



**DESERT HEALTHCARE DISTRICT
BOARD MEETING
Board of Directors
December 15, 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 with your public comment no later than 4 p.m., Tuesday, 12/15.

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



	1. BOARD MINUTES	
4-19	a. Board of Directors Meeting – November 24, 2020	
	2. FINANCIALS	
20-43	a. Approval of the November 2020 Financial Statements – F&A Approved December 08, 2020	
	3. LAS PALMAS MEDICAL PLAZA FIRE SPRINKLER PROJECT	
44-50	a. Professional Services by Chris Mills, Prest Vuksic, Greenwood Architects, for the interior fire sprinkler system installation at the Las Palmas Medical Plaza–Estimated \$12,000	
	4. GRANTS	
51-95	a. Consideration to approve Grant #1149 for \$40,000 – Voices for the Children – Court Appointed Special Advocates (CASA) Program	
	F. ANNUAL ELECTION OF OFFICERS	
	1. Jeffrey G. Scott, Esq., Legal Counsel	Action
	G. DESERT HEALTHCARE DISTRICT CEO REPORT	
	– Conrado E. Bárzaga, MD	
96-101	1. COVID-19 Federally Qualified Health Centers (FQHC) – Update	Information
102	2. Community Health Needs Assessment and Health Improvement Plan – Update	Information
	3. Association of California Healthcare Districts (ACHD) CEO Appointment to the Board of Directors	Information
103-111	4. Association of California Healthcare Districts (ACHD) Legislative Tour	Information
	H. DESERT REGIONAL MEDICAL CENTER CEO REPORT	
	– Michele Finney, CEO	Information
	I. COMMITTEE MEETINGS	
	1. PROGRAM COMMITTEE – Chair/Director Evett PerezGil, Vice-President Karen Borja, and Director Carol Rogers, RN	
112-114	1. Draft Meeting Minutes – December 08, 2020	Information
115-121	2. Funding Requests	Information
122-137	3. Progress and Final Reports Schedule	Information
138	4. Grants Payment Schedule	Information
	5. Coachella Valley Housing Catalyst Fund – A Bold Housing Investment Solution, Lift to Rise & Riverside County Housing Authority	Information & Discussion



- 2. FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE COMMITTEE** – Chair/Director Arthur Shorr and President Leticia De Lara
- 139-142**
1. Draft Meeting Minutes – December 08, 2020
 2. Coachella Valley Housing Catalyst Fund – A Bold Housing Investment Solution, Lift to Rise & Riverside County Housing Authority
- Information
Information
&
Discussion
- J. OLD BUSINESS**
- K. NEW BUSINESS**
- L. LEGAL**
- 143-146**
1. AB 571 – Political Reform Act of 1974: Contribution Limits
 2. AB 2151 – Political Reform Act of 1974: Online Filing and Disclosure System
- Information
Information
- M. IMMEDIATE ISSUES AND BOARD COMMENTS**
- 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 or call (760) 323-6110 at least 24 hours prior to the meeting.



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Directors Present – Video Conference	District Staff Present – Video Conference	Absent
President Leticia De Lara Vice-President/Secretary Karen Borja Treasurer Mark Matthews Director Carole Rogers, RN Director Evett PerezGil Director Les Zendle, MD Director Arthur Shorr	Conrado E. 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	

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President De Lara called the meeting to order at 5:35 p.m. The Clerk of the Board called the roll with all Directors' present.	
B. Pledge of Allegiance	President De Lara asked those in attendance to join in the Pledge of Allegiance.	
C. Approval of Agenda	President De Lara asked for a motion to approve the agenda.	#21-07 MOTION WAS MADE by Director Zendle and seconded by Director Matthews to approve the agenda. Motion passed unanimously. AYES – 7 President De Lara, Vice-President Borja, Director Matthews, Director Rogers, Director PerezGil, Director Zendle, and Director Shorr NOES – 0 ABSENT – 0

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<p>D. Public Comment</p>	<p>There was no public comment for items not listed on the agenda.</p>	
<p>Consent Agenda</p> <p>1. BOARD MINUTES</p> <p>a. Board of Directors Meeting – October 27, 2020</p> <p>b. Special Meeting of the Board Housing as a Social Determinant of Health Workshop – November 5, 2020</p> <p>2. FINANCIALS</p> <p>a. Approval of the October 2020 Financial Statements – F&A Approved November 10, 2020</p> <p>3. POLICIES</p> <p>a. Policy #BOD-07 Board Meeting Agenda</p> <p>b. Policy #BOD-16 Policy for Propriety Confidential Personal Information</p> <p>c. Policy #OP-01 Public Records</p> <p>d. Policy #OP-03 Records Retention</p> <p>e. Policy #OP-04 Electronic Communications Usage & Retention Policy</p> <p>f. Policy #OP-06 Delegating Minor Claims Settlement to CEO</p> <p>g. Policy #OP-07 Lease Compliance</p> <p>h. Policy #OP-08 Strategic Plan</p> <p>i. Policy #OP-10 Policies and Procedures Including Bidding Regulations for Public Work</p> <p>j. Policy #OP-11 Professional Services</p> <p>k. Policy #OP-13 Sustainability Program</p>	<p>President De Lara asked for a motion to approve the consent agenda.</p>	<p>#21-08 MOTION WAS MADE by Director PerezGil and seconded by Director Shorr to approve the consent agenda.</p> <p>Motion passed unanimously.</p> <p>Motion passed unanimously.</p> <p>AYES – 7 President De Lara, Vice-President Borja, Director Matthews, Director Rogers, Director PerezGil, Director Zendle, and Director Shorr</p> <p>NOES – 0</p> <p>ABSENT – 0</p>



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<p>i. Policy #LPMP-01 Las Palmas Medical Plaza Policy for Leasing</p> <p>j. Policy #LPMP-02 Las Palmas Medical Plaza Lease Execution Policy</p>		
<p>F. Desert Healthcare District CEO Report</p> <p>1. Departing Director Mark Matthews and Newly Elected Board Member Carmina Zavala</p>	<p>Conrado Barzaga, MD, CEO, welcomed the newly elected Board Member, Carmina Zavala, and provided heartfelt remarks concerning Director Matthew's 23-year tenure and work at the District.</p> <p>Rubén Aríaztlán Pérez, District Representative, Office of Assemblymember Eduardo Garcia, congratulated Carmina Zavala, presented, and read a resolution to Director Matthews for his commitment to the health and wellbeing of Coachella Valley residents.</p> <p>Greg Rodriguez, Government Relations and Public Policy Advisor, Office of Supervisor Perez, congratulated Carmina Zavala, and described the Supervisor's respect for Director Matthews for his leadership while also congratulating Director Matthews and presenting him with a proclamation on behalf of the County of Riverside.</p> <p>Linda Evans, Chief Strategy Officer, Desert Regional Medical Center, Desert Care Network, congratulated</p>	



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	<p>Carmina Zavala on her newly elected position, while expressing Director Matthews silent and vocal leadership for the betterment of the community, and on behalf of Michele Finney, CEO, Desert Regional Medical Center, Desert Care Network, presented Director Matthews with a certificate for his 23-years of service.</p> <p>Linda Evans, Mayor, City of La Quinta, described Director Matthew's involvement in the committees and special assignments to affect positive change and presented Director Matthews with a proclamation from the city.</p> <p>Dr. Bárzaga, CEO, explained that in honor of Director Matthew's instrumental work in the production of the Wellness Park, a bench with a plaque will be dedicated to Director Matthews, and hopefully, soon, a picture could be taken with his family, framed, and presented to them.</p> <p>All Directors thanked Director Matthews for his service, and he, in turn, thanked Assemblymember Perez, Supervisor Perez, Desert Regional Medical Center, the Board, and the entire community.</p>	
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<p>2. Board of Supervisors Candidate Appointments to Zones 1, 5, and 7</p>	<p>Dr. Bárzaga, CEO, described the County Board of Supervisors appointing Zones 1, 5, and 7 to office instead of an election to serve as if they had been elected. The appointment will be issued after the Board Supervisors takes action.</p>	
<p>3. Special District Committee Members – Election Results for LAFCO Special District Alternate Member</p>	<p>Dr. Bárzaga, CEO, explained that a quorum was not met on ballots received for the special district alternate member, which resulted in an instant runoff. Steven Pastor, Lake Hemet Municipal Water District, received 22 votes, and in the future, LAFCO will follow-up with detailed information about how the instant runoff voting process was applied.</p>	
<p>4. December 10 – Swearing-In of Unopposed Directors, Newly Elected Board Member, Carmina Zavala, and Board and Staff & Policies Communications Workshop</p>	<p>Dr. Bárzaga, CEO, described the upcoming swearing-in ceremony on December 10, of the unopposed members in Zones 1, 5, and 7, and the newly elected member Carmina Zavala representing Zone 3.</p>	
<p>5. Local Area Formation Commission (LAFCO) Municipal Services Review (MSR) – Resolution and Filing</p>	<p>Dr. Bárzaga, CEO, described the resolution and filing by the Local Area Formation Commission of the Districts Municipal Services Review.</p>	
<p>6. Health to Hope - \$150,000 Donation</p>	<p>Dr. Bárzaga, CEO, explained that the Board President of Health to Hope that serves the homeless community in the</p>	

