



**DESERT HEALTHCARE DISTRICT  
BOARD MEETING  
Board of Directors  
November 24, 2020  
5:30 P.M.**

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

**<https://us02web.zoom.us/j/83758671832?pwd=QmJpdWxEb3Q3OTR4d0hOMjBCY2VUZZ09>  
Password: 714624**

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: 837 5867 1832  
Password: 714624**

You may also email [ahayles@dhcd.org](mailto:ahayles@dhcd.org) with your public comment no later than 4 p.m., Tuesday, 11/24.

<i>Page(s)</i>	<b>AGENDA</b>	<i>Item Type</i>
	<i>Any item on the agenda may result in Board Action</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	
	<b>B. PLEDGE OF ALLEGIANCE</b>	
1-4	<b>C. APPROVAL OF AGENDA</b>	Action
	<b>D. 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.	
	<b>E. CONSENT AGENDA</b> All Consent Agenda item(s) listed below are considered routine by the Board of Directors and will be enacted by one motion. <u>There will be no separate discussion of items unless a Board member so requests, in which event the item(s) will be considered following approval of the Consent Agenda.</u>	Action



	1. BOARD MINUTES	
5-17	a. Board of Directors Meeting – October 27, 2020	
18-21	b. Special Meeting of the Board Housing as a Social Determinant of Health Workshop – November 5, 2020	
	2. FINANCIALS	
22-44	a. Approval of the October 2020 Financial Statements – F&A Approved November 10, 2020	
	3. POLICIES	
45-50	a. Policy #BOD-07 Board Meeting Agenda	
51-62	b. Policy #BOD-16 Policy for Propriety Confidential Personal Information	
63-70	c. Policy #OP-01 Public Records	
71-81	d. Policy #OP-03 Records Retention	
82-106	e. Policy #OP-04 Electronic Communications Usage & Retention Policy	
107-108	f. Policy #OP-06 Delegating Minor Claims Settlement to CEO	
109-115	g. Policy #OP-07 Lease Compliance	
116-117	h. Policy #OP-08 Strategic Plan	
118-154	i. Policy #OP-10 Policies and Procedures Including Bidding Regulations for Public Work	
155-163	j. Policy #OP-11 Professional Services	
164-171	k. Policy #OP-13 Sustainability Program	
172-175	l. Policy #LPMP-01 Las Palmas Medical Plaza Policy for Leasing	
176-177	j. Policy #LPMP-02 Las Palmas Medical Plaza Lease Execution Policy	
	<b>F. DESERT HEALTHCARE DISTRICT CEO REPORT</b>	
	– Conrado E. Bárzaga, MD	
	1. Departing Director Mark Matthews and Newly Elected Board Member Carmina Zavala	Information
178-180	2. Board of Supervisors Candidate Appointments to Zones 1, 5, and 7	Information
181	3. Special District Committee Members – Election Results for LAFCO Special District Alternate Member	Information
	4. December 10 – Swearing-In of Unopposed Directors, Newly Elected Board Member, Carmina Zavala, and Board and Staff & Policies Communications Workshop	Information
182-193	5. Local Area Formation Commission (LAFCO) Municipal Services Review (MSR) – Resolution and Filing	Information
	6. Health to Hope - \$150,000 Donation	Information
	7. United Way of the Desert – Equity Fund	Information
194	8. California Special Districts Association (CSDA) and Association of California Healthcare Districts (ACHD) Joint Virtual Legislative Tour – December 8 – Update	Information
195	9. Consideration to close the District and Satellite offices between Christmas and New Year’s Day	<b>Action</b>



	<b>G. DESERT REGIONAL MEDICAL CENTER CEO REPORT</b> – Michele Finney, CEO	Information
	<b>H. DESERT REGIONAL MEDICAL CENTER GOVERNING BOARD OF DIRECTORS REPORT</b> – Director Les Zendle, MD, and Director Carole Rogers, RN	Information
	<b>I. COMMITTEE MEETINGS</b>	
	<b>1. PROGRAM COMMITTEE</b> – Chair/Director Evett PerezGil, Vice-President Karen Borja, and Director Carol Rogers, RN	
196-199	1. Draft Meeting Minutes – November 10, 2020	Information
200-206	2. Funding Requests	Information
207	3. Grants Payment Schedule	Information
208-232	4. Consideration to approve Grant #1135 Hope Through Housing: Hope Through Housing Foundation Family Resilience – \$20,000	<b>Action</b>
	<b>2. BOARD AND STAFF &amp; POLICIES COMMUNICATIONS COMMITTEE</b> – Chair/President Leticia De Lara, Director Les Zendle, MD, and Director Evett PerezGil	
233-238	1. Draft Meeting Minutes – November 9, 2020	Information
239-255	2. Policy #BOD-3 Appointment to Committees	<b>Action</b>
	<b>3. STRATEGIC PLANNING COMMITTEE</b> – Chair/Director Les Zendle, MD, President De Lara, and Director Arthur Shorr	
256-259	1. Draft Meeting Minutes – November 9, 2020	Information
	2. Community Health Needs Assessment and Health Improvement Plan Update	Information
	a. Focus Groups	
	<b>4. FINANCE, LEGAL, ADMINISTRATION &amp; REAL ESTATE COMMITTEE</b> – Chair/Treasurer Mark Matthews, President Leticia De Lara, and Director Arthur Shorr	
260-262	1. Draft Meeting Minutes – November 10, 2020	Information
262-298	2. District & RPP Investment Reports 3Q20	Information
	3. Director Shorr’s Temporary Chair Appointment to the Finance, Legal, Administration & Real Estate Committee	Information
299-305	4. LPMP Landscape Renovation and Fire Alarm Electrical Construction Contract	<b>Action</b>
	<b>J. OLD BUSINESS</b>	



**K. NEW BUSINESS**

- 1. Communications and Media Updates Information
  - a. PBS NewsHour – [Deemed Essential, California Farmworkers Risk Disease and Deportation](#) – Conrado Bárzaga, MD, CEO, DHCD; Supervisor V. Manuel Perez; Volunteers In Medicine; Lift to Rise, and TODEC Legal Center
- 2. Desert Sun – The Coachella Valley is a virus hot spot, but that's not the only reason Riverside County is back in the purple tier – [Preparing Workers in Eastern Valley](#) Information

**L. LEGAL**

- 306-312** 1. Request for Proposals for Financial and Strategic Advisor to Review Options and Alternatives Related to the Hospital Lease, including New Programs, Services, and Facilities **Action**
- 313** 2. California Voting Rights Act Information

**M. IMMEDIATE ISSUES AND BOARD COMMENTS**

Information

**N. 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.*



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

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>  <b>Roll Call</b>	President De Lara called the meeting to order at 5:32 p.m.  The Clerk of the Board called the roll with all Directors' present except Director Matthews	
<b>B. Pledge of Allegiance</b>	President De Lara asked those in attendance to join in the Pledge of Allegiance.	
<b>C. Approval of Agenda</b>	President De Lara asked for a motion to approve the agenda.	<b>#20-99 MOTION WAS MADE by Director Roger and seconded by Director Shorr to approve the agenda.</b> <b>Motion passed unanimously.</b> <b>AYES – 6 President De Lara, Vice-President Borja, Director Rogers, Director PereGil, Director Zendle, and Director Shorr</b> <b>NOES – 0</b> <b>ABSENT – 1 Director Matthews</b>

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<p><b>D. Public Comment</b></p>	<p>Evett Edens, Executive Director, Desert Cancer Foundation, introduced herself as the new Executive Director of the Desert Cancer Foundation, thanking the Board for prior support, and she looks forward to working with the District.</p> <p>Kristal Granados, Chief Executive Officer, United Way of the Desert, described her candidacy to Zone 3, introduced herself, and thanked the Board for their hardwork, especially during the pandemic.</p>	
<p><b>Consent Agenda</b></p> <p><b>1. BOARD MINUTES</b></p> <p>a. Board of Directors – September 22, 2020</p> <p>b. Special Meeting of the Board of Directors Workshop – September 23, 2020</p> <p><b>2. FINANCIALS</b></p> <p>a. a. Approval of the September 2020 Financial Statements – F&amp;A Approved October 13, 2020</p>	<p>Director Zendle’s described his request for clarity on his comments concerning PCR testing and a modification to the minutes.</p>	<p><b>#21-00 MOTION WAS MADE by Director PerezGil and seconded by Director Zendle to approve the consent agenda with the amendment to the minutes. Motion passed unanimously. AYES – 6 President De Lara, Vice-President Borja, Director Rogers, Director PereGil, Director Zendle, and Director Shorr</b></p> <p><b>NOES – 0</b></p> <p><b>ABSENT – 1 Director Matthews</b></p>
<p><b>F. Desert Healthcare District CEO Report</b></p> <p><b>1. Local Area Formation Commission (LAFCO) Municipal Services Review (MSR) Review Update and Recommendation –</b></p>	<p>Conrado E. Bárzaga, MD, CEO, explained that the final Local Area Formation (LAFCO) review of the Municipal Services Reviews (MSR) is forthcoming.</p>	

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<p><b>2. Consideration to authorize the CEO to apply for a vacancy and appointment to the Association to of California Healthcare Districts (ACHD) Board of Directors</b></p>	<p>President De Lara described the invite from the Association of California Healthcare Districts CEO for the District CEO to apply for the vacancy and appointment to the ACHD Board of Directors.</p>	<p><b>#21-01 MOTION WAS MADE by President De Lara and seconded by Director Zendle to authorize the CEO to apply for a vacancy and appointment to the Association to of California Healthcare Districts (ACHD) Board of Directors. Motion passed unanimously. AYES – 6 President De Lara, Vice-President Borja, Director Rogers, Director PereGil, Director Zendle, and Director Shorr NOES – 0 ABSENT – 1 Director Matthews</b></p>
<p><b>3. Coordination of Efforts to Ensure Community Access to COVID-19 Testing and Healthcare</b></p>	<p>Dr. B�rzsaga, CEO, explained that there are communities in the Coachella Valley that are lacking testing, and the need to reach out to those areas.</p> <p>Vice-President Borja suggested contacting FIND Food Bank. Due to quarantining measures in the community, it is difficult for some individuals and families to access food.</p> <p>Public Comments: Greg Rodriguez, Public Policy and Public Affairs Advisor, Office of Supervisor Perez, explained the difficulty in particular communities to encourage individuals to the testing sites, which now have testing results are in 72 hours. There is a Home to Harvest program and provisions to providing food and services to those in quarantine. The state is implementing testing in the Central Valley and working</p>	

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<p><b>4. Community Health Needs Assessment and Health Improvement Plan Focus Groups Update</b></p> <p><b>5. Lift to Rise Rental Assistance Program Update</b></p>	<p>with the county for four mobile testing teams in the next two weeks.</p> <p>Dr. Bárzaga, CEO, described the community health needs assessment focus groups via Zoom, and Donna Craig, Chief Program Officer, introduced Jenna LeConte-Hinely, Chief Executive Officer, Health Assessment and Research for Communities, who provided an overview of the weekly meetings with staff, the focus groups, and a completion date by March 31, 2021.</p> <p>Dr. Bárzaga, CEO, provided an overview of the Lift to Rise rental assistance program explaining that 70% of the applicants are female heads of households, and with 20% of the applicants from black communities, it illustrates the disproportionate levels.</p> <p>Heather Vaikona, Chief Executive Officer, Lift to Rise explained that in the last 45-days the program numbers are a result of the pop up sites, and outreach staff, including Alexandro Espinoza, Program Officer and Outreach Director, which allowed the program to grow to \$350,000 a week with other foundations and the county providing assistance totaling approximately \$600k in rental assistance.</p>	
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<p>6. <b>Consideration to appoint Director Les Zendle, MD and Director Carole Rogers, RN to the Desert Regional Medical Center (DRMC) Governing Board of Directors</b></p>	<p>President De Lara thanked Ms. Vaikona for the accountability with the reports.</p> <p>Dr. Bárzaga, CEO, described Director Zendle and Director Rogers reappointment to the Desert Regional Medical Center (DRMC) Governing Board, asking the Board to consider another appointment.</p>	<p><b>#21-02 MOTION WAS MADE by Director Shorr and seconded by Director PerezGil to appoint Director Les Zendle, MD and Director Carole Rogers, RN to the Desert Regional Medical Center (DRMC) Governing Board of Directors.</b></p> <p><b>Motion passed unanimously.</b></p> <p><b>AYES – 6 President De Lara, Vice-President Borja, Director Rogers, Director PereGil, Director Zendle, and Director Shorr</b></p> <p><b>NOES – 0</b></p> <p><b>ABSENT – 1 Director Matthews</b></p>
<p>7. <b>Housing as a Social Determinant of Health Workshop – November 5, 2020</b></p>	<p>Dr. Bárzaga, CEO, described the upcoming workshop on housing as a social determinant of health taking place on November 5.</p>	
<p>8. <b>California Special Districts Association (CSDA) and Association of California Healthcare Districts (ACHD) Joint Virtual Legislative Tour – December 8</b></p>	<p>Dr. Bárgaza, CEO, described the opportunity of the District to participate in the virtual legislative tour collaboration between the California Special Districts Association (CSDA) and the Association of California Healthcare District (ACHD) on December 8.</p>	
<p>9. <b>Greater Coachella Valley Chamber of Commerce Candidate Forum</b></p>	<p>Dr. Bárgaza, CEO, thanked the Greater Coachella Valley Chamber of Commerce for hosting the Candidate Forum for the Zone 3 candidates on October 8 with one candidate participating, Kristal</p>	

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	<p>Granados, also reminding the public to vote early and safely.</p>	
<p><b>G. Desert Regional Medical Center CEO Report</b></p>	<p>Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center, provided an update explaining two parts to the report with an update on DRMC and an introduction of Javed Siddiqi, MD, DPHIL (OXON), FRCSC, FACS with an update on the Neurosurgery Residency Program, and his work with the District.</p> <p>DRMC is Stable in the COVID census levels for approximately the last 6-8 weeks with between 15 and 20 patients per day, JFK Memorial Hospital between 7 and 10, and a reduction since July and August. Thus far, there is not an influx in flu patients and census levels are low for this time of the year. DRMC has secured a new instrument, the Roche Liat, to perform combined flu and COVID testing. Staff is in training with scheduling for the next week.</p> <p>Before the county returned to the widespread purple tier, DRMC held an outdoor, masked, physically distanced dedication ceremony of the Orthopedic Units in honor of Dr. David Duffner, Orthopedic Surgeon who suddenly passed in February.</p>	



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	<p>DRMC participated in a successful Zoom reaccreditation survey by DNV for the Comprehensive Stroke program with one minor recommendation resulting from the survey.</p> <p>The medical center is continuing with the upgrade and replacement of the nurse call systems, the 3 Sinatra Unit will be completed this week, and, thereafter, the work will commence on the 4 East Unit. Refurbishing work, flooring, paint, and laminates in the Emergency Department are still underway.</p> <p>October is Breast Cancer Awareness month, and the Center is promoting to the community the need to continue regular mammography screenings, emphasizing safety while offering extended hours through October.</p> <p>Continuing to offer virtual seminars in areas, such as stroke signs and symptoms, heart attack, joint pain, health weight loss, air quality concerns, heat stroke, and heat exhaustion.</p> <p>The Chief Nursing Officer accepted, on behalf of DRMC, the Equality California Golden State Equality Award during their annual event in September.</p>	
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	<p>Director PerzeGil inquired on a potential strike with Mrs. Finney explaining that the current negotiations are related to the contract on a month-to-month basis, and as the SEIU moves into the economic components, there are measurements of the members to see if they will call for a strike action, which requires a 10-day notice that has not been received, although it could happen with plentiful strike action measures in place, further describing the statewide contract with 11 Tenet facilities in California.</p> <p>Dr. Javed Siddiqui, Neurosurgery Residency Program, provided an update on the program stating that during his arrival 16-years ago from Arrowhead Medical Center, he brought the program with him as the first foundation, and or DRMC's program outlining other specifics of the program.</p> <p>The Neuro Intervention Fellowship program has 6 members, but it is not fully funded with plans to apply the comprehensive stroke center with a mechanism to sustain funding once the District funding is not available, further explaining that 3 fellows are still serving the community as the others have moved on to other locations.</p>	
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	<p>Director Zendle and President De Lara thanked and acknowledged Dr. Siddiqui’s work at DRMC, with Mrs. Finney echoing Dr. Siddiqui’s work and gratitude.</p>	
<p><b>H. Desert Regional Medical Center Governing Board of Directors Report</b></p>	<p>Director Zendle provided an overview of the October Governing Board meeting explaining that the Board reviewed the residency program that Dr. Siddiqui outlined, and complaints from the staff, public, or anonymous persons are reviewed and discussed similar to in the most recent meeting. In March, there were 12 or 13 COVID patients at DRMC, in July up to 86 or 87, last month at 22 or 23 while remaining at that level. The medical executive committees’ minutes were reviewed, including the credentialing for every physician, physician assistant, and peer reviews for cases evaluated by the doctors for any potential improvements.</p>	
<p><b>I.1. Program Committee</b></p> <ol style="list-style-type: none"> <li><b>1. Draft Meeting Minutes - October 13, 2020</b></li> <li><b>2. Funding Requests</b></li> <li><b>3. Progress and Final Report</b></li> <li><b>4. Grants Payment Schedule</b></li> <li><b>5. Policy Map – Website Placement</b></li> </ol>	<p>Director PerezGil provided an overview of the draft October Program Committee meeting minutes.</p> <p>Donna Craig, Chief Program Officer, described the funding requests, the list of LOI’s reviewed by the grants team, and the update on the approved grants from grantees, including the reports</p>	

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<p>I.2. Finance &amp; Administration</p> <ol style="list-style-type: none"> <li>1. Draft Meeting Minutes – October 13, 2020</li> <li>2. Gary Dack, Managing Partner, Lund &amp; Guttry LLP – FY 2020 Audit Reports – District &amp; Retirement Protection Plan (RPP)</li> <li>3.             <ol style="list-style-type: none"> <li>a. Communication Letter &amp; Internal Controls Report</li> <li>b. District Audit Report</li> <li>c. Retirement Protection Plan Audit Report</li> <li>d. Desert Healthcare Foundation (Informational Purposes)</li> </ol> </li> </ol>	<p>as required in the grant contracts.</p> <p>Director Zendle suggests considering the individual buckets for grant requests, and as we move through the year, a total of the amount of money that has been granted in each bucket for the requests, such as how much historically the District has expended on homelessness and how many grants have been approved for homelessness, including food, and the other groups of the strategic goals on a quarterly basis.</p> <p>In Director Matthews absence, President De Lara provided an overview of the October draft meeting minutes.</p> <p>Dr. Bárzaga provided a summary of the FY 2020 audit and introduced Gary Dack, Managing Partner, Lund &amp; Guttry, who provided an overview of the communication letter and internal controls report, the District audit, Foundation audit, and the retirement protection plan, further lauding Chris Christensen, CAO, the staff and the District for remarkable handling of the financial statements and documents with no findings.</p>	<p>#21-03 MOTION WAS MADE by Director Shorr and seconded by Vice-President Borja to approve the District Audit Report. Motion passed unanimously. AYES – 6 President De Lara, Vice-President Borja, Director Rogers, Director PereGil, Director Zendle, and Director Shorr NOES – 0 ABSENT – 1 Director Matthews</p> <p>#21-04 MOTION WAS MADE by Director Shorr and seconded by Director Zendle to the approve Retirement Protection Plan Audit Report.</p>
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<p><b>3. LPMP Landscape Renovation Fire Alarm Electrical Re-bidding</b></p>	<p>Chris Christensen, CAO, described the Las Palmas Medical Plaza Landscape renovations for underground fire sprinkler systems and the drought process that has affected the landscape. The Board some time ago approved a bidding process to replace the landscape and upgrade the structure. Mr. Christensen provided an overview of the bid tabulations and the requirements for a general contractor's license with the low bidder, which was discussed with the F&amp;A Committee that included three options, and the committee selecting option c for rebidding with the same requirements. The bid results will be provided at the next November meeting.</p>	<p><b>Motion passed unanimously. AYES – 6 President De Lara, Vice-President Borja, Director Rogers, Director PereGil, Director Zendle, and Director Shorr NOES – 0 ABSENT – 1 Director Matthews</b></p>
<p><b>J. Old Business</b> <b>1. Workshop and Training on Governance and Policies – Upcoming Board and Staff &amp; Communications Policies Committee – November 9, 2020</b></p>	<p>Dr. Bárzaga, CEO, explained the workshop and training on governance and policies during the month and the upcoming Board and Staff &amp; Communication Policies Committee meeting on November 9.</p>	

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<p><b>2. Coachella Valley Association of Governments (CVAG) – CV Link Q3 Quarterly Progress Report</b></p>	<p>Dr. Bárzaga described the Coachella Valley Association of Governments CV Link Q3 quarterly progress report.</p> <p>Erica Felci, Assistant to the CEO, CVAG, explained that there was a bidding process, and the executive committee awarding a contract to the lowest bidder for segment 1 - 13 miles and another 3-4 miles of alternative bids part of the 20 miles in 2020, breaking ground in December.</p>	
<p><b>K. New Business</b></p> <p><b>1. Communications and Media Updates</b></p> <p><b>a. DHCD and Volunteers In Medicine (VIM) Eastern Coachella Valley Vaccination Event</b></p> <p><b>b. DHCD and Borrego Health Alpha Media COVID-19 Live Stream Event</b></p>	<p>Will Dean, Marketing and Communications Director, provided an overview of the District communications and media updates that included the community service work of the grantees conducting flu vaccine events in the Eastern Coachella Valley. This Friday, another flu event will take place with walk-in’s welcome, and to date, 138 flu vaccines were provided to the community.</p> <p>Alpha Media conducted a live stream Facebook event to raise awareness on COVID-19 testing, with over 400 people participating and listening. The following day testing was set-up in the Desert Highland Gateway Estates community with low turnout.</p>	
<p><b>L. Legal</b></p> <p><b>1. Legislative Update – SB 855: Wiener: Health</b></p>	<p>Jeff Scott, Legal Counsel, described the legislative</p>	



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<b>Coverage for Mental Health and Substance Abuse Disorder</b>	update for SB 855, which passed, also explaining additional legislative updates.	
<b>M. Immediate Issues and Comments</b>	There were no immediate issues and comments.	
<b>N. Adjournment</b>	President De Lara adjourned the meeting at 7:49 p.m.	<b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b>

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

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

DRAFT



**DESERT HEALTHCARE DISTRICT  
SPECIAL MEETING OF THE BOARD OF DIRECTORS  
SPECIAL MEETING MINUTES  
November 5, 2020**

Directors Present	District Staff Present	Absent
President Leticia De Lara Director Carole Rogers, RN Director Evett PerezGil Director Les Zendle, MD Director Arthur Shorr	Conrado E. Bázquez, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, Program Officer and Outreach Director Andrea S. Hayles, Clerk of the Board  <u>Legal Counsel</u> Jeff Scott	Vice-President/Secretary Karen Borja  Treasurer Mark Matthews

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>  <b>Roll Call</b>	President De Lara called the meeting to order at 3:05 p.m.  The Clerk of the Board called the roll with all Directors present except Vice-President Borja and Director Matthews.	
<b>B. Pledge of Allegiance</b>	President De Lara asked those in attendance to recite the Pledge of Allegiance.	
<b>C. Approval of Agenda</b>	President De Lara called for approval of the agenda.	<b>#21-05 MOTION WAS MADE by Director Rogers and seconded by Director Shorr to approve the agenda.</b> <b>Motion passed unanimously.</b> <b>AYES – 5 President De Lara, Director Rogers, Director PerezGil, Director Zendle, and Director Shorr</b> <b>NOES – 0</b> <b>ABSENT – 2 Vice-President Karen Borja and Director Matthews</b>
<b>D. Public Comment</b>	There was no public comment.	
<b>E. Housing Workshop as a Social Determinant of Health</b> <b>1. The Intersection of Housing and Health – Understanding Social Determinants of Health and Housing as a Key</b>	Conrado Bázquez, MD, CEO, explained the District’s discussion on housing over time and the Board’s decision to hold a workshop. COVID has increased the pressure on those cost-burdened	





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November 5, 2020**

	<p>affordable housing as a key social determinant of health, the impact of housing instability on children, housing stability health improvement, health solutions related to housing, investment solutions and multiple sources of capital and funds, the investment pipeline, racial equity, the Ivy Palm Motel for housing, investor opportunities, and the fund implementation.</p> <p>After Board discussion, President De Lara described exploring the Coachella Valley Housing Catalyst Fund, requesting that staff introduce the topic to the Program, Strategic Planning, and Finance and Administration Committees using the grant funding strategic areas and recommendations for next year’s funding.</p> <p>Director Zendle suggests that the committees explore different components, such as the Finance and Administration Committee examine the legal implications, Strategic Planning determines ways the housing catalyst fund could fit into the strategic plan, and the Program Committee learn more about the project from an outcomes point of view with deliverables and President De Lara and the Board approving.</p>	
<p><b>J. Adjournment</b></p>	<p>President De Lara adjourned the meeting at 5:11 p.m.</p>	<p><b>Audio recording available on the website at</b> <a href="http://dhcd.org/Agenda-Board-of-Directors">http://dhcd.org/Agenda-Board-of-Directors</a></p>



**DESERT HEALTHCARE DISTRICT  
SPECIAL MEETING OF THE BOARD OF DIRECTORS  
SPECIAL MEETING MINUTES  
November 5, 2020**

ATTEST: \_\_\_\_\_  
Leticia De Lara, President  
Desert Healthcare District Board of Directors

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

DRAFT

<b>DESERT HEALTHCARE DISTRICT</b>
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**DESERT HEALTHCARE DISTRICT  
YEAR TO DATE VARIANCE ANALYSIS  
ACTUAL VS BUDGET  
FOUR MONTHS ENDED OCTOBER 31, 2020**

<b>Scope: \$25,000 Variance per Statement of Operations Summary</b>				
<b>Account</b>	<b>YTD</b>		<b>Over(Under)</b>	<b>Explanation</b>
	<b>Actual</b>	<b>Budget</b>	<b>Budget</b>	
4000 - Income	\$ 2,077,011	\$ 2,581,980	\$ (504,969)	Lower interest income and market fluctuations (net) from FRF investments \$490k; lower grant income \$15k;
5000 - Direct Expenses	\$ 414,796	\$ 561,220	\$ (146,424)	Lower wage related expenses \$56k due to open positions; lower board expenses \$31k; lower education expense \$29k; lower health insurance expense \$25k; lower retirement expense \$2k; lower workers comp expense \$3k
6000-General & Admin Expense	\$ 162,991	\$ 189,980	\$ (26,989)	Lower computer services expense \$8k; lower travel expenses \$7k; higher dues and membership expenses \$5k; lower supplies expenses \$5k; lower meals & entertainment expenses \$4k; lower personnel expense \$3k; lower various \$5k
6445 - LPMP Expense	\$ 323,539	\$ 391,820	\$ (68,281)	Lower landscaping expense \$56k; lower tenant improvement depreciation expense \$9k; lower marketing expense \$5k; higher bank charges \$4k; higher plumbing expense \$3k; lower various \$5k
6500 - Professional Fees Expense	\$ 147,148	\$ 419,544	\$ (272,396)	Lower Professional Services expense \$251k; lower PR/Communications expense \$40k; higher legal expense \$18k
7000 - Grants Expense	\$ 543,731	\$ 1,361,332	\$ (817,601)	Budget of \$4 Million for fiscal year is amortized straight-line over 12-month fiscal year.
Las Palmas Medical Plaza - <b>Net</b>	\$ 92,424	\$ 4,488	\$ 87,936	LPMP expenses lower \$68k; LPMP revenue higher \$20k

**Desert Healthcare District**  
**Profit & Loss Budget vs. Actual**  
July through October 2020

	MONTH			TOTAL		
	Oct 20	Budget	\$ Over Budget	Jul - Oct 20	Budget	\$ Over Budget
<b>Income</b>						
4000 · Income	441,338	645,495	(204,157)	2,077,011	2,581,980	(504,969)
4500 · LPMP Income	103,281	99,077	4,204	415,963	396,308	19,655
4501 · Miscellaneous Income	750	950	(200)	3,000	3,800	(800)
<b>Total Income</b>	<b>545,369</b>	<b>745,522</b>	<b>(200,153)</b>	<b>2,495,974</b>	<b>2,982,088</b>	<b>(486,114)</b>
<b>Expense</b>						
5000 · Direct Expenses	147,606	140,305	7,301	414,796	561,220	(146,424)
6000 · General & Administrative Exp	39,784	47,495	(7,711)	162,991	189,980	(26,989)
6325 · CEO Discretionary Fund	0	2,083	(2,083)	0	8,332	(8,332)
6445 · LPMP Expenses	83,945	97,955	(14,010)	323,539	391,820	(68,281)
6500 · Professional Fees Expense	28,252	104,886	(76,634)	147,148	419,544	(272,396)
6700 · Trust Expenses	7,958	8,792	(834)	36,450	35,168	1,282
<b>Total Expense</b>	<b>307,545</b>	<b>401,516</b>	<b>(93,971)</b>	<b>1,084,924</b>	<b>1,606,070</b>	<b>(521,146)</b>
7000 · Grants Expense	6,448	340,333	(333,885)	543,731	1,361,332	(817,601)
<b>Net Income</b>	<b>231,376</b>	<b>3,673</b>	<b>227,703</b>	<b>867,319</b>	<b>14,692</b>	<b>852,627</b>



**Desert Healthcare District**  
**Profit & Loss Budget vs. Actual**  
 July through October 2020

	MONTH			TOTAL		
	Oct 20	Budget	\$ Over Budget	Jul - Oct 20	Budget	\$ Over Budget
<b>Income</b>						
<b>4000 · Income</b>						
4010 · Property Tax Revenues	516,447	516,447	0	2,065,788	2,065,788	0
<b>4200 · Interest Income</b>						
4220 · Interest Income (FRF)	19,057	86,965	(67,908)	303,209	347,860	(44,651)
9999-1 · Unrealized gain(loss) on invest	(98,815)	33,333	(132,148)	(311,784)	133,332	(445,116)
<b>Total 4200 · Interest Income</b>	<b>(79,758)</b>	<b>120,298</b>	<b>(200,056)</b>	<b>(8,575)</b>	<b>481,192</b>	<b>(489,767)</b>
4300 · DHC Recoveries	56	1,750	(1,694)	7,161	7,000	161
4400 · Grant Income	4,593	7,000	(2,407)	12,637	28,000	(15,363)
<b>Total 4000 · Income</b>	<b>441,338</b>	<b>645,495</b>	<b>(204,157)</b>	<b>2,077,011</b>	<b>2,581,980</b>	<b>(504,969)</b>
4500 · LPMP Income	103,281	99,077	4,204	415,963	396,308	19,655
4501 · Miscellaneous Income	750	950	(200)	3,000	3,800	(800)
<b>Total Income</b>	<b>545,369</b>	<b>745,522</b>	<b>(200,153)</b>	<b>2,495,974</b>	<b>2,982,088</b>	<b>(486,114)</b>
<b>Expense</b>						
<b>5000 · Direct Expenses</b>						
<b>5100 · Administration Expense</b>						
5110 · Wages Expense	118,988	113,645	5,343	332,958	454,580	(121,622)
5111 · Allocation to LPMP - Payroll	(5,161)	(5,166)	5	(20,644)	(20,664)	20
5112 · Vacation/Sick/Holiday Expense	7,476	10,000	(2,524)	36,389	40,000	(3,611)
5114 · Allocation to Foundation	(18,425)	(37,196)	18,771	(91,601)	(148,784)	57,183
5115 · Allocation to NEOPB	(4,412)	(7,571)	3,159	(12,456)	(30,284)	17,828
5119 · Allocation to RSS/CVHIP-DHCF	0	(1,431)	1,431	(903)	(5,724)	4,821
5120 · Payroll Tax Expense	7,272	8,694	(1,422)	24,460	34,776	(10,316)
<b>5130 · Health Insurance Expense</b>						
5131 · Premiums Expense	12,280	16,795	(4,515)	48,082	67,180	(19,098)
5135 · Reimb./Co-Payments Expense	2,250	3,000	(750)	6,084	12,000	(5,916)
<b>Total 5130 · Health Insurance Expense</b>	<b>14,530</b>	<b>19,795</b>	<b>(5,265)</b>	<b>54,166</b>	<b>79,180</b>	<b>(25,014)</b>
5140 · Workers Comp. Expense	(444)	1,193	(1,637)	1,235	4,772	(3,537)
5145 · Retirement Plan Expense	11,581	7,848	3,733	29,290	31,392	(2,102)
5160 · Education Expense	0	7,250	(7,250)	70	29,000	(28,930)
<b>Total 5100 · Administration Expense</b>	<b>131,405</b>	<b>117,061</b>	<b>14,344</b>	<b>352,964</b>	<b>468,244</b>	<b>(115,280)</b>
<b>5200 · Board Expenses</b>						
5210 · Healthcare Benefits Expense	3,264	5,834	(2,570)	12,464	23,336	(10,872)
5230 · Meeting Expense	0	1,667	(1,667)	350	6,668	(6,318)
5235 · Director Stipend Expense	2,520	4,410	(1,890)	7,350	17,640	(10,290)
5240 · Catering Expense	0	708	(708)	0	2,832	(2,832)
5250 · Mileage Reimbursement Expense	0	208	(208)	0	832	(832)
5270 · Election Fees Expense	10,417	10,417	0	41,668	41,668	0
<b>Total 5200 · Board Expenses</b>	<b>16,201</b>	<b>23,244</b>	<b>(7,043)</b>	<b>61,832</b>	<b>92,976</b>	<b>(31,144)</b>
<b>Total 5000 · Direct Expenses</b>	<b>147,606</b>	<b>140,305</b>	<b>7,301</b>	<b>414,796</b>	<b>561,220</b>	<b>(146,424)</b>

**Desert Healthcare District**  
**Profit & Loss Budget vs. Actual**  
 July through October 2020

	MONTH			TOTAL		
	Oct 20	Budget	\$ Over Budget	Jul - Oct 20	Budget	\$ Over Budget
<b>6000 · General &amp; Administrative Exp</b>						
6110 · Payroll fees Expense	207	208	(1)	729	832	(103)
6120 · Bank and Investment Fees Exp	9,672	9,833	(161)	38,232	39,332	(1,100)
6125 · Depreciation Expense	1,102	1,167	(65)	4,408	4,668	(260)
6126 · Depreciation-Solar Parking lot	15,072	15,072	0	60,288	60,288	0
6130 · Dues and Membership Expense	3,733	3,337	396	18,065	13,348	4,717
6200 · Insurance Expense	2,343	2,417	(74)	9,372	9,668	(296)
6300 · Minor Equipment Expense	0	42	(42)	0	168	(168)
6305 · Auto Allowance & Mileage Exp	692	600	92	2,078	2,400	(322)
6306 · Staff- Auto Mileage reimb	0	625	(625)	56	2,500	(2,444)
6309 · Personnel Expense	0	1,167	(1,167)	1,800	4,668	(2,868)
6310 · Miscellaneous Expense	0	42	(42)	0	168	(168)
6311 · Cell Phone Expense	421	776	(355)	2,290	3,104	(814)
6312 · Wellness Park Expenses	0	83	(83)	0	332	(332)
6315 · Security Monitoring Expense	108	42	66	341	168	173
6340 · Postage Expense	470	417	53	942	1,668	(726)
6350 · Copier Rental/Fees Expense	394	458	(64)	1,182	1,832	(650)
6351 · Travel Expense	0	1,667	(1,667)	0	6,668	(6,668)
6352 · Meals & Entertainment Exp	0	875	(875)	0	3,500	(3,500)
6355 · Computer Services Expense	1,591	3,775	(2,184)	6,869	15,100	(8,231)
6360 · Supplies Expense	368	2,167	(1,799)	3,478	8,668	(5,190)
6380 · LAFCO Assessment Expense	1,295	208	1,087	1,727	832	895
6400 · East Valley Office	2,316	2,517	(201)	11,134	10,068	1,066
<b>Total 6000 · General &amp; Administrative Exp</b>	<b>39,784</b>	<b>47,495</b>	<b>(7,711)</b>	<b>162,991</b>	<b>189,980</b>	<b>(26,989)</b>
6325 · CEO Discretionary Fund	0	2,083	(2,083)	0	8,332	(8,332)
6445 · LPMP Expenses	83,945	97,955	(14,010)	323,539	391,820	(68,281)
<b>6500 · Professional Fees Expense</b>						
6516 · Professional Services Expense	14,362	77,198	(62,836)	58,287	308,792	(250,505)
6520 · Annual Audit Fee Expense	1,313	1,313	0	5,252	5,252	0
6530 · PR/Communications/Website	967	11,375	(10,408)	5,795	45,500	(39,705)
6560 · Legal Expense	11,610	15,000	(3,390)	77,814	60,000	17,814
<b>Total 6500 · Professional Fees Expense</b>	<b>28,252</b>	<b>104,886</b>	<b>(76,634)</b>	<b>147,148</b>	<b>419,544</b>	<b>(272,396)</b>
<b>6700 · Trust Expenses</b>						
6720 · Pension Plans Expense						
6721 · Legal Expense	0	167	(167)	0	668	(668)
6725 · RPP Pension Expense	7,500	7,500	0	30,000	30,000	0
6728 · Pension Audit Fee Expense	458	1,125	(667)	6,450	4,500	1,950
<b>Total 6700 · Trust Expenses</b>	<b>7,958</b>	<b>8,792</b>	<b>(834)</b>	<b>36,450</b>	<b>35,168</b>	<b>1,282</b>
<b>Total Expense Before Grants</b>	<b>307,545</b>	<b>401,516</b>	<b>(93,971)</b>	<b>1,084,924</b>	<b>1,606,064</b>	<b>(521,140)</b>
<b>7000 · Grants Expense</b>						
7010 · Major Grant Awards Expense	1,855	333,333	(331,478)	531,094	1,333,332	(802,238)
7027 · Grant Exp - NEOPB	4,593	7,000	(2,407)	12,637	28,000	(15,363)
<b>Total 7000 · Grants Expense</b>	<b>6,448</b>	<b>340,333</b>	<b>(333,885)</b>	<b>543,731</b>	<b>1,361,332</b>	<b>(817,601)</b>
<b>Net Income</b>	<b>231,376</b>	<b>3,673</b>	<b>227,703</b>	<b>867,319</b>	<b>14,692</b>	<b>852,627</b>

**Las Palmas Medical Plaza**  
**Profit & Loss Budget vs. Actual**  
July through October 2020

	MONTH			TOTAL		
	Oct 20	Budget	\$ Over Budget	Jul - Oct 20	Budget	\$ Over Budget
<b>Income</b>						
<b>4500 - LPMP Income</b>						
<b>4505 - Rental Income</b>	75,262	71,672	3,590	302,299	286,688	15,611
<b>4510 - CAM Income</b>	28,019	27,372	647	113,664	109,488	4,176
<b>4513 - Misc. Income</b>	0	33	(33)	0	132	(132)
<b>Total 4500 - LPMP Income</b>	<b>103,281</b>	<b>99,077</b>	<b>4,204</b>	<b>415,963</b>	<b>396,308</b>	<b>19,655</b>
<b>Expense</b>						
<b>6445 - LPMP Expenses</b>						
<b>6420 - Insurance Expense</b>	2,599	2,750	(151)	10,396	11,000	(604)
<b>6425 - Building - Depreciation Expense</b>	21,487	21,879	(392)	85,948	87,516	(1,568)
<b>6426 - Tenant Improvements -Dep Exp</b>	14,916	16,833	(1,917)	58,534	67,332	(8,798)
<b>6427 - HVAC Maintenance Expense</b>	0	1,333	(1,333)	3,625	5,332	(1,707)
<b>6428 - Roof Repairs Expense</b>	0	208	(208)	0	832	(832)
<b>6431 - Building -Interior Expense</b>	4,160	833	3,327	4,160	3,332	828
<b>6432 - Plumbing -Interior Expense</b>	(65)	333	(398)	4,523	1,332	3,191
<b>6433 - Plumbing -Exterior Expense</b>	0	208	(208)	0	832	(832)
<b>6434 - Allocation Internal Prop. Mgmt</b>	5,161	5,166	(5)	20,644	20,664	(20)
<b>6435 - Bank Charges</b>	4,646	1,125	3,521	8,051	4,500	3,551
<b>6437 - Utilities -Vacant Units Expense</b>	198	83	115	934	332	602
<b>6439 - Deferred Maintenance Repairs Ex</b>	0	833	(833)	0	3,332	(3,332)
<b>6440 - Professional Fees Expense</b>	10,117	10,472	(355)	40,468	41,888	(1,420)
<b>6441 - Legal Expense</b>	0	83	(83)	0	332	(332)
<b>6455 - Bad Debt Expense</b>	0			5,543		
<b>6458 - Elevators - R &amp; M Expense</b>	229	1,000	(771)	4,922	4,000	922
<b>6460 - Exterminating Service Expense</b>	175	333	(158)	790	1,332	(542)
<b>6463 - Landscaping Expense</b>	0	14,167	(14,167)	850	56,668	(55,818)
<b>6467 - Lighting Expense</b>	0	500	(500)	0	2,000	(2,000)
<b>6468 - General Maintenance Expense</b>	0	83	(83)	0	332	(332)
<b>6471 - Marketing-Advertising</b>	0	1,250	(1,250)	0	5,000	(5,000)
<b>6475 - Property Taxes Expense</b>	6,000	6,008	(8)	24,000	24,032	(32)
<b>6476 - Signage Expense</b>	0	125	(125)	0	500	(500)
<b>6480 - Rubbish Removal Medical Waste E</b>	1,546	1,583	(37)	4,734	6,332	(1,598)
<b>6481 - Rubbish Removal Expense</b>	4,528	2,250	2,278	11,209	9,000	2,209
<b>6482 - Utilities/Electricity/Exterior</b>	657	625	32	1,849	2,500	(651)
<b>6484 - Utilities - Water (Exterior)</b>	451	625	(174)	2,980	2,500	480
<b>6485 - Security Expenses</b>	7,140	7,167	(27)	29,079	28,668	411
<b>6490 - Miscellaneous Expense</b>	0	100	(100)	300	400	(100)
<b>6445 - LPMP Expenses</b>	<b>83,945</b>	<b>97,955</b>	<b>(14,010)</b>	<b>323,539</b>	<b>391,820</b>	<b>(68,281)</b>
<b>Net Income</b>	<b>19,336</b>	<b>1,122</b>	<b>18,214</b>	<b>92,424</b>	<b>4,488</b>	<b>87,936</b>

**Desert Healthcare District**  
**Balance Sheet**  
As of October 31, 2020

			Oct 31, 20
<b>ASSETS</b>			
<b>Current Assets</b>			
	<b>Checking/Savings</b>		
	1000	· CHECKING CASH ACCOUNTS	1,757,187
	1100	· INVESTMENT ACCOUNTS	58,819,343
	<b>Total Checking/Savings</b>		60,576,530
	<b>Total Accounts Receivable</b>		(7,152)
<b>Other Current Assets</b>			
	1204.1	· Rent Receivable-Deferred COVID	196,422
	1270	· Prepaid Insurance -Ongoing	43,265
	1279	· Pre-Paid Fees	29,468
	1281	· NEOPB Receivable	4,593
	1295	· Property Tax Receivable	1,911,958
	<b>Total Other Current Assets</b>		2,185,706
	<b>Total Current Assets</b>		62,755,084
<b>Fixed Assets</b>			
	1300	· FIXED ASSETS	4,913,164
	1335-00	· ACC DEPR	(2,093,929)
	1400	· LPMP Assets	6,789,405
	<b>Total Fixed Assets</b>		9,608,640
<b>Other Assets</b>			
	1700	· OTHER ASSETS	2,909,152
<b>TOTAL ASSETS</b>			<b>75,272,876</b>

**Desert Healthcare District**  
**Balance Sheet**  
As of October 31, 2020

			Oct 31, 20
<b>LIABILITIES &amp; EQUITY</b>			
Liabilities			
Current Liabilities			
Accounts Payable			
	2000 ·	Accounts Payable	27,420
	2001 ·	LPMP Accounts Payable	5,632
<b>Total Accounts Payable</b>			<b>33,052</b>
Other Current Liabilities			
	2002 ·	LPMP Property Taxes	(11,975)
	2131 ·	Grant Awards Payable	2,396,127
	2133 ·	Accrued Accounts Payable	183,445
	2141 ·	Accrued Vacation Time	60,192
	2188 ·	Current Portion - LTD	9,869
	2190 ·	Investment Fees Payable	6,562
<b>Total Other Current Liabilities</b>			<b>2,644,220</b>
<b>Total Current Liabilities</b>			<b>2,677,272</b>
Long Term Liabilities			
	2170 ·	RPP - Pension Liability	4,634,254
	2171 ·	RPP-Deferred Inflows-Resources	370,700
	2280 ·	Long-Term Disability	28,809
	2281 ·	Grants Payable - Long-term	6,660,000
	2286 ·	Retirement BOD Medical Liabilit	63,850
	2290 ·	LPMP Security Deposits	57,514
<b>Total Long Term Liabilities</b>			<b>11,815,127</b>
<b>Total Liabilities</b>			<b>14,492,399</b>
Equity			
	3900 ·	*Retained Earnings	59,913,158
Net Income			867,319
<b>Total Equity</b>			<b>60,780,477</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>			<b>75,272,876</b>

**Desert Healthcare District**  
**Balance Sheet**  
As of October 31, 2020

				Oct 31, 20
<b>ASSETS</b>				
<b>Current Assets</b>				
<b>Checking/Savings</b>				
<b>1000 · CHECKING CASH ACCOUNTS</b>				
		1010 · Union Bank - Checking		1,329,911
		1046 · Las Palmas Medical Plaza		426,776
		1047 · Petty Cash		500
<b>Total 1000 · CHECKING CASH ACCOUNTS</b>				<b>1,757,187</b>
<b>1100 · INVESTMENT ACCOUNTS</b>				
		1130 · Facility Replacement Fund		57,675,702
		1135 · Unrealized Gain(Loss) FRF		1,143,641
<b>Total 1100 · INVESTMENT ACCOUNTS</b>				<b>58,819,343</b>
<b>Total Checking/Savings</b>				<b>60,576,530</b>
<b>Accounts Receivable</b>				
		1201 · Accounts Receivable		
		1204 · LPMP Accounts Receivable		(25,945)
		1205 · Misc. Accounts Receivable		3,124
		1211 · A-R Foundation - Exp Allocation		15,669
<b>Total Accounts Receivable</b>				<b>(7,152)</b>
<b>Other Current Assets</b>				
		1204.1 · Rent Receivable-Deferred COVID		196,422
		1270 · Prepaid Insurance -Ongoing		43,265
		1279 · Pre-Paid Fees		29,468
		1281 · NEOPB Receivable		4,593
		1295 · Property Tax Receivable		1,911,958
<b>Total Other Current Assets</b>				<b>2,185,706</b>
<b>Total Current Assets</b>				<b>62,755,084</b>
<b>Fixed Assets</b>				
<b>1300 · FIXED ASSETS</b>				
		1310 · Computer Equipment		94,034
		1315 · Computer Software		68,770
		1320 · Furniture and Fixtures		33,254
		1325 · Offsite Improvements		300,849
		1331 · DRMC - Parking lot		4,416,257
<b>Total 1300 · FIXED ASSETS</b>				<b>4,913,164</b>

**Desert Healthcare District**  
**Balance Sheet**  
As of October 31, 2020

			Oct 31, 20
<b>1335-00 · ACC DEPR</b>			
		1335 · Accumulated Depreciation	(214,859)
		1336 · Acc. Software Depreciation	(68,770)
		1337 · Accum Deprec- Solar Parking Lot	(1,658,091)
		1338 · Accum Deprec - LPMP Parking Lot	(152,209)
<b>Total 1335-00 · ACC DEPR</b>			<b>(2,093,929)</b>
<b>1400 · LPMP Assets</b>			
		1401 · Building	8,705,680
		1402 · Land	2,165,300
		1403 · Tenant Improvements -New	2,179,721
		1404 · Tenant Improvements - CIP	129,550
		<b>1406 · Building Improvements</b>	
		1406.1 · LPMP-Replace Parking Lot	676,484
		1406.2 · Building Improvements-CIP	66,704
		1406 · Building Improvements - Other	1,559,534
<b>Total 1406 · Building Improvements</b>			<b>2,302,722</b>
		1407 · Building Equipment Improvements	375,185
		<b>1409 · Accumulated Depreciation</b>	
		1410 · Accum. Depreciation	(7,487,622)
		1412 · T I Accumulated Dep.-New	(1,581,131)
<b>Total 1409 · Accumulated Depreciation</b>			<b>(9,068,753)</b>
<b>Total 1400 · LPMP Assets</b>			<b>6,789,405</b>
<b>Total Fixed Assets</b>			<b>9,608,640</b>
<b>Other Assets</b>			
<b>1700 · OTHER ASSETS</b>			
		1731 · Wellness Park	1,693,800
		1740 · RPP-Deferred Outflows-Resources	1,204,238
		1741 · OPEB-Deferrred Outflows-Resourc	11,114
<b>Total Other Assets</b>			<b>2,909,152</b>
<b>TOTAL ASSETS</b>			<b>75,272,876</b>

**Desert Healthcare District**  
**Balance Sheet**  
As of October 31, 2020

				Oct 31, 20
<b>LIABILITIES &amp; EQUITY</b>				
<b>Liabilities</b>				
<b>Current Liabilities</b>				
<b>Accounts Payable</b>				
		2000 · Accounts Payable		27,420
		2001 · LPMP Accounts Payable		5,632
<b>Total Accounts Payable</b>				<b>33,052</b>
<b>Other Current Liabilities</b>				
		2002 · LPMP Property Taxes		(11,975)
		2131 · Grant Awards Payable		2,396,127
		2133 · Accrued Accounts Payable		183,445
		2141 · Accrued Vacation Time		60,192
		2188 · Current Portion - LTD		9,869
		2190 · Investment Fees Payable		6,562
<b>Total Other Current Liabilities</b>				<b>2,644,220</b>
<b>Total Current Liabilities</b>				<b>2,677,272</b>
<b>Long Term Liabilities</b>				
		2170 · RPP - Pension Liability		4,634,254
		2171 · RPP-Deferred Inflows-Resources		370,700
		2280 · Long-Term Disability		28,809
		2281 · Grants Payable - Long-term		6,660,000
		2286 · Retirement BOD Medical Liabilit		63,850
		2290 · LPMP Security Deposits		57,514
<b>Total Long Term Liabilities</b>				<b>11,815,127</b>
<b>Total Liabilities</b>				<b>14,492,399</b>
<b>Equity</b>				
		3900 · *Retained Earnings		59,913,158
		Net Income		867,319
<b>Total Equity</b>				<b>60,780,477</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>				<b>75,272,876</b>



**Desert Healthcare District**  
**A/R Aging Summary**  
As of October 31, 2020

	<b>Current</b>	<b>1 - 30</b>	<b>31 - 60</b>	<b>61 - 90</b>	<b>&gt; 90</b>	<b>TOTAL</b>	<b>COMMENT</b>
<b>Desert Healthcare Foundation-</b>	15,670	0	0	0	0	15,670	Due from Foundation
<b>Desert Oasis Healthcare Medical Group</b>	0	(2,177)	0	0	0	(2,177)	Prepaid
<b>EyeCare Services Partners Management LLC</b>	0	(7,079)	0	0	0	(7,079)	Prepaid
<b>Hassan Bencheqroun, M.D.</b>	0	(2,580)	0	0	0	(2,580)	Prepaid
<b>Laboratory Corporation of America</b>	0	(4,774)	0	0	0	(4,774)	Prepaid
<b>Mark Matthews</b>	0	0	0	0	874	874	Director Premiums
<b>Quest Diagnostics Incorporated</b>	0	(3,864)	0	0	0	(3,864)	Prepaid
<b>Sovereign</b>	750	0	750	750	0	2,250	Slow pay
<b>Steven Gundry, M.D.</b>	0	(5,471)	0	0	0	(5,471)	Prepaid
<b>TOTAL</b>	<b>16,420</b>	<b>(25,945)</b>	<b>(2,097)</b>	<b>750</b>	<b>3,721</b>	<b>(7,151)</b>	

**Desert Healthcare District**  
**Deposit Detail**  
October 2020

Type	Date	Name	Amount
<b>Deposit</b>	<b>10/05/2020</b>		<b>696</b>
		State Compensation Insurance Fund	(444)
		Principal Financial Group	(251)
TOTAL			(695)
<b>Deposit</b>	<b>10/12/2020</b>		<b>8,043</b>
		Riverside County Treasurer - CalFresh	(8,043)
TOTAL			(8,043)
<b>Deposit</b>	<b>10/22/2020</b>		<b>56</b>
		California Business Bureau, Inc.	(56)
TOTAL			(56)
<b>Deposit</b>	<b>10/27/2020</b>		<b>750</b>
Payment	10/27/2020	Sovereign	(750)
TOTAL			(750)
<b>Deposit</b>	<b>10/28/2020</b>		<b>162,968</b>
		Riverside County Treasurer - Property Tax	(162,968)
TOTAL			(162,968)
		<b>TOTAL</b>	<b>172,513</b>

DESERT HEALTHCARE DISTRICT										
PROPERTY TAX RECEIPTS FY 2020 - 2021										
RECEIPTS - FOUR MONTHS ENDED OCTOBER 31, 2020										
	FY 2019-2020 Projected/Actual					FY 2020-2021 Projected/Actual				
	Budget %	Budget \$	Act %	Actual Receipts	Variance	Budget %	Budget \$	Act %	Actual Receipts	Variance
July	2.5%	\$ 168,407	1.3%	\$ -	\$ (168,407)	2.5%	\$ 154,934	0.0%	\$ -	\$ (154,934)
Aug	1.6%	\$ 107,780	1.3%	\$ 207,292	\$ 99,512	1.6%	\$ 99,158	2.4%	\$ 149,547	\$ 50,390
Sep	2.6%	\$ 175,143	2.4%	\$ -	\$ (175,143)	2.6%	\$ 161,131	0.0%	\$ -	\$ (161,131)
Oct	0.0%	\$ -	0.0%	\$ 158,895	\$ 158,895	0.0%	\$ -	2.6%	\$ 162,968	\$ 162,968
Nov	0.4%	\$ 26,945	0.0%	\$ -	\$ (26,945)	0.4%	\$ 24,789	0.0%		
Dec	16.9%	\$ 1,138,429	17.8%	\$ 1,222,723	\$ 84,294	16.9%	\$ 1,047,354	0.0%		
Jan	31.9%	\$ 2,148,868	19.7%	\$ 2,228,697	\$ 79,829	31.9%	\$ 1,976,959	0.0%		
Feb	0.0%	\$ -	13.9%	\$ 69,468	\$ 69,468	0.0%	\$ -	0.0%		
Mar	0.3%	\$ 20,209	0.7%	\$ 71,486	\$ 51,277	0.3%	\$ 18,592	0.0%		
Apr	5.5%	\$ 370,495	5.9%	\$ 405,506	\$ 35,012	5.5%	\$ 340,855	0.0%		
May	19.9%	\$ 1,340,517	20.3%	\$ 101,619	\$ (1,238,897)	19.9%	\$ 1,233,275	0.0%		
June	18.4%	\$ 1,239,473	22.3%	\$ 2,695,867	\$ 1,456,394	18.4%	\$ 1,140,315	0.0%		
<b>Total</b>	<b>100%</b>	<b>\$ 6,736,264</b>	<b>105.6%</b>	<b>\$ 7,161,553</b>	<b>\$ 425,289</b>	<b>100.00%</b>	<b>\$ 6,197,363</b>	<b>5.0%</b>	<b>\$ 312,515</b>	<b>\$ (102,708)</b>

