY G. SCOTT

*Of Counsel*  
JAMES R. DODSON

DATE: August 19, 2020

TO: Board of Directors  
Conrado Barzaga, Chief Executive Officer  
Chris Christensen, Chief Administrative Officer

FROM: Jeffrey G. Scott, General Counsel

RE: Biennial Conflict of Interest Code Update 2020

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State law requires that in every even number year the District's Conflict of Interest Code needs to be reviewed and updated if necessary. The District adheres to the State model Conflict of Interest Code as provided in the California Code of Regulations. This year's code has been reviewed by our office and the changes are reflected in the redline version attached.

The recommended changes are in the attached redline version and include:

- Revisions to the Board Approval date and
- The Designated Staff section has been revised to reflect the current organization chart
- Also, for the Board's information, the prohibition on Gifts in section 8.1 of the State model code has been raised from \$470 to \$500

It is requested that the Board adopt Resolution 20-04 approving the 2020 Amended Code.



<b>POLICY TITLE:</b>	<b>CONFLICT OF INTEREST CODE</b>
<b>POLICY NUMBER:</b>	BOD-15*
<b>REVISED DATE:</b>	08/25/2020
<b>BOARD APPROVAL DATE:</b>	08/25/2020 01/23/2018 03/28/2017
Resolution #20-04	08/25/2020

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**POLICY:** CONFLICT OF INTEREST CODE

**Policy #BOD-15:** It is the policy of the Desert Healthcare District (“District”) to ensure complete transparency and follow The Political Reform Act which require all public agencies to adopt and maintain a conflict of interest code establishing the rules for disclosure of personal assets and the disqualification from making or participating in the making of any decisions that may affect any personal asset. The California Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730, hereinafter “Regulation”) which contains the terms of a standard Conflict of Interest Code which can be incorporated by reference and may be amended by the Fair Political Practices Commission (“FPPC”) after public notice and hearings to conform to amendments in the Political Reform Act. The Regulation further provides that incorporation of its terms by reference along with the designation of employees and the formulation of disclosure categories by the District shall constitute the adoption and promulgation of a conflict of interest code within the meaning of Government Code Section 87300 or the amendment of a conflict of interest code within the meaning of Government Code Section 87307. Therefore, the terms of the Regulation and any amendments to it, duly adopted by the Fair Political Practices Commission, are hereby incorporated by reference, as augmented herein, as the Conflict of Interest Code of the District.

A public official at any level of state or local government has a prohibited conflict of interest and may not make, participate in making, or in any way use or attempt to use his or her official position to influence a governmental decision when he or she knows or has reason to know he or she has a disqualifying financial interest. A financial interest can exist when the decision impacts the official’s personal financial interests or the financial interests of a source of income to the official. A financial interest can also exist when the decision impacts an asset or investment of the public official’s, or a business entity in which the public official is associated by ownership, officer status, or employment. It is the responsibility of each Board member and officer of the District to identify any conflicts



of interest, actual or potential, that they may have in a decision to be made or an action to be taken by the District. If a Board member or officer becomes aware of an actual or potential conflict of interest, he or she shall promptly disclose the conflict or potential conflict to the Board President, the District CEO, or legal counsel. The Board member shall not participate in the subject matter of the conflict, or shall have the matter assessed by legal counsel, or shall seek the advice of the FPPC.

**GUIDELINES:**

1. The Board of Directors are mandated to file the California Fair Political Practices Commission Form 700 disclosure statements (Form 700) under Government Code Section 87200 et seq. (Regulations 18730(b)(3).
2. The following designated staff positions and committee members are governed by the Conflict of Interest Code (Resolutions #20-04) and must file the Form 700 designated categories as listed for each position:

<u>Designated Positions</u>	<u>Disclosure Categories</u>
Chief Executive Officer	1, 2
Chief Administration Officer	1, 2
Chief Program Officer	1, 2
Senior Program Officer	4, 5
Senior Development Officer	4, 5
Program Officer & Outreach Director	4, 5
General Counsel	1, 2
Members of Board Committees & Consultants	
Program Committee & Finance Committee	5
Consultants and New Positions	See *

\*Individuals providing services as a Consultant defined in Regulation 18701 or in a new position created since this Code was last approved that makes or participates in making decisions shall disclose pursuant to the broadest disclosure category in this Code subject to the following limitation:

The Chief Executive Officer may determine that, due to the range of duties or contractual obligations, it is more appropriate to assign a limited disclosure requirement. A clear explanation of the duties and a statement of the extent of the disclosure requirements must be in a written document. (Gov. Code Sec. 82019; FPPC Regulations 18219 and 18734.) The Chief Executive Officer's determination is a public record and shall be retained for public inspection in the same manner and location as this Conflict of Interest Code. (Gov. Code Sec. 81008.)

**2.1** The disclosure categories listed below identify the types of economic interests that the designated position must disclose for each disclosure category to which he or she is assigned.3 Such economic interests are



reportable if they are either located in or doing business in the jurisdiction, are planning to do business in the jurisdiction, or have done business during the previous two years in the jurisdiction of the District.

Category 1: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that are located in, that do business in or own real property within the jurisdiction of the District.

Category 2: All interests in real property which is located in whole or in part within, or not more than two (2) miles outside, the jurisdiction of the District.

Category 3: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that provide services, products, materials, machinery, vehicles, or equipment of a type purchased or leased by the District.

Category 4: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that provide services, products, materials, machinery, vehicles, or equipment of a type purchased or leased by the designated position's department, unit or division.

Category 5: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, or income from a nonprofit organization" if the source is of the type to receive grants or other monies from or through the District.

**2.2** The Conflict of Interest Code does not require the reporting of gifts from outside the agency's jurisdiction if the source does not have some connection with or bearing upon the functions or duties of the position.

**3.** All officials and designated positions required to submit a statement of economic interests shall file their statements with the Special Assistant to the CEO/Board Relations Officer as the District's Filing Officer. The Special Assistant to the CEO/Board Relations Officer shall make and retain a copy of all statements filed by members of the Board of Directors and the Chief Executive Officer and forward the originals of such statements to the Clerk of the Board of Supervisors of the County of Riverside. The Special Assistant to the CEO/Board Relations Officer shall retain the originals of the statements filed by all other officials and designated positions and make all statements available for public inspection and reproduction during regular business hours.

**4.** The Conflict of Interest Code will be amended when necessitated by changed circumstances which include the need to designate new positions or revise disclosure categories.



<b>POLICY TITLE:</b>	<b>CONFLICT OF INTEREST CODE</b>
<b>POLICY NUMBER:</b>	BOD-15*
<b>REVISED DATE:</b>	<del>02/27/2020</del> <u>08/25/2020</u>
<b>BOARD APPROVAL DATE:</b>	<del>03/24/2020</del> <u>08/25/2020</u> 01/23/2018 03/28/2017
Resolution # <del>14-0320-04</del>	<del>12/16/2014</del> <u>08/25/2020</u>

**POLICY:** CONFLICT OF INTEREST CODE

**Policy #BOD-15:** It is the policy of the Desert Healthcare District (“District”) to ensure complete transparency and follow The Political Reform Act which require all public agencies to adopt and maintain a conflict of interest code establishing the rules for disclosure of personal assets and the disqualification from making or participating in the making of any decisions that may affect any personal asset. The California Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730, hereinafter “Regulation”) which contains the terms of a standard Conflict of Interest Code which can be incorporated by reference and may be amended by the Fair Political Practices Commission (“FPPC”) after public notice and hearings to conform to amendments in the Political Reform Act. The Regulation further provides that incorporation of its terms by reference along with the designation of employees and the formulation of disclosure categories by the District shall constitute the adoption and promulgation of a conflict of interest code within the meaning of Government Code Section 87300 or the amendment of a conflict of interest code within the meaning of Government Code Section 87307. Therefore, the terms of the Regulation and any amendments to it, duly adopted by the Fair Political Practices Commission, are hereby incorporated by reference, as augmented herein, as the Conflict of Interest Code of the District.

A public official at any level of state or local government has a prohibited conflict of interest and may not make, participate in making, or in any way use or attempt to use his or her official position to influence a governmental decision when he or she knows or has reason to know he or she has a disqualifying financial interest. A financial interest can exist when the decision impacts the official’s personal financial interests or the financial interests of a source of income to the official. A financial interest can also exist when the decision impacts an asset or investment of the public official’s, or a business entity in which the public official is associated by ownership, officer status, or employment. It is the responsibility of each Board member and officer of the District to identify any conflicts





of interest, actual or potential, that they may have in a decision to be made or an action to be taken by the District. If a Board member or officer becomes aware of an actual or potential conflict of interest, he or she shall promptly disclose the conflict or potential conflict to the Board President, the District CEO, or legal counsel. The Board member shall not participate in the subject matter of the conflict, or shall have the matter assessed by legal counsel, or shall seek the advice of the FPPC.

**GUIDELINES:**

1. The Board of Directors are mandated to file the California Fair Political Practices Commission Form 700 disclosure statements (Form 700) under Government Code Section 87200 et seq. (Regulations 18730(b)(3).
2. The following designated staff positions and committee members are governed by the Conflict of Interest Code (Resolutions #~~14-0320-04~~) and must file the Form 700 designated categories as listed for each position:

<u>Designated Positions</u>	<u>Disclosure Categories</u>
Chief Executive Officer	1, 2
Chief <del>Financial Administration</del> Officer	1, 2
Chief <del>Operating Program</del> Officer	1, 2
Senior Program Officer	4, 5
<del>Senior Development Officer</del>	<del>4, 5</del>
<del>Community Relations Director/Clerk of the Board</del>	<del>3</del>
<del>Controller</del>	<del>1, 2</del>
Program Officer & Outreach Director	4, 5
General Counsel	1, 2
<del>Program Manager</del>	<del>1, 2</del>
Members of Board Committees & Consultants	
Program Committee & Finance Committee	5
Consultants and New Positions	See *

\*Individuals providing services as a Consultant defined in Regulation 18701 or in a new position created since this Code was last approved that makes or participates in making decisions shall disclose pursuant to the broadest disclosure category in this Code subject to the following limitation:

The Chief Executive Officer may determine that, due to the range of duties or contractual obligations, it is more appropriate to assign a limited disclosure requirement. A clear explanation of the duties and a statement of the extent of the disclosure requirements must be in a written document. (Gov. Code Sec. 82019; FPPC Regulations 18219 and 18734.) The Chief Executive Officer's determination is a public record and shall be retained for public inspection in the same manner and location as this Conflict of Interest Code. (Gov. Code Sec. 81008.)



**2.1** The disclosure categories listed below identify the types of economic interests that the designated position must disclose for each disclosure category to which he or she is assigned.<sup>3</sup> Such economic interests are reportable if they are either located in or doing business in the jurisdiction, are planning to do business in the jurisdiction, or have done business during the previous two years in the jurisdiction of the District.

Category 1: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that are located in, that do business in or own real property within the jurisdiction of the District.

Category 2: All interests in real property which is located in whole or in part within, or not more than two (2) miles outside, the jurisdiction of the District.

Category 3: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that provide services, products, materials, machinery, vehicles, or equipment of a type purchased or leased by the District.

Category 4: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that provide services, products, materials, machinery, vehicles, or equipment of a type purchased or leased by the designated position's department, unit or division.

Category 5: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, or income from a nonprofit organization" if the source is of the type to receive grants or other monies from or through the District.

**2.2** The Conflict of Interest Code does not require the reporting of gifts from outside the agency's jurisdiction if the source does not have some connection with or bearing upon the functions or duties of the position.

**3.** All officials and designated positions required to submit a statement of economic interests shall file their statements with the Special Assistant to the CEO/Board Relations Officer as the District's Filing Officer. The Special Assistant to the CEO/Board Relations Officer shall make and retain a copy of all statements filed by members of the Board of Directors and the Chief Executive Officer and forward the originals of such statements to the Clerk of the Board of Supervisors of the County of Riverside. The Special Assistant to the CEO/Board Relations Officer shall retain the originals of the statements filed by all other officials and designated positions and make all statements available for public inspection and reproduction during regular business hours.



4. The Conflict of Interest Code will be amended when necessitated by changed circumstances which include the need to designate new positions or revise disclosure categories.

## 2020 Conflict of Interest Code Biennial Notice Instructions for Local Agencies

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The Political Reform Act requires every local government agency to review its conflict of interest code biennially. A conflict of interest code tells public officials, governmental employees, and consultants what financial interests they must disclose on their Statement of Economic Interests (Form 700).

By **July 1, 2020**: The code reviewing body must notify agencies and special districts within its jurisdiction to review their conflict of interest codes.

By **October 1, 2020**: The biennial notice must be filed with the agency's code reviewing body.

The FPPC has prepared a 2020 Local Agency Biennial Notice form for local agencies to complete or send to agencies within its jurisdiction to complete before submitting to the code reviewing body. The City Council is the code reviewing body for city agencies. The County Board of Supervisors is the code reviewing body for county agencies and any other local government agency whose jurisdiction is determined to be solely within the county (e.g., school districts, including certain charter schools). The FPPC is the code reviewing body for any agency with jurisdiction in **more than one county** and will contact them.

### **The Local Agency Biennial Notice is not forwarded to the FPPC.**

If amendments to an agency's conflict of interest code are necessary, the amended code must be forwarded to the code reviewing body for approval within 90 days. An agency's amended code is not effective until it has been approved by the code reviewing body.

**If you answer yes, to any of the questions below, your agency's code probably needs to be amended.**

- Is the current code more than five years old?
- Have there been any substantial changes to the agency's organizational structure since the last code was approved?
- Have any positions been eliminated or re-named since the last code was approved?
- Have any new positions been added since the last code was approved?
- Have there been any substantial changes in duties or responsibilities for any positions since the last code was approved?

If you have any questions or are still not sure if you should amend your agency's conflict of interest code, please contact the FPPC. Additional information including an online webinar regarding how to amend a conflict of interest code is available on [FPPC's website](#).

# 2020 Local Agency Biennial Notice

Name of Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

**Accurate disclosure is essential to monitor whether officials have conflicts of interest and to help ensure public trust in government. The biennial review examines current programs to ensure that the agency's code includes disclosure by those agency officials who make or participate in making governmental decisions.**

This agency has reviewed its conflict of interest code and has determined that (*check one BOX*):

**An amendment is required. The following amendments are necessary:**

*(Check all that apply.)*

- Include new positions
- Revise disclosure categories
- Revise the titles of existing positions
- Delete titles of positions that have been abolished and/or positions that no longer make or participate in making governmental decisions
- Other (*describe*) \_\_\_\_\_

**The code is currently under review by the code reviewing body.**

**No amendment is required.** (If your code is over five years old, amendments may be necessary.)

---

## Verification (to be completed if no amendment is required)

*This agency's code accurately designates all positions that make or participate in the making of governmental decisions. The disclosure assigned to those positions accurately requires that all investments, business positions, interests in real property, and sources of income that may foreseeably be affected materially by the decisions made by those holding designated positions are reported. The code includes all other provisions required by Government Code Section 87302.*

\_\_\_\_\_  
*Signature of Chief Executive Officer*

\_\_\_\_\_  
*Date*

All agencies must complete and return this notice regardless of how recently your code was approved or amended. Please return this notice no later than **October 1, 2020**, or by the date specified by your agency, if earlier, to:

*(PLACE RETURN ADDRESS OF CODE REVIEWING BODY HERE)*

**PLEASE DO NOT RETURN THIS FORM TO THE FPPC.**

**RESOLUTION NO. 20-04**

**RESOLUTION OF THE BOARD OF DIRECTORS OF  
THE DESERT HEALTHCARE DISTRICT AMENDING  
THE CONFLICT OF INTEREST CODE PURSUANT  
TO THE POLITICAL REFORM ACT OF 1974**

WHEREAS, the State of California enacted the Political Reform Act of 1974, Government Code Section 81000 et seq. (the “Act”), which contains provisions relating to conflicts of interest that potentially affect all officers, employees, and consultants of the Desert Healthcare District (“District”) and requires all public agencies to adopt and promulgate a conflict of interest code; and

WHEREAS, the Board of Directors of the District adopted a Conflict of Interest Code (the “Code”) which was amended on October 25, 2016, in compliance with the Act; and

WHEREAS, subsequent changed circumstances within the District have made it advisable and necessary pursuant to Sections 87306 and 87307 of the Act to amend and update the District's Code; and

WHEREAS, notice of the time and place of a public meeting on, and of consideration by the Board of Directors of, the proposed amended Code was provided each affected designated employee and publicly posted for review at the offices of the District; and

WHEREAS, a public meeting was held upon the proposed amended Code at a regular meeting of the Board of Directors on August 25, 2020, at which all present were given an opportunity to be heard on the proposed amended Code.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Desert Healthcare District that the Board of Directors does hereby adopt the proposed amended Conflict of Interest Code, a copy of which is attached hereto and shall be on file with the Board Relations Officer and available to the public for inspection and copying during regular business hours;

BE IT FURTHER RESOLVED that the said amended Code shall be submitted to the Board of Supervisors of the County of Riverside for approval and said Code shall become effective immediately after the Board of Supervisors approves the proposed amended Code as submitted.

PASSED, ADOPTED, AND APPROVED by the Board of Directors of the DESERT HEALTHCARE DISTRICT at a special meeting held on August 25, 2020, by the following vote:

AYES: Directors \_\_\_\_\_  
NOES: Directors \_\_\_\_\_  
ABSTAIN: Directors \_\_\_\_\_  
ABSENT: Directors \_\_\_\_\_

\_\_\_\_\_  
LETICIA DE LARA, President  
Board of Directors

ATTEST:

\_\_\_\_\_  
KAREN BORJA, Vice President/Secretary  
Board of Directors

STATE OF CALIFORNIA        )  
  )ss.  
COUNTY OF RIVERSIDE        )

I, KAREN BORJA, Secretary of the DESERT HEALTHCARE DISTRICT, DO HEREBY CERTIFY that the foregoing is a true copy of Resolution No. \_\_\_\_\_, adopted by the Board of Directors of the DESERT HEALTHCARE DISTRICT at a special meeting of the Board of Directors held on August 25, 2020, which Resolution is a part of the official records of the DESERT HEALTHCARE DISTRICT.

Dated:\_\_\_\_\_

\_\_\_\_\_  
KAREN BORJA, Secretary



LAW OFFICES OF  
**JEFFREY G. SCOTT**

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

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

JEFFREY G. SCOTT

*Of Counsel*  
JAMES R. DODSON

DATE: August 25, 2020

TO: Board of Directors  
Conrado Barzaga, Chief Financial Officer  
Chris Christensen, Chief Administrative Officer

FROM: Jeffrey G. Scott, General Counsel

RE: Consideration of Resolutions Requesting the Board of Supervisors Appoint  
Directors Zendle, Shorr, and DeLara to Terms Ending in 2024

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Director Zendle (Zone 1), Director Shorr (Zone 5), and Director DeLara (Zone 7) each filed a Declaration of Candidacy in their respective zones for terms ending in 2024. No other individuals filed a Declaration of Candidacy.

Under state law (Elec. Code, § 10515), when this occurs the County Board of Supervisors is required to appoint the respective individuals in each zone who filed a Declaration of Candidacy without an election.

Attached are three separate resolutions, which request that in accordance of the Election Code provisions, the Riverside County Board of Supervisors appoint Directors Zendle, Shorr, and DeLara to their new terms ending in 2024. In accordance with Election Code § 10515, the appointed Directors will take office and serve exactly as if elected at the November 3, 2020 election.

It is requested that the Board approve the attached resolutions.

**RESOLUTION NO. 20-05**

**RESOLUTION OF THE BOARD OF DIRECTORS  
OF THE DESERT HEALTHCARE DISTRICT  
REQUESTING THAT THE BOARD OF SUPERVISORS  
OF RIVERSIDE COUNTY APPOINT LETICIA DE LARA TO FILL  
THE TERM OF DIRECTOR FOR ZONE 7 ENDING IN 2024**

WHEREAS, an election to fill the office of director for Zone 7 for the term ending in the year 2024 of the DESERT HEALTHCARE DISTRICT was to be held on November 3, 2020; and

WHEREAS, on the eighty-third (83rd) day prior to the election, only one person, LETICIA DE LARA, filed a Declaration of Candidacy for the office of Board of Directors for Zone 7 for the term ending in the year 2024; and

WHEREAS, section 10515 of the Elections Code of the State of California provides that under the attendant circumstances the Board of Supervisors of Riverside County shall appoint as Director that person who has filed a Declaration of Candidacy to fill the office of Board of Directors without an election.

NOW, THEREFORE, the Board of Directors of the DESERT HEALTHCARE DISTRICT does hereby resolve and order as follows:

Section 1: The Board of Directors finds that the General Election of the Director of Zone 7 for the terms ending in the year 2024 is hereby canceled.

Section 2: The Board of Directors finds that LETICIA DE LARA is the only person who has filed a Declaration of Candidacy for the office of Director for Zone 7.

Section 3: The Board of Directors hereby requests that the Board of Supervisors for the County of Riverside, California, pursuant to the provisions of Elections Code section 10515, appoint LETICIA DE LARA as Director of Zone 7 for the term ending in the year 2024.

Section 4: The Secretary of the DESERT HEALTHCARE DISTRICT is directed to deliver forthwith a certified copy of this resolution to the Registrar of Voters for the County of Riverside, California, and a certified copy to the Clerk of the Board of Supervisors for the County of Riverside, California.

Section 5: This resolution shall be made a part of the minutes of this meeting.

PASSED, ADOPTED, AND APPROVED by the Board of Directors of the DESERT HEALTHCARE DISTRICT at a special meeting held on August 25, 2020, by the following vote:

AYES: Directors \_\_\_\_\_  
NOES: Directors \_\_\_\_\_  
ABSTAIN: Directors \_\_\_\_\_  
ABSENT: Directors \_\_\_\_\_

\_\_\_\_\_  
LETICIA DE LARA, President  
Board of Directors

ATTEST:

\_\_\_\_\_  
KAREN BORJA, Vice President/Secretary  
Board of Directors

STATE OF CALIFORNIA        )  
  )ss.  
COUNTY OF RIVERSIDE        )

I, KAREN BORJA, Secretary of the DESERT HEALTHCARE DISTRICT, DO HEREBY CERTIFY that the foregoing is a true copy of Resolution No. 20.05, adopted by the Board of Directors of the DESERT HEALTHCARE DISTRICT at a special meeting of the Board of Directors held on August 25, 2020, which Resolution is a part of the official records of the DESERT HEALTHCARE DISTRICT.

Dated: \_\_\_\_\_

\_\_\_\_\_  
KAREN BORJA, Secretary

**RESOLUTION NO. 20-06**

**RESOLUTION OF THE BOARD OF DIRECTORS  
OF THE DESERT HEALTHCARE DISTRICT  
REQUESTING THAT THE BOARD OF SUPERVISORS  
OF RIVERSIDE COUNTY APPOINT ARTHUR SHORR TO FILL  
THE TERM OF DIRECTOR FOR ZONE 5 ENDING IN 2024**

WHEREAS, an election to fill the office of director for Zone 5 for the term ending in the year 2024 of the DESERT HEALTHCARE DISTRICT was to be held on November 3, 2020; and

WHEREAS, on the eighty-third (83rd) day prior to the election, only one person, ARTHUR SHORR, filed a Declaration of Candidacy for the office of Board of Directors for Zone 5 for the term ending in the year 2024; and

WHEREAS, section 10515 of the Elections Code of the State of California provides that under the attendant circumstances the Board of Supervisors of Riverside County shall appoint as Director that person who has filed a Declaration of Candidacy to fill the office of Board of Directors without an election.

