



**DESERT HEALTHCARE DISTRICT
SPECIAL MEETING OF THE BOARD OF DIRECTORS**

Board of Directors
September 23, 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/81439977520?pwd=aURHRlpTeFdVbVZrcXBESGV0T1YwQT09>

Password: **237582**

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: **814 3997 7520**

Password: **237582**

<i>Pages</i>	AGENDA	<i>Item Type</i>
	<i>Any item on the agenda may result in Board Action</i>	
	A. CALL TO ORDER – President De Lara	
	Roll Call ____ Director Shorr ____ Director Zendle ____ Director PerezGil ____ Director Rogers, RN ____ Director Matthews ____ Vice-President/Secretary Borja ____ President De Lara	
	B. PLEDGE OF ALLEGIANCE	
1	C. APPROVAL OF AGENDA	Action
	D. PUBLIC COMMENT	
	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. The Board has a policy of limiting speakers to no more than three minutes. The Board cannot take action on items not listed on the agenda. Public input may be offered on agenda items when they come up for discussion and/or action.	
2-45	E. WORKSHOP AND TRAINING ON GOVERNANCE AND POLICIES	
	1. Facilitated workshop discussion on training and planning of governance and policy issues, Martin Rauch, President, Senior Consultant, Rauch Communication Consultants, Inc.	Information & Discussion
	F. ADJOURNMENT	

Board Self-Assessment Discussion

Later this year, we will undertake the full ACHD board self-assessment. For purposes of the upcoming workshop, we will discuss and review the questions in the self-assessment questionnaire. We are distributing this stripped-down version for you to use as a discussion to think and reflect about the best practices for Board Governance. I encourage you to review this list of best practices and identify a few of the most important areas that you can bring to the workshop that you suggest the Healthcare District board should focus on improving.

LEADERSHIP RESPONSIBILITY 1: MISSION, VISION AND VALUES

Mission, Vision and Values

Our organization has a clear, focused, and relevant written mission

Our organization has a clear, focused, and relevant written vision

Our organization has a clear, focused, and relevant written values

The mission, values and vision drive decision making at all board meetings

The mission, values and vision drive organizational strategies, objectives, and action plans

The board uses the mission, values and vision when making policy and strategic decisions in the best long-term interests of the organization and the community we serve

The board tests all policy and strategy decisions by asking how/if they will strengthen our ability to achieve the mission and vision

The board regularly reviews the status of strategies and objectives to ensure fit with the mission and vision

Board members fulfill their leadership role by ensuring achievement of the mission, values, and vision

How can the board improve its leadership in this area?

LEADERSHIP RESPONSIBILITY 2: STRATEGIC DIRECTION

Strategic Planning Process

The board's collective understanding of the evolving political/economic environment (local, regional, and national) ensures effective strategic decision making

Our organization's strategic objectives are clearly communicated to the board, employees and other stakeholder individuals and organizations

Board members understand strategic issues the organization is facing, and the factors most critical to organizational success and performance

The board is well-familiar with the planning data and assumptions that form the foundation for the strategic plan

Strategic information provided to the board enables a clear understanding of issues and challenges, and facilitates decision making

Our organization has a flexible, responsive strategic planning process

The board focuses the majority of its time on strategic thinking and strategic leadership rather than strategic plans

The board responds to new challenges with knowledge-based ideas and directions

Community and Stakeholder Perspectives

The board ensures that stakeholders' and constituents' needs, interests and viewpoints are assessed in developing goals and strategies

Board members understand critical community health needs and challenges

Governance decisions are principally based on meeting community needs

Monitoring Progress

The board regularly monitors progress toward the achievement of our strategic objectives, using board-approved key performance indicators that define organizational success

The board takes timely corrective actions if/when objectives are not being met

Criteria is in place for evaluating new service feasibility and value in fulfilling the mission and vision

The board annually reviews the strengths and weaknesses of the organization's entities, and their role and value in mission and vision fulfillment

How can the board improve its leadership in this area?

LEADERSHIP RESPONSIBILITY 3: LEADERSHIP STRUCTURE & GOVERNANCE PROCESSES

Board Roles and Responsibilities

The board's roles and responsibilities are clearly defined in a written document

The board's role and responsibilities are consistently adhered to

Decision protocols and procedures have been established

Board members consistently follow our decision protocols and procedures

Directors' and officers' liability insurance provides the protection needed to reassure board members that a "safe" governance environment exists

New board members go through an orientation process

Board Structure and Composition

The board fosters leaders who understand how to encourage innovation and welcome organizational change

The board encourages critical dialogue among its members

Board Member Performance

The board has a process for determining when a board member is not performing to the board's standards or requirements

The board has a process for improving individual board member effectiveness when non-performance becomes a governance issue

The board has a process for removing a board member from the board for non-performance

Strategic Focus

The board adheres to its policy-making function, and does not engage in operational thinking or decision making

At least 75 percent of the board's meeting time is spent focusing on strategic issues

The board engages in productive policy-making and strategic discussion.

The board resolves problems effectively, even when the solutions are uncomfortable to implement

Board Meetings

Board meetings comply with the Ralph M. Brown Act

The frequency of our board meetings ensures timely decisions

Board meeting attendance meets our organization's need for broad-based and inclusive dialogue, and consensus-based decision making

Meeting agendas provide adequate time to discuss and act on significant strategic issues

Agendas reflect our strategic issues and priorities, and focus on specific outcomes the board wants to achieve at the meeting

The board chair keeps a tight rein on digressions, members' side discussions, and issues that have already been addressed

The board chair is well-skilled in the dynamics of effective meeting management and leadership, and keeps meetings well-organized and tightly constructed

Board member s' time is respected and used efficiently, and board member involvement and participation are enhanced as a result

The board saves critical time for important discussions by utilizing a consent agenda covering the routine actions that require approval

Board Member Knowledge

Each board member is provided with the background information and intelligence resources required for active participation in board dialogue

Board members receive well thought-out strategic options and alternatives from management prior to defining a strategic course of action

A continual flow of new information and assumptions are presented at board meetings, and board members use the information to modify strategic direction as necessary

Board members have a clear and comprehensive understanding of the changing health care environment (local, regional, and national) and its effects on the organization