**Las Palmas Medical Plaza  
Deposit Detail - LPMP  
October 2020**

Type	Date	Name	Amount
<b>Deposit</b>	<b>10/01/2020</b>		<b>3,864</b>
Payment	10/01/2020	Quest Diagnostics Incorporated	(3,864)
TOTAL			(3,864)
<b>Deposit</b>	<b>10/07/2020</b>		<b>2,803</b>
Payment	10/06/2020	Aijaz Hashmi, M.D., Inc.	(2,803)
TOTAL			(2,803)
<b>Deposit</b>	<b>10/08/2020</b>		<b>3,570</b>
Payment	10/07/2020	Desert Family Medical Center	(3,570)
TOTAL			(3,570)
<b>Deposit</b>	<b>10/08/2020</b>		<b>28,881</b>
Payment	10/06/2020	Pathway Pharmaceuticals, Inc.	(2,296)
Payment	10/06/2020	Brad A. Wolfson, M.D.	(3,430)
Payment	10/06/2020	Cohen Musch Thomas Medical Group	(4,261)
Payment	10/06/2020	Cure Cardiovascular Consultants	(2,962)
Payment	10/06/2020	Derakhsh Fozouni, M.D.	(5,969)
Payment	10/06/2020	Palmtree Clinical Research	(6,717)
Payment	10/06/2020	Ramy Awad, M.D.	(3,246)
TOTAL			(28,881)
<b>Deposit</b>	<b>10/09/2020</b>		<b>85,781</b>
Payment	10/08/2020	Desert Regional Medical Center	(5,310)
Payment	10/08/2020	Tenet HealthSystem Desert, Inc	(6,066)
Payment	10/08/2020	Tenet HealthSystem Desert, Inc	(6,066)
Payment	10/08/2020	Desert Regional Medical Center	(5,310)
Payment	10/08/2020	Tenet HealthSystem Desert, Inc.	(31,515)
Payment	10/08/2020	Tenet HealthSystem Desert, Inc.	(31,515)
TOTAL			(85,782)

**Las Palmas Medical Plaza  
Deposit Detail - LPMP  
October 2020**

Type	Date	Name	Amount
<b>Deposit</b>	<b>10/12/2020</b>		<b>4,184</b>
Payment	10/12/2020	Arrowhead Evaluation Services, Inc.	(1,000)
Payment	10/12/2020	Peter Jamieson, M.D.	(3,184)
TOTAL			(4,184)
<b>Deposit</b>	<b>10/22/2020</b>		<b>7,079</b>
Payment	10/22/2020	EyeCare Services Partners Management LLC	(7,079)
TOTAL			(7,079)
<b>Deposit</b>	<b>10/27/2020</b>		<b>7,648</b>
Payment	10/27/2020	Steven Gundry, M.D.	(5,471)
Payment	10/27/2020	Desert Oasis Healthcare Medical Group	(2,177)
TOTAL			(7,648)
<b>Deposit</b>	<b>10/27/2020</b>		<b>3,864</b>
Payment	10/27/2020	Quest Diagnostics Incorporated	(3,864)
TOTAL			(3,864)
<b>Deposit</b>	<b>10/28/2020</b>		<b>4,774</b>
Payment	10/27/2020	Laboratory Corporation of America	(4,774)
TOTAL			(4,774)
<b>Deposit</b>	<b>10/29/2020</b>		<b>9,660</b>
Payment	10/29/2020	Hassan Bencheqroun, M.D.	(2,580)
Payment	10/29/2020	EyeCare Services Partners Management LLC	(7,079)
TOTAL			(9,659)
		<b>TOTAL</b>	<b>162,108</b>

**Desert Healthcare District**  
**Check Register**  
As of October 31, 2020

Type	Date	Num	Name	Amount
<b>1000 - CHECKING CASH ACCOUNTS</b>				
<b>1010 - Union Bank - Checking</b>				
Liability Check	10/01/2020		QuickBooks Payroll Service	(39,622)
Bill Pmt -Check	10/01/2020	16157	Graphtek Interactive	(300)
Bill Pmt -Check	10/01/2020	16158	HARC, INC.	(14,101)
Bill Pmt -Check	10/01/2020	16159	So.Cal Computer Shop	(810)
Bill Pmt -Check	10/01/2020	16160	Coachella Valley Rescue Mission	(48,645)
Check	10/07/2020	Auto Pay	Calif. Public Employees' Retirement System	(12,733)
Bill Pmt -Check	10/12/2020	16162	Boyd & Associates	(108)
Bill Pmt -Check	10/12/2020	16163	First Bankcard (Union Bank)	(3,988)
Bill Pmt -Check	10/12/2020	16164	Graphtek Interactive	(600)
Bill Pmt -Check	10/12/2020	16165	Lund & Guttry LLP	(1,000)
Bill Pmt -Check	10/12/2020	16166	Maggie Martinez	(1,667)
Bill Pmt -Check	10/12/2020	16167	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	10/12/2020	16168	Rauch Communication Consultants	(2,328)
Bill Pmt -Check	10/12/2020	16169	Rogers, Carole - Stipend	(630)
Bill Pmt -Check	10/12/2020	16170	Staples Credit Plan	(584)
Bill Pmt -Check	10/12/2020	16171	First Bankcard (Union Bank)	(93)
Liability Check	10/15/2020		QuickBooks Payroll Service	(39,134)
Bill Pmt -Check	10/15/2020	16172	Pitney Bowes Global Financial Services	(261)
Bill Pmt -Check	10/15/2020	16173	Purchase Power	(201)
Bill Pmt -Check	10/15/2020	16174	The Desert Sun	(667)
Bill Pmt -Check	10/15/2020	16175	Time Warner Cable	(250)
Bill Pmt -Check	10/15/2020	16176	Xerox Financial Services	(394)
Bill Pmt -Check	10/16/2020	16177	ACHD	(12,170)
Bill Pmt -Check	10/22/2020	16178	California Special Districts Association	(7,805)
Bill Pmt -Check	10/22/2020	16179	CoPower Employers' Benefits Alliance	(2,151)
Bill Pmt -Check	10/22/2020	16180	Evet PerezGil - Stipend	(945)
Bill Pmt -Check	10/22/2020	16181	Lund & Guttry LLP	(2,000)
Bill Pmt -Check	10/22/2020	16182	Principal Life Insurance Co.	(1,575)
Bill Pmt -Check	10/22/2020	16183	Regional Access Project Foundation	(2,316)
Bill Pmt -Check	10/22/2020	16184	Vanessa Smith-	(181)
Bill Pmt -Check	10/22/2020	16185	Calif. State University, San Bernardino	(22,500)
Check	10/26/2020		Bank Service Charge	(672)
Bill Pmt -Check	10/27/2020	16186	Image Source	(115)
Bill Pmt -Check	10/27/2020	16187	Ready Refresh	(50)
Bill Pmt -Check	10/27/2020	16188	Shred-It	(99)
Check	10/29/2020	Auto Pay	Principal Financial Group-	(815)
Check	10/29/2020	Auto Pay	Principal Financial Group-	(850)

**Desert Healthcare District**  
**Check Register**  
 As of October 31, 2020

Type	Date	Num	Name	Amount
Bill Pmt -Check	10/29/2020	16189	Verizon Wireless	(625)
Bill Pmt -Check	10/29/2020	16190	Jewish Family Service of the Desert	(8,855)
Liability Check	10/30/2020		QuickBooks Payroll Service	(39,622)
<b>TOTAL</b>				<b>(271,962)</b>

Desert Healthcare District									
Details for credit card Expenditures									
Credit card purchases - September 2020 - Paid October 2020									
Number of credit cards held by District personnel -2									
Credit Card Limit - \$10,000									
Credit Card Holders:									
Conrado Bárzaga - Chief Executive Officer									
Chris Christensen - Chief Administration Officer									
Routine types of charges:									
Office Supplies, Dues for membership, Computer Supplies, Meals, Travel including airlines and Hotels, Catering, Supplies for BOD meetings, CEO Discretionary for small grant & gift items									
Statement									
Year	Month	Total Charges	Expense Type	Amount	Purpose	Description	Participants		
		\$ 5,032.61							
Chris' Statement:									
2020	September	\$ 92.61	District						
			GL	Dollar	Descr				
			6355	\$ 26.62	Premiere Global Services				
			6360	\$ 54.99	Zoom Videoconference/Webinar Expense				
			6360	\$ 11.00	Zoom Videoconference/Webinar Expense				
				\$ 92.61					
Conrado's Statement:									
2020	September	\$ 4,940.00	District						
			GL	Dollar	Descr				
			5230	(\$10.00)	ACHD Registration (group discount processed)				
			6130	\$3,600.00	Guidestar Pro - Annual Subscription				
			5230	\$ 1,350.00	Guidestar Charity Check - Annual Subscription				
				\$4,940.00	* charges before utilizing remaning credit of \$952.45 from May 2020 Statement				



**Las Palmas Medical Plaza  
Check Register - LPMP  
As of October 31, 2020**

Type	Date	Num	Name	Amount
<b>1000 - CHECKING CASH ACCOUNTS</b>				
<b>1046 - Las Palmas Medical Plaza</b>				
Bill Pmt -Check	10/01/2020	10249	INPRO-EMS Construction	(4,160)
Bill Pmt -Check	10/01/2020	10250	INPRO-EMS Construction	(1,860)
Bill Pmt -Check	10/12/2020	10251	Frazier Pest Control, Inc.	(175)
Bill Pmt -Check	10/12/2020	10252	Palm Springs Disposal Services Inc	(2,227)
Bill Pmt -Check	10/12/2020	10253	Stericycle, Inc.	(1,675)
Bill Pmt -Check	10/12/2020	10254	Imperial Security	(3,570)
Bill Pmt -Check	10/15/2020	10255	Frontier Communications	(229)
Bill Pmt -Check	10/15/2020	10256	INPRO-EMS Construction	(7,804)
Bill Pmt -Check	10/22/2020	10257	Imperial Security	(1,785)
Bill Pmt -Check	10/22/2020	10258	Matthew Jennings Riverside Co. Treasurer	(35,975)
Bill Pmt -Check	10/22/2020	10259	Southern California Edison	(854)
Bill Pmt -Check	10/27/2020	10260	Cohen, Musch, Thomas Med Group	(2,447)
Bill Pmt -Check	10/27/2020	10261	Imperial Security	(1,785)
Bill Pmt -Check	10/29/2020	10262	INPRO-EMS Construction	(10,117)
Bill Pmt -Check	10/29/2020	10263	Desert Water Agency	(451)
Check	10/29/2020		Bank Service Charge	(4,646)
<b>TOTAL</b>				<b>(79,760)</b>



**MEMORANDUM**

DATE: November 10, 2020

TO: F&A Committee

RE: Retirement Protection Plan (RPP)

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Current number of participants in Plan:

	<u>Sep</u>	<u>Oct</u>
Active – still employed by hospital	96	96
Vested – no longer employed by hospital	62	60
Former employees receiving annuity	<u>7</u>	<u>7</u>
Total	<u>165</u>	<u>163</u>

The outstanding liability for the RPP is approximately **\$4.0M** (Actives - \$2.6M and Vested - \$1.4M). US Bank investment account balance \$4.8M. Per the June 30, 2020 Actuarial Valuation, the RPP has an Unfunded Pension Liability of approximately **\$4.6M**. A monthly accrual of \$7.5K is being recorded each month as an estimate for FY2021.

The payouts, excluding monthly annuity payments, made from the Plan for the Four (4) months ended October 31, 2020 totaled **\$231K**. Monthly annuity payments (7 participants) total **\$1.0K** per month.



## **Chief Administration Officer's Report**

**November 2020**

Staff recently released a Notice Inviting Bids for the landscaping project at the Las Palmas Medical Plaza. A public bid opening was performed on November 4, 2020. Results will be presented at today's meeting.

### **Las Palmas Medical Plaza - Property Management:**

#### **Occupancy:**

See attached unit rental status report.

92% currently occupied –

Total annual rent including CAM fees is **\$1,228,399.**

#### **Leasing Activity:**

Leasing activity has continued to be slow due to the COVID-19 virus. Rob Wenthold, the broker staff is working with, indicated prospective tenants are apprehensive during this period of time.

**Las Palmas Medical Plaza**

**Unit Rental Status**

**As of November 1, 2020**

Unit	Tenant Name	Deposit	Lease Dates		Term	Unit Sq Feet	Percent of Total	Monthly Rent	Annual Rent	Rent Per Sq Foot	Monthly CAM	Total Monthly Rent Inclg CAM	Total Annual Rent Inclg CAM
			From	To									
											\$ 0.62		
3W, 101	Vacant					1,656	3.36%						
2W, 107	Vacant					1,024	2.07%						
1W, 204	Vacant					1,280	2.59%						
<b>Total - Vacancies</b>						<b>3,960</b>	<b>8.02%</b>						
<b>Total Suites-33 - 31 Suites Occupied</b>		\$ 57,513.50				49,356	92.0%	\$ 74,347.51	\$ 892,170.12	\$ 1.64	\$ 28,019.04	\$ 102,366.55	\$ 1,228,398.60
<b>Summary - All Units</b>													
<b>Occupied</b>			<b>45,396</b>	<b>92.0%</b>									
<b>Vacant</b>			<b>3,960</b>	<b>8.0%</b>									
<b>Pending</b>			<b>0</b>	<b>0%</b>									
<b>Total</b>			<b>49,356</b>	<b>100%</b>									



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

Date: November 24, 2020  
To: Board of Directors  
Subject: Consideration to Approve Revised Policies

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**Staff Recommendation:** Consideration to approve revised policies.

**Background:**

- The policies listed below have been determined to need review and/or revision.
- All policies have been reformatted to meet the current formatting structure, in addition to language revisions.
- Policy #BOD-07
- Policy #BOD-16
- Policy #OP-01
- Policy #OP-03
- Policy #OP-04
- Policy #OP-06
- Policy #OP-07
- Policy #OP-08
- Policy #OP-10
- Policy #OP-11
- Policy #OP-13
- Policy #LPMP-01
- Policy #LPMP-02
- At the November 9, 2020 Board & Staff Communications and Policies Committee meeting, the Committee approved the request and recommended forwarding to the Board for consideration of approval.
- Staff recommends approval of the Policies as presented.
- **Note: “Clean” version is presented first. Followed by the redlined version.**

**Fiscal Impact:**

None



**POLICY TITLE:** BOARD MEETING AGENDA

**POLICY NUMBER:** BOD-07

**COMMITTEE APPROVAL:** 11-09-2020

**BOARD APPROVAL:** 11-24-2020

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**POLICY #BOD-07:** It is the policy of the Desert Healthcare District (“District”) to prepare an agenda for each regular and special meeting of the Board of Directors.

**GUIDELINES:**

1. The Chief Executive Officer shall prepare an agenda for each regular and special meeting of the Board of Directors. For items to be placed on the agenda, the Board President, or any two Board Members may call the Board President and request the item(s) no later than 5:00 p.m. five (5) business days prior to a regular meeting date.
2. In accordance with Government Code Section 54956(a), the Board President, or a majority of the members of the Board (4) may call a special meeting by delivering written notice to each member of the Board. The Chief Executive Officer shall develop an agenda forecast with the Board President.
3. This policy does not prevent the Board from taking testimony at regular and special meetings of the Board on matters which are not on the agenda that a member of the public may wish to bring before the Board. However, the Board shall not discuss or take action on such matters at that meeting. The Board may ask clarifying questions of public testimony.
4. At least seventy-two (72) hours prior for all regular meetings and (24) hours for all special meetings, an agenda, which includes but is not limited to all matters on which there may be discussion and/or action by the Board, shall be posted conspicuously for public review within the District office, in accordance with the Ralph M. Brown Act (California Government Code §54950 through §54926).



The following outlines the agenda of both type meetings:

- A. Call to Order
  - B. Approval of Agenda
  - C. Public Comment and/or Presentations (non-agendized)
  - D. Consent Calendar
  - E. CEO Report
  - F. DRMC Governing Board of Directors Report
  - G. Committee Reports
  - H. Old Business
  - I. New Business
  - J. Directors Comments and Reports
  - K. Informational Items
  - L. Adjournment
5. On occasion, as needed, a closed session of the Board is required, properly announced and conducted for only those purposes allowed in the Ralph M. Brown Act (California Government Code §54950 through §54926) and are generally held (but not limited to) following the regular or special meeting agenda.

#### **AUTHORITIES**

Desert Healthcare District Bylaws Article V

#### **DOCUMENT HISTORY**

Revised	07-23-2016
Approved	03-23-2016



**POLICY TITLE:** BOARD MEETING AGENDA

**POLICY NUMBER:** BOD-07

**COMMITTEE APPROVAL:** ~~11-09-2020~~ ~~07/23/19 Revised~~  
03/23/2016

**BOARD APPROVAL:** ~~11-24-2020~~ 03/23/2016

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~~POLICY: BOARD MEETING AGENDA~~

**Policy #BOD-07:** It is the policy of the Desert Healthcare District ("District") to prepare an agenda for each regular and special meeting of the Board of Directors.

**GUIDELINES:**

**1.** The Chief Executive Officer shall prepare an agenda for each regular and special meeting of the Board of Directors. ~~To~~For items to be placed ~~items~~ on the agenda, the Board President, or any two Board Members may call the Board President and request the item(s) no later than 5:00 p.m. five (5) business days prior to a regular ~~the~~ meeting date.

**4-2.** In accordance with Government Code Section 54956(a), the Board President, or a majority of the members of the Board (4) may call a special meeting by delivering written notice to each member of the Board. The Chief Executive Officer shall develop an agenda forecast with the Board President. ~~The Agenda forecast will project out 3 months and list known items for future Board agendas.~~

**3.** This policy does not prevent the Board from taking testimony at regular and special meetings of the Board on matters ~~which~~that are not on the agenda that a member of the public may wish to bring before the Board. However, the Board shall not discuss or take action on such matters at that meeting. The Board may ask clarifying questions of public testimony.

~~2-4.~~ ~~43.~~ At least seventy-two (72) hours prior for all regular meetings and (24) hours for all special meetings, an agenda, which includes but is not limited to

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all matters on which there may be discussion and/or action by the Board, shall be posted conspicuously for public review within the District office, in accordance with the Ralph M. Brown Act (California Government Code §54950 through §54926).

The following outlines the agenda of both type meetings:

- A. Call to Order
- B. Approval of Agenda
- C. Public Comment and/or Presentations (non-agendized)
- D. Consent Calendar
- ~~E. CEO Report~~
- ~~F. DRMC Governing Board of Directors Report~~
- ~~G. Committee Reports~~
- ~~E-H. Old Business~~
- ~~F-I. New Business~~
- ~~G. Committee Reports~~
- ~~H-J. Directors Comments and Reports~~
- ~~I. DRMC Governing Board of Directors report~~
- ~~J-K. Informational Items~~
- ~~K. CEO Report~~
- L. Adjournment

5. On occasion, as needed, a closed session of the Board is required, properly announced and conducted for only those purposes allowed in the Ralph M. Brown Act (California Government Code §54950 through §54926) and are generally held generally (but not limited to) following the regular or special meeting agenda.

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## AUTHORITIES

POLICY #BOD-07

Page 2 of 3



[Desert Healthcare District Bylaws Article V](#)

**DOCUMENT HISTORY**

<u>Revised</u>	<u>07-23-2016</u>
<u>Approved</u>	<u>03-23-2016</u>

DRAFT



**POLICY TITLE:** PROPRIETY, CONFIDENTIALITY AND PERSONAL INFORMATION

**POLICY NUMBER:** BOD-16

**COMMITTEE APPROVAL:** 11-09-2020

**BOARD APPROVAL:** 11-24-2020

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**POLICY #BOD-16:** During the course of business, the Desert Healthcare District (“District”) may occasionally be provided with confidential medical information related to its employees, directors, or other affiliates (collectively referred to herein as “employees”). This policy is intended to be in compliance with all state and federal laws mandating confidentiality of medical information, including but not limited to the California Confidentiality of Medical Information Act (CMIA) and, to the extent applicable, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). The law shall supersede any provision of this policy that is in conflict.

**GUIDELINES:**

1. Employee medical information is considered confidential and shall be protected from unnecessary disclosure. When provision of medical records by a third-party provider is necessary or anticipated, an Authorization to Release Medical Information to Employer form (see attached) must be executed by the employee.

**1.1 Definitions.** “Medical information” means any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, health insurance plan, pharmaceutical company, or contractor regarding an employee’s medical history, mental or physical condition, or treatment. Such information includes, but is not limited to, medical records, doctor reports, disability certifications, or any written or oral disclosure of health conditions, illnesses, diseases, or requests for accommodation on account of health condition. “Medical information” shall be further defined to include any individually identifiable medical information provided by the employee directly unless confidentiality has been waived by the employee. “Individually identifiable” means that the medical information includes or contains any element of personal identifying information sufficient to allow identification of



the individual such as the patient's name, address, electronic mail address, telephone number, social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity.

**1.2 Designation of a Privacy Officer.** The Privacy Officer of the District shall be the Chief Administration Officer as staff Human Resources (HR) representative for the District. Should that position be unfilled, the CEO will serve in the Privacy Officer position. The Privacy Officer shall be responsible for the implementation of this policy; the receipt and maintenance of employee medical information; obtaining required authorizations when necessary; and for maintaining adequate protections to ensure the confidentiality and security of employee medical information.

**1.3 Prohibition Against Unauthorized Disclosure.** No employee who is through necessity or inadvertence provided another employee's confidential medical information may disclose or use such information without the express authorization from the Privacy Officer. Employees may not use or disclose employee medical information obtained at the District for any reason after the employment relationship with the District ends. Misuse or unauthorized disclosure of confidential medical information will result in discipline, up to and including termination of employment. Employees should relay or provide medical information, when necessary, only to the Privacy Officer. The Privacy Officer shall make every effort to maintain the confidentiality of any employee communication, oral or otherwise, containing an employee's confidential medical information.

**1.4 Medical Files.** All employee medical information documentation, whether obtained from any post-offer examination, workers' compensation examination, or directly from the employee, shall be maintained in separate, secure medical files. Employee medical files shall be treated as confidential. Employee medical files shall be kept in a locked location, accessible to only the Privacy Officer or his/her authorized designee. No employee may place any medical-related material into an employee's general personnel file.

**1.5 Mandate to Report Violations.** Any violation of this policy shall be reported to the Privacy Officer as soon as reasonably possible. Because report of violation may necessarily disclose apparent confidential medical information, employees are prohibited from relaying or repeating the report or the conveyed medical



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information to any party other than the Privacy Officer or his/her authorized designee. This prohibition does not prevent employees from reminding others about the requirements of this policy.

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**Acknowledgement of Receipt/ Confidentiality of Medical Information Policy**

I acknowledge receipt of this policy by signing this form. I understand it is my duty to familiarize myself with this policy and to adhere to its terms. I have been advised of my right to seek clarification on any of the contents herein I do not understand.

This policy is subject to change. I understand I can obtain a copy of the revised policy by requesting one from the Chief Administration Officer/Privacy Officer.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name in full

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To be completed only if no signed acknowledgement of receipt is obtained. If it is not possible to obtain the individual's acknowledgement, indicate the reason why the acknowledgement was not obtained.

\_\_\_ Refused to sign

\_\_\_ Unable to sign

\_\_\_ Mailed to employee Date: \_\_\_\_\_

\_\_\_\_\_  
Chief Administration Officer/Privacy Officer

\_\_\_\_\_  
Date



**Authorization to Release Medical Information to Employer**

This authorization to release medical information is in compliance California Confidentiality of Medical Information Act of 1981 (Cal. Civil Code Section 56 *et seq.*) and is for the purpose of allowing the Desert Healthcare District (“District”) to coordinate personnel matters for employees.

I, \_\_\_\_\_ (print name of employee), hereby authorize the Custodian of Records of (Doctor and/or facility) \_\_\_\_\_ to furnish to the District medical records and information pertaining to my medical history, mental or physical condition, services rendered or treatment. Such information may be provided to the Privacy Officer for the District.

Duration: This authorization shall become effective immediately and shall remain in effect until (date) \_\_\_\_\_, 202\_\_\_. I understand that I may revoke this authorization at any time, even before the end of this duration, by submitting a written request for revocation to the District’s Privacy Officer.

Uses: The requestor may use the medical records and information hereby released for the coordination of personnel matters, including but not limited to leave requests or medical accommodation requests. I understand that disclosure could lead to re-disclosure that would not be protected under my right to medical confidentiality.

Restrictions: I understand that the District may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

Additional Copy: I have been provided a copy of this authorization, and I further understand that I have a right to receive another copy upon request.

Signature:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M./P.M.

\_\_\_\_\_  
Employee’s Signature  
(if employee is incompetent, signature of legal representative)



**AUTHORITIES**

Desert Healthcare District Bylaws Article IV

**DOCUMENT HISTORY**

Revised 03-23-2016

Approved 12-16-2014

DRAFT





**POLICY TITLE:** PROPRIETY, CONFIDENTIALITY AND PERSONAL INFORMATION

**POLICY NUMBER:** BOD-16

~~COMMITTEE APPROVAL DATE:~~ ~~11-09-2020~~ 03/24/2016

~~BOARD APPROVAL DATE:~~ ~~11-24-2020~~ 03/23/2016

~~Resolution #14-03~~ ~~12/16/2014~~

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**POLICY:** ~~PROPRIETY, CONFIDENTIAL AND PERSONAL INFORMATION~~

**Policy #BOD-16:** During the course of business, the Desert Healthcare District (“District”) may occasionally be provided with confidential medical information related to its employees, directors, or other affiliates (collectively referred to herein as “employees”). This policy is intended to be in compliance with all state and federal laws mandating confidentiality of medical information, including but not limited to the California Confidentiality of Medical Information Act (CMIA) and, to the extent applicable, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). The law shall supersede any provision of this policy that is in conflict.

**GUIDELINES:**

1. Employee medical information is considered confidential and shall be protected from unnecessary disclosure. When provision of medical records by a third-party provider is necessary or anticipated, an Authorization to Release Medical Information to Employer form (see attached) must be executed by the employee.

**1.1 Definitions.** “Medical information” means any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, health insurance plan, pharmaceutical company, or contractor regarding an employee’s medical history, mental or physical condition, or treatment. Such information includes, but is not limited to, medical records, doctor reports, disability certifications, or any written or oral disclosure of health conditions, illnesses, diseases, or requests for accommodation on account of health condition. “Medical information” shall be



further defined to include any individually identifiable medical information provided by the employee directly, unless confidentiality has been waived by the employee. "Individually identifiable" means that the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity.

**1.2 Designation of a Privacy Officer.** The Privacy Officer of the District shall be the Chief Administration Officer as staff Human Resources (HR) representative for the District. Should that position be unfilled, the CEO will serve in the Privacy Officer position. The Privacy Officer shall be responsible for the implementation of this policy; the receipt and maintenance of employee medical information; obtaining required authorizations when necessary; and for maintaining adequate protections to ensure the confidentiality and security of employee medical information.

**1.3 Prohibition Against Unauthorized Disclosure.** No employee who is through necessity or inadvertence provided another employee's confidential medical information may disclose or use such information without the express authorization from the Privacy Officer. Employees may not use or disclose employee medical information obtained at the District for any reason after the employment relationship with the District ends. Misuse or unauthorized disclosure of confidential medical information will result in discipline, up to and including termination of employment. Employees should relay or provide medical information, when necessary, only to the Privacy Officer. The Privacy Officer shall make every effort to maintain the confidentiality of any employee communication, oral or otherwise, containing an employee's confidential medical information.

**1.4 Medical Files.** All employee medical information documentation, whether obtained from any post-offer examination, workers' compensation examination, or directly from the employee, shall be maintained in separate, secure medical files. Employee medical files shall be treated as confidential. Employee medical files shall be kept in a locked location, accessible to only the Privacy Officer or his/her authorized designee. No employee may place any medical-related material into an employee's general personnel file.



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**1.5 Mandate to Report Violations.** Any violation of this policy shall be reported to the Privacy Officer as soon as reasonably possible. Because report of violation may necessarily disclose apparent confidential medical information, employees are prohibited from relaying or repeating the report or the conveyed medical information to any party other than the Privacy Officer or his/her authorized designee. This prohibition does not prevent employees from reminding others about the requirements of this policy.

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**Acknowledgement of Receipt/ Confidentiality of Medical Information Policy**

I acknowledge receipt of this policy by signing this form. I understand it is my duty to familiarize myself with this policy and to adhere to its terms. I have been advised of my right to seek clarification on any of the contents herein I do not understand.

This policy is subject to change. I understand I can obtain a copy of the revised policy by requesting one from the Chief Administration Officer~~Human Resources Department~~/Privacy Officer.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name in full

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To be completed only if no signed acknowledgement of receipt is obtained. If it is not possible to obtain the individual's acknowledgement, indicate the reason why the acknowledgement was not obtained.

\_\_\_ Refused to sign

\_\_\_ Unable to sign

\_\_\_ Mailed to employee Date: \_\_\_\_\_

\_\_\_\_\_  
Chief Administration Officer~~HR Representative~~/Privacy Officer

Date



**Authorization to Release Medical Information to Employer**

This authorization to release medical information is in compliance California Confidentiality of Medical Information Act of 1981 (Cal. Civil Code Section 56 *et seq.*) and is for the purpose of allowing the Desert Healthcare District (“District”) to coordinate personnel matters for employees.

I, \_\_\_\_\_ (print name of employee), hereby authorize the Custodian of Records of (Doctor and/or facility) \_\_\_\_\_ to furnish to the District medical records and information pertaining to my medical history, mental or physical condition, services rendered or treatment. Such information may be provided to the Privacy Officer for the District.

Duration: This authorization shall become effective immediately and shall remain in effect until (date) \_\_\_\_\_, 202~~1~~4. I understand that I may revoke this authorization at any time, even before the end of this duration, by submitting a written request for revocation to the District’s Privacy Officer.

Uses: The requestor may use the medical records and information hereby released for the coordination of personnel matters, including but not limited to leave requests or medical accommodation requests. I understand that disclosure could lead to re-disclosure that would not be protected under my right to medical confidentiality.

Restrictions: I understand that the District may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

Additional Copy: I have been provided a copy of this authorization, and I further understand that I have a right to receive another copy upon request.

Signature:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M./P.M.

\_\_\_\_\_  
Employee’s Signature  
(if employee is incompetent, signature of legal representative)



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**AUTHORITIES**

Desert Healthcare District Bylaws Article IV

**DOCUMENT HISTORY**

Revised                      03-23-2016

Approved                    12-16-2014

DRAFT



**POLICY TITLE:** ACCESS TO PUBLIC RECORDS

**POLICY NUMBER:** OP-01

**COMMITTEE APPROVAL:** 11-09-2020

**BOARD APPROVAL:** 11-24-2020

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**POLICY #OP-01:** The California Legislature has declared that access to information concerning the conduct of the people's business is a fundamental and necessary right of every person in this state. The California Public Records Act ("PRA"), Government Code Sections 6250 to 6270, requires the Desert Healthcare District ("DHCD") to make public records available for inspection by the public and to provide copies upon request. DHCD has established the following guidelines to ensure that all persons understand and are afforded the opportunity to use their right to access public records. A copy of these guidelines will be provided free of charge upon request.

**GUIDELINES:**

1. "Public records" include any writing containing information relating to the conduct of the public's business prepared, owned, used or retained by DHCD regardless of physical form or characteristics. "Writing" means handwriting, typewriting, printing, photocopying, photographing, transmitting by electronic mail or facsimile, and every other means of recording upon any tangible thing, any form of communication or representation, including letters, words, pictures, sounds or symbols or any combination thereof, and any record thereby created, regardless of the manner in which the record has been stored.
2. Public records are open to inspection during DHCD office hours, generally 8:30 a.m. – 5:00 p.m. Monday through Friday, except for holidays. Advanced notice is not required to inspect public records; however, the inspection of records is subject to a rule of reason and must be consistent and available within the DHCD offices.

**2.1** Records available for immediate inspection include the Statement of Economic Interest (FPPC Form 700) of designated DHCD employees and this Access to Public



Records

Guidelines.

**2.2** It is the policy of DHCD that records not exempt from disclosure by state law will be open for public inspection with the least possible delay. There is no charge to inspect records. In order to prevent records from being lost, damaged or destroyed during inspection, DHCD staff may determine the location of, and may monitor, the inspection.

**3.** While a written request is not required, DHCD prefers that all Public Records Requests be in writing so that DHCD can more accurately identify the records sought and process the request more efficiently. Requests may be in person, by phone, by email or directed to DHCD's office at the following address:

Desert Healthcare District  
1140 North Indian Canyon Drive  
Palm Springs, CA 92262  
Phone: (760) 323-6113  
Fax: (760) 323-6509  
Email: [ahayles@dhcd.org](mailto:ahayles@dhcd.org)

Please include the following information in your request, so that we may respond to your request in a timely manner:

**3.1** A clear and specific description of the information you are requesting. If possible, identify dates, subjects, titles and authors of the records requested. If needed, DHCD staff may ask for additional information if the request is not specific enough to permit identification of the records sought.

**3.2** Contact information is recommended so DHCD can obtain clarifying information if needed and send you a response or copies of records.

**3.3** The District strives to fulfill requests as soon as possible but not beyond ten (10) days from the date the request is received, DHCD will determine whether the request, in whole or in part, seeks copies of disclosable public records in DHCD's possession and notify the requester of such determination. In unusual circumstances, the 10-day time limit may be extended up to an additional fourteen





(14) days by written notice to the requester, setting forth the reason for the time extension. Unusual circumstances include:

**3.3.1** The need to search for and collect the requested records from field facilities or other establishments that are separate from the office processing the request;

**3.3.2** The need to search for, collect, and appropriately examine a voluminous amount of separate and distinct records that are demanded in a single request;

**3.4** If DHCD determines it will comply with the request, the records will be made available as promptly as possible upon payment, if required, of any applicable copying fees.

**3.5** Upon request, DHCD will make an electronic public record available in any electronic format in which DHCD holds the information.

**3.6** The cost for all other copies is the direct cost of duplication, or a statutory fee if applicable.

**4.** In balancing the public's right to access public records with other rights and interests, including the individual right of privacy and the need for DHCD to be able to competently perform its duties, the Legislature has established certain categories of records that may be exempt from public disclosure under specified circumstances. These include but are not limited to, certain personnel records, investigative records, drafts, confidential legal advice, records prepared in connection with litigation, real estate appraisals and evaluations made relative to pending acquisition of property, trade secrets, communications with the Governor's Office and information that is confidential pursuant to other state or federal statutes.

**5.** Upon receipt of a Court Order or a Subpoena Duces Tecum (a notice to appear and to bring records, or to produce records without appearance) should be forwarded to the Chief Executive Officer and the DHCD legal counsel. While a Subpoena Duces Tecum is issued by a court, it is not always an order of the court declaring that the particular records are subject to disclosure. Such records may still be subject to protection against disclosure by reason of the existence of a privilege or other legal excuse. Therefore, receipt of such a subpoena does not permit disclosure of records in and of itself and legal counsel shall determine the appropriate response.



## **AUTHORITIES**

California Public Records Act Government Code Sections 6250 to 6270

Desert Healthcare District Bylaws Article V, section 5.6

## **DOCUMENT HISTORY**

Approved                      02-24-2016

DRAFT



**POLICY TITLE:** ACCESS TO PUBLIC RECORDS

**POLICY NUMBER:** \_\_\_\_\_OP-01

**COMMITTEE APPROVAL UPDATE:** \_\_\_\_\_11-09-2020N/A

**BOARD APPROVAL DATE:** \_\_\_\_\_11-24-202002/24/2016

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**POLICY #:** ACCESS TO PUBLIC RECORDS

**Policy# OP-01:** The California Legislature has declared that access to information concerning the conduct of the people's business is a fundamental and necessary right of every person in this state. The California Public Records Act ("PRA"), Government Code Sections 6250 to 6270, requires the Desert Healthcare District ("DHCD") to make public records available for inspection by the public and to provide copies upon request. DHCD has established the following guidelines to ensure that all persons understand and are afforded the opportunity to use their right to access public records. A copy of these guidelines will be provided free of charge upon request.

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**GUIDELINES:**

1. "Public records" include any writing containing information relating to the conduct of the public's business prepared, owned, used or retained by DHCD regardless of physical form or characteristics. "Writing" means handwriting, typewriting, printing, photocopying, photographing, transmitting by electronic mail or facsimile, and every other means of recording upon any tangible thing, any form of communication or representation, including letters, words, pictures, sounds or symbols or any combination thereof, and any record thereby created, regardless of the manner in which the record has been stored.
2. Public records are open to inspection during DHCD office hours, generally 8:30 a.m. – 5:00 p.m. Monday through Friday, except for holidays. Advanced notice is not required to inspect public records; however, the inspection of records is subject to a rule of reason and must be consistent and available within the DHCD offices.



**2.1** Records available for immediate inspection include the Statement of Economic Interest (FPPC Form 700) of designated DHCD employees and this Access to Public Records Guidelines.

**2.2** It is the policy of DHCD that records not exempt from disclosure by state law will be open for public inspection with the least possible delay. There is no charge to inspect records. In order to prevent records from being lost, damaged or destroyed during inspection, [DHCDPR](#) staff may determine the location of, and may monitor, the inspection.

**3.** While a written request is not required, DHCD prefers that all Public Records Requests ~~for records~~ be in writing so that DHCD can more accurately identify the records sought and process the request more efficiently. Requests may be in person, by phone, by email or directed to DHCD's office at the following address:

Desert Healthcare District  
11400 North Indian Canyon Drive  
Palm Springs, CA 92262  
Phone: (760) 323-6113  
Fax: (760) 323-6509  
Email: [ahayles@dhcd.org](mailto:ahayles@dhcd.org)

Please include the following information in your request, so that we may respond to your request in a timely manner:

**3.1** A clear and specific description of the information you are requesting. If possible, identify dates, subjects, titles and authors of the records requested. If needed, DHCD staff may ask for additional information if the request is not specific enough to permit identification of the records sought.

**3.2** Contact information is recommended so DHCD can get-obtain clarifying information if needed and send you a response or copies of records.

**3.3** The District strives to fulfill requests as soon as possible but not beyond ten (10) days from the date the request is received, DHCD will determine whether the request, in whole or in part, seeks copies of disclosable public records in DHCD's possession and notify the requester of such determination. In unusual



circumstances, the 10-day time limit may be extended up to an additional fourteen (14) days by written notice to the requester, setting forth the reason for the time extension. Unusual circumstances include:

**3.3.1** The need to search for and collect the requested records from field facilities or other establishments that are separate from the office processing the request;

**3.3.2** The need to search for, collect, and appropriately examine a voluminous amount of separate and distinct records that are demanded in a single request;

**3.4** If DHCD determines it will comply with the request, the records will be made available as promptly as possible upon payment, if required, of any applicable copying fees.

**3.5** Upon request, DHCD will make an electronic public record available in any electronic format in which DHCD holds the information.

**3.6** The cost for all other copies is the direct cost of duplication, or a statutory fee if applicable.

**4.** In balancing the public's right to access public records with other rights and interests, including the individual right of privacy and the need for DHCD to be able to competently perform its duties, the Legislature has established certain categories of records that may be exempt from public disclosure under specified circumstances. These include but are not limited to, certain personnel records, investigative records, drafts, confidential legal advice, records prepared in connection with litigation, real estate appraisals and evaluations made relative to pending acquisition of property, trade secrets, communications with the Governor's Office and information that is confidential pursuant to other state or federal statutes.

**5.** Upon receipt of a Court Order or receipt of a Subpoena Duces Tecum (a notice to appear and to bring records, or to produce records without appearance) should be forwarded to the Chief Executive Officer and the DHCD legal counsel. While a Subpoena Duces Tecum is issued by a court, it is not always an order of the court declaring that the



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particular records are subject to disclosure. Such records may still be subject to protection against disclosure by reason of the existence of a privilege or other legal excuse. Therefore, receipt of such a subpoena does not permit disclosure of records in and of itself and legal counsel shall determine the appropriate response.

**AUTHORITIES**

[California Public Records Act Government Code Sections 6250 to 6270](#)

[Desert Healthcare District Bylaws Article V, section 5.6](#)

**DOCUMENT HISTORY**

[Approved](#) [02-24-2016](#)



**POLICY TITLE:** RECORDS RETENTION  
**POLICY NUMBER:** OP-03  
**COMMITTEE APPROVAL:** 11-09-2020  
**BOARD APPROVAL:** 11-24-2020

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**POLICY #OP-3:** It is the policy of the Desert Healthcare District’s Board of Directors to provide guidelines regarding the retention or disposal of Desert Healthcare District records; provide for the identification, maintenance, safeguarding and disposal of records in the normal course of business; ensure prompt and accurate retrieval of records; and ensure compliance with legal and regulatory requirements.

**GUIDELINES:**

1. The California Secretary of State has issued local government records management guidelines in accordance with Government Code Section 60200 et seq., which augments the authority of local governments and districts to establish records retention schedule. The Board of Directors of Desert Healthcare District (“District”) is authorized by the provisions of California Government Code sections 60200 et seq., to establish a records retention schedule applicable to District records. The records retention policy assists the District in documenting the records that (i) require office or temporary storage, (ii) have historic or research value, and (iii) should be destroyed because they no longer have any administrative, fiscal, or legal value.

**1.1 Authorization for Destruction of Records.** The record retention schedule, Exhibit “A”, is the approved schedule for the District which is in compliance with Government Code sections 60200 et seq. The schedule gives the time periods documents must remain open/active for the public, the time period documents will remain closed (saved but may be boxed or in storage) and the process for destroying documents.

**1.2 Destruction of Records after Scanning.** Any record not expressly required by law to be filed and preserved in original form may be destroyed at any time after it is electronically stored in conformance with the requirements of Government Code section 60203.



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**1.3 Destruction of Duplicates.** Pursuant to Government Code section 60200, any duplicate record, paper, or document which has the original or a permanent photographic copy stored in the files of the District, may be destroyed after confirmation that the original or permanent photographic copy remains on file in the District.

**1.4 Retention of Records Not Mentioned.** All records, papers, and documents not mentioned in this policy may be scanned as archival records or destroyed so long as such disposal is consistent with the recommendations of the Local Government Records Management Guidelines as set forth by the Secretary of State as the same may be amended from time to time.

**1.5 Retained Records.** Following Government Code section 60201, the District shall retain records that

- relate to formation, change of organization, or reorganization of the District;
- District ordinance unless it has been repealed or is invalid or unenforceable for a period of five (5) years;
- minutes of a meeting of the legislative body of the District;
- pending claims and litigation records for two (2) years after the disposition;
- records that are the subject of a pending Public Records Act request until the request is granted or two (2) years have passed since denial;
- records of construction projects prior to notice of completion and release of stop notices, if any;
- records related to non-discharged contracts or debts; records of title for District real property;
- unaccepted construction bids/proposals until two (2) years old;
- records that specify the amount of compensation paid to District employees, officers, or independent contractors until seven (7) years old;
- records for which the administrative, fiscal, or legal purpose has not yet been fulfilled.
- emails shall be retained for six (6) months.





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**EXHIBIT "A"**

**Review Period**

<b>Record Series (Description)</b>	<b>Open/Active</b>	<b>Closed</b>	<b>Disposal</b>	<b>Notes</b>
Accident reports and logs	2 years	2 years	Shred	
Accounting files, miscellaneous	5 years	5 years	Shred	
Accounts payable (vendor files, invoices, employee travel and expense records)	1 year	6 years	Shred	
Accounts receivable	1 year	4 years	Shred	
Agendas, minutes and supporting materials for Board/Committee packet	1 year	Indefinite	Archive	
Agreements with agencies, firms, individuals	1 year	5 years	Shred	Depending on type of agreement, some will be indefinite
Appraisal Reports	1 year	5 years	Shred	Originals to be filed in project file
Audit Reports	10 years	10 years	Shred	
Bank statements (with cancelled checks)	1 year	4 years	Shred	
Board correspondence	1 year	4 years	Shred	Dispose after leaving the Board
Budgets, annual	1 year	Indefinite	Archive	
Cash receipt books with backup and deposit tickets	1 year	4 years	Shred	
Claim or litigation on behalf of DHCD	1 year	Indefinite	Archive	
Claim or litigation against DHCD		Indefinite	Archive	
Computer maintenance files	1 year	3 years	Toss	
Computer programs	1 year	6 years	Toss	



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Computer tape disks/backup	2 years	2 years	Toss	
Computer tracking records	1 year	3 years	Toss	
Conflict of Interest Statements	1 year	Indefinite	Archive	Include oath of office, economic statements, etc.
Correspondence, general	1 year	2 years	Toss	
Deeds	1 year	Indefinite	Archive	
Director's compensation and reimbursement	1 year	4 years	Shred	Dispose after Director leaves Board
Director's fees	1 year	6 years	Shred	Dispose after Director leaves Board
Disability Claims	1 year	Indefinite	Archive	
Easements	1 year	Indefinite	Archive	
Employee records	1 year	6 years	Shred	
Employee records terminated	1 year	6 years	Shred	
Employee time records (i.e. payroll files) including deduction authorizations and overtime	1 year	6 years	Shred	
Employee travel and expense records	6 years	6 years	Shred	
Equipment maintenance records and contracts	1 year	5 years	Toss	
Financial reports, miscellaneous	10 years	10 years	Shred	
Financial Statements, annual	1 year	Indefinite	Archive	
Historical files (history of the former DHD)	1 year	Indefinite	Archive	
Insurance certificates and policies	1 year	6 years	Shred	
Inventory Records	1 year	6 years	Toss	
Investment Portfolio	1 year	Indefinite	Archive	Permanent for research/historical value



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Investments (Certificates of Deposit)	1 year	6 years	Shred	
Lease Agreements	1 year	6 years	Shred	Permanent for research/historical value
Ledgers, General and Journal	1 year	Indefinite	Archive	
Legal opinions	1 year	Indefinite	Archive	
Policies and Procedures	1 year	Indefinite	Archive	
Resolutions	1 year	Indefinite	Archive	
Retirement plan agreements, amendments, and related documents	1 year	Indefinite	Archive	Permanent for historic value
Vehicle operation records	1 year	3 years	Toss	
Vendor files, misc. correspondence	1 year	1 year	Shred	Dispose when no longer relevant
Workers' compensation files	1 year	6 years	Shred	

**\*Schedule Instructions**

1. Records are Open/Active files for at least the period stated as a matter of general practice. After the Open/Active period has passed, to the extent possible, records will be identified to the applicable department for closure recommendation, via electronic records management systems.
2. Records placed in closed files will be retained for the scheduled period. Notice to the applicable department will be made prior to disposal.

**AUTHORITIES**

Desert Healthcare District Resolution #11-05

**DOCUMENT HISTORY**

Approved 05-24-2016



**POLICY TITLE: RECORDS RETENTION**

**POLICY NUMBER:**            OP-03

**COMMITTEE APPROVAL UPDATE:** 11-09-2020 ~~N/A~~

**BOARD APPROVAL DATE:** 11-24-2020 ~~02/23/2016~~  
Resolution #11-05 ~~05/24/2014~~

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**POLICY : ~~RECORDS RETENTION~~**

**Policy #OP-3:**

It is the policy of the Desert Healthcare District's Board of Directors to provide guidelines regarding the retention or disposal of Desert Healthcare District records; provide for the identification, maintenance, safeguarding and disposal of records in the normal course of business; ensure prompt and accurate retrieval of records; and ensure compliance with legal and regulatory requirements.

**GUIDELINES:**

1. The California Secretary of State has issued local government records management guidelines in accordance with Government Code Section 60200 et seq., which augments the authority of local governments and districts to establish records retention schedule. The Board of Directors of Desert Healthcare District ("District") is authorized by the provisions of California Government Code sections 60200 et seq., to establish a records retention schedule applicable to District records. The records retention policy assists the District in documenting the records that (i) require office or temporary storage, (ii) have historic or research value, and (iii) should be destroyed because they no longer have any administrative, fiscal, or legal value.

**1.1 Authorization for Destruction of Records.** The record retention schedule, Exhibit "A", is the approved schedule for the District which is in compliance with Government Code sections 60200 et seq. The schedule gives the time periods documents must remain open/active for the public, the time period documents will



remained closed (saved but may be boxed or in storage) and the process for destroying documents.

**1.2 Destruction of Records after Scanning.** Any record not expressly required by law to be filed and preserved in original form may be destroyed at any time after it is electronically stored in conformance with the requirements of Government Code section 60203.

**1.3 Destruction of Duplicates.** Pursuant to Government Code section 60200, any duplicate record, paper, or document which has the original or a permanent photographic copy of stored in the files of the District, may be destroyed after confirmation that the original or permanent photographic copy remains on file in the District.

**1.4 Retention of Records Not Mentioned.** All records, papers, and documents not mentioned in this policy may be scanned as archival records or destroyed so long as such disposal is consistent with the recommendations of the Local Government Records Management Guidelines as set forth by the Secretary of State as the same may be amended from time to time.

**1.5 Retained Records.** Following Government Code section 60201, the District shall retain records that

- relate to formation, change of organization, or reorganization of the District;
- District ordinance unless it has been repealed or is invalid or unenforceable for a period of five (5) years;
- minutes of a meeting of the legislative body of the District;
- pending claims and litigation records for two (2) years after the disposition;
- records that are the subject of a pending Public Records Act request until the request is granted or two (2) years have passed since denial;
- records of construction projects prior to notice of completion and release of stop notices, if any;
- records related to non-discharged contracts or debts; records of title for District real property;
- unaccepted construction bids/proposals until two (2) years old;



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- records that specify the amount of compensation paid to District employees, officers, or independent contractors until seven (7) years old;
- records for which the administrative, fiscal, or legal purpose has not yet been fulfilled.
- emails shall be retained for six (6) months.

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**EXHIBIT "A"**

**Review Period**

<b>Record Series (Description)</b>	<b>Open/Active</b>	<b>Closed</b>	<b>Disposal</b>	<b>Notes</b>
Accident reports and logs	2 years	2 years	Shred	
Accounting files, miscellaneous	5 years	5 years	Shred	
Accounts payable (vendor files, invoices, employee travel and expense records)	1 year	6 years	Shred	
Accounts receivable	1 year	4 years	Shred	
Agendas, minutes and supporting materials for Board/Committee packet	1 year	Indefinite	Archive	
Agreements with agencies, firms, individuals	1 year	5 years	Shred	Depending on type of agreement, some will be indefinite
Appraisal Reports	1 year	5 years	Shred	Originals to be filed in project file
Audit Reports	10 years	10 years	Shred	
Bank statements (with cancelled checks)	1 year	4 years	Shred	
Board correspondence	1 year	4 years	Shred	Dispose after leaving the Board
Budgets, annual	1 year	Indefinite	Archive	
Cash receipt books with backup and deposit tickets	1 year	4 years	Shred	
Claim or litigation on behalf of DHCD	1 year	Indefinite	Archive	
Claim or litigation against DHCD		Indefinite	Archive	
Computer maintenance files	1 year	3 years	Toss	
Computer programs	1 year	6 years	Toss	



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Computer tape disks/backup	2 years	2 years	Toss	
Computer tracking records	1 year	3 years	Toss	
Conflict of Interest Statements	1 year	Indefinite	Archive	Include oath of office, economic statements, etc.
Correspondence, general	1 year	2 years	Toss	
Deeds	1 year	Indefinite	Archive	
Director's compensation and reimbursement	1 year	4 years	Shred	Dispose after Director leaves Board
Director's fees	1 year	6 years	Shred	Dispose after Director leaves Board
Disability Claims	1 year	Indefinite	Archive	
Easements	1 year	Indefinite	Archive	
Employee records	1 year	6 years	Shred	
Employee records terminated	1 year	6 years	Shred	
Employee time records (i.e. payroll files) including deduction authorizations and overtime	1 year	6 years	Shred	
Employee travel and expense records	6 years	6 years	Shred	
Equipment maintenance records and contracts	1 year	5 years	Toss	
Financial reports, miscellaneous	10 years	10 years	Shred	
Financial Statements, annual	1 year	Indefinite	Archive	
Historical files (history of the former DHD)	1 year	Indefinite	Archive	
Insurance certificates and policies	1 year	6 years	Shred	
Inventory Records	1 year	6 years	Toss	





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Investment Portfolio	1 year	Indefinite	Archive	Permanent for research/historical value
Investments (Certificates of Deposit)	1 year	6 years	Shred	
Lease Agreements	1 year	6 years	Shred	Permanent for research/historical value
Ledgers, General and Journal	1 year	Indefinite	Archive	
Legal opinions	1 year	Indefinite	Archive	
Policies and Procedures	1 year	Indefinite	Archive	
Resolutions	1 year	Indefinite	Archive	
Retirement plan agreements, amendments, and related documents	1 year	Indefinite	Archive	Permanent for historic value
Vehicle operation records	1 year	3 years	Toss	
Vendor files, misc. correspondence	1 year	1 year	Shred	Dispose when no longer relevant
Workers' compensation files	1 year	6 years	Shred	

**\*Schedule Instructions**

1. Records are Open/Active files for at least the period stated as a matter of general practice. After the Open/Active period has passed, to the extent possible, records will be identified to the applicable department for closure recommendation, via electronic records management systems.
2. Records placed in closed files will be retained for the scheduled period. Notice to the applicable department will be made prior to disposal.

**AUTHORITIES**

[Desert Healthcare District Resolution #11-05](#)

**DOCUMENT HISTORY**

Approved 05-24-2016

POLICY #OP-03

Page 6 of 6

Policy #OP-3 Page 6 of 6



**POLICY TITLE:** ELECTRONIC COMMUNICATIONS USAGE AND RETENTION

**POLICY NUMBER:** OP-04

**COMMITTEE APPROVAL:** 11-09-2020

**BOARD APPROVAL:** 11-24-2020

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**POLICY #OP-4:** It is the policy of the Desert Healthcare District (“District”) to provide guidelines for Electronic Communications usage and retention.

**GUIDELINES:**

1. The purpose of the Electronic Communications Usage and Retention Policy is to:

- Provide clear and concise direction regarding use of the District’s electronic communications systems, including electronic mail (e-mail), text messaging and voicemail.
- Minimize any disruptions to District services related to electronic communications.
- Enhance work productivity through the use of electronic communications.
- Comply with applicable State and Federal laws and District policies related to the use of e-mail and all other forms of electronic communication.