NOW, THEREFORE, the Board of Directors of the DESERT HEALTHCARE DISTRICT does hereby resolve and order as follows:

Section 1: The Board of Directors finds that the General Election of the Director of Zone 5 for the terms ending in the year 2024 is hereby canceled.

Section 2: The Board of Directors finds that ARTHUR SHORR is the only person who has filed a Declaration of Candidacy for the office of Director for Zone 5.

Section 3: The Board of Directors hereby requests that the Board of Supervisors for the County of Riverside, California, pursuant to the provisions of Elections Code section 10515, appoint ARTHUR SHORR as Director of Zone 5 for the term ending in the year 2024.

Section 4: The Secretary of the DESERT HEALTHCARE DISTRICT is directed to deliver forthwith a certified copy of this resolution to the Registrar of Voters for the County of Riverside, California, and a certified copy to the Clerk of the Board of Supervisors for the County of Riverside, California.

Section 5: This resolution shall be made a part of the minutes of this meeting.

PASSED, ADOPTED, AND APPROVED by the Board of Directors of the DESERT HEALTHCARE DISTRICT at a special meeting held on August 25, 2020, by the following vote:

AYES: Directors \_\_\_\_\_  
NOES: Directors \_\_\_\_\_  
ABSTAIN: Directors \_\_\_\_\_  
ABSENT: Directors \_\_\_\_\_

\_\_\_\_\_  
LETICIA DE LARA, President  
Board of Directors

ATTEST:

\_\_\_\_\_  
KAREN BORJA, Vice President/Secretary  
Board of Directors

STATE OF CALIFORNIA        )  
  )ss.  
COUNTY OF RIVERSIDE        )

I, KAREN BORJA, Secretary of the DESERT HEALTHCARE DISTRICT, DO HEREBY CERTIFY that the foregoing is a true copy of Resolution No. 20-05 adopted by the Board of Directors of the DESERT HEALTHCARE DISTRICT at a special meeting of the Board of Directors held on August 25, 2020, which Resolution is a part of the official records of the DESERT HEALTHCARE DISTRICT.

Dated: \_\_\_\_\_

\_\_\_\_\_  
KAREN BORJA, Secretary

**RESOLUTION NO. 20-07**

**RESOLUTION OF THE BOARD OF DIRECTORS  
OF THE DESERT HEALTHCARE DISTRICT  
REQUESTING THAT THE BOARD OF SUPERVISORS  
OF RIVERSIDE COUNTY APPOINT LES ZENDLE TO FILL  
THE TERM OF DIRECTOR FOR ZONE 1 ENDING IN 2024**

WHEREAS, an election to fill the office of director for Zone 1 for the term ending in the year 2024 of the DESERT HEALTHCARE DISTRICT was to be held on November 3, 2020; and

WHEREAS, on the eighty-third (83rd) day prior to the election, only one person, LES ZENDLE, filed a Declaration of Candidacy for the office of Board of Directors for Zone 1 for the term ending in the year 2024; and

WHEREAS, section 10515 of the Elections Code of the State of California provides that under the attendant circumstances the Board of Supervisors of Riverside County shall appoint as Director that person who has filed a Declaration of Candidacy to fill the office of Board of Directors without an election.

NOW, THEREFORE, the Board of Directors of the DESERT HEALTHCARE DISTRICT does hereby resolve and order as follows:

Section 1: The Board of Directors finds that the General Election of the Director of Zone 1 for the terms ending in the year 2024 is hereby canceled.

Section 2: The Board of Directors finds that LES ZENDLE is the only person who has filed a Declaration of Candidacy for the office of Director for Zone 1.

Section 3: The Board of Directors hereby requests that the Board of Supervisors for the County of Riverside, California, pursuant to the provisions of Elections Code section 10515, appoint LES ZENDLE as Director of Zone 1 for the term ending in the year 2024.

Section 4: The Secretary of the DESERT HEALTHCARE DISTRICT is directed to deliver forthwith a certified copy of this resolution to the Registrar of Voters for the County of Riverside, California, and a certified copy to the Clerk of the Board of Supervisors for the County of Riverside, California.

Section 5: This resolution shall be made a part of the minutes of this meeting.



PASSED, ADOPTED, AND APPROVED by the Board of Directors of the DESERT HEALTHCARE DISTRICT at a special meeting held on August 25, 2020, by the following vote:

AYES: Directors \_\_\_\_\_  
NOES: Directors \_\_\_\_\_  
ABSTAIN: Directors \_\_\_\_\_  
ABSENT: Directors \_\_\_\_\_

\_\_\_\_\_  
LETICIA DE LARA, President  
Board of Directors

ATTEST:

\_\_\_\_\_  
KAREN BORJA, Vice President/Secretary  
Board of Directors

STATE OF CALIFORNIA        )  
  )ss.  
COUNTY OF RIVERSIDE        )

I, KAREN BORJA, Secretary of the DESERT HEALTHCARE DISTRICT, DO HEREBY CERTIFY that the foregoing is a true copy of Resolution No. 20-07, adopted by the Board of Directors of the DESERT HEALTHCARE DISTRICT at a special meeting of the Board of Directors held on August 25, 2020, which Resolution is a part of the official records of the DESERT HEALTHCARE DISTRICT.

Dated:\_\_\_\_\_

\_\_\_\_\_  
KAREN BORJA, Secretary



## 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.



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DESERT HEALTHCARE DISTRICT AND FOUNDATION  
GRANTMAKING

# Objectives

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- 1- Review the District's grant-making process
- 2- Examine how staff recommendations were formulated
- 2- Study the board-approved overarching funding strategic goals

# District and Foundation Grantmaking

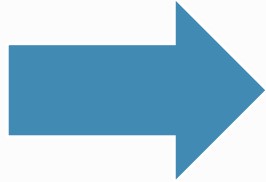
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# Considerations for funding priorities

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1- A Gap Year

PAST (2017-2020)

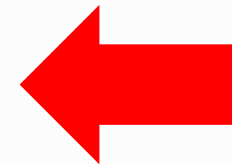


### 2017 STRATEGIC PLAN

- 1- ACCESS TO PRIMARY CARE & BEHAVIORAL HEALTH
- 2- HOMELESSNESS
- 3- HEALTHY EATING ACTIVE LIVING
- 4- QUALITY, SAFETY, ACCOUNTABILITY & TRANSPARENCY

### A GAP YEAR (COVID-19)

- COMMUNITY HEALTH NEEDS ASSESSMENT &
- 10-YEAR HEALTH IMPROVEMENT PLAN
- NEW STRATEGIC PLAN
- ADDITIONAL REVENUES/RESOURCES



FUTURE (2021-2031)

# Considerations for funding priorities

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1- A Gap Year

2- The Health and Safety Code

# Healthcare Districts: California Health and Safety Code

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## HEALTH AND SAFETY CODE

### DIVISION 23. HOSPITAL DISTRICTS [32000 - 32499.4]

**(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.

*\* Please reference document in packet - pages 81-110*



# California Assembly Bill 2019

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California Assembly Bill ([AB 2019](#)) became law as of January 1, 2019. This law, in particular, Section 3 – Section 32139 of the Health and Safety Code 9.5 states *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 awards process. A district’s established grant awards process may include the provision of technical assistance to grant applicants, upon request, by district grant program staff.*

**Once the Letter of Interest has been submitted**, staff, under the law (AB-2019), can provide technical assistance to the grantee

*\* Please reference document in packet - pages 111-115*

# Prevailing Wage Law

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- Under California law (Labor Code sections 1720 et seq. and 1770 et seq.), any work paid for in whole or in part with public funds, including funds from the Desert Healthcare District, may require that workers be paid at the prevailing wage rates
  - Prevailing wage is essentially a minimum wage for various classifications of construction workers

*\* Please reference document in packet - pages 116-118*

# Considerations for funding priorities

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1- A Gap Year

2- The Health and Safety Code

3- Community Input

# Community Outreach COVID-19 Impact Survey Results

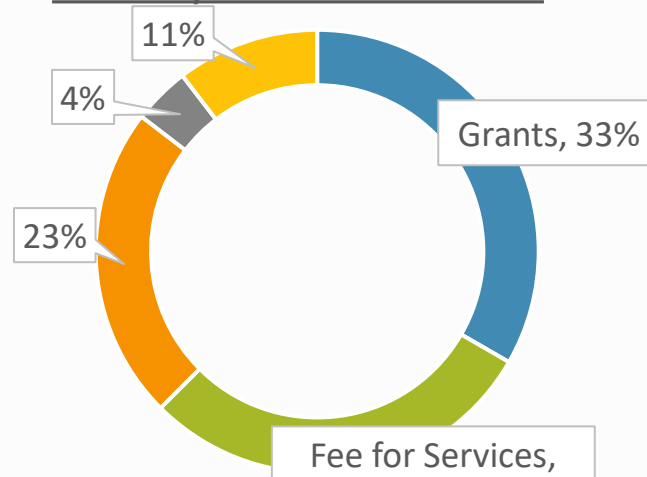
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April 2020

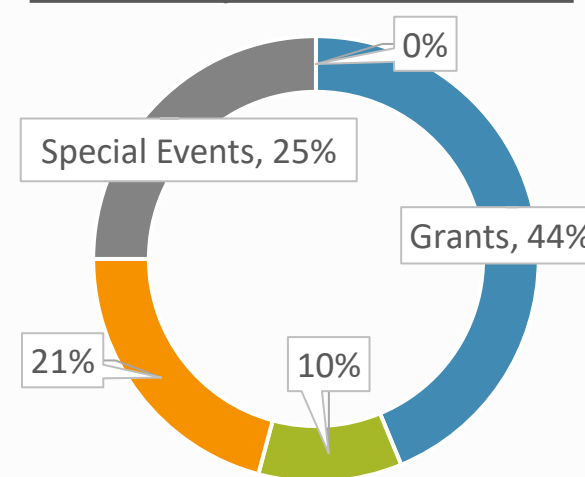
# COVID-19 Organization Survey

- 48 participants
- High dependency on grant revenues
- All organizations have been financially impacted
- A component in framing our gap year funding

Primary Revenue Source



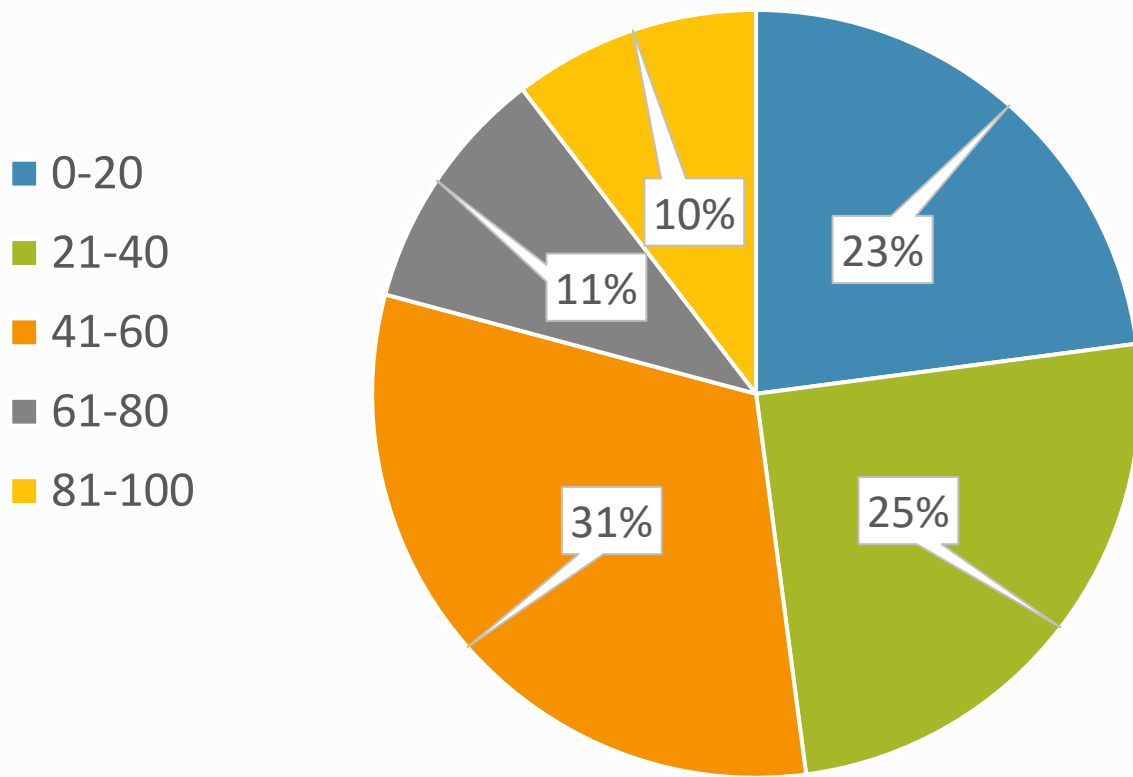
Secondary Revenue Source



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

# 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

# Recovery Plans

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- Adapt services instead of canceling
- 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
- Increasing case managers
- 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

# Considerations for funding priorities

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1- A Gap Year

2- The Health and Safety Code

3- Community Input

4- Equity, Fairness, Transparency and Accountability



# Equity, Fairness, Transparency and Accountability in Grantmaking Recommendations

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(Presented to Strategic Planning Committee & Program Committee in May 2020)

- Ensure grantmaking is responsive to needs of community
- Offer clear grantmaking guidance
- Simplify grantmaking process
- Updated website for ease of grant process understanding with ample resources

*\* Please reference document in packet - pages 43-49*

# FY 2020-21 Strategic Focus Areas

(Gap Year)

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# Gap Year Funding Strategic Focus Areas

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Funding will be allocated in the following strategic areas:

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

# Healthcare Infrastructure/Services

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*Goal:* provide core operating support for community actions that improve health-related infrastructure through:

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

*Funding Allocation:* \$1,500,000

# Behavioral Health/Mental Health

*Goal:* explore how funds from the MHSA can be leveraged and aim at improving access to behavioral health service by:

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

*Funding Allocation:* additional \$500,000 in the Behavioral Health Initiative Collective Fund

*\*Please see EVALCORP report on website*

# Homelessness

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*Goal:* Seek to leverage and match other funds. It will support the ongoing CVAG CVHEART activities, including:

1. Cooling centers
2. Case management/wraparound services
3. Community outreach

*Funding Allocation:* additional \$500,000 added to the Homelessness Initiative Collective Fund

*\* Please see CVHEART reference document in packet - pages 129-158*

# Vital Human Services to People with Chronic Conditions

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*Goal:* to support this important and at-risk community by:

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

*Funding Allocation:* \$500,000

# Economic Protection/Recovery/Food Security



*Goal:* to provide needed support in areas of distress by:

1. Sustaining ongoing efforts by collaborative partners
2. Promoting community collaborations and regional work around these efforts
3. Increased case management at food pantries through measurable food security, self-sufficiency, and quality of diet

*Funding Allocation:* \$500,000



# Foundation Funding

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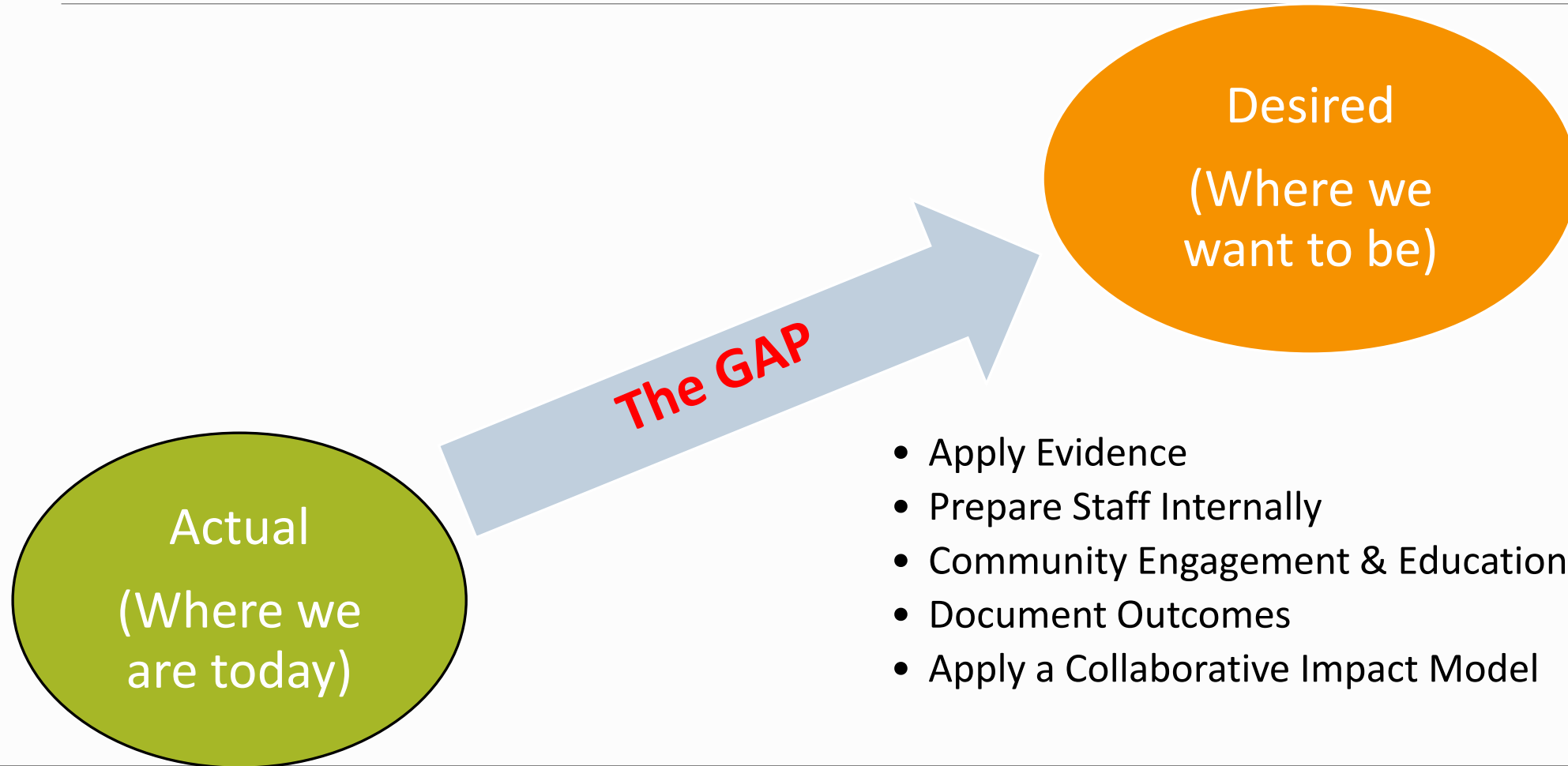
*Goal:* funding will be used to promote:

1. Collective impact
2. Community collaboration

*Funding Allocation:* \$600,000

# Prioritizing Funding Strategies

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# Community Engagement and Education

August 10<sup>th</sup> Webinar

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# Presentation and Participants

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- Presentation Overview:
  - History and recent District and Foundation developments (I.E. One Coachella Valley Resolution)
  - CHNA/CHIP
  - COVID survey
  - Gap year funding strategic focus areas
  - Grantmaking process
  - Website tutorial
  - Q/A → over 30 questions asked
- Number of participants: 92
- Organizational diversity in attendees: over 70 organizations represented
  - Alianza, Alzheimer's Association, CV Autism Society, DAP, YMCA, Inland Equity Partnership, Mission Veteran, Parkinson's Resource Org., The Recovery Centers, Inc.

# Next Steps for Grantee Education

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- Presentation slides and recorded webinar on District website for grantee reference
- Developed a frequently asked questions resource
  - Placed on grant's page
  - Updated every couple months

# Website Tutorial

## New Grant's Page (Live August 1<sup>st</sup>)

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# Questions?

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# Have we met the objectives?

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- 1- Review the District's grant-making process
- 2- Examine how staff recommendations were formulated
- 2- Study the board-approved overarching funding strategic goals



**HEALTH AND SAFETY CODE - HSC**

**DIVISION 23. HOSPITAL DISTRICTS [32000 - 32499.4]**

*( Division 23 added by Stats. 1945, Ch. 932. )*

**CHAPTER 2. Board of Directors [32100 - 32155]**

*( Chapter 2 added by Stats. 1945, Ch. 932. )*

**ARTICLE 2. Powers [32121 - 32140]**

*( Article 2 added by Stats. 1945, Ch. 932. )*

**32121.**

Each local district shall have and may exercise the following powers:

- (a) To have and use a corporate seal and alter it at its pleasure.
- (b) To sue and be sued in all courts and places and in all actions and proceedings whatever.
- (c) To purchase, receive, have, take, hold, lease, use, and enjoy property of every kind and description within and without the limits of the district, and to control, dispose of, convey, and encumber the same and create a leasehold interest in the same for the benefit of the district.
- (d) To exercise the right of eminent domain for the purpose of acquiring real or personal property of every kind necessary to the exercise of any of the powers of the district.
- (e) To establish one or more trusts for the benefit of the district, to administer any trust declared or created for the benefit of the district, to designate one or more trustees for trusts created by the district, to receive by gift, devise, or bequest, and hold in trust or otherwise, property, including corporate securities of all kinds, situated in this state or elsewhere, and where not otherwise provided, dispose of the same for the benefit of the district.
- (f) To employ legal counsel to advise the board of directors in all matters pertaining to the business of the district, to perform the functions in respect to the legal affairs of the district as the board may direct, and to call upon the district attorney of the county in which the greater part of the land in the district is situated for legal advice and assistance in all matters concerning the district, except that if that county has a county counsel, the directors may call upon the county counsel for legal advice and assistance.
- (g) To employ any officers and employees, including architects and consultants, the board of directors deems necessary to carry on properly the business of the district.
- (h) To prescribe the duties and powers of the health care facility administrator, secretary, and other officers and employees of any health care facilities of the district, to establish offices as may be appropriate and to appoint board members or employees to those offices, and to determine the number of, and appoint, all officers and employees and to fix their compensation. The officers and employees shall hold their offices or positions at the pleasure of the boards of directors.
- (i) To do any and all things that an individual might do that are necessary for, and to the advantage of, a health care facility and a nurses' training school, or a child care facility for the benefit of employees of the health care facility or residents of the district.

(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.

"Health care facilities," as used in this subdivision, means those facilities defined in subdivision (b) of Section 32000.1 and specifically includes freestanding chemical dependency recovery units. "Health facilities," as used in this subdivision, may also include those facilities defined in subdivision (d) of Section 15432 of the Government Code.