A regular environmental assessment is conducted, ensuring board understanding of the changes taking place in the health care environment, and their implications on the organization, its physicians, and local health care consumers

Governance Development

A governance development process is in place that identifies governance issues, determines educational needs, and manages the governance self-assessment process

The board develops and implements an annual governance improvement plan

The board has an education development plan that assures board member understanding of issues essential to effective governance, including education at every board meeting, and annually at the board retreat

Board orientation and education broadens board members' perspectives about the challenges our organization will face in the future

Meeting Materials

Board members receive agendas and meeting materials at least one week in advance of board, committee, and task force meetings

Our meeting materials promote meaningful dialogue and critical decision-making

The information the board receives is relevant, timely, understandable, and actionable, and facilitates board decision making

Board Relationships and Communication

Working relationships among board members are good

The board has an environment where board members engage in vibrant dialogue that challenges conventional thinking

Board dialogue creates consensus and positive new directions

The board takes time to discuss difficult issues

Board members are open about their thoughts and feelings

The board's decision-making culture includes active involvement, questioning, probing, challenging, and stimulating discussion and dialogue on meaningful issues

The governance culture is open to alternative views, and constructively challenges "conventional wisdom"

The board's decision pathways ensure that all critical decisions include the proper mix of background, discussion of alternatives, potential outcomes, and preferred choice

Every board member has a voice in our governance decisions

Opportunities for individual participation strengthen decision-making, enrich discussion, build understanding, and prepare individual board members for future leadership challenges

The board has conflict of interest policy

The board has a conflict resolution process

Board members annually declare conflicts that may inhibit their ability to provide unbiased, independent thinking and decision-making

How can the board improve its leadership in this area?

LEADERSHIP RESPONSIBILITY 4: COMMUNITY RELATIONSHIPS

Ensuring Public Trust and Confidence

Our organization has a plan for board member advocacy that advances the organization's image, reputation, and market position

Our organization regularly measures the public's perceptions of its programs and services, community contribution, perceived trust, economic impact, and overall value as a community health asset

The board's actions contribute to building and sustaining a positive image for the organization

Ensuring Community Communication and Feedback

The board has established a process for eliciting community input and viewpoints about future service needs and opportunities

The board ensures that the organization's plans and priorities are well-communicated to our community stakeholders

The board utilizes board members as community "ambassadors" to communicate with stakeholders on important health care issues

The board works with others in the community to develop collaborative partnerships in building a healthier community

The board's role in local, regional, and state political advocacy advances the organization's standing with political leaders

Our legislators understand our mission/role

How can the board improve its leadership in this area?

LEADERSHIP RESPONSIBILITY 5: RELATIONSHIP WITH THE CEO

Board and CEO Roles

The board and CEO have clearly defined roles

The board's strategic/policy responsibilities vs. the CEO's operational responsibilities are followed

The board and CEO have clear, mutually agreed-upon expectations of one another

Board members adhere to the governing board's policy-making role and do not interfere in the CEO's operations management role

Communication, Support and Shared Goals

The board consistently supports the CEO in the pursuit and implementation of board-approved objectives

Mutual trust and respect exist between board members and the CEO

The board and CEO work together with a sense of purpose

The board always hears from the CEO in advance of a difficult or potentially problematic organizational issue

The chairman-CEO relationship sets a positive, constructive framework for the overall board-CEO relationship

The board uses executive sessions to promote open communication between the board and CEO

CEO Evaluation

The board evaluates and compensates the CEO using pre-defined expectations and defined performance targets tied to achievement of the mission, vision, and strategic objectives annually

The CEO's compensation is linked to strategic performance

The board ensures that the CEO's compensation package stimulates and rewards excellent performance

The board regularly reviews the CEO's compensation to ensure that it is reflective of compensation trends among other organizations of similar size, and that it reflects the magnitude of challenges and issues facing the administration and the organization

How can the board improve its leadership in this area?

LEADERSHIP RESPONSIBILITY 6: FINANCIAL LEADERSHIP

Fiduciary Responsibility

The board successfully carries out its fiduciary responsibility for the oversight of financial resources

The board uses the annual budget process to define the most effective allocation of our organization's limited resources

The board leads the development of long-range and short-range financial planning

The board measures operational performance against the plans

Regular financial reports made to the board are understandable and meaningful

The board annually adopts a long-term capital expenditure budget, with expenditures prioritized based on greatest value

The board ensures that adequate capital is available for our organization's growth

The board directs the conduct of an annual audit, and thoroughly discusses all recommendations from the independent auditor's report and management letter

Board members are comfortable asking questions about financial issues during board meetings

Monitoring Progress

The board identifies and approves targets for important measures of financial and operational performance needed by the board to monitor organizational performance and make timely, informed decisions

Performance targets are discussed at least quarterly

Financial reports are presented in a format that is easy to understand, highlights major trends and stimulates creative discussion that enables timely and effective decision making

The board uses financial performance reports to modify assumptions and shift resources, as necessary

How can the board improve its leadership in this area?

LEADERSHIP RESPONSIBILITY 7: COMMUNITY HEALTH

Development and Support of Community Health Initiatives

Our organization has defined what constitutes our "community"

There is a board-wide understanding of and commitment to building a healthier community

The board understands the strategic importance of initiatives designed to improve the health of the community

Our organization promotes and supports specific initiatives whose sole purpose is improving community health, regardless of financial gain

CEO performance objectives include a focus on improving community health

Our organization jointly advocates with other community organizations for legislation, regulation, and other actions to address community health and socioeconomic issues

Our organization conducts an annual or semi-annual community needs assessment that defines and measures improvement in the community's health

The board has a clear and consensus-driven understanding of the most important community health needs and issues

Community Involvement and Communication

Our organization, in conjunction with its community partners, regularly assesses the value and impact of our joint community health improvement efforts using specific measures of health status, health outcomes and services provided

Our organization has a process to secure and evaluate community feedback on the value of our programs and services

Our organization uses feedback from the community to enhance responsiveness to its community health improvement opportunities

Our organization establishes community partnerships to leverage services and resources to maximize community benefit and carry out our community health improvement agenda

Our organization and its community partners disseminate the results of their shared improvement efforts to our state and federal legislators, community and interested stakeholders

How can the board improve its leadership in this area?