This policy applies to all employees, elected officials, appointed officials, consultants, volunteers or other non-employees who use electronic communications regarding District business. All such persons shall be referred to throughout this policy as “District personnel.”



**1.1 Definition of “Official District Record”.** Under this Policy, the definition of “Official District Record” follows the definitions provided in the California Public Records Act (Cal. Gov. Code § 6250 et seq.) for “public records” and “writing”:

“...any writing containing information relating to the conduct of the public’s business prepared, owned, used or retained by any state or local agency regardless of physical form or characteristics...”

“...‘Writing’ means handwriting, typewriting, printing, photostating, photographing, photocopying, transmitting by electronic mail or facsimile, and every other means of recording upon any tangible thing any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combination thereof, and any record thereby created, regardless of the manner in which the record has been stored.”

**1.2 District Email is an Official District Record.** E-mail and other forms of electronic communications, such as text messaging and voicemail, generate correspondence and other types of records that can be recognized as Official District Records and may be subject to disclosure under the Public Records Act. In addition, any Official District Records created through email and other forms of electronic communications must be protected and retained in accordance with records retention laws.

Messages transmitted using the District’s email system or using District-owned equipment, such as cell phones, smartphones, or pagers with capabilities for text messaging and voicemail, should be messages which involve District business activities and contain information essential to accomplishment of business-related tasks, or can otherwise be recognized as Official District Records. However, the incidental use of electronic communications (email, text, or voice) that may contain non-District related (personal) matters is permitted. This incidental use shall be limited and must not interfere with employee productivity or the provision of District services. Any incidental (personal) email, text or voice messages are NOT considered public records, but may still be discoverable in litigation. All electronic communications as described in this policy are the property of the District.



**1.3 Social Networking and Official District Records.** Communications regarding District business that are sent or received through any social networking site may also be subject to the Public Records Act and records retention laws. Until the District adopts and implements an official policy regarding social networking, all District personnel should be cautious in using social networking sites to communicate regarding District business. At a minimum, District personnel should notify social media users that their communications regarding District business may be subject to disclosure. In addition, District personnel should caution all users that social media is not the official method of communicating with the District and should direct users to contact the District via telephone, in writing, or through the District's website.

**1.4 District Email System is Not For Storage.** The District reserves the right to retrieve and make proper and lawful use of any and all electronic communications transmitted through the District's email system and any District-owned equipment. Although the use of electronic communications is considered official District business, the District's communication systems, including email, text messaging and voicemail, are intended as a medium of communication only. Therefore, the email system and any District-owned equipment such as cell phones, smartphones and pagers should not be used for the electronic storage or maintenance of documentation, including, but not limited to, Official District Records. Regarding email, the system administrator performs regular electronic back-ups of the District's email system. However, the back-up is not a copy of all District email activity that occurred on the District email server during the back-up period.

**1.5 Guidelines for Proper Email Usage**

- District email access is controlled through individual accounts and passwords. It is the responsibility of District personnel to protect the confidentiality of his or her account and password information.
- District personnel are responsible for managing their mailboxes, including organizing and cleaning out any non-District related messages that do not constitute Official District Records. Email users are responsible for determining if emails contain substantive information regarding District



business or may later be important or useful for carrying out District business, and thus could be considered as Official District Records.

- All District personnel must check and respond to their emails on a regular basis, preferably daily.
- District personnel are expected to remember that email sent from District email accounts is a representation of the District. All District personnel must use normal standards of professional and personal courtesy and conduct when drafting email messages. Email messages should be drafted with the same care and in the same manner as any communication printed on District letterhead. Like any other District communication, email is a reflection of the District's business practices.
- All messages transmitted over the email system should be limited to those which involve District business activities or contain information essential to District personnel for the accomplishment of District-related tasks. Use of the District's email system for personal communication must be kept to a minimum. "Spam" email can be harmful to the District's computer system. Spam email is electronic junk mail, usually unsolicited commercial and non-commercial messages transmitted as a mass mailing to a number of recipients. If an email message does not pertain to District business, it should be deleted from your email account and not forwarded. Examples include jokes, thoughts for the day, "chain" type email messages, etc.
- Email messages should be easy to read and understand. Spelling and grammar should be correct. Avoid using abbreviations unless you are certain the recipient will understand the meaning.
- Messages should be sent to smaller rather than larger audiences where appropriate. Avoid "broadcasting" messages and large documents. Email should not be used for broadcast purposes unless the message is of interest to all District personnel.
- Avoid long email "chain" messages that include past emails attached to a current message. Deleting long strings of previous email exchanges from your reply messages will enhance readability and save disk space.
- Limit designating email as "high-priority" or "urgent" – use those designations only when necessary and appropriate.



### **1.6 Prohibited Uses of the District's Electronic Communication Systems.**

Electronic communications shall not be used for any activity that is a violation of local, state, or federal law. Types of messages prohibited from being transmitted through the District's electronic communications systems include, but are not limited to, the following:

- Messages in support or opposition to campaigns for candidates for an elected office or a ballot measure.
- Messages of a religious nature or promoting or opposing religious beliefs.
- Messages containing language which is insulting, offensive, disrespectful, demeaning, or sexually suggestive.
- Messages containing harassment of any form, sexual or ethnic slurs, obscenities, or any representation of obscenities. For more information please refer to the District's policies regarding harassment and discrimination.
- Messages used to send or receive copyrighted material, proprietary financial information, or similar materials.
- Messages used for gambling or any activity that is a violation of local, state, or federal law.

**1.7 No Expectation of Privacy.** District personnel have no right or expectation of privacy or confidentiality in any message created, sent, received, deleted, or stored using the District email system or any District-owned communication devices. All messages and any attachments on the District's computer network or other District-owned system or device are the property of the Desert Healthcare District and may be accessed by authorized personnel. District electronic communications may be monitored as allowed by the Electronic Communications Privacy Act, the federal Stored Communications Act, and other any applicable federal or State laws. Most communications



among District personnel are not confidential communications. However, certain communications such as law enforcement investigations, personnel records, or attorney-client communications may be confidential or contain confidential information. Questions about whether communications are confidential, and how they are to be preserved, should be discussed with the Chief Executive Officer.

- **No Snooping.**

It is a violation of this District policy for any District personnel to use the District's electronic communications systems or equipment for purposes of satisfying idle curiosity about the affairs of others. Abuse of authority by accessing another person's email, text or voice messages without their knowledge or consent is prohibited. District personnel found to have engaged in such "snooping" may be subject to disciplinary action consistent with District policies.

- **Access Must be Private**

Notwithstanding the District's right to have authorized personnel access email and other electronic messages, all electronic messages should be treated as confidential by other District personnel and accessed only by the intended recipient. District personnel are not authorized to retrieve, read or listen to any electronic messages that are not sent to them. Any exceptions must receive prior approval by the Chief Executive Officer or their designee.

- **Use Caution with Confidential Information.**

All District personnel must exercise a greater degree of caution in sending confidential information on the District's electronic communications systems than they take with other media because of the risk that such information may be copied and/or retransmitted. When in doubt, DO NOT USE EMAIL, TEXT MESSAGING OR VOICEMAIL as a means of communication. Furthermore, the use of passwords for security does not guarantee confidentiality.

- **Personal Email Accounts and Official District Records**



The use of personal email accounts to transmit messages regarding District business should be avoided by all District personnel. In the event that messages regarding District business are received by District personnel through their personal email accounts, District personnel are requested to forward copies of such emails to their District email addresses. Personal emails discussing District business might be considered Official District Records that are subject to the Public Records Act and records retention laws. District personnel are requested to use only their District email accounts for sending/receiving emails regarding District business.

**1.8 Record Retention and Disclosure.** Electronic communications are a business tool which shall be used in accordance with generally accepted business practices and all federal and State laws, including the California Public Records Act, to provide an efficient and effective means of intra-agency and interagency communications. Under most circumstances, communications sent electronically are public records, subject to disclosure under the Public Records Act and subject to records retention laws applicable to special districts.

**1.8.1 Electronic Messages as Official District Records**

The District's email, text messaging and voice mail systems are tools used for the temporary transport of communication, and as methods to send or receive correspondence. If an email message or text message, including any attachments, can be considered an Official District Record, as defined by this Policy ("*any writing containing information relating to the conduct of the public's business prepared, owned, used or retained by any state or local agency regardless of physical form or characteristics*"), such messages must be preserved for the legally required time period in accordance with the District's Records Retention Policy.

**1.8.2 Automatic Deletion of Email**

The District's email management system automatically deletes District emails, including any text messages that become emails, which are more than **one hundred eighty (180) days** old from all Outlook folders of each District email user. Email in "Deleted" and "Sent" folders will be automatically removed after **one hundred eighty (180) days**.





### 1.8.3 Managing Your District Email

Individual District personnel are responsible for the management of their mailboxes and associated folders on a daily basis. To ensure maximum efficiency in the operation of the email system, District personnel are directed to delete email messages that are not Official District Records from their inboxes on a daily basis. Examples of such messages are personal emails, email advertisements/announcements, or newsletters received via email. If email messages that are not Official District Records are necessary for transitory work, preliminary drafts, preparation of work product or personal notes, District personnel are directed to either print the email and maintain the paper copy, or create a PDF version of the email (print to PDF) and store the file in an electronic folder on the District's network drive.

Email messages (including any attachments) that are Official District Records shall be preserved by one of the following methods:

- Print the email and place the printed copy in the appropriate file.
- Email should not be stored on portable media (CDs, DVDs, thumb drives, etc.). Electronically move the email out of the District's email system and store it on a network drive.

It is the responsibility of individual District personnel to determine if an email message is an Official District Record which must be retained in accordance with the District's Record Retention Policy. Always consider the content of an email message when you are determining if the email is an Official District Record. The Chief Executive Officer can assist you in making such a determination. In addition, following is a general guideline for determining whether an email message is a public record under the California Public Records Act and records retention laws:



<i>MESSAGES THAT ARE GENERALLY CONSIDERED AS PUBLIC RECORDS</i>	<i>MESSAGES THAT ARE GENERALLY NOT CONSIDERED AS PUBLIC RECORDS</i>
<ul style="list-style-type: none"> <li>▪ Emails that are created or received in connection with District business;</li> <li>▪ Emails that document official decisions or commitments not otherwise documented in official District files; or</li> <li>▪ Emails that initiate, authorize or complete a transaction of the District’s business.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Personal messages.</li> <li>▪ SPAM emails, advertisements or other “junk” email.</li> <li>▪ Messages not related to official District business (e.g., gathering for birthday cake in the lunch room).</li> <li>▪ Emails transmitting newsletters or general information from other public agencies or vendors.</li> </ul>

Examples of email messages that are generally considered as public records:

- Email requesting to add a consent calendar item to the District Board meeting agenda.
- Emails between District staff regarding the need for an email retention policy.
- Emails between District staff regarding approval of a contract.
- Email that refers to meeting a deadline (i.e., “In compliance with FPPC filing requirements, attached please find...).
- Formal negotiations that exist only in email form.

**1.9 Email Attachments.** Attachments to email messages should be retained or disposed of according to the content of the attachment itself, not according to the email transmitting the attachment. Many email attachments are simply duplicates of existing documents, or are draft versions of documents that might not be retained by the District after the final version of the document is complete. If you need help in determining whether an attachment to an email message must be retained, please contact the Chief Executive Officer or the Clerk to the Board.



**1.10. Preserving Electronic Messages – Public Records Act Requests, Subpoenas, Claims, and Potential Claims Against the District.** Periodically, the District receives requests for inspection or production of documents pursuant to the Public Records Act, as well as subpoenas or court orders for documents. In the event such a request or demand includes electronic messages, District personnel who have control over or access to any such messages, once they become aware of the request or demand, shall use their best efforts, by reasonable means available, to temporarily preserve any such message until it is determined whether the message is subject to preservation, public inspection, or disclosure. District personnel must contact the Chief Executive Officer or the Clerk to the Board regarding any such messages that are within their control.

**1.11 Violations.** Any person found to have violated this policy may have his or her access to District email, text messaging or other means of electronic communication on District equipment limited or revoked completely. District personnel who violate this policy may be subjected to formal disciplinary action up to and including termination from District employment.



ACKNOWLEDGEMENT OF RECEIPT OF ELECTRONIC COMMUNICATION USAGE AND RETENTION POLICY

This is to acknowledge that I have received a copy of the Desert Healthcare District “Electronic Communications Usage and Retention Policy.” I understand that it contains important information on the District’s policies with regard to the use of the District’s Electronic Communication Systems and my obligations and responsibilities as an employee/District Board member/contract employee.

I acknowledge that I have read, understand and promise to adhere to the District’s Electronic Communication Usage and Retention Policy. I understand that the provisions in the Policy govern my use of the District’s Electronic Communication Systems and that the District, in its sole and absolute discretion, may change, rescind, or add to this Policy from time to time, with or without prior notice to me.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

This document shall be signed and placed in the Human Resources files.



**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

Desert Healthcare District Resolution #11-05

**DOCUMENT HISTORY**

Approved                      05-24-2016

DRAFT



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**POLICY TITLE:** \_\_\_\_\_  
**ELECTRONIC COMMUNICATIONS USAGE AND RETENTION**

**POLICY NUMBER:** OP-04

**COMMITTEE APPROVAL UPDATE:** 11-09-2020 ~~N/A~~

**BOARD APPROVAL DATE:** 11-24-2020 ~~05/24/2016~~  
~~Resolution #11-05~~ 05/24/2011

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**POLICY:** ~~ELECTRONIC COMMUNICATIONS USAGE AND RETENTION POLICY~~

**Policy #OP-4:**

It is the policy of the Desert Healthcare District ("District") to provide guidelines for Electronic Communications s usage and r Retention ~~Policy~~.

**GUIDELINES:**

1. The purpose of the Electronic Communications Usage and Retention Policy is to:
  - Provide clear and concise direction regarding use of the District's electronic communications systems, including electronic mail (e-mail), text messaging and voicemail.
  - Minimize any disruptions to District services related to electronic communications.
  - Enhance work productivity through the use of electronic communications.
  - Comply with applicable State and Federal laws and District policies related to the use of e-mail and all other forms of electronic communication.



This policy applies to all employees, elected officials, appointed officials, consultants, volunteers or other non-employees who use electronic communications regarding District business. All such persons shall be referred to throughout this policy as “District personnel.”

**1.1 Definition of “Official District Record”:** -Under this Policy, the definition of “Official District Record” follows the definitions provided in the California Public Records Act (Cal. Gov. Code § 6250 et seq.) for “public records” and “writing”:

“...any writing containing information relating to the conduct of the public’s business prepared, owned, used or retained by any state or local agency regardless of physical form or characteristics...”

“...‘Writing’ means handwriting, typewriting, printing, photostating, photographing, photocopying, transmitting by electronic mail or facsimile, and every other means of recording upon any tangible thing any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combination thereof, and any record thereby created, regardless of the manner in which the record has been stored.”

**1.2 District Email is an Official District Record.** E-mail and other forms of electronic communications, such as text messaging and voicemail, generate correspondence and other types of records that can be recognized as Official District Records and may be subject to disclosure under the Public Records Act. In addition, any Official District Records created through email and other forms of electronic communications must be protected and retained in accordance with records retention laws.

Messages transmitted using the District’s email system or using District-owned equipment, such as cell phones, smartphones, or pagers with capabilities for text messaging and voicemail, should be messages which involve District business activities and contain information essential to accomplishment of business-



related tasks, or can otherwise be recognized as Official District Records. However, the incidental use of electronic communications (email, text, or voice) that may contain non-District related (personal) matters is permitted. This incidental use shall be limited, and must not interfere with employee productivity or the provision of District services. Any incidental (personal) email, text or voice messages are NOT considered public records, but may still be discoverable in litigation. All electronic communications as described in this policy are the property of the ~~Desert Healthcare~~ District.

———**1.3 Social Networking and Official District Records.** Communications regarding District business that are sent or received through any social networking site may also be subject to the Public Records Act and records retention laws. Until the District adopts and implements an official policy regarding social networking, all District personnel should be cautious in using social networking sites to communicate regarding District business. At a minimum, District personnel should notify social media users that their communications regarding District business may be subject to disclosure. In addition, District personnel should caution all users that social media is not the official method of communicating with the District and should direct users to contact the District via telephone, in writing, or through the District's website.

**1.4 District Email System is Not For Storage.** The District reserves the right to retrieve and make proper and lawful use of any and all electronic communications transmitted through the District's email system and any District-owned equipment. Although the use of electronic communications is considered official District business, the District's communication systems, including email, text messaging and voicemail, are intended as a medium of communication only. Therefore, the email system and any District-owned equipment such as cell phones, smartphones and pagers should not be used for the electronic storage or maintenance of documentation, including, but not limited to, Official District Records. Regarding email, the system administrator performs regular electronic back-ups of the District's email system. However, the back-up is not a copy of all District email activity that occurred on the District email server during the back-up period.





## 1.5 Guidelines for Proper Email Usage

- District email access is controlled through individual accounts and passwords. It is the responsibility of District personnel to protect the confidentiality of his or her account and password information.
- District personnel are responsible for managing their mailboxes, including organizing and cleaning out any non-District related messages that do not constitute Official District Records. Email users are responsible for determining if emails contain substantive information regarding District business, or may later be important or useful for carrying out District business, and thus could be considered as Official District Records.
- All District personnel must check and respond to their emails on a regular basis, preferably daily.
- District personnel are expected to remember that email sent from District email accounts is a representation of the District. All District personnel must use normal standards of professional and personal courtesy and conduct when drafting email messages. Email messages should be drafted with the same care and in the same manner as any communication printed on District letterhead. Like any other District communication, email is a reflection of the District's business practices.
- All messages transmitted over the email system should be limited to those which involve District business activities or contain information essential to District personnel for the accomplishment of District-related tasks. Use of the District's email system for personal communication must be kept to a minimum. "Spam" email can be harmful to the District's computer system. Spam email is electronic junk mail, usually unsolicited commercial and non-commercial messages transmitted as a mass mailing to a number of recipients. If an email message does not pertain to District business, it should be deleted from your email account and not forwarded. Examples include jokes, thoughts for the day, "chain" type email messages, etc.



- Email messages should be easy to read and understand. Spelling and grammar should be correct. Avoid using abbreviations unless you are certain the recipient will understand the meaning.
- Messages should be sent to smaller rather than larger audiences where appropriate. Avoid “broadcasting” messages and large documents. Email should not be used for broadcast purposes unless the message is of interest to all District personnel.
- Avoid long email “chain” messages that include past emails attached to a current message. Deleting long strings of previous email exchanges from your reply messages will enhance readability and save disk space.
- Limit designating email as “high-priority” or “urgent” – use those designations only when necessary and appropriate.

**1.6 Prohibited Uses of the District’s Electronic Communication Systems.**

Electronic communications shall not be used for any —activity that is a violation of local, state, or federal law. Types of messages prohibited from being transmitted through the District’s electronic communications systems include, but are not limited to, the following:

- Messages in support or opposition to campaigns for candidates for an elected office or a ballot measure.
- Messages of a religious nature or promoting or opposing religious beliefs.
- Messages containing language which is insulting, offensive, disrespectful, demeaning, or sexually suggestive.
- Messages containing harassment of any form, sexual or ethnic slurs, obscenities, or any representation of obscenities. For more information please refer to the District’s policies regarding harassment and discrimination.
- Messages used to send or receive copyrighted material, proprietary financial information, or similar materials.



- Messages used for gambling or any activity that is a violation of local, state, or federal law.

**1.7 No Expectation of Privacy.** District personnel have no right or -expectation of privacy or confidentiality in any message created, sent, received, deleted, or stored using the District email system or any District-owned communication devices. All messages and any attachments on the District's computer network or other District-owned system or device are the property of the Desert Healthcare District and may be accessed by authorized personnel. District electronic communications may be monitored as allowed by the Electronic Communications Privacy Act, the federal Stored Communications Act, and other any applicable federal or State laws. Most communications among District personnel are not confidential communications. However, certain communications such as law enforcement investigations, personnel records, or attorney-client communications may be confidential or contain confidential information. Questions about whether communications are confidential, and how they are to be preserved, should be discussed with the Chief Executive Officer.

- **No Snooping.**

It is a violation of this District policy for any District personnel to use the District's electronic communications systems or equipment for purposes of satisfying idle curiosity about the affairs of others. Abuse of authority by accessing another person's email, text or voice messages without their knowledge or consent is prohibited. District personnel found to have engaged in such "snooping" may be subject to disciplinary action consistent with District policies.

- **Access Must be Private**

- 

Notwithstanding the District's right to have authorized personnel access email and other electronic messages, all electronic messages should be treated as confidential by other District personnel and accessed only by the intended recipient. District personnel are not authorized to retrieve, read or listen to any electronic messages that are not sent to them. Any



exceptions must receive prior approval by the Chief Executive Officer or their designee.

• **Use Caution with Confidential Information.**

•

All District personnel must exercise a greater degree of caution in sending confidential information on the District's electronic communications systems than they take with other media because of the risk that such information may be copied and/or retransmitted. When in doubt, DO NOT USE EMAIL, TEXT MESSAGING OR VOICEMAIL as a means of communication. Furthermore, the use of passwords for security does not guarantee confidentiality.

• **Personal Email Accounts and Official District Records**

The use of personal email accounts to transmit messages regarding District business should be avoided by all District personnel. In the event that messages regarding District business are received by District personnel through their personal email accounts, District personnel are requested to forward copies of such emails to their District email addresses. Personal emails discussing District business might be considered Official District Records that are subject to the Public Records Act and records retention laws. District personnel are requested to use only their District email accounts for sending/receiving emails regarding District business.

— **1.8 Record Retention and Disclosure.** Electronic communications are a business tool which shall be used in accordance with generally accepted business practices and all federal and State laws, including the California Public Records Act, to provide an efficient and effective means of intra-agency and interagency communications. Under most circumstances, communications sent electronically are public records, subject to disclosure under the Public Records Act and subject to records retention laws applicable to special districts.



### 1.8.1 Electronic Messages as Official District Records

The District's email, text messaging and voice mail systems are tools used for the temporary transport of communication, and as methods to send or receive correspondence. If an email message or text message, including any attachments, can be considered an Official District Record, as defined by this Policy (*"any writing containing information relating to the conduct of the public's business prepared, owned, used or retained by any state or local agency regardless of physical form or characteristics"*), such messages must be preserved for the legally required time period in accordance with the District's Records Retention Policy.

### 1.8.2 Automatic Deletion of Email

~~\_\_\_\_\_~~The District's email management system automatically deletes ~~\_\_\_\_\_~~District emails, including any text messages that become emails, ~~\_\_\_\_\_~~which are more than ninety-one hundred eighty (90180) days old from all Outlook folders of ~~each~~ District email user. Email in "Deleted" and "Sent" folders will be ~~automatically~~ removed after ninety-one hundred eighty (90180) days.~~\_\_\_\_\_~~

### 1.8.3 Managing Your District Email

Individual District personnel are responsible for the management of their mailboxes and associated folders on a daily basis. To ensure ~~\_\_\_\_\_~~maximum efficiency in the operation of the email system, District ~~\_\_\_\_\_~~personnel are directed to delete email messages that are not Official ~~\_\_\_\_\_~~District Records from their inboxes on a daily basis. Examples of ~~such~~ \_\_\_\_\_ messages are personal emails, email ~~\_\_\_\_\_~~advertisements/announcements, or newsletters received via email.

If email messages that are not Official District Records are necessary for transitory work, preliminary drafts, preparation of work ~~product~~ or personal notes, District personnel are directed to either ~~\_\_\_\_\_~~print the email and maintain the paper copy, or create a PDF version ~~\_\_\_\_\_~~of the email (print to PDF) and store the file in an electronic folder on ~~\_\_\_\_\_~~the District's network drive.



Email messages (including any attachments) that are Official District Records shall be preserved by one of the following methods:

- Print the email and place the printed copy in the appropriate file.
- Email should not be stored on portable media (CDs, DVDs, thumb drives, etc.). Electronically move the email out of the District’s email system and store it on a network drive.

It is the responsibility of individual District personnel to determine if an email message is an Official District Record which must be retained in accordance with the District’s Record Retention Policy. Always consider the content of an email message when you are determining if the email is an Official District Record. The Chief Executive Officer ~~to the~~ can assist you in making such a determination. In addition, following is a general guideline for determining whether an email message is a public record under the California Public Records Act and records retention laws:

<i>MESSAGES THAT ARE GENERALLY CONSIDERED AS PUBLIC RECORDS</i>	<i>MESSAGES THAT ARE GENERALLY NOT CONSIDERED AS PUBLIC RECORDS</i>
<ul style="list-style-type: none"> <li>▪ Emails that are created or received in connection with District business;</li> <li>▪ Emails that document official decisions or commitments not otherwise documented in official District files; or</li> <li>▪ Emails that initiate, authorize or complete a transaction of the District’s business.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Personal messages.</li> <li>▪ SPAM emails, advertisements or other “junk” email.</li> <li>▪ Messages not related to official District business (e.g., gathering for birthday cake in the lunch room).</li> <li>▪ Emails transmitting newsletters or general information from other public agencies or vendors.</li> </ul>



Examples of email messages that are generally considered as public records:

- Email requesting to add a consent calendar item to the District Board meeting agenda.
- Emails between District staff regarding the need for an email retention policy.
- Emails between District staff regarding approval of a contract.
- Email that refers to meeting a deadline (i.e., “In compliance with FPPC filing requirements, attached please find...”).
- Formal negotiations that exist only in email form.

### **1.9 Email Attachments.**

Attachments to email messages should be retained or disposed of according to the content of the attachment itself, not according to the email transmitting the attachment. Many email attachments are simply duplicates of existing documents, or are draft versions of documents that might not be retained by the District after the final version of the document is complete. If you need help in determining whether an attachment to an email message must be retained, please contact the Chief Executive Officer or the Clerk to the Board.

### **1.10. Preserving Electronic Messages – Public Records Act Requests, Subpoenas, Claims, and Potential Claims Against the District.**

Periodically,

the District receives requests for inspection or production of documents pursuant to the Public Records Act, as well as subpoenas or court orders for documents. In the event such a request or demand includes electronic messages, District personnel who have control over or access to any such messages, once they become aware of the request or demand, shall use their best efforts, by reasonable means available, to temporarily preserve any such message until it is determined whether the message is subject to preservation, public inspection, or disclosure. District personnel must contact the Chief



Executive Officer or the Clerk to the Board regarding any such messages that are within their control.

### **1.11 Violations** -

Any person found to have violated this policy may have his or her access to District email, text messaging or other means of electronic communication on District equipment limited or revoked completely. District personnel who violate this policy may be subjected to formal disciplinary action up to and including termination from District employment.

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ACKNOWLEDGEMENT OF RECEIPT OF ELECTRONIC COMMUNICATION USAGE AND RETENTION POLICY

This is to acknowledge that I have received a copy of the Desert Healthcare District “Electronic Communications Usage and Retention Policy.” I understand that it contains important information on the District’s policies with regard to the use of the District’s Electronic Communication Systems and my obligations and responsibilities as an employee/District Board member/contract employee.

I acknowledge that I have read, understand and promise to adhere to the District’s Electronic Communication Usage and Retention Policy. I understand that the provisions in the Policy govern my use of the District’s Electronic Communication Systems and that the District, in its sole and absolute discretion, may change, rescind, or add to this Policy from time to time, with or without prior notice to me.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



**DESERT HEALTHCARE**  
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Signature

This document shall be signed and placed in the Human Resources files.

**AUTHORITIES**

[Desert Healthcare District Bylaws Article V, section 5.6](#)

[Desert Healthcare District Resolution #11-05](#)

**DOCUMENT HISTORY**

[Approved 05-24-2016](#)



**POLICY TITLE:** DELEGATING MINOR CLAIMS TO THE CEO  
**POLICY NUMBER:** OP-06  
**COMMITTEE APPROVAL:** 11-09-2020  
**BOARD APPROVAL:** 11-24-2020

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**POLICY #OP-06:** It is the policy of the Desert Healthcare District (“District”) Board of Directors (“Board”) to provide an efficient procedure for handling minor claims filed against the District per Government Code Section 935.4.

1. Minor claims are considered claims which do not exceed \$5,000.

2. The Board delegates authority to the Chief Executive Officer to take all administrative actions necessary to resolve minor claims against the District which do not exceed \$5,000.

#### **AUTHORITIES**

Desert Healthcare District Resolution #11-04

#### **DOCUMENT HISTORY**

Approved 05-24-2016



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**POLICY TITLE:** DELEGATING MINOR CLAIMS TO THE CEO

**POLICY NUMBER:** OP-06

**COMMITTEE APPROVAL UPDATE:** 11-09-2020N/A

**BOARD APPROVAL DATE:** 11-24-2020~~05/24/2016~~  
~~Resolution 11-04~~ 04/26/2011

**~~POLICY: DELGATING MINOR CLAIM SETTLEMENTS TO THE CEO~~**

**~~Policy # OP-06:~~**

**~~GUIDELINES:~~** It is the policy of the Desert Healthcare District –(“District”) Board of Directors (“Board”) to provide an efficient procedure for handling minor claims filed against the District ~~to an employee as~~ per Government Code Section 935.4.

1. Minor claims are considered claims which do not exceed \$25,000.
2. The Board ~~of Directors~~ delegates authorizes to the Chief Executive Officer to take all administrative actions necessary to resolve minor claims against the ~~Desert Healthcare~~ District which do not exceed \$25,000.

**AUTHORITIES**

Desert Healthcare District Resolution #11-04

**DOCUMENT HISTORY**

Approved 05-24-2016



**POLICY TITLE:** LEASE COMPLIANCE POLICY  
**POLICY NUMBER:** OP-07  
**COMMITTEE APPROVAL:** 11-09-2020  
**BOARD APPROVAL:** 11-24-2020

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**POLICY #OP-07:** During the course of business, the Desert Healthcare District (“District”), its Chief Executive Officer (“CEO”), employees or Board of Directors (“Board”) may occasionally receive complaints regarding the Desert Regional Medical Center (“Medical Center”) and its operations. When such complaints are received, it is the policy of the Board to forward the complaint to the Chief Executive Officer and Compliance Officer of the Medical Center through the District CEO, with a request to address the complaint in writing and provide a copy of the response to the District Board.

Should the District receive complaints specific to the Lease between the District and leaseholder of the Medical Center, the District CEO will address the complaint in writing and provide any recommendations to the District Board.

**Hospital Lease Oversight Committee:**

The Hospital Lease Oversight Committee (“Committee”) shall conduct a quarterly walk-through inspection of portions of the Medical Center. The walk-through shall be coordinated with Hospital Management and the Committee may utilize the services of a consultant who has experience in hospital facilities. After each inspection, the Committee shall provide an inspection report (including notation of any deficiencies) to the District Board, and the Medical Center CEO and Local Governing Board.

1. The Hospital Lease Oversight Committee shall be a standing committee and hold regular meetings per the Brown Act and Bylaws of the District.
2. The Committee shall meet quarterly or more often, if needed to review the status of open issues, resolutions and any new reporting items from the quarterly walk-throughs and other reporting.



3. The Management of the Medical Center shall be invited to attend Committee and District Board meetings and provide written reports on activities at the Hospital.
4. The Committee shall provide monthly updates to the Board.
5. During the fiscal year, the Committee shall review the following information provided by Management at the Medical Center:
  - A list of current Hospital licenses and their expiration dates.
  - A list of current accreditations and their expiration dates.
  - Copies of all insurance policies including property (including earthquake insurance), general liability, professional liability and employer's compensation insurance.
  - Confirmation of the Hospital's participation in Medicare and Medi-Cal
6. The Committee shall periodically provide updates to the full Board on Lease compliance.
7. On an annual basis, Management at the Medical Center shall be requested to provide a comprehensive report on the activities and operations at the Hospital. The report shall include and address the following:
  - Overall operations of the Hospital.
  - Maintenance budget and ongoing maintenance programs.
  - Charity care policy and estimated dollar amount provided for indigent care.
  - Substantiation of benefits of the Hospital to the Community.
  - Confirmation that Core Services are being maintained at the Hospital.
  - List and status of any Subleases and or Assignments.
  - List of donor identifications and documentation of efforts to support District and Foundation efforts to generate additional donor support.

**Resolution of Disputes:**

In the event of any dispute or disagreement over enforcement or interpretation of Lease compliance, and in accordance with Section 16.12 of the May 30, 1997 Lease, the following Dispute Resolution process shall apply:

- Meet and Confer: The District Board through the CEO shall provide written notice to Management at the Medical Center setting forth the nature of the



- dispute and the parties shall meet and confer in good faith to discuss the dispute within 30 days in an attempt to resolve the dispute.
- Arbitration: Any dispute which cannot be resolved by the meet and confer process may be submitted to binding arbitration. The Arbitration shall be conducted in Riverside County and a single disinterested third party shall be selected by mutual agreement or if the parties cannot agree on the selection of an arbitrator within 15 days, either party may elect to have the dispute arbitrated through JAMS/Endispute. The decision of the arbitrator shall be final and binding and as part of the award the arbitrator may award reasonable and necessary costs incurred by the prevailing party as determined by the arbitrator.
- Mediation: In lieu of Arbitration, the parties may, by mutual agreement of have the dispute resolved through non-binding mediation.

## **AUTHORITIES**

Desert Healthcare District Bylaws Article VI, section 6.2 (c)

## **DOCUMENT HISTORY**

Revised	02-28-2017
Approved	06-28-2016



**DESERT HEALTHCARE**  
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**POLICY TITLE:** LEASE COMPLIANCE POLICY

**POLICY NUMBER:** OP-07-~~REVISED 02/28/17~~

**COMMITTEE APPROVAL:** 11-09-2020

**BOARD APPROVAL DATE:** 11-24-2020~~02/28/17~~  
~~Original Approval 06/28/16~~

**~~POLICY: COMPLIANCE WITH THE MAY 30, 1997 LEASE~~**

**Policy #OP-07:**

During the course of business, the Desert Healthcare District (“District”), its Chief Executive Officer (“CEO”), employees or Board of Directors (“Board”) may occasionally receive complaints regarding the Desert Regional Medical Center (“Medical Center”) and its operations. When such complaints are received, it is the policy of the ~~District Board of Directors~~ to forward the complaint to the Chief Executive Officer and Compliance Officer of the Medical Center through the District CEO, with a request to address the complaint in writing and provide a copy of the response to the District Board ~~of Directors~~.

Should the District receive complaints specific to the Lease between the District and leaseholder of the Medical Center, the District CEO will address the complaint in writing and provide any recommendations to the District Board ~~of Directors~~.

**Hospital Lease Governance & Oversight Committee:**

The Hospital ~~Lease Governance and~~ Oversight Committee (“Committee”) shall conduct a quarterly walk-through inspection of portions of ~~the Desert Regional~~ Medical Center. The walk-through shall be coordinated with Hospital Management and the Committee may utilize the services of a consultant who has experience in hospital facilities. After each inspection, the Committee shall provide an inspection report (including ~~noting of~~ any deficiencies) to the District Board, and the ~~Desert Regional~~ Medical Center CEO and Local Governing Board.





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1. The Hospital ~~Lease Governance and Oversight~~ Committee shall be a standing committee and hold ~~monthly~~regular meetings per the Brown Act and Bylaws of the District.

~~2.~~

~~3.1.~~

4.2. The Committee shall meet ~~on a quarterly~~monthly ~~basis~~ or more often, if needed to review the status of open issues, resolutions and any new reporting items from the quarterly walk-throughs and other reporting.

5.3. The Management of ~~the Medical Center~~Desert Regional shall be invited to attend ~~monthly~~ Committee ~~and meetings~~ District Board meetings and provide written reports on activities at the Hospital.

6.4. The Committee shall provide monthly updates to the Board ~~of Directors~~.

7.5. During the fiscal year, the ~~Hospital Governance and Oversight~~ Committee shall review the following information provided by Management at the ~~Desert Regional~~ Medical Center:

- A list of current Hospital licenses and their expiration dates.
- A list of current accreditations and their expiration dates.
- Copies of all insurance policies including property (including earthquake insurance), general liability, professional liability and employer's compensation insurance.
- Confirmation of the Hospital's participation in Medicare and Medi-Cal

8.6. The Committee shall periodically provide updates to the full Board on Lease compliance.

9.7. On an annual basis, Management at ~~the Medical Center~~Desert Regional shall be requested to provide a comprehensive report on the activities and operations at the Hospital. The report shall include and address the following:

- Overall operations of the Hospital.
- Maintenance budget and ongoing maintenance programs.



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- Charity care policy and estimated dollar amount provided for indigent care.
- Substantiation of benefits of the Hospital to the Community.
- Confirmation that Core Services are being maintained at the Hospital.
- List and status of any Subleases and or Assignments.
- List of donor identifications and documentation of efforts to support District and Foundation efforts to generate additional donor support.

**Resolution of Disputes:**

In the event of any dispute or disagreement over enforcement or interpretation of Lease compliance, and in accordance with Section 16.12 of the May 30, 1997 Lease, the following Dispute Resolution process shall apply:

- Meet and Confer: The District Board through the CEO shall provide written notice to Management at ~~the Desert Regional~~ Medical Center setting forth the nature of the
- dDispute and the parties shall meet and confer in good faith to discuss the dDispute within 30 days in an attempt to resolve the dispute.
- Arbitration: Any dDispute which cannot be resolved by the meet and confer process may be submitted to binding arbitration. The Arbitration shall be conducted in Riverside County and a single disinterested third party shall be selected by mutual agreement or if the parties cannot agree on the selection of an arbitrator within 15 days, either party may elect to have the dDispute arbitrated through JAMS/Endispute. The decision of the arbitrator shall be final and binding and as part of the award the arbitrator may award reasonable and necessary costs incurred by the prevailing party as determined by the arbitrator.
- Mediation: In lieu of Arbitration, the parties may, by mutual agreement of have the dispute resolved through non-binding mediation.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**AUTHORITIES**

Desert Healthcare District Bylaws Article VI, section 6.2 (c)

**DOCUMENT HISTORY**

Revised                      02-28-2017

Approved                    06-28-2016

DRAFT



**POLICY TITLE:** STRATEGIC PLAN  
**POLICY NUMBER:** OP-08  
**COMMITTEE APPROVAL:** 11-09-2020  
**BOARD APPROVAL:** 11-24-2020

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**POLICY #OP-8:** The Desert Healthcare District is responsible for promoting health and wellness. In the Desert Healthcare District By-Laws, Section 6.2 (b), the Board of Directors established a standing committee to promote a strategic plan of action, to improve decision making, to enhance organizational responsiveness, to improve performance and to strengthen the organization.

1. The Board of Directors will meet at least annually to assess, review, and update its strategic plan. This may take the form of a retreat, workshop, special meeting or part of a regularly scheduled meeting, as appropriate.

#### **AUTHORITIES**

Desert Healthcare District Bylaws Article VI, section 6.2 (b)

#### **DOCUMENT HISTORY**

Approved 05-24-2016



**POLICY TITLE:** STRATEGIC PLAN

**POLICY NUMBER:** OP-08

**COMMITTEE APPROVAL:** [11-09-2020](#)~~N/A~~

**BOARD APPROVAL:** [11-24-2020](#)~~05/24/2016~~  
~~Desert Healthcare District By-Laws – Section 6.2 (c)~~

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**POLICY:** ~~STRATEGIC PLAN~~

**Policy #** OP-8:

**GUIDELINES:**—The Desert Healthcare District is responsible for promoting health and wellness. In the Desert Healthcare District By-Laws, Section 6.2 (b), the Board of Directors established a standing committee to promote a strategic plan of action, to improve decision making, to enhance organizational responsiveness, to improve performance, and to strengthen the organization.

1. The Board of Directors will meet at least annually to assess, review, and update its strategic plan. This may take the form of a retreat, workshop, special meeting or part of a regularly scheduled meeting, as appropriate.

**AUTHORITIES**

Desert Healthcare District Bylaws Article VI, section 6.2 (b)

**DOCUMENT HISTORY**

Approved                      05-24-2016



**DESERT HEALTHCARE**  
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**POLICY TITLE:** POLICIES AND PROCEDURES INCLUDING BIDDING REGULATIONS GOVERNING PURCHASES OF SUPPLIES AND EQUIPMENT, AND BIDDING FOR PUBLIC WORKS CONTRACTS

**POLICY NUMBER:** OP-10

**COMMITTEE APPROVAL:** 11-09-2020

**BOARD APPROVAL:** 11-24-2020

**POLICY #OP-10:** Government Code section 54202 requires the District to adopt policies and procedures, including bidding regulations, governing purchases of supplies and equipment by the District. In addition, with limited exceptions, Health & Safety Code section 32132 requires the District to competitively bid contracts involving expenditures of more than Twenty Five Thousand Dollars (\$25,000) for materials and supplies to be furnished, sold, or leased to the District, as well as contracts involving expenditures of more than Twenty Five Thousand Dollars (\$25,000) for work to be done.

**GUIDELINES:**

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## I. FORMAL COMPETITIVE BIDDING REQUIREMENTS

### A. Contracts Requiring Formal Bids.

Unless exempted by this Policy or applicable law, any contract for work to be done or for materials and supplies to be furnished, sold, or leased to the District shall be awarded by the District through the “formal” bidding procedures specified in this Section “I” (Formal Bidding Requirements) if they involve an expenditure of more than Twenty-Five Thousand Dollars (\$25,000). (H&S Code § 32132(a).) Such contracts involving an expenditure of Twenty-Five Thousand Dollars (\$25,000) or less may be made without soliciting or securing bids. As used herein, “work to be done” may include, among other things, general maintenance work or public works contracts.

### B. Bid Procedures.

#### 1. Preparation of Bid Package.

Before entering into any contract which requires formal bidding, the District shall prepare or cause to be prepared a bid package. Unless exempted by the Board of Directors (“Board”) or designee pursuant to Section “III” (Flexibility and Waiver of Policy Requirements) below, the bid package shall include a notice inviting bids, instructions to bidders, bid form (which shall include a provision as to the method for determining the lowest bidder, whether on: 1. Base bid alone; 2. Identified alternates; 3. Prioritized order of alternates within identified budget; or 4. Other “fair manner”), contractors qualification statement contract form, conditions of the contract, required bonds and other forms, drawings, and full, complete, and accurate plans and specifications, giving such directions as will enable any competent supplier or contractor to ascertain and carry out the contract requirements.

The Board or designee shall endeavor to include all required contract documents in the bid package. To the extent that the Board or their designee determines, pursuant to Section “III” (Flexibility and Waiver



of Policy Requirements) below, that any required contract document cannot be incorporated into the bid package, its terms shall be negotiated with the lowest responsible bidder prior to the award of the contract.

To the extent possible, the plans and specifications shall also be reviewed and approved by the District's authorized representative prior to their insertion in the bid package.

2. Notice Inviting Bids – Contents

All bid packages shall include a notice inviting bids. The notice inviting bids shall include, among other things determined necessary for a particular contract by the Board or designee, information as to the type, quality and quantity of materials, supplies or work to be provided, the contract performance schedule, the project location, the basis for determining the lowest bidder (whether on: 1. Base bid alone; 2. Identified alternates; 3. Prioritized order of alternates within identified budget; or 4. Other “fair manner”), a contact person, and other bid requirements and information regarding how to obtain a bid package, the place where bids are to be received, and the time by which they are to be received. For contracts involving public works projects, the notice inviting bids shall also contain any other information required by state law or Section “II” (Provisions Applicable to Public Works Contracts) of this Policy.

3. Notice Inviting Bids - Distribution by Mail, Posting or Other Means.

Except in cases of emergency or where not practicable, all suppliers and contractors who have notified the District in writing that they desire to bid on contracts, and all suppliers and contractors which the District would like to bid on contracts, shall be furnished with the notice inviting bids by postal or electronic mail.

In addition to notifying all such persons by mail, the District shall post the notice inviting bids in one or more public places typically used by the District. It shall be posted in sufficient time in advance of the bid



opening to allow bidders to bid, as determined by the Board or designee. The notice shall remain posted until an award has been made. Notice may also be made by telephone, facsimile, telegram, personal contact, letter, or other informal means.

4. Notice Inviting Bids - Advertising/Publication.

Except in cases of emergency or where circumstances require that less notice be given, as determined by the Board pursuant to Section "III" (Flexibility and Waiver of Policy Requirements) below, the notice inviting bids shall be published once a week for at least two (2) consecutive weeks, as follows:

- a. In a newspaper of general circulation published in Riverside County; or
- b. In trade journals or papers of general circulation as the Board, or designee, deems proper.

In the event that the Board determines, pursuant to Section "III" (Flexibility and Waiver of Policy Requirements) below, that circumstances require less than the prescribed notice period, he/she shall endeavor to provide notice by publication to the extent practicable under the circumstances.

For cost efficiency purposes, the published notice inviting bids need not be as detailed as that provided by other means, including by mail, posting or inclusion in the bid package, but should contain the legally and practically required essential contents of the notice, including but not limited to, where and how to obtain the complete bid package, Labor Code notice provisions, and bonding requirements.

5. Bid Form.

As part of the bid package, the District shall furnish to each bidder an appropriate bid form prepared by the District for the type of



contract being let. Bids not presented on forms so furnished, or exact copies thereof, shall be rejected as non-responsive.

6. Presentation of Bids.

All bids shall be presented under sealed cover. Upon receipt, the bid shall be date and time stamped.

Any bids received after the due date and specified time shall be returned unopened. (Gov. Code § 53068.)

7. Withdrawal of Bids.

Bids may be withdrawn at any time prior to the time fixed in the public notice for the opening of bids only by written request made to the person or entity designated in charge of the bidding procedure. The withdrawal of a bid does not prejudice the right of the bidder to timely file a new bid. Except as authorized by law for public works contracts (Pub. Contract Code §5100 et seq.), no bidder may withdraw its bid after opening for the period of time indicated in the bid package, which period shall be at least forty-five (45) days.

C. Award of Contracts.

1. Opening of Bids.

On the day named in the public notice, the District shall publicly open the sealed bids. Award of the contract shall be to the lowest responsive and responsible bidder, if at all. All bidders shall have complied with the foregoing bid procedures, except as otherwise provided herein and except for any minor errors or irregularities which may be waived by the District. After a bid is opened it shall be deemed irrevocable for the period specified in the invitation to bid.

The Board of Directors is under no obligation to accept the lowest responsive and responsible bid received, since the District has absolute discretion in the acceptance of bids and reserves the right to reject all bids if it desires. The Board of Directors also reserves



the right to determine the conditions of responsibility including matters such as delivery date, product quality, and the service and reliability of the supplier.

2. Responsible Bidder.

The District's determination of whether a bidder is responsible shall be based on an analysis of each bidder's ability to perform, financial statement (if required), experience, past record and any other factors it shall deem relevant. If the lowest bidder is to be rejected because of an adverse determination of the bidder's responsibility based on the District's staff review, the bidder shall be entitled to be informed of the adverse evidence and afforded an opportunity to rebut that evidence and to present evidence of responsibility. In such event, the District shall give the rejected bidder and the bidder to be awarded the contract at least five (5) working days' notice of a public board meeting at which the responsibility issue shall be considered by the Board. No other notice, other than that required for Agenda descriptions by the Ralph M. Brown Act, shall be required. The Board may, in its discretion, continue its consideration and determination of the issue to future meetings of the Board within the time authorized for the award of the contract. The Board's decision shall be conclusive.

3. Bid Challenges.

If any bidder wishes to challenge a potential bid award, he or she shall file a written objection within five (5) calendar days following bid opening. The written objection shall include specific reasons why the District should reject the bid questioned by the bidder. The District may, in its discretion, consider the protest during the public meeting at which the contract award is to be considered, or it may consider it at a prior meeting. The District shall give the challenging bidder and the bidder to be awarded the contract at least five (5) working days' notice of the board meeting at which the challenge shall be considered by the Board. No other notice, other than that required for Agenda descriptions by the Ralph M. Brown Act, shall be



required. The Board may, in its discretion, continue its consideration and determination of the issue to future meetings of the Board within the time authorized for the award of the contract. The Board's decision shall be final.

4. Notice to Bidders Not Awarded the Contract; Return of Bid Security.

Whenever a contract is not to be awarded to a bidder, such bidder shall be notified by regular mail not more than five (5) working days after the award of the contract to another bidder. The bid security supplied by the bidder shall be returned with the notice.

D. Emergencies.

The District may, by majority vote of the Board of Directors, award any contract for work to be done or for materials and supplies to be furnished, sold, or leased to the District without soliciting or securing bids if it determines that an emergency exists as provided for in Health & Safety Code section 32136 as it may be amended from time to time.

E. Contracts Not Requiring Formal Bids Pursuant to Law.

Medical or Surgical Equipment or Supplies: Contracts for purchases of medical or surgical equipment or supplies may be made without soliciting or securing bids. (H&S Code § 32132(b).) As used herein, "medical or surgical equipment or supplies" shall be defined as provided in Health & Safety Code section 32132(d), as that section may be amended from time to time. Currently, Section 32132(d) defines these terms to include "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." (H&S Code § 32132(d).) If bids are solicited, the "formal" bidding procedures specified in this Section "I" (Formal Bidding Requirements), modified as the Board or designee shall determine to be in the District's best interest, shall be followed.



## II. PROVISIONS APPLICABLE TO PUBLIC WORKS CONTRACTS

The following provisions govern all contracts awarded by the District for public works:

### A. Prequalification for Bids \$100,000 or Over.

#### 1. Prequalification Requirements.

The District shall, on contracts in which the estimated cost is equal to or exceeds One Hundred Thousand Dollars (\$100,000), require all prospective bidders to prequalify by completing an appropriate "Contractor's Qualification Statement" and submitting a listing of experience in performing the type of contract being let, a current Dunn & Bradstreet report, a summary of current trade agreements, and such other information as the District shall deem relevant.

The requirement of pre-qualification shall be indicated in the notice inviting bids. The second newspaper publication shall be published to allow potential bidders at least seven (7) days to submit pre-qualification requirements and the District at least five (5) days to review submitted pre-qualification packages prior to distribution of bid packages, which distribution shall be at least thirty (30) days prior to the time by which bids are to be received.

The Contractors Qualification Statement shall be verified under oath and submitted on or before the due date specified in the notice inviting bids. The documents submitted for pre-qualifications shall remain confidential and not open to public inspection. The decision as to prequalification shall be made by the Board, or designee. Pre-qualification procedures are intended to assist the District in determining "responsibility" of bidders but shall not be conclusive evidence thereof.

#### 2. Notice and Protest Requirements.



The District shall notify each potential bidder in writing by regular mail within seventy-two (72) hours after the District's decision as to pre-qualification. A duplicate of all such notices shall be mailed to the Secretary of the Board of Directors of the District. Bid packages shall only be provided to pre-qualified contractors, except as set forth below.

Whenever a contractor is notified of the District's denial of pre-qualification to bid on a contract, the contractor may file a written protest to the disqualification within seventy-two (72) hours of its receipt of notice of disqualification. Receipt shall be deemed to be two (2) days after mailing of the notice. The written objection shall include specific reasons why the District should not disqualify the bidder. The District may, in its discretion, consider the protest during a public meeting prior to the circulation of bid packages, or it may allow the protestor to submit a bid under protest.

If the District chooses to consider the protest prior to the circulation of bid packages, it shall give the challenging bidder at least five (5) working days' notice of the board meeting at which the challenge shall be considered by the Board. No other notice, other than that required for Agenda descriptions by the Ralph M. Brown Act, shall be required. The Board may, in its discretion, continue its consideration and determination of the issue to future meetings of the Board prior to circulation of bid packages. The Board's decision shall be final.

If the District allows the bidder to bid under protest the bid package will be provided only after the bidder has made payment therefore in an amount equal to the District's cost of printing and reproduction of the bid package.

If a written protest is not timely received from the bidder, the bidder waives any right to bid under protest.

B. Qualification for Bids Under \$100,000.





The District shall, on contracts in which the estimated cost is less than One Hundred Thousand Dollars (\$100,000), require all prospective bidders to complete an appropriate "Contractor's Qualification Statement," submit a list of the contractor's experience in performing the type of contract being let and such other information as the District shall deem relevant. The Statement shall be verified under oath and submitted prior to or with the contractor's bid, as determined by the Board or designee. The documents submitted for qualification shall remain confidential and not open to public inspection. These documents shall be considered by the District in making its award to the lowest responsible bidder but shall not be deemed conclusive evidence of responsibility.

C. Bid Security.

All bids shall be accompanied by bid security in an amount equal to at least ten percent (10%) of the total bid price. The security shall be in a form as follows:

1. Cashier's or Certified Check in the required amount; or
2. Bidder's Bond executed by an admitted surety insurer and made payable to the District.

Any bid not accompanied by one of the foregoing forms of bidder's security shall be rejected as non-responsive.

An "admitted surety insurer" means a corporate insurer or a reciprocal or interinsurance exchange to which the Insurance Commissioner of the State of California has issued a certificate of authority to transact surety insurance in this state. (Code of Civ. Proc. § 995.120.)

The bid security for all other unsuccessful bidders shall be returned to them within five (5) working days after the contract is awarded.

D. License Requirement.



In every completed bid, and in all construction contracts and subcontracts, shall be included the license number of the contractor and all subcontractors working under them. No project may be awarded to a contractor which is not licensed pursuant to state law or which utilizes subcontractors not so licensed.

E. Insurance.

All contracts shall require insurance of the type, in amounts and with provisions approved by District Legal Counsel and management. All contractors awarded contracts shall furnish the District with original certificates of insurance and endorsements effecting coverage required by the contract. The certificates and endorsements for each insurance policy shall be signed by a person authorized by that insurer to bind coverage on its behalf and shall be on forms supplied or approved by the District. All certificates and endorsements must be received and approved by the District before work commences, or sooner if indicated by the contract documents. The District shall reserve the right to require complete, certified copies of all required insurance policies, at any time.

At a minimum, all general liability and automobile insurance policies shall contain the following provisions, or contractor shall provide endorsements on forms supplied or approved by the District to add the following provisions to the insurance policies: (1) the District, its directors, officers, employees and agents shall be covered as additional insureds with respect to the work or operations performed by or on behalf of the contractor, including materials, parts or equipment furnished in connection with such work; and (2) the insurance coverage shall be primary insurance as respects the District, its directors, officers, employees and agents, or if excess, shall stand in an unbroken chain of coverage excess of the contractor's scheduled underlying coverage. Any insurance or self-insurance maintained by the District, its directors, officers, employees and agents shall be excess of the contractor's insurance and shall not be called upon to contribute with it in any way.



At a minimum, all workers' compensation and employers' liability policies shall contain the following provision, or contractor shall provide endorsements on forms supplied or approved by the District to add the following provision to the insurance policies: (1) the insurer shall agree to waive all rights of subrogation against the District, its directors, officers, employees and agents for losses paid under the terms of the insurance policy which arise from work performed by the contractor.