(k) To do any and all other acts and things necessary to carry out this division.

(l) To acquire, maintain, and operate ambulances or ambulance services within and without the district.

(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.

(n) To establish and operate in cooperation with its medical staff a coinsurance plan between the hospital district and the members of its attending medical staff.

(o) To establish, maintain, and carry on its activities through one or more corporations, joint ventures, or partnerships for the benefit of the health care district.

(p) (1) To transfer, at fair market value, any part of its assets to one or more corporations to operate and maintain the assets. A transfer pursuant to this paragraph shall be deemed to be at fair market value if an independent consultant, with expertise in methods of appraisal and valuation and in accordance with applicable governmental and industry standards for appraisal and valuation, determines that fair and reasonable consideration is to be received by the district for the transferred district assets. Before the district transfers, pursuant to this paragraph, 50 percent or more of the district's assets to one or more corporations, in sum or by increment, the elected board shall, by resolution, submit to the voters of the district a measure proposing the transfer. The measure shall be placed on the ballot of a special election held upon the request of the district or the ballot of the next regularly scheduled election occurring at least 88 days after the resolution of the board. If a majority of the voters voting on the measure vote in its favor, the transfer shall be approved. The campaign disclosure requirements applicable to local measures provided under Chapter 4 (commencing with Section 84100) of Title 9 of the Government Code shall apply to this election.

(2) To transfer, for the benefit of the communities served by the district, in the absence of adequate consideration, any part of the assets of the district, including, without limitation, real property, equipment, and other fixed assets, current assets, and cash, relating to the operation of the district's health care facilities to one or more nonprofit corporations to operate and maintain the assets.

(A) A transfer of 50 percent or more of the district's assets, in sum or by increment, pursuant to this paragraph shall be deemed to be for the benefit of the communities served by the district only if all of the following occur:

(i) The transfer agreement and all arrangements necessary thereto are fully discussed in advance of the district board decision to transfer the assets of the district in at least five properly noticed open and public meetings in compliance with Section 32106 and the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code).

(ii) The transfer agreement provides that the hospital district shall approve all initial board members of the nonprofit corporation and any subsequent board members as may be specified in the transfer agreement.

(iii) The transfer agreement provides that all assets transferred to the nonprofit corporation, and all assets accumulated by the corporation during the term of the transfer agreement arising out of, or from, the operation of the transferred assets, are to be transferred back to the district upon termination of the transfer agreement, including any extension of the transfer agreement.

(iv) The transfer agreement commits the nonprofit corporation to operate and maintain the district's health care facilities and its assets for the benefit of the communities served by the district.

(v) The transfer agreement requires that any funds received from the district at the outset of the agreement or any time thereafter during the term of the agreement be used only to reduce district indebtedness, to acquire needed equipment for the district health care facilities, to operate, maintain, and make needed capital improvements to the district's health care facilities, to provide supplemental health care services or facilities for the communities served by the district, or to conduct other activities that would further a valid public purpose if undertaken directly by the district.

(vi) The transfer agreement includes the appraised fair market value, from an independent consultant with expertise in methods of appraisal and valuation and in accordance with applicable governmental and industry standards for appraisal and valuation, of any asset transferred pursuant to this paragraph.

(vii) The appraisal that is used to determine the fair market value that is included within the transfer agreement is performed within the six months preceding the date on which the district approves the transfer agreement.

(B) A transfer of 10 percent or more but less than 50 percent of the district's assets, in sum or by increment, pursuant to this paragraph shall be deemed to be for the benefit of the communities served by the district only if both of the following occur:

(i) The transfer agreement and all arrangements necessary thereto are fully discussed in advance of the district board decision to transfer the assets of the district in at least two properly noticed open and public meetings in compliance with Section 32106 and the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code).

(ii) The transfer agreement meets all of the requirements of clauses (iii) to (v), inclusive, of subparagraph (A).

(C) Before the district transfers, pursuant to this paragraph, 50 percent or more of the district's assets to one or more nonprofit corporations, in sum or by increment, the elected board shall, by resolution, submit to the voters of the district a measure

proposing the transfer. The resolution shall identify the asset proposed to be transferred, its appraised fair market value, and the full consideration that the district is to receive in exchange for the transfer. The appraisal shall be performed by an independent consultant with expertise in methods of appraisal and valuation and in accordance with applicable governmental and industry standards for appraisal and valuation within the six months preceding the date on which the district approves the resolution. The measure shall be placed on the ballot of a special election held upon the request of the district or the ballot of the next regularly scheduled election occurring at least 88 days after the resolution of the board. If a majority of the voters voting on the measure vote in its favor, the transfer shall be approved. The campaign disclosure requirements applicable to local measures provided under Chapter 4 (commencing with Section 84100) of Title 9 of the Government Code shall apply to this election.

(D) Notwithstanding the other provisions of this paragraph, a hospital district shall not transfer any portion of its assets to a private nonprofit organization that is owned or controlled by a religious creed, church, or sectarian denomination in the absence of adequate consideration.

(3) If the district board has previously transferred less than 50 percent of the district's assets pursuant to this subdivision, before any additional assets are transferred, the board shall hold a public hearing and shall make a public determination that the additional assets to be transferred will not, in combination with any assets previously transferred, equal 50 percent or more of the total assets of the district.

(4) The amendments to this subdivision made during the 1991–92 Regular Session, the amendments made to this subdivision and to Section 32126 made during the 1993–94 Regular Session, and the amendments made to this subdivision during the 2011–12 Regular Session, shall only apply to transfers made on or after the effective dates of the acts amending this subdivision. The amendments to this subdivision made during those sessions shall not apply to either of the following:

(A) A district that has discussed and adopted a board resolution prior to September 1, 1992, that authorizes the development of a business plan for an integrated delivery system.

(B) A lease agreement, transfer agreement, or both between a district and a nonprofit corporation that were in full force and effect as of September 1, 1992, for as long as that lease agreement, transfer agreement, or both remain in full force and effect.

(5) Notwithstanding paragraph (4), if substantial amendments are proposed to be made to a transfer agreement described in subparagraph (A) or (B) of paragraph (4), the amendments shall be fully discussed in advance of the district board's decision to adopt the amendments in at least two properly noticed open and public meetings in compliance with Section 32106 and the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code).

(6) Notwithstanding paragraphs (4) and (5), a transfer agreement described in subparagraph (A) or (B) of paragraph (4) that provided for the transfer of less than 50 percent of a district's assets shall be subject to the requirements of this subdivision when subsequent amendments to that transfer agreement would result

in the transfer, in sum or by increment, of 50 percent or more of a district's assets to the nonprofit corporation.

(7) For purposes of this subdivision, a "transfer" means the transfer of ownership of the assets of a district. A lease of the real property or the tangible personal property of a district shall not be subject to this subdivision except as specified in Section 32121.4 and as required under Section 32126.

(8) Districts that request a special election pursuant to paragraph (1) or (2) shall reimburse counties for the costs of that special election as prescribed pursuant to Section 10520 of the Elections Code.

(9) (A) Nothing in this section, including subdivision (j), shall be construed to permit a local district to obtain or be issued a single consolidated license to operate a separate physical plant as a skilled nursing facility or an intermediate care facility that is not located within the boundaries of the district.

(B) Notwithstanding subparagraph (A), Eastern Plumas Health Care District may obtain and be issued a single consolidated license to operate a separate physical plant as a skilled nursing facility or an intermediate care facility that is located on the campus of the Sierra Valley District Hospital. This subparagraph shall have no application to any other district and is intended only to address the urgent need to preserve skilled nursing or intermediate care services within the rural County of Sierra.

(C) Subparagraph (B) shall only remain operative until the Sierra Valley District Hospital is annexed by the Eastern Plumas Health Care District. In no event shall the Eastern Plumas Health Care District increase the number of licensed beds at the Sierra Valley District Hospital during the operative period of subparagraph (B).

(10) A transfer of any of the assets of a district to one or more nonprofit corporations to operate and maintain the assets shall not be required to meet paragraphs (1) to (9), inclusive, of this subdivision if all of the following conditions apply at the time of the transfer:

(A) The district has entered into a loan that is insured by the State of California under Chapter 1 (commencing with Section 129000) of Part 6 of Division 107.

(B) The district is in default of its loan obligations, as determined by the Office of Statewide Health Planning and Development.

(C) The Office of Statewide Health Planning and Development and the district, in their best judgment, agree that the transfer of some or all of the assets of the district to a nonprofit corporation or corporations is necessary to cure the default, and will obviate the need for foreclosure. This cure of default provision shall be applicable prior to the office foreclosing on district hospital assets. After the office has foreclosed on district hospital assets, or otherwise taken possession in accordance with law, the office may exercise all of its powers to deal with and dispose of hospital property.

(D) The transfer and all arrangements necessary thereto are discussed in advance of the transfer in at least one properly noticed open and public meeting in compliance with Section 32106 and the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code). The meeting referred to in this paragraph shall be noticed and held within 90 days of notice in writing to the district by the office of an event of default. If the meeting is not held within this 90-day period, the district shall be deemed to have waived this requirement to have a meeting.

(11) If a transfer under paragraph (10) is a lease, the lease shall provide that the assets shall revert to the district at the conclusion of the leasehold interest. If the transfer is a sale, the proceeds shall be used first to retire the obligation insured by the office, then to retire any other debts of the district. After providing for debts, any remaining funds shall revert to the district.

(12) A health care district shall report to the Attorney General, within 30 days of any transfer of district assets to one or more nonprofit or for-profit corporations, the type of transaction and the entity to whom the assets were transferred or leased.

(q) To contract for bond insurance, letters of credit, remarketing services, and other forms of credit enhancement and liquidity support for its bonds, notes, and other indebtedness and to enter into reimbursement agreements, monitoring agreements, remarketing agreements, and similar ancillary contracts in connection therewith.

(r) To establish, maintain, operate, participate in, or manage capitated health care service plans, health maintenance organizations, preferred provider organizations, and other managed health care systems and programs properly licensed by the Department of Insurance or the Department of Managed Care, at any location within or without the district for the benefit of residents of communities served by the district. However, that activity shall not be deemed to result in, or constitute, the giving or lending of the district's credit, assets, surpluses, cash, or tangible goods to, or in aid of, any person, association, or corporation in violation of Section 6 of Article XVI of the California Constitution.

Nothing in this section shall be construed to authorize activities that corporations and other artificial legal entities are prohibited from conducting by Section 2400 of the Business and Professions Code.

Any agreement to provide health care coverage that is a health care service plan, as defined in subdivision (f) of Section 1345, shall be subject to Chapter 2.2 (commencing with Section 1340) of Division 2, unless exempted pursuant to Section 1343 or 1349.2.

A district shall not provide health care coverage for any employee of an employer operating within the communities served by the district, unless the Legislature specifically authorizes, or has authorized in this section or elsewhere, the coverage. Nothing in this section shall be construed to authorize any district to contribute its facilities to any joint venture that could result in transfer of the facilities from district ownership.

(s) To provide health care coverage to members of the district's medical staff, employees of the medical staff members, and the dependents of both groups, on a self-pay basis.

*(Amended by Stats. 2012, Ch. 684, Sec. 1. (SB 804) Effective January 1, 2013.)*

### **32121.1.**

By resolution, the board of directors of a local hospital district may delegate to its administrator the power to employ (subject to the pleasure of the board of directors), and discharge, such subordinate officers and employees as are

necessary for the purpose of carrying on the normal functions of any hospital operated by the district.

*(Added by Stats. 1957, Ch. 640.)*

### **32121.2.**

Except as provided in this section, by resolution, the board of directors of a local hospital district may authorize the disposition of any surplus property of the district at fair market value by any method determined appropriate by the board.

The board of directors of a local hospital district may donate or sell, at less than fair market value, any surplus property to another local hospital district in California.

*(Amended by Stats. 1982, Ch. 1513, Sec. 7.)*

### **32121.3.**

(a) Notwithstanding any other provision of law, a hospital district, or any affiliated nonprofit corporation upon a finding by the board of directors of the district that it will be in the best interests of the public health of the communities served by the district and in order to obtain a licensed physician and surgeon to practice in the communities served by the district, may do any of the following:

- (1) Guarantee to a physician and surgeon a minimum income for a period of no more than three years from the opening of the physician and surgeon's practice.
- (2) Guarantee purchases of necessary equipment by the physician and surgeon.
- (3) Provide reduced rental rates of office space in any building owned or leased by the district or any of its affiliated entities, or subsidize rental payments for office space in any other buildings, for a term of no more than three years.
- (4) Provide other incentives to a physician and surgeon in exchange for consideration and upon terms and conditions the hospital district's board of directors deems reasonable and appropriate.

(b) Any provision in a contract between a physician and surgeon and a hospital district or affiliated nonprofit corporation is void which does any of the following:

- (1) Imposes as a condition any requirement that the patients of the physician and surgeon, or a quota of the patients of the physician and surgeon, only be admitted to a specified hospital.
- (2) Restricts the physician and surgeon from establishing staff privileges at, referring patients to, or generating business for another entity.
- (3) Provides payment or other consideration to the physician and surgeon for the physician and surgeon's referral of patients to the district hospital or an affiliated nonprofit corporation.

(c) Contracts between a physician and surgeon and a hospital district or affiliated nonprofit corporation that provide an inducement for the physician and surgeon to practice in the community served by the district hospital shall contain both of the following:

- (1) A provision which requires the inducement to be repaid with interest if the inducement is repayable.

(2) A provision which states that no payment or other consideration shall be made for the referral of patients to the district hospital or an affiliated nonprofit corporation.

(d) To the extent that this section conflicts with Section 650 of the Business and Professions Code, Section 650 of the Business and Professions Code shall supersede this section.

(e) The Legislature finds that this section is necessary to assist district hospitals to attract qualified physicians and surgeons to practice in the communities served by these hospitals, and that the health and welfare of the residents in these communities require these provisions.

*(Amended by Stats. 1992, Ch. 1358, Sec. 4. Effective January 1, 1993.)*

#### **32121.4.**

Notwithstanding any other provision of law, a hospital district or any affiliated nonprofit corporation, upon a finding by the board of directors of the district that it will be in the best interests of the district to provide additional diversification of facilities, may lease and operate the realty, facilities, and business of another hospital district in California, or create a leasehold interest in its own realty, improvements, and business in favor of another hospital district, if all of the following apply:

(a) That the lease when taken together with any extensions of the lease shall not exceed a total of 30 years.

(b) That the lessee district shall not finance any capital improvements through the use of the lessor district's credit.

(c) That the lessor district shall have successfully completed any feasibility studies required by its board of directors as will reasonably ensure that the lessor hospital's financial stability will not be endangered by the lease transaction.

(d) Nothing in this section shall be construed to impair or limit the authority of the California Medical Assistance Commission to contract for the provision of inpatient hospital services under the Medi-Cal program with local hospital district hospitals as sole distinct entities, even though one or more hospital districts may have entered into leasehold or joint-venture arrangements.

Any lease made pursuant to this section to one or more nonprofit corporations affiliated with a district, that is part of or contingent upon a transfer of 50 percent or more of the district's assets, in sum or by increment, to the affiliated nonprofit corporation shall be subject to the requirements of subdivision (p) of Section 32121.

*(Amended by Stats. 1993, Ch. 698, Sec. 2. Effective October 4, 1993.)*

#### **32121.5.**

(a) Notwithstanding any other provision of this division, a health care district may enter into a contract of employment with a hospital administrator, including a hospital administrator who is designated as chief executive officer, the duration of which shall not exceed four years, but which may periodically be renewed for a term of not more than four years.



(b) A contract entered into, or renewed, on or after January 1, 2014, shall not authorize retirement plan benefits to be paid to a hospital administrator, including a hospital administrator who is designated as chief executive officer, prior to his or her retirement.

*(Amended by Stats. 2013, Ch. 92, Sec. 1. (AB 130) Effective January 1, 2014.)*

### **32121.6.**

If a health care district enters into a written employment agreement with a hospital administrator, including a hospital administrator who is designated as a chief executive officer, the written employment agreement shall include all material terms and conditions agreed to between the district and the hospital administrator regarding compensation, deferred compensation, retirement benefits, severance or continuing compensation after termination of the agreement, vacation pay and other paid time off for illness or personal reasons, and other employment benefits that differ from those available to other full-time employees.

*(Added by Stats. 2012, Ch. 322, Sec. 1. (AB 2180) Effective January 1, 2013.)*

### **32121.7.**

Notwithstanding any other provision of law, the transfer of assets by El Camino Hospital, a California nonprofit public benefit corporation ("El Camino Hospital-Corporation") that owns and operates El Camino Hospital, located in the City of Mountain View, pursuant to a transfer and ground lease from the El Camino Hospital District pursuant to subdivision (p) of Section 32121, is subject to this section.

(a) Before El Camino Hospital-Corporation transfers 50 percent or more of its assets, at fair market value, to one or more corporations, trusts, associations, partnerships, limited liability companies, or other entities or persons, in sum or by increment, the Board of Directors of El Camino Hospital District shall, by resolution, submit to the voters of the El Camino Hospital District a measure proposing the transfer. The measure shall be placed on the ballot of the special election held upon the request of the El Camino Hospital District or the ballot of the next regularly scheduled election occurring at least 88 days after the resolution of the Board of El Camino Hospital District. If a majority of the voters voting on the measure vote in favor, the transfer shall be approved. The campaign disclosure requirements applicable to local measures provided under Chapter 4 (commencing with Section 84100) of Title 9 of the Government Code shall apply to this election.

(b) El Camino Hospital-Corporation may transfer, for the benefit of the community served by the El Camino Hospital District, in the absence of adequate consideration, any part of the assets of El Camino Hospital-Corporation, including without limitation, the El Camino Hospital, the real property, equipment and other fixed assets, current assets, and cash, relating to the operation of El Camino Hospital to one or more nonprofit corporations, trusts, or associations to operate and maintain the assets.

(1) Any transfer of 50 percent or more of El Camino Hospital-Corporation's assets in sum or by increment, pursuant to this subdivision shall be deemed to be for the

benefit of the community served by the El Camino Hospital District only if all of the following occur:

(A) The transfer agreement and all arrangements necessary thereto are approved by the Board of Directors of El Camino Hospital District, and the agreement and arrangements are fully discussed in advance of the board's decision to transfer the assets of El Camino Hospital-Corporation, in at least five properly noticed open and public meetings of the Board of Directors of El Camino Hospital District in compliance with Section 32106 and the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code).

(B) The transfer agreement provides that the El Camino Hospital District shall approve all initial board members of the nonprofit corporation, trust, or association, and any subsequent board members as may be specified in the transfer agreement.

(C) The transfer agreement provides that all assets transferred to the nonprofit corporation, trust, or association, and all assets accumulated by the nonprofit corporation, trust, or association during the term of the transfer agreement arising out of or from the operation of the transferred assets shall be transferred back to the El Camino Hospital District upon termination of the transfer agreement, including any extension of the transfer agreement.

(D) The transfer agreement commits the nonprofit corporation, trust, or association to operate and maintain the assets of El Camino Hospital-Corporation for the benefit of the community served by the El Camino Hospital District.

(E) The transfer agreement requires that any funds received from the El Camino Hospital-Corporation at the outset of the agreement or any time thereafter during the term of the agreement be used only to reduce the El Camino Hospital-Corporation indebtedness, to acquire needed equipment for the El Camino Hospital-Corporation health care facilities, to operate, maintain, and make needed capital improvements to those health care facilities, to provide supplemental health care services or facilities for the communities served by the El Camino Hospital District, or to conduct other activities that would further a valid public purpose if undertaken directly by the El Camino Hospital District.

(2) A transfer of 33 percent or more but less than 50 percent of the El Camino Hospital-Corporation's assets, in sum or by increment, pursuant to this subdivision shall be deemed to be for the benefit of the communities served by the El Camino Hospital District only if both of the following occur:

(A) The transfer agreement and all arrangements necessary thereto are approved by the Board of Directors of El Camino Hospital District and the agreement and arrangements are fully discussed in advance of the board's decision to transfer the assets of El Camino Hospital-Corporation in at least two properly noticed open and public meetings of the Board of Directors of El Camino Hospital District in compliance with Section 32106 and the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code).

(B) The transfer agreement meets all of the requirements of subparagraphs (B) to (E), inclusive, of paragraph (1).

(3) A transfer of 10 percent or more but less than 33 percent of the El Camino Hospital-Corporation's assets, in sum or by increment, pursuant to this subdivision

shall be deemed to be for the benefit of the communities served by the El Camino Hospital District only if both of the following occur:

(A) The transfer agreement and all arrangements necessary thereto are approved by the Board of Directors of El Camino Hospital District and the agreement and arrangements are fully discussed in advance of the board's decision to transfer the assets of El Camino Hospital-Corporation in at least two properly noticed open and public meetings of the Board of Directors of El Camino Hospital District in compliance with Section 32106 and the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code).

(B) The transfer agreement meets all of the requirements of subparagraphs (C) to (E), inclusive, of paragraph (1).

(4) Before El Camino Hospital-Corporation transfers, pursuant to this subdivision, 50 percent or more of its assets to one or more nonprofit corporations, trusts, or associations, in sum or by increment, the Board of Directors of El Camino Hospital District shall, by resolution, submit to the voters of the El Camino Hospital District a measure proposing the transfer. The measure shall be placed on the ballot of a special election held upon the request of El Camino Hospital District or the ballot of the next regularly scheduled election occurring at least 88 days after the resolution of the El Camino Hospital District. If a majority of the voters voting on the measure vote in its favor, the transfer shall be approved. The campaign disclosure requirements applicable to local measures provided under Chapter 4 (commencing with Section 84100) of Title 9 of the Government Code shall apply to this election.

(5) Notwithstanding any other provision of this subdivision, El Camino Hospital-Corporation shall not transfer any portion of its assets to a private nonprofit corporation, trust, or association that is owned or controlled by a religious creed, church, or sectarian denomination in the absence of adequate consideration.

(c) If the El Camino Hospital-Corporation board has previously transferred less than 50 percent of its assets pursuant to this subdivision, before any additional assets are transferred, the board shall hold a public hearing and shall make a public determination that the additional assets to be transferred will not, in combination with any assets previously transferred, equal 50 percent or more of the total assets.

(d) For purposes of this section, a "transfer" means the transfer of ownership of the assets of El Camino Hospital-Corporation. A lease of the real property or the tangible personal property of El Camino Hospital District shall not be subject to this section except as required under Section 32121.4 or Section 32121.8.

(e) If El Camino Hospital District requests a special election pursuant to subdivision (a) or (b) it shall reimburse counties for the costs of that special election as prescribed pursuant to Section 10520 of the Elections Code.

(f) The limitations set forth in subdivisions (a) and (b) shall not apply to any transfers, sales, leases, or other assignments of assets from El Camino Hospital-Corporation to El Camino Hospital District or entities controlled by El Camino Hospital District, provided that in the case of a transfer to an entity controlled by El Camino Hospital District, that entity shall continue to be governed by this section, imposing the same requirements on such entity as are imposed on El Camino Hospital-Corporation.