LEADERSHIP RESPONSIBILITY 8: ORGANIZATIONAL ETHICS

Ensuring Development and Implementation of Organizational Ethics

The board has adopted a statement of values and ethical principles for the organization

The board has adopted a statement of values and ethical principles for the board members

The board ensures that procedures and training are in place to ensure that our values and principles are consistently applied to governance decision making processes

The board ensures compliance with applicable state, federal and local regulatory and statutory requirements

The board's workforce development policy ensures that compliance with our ethical values and principles is a component of employee evaluations

Awareness of Ethical Issues

The board ensures that information on our ethical principles and values are provided to all individuals who are employed by, volunteer with, or are formally affiliated with our organization

The board ensures that information on our ethical principles and values are provided to patients and their families

The board ensures a process to allow patients to confidentially bring concerns about ethical issues to the attention of management

The board ensures a process to allow employees to confidentially bring concerns about ethical issues to the attention of management

The board ensures a process to allow physicians to confidentially bring concerns about ethical issues to the attention of management

How can the Board improve leadership in this area?

Focused Questions

What is your single highest priority for the board in the next year?

What are the boards' most significant strengths?

What are the board's most significant weaknesses?

What key issues should occupy the board's time and attention in the next year?

What do you see as the most significant trends that the board must be able to understand and deal with in the next year?

What factors are most critical to be addressed if the organization is to successfully achieve its goals?



PRESENTLY ADOPTED POLICY

POLICY TITLE: APPOINTMENT & DUTIES FOR COMMITTEES
POLICY NUMBER: BOD-3
DRAFT DATE: 04-23-19 BOD Mtg
BOARD APPROVAL DATE: 04-23-19

POLICY: APPOINTMENT TO COMMITTEES

Policy #BOD-3: It shall be the policy of the Desert Healthcare District ("District") that the Board President shall appoint Board members to all committees and all committees shall be advisory only to the full Board of Directors unless otherwise specifically authorized to act by the Board.

1. DISTRICT BOARD COMMITTEES:

1.1. Ad-hoc Committees. Special Ad-hoc Committees of less than a quorum of the Board may be appointed by the Board President, for specific tasks or for a limited or a single purpose that is not perpetual. Ad hoc Committees shall not be created by formal action of the Board and shall be dissolved once the specific task is completed.

1.2. Standing Committees. The District Bylaws shall reference and list the Board Standing Committees which shall meet regularly to review reports from District staff, legal counsel, and consultants relating to the subject matter of the committee. Annually at the first Board meeting following the election of officers the Board President shall appoint three Board members to each Standing Committee and a chairperson. The Board Treasurer shall serve as the Chair of the Finance, Legal and Administrative Committee (F&A Committee). There shall be the following Standing Committees:

1.2.1. Program Committee. The Program Committee shall be responsible for oversight and for making recommendations to the Board on District matters



related to grant-making and related programs. This committee may also include community members (Volunteer Members) as outlined in the Volunteer Member Guidelines below. A student representative may also be added at the discretion of the committee.

1.2.2. Finance, Legal, Administration, and Real Estate Committee (F&A).

This committee shall be responsible for review of, and making recommendations to the Board where appropriate on, matters related to finance, administration, human resources, property management, legal affairs (including legislation), real estate, and information systems (IS). In addition to Volunteer Members, this committee may also include a student representative at the discretion of the committee.

1.2.3. Strategic Planning Committee. This committee shall meet quarterly or more often, if needed, and shall be responsible for monitoring the District's progress in achieving the goals and expectations outlined in the District's strategic plan.

1.2.4. Hospital Lease Oversight Committee. This committee shall meet quarterly or more often, if needed, and shall be charged with oversight responsibilities to ensure compliance with the terms of the current Lease of Desert Regional Medical Center.

1.2.5. Volunteer Committee Members. The Program Committee may include up to five (5) Volunteer Members, and the F&A Committee may include up to three (3) Volunteer Members. Volunteer Members shall be subject to the Volunteer Member Guidelines below.

2. VOLUNTEER MEMBER GUIDELINES. Volunteer Member guidelines outline the requirements for Volunteer Members to participate on District Standing Committees. Unless otherwise provided, the appointment process, and guidelines will be the same for all committees. Interviews for Volunteer Members shall be in the discretion of the



committee. All Volunteer Members shall either reside or be primarily employed within or serve the District and shall be subject to approval of the full Board of Directors.

2.1. Volunteer Member Term. Volunteer Members shall serve one (1) three-year term. At the end of the three-year term, a Volunteer Member may provide a written request to the Board for consideration to continue to serve on the committee. Any openings or reappointments on the committee will be considered at the end of the term. Any Volunteer Member who is employed by or sits on the Board of Directors of a grantee, is ineligible to serve on the committee within one year of filing a grant proposal and will be required to resign from the committee. All Volunteer Members who are termed out or resign due to applying or receiving a grant must wait a minimum of one year before reapplying to become a Volunteer Member.

2.2. Vacancies. Volunteer Members who miss three consecutive unexcused meetings may be removed at the discretion of the Committee chairperson. In the event of the vacancy of a Volunteer Member, notice of the vacancy and application process shall be published on the District website for a minimum of 14 days. The committee chairperson shall also have the discretion to publish notice of the vacancy and application process in a local newspaper of general circulation. Community members shall submit applications to become a Volunteer Member and their qualifications in writing to the District office. The Committee shall conduct interviews of qualified applicants. The Committee selections will be recommended to the Board for approval.

2.3. Meetings and Voting. The Committees meet on a monthly basis as necessary prior to meetings of the full Board. Meetings are convened by the committee chairperson in coordination with District staff. In accordance with their responsibilities, Volunteer Members shall participate in the committee process including participating in voting at the committee meetings and making recommendations to the full Board. However, votes and recommendations of Volunteer Members while noted in the record shall be advisory in nature only. The votes of the District Board Representatives shall be the



recommendation, which shall be forwarded to the full District Board of Directors for consideration.