At a minimum, all policies shall contain the following provisions, or contractor shall provide endorsements on forms supplied or approved by the District to add the following provisions to the insurance policies: (1) coverage shall not be canceled except after thirty (30) days prior written notice by mail has been given to the District; and (2) any failure to comply with reporting or other provisions of the policies, including breaches of warranties, shall not affect coverage provided to the District, its directors, officials, officers, employees and agents. Insurance carriers shall be qualified to do business in California and maintain an agent for process within the state. Such insurance carrier shall have not less than an "A" policyholder's rating and a financial rating of not less than "Class VII" according to the latest Best Key Rating Guide.

All insurance required by the contract shall contain standard separation of insureds provisions. In addition, such insurance shall not contain any special limitations on the scope of protection afforded to the District, its directors, officers, employees or agents.

All builders'/all risk insurance policies shall provide that the District be named as loss payee. In addition, the insurer shall waive all rights of subrogation against the District. The making of progress payments to the contractor shall not be construed as creating and insurable interest by or for the District, or as relieving the contractor or its subcontractors of any responsibility for loss from any direct physical loss, damage or destruction covered by the builders'/all risk policy occurring prior to final acceptance of the work by the District.



The District shall not be liable for loss or damage to any tools, machinery, equipment, materials or supplies of the contractor. The contractor shall supply to the District an endorsement waiving the insurance carrier's right of subrogation against the District for all policies insuring such tools, machinery, equipment, materials or supplies.

F. Contract Requirements.

1. Performance Bond.

A Performance Bond is an undertaking furnished by a contractor for the faithful performance of the contract by the contractor guaranteeing that performance of the contract will be accomplished according to its terms. Every public works contract or contract for a work of improvement over Twenty-Five Thousand (\$25,000) or contracts of one contractor with the District which aggregate Twenty-Five Thousand Dollars (\$25,000) or more, shall provide for the filing of a separate performance bond by the contractor executed by an Admitted Surety. An "admitted surety insurer" means a corporate insurer or a reciprocal or interinsurance exchange to which the Insurance Commissioner of the State of California has issued a certificate of authority to transact surety insurance in this state. (Code of Civ. Proc. § 995.120.) Each Performance Bond shall be in a sum equal to One Hundred percent (100%) of the contract price or equal to the sum of the aggregate outstanding contracts. In any notice giving call for bids for any contract, the notice shall state that the Performance Bond is required. The Performance Bond shall not be used as a substitute for a determination of bidder responsibility. The District shall also require the Performance Bond to comply with any other legal requirements, as they may be amended from time to time.

2. Materials and Labor Payment Bond.

A Payment Bond means a bond which insures the payment in full of the claims of all persons supplying labor and/or materials to the project. (Civil Code § 3096.) In contrast to the Performance Bond,



the Payment Bond guarantees payment of the obligation of all claimants who have furnished labor or materials to a work of improvement.

A Payment Bond executed by an Admitted Surety Insurer, as defined above, shall be required for all public works contracts or contracts for works of improvement in amounts and in a form required by Civil Code sections 3247 and 3248, as these sections may be amended from time to time. The bond must be in the form of a Payment Bond and not a deposit in lieu of bond. The District shall also require the Payment Bond to comply with any other legal requirements, as they may be amended from time to time.

3. Time for Completion/Liquidated Damages.

Every contract shall state the time when the whole or any specified portion of the work shall be completed. In the discretion of the Board of Directors, giving consideration to the size and nature of the project, the contract may provide that for each day completion is delayed beyond the specified time(s), the contractor shall forfeit and pay to the District a specified sum of money, to be deducted from any payments due or to become due to the contractor. The provision for liquidated damages shall be in a form approved by District Legal Counsel. (Civil Code § 1671; Gov. Code § 53069.85.)

4. Retentions; Substitution of Securities in Lieu of Retentions.

Contract Retentions shall be withheld and released in compliance with Public Contract Code sections 7107 and 9203. In accordance with California Public Contract Code section 22300, a provision shall be included in every invitation for bid and in every contract to permit the substitution of security for any monies withheld to insure performance (Retentions).

5. Bonus for Early Completion.



Any contract may also provide for the payment of extra compensation to the contractor as a bonus for completion of the project prior to the specified contract time. If such bonus for early completion is to be awarded to the contractor, the bid specifications shall also state the availability of such bonus compensation and the requirements therefore. (Gov. Code § 53069.85.)

6. Listing and Substitution of Subcontractors.

Subcontractors shall be listed by the general contractor in its bid in accordance with, and shall not be substituted in violation of, the provisions of the Subletting and Subcontracting Fair Practices Act. (Pub. Contract Code § 4100 et seq.)

7. Contract Terms.

All contract terms, including, but not limited to, the contract form, general conditions and special conditions shall be approved by District Legal Counsel.

G. Changes in Plans and Specifications

Every contract shall provide that the District may make changes in the plans and specifications for the project after execution of the contract. Bid procedures as set forth in this Policy need not be secured for change orders which do not materially change the scope of the project, as set forth in the original contract, if each individual's change order does not total more than five percent (5%) of the original contract. (H&S Code § 32132(c).)

However, if the original contract met all of the competitive bidding requirements set forth in this Policy, the contract may be terminated, amended or modified as provided in the original contract and according to the terms and provisions set forth in the original contract without regard to the five percent (5%) limitation set forth above. The compensation payable, if any, shall be determined as set forth in the original contract or applicable state law.



All changes or amendments to the original contract must be in writing and signed by both the contractor and a duly authorized representative of the District.

### **III. FLEXIBILITY AND WAIVER OF POLICY REQUIREMENTS**

In recognition of the fact that the contracting and procurement needs of the District may from time to time render certain procedures or requirements herein impracticable, the Board or designee is authorized to permit or waive deviations from this Policy, to the extent permitted by law, upon making a written finding that such deviations are in the District's best interests in consultation with District Legal Counsel as to legal issues involved. This written finding will be included with the Staff Report when item is presented to the Finance and Administration Committee and Board of Directors for approval.

#### **AUTHORITIES**

California Gov. Code section 54202

California Health and Safety Code – HSC § 32132

Desert Healthcare District Bylaws Article V, section 5.6

#### **DOCUMENT HISTORY**

Revised 05-24-2016

Approved 12-18-2012



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**POLICY TITLE:** **POLICIES AND PROCEDURES INCLUDING BIDDING REGULATIONS GOVERNING PURCHASES OF SUPPLIES AND EQUIPMENT, AND BIDDING FOR PUBLIC WORKS CONTRACTS**

**POLICY NUMBER:** OP-10

**COMMITTEE APPROVAL:** 11-09-2020 N/A

**BOARD APPROVAL DATE:** 11-24-2020 05/24/2016  
~~Policy Approved by Board:~~ 12/18/2012

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**POLICY #OP-10:**

Government Code section 54202 requires the District to adopt policies and procedures, including bidding regulations, governing purchases of supplies and equipment by the District. In addition, with limited exceptions, Health & Safety Code section 32132 requires the District to competitively bid contracts involving expenditures of more than Twenty Five Thousand Dollars (\$25,000) for materials and supplies to be furnished, sold, or leased to the District, as well as contracts involving expenditures of more than Twenty Five Thousand Dollars (\$25,000) for work to be done.

**GUIDELINES:**

~~The following policies and procedures governing purchases of supplies and equipment, and procurement and bidding for public works contracts were adopted at the December 18, 2012 Board of Directors meeting:~~

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**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**I. FORMAL COMPETITIVE BIDDING REQUIREMENTS**

A. Contracts Requiring Formal Bids.

Unless exempted by this Policy or applicable law, any contract for work to be done or for materials and supplies to be furnished, sold, or leased to the District shall be awarded by the District through the “formal” bidding procedures specified in this Section “I” (Formal Bidding Requirements) if they involve an expenditure of more than Twenty-Five Thousand Dollars (\$25,000). (H&S Code § 32132(a).) Such contracts involving an expenditure of Twenty-Five Thousand Dollars (\$25,000) or less may be made without soliciting or securing bids. As used herein, “work to be done” may include, among other things, general maintenance work or public works contracts.

B. Bid Procedures.

1. Preparation of Bid Package.

Before entering into any contract which requires formal bidding, the District shall prepare or cause to be prepared a bid package. Unless



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exempted by the Board of Directors (“Board”) or ~~their~~ designee pursuant to Section “III.V” (Flexibility and Waiver of Policy Requirements) below, the bid package shall include a notice inviting bids, instructions to bidders, bid form, (which shall include a provision as to the method for determining the lowest bidder, whether on: 1. Base bid alone; 2. Identified alternates; 3. Prioritized order of alternates within identified budget; or 4. Other “fair manner.”), contractors qualification statement contract form, conditions of the contract, required bonds and other forms, drawings, and full, complete, and accurate plans and specifications, giving such directions as will enable any competent supplier or contractor to ascertain and carry out the contract requirements.

The Board or ~~their~~ designee shall endeavor to include all required contract documents in the bid package. To the extent that the Board or their designee determines, pursuant to Section “III.V” (Flexibility and Waiver of Policy Requirements) below, that any required contract document cannot be incorporated into the bid package, its terms shall be negotiated with the lowest responsible bidder prior to the award of the contract.

To the extent possible, the plans and specifications shall also be reviewed and approved by the District's authorized representative prior to their insertion in the bid package.

2. Notice Inviting Bids – Contents

All bid packages shall include a notice inviting bids. The notice inviting bids shall include, among other things determined necessary for a particular contract by the Board or ~~their~~ designee, information as to the type, quality and quantity of materials, supplies or work to be provided, the contract performance schedule, the project location, the basis for determining the lowest bidder, (whether on: 1. Base bid alone; 2. Identified alternates; 3. Prioritized order of alternates within identified budget; or 4. Other “fair manner.”), a contact person, and other bid requirements and information regarding how to obtain



a bid package, the place where bids are to be received, and the time by which they are to be received. For contracts involving public works projects, the notice inviting bids shall also contain any other information required by state law or Section "II" (Provisions Applicable to Public Works Contracts) of this Policy.

3. Notice Inviting Bids - Distribution by Mail, Posting or Other Means.

Except in cases of emergency or where not practicable, all suppliers and contractors who have notified the District in writing that they desire to bid on contracts, and all suppliers and contractors which the District would like to bid on contracts, shall be furnished with the notice inviting bids by postal or electronic mail.

In addition to notifying all such persons by mail, the District shall post the notice inviting bids in one or more public places typically used by the District. It shall be posted in sufficient time in advance of the bid opening to allow bidders to bid, as determined by the Board or ~~their~~ designee. The notice shall remain posted until an award has been made. Notice may also be made by telephone, facsimile, telegram, personal contact, letter, or other informal means.

4. Notice Inviting Bids - Advertising/Publication.

Except in cases of emergency or where circumstances require that less notice be given, as determined by the Board pursuant to Section "~~III~~" (Flexibility and Waiver of Policy Requirements) below, the notice inviting bids shall be published once a week for at least two (2) consecutive weeks, as follows:

- a. In a newspaper of general circulation published in Riverside County; or
- b. In trade journals or papers of general circulation as the Board, or ~~their~~ designee, deems proper.



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In the event that the Board determines, pursuant to Section “III” (Flexibility and Waiver of Policy Requirements) below, that circumstances require less than the prescribed notice period, he/she shall endeavor to provide notice by publication to the extent practicable under the circumstances.

For cost efficiency purposes, the published notice inviting bids need not be as detailed as that provided by other means, including by mail, posting or inclusion in the bid package, but should contain the legally and practically required essential contents of the notice, including but not limited to, where and how to obtain the complete bid package, Labor Code notice provisions, and bonding requirements.

5. Bid Form.

As part of the bid package, the District shall furnish to each bidder an appropriate bid form prepared by the District for the type of contract being let. Bids not presented on forms so furnished, or exact copies thereof, shall be rejected as non-responsive.

6. Presentation of Bids.

All bids shall be presented under sealed cover. Upon receipt, the bid shall be date and time stamped.

Any bids received after the due date and specified time shall be returned unopened. (Gov. Code § 53068.)

7. Withdrawal of Bids.

Bids may be withdrawn at any time prior to the time fixed in the public notice for the opening of bids only by written request made to the person or entity designated in charge of the bidding procedure. The withdrawal of a bid does not prejudice the right of the bidder to timely file a new bid. Except as authorized by law for public works contracts (Pub. Contract Code §5100 et seq.), no bidder may withdraw its bid



after opening for the period of time indicated in the bid package, which period shall be at least forty-five (45) days.

C. Award of Contracts.

1. Opening of Bids.

On the day named in the public notice, the District shall publicly open the sealed bids. Award of the contract shall be to the lowest responsive and responsible bidder, if at all. All bidders shall have complied with the foregoing bid procedures, except as otherwise provided herein and except for any minor errors or irregularities which may be waived by the District. After a bid is opened it shall be deemed irrevocable for the period specified in the invitation to bid.

The Board of Directors is under no obligation to accept the lowest responsive and responsible bid received, since the District has absolute discretion in the acceptance of bids and reserves the right to reject all bids if it desires. The Board of Directors also reserves the right to determine the conditions of responsibility including matters such as delivery date, product quality, and the service and reliability of the supplier.

2. Responsible Bidder.

The District's determination of whether a bidder is responsible shall be based on an analysis of each bidder's ability to perform, financial statement (if required), experience, past record and any other factors it shall deem relevant. If the lowest bidder is to be rejected because of an adverse determination of the bidder's responsibility based on the District's staff review, the bidder shall be entitled to be informed of the adverse evidence and afforded an opportunity to rebut that evidence and to present evidence of responsibility. In such event, the District shall give the rejected bidder and the bidder to be awarded the contract at least five (5) working days' notice of a public board meeting at which the responsibility issue shall be considered by the Board. No other notice, other than that required for Agenda



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descriptions by the Ralph M. Brown Act, shall be required. The Board may, in its discretion, continue its consideration and determination of the issue to future meetings of the Board within the time authorized for the award of the contract. The Board's decision shall be conclusive.

3. Bid Challenges.

If any bidder wishes to challenge a potential bid award, he or she shall file a written objection within five (5) calendar days following bid opening. The written objection shall include specific reasons why the District should reject the bid questioned by the bidder. The District may, in its discretion, consider the protest during the public meeting at which the contract award is to be considered, or it may consider it at a prior meeting. The District shall give the challenging bidder and the bidder to be awarded the contract at least five (5) working days' notice of the board meeting at which the challenge shall be considered by the Board. No other notice, other than that required for Agenda descriptions by the Ralph M. Brown Act, shall be required. The Board may, in its discretion, continue its consideration and determination of the issue to future meetings of the Board within the time authorized for the award of the contract. The Board's decision shall be final.

4. Notice to Bidders Not Awarded the Contract; Return of Bid Security.

Whenever a contract is not to be awarded to a bidder, such bidder shall be notified by regular mail not more than five (5) working days after the award of the contract to another bidder. The bid security supplied by the bidder shall be returned with the notice.

D. Emergencies.

The District may, by majority vote of the Board of Directors, award any contract for work to be done or for materials and supplies to be furnished, sold, or leased to the District without soliciting or securing bids if it





determines that an emergency exists as provided for in Health & Safety Code section 32136 as it may be amended from time to time.

E. Contracts Not Requiring Formal Bids Pursuant to Law.

Medical or Surgical Equipment or Supplies: Contracts for purchases of medical or surgical equipment or supplies may be made without soliciting or securing bids. (H&S Code § 32132(b).) As used herein, “medical or surgical equipment or supplies” shall be defined as provided in Health & Safety Code section 32132(d), as that section may be amended from time to time. Currently, Section 32132(d) defines these terms to include “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.” (H&S Code § 32132(d).) If bids are solicited, the “formal” bidding procedures specified in this Section “I” (Formal Bidding Requirements), modified as the Board or ~~their~~ designee shall determine to be in the District's best interest, shall be followed.

**II. PROVISIONS APPLICABLE TO PUBLIC WORKS CONTRACTS**

The following provisions govern all contracts awarded by the District for public works:

A. Prequalification for Bids \$100,000 or Over.

1. Prequalification Requirements.

The District shall, on contracts in which the estimated cost is equal to or exceeds One Hundred Thousand Dollars (\$100,000), require all prospective bidders to prequalify by completing an appropriate “Contractor's Qualification Statement” and submitting a listing of experience in performing the type of contract being let, a current Dunn & Bradstreet report, a summary of current trade agreements, and such other information as the District shall deem relevant.



The requirement of pre-qualification shall be indicated in the notice inviting bids. The second newspaper publication shall be published to allow potential bidders at least seven (7) days to submit pre-qualification requirements and the District at least five (5) days to review submitted pre-qualification packages prior to distribution of bid packages, which distribution shall be at least thirty (30) days prior to the time by which bids are to be received.

The Contractors Qualification Statement shall be verified under oath and submitted on or before the due date specified in the notice inviting bids. The documents submitted for pre-qualifications shall remain confidential and not open to public inspection. The decision as to prequalification shall be made by the Board, or ~~their~~ designee. Pre-qualification procedures are intended to assist the District in determining "responsibility" of bidders, but shall not be conclusive evidence thereof.

2. Notice and Protest Requirements.

The District shall notify each potential bidder in writing by regular mail within seventy-two (72) hours after the District's decision as to pre-qualification. A duplicate of all such notices shall be mailed to the Secretary of the Board of Directors of the District. Bid packages shall only be provided to pre-qualified contractors, except as set forth below.

Whenever a contractor is notified of the District's denial of pre-qualification to bid on a contract, the contractor may file a written protest to the disqualification within seventy-two (72) hours of its receipt of notice of disqualification. Receipt shall be deemed to be two (2) days after mailing of the notice. The written objection shall include specific reasons why the District should not disqualify the bidder. The District may, in its discretion, consider the protest during a public meeting prior to the circulation of bid packages, or it may allow the protestor to submit a bid under protest.



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If the District chooses to consider the protest prior to the circulation of bid packages, it shall give the challenging bidder at least five (5) working days' notice of the board meeting at which the challenge shall be considered by the Board. No other notice, other than that required for Agenda descriptions by the Ralph M. Brown Act, shall be required. The Board may, in its discretion, continue its consideration and determination of the issue to future meetings of the Board prior to circulation of bid packages. The Board's decision shall be final.

If the District allows the bidder to bid under protest the bid package will be provided only after the bidder has made payment therefore in an amount equal to the District's cost of printing and reproduction of the bid package.

If a written protest is not timely received from the bidder, the bidder waives any right to bid under protest.

B. Qualification for Bids Under \$100,000.

The District shall, on contracts in which the estimated cost is less than One Hundred Thousand Dollars (\$100,000), require all prospective bidders to complete an appropriate "Contractor's Qualification Statement," submit a list of the contractor's experience in performing the type of contract being let and such other information as the District shall deem relevant. The Statement shall be verified under oath and submitted prior to or with the contractor's bid, as determined by the Board or their designee. The documents submitted for qualification shall remain confidential and not open to public inspection. These documents shall be considered by the District in making its award to the lowest responsible bidder, but shall not be deemed conclusive evidence of responsibility.

C. Bid Security.

All bids shall be accompanied by bid security in an amount equal to at least ten percent (10%) of the total bid price. The security shall be in a form as follows:



1. Cashier's or Certified Check in the required amount; or
2. Bidder's Bond executed by an admitted surety insurer and made payable to the District.

Any bid not accompanied by one of the foregoing forms of bidder's security shall be rejected as non-responsive.

An "admitted surety insurer" means a corporate insurer or a reciprocal or interinsurance exchange to which the Insurance Commissioner of the State of California has issued a certificate of authority to transact surety insurance in this state. (Code of Civ. Proc. § 995.120.)

The bid security for all other unsuccessful bidders shall be returned to them within five (5) working days after the contract is awarded.

D. License Requirement.

In every completed bid, and in all construction contracts and subcontracts, shall be included the license number of the contractor and all subcontractors working under ~~him~~her. No project may be awarded to a contractor which is not licensed pursuant to state law or which utilizes subcontractors not so licensed.

E. Insurance.

All contracts shall require insurance of the type, in amounts and with provisions approved by District Legal Counsel and ~~management~~risk manager. All contractors awarded contracts shall furnish the District with original certificates of insurance and endorsements effecting coverage required by the contract. The certificates and endorsements for each insurance policy shall be signed by a person authorized by that insurer to bind coverage on its behalf, and shall be on forms supplied or approved by the District. All certificates and endorsements must be received and approved by the District before work commences, or sooner if indicated by



the contract documents. The District shall reserve the right to require complete, certified copies of all required insurance policies, at any time.

At a minimum, all general liability and automobile insurance policies shall contain the following provisions, or contractor shall provide endorsements on forms supplied or approved by the District to add the following provisions to the insurance policies: (1) the District, its directors, officers, employees and agents shall be covered as additional insureds with respect to the work or operations performed by or on behalf of the contractor, including materials, parts or equipment furnished in connection with such work; and (2) the insurance coverage shall be primary insurance as respects the District, its directors, officers, employees and agents, or if excess, shall stand in an unbroken chain of coverage excess of the contractor's scheduled underlying coverage. Any insurance or self-insurance maintained by the District, its directors, officers, employees and agents shall be excess of the contractor's insurance and shall not be called upon to contribute with it in any way.

At a minimum, all workers' compensation and employers' liability policies shall contain the following provision, or contractor shall provide endorsements on forms supplied or approved by the District to add the following provision to the insurance policies: (1) the insurer shall agree to waive all rights of subrogation against the District, its directors, officers, employees and agents for losses paid under the terms of the insurance policy which arise from work performed by the contractor.

At a minimum, all policies shall contain the following provisions, or contractor shall provide endorsements on forms supplied or approved by the District to add the following provisions to the insurance policies: (1) coverage shall not be canceled except after thirty (30) days prior written notice by mail has been given to the District; and (2) any failure to comply with reporting or other provisions of the policies, including breaches of warranties, shall not affect coverage provided to the District, its directors, officials, officers, employees and agents. Insurance carriers shall be qualified to do business in California and maintain an agent for process within the state. Such insurance carrier shall have not less than an "A"



policyholder's rating and a financial rating of not less than "Class VII" according to the latest Best Key Rating Guide.

All insurance required by the contract shall contain standard separation of insureds provisions. In addition, such insurance shall not contain any special limitations on the scope of protection afforded to the District, its directors, officers, employees or agents.

All builders'/all risk insurance policies shall provide that the District be named as loss payee. In addition, the insurer shall waive all rights of subrogation against the District. The making of progress payments to the contractor shall not be construed as creating and insurable interest by or for the District, or as relieving the contractor or its subcontractors of any responsibility for loss from any direct physical loss, damage or destruction covered by the builders'/all risk policy occurring prior to final acceptance of the work by the District.

The District shall not be liable for loss or damage to any tools, machinery, equipment, materials or supplies of the contractor. The contractor shall supply to the District an endorsement waiving the insurance carrier's right of subrogation against the District for all policies insuring such tools, machinery, equipment, materials or supplies.

F. Contract Requirements.

1. Performance Bond.

A Performance Bond is an undertaking furnished by a contractor for the faithful performance of the contract by the contractor guaranteeing that performance of the contract will be accomplished according to its terms. Every public works contract or contract for a work of improvement over Twenty-Five Thousand (\$25,000) or contracts of one contractor with the District which aggregate Twenty-Five Thousand Dollars (\$25,000) or more, shall provide for the filing of a separate performance bond by the contractor executed by an Admitted Surety. An "admitted surety insurer" means a corporate insurer or a reciprocal or interinsurance exchange to which the



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Insurance Commissioner of the State of California has issued a certificate of authority to transact surety insurance in this state. (Code of Civ. Proc. § 995.120.) Each Performance Bond shall be in a sum equal to One Hundred percent (100%) of the contract price or equal to the sum of the aggregate outstanding contracts. In any notice giving call for bids for any contract, the notice shall state that the Performance Bond is required. The Performance Bond shall not be used as a substitute for a determination of bidder responsibility. The District shall also require the Performance Bond to comply with any other legal requirements, as they may be amended from time to time.

2. Materials and Labor Payment Bond.

A Payment Bond means a bond which insures the payment in full of the claims of all persons supplying labor and/or materials to the project. (Civil Code § 3096.) In contrast to the Performance Bond, the Payment Bond guarantees payment of the obligation of all claimants who have furnished labor or materials to a work of improvement.

A Payment Bond executed by an Admitted Surety Insurer, as defined above, shall be required for all public works contracts or contracts for works of improvement in amounts and in a form required by Civil Code sections 3247 and 3248, as these sections may be amended from time to time. The bond must be in the form of a Payment Bond and not a deposit in lieu of bond. The District shall also require the Payment Bond to comply with any other legal requirements, as they may be amended from time to time.

3. Time for Completion/Liquidated Damages.

Every contract shall state the time when the whole or any specified portion of the work shall be completed. In the discretion of the Board of Directors, giving consideration to the size and nature of the project, the contract may provide that for each day completion is delayed beyond the specified time(s), the contractor shall forfeit and pay to



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the District a specified sum of money, to be deducted from any payments due or to become due to the contractor. The provision for liquidated damages shall be in a form approved by District Legal Counsel. (Civil Code § 1671; Gov. Code § 53069.85.)

4. Retentions; Substitution of Securities in Lieu of Retentions.

Contract Retentions shall be withheld and released in compliance with Public Contract Code sections 7107 and 9203. In accordance with California Public Contract Code section 22300, a provision shall be included in every invitation for bid and in every contract to permit the substitution of security for any monies withheld to insure performance (Retentions).

5. Bonus for Early Completion.

Any contract may also provide for the payment of extra compensation to the contractor as a bonus for completion of the project prior to the specified contract time. If such bonus for early completion is to be awarded to the contractor, the bid specifications shall also state the availability of such bonus compensation and the requirements therefore. (Gov. Code § 53069.85.)

6. Listing and Substitution of Subcontractors.

Subcontractors shall be listed by the general contractor in its bid in accordance with, and shall not be substituted in violation of, the provisions of the Subletting and Subcontracting Fair Practices Act. (Pub. Contract Code § 4100 et seq.)

7. Contract Terms.

All contract terms, including, but not limited to, the contract form, general conditions and special conditions shall be approved by District Legal Counsel.

G. Changes in Plans and Specifications





Every contract shall provide that the District may make changes in the plans and specifications for the project after execution of the contract. Bid procedures as set forth in this Policy need not be secured for change orders which do not materially change the scope of the project, as set forth in the original contract, if each individual's change order does not total more than five percent (5%) of the original contract. (H&S Code § 32132(c).)

However, if the original contract met all of the competitive bidding requirements set forth in this Policy, the contract may be terminated, amended or modified as provided in the original contract and according to the terms and provisions set forth in the original contract without regard to the five percent (5%) limitation set forth above. The compensation payable, if any, shall be determined as set forth in the original contract or applicable state law.

All changes or amendments to the original contract must be in writing and signed by both the contractor and a duly authorized representative of the District.

### III. FLEXIBILITY AND WAIVER OF POLICY REQUIREMENTS

In recognition of the fact that the contracting and procurement needs of the District may from time to time render certain procedures or requirements herein impracticable, the Board or ~~their~~ designee is authorized to permit or waive deviations from this Policy, to the extent permitted by law, upon making a written finding that such deviations are in the District's best interests in consultation with District Legal Counsel as to legal issues involved. This written finding will be included with the Staff Report when item is presented to the Finance and ~~Audit~~Administration Committee and Board of Directors for approval.

#### AUTHORITIES

California Gov. Code section 54202



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[California Health and Safety Code – HSC § 32132](#)

[Desert Healthcare District Bylaws Article V, section 5.6](#)

**DOCUMENT HISTORY**

[Revised](#) [05-24-2016](#)

[Approved](#) [12-18-2012](#)

DRAFT



**POLICY TITLE:** PROCUREMENT OF PROFESSIONAL SERVICES  
**POLICY NUMBER:** OP-11  
**COMMITTEE APPROVAL:** 11-09-2020  
**BOARD APPROVAL:** 11-24-2020

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**POLICY #OP-11:** Government Code section 4525 et seq. requires the District to select firms to provide certain professional services on the basis of demonstrated competence and on the professional qualifications necessary for the satisfactory performance of the services required.

**GUIDELINES:**

**I. REQUIREMENTS FOR PROCURING PROFESSIONAL SERVICES**

Contracts for professional services (per Gov. Code § 4525 et seq. and Gov. Code § 53060 et seq.), as described in more detail below, shall be awarded by the Board of Directors (“Board”) or designee through the purchasing procedures specified herein:

1. Professional Services

Contracts for professional services, as defined in Government Code section 4525, which specifically includes, professional architectural, landscape architectural, engineering, environmental, land surveying, construction project management and any other services specified in Government Code section 4526, as it may be amended from time to time, shall be awarded by following the purchasing procedures specified in this Policy.

Additionally, other professional service contracts as set forth in Government Code section 53060, limited to special services and advice in financial, economic, accounting, legal or administrative professional services may be procured through this Policy.

In no event shall a contract for professional services be awarded based solely upon the lowest cost to the District. The policy requires that contracts for professional



services exceeding a certain dollar value and some offering certain services as described below be bid.

The procurement of professional services exceeding \$50,000.00 will be bid per the guidance below:

The specific services, Legal, Audit and Investment Advice will be reviewed and potentially bid on the following schedule regardless of proposed contract amount. Legal services shall be reviewed and potentially bid every three (3) years; audit services will be reviewed and potentially bid every five (5) years, and investment advisor services will be reviewed and potentially bid every five (5) years.

2. Bid Procedures – Professional Services Contracts of \$50,000.00 or more.

A. Preparation of Request for Qualifications and Proposals (RFQ & RFP).

The key criteria for selecting a firm to provide professional services will be their ability to provide the needed services at the highest and best value to the District. Before entering into any contract with a value of Fifty Thousand Dollars (\$50,000.00) or more pursuant to this Policy, the Board or designee shall prepare or cause to be prepared a written request for qualifications and/or proposals (“RFQ/P”). Unless exempted by the Board or designee pursuant to Section “II” (Flexibility and Waiver of Policy Requirements) below, the RFQ/P shall include at least the following information: (1) the specific nature or scope of the services being sought; (2) the type and scope of project contemplated; (3) the estimated term of the contract; (4) the specific experience expected of the firm; (5) the time, date and place for submission of the RFQ/P; (6) a contact person who can answer questions of the firms; (7) a contract form; and (8) the evaluation criteria to be utilized in the selection of the firm.

The Board or designee shall endeavor to include all required information in the RFQ/P. To the extent that the Board of Directors or their designee determines, pursuant to Section “II” (Flexibility and Waiver of Policy Requirements) below, that any required information cannot be incorporated into the RFQ/P, its terms shall be negotiated with the successful consultant or supplier prior to the award of the contract.



B. Circulation of Request for Qualifications/Proposals.

The District shall attempt to obtain and consider completed RFQ/P's from at least three (3) qualified sources.

C. Procedures - Professional Services Contracts of less than \$50,000.00.

1. Request for Qualifications, Selection and Award

Before entering into any contract with a value of less than Fifty Thousand Dollars (\$50,000.00), the Board or designee shall transmit written or oral Request for Qualifications (RFQ) to qualified firms. The District shall attempt to transmit RFQ to at least three (3) qualified sources, and the District shall endeavor to obtain at least three (3) completed proposals. After the Board or designee has selected the most qualified consultant or supplier, the actual fee for service and other agreement terms will be negotiated. If an agreement cannot be reached, negotiations shall begin with the next most qualified consultant or supplier. Contracts for budgeted professional services less than \$50,000 does not require further action by the Board.

3. Professional Services – CEO Authorized Services up to \$5,000

Periodically, a service may be necessary to move forward with a task or project included in the Strategic Plan, Annual Budget, or normal course of business. The Board authorizes the Chief Executive Officer to execute a service agreement for such services. Service Agreement shall be approved by Legal Counsel and presented to Board as an informational item at the next Board of Director's meeting.

When the Board or designee awards any contract pursuant to this Policy, the contract award shall be based on the proposal, which is in the best interests of the District. In addition, unless exempted pursuant to Government Code section 4529, contracts for professional architectural, landscape architectural, professional engineering, environmental, land surveying, construction project management and any other services specified in Government Code section 4526, as it may be



amended from time to time, shall be awarded on the basis of demonstrated competence and on the professional qualifications necessary for the satisfactory performance of the services required. In no event shall a contract for such professional services be awarded on the basis of cost alone. (Gov.Code § 4525 et seq.).

## **II. FLEXIBILITY AND WAIVER OF POLICY REQUIREMENTS**

In recognition of the fact that the contracting and procurement needs of the District may from time to time render certain procedures or requirements herein impracticable, the Board or designee is authorized to permit or waive deviations from this Policy, to the extent permitted by law, upon making a written finding that such deviations are in the District's best interests in consultation with District Legal Counsel as to legal issues involved. This written finding will be included with the Staff Report when item is presented to the Finance and Administration Committee and Board of Directors for approval.

### **AUTHORITIES**

California Gov. Code § 4525 et seq.

California Gov. Code § 53060 et seq.

Desert Healthcare District Bylaws Article V, section 5.6

### **DOCUMENT HISTORY**

Approved 12-15-2015



**POLICY TITLE:** **PROCUREMENT -OF PROFESSIONAL SERVICES**

**POLICY NUMBER:** OP-11

**COMMITTEE APPROVAL:** 11-09-2020 ~~11/17/15~~

**BOARD APPROVAL DATE:** 11-24-2020 ~~12/15/2015~~

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**POLICY:** ~~PROCUREMENT OF PROFESSIONAL SERVICES~~

**POLICY #OP-11:** Government Code section 4525 et seq. requires the District to select firms to provide certain professional services on the basis of demonstrated competence and on the professional qualifications necessary for the satisfactory performance of the services required.

**GUIDELINES:**

**I. REQUIREMENTS FOR PROCURING PROFESSIONAL SERVICES**

Contracts for professional services (per Gov. Code § 4525 et seq.), and ~~per~~ (Gov. Code § 53060 et seq.), as described in more detail below, shall be awarded by the Board of Directors ("Board") or ~~their~~ designee through the purchasing procedures specified herein:

1. Professional Services

Contracts for professional services, as defined in Government Code section 4525, which specifically includes, professional architectural, landscape architectural, engineering, environmental, land surveying, construction project management and any other services specified in Government Code section 4526, as it may be amended from time to time, shall be awarded by following the purchasing procedures specified in this Policy.

Additionally, other professional service contracts as set forth in Government Code section 53060, limited to special services and advice in financial, economic, accounting, legal or administrative professional services may be procured through



this Policy.

In no event shall a contract for professional services be awarded based solely upon the lowest cost to the District. The policy requires that contracts for professional services exceeding a certain dollar value and some offering certain services as described below be bid.

The procurement of professional services s exceeding \$50,000.00 will be bid per the guidance below:

The specific services, Legal, Audit and Investment Advice will be reviewed and potentially bid on the following schedule regardless of proposed contract amount. Legal services shall be reviewed and potentially bid every three (3) years; audit services will be reviewed and potentially bid every five (5) years, and investment advisor services will be reviewed and potentially bid every five (5) years.

## 2. Bid Procedures – Professional Services Contracts of \$50,000.00 or more.

### A. Preparation of Request for Qualifications and Proposals (-RFQ & RFP).

The key criteria for selecting a firm to provide professional services will be their ability to provide the needed services at the highest and best value to the District. Before entering into any contract with a value of Fifty Thousand Dollars (\$50,000.00) or more pursuant to this Policy, the Board ~~of Directors~~ or ~~their~~ designee shall prepare or cause to be prepared a written request for qualifications and /or proposals (“RFQ/P”). Unless exempted by the Board ~~of Directors~~ or ~~their~~ designee pursuant to Section “II” (Flexibility and Waiver of Policy Requirements) below, the RFQ/P shall include at least the following information: (1) the specific nature or scope of the services being sought; (2) the type and scope of project contemplated; (3) the estimated term of the contract; (4) the specific experience expected of the firm; (5) the time, date and place for submission of the RFQ/P; (6) a contact person who can answer questions of the firms; (7) a contract form; and (8) the evaluation criteria to be utilized in the selection of the firm.

The Board ~~of Directors~~ or ~~their~~ designee shall endeavor to include all required information in the RFQ/P. To the extent that the Board of Directors





or their designee determines, pursuant to Section "II" (Flexibility and Waiver of Policy Requirements) below, that any required information cannot be incorporated into the RFQ/P, its terms shall be negotiated with the successful consultant or supplier prior to the award of the contract.

B. Circulation of Request for Qualifications/Proposals.

The District shall attempt to obtain and consider completed RFQ/P's from at least three (3) qualified sources.

C. Procedures - Professional Services Contracts of less than \$50,000.00.

1. Request for Qualifications, Selection and Award

Before entering into any contract with a value of less than Fifty Thousand Dollars

(\$50,000.00), the Board ~~of Directors or their~~ designee shall transmit written or oral Request for Qualifications (RFQ) to qualified firms. The District shall attempt to transmit RFQ to at least three (3) qualified sources, and the District shall endeavor to obtain at least three (3) completed proposals. After the Board ~~of Directors or their~~ designee has selected the most qualified consultant or supplier, the actual fee for service and other agreement terms will be negotiated. If an agreement cannot be reached, negotiations shall begin with the next most qualified consultant or supplier. Contracts for budgeted professional services less than \$50,000 does not require further action by the Board ~~of Directors~~.

3. Professional Services – CEO Authorized Services up to \$5,000

Periodically, a service may be necessary to move forward with a task or project included in the Strategic Plan, Annual Budget, or normal course of business. The Board authorizes the Chief Executive Officer to execute a service agreement for



such services. Service Agreement shall be approved by Legal Counsel and presented to Board as an informational item at the next Board of Director's meeting.

When the Board ~~of Directors~~ or ~~their~~ designee awards any contract pursuant to this Policy, —the contract award shall be based on the proposal, which is in the best interests of the District. In addition, unless exempted pursuant to Government Code section 4529, contracts for professional architectural, landscape architectural, professional engineering, environmental, land surveying, construction project management and any other services specified in Government Code section 4526, as it may be amended from time to time, shall be awarded on the basis of demonstrated competence and on the professional qualifications necessary for the satisfactory performance of the services required. In no event shall a contract for such professional services be awarded on the basis of cost alone. (Gov.Code § 4525 et seq.).

## **II. FLEXIBILITY AND WAIVER OF POLICY REQUIREMENTS**

In recognition of the fact that the contracting and procurement needs of the District may from time to time render certain procedures or requirements herein impracticable, the Board ~~of Directors~~ or ~~their~~ designee is authorized to permit or waive deviations from this Policy, to the extent permitted by law, upon making a written finding that such deviations are in the District's best interests in consultation with District Legal Counsel as to legal issues involved. This written finding will be included with the Staff Report when item is presented to the Finance and Audit Administration Committee and Board of Directors for approval.

### **AUTHORITIES**

California Gov. Code § 4525 et seq.

California Gov. Code § 53060 et seq.

Desert Healthcare District Bylaws Article V, section 5.6

### **DOCUMENT HISTORY**



Approved 12-15-2015

DRAFT



**POLICY TITLE:** SUSTAINABILITY PROGRAM

**POLICY NUMBER:** OP-13

**COMMITTEE APPROVAL:** 11-09-2020

**BOARD APPROVAL:** 11-24-2020

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**POLICY #OP-13:** The Desert Healthcare District (“District”) recognizes the importance of sustainability in developing and promoting healthy behaviors and healthy communities. The District is committed to being a leader in implementing sustainable measures in all facets of its operations and to model sustainable practices that promote, encourage and empower the community to take actions that will improve the environment, the economy and the quality of life and health for future generations.

With this in mind, the District seeks to instill a culture of sustainability by investing in improvements to our residents’ health and environment and promoting sustainable healthy communities throughout the District.

In addition to a commitment to expand and share its knowledge on sustainability generally, the District intends to lead by example by building public spaces and buildings to high green standards, enhancing energy efficiency and promoting the use of renewable resources and sustainable products while utilizing the technology and supporting the infrastructure necessary to support sustainable programs and practices.

For sustainable development, a structure is necessary in which environmental, economic and social factors are coordinated for a healthy community. The District needs to lead this coordination as well as advocate to the policy makers to remove environmental, cultural and institutional barriers to good health and ensure sustainable health care services for all residents. Long term action is the key to achieve sustainability with the overlapping issues in health and environment.



## **GUIDELINES:**

1. Improve air quality and reduce local emissions:
  - a) Encourage contractors, grantees, and the public to attend meetings via web conferencing
  - b) Enhance technology to accommodate web conferencing
  - c) Enhance website utility to reduce trips, promote transparency and ease of access to information
  - d) Support alternatives to gas fed lawnmowers and leaf blowers
2. Reduce waste and amount of materials consumed. Replace styrofoam products with corn based degradable products:
  - a) Utilize glassware for meetings
  - b) Waste Separation - Hire a recycling company to pick up office recyclables
  - c) Reduce paper board and committee packets - utilize web posting, conferencing and digital distribution of packets to the extent feasible
  - d) Utilize technology where possible to eliminate or reduce need for copying
3. Reduce amount of potable water used:
  - a) Incorporate smart controllers
  - b) Water efficient landscape
  - c) Install low flow toilets
  - d) Install automatic faucets
  - e) Use filtered water instead of purchasing plastic water bottles
4. Reduce trip miles:
  - a) Support efforts to promote ride sharing, walking and biking to reduce trip miles
5. Incorporate sustainable purchasing and the use of local suppliers:
  - a) Adopt sustainable purchasing policies for cleaning and office supplies
  - b) Promote the use of local vendors when feasible
6. Adopt sustainable business and purchasing practices:
  - a) Purchase green products
  - b) Adopt sustainable purchasing policies for cleaning and office supplies



7. Support local vendors:
  - a) Buy local products and services when feasible
  
8. Increase energy efficiency and promote renewable resources:
  - a) Improve building and system energy efficiency
  - b) Change lighting to sensors
  - c) Window tinting to reduce heat
  - d) Install automatic/programmable thermostats
  
9. Incorporate renewable energy in facility design and operations:
  - a) Integrate renewable, solar energy in new parking facility
  - b) Work with DRMC (lessee) to identify opportunities to enhance the hospital campus by investing in sustainable infrastructure enhancements and/or programs that socially, physically and environmentally contribute to a healthy campus and community
  
10. Embed sustainable principles and practices:
  - a) Incorporate sustainability and sustainable best practices into the DHCD work culture
  - b) Establish a District "Green Team" to identify sustainable practices and opportunities, vet proposals and monitor/report progress
  - c) Seek employee suggestions and implement when feasible
  - d) Develop an online "suggestion box" for feedback on policy/suggestions/implementation and additional ideas for improving operations
  - e) Incorporate sustainability into recruitment, hiring and performance evaluation practices
  - f) Add sustainability expectations into recruitment efforts, job descriptions and performance evaluations
  - g) Inform, train and educate board, staff, agencies and public
  - h) Incorporate ongoing sustainability education and training for employees and grant agencies
  
11. Be an early adopter and become a model for sustainable programs and practices:



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

- a) Update employees on a regular basis of new sustainable programs and office practices to improve energy use, paper usage and recycling
  - b) Enhance the website to highlight District sustainability practices, lifting the District up as an example for the rest of the Valley
  - c) Participate in Mayor's Leadership Council and share policies, progress, data and reports
- 12.** Incorporate sustainability principles and practices into grant making policies and procedures:
- a) Add sustainable principles and practices into grant and agency expectations
  - b) Share sustainability policies and programs with grant agencies and encourage their adoption
  - c) Utilize web conferencing and paperless meetings where possible

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Revised	05-24-2016
Approved	06-22-2010



**POLICY TITLE:** SUSTAINABILITY PROGRAM

**POLICY NUMBER:** OP-13

**COMMITTEE APPROVAL:** 11-09-2020~~N/A~~

**BOARD APPROVAL DATE:** 11-24-2020~~05/24/2016~~  
~~Previously Approved Board Date: 06/22/2010~~

---

**~~POLICY: SUSTAINABILITY PROGRAM~~**

**Policy #OP-13:** The Desert Healthcare District ("District") recognizes the importance of sustainability in developing and promoting healthy behaviors and healthy communities. The District is committed to being a leader in implementing sustainable measures in all facets of its operations and to model sustainable practices that promote, encourage and empower the community to take actions that will improve the environment, the economy and the quality of life and health for future generations.

With this in mind, the District seeks to instill a culture of sustainability, by investing in improvements to our resident's' health and environment and promoting sustainable healthy communities throughout the District.

In addition to a commitment to expand and share its knowledge on sustainability generally, the District intends to lead by example by building public spaces and buildings to high green standards, enhancing energy efficiency and promoting the use of renewable resources and sustainable products while utilizing the technology and supporting the infrastructure necessary to support sustainable programs and practices.

For sustainable development, a structure is necessary in which environmental, economic and social factors are coordinated for a healthy community. The District needs to lead this coordination as well as advocate to the policy makers to remove environmental, cultural and institutional barriers to good health and ensure sustainable health care services for all residents. Long term action is the key to achieve sustainability with the overlapping issues in health and environment.





## GUIDELINES:

1. Improve air quality and reduce local emissions:-
  - a) Encourage contractors, grantees, and the public to attend meetings via web conferencing
  - b) Enhance technology to accommodate web conferencing
  - c) Enhance website utility to reduce trips, promote transparency and ease of access to information
  - d) Support alternatives to gas fed lawnmowers and leaf blowers.
2. Reduce waste and amount of materials consumed. Replace styrofoam products with corn based degradable products:
  - a) Utilize glassware for meetings
  - b) Waste Separation - Hire a recycling company to pick up office recyclables
  - c) Reduce paper board and committee packets - utilize web posting, conferencing and digital distribution of packets to the extent feasible
  - d) Utilize technology where possible to eliminate or reduce need for copying
3. Reduce amount of potable water used:-
  - a) Incorporate smart controllers
  - b) Water efficient landscape
  - c) Install low flow toilets
  - d) Install automatic faucets
  - e) Use filtered water instead of purchasing plastic water bottles
4. Reduce trip miles:-
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5. Incorporate sustainable purchasing and the use of local suppliers:
  - a) Adopt sustainable purchasing policies for cleaning and office supplies
  - b) Promote the use of local vendors when feasible



6. Adopt sustainable business and purchasing practices:
  - a) Purchase green products
  - b) Adopt sustainable purchasing policies for cleaning and office supplies
  
7. Support local vendors:
  - a) Buy local products and services when feasible
  
8. Increase energy efficiency and promote renewable resources:
  - a) Improve building and system energy efficiency.
  - b) Change lighting to sensors
  - c) Window tinting to reduce heat
  - d) Install automatic/programmable thermostats
  
9. Incorporate renewable energy in facility design and operations:
  - a) Integrate renewable, solar energy in new parking facility
  - b) –Work with DRMC (lessee) to identify opportunities to enhance the hospital campus by investing in sustainable infrastructure enhancements and/or programs that socially, physically and environmentally contribute to a healthy campus and community.
  
10. Embed sustainable principles and practices:
  - a) Incorporate sustainability and sustainable best practices into the DHCD work culture
  - b) Establish a District “Green Team” to identify sustainable practices and opportunities, vet proposals and monitor/report progress
  - c) Seek employee suggestions and implement when feasible.
  - d) Develop an online “suggestion box” for feedback on policy/suggestions/implementation and additional ideas for improving operations
  - e) Incorporate sustainability into recruitment, hiring and performance evaluation practices
  - f) Add sustainability expectations into recruitment efforts, job descriptions and performance evaluations



- g) Inform, train and educate board, staff, agencies and public-
- h) Incorporate ongoing sustainability education and training for employees and grant agencies

- 11. Be an ~~and~~ early adopter and become a model for sustainable programs and practices:-
  - a) Update employees on a regular basis of new sustainable programs and office practices to improve energy use, paper usage and recycling-
  - b) Enhance the website to highlight District sustainability practices, lifting the District up as an example for the rest of the Valley
  - c) Participate in Mayor's Leadership Council and share policies, progress, data and reports
  - d) ~~Be an early adopter~~

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  - a) Add sustainable principles and practices into grant and agency expectations
  - b) Share sustainability policies and programs with grant agencies and encourage their adoption
  - c) Utilize web conferencing and paperless meetings where possible

## **AUTHORITIES**

[Desert Healthcare District Bylaws Article V, section 5.6](#)

## **DOCUMENT HISTORY**

Revised                      05-24-2016

Approved                    06-22-2010



**POLICY TITLE:** LAS PALMAS MEDICAL PLAZA POLICY FOR LEASING

**POLICY NUMBER:** LPMP-01

**COMMITTEE APPROVAL:** 11-09-2020

**BOARD APPROVAL DATE:** 11-24-2020

---

**POLICY #LPMP-01:** It is the policy of the Desert Healthcare District (“District”) Board of Directors to provide a leasing policy for the Las Palmas Medical Plaza.

1. When the Desert Healthcare District (District) receives notification of availability of a suite, the District will notify the Desert Regional Medical Center (DRMC) team of the vacancy, unless communications from DRMC have been made to the District within the prior three months that indicate they are not interested in additional suites or that any of their existing suites are available for reassignment to a prospective tenant.

a. Following the delivery of the notice of vacancy to DRMC, DRMC will be provided 15 days to notify the District in writing of DRMC’s desire to lease the vacant space.

b. In the event DRMC provides such notification, the District will enter into negotiations with DRMC regarding the terms of the lease of the vacant space.

c. If DRMC and the District are unable to agree upon the terms of a lease within 30 days following the District’s receipt of the notification of interest by DRMC, the District may, at its election, continue to negotiate the terms of a lease with DRMC and/or seek other replacement tenants for the vacant space.

d. If following the 15 day notice of vacancy period DRMC has not notified the District of DRMC’s desire to lease the vacant space, the District will actively seek replacement tenants, showing the suite to generate interest, and acquiring information to ensure the prospective tenants meet the leasing requirements.

2. Prospective tenants will be required to be a medical office or provide related services. Prospective tenants will provide a completed application and financial statements for a background check. The District will execute a lease with qualified tenants.



**AUTHORITY**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Revised 05-24-2016

Approved 06-23-2015

DRAFT



**POLICY TITLE:** LAS PALMAS MEDICAL PLAZA POLICY FOR LEASING

**POLICY NUMBER:** LPMP-01

**COMMITTEE APPROVAL UPDATE:** 11-09-2020~~N/A~~

**BOARD APPROVAL DATE:** 11-24-2020~~05/24/2016~~  
~~Resolution 11-04~~ 06-23-15

---

**POLICY : ~~LAS PALMAS MEDICAL PLAZA POLICY FOR LEASING~~**

**Policy#LPMP-01:**

**GUIDELINES:** It is the policy of the Desert Healthcare District (“District”) Board of Directors to provide a leasing policy for the Las Palmas Medical Plaza.

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

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**AUTHORITY**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Revised                      05-24-2016

Approved                    06-23-2015

DRAFT



**POLICY TITLE:** LAS PALMAS MEDICAL PLAZA LEASE EXECUTION POLICY

**POLICY NUMBER:** LPMP-02

**COMMITTEE APPROVAL:** 11-09-2020

**BOARD APPROVAL:** 11-24-2020

---

**POLICY #LPMP-02:** It is the policy of the Desert Healthcare District (“District”) Board of Directors to provide a lease execution policy for the Las Palmas Medical Plaza.

1. The standard lease and lease terms, including lease and Common Area Maintenance (“CAM”) rates, are to be reviewed annually.
  - a. Adjustments, if any, are made to the standard lease.
2. When a lease agreement or lease extension is prepared with a prospective tenant, the lease agreement/extension is presented to the Finance & Administration Committee for approval.
3. The lease agreement/extension is then forwarded to the Board of Directors for approval under the Consent Agenda.
4. Once approved, the lease agreement/extension is signed by the tenant and executed by the District’s Chief Executive Officer.

**AUTHORITY**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Revised	05-24-2016
Approved	06-23-2015





**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**POLICY TITLE:** LAS PALMAS MEDICAL PLAZA LEASE EXECUTION POLICY

**POLICY NUMBER:** LPMP-02

**COMMITTEE APPROVAL UPDATE:** 11-09-2020N/A

**BOARD APPROVAL DATE:** 11-24-2020~~05/24/2016~~  
~~Resolution 11-04~~ 06-23-15

**POLICY: ~~LAS PALMAS MEDICAL PLAZA LEASE EXECUTION POLICY~~**

**Policy#LPMP-02:**

**GUIDELINES:** It is the policy of the Desert Healthcare District (“District”) Board of Directors to provide a lease execution policy for the Las Palmas Medical Plaza.

1. The standard lease and lease terms, including lease and Common Area Maintenance (“CAM”) rates, are to be reviewed annually.
  - a. Adjustments, if any, are made to the standard lease.
2. When a lease agreement or lease extension is prepared with a prospective tenant, the lease agreement/extension is presented to the Finance & Administration Committee for approval.
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4. Once approved, the lease agreement/extension is signed by the tenant and executed by the District’s Chief Executive Officer.

**AUTHORITY**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

<u>Revised</u>	<u>05-24-2016</u>
<u>Approved</u>	<u>06-23-2015</u>



**REBECCA SPENCER**  
Registrar of Voters

**ART TINOCO**  
Assistant Registrar of Voters

**REGISTRAR OF VOTERS**  
COUNTY OF RIVERSIDE

November 13, 2020

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

**SUBJECT: November 3, 2020 Consolidated General Election**

Dear Ms. Hayles:

This letter is to update you on the status of your Board of Directors Election. Since the number of qualified candidates did not exceed the number of offices to be filled and a petition requesting that the election be held was not filed by August 12, 2020, an election was not held for the following office(s):

Director, Zone 1  
Director, Zone 5  
Director, Zone 7

The County Board of Supervisors will appoint the qualified candidates to office in lieu of election and they will take office and serve as if they had been elected. Enclosed is the list of qualified candidates. The certificate(s) of Appointment in Lieu of Election will be issued after the Board of Supervisors takes action.

Please destroy any remaining nomination material that you may have for this election.

If you have any questions, please do not hesitate to call Leticia Flores at (951) 486-7212 or Malissa Kouba at (951) 486-7318.