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<p>7. United Way of the Desert – Equity Fund</p> <p>8. California Special Districts Association (CSDA) and Association of California Healthcare Districts (ACHD) Joint Virtual Legislative Tour – December 8 – Update</p>	<p>Coachella Valley reached out to the District, describing their discontinuation of services and the merger of their mission with another Federally Qualified Health Center – SAC Health System. The remaining assets must be expended, and Health to Hope invited the District to provide a proposal for the \$150k that will be combined with the District’s homelessness initiative.</p> <p>Dr. Bárzaga, CEO, described his conversation with Kristal Granados, CEO, United Way of the Desert, concerning Desert Highland Gateway Estates and exploring how the District could foster a collective impact approach to support the community to protect themselves concerning the addition of a gas station called Tower Market for groceries as opposed to a grocery store.</p> <p>Dr. Bárzaga, CEO, explained the joint virtual legislative tour between the California Special Districts Association and the Association of California Healthcare Districts. A brief video about the District featuring Dr. Bárzaga, President De Lara, and community supporters of the District was shown as part of the legislative tour.</p>	
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<p>9. Consideration to close the District and Satellite offices between Christmas and New Year's Day</p>	<p>Dr. Bárzaga, CEO, explained the numerous reasons to close the District and satellite office during the holidays. Since staff cannot have their yearly holiday luncheon or second annual dinner with the Board, the Board suggests providing Grub Hub gift cards or similar to the staff.</p>	<p>#21-09 MOTION WAS MADE by Director Matthews and seconded by Director Shorr to approve the closure of the District and Satellite offices between Christmas and New Year's Day and to provide food delivery gift cards in lieu of a holiday dinner. Motion passed unanimously. AYES – 7 President De Lara, Vice-President Borja, Director Matthews, Director Rogers, Director PerezGil, Director Zendle, and Director Shorr NOES – 0 ABSENT – 0</p>
<p>G. Desert Regional Medical Center CEO Report</p>	<p>In the absence of Michele Finney, CEO, Desert Care Network (DCN), Desert Regional Medical Center (DRMC), Linda Evans, Chief Strategy Officer, DCN, and DRMC, provided an overview of the CEO report. DRMC, as of today, has thirty-six positive COVID patients, with six of the positive in the ICU, two pending patients under investigation (PUI), and seven more patients than last week, an approximate 25% increase over five days. JFK Memorial Hospital has eleven positive COVID patients and four PUI's with a decrease in patients, while DRMC has seen an increase in COVID patients.</p> <p>All DCN hospitals are registered with the California Department of Public Health (CDPH) for the vaccinations when they are available, and all hospitals have adequate</p>	



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	<p>PPE supplies within the network. As reported last week by Mrs. Finney concerning DRMC's comprehensive stroke designation, DRMC also received the renewal for chest pain accreditation from the Society of Chest Pain Center with Percutaneous Coronary Intervention (PCI).</p> <p>Visitor restrictions are still in place, and Hi-Desert Medical Center in San Bernardino County has modifications with outdoor visitation at the continuing care facilities, especially with long-term patients in skilled nursing and subacute facilities. In the Coachella Valley, newborns, the neonatal intensive care unit, and end of life situations still have visitor restrictions.</p> <p>Per Director PerezGil's inquiry last month, the union contract negotiations continue with no 10-day strike notice and good progress along the way.</p> <p>Hi-Desert Medical Center received through the Inland Empire Emergency Management Department a stroke receiving designation with all three hospitals (DRMC, JFK, and Hi-Desert) as designated stroke centers. The foundation with physician employees practicing in primary and specialty care, the neurologist and neuro-</p>	
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	<p>surgeon residents are currently seeing patients in the outpatient area in the Yucca Valley area of Hi-Desert.</p> <p>DCN is the best performing market for the lowest employee turnover rate and third-best in the first-year turnover. The annual volunteer turnover rate is 7.75, compared to other industries.</p>	
<p>H. Desert Regional Medical Center Governing Board of Directors Report</p>	<p>Director Rogers provided an overview of the November Governing Board meeting commencing with her inquiry whether Desert Regional Medical Center could accept the COVID vaccine and the fact that Pfizer’s vaccine requires dry ice placement twice per day, which is made from CO2, and may cause a shortage. SNF was previously closed due to COVID and has reopened as defined in the hospital lease for maintaining essential services. Complaints were reviewed from the staff and the public, and the California Department of Public Health (CDPH) website illustrates all hospital complaints in the state of California. An overview was provided by the medical executive committee concerning the credentialing of new physicians and peer reviews. Mrs. Rogers also inquired if the hospital tests all inpatients for COVID when</p>	

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	<p>admitted, and all patients are tested before admissions.</p> <p>Director Zendle further detailed the quality report and complaints explaining that the hospital provides reporting to CDPH and determines the origin and reason for the complaint with an analysis.</p> <p>Desert Regional Medical Center is fully operational for elective surgeries and other procedures; however, ER capacity is currently low.</p> <p>Director Shorr inquired if the District Board is advised of any sentinel events. Although the matters are public records, the CEO and legal counsel will provide feedback at the next meeting as directed by the Board.</p>	
<p>I.1. Program Committee</p> <ol style="list-style-type: none"> 1. Draft Meeting Minutes – November 10, 2020 2. Funding Requests 3. Grants Payment Schedule 4. Consideration to approve Grant #1135 Hope Through Housing: Hope Through Housing Foundation Family Resilience – \$20,000 	<p>Director PerezGil provided an overview of the meeting minutes, funding requests, and the grant payment schedule.</p> <p>Donna Craig, Chief Program Officer, described the grant request of \$20k for essential services of 900 plus residents in low-income residences owned by the Hope Foundation Family.</p>	<p>#21-10 MOTION WAS MADE by Director Matthews and seconded by Director Rogers to approve Grant #1135 Hope Through Housing: Hope Through Housing Foundation Family Resilience – \$20,000.</p> <p>Motion passed unanimously.</p> <p>AYES – 7 President De Lara, Vice-President Borja, Director</p>



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<p>I.2. Board and Staff & Policies Communications Committee</p> <p>1. Draft Meeting Minutes – November 9, 2020</p> <p>2. Policy #BOD-3 Appointment to Committees</p>	<p>President De Lara inquired on any questions concerning the minutes.</p> <p>Dr. Bázquez, CEO, described the workshop with Rauch Communications and the communications committee discussions recommending approval of the modifications to Policy #BOD-3 – Appointment to Committees.</p> <p>Director Rogers described the discussions, her concerns with eliminating community members, and requested that the policy is reviewed in one year with consideration of community participation on an ad hoc basis.</p> <p>Vice-President Borja explained that in Policy #OP-15 – Engagement of the Community, Public, and Subject Matter Experts, there is one item concerning necessary languages to ensure communication is effective to attendees. However, Mrs. Borja requested that the committee, at some point, review and consider an emphasis on language access and language needs with a</p>	<p>Matthews, Director Rogers, Director PerezGil, Director Zendle, and Director Shorr NOES – 0 ABSENT – 0</p> <p>#21-11 MOTION WAS MADE by Director PerezGil and seconded by Director Zendle to approve modifications to Policy #BOD-3 Appointment to Committees removing community members from all committees. Motion passed 6-1. AYES – 6 President De Lara, Vice- President Borja, Director Matthews, Director PerezGil, Director Zendle, and Director Shorr NOES – 1 Director Rogers ABSENT – 0</p>
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<p>I.3. Strategic Planning Committee</p> <p>1. Draft Meeting Minutes – November 9, 2020</p> <p>2. Community Health Needs Assessment and Health Improvement Plan Update</p> <p>a. Focus Groups</p> <p>I.4. Finance, Legal, Administration & Real Estate</p> <p>1. Draft Meeting Minutes – November 10, 2020</p> <p>2. District & RPP Investment Reports 3Q20</p> <p>3. Director Shorr’s Temporary Chair Appointment to the Finance, Legal, Administration & Real Estate Committee</p> <p>4. LPMP Landscape Renovation and Fire Alarm Electrical Construction Contract</p>	<p>stand-alone section on providing meeting materials and communications in Spanish to the purpose, the standards, and the key policy principles for engagement sections of the policy.</p> <p>Director Zendle described the minutes of the Strategic Planning Committee, the update on the RFP’s, and the report on the community health needs assessment, which has hindered outreach of the focus groups due to COVID.</p> <p>President De Lara, in Director Matthews’ absence, described the minutes of the November 10, meeting, the RPP investment reports, and Director Shorr’s temporary appointment as Chair to the F&A Committee until the new assignments are outlined and voted.</p> <p>Chris Christensen, CAO, described the Board’s prior approval of the landscape plans, cost estimates, and phasing plan estimated at \$313k. The electrical element needs completion per city requirements and was included in the project for connection of the fire alarm</p>	<p>#21-12 MOTION WAS MADE by Director Shorr and seconded by Director Matthews to approve the LPMP Landscape Renovation and Fire Alarm Electrical Construction Contract.</p> <p>Motion passed unanimously.</p> <p>AYES – 7 President De Lara, Vice-President Borja, Director Matthews, Director Rogers,</p>
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	<p>system. A public bidding process took place, the F&A Committee was presented with three options, one of which was a rebidding process, also recommended for consideration by the Board with approval of a higher bid than originally budgeted at \$400k.</p> <p>The lowest bid by Marina Landscape of \$531k is recommended by the F&A Committee for approval by the Board.</p>	<p>Director PerezGil, Director Zendle, and Director Shorr NOES – 0 ABSENT – 0</p>
<p>J. Old Business</p>	<p>There was no old business.</p>	
<p>K. New Business</p> <p>1. Communications and Media Updates</p> <p>a. Deemed essential, California Farm Workers Risk Disease and Deportation Conrado Bárzaga, MD, CEO, DHCD; Supervisor V. Manuel Perez; Volunteers In Medicine; Lift to Rise, and TODEC Legal Center</p> <p>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</p>	<p>Will Dean, Marketing and Communications Director, described the PBS NewsHour airing on November 11, featuring the District, Supervisor Perez, and other community partners. President De Lara thanked the CEO and Mr. Dean for their work on the project and public information efforts.</p> <p>Will Dean, Marketing and Communications Director, described the Desert Sun’s article on the Coachella Valley COVID hotspots, and the quotes featuring Dr. Bárzaga, CEO, and Alejandro Espinoza, Program Officer and Outreach Director. The Desert Sun also published two additional stories featuring the District and Farmworkers concerning</p>	