(g) Nothing in this section shall limit, modify, or otherwise alter the requirements imposed on El Camino Hospital-Corporation as a nonprofit corporation under the Corporations Code, including Attorney General notice and consent requirements if applicable.

*(Amended by Stats. 2000, Ch. 135, Sec. 96. Effective January 1, 2001.)*

### **32121.8.**

The El Camino Hospital-Corporation may provide for the operation and maintenance through tenants of the whole or any part of the El Camino Hospital, and for that purpose may enter into any lease agreement that it believes will best serve the interest of the El Camino Hospital District. A lease entered into with one or more corporations, partnerships, limited liability companies or other entities or persons for the operation of 50 percent or more of the El Camino Hospital, or that is part of or contingent upon a transfer of 50 percent or more of the El Camino Hospital-Corporation's assets, in sum or by increment, as described in Section 32127.7 shall be subject to the requirements of Section 32121.7. Any lease for the operation of El Camino Hospital shall require the tenant or lessee to comply with Section 32128. No lease for the operation of the entire hospital shall run for a term in excess of 30 years. No lease for the operation of less than the entire hospital shall run for a term in excess of 10 years.

*(Added by Stats. 1999, Ch. 151, Sec. 2. Effective January 1, 2000.)*

### **32121.9.**

A district that leases or transfers its assets to a corporation pursuant to this division, including, but not limited to, subdivision (p) of Section 32121 or Section 32126, shall act as an advocate for the community to the operating corporation. The district shall annually report to the community on the progress made in meeting the community's health needs.

*(Added by Stats. 2000, Ch. 798, Sec. 3. Effective September 28, 2000.)*

### **32122.**

The board of directors may purchase all necessary surgical instruments and hospital equipment and equipment for nurses' homes and all other property necessary for equipping a hospital and nurses' home.

*(Added by Stats. 1945, Ch. 932.)*

### **32123.**

The board of directors may purchase such real property, and erect or rent and equip such buildings or building, room or rooms as may be necessary for the hospital.

*(Added by Stats. 1945, Ch. 932.)*

### 32124.

The board of directors may establish a nurses' training school in connection with the hospital, prescribe a course of study for such training and after the completion of the course, provide for the issuance of diplomas to graduate nurses.

*(Added by Stats. 1945, Ch. 932.)*

### 32125.

(a) The board of directors shall be responsible for the operation of all health care facilities owned or leased by the district, according to the best interests of the public health and shall make and enforce all rules, regulations and bylaws necessary for the administration, government, protection and maintenance of health care facilities under their management and all property belonging thereto and may prescribe the terms upon which patients may be admitted thereto. Minimum standards of operation as prescribed in this article shall be established and enforced by the board of directors.

(b) A district shall not contract to care for indigent county patients at below the cost for care. In setting the rates the board shall, insofar as possible, establish rates as will permit the district health care facilities to be operated upon a self-supporting basis. The board may establish different rates for residents of the district than for persons who do not reside within the district.

(c) Notwithstanding any other provision of law, unless prohibited from doing so by action of the board of directors, the chief executive officer may establish a task force to assist the chief executive officer in operating the district's facilities. The chief executive officer shall, if required to do so by action of the board, select task force members from individuals nominated by the board. Once established, the task force may be dissolved by action of the chief executive officer or the board. Any action by the board under this subdivision shall require four votes from a board on which there are five members or five votes from a board on which there are seven members.

*(Amended by Stats. 1994, Ch. 696, Sec. 8. Effective January 1, 1995.)*

### 32126.

(a) The board of directors may provide for the operation and maintenance through tenants of the whole or any part of any hospital acquired or constructed by it pursuant to this division, and for that purpose may enter into any lease agreement that it believes will best serve the interest of the district. A lease entered into with one or more corporations for the operation of 50 percent or more of the district's hospital, or that is part of, or contingent upon, a transfer of 50 percent or more of the district's assets, in sum or by increment, as described in subdivision (p) of Section 32121, shall be subject to the requirements of subdivision (p) of Section 32121. Any lease for the operation of any hospital shall require the tenant or lessee to conform to, and abide by, Section 32128. No lease for the operation of an entire hospital shall run for a term in excess of 30 years. No lease for the operation of less than an entire hospital shall run for a term in excess of 10 years.

(b) Notwithstanding any other provision of law, a sublease, an assignment of an existing lease, or the release of a tenant or lessee from obligations under an existing lease in connection with an assignment of an existing lease shall not be subject to the requirements of subdivision (p) of Section 32121 so long as all of the following conditions are met:

(1) The sublease or assignment of the existing lease otherwise remains in compliance with subdivision (a).

(2) The district board determines that the total consideration that the district shall receive following the assignment or sublease, or as a result thereof, taking into account all monetary and other tangible and intangible consideration to be received by the district including, without limitation, all benefits to the communities served by the district, is no less than the total consideration that the district would have received under the existing lease.

(3) The existing lease was entered into on or before July 1, 1984, upon approval of the board of directors following solicitation and review of no less than five offers from prospective tenants.

(4) If substantial amendments are made to an existing lease in connection with the sublease or assignment of that existing lease, the amendments shall be fully discussed in advance of the district board's decision to adopt the amendments in at least two properly noticed open and public meetings in compliance with Section 32106 and the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code).

(c) A health care district shall report to the Attorney General, within 30 days of any lease of district assets to one or more corporations, the type of transaction and the entity to whom the assets were leased.

*(Amended (as amended by Stats. 2005, Ch. 194, Sec. 4) by Stats. 2010, Ch. 699, Sec. 25.6. (SB 894) Effective January 1, 2011.)*

### **32126.3.**

Notwithstanding any provision of law to the contrary, the lease in existence immediately preceding January 1, 2006, between the Grossmont Healthcare District and the Grossmont Hospital Corporation that was entered into on May 29, 1991, may be renegotiated or extended for up to an additional 30-year term. The renegotiations or extension shall be presented to, and approved by a majority of, the voters of the district.

*(Added by Stats. 2005, Ch. 195, Sec. 1. Effective January 1, 2006.)*

### **32126.5.**

(a) The board of directors of a hospital district or any affiliated nonprofit corporation may do any of the following when it determines that the action is necessary for the provision of adequate health services to communities served by the district:

(1) Enter into contracts with health provider groups, community service groups, independent physicians and surgeons, and independent podiatrists, for the provision of health services.

- (2) Provide assistance or make grants to nonprofit provider groups and clinics already functioning in the community.
- (3) Finance experiments with new methods of providing adequate health care.
- (b) Nothing in this section shall authorize activities which corporations and other artificial legal entities are prohibited from conducting by Section 2400 of the Business and Professions Code.

*(Amended by Stats. 1992, Ch. 981, Sec. 4. Effective January 1, 1993.)*

### 32127.

The hospital district shall establish its own treasury and shall appoint a treasurer charged with the safekeeping and disbursal of the funds in the treasury of the district. The board of directors shall fix the amount of the bond to be given by such treasurer and shall provide for the payment of the premium therefor out of the maintenance and operation fund.

All moneys derived from that portion, if any, of the annual tax or assessment levied for capital outlay purposes shall be placed in the capital outlay fund. Any moneys derived from a special tax or assessment levied under Article 3 of Chapter 3 hereof shall be placed in a special assessment fund and shall be used exclusively for the purposes for which such special tax or assessment was voted.

All moneys derived from the regular annual tax or assessment provided in Article 1, Chapter 3 hereof, except any part thereof levied for capital outlay purposes, shall be placed in the maintenance and operation fund. All receipts and revenues of any kind from the operation of the hospital shall be paid daily into the treasury of said district and placed in the maintenance and operation fund. Moneys in the maintenance and operation fund may be expended for any of the purposes of the district; provided, however, that no such moneys may be expended for new construction of additional patient bed capacity other than as authorized by Section 32221 hereof. Whenever it appears that the sum in the bond interest and sinking fund will be insufficient to pay the interest or principal of bonds next coming due and payable therefrom, a sum sufficient to pay such principal and interest shall be transferred by the board of directors from the maintenance and operation fund to said bond interest and sinking fund.

Except as to principal and interest of bonds, moneys in the treasury of the district shall be paid out by the treasurer, or such other officer or officers of the district, including the administrator, as may be authorized by the board. The treasurer shall keep such order as his voucher and shall keep accounts of all receipts into the district treasury and all disbursements therefrom.

Where bonds of the district are payable at the office of the district, all receipts from taxes levied to pay the principal and interest of such bonds shall be paid into the treasury of the district, and the treasurer of the district shall pay therefrom the principal and interest of such bonds.

Where bonds of the district are payable at the office of the county treasurer of the organizing county, at the option of the holder, or otherwise, all receipts from taxes levied to pay principal and interest of such bonds shall be paid into the treasury of the organizing county and shall be placed by the county treasurer in the bond interest and sinking fund of the district, and he shall pay the principal and interest

of such bonds therefrom and shall keep an account of all moneys received into and paid out of said fund.

Any moneys in the treasury of the district and any moneys of the district in the bond interest and sinking fund of the district in the treasury of the organizing county may be deposited in accordance with the provisions of the general laws of the State of California governing the deposit of public moneys of cities or counties in such bank or banks in the State of California as may be authorized to receive deposits of public funds, in the same manner and upon the same security as public moneys of cities and counties are deposited in such banks, and with like force and effect. The board of directors of the district are authorized to create a revolving fund which fund shall not exceed the sum of 10 percent of the estimated annual expenditures of the district at any one time and which shall be used for the purpose of paying the interim expenses of the operation of any hospital within the district without the necessity of a written order signed by the president and countersigned by the secretary as provided herein. The treasurer is authorized to deposit said fund in such bank or banks in the county as may be authorized to receive deposits of public funds in the same manner and upon the same security as public moneys of cities and counties are deposited in such banks and with like force and effect, and shall be subject to withdrawal upon the signature of the treasurer, or such other official of the district as may be authorized by the board of directors, for the use and purpose provided for herein.

*(Amended by Stats. 1977, Ch. 775.)*

### **32127.1.**

Notwithstanding any other provision of law, the board of directors of any district which is licensed to have 85 beds and located within a county of 2,000,000 or more population, as determined by the 1950 census, may, without establishing a fund for capital outlays and without the approval of the district electors, use all or any funds in the possession of, or held by, the district on the effective date of the amendment made to this section at the 1967 Regular Session which were derived from previous tax levies, for the acquisition of additional patient bed capacity by lease or purchase of any hospital buildings or facilities or for new construction of additional patient bed capacity for an existing hospital.

*(Amended by Stats. 1967, Ch. 102.)*

### **32127.2.**

Exclusively for the purpose of securing state insurance of financing for the construction of new health facilities, the expansion, modernization, renovation, remodeling and alteration of existing health facilities, and the initial equipping of any such health facilities under Chapter 1 (commencing with Section 129000) of Part 6 of Division 107, and notwithstanding any provision of this division or any other provision or holding of law, the board of directors of any district may (a) borrow money or credit, or issue bonds, as well as by the financing methods specified in this division, and (b) execute in favor of the state first mortgages, first deeds of trust, and other necessary security interests as the Office of Statewide



Health Planning and Development may reasonably require in respect to a health facility project property as security for the insurance. No payments of principal, interest, insurance premium and inspection fees, and all other costs of state-insured loans obtained under the authorization of this section shall be made from funds derived from the district's power to tax. It is hereby declared that the authorizations for the executing of the mortgages, deeds of trust and other necessary security agreements by the board and for the enforcement of the state's rights thereunder is in the public interest in order to preserve and promote the health, welfare, and safety of the people of this state by providing, without cost to the state, a state insurance program for health facility construction loans in order to stimulate the flow of private capital into health facilities construction to enable the rational meeting of the critical need for new, expanded and modernized public health facilities.

*(Amended by Stats. 1996, Ch. 1023, Sec. 296. Effective September 29, 1996.)*

### 32127.3.

(a) Exclusively for the purpose of securing federal mortgage insurance, federal loans, federal loans or grants or guaranteed loans issued pursuant to the federal Consolidated Farm and Rural Development Act (7 U.S.C. Sec. 1921, et seq.), as amended by Public Law 109-171 on February 8, 2006, or federally insured loans issued pursuant to the National Housing Act (12 U.S.C. Secs. 1715w and 1715z-7) for financing or refinancing the construction of new health facilities, the expansion, modernization, renovation, remodeling, or alteration of existing health facilities, and the initial equipping of those health facilities under the federal mortgage insurance programs as are now or may hereafter become available to a local hospital district, and notwithstanding any provision of this division, or any other provision or holding of law, the board of directors of any district may do either or both of the following:

(1) Borrow money or issue bonds, in addition to other financing methods authorized under this division.

(2) Execute, in favor of the United States, appropriate federal agency, or federally designated mortgagor, first mortgages, first deeds of trust, or other necessary security interests as the federal government may reasonably require with respect to a health facility project property as security for that insurance.

(b) No payments of principal, interest, insurance premiums and inspection fees, and all other costs of financing obtained as authorized by this section shall be made from funds derived from the district's power to tax.

(c) The Legislature hereby determines and declares that the authorizations for executing the mortgages, deeds of trust, or other necessary security agreements by the board and for the enforcement of the federal government's rights thereunder are in the public interest in order to preserve and promote the health, welfare, and safety of the people of the state by providing, without cost to the state, a federal mortgage insurance program for health facility construction loans in order to stimulate the flow of private capital into health facilities construction to enable the critical need for new, expanded, and modernized public health facilities to be met.

(d) The Legislature further determines and declares that the United States, appropriate federal agency, or federally designated mortgagor named as beneficiary

of any first mortgage or other security interest delivered as authorized by this section is not a private person or body within the meaning of Section 11 of Article XI of the California Constitution.

*(Amended by Stats. 2010, Ch. 46, Sec. 1. (AB 2731) Effective January 1, 2011.)*

### **32127.5.**

(a) Upon the adoption of a resolution of the board of directors of the district so providing, all funds on hand in the treasury of the district may, be paid over to the county treasurer of the county in which the district was organized, in which case and from and after the date of the adoption of such resolution the functions of the district treasurer shall be performed by the county treasurer. Except as to principal and interest of bonds, moneys in the treasury of the district shall be paid out by the county treasurer for purposes of the district upon warrants issued by the county auditor on orders signed by the president of the district and countersigned by the secretary of the district.

(b) At any time, the district board may, by resolution, reestablish the office of district treasurer and, upon receipt of a copy of such resolution, notwithstanding any other provision of law, the county treasurer shall transfer all funds of the district to the district treasurer.

*(Amended by Stats. 1970, Ch. 623.)*

### **32128.**

(a) The rules of the hospital, established by the board of directors pursuant to this article, shall include all of the following:

(1) Provision for the organization of physicians and surgeons, podiatrists, and dentists licensed to practice in this state who are permitted to practice in the hospital into a formal medical staff, with appropriate officers and bylaws and with staff appointments on an annual or biennial basis.

(2) Provision for a procedure for appointment and reappointment of medical staff as provided by the standards of the Joint Commission on Accreditation of Healthcare Organizations.

(3) Provisions that the medical staff shall be self-governing with respect to the professional work performed in the hospital; that the medical staff shall meet in accordance with the minimum requirements of the Joint Commission on Accreditation of Healthcare Organizations; and that the medical records of the patients shall be the basis for such review and analysis.

(4) Provision that accurate and complete medical records be prepared and maintained for all patients.

For purposes of this paragraph medical records include, but are not limited to, identification data, personal and family history, history of present illness, physical examination, special examinations, professional or working diagnoses, treatment, gross and microscopic pathological findings, progress notes, final diagnosis, condition on discharge, and other matters as the medical staff shall determine.

(5) Limitations with respect to the practice of medicine and surgery in the hospital as the board of directors may find to be in the best interests of the public health

and welfare, including appropriate provision for proof of ability to respond in damages by applicants for staff membership, as long as no duly licensed physician and surgeon is excluded from staff membership solely because he or she is licensed by the Osteopathic Medical Board of California.

(b) Notwithstanding any other provision of law, the board of directors may indemnify for damages and for costs associated with the legal defense of any nonemployee member of the medical staff when named as a defendant in a civil action directly arising out of opinions rendered, statements made, or actions taken as a necessary part of participation in the medical peer review activities of the district. This provision for indemnification for damages shall not include any award of punitive or exemplary damages against any nonemployee member of the medical staff. If the plaintiff prevails in a claim for punitive or exemplary damages against a nonemployee member of the medical staff, the defendant, at the option of the board of directors of the district, shall be liable to the district for all the costs incurred in providing representation to the defendant.

(c) Notwithstanding subdivision (b) or any other provision of law, a district is authorized to pay that part of a judgment that is for punitive or exemplary damages against a nonemployee member of the medical staff arising out of participation in peer review activities, if the board of directors of the district, in its discretion, finds all of the following:

(1) The judgment is based on opinions rendered, statements made, or actions taken as a necessary part of participation in the medical peer review activities of the district.

(2) At the time of rendering of the opinions, making the statements, or taking the actions giving rise to the liability, the nonemployee member of the medical staff was acting in good faith, without actual malice, and in the apparent best interests of the district.

(3) Payment of the claim or judgment against the nonemployee member staff would be in the best interests of the district.

(d) The rules of the hospital shall, insofar as consistent with this article, be in accord with and contain minimum standards not less than the rules and standards of private or voluntary hospitals. Unless specifically prohibited by law, the board of directors may adopt other rules which could be lawfully adopted by private or voluntary hospitals.

*(Amended by Stats. 2006, Ch. 314, Sec. 2. Effective January 1, 2007.)*

### **32128.10.**

No hospital established by the board of directors pursuant to this article which permits sterilization operations for contraceptive purposes to be performed therein, nor the medical staff of such hospital, shall require the individual upon whom such a sterilization operation is to be performed to meet any special nonmedical qualifications, which are not imposed on individuals seeking other types of operations in the hospital. Such prohibited nonmedical qualifications shall include, but not be limited to, age, marital status, and number of natural children. Nothing in this section shall prohibit requirements relating to the physical or mental condition of the individual or affect the right of the attending physician to counsel or

advise his patient as to whether or not sterilization is appropriate. This section shall not affect existing law with respect to individuals below the age of majority.

*(Added by Stats. 1972, Ch. 1425.)*

### **32129.**

Notwithstanding the provisions of the Medical Practice Act, the board of directors of a hospital district or any affiliated nonprofit corporation may contract with physicians and surgeons, podiatrists, health care provider groups, and nonprofit corporations for the rendering of professional health services on a basis as does not result in any profit or gain to the district from the services so rendered and as allows the board to ensure that fees and charges, if any, are reasonable, fair, and consistent with the basic commitment of the district to provide adequate health care to all residents within its boundaries.

*(Amended by Stats. 1992, Ch. 981, Sec. 5. Effective January 1, 1993.)*

### **32129.5.**

Notwithstanding any other provision of law, the board of directors of a hospital district or any affiliated nonprofit corporation may contract with a physician and surgeon or podiatrist for the rendering of professional services in the hospital, for the purpose of assuring that a physician and surgeon or podiatrist will be on duty in an outpatient emergency department maintained by the hospital, on a basis as does not result in any profit or gain to the district from the professional services of the physician and surgeon. For purposes of this section, the contract with the podiatrist shall be for those services which the podiatrist is licensed to practice pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code.

*(Amended by Stats. 1992, Ch. 981, Sec. 6. Effective January 1, 1993.)*

### **32130.**

A district may borrow money and incur indebtedness in an amount not to exceed 85 percent of all estimated income and revenue for the current fiscal year, including, but not limited to, tax revenues, operating income, and any other miscellaneous income received by the district, from whatever source derived. The money borrowed and indebtedness incurred under this section shall be repaid within the same fiscal year.

*(Amended by Stats. 1986, Ch. 1355, Sec. 3.)*

### **32130.1.**

A district is also authorized, when funds are needed to meet current expenses of maintenance and operation, to borrow money on certificates of indebtedness or other evidence of indebtedness in an amount not to exceed five cents (\$0.05) on each one hundred dollars (\$100) of assessed valuation of the district, the

certificates of indebtedness to run for a period not to exceed five years and to bear interest not to exceed the rate prescribed in Section 53531 of the Government Code.

All certificates of indebtedness or other evidence of indebtedness shall be issued after the adoption by a three-fifths vote of the board of directors of the district of a resolution setting forth the necessity for the borrowing and the amount of the assessed valuation of the district and the amount of funds to be borrowed thereon. All certificates of indebtedness or other evidence of indebtedness shall be offered at public sale by the board of directors of the district after not less than 10 days advertising in a newspaper of general circulation within the district and if no newspaper of general circulation is printed within the district, then in a newspaper of general circulation within the county in which the district is located. Each sale shall be made to the bidder offering the lowest rate of interest or whose bid represents the lowest net cost to the district. However, the rate of interest shall not exceed the rate prescribed in Section 53531 of the Government Code.

The certificates of indebtedness or other evidences of indebtedness shall be signed on behalf of the district by the presiding officer and attested by the secretary of the board of directors of the district. The board of supervisors of the county in which the district lies shall, at the time of fixing the general tax levy, sometimes called the annual assessment or regular annual assessment for the district, and in the manner for the general tax levy provided, levy and collect annually each year until the certificates of indebtedness or other evidences of indebtedness are paid or until there is a sum in the treasury set apart for that purpose sufficient to meet all sums coming due for principal and interest on the certificates of indebtedness or other evidences of indebtedness, tax sufficient to pay the interest on the certificates of indebtedness as the same become due and also, to constitute a sinking fund for the payment of the principal thereof at maturity. The tax shall be in addition to all of the taxes levied for district purposes and shall be placed in a certificate of indebtedness, interest and sinking fund of the district and, until all of the principal of the interest and certificates of indebtedness is paid, the money in the fund shall be used for no other purpose than the payment of the certificates of indebtedness and accruing interest thereon.

*(Amended by Stats. 1987, Ch. 405, Sec. 1.)*

### **32130.2.**

(a) A district may, by resolution adopted by a majority of the district board, issue negotiable promissory notes to acquire funds for any district purposes subject to the restrictions and requirements imposed by this section. The maturity of the promissory notes shall not be later than 10 years from the date thereof. The total aggregate amount of the notes outstanding at any one time shall not exceed 85 percent of all estimated income and revenue for the current fiscal year, including, but not limited to, tax revenues, operating income, and any other miscellaneous income of the district. Indebtedness incurred pursuant to any other provision of law shall be disregarded in computing the aggregate amount of notes that may be issued pursuant to this section.

(b) Negotiable promissory notes may be issued pursuant to this section for any capital outlay facility, equipment, or item which has a useful life equal to, or longer than, the term of the notes, as determined by the board of directors.

(c) The maximum annual interest rate which may be paid on negotiable promissory notes shall at no time exceed the amount authorized under Section 53531 of the Government Code.