Sincerely,

**REBECCA SPENCER**  
Registrar of Voters

By Malissa Kouba  
Malissa Kouba  
Chief Deputy Registrar of Voters



## Contest/Candidate Proof List

### General Election - 11/3/2020

**Contests: 4121 to 4127 - Contests Not on Ballot**

**Candidates: Qualified Candidates**

**Candidates Qualified between 7/1/2020 and 11/12/2020**

Contest/District	Vote For	Num Cands	Num Qualified	Status
<b>Non-Partisan DISTRICT DESERT HEALTH CARE DISTRICT Director, Zone 1</b>				
<b>4121 Dir, Desert Healthcare, Zone 1</b>				
<b>5000HO-11 Desert Health Care District Zone 1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>NOT ON BALLOT</b>
<i>Shared with: (none)</i>				
Incumbent(s): Lesley Jay Zendle			Elected	
Candidate(s): <b>LES ZENDLE</b>				
Retired Physician				
Res: 1080 E Granvia Valmonte Palm Springs, CA 92262	Mail: 1080 E Granvia Valmonte Palm Springs, CA 92262	Business: (626)827-4911 Home: (760)778-6782 Fax: Filing Fee: \$0.00 Email: Lzendle@me.com	Campaign Phone: Fax: Mobile: Fees Paid: \$0.00	Qualified Date: <b>7/28/2020</b> User Codes: Cand ID: 1
<b>Requirements Status</b>				
<i>Sigs In Lieu Issued</i>				
<i>Declaration of Intent Filed</i>				
<i>Electronic Candidate Statement Filed</i>				
<i>Code of Fair Campaign Practices Filed</i>				
<i>Sigs In Lieu Filed</i>				
<i>Candidate Statement Issued</i>				
<i>Declaration of Candidacy Issued</i>				
<i>Declaration of Intent Issued</i>				
<i>Printed Candidate Statement Filed</i>				
<i>Declaration of Candidacy Filed</i>				
<b>Non-Partisan DISTRICT DESERT HEALTH CARE DISTRICT Director, Zone 5</b>				
<b>4125 Dir, Desert Healthcare, Zone 5</b>				
<b>5000HO-15 Desert Health Care District Zone 5</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>NOT ON BALLOT</b>
<i>Shared with: (none)</i>				
Incumbent(s):				
Candidate(s): <b>ARTHUR S. SHORR</b>				
Health Care Administrator				
Res: 74121 Kingston Ct E Palm Desert, CA 92211	Mail: 74121 Kingston Ct E Palm Desert, CA 92211	Business: (760)610-2311 Home: Fax: (866)346-2727 Filing Fee: \$0.00 Email: avishorr@gmail.com	Campaign Phone: Fax: Mobile: Fees Paid: \$0.00	Qualified Date: <b>7/28/2020</b> User Codes: Cand ID: 1
<b>Requirements Status</b>				
<i>Sigs In Lieu Issued</i>				
<i>Declaration of Intent Filed</i>				
<i>Electronic Candidate Statement Filed</i>				
<i>Code of Fair Campaign Practices Filed</i>				
<i>Sigs In Lieu Filed</i>				
<i>Candidate Statement Issued</i>				
<i>Declaration of Candidacy Issued</i>				
<i>Declaration of Intent Issued</i>				
<i>Printed Candidate Statement Filed</i>				
<i>Declaration of Candidacy Filed</i>				
<b>Non-Partisan DISTRICT DESERT HEALTH CARE DISTRICT Director, Zone 7</b>				
<b>4127 Dir, Desert Healthcare, Zone 7</b>				
<b>5000HO-17 Desert Health Care District Zone 7</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>NOT ON BALLOT</b>
<i>Shared with: (none)</i>				
Incumbent(s):				

**Non-Partisan DISTRICT DESERT HEALTH CARE DISTRICT Director, Zone 7**

**4127 Dir, Desert Healthcare, Zone 7**

**1 1 1 NOT ON BALLOT**

Shared with: (none)

Candidate(s): **LETICIA DE LARA**  
Appointed Incumbent

Res: 81879 Shady Ct  
Indio, CA 92201

Mail: 81879 Shady Ct  
Indio, CA 92201

Business: (760)861-3231

Home:

Fax:

Filing Fee: \$0.00

Email: letyarcuri@yahoo.com

Campaign Phone:

Fax:

Mobile:

Fees Paid: \$0.00

Qualified Date: 7/28/2020

User Codes:

Cand ID: 1

**Requirements Status** -----

Sigs In Lieu Issued

Declaration of Intent Filed

Electronic Candidate Statement Filed

Code of Fair Campaign Practices Filed 07/28/2020

Sigs In Lieu Filed

Candidate Statement Issued

Declaration of Candidacy Issued

07/20/2020

07/20/2020

Declaration of Intent Issued

Printed Candidate Statement Filed

Declaration of Candidacy Filed

07/28/2020

07/28/2020

**Total Contests: 3**

**Total Candidates Filed: 3**



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: November 24, 2020  
To: Board of Directors  
Subject: Election Results for the Local Area Formation Commission  
(LAFCO) Special District Alternate Member

---

**Background:**

- The Local Area Formation Commission (LAFCO) mailed ballot proceedings to elect a Special District Alternate by the Special District Selection Committee (SDSC)
- The position up for election was a Special District Alternate representative to the Riverside LAFCO (Riverside County) with the new term running May 2020 through May 2024.
- A call for nominations for an Alternate Member began in late August.
- Nine (9) nominations were received by the September deadline.
- On September 28, 2020, an Alternate Member ballot packet emailed.
- 31 ballots were received by the October 28, 2020 deadline.
- While a quorum was not met on ballots received, LAFCO did not reach the 50% + 1 threshold on votes cast.

**Election Results**

- In 2016, the Special District Selection Committee voted to utilize instant runoff voting (IRV) for all future elections to appoint members to the Riverside Local Agency Formation Commission (LAFCO).
- IRV is a method of conducting elections with three or more candidates whereby a majority determines the winner without the need to have a second ballot/runoff proceeding.
- A separate runoff election could cause a delay of more than 90 days, as well as causing LAFCO additional expense.
- After using the IRV method, the result of the election determined the following candidate as the Alternate Special District Commissioner:  
STEVEN PASTOR (Lake Hemet Municipal Water District) 22 votes
- In the near future, LAFCO will follow-up with detailed information on how the IRV process was applied.



November 5, 2020

Desert Healthcare District  
Andrea Hayles, District Clerk  
1140 N. Indian Canyon Drive  
Palm Springs, CA 92262

Palo Verde Healthcare District  
Dakota Doyle, District Clerk  
250 N. First Street  
Blythe, CA 92225

San Gorgonio Memorial Healthcare District  
Bobbi Duffy, District Clerk  
600 N. Highland Springs Avenue  
Banning, CA 92220

RE: LAFCO 2019-12-3,4&5-Countywide Municipal Service Review and Sphere of Influence Reviews and Potential Amendments Healthcare Districts: Desert Healthcare District, Palo Verde Healthcare District and San Gorgonio Memorial Healthcare District

You are hereby notified that the above named proposal was received and filed by the Riverside Local Agency Formation Commission at a public hearing held on October 22, 2020. A copy of Resolution No. 21-20 is attached for your records.

Should you have any questions, please feel free to contact our office.

Sincerely,

A handwritten signature in cursive script, appearing to read "Elizabeth R. Valdez", is written over a horizontal line.

Elizabeth R. Valdez  
Commission Clerk

cc:

Desert Healthcare District, Chris Christensen, Chief Admin Officer - email  
Palo Verde Healthcare District, Sandra Anaya - email  
San Gorgonio Memorial Healthcare District, Steven Barron, Chief EO - email  
Clerk of the Board, Kecia Harper - email  
Executive Office, Scott Bruckner, Principal Mgmt. Analyst- email

1 RIVERSIDE LOCAL AGENCY FORMATION COMMISSION

2 RESOLUTION NO. 21-20

3 MAKING DETERMINATIONS PURSUANT TO THE COUNTYWIDE MUNICIPAL  
4 SERVICE REVIEW-HEALTHCARE DISTRICTS: DESERT HEALTHCARE DISTRICT,  
5 PALO VERDE HEALTHCARE DISTRICT, AND SAN GORGONIO MEMORIAL  
6 HEALTHCARE DISTRICT  
7 LAFCO 2019-12-3,4&5  
8

9 WHEREAS a service review mandated by Government Code Section  
10 56430 has been conducted by the Riverside Local Agency Formation  
11 Commission in accordance with the Cortese-Knox-Hertzberg Local  
12 Government Reorganization Act of 2000 (Government Code Section  
13 56000 et.seq.); and

14 WHEREAS a duly noticed public hearing was held by this  
15 Commission on October 22, 2020; and

16 WHEREAS the Municipal Service Review was received and filed by  
17 the Commission on October 22, 2020.

18 NOW THEREFORE BE IT RESOLVED AND DETERMINED, based on the  
19 Municipal Service Review, the attached determinations are made in  
20 conformance with Government Code Section 56430.

21 BE IT FURTHER RESOLVED that the Commission takes the following  
22 actions:

23 1. Find the Municipal Service Review is exempt from the  
24 California Environmental Quality Act (CEQA) review pursuant to  
25 Section 15306, Class 6, of the CEQA Guidelines in that municipal  
26 service reviews consist of basic data collection, research, and  
27 resource evaluation activities which do not result in a serious or  
28 major disturbance to an environmental resource.

1 2. The determinations included in Attachment "A" for each  
2 healthcare district incorporated herein by reference are adopted.

3 3. Receive and file LAFCO 2019-12-3,4&5-Countywide Municipal  
4 Service Review-Healthcare Districts: Desert Healthcare District,  
5 Palo Verde Healthcare District and San Gorgonio Memorial Healthcare  
6 District.

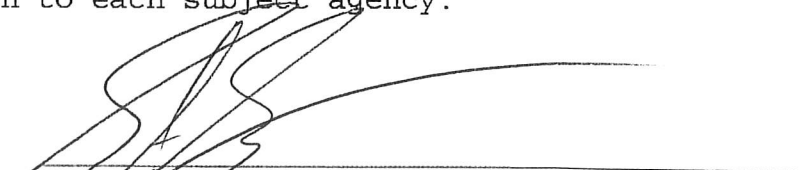
7 4. The Executive Officer is authorized to post additional  
8 information received as appendices or errata to the Municipal  
9 Service Review on the Commission website.

10 5. The Executive Officer is directed to transmit a certified  
11 copy of this resolution to each subject agency.

12 //

13 //

14

  
\_\_\_\_\_  
Steve Sanchez, Chair


15 //

16 I certify the above resolution was passed and adopted by the  
17 Riverside Local Agency Formation Commission on October 22, 2020.

18 //

19 //

20

  
\_\_\_\_\_  
Gary Thompson, Executive Officer

21 //

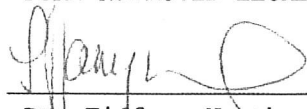
22 //

23

FORM APPROVED LEGAL COUNSEL


24

The foregoing instrument is certified, under penalty of  
perjury, to be a true copy of the original on file in this  
office.

  
\_\_\_\_\_  
BY: Tiffany North DATE 10/28/2020

25

26

  
\_\_\_\_\_  
Elizabeth R. Valdez, Commission Clerk  
Riverside Local Agency Formation Commission  
Executed on November 5, 2020 at  
Riverside, California

27 //

28 //



**DESERT HEALTHCARE DISTRICT MSR DETERMINATIONS**

**Growth and Population Projections**

- ❖ The population of DHD is difficult to estimate since Coachella Valley is a resort destination. Based on Department of Finance estimates for 2020, the number of permanent residents within the District is approximately 445,721.
- ❖ According to SCAG, the annual growth rate in the District is estimated to be about one percent through 2045.<sup>93</sup> Based on these estimates, the District’s population is projected to be approximately 501,332 in 2030 and 571,695 in 2045.
- ❖ There is anticipated to be a significant increase of the population over 65 years of age, while the age groups of 15 to 44 and 0 to 14 are estimated to grow at a moderate and slow rate respectively over the next 10 years.

**The Location and Characteristics of Disadvantaged Unincorporated Communities Within or Contiguous to the Agency’s SOI**

- ❖ Riverside LAFCO has identified 40 disadvantaged unincorporated communities in Riverside County within or near cities’ spheres of influence, 13 of which are within or adjacent to DHD’s boundaries.

**Present and Planned Capacity of Public Facilities and Adequacy of Public Services, Including Infrastructure Needs and Deficiencies**

- ❖ Present capacity of the District’s services is constrained by finite funding and lack of sufficient medical staffing. Additional challenges to providing services consist of the presence of MUAs and healthcare shortage areas.
- ❖ The greatest impact on the District’s capacity to provide services is the addition of significant territory and population from annexation in 2018, which resulted in greater demand to provide expanded services to new district residents with no additional funding. The District is working to address this issue by securing funding and resources on a large scale to advance a collective impact approach and leverage funding from foundations, government, and corporate fundraising.
- ❖ In regard to DRMC’s capacity, there is overall sufficient capacity to accommodate patient demand for its inpatient services. However, it appears that the ICU is at maximum capacity. The potential need for additional intensive care beds, as well as placement, will be addressed as part of the CHNA that is underway.

<sup>93</sup> Southern California Association of Governments, *Demographics and Growth Forecast*, Technical Report, Adopted on May 7, 2020, [https://www.connectsocial.org/Documents/Adopted/fConnectSoCal\\_Demographics-And-Growth-Forecast.pdf](https://www.connectsocial.org/Documents/Adopted/fConnectSoCal_Demographics-And-Growth-Forecast.pdf).

- ❖ Future district services will need to address anticipated needs resulting in changes in demographics, such as an aging population. Future service needs will be identified and fulfilled as part of the CHNA.
- ❖ Service adequacy of healthcare districts that provide grant funding is defined by public outreach and accountability efforts, grant management practices, and resident satisfaction. Based on these indicators, DHD provides adequate services. In particular, DHD excels at issuing grant funds and follows best management practices with regard to grant approval and management.
- ❖ Service adequacy of hospital services are defined by 1) PQIs, 2) IMIs, 3) hospital volume indicators, 4) EMS ambulance diversion rates, 5) the extent to which residents go to other hospitals for service, 6) patient satisfaction, 7) hospital safety, and 8) accreditation. Based on these indicators, the DRMC's services appear to be mostly adequate and comparable to similar providers statewide.
- ❖ The hospital requires additional significant capital improvements, estimated between \$119 and \$180 million, in order to comply with 2030 seismic requirements. Actual capital costs will greatly depend on the degree to which the District plans to make use of the hospital facility in the long term, which will be determined by facility needs identified in the CHNA.

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### Financial Ability of Agencies to Provide Services

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- ❖ The District has the financial ability to provide services. The District generally operates with an operational surplus, has established a reserve fund to meet infrastructure and other contingency needs, has sufficient reserves to operate for approximately two years, maintains limited debt, and has low pension and OPEB liabilities.
- ❖ Given the stability of the District's existing revenue sources, and the District's conservative budgeting practices, it appears that DHD is low risk for financial distress.
- ❖ Despite its strong financial position, the District may face challenges presented by hospital infrastructure needs, the potential necessity to take over the operations of the hospital, and the need to fund and extend healthcare services to the underserved areas of the recently annexed territory.

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### Status of, and Opportunities for, Shared Facilities

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- ❖ The District practices facility sharing by leasing the DRMC and Las Palmas Medical Plaza to healthcare providers, as well as through its maintenance agreement with the City of Palm Springs for the Wellness Park.
- ❖ The District anticipates that future facility sharing opportunities will be identified during the development of the CHNA, which will guide facility needs, and thus sharing opportunities, in the eastern portion of the District.

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## Accountability for Community Service Needs, Including Governmental Structure and Operational Efficiencies

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- ❖ The District primarily conducts outreach via its website, which makes available comprehensive information and documents to the public and solicits input from customers. The website complies with SB 929, AB 2257, and AB 2019 requirements.
- ❖ Accountability is best ensured when contested elections are held for governing body seats, constituent outreach is conducted to promote accountability and ensure that constituents are informed and not disenfranchised, and public agency operations and management are transparent to the public. The District demonstrated accountability with respect to these factors.
- ❖ No governance structure options were identified over the course of this review with regard to DHD.

## **PALO VERDE HEALTHCARE DISTRICT MSR DETERMINATIONS**

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### **Growth and Population Projections**

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- ❖ Based on the 2018 Census Tract population estimates and California Department of Finance 2019 and 2020 population estimates, the estimated population of PVHD is approximately 21,376.
- ❖ The population of PVHD fluctuates due to seasonal visitors to the area.
- ❖ According to SCAG, the annual growth rate in the District is estimated to be about one percent through 2045.<sup>194</sup> Based on these estimates, the District's population is projected to be approximately 24,785 in 2030 and 30,049 in 2045.

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### **The Location and Characteristics of Disadvantaged Unincorporated Communities Within or Contiguous to the Agency's SOI**

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- ❖ Riverside LAFCO has identified 40 disadvantaged unincorporated communities in Riverside County within or near cities' spheres of influence, two of which are within or adjacent to PVHD's boundaries.

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### **Present and Planned Capacity of Public Facilities and Adequacy of Public Services, Including Infrastructure Needs and Deficiencies**

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- ❖ Present capacity of the District's services is constrained by financing challenges and a lack of sufficient medical staffing. Additional challenges to service provision consist of the presence of MUAs and healthcare shortage areas.
- ❖ The Palo Verde Hospital has an overall sufficient capacity to accommodate the existing and projected demand for the existing bed types. However, the hospital provides a limited range of services and District residents frequently have to travel outside of the area to seek necessary medical care.
- ❖ Despite current financing challenges and a limited range of services, PVHD has significantly improved its financial health and service adequacy in the last several years.
- ❖ Service adequacy of hospital services are defined by 1) PQIs, 2) IMIs, 3) hospital volume indicators, 4) EMS ambulance diversion rates, 5) the extent to which residents go to other hospitals for service, 6) patient satisfaction, 7) hospital safety, and 8) accreditation. Based on these indicators, the Palo Verde Hospital's services appear to be marginally adequate given the challenges it is facing. However, the District continues to make improvements towards achieving better service levels. Its

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<sup>194</sup> Southern California Association of Governments, *Demographics and Growth Forecast*, Technical Report, Adopted on May 7, 2020, [https://www.connectsocial.org/Documents/Adopted/fConnectSoCal\\_Demographics-And-Growth-Forecast.pdf](https://www.connectsocial.org/Documents/Adopted/fConnectSoCal_Demographics-And-Growth-Forecast.pdf).

efforts and improvements are recognized by accrediting, grant-giving and regulating agencies and organizations.

- ❖ The hospital requires significant capital improvements in order to comply with the 2030 seismic requirements. PVHD is yet to identify and plan for the infrastructure needs and sources of financing that would be necessary to achieve compliance.

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### Financial Ability of Agencies to Provide Services

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- ❖ The District has the financial ability to provide services. The District generally operates with an operational surplus, has financial reserves to meet infrastructure and other contingency needs, maintains limited debt, and has no pension and OPEB liabilities.
- ❖ Although PVHD has significantly improved its financial health in the last several years the District remains concerned about financing challenges it continues to encounter. The District continuously looks for new sources of funding and ways to cut costs and reduce expenditures.
- ❖ Given the instability of the District's existing revenue sources it appears that PVHD is high risk for financial distress. This risk is mitigated however by the District's conservative budgeting practices and proactive approach to finding innovative financing solutions.

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### Status of, and Opportunities for, Shared Facilities

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- ❖ The District practices facility sharing by renting some of its medical facilities and leasing or sub-leasing its facilities to healthcare providers.
- ❖ PVHD aims to establish affiliations with larger hospital facilities, systems or teaching institutions. The District is working on establishing links with healthcare organizations in Indio through the ED.
- ❖ Facility sharing opportunities are generally limited due to the hospital's remote location.

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### Accountability for Community Service Needs, Including Governmental Structure and Operational Efficiencies

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- ❖ The District primarily conducts outreach via its website, which makes available information and documents to the public and solicits input from customers. The website generally complies with SB 929, AB 2257, and AB 2019 requirements; however, PVHD needs to ensure that its website is fully functional and has all the required and appropriate up-to-date information.
- ❖ Accountability is best ensured when contested elections are held for governing body seats, constituent outreach is conducted to promote accountability and ensure that constituents are informed and not disenfranchised, and public agency operations and management are transparent to the public. The District demonstrated accountability with respect to these factors.

- ❖ One government structure option was identified in the process of this MSR. This option includes the annexation of the territory between DHD and PVHD.

## **SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT MSR DETERMINATIONS**

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### **Growth and Population Projections**

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- ❖ The population of San Gorgonio Memorial Healthcare District (SMGHD) is estimated to be 105,556 as of January 1, 2020.
- ❖ Historical growth within the District has been largely within cities. In particular, the City of Beaumont experienced 7.7 percent growth between 2018 and 2020, while Calimesa experienced 6.1 percent growth.
- ❖ According to SCAG, the annual growth rate in the District is estimated to be about 1.6 percent through 2045. Based on these estimates, the District's population is projected to be approximately 123,714 in 2030 and 156,561 in 2045.

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### **The Location and Characteristics of Disadvantaged Unincorporated Communities Within or Contiguous to the Agency's SOI**

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- ❖ Riverside LAFCO has identified 40 disadvantaged unincorporated communities in Riverside County within or near cities' spheres of influence, one of which is within the SMGHD's boundaries near the City of Beaumont in the community of Highland Springs.

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### **Present and Planned Capacity of Public Facilities and Adequacy of Public Services, Including Infrastructure Needs and Deficiencies**

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- ❖ Based on use of facilities and demand for services, there is sufficient facility capacity at present; however, given the anticipated high rate of growth in Banning and Calimesa, there will likely need to be plans for expansion to address associated additional demand.
- ❖ In addition to facility capacity and population growth, the Community Healthcare Needs Assessment identified a growing need for healthcare based on particular demographic trends, such as a rise in homelessness that suggests the need for more access to mental and behavioral health programs.
- ❖ Service adequacy of hospital services are defined by 1) prevention quality indicators, 2) inpatient mortality indicators, 3) hospital volume indicators, 4) EMS ambulance diversion rates, 5) the extent to which residents go to other hospitals for service, 6) patient satisfaction, 7) hospital safety, and 8) accreditation. Based on these indicators, the San Gorgonio Memorial Hospital's services appear to be mostly adequate and comparable to similar providers statewide.
- ❖ The Hospital has undergone significant capital improvements over the last 15 years and is considered to be in very good condition. In total \$137 million in improvements

were made, bringing the existing facilities into compliance with certain state seismic requirements. There is a continued need to address the 2030 seismic needs, which is planned to be addressed as part of the District's Patient Care Building over the next decade.

- ❖ The most significant immediate plan for capital improvement is for a Stroke Center, which would involve the replacement of the existing CT Scanner, purchase of another CT Scanner and MRI machine and locating these items in a new department. SGMHD has applied for grant funding for this project and plans to complete it over the next three years.

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### Financial Ability of Agencies to Provide Services

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- ❖ The District has the financial ability to provide services. The District generally operates with an operational surplus, has established a reserve fund to meet infrastructure and other contingency needs, has sufficient reserves to operate for approximately six months, and has no pension and OPEB liabilities.
- ❖ Given the stability of the District's existing revenue sources, and the District's conservative budgeting practices, it appears that SGMHD is low risk for financial distress.
- ❖ While SGMHD has a relatively high ratio of long-term debt attributable to the bonds issued to fund infrastructure needs, the bond payments are made with property tax revenues, which are relatively secure and sufficient to fund the debt payments.

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### Status of, and Opportunities for, Shared Facilities

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- ❖ The District practices facility sharing by leasing the San Geronio Memorial Hospital to the San Geronio Memorial Hospital Corporation for operation. Additionally, the District practices extensive partnering and collaboration in order to provide and extend a variety of programs.
- ❖ No additional opportunities for facility sharing were identified.

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### Accountability for Community Service Needs, Including Governmental Structure and Operational Efficiencies

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- ❖ The District primarily conducts outreach via its website, which makes available comprehensive information and documents to the public and solicits input from customers. The website complies with SB 929 requirements; however, SGMHD needs to address AB 2257 agenda posting requirements, and ensure that all required up-to-date documents are posted on its website, including annual budgets and audited financial statements in order to comply with AB 2019.
- ❖ Accountability is best ensured when contested elections are held for governing body seats, constituent outreach is conducted to promote accountability and ensure that constituents are informed and not disenfranchised, and public agency operations and management are transparent to the public. The District demonstrated accountability with respect to these factors.



- ❖ No governance structure options were identified over the course of this review with regard to SGMHD.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: November 24, 2020  
To: Board of Directors  
Subject: CSDA & ACHD Virtual Legislative Tour for Special Districts

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**Staff Recommendation:** On December 8, 2020, the Desert Healthcare District and Foundation will be featured during the annual legislative tour of special districts. Our virtual presentation will include remarks by CEO Conrado Barzaga and a 3-minute video. (Informational)

**Background:**

- The Desert Healthcare District and Foundation will be among two healthcare districts presented when the California Special Districts Association and the Association of California Healthcare Districts host the fifth annual legislative tour. The other healthcare district will be Mayers Memorial Hospital District in Fall River Mills, CA.
- The purpose of the tour, whose invitees will include staff from state and federal legislative offices representing California, is to increase visibility and awareness by educating legislators about the work of special districts. This year the tour theme is *health and wellness*.
- The tour also will include a Special Districts 101 presentation, an ACHD overview, and 8-minute presentations by the participating districts and associations.
- Each district's presentation will include a 3-minute video, in addition to 5 minutes of remarks. The Desert Healthcare District and Foundation's video spotlights the evolution of the District from hospital-centric to community-centric addressing social determinants of health as well as traditional medical care. It features the District CEO, Board President Leticia De Lara, and community advocates Bea Gonzalez and Cynthia Sessions. View the video here: <https://www.youtube.com/watch?v=alfpv-bpOEA&t=2s>
- The video is an additional tool in our arsenal to raise the awareness of the Desert Healthcare District and Foundation in the community. The video is accessible to the public through our website and social media, including our YouTube channel, and can be shared on various platforms.
- An overview of each district and a question-and-answer session will follow the presentations. The entire tour is expected to last about one hour.

**Fiscal Impact:**

\$3,237.50 is the total video cost which is covered in the Communications and Marketing Budget.



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

Date: November 24, 2020  
To: Board of Directors  
Subject: Consideration to Approve Closing District Offices between Christmas and New Year's Eve.

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**Staff Recommendation:** Consideration to Approve Closing District Offices between Christmas and New Year's Eve.

**Background:**

- There is a national trend to close offices of entities or businesses that do not provide essential products or services.
- This is in response to many observed benefits, which include:
  - Higher Employee Morale = A Productivity Boost
  - Holiday Slowdown
  - Eliminating Unnecessary Expenses
  - Creating a Culture of Self-Care amongst employees
- Consistent with this national trend and consistent with observed practices of similar organizations, including the Association of Healthcare Districts (ACHD) and various foundations.
- Staff recommends authorizing the closing of District offices between Christmas and New Year's Day.

**Fiscal Impact:**

N/A



**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
November 10, 2020**

**Directors & Community Members**

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

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>I. Call to Order</b>	The meeting was called to order at 12:33 p.m. by Chair PerezGil due to technical difficulties.	
<b>II. Approval of Agenda</b>	Chair PerezGil asked for a motion to approve the agenda.	<b>Moved and seconded by Vice-President Borja and Community Member Behrman to approve the agenda. Motion passed unanimously.</b>
<b>III. Meeting Minutes</b> <b>1. October 13, 2020</b>	Chair PerezGil asked for a motion to approve the October 13, 2020 meeting minutes.	<b>Moved and seconded by Director Rogers and Vice-President Borja to approve the October 13, 2020 meeting minutes. Motion passed unanimously.</b>
<b>IV. Public Comment</b>	There was no public comment	
<b>V. Old Business</b> <b>1. Funding Requests</b>	Chair PerezGil summarized the funding requests.  Vice-President Borja inquired on the City of Palm Springs LOI request for \$243k, and whether the request is the same program the city cut due to COVID and budget shortfalls. Donna Craig, Chief Program Officer, explained that the city inquired with the District last year desiring a program match, and the District	

**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
November 10, 2020**

<p><b>2. Progress and Final Reports Schedule</b></p> <p><b>3. Grants Payment Schedule</b></p>	<p>agreed to match the program at \$125k; however, since it is a collaborative effort with CVAG and CVHEART that was re-funded after the COVID cuts, the city is currently returning with a renewal of the same program. However, the grant is still open; thus, the District, to date, has not reviewed the LOI.</p> <p>Vice-President Borja inquired if Martha’s Village request contains the entire Coachella Valley, if there will be a larger sum than \$200k. Ms. Craig explained that Martha’s Village is recreating the budget at a lower request.</p> <p>Donna Craig, Chief Program Officer, clarified that there are no changes from the prior month with new progress and final reports available in December.</p> <p>Chair PerezGil inquired on any questions of the committee concerning the grants payment schedule.</p>	
<p><b>VI. Program Staff Updates</b></p> <p><b>1. Community Health Needs Assessment (CHNA) and Health Improvement Plan (CHIP)</b></p>	<p>Meghan Kane, Programs and Research Analyst described Health Assessment and Research for Communities (HARC) overview of the focus groups at the Strategic Planning Committee, including the challenges with the community engagement process, increasing the number of participants, engaging the Board, the timeline</p>	

**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
November 10, 2020**

<p><b>2. Lift to Rise Rental Assistance Program – enrollment events</b></p>	<p>for November and December to complete the focus groups, and input from the preliminary data for pre-and-post COVID.</p> <p>Alejandro Espinoza, Program Officer and Director of Outreach provided an overview of the rental assistance program events with over 600 families enrolled at the most recent event and a waiting list for additional funds from the funding sources to continue to support the families.</p>	
<p><b>VII. Grant Funding Requests</b></p> <p><b>1. Consideration to approve Grant #1135 Hope through Housing: Hope through Housing Foundation Family Resilience - \$20,000</b></p>	<p>Donna Craig, Chief Program Officer, explained Hope through Housing’s request to support the client’s low-income-affordable housing in response to COVID to continue to assist with food and resources.</p> <p>Greg Bradbard, President, Hope through Housing Foundation, and Senior Vice President of Strategic Partnerships, provided an overview of the services and answered questions from the committee.</p>	<p><b>Moved and seconded by Director Rogers and Community Member Behrman to approve Grant #1135 Hope through Housing: Hope through Housing Foundation Family Resilience - \$20,000 and forward to the Board for approval.</b></p> <p><b>Motion passed unanimously.</b></p>
<p><b>VII. Committee Members Comments</b></p>	<p>Director Rogers inquired on the Board and Staff Communications &amp; Policies Committee Meeting and the outcome of the community members' policies. Dr. Bázquez explained that the committee recommendation will go forward to the Board, as previously discussed, which includes a staff report to exclude members of the public as</p>	

DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
November 10, 2020

	community members from committees.	
<b>V. Adjournment</b>	Chair PerezGil adjourned the meeting at 12:58 p.m.	<b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b>

ATTEST: \_\_\_\_\_  
 Evett PerezGil, Chair/Director  
 Program Committee

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

DRAFT

**FUNDING REQUESTS UPDATE for November 2020 (please see November updates in this color)**

**Information only – status update of new letters of interest and pending applications**

**The five (5) strategic focus areas for FY 2020-2021 are:**

- 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**

***PLEASE NOTE: Due to the COVID-19 pandemic, some LOI's and Applications had been put on hold and subsequently withdrawn from the grants management system as their requests were not relevant due to the many changes organizations had endured. Some are temporarily closed as mandated by state, county and local governments.***

***Without compromising the rules of AB2019, an email was sent to these organizations encouraging them to visit the website and review the District's FY 20/21 One Year Gap Funding Focus Areas and a revamped Letter of Interest and grant application.***

<b>Letters of Interest</b>				
<b>Agency</b>	<b>Staff Notes</b>	<b>Status &amp; Staff Notes</b>	<b>Funding Allocation</b>	<b>Strategic Focus Areas FY 2020-2021</b>
<b>Alzheimer's Association</b>	LOI received requesting \$66,500 to support core services	<b>UPDATE FOR NOVEMBER:</b> The grants team conducted a proposal conference with Alzheimer's Association. The LOI was sent back for republishing with the recommendation that the organization revise the request to reflect \$30,000 in support specific to	District	Vital Human Services to People with Chronic Conditions



		the Program and Education Manager towards Care Consultations plus the education costs for the four-week training program for the caregivers.		
<b>Healing California</b>	LOI received requesting \$19,786 to support mobile dental and vision services to residents of Eastern Coachella Valley	<b>UPDATE FOR NOVEMBER:</b> The grants team conducted a proposal conference on October 12 <sup>th</sup> . It was determined that Healing CA will send us a list of upcoming sites and apply for a mini grant instead.	District	Healthcare Infrastructure and Services
<b>Youth Leadership Institute</b>	LOI received requesting \$30,000 Que Madre Program	<b>UPDATE FOR NOVEMBER:</b> Proposal conference resulted in YLI to review and reevaluate the number of dollars requested and the budget and will come back to the grants team for further discussion		Behavioral Health/Mental Health
<b>Joslyn Center</b>	LOI received requesting \$112,350 to support Wellness Center programs	<b>UPDATE FOR NOVEMBER:</b> Proposal conference resulted in Joslyn to review and reevaluate number of dollars requested and		Behavioral Health/Mental Health

		<p>the budget and will come back to the grants team for further discussion.</p> <p>The budget came back with very few revisions. The LOI was sent back for republishing with the recommendation that the organization revise the request to reflect solely the Therapy and Counseling portion of the original request that includes funding for the LCSW Wellness Center Supervisor, 2 behavioral health program interns, &amp; education/training.</p>		
			District	Homelessness
<b>Voices for Children</b>	LOI received requesting \$40,000 to provide CASAs (Court Appointed Special Advocates) to 20 Coachella Valley foster youth and ensure their healthcare needs are addressed.	Staff will be conducting a proposal conference on November 3 <sup>rd</sup> with the anticipation of generating Stage 2, the application. It is anticipated to bring the full request to the December Program Committee meeting.	District	Healthcare Infrastructure/Services: increased capacity to serve patients through telehealth technology

<b>American Heart Association</b>	LOI received requesting \$148,144 for managing hypertension in under-resources CV communities	Under review with the Grants Team	District	Healthcare Infrastructure/Services
<b>City of Palm Springs</b>	LOI received requesting \$243,600 to support one Behavioral Health Specialist, one Mental Health Peer Specialist, Case Managers & Mental Health Peer Specialist	The LOI will not be reviewed until the current open grant has been closed and the District has received all pertinent paperwork, i.e. progress and final reports, and budget reports with receipts of all funds expended.	District	Homelessness
<b>Clinicas De Salud Del Pueblo</b>	LOI received requesting \$125,800 to support COVID-19 ID Now Testing Program	Under review with the Grants Team	District	Healthcare Infrastructure/Services
<b>Pending Applications</b>				
<b>Grantee</b>	<b>Staff Notes</b>	<b>Status</b>	<b>Funding Allocation</b>	<b>Strategic Focus Area FY 20/21</b>
<b>Hope Through Housing</b>	LOI received requesting \$10,000 for their Family Resilience program for a 4-month time period.	The grants team conducted a Zoom proposal conference and <b>suggested the request be increased to \$20,000 for a one year time period</b> to allow for additional time to conduct and	District	Economic Protection, Recovery, and Food Security

		<p>evaluation and impact of the program.</p> <p><b>UPDATE for NOVEMBER:</b> Stage 2 – the application – has been received and scored and the request is before the November Program Committee meeting for review.</p>		
<p><b>Inland Empire Ronald McDonald House</b></p>	<p>LOI received requesting \$200,000 for Temporary Housing and Family Support Services (same as previous request)</p>	<p>The grants team conducted a September 2<sup>nd</sup> Zoom proposal conference and suggested the request be <u>decreased to \$100,000</u> to more accurately reflect the reality and impacts of COVID-19 on the organization’s operations and budget.</p> <p><b>UPDATE for November:</b> Stage 2 – the application – had been received too late for the October Program Committee meeting. The revised budget was reviewed and the application was sent back for republishing to reflect the actual</p>	<p>District</p>	<p>Healthcare Infrastructure and Services</p>

		<p>numbers of District residents to be served, rather than a blanket anticipated 20% of the total number of families served that was deduced pre-COVID. The request is anticipated to be before the December Program Committee meeting for review.</p>		
<p><b>Martha's Village &amp; Kitchen</b></p>	<p>LOI received requesting \$200,896 to support the resources necessary to serve an expanded number of homeless individuals from within the DHCD's Western borders with evidence based best practices such as Housing First</p>	<p>The grants team conducted a Zoom proposal conference on September 24<sup>th</sup> and reviewed the LOI. It was noted that the proposal was an exact cut and paste of the past approved request, indicating serving residents from the Western Coachella Valley rather than the entire CV. Stage 2, the application, was generated, and MVK will concentrate the request on Housing First, the workforce of youth employment and training as well as wrap around services that are given at the</p>		

		Mecca and Desert Hot Springs satellite offices. It is anticipated to bring the full request to the December Program Committee meeting.		
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DESERT HEALTHCARE DISTRICT						
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE						
As of 10/31/20						
TWELVE MONTHS ENDED JUNE 30, 2021						
Grant ID Nos.	Name	Approved Grants - Prior Yrs	Current Yr 2020-2021	6/30/2020 Bal Fwd/New	Total Paid July-June	Open BALANCE
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000		\$ 8,330,000	\$ -	\$ 8,330,000
2018-974-BOD-09-25-18	HARC - 2019 Coachella Valley Community Health Survey - 2 Yr	\$ 399,979		\$ 39,999	\$ -	\$ 39,999
2019-985-BOD-03-26-19	Coachella Valley Volunteers in Medicine - Primary Healthcare & Support Services - 1 Yr	\$ 121,500		\$ 12,150	\$ 12,150	\$ -
2019-986-BOD-05-28-19	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr	\$ 200,000		\$ 20,000	\$ 20,000	\$ -
2019-997-BOD-05-28-19	Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	\$ 200,896		\$ 20,090	\$ 20,090	\$ -
2019-989-BOD-05-28-19	Pegasus Riding Academy - Cover the Hard Costs of Pegasus Clients - 1 Yr	\$ 109,534		\$ 10,954	\$ 10,954	\$ -
2019-994-BOD-05-28-19	One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yr	\$ 700,000		\$ 385,000	\$ 78,750	\$ 306,250
2019-1000-BOD-05-28-19	Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$ 24,000		\$ 2,400	\$ 2,400	\$ -
2019-1017-BOD-09-24-19	Jewish Family Services - Case Management Services for Homeless Prevention - 1 Yr	\$ 90,000		\$ 9,000	\$ 8,855	\$ 145
	Unexpended funds Grant #1017					\$ (145)
2019-1023-BOD-10-22-19	CVRM - Transportation for Seniors & Homeless Hospital Discharge Referrals - 1 Yr	\$ 216,200		\$ 118,910	\$ 97,290	\$ 21,620
2019-1021-BOD-11-26-19	Neuro Vitality Center - Community Based Adult Services Program - 6 Months	\$ 143,787		\$ 79,083	\$ 50,323	\$ 28,760
	Unexpended funds Grant #1021					\$ (28,760)
2020-1045-BOD-03-24-20	FIND Food Bank - Ending Hunger Today, Tomorrow, and for a Lifetime - 1 Yr	\$ 401,380		\$ 311,069	\$ 90,311	\$ 220,758
2020-1129-BOD-05-26-20	Coachella Valley Volunteers In Medicine - Response to COVID-19	\$ 149,727		\$ 149,727	\$ 149,727	\$ -
2020-1085-BOD-05-26-20	Olive Crest Treatment Center - General Support for Mental Health Services	\$ 50,000		\$ 27,500	\$ -	\$ 27,500
2020-1057-BOD-05-26-20	Desert Cancer Foundation - Patient Assistance Program	\$ 150,000		\$ 82,500	\$ -	\$ 82,500
2020-1124-BOD-06-23-20	Regents of UCR - COVID-19 Testing & Health Education for Eastern Valley - 5 Months	\$ 149,976		\$ 149,976	\$ 149,976	\$ -
2020-1134-BOD-07-28-20	1 Desert Healthcare Foundation - Addressing Healthcare Needs of Black Communities		\$ 500,000	\$ 500,000	\$ 500,000	\$ -
2020-1139-BOD-09-22-20	1 CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr		\$ 50,000	\$ 50,000	\$ 22,500	\$ 27,500
<b>TOTAL GRANTS</b>		<b>\$ 13,106,979</b>	<b>\$ 550,000</b>	<b>\$ 10,298,358</b>	<b>\$ 1,213,326</b>	<b>\$ 9,056,127</b>
<b>Amts available/remaining for Grant/Programs - FY 2020-21:</b>						
<b>Amount budgeted 2020-2021</b>			\$ 4,000,000		G/L Balance:	<b>9/30/2020</b>
<b>Amount granted through October 31, 2020:</b>			\$ (550,000)		2131	\$ 2,396,127
Mini Grants:	1132		\$ (5,000)		2281	\$ 6,660,000
Financial Audits of Non-Profits	8/15/20		\$ (5,000)			
Net adj - Grants not used:	1021		\$ 28,905		<b>Total</b>	<b>\$ 9,056,127</b>
Matching external grant contributions			\$ -			\$ (0)
<b>Balance available for Grants/Programs</b>			<b>\$ 3,468,905</b>			
<b>Strategic Focus Areas FY20-21:</b>						
		<b>Grant Budget</b>	<b>Granted YTD</b>	<b>Available</b>		
1	Healthcare Infrastructure and Services	\$ 1,500,000	\$ (526,240)	\$ 973,760		
2	Behavioral Health/Mental Health	\$ 500,000		\$ 500,000		
3	Homelessness	\$ 500,000	\$ 145	\$ 500,145		
4	Vital Human Services to People with Chronic Conditions	\$ 1,000,000		\$ 1,000,000		
5	Economic Protection, Recovery and Food Security	\$ 500,000	\$ (5,000)	\$ 495,000		
	<b>Balance available for Grants/Programs</b>	<b>\$ 4,000,000</b>	<b>\$ (531,095)</b>	<b>\$ 3,468,905</b>		



**Date:** 11/24/20

**To:** Board of Directors

**Subject:** Grant # 1135 Hope through Housing Foundation

---

**Grant Request:** Hope through Housing Foundation Family Resilience

**Amount Requested:** \$20,000.00

**Project Period:** 12/1/2020 to 11/30/2021

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

Hope continues actively working with a number of partners including multiple local food banks, the YMCA, Boys and Girls Clubs, several churches, and corporate partners to help as many as possible. Hope ensures that various resources are available and can be delivered to our residents. Partners help to provide food, donated goods, and additional manpower. Hope has also launched a mental health awareness project in the Coachella Valley in partnership with the RAP Foundation. That was an important issue before COVID-19 and now has taken on even greater urgency as many of our families are facing job losses, family separations, depression and loneliness.

Our planned response efforts continue to include (1) ensuring that residents are able to safely remain at home while meeting their basic needs, and (2) providing the guidance and tools to ensure residents retain housing and rebuild financial stability as they rebuild. Additional support from dedicated partners like Desert Healthcare has and will help ensure that we can continue to adapt while supporting our residents as coming weeks and months unfold.

Funds will be used to support the manpower and supply costs to make Hope's ongoing response to resident needs possible, including a portion of the salary of Hope's full-time Services Coordinator in the Coachella Valley and basic needs expenses to meet the following:

- Immediate distribution of food, household items, and other needed supplies to ensure residents – especially seniors and those with disabilities – can safely remain at home while meeting their basic needs.





- Resource coordination via telephone to connect residents with community resources and other important health information – including medication and grocery delivery, unemployment assistance, and transportation. Service Coordinators also perform virtual welfare checks on vulnerable residents to ensure their well-being while quarantined at home.

**Strategic Plan Alignment:**

Economic Protection, Recovery, and Food Security / Sustaining ongoing efforts by collaborative partners

**Geographic Area(s) Served:**

Cathedral City; Indio; La Quinta

**Action by Program Committee: (Please select one)**

- ✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$20,000.00 be approved.

Recommendation with modifications

Deny

## Full Grant Application Summary

### Hope through Housing Foundation, Grant #1135

#### About the Organization

Hope through Housing Foundation  
9421 Haven Ave.  
Rancho Cucamonga, CA 91730  
Tel: 19092043511 Ext: 134  
<http://www.hthf.org>

#### **Primary Contact:**

Suzanne Sproul  
Tel: (909) 204-3511  
[ssproul@hthf.org](mailto:ssproul@hthf.org)

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

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2008	Supplemental Food Assistance Program	\$5,000	Food Assistance	6/2/2009	
2009	Supplemental Nutrition Program (SNP)	\$5,000	Food Assistance	10/1/2009	Grant budget
2009	Supplemental Nutrition Program (SNP)	\$5,000	Food Assistance	12/31/2009	Grant budget
2009	Supplemental Nutrition Program (SNAP)	\$5,000	Food Assistance	3/31/2010	Grant budget
2010	Supplemental Nutrition Program (SNAP)	\$5,000	Food Assistance	7/12/2010	Grant budget
2010	Supplemental Nutrition Program (SNAP)	\$5,000	Food Assistance	10/19/2010	Grant budget
2010	Supplemental Nutrition Program (SNAP)	\$5,000	Food Assistance	1/5/2011	Grant budget
2010	Supplemental Nutrition Program (SNAP)	\$5,000	Food Assistance	4/20/2011	Grant budget
2011	Supplemental Nutrition Program (SNAP)	\$20,000	Food Assistance	9/20/2011	Grant budget
2019	COVID response	\$10,000	Grant	3/30/2020	

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

**Project Title:** Hope through Housing Foundation Family Resilience

**Start Date:** 12/1/2020 **End Date:** 11/30/2021

**Term:** 12 months

**Total Project Budget:** \$291,979

**Requested Amount:** \$20,000

**Executive Summary:**

When COVID-19 hit in mid-March, Hope mobilized immediately, shifting our focus to delivering critical goods and resources, making wellness checks and addressing the short-term needs of our low-income affordable housing communities' residents. As self-quarantines and stay-at-home orders continue, however, so does our response/resilience work especially for our many struggling home-bound seniors and other vulnerable residents. Our focus again now turns to helping families recover from the economic fallout of this health crisis -- reduced wages and lost jobs. Hope also remains committed to keeping families housed. And with another school year upon us, we are helping students navigate the educational digital divide by providing needed technology and parental support. Hope's COVID-19 response/resilience efforts are an adaptation of the resident services that Hope provides on an on-going basis, addressing the new, unique needs created by this pandemic. Hope through Housing has provided resource coordination and direct programming to residents for over 25 years. Residents need our help now more than ever. They earn between 30-60% of the Area Median Income; 64% of our households are headed by single mothers; and 83% of our children qualify for free/reduced meals. About 40% of our residents are seniors or disabled. Our resource coordination remains critical to provide them with emergency support and access to essential basic needs. Our programs are aligned with DHCD's focus area: Economic Protection, Recovery and Food Security Sustaining on-going efforts by collaborative partners.

Our planned Coachella Valley response efforts are available to our 900 District residents who choose to avail themselves of them. We plan to provide a total of 740 services to residents through this grant. They will continue to include (1) ensuring that residents are able to safely remain at home while meeting their basic needs, and (2) providing the guidance/tools to ensure residents retain housing and rebuild financial stability. Support from dedicated partners like Desert Healthcare has and will help ensure that we can continue support our residents.

Funds will support the manpower and supply costs to make Hope's ongoing response to resident needs possible, including a portion of the salary of Hope's full-time Coachella Valley Services Coordinator and basic needs expenses to meet the following:

- Immediate distribution of food, household items, and other needed supplies to ensure residents can safely remain at home while meeting their basic needs.
- Resource coordination via telephone to connect residents with community resources and other important health information including medication and grocery delivery, unemployment assistance, and transportation. Service Coordinators also perform virtual welfare checks on vulnerable residents to ensure their well-being.

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

When COVID-19 hit in mid-March, Hope quickly mobilized to shift our focus to delivering goods and resources, making wellness checks and addressing the short-term needs of our residents. As self-quarantines and stay-at-home orders continue, however, so does our response/resilience work especially for our many home-bound seniors and other vulnerable residents who continue to struggle to simply meet their basic needs. Our

focus also has turned to helping families recover from reduced wages and lost jobs and keeping families housed. And we are helping students try and navigate the educational digital divide by providing needed technology and parental support. Hope's COVID-19 response/resilience efforts are an adaptation of the resident services that Hope provides on an on-going basis. They now zero in on the new, unique needs created by this global crisis. Hope through Housing has provided resource coordination and direct programming to residents for over 25 years. Our resource coordination remains critical to provide residents with emergency support and access to essential basic needs.

**Strategic Plan Alignment:**

Economic Protection, Recovery, and Food Security

**Program/project description:**

Hope continues actively working with a number of partners including multiple local food banks, the YMCA, Boys and Girls Clubs, several churches, and corporate partners to help as many as possible. Hope ensures that various resources are available and can be delivered to our residents. Partners help to provide food, donated goods, and additional manpower. Hope has also launched a mental health awareness project in the Coachella Valley in partnership with the RAP Foundation. That was an important issue before COVID-19 and now has taken on even greater urgency as many of our families are facing job losses, family separations, depression and loneliness.

Our planned response efforts continue to include (1) ensuring that residents are able to safely remain at home while meeting their basic needs, and (2) providing the guidance and tools to ensure residents retain housing and rebuild financial stability as they rebuild. Additional support from dedicated partners like Desert Healthcare has and will help ensure that we can continue to adapt while supporting our residents as coming weeks and months unfold.

Funds will be used to support the manpower and supply costs to make Hope's ongoing response to resident needs possible, including a portion of the salary of Hope's full-time Services Coordinator in the Coachella Valley and basic needs expenses to meet the following:

- Immediate distribution of food, household items, and other needed supplies to ensure residents – especially seniors and those with disabilities – can safely remain at home while meeting their basic needs.
- Resource coordination via telephone to connect residents with community resources and other important health information – including medication and grocery delivery, unemployment assistance, and transportation. Service Coordinators also perform virtual welfare checks on vulnerable residents to ensure their well-being while quarantined at home.

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

Hope's Coachella Valley residents live in properties in Cathedral City, Indio and La Quinta. They earn between 30-80% of the Area Median Income; single mothers head 64% of our households; and 83% of our youth qualify for free/reduced meals. As low-wage earners, they have been the first to have hours cut and jobs eliminated. Many also have a limited financial cushion to support economic needs including food provision and

rent payments. And, approximately 40% of our residents are seniors or disabled, putting them at higher risk.

**Geographic Area(s) Served:**  
Cathedral City; Indio; La Quinta

**Age Group:**  
(06-17) Children  
(18-24) Youth  
(25-64) Adults  
(65+) Seniors

**Total Number of District Residents Served:**  
740

**Program/Project Goals and Evaluation**

<p><b>Goal #1:</b> By October 31, 2021, 400 Coachella Valley District residents will have received food/basic needs met along with individual resource assistance particularly during the COVID-19 health crisis. This will result in decreased financial stressors involved in preventing a healthy quality of life.</p>	<p><b>Evaluation #1:</b> Hope through Housing will monitor and keep detailed records on the number of residents who receive food distributions.</p>
<p><b>Goal #2:</b> By October 31, 2021, 100 residents will have been served through resource coordination available via telephone or in-person, connecting residents with community resources and other important health information – including medication and grocery delivery, unemployment assistance and transportation.</p>	<p><b>Evaluation #2:</b> Hope through Housing will monitor and keep detailed records on the number of residents receiving individual resource assistance and/or referrals to needed community supports.</p>
<p><b>Goal #3:</b> By October 31, 2021, Hope will provide or make connections to economic assistance to ensure 40 residents remain housed and are able to meet their ongoing household needs. Short-term, this may include access to unemployment benefits, rent and utility assistance, HEAP, Section 8, CalFresh, and</p>	<p><b>Evaluation #3:</b> Hope through Housing will monitor and keep detailed records on the number of residents receiving economic resource assistance.</p>

<p>supplemental resources helping to reduce expenses. Long-term, Hope will help residents recover through employment and education assistance and the development of budgeting/money management skills.</p>	
<p><b>Goal #4:</b> By October 31, 2021, 200 residents will have been served through wellness checks, particularly for our very vulnerable senior residents, to ensure their physical and mental well-being while quarantined at home.</p>	<p><b>Evaluation #4:</b> Hope through Housing will monitor and keep detailed records on the number of residents receiving wellness checks</p>
<p><b>Goal #5:</b></p>	<p><b>Evaluation #5:</b></p>

**Proposed Program / Project Evaluation Plan**

Hope currently tracks output data based on resident participation. Outcomes are evaluated utilizing a variety of tools to collect and evaluate resident participation and progress. Service Coordinator will maintain records of food distribution and participation as well as wellness calls. If residents participate in the Pathways to Economic Empowerment program, data points being collected include baseline and delta measures for income, debt-to-income ratio, credit score, and savings. For residents receiving individual resource coordination, residents served and needs addressed are maintained in our Service Tracking Report (STR) database.

**Organizational Capacity and Sustainability**

**Organizational Capacity**

Services Coordinator Lucia Mitre is able and capable of overseeing resource and service coordination. She visits and serves our four Coachella Valley properties – Cathedral Palms and River Canyon (Cathedral City), Desert Meadows (Indio) and Vista Dunes (La Quinta) routinely. In addition, Regional Director Sandra Bowers supports resident events and participates in various community relations capacities. Both individuals provide direct assistance to residents and help coordinate and oversee volunteers and interns who assist with meeting program objectives within our resident services.

**Organizational Sustainability:**

As an organization, Hope through Housing focuses on three areas – economic mobility (Pathways to Economic Empowerment), youth development (Building Bright Futures) and senior basic care/wellness (Connections to Care). This particular Hope/DHCD partnership is a continuation and expansion of our current programs, all of which remain true to our mission of breaking the vicious cycle of generational poverty. Pathways helps create economic mobility for families by improving their financial and social well-being. Hope helps residents make the most of their limited incomes, increase their

earning potential and employment status and begin regular habits of saving and building assets through financial literacy, benefits access, workforce development and homeownership education. Building Bright Futures helps prepare at-risk youth for future self-sufficiency by improving educational and social outcomes for disadvantaged students through onsite after-school programs and career exposures. And Connections to Care builds senior health and wellness by empowering them and allowing them to age in place with care and dignity. This grant will focus primarily on the short-term COVID-related needs aimed at helping residents maintain stability during this challenging time.

**Partnerships:**

**Key Partners:**

Hope continues actively working with a number of regional partners including multiple local food banks, nonprofits, churches, and corporate partners to help as many as possible. Hope ensures that various resources are available and can be delivered to our residents. Partners help to provide food, donated goods, and additional manpower. Specific Coachella Valley partners include the Regional Access Project Foundation, Volunteers in Medicine, Recovery Innovations, Vision y Compromiso and the Borrego Community Health Foundation working with Hope's mental health awareness project at Cathedral Palms and Desert Meadows; Desert Recreation District, which provides youth development/after-school programming; and FIND Food Bank, which helps provide food to residents. And Hope through Housing is a recipient of a HN Berger Foundation \$25,000 grant supporting our Building Bright Futures youth development program. In addition to the grant, Hope through Housing will be featured in the Coachella Valley Spotlight on News Channel 3 during November 2020.