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	<p>advocacy, labor rights, and prioritizing those communities for COVID vaccinations.</p> <p>Dr. Bázquez, CEO, described the District’s involvement in the Department of Public Health’s upcoming advisory group that will function for recommendations on levels of preference for the COVID vaccination while ensuring that Farmworkers remain a priority.</p> <p>Director Zendle inquired if there is an opportunity for the Board to provide direction to the CEO and speak on behalf of the Board concerning vaccinations and the farm working communities as illustrated in the Desert Sun article and per Dr. Bázquez’s remarks on their significance in the Coachella Valley, which the Board agreed.</p> <p>Director Rogers inquired if the testing locations could be published on the website, including a link to Riverside University Health Systems as recommended by Director Zendle. For instance, people experiencing homelessness are not authorized to enter shelters until they are tested, and often are not sure of the various testing locations throughout the Valley.</p> <p>Vice-President Borja asked staff to take into</p>	
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	<p>consideration the service sector of the Valley that are low income workers, such as union workers and other essential workers as well that require the vaccine.</p> <p>President De Lara thanked the CEO, staff, and the District partners for raising the profile of the District and working towards the needed resources of the residents in the Coachella Valley.</p>	
<p>L. Legal</p> <p>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 –</p> <p>2. California Voting Rights Act</p>	<p>Dr. Bázquez, CEO, described the draft request for proposals to assist with identifying and guiding the transactions of the current lease with Tenet Healthcare.</p> <p>Jeff Scott, Legal Counsel, explained the landmark ruling case and a judgment in favor of the city of Santa Monica that the city did not violate the California Voting Rights Act with no wrong to remedy, and the only case in California overturned over the at-large election system.</p>	<p>#21-13 MOTION WAS MADE by Vice-President Borja and seconded by Director Zendle to approve Request for Proposals for a Financial and Strategic Advisor to Review Options and Alternatives Related to the Hospital Lease, including New Programs, Services, and Facilities.</p> <p>Motion passed unanimously.</p> <p>AYES – 7 President De Lara, Vice-President Borja, Director Matthews, Director Rogers, Director PerezGil, Director Zendle, and Director Shorr</p> <p>NOES – 0</p> <p>ABSENT – 0</p>



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M. Immediate Issues and Comments		
N. Adjournment	President De Lara adjourned the meeting at 7:06 p.m. in recognition of Director Matthews 23-year tenure with the District.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

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
NOVEMBER 2020 FINANCIAL STATEMENTS
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Year to Date Variance Analysis
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**DESERT HEALTHCARE DISTRICT
YEAR TO DATE VARIANCE ANALYSIS
ACTUAL VS BUDGET**

FIVE MONTHS ENDED NOVEMBER 30, 2020

Scope: \$25,000 Variance per Statement of Operations Summary

Account	YTD		Over(Under)	Explanation
	Actual	Budget	Budget	
4000 - Income	\$ 2,672,614	\$ 3,227,475	\$ (554,861)	Lower interest income and market fluctuations (net) from FRF investments \$537k; lower grant income \$18k;
5000 - Direct Expenses	\$ 518,822	\$ 701,525	\$ (182,703)	Lower wage related expenses \$69k due to open positions; lower board expenses \$39k; lower education expense \$36k; lower health insurance expense \$32k; lower workers comp expense \$4k; lower retirement expense \$3k
6000-General & Admin Expense	\$ 204,847	\$ 237,475	\$ (32,628)	Lower computer services expense \$11k; lower travel expenses \$8k; higher dues and membership expenses \$8k; lower supplies expenses \$6k; lower meals & entertainment expenses \$4k; lower personnel expense \$4k; lower staff mileage expense \$3k; lower various \$5k
6445 - LPMP Expense	\$ 400,016	\$ 489,775	\$ (89,759)	Lower landscaping expense \$70k; lower depreciation expenses \$13k; higher bad debt expense \$6k; lower marketing expense \$4k; higher bank charges \$5k; lower lighting expense \$3k; lower HVAC maintenance expense \$3k; lower various \$8k
6500 - Professional Fees Expense	\$ 186,724	\$ 524,430	\$ (337,706)	Lower Professional Services expense \$307k; lower PR/Communications expense \$38k; higher legal expense \$7k
7000 - Grants Expense	\$ 567,748	\$ 1,701,665	\$ (1,133,917)	Budget of \$4 Million for fiscal year is amortized straight-line over 12-month fiscal year.
Las Palmas Medical Plaza - Net	\$ 118,314	\$ 5,610	\$ 112,704	LPMP expenses lower \$90k; LPMP revenue higher \$23k

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

	MONTH			TOTAL		
	Nov 20	Budget	\$ Over Budget	Jul - Nov 20	Budget	\$ Over Budget
Income						
4000 - Income	595,603	645,495	(49,892)	2,672,614	3,227,475	(554,861)
4500 - LPMP Income	102,367	99,077	3,290	518,330	495,385	22,945
4501 - Miscellaneous Income	750	950	(200)	3,750	4,750	(1,000)
Total Income	698,720	745,522	(46,802)	3,194,694	3,727,611	(532,917)
Expense						
5000 - Direct Expenses	104,026	140,305	(36,279)	518,822	701,525	(182,703)
6000 - General & Administrative Exp	41,856	47,495	(5,639)	204,847	237,475	(32,628)
6325 - CEO Discretionary Fund	0	2,083	(2,083)	0	10,415	(10,415)
6445 - LPMP Expenses	76,477	97,955	(21,478)	400,016	489,775	(89,759)
6500 - Professional Fees Expense	39,576	104,886	(65,310)	186,724	524,430	(337,706)
6700 - Trust Expenses	7,958	8,792	(834)	44,408	43,960	448
Total Expense	269,893	401,516	(131,623)	1,354,819	2,007,596	(652,777)
7000 - Grants Expense	24,017	340,333	(316,316)	567,748	1,701,665	(1,133,917)
Net Income	404,810	3,673	401,137	1,272,127	18,350	1,253,777