*(Amended by Stats. 1987, Ch. 405, Sec. 2.)*

### **32130.5.**

The first board of directors of a district may, within a period of two years from and after the formation of the district, pursuant to a resolution adopted by it for the purpose, borrow money on certificates of indebtedness, promissory notes, or other evidences of indebtedness, in anticipation of the estimated tax revenue for the following fiscal year, to be repaid within two years from the date of borrowing with interest at a rate not to exceed 5 percent per annum, in order to enable the district to meet all of its necessary initial expenses of organization, construction, acquisition, maintenance, and operation. The total amount of money borrowed and indebtedness incurred under this section and Section 32130 during this two-year period shall not exceed 50 percent of the total amount of estimated tax revenue as estimated by the county auditor or auditors of the county or counties in which the district lies for the following fiscal year.

The provisions of Section 32130 are applicable in respect to any indebtedness incurred under this section to the extent that they are consistent with this section.

*(Amended by Stats. 1959, Ch. 1080.)*

### **32130.6.**

Notwithstanding any other provision of law, a district may do any of the following by resolution adopted by a majority of the district board:

(a) (1) Enter into a line of credit with a commercial lender that is secured, in whole or in part, by the accounts receivable or other intangible assets of the district, including anticipated tax revenues, and thereafter borrow funds against the line of credit to be used for any district purpose.

(2) Any money borrowed under this line of credit pursuant to paragraph (1) shall be repaid within five years from each separate borrowing or draw upon the line of credit.

(3) The district may enter into a new and separate line of credit to repay a previous line of credit pursuant to paragraph (1), provided that the district complies with this section in entering into a new line of credit.

(4) Enter into a line of credit with a commercial lender for the sole purpose of consolidating debt incurred by the district prior to January 1, 2010. Debt incurred under this paragraph shall be repaid within 20 years of the consolidation borrowing. The total amount of debt that a district may have outstanding at any one time under this paragraph shall not exceed the amount of two million dollars (\$2,000,000).

(b) Enter into capital leases for the purchase by the district of equipment to be used for any district purpose.

(1) The term of any capital lease shall not be longer than 10 years.

(2) The district may secure the purchase of equipment by a capital lease by giving the lender a security interest in the equipment leased under the capital lease.

(c) Enter into lease-purchase agreements for the purchase by the district of real property, buildings, and facilities to be used for any district purpose. The term of any lease-purchase agreement shall not exceed 10 years.

(d) Nothing in this section shall provide the district with the authority to increase taxes in order to repay a line of credit established pursuant to subdivision (a) unless the tax is passed pursuant to Article 4.6 (commencing with Section 53750) of Chapter 4 of Part 1 of Division 2 of Title 5 of the Government Code.

*(Amended by Stats. 2010, Ch. 70, Sec. 1. (SB 1458) Effective July 9, 2010.)*

### **32131.**

The board of directors may maintain membership in any local, state or national group or association organized and operated for the promotion of the public health and welfare or the advancement of the efficiency of hospital administration, and in connection therewith pay dues and fees thereto.

*(Added by Stats. 1951, Ch. 277.)*

### **32132.**

(a) Except as otherwise provided in this section, or in Chapter 3.2 (commencing with Section 4217.10) of Division 5 of Title 1 of the Government Code, the board of directors shall let any contract involving an expenditure of more than twenty-five thousand dollars (\$25,000) for materials and supplies to be furnished, sold, or leased to the district, or any contract involving an expenditure of more than twenty-five thousand dollars (\$25,000) for work to be done, to the lowest responsible bidder who shall give the security the board requires, or else reject all bids.

Except as otherwise provided in this section, for a local health care district that is a small and rural hospital, as defined in Section 124840, the board of directors shall acquire materials and supplies that cost more than twenty-five thousand dollars (\$25,000), but less than fifty thousand dollars (\$50,000), through competitive means, except when the board determines either that (1) the materials and supplies proposed for acquisition are the only materials and supplies that can meet the district's need, or (2) the materials and supplies are needed in cases of emergency where immediate acquisition is necessary for the protection of the public health, welfare, or safety. As used in this paragraph, "competitive means" has the same meaning as used in subdivision (b) of Section 32138.

(b) Subdivision (a) shall not apply to medical or surgical equipment or supplies, to professional services, or to electronic data processing and telecommunications goods and services.

(c) Bids need not be secured for change orders that do not materially change the scope of the work as set forth in a contract previously made if the contract was

made after compliance with bidding requirements, and if each individual change order does not total more than 5 percent of the contract.

(d) As used in this section, "medical or surgical equipment or supplies" includes only equipment or supplies commonly, necessarily, and directly used by, or under the direction of, a physician and surgeon in caring for or treating a patient in a hospital.

(e) Nothing in this section shall prevent any district health care facility from participating as a member of any organization described in Section 23704 of the Revenue and Taxation Code, nor shall this section apply to any purchase made, or services rendered, by the organization on behalf of a district health care facility that is a member of the organization.

*(Amended by Stats. 1996, Ch. 1023, Sec. 297. Effective September 29, 1996.)*

### **32132.5.**

(a) Notwithstanding Section 32132 or any other law, upon approval by its board of directors, a health care district may use the design-build procedure described in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code to assign contracts for the construction of a building or improvements directly related to construction of a hospital or health facility building.

(b) For purposes of this section, except where the context otherwise requires, all references in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code to "local agency" shall mean a health care district that owns or operates a hospital or clinic and its board of directors.

(c) A hospital building project utilizing the design-build process authorized by subdivision (a) shall be reviewed and inspected in accordance with the standards and requirements of the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (Chapter 1 (commencing with Section 129675) of Part 7 of Division 107).

(d) Except as provided in this section, this section shall not be construed to affect the application of any other law.

(e) This section shall remain in effect only until January 1, 2025, and as of that date is repealed.

*(Amended (as amended by Stats. 2014, Ch. 931, Sec. 4) by Stats. 2016, Ch. 212, Sec. 2. (SB 957) Effective January 1, 2017. Repealed as of January 1, 2025, by its own provisions. See later operative version added by Sec. 5 of Stats. 2014, Ch. 931.)*

### **32132.5.**

(a) Notwithstanding Section 32132 or any other provision of law, upon approval by the board of directors of the Sonoma Valley Health Care District, the design-build procedure described in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code may be used to assign contracts for the construction of a building or improvements directly related to construction of a hospital or health facility building at the Sonoma Valley Hospital.

(b) For purposes of this section, all references in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code to "county" and



“local agency” shall mean the Sonoma Valley Health Care District and its board of directors.

(c) A hospital building project utilizing the design-build process authorized by subdivision (a) shall be reviewed and inspected in accordance with the standards and requirements of the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (Chapter 1 (commencing with Section 129675) of Part 7 of Division 107).

(d) This section shall become operative January 1, 2025.

*(Repealed (in Sec. 4) and added by Stats. 2014, Ch. 931, Sec. 5. (SB 785) Effective January 1, 2015. Section operative January 1, 2025, by its own provisions.)*

### **32132.7.**

(a) Notwithstanding Section 32132 or any other law, upon approval by the board of directors of the Last Frontier Health Care District, the design-build procedure described in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code may be used to assign contracts for the construction of a building or improvements directly related to construction of a hospital or health facility building at the Modoc Medical Center.

(b) For purposes of this section, all references in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code to “local agency” shall mean the Last Frontier Health Care District and its board of directors.

(c) A hospital building project utilizing the design-build process authorized by subdivision (a) shall be reviewed and inspected in accordance with the standards and requirements of the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (Chapter 1 (commencing with Section 129675) of Part 7 of Division 107).

*(Added by Stats. 2014, Ch. 18, Sec. 2.5. (SB 268) Effective May 29, 2014. Operative on January 1, 2015, when Ch. 931 (SB 785) took effect, as provided in Stats. 2014, Ch. 18, Sec. 4. Note: The version added by Sec. 2 of Stats. 2014, Ch. 18, was previously operative.)*

### **32132.8.**

(a) Notwithstanding Section 32132 or any other law, upon approval by the board of directors of the Mayers Memorial Hospital District, the design-build procedure described in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code may be used to assign contracts for the construction of a building or improvements directly related to construction of a hospital or health facility building at the Mayers Memorial Hospital.

(b) For purposes of this section, all references in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code to “local agency” mean the Mayers Memorial Hospital District and its board of directors.

(c) A hospital building project utilizing the design-build process authorized by subdivision (a) shall be reviewed and inspected in accordance with the standards and requirements of the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (Chapter 1 (commencing with Section 129675) of Part 7 of Division 107).

*(Amended by Stats. 2016, Ch. 86, Sec. 188. (SB 1171) Effective January 1, 2017.)*

### **32132.9.**

(a) Notwithstanding Section 32132 or any other law, upon approval by the board of directors of the Beach Cities Health District, the design-build process described in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code may be used to assign contracts for the construction of facilities or other buildings in that district.

(b) For purposes of this section, all references in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code to "local agency" shall mean the Beach Cities Health District and its board of directors.

(c) To the extent that any project utilizing the design-build process authorized by subdivision (a) is otherwise required to comply with the standards and requirements of the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (Chapter 1 (commencing with Section 129675) of Part 7 of Division 107), this section shall not be construed as an exemption from that act.

(d) This section shall remain in effect only until January 1, 2023, and as of that date is repealed, unless a later enacted statute that is enacted before January 1, 2023, deletes or extends that date.

*(Added by Stats. 2017, Ch. 321, Sec. 1. (AB 994) Effective January 1, 2018. Repealed January 1, 2023, by its own provisions.)*

### **32132.95.**

(a) Notwithstanding Section 32132 or any other law, upon approval by the board of directors of the Peninsula Health Care District, the design-build process described in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code may be used to assign contracts for the construction of facilities or other buildings in that district.

(b) For purposes of this section, all references in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code to "local agency" shall mean the Peninsula Health Care District and its board of directors.

(c) To the extent that any project utilizing the design-build process authorized by subdivision (a) is otherwise required to comply with the standards and requirements of the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (Chapter 1 (commencing with Section 129675) of Part 7 of Division 107), this section shall not be construed as an exemption from that act.

(d) This section shall remain in effect only until January 1, 2023, and as of that date is repealed.

*(Added by Stats. 2017, Ch. 627, Sec. 1. (SB 793) Effective January 1, 2018. Repealed January 1, 2023, by its own provisions.)*

### **32132.96.**

(a) Except as provided in subdivision (b), (c), or (d), a district that is authorized and elects to use the design-build process described in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code for the construction of housing shall require that at least 20 percent of the residential units

constructed be subject to a recorded affordability restriction for at least 55 years and be affordable to all of the following:

- (1) Lower income households, as defined in Section 50079.5.
  - (2) Very low income households, as defined in Section 50105.
  - (3) Extremely low income households, as defined in Section 50106.
  - (4) Persons and families of low or moderate income, as defined in Section 50093.
- (b) Subdivision (a) shall not apply if the city, county, or city and county in which the district is predominantly located has adopted a local ordinance that requires a greater percentage of the units be affordable to lower income households, very low income households, extremely low income households, and persons and families of low or moderate income.
- (c) Subdivision (a) shall not apply to any district that is authorized and elects to use the design-build process described in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code for the construction of any health facilities or retirement facilities exclusively providing care or supportive services to the elderly, disabled adults, or individuals with dementia, including, but not limited to, residential care facilities for the elderly.
- (d) Subdivision (a) shall not apply to any district that is authorized and elects to use the design-build process described in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code for the construction of workforce housing that is otherwise required by local ordinance.

*(Added by Stats. 2018, Ch. 257, Sec. 2. (AB 2019) Effective January 1, 2019.)*

### **32133.**

At least once each year the board shall engage the services of a qualified accountant of accepted reputation to conduct an audit of the books of the hospital and prepare a report. The financial statement of the district with the auditor's certification, including any exceptions or qualifications as part of such certification, shall be published in the district by the board pursuant to Section 6061 of the Government Code.

*(Amended by Stats. 1957, Ch. 357.)*

### **32134.**

The effective date of any contract entered into for the construction and leasing of any hospital building or facilities shall be the date of execution of said lease notwithstanding the fact that said lease may be later amended.

*(Added by Stats. 1957, Ch. 539.)*

### **32136.**

The board of directors may, without following the bidding provisions in Section 32132 hereof, let contracts for work to be done or for materials and supplies to be furnished, sold or leased to the district, if it first determines that an emergency

exists warranting such expenditure due to fire, flood, storm, epidemic, or other disaster and is necessary to protect the public health, safety, welfare, or property.  
*(Added by Stats. 1959, Ch. 1081.)*

### **32137.**

The board of directors may, by resolution, change the name of the district. The change in the name of the district shall be effective upon the filing of a verified copy of the resolution with the county clerk of the county or counties in which the hospital district lies.

*(Amended by Stats. 1998, Ch. 829, Sec. 42. Effective January 1, 1999.)*

### **32138.**

(a) The board of directors shall acquire electronic data processing and telecommunications goods and services with a cost to the district of more than twenty-five thousand dollars (\$25,000) through competitive means, except when the board determines either that (1) the goods and services proposed for acquisition are the only goods and services which can meet the district's need, or (2) the goods and services are needed in cases of emergency where immediate acquisition is necessary for the protection of the public health, welfare, or safety.

(b) As used in this section, "competitive means" includes any appropriate means specified by the board, including, but not limited to, the preparation and circulation of a request for a proposal to an adequate number of qualified sources, as determined by the board in its discretion, to permit reasonable competition consistent with the nature and requirements of the proposed acquisition.

(c) When the board awards a contract through competitive means pursuant to this section, the contract award shall be based on the proposal which provides the most cost-effective solution to the district's requirements, as determined by the evaluation criteria specified by the board. The evaluation criteria may provide for the selection of a vendor on an objective basis other than cost alone.

*(Amended by Stats. 1992, Ch. 1358, Sec. 5. Effective January 1, 1993.)*

### **32139.**

The board of directors shall do all of the following:

(a) Adopt an annual budget in a public meeting, on or before September 1 of each year, that conforms to generally accepted accounting and budgeting procedures for special districts.

(b) Establish and maintain an Internet Web site that lists contact information for the district. The Internet Web site shall also list all of the following:

(1) The adopted budget.

(2) A list of current board members.

(3) Information regarding public meetings required pursuant to Section 32106 or the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code).

(4) A municipal service review or special study conducted by a local agency formation commission pursuant to the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000 (Division 3 (commencing with Section 56000) of Title 5 of the Government Code), if any. The board may comply with this paragraph by posting a link on its Internet Web site to another government Internet Web site that contains the specified information.

(5) Recipients of grant funding or assistance provided by the district, if any.

(6) Audits of the district's accounts and records pursuant to Section 26909 of the Government Code or Section 32133 of this code. The board may comply with this paragraph by posting a link on its Internet Web site to another government Internet Web site that contains the specified information.

(7) Annual financial reports to the Controller, submitted pursuant to Section 53890 of the Government Code. The board may comply with this paragraph by posting a link on its Internet Web site to another government Internet Web site that contains the specified information.

(8) The district's policy for providing assistance or grant funding described in subdivision (c).

(9) Any other information the board deems relevant.

(c) Adopt annual policies for providing assistance or grant funding, if the district provides assistance or grants pursuant to Section 32126.5 or any other law. This policy shall include all of the following:

(1) A nexus between the allocation of assistance and grant funding with health care and the mission of the district.

(2) A process for the district to ensure allocated grant funding is spent consistently with the grant application and the mission and purpose of the district, including, but not limited to, 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.

(3) The district's plan for distributing grant funds for each fiscal year.

(4) A process for providing, accepting, and reviewing grant applications.

(5) 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 awards process. A district's established grant awards process may include the provision of technical assistance to grant applicants, upon request, by district grant program staff.

(6) Beginning January 1, 2020, guidelines for all of the following:

(A) Awarding grants to underserved individuals and communities, and to organizations that meet the needs of underserved individuals and communities.

(B) Considering the circumstances under which grants may be awarded to multiple or single recipients, and exceptions to these circumstances.

(C) Evaluating the financial need of grant applicants.

(D) Considering the types of programs eligible for grant funding, including direct patient care, preventive care, and wellness programs.

(E) Considering the circumstances under which grants may be provided to prior grant recipients, and exceptions to these circumstances.

(F) Considering sponsorships of charitable events.

(G) Funding other government agencies.

(H) Awarding grants to, and limiting funds for, foundations that are sponsored or controlled by, or associated with, a separate grant recipient.

*(Amended by Stats. 2018, Ch. 257, Sec. 3. (AB 2019) Effective January 1, 2019.)*

**32140.**

Upon filing a petition under federal bankruptcy law, the board of directors shall provide written notice within 10 business days to the local agency formation commission of the principal county in which it is located.

*(Added by Stats. 2018, Ch. 257, Sec. 4. (AB 2019) Effective January 1, 2019.)*

## Assembly Bill No. 2019

### CHAPTER 257

An act to add Section 6270.7 to the Government Code, and to amend Section 32139 of, and to add Sections 32132.96 and 32140 to, the Health and Safety Code, relating to health care districts.

[Approved by Governor September 5, 2018. Filed with Secretary of State September 5, 2018.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 2019, Aguiar-Curry. Health care districts.

The Local Health Care District Law provides for local health care districts that govern certain health care facilities. Each health care district has a board of directors with specific duties and powers respecting the creation, administration, and maintenance of the district. Existing law requires the board of directors to establish and maintain an Internet Web site that may include specified information, such as a list of current board members and recipients of grant funding or assistance provided by the district, if any, and to adopt annual policies for providing assistance or grant funding, as specified. Existing law authorizes certain health care districts to use the design-build process when contracting for the construction of a hospital or other buildings in those districts, as specified.

This bill would require the board of directors to include specified information, such as the district's policy for providing assistance or grant funding, on the district's Internet Web site. The bill would require that policy to contain, among other things, the district's plan for distributing grant funds for each fiscal year and a process for providing, accepting, and reviewing grant applications. The bill would also require the board to, upon filing a petition under federal bankruptcy law, provide written notice within 10 business days to the local agency formation commission of the principal county in which the district is located. The bill would require a district that is authorized and elects to use the design-build process, as specified, for the construction of housing to require that at least 20% of the residential units constructed be subject to a recorded affordability restriction for at least 55 years and be affordable to lower income households, very low income households, extremely low income households, and persons and families of low or moderate income, as defined, unless the city, county, or city and county in which the district is predominantly located has adopted a local ordinance that requires a greater percentage of the units be affordable to those groups or unless the construction is for purposes of building workforce housing, health facilities, or retirement facilities, as specified. By increasing the duties of the board of directors, including duties related to disclosure of public records, the bill would impose a state-mandated local program.

Existing law, the California Public Records Act, requires state and local agencies to make their records available for public inspection, unless an exemption from disclosure applies.

This bill would require each health care district, in implementing the California Public Records Act, to maintain an Internet Web site in accordance with the provisions described above. Because the bill would require health care districts to perform additional duties, it would impose a state-mandated local program.

The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

This bill would make legislative findings to that effect.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

*The people of the State of California do enact as follows:*

SECTION 1. Section 6270.7 is added to the Government Code, to read: 6270.7. In implementing this chapter, each health care district shall maintain an Internet Web site in accordance with subdivision (b) of Section 32139 of the Health and Safety Code.

SEC. 2. Section 32132.96 is added to the Health and Safety Code, to read:

32132.96. (a) Except as provided in subdivision (b), (c), or (d), a district that is authorized and elects to use the design-build process described in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code for the construction of housing shall require that at least 20 percent of the residential units constructed be subject to a recorded affordability restriction for at least 55 years and be affordable to all of the following:

- (1) Lower income households, as defined in Section 50079.5.
- (2) Very low income households, as defined in Section 50105.
- (3) Extremely low income households, as defined in Section 50106.
- (4) Persons and families of low or moderate income, as defined in Section 50093.



(b) Subdivision (a) shall not apply if the city, county, or city and county in which the district is predominantly located has adopted a local ordinance that requires a greater percentage of the units be affordable to lower income households, very low income households, extremely low income households, and persons and families of low or moderate income.

(c) Subdivision (a) shall not apply to any district that is authorized and elects to use the design-build process described in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code for the construction of any health facilities or retirement facilities exclusively providing care or supportive services to the elderly, disabled adults, or individuals with dementia, including, but not limited to, residential care facilities for the elderly.

(d) Subdivision (a) shall not apply to any district that is authorized and elects to use the design-build process described in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code for the construction of workforce housing that is otherwise required by local ordinance.

SEC. 3. Section 32139 of the Health and Safety Code is amended to read:

32139. The board of directors shall do all of the following:

(a) Adopt an annual budget in a public meeting, on or before September 1 of each year, that conforms to generally accepted accounting and budgeting procedures for special districts.

(b) Establish and maintain an Internet Web site that lists contact information for the district. The Internet Web site shall also list all of the following:

(1) The adopted budget.

(2) A list of current board members.

(3) Information regarding public meetings required pursuant to Section 32106 or the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code).

(4) A municipal service review or special study conducted by a local agency formation commission pursuant to the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000 (Division 3 (commencing with Section 56000) of Title 5 of the Government Code), if any. The board may comply with this paragraph by posting a link on its Internet Web site to another government Internet Web site that contains the specified information.

(5) Recipients of grant funding or assistance provided by the district, if any.

(6) Audits of the district's accounts and records pursuant to Section 26909 of the Government Code or Section 32133 of this code. The board may comply with this paragraph by posting a link on its Internet Web site to another government Internet Web site that contains the specified information.

(7) Annual financial reports to the Controller, submitted pursuant to Section 53890 of the Government Code. The board may comply with this

paragraph by posting a link on its Internet Web site to another government Internet Web site that contains the specified information.

(8) The district's policy for providing assistance or grant funding described in subdivision (c).

(9) Any other information the board deems relevant.

(c) Adopt annual policies for providing assistance or grant funding, if the district provides assistance or grants pursuant to Section 32126.5 or any other law. This policy shall include all of the following:

(1) A nexus between the allocation of assistance and grant funding with health care and the mission of the district.

(2) A process for the district to ensure allocated grant funding is spent consistently with the grant application and the mission and purpose of the district, including, but not limited to, 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.

(3) The district's plan for distributing grant funds for each fiscal year.

(4) A process for providing, accepting, and reviewing grant applications.

(5) 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 awards process. A district's established grant awards process may include the provision of technical assistance to grant applicants, upon request, by district grant program staff.

(6) Beginning January 1, 2020, guidelines for all of the following:

(A) Awarding grants to underserved individuals and communities, and to organizations that meet the needs of underserved individuals and communities.

(B) Considering the circumstances under which grants may be awarded to multiple or single recipients, and exceptions to these circumstances.

(C) Evaluating the financial need of grant applicants.

(D) Considering the types of programs eligible for grant funding, including direct patient care, preventive care, and wellness programs.

(E) Considering the circumstances under which grants may be provided to prior grant recipients, and exceptions to these circumstances.

(F) Considering sponsorships of charitable events.

(G) Funding other government agencies.

(H) Awarding grants to, and limiting funds for, foundations that are sponsored or controlled by, or associated with, a separate grant recipient.

SEC. 4. Section 32140 is added to the Health and Safety Code, to read:

32140. Upon filing a petition under federal bankruptcy law, the board of directors shall provide written notice within 10 business days to the local agency formation commission of the principal county in which it is located.