## Line Item Budget Operational Costs

PROGRAM OPERATIONS	Total Program/Project 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>	107592		12000
<b>Equipment (itemize)</b>			
1			0
2			0
3			0
4			0
<b>Supplies (itemize)</b>			
1	Resident Basic Needs including:		0
2	Food/Water/Medical Supplies/Household	15036	8000
3	Resident Assistance	5200	0
4	Resident Transportation	550	0
<b>Printing/Duplication</b>		360	0
<b>Mailing/Postage</b>		250	0
<b>Travel/Mileage</b>		4320	0
<b>Education/Training</b>		1086	0
<b>Office/Rent/Mortgage</b>		19320	0
<b>Telephone/Fax/Internet</b>		2060	0
<b>Utilities</b>		3700	0
<b>Insurance</b>		1530	0
<b>Other facility costs not described above (itemize)</b>			
1	Computer/Software/IT Support	2648	0
2			0
3			0
4			0
<b>Other program costs not described above (itemize)</b>			
1	Afterschool Program & Services	109021	0
2	Resident Events & Activities	18550	0
3	Program Evaluation	756	0
4			0
<b>Total Program Budget</b>			
		<b>291979</b>	<b>265000</b>
			<b>20000</b>
<b>Budget Narrative</b>	<p style="color: red; font-size: small;">Program costs on this page (not including salaries) include all program costs related to serving youth, families and seniors in the Coachella Valley. Program costs include after-school program service fees to operate three after school program sites, costs for monthly food distributions at our senior sites, and additional resident event costs throughout the year. All programs have been modified to meet current pandemic conditions. Hope through Housing is requesting \$8,000 to cover supplies for food/product distributions – which could include the purchasing of food/goods, materials for safe handling/delivery (gloves, masks, bags), and volunteer supplies (meals, t-shirts, etc.). \$12,000 is requested to cover the salary of Hope's full-time services coordinator in the Coachella Valley who is responsible for all resource coordination and distribution events for the seniors.</p>		



### 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	Services Coordinator 100% FTE	60000	100%	60000	12000
2	Regional Director	85000	20%	17000	
3	Program Manager	50000	20%	10000	
4					
5					
6					
7					
8					
<b>Total Employee Benefits</b>		46800		20592	
<b>Enter this amount in Section 1; Staffing Costs</b>				<b>Total</b>	<b>107592</b>
<b>Budget Narrative</b>	<p style="color: red;">The services coordinator is responsible for providing all resource coordination and programming directly with residents. We are requesting \$12,000 to help cover a portion of the services coordinator's salary. The service coordinator delivers direct support to residents. These individuals are and have been on the front lines since the stay-at-home mandate was issued. They've worked tirelessly to meet the needs of our residents.</p>				
<b>Budget Narrative</b>	<p style="color: red;">Total employee benefits calculate to about 24% of total salary and includes payroll taxes, employee healthcare and dental benefits and retirement contributions.</p>				
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</b>	<b>0</b>
<b>Budget Narrative</b>	<p style="color: red;">Please describe in detail the scope of work for each professional service/consultant on this grant.</p>				

## Line Item Budget Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project			Amount
<b>Fees</b>			95000
<b>Donations</b>			10000
<b>Grants (List Organizations)</b>			
	1	Inland So Cal United Way - Actual	15000
	2	Inland Empire Community Foundation - Actual	10000
	3	HN Berger Foundation - Actual	25000
	4	Wells Fargo Foundation - Actual	25000
<b>Fundraising (describe nature of fundraiser)</b>			
	1	<b>Delivering Hope Campaign - Projected</b>	75000
	2		
<b>Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)</b>			
	1	(Additional Grants) BigHorn Charities - Projected	10000
	2		
	3		
	4		
<b>Total funding in addition to DHCD request</b>			<b>265000</b>
<b>Budget Narrative</b>	Fees listed above represent "Social Service Program Fees" received by each property. This income is expected to come in monthly. Donations represent individual and corporate donations made to the Hope through Housing Foundation COVID-19 Emergency Response & Resilience Fund and are anticipated and currently being solicited. Our Delivering Hope campaign is taking place of our annual fundraising event, in which we raise unrestricted dollars to support our most pressing needs.		



P.O. Box 2369 | Borrego Springs, CA 92004  
T (760) 767-6433 Borrego Springs  
T (619) 398-2405 San Diego  
www.borregohealth.org

September 23, 2020

Suzanne Sproul, Foundation and Corporate Relations Coordinator  
Hope Through Housing Foundation  
9421 Haven Avenue  
Rancho Cucamonga, CA 91730

Dear Ms. Sproul:

On behalf of Borrego Community Health Foundation (BCHF), I am pleased to offer this letter in support of Hope Through Housing Foundation’s application from Desert Healthcare District to support Family Resilience in the wake of COVID-19 for community members in the Coachella Valley. We collaborate to provide increased awareness of available resources to the communities we serve.

We understand that Hope Through Housing Foundation is an organization that is dedicated to supporting low-income families and individuals through a model in which an array of quality health services and social services are provided. Over the last 21 years, Hope Through Housing Foundation has significantly influenced the lives of community members by working with them to establish self-sufficiency.

Borrego Community Health Foundation (BCHF), doing business as Borrego Health, is a nonprofit Federally Qualified Health Center that operates primary care clinics in San Diego, San Bernardino and Riverside Counties. BCHF provides medical services to all patients including low-income families and individuals within these regions. BCHF has collaborated with Hope Through Housing Foundation to deliver medical services to residents that would otherwise not have access to care. The services have included sick visits, physicals and mammograms.

It is our understanding that if funded, Hope Through Housing Foundation intends to provide recovery, food security and economic assistance to families in the Coachella Valley that have been negatively impacted by the COVID-19 pandemic. Increased availability of resources will substantially impact the lives of those who are attempting to recover from the devastating effects of this health crisis. Please contact my office if I can be of any further assistance.

Sincerely,

Mikia Wallis  
Chief Executive Officer



September 24, 2020

Suzanne Sproul, Foundation and Corporate Relations Coordinator  
Hope Through Housing  
9421 Haven Avenue  
Rancho Cucamonga, CA 91730

Dear Ms Sproul:

Coachella Valley Volunteers in Medicine is pleased to provide Hope Through Housing with this letter in support of your grant application to the Desert Healthcare District Foundation. I understand you are requesting funding for Family Resilience to aid in your goal of improving the health and well-being of low-income Coachella Valley residents.

It is my understanding that any awarded funding would be used to provide care coordination at your local housing programs, connecting your residents to available community health resources and services. This is a valuable and necessary resource helping to ensure that other needs low-income individuals have beyond shelter are met appropriately and fully. CVVIM has worked with Hope Through Housing as one of these community resources, specifically for healthcare services for your adult resident population, and we have always found your employees to be professional and helpful in your dealings with us, and to assist your residents. We are pleased to support your organization in this funding application.

Best of luck for your continued successes! Please keep us informed of your activities as we look forward to working through you to assist your residents in receiving healthcare services.

Sincerely,

Doug J. Morin  
Executive Director

O: 760.625.0760

E: [doug.morin@cvvim.org](mailto:doug.morin@cvvim.org)

Facility Address: 82915 Avenue 48 Indio, CA 92201

Mailing Address: PO Box 10090 Indio, CA 92202



Desert Healthcare,

I am writing on the behalf of the Desert Recreation District, this letter of support for Hope through Housing's Desert Healthcare for Family Resilience grant application. This is the second year Desert Recreation District has partnered with Hope; we share the goal to provide education to increase knowledge and build awareness through resources within the community to equip the children with the confidence that all things are possible despite their personal barriers. Even during this pandemic education remains as an important key component. We have focused on college and career readiness by bringing in speakers and presenters from the local community such as police officers, fire department, and a local veterans to answer questions and share their stories in education that helped them succeed in their career. Desert Recreation District whole-heartedly supports this effort to continue to help members of the Coachella Valley residents.

Sincerely,

Amy Garcia  
After School Recreation Coordinator

## Grant Scoring Review

### Grant Staff Review # 1 of 3

---

**Executive Summary:** 9

**Community Need and Alignment:** 9

**Goals:** 8

**Proposed Evaluation Plan:** 9

**Applicant Capacity and Infrastructure:** 10

**Organizational Sustainability:** 9

**Budget:** 9

**Key Partners/Collaborations:** 9

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**Total Score:** 72.00

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**Reviewer Comments:** Hope Through Housing is an established organization that continuously strives to meet the needs of their clients/residents at their 3 low-income/affordable housing units in the Coachella Valley..

**Response Notes:**

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### **Average Review Score:**

Grant Program Staff Review Stage: 68 (3 of 3)

Fiscal Staff Review Stage: 19 (2 of 2)

### **Sum of all Reviews:**

Grant Program Staff Review Stage: 204 (3 of 3)

Fiscal Staff Review Stage: 38 (2 of 2)

**Total average proposal score: 87/100**

## Grant Scoring Review

### Grant Staff Review # 2 of 3

---

**Executive Summary:** 9

**Community Need and Alignment:** 9

**Goals:** 7

**Proposed Evaluation Plan:** 7

**Applicant Capacity and Infrastructure:** 9

**Organizational Sustainability:** 9

**Budget:** 8

**Key Partners/Collaborations:** 9

---

**Total Score:** 67.00

---

**Reviewer Comments:** Hope Through Housing provides low-income families much needed programs and services at each of their four Coachella Valley locations, along with connecting residents with additional support and/or resources. Their targeted approach and follow-up via their Service Coordinators help low-income families and individuals, identify, and secure resources from partner community-based organizations, and other service providers. Desert Healthcare District funding will expand the reach of these programs and increase the capacity of the Service Coordinators.

**Response Notes:**

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**Average Review Score:**

Grant Program Staff Review Stage: 68 (3 of 3)

Fiscal Staff Review Stage: 19 (2 of 2)

**Sum of all Reviews:**

Grant Program Staff Review Stage: 204 (3 of 3)

Fiscal Staff Review Stage: 38 (2 of 2)

**Total average proposal score: 87/100**

## Grant Scoring Review

### Grant Staff Review # 3 of 3

---

**Executive Summary:** 9

**Community Need and Alignment:** 8

**Goals:** 7

**Proposed Evaluation Plan:** 6

**Applicant Capacity and Infrastructure:** 8

**Organizational Sustainability:** 8

**Budget:** 9

**Key Partners/Collaborations:** 10

---

**Total Score:** 65.00

---

**Reviewer Comments:** Hope Through Housing is a trusted organization in the community with access to vulnerable families and individuals. Their focus is on the delivery of basic needs, wellness checks, and resource connectivity. These three areas all contribute to help provide critical support and alleviate the heightened needs of families during this time. Resource connection is a key component in supporting Coachella Valley families for short-term needs as well as addressing long-term more sustainable solutions for economic recovery and resilience. Our funds our focused on the purchase of essential household supplies and the salary of the Service Coordinator. Our funds will help the Service Coordinator reach and support more CV families and support the District's efforts around economic protection.

**Response Notes:**

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**Average Review Score:**

Grant Program Staff Review Stage: 68 (3 of 3)

Fiscal Staff Review Stage: 19 (2 of 2)

**Sum of all Reviews:**

Grant Program Staff Review Stage: 204 (3 of 3)

Fiscal Staff Review Stage: 38 (2 of 2)

**Total average proposal score: 87/100**



## Grant Scoring Review

### Fiscal Staff Review # 1 of 2

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**Fiduciary Compliance:** 10

**Financial Stability:** 10

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**Total Score:** 20.00

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**Reviewer Comments:** 1. Fiduciary Compliance - Grantee has diversified funding sources of \$265,000

2. Financial Stability - Grantee has strong financial statements - Current Ration 4.8

**Response Notes:**

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### **Average Review Score:**

Grant Program Staff Review Stage: 68 (3 of 3)

Fiscal Staff Review Stage: 19 (2 of 2)

### **Sum of all Reviews:**

Grant Program Staff Review Stage: 204 (3 of 3)

Fiscal Staff Review Stage: 38 (2 of 2)

**Total average proposal score: /100**

## Grant Scoring Review

### Fiscal Staff Review # 2 of 2

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**Fiduciary Compliance:** 10

**Financial Stability:** 8

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**Total Score:** 18.00

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**Reviewer Comments:** Audited financials provided with unmodified opinion. Board approval documented in a timely fashion. Documented assets are more than sufficient to meet current liabilities.

Strategic plan included with references to 5-year priorities. Grant value is reasonable in comparison with overall project budget.

**Response Notes:**

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**Average Review Score:**

Grant Program Staff Review Stage: 68 (3 of 3)

Fiscal Staff Review Stage: 19 (2 of 2)

**Sum of all Reviews:**

Grant Program Staff Review Stage: 204 (3 of 3)

Fiscal Staff Review Stage: 38 (2 of 2)

**Total average proposal score: 87/100**



## FY 2020-2021: Grant Application Scoring Rubric



Category	Meets expectations <i>(10-6 points)</i>	Does not meet expectations <i>(0-5 points)</i>
<b>Programmatic Review</b>		
<b>Executive Summary</b> (10 points)	The applicant <b>includes and describes</b> the project’s mission and vision, the target population the project will serve, the expected benefits to the community, the need for the project in the community with proposed evidence-based methods, interventions, and strategies that are realistic, attainable, effective, and outcome-oriented.	The applicant is unclear or <b>does not include or describe</b> the project’s mission and vision, the target population the project will serve, the expected benefits to the community, the need for the project in the community with proposed evidence-based methods, interventions, and strategies that are realistic, attainable, effective, and outcome-oriented.
<b>Community Need &amp; Alignment</b> (10 points)	The applicant <b>identifies and defines a specific need(s)</b> for the project within the identified community and effectively describes the alignment of that need to one of the Desert Healthcare District and Foundation five strategic focus areas by using one or more of the following: data, case studies, interviews, focus group results, media coverage, etc.	The applicant <b>does not sufficiently identify or describe a need</b> for the project and/or its alignment to one of the Desert Healthcare District and Foundation five strategic focus areas by using one or more of the following: data, case studies, interviews, focus group results, media coverage, etc.
<b>Goals</b> (10 points)	The applicant has provided SMART goals with an evaluation plan that is comprehensively developed. The <b>SMART</b> goals are <b>specific, measurable, ambitious, realistic, and time-bound</b> , and the evaluation plan will accurately measure the project’s effectiveness and impact.	The applicant has provided very limited goals and evaluation plans. The goals <b>are not specific, measurable, ambitious, realistic, time-bound goals</b> and will not measure the project’s effectiveness or impact.

<p><b>Proposed Program/Project Evaluation Plan</b> (10 points)</p>	<p>The applicant <b>provides a detailed plan of action for evaluation</b> that includes both qualitative and/or quantitative assessment(s). The plan includes well-defined data reporting mechanisms and/or a clear and transparent narrative.</p> <ul style="list-style-type: none"> <li>• Evaluation measures and methods are clear; the applicant defines how they envision success.</li> <li>• Evaluation is in alignment with the SMART goals of the project.</li> <li>• An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding.</li> </ul>	<p>The applicant <b>does not provide, or vaguely describes, a plan of action</b> with limited qualitative and/or quantitative assessment(s). The plan includes poorly defined data reporting mechanisms and/or a narrative.</p> <ul style="list-style-type: none"> <li>• Evaluation measures and methods are not clear; the applicant vaguely defines how they envision success.</li> <li>• Evaluation is not in alignment with the SMART goals of the project.</li> <li>• An explanation is not provided on how the data collected from the project will be utilized.</li> </ul>
<p><b>Applicant Capacity and Infrastructure to Execute Proposal</b> (10 points)</p>	<p>The applicant <b>includes examples that demonstrate</b> that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The <b>applicant demonstrates</b> reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>	<p>The applicant <b>does not include examples that demonstrate</b> the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The <b>applicant is limited in its ability to demonstrate</b> reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>
<p><b>Organization Sustainability</b> (10 Points)</p>	<p>The applicant <b>demonstrates</b> that it has a current Strategic Plan with measurable outcomes and includes the proposed program. The applicant demonstrates strong Board engagement, governance, and fundraising support.</p>	<p>The applicant <b>does not sufficiently demonstrate</b> that it has a current Strategic Plan with measurable outcomes. The proposed program is not identified in the current Strategic Plan and the applicant organization has limited Board engagement, governance, and fundraising support.</p>

<p><b>Budget</b> (10 points)</p>	<p>The budget is <b>specific</b> and <b>reasonable</b>, and all items <b>align</b> with the described project. The proposed budget is accurate, cost-effective, and linked to activities and outcomes.</p> <ul style="list-style-type: none"> <li>• There are no unexplained amounts.</li> <li>• The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable.</li> <li>• All line items are identified clearly in the budget narrative.</li> <li>• The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project.</li> </ul>	<p>The budget is <b>not specific</b> and/or <b>reasonable</b>, and the items are <b>poorly aligned</b> with the described project. The budget is included in the application but seems incomplete or not reflective of actual costs.</p> <ul style="list-style-type: none"> <li>• There are unexplained amounts.</li> <li>• The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are not reasonable.</li> <li>• Line items are not clearly defined in the budget narrative.</li> <li>• The budget does not show committed, in-kind, or other funds that have been identified, secured, and in place to support the project.</li> </ul>
<p><b>Key Partners / Collaboration</b> (10 points)</p>	<p>The proposal <b>demonstrates a collaborative process</b> that includes multiple community partners involved in planning and implementation, with contributions from collaborators articulated in detail via letters of support and/or memorandums of understanding.</p>	<p>The proposal <b>does not demonstrate a collaborative process</b> and it does not involve multiple community partners in planning and implementation. Potential for collaboration exists but is not articulated.</p>
<p><b>Fiscal Review</b></p>		
<p><b>Fiduciary Compliance</b> (10 Points)</p>	<p><b>The applicant demonstrates</b> a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financial statements produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, and the Board reviews financial statements regularly.</p>	<p><b>The applicant does not demonstrate</b> a financial history that shows a continuous cycle of fiduciary responsibility of the Board through audited financial statements. Positive cash flow at the end of each fiscal year is not consistent. and the Board does not review financials regularly.</p>

<p><b>Financial Stability</b> (10 Points)</p>	<p>Funding sources for operations and programs are from multiple sources and <b>are driven by a strategic plan</b> for stability for both short- and long-term growth. Fund development and/or business plan is in place to identify future sources of funding. The requested grant amount is <b>reasonable</b> in comparison to the overall organizational budget.</p>	<p>Source of funds for operations and programs are from limited sources and <b>are not driven by a strategic plan</b>. There is <b>no plan</b> for stability in place currently, including a fund development plan and/or business plan. The requested grant amount is <b>unreasonable</b> in comparison to the overall organizational operating budget.</p>
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Total Score: \_\_\_\_ / 100

**Recommendation:**

- Fully Fund
- Partially Fund – Possible restrictions/conditions
- No Funding

Grant #1135

**EXHIBIT B**

**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
Hope through Housing Foundation Family Resilience	12/01/2020 11/30/2021

**PAYMENTS:**

(2) Payments: \$9,000.00  
 10% Retention: \$2,000.00

**Total request amount: \$20,000.00**

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Grant Requirements for Payment	Payment
12/01/2020	Signed Agreement submitted & accepted.	Advance of \$9,000.00 for time period 12/01/2020 - 5/31/2021
6/01/2021	1 <sup>st</sup> six-month (12/01/2020 - 5/31/2021) progress report, budget reports and receipts submitted & accepted	Advance of \$9,000.00 for time period 6/01/2021 - 11/30/2021
12/01/2021	2 <sup>nd</sup> six-month (6/01/2021 - 11/30/2021) progress report, budget reports and receipts submitted & accepted	\$0
12/31/2021	Final report (12/01/2020 - 11/30/2021) and final budget report submitted & accepted	\$2,000.00 (10% retention)

**TOTAL GRANT AMOUNT: \$20,000.00**

DELIVERABLES:

Program/Project Goals and Evaluation

<p><b>Goal #1:</b> By October 31, 2021, 400 Coachella Valley District residents will have received food/basic needs met along with individual resource assistance particularly during the COVID-19 health crisis. This will result in decreased financial stressors involved in preventing a healthy quality of life.</p>	<p><b>Evaluation #1:</b> Hope through Housing will monitor and keep detailed records on the number of residents who receive food distributions.</p>
<p><b>Goal #2:</b> By October 31, 2021, 100 residents will have been served through resource coordination available via telephone or in-person, connecting residents with community resources and other important health information - including medication and grocery delivery, unemployment assistance and transportation.</p>	<p><b>Evaluation #2:</b> Hope through Housing will monitor and keep detailed records on the number of residents receiving individual resource assistance and/or referrals to needed community supports.</p>
<p><b>Goal #3:</b> By October 31, 2021, Hope will provide or make connections to economic assistance to ensure 40 residents remain housed and are able to meet their ongoing household needs. Short-term, this may include access to unemployment benefits, rent and utility assistance, HEAP, Section 8, CalFresh, and supplemental resources helping to reduce expenses. Long-term, Hope will help residents recover through employment and education assistance and the development of budgeting/money management skills.</p>	<p><b>Evaluation #3:</b> Hope through Housing will monitor and keep detailed records on the number of residents receiving economic resource assistance.</p>
<p><b>Goal #4:</b> By October 31, 2021, 200 residents will have been served through wellness checks, particularly for our very vulnerable senior residents, to ensure their physical and mental well-being while quarantined at home.</p>	<p><b>Evaluation #4:</b> Hope through Housing will monitor and keep detailed records on the number of residents receiving wellness checks</p>





**BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE MEETING  
MEETING MINUTES  
November 09, 2020**

<b>Directors Present</b>	<b>District Staff Present</b>	<b>Absent</b>
President Leticia De Lara, Chair Director Evett PerezGil Director Les Zendle, MD	Conrado E. Bázquez, MD, CEO Chris Christensen, CAO Andrea S. Hayles, Clerk of the Board	

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>I. Call to Order</b>	The meeting was called to order at 11:08 a.m. by Chair De Lara.	
<b>II. Approval of Agenda</b>	Chair De Lara asked for a motion to approve the agenda.	<b>Moved and seconded by Director Zendle and Director PerezGil to approve the agenda. Motion passed unanimously.</b>
<b>III. Meeting Minutes</b>	Chair De Lara asked for a motion to approve the June 17, 2020 meeting minutes.	<b>Moved and seconded by Director Zendle and Director PerezGil to approve the meeting minutes. Motion passed unanimously.</b>
<b>IV. Old Business – 1. Policy #BOD-3 Appointment to Committees</b>	<p>Dr. Bázquez, CEO, explained the communications workshop on Board and Staff &amp; Policies, and the Board’s decision to remove community members from the committees due to uncertainties and the roles of the community members, while referencing Policy #BOD-3.</p> <p>Director Zendle explained that he agrees with the policy and the possibility of including a reference to policy OP-15 – engagement of the community and subject matter experts to avoid any recurrences of the matter on removing the community members from BOD-3 appointment to committees. An introductory paragraph in the first sentence stating in addition to the policy, community members are appointed to work with committees on an ad hoc</p>	<b>Moved and seconded by Director Zendle and Director PerezGil to approve the modifications to Policy BOD-3 – Appointment to Committees and forward to the Board for approval. Motion passed unanimously.</b>

**BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE MEETING  
MEETING MINUTES  
November 09, 2020**

<p><b>2. Policy #BOD-07 Board Meeting Agenda</b></p>	<p>basis, recommending separating the items from the consent agenda and placing Policy BOD-3 in the policies committee section of the November Board Meeting agenda for action and clarity by the Board.</p> <p>Dr. Bárzaga, CEO, described the revisions to Policy BOD-07 – Board Meeting Agenda.</p>	<p><b>Moved and seconded by Director PerezGil and Director Zendle to approve Policy #BOD-07 – Board Meeting Agenda and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>3. Policy #BOD-16 Policy for Propriety Confidential Personal Information</b></p>	<p>Dr. Bárzaga, CEO, described the revisions to Policy BOD-16 Policy for Proprietary Confidential Personal Information intended for compliance with all state and federal laws of medical and personal confidentiality.</p>	<p><b>Moved and seconded by Director Zendle and Director PerezGil to approve BOD-16 Policy for Propriety Confidential Personal Information and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>4. Policy #OP-01 Public Records</b></p>	<p>Dr. Bárzaga, CEO, explained Policy OP-01 Public Records update for compliance to public records.</p>	<p><b>Moved and seconded by Director Zendle and Director PerezGil to approve Policy #OP-01 Public Records and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>5. Policy #OP-03 Records Retention</b></p>	<p>Dr. Bárzaga, CEO, described Policy OP-03 Records Retention, which includes an Exhibit A for the review period for open and active records for disposal, archival, or shredding. Jeff Scott, Legal Counsel, explained an assembly bill to maintain emails for two years. The governor vetoed the bill with an acceptable retention policy of emails for six months.</p>	<p><b>Moved and seconded by Director PerezGil and Director Zendle to approve Policy #OP-03 Records Retention and forward to the Board for approval. Motion passed unanimously.</b></p>

**BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE MEETING  
MEETING MINUTES  
November 09, 2020**

<p><b>6. Policy #OP-04 Electronic Communications Usage &amp; Retention Policy</b></p>	<p>Dr. Bázquez, CEO, described Policy OP-04, noting the revisions from 90 to 120 days for retaining electronic communications usage and retention policy.</p>	<p><b>Moved and seconded by Director PerezGil and Director Zendle to approve Policy #OP-04 Electronic Communications Usage &amp; Retention Policy and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>7. Policy #OP-06 Delegating Minor Claims Settlement to CEO</b></p>	<p>Dr. Bázquez, CEO, described Policy OP-06 for delegating minor claims settlement to the CEO to manage minor claims under \$2k (see amended motion to OP-06 in item #11 – OP-11).</p>	<p><b>Moved and seconded by Director Zendle and Director PerezGil to approve Policy #OP-06 Delegating Minor Claims Settlement to CEO and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>8. Policy #OP-07 Lease Compliance</b></p>	<p>Dr. Bázquez, CEO, explained Policy OP-07 for Lease Compliance with Director Zendle inquiring on the language revision from Desert Regional to Medical Center; however, the language will remain the same.</p>	<p><b>Moved and seconded by Director PerezGil and Director Zendle to approve Policy #OP-07 Lease Compliance and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>9. Policy #OP-08 Strategic Plan</b></p>	<p>Dr. Bázquez, CEO, explained the minor changes to Policy OP-08 Strategic Plan.</p>	<p><b>Moved and seconded by Director Zendle and Director PerezGil to approve Policy #OP-08 Strategic Plan and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>10. Policy #OP-10 Policies and Procedures Including Bidding Regulations for Public Work</b></p>	<p>Dr. Bázquez, CEO, described the minor changes to item 3 with additional language for the District’s best interest of legal issues for Policy OP-10 Policies and Procedures including Bidding Regulations for Public Work.</p>	<p><b>Moved and seconded by Director PerezGil and Director Zendle to approve Policy #OP-10 Policies and Procedures Including Bidding Regulations for Public Work and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>11. Policy #OP-11 Professional Services</b></p>	<p>Dr. Bázquez, CEO, described the modifications to Policy OP-11</p>	

**BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE MEETING  
MEETING MINUTES  
November 09, 2020**

	<p>Professional Services with additional language to authorize the CEO to sign contracts for professional services up to \$5k for circumstances requiring prompt signatures for minor agreements, such as specific professional services and the obligatory reporting to the Board. Jeff Scott, Legal Counsel, suggested that the claims policy – OP-06 is modified to \$5k instead of \$2k for consistency. Director Zendle amended his original motion to approve Policy OP-11, as well as OP-6 Delegating Minor Claims Settlement to the CEO.</p>	<p><b>Moved and seconded by Director Zendle and Director PerezGil to approve Policy #OP-11 Professional Services and modify OP-06 Delegating Minor Claims Settlement to the CEO up to \$5k, and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>12. Policy #OP-13 Sustainability Program</b></p>	<p>Dr. Bárzaga, CEO, explained Policy OP-13 Sustainability Program for the importance of sustainability in the development of programs with minor modifications.</p>	<p><b>Moved and seconded by Director Zendle and Director PerezGil to approve Policy #OP-13 Sustainability Program and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>13. Policy #LPMP-01 Las Palmas Medical Plaza Policy for Leasing</b></p>	<p>Dr. Bárzaga, CEO, described Policy LPMP-01 Las Palmas Medical Plaza Policy for Leasing with the addition of language for a clause stating unless communications from Desert Regional Medical Center has been made to the District within the prior three months that they have no interest in additional suites, or that any of their existing suites are available for reassignment to a prospective tenant.</p>	<p><b>Moved and seconded by Director PerezGil and Director Zendle to approve Policy #LPMP-01 Las Palmas Medical Plaza Policy for Leasing and forward to the Board for approval. Motion passed unanimously.</b></p>

**BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE MEETING  
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<p><b>14. Policy #LPMP-02 Las Palmas Medical Plaza Lease Execution Policy</b></p>	<p>Dr. Bázquez, CEO, described Policy LPMP-02 Las Palmas Medical Plaza Lease Execution Policy with minor modification updates.</p>	<p><b>Moved and seconded by Director PerezGil and Director Zendle to approve Policy #LPMP-02 Las Palmas Medical Plaza Lease Execution Policy and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>V. New Business</b></p>	<p>Martin Rauch, Rauch Communications, inquired on Policy BOD-3 for the appointment to committees about developing the discussion with the Board, including Director Zendle’s suggestion concerning the subject matter experts, further questioning the committee’s thoughts for ensuring there is a successful vote, so the matter is not unresolved again. Additionally, whether any other policies require attention, such as more operational functions, once more to ensure a successful vote of all the policies.</p> <p>President De Lara suggests a staff summary or staff report of the original details, including the workshops with the Board’s consensus, further recommending the modifications to the committees excluding the community members.</p> <p>Mr. Rauch also suggests, as illustrated in the prior workshop on compromising, suggesting consideration of any other ideas to improve the proposed policy to divert away from a middle of the road result, but the best results.</p>	

**BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE MEETING  
MEETING MINUTES  
November 09, 2020**

<b>VI. Future Topics &amp; Issues</b>	There was no discussion for future topics and issues.	
<b>VII. Adjournment</b>	Chair De Lara adjourned the meeting at 11:48 p.m.	<b>Audio recording available on the website at <a href="https://www.dhcd.org/Agendas-and-Documents">https://www.dhcd.org/Agendas-and-Documents</a></b>

ATTEST: \_\_\_\_\_  
Leticia De Lara, Chair/President  
Board and Staff Communications & Policies Committee

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

*DRAFT*



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: November 24, 2020  
To: Board of Directors  
Subject: Consideration to Approve the revised Policy #BOD-03 *Appointment and Duties for Committees*

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**Staff Recommendation:** Consideration to approve the revised Policy #BOD-03 *Appointment and Duties for Committees*

**Background:**

- Policy #BOD-03 was originally approved by the Board of Directors (“Board”) on March 22, 2016.
- The last revision was approved on April 23, 2019.
- At the January 23, 2020 Workshop on Board Communications and Policies, Board, staff and Martin Rauch (Rauch Communications) engaged in conversation regarding the current status of community members (“volunteer members”) appointed to the Program Committee.
- Discussion ensued with consideration of eliminating appointed volunteer members from committees.
- The general consensus of the Board was to revise the current policy to eliminate appointed volunteer members from the committees. The Board directed staff to bring a revised policy to a future Board meeting for consideration of approval.
- As a result of the COVID-19 pandemic and efforts adapting to virtual meetings, the policy was ultimately brought to the next Workshop on Board Communications and Policies, September 23, 2020.
- Further discussion ensued regarding the topic, culminating with direction from the Board to bring the revised policy to the next Board and Staff Communications and Policies Committee meeting.
- At the November 9, 2020 Board & Staff Communications and Policies Committee meeting, the Committee reviewed the policy and recommended forwarding to the Board for consideration of approval.
- It is important to note: The Board has previously adopted a policy (#OP-15 *Engagement of the Community, Public, and Subject Matter Experts*) encouraging community engagement to ensure the community’s voice is heard.
- This policy encourages and welcomes community members to participate and to provide input at any committee or other public meetings.
- Policy #OP-15 is referenced in the revised version of #BOD-03 included in the packet for your review.
- Staff recommends approval of Policy #BOD-03 *Appointment and Duties of Committees* as presented.

**Fiscal Impact:**

None



**POLICY TITLE:** APPOINTMENT & DUTIES FOR COMMITTEES  
**POLICY NUMBER:** BOD-03  
**COMMITTEE APPROVAL:** 11-09-2020  
**BOARD APPROVAL:** 11-24-2020

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**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. The District encourages community engagement to ensure the community’s voice is heard. For guidelines, reference Policy #OP-15 Engagement of the Community, Public, and Subject Matter Experts.

**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.
- Provide an annual report reflective of lease requirements from lessee.

## **AUTHORITIES**

Desert Healthcare District By-law Article VI

## **DOCUMENT HISTORY**

Revised	04/23/2019
Approved	03/22/2016



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

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

**POLICY NUMBER: BOD-03**

**COMMITTEE APPROVAL DRAFT DATE:** 11-09-2020 ~~03-22-16~~ ~~Revised at 4-23-19~~ ~~02-25-2020 BOD Mtg~~

**BOARD APPROVAL DATE:** 11-24-2020 ~~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. The District encourages community engagement to ensure the community’s voice is heard. For guidelines, reference Policy #OP-15 Engagement of the Community, Public, and Subject Matter Experts.

**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 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. 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:~~



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

- ~~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.~~



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

\_\_\_\_ Volunteer Name \_\_\_\_\_ Date

\_\_\_\_\_  
\_\_\_\_ Committee Chair Person \_\_\_\_\_ Date

**AUTHORITIES**

Desert Healthcare District By-law Article VI

**DOCUMENT HISTORY**

Revised                      04/23/2019

Approved                    03/22/2016

DRAFT



**POLICY TITLE:** ENGAGEMENT OF THE COMMUNITY, PUBLIC,  
AND SUBJECT MATTER EXPERTS

**POLICY NUMBER:** OP-15

**DRAFT DATE:** 03/27/2018

**BOARD APPROVAL DATE:** 03/24/2020

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**POLICY:** ENGAGEMENT OF THE COMMUNITY, PUBLIC, AND SUBJECT MATTER  
EXPERTS

## **PURPOSE**

1.1 This Community Engagement policy outlines the importance of engaging with the community and the principles that define the District/Foundation's commitment and approach to interaction with the community, public and subject matter experts.

1.2 This Community Engagement policy is to ensure that key stakeholders across the Coachella Valley have a voice to influence the development of policies and strategies that will affect their lives and inform the way in which District/Foundation services are planned and implemented.

1.3 The District/Foundation is committed to engaging with stakeholders and communities and this policy provides the strategic direction to ensure quality interaction and consistent engagement across the spectrum of services our organization provides.

## **SCOPE**

2.1 This policy applies to all District/ Foundation employees, management, Board Members, contractors, consultants, interns, and volunteers, residents and service providers.

## **DEFINITION**



3.1 Community engagement is defined as the range of opportunities for public involvement in decision-making, relationship-building and community strengthening. Community engagement is achieved when the community is a part of – and *feels a part of* – a project, process, or relationship.

3.2 Community engagement deepens the innovative, silo-busting partnerships that are signatures of successful programs by connecting the concerns of communities to the decisions that allocate funding – local and regional public investment dollars. Engagement brings meaning and relevance to sustainability goals across a broad spectrum of players; and it encourages local innovations in sustainable development through creative problem solving.

## **STANDARDS**

4.1 Community engagement encompasses a more comprehensive approach, creating practices and institutionalized mechanisms that share the power and decision-making control in marginalized communities, groups, subject matter experts and all other stakeholders. When utilized for the purposes of increasing community empowerment and problem solving, community engagement is guided by specific key principles.

## **KEY POLICY PRINCIPLES FOR ENGAGEMENT**

Following the District/Foundation’s culture of commitment to the community, these key policy tenets reflect this and help the organization move to action effectively.

- Honor the wisdom, voice, and experience of residents and partners.
- Treat participants with integrity and respect.
- Be transparent about motives and power dynamics.

## **MEETING ELEMENTS**



Engagement meetings will be designed to adhere to specific elements:

- Include all those that represent the group(s) affected.
- Educate with District/Foundation information and/or information the organization has gathered and assure the District/Foundation is educated by those attended who can share their lived experience.
- Listen to those with lived experience to ensure understanding of key subject information and areas where the District/Foundation can learn from.
- Assure the District/Foundation is seeking out and meeting with the experts in the field to learn from and understand what their needs are for continued and future success.
- Work in partnership and co-create a plan/ budget/ focused subject priority.
- Build-in evaluative measures to assure for as-needed course corrections.
- Report out to Board of Directors and/or request approvals as necessary.
- The culture needs to be, the community feels heard and knows we will move into action.
- Utilize information gathered and leverage resources, both financially and with District and partner personnel.
- Provide meeting materials and/or verbally communicated information in the necessary languages to ensure communication is effective to attendees.
- As a follow-up to said meetings, disperse the information via District/Foundation communication vehicles so the general public and others have an opportunity to contribute.
- Meetings within the District/Foundation service area will maintain a baseline structure with the understanding that what is done in one community may not work in others; each is unique with its own circumstances and the



District/Foundation will work to always honor the communities and members that live there.

## **RESPONSIBILITY**

It is the responsibility of District/Foundation management to enforce all organizational policies and Board of Directors to oversee implementation.



**DESERT HEALTHCARE DISTRICT  
STRATEGIC PLANNING COMMITTEE  
MEETING MINUTES  
November 09, 2020**

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

AGENDA ITEMS	DISCUSSION	ACTION
<b>I. Call to Order</b>	Chair Zendle called the meeting to order at 3:00 p.m.	
<b>II. Approval of Agenda</b>	Chair Zendle asked for a motion to approve the Agenda.	<b>It was moved by President De Lara and seconded by Director Shorr to approve the agenda. Motion passed unanimously.</b>
<b>III. Approval of the Minutes – July 14, 2020</b>	Chair Zendle explained the correction to the minutes Correction to the minutes stating VP Karen Borja	<b>It was moved by President De Lara and seconded by Director Shorr to approve the July 14, 2020 meeting minutes. Motion passed unanimously.</b>
<b>IV. Public Comment</b>	There was no public comment.	
<b>V. New Business</b>		
<b>1. Update – Advancing the District’s Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley</b> <b>a. Request for Proposals (RFP) – November 2, 2020 Due Date – Access to Healthcare Strategies - \$575,000 (\$400,000 DHCD Contribution - \$100,000 Inland Empire Health Plan</b>	Conrado E. Bárazga, MD, CEO, described the RFP responses from Borrego Community Health Foundation and Desert AIDS Project that are both invited to meet with the staff to clarify the intentions, visions, and implementations for addressing the healthcare needs of the community. Residents of the Desert Highland Gateway Estates community and Palm Springs City Council Member Grace Garner will also participate and provide their feedback.	





**DESERT HEALTHCARE DISTRICT  
STRATEGIC PLANNING COMMITTEE  
MEETING MINUTES  
November 09, 2020**

<p><b>(IEHP) - \$75,000 Lift to Rise)</b>  <b>b. Expanding Racial Diversity in the Health Profession Workforce – \$100,000 OneFuture Coachella Valley Black and African American Healthcare Student Scholarships</b></p>	<p>Donna Craig, Chief Program Officer, explained that OneFuture is completing their process for mentoring and scholarships for the health profession workforce with the completion forthcoming soon.</p>	
<p><b>V. Old Business</b>  <b>1. Community Health Needs Assessment and Health Improvement Plan Update – Jenna LeComte-Hinely, PhD, Chief Executive Officer, Health Assessment and Research for Communities (HARC)</b>  <b>a. Focus Groups</b></p>	<p>Dr. Bárzaga, CEO, explained the challenges of the focus groups in the community and introduced Jenna LeComte-Hinely, Ph.D., Chief Executive Officer, Health Assessment and Research for Communities (HARC), provided an overview of the timeline, process, and guidance for the committees next steps.</p> <p>Casey Leier, Director of Research and Evaluation, HARC, described the challenges of the focus groups, such as connectivity in the East Valley, while trying to make the groups more appealing.</p> <p>President De Lara inquired on the impact of COVID on the focus groups with HARC representatives explaining that the findings illustrate that COVID has exasperated the issues. Chair Zendle recommended guns and domestic violence as a topic in addition to crime and</p>	



**DESERT HEALTHCARE DISTRICT  
STRATEGIC PLANNING COMMITTEE  
MEETING MINUTES  
November 09, 2020**

	<p>substance abuse as outlined, including access to COVID testing, and finding a safe place to isolate.</p> <p>President De Lara inquired on the affects of affordability and the immigrant population, and the need for better quality of care due to competency, transportation, and hours of operation.</p> <p>Meghan Kane, Program and Research Analyst, explained the concern with valuing the community voice over data in the process. Procuring focus group participants has been difficult, including analyzing issues the District acknowledges, but the goal from the beginning is to have a community-driven process. The nation is 8 months into COVID, learning ways to adapt, especially from others, and learning more, such as 19 of the 24 focus groups containing 4 people or less with a capacity of 10 focus groups without answering the causes is frustrating and should have been performed early-on.</p> <p>Dr. Bázquez, CEO, suggested that the committee meet again next month. The committee also thanked Mrs. Kane for asking the tough questions and her hard work on the community health needs assessment and health improvement plan.</p>	
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**DESERT HEALTHCARE DISTRICT  
STRATEGIC PLANNING COMMITTEE  
MEETING MINUTES  
November 09, 2020**

<b>V. Adjournment</b>	Chair Zendle adjourned the meeting at 3:44 p.m.	<b>Audio recording available on the website at <a href="https://www.dhcd.org/Agendas-and-Documents">https://www.dhcd.org/Agendas-and-Documents</a></b>
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ATTEST: \_\_\_\_\_  
Les Zendle, MD, Chair/President, Strategic Planning Committee  
Desert Healthcare District Board of Directors

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

DRAFT



**DESERT HEALTHCARE DISTRICT**  
**FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE**  
**MEETING MINUTES**  
**November 10, 2020**

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

AGENDA ITEMS	DISCUSSION	ACTION
<b>I. Call to Order</b>	President De Lara called the meeting to order at 3:41 p.m. in Director Matthews absence.	
<b>II. Approval of Agenda</b>	President De Lara asked for a motion to approve the agenda.	<b>Moved and seconded by Director Shorr and President De Lara to approve the agenda. Motion passed unanimously.</b>
<b>III. Public Comment</b>	There was no public comment.	
<b>IV. Approval of Minutes</b> <b>1. F&amp;A Minutes – Meeting October 13, 2020</b>	President De Lara motioned to approve the October 13, 2020 minutes.	<b>Moved and seconded by President De Lara and Director Shorr to approve the October 13, 2020 meeting minutes. Motion passed unanimously.</b>
<b>V. CEO Report</b>	There was no CEO report.	
<b>VI. Chief Administration Officer’s Report</b>	Chris Christensen, CAO, explained that the audit has concluded with Board approval at the October meeting, and the public bidding results will be presented later in the meeting.	
<b>VII. Financial Reports</b> <b>1. District and LPMP Financial Statements</b> <b>2. Accounts Receivable Aging Summary</b> <b>3. District – Deposits</b> <b>4. District – Property Tax Receipts</b> <b>5. LPMP Deposits</b>	Chris Christensen, CAO, thoroughly reviewed and discussed the financials with the committee, further describing the financials in detail for the newly elected official that joined the meeting as a member of the public.	<b>Moved and seconded by Director Shorr and President De Lara to approve the October 2020 District Financial Reports - Items 1-10 and to forward to the Board for approval. Motion passed unanimously.</b>

**DESERT HEALTHCARE DISTRICT  
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE  
MEETING MINUTES  
November 10, 2020**

<p><b>6. District – Check Register</b> <b>7. Credit Card – Detail of Expenditures</b> <b>8. LPMP – Check Register</b> <b>9. Retirement Protection Plan Update</b> <b>10. Grant Payment Schedule</b></p>	<p>The property tax receipt payments are delayed by a month with a slight increase from last year.</p> <p>There were two additional payouts for vested employees from 62 – 60 with the total number of Retirement Protection Plan participants at 163.</p> <p>Director Shorr complimented Mr. Christensen and the staff for the successful audit reports year after year.</p>	
<p><b>VIII. Other Matters</b></p> <p><b>1. LPMP Landscape Renovation and Fire Alarm Electrical Bid</b></p> <p><b>2. District &amp; RPP Investment Reports 3Q20 – Keith Stribling, Vice President, Senior</b></p>	<p>Chris Christensen, CAO, explained that in October, the first round of public bidding was presented to the committee due to a rejected bid for noncompliance. Staff returned to the committee with the results of a rebidding process that occurred on November 4, describing the bid tabulation, recommending approval from the committee of the landscape bid, and forwarding to the Board for approval.</p> <p>Director Shorr recommended brackets for negatives and positives in the bid tabulation when submitting to the Board.</p> <p>Keith Stribling, Vice President, Senior Portfolio Manager, Highmark Capital, explained that given the low-interest-rate environment and the unusual</p>	<p><b>Moved and seconded by Director Shorr and President De Lara to approve the LPMP Landscape Renovation and Fire Alarm Electrical Bid and forward to the Board for approval.</b> <b>Motion passed unanimously.</b></p>

**DESERT HEALTHCARE DISTRICT  
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE  
MEETING MINUTES  
November 10, 2020**

<p><b>Portfolio Manager, Highmark Capital</b></p>	<p>circumstances with the federal government, the firm met and as a result, High Mark Capital has reduced their portfolio fee by 50% to 10 basis points, which will be evaluated every 6 months.</p> <p>Mr. Stribling provided an overview of the asset allocation summary, the year to date return at 2.4%, holdings report with yield and income, the retirement plan, performance and summary investment performance report, and fixed income analysis/individual holdings.</p>	
<p><b>IV. Adjournment</b></p>	<p>President De Lara adjourned the meeting at 4:24 p.m.</p>	<p><b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b></p>

ATTEST: \_\_\_\_\_  
 Leticia De Lara, President, Board of Directors  
 Finance & Administration Committee Member  
 Desert Healthcare District Board of Directors

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



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: November 24, 2020  
To: Board of Directors  
Subject: Desert Healthcare District & Retirement Protection Plan (RPP) Investment Reports 09/30/2020

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

**Information:**

The Desert Hospital (Retirement Protection Plan) portfolio is currently 61% stocks with the balance in fixed income. The portfolio did not hold a style bias toward value or growth coming out of the first quarter but by allowing the weights to run growth has become overweight due to strong relative performance. We are still maintaining positions in companies that we believe have strong balance sheets and cash flows. The solid recovery in risk assets since the first quarter has led to good returns with the portfolio up 5.5% year to date and up 6.5% for the 12 months ended September. Long term returns remain attractive compounding at over 7.1% annually for the past 10-years.

The Desert Healthcare District fixed income portfolio has had a great year up 3% the first 9 months of the year and 2.5% annualized over the past 3 years. It consists of US Treasury and Agency bonds with maturities extending to 2023. At this point interest rate re-investment risk is the biggest concern with rates at historic lows from the aggressive Fed quantitative easing. This has made it difficult to buy Treasuries with any meaningful yield. The portfolio currently has 13% in money market from maturities. Now that the yield curve is finally steepening we will look for opportunities to reinvest the cash.

The stock market has recovered nicely. It is a discounting mechanism and as such investors in the market are looking past the current struggles Covid has wrecked on the economy. The combination of highly inflationary monetary policy creating a wall of liquidity to support capital markets in conjunction with a belief that fiscal policy will be supportive as necessary similar to the relief provided small business and cash payments to families has supported stocks, bonds and real estate values. Now we are getting positive vaccine data from Pfizer and Moderna reinforcing the belief that while the near term path of the virus looks difficult the not too distant future looks promising. Additionally, we have a new President elect who will likely reunite America to the global economy with less restrictive trade policies so we expect globalization over nationalist policies to reemerge.

As a reminder, we decided internally to reduce the fee on the fixed income portfolio by 50% to 10 basis points because it is difficult to get meaningful yields from short maturity Treasuries. It will be retroactive to November 1<sup>st</sup> regardless of when we get the paperwork signed. As an organization we felt this is the right thing to do for you the client and we want to be a partner with you. This will remain for 6 months and be re-evaluated every 6-months.

**Fiscal Impact:**

Subject to the investment performance.



# Desert Healthcare District Portfolio Review

Third Quarter 2020



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

*Presented by*  
**Keith Stribling, CFA**

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

## Economic and Market Commentary Fourth Quarter 2020

### Market Overview

Entering the fourth quarter of a calamitous year, financial markets remain keenly focused on a host of short- and long-term challenges facing the global economy in the wake of the COVID-19 pandemic. A record worst U.S. real Gross Domestic Product (GDP) growth rate in the second quarter of -31.4% annualized was emblematic of the economic distress the rest of the world encountered as governments scrambled to contain the spread of the infection. Meanwhile, a voracious rally in the global stock market from April through August<sup>1</sup> would suggest investors believe at least the worst of the economic storm may be in the rear-view mirror. Yet, lingering questions remain about what lies ahead in the aftermath.

Confronted with a crisis of epic proportions, policymakers swiftly unleashed unprecedented levels of fiscal and monetary relief, in effect acting as a defibrillator that revived financial markets and an economy in cardiac arrest. The treatment may have revived the patient and resolved the acute trauma, but a longer-term prognosis is far from clear. In other words, while the economy's recent vital signs look encouraging, the patient may not be out of the woods yet.

On the surface, economic data from employment to consumer spending has recovered at a heartening pace as the global economy emerges from the depths of a major health crisis. The headline statistics, however, may distort a recovery trajectory that is not as uniform as it may appear. Major segments of the economy, including the travel and hospitality industries, remain hamstrung by virus-driven restrictions prohibiting the resumption of pre-pandemic activity levels. It remains to be seen if this weakness will remain isolated from the broader economy or if it begins to weigh on it.

Such unusual circumstances have left economists to debate the ultimate shape of an ongoing recovery, placing a proverbial alphabet soup of scenarios on the table that range from "V" to "U" to "W" and now to "K." The "K" represents the bifurcation of the recovery into the "haves" (segments of the economy with the ability to recover and even thrive) and the "have nots" (segments of the economy that remain in dire conditions) and leaves an open question about how the two might converge down the road.

<sup>1</sup> Source: MSCI ACWI

### Financial Markets Forge Ahead

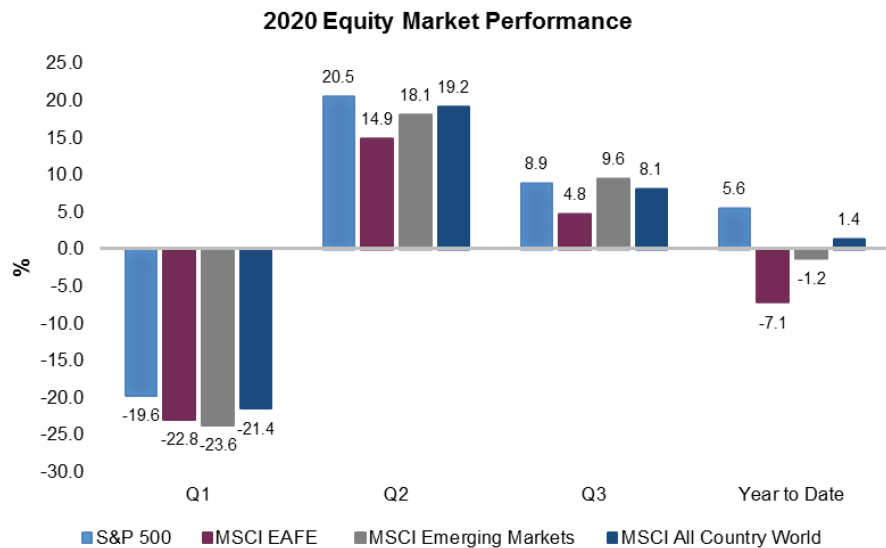
#### Market Returns Summary

As of 9/30/2020	% Total Return					
	Q3 2020	YTD 2020	1-Year	3-Year	5-Year	10-Year
S&P 500	8.9	5.6	15.1	12.3	14.1	13.7
MSCI EAFE	4.8	-7.1	0.5	0.6	5.3	4.6
MSCI Emerging Markets	9.6	-1.2	10.5	2.4	9.0	2.5
Russell 2000	4.9	-8.7	0.4	1.8	8.0	9.9
Bloomberg Barclays High Yield Corporate	4.6	0.6	3.3	4.2	6.8	6.5
Bloomberg Barclays Municipal	1.2	3.3	4.1	4.3	3.8	4.0
Bloomberg Barclays US Agg Bond	0.6	6.8	7.0	5.2	4.2	3.6
ICE BofA US Treasury Bill	0.0	0.7	1.2	1.7	1.2	0.7
Bloomberg Commodity	9.1	-12.1	-8.2	-4.2	-3.1	-6.0

**Source:** Morningstar Direct

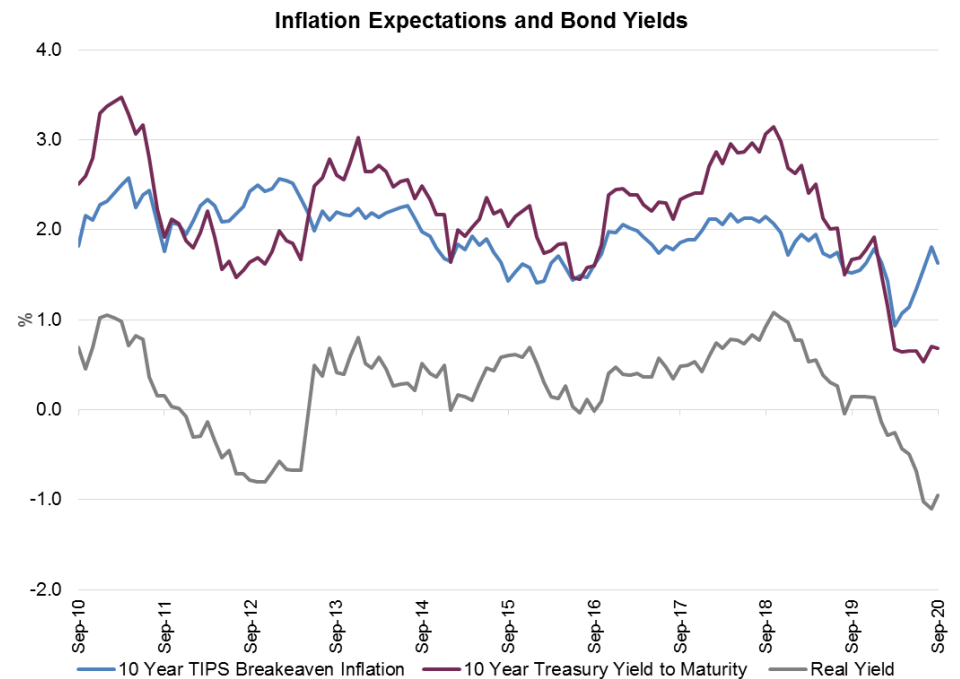
Periods greater than one year are annualized

Perhaps almost as unexpected as the pandemic-induced equity market selloff itself was the speed of its recovery. To the surprise of many, the S&P 500 Index recovered all of its 33% peak-to-trough first quarter loss and found its way to new all-time-highs during the third quarter in spite of the ongoing economic headwinds created by the virus. As of the end of the third quarter, the U.S. large cap index had risen 1%, including dividends, from its February 19th high. The roundtrip from all-time highs to a bear market and back to all-time highs was a record quick six months. Since the inception of the S&P 500 Index, the average roundtrip from high to bear market low and back to high averages about six years.