2.4. Conflicts of Interest. Volunteer Members shall not make or influence a recommendation or decision related to any committee recommendation which will benefit the Volunteer Member's outside employment, business, or personal financial interest or benefit an immediate family member, such as a spouse, child or parent. A Volunteer Member shall not participate, discuss or vote on any issue, or recommendation which directly inures to his or her financial interest or with respect to which he or she has any other conflict of interest. Volunteer Members shall follow the adopted District Conflict of interest Code in accordance with California law.

3. PROGRAM COMMITTEE. In accordance with the District's mission and strategic plan, the grant program provides funds to qualified nonprofit and governmental grantees to make positive impacts on community health and improve access to health care. The Program Committee recommends grant making policy to the Board of Directors and guides and monitors District grant making functions and program-related activities through which the District carries out its strategic plan to improve the health of the District's residents. This committee may include up to five Volunteer Members, and may include a student representative.

3.1. Responsibilities. The responsibilities of the Program Committee include the following:

- To identify trends and healthcare needs that can be addressed by the District and provide input on needs assessments conducted by District staff.
- To provide vision and guidance on the development of the District's strategic plan.
- To provide advice, counsel and feedback to staff as needed during program development.
- To monitor implementation of the District's strategic plan and program-related activities to ensure programs are achieving the desired impact.
- To identify key program issues to be discussed at the Board level.



- To consider grant proposals and recommendations provided by staff and make recommendations of grants to approve to the District's Board of Directors.

4. F&A COMMITTEE. In accordance with the District Bylaws, this committee shall be responsible for oversight and for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs, (including legislation) real estate and information systems (IS). This committee may include up to three Volunteer Members, and may include a student representative.

4.1 Responsibilities. The responsibilities of the F&A Committee include the following:

- To understand the financial needs and conditions of the District.
- To provide objective perspective regarding finances.
- To provide advice, counsel and feedback to the committee as requested during budget development.

5. STRATEGIC PLANNING COMMITTEE. In accordance with the District Bylaws, this committee shall meet quarterly and more often, if needed, and shall be responsible for monitoring the Districts' progress in achieving the expectations outlined in the District's strategic plan.

5.1 Responsibilities. The responsibilities of the Strategic Planning Committee include the following:

- Responsible for monitoring the District's progress in achieving the expectations outlined in its strategic plan.
- To monitor implementation of the District's strategic plan and program-related activities to ensure programs/initiatives are achieving the desired impact.

6. HOSPITAL LEASE OVERSIGHT COMMITTEE. In accordance with the District



Bylaws, this committee shall meet quarterly or more often, if needed, and shall be responsible for oversight to ensure compliance with the terms of the current lease of Desert Regional Medical Center.

6.1 Responsibilities. The responsibilities of the Hospital Lease Oversight Committee include the following:

- Review of all mandated Hospital operation scores and reports performed by independent third parties.
- Review of quarterly inspections of Hospital facilities.
- Provide updates to the Board of Directors.
- Provide reports on activities of the Hospital.
- Provide an annual report reflective of lease requirements from lessee.

7. RESPONSIBILITIES AND VOLUNTEER AGREEMENT. As a Volunteer Committee Member, I understand and agree that I am responsible, collectively with my fellow committee members, for guiding and monitoring District activities through which the Desert Healthcare District pursues its strategic plan to improve the health of the District's residents. I agree to the following responsibilities and criteria:

Volunteer Members of the District Committees are expected to, and agree to:

1. Make every effort to attend all Committee meetings, including any special scheduled meetings. If any member is absent for three or more meetings within a calendar year, that individual's appointment to this committee will be reviewed.
2. Thoroughly read and understand all the materials in the Committee Orientation Manual and attend any orientation or training sessions and be willing to be a "continual learner" about all matters of importance to philanthropy and to the District, and to take advantage of learning opportunities offered.



3. To participate in providing vision and guidance on the development of the District's strategic plan.
4. To participate in monitoring implementation of the District's strategic plan and program related activities to ensure programs are achieving the desired impact.
5. Review all respective committee packets, and any other materials provided by staff prior to each meeting.
6. Actively participate in committee discussions and deliberations and wisely consider each matter on which the committee is asked to vote.
7. Consider all matters brought before the committee objectively and "on the merits" and make decisions that best represent the interests of the District.
8. Be supportive of the decisions of the committee and the District.
9. Be willing to compromise, if necessary, in order to foster a cooperative atmosphere for all the people who participate in the work of the District.
10. Abide by the Conflict of interest Policy by disclosing any potential conflicts and abstaining from voting or advocating on issues related to conflicts of interest.

Volunteer Name	Date
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Committee Chair Person	Date
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PROPOSED REVISED DRAFT POLICY

POLICY TITLE: APPOINTMENT & DUTIES FOR COMMITTEES

POLICY NUMBER: BOD-03

DRAFT DATE: ~~03-22-16~~ Revised at ~~4-23-19~~ 02-25-2020 BOD Mtg

BOARD APPROVAL DATE: Revision 02-25-2020
04-23-2019
Original 03-22-16-16 & Revision on 04-23-19

POLICY: APPOINTMENT TO COMMITTEES

POLICY ~~Policy~~ **#BOD-03:** It shall be the policy of the Desert Healthcare District ("District") that the Board of Directors ("Board") President shall appoint Board members to all committees and all committees shall be advisory only to the full Board of Directors unless otherwise specifically authorized to act by the Board.

1. DISTRICT BOARD COMMITTEES:

1.1. Ad-hoc Committees. Special Ad-hoc Committees of less than a quorum of the Board may be appointed by the Board President, for specific tasks or for a limited or a single purpose that is not perpetual. Ad hoc Committees shall not be created by formal action of the Board and shall be dissolved once the specific task is completed.

1.2. Standing Committees. The District Bylaws shall reference and list the Board Standing Committees which shall meet regularly to review reports from District staff, legal counsel, and consultants relating to the subject matter of the committee. Annually at the first Board meeting following the election of officers the Board President shall appoint three Board members to each Standing Committee and a chairperson. The Board Treasurer shall serve as the Chair of the Finance, Legal and Administrative Committee (F&A Committee). There shall be the following Standing Committees:



1.2.1. Program Committee. ~~This Program Ccommittee shall be responsible for oversight and for making recommendations to the Board on District matters related to grant-making and related programs. This committee may also include community members (Volunteer Members) as outlined in the Volunteer Member Guidelines below. A student representative may also be added at the discretion of the committee.~~

1.2.2. Finance, Legal, Administration, and Real Estate Committee (F&A). This committee shall be responsible for review of, and making recommendations to the Board where appropriate on, matters related to finance, administration, human resources, property management, legal affairs (including legislation), real estate, and information systems (IS). ~~In addition to Volunteer Members, this committee may also include a student representative at the discretion of the committee.~~

1.2.3. Strategic Planning Committee. This committee shall meet quarterly or more often, if needed, and shall be responsible for monitoring the District's progress in achieving the goals and expectations outlined in the District's strategic plan.