SEC. 5. The Legislature finds and declares that Section 1 of this act, which adds Section 6270.7 to the Government Code, and Section 2 of this act, which amends Section 32139 of the Health and Safety Code, further, within the meaning of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the purposes of that constitutional section as it relates to the right of public access to the meetings of local public

bodies or the writings of local public officials and local agencies. Pursuant to paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the Legislature makes the following findings:

By requiring health care districts to post specified information on their Internet Web site, this act increases public access to public records, and thereby furthers the purposes of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution.

SEC. 6. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district under this act would result from a legislative mandate that is within the scope of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution.

However, if the Commission on State Mandates determines that this act contains other costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

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## **Frequently asked questions-Prevailing Wage**

### **Q. What is the prevailing wage rate?**

A. The prevailing wage rate is the basic hourly rate paid on public works projects to a majority of workers engaged in a particular craft, classification or type of work within the locality and in the nearest labor market area (if a majority of such workers are paid at a single rate). If there is no single rate paid to a majority, then the single or modal rate being paid to the greater number of workers is prevailing.

### **Q. How does the prevailing wage affect me?**

A. California's prevailing wage laws ensure that the ability to get a public works contract is not based on paying lower wage rates than a competitor. All bidders are required to use the same wage rates when bidding on a public works project. California law requires that not less than the general prevailing rate of per diem wages be paid to all workers employed on a public works project.

### **Q. What is a general prevailing wage determination?**

A. When the director of the California Department of Industrial Relations determines that the general prevailing rate of per diem wages for a particular craft, classification, or type of worker is uniform throughout an area, the director issues a determination enumerated county by county, but covering the entire area. General determinations are issued twice a year on February 22 and August 22.

### **Q. What is a special prevailing wage determination?**

A. When a particular craft, classification or type of worker is not covered by a general determination, the awarding body may request a special prevailing wage determination. Requests must be made at least 45 days prior to the bid advertisement date.

### **Q. What is an issue date?**

A. The date upon which copies of the determination of the director are deposited in the mail. Determinations are issued twice a year - Feb. 22 and Aug. 22.

### **Q. Why is there an expiration date for each prevailing wage determination?**

A. The expiration date indicates when the determination of the director of the California Department of Industrial Relations is subject to change.

### **Q. What does it mean when there is a single asterisk (\*) after the expiration date of a prevailing wage determination?**

A. Prevailing wage determinations with a single asterisk after the expiration date, which are in effect on the date of advertisement for bids, remain in effect for the life of the project. Interested parties should contact the Division of Labor Statistics and Research at (415) 703-4774 for the new rates after 10 days from the expiration date (if no subsequent determination is required) or visit our website.

**Q. What does it mean when there are double asterisks (\*\*) after the expiration date of a prevailing wage determination?**

A. Prevailing wage determinations with double asterisks after the expiration date indicate that the basic hourly wage rate, overtime, holiday pay rates and employers' payments for work performed after this date have been predetermined. If work is to extend past this date, the new rates must be paid and should be incorporated in contracts entered into now.

**Q. What is a predetermined change?**

A. Definite changes to the basic hourly wage rate, overtime, holiday pay rates and employer payments which are known and specified in the applicable collective bargaining agreement at the time of the bid advertisement date and which are referenced in the general prevailing rate of per diem wages.

**Q. What is the effective date of a prevailing wage determination?**

A. The date upon which the determinations of the director of the California Department of Industrial Relations go into effect. This date is 10 days after the issue date of the determination.

**Q. What is a residential project?**

A. Projects consisting of single-family homes and apartments up to and including four stories are subject to payment of prevailing wages when paid for in whole or in part out of public funds, including federally funded or assisted residential projects controlled or carried out by an awarding body.

**Q. What is a commercial project?**

A. All non-residential construction projects including new work, additions, alterations, reconstruction and repairs. This includes residential projects over four stories.

**Q. What is a coverage determination?**

A. A process in which the awarding body or any other interested party (such as a contractor, employee, union or labor-management compliance organization) may request a written determination by the director of the Department of Industrial Relations about a specific construction project or type of work to be performed.

**Q. When does overtime apply?**

A. Compensation for all hours worked in excess of eight hours per day and 40 hours during any one week should be not less than one-and-one-half times the basic rate of pay. For specific overtime requirements, please refer to the prevailing wage determinations.

**Q. What are the threshold requirements for a public works project?**

A. Prevailing wages must be paid to all workers employed on a public works project when the public works project is more than \$1,000. If an awarding body has a labor compliance program, prevailing

wages are not required to be paid for any public works project of \$25,000 or less when the project is for construction work; or for any public works project of \$15,000 or less when the project is for alteration, demolition, repair or maintenance work.

For more information, please visit the State of California Department of Industrial Relations [website](#)



**POLICY TITLE:** Grant & Mini-Grant Policy

**POLICY NUMBER:** OP-5

**DRAFT DATE:** 02/27/2020

**BOARD APPROVAL DATE:** 03/24/2020  
05/28/2019  
05/24/2016  
02/20/2012 Original

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**POLICY: GRANT & MINI-GRANT POLICY**

**Policy #OP-5:**

In accordance with Desert Healthcare District's mission and strategic plan it is the policy of the Desert Healthcare District to provide guidelines for Grants & Mini-Grants to provide health and wellness programs/projects for the benefit of the District residents and in alignment with the California Health and Safety Code requirements. Each year the Board of Directors will allocate a budget for both grants and mini grants.

The District Board may amend this policy as needed to be consistent with any state legislation regarding healthcare district grant programs.

**GUIDELINES:**

1. The District will administer the grant funds to assure responsible distribution of monies and to maximize the benefit to community members and fairness to grant recipients.
  - 1.a. All grants must align with the Desert Healthcare District's strategic plan. The strategic plan is available on our website, [www.dhcd.org](http://www.dhcd.org)
  - 1.b. The Board will adopt a grant budget allocation each fiscal year during the annual budget process. (July - June)
  - 1.c. Grant recipients should not assume there exists an entitlement to continued funding nor that similar funding will be available in future years.



1.d. Grant recipients must accept the District's standard grant/contract terms and conditions as a stipulation of any grant award. Grantee who is not in compliance as identified in the Grant Contract may become ineligible to apply for future grants for a period of up to two (2) years

1.e. The District will place a priority on collaboration with community agencies applying for grants, to maximize use of funds and impact while avoiding the fostering of competing programs that may make each such competing programs to become less effective.

Applicants who choose not to collaborate must demonstrate a distinction between their proposed services and those that may already be in place.

1.1 Grant requestors utilizing a fiscal agent may be considered; the application shall include a copy of a resolution adopted by the fiscal agent organization's board of directors approving of the action to act as an agent on behalf of the requestor.

1.2 Per AB 2019 and revised California Health and Safety Code Section 32139(c)(5), individual meetings regarding grants between an applicant and a District Board member, officer or staff outside of the established grant process is prohibited. Staff may provide technical assistance, upon request, from potential and current Grantees.

2. **Mini Grants** allow the Desert Healthcare District community to access support for small health initiatives that possibly do not have the capacity for a large program or project. The mini grant application is processed by the administration of DHCD. Consideration is contingent upon the availability of funds, community health priorities, and the ability of the applicant to effectively administer the project programmatically and financially. The mini grant provides up to \$5,000 per one request in a fiscal year. The request must align with the DHCD strategic goals and objectives.





### **3. Grant Application Process**

#### **a. Program Committee**

The Program Committee shall be responsible for oversight and for making recommendations to the Board, where appropriate, on District matters related to grant-making and related programs.

#### **b. Eligibility/Criteria**

3.b.1 The District awards grants only to organizations exempt from federal taxation under Section 501(c) (3) of the Internal Revenue Code or equivalent exemption; such as a public/governmental agency, program or institution. Except for mini grant recipients, all organizations must have current audited financial statements.

3.b.2 Some small organizations (annual revenue of \$500,000 or less) may be financially unable to provide audited financial statements. Under certain circumstances defined by the ability of the organization and if the organization is able to provide a service to meet the mission of the District, the District may consider providing grant funds to complete a financial audit. The District may also consider providing grant funds to develop capacity building.

3.b.3 Organizations must directly serve residents of the Desert Healthcare District. Agencies physically located outside District boundaries be eligible for funds upon demonstration that the residents of the District will be proportionately served.

3.b.4 Grants are available to organizations whose activities improve residents' health within one or more focus areas of the District's strategic plan. Through investment of its grant dollars, the District supports programs, organizations and community collaborations with potential for achieving measurable results. Through the use of a grant scoring structure, consideration is given to projects or organizations that:

- Have proven records of success and capacity
- Have potential to impact the greatest numbers of District residents in alignment with strategic goals



- Can demonstrate the greatest potential to positively change health-related behaviors
- Are based on research and/or best practices that demonstrate effectiveness
- Have data available to measure progress, outcomes and relevance
- Have strong fiscal and operational governance

#### **4. Funding Restrictions**

4.1 The District's grants will NOT support the following:

- Individuals
- Endowment campaigns
- Retirement of debt
- Annual campaigns, fundraising events, or expenses related to fundraising
- Programs that proselytize or promote any religion or sect, or deny services to potential beneficiaries based upon religious beliefs
- Expenses related to lobbying public officials
- Political campaigns or other partisan political activities
- Unfunded government mandates
- Replacement funds to allow funding to be shifted to other programs or budget areas
- Any organization who discriminates against others based on, including, but not limited to race, color, creed, gender, gender identity sexual orientation or national origin.

4.2 Only one open grant per grant recipient is allowed.

4.3 Multiyear grant funding may be considered for approval. The total amount of funding for multi-year grants may not exceed 30% of the total aggregate amount of the annual approved Grant budget by the District Board.

#### **5. Online Application Process**



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- **STEP 1:** Staff receives online Stage 1 Letter of Interest (LOI) and supporting documents from applicant.
- **STEP 2:** Staff Review and preliminary due diligence is performed on all LOIs and if applicable, conduct a site visit. Grantees, via email, receive authorization to move to Stage 2 - the grant application.
- **STEP 3:** Staff reviews full grant applications, performs full due diligence and brings forward to the Program Committee for consideration.
- **STEP 4:** Program Committee brings forward recommendations for review and consideration of approval by the Board of Directors.
- **Note:** Grant requests may be declined at any stage of the application process.

Staff may consider various options for grantmaking during the application process that include refining a grant applicant's plans, reframing the goals of the project; proposing a new scope; funding a project, along with capacity-building support; identifying partners to help solving complex problems that may require the involvement of multiple parties working on solutions from a variety of angles. Other options may be explored.

## **6 No-Cost Grant Extension**

6.1 Under a No-Cost Extension, grantees may extend a grant's project period one time for up to 12 months. A No-Cost Extension may be requested when the following conditions are met:

- 6.1.1 No term of award specifically prohibits the extension
- 6.1.2 Project's originally approved scope will not change
- 6.1.3 The end of the project/grant period is approaching
- 6.1.4 There is a programmatic need to continue
- 6.1.5 There are sufficient funds remaining to cover the extended effort

6.2 The Desert Healthcare District always retains the right to decline the request. Examples of reasons to decline might include:

- a. An extension may not be granted solely because there is money left over. Programmatic benefit must be justified.
- b. Deliverables as outlined in Exhibit B (Payment Schedule, Requirements & Deliverables) have been met.

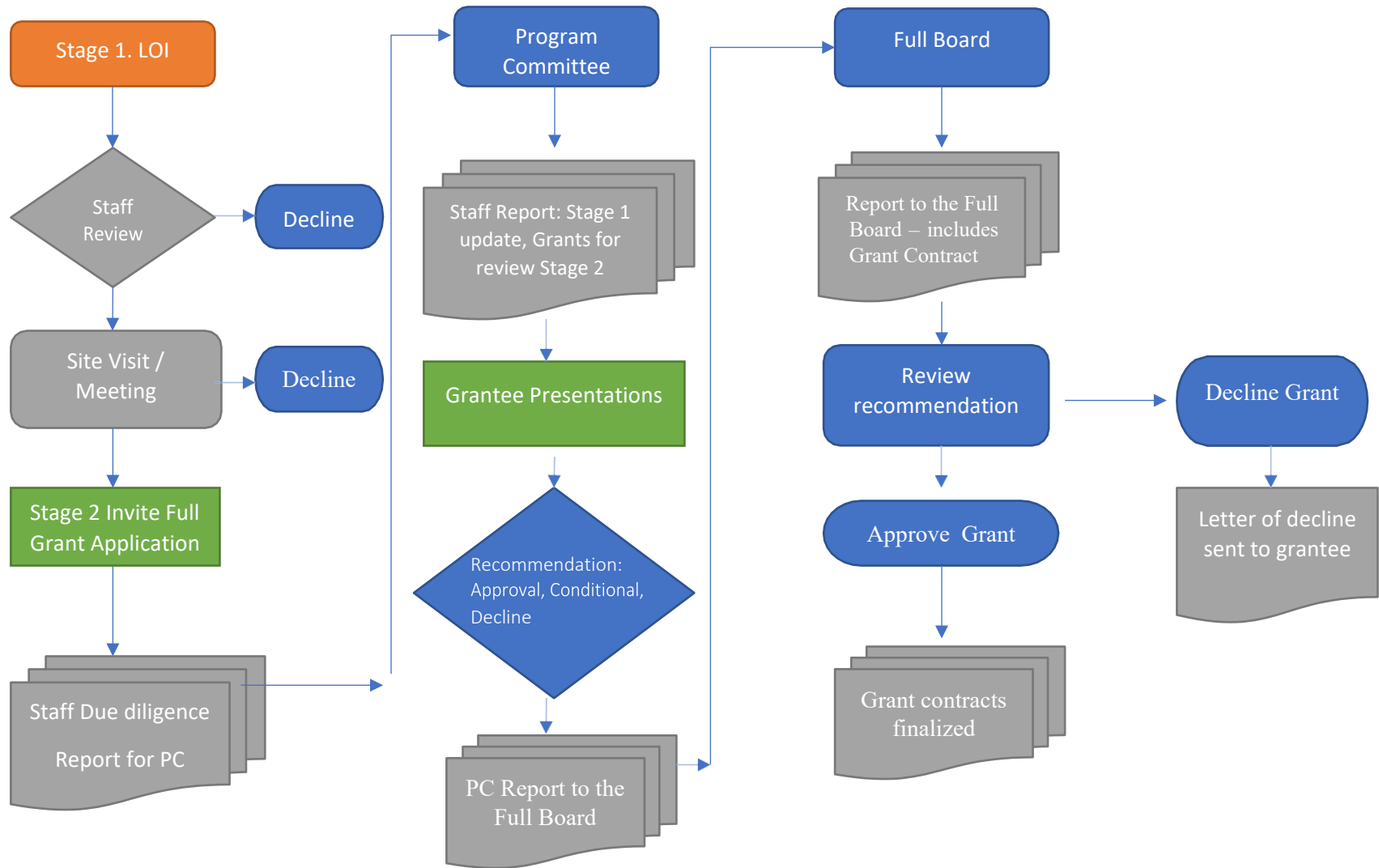
6.3 Process:



Grantee must submit a written request to the DHCD at least 30 days before the end of the current project period. The request should be sent to the Grant Department and include the following information:

1. The amount of funds remaining, and an explanation for why they have not been spent
2. Rationale for continuing the project
3. An explanation of why the project has not been completed
4. Inclusion of a detailed work plan and how all unfinished activities will be completed by the proposed end date

# Current Grant Process



Note: Staff is available to grantees for technical support both before, during and after the grant process.

Step 1. Letter of Interest (LOI) – Stage 1 - accessed via the District website - documents are attached and letter is submitted via the web.

A. LOI is uploaded from the system

Step 2. Staff verify the LOI is complete and the attached required documents have been received. I.e. Audited financials.

- A. Grant staff review the LOI and if the program and budget look reasonable, then audited financials are submitted to the CFO for review.
- B. Upon grant staff acceptance and CFO approval to move forward – email sent via the grant software to grantee to invite for a full application – Stage 2
  - a. At this point if grantee does not meet baseline requirements Staff may decline or request clarity from the grantee if staff believe there is a misunderstanding of the grantee. This will be performed via the email system built into the grant software for tracking.

Step 3. Grantee submits application and all supporting documents via the grant software.

Step 4. Grant application is uploaded from the system

- A. Staff verify all attachments are included as required. I.e. completed budget form – Completed Application etc.
  - a. If documents are missing or there are perceived concerns – staff will request further information from the grantee. This will be performed via the email system in the grant software – may also include the application being returned to the grantee for further completion. If there are minor changes, these can be made via the staff (with written consent from the grantee) or the application can be returned to the grantee for revisions.
  - b. Staff reviews and scores the application.
- B. Grant packet prepared for review. – currently this is an internal process – it is recommended to bring on Readers in the future.
- C. Staff sends the grant packet for review to each of the current staff readers (Donna and Alejandro) - CFO should be sent the full packet so he may review the financials, 990's, and budget narrative for comments/concerns/approval. (Audited financials already reviewed from Step 2 above)
- D. Staff reviews independently the grant applications and supporting documents using the scoring structure.
- E. Reviews are submitted into the system upon completion – note there is a deadline for this process and if the date is missed the application will no longer be available for review
- F. Grant staff compiles the review information and establishes comments for the Program Committee (PC) Write-up. This is a template within the grant software. Once completed this will be used to bring together the PC packet materials, to include the full

grant application packet and scoring review sheets. Staff will not recommend grants, but will point out key areas of focus - both positive or concerning.

Step 5. PC Packet created for each grant and saved in PC meeting U drive file in PDF format to be included in the PC Packet. This is performed via the Grant software.

Step 6. Staff present each grant request to the committee for review. Staff will invite each grantee to be present to give the committee an opportunity to ask further clarifying questions regarding the grant.

A. Staff will document the recommendations from the PC to be included in Board Packet Write up - (same as above for PC, but includes PC recommendations.)

Step 7. Staff to update Board Packet write up and create the grant contract based on PC recommendations to the Board.

A. Exhibit B to be auto-populated by payment schedule set in the grant system.

a. Grants under \$250,000 will report out semiannually and final report

- i. 1<sup>st</sup> Payment 45% of grant - fully executed contract received from grantee
- ii. 2<sup>nd</sup> Payment 45% of grant - first Progress and Budget Progress reports are received and reviewed
- iii. Last Payment 10% (retention) of grant - last 6-month Progress and Budget Progress reports and final grant report received and reviewed

b. Grants over \$250,000 will report out quarterly and final report

- i. 1<sup>st</sup> Payment 22.5% of grant - fully executed contract received from grantee
- ii. 2<sup>nd</sup> Payment 22.5% of grant - first Progress and Budget Progress reports are received and reviewed
- iii. 3<sup>rd</sup> Payment 22.5% of grant - second Progress and Budget Progress reports are received and reviewed
- iv. 4<sup>th</sup> Payment 22.5% of grant - third Progress and Budget Progress reports are received and reviewed
- v. Last Payment 10% (retention) of grant - Last quarter Progress and Budget Progress reports and final grant report are received and reviewed.

Step 8. Staff to create packet of each grant to be included the Board Packet:

1. Staff write-up with PC Recommendations
2. Application
3. Exhibits B - Payment schedule, Requirements and Deliverables
4. Exhibit C - Line Item Budget



## 5. Grant History Summary

A. Packet saved into Board U drive file in pdf format to be included in Board packet.

Step 9. Staff to invite grantees to participate in Board meeting and to be present to answer further questions from the Board

- A. Decision of the Board entered into the grant system - Contract generated
- B. Grant contract signatures obtained and

request for first payment submitted to Finance Step 10.

Staff sets up progress reports with email reminders

Step 11. Staff receives progress report, current budget progress report outlining expended funds with receipts - reviews - obtains clarity, if needed, from the grantee

- A. Staff submits request for next payment from Finance
- B. Staff updates Resources and Philanthropy for upcoming PC and Board meeting.

Step 12. Staff receives final report (narrative only) reviews / confirms grant dollars expended / determines final payout/possible no-cost grant extension (of which staff is to be notified, by request from grantee, 30 days before the end of the current project period).

- A. Staff submits request for final payment of grant or/
- B. Staff creates request for no-cost

extension - presented to Board for approval.

Step 13. Staff closes out the grant on system with

final narrative for internal use only.

Options: performance/compliance comments, rating or alert



# CVHEART

## Coachella Valley Homeless Engagement & Action Response Team



## A Collaborative and Regional Approach to Homelessness in Coachella Valley

Prepared by Greg Rodriguez  
January 2020

## Executive Summary

*Every person who lives in Coachella Valley has a right to safe, comfortable and adequate housing.*

This report sets forth a bold vision for a regional collaborative approach to addressing homelessness in the Coachella Valley. The creation of the Coachella Valley Homelessness Engagement & and Action Response Team (CVHEART) collaborative aims to more efficiently and effectively house and provide resources to our homeless residents. This collaborative stems from the recommended action steps submitted by Barbara Poppe in her report to the Desert Healthcare District entitled “The Path Forward.” The Coachella Valley Association of Government’s (CVAG) Homelessness Committee took up the charge to define what the purpose, scope and structure of CVHEART would be.

This initial report highlights the complex issue of homelessness in the Valley and how it touches numerous governmental agencies and nonprofit organizations. It attempts to identify areas where we excel, and others where we need to break down silos and implement better practices for working together. It provides not only a landscape of current homeless activities and resources, but it also goes into great detail on where we need to go and how we need to think about addressing homelessness going forward.

This report is not meant to be the final say on this matter. In fact, just as homelessness is ever changing, so will the ways in which we address it. One of the main themes throughout this report is the need for flexibility and the means and willingness to change course when necessary in order to achieve greater outcomes. This can only work by working together.

Additionally, CVHEART can serve as a model for other jurisdictions on how a regional collaborative on homelessness can be effective when everyone is at the table. The terms “regional”, “collaborative” and “leverage” will be used quite frequently to emphasize the importance of these terms in actually achieving the desired results of collectively ending the homeless epidemic we face.

Coachella Valley elected officials recognized that homelessness needed to be addressed over a decade ago. Since then, we have begun to adopt a regional approach through the CVAG Homelessness Committee. This has been demonstrated by changes in programming to address current needs, speaking with one voice as a governmental body, and backing up the commitment with financial resources from cities, the County of Riverside, the Tribes and the Desert Healthcare District. The creation of CVHEART is meant to elevate CVAG’s Homelessness Committee’s passion, dedication and work to the next level and to achieve the mission of “Every resident who lives in the Coachella Valley has a right to safe, comfortable and adequate housing.”

## Introduction

Every resident who lives in the Coachella Valley has a right to safe, comfortable and adequate housing. This report is a bold step to achieve that mission statement. It is imperative that through all our actions we keep that mission in our minds. The establishment of the Coachella Valley Homelessness Engagement & Action Response Team (CVHEART) as a regional collaborative to address homelessness aims to fulfill that mission.

Homelessness on the streets, in cars, in our shelters and other precarious situations seems to be getting worse every day. This is not just a Coachella Valley problem; this is an issue facing the entire country, especially on the west coast. It is essential that we create systems change to decrease the silos and work collaboratively to effectively and efficiently provide services and resources to un-housed residents. It can be extremely frustrating to elected officials, homeless service providers, government agencies and residents alike that all the great work we are doing doesn't seem to be helping.