Source: Morningstar Direct

In contrast to the snap back in global stock prices this year, interest rates on U.S. Treasury bonds have yet to see the same reversal of fortunes. Yields across all maturities took a sharp dive downward at the onset of the crisis and have remained at historically low levels since the first quarter. At the beginning of the year, the yield-to-maturity on the bellwether 10-year Treasury Note stood at 1.9%. Since early March, following an investor flight to safety, the yield has mostly traded in a tight range between 0.5% and 0.8%. Factoring in expected inflation implied on 10-year TIPS (Treasury Inflation Protected Securities) of 1.6%, real yields were near -1% at the end of the third quarter.



Source: Bloomberg

Combined with a stabilizing economic outlook, increasingly paltry returns offered by safe haven assets have driven investors back into riskier assets. Looking beyond equities, a similar story is playing out in the debt markets. Yield premiums on bonds with credit risk have largely followed the path of the equity market—widening out to post-Global Financial Crisis (GFC) highs before narrowing back to near-historical averages. Despite a deterioration in fundamentals and a pickup in both issuance and defaults, investors have jumped back into credit markets with both feet after abandoning low- to non-yielding government bonds and cash.

### Not Everyone Gets a Trophy

The rapid rotation back into riskier assets has not been without discrimination. Demand for securities of large, financially stable companies with the most exposure to secular growth trends has been insatiable of late. On the other end of the spectrum, smaller companies with higher economic cycle exposure have all but been forgotten about. Investors have made a clear distinction between companies that can grow regardless of economic conditions (commonly known as “growth” stocks) and those that will be challenged to grow earnings without a strong economic recovery (commonly known as “value” stocks).

### U.S. Equity Market Barometer 1-Year Return (% as of September 30, 2020)

	Value	Core	Growth
Large Cap	-3.9	20.3	41.2
Mid Cap	-7.3	4.6	23.2
Small Cap	-14.9	0.4	15.7

Source: Morningstar Direct

To a large degree, differentials in sector weights among the indices that represent equity sub-asset classes go long way in explaining this divide. The Russell 2000 Value Index<sup>2</sup>, for example, is composed of roughly 45% in financial and industrial

<sup>2</sup> Representing U.S. small cap value stocks

firms and just 6% in technology companies, whereas the Russell Top 200 Growth<sup>3</sup> Index holds 44% in the technology sector alone.<sup>4</sup> The representation of technology stocks shows up in valuation metrics such as the Price-to-Book Value ratio (P/B). This metric shows small cap value stocks currently at around 1x P/B and large cap growth at 12x P/B.<sup>5</sup>

While there has always been a valuation premium afforded to large cap growth relative to small cap value (on average 3.7x over the last 20 years<sup>6</sup>), this divergence has grown to exceed even the disparity seen during the Dot Com Bubble. The expansion in the valuation multiple of large cap growth stocks has led the performance differential over the past 12 months between small cap value and large cap growth to 56%, an extraordinary divergence that is not apparent in broad market averages<sup>7</sup>.

In times of great disruption, it can be most comfortable to follow what is working. While this may pay off in the short term, the late financial historian and economist Peter Bernstein reminded us in an interview with CNN in 2004, that “I view diversification not only as a survival strategy, but as an aggressive strategy, because the next windfall might come from a surprising place.”

### Just Around the Corner—November 3

As the nation stumbles towards an election day marked by a lengthy campaign season many observers liken to the philosopher Thomas Hobbes’ description of the natural state of society as “nasty, brutish and short,” several topics surface:

- **A contested election:** Our biggest concern is not the outcome, but rather a contested election that takes weeks or longer to resolve. This would be damaging, elevate market risk, and create legislative acrimony not unlike the 2000 election that saw the S&P 500 index slide nearly 10% before the Supreme Court intervened some five weeks after the polls closed. Avoiding a repeat of legislative paralysis, when we need fiscal support and congressional collaboration to bridge the economy to the other side of the pandemic, would boost investor sentiment.

<sup>3</sup> Representing U.S. large cap growth stocks

<sup>4</sup> Source: FTSE Russell

<sup>5</sup> Source: Bloomberg

<sup>6</sup> Source: Bloomberg

<sup>7</sup> Source: Morningstar Direct

- **Reshoring capital back to the U.S.:** No matter who is elected, there will be a significant focus on domestic policy and re-shoring capital investment back to this country. We expect to see both potential presidential and congressional administrations push forward this approach.
- **Cyclicals/small caps may benefit:** In early September, the large cap market, as represented by the S&P 500 index, recovered to a new high. Usually in a market recovery after a damaging recession, small cap stocks and cyclical names lead the market. This is not the case this time – there is no broad market participation and large-capitalization technology names have dramatically outperformed. With both parties focusing on domestic priorities post-election, and former Vice President Biden in particular pushing infrastructure investment, small cap stocks may be outsized beneficiaries compared to large caps due to their domestic exposure as well as the role cyclicals can play in large infrastructure projects.
- **A presidential change in November may seem like a shakeup.** Markets, however, have been blasé about the upcoming presidential elections and the President Trump versus Biden polling data. Investors should be keying into a potential party flip in the senate that could change the market outlook. Should Biden win the presidency and Democrats gain control of the Senate, tail risk from aggressive policy moves that might shift the path of the economic expansion could increase.
- **Biden wins and the Republicans hold the Senate.** This result could be bullish for markets, with both parties keeping each other in check and operating on compromise. Markets like bipartisan gridlock and it might soothe market anxiety over a new transition to power. We can also hope for less angst and acrimony which could ripple through into the markets.

### A K-shaped Recovery May Reflect Two Different Realities

Economic data appear to be improving as signs of recovery include new home sales at the highest level since the fall of 2006;<sup>8</sup> capital investment recovering with new

durable-goods orders rising 12% month-over-month in July;<sup>9</sup> and a job market that is slowly healing with unemployment trending in the right direction. While the economic healing process looks to be underway, building confidence and eliminating some of the uncertainty are still long-term risks that might, in the long run, outweigh the impacts of which party wins in November.

One risk is the possibility of a “K-shaped recovery” which reflects a bifurcated society in the U.S. where white-collar, tech-savvy workers continue to thrive while hourly, gig-economy and other blue-collar workers continue to suffer. Such a recovery would have impacts on consumer spending, income inequality, and market instability. This bifurcation is playing out in the stock market, with clear winners and losers. Large companies that have the capital to invest in multiple distribution channels, including both brick and mortar and e-commerce, have been able to nimbly cross-pollinate and survive whereas many small- and medium-sized businesses are falling by the wayside.

To the extent that the country succeeds in combating the economic downturn caused by the COVID-19 pandemic, the recovery is less likely to be K-shaped. But if the virus persists and new outbreaks occur, a K-shaped recovery becomes more likely. Winners and losers in November aside, this possibility might be behind Fed Chairman Powell’s repeated appeals for additional fiscal action by congress and the president.

### Climbing a Mountain of Debt

The U.S. national debt is nearing \$27 trillion<sup>10</sup> and constitutes over 100% of GDP for the first time since World War II due, in part, to the impact of COVID-19 on the economy. Neither candidate has discussed the deficit directly, however. While avoiding the topic of how the country will pay off its debts may be understandable given the ongoing pandemic, kicking the can down the road only prolongs the need to develop fiscal strategies to address the deficit. Alarmingly, by 2030, the debt could rise to between 118% and 130% of GDP.<sup>11</sup>

<sup>8</sup> Source: U.S. Census Bureau as of August 2020

<sup>9</sup> Source: U.S. Census Bureau

<sup>10</sup> Source: U.S. Department of the Treasury

<sup>11</sup> Source: Congressional Budget Office

Perhaps the greatest concern, regardless of which party prevails in November at both the presidential and congressional levels, is the possibility that U.S. debt might be downgraded again due to the deficit. This could stress and rattle markets, which might not have begun to think through the ultimate implications of Treasuries losing their status as the most risk-free of all global investment instruments.

### Keep Calm and Carry On

Lost in the turmoil over an election season marked by discord is the fact that, as Ruchir Sharma, Morgan Stanley’s chief global strategist pointed out, research back to the late 1800s indicates that “...the market has no clear bias in favor of either party and market volatility in the runup to an election is perfectly normal. The market is an economic barometer, not a political one.” While politics are one factor among many that investors and traders include in their decisions, “The leader that the market listens to most carefully is the head of the Federal Reserve, not the president.”<sup>12</sup>

We agree with this assessment. The stock and bond market recoveries from the lows of March began not when a political figure announced a response to the economic impact of the virus, but when the Fed unleashed its “policy bazooka.” More recently, market volatility appears to be triggered by profit taking and the ups and downs of congress’s attempts to provide new fiscal relief rather than by which presidential candidate leads in the daily polls.

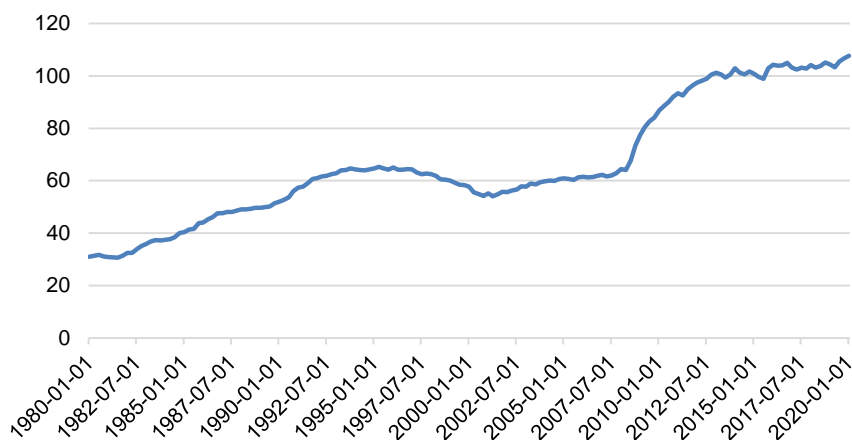
As we approach the task of investing for our clients, our focus is on assessing both the macroeconomic and company-specific drivers that impact returns to markets and individual holdings, while remaining focused on meeting each client’s individual investment needs. While the ups and downs of politics can, at times, create distractions from our mission, we continue to believe that active portfolio management will shine in a climate where investors need to discriminate between winners and losers—regardless of which party runs the ship—and focus on investment discipline to outperform and add value amid an uncertain outlook and recovery path.

### The Fed’s New Era

The long-awaited changes to the Federal Reserve’s (Fed) policy-making framework were unveiled in late August at the Fed’s annual central banking economic symposium. The underlying changes have a significant effect on the rate-setting

<sup>12</sup> Ruchir Sharma, Is the Market Rooting for Trump or Biden, The New York Times, September 22, 2020, page A23.

**Total Federal Debt as a % of GDP**



**Source:** Federal Reserve Bank of St. Louis. Data is seasonally adjusted and measured quarterly through the first quarter of 2020.

Thus far, both parties have pretty much stuck to familiar scripts—more spending and higher taxes by the Democrats and tax cuts by the Republicans, including a potential payroll tax cut. Setting aside the impact on the deficit from fiscal and monetary responses to the pandemic, taxation and spending plans will alter the debt trajectory for better or worse going forward, particularly in the “untouchable” realms of Medicare and Social Security.

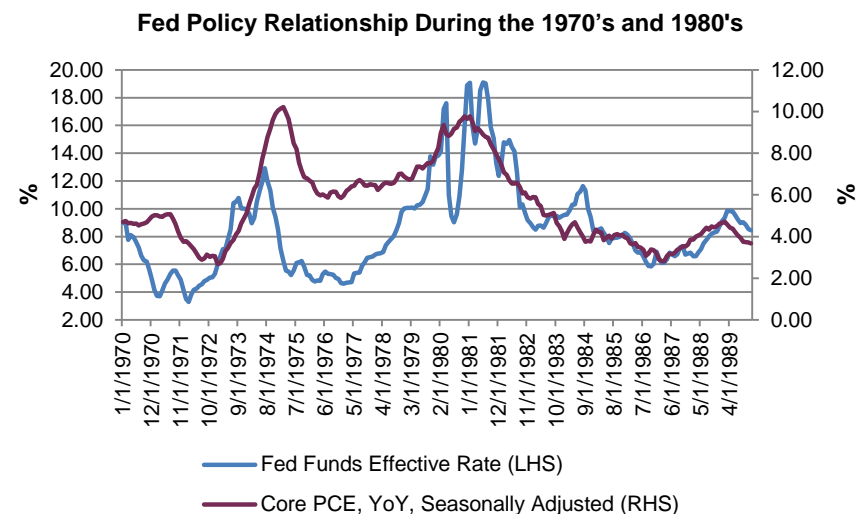
While Trump’s views on taxation are pretty straightforward, Biden’s are less clear. The Democratic party platform includes ambitious spending goals, and Biden may disappoint the more progressive members with a less ambitious program that avoids or downsizes controversial proposals such as Medicare for All and a “Green New Deal.” While it might seem like ancient history, of the nearly 30 Democrats who vied for the nomination, Biden was arguably the most moderate candidate. His moderate fiscal stance, which included at one point in his long political career calling for a freeze on all government spending, might be more in play than some believe.

activity of the Federal Open Market Committee (FOMC), which has guided monetary policy decisions for the last few decades. We believe this new framework has significant implications for monetary policy, the economy, and financial markets going forward.

For more than three decades, the Fed has conducted a symmetric monetary policy that attempts to balance the Fed's estimate of full employment versus a reasonable, yet low, inflation rate. This trade-off is embodied in the Phillips curve, an economic concept stating that inflation and unemployment have a stable and inverse relationship.

The concept claims that economic growth results in job growth and lower unemployment, yet also sparks an increase in inflation. As economic growth improves and the unemployment rate approaches the Fed's estimate of maximum employment, known by the acronym NAIRU<sup>13</sup>, the Fed typically tightens monetary policy by increasing the federal funds target rate and the discount rate to prevent the economy from overheating and future inflation from rising above the Fed's long-term core inflation target.

Because changes to monetary policy have a delayed impact on the economy, the Fed seeks to implement rate changes proactively, rather than reactively, in order to balance inflation and employment. This policy framework worked well in the 1970s and 1980s and helped the Fed conquer what was at the time an inflation problem, as shown in the chart in the next column.

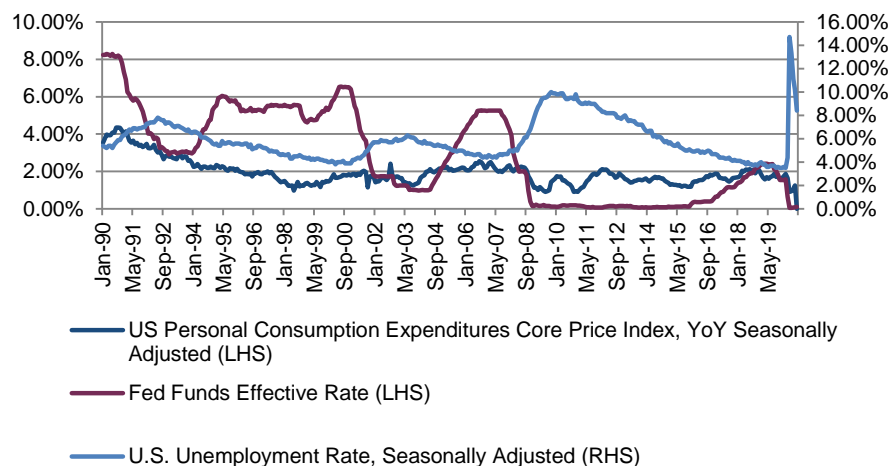


**Source:** Bloomberg

Recently, however, factors such as technological innovation, productivity enhancement, and globalization may have changed the slope of the Phillips curve and caused disinflation, if not outright deflation, in some products and industries. As a result, some market pundits question the Fed's monetary policy-tightening actions over the past two decades, which typically focused on preempting an unwelcome rise in inflation as economic growth increased and unemployment approached NAIRU. As shown in the chart on the next page, the Fed preemptively increased interest rates on several occasions over the past two decades when the unemployment rate fell below 5%, despite core inflation falling short of 2% at the time.

<sup>13</sup> Non-Accelerating Inflation Rate of Unemployment

**Fed Policy Relationship Over The Last Three Decades**



Source: Bloomberg

### Revising Maximum Employment, Inflation, and an Asymmetric Policy Relationship

The new Fed policy-making framework modifies the Fed's employment and inflation objective as well as the link between the two. The Fed refined the definition of the maximum level of employment it strives to achieve as being "broad based and inclusive." Implicitly, this revised definition recognizes unemployment differences among age, gender, and ethnic group which, in turn, puts a greater emphasis on lower overall levels of unemployment.

Further, policy is now geared toward shortfalls in employment relative to the revised "maximum level," as opposed to deviations from this "maximum level." This means that employment can run at or above current estimates of maximum employment without necessarily causing concern or the need to tighten monetary policy. The caveat to this new view of maximum employment and tightening is that it cannot be accompanied by signs of unwanted increases in inflation or the emergence of other risks such as financial bubbles.

The Fed also refined its inflation target toward an average level of core inflation over an undefined period of time as opposed to a targeted line in the sand, which previously was 2% as measured by the core PCE.<sup>14</sup> Using an average allows inflation to run above 2% for a period of time if the prior period was persistently below 2%. In turn, this new asymmetric policy framework allows the Fed to retain an accommodative monetary policy until after "full employment" has been achieved and inflation has returned to, or exceeds, a 2% average over an unspecified time period.

The Fed wasted no time in putting this new policy-making framework into action. At September's FOMC meeting, the Committee incorporated the new framework into both its policy statement and its forward projections. Specifically,

"The Committee seeks to achieve maximum employment and inflation at the rate of 2 percent over the longer run. With inflation running persistently below this longer-run goal, the Committee will aim to achieve inflation moderately above 2 percent for some time so that inflation averages 2 percent over time and longer-term inflation expectations remain well anchored at 2 percent. The Committee expects to maintain an accommodative stance of monetary policy until these outcomes are achieved. The Committee decided to keep the target range for the federal funds rate at 0 to 1/4 percent and expects it will be appropriate to maintain this target range until labor market conditions have reached levels consistent with the Committee's assessments of maximum employment and inflation has risen to 2 percent and is on track to moderately exceed 2 percent for some time<sup>15</sup>"

Consistent with the Fed's new strategy and policy statement, the FOMC September Summary of Economic Projections showed a vast majority of the Committee does not forecast economic triggers, "maximum employment" and average inflation, to be met until the end of 2023. In turn, the Committee's economic projections also forecast holding the federal funds target rate near zero through 2023. The FOMC does retain a get-out clause whereby the Fed "would be prepared to adjust the stance of monetary policy as appropriate if risks emerge that could impede the attainment of the Committee's goals," which is likely a reference to financial stability risks including systemic asset bubbles.

<sup>14</sup> Core PCE is defined as Personal Consumption Expenditures excluding the often-volatile food and energy categories

<sup>15</sup> Source: September 16, 2020 FOMC Meeting

<https://www.federalreserve.gov/newsevents/pressreleases/monetary20200916a.htm>



## Economic and Market Implications of the New Fed Era

The implications of the Fed's new framework are vast. In general, the new approach should allow for more accommodative monetary policy for the foreseeable future which, in turn, is a positive tailwind for economic growth and broad-based labor market outcomes. Essentially, the Fed will let the economy run hotter than prior policy would recommend and won't pre-emptively tighten policy, thereby lengthening the economic cycle. Further, continuing a lower-rate stance should benefit risk assets near term, as lower rates further fuel the yield hunt rotation out of risk-free assets such as Treasuries, benefit corporate profits, and help justify high equity valuations given a lower discount rate for longer periods. In the long term, however, this new and untested Fed policy making framework could lead to a monetary policy mistake in hind sight. Specifically, this mistake could be one of inaction by the Fed when they should have increased the Fed Funds rate and removed excess policy accommodation.

Given that the impact of monetary policy has a delayed effect on the economy, one result could be an upside surprise in the rate of inflation over the longer term, leading to higher intermediate and longer maturity interest rates, as well as a steeper U.S. Treasury yield curve. Further, the Fed's new policy framework could also perpetuate asset bubbles over the longer term and, should additional economic shocks occur prior to the removal of monetary policy accommodation, the Fed could well be left with a limited toolkit to fight future downturns.

## Consumer Outlook in a COVID-19 World

With the exception of the 2008 Global Financial Crisis (GFC), the COVID-19 pandemic has had unparalleled impact on consumers and businesses globally. While questions remain around the duration of the pandemic -- as the world waits for vaccine developments, approvals, distribution and acceptance -- it is clear that consumer and business behavior has structurally changed.

To begin with, the pandemic has fast-tracked many trends that were already underway pre-crisis. These trends include consumer adoption of e-commerce at the expense of traditional retail, an increased demand for enterprise and industrial automation, a growing consumption of digital entertainment and a surge in the usage of food delivery applications and services. All of these trends reflect an acceleration of the digital transformation of business and the economy -- a trend with both positive and negative implications for various domestic and global industries.

## Shared and Service Economies Unravel

One pre-COVID-19 trend that has clearly been impacted by the pandemic is the growth of a movement towards a "shared economy". It is not surprising that many consumers continue to be hesitant about jumping back into booking vacation rentals on-line or using ride-sharing services. The "rent-not-own economy" in development since the GFC-era housing crisis has also shifted as some consumers leave large urban centers to buy homes in less dense areas.<sup>16</sup> While this "flight to safety" has negatively impacted apartment rentals and commercial real estate, the Housing and Automotive sectors have seen some of the swiftest post-recession recoveries.<sup>17</sup> This has been in part due to the shift away from urban centers, but also due to the historically low-interest rate environment enabling more affordability to purchase a new home or vehicle.

Inarguably though, the sector of the economy most deeply impacted by the COVID-19 crisis has been the service sector, given the challenges resulting from forced business shutdowns followed by either voluntary or mandated social distancing procedures. This has most negatively impacted the retail, restaurant, travel, and leisure industries, which combined make up 18% of U.S. GDP and 27% of the U.S. job market.<sup>18</sup> If the unraveling of the shared and service economies persists, it will continue to weigh on the recovery of a significant part of the economy and increase the risk of a higher level of what could potentially be permanent U.S. unemployment.

## Stimulus Jolt for Consumer Wallets

As evident in comparison to the GFC, the COVID-19 recession carries its own set of unique impacts and outcomes. The COVID-19 recession has been defined and affected by the ongoing uncertainty of combatting the virus, the ramifications of the November U.S. elections, and the potential challenges confronting the economy into 2021. One of those challenges is the maintenance of a healthy level of consumer spending. Accounting for nearly 70% of U.S. GDP<sup>19</sup>, spending will be a major factor in determining how effectively and how quickly the economy heals. The good news is

<sup>16</sup> Source: Barclays Equity Research, "Future of Real Estate", September 29, 2020; migration out of urban zip codes from February to July 2020 was larger than the same period in 2019 in at least six large cities including Dallas, New York, Los Angeles, Seattle, San Francisco, and Miami.

<sup>17</sup> Source: Morgan Stanley, Global Economics Factbook, "How Does GCR Recovery Compare with the GFC?", September 22, 2020

<sup>18</sup> Source: U.S. Bureau of Labor Statistics

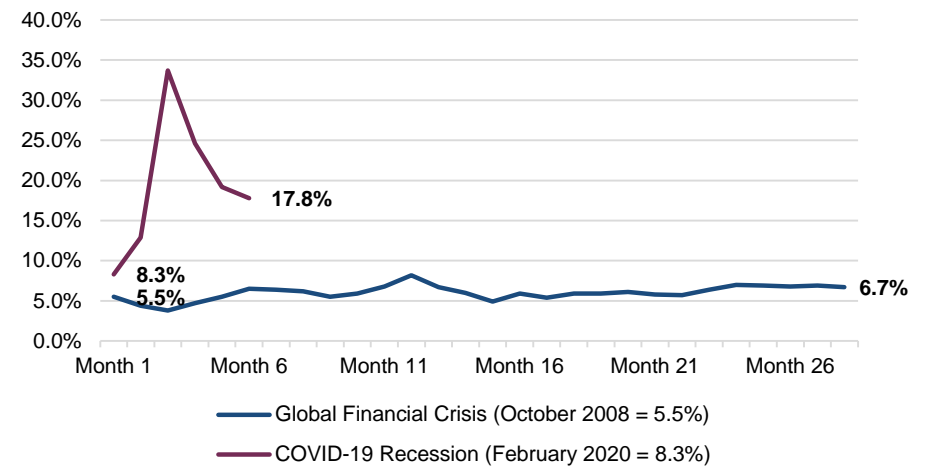
<sup>19</sup> Source: U.S. Bureau of Economic Analysis. Consumer spending as a % of GDP was 67 percent at the end of Q1 and Q2 2020 and 68 percent for Q4 2019.

that various fundamentals of the consumer backdrop provide some glimmers of hope that U.S. consumers could be more resilient than expected.

One critical difference today versus the GFC is the impressive boost of consumer liquidity triggered in March by the historic Coronavirus Aid, Relief and Economic Security (CARES) Act. An intentional lack of spending by consumers during the early months of the crisis coupled with the passage of the CARES Act created an exceptional surplus of unspent consumer capital. Since the stimulus hit consumer wallets, U.S. Bureau of Economic Analysis data indicates consumers have built up excess savings of over \$12 trillion.

In comparison, savings rates during the GFC, and for three years after the recession ended, averaged 6.6%<sup>20</sup>. This translated to weaker levels of consumer confidence and a slower recovery in consumer spending, in comparison to the 17.8% savings rate as of July 2020 shown in the chart in the column to the right. This excess savings may have been a factor in U.S. retail sales that, as of August, are now above pre-COVID-19 levels.<sup>21</sup> As a yardstick, the country's return to "spending as usual" has taken six months during the COVID-19 crisis versus 33 months during the GFC recovery.<sup>22</sup>

**U.S. Savings Rate**



**Source:** U.S. Bureau of Economic Analysis

The employment picture has also been distinctive in the COVID-19 crisis. Shortly after the March economic shutdowns across the country, the U.S. unemployment rate quickly spiked to 14.7% at its peak in April. This was followed by a similarly dramatic decline to an 8.4% unemployment rate in August.<sup>23</sup> The job recovery, to date, has been one of the fastest in modern history, but there is still a looming uphill battle: employment and consumer confidence continue to lag the GFC recovery.

#### Will Consumer Spending Lead the Recovery into 2021?

Two key inputs have historically been factors in determining a consumer's propensity to spend: their savings and balance sheets. As we enter the critical holiday season, analysts wonder if the excess savings, in addition to higher consumer balance sheets, will carry through to higher spending -- despite the headwinds on employment and consumer confidence. For context, U.S. consumer net worth increased by \$2.5 trillion to an all-time high of \$119 trillion in the second quarter, as shown in the chart on the next page.

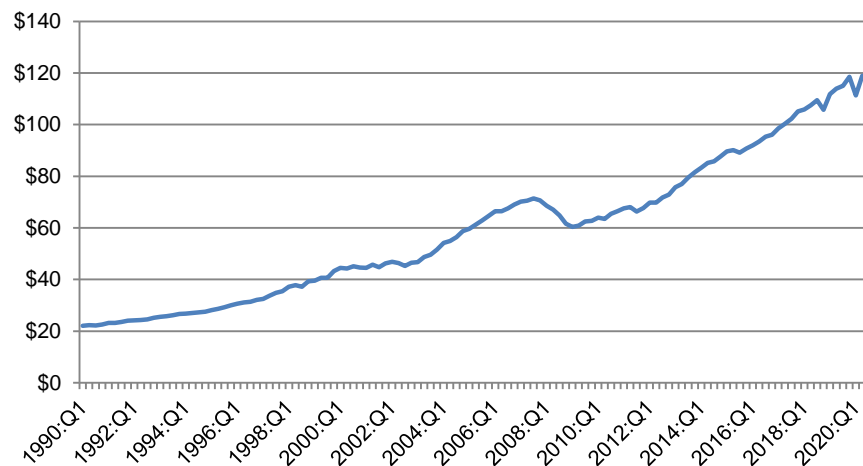
<sup>20</sup> Source: U.S. Bureau of Economic Analysis

<sup>21</sup> Source: U.S. Census Bureau

<sup>22</sup> Source: Morgan Stanley, Global Economics Factbook, "How Does GCR Recovery Compare with the GFC?", September 22, 2020

<sup>23</sup> Source: U.S. Bureau of Labor Statistics

**U.S. Consumer Net Worth (USD Trillion)**



**Source:** U.S. Federal Reserve

Despite this spending potential, uncertainty may continue as the service economy struggles with potentially greater levels of structural unemployment that will weigh on consumer confidence and spending intentions going into 2021. One metric that might provide some insight to the spending recovery from here is known as the Marginal Propensity to Consume (MPC). This is a Keynesian economic theory which compares the rate of change in consumption to the rate of change in savings.

The U.S. has historically had a relatively higher MPC compared to other countries and thus a lower savings rate. This indicates the potential for a continued consumer spending recovery by looking at the high savings balances and consumer net worth as we enter the final quarter of 2020. The question remains whether the uncertainty around the November elections, the continuing impact of COVID-19, and the unraveling of the shared and service economies will prevent the continued healing of the economy as we enter 2021. We believe there are indications that consumers can indeed withstand these headwinds near-term and potentially aid the economic recovery by continuing to spend down excess savings over the next several years.

### Economic and Market Perspectives Q4 2020

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**09/30/2020**

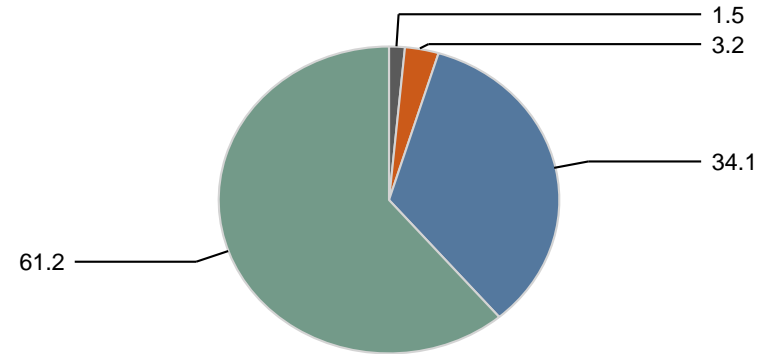
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**Investment Officer: KEITH STRIBLING**



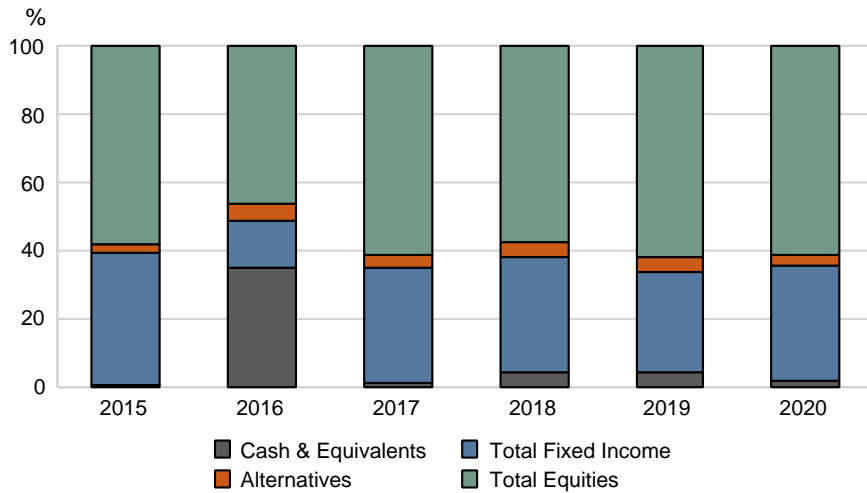
## Asset Allocation Summary

### Market Value by Asset Class

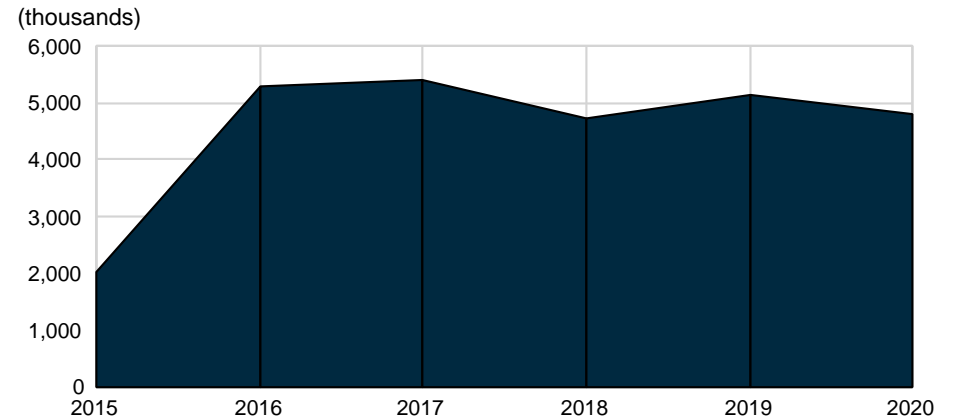
	Market Value	% of Mkt Val
Total Equities	2,932,595	61.2
Total Fixed Income	1,636,813	34.1
Alternatives	151,562	3.2
Cash & Equivalents	73,777	1.5
<b>Total</b>	<b>4,794,747</b>	<b>100.0</b>



### Annual Allocation



### Annual Ending Market Values



As of: September 30, 2020

## Portfolio Analytics

### Largest 10 Holdings - YTD Return

	Market Value	% of Mkt Val	Return
ISHARES S&P 500 GROWTH ET	391,681	8.2	20.26
ISHARES S&P 500 VALUE ETF	314,298	6.6	-11.91
VANGUARD FTSE DEVELOPED M	276,239	5.8	-5.82
SCHWAB STRATEGIC TR	245,115	5.1	6.62
VANGUARD INDEX FUNDS S&P	244,077	5.1	5.47
ISHARES MSCI EAFE GROWTH	127,180	2.7	4.58
ISHARES RUS MID-CAP GRW E	122,911	2.6	13.77
EDWARDS LIFESCIENCES 4.30	120,822	2.5	8.90
ISHARES MSCI EAFE VALUE E	119,799	2.5	-18.18
ISHARES RUSSELL 2000 GROW	116,963	2.4	4.50

### Largest 10 Stock Holdings - Percent of Stocks

	% of Mkt Val
MICROSOFT CORP	8.3
APPLE INC COM	7.9
ALPHABET INC CAP STK CL A	4.6
AMAZON.COM INC	3.1
PROCTER & GAMBLE CO	3.0
UNILEVER N V	2.6
MASTERCARD INC-A	2.6
BRISTOL MYERS SQUIBB CO	2.3
FACEBOOK INC CL A	2.3
AMERICAN TOWER CORP	2.2

Total Assets Held in Stocks: 65

Total Assets Held in Portfolio: 116

### Top 10 Performers YTD

	Market Value	% of Mkt Val	Return
CARRIER GLOBAL CORPORATIO	397	.0	81.04
AMAZON.COM INC	15,744	.3	70.40
NIKE INC CL B	3,774	.1	68.37
APPLE INC COM	39,954	.8	58.35
ADOBE INC	6,376	.1	48.74
REGENERON PHARMACEUTICALS	3,359	.1	48.05
PROLOGIS INC	3,019	.1	46.28
UNITED PARCEL SERVICE CL	9,165	.2	45.90
LOWES COS INC	9,786	.2	40.74
MICROSOFT CORP	42,066	.9	34.76

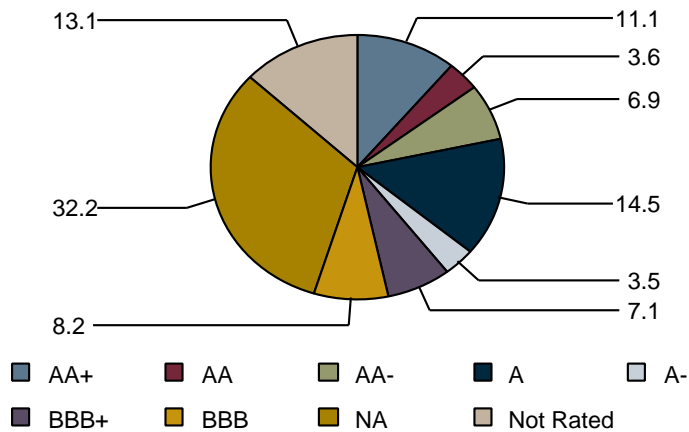
### Bottom 10 Performers YTD

	Market Value	% of Mkt Val	Return
EOG RES INC	2,767	.1	-55.79
BOEING CO	1,653	.0	-48.87
AMERICAN INTL GROUP COM	1,377	.0	-44.50
CITIGROUP INC COM	5,173	.1	-44.46
HARTFORD FINL SVCS GROUP	2,045	.0	-37.46
CHEVRON CORP. COMMON STOC	6,480	.1	-36.95
JPMORGAN CHASE & CO	11,360	.2	-28.95
PNC FINANCIAL SERVICES GR	5,386	.1	-28.78
V F CORP	2,459	.1	-24.76
SCHWAB CHARLES CORP NEW	5,507	.1	-22.28

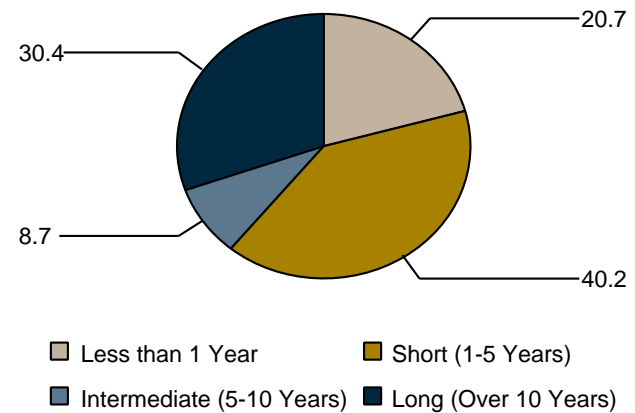
### Fixed Income Analysis - Individual Holdings

	09/30/2020	06/30/2020	09/30/2019	09/30/2018	09/30/2017
Duration	6.66	7.05	7.43	7.61	7.42
Coupon	3.26	3.26	3.14	3.13	3.12
Yield to Maturity	1.53	1.50	2.36	3.29	2.47
Maturity	8.90	9.45	10.16	10.52	10.10
Current Yield	3.02	3.02	3.02	3.14	3.01
Face Amount	1,362,315	1,392,651	1,449,840	1,724,145	1,611,024
Market Value	1,459,258	1,493,684	1,501,851	1,714,079	1,663,816
Cost	1,415,393	1,446,792	1,495,126	1,777,948	1,664,997

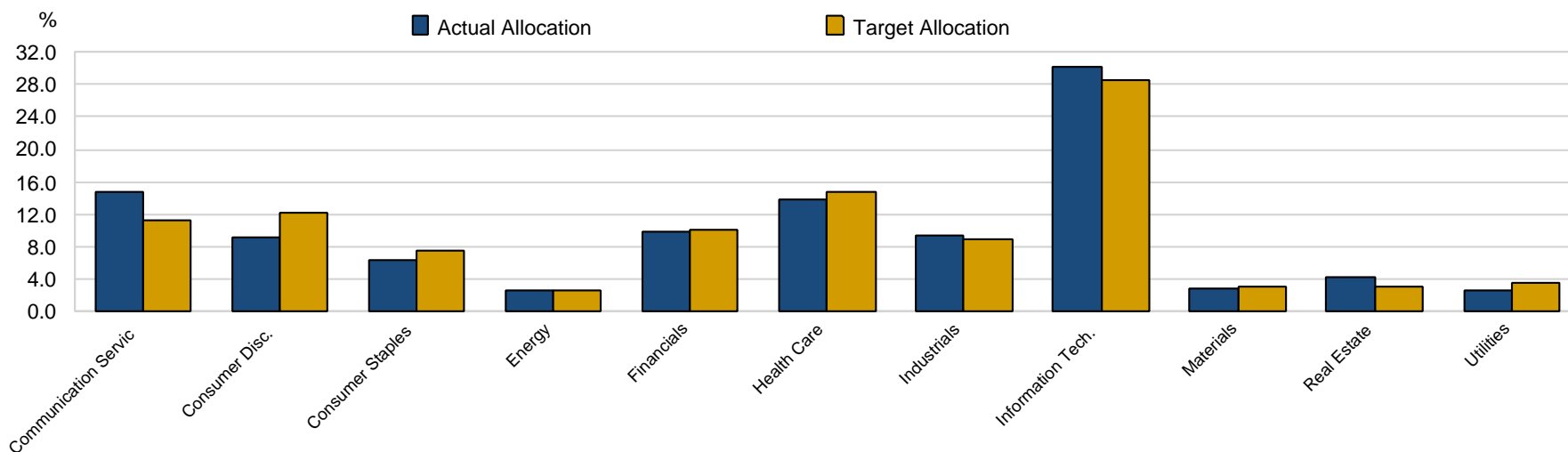
Quality Allocation by Market Value



Maturity Allocation by Market Value



### Equity Sector Allocation vs. SP500 Target



	Market Value	Actual Allocation	Target Allocation	Variance
Communication Services	67,621	14.3	10.8	3.5
Consumer Disc.	40,840	8.7	11.6	-2.9
Consumer Staples	27,790	5.9	7.0	-1.1
Energy	9,247	2.0	2.1	-1
Financials	44,425	9.4	9.7	-.3
Health Care	63,232	13.4	14.2	-.8
Industrials	41,741	8.9	8.3	.6
Information Tech.	139,568	29.6	28.2	1.5
Materials	10,323	2.2	2.6	-.4
Real Estate	17,285	3.7	2.6	1.0
Utilities	9,506	2.0	3.0	-1.0
<b>Total Common Stock</b>	<b>471,580</b>	<b>100.0</b>	<b>100.0</b>	<b>.0</b>



Account Name: DESERT HOSPITAL RETIREMENT PLAN

As of: September 30, 2020

Account ID: XXX8600



## Summary Investment Performance

<b>Beginning Market Value</b>	<b>12,016,944.00</b>
<b>Beginning Accrued Income</b>	<b>77,673.00</b>
<b>Beginning Portfolio Value</b>	<b>12,094,617.00</b>
Contributions	4,189,047.50
Withdrawals	-17,328,547.27
Income Earned	3,867,094.80
Gain/Loss	1,972,534.91
<b>Ending Market Value</b>	<b>4,785,505.60</b>
<b>Ending Accrued Income</b>	<b>9,241.34</b>
<b>Ending Portfolio Value</b>	<b>4,794,746.94</b>
<b>Total Earnings</b>	<b>5,839,629.71</b>

### Performance

Cash Equivalents	1.88
Total Fixed Income	4.06
Total Equities	6.39
Total Managed Portfolio	5.53

Returns are gross of fees not including account level advisory fees unless otherwise stated. Gross returns are presented before management and custodial fees but after all trading expenses, embedded and reflect the reinvestment of dividends and other income. Net returns are net of investment management fees in effect for the respective time period. Returns for periods over one year are annualized. The information presented has been obtained from sources believed to be accurate and reliable. Past performance is not indicative of future returns. Securities are not FDIC insured have no bank guarantee and may lose value.

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: XXX8600



As of: September 30, 2020

## Performance Report

	Market Value	3 Months	1 Year	3 Years	5 Years	10 Years	20 Years	Inception to Date 05/01/1998
<b>Cash Equivalents</b>	<b>73,990</b>	<b>.01</b>	<b>.76</b>	<b>1.46</b>	<b>1.03</b>	<b>.52</b>	<b>1.48</b>	<b>1.88</b>
Lipper Money Market Funds Index		.01	.78	1.41	.96	.48	1.36	1.76
<b>Total Fixed Income</b>	<b>1,636,813</b>	<b>.48</b>	<b>5.17</b>	<b>3.86</b>	<b>3.13</b>	<b>2.50</b>	<b>3.92</b>	<b>4.06</b>
BBG Barclays US Aggregate Bd Index (USD)		.62	6.98	5.24	4.18	3.64	5.01	5.04
<b>Alternatives</b>	<b>151,562</b>	<b>1.80</b>	<b>3.39</b>	<b>2.20</b>	<b>4.75</b>			
Wilshire Liquid Alternative Index		2.32	.39	.82	1.44	1.58	2.28	
<b>Total Equities</b>	<b>2,932,595</b>	<b>7.47</b>	<b>8.54</b>	<b>6.80</b>	<b>10.30</b>	<b>10.17</b>	<b>5.55</b>	<b>6.39</b>
MSCI AC World Index (Net)		8.13	10.44	7.12	10.30	8.55	5.04	
MSCI EAFE Index (Net)		4.80	.49	.62	5.26	4.62	3.58	3.89
MSCI EM Free Index (Net USD)		9.56	10.54	2.42	8.97	2.50	7.83	
Russell 2000 Index (USD)		4.93	.39	1.77	8.00	9.85	6.88	6.62
Russell Midcap Index		7.46	4.55	7.13	10.13	11.76	8.25	8.65
S&P 500 Composite Index		8.93	15.15	12.28	14.15	13.74	6.42	7.07
65% S&P 500/ 15% Russell 2000/ 20% MSCI EAFE		7.50	9.93	8.35	11.50	11.38	6.03	
<b>Total Managed Portfolio</b>	<b>4,794,747</b>	<b>4.56</b>	<b>6.55</b>	<b>5.34</b>	<b>7.40</b>	<b>7.12</b>	<b>4.91</b>	<b>5.53</b>
<b>Total Account Net of Fees</b>	<b>4,794,747</b>	<b>4.39</b>	<b>5.86</b>	<b>4.66</b>	<b>6.68</b>	<b>6.39</b>	<b>4.21</b>	<b>4.83</b>

Returns are gross of fees not including account level advisory fees unless otherwise stated. Gross returns are presented before management and custodial fees but after all trading expenses, embedded and reflect the reinvestment of dividends and other income. Net returns are net of investment management fees in effect for the respective time period. Returns for periods over one year are annualized. The information presented has been obtained from sources believed to be accurate and reliable. Past performance is not indicative of future returns. Securities are not FDIC insured have no bank guarantee and may lose value.

Account Name: DESERT HOSPITAL RETIREMENT PLAN

As of: September 30, 2020

Account ID: XXX8600



## Holdings Report w/ Yield and Income

Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
<b>Alternatives</b>										
<b>Global Macro</b>										
EATON VANCE GLBL MACRO ABS R6 #1072	EGRSX	9,688.132	10.04	97,308.37	10.61	102,791.08	2.1	.45	4,311.22	4.194
<b>Total for Global Macro</b>				<b>97,308.37</b>		<b>102,791.08</b>	<b>2.1</b>		<b>4,311.22</b>	<b>4.194</b>
<b>Unconstrained Fixed Income</b>										
BLACKROCK STRAT INC OPPTS CL K #1944	BSIKX	4,830.314	9.67	46,695.04	10.07	48,771.21	1.0	.29	1,410.45	2.900
<b>Total for Unconstrained Fixed Income</b>				<b>46,695.04</b>		<b>48,771.21</b>	<b>1.0</b>		<b>1,410.45</b>	<b>2.900</b>
<b>Total: Alternatives</b>				<b>144,003.41</b>		<b>151,562.29</b>	<b>3.2</b>		<b>5,721.67</b>	<b>3.778</b>
<b>Cash</b>										
<b>Cash</b>										
Cash/Pending Trade		-213.010	1.00	-213.01	1.00	-213.01	.0	.00	.00	.000
<b>Total for Cash</b>				<b>-213.01</b>		<b>-213.01</b>	<b>.0</b>		<b>.00</b>	<b>.000</b>
<b>Total: Cash</b>				<b>-213.01</b>		<b>-213.01</b>	<b>.0</b>		<b>.00</b>	<b>.000</b>
<b>Total Equities</b>										
<b>Communi Services - Dom CS</b>										
ALPHABET INC CAP STK CL A	GOOGL	16.000	793.85	12,701.63	1,465.60	23,449.60	.5	.00	.00	.000
COMCAST CORP-CL A	CMCSA	163.000	34.88	5,685.49	46.26	7,540.38	.2	.92	149.96	1.989
DISNEY (WALT) COMPANY HOLDING CO	DIS	66.000	113.30	7,478.06	124.08	8,189.28	.2	.00	.00	.000
ELECTRONIC ARTS INC COMMON	EA	52.000	82.37	4,283.04	130.41	6,781.32	.1	.00	.00	.000
FACEBOOK INC CL A	FB	45.000	121.42	5,463.73	261.90	11,785.50	.2	.00	.00	.000
VERIZON COMMUNICATIONS	VZ	166.000	53.44	8,870.99	59.49	9,875.34	.2	2.51	416.66	4.219
<b>Total for Communi Services - Dom CS</b>				<b>44,482.94</b>		<b>67,621.42</b>	<b>1.4</b>		<b>566.62</b>	<b>.838</b>

Account Name: DESERT HOSPITAL RETIREMENT PLAN

As of: September 30, 2020

Account ID: XXX8600



## Holdings Report w/ Yield and Income

Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
<b>Con Discretionary - Dom CS</b>										
AMAZON.COM INC	AMZN	5.000	1,627.28	8,136.41	3,148.73	15,743.65	.3	.00	.00	.000
LOWES COS INC	LOW	59.000	68.70	4,053.01	165.86	9,785.74	.2	2.40	141.60	1.447
NIKE INC CL B	NKE	30.000	74.90	2,246.85	125.54	3,773.55	.1	.98	29.40	.781
O REILLY AUTOMOTIVE INC NEW	ORLY	11.000	298.58	3,284.37	461.08	5,071.88	.1	.00	.00	.000
TJX COS INC NEW	TJX	72.000	38.85	2,797.18	55.65	4,006.80	.1	.00	.00	.000
V F CORP	VFC	35.000	95.61	3,346.18	70.25	2,458.75	.1	1.92	67.20	2.733
<b>Total for Con Discretionary - Dom CS</b>				<b>23,864.00</b>		<b>40,840.37</b>	<b>.9</b>		<b>238.20</b>	<b>.583</b>
<b>Con Staples - Dom CS</b>										
COSTCO WHOLESALE CORP	COST	23.000	170.48	3,921.14	355.00	8,165.00	.2	2.80	64.40	.789
PROCTER & GAMBLE CO	PG	111.000	103.61	11,500.26	138.99	15,427.89	.3	3.16	351.09	2.276
WALMART INC COM	WMT	30.000	119.02	3,570.45	139.91	4,197.30	.1	2.16	64.80	1.544
<b>Total for Con Staples - Dom CS</b>				<b>18,991.85</b>		<b>27,790.19</b>	<b>.6</b>		<b>480.29</b>	<b>1.728</b>
<b>Emerging Market Funds</b>										
ISHARES MSCI EMERGING MKT FD	EEM	1,162.000	36.99	42,985.59	44.09	51,232.58	1.1	.89	1,037.67	2.025
VANGUARD FTSE EMRG MRKTS ETF	VWO	1,519.000	40.23	61,106.95	43.24	65,681.56	1.4	1.21	1,842.55	2.805
<b>Total for Emerging Market Funds</b>				<b>104,092.54</b>		<b>116,914.14</b>	<b>2.4</b>		<b>2,880.22</b>	<b>2.464</b>
<b>Energy - Dom CS</b>										
CHEVRON CORP. COMMON STOCK	CVX	90.000	106.01	9,541.26	72.00	6,480.00	.1	5.16	464.40	7.167
EOG RES INC	EOG	77.000	81.24	6,255.52	35.94	2,767.38	.1	1.50	115.50	4.174
<b>Total for Energy - Dom CS</b>				<b>15,796.78</b>		<b>9,247.38</b>	<b>.2</b>		<b>579.90</b>	<b>6.271</b>
<b>Financials - Domestic CS</b>										
AMERICAN INTL GROUP COM	AIG	50.000	61.89	3,094.46	27.53	1,376.50	.0	1.28	64.00	4.649
BERKSHIRE HATHAWAY B	BRK.B	43.000	196.34	8,442.65	212.94	9,156.42	.2	.00	.00	.000
CITIGROUP INC COM	C	120.000	52.50	6,300.35	43.11	5,173.20	.1	2.04	244.80	4.732
GOLDMAN SACHS GROUP INC	GS	22.000	170.97	3,761.31	200.97	4,421.34	.1	5.00	110.00	2.488
HARTFORD FINL SVCS GROUP INC	HIG	55.000	53.63	2,949.48	36.86	2,045.18	.0	1.30	71.50	3.527

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: XXX8600



As of: September 30, 2020

## Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
<b>Financials - Domestic CS</b>										
JPMORGAN CHASE & CO	JPM	118.000	92.22	10,881.96	96.27	11,359.86	.2	3.60	424.80	3.739
PNC FINANCIAL SERVICES GROUP	PNC	49.000	119.83	5,871.73	109.91	5,385.59	.1	4.60	225.40	4.185
SCHWAB CHARLES CORP NEW	SCHW	152.000	36.52	5,551.00	36.23	5,506.96	.1	.72	109.44	1.987
<b>Total for Financials - Domestic CS</b>				<b>46,852.94</b>		<b>44,425.05</b>	<b>.9</b>		<b>1,249.94</b>	<b>2.815</b>
<b>Foreign Large Blended Funds</b>										
ISHARES TR HDG MSCI EAFE	HEFA	2,664.000	26.06	69,416.82	27.54	73,366.56	1.5	.73	1,942.06	2.647
VANGUARD FTSE DEVELOPED MARKETS ETF	VEA	6,754.000	41.79	282,249.66	40.90	276,238.60	5.8	.99	6,686.46	2.421
<b>Total for Foreign Large Blended Funds</b>				<b>351,666.48</b>		<b>349,605.16</b>	<b>7.3</b>		<b>8,628.52</b>	<b>2.468</b>
<b>Foreign Large Growth Funds</b>										
ISHARES MSCI EAFE GROWTH ETF	EFG	1,415.000	66.43	94,000.31	89.88	127,180.20	2.7	1.00	1,413.59	1.111
<b>Total for Foreign Large Growth Funds</b>				<b>94,000.31</b>		<b>127,180.20</b>	<b>2.7</b>		<b>1,413.59</b>	<b>1.111</b>
<b>Foreign Large Value Funds</b>										
ISHARES MSCI EAFE VALUE ETF	EFV	2,969.000	50.60	150,225.98	40.35	119,799.15	2.5	1.44	4,263.48	3.559
<b>Total for Foreign Large Value Funds</b>				<b>150,225.98</b>		<b>119,799.15</b>	<b>2.5</b>		<b>4,263.48</b>	<b>3.559</b>
<b>Health Care - Dom CS</b>										
ABBOTT LABS COM	ABT	75.000	45.64	3,423.03	108.83	8,162.25	.2	1.44	108.00	1.323
ABBVIE INC COM	ABBV	25.000	83.56	2,088.88	87.59	2,189.75	.0	4.72	118.00	5.389
ANTHEM INC COM	ANTM	16.000	258.48	4,135.72	268.59	4,297.44	.1	3.80	60.80	1.415
BRISTOL MYERS SQUIBB CO	BMJ	197.000	57.33	11,293.12	60.29	11,877.13	.2	1.80	354.60	2.986
ILLUMINA INC	ILMN	13.000	296.09	3,849.12	309.08	4,018.04	.1	.00	.00	.000
LILLY ELI & CO	LLY	55.000	113.00	6,215.23	148.02	8,141.10	.2	2.96	162.80	2.000
MERCK & CO COM COM	MRK	105.000	58.84	6,178.27	82.95	8,773.80	.2	2.44	256.20	2.942
PFIZER INC	PFE	145.000	35.24	5,109.39	36.70	5,321.50	.1	1.52	220.40	4.142
REGENERON PHARMACEUTICALS INC	REGN	6.000	337.51	2,025.05	559.78	3,358.68	.1	.00	.00	.000
UNITEDHEALTH GROUP INC	UNH	14.000	281.23	3,937.22	311.77	4,364.78	.1	5.00	70.00	1.604
ZIMMER BIOMET HLDGS INC COM	ZBH	20.000	143.70	2,873.95	136.14	2,727.60	.1	.96	19.20	.705
<b>Total for Health Care - Dom CS</b>				<b>51,128.98</b>		<b>63,232.07</b>	<b>1.3</b>		<b>1,370.00</b>	<b>2.169</b>