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

	MONTH			TOTAL		
	Nov 20	Budget	\$ Over Budget	Jul - Nov 20	Budget	\$ Over Budget
Income						
4000 - Income						
4010 - Property Tax Revenues	516,447	516,447	0	2,582,235	2,582,235	0
4200 - Interest Income						
4220 - Interest Income (FRF)	135,446	86,965	48,481	438,655	434,825	3,830
9999-1 - Unrealized gain(loss) on invest	(62,112)	33,333	(95,445)	(373,896)	166,665	(540,561)
Total 4200 - Interest Income	73,334	120,298	(46,964)	64,759	601,490	(536,731)
4300 - DHC Recoveries	1,805	1,750	55	8,966	8,750	216
4400 - Grant Income	4,017	7,000	(2,983)	16,654	35,000	(18,346)
Total 4000 - Income	595,603	645,495	(49,892)	2,672,614	3,227,475	(554,861)
4500 - LPMP Income	102,367	99,077	3,290	518,330	495,385	22,945
4501 - Miscellaneous Income	750	950	(200)	3,750	4,750	(1,000)
Total Income	698,720	745,522	(46,802)	3,194,694	3,727,611	(532,917)
Expense						
5000 - Direct Expenses						
5100 - Administration Expense						
5110 - Wages Expense	72,592	113,645	(41,053)	405,550	568,225	(162,675)
5111 - Allocation to LPMP - Payroll	(5,161)	(5,166)	5	(25,805)	(25,830)	25
5112 - Vacation/Sick/Holiday Expense	18,538	10,000	8,538	54,927	50,000	4,927
5114 - Allocation to Foundation	(18,425)	(37,196)	18,771	(110,026)	(185,980)	75,954
5115 - Allocation to NEOPB	(4,017)	(7,571)	3,554	(16,473)	(37,855)	21,382
5119 - Allocation to RSS/CVHIP-DHCF	0	(1,431)	1,431	(903)	(7,155)	6,252
5120 - Payroll Tax Expense	4,569	8,694	(4,125)	29,029	43,470	(14,441)
5130 - Health Insurance Expense						
5131 - Premiums Expense	12,530	16,795	(4,265)	60,612	83,975	(23,363)
5135 - Reimb./Co-Payments Expense	478	3,000	(2,522)	6,562	15,000	(8,438)
Total 5130 - Health Insurance Expense	13,008	19,795	(6,787)	67,174	98,975	(31,801)
5140 - Workers Comp. Expense	432	1,193	(761)	1,667	5,965	(4,298)
5145 - Retirement Plan Expense	6,841	7,848	(1,007)	36,131	39,240	(3,109)
5160 - Education Expense	0	7,250	(7,250)	70	36,250	(36,180)
Total 5100 - Administration Expense	88,377	117,061	(28,684)	441,341	585,305	(143,964)
5200 - Board Expenses						
5210 - Healthcare Benefits Expense	2,817	5,834	(3,017)	15,281	29,170	(13,889)
5230 - Meeting Expense	0	1,667	(1,667)	350	8,335	(7,985)
5235 - Director Stipend Expense	2,415	4,410	(1,995)	9,765	22,050	(12,285)
5240 - Catering Expense	0	708	(708)	0	3,540	(3,540)
5250 - Mileage Reimbursement Expense	0	208	(208)	0	1,040	(1,040)
5270 - Election Fees Expense	10,417	10,417	0	52,085	52,085	0
Total 5200 - Board Expenses	15,649	23,244	(7,595)	77,481	116,220	(38,739)
Total 5000 - Direct Expenses	104,026	140,305	(36,279)	518,822	701,525	(182,703)
6000 - General & Administrative Exp						
6110 - Payroll fees Expense	174	208	(34)	903	1,040	(137)
6120 - Bank and Investment Fees Exp	9,629	9,833	(204)	47,861	49,165	(1,304)

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

	MONTH			TOTAL		
	Nov 20	Budget	\$ Over Budget	Jul - Nov 20	Budget	\$ Over Budget
6125 · Depreciation Expense	1,102	1,167	(65)	5,510	5,835	(325)
6126 · Depreciation-Solar Parking lot	15,072	15,072	0	75,360	75,360	0
6130 · Dues and Membership Expense	7,381	3,337	4,044	25,446	16,685	8,761
6200 · Insurance Expense	2,343	2,417	(74)	11,715	12,085	(370)
6300 · Minor Equipment Expense	0	42	(42)	0	210	(210)
6305 · Auto Allowance & Mileage Exp	462	600	(138)	2,540	3,000	(460)
6306 · Staff- Auto Mileage reimb	0	625	(625)	56	3,125	(3,069)
6309 · Personnel Expense	0	1,167	(1,167)	1,800	5,835	(4,035)
6310 · Miscellaneous Expense	0	42	(42)	0	210	(210)
6311 · Cell Phone Expense	565	776	(211)	2,855	3,880	(1,025)
6312 · Wellness Park Expenses	0	83	(83)	0	415	(415)
6315 · Security Monitoring Expense	0	42	(42)	341	210	131
6340 · Postage Expense	0	417	(417)	942	2,085	(1,143)
6350 · Copier Rental/Fees Expense	394	458	(64)	1,576	2,290	(714)
6351 · Travel Expense	0	1,667	(1,667)	0	8,335	(8,335)
6352 · Meals & Entertainment Exp	0	875	(875)	0	4,375	(4,375)
6355 · Computer Services Expense	1,265	3,775	(2,510)	8,134	18,875	(10,741)
6360 · Supplies Expense	1,284	2,167	(883)	4,762	10,835	(6,073)
6380 · LAFCO Assessment Expense	0	208	(208)	1,727	1,040	687
6400 · East Valley Office	2,185	2,517	(332)	13,319	12,585	734
Total 6000 · General & Administrative Exp	41,856	47,495	(5,639)	204,847	237,475	(32,628)
6325 · CEO Discretionary Fund	0	2,083	(2,083)	0	10,415	(10,415)
6445 · LPMP Expenses	76,477	97,955	(21,478)	400,016	489,775	(89,759)
6500 · Professional Fees Expense						
6516 · Professional Services Expense	20,790	77,198	(56,408)	79,077	385,990	(306,913)
6520 · Annual Audit Fee Expense	1,313	1,313	0	6,565	6,565	0
6530 · PR/Communications/Website	13,018	11,375	1,643	18,813	56,875	(38,062)
6560 · Legal Expense	4,455	15,000	(10,545)	82,269	75,000	7,269
6561 · Payroll Preparation Fees	0			0		
Total 6500 · Professional Fees Expense	39,576	104,886	(65,310)	186,724	524,430	(337,706)
6700 · Trust Expenses						
6720 · Pension Plans Expense						
6721 · Legal Expense	0	167	(167)	0	835	(835)
6725 · RPP Pension Expense	7,500	7,500	0	37,500	37,500	0
6728 · Pension Audit Fee Expense	458	1,125	(667)	6,908	5,625	1,283
Total 6700 · Trust Expenses	7,958	8,792	(834)	44,408	43,960	448
Total Expense Before Grants	269,893	401,516	(131,623)	1,354,819	2,007,596	(652,777)
7000 · Grants Expense						
7010 · Major Grant Awards Expense	20,000	333,333	(313,333)	551,094	1,666,665	(1,115,571)
7027 · Grant Exp - NEOPB	4,017	7,000	(2,983)	16,654	35,000	(18,346)
Total 7000 · Grants Expense	24,017	340,333	(316,316)	567,748	1,701,665	(1,133,917)
Net Income	404,810	3,673	401,137	1,272,127	18,350	1,253,777

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

	MONTH			TOTAL		
	Nov 20	Budget	\$ Over Budget	Jul - Nov 20	Budget	\$ Over Budget
Income						
4500 · LPMP Income						
4505 · Rental Income	74,348	71,672	2,676	376,647	358,360	18,287
4510 · CAM Income	28,019	27,372	647	141,683	136,860	4,823
4513 · Misc. Income	0	33	(33)	0	165	(165)
Total 4500 · LPMP Income	102,367	99,077	3,290	518,330	495,385	22,945
Expense						
6445 · LPMP Expenses						
6420 · Insurance Expense	2,599	2,750	(151)	12,995	13,750	(755)
6425 · Building - Depreciation Expense	21,487	21,879	(392)	107,435	109,395	(1,960)
6426 · Tenant Improvements -Dep Exp	14,916	16,833	(1,917)	73,450	84,165	(10,715)
6427 · HVAC Maintenance Expense	0	1,333	(1,333)	3,625	6,665	(3,040)
6428 · Roof Repairs Expense	0	208	(208)	0	1,040	(1,040)
6431 · Building -Interior Expense	0	833	(833)	4,160	4,165	(5)
6432 · Plumbing -Interior Expense	350	333	17	4,873	1,665	3,208
6433 · Plumbing -Exterior Expense	0	208	(208)	0	1,040	(1,040)
6434 · Allocation Internal Prop. Mgmt	5,161	5,166	(5)	25,805	25,830	(25)
6435 · Bank Charges	2,947	1,125	1,822	10,998	5,625	5,373
6437 · Utilities -Vacant Units Expense	151	83	68	1,085	415	670
6439 · Deferred Maintenance Repairs Ex	0	833	(833)	0	4,165	(4,165)
6440 · Professional Fees Expense	10,117	10,472	(355)	50,585	52,360	(1,775)
6441 · Legal Expense	0	83	(83)	0	415	(415)
6455 · Bad Debt Expense	0			5,543	0	5,543
6458 · Elevators - R & M Expense	229	1,000	(771)	5,151	5,000	151
6460 · Exterminating Service Expense	235	333	(98)	1,025	1,665	(640)
6463 · Landscaping Expense	0	14,167	(14,167)	850	70,835	(69,985)
6467 · Lighting Expense	0	500	(500)	0	2,500	(2,500)
6468 · General Maintenance Expense	0	83	(83)	0	415	(415)
6471 · Marketing-Advertising	2,507	1,250	1,257	2,507	6,250	(3,743)
6475 · Property Taxes Expense	6,000	6,008	(8)	30,000	30,040	(40)
6476 · Signage Expense	0	125	(125)	0	625	(625)
6480 · Rubbish Removal Medical Waste E	2,076	1,583	493	6,810	7,915	(1,105)
6481 · Rubbish Removal Expense	0	2,250	(2,250)	11,209	11,250	(41)
6482 · Utilities/Electricity/Exterior	508	625	(117)	2,357	3,125	(768)
6484 · Utilities - Water (Exterior)	118	625	(507)	3,098	3,125	(27)
6485 · Security Expenses	7,076	7,167	(91)	36,155	35,835	320
6490 · Miscellaneous Expense	0	100	(100)	300	500	(200)
6445 · LPMP Expenses	76,477	97,955	(21,478)	400,016	489,775	(89,759)
Net Income	25,890	1,122	24,768	118,314	5,610	112,704