1.2.4. Hospital Lease Oversight Committee. This committee shall meet quarterly or more often, if needed, and shall be charged with oversight responsibilities to ensure compliance with the terms of the current Lease of Desert Regional Medical Center.

1.2.5. Board and Staff Communications & Policies Committee. This committee shall meet quarterly or more often, if needed, and shall be responsible for monitoring and developing the District's Board and staff communications and relations. The committee is also responsible for developing and maintaining the District's policies and policies manual.

~~**1.2.56. Volunteer Committee Members.** The Program Committee may include up to five (5) Volunteer Members, and the F&A Committee may include up to three (3) Volunteer Members. Volunteer Members shall be subject to the~~



Volunteer Member Guidelines below.

~~**2. VOLUNTEER MEMBER GUIDELINES.** Volunteer Member guidelines outline the requirements for Volunteer Members to participate on District Standing Committees. Unless otherwise provided, the appointment process, and guidelines will be the same for all committees. Interviews for Volunteer Members shall be in the discretion of the committee. All Volunteer Members shall either reside or be primarily employed within or serve the District and shall be subject to approval of the full Board of Directors.~~

~~**2.1. Volunteer Member Term.** Volunteer Members shall serve one (1) three-year term. At the end of the three-year term, a Volunteer Member may provide a written request to the Board for consideration to continue to serve on the committee. Any openings or reappointments on the committee will be considered at the end of the term. Any Volunteer Member who is employed by or sits on the Board of Directors of a grantee, is ineligible to serve on the committee within one year of filing a grant proposal and will be required to resign from the committee. All Volunteer Members who are termed out or resign due to applying or receiving a grant must wait a minimum of one year before reapplying to become a Volunteer Member.~~

~~**2.2. Vacancies.** Volunteer Members who miss three consecutive unexcused meetings may be removed at the discretion of the Committee chairperson. In the event of the vacancy of a Volunteer Member, notice of the vacancy and application process shall be published on the District website for a minimum of 14 days. The committee chairperson shall also have the discretion to publish notice of the vacancy and application process in a local newspaper of general circulation. Community members shall submit applications to become a Volunteer Member and their qualifications in writing to the District office. The Committee shall conduct interviews of qualified applicants. The Committee selections will be recommended to the Board for approval.~~

~~**2.3. Meetings and Voting.** The Committees meet on a monthly basis as necessary prior to meetings of the full Board. Meetings are convened by the committee chairperson~~



~~in coordination with District staff. In accordance with their responsibilities, Volunteer Members shall participate in the committee process including participating in voting at the committee meetings and making recommendations to the full Board. However, votes and recommendations of Volunteer Members while noted in the record shall be advisory in nature only. The votes of the District Board Representatives shall be the recommendation, which shall be forwarded to the full District Board of Directors for consideration.~~

~~**2.4. Conflicts of Interest.** Volunteer Members shall not make or influence a recommendation or decision related to any committee recommendation which will benefit the Volunteer Member's outside employment, business, or personal financial interest or benefit an immediate family member, such as a spouse, child or parent. A Volunteer Member shall not participate, discuss or vote on any issue, or recommendation which directly inures to his or her financial interest or with respect to which he or she has any other conflict of interest. Volunteer Members shall follow the adopted District Conflict of interest Code in accordance with California law.~~

32. PROGRAM COMMITTEE. In accordance with the District's mission and strategic plan, the grant program provides funds to qualified nonprofit and governmental grantees to make positive impacts on community health and improve access to health care. The Program Committee recommends grant making policy to the Board of Directors and guides and monitors District grant making functions and program-related activities through which the District carries out its strategic plan to improve the health of the District's residents. ~~This committee may include up to five Volunteer Members, and may include a student representative.~~

32.1. Responsibilities. The responsibilities of the Program Committee include the following:

- To identify trends and healthcare needs that can be addressed by the District and provide input on needs assessments conducted by District staff.



- ~~To provide vision and guidance on the development of the District's strategic plan.~~
- To provide advice, counsel and feedback to staff as needed during program development.
- To monitor implementation of ~~grant making the District's strategic plan~~ and program-related activities to ensure alignment with the District's Strategic Plan ~~programs are achieving the desired impact.~~
- To identify key program issues to be discussed at the Board level.
- To consider grant proposals and recommendations provided by staff and make recommendations of grants to approve to the District's Board of Directors.

43. F&A COMMITTEE. In accordance with the District Bylaws, this committee shall be responsible for oversight and for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs, (including legislation) real estate and information systems (IS). ~~This committee may include up to three Volunteer Members, and may include a student representative.~~

43.1 Responsibilities. The responsibilities of the F&A Committee include the following:

- To understand the financial needs and conditions of the District.
- To provide objective perspective regarding finances.
- To provide advice, counsel and feedback to the committee as requested during budget development.

54. STRATEGIC PLANNING COMMITTEE. In accordance with the District Bylaws, this committee shall meet quarterly and more often, if needed, and shall be responsible for monitoring the Districts' progress in achieving the expectations outlined in the District's strategic plan.



54.1 Responsibilities. The responsibilities of the Strategic Planning Committee include the following:

- Responsible for monitoring the District's progress in achieving the expectations outlined in its strategic plan.
- To provide vision and guidance on the development of the District's strategic plan.
- To monitor implementation of the District's strategic plan and program-related activities to ensure programs/initiatives are achieving the desired impact.

65. HOSPITAL LEASE OVERSIGHT COMMITTEE. In accordance with the District Bylaws, this committee shall meet quarterly or more often, if needed, and shall be responsible for oversight to ensure compliance with the terms of the current lease of Desert Regional Medical Center.