Account Name: DESERT HOSPITAL RETIREMENT PLAN

As of: September 30, 2020

Account ID: XXX8600



## Holdings Report w/ Yield and Income

Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
<b>Industrials - Domestic CS</b>										
BOEING CO	BA	10.000	331.10	3,310.97	165.26	1,652.60	.0	.00	.00	.000
FORTIVE CORP COM	FTV	78.000	52.11	4,064.44	76.21	5,944.38	.1	.28	21.84	.367
HONEYWELL INTL INC	HON	46.000	130.96	6,024.34	164.61	7,572.06	.2	3.72	171.12	2.260
HUNT J B TRANS SVCS INC	JBHT	46.000	90.21	4,149.83	126.38	5,813.48	.1	1.08	49.68	.855
NORTHROP GRUMMAN CORP	NOC	22.000	249.78	5,495.09	315.49	6,940.78	.1	5.80	127.60	1.838
OTIS WORLDWIDE CORP	OTIS	6.000	65.73	394.39	62.42	374.52	.0	.80	4.80	1.282
RAYTHEON TECHNOLOGIES CORP COM	RTX	13.000	73.13	950.67	57.54	748.02	.0	1.90	24.70	3.302
ROCKWELL AUTOMATION, INC. COMMON STO	ROK	16.000	154.97	2,479.53	220.68	3,530.88	.1	4.08	65.28	1.849
UNITED PARCEL SERVICE CL B	UPS	55.000	108.75	5,981.26	166.63	9,164.65	.2	4.04	222.20	2.425
<b>Total for Industrials - Domestic CS</b>				<b>32,850.52</b>		<b>41,741.37</b>	<b>.9</b>		<b>687.22</b>	<b>1.646</b>
<b>Info Tech - Domestic CS</b>										
ADOBE INC	ADBE	13.000	110.39	1,435.05	490.43	6,375.59	.1	.00	.00	.000
ANALOG DEVICES INC	ADI	62.000	72.41	4,489.20	116.74	7,237.88	.2	2.48	153.76	2.124
APPLE INC COM	AAPL	345.000	29.86	10,300.31	115.81	39,954.45	.8	.82	282.90	.708
APPLIED MATLS INC	AMAT	157.000	30.26	4,751.42	59.45	9,333.65	.2	.88	138.16	1.480
CISCO SYS INC	CSCO	278.000	30.85	8,575.00	39.39	10,950.42	.2	1.44	400.32	3.656
MASTERCARD INC-A	MA	39.000	110.52	4,310.26	338.17	13,188.63	.3	1.60	62.40	.473
MICROSOFT CORP	MSFT	200.000	64.38	12,876.67	210.33	42,066.00	.9	2.24	448.00	1.065
ORACLE CORP	ORCL	70.000	53.56	3,748.96	59.70	4,179.00	.1	.96	67.20	1.608
TEXAS INSTRS INC	TXN	44.000	76.85	3,381.50	142.79	6,282.76	.1	4.08	179.52	2.857
<b>Total for Info Tech - Domestic CS</b>				<b>53,868.37</b>		<b>139,568.38</b>	<b>2.9</b>		<b>1,732.26</b>	<b>1.241</b>
<b>Intl CS - Non-ADRs</b>										
UNILEVER N V	UN	222.000	57.45	12,754.85	60.40	13,408.80	.3	1.55	342.99	2.558
LINDE PLC COM	LIN	46.000	135.73	6,243.35	238.13	10,953.98	.2	3.85	177.19	1.618
MEDTRONIC PLC SHS	MDT	98.000	79.98	7,838.35	103.92	10,184.16	.2	2.32	227.36	2.232
ALCON INC ORD SHS	ALC	55.000	58.10	3,195.46	56.95	3,132.25	.1	.00	.00	.000
<b>Total for Intl CS - Non-ADRs</b>				<b>30,032.01</b>		<b>37,679.19</b>	<b>.8</b>		<b>747.54</b>	<b>1.984</b>

As of: September 30, 2020

## Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
<b>Large-Cap Blended Funds</b>											
	SCHWAB STRATEGIC TR	SCHX	3,040.000	56.82	172,740.52	80.63	245,115.20	5.1	1.59	4,833.60	1.972
	VANGUARD INDEX FUNDS S&P 500 ETF SHS	VOO	790.000	218.88	172,918.69	307.65	244,077.22	5.1	5.35	4,224.92	1.738
	<b>Total for Large-Cap Blended Funds</b>				<b>345,659.21</b>		<b>489,192.42</b>	<b>10.2</b>		<b>9,058.52</b>	<b>1.856</b>
<b>Large-Cap Growth Funds</b>											
	ISHARES S&P 500 GROWTH ETF	IVW	1,695.000	117.81	199,692.91	231.08	391,680.60	8.2	2.21	3,739.17	.955
	<b>Total for Large-Cap Growth Funds</b>				<b>199,692.91</b>		<b>391,680.60</b>	<b>8.2</b>		<b>3,739.17</b>	<b>.955</b>
<b>Large-Cap Value Funds</b>											
	ISHARES S&P 500 VALUE ETF	IVE	2,795.000	93.76	262,053.21	112.45	314,297.75	6.6	2.99	8,345.87	2.655
	<b>Total for Large-Cap Value Funds</b>				<b>262,053.21</b>		<b>314,297.75</b>	<b>6.6</b>		<b>8,345.87</b>	<b>2.655</b>
<b>Materials - Domestic CS</b>											
	ECOLAB INC	ECL	38.000	118.35	4,497.21	199.84	7,611.78	.2	1.88	71.44	.941
	VULCAN MATLS CO	VMC	20.000	132.35	2,646.90	135.54	2,710.80	.1	1.36	27.20	1.003
	<b>Total for Materials - Domestic CS</b>				<b>7,144.11</b>		<b>10,322.58</b>	<b>.2</b>		<b>98.64</b>	<b>.957</b>
<b>Mid-Cap Growth Funds</b>											
	ISHARES RUS MID-CAP GRW ETF	IWP	711.000	88.04	62,596.04	172.87	122,910.57	2.6	.88	628.52	.511
	<b>Total for Mid-Cap Growth Funds</b>				<b>62,596.04</b>		<b>122,910.57</b>	<b>2.6</b>		<b>628.52</b>	<b>.511</b>
<b>Mid-Cap Value Funds</b>											
	ISHARES RUS MID-CAP VALUE	IWS	1,130.000	72.82	82,288.97	80.84	91,349.20	1.9	1.93	2,177.51	2.384
	<b>Total for Mid-Cap Value Funds</b>				<b>82,288.97</b>		<b>91,349.20</b>	<b>1.9</b>		<b>2,177.51</b>	<b>2.384</b>
<b>Real Estate - Dom CS</b>											
	AMERICAN TOWER CORP	AMT	47.000	101.75	4,782.19	241.73	11,414.89	.2	4.33	203.51	1.791
	PROLOGIS INC	PLD	30.000	70.12	2,103.45	100.62	3,018.60	.1	2.32	69.60	2.306
	WEYERHAEUSER CO COM	WY	100.000	25.43	2,542.50	28.52	2,852.00	.1	.00	.00	.000
	<b>Total for Real Estate - Dom CS</b>				<b>9,428.14</b>		<b>17,285.49</b>	<b>.4</b>		<b>273.11</b>	<b>1.585</b>

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: XXX8600



As of: September 30, 2020

## Holdings Report w/ Yield and Income

Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
<b>Small-Cap Blended Funds</b>										
ISHARES RUSSELL 2000 ETF	IWM	726.000	122.97	89,278.07	149.79	108,747.54	2.3	2.05	1,487.57	1.368
<b>Total for Small-Cap Blended Funds</b>				<b>89,278.07</b>		<b>108,747.54</b>	<b>2.3</b>		<b>1,487.57</b>	<b>1.368</b>
<b>Small-Cap Growth Funds</b>										
ISHARES RUSSELL 2000 GROWTH ETF	IWO	528.000	168.51	88,975.88	221.52	116,962.56	2.4	1.46	769.30	.658
<b>Total for Small-Cap Growth Funds</b>				<b>88,975.88</b>		<b>116,962.56</b>	<b>2.4</b>		<b>769.30</b>	<b>.658</b>
<b>Small-Cap Value Funds</b>										
ISHARES RUSSELL 2000 VALUE ETF	IWN	752.000	117.63	88,460.07	99.33	74,696.16	1.6	2.26	1,698.77	2.274
<b>Total for Small-Cap Value Funds</b>				<b>88,460.07</b>		<b>74,696.16</b>	<b>1.6</b>		<b>1,698.77</b>	<b>2.274</b>
<b>Utilities-Dom Common Stock</b>										
CARRIER GLOBAL CORPORATION	CARR	13.000	21.92	284.96	30.54	397.02	.0	.32	4.16	1.048
WEC ENERGY GROUP INC COM	WEC	94.000	62.00	5,827.56	96.90	9,108.60	.2	2.53	237.82	2.611
<b>Total for Utilities-Dom Common Stock</b>				<b>6,112.52</b>		<b>9,505.62</b>	<b>.2</b>		<b>241.98</b>	<b>2.546</b>
<b>Total: Total Equities</b>				<b>2,259,542.83</b>		<b>2,932,594.56</b>	<b>61.2</b>		<b>53,356.74</b>	<b>1.820</b>
<b>Total Fixed Income</b>										
<b>Taxable FX- US Govt Agcy</b>										
FHLMC NTS 2.375% 1/13/22	FN22322	50,000.000	105.66	52,830.60	102.89	51,700.79	1.1	2.38	1,187.50	2.308
<b>Total for Taxable FX- US Govt Agcy</b>				<b>52,830.60</b>		<b>51,700.79</b>	<b>1.1</b>		<b>1,187.50</b>	<b>2.308</b>
<b>Taxable Fixed - Corporates</b>										
ALABAMA PWR NTS 3.375% 10/01/20	APN3320	50,000.000	105.92	52,960.50	100.00	50,843.75	1.1	3.38	1,687.50	3.375
ALPHABET INC 3.375% 2/25/24		100,000.000	103.68	103,675.00	109.90	110,239.50	2.3	3.38	3,375.00	3.071
BERKSHIRE HATH FIN 3.000% 5/15/22	BH33022	50,000.000	104.53	52,264.50	104.27	52,703.67	1.1	3.00	1,500.00	2.877
COLGATE PALMOLIVE CO 2.950% 11/01/20	CL20	100,000.000	103.10	103,095.00	100.22	101,453.17	2.1	2.95	2,950.00	2.943



Account Name: DESERT HOSPITAL RETIREMENT PLAN

As of: September 30, 2020

Account ID: XXX8600



## Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
	DISNEY WALT CO MTNS 2.300% 2/12/21	DWC2321	50,000.000	103.43	51,716.50	100.71	50,511.53	1.1	2.30	1,150.00	2.284
	EDWARDS LIFESCIENCES 4.300% 6/15/28	EL44328	100,000.000	112.46	112,461.00	119.56	120,822.11	2.5	4.30	4,300.00	3.597
	IBM CORP 3.375% 8/01/23	IC00323	100,000.000	103.56	103,559.00	108.57	109,129.50	2.3	3.38	3,375.00	3.109
	PRAXAIR INC	PX23	50,000.000	101.99	50,994.00	104.94	52,618.50	1.1	2.70	1,350.00	2.573
	WELLS FARGO NTS 3.500% 3/08/22	WFN3512	100,000.000	102.96	102,964.00	104.23	104,456.61	2.2	3.50	3,500.00	3.358
<b>Total for Taxable Fixed - Corporates</b>					<b>733,689.50</b>		<b>752,778.34</b>	<b>15.7</b>		<b>23,187.50</b>	<b>3.102</b>

### Taxable Fixed - Mortgages

	FGLMC G07029 4.000% 6/01/42	G07029F	55,394.060	106.20	58,830.23	111.35	61,680.18	1.3	4.00	2,215.76	3.592
	FGLMC #C04305 3.000% 11/01/42	C04305F	43,936.670	104.36	45,852.07	106.70	46,991.15	1.0	3.00	1,318.10	2.812
	FGLMC #C18024 5.500% 11/01/28	C18024F	1,118.720	103.75	1,160.67	110.92	1,245.99	.0	5.50	61.53	4.959
	FGLMC #Q19470 3.000% 6/01/43	Q19470F	67,020.210	100.64	67,449.57	107.27	72,062.81	1.5	3.00	2,010.61	2.797
	FGLMC #G60344 4.000% 12/01/45	G60344F	53,822.710	105.62	56,850.22	111.14	59,999.58	1.3	4.00	2,152.91	3.599
	FNMA AL7945 3.50000% 1/1/2046	AL7945A	64,533.290	103.67	66,902.88	110.53	71,329.94	1.5	3.50	2,258.67	3.167
	FNMA AS6340 3.5000% 12/1/2045	AS6340A	54,582.820	102.63	56,019.89	108.04	58,969.10	1.2	3.50	1,910.40	3.240
	FNMA AU3742 3.5000% 8/1/2043	AU3742A	55,632.020	102.45	56,996.76	109.17	60,731.25	1.3	3.50	1,947.12	3.206
	FNMA 995672 4.500% 4/01/39	995672A	7,498.230	101.70	7,625.96	112.03	8,428.01	.2	4.50	337.42	4.017
	GNMA II #2629 6.000% 8/20/28	002629M	2,035.070	99.69	2,028.71	112.72	2,304.15	.0	6.00	122.10	5.323
	GNMA II #003389 5.000% 5/20/33	003389M	2,762.040	103.75	2,865.61	113.41	3,143.91	.1	5.00	138.10	4.409
	GNMA #474804 6.500% 9/15/28	474804X	1,458.930	101.19	1,476.25	110.51	1,620.09	.0	6.50	94.83	5.882
	GNMA #780912 6.500% 11/15/28	780912X	1,439.090	101.97	1,467.44	113.40	1,639.70	.0	6.50	93.54	5.732
	GNMA #781057 5.500% 6/15/29	781057X	1,081.030	100.38	1,085.09	111.44	1,209.63	.0	5.50	59.46	4.936
<b>Total for Taxable Fixed - Mortgages</b>					<b>426,611.35</b>		<b>451,355.49</b>	<b>9.4</b>		<b>14,720.55</b>	<b>3.265</b>

### Taxable Fixed - US Treas

	US TREAS NTS 2.750% 11/15/23	UTN0023	100,000.000	100.68	100,683.59	108.04	109,077.72	2.3	2.75	2,750.00	2.545
	US TREAS NTS 2.250% 4/30/21	UTN2221A	50,000.000	101.06	50,531.25	101.25	51,095.79	1.1	2.25	1,125.00	2.222
	US TREAS NTS 2.250% 7/31/21	UTN2221B	50,000.000	102.09	51,046.88	101.77	51,074.54	1.1	2.25	1,125.00	2.211
<b>Total for Taxable Fixed - US Treas</b>					<b>202,261.72</b>		<b>211,248.05</b>	<b>4.4</b>		<b>5,000.00</b>	<b>2.386</b>

### Taxable Funds - Bank Loan

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: XXX8600



As of: September 30, 2020

## Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
	EATON VANCE FLT-RT HI INC R6 #1048	ESFHX	.268	8.92	2.39	8.36	2.24	.0	.35	.09	4.018
<b>Total for Taxable Funds - Bank Loan</b>				<b>2.39</b>		<b>2.24</b>	<b>.0</b>		<b>.09</b>	<b>4.018</b>	
<b>Taxable Funds - High Yield</b>											
	PIMCO HIGH YIELD,INSTL #108	PHIYX	.016	8.75	.14	8.75	.14	.0	.42	.01	7.143
<b>Total for Taxable Funds - High Yield</b>				<b>.14</b>		<b>.14</b>	<b>.0</b>		<b>.01</b>	<b>7.143</b>	
<b>Taxable Funds - Int Term</b>											
	ISHARES MBS ETF	MBB	233.000	108.15	25,199.12	110.40	25,723.20	.5	2.49	579.94	2.255
<b>Total for Taxable Funds - Int Term</b>					<b>25,199.12</b>	<b>25,723.20</b>	<b>.5</b>		<b>579.94</b>	<b>2.255</b>	
<b>Taxable Funds - Short Term</b>											
	VNGRD ST TERM INVMT GRADE ADM #539	VFSUX	4,286.155	10.70	45,850.09	10.98	47,145.04	1.0	.28	1,191.55	2.532
<b>Total for Taxable Funds - Short Term</b>					<b>45,850.09</b>	<b>47,145.04</b>	<b>1.0</b>		<b>1,191.55</b>	<b>2.532</b>	
<b>Taxable Funds - Ultra ST</b>											
	VANGUARD ULT-S/T ADMIRAL FD #592	VUSFX	4,809.318	20.16	96,955.85	20.14	96,859.66	2.0	.41	1,962.20	2.026
<b>Total for Taxable Funds - Ultra ST</b>					<b>96,955.85</b>	<b>96,859.66</b>	<b>2.0</b>		<b>1,962.20</b>	<b>2.026</b>	
<b>Total: Total Fixed Income</b>					<b>1,583,400.76</b>	<b>1,636,812.95</b>	<b>34.1</b>		<b>47,829.34</b>	<b>2.936</b>	
<b>Cash Equivalents</b>											
<b>Cash - Money Market</b>											
	FIRST AMERN GOVT OBLIG FD CL Z #3676	FGZXX	73,985.630	1.00	73,985.63	1.00	73,990.15	1.5	.00	40.77	.055
<b>Total for Cash - Money Market</b>					<b>73,985.63</b>	<b>73,990.15</b>	<b>1.5</b>		<b>40.77</b>	<b>.055</b>	
<b>Total: Cash Equivalents</b>					<b>73,985.63</b>	<b>73,990.15</b>	<b>1.5</b>		<b>40.77</b>	<b>.055</b>	
<b>Total</b>					<b>4,060,719.62</b>	<b>4,794,746.94</b>	<b>100.0</b>		<b>106,948.52</b>	<b>2.235</b>	

**DESERT HEALTHCARE DISTRICT  
XXX4730  
09/30/2020**

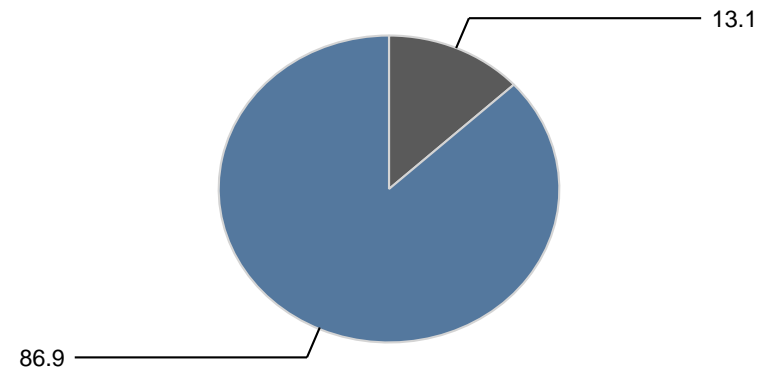
**Investment Objective: FIXED INCOME MANAGEMENT  
Investment Officer: KEITH STRIBLING**



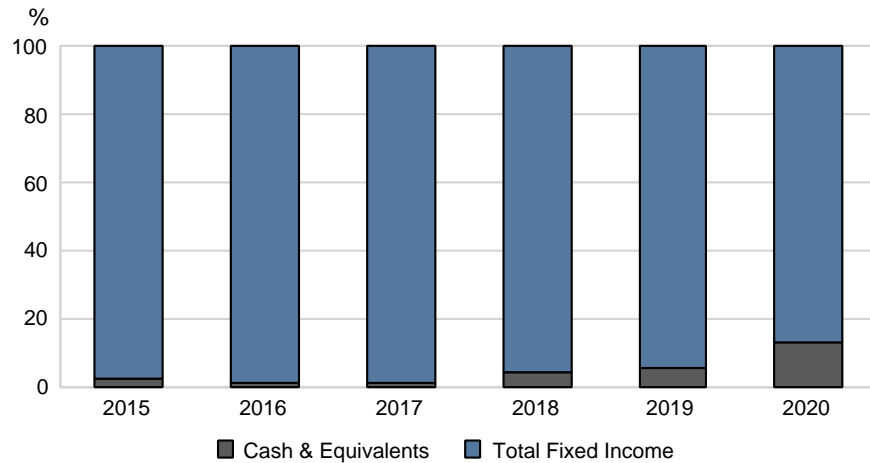
## Asset Allocation Summary

### Market Value by Asset Class

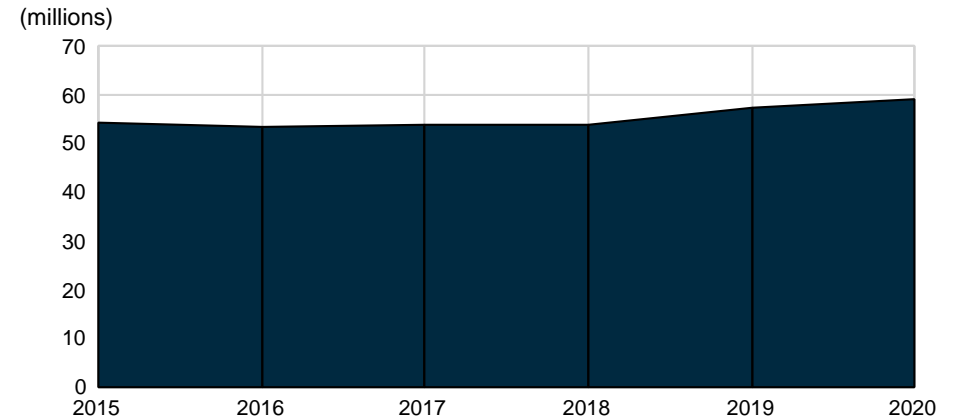
	Market Value	% of Mkt Val
Total Fixed Income	51,399,349	86.9
Cash & Equivalents	7,774,894	13.1
<b>Total</b>	<b>59,174,243</b>	<b>100.0</b>



### Annual Allocation



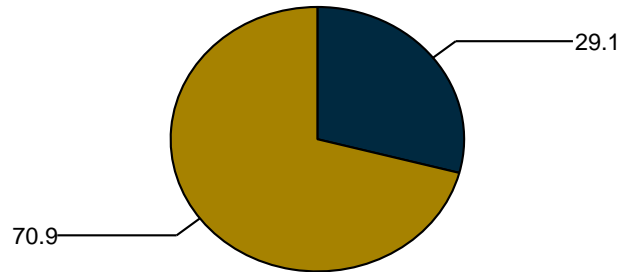
### Annual Ending Market Values



### Fixed Income Analysis - Individual Holdings

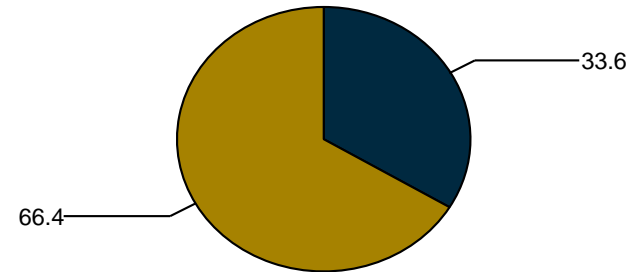
	09/30/2020	06/30/2020	09/30/2019	09/30/2018	09/30/2017
Duration	1.41	1.57	1.81	2.37	2.17
Coupon	2.09	2.10	2.15	2.34	2.66
Yield to Maturity	.23	.29	1.71	2.80	1.73
Maturity	1.43	1.60	1.85	2.44	2.23
Current Yield	2.04	2.04	2.12	2.36	2.62
Face Amount	49,800,000	52,800,000	51,800,000	52,800,000	52,800,000
Market Value	51,153,951	54,366,920	52,329,560	52,094,874	53,462,787
Cost	49,911,495	52,930,183	51,984,856	53,346,065	54,568,150

Quality Allocation by Market Value



■ AA+ ■ NA

Maturity Allocation by Market Value



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

Account Name: DESERT HEALTHCARE DISTRICT

Account ID: XXX4730



As of: September 30, 2020

## Summary Investment Performance

<b>Beginning Market Value</b>	<b>4,867,756.00</b>
<b>Beginning Accrued Income</b>	<b>29,993.00</b>
<b>Beginning Portfolio Value</b>	<b>4,897,749.00</b>
Contributions	80,134,966.76
Withdrawals	-51,466,988.76
Income Earned	39,566,166.13
Gain/Loss	-13,957,649.97
<b>Ending Market Value</b>	<b>58,928,789.87</b>
<b>Ending Accrued Income</b>	<b>245,453.29</b>
<b>Ending Portfolio Value</b>	<b>59,174,243.16</b>
<b>Total Earnings</b>	<b>25,608,516.16</b>

### Performance

Cash Equivalents	1.88
Total Fixed Income	3.29
Total Managed Portfolio	3.22

Returns are gross of fees not including account level advisory fees unless otherwise stated. Gross returns are presented before management and custodial fees but after all trading expenses, embedded and reflect the reinvestment of dividends and other income. Net returns are net of investment management fees in effect for the respective time period. Returns for periods over one year are annualized. The information presented has been obtained from sources believed to be accurate and reliable. Past performance is not indicative of future returns. Securities are not FDIC insured have no bank guarantee and may lose value.

Account Name: DESERT HEALTHCARE DISTRICT

Account ID: XXX4730



As of: September 30, 2020

## Performance Report

	Market Value	3 Months	1 Year	3 Years	5 Years	10 Years	20 Years	Inception to Date 07/01/1998
<b>Cash &amp; Equivalents</b>	<b>7,774,894</b>	<b>.01</b>	<b>.76</b>	<b>1.46</b>	<b>1.05</b>	<b>.54</b>		
Lipper Money Market Funds Index		.01	.78	1.41	.96	.48	1.36	1.74
<b>Total Fixed Income</b>	<b>51,399,349</b>	<b>.11</b>	<b>3.40</b>	<b>2.68</b>	<b>1.90</b>	<b>1.38</b>	<b>3.03</b>	<b>3.29</b>
BBG Barclays 1-3 Yr US Govt. Bd Index		.10	3.62	2.66	1.82	1.30	2.83	3.08
<b>Total Managed Portfolio</b>	<b>59,174,243</b>	<b>.10</b>	<b>3.21</b>	<b>2.57</b>	<b>1.83</b>	<b>1.33</b>	<b>2.96</b>	<b>3.22</b>
<b>Total Account Net of Fees</b>	<b>59,174,243</b>	<b>.05</b>	<b>3.01</b>	<b>2.37</b>	<b>1.63</b>	<b>1.13</b>	<b>2.76</b>	<b>3.02</b>

Returns are gross of fees not including account level advisory fees unless otherwise stated. Gross returns are presented before management and custodial fees but after all trading expenses, embedded and reflect the reinvestment of dividends and other income. Net returns are net of investment management fees in effect for the respective time period. Returns for periods over one year are annualized. The information presented has been obtained from sources believed to be accurate and reliable. Past performance is not indicative of future returns. Securities are not FDIC insured have no bank guarantee and may lose value.

As of: September 30, 2020

Account ID: XXX4730

## Holdings Report w/ Yield and Income

Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
<b>Total Fixed Income</b>										
<b>Taxable FX- US Govt Agcy</b>										
FHLB CONS BD 1.875% 11/29/21	FCB1821	1,000,000.000	99.56	995,643.00	102.00	1,026,334.17	1.7	1.88	18,750.00	1.838
FEDERAL HOME LOAN 2.750% 6/10/22	FHL2722	1,000,000.000	99.68	996,760.00	104.40	1,052,519.17	1.8	2.75	27,500.00	2.634
FHLB BDS 3.625% 6/11/21	FB33621A	1,000,000.000	101.44	1,014,367.84	102.41	1,035,126.39	1.7	3.63	36,250.00	3.540
FEDERAL HOME LOAN BA 3.250% 6/09/23	FHL3223H	1,000,000.000	101.08	1,010,762.11	108.05	1,090,561.11	1.8	3.25	32,500.00	3.008
FNMA MTN 1.875% 12/28/20	FM11820D	2,000,000.000	100.28	2,005,556.96	100.41	2,017,787.50	3.4	1.88	37,500.00	1.867
FNMA NTS 1.250% 5/06/21	FN11221B	1,500,000.000	100.03	1,500,521.59	100.66	1,517,437.08	2.6	1.25	18,750.00	1.242
FNMA NTS 2.000% 1/05/22	FN22022D	1,000,000.000	100.03	1,000,268.74	102.38	1,028,617.78	1.7	2.00	20,000.00	1.953
FNMA NTS 1.875% 4/05/22	FN11822	2,000,000.000	97.15	1,942,935.84	102.63	2,070,993.33	3.5	1.88	37,500.00	1.827
FNMA NT 2.000% 11/30/20	FN22020AC	1,000,000.000	100.36	1,003,600.60	100.31	1,009,822.22	1.7	2.00	20,000.00	1.994
FHLMC NTS 2.375% 1/13/22	FN22322	2,000,000.000	100.90	2,018,087.69	102.89	2,068,031.67	3.5	2.38	47,500.00	2.308
FEDERAL HOME LN MTG 2.750% 6/19/23	FHL2723A	1,000,000.000	98.83	988,303.00	106.76	1,075,391.67	1.8	2.75	27,500.00	2.576
<b>Total for Taxable FX- US Govt Agcy</b>				<b>14,476,807.37</b>		<b>14,992,622.09</b>	<b>25.3</b>		<b>323,750.00</b>	<b>2.174</b>
<b>Taxable Fixed - US Treas</b>										
US TREAS NTS 1.875% 7/31/22	UTN0022C	1,000,000.000	100.55	1,005,469.69	103.20	1,035,108.97	1.7	1.88	18,750.00	1.817
US TREAS NTS 1.625% 8/31/22	UTN1622B	2,000,000.000	100.43	2,008,639.27	102.86	2,060,043.15	3.5	1.63	32,500.00	1.580
US TREAS NTS 1.875% 9/30/22	UTN0022D	2,000,000.000	100.25	2,004,963.02	103.48	2,069,723.02	3.5	1.88	37,500.00	1.812
US TREAS NTS 2.000% 10/31/22	UTN0122B	1,000,000.000	99.78	997,812.50	103.89	1,047,239.57	1.8	2.00	20,000.00	1.925
US TREAS NTS 2.375% 1/31/23	UTN0023C	2,000,000.000	98.76	1,975,156.25	105.21	2,112,222.72	3.6	2.38	47,500.00	2.257
US TREAS NTS 2.750% 4/30/23	UST0023A	1,000,000.000	99.72	997,226.56	106.70	1,078,538.15	1.8	2.75	27,500.00	2.577
UNITED STATES TREAS 2.750% 5/31/23	UST2823	1,000,000.000	99.71	997,070.31	106.93	1,078,526.30	1.8	2.75	27,500.00	2.572
UNITED STATES TREA NTS 1.75% 7/31/21	UST1721	2,500,000.000	100.36	2,508,883.09	101.35	2,541,070.92	4.3	1.75	43,750.00	1.727
US TREAS NTS 2.125% 1/31/21	UTN2121	1,000,000.000	100.56	1,005,599.81	100.66	1,010,220.16	1.7	2.13	21,250.00	2.111
US TREAS NTS 2.000% 2/28/21	UTN2021A	2,000,000.000	100.14	2,002,701.90	100.78	2,019,045.41	3.4	2.00	40,000.00	1.985
US TREAS NTS 2.250% 3/31/21	UTN2221	1,000,000.000	100.53	1,005,341.05	101.07	1,010,721.81	1.7	2.25	22,500.00	2.226
US TREAS NTS 2.125% 9/30/21	UTN2121B	1,500,000.000	101.14	1,517,133.27	101.98	1,529,847.57	2.6	2.13	31,875.00	2.084
US TREAS NTS 2.000% 10/31/21	UTN2021D	1,000,000.000	100.22	1,002,228.68	102.01	1,028,449.57	1.7	2.00	20,000.00	1.961
US TREAS NTS 2.125% 12/31/21		1,800,000.000	100.71	1,812,845.97	102.48	1,854,252.44	3.1	2.13	38,250.00	2.074



As of: September 30, 2020

Account ID: XXX4730

## Holdings Report w/ Yield and Income

Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
US TREAS NTS 1.750% 2/28/22	UTN1722A	1,000,000.000	100.41	1,004,062.50	102.29	1,024,388.62	1.7	1.75	17,500.00	1.711
US TREAS NTS 2.625% 11/15/20	UTN2620A	1,000,000.000	100.83	1,008,294.06	100.31	1,012,985.08	1.7	2.63	26,250.00	2.617
US TREAS NTS 3.125% 5/15/21	UTN3221	1,000,000.000	101.07	1,010,674.02	101.88	1,030,553.67	1.7	3.13	31,250.00	3.067
US TREAS NTS 1.625% 5/31/23	UTN1623A	1,000,000.000	100.21	1,002,109.38	103.95	1,044,911.07	1.8	1.63	16,250.00	1.563
US TREAS NTS 2.125% 8/15/21	UTN2521	1,000,000.000	98.93	989,296.88	101.74	1,020,133.99	1.7	2.13	21,250.00	2.089
US TREAS NTS 1.250% 7/31/23	UTN1223	1,500,000.000	102.53	1,537,910.16	103.10	1,549,628.97	2.6	1.25	18,750.00	1.212
US TREAS NTS 2.000% 2/15/22	UTN2022	1,000,000.000	100.59	1,005,873.05	102.57	1,028,294.35	1.7	2.00	20,000.00	1.950
US TREAS NTS 1.625% 10/31/23	UTN1623B	1,000,000.000	100.36	1,003,632.81	104.52	1,052,000.27	1.8	1.63	16,250.00	1.555
US TREAS NTS 1.875% 3/31/22	33122	2,000,000.000	100.20	2,004,093.44	102.61	2,052,363.02	3.5	1.88	37,500.00	1.827
US TREAS NTS 2.250% 4/30/21	UTN2221A	1,000,000.000	101.14	1,011,379.63	101.25	1,021,915.76	1.7	2.25	22,500.00	2.222
US TREAS NTS 2.250% 7/31/21	UTN2221B	1,000,000.000	100.75	1,007,534.96	101.77	1,021,490.76	1.7	2.25	22,500.00	2.211
US TREAS NTS 2.125% 6/30/22	UTN2122	1,000,000.000	100.25	1,002,505.47	103.48	1,040,180.24	1.8	2.13	21,250.00	2.054
US TREAS NTS 1.750% 5/31/22	UTN1722C	1,000,000.000	100.63	1,006,250.00	102.70	1,032,871.15	1.7	1.75	17,500.00	1.704
<b>Total for Taxable Fixed - US Treas</b>				<b>35,434,687.73</b>		<b>36,406,726.71</b>	<b>61.5</b>		<b>717,625.00</b>	<b>1.979</b>
<b>Total: Total Fixed Income</b>				<b>49,911,495.10</b>		<b>51,399,348.80</b>	<b>86.9</b>		<b>1,041,375.00</b>	<b>2.036</b>
<b>Cash Equivalents</b>										
<b>Cash - Money Market</b>										
FIDELITY GOVT MMKT INST CL-I #57	FIDGOV	7,774,838.870	1.00	7,774,838.87	1.00	7,774,894.36	13.1	.00	777.48	.010
<b>Total for Cash - Money Market</b>				<b>7,774,838.87</b>		<b>7,774,894.36</b>	<b>13.1</b>		<b>777.48</b>	<b>.010</b>
<b>Total: Cash Equivalents</b>				<b>7,774,838.87</b>		<b>7,774,894.36</b>	<b>13.1</b>		<b>777.48</b>	<b>.010</b>
<b>Total</b>				<b>57,686,333.97</b>		<b>59,174,243.16</b>	<b>100.0</b>		<b>1,042,152.48</b>	<b>1.768</b>



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**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: November 24, 2020  
To: Board of Directors  
Subject: Award of a construction contract with Marina Landscape, Inc. for the Las Palmas Medical Plaza (LPMP) Landscape Renovation and Fire Alarm Electrical project

---

**Staff Recommendation:** Consideration to approve the award of a construction contract with Marina Landscape, Inc. for the LPMP Landscape Renovation and Fire Alarm Electrical project.

**Background:**

- The Las Palmas Medical Plaza is a medical office building owned and operated by the Desert Healthcare District.
- Over the years, the landscaping at LPMP has experienced challenges and deterioration, mostly due to drought conditions, which required removal of grass and irrigation issues.
- Recently, the fire sprinkler infrastructure was installed at LPMP, which damaged more of the plant life on Tachevah.
- The Board approved the Landscape Plans, Cost Estimates, and Phasing Plan prepared by a local landscape design architect at the March 24, 2020 meeting.
- The Cost Estimate was for \$313,000 for labor and materials only for the landscape component.
- An electrical component, which also needs to be completed per city requirements, was added to the project for the electrical connection of the fire alarm system of the six buildings.
- Staff and the architect, Chris Mills, believed it was best to enlist a general contractor due to the nature of the medical plaza with heavy vehicle and pedestrian traffic.
- On October 6, 2020, a public bid opening was held, which the low bidder was disqualified for not possessing a Class B contractor's license.
- The next lowest bidder was substantially higher than our original budget of \$400,000.
- At the October 13, 2020 F&A Committee meeting, the Committee was presented three options, one of which was recommended to rebid the project.
- Staff expressed the rebid could result in bids in the \$450,000-\$550,000.
- The Committee recommended performing a rebid process.
- On November 4, 2020, the public bid opening was completed for the rebid including four responsive bidders.
- The bids ranged from \$531,080 to \$996,100. Three bids ranged from \$530,000-\$580,000.
- Marina Landscape, Inc. provided the low bid of \$531,081.
- The Bid Results Tabulation is included in the packet for reference.

- The landscape renovation will revitalize the presence of the Las Palmas Medical Plaza, which is one of the District's prime real estate assets. The electrical work will comply with the fire alarm requirements at the facility.
- At the November 10, 2020 Finance & Administration Committee meeting, the Committee approved the request and recommended forwarding to the Board for consideration of approval.
- Staff recommends approval of awarding a construction contract (included in the packet) with the low bidder, Marina Landscape, Inc., in the amount of \$531,080 to be awarded within 5 business days of full Board approval on November 24, 2020.

**Fiscal Impact:**

The low bid is \$531,080 and will be capitalized on the District's balance sheet versus expensing as an operating expense.



## CONTRACT FOR CONSTRUCTION

THIS CONTRACT is made this \_\_\_\_\_ day of November, 2020 , in the County of - Riverside , State of California, by and between the Desert Healthcare District, hereinafter called District, and Marina Landscape, Inc , hereinafter called Contractor. The District and the Contractor for the considerations stated herein agree as follows:

**ARTICLE 1. SCOPE OF WORK.** The Contractor shall perform all Work within the time stipulated the Contract and shall provide all labor, materials, equipment, tools, utility services, and transportation to complete all of the Work required in strict compliance with the Contract Documents as specified in Article 5 below for the following Work:

Las Palmas Medical Plaza Landscape Renovation and  
Fire Alarm Electrical Connection

The Contractor and its surety shall be liable to the District for any damages arising as a result of the Contractor's failure to comply with this obligation.

**ARTICLE 2. CONTRACT TIME.** Time is of the essence in the performance of this contract. The Work shall be commenced on the date stated in the District's Notice to Proceed. The Contractor shall complete all Work required by the Contract Documents within five calendar days from the commencement date stated in the Notice to Proceed and shall achieve final completion of the Work in its entirety within Sixty (60) Calendar Days ("Contract Time") of the date the Contract Time begins to run, as modified in accordance with the Contract Documents. By its signature hereunder, Contractor agrees the time for completion set forth above is adequate and reasonable to complete the Work.

**ARTICLE 3. CONTRACT PRICE.** The District shall pay to the Contractor as full compensation for the performance of the Contract, subject to any additions or deductions as provided in the Contract Documents, and including all applicable taxes and costs, the sum of Five Hundred Thirty-One Thousand, Eighty Dollars (\$ 531,080 ), as adjusted in accordance with the Contract Documents, ("Contract Price.") Payment shall be made as set forth in the General Conditions.

**ARTICLE 4. LIQUIDATED DAMAGES.** Contractor acknowledges that the District will sustain actual damages for each and every Day during which completion of a Milestone or the Work is delayed beyond the expiration of the Contract Times, as adjusted pursuant to provisions hereof. Because of the nature of the Project, it would be impracticable or extremely difficult to fix the actual damages. Accordingly, in accordance with Government Code section 53069.85, it is agreed that the Contractor will pay the District the sum of **Two Hundred and Fifty Dollars (\$250)** for each and every calendar day of delay in completing the Work beyond the expiration of the Contract Time, as Liquidated Damages and not as a penalty or forfeiture. The District

## CONTRACT

Las Palmas Medical Plaza  
Project: Landscape Renovation and  
Fire Alarm Electrical Connection

may deduct that amount from any money due or that may become due the Contractor under the Contract. This Article does not affect District's right to other remedies specified in the Contract Documents or allowed by law.

Liquidated damages may be deducted from any money due or to become due to Contractor. Should Contractor be inexcusably delayed in the performance of the Work, District may deduct liquidated damages based on its estimate of when Contractor will achieve Final Completion or other Milestones. District need not wait until Final Completion to withhold liquidated damages from Contractor.

Liquidated damages shall be considered not as a penalty but as agreed monetary damages for actual damages sustained by the District for delay, including but not limited to loss of revenue and increased Project administration expenses, including extra inspection, construction management and architectural and engineering expenses. Liquidated damages do not include damages the District incurs on account of claims by third parties against the District.

Should money due or to become due to Contractor be insufficient to cover liquidated damages or other offsets due, then Contractor forthwith shall pay the remainder of the assessed liquidated damages to District.

**ARTICLE 5. COMPONENT PARTS OF THE CONTRACT.** The "Contract Documents" include only the following documents, each of which is incorporated into this Agreement by reference:

- Notice Inviting Bids
- Instructions to Bidders
- Contractor's Bid Forms
- Contractor's Certificate Regarding Workers' Compensation
- Bid Bond
- Designation of Subcontractors
- Information Required of Bidders
- Non-Collusion Declaration form
- Iran Contracting Act Certification
- Performance Bond
- Payment (Labor and Materials) Bond
- General Conditions
- Special Provisions (or Special Conditions)
- Technical Specifications prepared by Prest • Vuksic • Greenwood Architects and dated September 8, 2020.
- Plans prepared by Prest • Vuksic Architects and dated April 1, 2020.
- And Desert Modern Landscape and dated June 18, 2020.
- Addenda
- Approved and fully executed change orders

## CONTRACT

The Contactor shall complete the Work in strict accordance with all of the Contract Documents.

All of the Contract Documents are intended to be complementary. Work required by one of the Contract Documents and not by others shall be done as if required by all. This Contract shall supersede any prior agreement of the parties, whether written or oral. The Contract can be modified only by a written Change Order executed in accordance with the Contract Documents.

In the event of a conflict, the various Contract Documents will be given effect in the order set forth in Article 42.b of the General Conditions.

**ARTICLE 6. PROVISIONS REQUIRED BY LAW.** Each and every provision of law required to be included in these Contract Documents shall be deemed to be included in these Contract Documents. The Contractor shall comply with all requirements of applicable federal, state and local laws, rules and regulations, including, but not limited to, the provisions of the California Labor Code and California Public Contract Code which are applicable to this Work.

**ARTICLE 7. INDEMNIFICATION.** Contractor shall indemnify and defend the District as set forth in the General Conditions.

Continued on Next Page

**CONTRACT**



**ARTICLE 8. PREVAILING WAGES.** Contractor shall pay not less than the prevailing rate of wages in accordance with the Labor Code, which rates have been determined by the Director of the California Department of Industrial relations and shall be made available at the District office or may be obtained online at <http://www.dir.ca.gov/dlsr>. The wage rates must be posted at the job site.

IN WITNESS WHEREOF, this Contract has been duly executed by the above-named parties, on the day and year above written.

OWNER: DESERTHEALTHCARE DISTRICT	CONTRACTOR:
By: _____ Date: _____ Name: _____ Title: _____	By: _____ Date: _____ Name: _____ Title: _____
Attest: _____	Fed. Tax I.D. # _____

**CONTRACT**

Las Palmas Medical Plaza  
 Project: Landscape Renovation and  
 Fire Alarm Electrical Connection



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

Date: November 24, 2020  
To: Board of Directors  
Subject: Request for Proposal – Financial and Strategic Advisor to Review Options and Alternatives Related to the Hospital Lease

---

**Staff Recommendation:** Recommendation to approve a Request for Proposal (RFP) for a financial and strategic advisor to review options and alternatives related to the hospital Lease.

**Background:**

- The 30-year lease of the hospital will expire in just over 6-years (May 30, 2027) and under the terms of the lease, the District's major asset, the Desert Regional Medical Center (DRMC) and the responsibility to operate it will revert to the District Board.
- The District, by the issuance of this RFP, is interested in retaining the services of a financial and strategic advisor to assist the District Board in reviewing and considering its options related to DRMC which could include a new lease or sale to Tenet or to an alternative health care provider who would operate the hospital.
- In accordance with California law, any transaction would be subject to a majority vote of the residents voting in the District.
- In addition, the financial and strategic advisor would also assist the District in evaluating the strategic alternatives in how the additional resources could further the District goals in meeting the important healthcare needs of the community.
- The RFP, including proposed timeline, is included in the packet for your review.
- Staff recommends approval of the Request for Proposal for a financial and strategic advisor to review options and alternatives related to Tenet the hospital Lease.

**Fiscal Impact:**

Presently none. Expense will occur when consultant is selected and contract issued.



## REQUEST FOR PROPOSALS (RFP)

RFP #: \_\_\_\_\_  
RELEASE DATE: \_\_\_\_\_

FINANCIAL AND STRATEGIC ADVISOR TO REVIEW  
OPTIONS AND ALTERNATIVES RELATED TO TENET  
LEASE INCLUDING NEW PROGRAMS, SERVICES AND  
FACILITIES

RFP SUBMISSION DATE: \_\_\_\_\_

Proposal Contact: [infor@dhcd.org](mailto:infor@dhcd.org)

DESERET HEALTHCARE DISTRICT

Financial and Strategic Advisor to Review Options and Alternatives to Tenet Lease including the potential of providing new Programs, Services and Facilities

REQUEST FOR PROPOSALS  
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## INTRODUCTION

The Desert Healthcare District (“District”) is a California Special District formed in 1948 with the mission to build a hospital to meet the growing healthcare needs of the residents in Palm Springs and the surrounding areas in the Western Coachella Valley. The Desert Healthcare Foundation (“Foundation”) founded in 1967 as a subsidiary of the District. Over the years, the Foundation has provided and funded a number of important healthcare services in the communities served by the District. In 1997, after a lengthy public process, the District Board voted unanimously to enter into a lease of its 385-bed, acute-care hospital, to Tenet Health Systems (“Tenet”) for 30 years. Because of the success of the District and Foundation in addressing the healthcare needs of the Western Coachella Valley, special legislation was passed and in 2018 the voters of the Eastern Coachella Valley voted to annex into the District and greatly expand the District boundaries to include the residents of the entire Coachella Valley.

Today the District is governed by a seven-member board elected by the residents in zones representing all of the communities within its boundaries. The District has an annual operating budget of over \$7.2 million, as it pursues its mission to promote good health for its residents through community health initiatives, providing grants of over \$3 million annually, and serving as good stewards in protecting and enhancing the District’s assets. Currently the District is in the process of conducting a comprehensive Community Health Needs Assessment and Health Improvement Plan which will assist the District and Foundation in addressing and allocating their resources to address the important healthcare needs of the communities served by the District.

The 30-year lease with Tenet will expire in just over 6-years (May 30, 2027) and under the terms of the lease, the District’s major asset, the Desert Regional Medical Center (DRMC) and the responsibility to operate it will revert to the District Board. The District, by the issuance of this RFP, is interested in retaining the services of a financial and strategic advisor to assist the District Board in reviewing and considering its options related to DRMC which could include a new lease or sale to Tenet or to an alternative health care provider who would operate the hospital. In accordance with California law, any transaction would be subject to a majority vote of the residents voting in the District. In addition, the financial and strategic advisor would also assist the District in evaluating the strategic alternatives in how the additional resources could further the District goals in meeting the important healthcare needs of the community.

## QUALIFICATIONS

In your role as a financial and strategic advisor, please provide responses for each of the following:

1. Provide an overview of your background and experience providing capital markets advice for healthcare districts.
2. Provide any examples of where you have advised California healthcare districts in the lease or sale of their hospital to both for-profit and non-profit organizations.
3. Summarize your experience advising district and/or California-based hospitals as they evaluate strategic and financial considerations, both inside a transaction advisory situation and not.
4. Outline the type, number, and experience you have in developing, evaluating, and/or reviewing clients' strategic plans or initiatives.
5. Summarize your experience and credentials in evaluating community needs, clinical or otherwise, as part of an evaluation of organizational capabilities, capital access/plans/capacity, and/or constraints.
6. Provide references for each of the above.
7. Describe what sets your organization's services apart from your competition, and what unique value-added services could you provide.

## SCOPE OF SERVICES

The objectives of the engagement include the following:

1. Develop a fact base for the current situation such as the following:
  - a. The rationale and history of the existing lease structure;
  - b. The District's roles and responsibilities with respect to the lease;
  - c. The principle terms and conditions of the lease, including the legal, regulatory (e.g., seismic), and other factors that impact the District and its constituents; and
  - d. The national and regional context of the evolution of healthcare.
2. The pros and cons of leasing or selling DRMC to a for-profit organization (fair market value).

3. The pros and cons of leasing or selling DRMC to a non-profit organization (non-fair market value).
4. Analysis of healthcare provider landscape in the Coachella Valley and the ability to meet the needs of the community, including but not limited to:
  - a. Consideration of the key healthcare services provided/available to residents of the Coachella Valley, and expected future requirements thereof;
  - b. Review of services/capabilities unmet by existing providers, and the anticipated impacts future population requirements will place on providers;
  - c. Identification of DRMC's and the District's infrastructure, capabilities, and willingness to adequately address the healthcare needs of the community;
  - d. Review of the overall strengths and weaknesses of providers in the Coachella Valley with respect to clinical capabilities; and
  - e. Evaluation of Tenet's proposed approaches to address the healthcare needs of the community.
5. Analysis of the District's strategic plan/vision and its capabilities to accomplish the plan:
  - a. Articulate the District's long-term goals and objectives;
  - b. Evaluation of the merits and considerations of the strategic plan, with linkages to the broader community's healthcare needs, and how the strategic plan furthers the District's goals and objectives; and
  - c. Review of the District's financial position, including the District's obligations, ability to access and/or utilize funds to achieve the strategic plan, and other similar factors.
6. Evaluate the District's strategic alternatives with respect to timing (i.e., pre- and post-lease end), transaction structure (i.e., fair market value and non-fair market value), potential partners, potential proceeds to the District, and other similar factors such as the limitations imposed on the District due to the lease
7. Serve as the primary point of contact with Tenet, and/or other potential partners, in the event the District undertakes a broader solicitation process that addresses constraints from the lease.

## FEE STRUCTURE

Describe the firm’s fee structure for a fair-market value transaction with a for-profit organization as well as the fee structure for a non-fair-market value transaction with a non-profit. In addition, please provide the fee structure to provide strategic services.

## TIMELINE

The RFP process will operate along the following timeline (Note: The District reserves the right to modify the schedule at any time):

<b>Date:</b>	<b>Activity:</b>
December 01, 2020	Release of the Request for Proposals
February 01, 2021	Proposals are due to the District via electronic submission <a href="mailto:info@dhcd.org">info@dhcd.org</a> . by 5:00 pm.
March 01, 2021	Ad hoc Facilities, Programs and Service Committee Reviews proposals and staff recommendations
March 23, 2021	Board of Directors reviews and approves applicant
April 01, 2021	Contract begins

## DISTRICT LEASE

A copy of the 1997 District Lease can be found on the District’s website at: <https://www.dhcd.org/https://www.dhcd.org/media/309/Hospital%20Lease%20Agreement%20-%20May%2030%201997%20-%20Desert%20Hospital%20District%20and%20Tenet%20HealthSystem%20Desert%20Inc%20%284%29.pdf>



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=====  
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JEFFREY G. SCOTT

*Of Counsel*  
JAMES R. DODSON

DATE: November 19, 2020

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

FROM: Jeffrey G. Scott, General Counsel

RE: **California Supreme Court to Hear Voting Rights Case**

---

Over the summer, in a landmark ruling, the California Court of Appeal 2<sup>nd</sup> District overturned the trial court decision in *Pico Neighborhood Association vs. the City of Santa Monica* and ordered that judgment be entered in favor of the City, stating: “The City did not violate the California Voting Rights Act (CRVR) or the California Constitution. We do not reach the remedies issue because there was no wrong to remedy.”

Plaintiff’s attorney Kevin Shenkman challenged the City’s at-large election system for its City Council and argued that it violated both the CVRA and the equal protection clause of the California Constitution. The Court of Appeal rejected both arguments. It held that there was no violation of the CVRA because plaintiffs “failed to prove the City’s at-large system diluted the votes of Latinos.” The Court also held there was no equal protection violation because plaintiffs “did not prove the City adopted or maintained its system for the purpose of discriminating against minorities.” Santa Monica’s election system, which was adopted and has been twice validated by Santa Monica voters, has repeatedly elected candidates preferred by Latino voters.

Over the four-year legal proceedings, the City of Santa Monica defended its at-large system because in the view of the City, the facts showed that moving to districts would not enhance and indeed would diminish the voting power of Latinos and other communities of color throughout the city.

Last week, the California Supreme Court granted the Plaintiff’s Petition to review the case. The court ordered the parties to brief the following issue: “What must a plaintiff prove in order to establish vote dilution und the CVRA”? The Supreme Court also ordered that the Court of Appeals decision be depublished. As a result, the Court of Appeals decision cannot be cited in other cases.