Desert Healthcare District
Balance Sheet
As of November 30, 2020

			Nov 30, 20
ASSETS			
Current Assets			
Checking/Savings			
	1000	· CHECKING CASH ACCOUNTS	1,582,191
	1100	· INVESTMENT ACCOUNTS	58,892,677
Total Checking/Savings			60,474,868
Total Accounts Receivable			(7,022)
Other Current Assets			
	1204.1	· Rent Receivable-Deferred COVID	191,429
	1270	· Prepaid Insurance -Ongoing	38,323
	1279	· Pre-Paid Fees	26,316
	1281	· NEOPB Receivable	8,610
	1295	· Property Tax Receivable	2,428,405
Total Other Current Assets			2,693,083
Total Current Assets			63,160,929
Fixed Assets			
	1300	· FIXED ASSETS	4,913,164
	1335-00	· ACC DEPR	(2,111,982)
	1400	· LPMP Assets	6,754,881
Total Fixed Assets			9,556,063
Other Assets			
	1700	· OTHER ASSETS	2,909,152
TOTAL ASSETS			75,626,139

Desert Healthcare District
Balance Sheet
As of November 30, 2020

				Nov 30, 20
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
		2000 · Accounts Payable		13,425
		2001 · LPMP Accounts Payable		1,544
		Total Accounts Payable		14,969
Other Current Liabilities				
		2002 · LPMP Property Taxes		(5,975)
		2131 · Grant Awards Payable		2,325,816
		2133 · Accrued Accounts Payable		193,862
		2141 · Accrued Vacation Time		66,273
		2188 · Current Portion - LTD		8,635
		2190 · Investment Fees Payable		15,562
		Total Other Current Liabilities		2,604,173
		Total Current Liabilities		2,619,142
Long Term Liabilities				
		2170 · RPP - Pension Liability		4,641,754
		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		62,935
		2290 · LPMP Security Deposits		57,514
		Total Long Term Liabilities		11,821,712
		Total Liabilities		14,440,854
Equity				
		3900 · *Retained Earnings		59,913,158
		Net Income		1,272,127
		Total Equity		61,185,285
TOTAL LIABILITIES & EQUITY				75,626,139

Desert Healthcare District
Balance Sheet
As of November 30, 2020

			Nov 30, 20
ASSETS			
Current Assets			
Checking/Savings			
1000 · CHECKING CASH ACCOUNTS			
		1010 · Union Bank - Checking	1,092,043
		1046 · Las Palmas Medical Plaza	489,648
		1047 · Petty Cash	500
		Total 1000 · CHECKING CASH ACCOUNTS	1,582,191
1100 · INVESTMENT ACCOUNTS			
		1130 · Facility Replacement Fund	57,799,253
		1135 · Unrealized Gain(Loss) FRF	1,093,424
		Total 1100 · INVESTMENT ACCOUNTS	58,892,677
		Total Checking/Savings	60,474,868
Accounts Receivable			
		1201 · Accounts Receivable	
		1204 · LPMP Accounts Receivable	(11,133)
		1205 · Misc. Accounts Receivable	4,111
		Total Accounts Receivable	(7,022)
Other Current Assets			
		1204.1 · Rent Receivable-Deferred COVID	191,429
		1270 · Prepaid Insurance -Ongoing	38,323
		1279 · Pre-Paid Fees	26,316
		1281 · NEOPB Receivable	8,610
		1295 · Property Tax Receivable	2,428,405
		Total Other Current Assets	2,693,083
		Total Current Assets	63,160,929
Fixed Assets			
1300 · FIXED ASSETS			
		1310 · Computer Equipment	94,034
		1315 · Computer Software	68,770
		1320 · Furniture and Fixtures	33,254
		1325 · Offsite Improvements	300,849
		1331 · DRMC - Parking lot	4,416,257
		Total 1300 · FIXED ASSETS	4,913,164
1335-00 · ACC DEPR			
		1335 · Accumulated Depreciation	(215,961)
		1336 · Acc. Software Depreciation	(68,770)

Desert Healthcare District
Balance Sheet
As of November 30, 2020

		Nov 30, 20
	1337 · Accum Deprec- Solar Parking Lot	(1,673,163)
	1338 · Accum Deprec - LPMP Parking Lot	(154,088)
	Total 1335-00 · ACC DEPR	(2,111,982)
	1400 · LPMP Assets	
	1401 · Building	8,705,680
	1402 · Land	2,165,300
	1403 · Tenant Improvements -New	2,179,721
	1404 · Tenant Improvements - CIP	129,550
	1406 · Building Improvements	
	1406.1 · LPMP-Replace Parking Lot	676,484
	1406.2 · Building Improvements-CIP	66,704
	1406 · Building Improvements - Other	1,559,534
	Total 1406 · Building Improvements	2,302,722
	1407 · Building Equipment Improvements	375,185
	1409 · Accumulated Depreciation	
	1410 · Accum. Depreciation	(7,507,230)
	1412 · T I Accumulated Dep.-New	(1,596,047)
	Total 1409 · Accumulated Depreciation	(9,103,277)
	Total 1400 · LPMP Assets	6,754,881
	Total Fixed Assets	9,556,063
	Other Assets	
	1700 · OTHER ASSETS	
	1731 · Wellness Park	1,693,800
	1740 · RPP-Deferred Outflows-Resources	1,204,238
	1741 · OPEB-Deferrred Outflows-Resourc	11,114
	Total Other Assets	2,909,152
	TOTAL ASSETS	75,626,139

Desert Healthcare District
Balance Sheet
As of November 30, 2020

				Nov 30, 20
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
		2000 · Accounts Payable		13,425
		2001 · LPMP Accounts Payable		1,544
		Total Accounts Payable		14,969
Other Current Liabilities				
		2002 · LPMP Property Taxes		(5,975)
		2131 · Grant Awards Payable		2,325,816
		2133 · Accrued Accounts Payable		193,862
		2141 · Accrued Vacation Time		66,273
		2188 · Current Portion - LTD		8,635
		2190 · Investment Fees Payable		15,562
		Total Other Current Liabilities		2,604,173
		Total Current Liabilities		2,619,142
Long Term Liabilities				
		2170 · RPP - Pension Liability		4,641,754
		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		62,935
		2290 · LPMP Security Deposits		57,514
		Total Long Term Liabilities		11,821,712
		Total Liabilities		14,440,854
Equity				
		3900 · *Retained Earnings		59,913,158
		Net Income		1,272,127
		Total Equity		61,185,285
TOTAL LIABILITIES & EQUITY				75,626,139

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

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL	COMMENT
Hassan Bencheqroun, M.D.	(2,580)	0	0	0	0	(2,580)	Prepaid
Laboratory Corporation of America	0	(4,689)	0	0	0	(4,689)	Prepaid
Mark Matthews	0	448	0	0	664	1,112	Director Premiums
Quest Diagnostics Incorporated	(3,864)	0	0	0	0	(3,864)	Prepaid
Sovereign	750	750	0	750	750	3,000	Slow pay
TOTAL	(5,694)	(3,491)	0	750	1,414	(7,021)	