65.1 Responsibilities. The responsibilities of the Hospital Lease Oversight Committee include the following:

- Review of all mandated Hospital operation scores and reports performed by independent third parties.
- Review of quarterly inspections of Hospital facilities.
- Provide updates to the Board of Directors.
- ~~Provide reports on activities of the Hospital.~~
- Provide an annual report reflective of lease requirements from lessee.

~~**7. RESPONSIBILITIES AND VOLUNTEER AGREEMENT.** As a Volunteer Committee Member, I understand and agree that I am responsible, collectively with my fellow committee members, for guiding and monitoring District activities through which the Desert Healthcare District pursues its strategic plan to improve the health of the District's residents. I agree to the following responsibilities and criteria:~~

~~Volunteer Members of the District Committees are expected to, and agree to:~~



- ~~1. Make every effort to attend all Committee meetings, including any special scheduled meetings. If any member is absent for three or more meetings within a calendar year, that individual's appointment to this committee will be reviewed.~~
- ~~2. Thoroughly read and understand all the materials in the Committee Orientation Manual and attend any orientation or training sessions and be willing to be a "continual learner" about all matters of importance to philanthropy and to the District, and to take advantage of learning opportunities offered.~~
- ~~3. To participate in providing vision and guidance on the development of the District's strategic plan.~~
- ~~4. To participate in monitoring implementation of the District's strategic plan and program related activities to ensure programs are achieving the desired impact.~~
- ~~5. Review all respective committee packets, and any other materials provided by staff prior to each meeting.~~
- ~~6. Actively participate in committee discussions and deliberations and wisely consider each matter on which the committee is asked to vote.~~
- ~~7. Consider all matters brought before the committee objectively and "on the merits" and make decisions that best represent the interests of the District.~~
- ~~8. Be supportive of the decisions of the committee and the District.~~
- ~~9. Be willing to compromise, if necessary, in order to foster a cooperative atmosphere for all the people who participate in the work of the District.~~
- ~~10. Abide by the Conflict of interest Policy by disclosing any potential conflicts and abstaining from voting or advocating on issues related to conflicts of interest.~~

Volunteer Name _____ Date _____



_____ Committee Chair Person	_____ Date
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AUTHORITIES

Desert Healthcare District By-law Article VI

DOCUMENT HISTORY

Created 03/22/2016

Revised 04/23/2019



PROPOSED REVISED DRAFT POLICY

POLICY TITLE: **APPOINTMENT & DUTIES FOR COMMITTEES**

POLICY NUMBER: BOD-03

DRAFT DATE: Revised at 02-25-2020 BOD Mtg

BOARD APPROVAL DATE: Revision 02-25-2020
04-23-2019
Original 03-22-16-

POLICY #BOD-03: It shall be the policy of the Desert Healthcare District ("District") that the Board of Directors ("Board") President shall appoint Board members to all committees and all committees shall be advisory only to the full Board of Directors unless otherwise specifically authorized to act by the Board.

1. DISTRICT BOARD COMMITTEES:

1.1. Ad-hoc Committees. Special Ad-hoc Committees of less than a quorum of the Board may be appointed by the Board President, for specific tasks or for a limited or a single purpose that is not perpetual. Ad hoc Committees shall not be created by formal action of the Board and shall be dissolved once the specific task is completed.

1.2. Standing Committees. The District Bylaws shall reference and list the Board Standing Committees which shall meet regularly to review reports from District staff, legal counsel, and consultants relating to the subject matter of the committee. Annually at the first Board meeting following the election of officers the Board President shall appoint three Board members to each Standing Committee and a chairperson. The Board Treasurer shall serve as the Chair of the Finance, Legal and Administrative Committee (F&A Committee). There shall be the following Standing Committees:

1.2.1. Program Committee. This committee shall be responsible for oversight and for making recommendations to the Board on District matters related



to grant-making and related programs.

1.2.2. Finance, Legal, Administration, and Real Estate Committee (F&A).

This committee shall be responsible for review of, and making recommendations to the Board where appropriate on, matters related to finance, administration, human resources, property management, legal affairs (including legislation), real estate, and information systems (IS).

1.2.3. Strategic Planning Committee. This committee shall meet quarterly or more often, if needed, and shall be responsible for monitoring the District's progress in achieving the goals and expectations outlined in the District's strategic plan.

1.2.4. Hospital Lease Oversight Committee. This committee shall meet quarterly or more often, if needed, and shall be charged with oversight responsibilities to ensure compliance with the terms of the current Lease of Desert Regional Medical Center.

1.2.5. Board and Staff Communications & Policies Committee. This committee shall meet quarterly or more often, if needed, and shall be responsible for monitoring and developing the District's Board and staff communications and relations. The committee is also responsible for developing and maintaining the District's policies and policies manual.

2. PROGRAM COMMITTEE. In accordance with the District's mission and strategic plan, the grant program provides funds to qualified nonprofit and governmental grantees to make positive impacts on community health and improve access to health care. The Program Committee recommends grant making policy to the Board of Directors and guides and monitors District grant making functions and program-related activities through which the District carries out its strategic plan to improve the health of the District's residents.



2.1. Responsibilities. The responsibilities of the Program Committee include the following:

- To identify trends and healthcare needs that can be addressed by the District and provide input on needs assessments conducted by District staff.
-
- To provide advice, counsel and feedback to staff as needed during program development.
- To monitor implementation of grant making and program-related activities to ensure alignment with the District's Strategic Plan.
- To identify key program issues to be discussed at the Board level.
- To consider grant proposals and recommendations provided by staff and make recommendations of grants to approve to the District's Board of Directors.

3. F&A COMMITTEE. In accordance with the District Bylaws, this committee shall be responsible for oversight and for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs, (including legislation) real estate and information systems (IS).

3.1 Responsibilities. The responsibilities of the F&A Committee include the following:

- To understand the financial needs and conditions of the District.
- To provide objective perspective regarding finances.
- To provide advice, counsel and feedback to the committee as requested during budget development.

4. STRATEGIC PLANNING COMMITTEE. In accordance with the District Bylaws, this committee shall meet quarterly and more often, if needed, and shall be responsible for monitoring the Districts' progress in achieving the expectations outlined in the District's strategic plan.