It is important to note that the Coachella Valley is a leader in Riverside County and the State of California for our level of attention to the issue of homelessness and the provision of services to our homeless populations. We have a strong network of service providers such as Martha's Village and Kitchen, Coachella Valley Rescue Mission (CVRM), Shelter From the Storm, Operation Safe House, Path of Life Ministries, Jewish Family Services, and Well in the Desert working 24/7 providing prevention services, shelter services, workforce training, substance use assistance and behavioral health services just to name a few. In addition to these larger organizations, the Valley is blessed to have a number of faith based and community based organizations providing food and essentials to our homeless residents. The County of Riverside and many of our cities in the Valley also provide substantial services and resources.

It is clear that we have an abundance of organizations and agencies working on ending homelessness, but we can do much better. CVHEART is the tool to bring all of these efforts together into a system-wide approach that focuses on who does what well, who may be duplicating others efforts, what are capacity issues, how we leverage and expend resources more effectively, and most importantly how do we work collaboratively in the Coachella Valley region to fulfill the mission that every resident who lives in the Coachella Valley has a right to safe, comfortable and adequate housing.

This report will give a brief overview on the history of our regional approach and the steps taken to get us to the formation of CVHEART. We will look at the methodology of this report, set the landscape of the complexity of this issue, and more importantly provide a comprehensive look at solutions and evidenced based best practices to move forward. The conclusion of the report will give direction on

next steps to formalize and implement the ideals, goals and visions of CVHEART. The easy part is looking at what we are doing now and knowing what we need to do collaboratively together. It is the implementation and sustainability of the regional approach that will be difficult, but if any region is ready for the task, it is the Coachella Valley.

## Our Roadmap to a Regional Collaborative

Before going in depth on the elements of the Coachella Valley Homelessness Engagement & Action response Team (CVHEART), it is important to know how we got here. As mentioned, the Coachella Valley has already started addressing homelessness through regional coordination, whether that has been through service providers working together or government agencies working side by side. While rudimentary at first, our regional approach has evolved over the years and the realization of greater coordination and collaboration has been realized.

In 2006, the Coachella Valley Association of Governments (CVAG) established the CVAG Homeless Committee primarily to address the need for a homeless shelter on the west side of the Valley. At that time, Martha's and CVRM were the only shelter services in the Valley, both of which were on the east end of the Valley. The CVAG Homelessness Committee was comprised of one elected representative from each of the nine CVAG member cities, a representative from Riverside County, and ex-officio members representing our major service providers and agencies. In 2018, a representative from the Desert Healthcare District was added. It is important to note here that the City of Blythe also has a representative. While this report and collaborative focus on Coachella Valley, Blythe is still part of our sphere of influence and we will address their homelessness needs as well.

The early stages of the Committee's work focused on the establishment of Roy's Desert Resource Center. At the time, this was seen as a visionary facility that would not only be a shelter for sleeping, but would also provide complete navigation and wrap-around services. County Supervisor Roy Wilson and the CVAG Homeless Committee took the lead on implementing on this effort. The charge was to have the County and the nine cities in the Coachella Valley contribute financially to the ongoing operations of Roy's. The facility opened in 2009 with all the best of intentions to address homelessness in the West Valley.

While the initial opening and operations were heralded as a success, the reality about the ability of cities to contribute set in soon after, especially since this was at the height of the recession and elimination of Redevelopment Agency funds from the State. Additionally, the facility's somewhat remote location north of I-10 was extremely problematic in terms of accessibility and the sustainability of the wrap around services just didn't come to fruition. Eventually, Roy's became just a place to

sleep at night. Vans would bring homeless individuals up to Roy's in the evening and then take them back to the streets and parks in the morning.

In 2017, Jewish Family Services of San Diego, the contracted operator of Roy's, decided to not seek a renewal of the contract. CVAG's Homeless Committee was tasked with identifying next steps. Since only two to three cities and the County were contributing to the operations, and only sleeping services were provided, the committee decided to take a new direction in addressing homelessness by moving away from a shelter focused model to the Housing First approach. The decision was made to close Roy's as a shelter. Faced with immediate needs on how to assist those that were utilizing Roy's, the County and local service providers implemented a rapid response initiative and were quite successful in housing a good majority of the clients. This activity will be addressed later in the report as well.

The CVAG Homelessness Committee established the 'Western Coachella Valley Navigation Program' and contracted with Path of Life Ministries to provide intake offices, crisis stabilization units, preventative services and linkages to other homelessness services and housing programs. It quickly became clear that a broader regional approach was necessary. The scope of the program expanded to encompass the entire Valley and become known as CV Housing First. While there were some initial communication and capacity issues, as with any startup program, CV Housing First has been proven to be an effective model for addressing homelessness by connecting people with housing solutions they can sustain over time.

In addition to agreeing to shift toward a housing first model, cities began committing resources to sustain the program. Initially, just some of the cities contributed. Then, in 2017, the Desert Healthcare District (DHCD) stepped up to incentivize participation by offering a \$100,000 match for each city that contributed. As of this writing, eight of the nine cities contribute \$100,000, resulting in an \$800,000 match from DHCD. Additional program funding comes from Riverside County and the Agua Caliente Band of Cahuilla Indians.

In 2018, The Desert Healthcare District furthered its commitment to addressing homelessness on a regional level by commissioning Barbara Poppe for a needs/gap analysis of homelessness in the Coachella Valley. Barbara did an extensive dive into the issue with numerous stakeholder interviews, working groups, research, data collection and assessment of best practices. The report entitled, *The Path Forward*, was submitted to the Desert Healthcare District in late 2018 and to the CVAG Homeless Committee in early 2019.

*The Path Forward* report is extremely comprehensive and divided recommendations into four pillars. The first pillar, agreed to by all the participants, focus groups and the core team was the establishment of a collaborative for the Coachella Valley. The CVAG Homelessness Committee and the DHCD agreed with the recommendation and decided to move forward with that suggestion. The report can be viewed on the Desert Healthcare District's website at

<https://www.dhcd.org/media/491/B%20Poppe%20Presentation%20to%20DHCD%20Board.pdf>.

Once the general direction was chosen, the key questions became: What would a collaborative look like? What would it do? And who would oversee it? Riverside County Supervisor V. Manuel Perez offered dedicated support to map out answers to these questions in collaboration with CVAG and the Homelessness Committee, which is the purpose of this report.

## Methodology

In addition to CVAG’s history of homelessness programing, funding and attention, as well as the Desert Healthcare District ‘s contributions, as the author of this report, I have spent two and a half years deeply immersed in homeless services and issues specific to Coachella Valley, as well as the County of Riverside and the State of California. I am an active participant in Riverside County’s Continuum of Care, in addition to conferences, research, special initiatives and participation in other collective impact/collaborative organizations that have significantly contributed to the formation of this report and the Coachella Valley Homelessness Engagement & Action Response Team (CVHEART).

The following is a comprehensive, but not all-inclusive, list of the agencies, organizations and providers that have played a role in the formation of CVHEART and this report:

### Government Public Service Agencies

Governor Newsom’s Homeless Task Force	Riverside County Executive Office
Coachella Valley Association of Governments	Continuum of Care (COC)
COC Board of Governance	COC Planning Committee
COC Housing and Sustainability Committee	Encampment Protocol Committee
Community Action Partnership (CAP)	Housing Authority of Riverside
Department of Public and Social Services	Riverside County Office on Aging
Riverside County Animal Services	Riverside County Parks
Riverside Emergency Management Dept.	Riverside Flood Control
Code Enforcement	Workforce Development
City of Blythe	City of Cathedral City
City of Coachella	City of Desert Hot Springs
City of Indian Wells	City of Indio
City of La Quinta	City of Palm Desert
City of Palm Springs	City of Rancho Mirage
Riverside County Housing Review Committee	

### Law Enforcement

Riverside County Sheriff	Riverside County Probation
Cathedral City Police Dept.	Desert Hot Springs Police Dept.

Indio Police Dept.

Palm Springs Police Dept.

**Service Providers**

ABC Recovery Center  
Catholic Charities  
Desert ARC  
Family Services of the Desert  
Galilee Center  
Jewish Family Services San Diego  
LGBT Community Center of the Desert  
Martha's Village and Kitchen  
Mission Outreach Project  
Path of Life  
Safe House of the Desert/Harrison House  
Shelter From the Storm  
Street Life Project  
The Narrow Door  
The Well in the Desert

Coachella Valley Rescue Mission  
Desert AIDS Project  
DHS Family Resource Center  
FIND Food Bank  
Hidden Harvest  
Jewish Family Services-Desert  
Mama's House  
Michael's House  
Olive Crest  
Riverside Latino Commission  
Salvation Army  
Soroptimist House of Hope  
Transitional Age Youth Center  
Ranch Recovery Centers  
Transgender Community Coalition

**Education**

Palm Springs Unified School District  
Coachella Valley Unified School District  
Desert Sands Unified School District  
PS Unified School District

College of the Desert  
One Future Coachella Valley  
CSUSB

**Healthcare**

Borrego Health  
Coachella Valley Volunteers in Medicine  
Desert Healthcare District and Foundation  
Inland Empire Health Plan (IEHP)  
Riverside University Health System (RUHS)  
RUHS Population Health  
RUHS Community Health Centers

Clinicas de Salud del Pueblo  
Desert AIDS Project  
Flying Doctors  
RI International Urgent Care  
RUHS Behavioral Health  
RUHS Public Health  
UCR School of Medicine and clinics

**Housing**

Coachella Valley Housing Coalition  
Riverside County Housing Authority  
Renaissance National CORE

Habitat for Humanity  
Lift to Rise  
Palm Communities

**Foundations and Advocacy Groups**

Regional Access Project Foundation  
California Partners

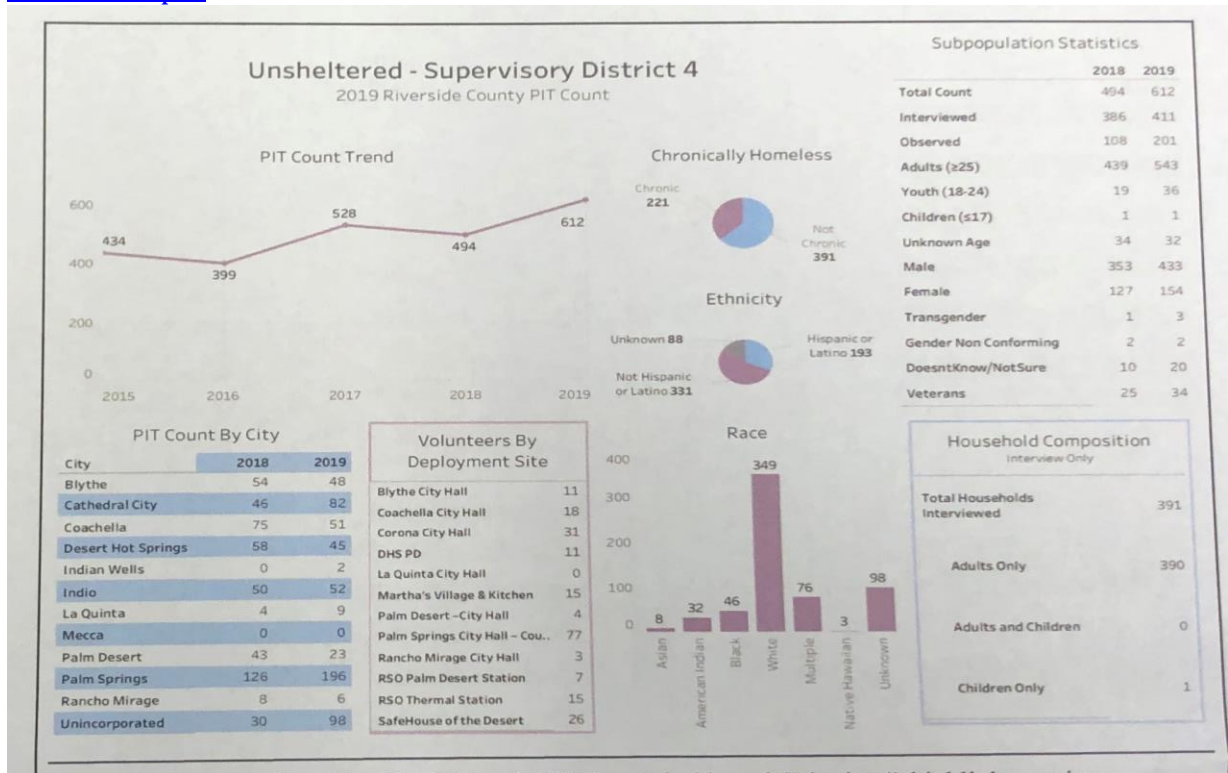
Leadership Council

# The Coachella Valley Landscape

As already noted, homelessness is rapidly reaching crisis levels. The purpose of this section is not to get in the weeds on the actual numbers of homelessness in the Coachella Valley, but to educate and emphasize how extensive the issue is and how many different agencies, organizations and groups the issue affects.

Annually, there is the Point in Time (PIT) count mandated by the United States Department of Housing and Urban Development (HUD). It is important to realize this is simply a count of a certain time and everyone knows it is not truly an actual count of the real numbers of homelessness individuals in any community. It should also be noted that as methodologies change in counting-more volunteers and improvements in technology-numbers would understandably increase.

Below is a snapshot of the 2019 PIT count for the Coachella Valley/4<sup>th</sup> Supervisorial District. A deeper dive into the count can be found at the Riverside County DPSS website: <http://dpss.co.riverside.ca.us/files/pit/2019-homeless-point-in-time-count-report.pdf> “The Path Forward” report by Barbara Poppe and the Desert Healthcare District also provides a good analysis of the Coachella Valley numbers: <https://www.dhcd.org/media/491/B%20Poppe%20Presentation%20to%20DHCD%20Board.pdf>





So, we've got a problem. Thankfully, we also have a lot of people dedicated to working on solutions. The following illustrations demonstrate just three of the layers in our regional homelessness response system to provide an example of the weight and scope of what's involved, even at a somewhat superficial level. You could drill down even further, by mapping similar graphs within each service organization or agency.

1: Organizations, Agencies and Community Groups that Touch the Homeless Issue in Coachella Valley.



## 2: The Reach of Agencies Solely Within Just One Organization (Riverside County).



### 3: Network of Service Providers Working In Coachella Valley.



Choreographing this system and effectively leveraging each partner's strengths to work toward a common goal is a complex and enormous undertaking. It's like a major airport with hundreds of flights waiting to take off and land every day. CVHEART will be like air traffic control, making sure the system runs seamlessly and stays on track, with flexibility needed to redirect and change course in response to unexpected or emerging conditions. Homelessness is an ever-changing, fluid and complex issue. The CV HEART collaborative will lead alignment of the activities, programs, and resource development to achieve region-wide solutions to address homelessness. With the number of lives on the line and scale of resources involved, this is one major step forward that we cannot afford to ignore.

# CVHEART

## Coachella Valley Homelessness Engagement & Action Response Team

By now there should be a good understanding of where we have been, what our current landscape is, and the importance of moving forward with a regional collaborative approach to addressing homelessness in the Coachella Valley. This section will be comprehensive, focusing on general concepts as well as concrete specific programs, initiatives and actions for regional and collaborative solutions.

So why the acronym CVHEART? First of all, it wouldn't be homelessness or government without an acronym. Both realms are full of them. Seriously though, the choice of this acronym spells out the multi-faceted aspects of addressing homelessness. It is about homeless, engagement, actions, responses and a collaborative team. It also serves as a way to stay focused on each section and how they all tie together. Finally, it's catchy, memorable, and will lend itself well to outreach and public education.

## C

### Collaboration

Collaboration, collective impact, breaking down silos, or it takes a village, are not merely buzz words. These terms have been used for years to address complex problems and systems change. It is more than evident that the complex issue of homelessness will never be effectively addressed without collaboration. The Coachella Valley's homelessness situation, or any region for that matter, cannot be addressed by one entity alone. Neither governmental bodies nor nonprofits can effectively tackle this issue by themselves. They do, however, need to work well together, share information, and avoid duplicating efforts in order to be effective. This level of collaboration doesn't just happen on its own.

CVAG's Homeless Committee realized the need for a collaborative approach over a decade ago. While currently a collaborative of the nine Coachella Valley cities, Riverside County and the Desert Healthcare District, the committee knows we must rise to the next level. The evolution of CVHEART is that next level.

We have excellent organizations and agencies that are addressing homelessness in the valley, but we also have the potential to do much more working together. The collaborative can help to identify what agencies and programs do what best and help to support those efforts further. At the same time, the collaborative can identify gaps that can be filled by capacity building or other service providers.

CVHEART must also work to expand the sphere of collaboration outside of just the current governmental agencies and a few non-profit service providers. We must further engage the business community, law enforcement, tribal governments, the faith community, neighborhood organizations, the education system, health systems, financial institutions and private individuals to join in the effort to address our homeless population. As noted previously, this issue touches a wide array of players and those players must be at the table to make an effective impact.

#### **CVHEART Roles and Responsibilities:**

- Create a shared agenda and clear measurable goals.
- Identifying, maintaining and elevating best practices across the region.
- Identifying and securing funding resources for both programs and capacity building from public and private funding sources.
- Engaging and obtaining commitments for additional collaborative partners.
- Identifying and advocating for homelessness and housing policies at the city, county, state and federal levels.
- Provide training and technical assistance to service providers.
- Utilize data to track performance and offer assistance on course corrections as needed.
- Create public awareness of the collaborative and provider's work in addressing homelessness in the Coachella Valley.

## **Commitment**

The success of CVHEART will rely on the continued commitment of our current players: Riverside County, the nine cities in the Coachella Valley, the Desert Healthcare District, the tribes and our non-profit partners. Additionally, as we engage more collaborative partners, we must demonstrate the value of committing to this cause. Commitment is not just about buy-in, but actually committing to best practices, seeking innovative and collaborative solutions to homelessness, and the ongoing and increased commitment of financial resources critical to addressing this issue.

CVHEART can also advocate for increased policy and resource commitments from the state and federal governments. Homelessness in the Coachella Valley is not something we can address without the commitment of those entities. While the regional collaborative approach will achieve success, drastically reducing homelessness in all parts of the country are going to require policy and resource commitments from all levels of government.

# V

## **Visionary**

The collaborative must play a visionary role. Working together, we must look at short, medium and long-term goals and solutions. The homelessness issue is an ever-changing one and what may be working today may not be applicable one year or five years down the road. Additionally, as funding streams change and other government mandates are put in place, CVHEART must have the foresight and flexibility to adapt to those mandates and changes.

## **Viability**

As the collaborative, CVHEART should work to ensure viability of current projects and initiatives. Through data driven analysis, technical assistance, monitoring and reporting, the collaborative can determine successful outcomes and potential missteps and elevate the successes and course correct the deficiencies.

Viability also means sustainability. This is not only the sustainability of the collaborative itself, but more importantly the sustainability of initiatives, programs, providers and capital projects. While we are currently seeing a greater financial commitment by the State and more flexibility in the use of those funds, we can't be guaranteed that this will continue. As we obtain and allocate resources through CVHEART, decisions must not only be made on the efficacy of the program currently, but also what is the sustainability plan to prevent any loss or gaps in service to our homeless population.

# H

## **Housing**

The only way we will effectively and significantly reduce homelessness is to increase the supply of housing for all income levels. Our region, like many others, is critically lacking a decent supply of affordable and workforce housing. Because of that, over half of households in the Coachella Valley are rent burdened. 79 percent of households that earn less than \$50,000 per year are rent burdened. A household is considered "rent burdened" if rent comprises more than 30 percent of the household's total income.

CVHEART must be a major player in the efforts underway to increase the supply of affordable and workforce housing. We must support and help elevate initiatives, like the Connect Capital Program, a partnership between Lift to Rise and the Economic Development Agency of Riverside County, to reduce rent burden by 30 percent in 10 years. This goal would require building 9,881 housing units. It is a lofty goal, but a solid foundation has been laid by Lift to Rise and funding is being identified to see this production come to fruition.

The collaborative can advocate for policies and resources to assist in the production of housing for all income levels. Working with organizations like Lift to Rise and the Coachella Valley Housing Coalition we can help identify barriers in policy and funding streams, and utilize the partnerships within the collaborative for greater advocacy impact.

In addition to the basic need of affordable housing units, CVHEART must help to find ways fulfill the need for housing units that directly affect homelessness programing and services. This is especially true as we utilize the Housing First model. Our outreach workers have clients they could put in housing today, but we don't have the doors for them. We also have individuals and families with a section 8 voucher in hand without a place to call home.

Supporting and enhancing landlord locator services, and landlord mitigation initiatives can assist in providing actual doors for the various levels of housing needed in the stream of moving people from the street to permanent housing. The following are examples of the types of units required and all of these are currently in short supply for the Coachella Valley:

- Emergency shelter units in western Coachella Valley
- Crisis Stabilization Units
- Rapid Rehousing Units
- Permanent Supportive Housing Units
- Section 8 Voucher Units
- Shared Housing
- Sober Living
- College Campus Housing

The CVAG Homeless Committee can also play a vital role in addressing affordable and income appropriate housing needs. While CVAG has tended not to deal with housing issues, the members of the homeless committee know that homelessness will not be solved without housing. It may be appropriate for the committee to become the CVAG Homeless and Housing Committee. As the collaborative addresses the homeless issues more in depth than the homeless committee, the committee could work in conjunction with Lift to Rise, the County and developers to address initiatives and regional collaboration on housing policy.

# E

## **Engagement**

We have previously talked about the role CVHEART can play in the engagement of more partners within the collaborative and increasing the commitment of a regional approach to homeless solutions. Increasing the participation of the faith community, the business sector, law enforcement, the education system will be essential to truly make an impact. Additionally, there are County agencies and initiatives that the collaborative can partner with such as Adult Protective Services and the Whole Person Care initiative, which we are not fully tapped into. We can also increase our level of engagement for prevention with DPSS and Behavioral Health.

It can also be the role of the collaborative to engage the CVAG Homeless Committee Ex-Officio members in a more productive and meaningful manner. Instead of those members attending the CVAG Homeless Committee meeting where not much input is allowed or needed, we can elevate the input in the regional approaches through much better interactive engagement within the collaborative. This would be especially true if the CVAG Homeless and Housing Committee was focusing more of their attention on housing issues.

We have already witnessed the success of such engagement through our responses to the summer cooling centers, initial rapid resolution training, west valley navigation center, and recent engagements in discussion about the upcoming Homeless Housing Assistance Program (HHAP) funding. This type of engagement should be done a regular basis, not only around training, policy or resource issues, but also on individual case management and sharing of best practices for actual immediate remedies.

## **Emergencies**

It should be quite apparent that CVAG collaborative work responds extremely well to emergency situations. Whether it was the closure of Roy's, the 2019 summer overnight cooling centers, redirection of HEAP funding, or reporting and monitoring issues we have been able to be nimble and flexible to meet the challenges. While we would always like to think we are prepared for anything, the nature of homelessness lends itself to times of emergency situations. CVHEART's role will be to work to establish protocols and procedures for collaborative action in case of emergency situations.