Desert Healthcare District
Deposit Detail
November 2020

Type	Date	Name	Amount
Deposit	11/03/2020		1,749
		T-Mobile	(1,749)
TOTAL			(1,749)
Deposit	11/18/2020		56
		California Business Bureau, Inc.	(56)
TOTAL			(56)
Deposit	11/24/2020		34,094
Payment	11/24/2020	Desert Healthcare Foundation-	(34,094)
TOTAL			(34,094)
		TOTAL	35,899

DESERT HEALTHCARE DISTRICT										
PROPERTY TAX RECEIPTS FY 2020 - 2021										
RECEIPTS - FIVE MONTHS ENDED NOVEMBER 30, 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%	\$ -	\$ (24,789)
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%	\$ 1,01,619	\$ (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%		
Total	100%	\$ 6,736,264	105.6%	\$ 7,161,553	\$ 425,289	100.00%	\$ 6,197,363	5.0%	\$ 312,515	\$ (127,498)

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

Type	Date	Name	Amount
Deposit	11/06/2020		31,515
Payment	11/05/2020	Tenet HealthSystem Desert, Inc.	(31,515)
TOTAL			(31,515)
Deposit	11/09/2020		3,570
Payment	11/09/2020	Desert Family Medical Center	(3,570)
TOTAL			(3,570)
Deposit	11/10/2020		3,184
Payment	11/10/2020	Peter Jamieson, M.D.	(3,184)
TOTAL			(3,184)
Deposit	11/10/2020		31,685
Payment	11/09/2020	Pathway Pharmaceuticals, Inc.	(2,296)
Payment	11/09/2020	Aijaz Hashmi, M.D., Inc.	(2,803)
Payment	11/09/2020	Brad A. Wolfson, M.D.	(3,430)
Payment	11/09/2020	Cohen Musch Thomas Medical Group	(4,261)
Payment	11/09/2020	Cure Cardiovascular Consultants	(2,962)
Payment	11/09/2020	Derakhsh Fozouni, M.D.	(5,969)
Payment	11/09/2020	Palmtree Clinical Research	(6,717)
Payment	11/09/2020	Ramy Awad, M.D.	(3,246)
TOTAL			(31,684)
Deposit	11/13/2020		5,310
Payment	11/12/2020	Desert Regional Medical Center	(5,310)
TOTAL			(5,310)
Deposit	11/18/2020		6,066
Payment	11/17/2020	Tenet HealthSystem Desert, Inc	(6,066)
TOTAL			(6,066)

Las Palmas Medical Plaza
Deposit Detail - LPMP
November 2020

Type	Date	Name	Amount
Deposit	11/24/2020		4,774
Payment	11/23/2020	Laboratory Corporation of America	(4,774)
TOTAL			(4,774)
Deposit	11/30/2020		2,580
Payment	11/30/2020	Hassan Bencheqroun, M.D.	(2,580)
TOTAL			(2,580)
Deposit	11/30/2020		3,864
Payment	11/30/2020	Quest Diagnostics Incorporated	(3,864)
TOTAL			(3,864)
		TOTAL	92,548

Desert Healthcare District
Check Register
As of November 30, 2020

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1010 - Union Bank - Checking				
Check	11/06/2020	Auto Pay	Calif. Public Employees'Retirement System	(12,733)
Bill Pmt -Check	11/09/2020	16191	Arthur Shorr - Stipend	(735)
Bill Pmt -Check	11/09/2020	16192	Bonamici Productions	(1,775)
Bill Pmt -Check	11/09/2020	16193	First Bankcard (Union Bank)	(308)
Bill Pmt -Check	11/09/2020	16194	HARC, INC.	(13,862)
Bill Pmt -Check	11/09/2020	16195	Leticia De Lara - Stipend	(420)
Bill Pmt -Check	11/09/2020	16196	Lund & Guttry LLP	(500)
Bill Pmt -Check	11/09/2020	16197	Maggie Martinez	(833)
Bill Pmt -Check	11/09/2020	16198	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	11/09/2020	16199	Rogers, Carole - Stipend	(525)
Bill Pmt -Check	11/09/2020	16200	So.Cal Computer Shop	(810)
Bill Pmt -Check	11/09/2020	16201	Zendle, Les - Stipend	(315)
Bill Pmt -Check	11/09/2020	16202	First Bankcard (Union Bank)	(170)
Check	11/10/2020	Auto Pay	Calif. Public Employees'Retirement System	(250)
Bill Pmt -Check	11/10/2020	16203	Rauch Communication Consultants	(5,968)
Bill Pmt -Check	11/10/2020	16204	Staples Credit Plan	(449)
Bill Pmt -Check	11/10/2020	16205	Time Warner Cable	(250)
Liability Check	11/13/2020		QuickBooks Payroll Service	(40,701)
Bill Pmt -Check	11/16/2020	ACH 111620	Law Offices of Scott & Jackson	(16,065)
Bill Pmt -Check	11/18/2020	16206	AgostinoCreative	(9,998)
Bill Pmt -Check	11/18/2020	16207	American Public Health Assoc	(500)
Bill Pmt -Check	11/18/2020	16208	CoPower Employers' Benefits Alliance	(2,151)
Bill Pmt -Check	11/18/2020	16209	Principal Life Insurance Co.	(1,575)
Bill Pmt -Check	11/18/2020	16210	Xerox Financial Services	(394)
Bill Pmt -Check	11/18/2020	16211	Regional Access Project Foundation	(2,185)
Bill Pmt -Check	11/19/2020	16212	IE Funders Alliance	(5,000)
Bill Pmt -Check	11/23/2020	ACH112320-1	Intuit Inc.	(423)
Bill Pmt -Check	11/23/2020	ACH112320-2	Intuit Inc.	(151)
Bill Pmt -Check	11/24/2020	16213	Bonamici Productions	(1,463)
Bill Pmt -Check	11/24/2020	16214	Eric Taylor	(27)
Bill Pmt -Check	11/24/2020	16215	Find Food Bank, Inc.	(90,311)
Bill Pmt -Check	11/24/2020	16216	Image Source	(83)
Bill Pmt -Check	11/24/2020	16217	Jimmy Dorantes	(450)
Bill Pmt -Check	11/24/2020	16218	Shred-It	(100)
Bill Pmt -Check	11/24/2020	16219	Tri-Star Risk Management	(432)
Check	11/25/2020		Bank Service Charge	(629)
Liability Check	11/27/2020		QuickBooks Payroll Service	(40,720)

Desert Healthcare District
Check Register
As of November 30, 2020

Type	Date	Num	Name	Amount
Bill Pmt -Check	11/30/2020	16220	Arthur Shorr - Stipend	(525)
Bill Pmt -Check	11/30/2020	16221	Frazier Pest Control, Inc.	(60)
Bill Pmt -Check	11/30/2020	16222	Leticia De Lara - Stipend	(630)
Bill Pmt -Check	11/30/2020	16223	Maggie Martinez	(833)
Bill Pmt -Check	11/30/2020	16224	Ready Refresh	(50)
Bill Pmt -Check	11/30/2020	16225	Zendle, Les - Stipend	(525)
TOTAL				(256,384)

Desert Healthcare District

Details for credit card Expenditures

Credit card purchases - October 2020 - Paid November 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	Expense	Amount	Purpose	Description	Participants	
	Charged	Charges	Type					
		\$ 477.85						
Chris' Statement:								
2020	October	\$ 170.10	District					
			GL	Dollar	Descr			
			6355	\$ 26.62		Premiere Global Services		
			6360	\$ 69.98		Zoom Videoconference/Webinar Expense		
			6130	\$ 39.95		Stanford Social Innovation Review Annual Subscription		
			6360	\$ 33.55		Zoom Videoconference/Webinar Expense		
				\$ 170.10				
Conrado's Statement:								
2020	October	\$ 307.75	District					
			GL	Dollar	Descr			
			6343	\$7.75		Postage Expense		
			6355	\$ 300.00		DocuSign Standard Annual Subscription		
				\$307.75				

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

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1046 - Las Palmas Medical Plaza				
Bill Pmt -Check	11/09/2020	10264	Imperial Security	(3,570)
Bill Pmt -Check	11/09/2020	10265	Palm Springs Disposal Services Inc	(2,301)
Bill Pmt -Check	11/09/2020	10266	Stericycle, Inc.	(1,546)
Bill Pmt -Check	11/10/2020	10267	Frazier Pest Control, Inc.	(175)
Bill Pmt -Check	11/18/2020	10268	American Leak Detection, Inc.	(350)
Bill Pmt -Check	11/18/2020	10269	Frontier Communications	(229)
Bill Pmt -Check	11/18/2020	10270	Imperial Security	(1,700)
Bill Pmt -Check	11/18/2020	10271	INPRO-EMS Construction	(10,117)
Bill Pmt -Check	11/18/2020	10272	Southern California Edison	(659)
Bill Pmt -Check	11/18/2020	10273	The Desert Sun	(1,840)
Bill Pmt -Check	11/24/2020	10274	County of Riverside-Dept of Env. Health	(532)
Check	11/25/2020		Bank Service Charge	(2,947)
Bill Pmt -Check	11/30/2020	10275	Desert Water Agency	(118)
Bill Pmt -Check	11/30/2020	10276	Imperial Security	(3,591)
TOTAL				(29,675)



MEMORANDUM

DATE: December 08, 2020

TO: F&A Committee

RE: Retirement Protection Plan (RPP)

Current number of participants in Plan:

	<u>Nov</u>	<u>Oct</u>
Active – still employed by hospital	96	96
Vested – no longer employed by hospital	60	60
Former employees receiving annuity	<u>7</u>	<u>7</u>
Total	<u>163</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 Five (5) months ended November 30, 2020 totaled **\$231K**. Monthly annuity payments (7 participants) total **\$1.0K** per month.