4.1 Responsibilities. The responsibilities of the Strategic Planning Committee include the following:

- Responsible for monitoring the District's progress in achieving the expectations outlined in its strategic plan.
To provide vision and guidance on the development of the District's strategic plan.
- To monitor implementation of the District's strategic plan and program-related activities to ensure programs/initiatives are achieving the desired impact.

5. HOSPITAL LEASE OVERSIGHT COMMITTEE. In accordance with the District Bylaws, this committee shall meet quarterly or more often, if needed, and shall be responsible for oversight to ensure compliance with the terms of the current lease of Desert Regional Medical Center.

5.1 Responsibilities. The responsibilities of the Hospital Lease Oversight Committee include the following:

- Review of all mandated Hospital operation scores and reports performed by independent third parties.
- Review of quarterly inspections of Hospital facilities.
- Provide updates to the Board of Directors.
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- Provide an annual report reflective of lease requirements from lessee.

AUTHORITIES

Desert Healthcare District By-law Article VI

DOCUMENT HISTORY

Created 03/22/2016

Revised 04/23/2019



POLICY TITLE: **TICKET DISTRIBUTION POLICY**

POLICY NUMBER: BOD-18

BOARD APPROVAL DATE: XX-XX-XXXX04/23/2019

~~Resolution #19-05~~ ~~04/23/2018~~

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~~**POLICY:** TICKET DISTRIBUTION POLICY~~

~~**POLICY**~~ ~~**#BOD-18:**~~ From time to time the Desert Healthcare District and Desert Healthcare Foundation (collectively referred to herein as "District") receives event tickets and/or passes from public and private entities and individuals or purchases event tickets and/or passes in connection with the District's operations and activities in furtherance of the District's public purposes. These tickets and/or passes purchased or received by the District are public resources of the District.

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The District desires to use such tickets and/or passes to further governmental and public purposes of the District, such as the promotion of the District's activities and programs, and to avail the District and its officials, as defined in Government Code Section 82048 and Fair Political Practices Commission Regulation 18701 (Title 2, Division 6, California Code of Regulations referred to herein as "FPPC Regulation"), of the ability to distribute tickets and/or passes pursuant to FPPC Regulation 18944.1. The furtherance of the District's governmental and public purposes may require the distribution of said tickets and/or passes to "public officials," as that term is defined in Government Code Section 82048; and

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FPPC Regulation 18944.1(e) requires that any distribution of said tickets and/or passes to, or at the behest of, an authorized District Official must be made pursuant to a

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~~**POLICY**~~ ~~**#BOD-18**~~ Page 1 of 5



DESERT HEALTHCARE
DISTRICT & FOUNDATION

duly adopted written policy, if such distribution is made under that regulation, and that the District must receive value equal to or greater than the value of the event ticket or pass it distributes to a District Official. As provided in FPPC Regulation 18944.1(c), such tickets and/or passes distributed in accordance with a duly adopted policy are not considered gifts to public officials. Accordingly, the Board of Directors of the Desert Healthcare District adopts the following Ticket Distribution policy:

Section 1: Definitions.

- a. "District Official" shall mean and refer to a District "public official" as that term is defined by Government Code Section 82048 and FPPC Regulation 18701 and shall include Board members, employees, and consultants required to file an annual Statement of Economic Interest Form 700.
- b. "Authorized District Official" shall mean a Board member or the CEO who shall be authorized to request the District's purchase of tickets or passes in accordance with Section 5 below.
- c. "Ticket" or "pass" as these terms are defined in FPPC Regulation 18944.1, as amended, and as of this date means admission to a facility, event, show, or performance for entertainment, amusement, recreation, or similar purpose.
- d. "Ticket Coordinator" shall mean the CEO or his or her designee who shall be responsible for distributing tickets in accordance with this policy and completing and posting the FPPC Form 802.

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Section 2: Purpose of the Policy. The purpose of this Policy is to ensure that all tickets and passes the District receives from public and private entities and individuals, which are either complimentary or purchased by the District, are distributed in furtherance of a public purpose of the District and are not utilized for any election-related purposes.

Section 3: Limitation. This Policy shall only apply to the District's distribution of tickets and/or passes to, or those that are purchased at the behest of, an Authorized District Official.

Section 4: Public Purposes for Ticket Distribution. The following list is illustrative, rather than exhaustive, of the public purposes the District may accomplish by the distribution of tickets to, or at the behest of, a District Official:

- a. Representation of the District at events on federal, state, and regional levels.
- b. Representation and promotion of the Desert Healthcare District at District sponsored or supported community events and programs.
- c. Increasing public exposure to and awareness of District sponsorships, grants, initiatives, projects, and facilities related to promoting the mission and vision of the District.
- d. Promotion of District issues and representation at events sponsored by other governmental entities or government-related industry groups and non-profit organizations.
- e. Recognizing or rewarding meritorious service by any District Official or employee and recognizing contributions made by current and former District Officials.

Section 5: Purchase of Tickets or Passes. Authorized District Officials may request the Ticket Coordinator purchase up to two (2) tickets in accordance with the public purposes of this policy for use by the District Official, an immediate family member

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(spouse or dependent children), or one other person. \$20,000 per fiscal year beginning July 1, 2019 shall be budgeted for the purchase of tickets and the purchase of tickets for use by any individual Authorized District Official shall not exceed \$2,500 per fiscal year.

Section 6: **Transfer Prohibition.** The transfer by any District Official of any ticket distributed pursuant to this policy to any other person, except to other District Officials and staff members of the District, is prohibited. For tickets or passes that are unable to be used by the original recipient, the Ticket Administrator shall have the discretion to redistribute to other District Officials or staff members, ~~or community members.~~

Section 7: **Posting Form 802 on Website.** Within thirty (30) days of distributing a ticket or pass, the District shall post a completed FPPC Form 802 on the District's website.

Section 8: **Exemptions to Policy.** Tickets or passes that are not subject to this policy include the following:

- a. Ceremonial Role or Function. Tickets or passes provided to an Authorized District Official where the official will perform a ceremonial role or function on behalf of the District are not considered gifts to the Authorized District Official.
- b. Reimbursement. The Authorized District Official reimburses the District for the face value of the ticket or pass within thirty (30) days of receipt or acceptance of the ticket or pass, as defined in the Political Reform Act.
- c. Income. The Authorized District Official treats the ticket or pass as income consistent with federal and state income tax laws and the City reports distribution of the tickets or passes as income to the Authorized District Official on the FPPC Form 802. The official will also have to report it as a gift on their 700 Forms.