While some may not characterize encampments as emergencies, the flexible, coordinated and rapid response practices we have employed in urgent situations will, and should, apply to encampments. Encampments may be one of the most challenging issues we face, but as demonstrated in previous encampment clean-up



initiatives, they require comprehensive planning and collaboration.

## **Education**

CVHEART has already demonstrated the success of educational/training initiatives like the rapid resolution/diversion training in 2019. Our service providers and agencies will constantly require ongoing education, especially as best practices and funding resources are constantly changing. These training sessions also provide a great opportunity to facilitate cross agency and organizational networking and problem solving. Additionally, by the collaborative providing some forms of technical assistance this augments the educational opportunities.

More importantly in the area of education, CVHEART should play a major role in addressing the youth homelessness within our educational system. This is being experienced at both our primary and secondary institutions. It is estimated that on average there are 3,000 students experiencing some sort of homelessness between our three primary school districts in the Coachella Valley. It is important to note that under the McKinney-Vento Homeless Act, the definition of homelessness is much broader than under the HUD definition. For example this would include families doubled and tripled up in housing, couch surfing, and sleeping in RVs and automobiles.

Each school district has a dedicated staff person to work with these students. The collaborative should work with the districts to make sure they are adequately staffed, there is standardized training, and that clear referral process are set up to public and nonprofit agencies. CVHEART should also explore piloting outreach and case management programming with the Department of Public Social Services (DPSS) to not only link students and families to services and assistance, but actively work to break the cycle of homelessness at a young age.

## **A**

## **Assistance**

While the collaborative will not necessarily be a direct provider of assistance before, during and after homelessness, it does serve a purpose as a clearinghouse and resource for all the assistance that is available. We are blessed with numerous public agencies and non-profit organizations that provide an abundance of services. The problem is that a lot of our precariously housed residents and homeless individuals do not know where to find them. CVHEART can assist in linking, not only individuals, but organizations to direct services and resources.

The collaborative can maintain a comprehensive directory of resources both in print and online (See Appendix 1). It should be a priority to ensure that the directories are kept current and added to as new services and initiatives come into being. CVHEART should also immediately work to enhance the County's 24 hour hotline. The one thing you hear most often is, I don't know who to call, or when you do call one number there are so many needless and inappropriate referrals to others. A truly dedicated homeless services hotline with well trained staff is essential.

One area that CVHEART can work to expand and advocate for is the need for greater supportive services and longer case management periods. In order for the Housing First model to be truly effective, it is essential that clients are getting the correct amount of wrap around services. We also have to realize that many of those we serve will require supportive services for more than the one year we typically provide.

Assistance also means prevention. While most of our programing and focus tends to be on services for those already homeless through shelters, navigation centers and Housing First programs, or employing rapid resolution and diversion for those falling into homeless, we have got to do a better job preventing people from becoming homeless. It is far less expensive to keep someone in a home and prevents escalation of behavioral health and substance use issues. Critical components to preventing individuals from falling into homelessness include:

- Flexible funds for rent, deposits, utilities, car repairs
- Legal support before and during eviction processes
- Better tracking of evictions as they occur
- Education on tenant rights
- Connection to services which address factors that could lead to homelessness (e.g. job loss, domestic violence, mental health disorders, substance use, etc.)

## **Access**

The CVAG homeless committee was formed over a decade ago specifically to address access to shelter services in the western portion of the Coachella Valley. The development of CVHEART is also about how we improve the volume and efficiency of access to services and housing for our homeless residents. There are basically three primary access points to target as entrances to homelessness. They are from the street, from hospitals and from our jails or prisons.

The collaborative can play a vital role in making sure we are all working together to make sure those access points are functioning in an efficient and low barrier manner. Each access point has its own unique challenges, but they also have really good best practices in the Coachella Valley and Riverside County. The following breakdown of each primary access point illustrates the best practices we should

continue to support, as well as enhance, and some of the policies and programs we need to implement to ensure efficient and quality access to homelessness services.

➤ **From the Street**

- Utilizing rapid response/diversion techniques for those just falling into homelessness.
- Establishment of a West Valley Navigation Center that is low barrier and takes into account the need to accommodate, partners, pets and possessions. Main facility located in Palm Springs with satellite navigation centers in Desert Hot Springs and Cathedral City.
- Expansion of the number of housing units to facilitate the effective use of the Housing First model.
- Providing detox services.

➤ **From the Hospital or Clinic Setting**

- Expanding the health plans and hospitals roles in homelessness housing and supportive services.
- Supporting and expanding the use of street medicine as an outreach and engagement tool for additional services and housing.
- Increasing respite care beds.
- Advocating for more board and care facilities and increasing the MediCal reimbursement rate.
- Continued expansion of behavioral health and substance use treatment.

➤ **From the Justice System**

- Continuation of the Whole Person Care initiatives.
- Expansion of the Indio Community Outreach Resource Program (CORP).
- Expansion of Drug Court and Family Preservation programs.
- Enhancing Riverside County's Probation Department's homelessness prevention efforts.

## **Advocacy**

CVHEART's role in advocacy has been mentioned numerous times in this document. As policies and resource allocations change, it is imperative that we are aware of those changes as they are happening, and more importantly, weigh in on how those changes will benefit or negatively impact our efforts to combat homelessness. We can also propose and advance policies and initiatives at the regional, state and federal level.

The following are just a few **examples of current policies and initiatives** for CVHEART advocacy:

- Increased funding from the State and Federal Governments.
- Sustainable funding sources to provide certainty.
- Funding stream flexibility and equity.
- Increased MediCal and SSI reimbursement rates for board and care facilities.
- Wrap around service reimbursements under the proposed CalAIM reforms.
- Support efforts to prevent unnecessary evictions and rent hikes.
- Decrease the bureaucracy around reporting and contract negotiations.
- Homeless Management Information System (HMIS) and Coordinated Entry System (CES) standardization, integration and modernization.
- Address housing density, zoning, and California Environmental Quality Act (CEQA) barriers to affordable housing development.
- Advocate against NIMBYism (Not in My Backyard).

## R

### Regional

While the CVAG Homeless Committee has already been functioning in a regional approach, the role of the collaborative will be to expand those regional efforts outside of just city government entities. Addressing homeless services and funding regionally is not only more cost effective, but will also leverage the amount of outreach, services and housing we can provide.

Both the State and Federal governments are heavily emphasizing the need for regional approaches to homelessness solutions. CVAG has already demonstrated, through the Desert Healthcare District matching funds, the success of regional funding opportunities to leverage other dollars. Going forward, regional approaches will also be crucial in attracting foundation and private donations.

The Coachella Valley homeless population can be somewhat transient in nature within the valley, especially since services are scattered throughout the valley. Additionally, not all jurisdictions are equal in the ability to provide resources to address homelessness. Utilizing a regional approach for service delivery, housing and resource allocation increases the chances of valley-wide reductions in our homeless residents.

### Resources

It goes without saying that one of the major roles of CVHEART will be to **identify and secure funding sources** for program development and sustainability. As mentioned previously, we need to be advocating and securing steady sources of revenue to ensure certainty in the operations of our service providers and housing

programs. The collaborative can also assist in facilitating the leveraging of funds through grant and private funding opportunities.

Through its visioning process CVHEART can set short, medium and long term goals and objectives and assign funding streams to those timelines. Funding streams will continually change and the collaborative must be engaged in those changes as they occur and more importantly be ready to capitalize on resources as they become available.

We have already witnessed the effectiveness of city contributions to a regional approach. The collaborative must look at ways to increase those commitments and leverage those dollars. Additionally, we must look at pooling resources for regional programs. Individual cities paying directly for services on their own, may not be the most cost effective means if a more regional pooling of resources can achieve the same results. Furthermore, we should be looking at how we can leverage our local resources with current County resources to increase the efficacy of our homeless solutions.

In addition to money as a resource, CVHEART can help facilitate and promote other resources for homelessness solutions in the following ways:

- Training and technical assistance.
- Increased internal infrastructure-staffing capacity for grant writing, reporting and monitoring.
- 24 hour hotline.
- Resource directory-See attached appendix.
- Current and future funding opportunities.

## T

### **Training**

In addition to CVHEART's training and technical assistance mentioned previously, the collaborative should work to increase and strengthen training and work force opportunities within our homeless solutions. It should be obvious that even if we are housing individuals, if they do not have a sufficient income, or any form of employment, the homeless cycle will continue. HUD is now emphasizing the need for workforce development programs. The collaborative should work with Martha's Village, CVRM and the County Workforce Development Department to further develop current programs and look for opportunities to expand those.

There is great potential for job creation for formerly homeless individuals in the area of homeless services. Formerly homeless individuals are prime candidates for peer professionals. Riverside County is a national leader in substance use peer programs and we could utilize that model for homeless peer employment.

Additionally, we should work to establish some certification programs for homeless services, from outreach workers all the way up to executive directors.

## **Tracking**

Data is essential in order to measure success and failure. CVHEART will focus heavily on data driven results to ensure efficacy and positive outcomes. Data will also be utilized to assess initiatives and programs and determine if technical assistance or course correction is needed. Data should not be seen as punitive, but used as a tool for better outcomes.

The collaborative should work to establish common metrics for consistent reporting as well as emphasize the need for sharing data amongst providers and agencies. Monitoring of data will be a key component as well. Additional data improvements are as follows:

- Improve HMIS functionality.
- Expand HMIS to include non-HUD funded community residential programs and non-residential services.
- Use HMIS as a tool for coordinating street outreach.
- Use HMIS for prevention and rapid resolution tracking.
- Identify research partner to support data analysis and research for cross-system strategies.
- Provide community dashboards and data analysis to support the collaborative.

## **Telling the Story**

One area government agencies and some nonprofits fail at is not telling their story. The public may seem to think that nothing is being done to address homelessness and that simply is not true. We must do a better job at letting our elected leaders and the general public know the successes we are achieving in prevention, housing, employment and family reunification. While homelessness still seems to surround us, we are making headway throughout the Coachella Valley and Riverside County.

CVHEART can play a vital role in telling this story. Through marketing and social media efforts we can highlight our partners on what they do and magnify the successes achieved. We can do a better job of branding our coordinated activities and giving our communities a sense of heightened activity around homeless solutions. We can publicize how community members can help and we can raise private funds by promoting community awareness and education about the problem of and solutions to homelessness in the Coachella Valley.

# Where Will It Live?

Hopefully by now there should be a pretty comprehensive understanding of the Coachella Valley homelessness landscape, current homeless solutions being employed and areas where we could increase our capacity and effectiveness. It should be clear that the work explained throughout this document will be much more impactful and successful working in a collaborative way. The development of CVHEART is the means to fulfill that collaboration.

Operationalizing collaboration starts with figuring out where it will live. Whatever structure the collaborative takes, it is imperative that there is a sense of legitimacy. CVHEART should be guided by the collaborative members itself, but within an operational structure. Staffing and infrastructure will depend on which model is chosen. It is the recommendation from this report that the CVAG Homeless Committee establish a subcommittee to weigh the pros and cons of the four options presented below and recommend the structure to be implemented. These are in no particular priority order and are not necessarily mutually exclusive.

## **Option 1: Creation of a Separate Nonprofit**

CVHEART would be established as a separate 501c3 nonprofit entity with its own board and governance structure and set of bylaws.

## **Option 2: Collaborative Operations Within the Desert Healthcare District**

As recommended in the original proposals after the Poppe report, CVHEART would be housed within DHCD utilizing the current operational and fiscal infrastructure.

## **Option 3: Homeless Services Division within CVAG**

CVHEART would be housed within CVAG utilizing the current infrastructure already within this regional government authority.

## **Option 4: Creation of a Regional Continuum of Care (COC)**

CVHEART would become a Continuum of Care (COC). There are two options in this scenario. The CVHEART COC could be a stand-alone HUD sanctioned COC with a Board of Governance and HUD sanctioned charter. The other option is to become a regional COC under the current Riverside County COC structure.

Whichever option is chosen, it is still recommended that CVAG maintain a Homeless and Housing Committee comprised of elected representatives from the County and jurisdictional cities. CVHEART would provide regular updates and recommendations for policy actions to the committee.

# Conclusion

Every resident who lives in the Coachella Valley has a right to safe, comfortable and adequate housing. This report is a bold step to achieve that mission statement. It is imperative that through all our actions we keep that mission in our minds. The establishment of the Coachella Valley Homelessness Engagement & Action Response Team (CVHEART) as a regional collaborative to address homelessness aims to fulfill that mission. This introductory paragraph is repeated here because it captures the essence of our Valley's commitment to and compassion for homelessness individuals.

Ideally this document can provide a comprehensive view of homelessness efforts in the region. This is a living breathing report. As has been mentioned numerous times, the world of homelessness is ever changing. CVHEART will need to continually assess aspects of this report and adjust accordingly as circumstances warrant.

Even without a formal name or structure, we have already seen the effectiveness of our collaborative efforts over these past few months. As evidenced in this report, there is a lot more that can be done. It is clearly apparent there is no lack of will amongst our cities, public agencies and our nonprofit service providers to go to the next level together. We are blessed in the Coachella Valley for the desires of everyone to work together. CVHEART creates a space to facilitate that even more.

Once again, it is important to recognize the vision the CVAG Homeless Committee had over a decade ago to approach the issues at that time in a regional manner. Moreover, the last two years have shown an even greater commitment by our elected officials and CVAG to adopt new and innovative approaches as the homelessness situation has grown. The elevation of this past work to the next level with the establishment of CVHEART is a significant advancement for a successful collaborative and regional approach to homeless solutions.



# Addendum #1-August 2020

In early 2020, following the presentation of this report on best practices for homelessness response, collaborative structures and operation, four options were presented to the CVAG Homelessness Committee for consideration. In response, an ad-hoc subcommittee was appointed to further explore each option and return to the Homelessness Committee with a recommended option for implementation. The Subcommittee considered the following options for formally structuring the Coachella Valley homelessness response collaborative:

1. Oversight by the Desert Healthcare District
2. Form a New Nonprofit
3. Oversight by CVAG
4. Form a Continuum of Care (CoC)

This option was further defined within two directions:

- A. Form Separate Coachella Valley Continuum of Care
- B. Become Regional Continuum of Care Within the Riverside Continuum of Care

CVAG staff and I worked with staff from large, small, and mid-sized communities in Southern California and beyond, as well as direct contact with the appropriate regional and federal HUD contacts that oversee Continuums of Care, to analyze the pros and cons of a standalone CoC or regional CoC approach. We determined due to funding considerations, staffing issues, and depletion of the impact of the County's CoC, that a sub-regional CoC would be the best recommendation to the subcommittee.

The Subcommittee unanimously supported a combination of Options 3 & 4, agreeing that CVAG would be best equipped to house a regional collaborative following a Continuum of Care model pending additional information on Option 4. Additional Information Prior to making a recommendation, the Subcommittee put forth the following questions.

## **What is the problem we're trying to solve?**

Does Coachella Valley have a clear and uniformly shared action plan for addressing homelessness in the desert? Does Coachella Valley have the authority needed to support and hold partners accountable for making progress toward shared goals driven by data? Is Coachella Valley receiving its fair share of State and Federal resources in order to be effective?

Without a collaborative structure in place, our region lacks:

- The ability to use data to form a comprehensive understanding of homelessness and homelessness response unique to our area;
- The ability to encourage providers to work together toward shared goals using shared standards, and hold them accountable for reporting on progress;
- Dedicated allocation from state, federal, and other funding sources.

### **What is a Continuum of Care?**

A Continuum of Care (CoC) is well-established model for streamlining effective homeless services. On the most basic level, CoCs set shared goals and performance measurement mechanisms in order to redistribute pooled resources for homelessness response in a specific geographic area. CoCs are designated by and beholden to the US Department of Housing and Urban Development. In return, CoCs receive direct allocation of State and Federal funds.

### **What are the pros/cons of Option 4A vs 4B?**

Option 4A proposes that Coachella Valley entirely split off from the Riverside County Continuum of Care. Option 4B proposes that Coachella Valley become a subdivision of Riverside County's Continuum of Care – with its own governance, dedicated funding allocation, and performance measurement.

While Option 4A (standalone CoC) could give Coachella Valley more autonomy to set its own course, it would be substantial administrative lift with no immediate guarantee of increased funding for Coachella Valley; there are no federal/state dollars to support startup costs; and according to HUD, fracturing a CoC is a last resort measure when a the relationship between a given area and its CoC have become irreconcilably strained and counterproductive.

Option 4B (CoC subdivision) is a middle ground solution that could be achieved within a more reasonable timeframe, assuming the County is agreeable and cooperative. Nearly all large CoCs subdivide into 'service planning areas' as a way to strengthen regional autonomy without having to shoulder the entire administrative burden involved in operating a standalone CoC. Generally, sub-CoCs receive a dedicated funding allocation from the parent CoC and are responsible for setting priorities, allocating funding, and determining how performance is tracked/measured. Furthermore, the County has concurrently expressed interest in regionalized CoCs along the lines of Option 4B as part of its strategic planning process.

**If Coachella Valley had its own sub-CoC, what could we do?** It would give Coachella Valley a more stable funding source, ability to encourage service providers to work together, and ability to set and track progress toward shared data-driven goals. Specifically:

- Conduct a CV-focused homeless count, updated on a more frequent schedule
- Manage our own coordinated entry system tracking
- Set Valley-wide goals and reallocate funding to multiple providers based on those priorities
- Structure our own data and standards, and produce consistent performance reports for the entire Valley

### **What would it take to establish and operate a sub-CoC?**

To establish a regional CoC, Coachella Valley would need to work with the County to update its CoC governance charter, define a Valley-specific funding allocation, and determine administrative support for the CoC.

At its meeting on May 5, the Subcommittee reconfirmed support for a combination of Options 3 and 4B. Following this direction, CVAG staff and I resumed discussion with HUD staff. HUD expressed informal support for the sub-CoC direction (Option 4B), starting with a focus on regionalized data collection and goal setting. On May 20<sup>th</sup> the CVAG Homeless Committee unanimously approved the subcommittee's recommendation and the CVAG Executive Committee unanimously concurred on June 8<sup>th</sup>. The recommended next step was to discuss options with the County, which as previously noted has concurrently expressed interest in regionalizing its CoC. Coachella Valley could pilot this concept with the County.

Additionally, on February 25, 2020 the Desert Healthcare Foundation Board voted to approve Resolution #20-01 for the DHCF to be available to serve as a fiscal agent of CVHEART, especially for philanthropic contributions to the collaborative.

While discussions with the County continue on a formalized structure, I have been working on an organizational flow chart, structure of an advisory committee, and potential staffing needs. With the COVID 19 pandemic hitting us in March, some of the administrative work was sidelined, however the reality is the coordinated and collaborative approach to addressing homelessness services and individuals in the Coachella Valley materialized in the following ways.

- Regular calls amongst providers for COVID 19 status updates on testing, homeless provider protocols, shelter and encampment response and access to personal protective equipment (PPEs).
- Acquisition and distribution of PPEs, sanitizer, diapers and additional COVID response materials.
- Expansion of food delivery and distribution sites.

- Communication and coordination for the Great Plates program to serve meals to in-bound seniors.
- Coordination with County on implementation of Project Room Key that provided hotel rooms during the pandemic to 179 individuals in the Coachella Valley, and as of August 15, 2020, has transitioned 25 of those to permanent housing.
- Increased crisis stabilization units to 25 for CV Housing First program.
- Assistance with UnitedLift for rental assistance initiative.
- Opening of summer cooling centers in Palm Springs, Cathedral City and Desert Hot Springs
- Coordination with County and City of Palm Springs for a potential 75 to 85 permanent housing development under the Governor's Project Home Key.

**Coachella Valley Homelessness Collaborative  
Concept Development and Implementation  
Year Two Workplan  
(September 2020 – September 2021)**

**GOAL:** Implement a collaborative model for a regional collective impact approach to address homelessness in Coachella Valley, based on the recommended hybrid Regional Continuum of Care (CoC) model.

**Phase 1: Structural Development**

<b>TASK</b>	<b>DUE</b>	<b>STATUS</b>
<b>Engage stakeholders in Phase 1</b>		
> Review progress and workplan with Ad Hoc Subcommittee	8/19	Scheduled
> Survey existing CV-oriented providers/CoC participants	9/1-9/15	
> Progress report to Homelessness Committee	9/16	
> Identity and convene Phase 1 Advisory Board	9/30	
<b>Finalize Collaborative mission, vision, goals, and org chart</b>		
> Identify CoC Committees/Working Groups	9/30	
> Advisory Board review	10/31	
> Review with County	TBD	
> Present to Homelessness Committee	11/18	
<b>Identify and begin to secure resources needed for implementation</b>		
> Staff/Admin Support	11/30	In progress
> Systems & Infrastructure	11/30	In progress
> Other	11/30	
<b>Work with County to formalize regional approach</b>		
> Transmit initial request to County	9/1	
> Meet to discuss details	TBD	
> Present implementation plan and potential resources to County	TBD	

*Deliverable:* Formalized structure, staff requirements, budget, and benchmarks by end of FY20/21 Q2 (December)

**Phase 2: Implementation**

<b>TASK</b>	<b>DUE</b>	<b>STATUS</b>
<b>Engage stakeholders in Phase 2</b>		
> Review progress and workplan with Ad Hoc Subcommittee	Jan	
> Reconvene Advisory Board	1/14	
> Progress report to Homelessness Committee	2/17	
<b>Establish priorities, performance metrics, and roles</b>		
> Begin to establish policies, including HMIS	Jan	
> Define staff roles	Jan	
> Advisory Board review	2/11	
> Review with County	TBD	
> Present to Homelessness Committee	3/17	
<b>Advocate and pursue opportunities for funding, policy, and other partnerships</b>		

> Funding	Ongoing
> Policy (ie HMIS)	Ongoing
> Other Partnerships	Ongoing

*Deliverable:* Operational cooperative model for service delivery, advocacy, and performance measurement by the end of FY20/21 Q3 (March)

**Phase 3: Assessment**

TASK	DUE	STATUS
<b>Engage stakeholders in Phase 3</b>		
> Review progress and workplan with Ad Hoc Subcommittee	4/14	
> Reconvene Advisory Board	4/15	
> Progress report to Homelessness Committee	5/19	
<b>Review Outcomes and Performance</b>		
> Resources & Budget Timeline	May	
> Staffing & Timeline	May	
> Goals and Roadmap FY21/22	May	
> Advisory Board review	May	
> Review with County	May	
> Present to Homelessness Committee	TBD	
<b>Advocate and pursue opportunities for funding, policy, and other partnerships</b>		
> Funding	Ongoing	
> Policy (ie HMIS)	Ongoing	
> Other Partnerships	Ongoing	

- Review outcomes and performance
- Develop roadmap for iterative refinements
- Report back to advisory group/stakeholders

*Deliverable:* Fully operational Regional COC and Performance report by the end of FY21/22 Q1 (September)