DESERT HEALTHCARE DISTRICT OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE As of 11/30/20 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	FINN Food Bank - Ending Hunger Today, Tomorrow, and for a Lifetime - 1 Yr	\$ 401,380		\$ 311,069	\$ 180,622	\$ 130,447
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
2020-1135-BOD-11-24-20	5 Hope Through Housing Foundation - Family Resilience - 1 Yr		\$ 20,000	\$ 20,000		\$ 20,000
TOTAL GRANTS		\$ 13,106,979	\$ 570,000	\$ 10,318,358	\$ 1,303,637	\$ 8,985,816
Amts available/remaining for Grant/Programs - FY 2020-21:						
Amount budgeted 2020-2021			\$ 4,000,000		G/L Balance:	11/30/2020
Amount granted through November 30, 2020:			\$ (570,000)		2131	\$ 2,325,816
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			Total	\$ 8,985,816
Matching external grant contributions			\$ -			\$ (0)
Balance available for Grants/Programs			\$ 3,448,905			
Strategic Focus Areas FY20-21:						
		Grant Budget	Granted YTD	Available		
1	Healthcare Infrastructure and Services	\$ 1,500,000	\$ (521,240)	\$ 978,760		
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	\$ (30,000)	\$ 470,000		
Balance available for Grants/Programs		\$ 4,000,000	\$ (551,095)	\$ 3,448,905		



Chief Administration Officer's Report

December 2020

The Board approved the contract for the Landscape Renovation and Fire Alarm Connection at the November Board meeting. The contract was awarded to Marina Landscape Inc. in the amount of \$531,080. Staff will keep the Committee informed of the progress of the project.

Las Palmas Medical Plaza - Property Management:

Occupancy:

See attached unit rental status report.

92% currently occupied –

Total annual rent including CAM fees is **\$1,231,430**.

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 December 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%						
Total - Vacancies						3,960	8.02%						
Total Suites-33 - 31 Suites Occupied		\$ 57,513.50				49,356	92.0%	\$ 74,600.10	\$ 895,201.20	\$ 1.64	\$ 28,019.04	\$ 102,619.14	\$ 1,231,429.68
Summary - All Units													
			Occupied	45,396	92.0%								
			Vacant	3,960	8.0%								
			Pending	0	0%								
			Total	49,356	100%								



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: December 15, 2020
To: Board of Directors
Subject: Fire Sprinkler Completion Project - Including a Professional Services Authorization for the Fire Sprinkler Completion Project at the Las Palmas Medical Plaza – Prest, Vuksic Greenwood Architects (Chris Mills) – Estimated Cost of professional services only \$12,000

Staff Recommendation: Consideration to authorize staff to pursue full completion of the fire sprinkler system and to approve a Professional Services Authorization for the Fire Sprinkler Completion Project at the Las Palmas Medical Plaza – Prest Vuksic Greenwood Architects (Chris Mills) – Estimated cost of professional services only \$12,000.

Background

- The Las Palmas Medical Plaza was originally constructed without a fire suppression system.
- The District and the City of Palm Springs agreed in 2013 to install fire sprinklers in each suite as leases renewed or with any new lease.
- The District recently completed the underground and exterior infrastructure component of the fire suppression system.
- Staff has worked with tenants to include the fire sprinklers as part of their tenant improvements when the lease is renewed. However, tenants are mostly doing paint, cabinets, and flooring with their improvements and some prefer to not complete the specialized sprinkler system installation, thus, placing the completion of the system onto the District (see status of suites attached).
- This process is moving too slowly and could be several years before each suite is completed. Additionally, it is more costly to perform the installation for each individual suite separately.
- Staff would like to move forward with a formal public bidding process to complete the fire sprinkler installation in a consolidated effort.
- Staff would like to work with Chris Mills of Prest Vuksic Greenwood Architects on an hourly basis to coordinate the design, complete an estimate of the cost of the installation, and to oversee the completion of the project. Note: The District has previously authorized \$23,000 to a design process that is being developed by INPRO Construction, the District’s onsite maintenance contractor. This reduces the overall costs associated with the architect.
- At the December 8, 2020 Finance & Administration Committee meeting, the Committee approved the request and recommended forwarding to the Board for consideration of approval.
- Staff will bring forward an estimate to the Committee, at a later date, and proceed with a public bidding process.
- Staff recommends directing staff to pursue full completion of the fire sprinkler system and approval of the Professional Services Authorization for the Fire Sprinkler Completion Project at the Las Palmas Medical Plaza with Prest Vuksic

Greenwood Architects (Chris Mills) – Estimated cost of professional services only \$12,000

- A schedule of the status of completion of each suite and a draft of the professional services authorization are included in the packet for your review.

Fiscal Impact:

Estimated costs - \$12,000 professional services of project management

Cost of installation will be presented at a later date after an estimate is completed.

**Desert Healthcare District
LPMP Fire Sprinkler Schedule
11/23/2020**

Unit	Tenant Name	Fire Sprinkler Installed?
EAST SIDE COMPLETE		
1E, 101-102	Eyecare Services Partners	Yes
1E, 104	DRMC	Yes
1E, 105	DRMC	Yes
1E, 106	DRMC	Yes
1E, 201-203	Palmtree Clinical Research	Yes
2E, 101-102	DRMC	Yes
2E, 103	DRMC	Yes
2E, 104	DRMC	Yes
2E, 105-107	DRMC	Yes
2E, 201	DRMC	Yes
2E, 202-203	DRMC	Yes
2E, 204	DRMC	Yes
Hallway	DRMC	Yes
WEST SIDE COMPLETE		
1W, 104	Hassan Bencheqroun, M.D.	Yes
1W, 105-106	Cohen, Musch, Thomas Med Group	Yes
3W, 105-106	Dr. Awad	Yes
EAST SIDE INCOMPLETE		
1E, 204	Desert Oasis - Congress, Howard MD	
3E, 101-102	DRMC	
3E, 104-105	Laboratory Corporation	
WEST SIDE INCOMPLETE		
1W, 101	Pathway Pharmaceuticals, Inc.	
1W, 102-103	Quest Diagnostics Inc.	
1W, 201	Dr. Jamieson, M.D.	
1W, 202-203	Cure Cardiovascular Consultants	
1W, 204	Vacant	
2W, 101	Wolfson, M.D.	
2W, 102-104	Fozouni, Derakhsh MD	
2W, 105-106	Hashmi, Aijaz, M.D., Inc.	
2W, 107	Vacant	
2W, 201-202	DRMC	
3W, 101	Vacant	
3W, 103-104	Gundry, Steven, M.D. and	



PREST | VUKSIC | GREENWOOD
A R C H I T E C T S

PROFESSIONAL SERVICES AUTHORIZATION

Date: November 6, 2020

To: Desert Healthcare District (DHCD)

Attn: Chris Christensen

Project: Las Palmas Medical Plaza Fire Sprinkler Completion Project

Project No: 220119

Location: 555 Tachevah Dr., Palm Springs, CA

Issued By:
Prest•Vuksic•Greenwood Architects (PVG)

Execution of this document will confirm your request for professional services. Please refer to the "Terms and Conditions of Agreement" on the fourth page for additional information.

I. PROJECT SCOPE

Completion of Fire Sprinkler System for DHCD office building.

II ARCHITECT'S BASIC SERVICES AND RESPONSIBILITIES

1. Provide a complete Bid Package consisting of Drawings, Specifications and Project Manual for a public bid process for the completion of the Fire Sprinkler System for the East and West buildings. Final certification and detailed plans will be the responsibility of the successful bidder (Contractor).
2. Provide normal bid assistance and construction observation services including final review for compliance with construction documents.
3. Advise the District as may be requested.

III. PAYMENTS TO THE ARCHITECT

- 3.1 Billings for Basic Services shall be made monthly, and payable upon receipt.
- 3.2 All billings will be sent to: DHCD, c/o Chris Christensen
1140 N. Indian Canyon Dr.
Palm Springs, CA 92262
- 3.3 Payments on account of the Architect's Additional Services and for Reimbursable Expenses shall be made monthly upon presentation of the Architect's statement of services rendered or expenses incurred.