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DESERT HEALTHCARE
DISTRICT & FOUNDATION

- d. Political and Non-Profit Fundraisers. Ticket(s) (up to two) to political and non-profit events that are provided directly to the public official by the political committee or 501(c)(3) organization and do not involve the District are not considered gifts (Regulation 18944.1).

AUTHORITY

Desert Healthcare District Resolution #19-05

DOCUMENT HISTORY

Created 04-23-2019

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POLICY TITLE: **TICKET DISTRIBUTION POLICY**

POLICY NUMBER: BOD-18

BOARD APPROVAL DATE: XX-XX-XXXX

POLICY #BOD-18: From time to time the Desert Healthcare District and Desert Healthcare Foundation (collectively referred to herein as "District") receives event tickets and/or passes from public and private entities and individuals or purchases event tickets and/or passes in connection with the District's operations and activities in furtherance of the District's public purposes. These tickets and/or passes purchased or received by the District are public resources of the District.

The District desires to use such tickets and/or passes to further governmental and public purposes of the District, such as the promotion of the District's activities and programs, and to avail the District and its officials, as defined in Government Code Section 82048 and Fair Political Practices Commission Regulation 18701 (Title 2, Division 6, California Code of Regulations referred to herein as "FPPC Regulation"), of the ability to distribute tickets and/or passes pursuant to FPPC Regulation 18944.1. The furtherance of the District's governmental and public purposes may require the distribution of said tickets and/or passes to "public officials," as that term is defined in Government Code Section 82048; and

FPPC Regulation 18944.1(e) requires that any distribution of said tickets and/or passes to, or at the behest of, an authorized District Official must be made pursuant to a duly adopted written policy, if such distribution is made under that regulation, and that the District must receive value equal to or greater than the value of the event ticket or pass it distributes to a District Official. As provided in FPPC Regulation 18944.1(c), such tickets



and/or passes distributed in accordance with a duly adopted policy are not considered gifts to public officials. Accordingly, the Board of Directors of the Desert Healthcare District adopts the following Ticket Distribution policy:

Section 1: Definitions.

- a. "District Official" shall mean and refer to a District "public official" as that term is defined by Government Code Section 82048 and FPPC Regulation 18701 and shall include Board members, employees, and consultants required to file an annual Statement of Economic Interest Form 700.
- b. "Authorized District Official" shall mean a Board member or the CEO who shall be authorized to request the District's purchase of tickets or passes in accordance with Section 5 below.
- c. "Ticket" or "pass" as these terms are defined in FPPC Regulation 18944.1, as amended, and as of this date means admission to a facility, event, show, or performance for entertainment, amusement, recreation, or similar purpose.
- d. "Ticket Coordinator" shall mean the CEO or his or her designee who shall be responsible for distributing tickets in accordance with this policy and completing and posting the FPPC Form 802.

Section 2: Purpose of the Policy. The purpose of this Policy is to ensure that all tickets and passes the District receives from public and private entities and individuals, which are either complimentary or purchased by the District, are distributed in furtherance of a public purpose of the District and are not utilized for any election-related purposes.



Section 3: Limitation. This Policy shall only apply to the District's distribution of tickets and/or passes to, or those that are purchased at the behest of, an Authorized District Official.

Section 4: Public Purposes for Ticket Distribution. The following list is illustrative, rather than exhaustive, of the public purposes the District may accomplish by the distribution of tickets to, or at the behest of, a District Official:

- a. Representation of the District at events on federal, state, and regional levels.
- b. Representation and promotion of the Desert Healthcare District at District sponsored or supported community events and programs.
- c. Increasing public exposure to and awareness of District sponsorships, grants, initiatives, projects, and facilities related to promoting the mission and vision of the District.
- d. Promotion of District issues and representation at events sponsored by other governmental entities or government-related industry groups and non-profit organizations.
- e. Recognizing or rewarding meritorious service by any District Official or employee and recognizing contributions made by current and former District Officials.

Section 5: Purchase of Tickets or Passes. Authorized District Officials may request the Ticket Coordinator purchase up to two (2) tickets in accordance with the public purposes of this policy for use by the District Official, an immediate family member (spouse or dependent children), or one other person. \$20,000 per fiscal year beginning July 1, 2019 shall be budgeted for the purchase of tickets and the purchase of tickets for use by any individual Authorized District Official shall not exceed \$2,500 per fiscal year.



Section 6: **Transfer Prohibition.** The transfer by any District Official of any ticket distributed pursuant to this policy to any other person, except to other District Officials and staff members of the District, is prohibited. For tickets or passes that are unable to be used by the original recipient, the Ticket Administrator shall have the discretion to redistribute to other District Officials or staff members.

Section 7: Posting Form 802 on Website. Within thirty (30) days of distributing a ticket or pass, the District shall post a completed FPPC Form 802 on the District's website.

Section 8: Exemptions to Policy. Tickets or passes that are not subject to this policy include the following:

- a. Ceremonial Role or Function. Tickets or passes provided to an Authorized District Official where the official will perform a ceremonial role or function on behalf of the District are not considered gifts to the Authorized District Official.
- b. Reimbursement. The Authorized District Official reimburses the District for the face value of the ticket or pass within thirty (30) days of receipt or acceptance of the ticket or pass, as defined in the Political Reform Act.
- c. Income. The Authorized District Official treats the ticket or pass as income consistent with federal and state income tax laws and the City reports distribution of the tickets or passes as income to the Authorized District Official on the FPPC Form 802. The official will also have to report it as a gift on their 700 Forms.
- d. Political and Non-Profit Fundraisers. Ticket(s) (up to two) to political and non-profit events that are provided directly to the public official by the political committee or 501(c)(3) organization and do not involve the District are not considered gifts (Regulation 18944.1).



AUTHORITY

Desert Healthcare District Resolution #19-05

DOCUMENT HISTORY

Created 04-23-2019



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

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
 - 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