IV. REIMBURSABLE EXPENSES

- 4.1 Reimbursable Expenses are in addition to the Architect's compensation and include actual expenditures made by the Architect and Architect's employees in the interest of the Project for the expenses listed in the following subparagraphs:
- a. Fees paid in securing approvals of authorities having jurisdiction over the project.
 - b. Computer plotting, reproductions of drawings, specifications and other documents.
 - c. Postage and special handling of documents.
 - d. Any consultants retained by the Architect (i.e.: Surveyor, Landscape Architect, etc.)

V. BASIS OF COMPENSATION

- 5.1 The Owner shall compensate the Architect for the services provided in accordance with Section 3 Payments to the Architect and the other Terms and Conditions of this Agreement.
- 5.2 FOR BASIC SERVICES, as described in Section 2, compensation shall be computed as follows:

Fee: Hourly as noted below:

Principal Architect:	\$235	Hr.
Project Manager:	\$175	Hr.
Job Captain:	\$135	Hr.
Senior CADD Operator:	\$115	Hr.
Intermediate CADD Operator:	\$105	Hr.
Junior CADD Operator:	\$95	Hr.
Administration:	\$65	Hr.

- 5.3 FOR REIMBURSABLE EXPENSES, as described in section IV, a multiple of 1.15 times the amount expended by the Architect, the Architect's employees and the Architect's consultants in the interest of the project.
- 5.4 Payments are due and payable upon receipt of the Architect's invoice and shall be considered past due 15 days after the date of invoice. Amounts unpaid (30) thirty days after the invoice shall bear interest at the legal rate prevailing at the principal place of business of the Architect.

Prest•Vuksic •Greenwood Architects, Authorized Signature

Owner Authorized Signature:

Date

Date

TERMS AND CONDITIONS OF AGREEMENT

The following terms and conditions shall be applicable to the scope of services described in this "Professional Services Authorization" and may be amended, superseded or replaced by a formal written agreement.

1. Prest•Vuksic•Greenwood Architects shall provide Owner with monthly invoices reflecting current expenditures of professional time and reimbursable expenses. Each invoice shall be due and payable upon receipt and will become delinquent fifteen (15) days after date of invoice. After 30 days, a service charge of 1% per month will be assessed. Prest•Vuksic•Greenwood Architects reserves its right to stop the work as outlined in this Agreement, at any time without notice, due to delinquency and receive an automatic extension of the project completion date equal to the period of stoppage. In the event of stoppage of work due to delinquent payment, Prest•Vuksic•Greenwood Architects shall have no liability to Owner for delay and/or damage caused the Owner because of such a stoppage. Furthermore, the submittal of the Entitlement Package to the City will not occur until all payments past due and current, have been made to Prest•Vuksic•Greenwood Architects. No deductions shall be made from the compensation to Prest•Vuksic•Greenwood Architects on account of problems or losses for which Prest•Vuksic•Greenwood Architects has not been held legally liable.
2. All project expenses shall be reimbursed to Prest•Vuksic•Greenwood Architects by the Owner at a multiple of 1.15. Project expenses include, but are not necessarily limited to, all normal costs involving models, document reproduction, mileage and approved travel outside the Coachella Valley, and all governmental taxes and fees. Unless specifically noted as being included in a "stipulated sum," all consultant fees shall be subject to a multiple of 1.15.
3. Prest•Vuksic•Greenwood Architects shall be responsible for only the professional services provided by it and/or its subconsultants. In particular and without limitation, Prest•Vuksic•Greenwood Architects shall not be responsible for delays beyond its reasonable control, for inaccurate information provided to it by Owner or other reasonable reliable sources, for site conditions of which it was not informed, for Owner's finish materials and equipment decisions, for the actions or inaction of governmental agencies or for any failures of the Project's contractors and material suppliers.
4. If at any time either party should feel that the other has materially breached this Agreement, then it shall notify the party in writing setting forth clearly what must be done to cure that breach and thereafter the party so notified shall have fourteen (14) calendar days to take the prescribed action. This does not apply to payment delinquency which is addressed elsewhere in this Agreement.
6. In consideration of the disparity between Prest•Vuksic•Greenwood Architects' fee and potential professional liability concerning the Project, Owner shall limit Prest•Vuksic•Greenwood Architects' actual or alleged professional liability and that of Prest•Vuksic•Greenwood Architects' principals, employees and subconsultants to Owner and whatever other parties are involved with the Project such that Prest•Vuksic•Greenwood Architects' total aggregate liability concerning or arising out of the Project shall not exceed fifty thousand dollars, or the professional design fee, whichever is less.
7. In the event that any dispute and/or litigation develops between Owner and Prest•Vuksic•Greenwood Architects concerning or arising out of this Agreement, then the prevailing party shall be entitled to recover from the other reasonable attorneys' fees and litigation costs.

Please initial each page.

Prest•Vuksic•Greenwood Architects, Authorized Signature



Date

Owner Authorized Signature:

Date



Date: 12/15/2020

To: Board of Directors

Subject: Grant #1149 Voices For Children

Grant Request: Court Appointed Special Advocate (CASA) Program

Amount Requested: \$40,000.00

Project Period: 1/1/2021 to 12/31/2021

Project Description and Use of District Funds:

VFC aligns with the DHCD's focus on healthcare infrastructure and services. Through the CASA program, VFC will increase access to healthcare for children in foster care. According to the American Academy of Pediatrics, children entering foster care are more likely to have unaddressed health challenges: approximately 50% have chronic physical health issues, approximately 10% are medically fragile, and many have a history of prenatal substance exposure. Once they enter the foster system, it is common for children to change placements often, which can lead to gaps in consistent healthcare services.

CASAs ensure that the health needs of foster youth are not overlooked. They review a child's medical records, communicate with health professionals, and track a child's health needs, medications, and medical referrals. When case children spend time in emergency housing placements, CASAs ensure that caregivers and housing programs receive vital information about a child's medications, allergies, and health risks. CASAs can coordinate or provide transportation to medical appointments for a child. When CASAs determine that children are unable to access healthcare services, they advocate for solutions by sharing concerns with the social worker and advocating in court. At each regularly scheduled court hearing, CASAs submit formal, written reports about the ability of a child to access preventive, specialty, and mental health care.

Since March 2020, the Stay-at-Home order, social distancing guidelines, and school closures have created new barriers to healthcare and increased health needs. The critical role that CASAs play in ensuring that foster youth receive the healthcare services they need has only increased with the onset of the COVID-19 pandemic. The organizational cost of providing one child with a CASA volunteer for a year is \$2,000. A \$40,000 grant from Desert Healthcare District would provide CASAs to 20 Coachella Valley foster youth and ensure their healthcare needs are addressed.



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

Geographic Area(s) Served: Cathedral City; Coachella; Indio; Indian Wells; La Quinta; Oasis; Palm Desert; Palm Springs; Thermal; Bermuda Dunes

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 \$40,000.00 be approved.

Recommendation with modifications

Deny

Full Grant Application Summary

Voices For Children, Grant #1149

About the Organization

Voices For Children
 PO Box 7219
 CA, Riverside 92513
 Tel:
<http://www.speakupnow.org>

Primary Contact:

Jessica Munoz
 Tel: (951) 357-9100
JessicaM@speakupnow.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2018	Court Appointed Special Advocate (CASA) Program – Coachella Valley	\$24,000	Grant	6/4/2019	

Program/Project Information

Project Title: Court Appointed Special Advocate (CASA) Program

Start Date: 1/1/2021 **End Date:** 12/31/2021

Term: 12 months

Total Project Budget: \$997,423

Requested Amount: \$40,000

Executive Summary:

This year, approximately 4,000 children will spend time in Riverside County foster care after experiencing abuse and neglect. Voices for Children (VFC) fills a critical service gap by providing children in foster care with individual attention and advocacy to ensure that their needs do not slip through the cracks of an overburdened system. This year, VFC's Riverside County Court Appointed Special Advocate (CASA) program will provide advocacy and support to 450 children.

VFC serves children in foster care ages birth-21. The children enrolled in VFC's program are 46% female and 54% male. They are comprised of the following races and ethnicities: 46% Hispanic, 29% Caucasian, 20% Black, 3% Native American/Alaskan, 1% Asian/Pacific Islander, and 1% other ethnicities. Children in foster care are more likely to have mental and physical health conditions including anxiety, depression,

learning disabilities, asthma, and speech, hearing, and vision problems when compared to the general population (Turney and Wildeman, Mental and Physical Health of Children in Foster Care, 2016).

CASAs are carefully screened and trained before being assigned to the case of a child or sibling group. They commit to their role for a minimum of 18 months. CASAs travel throughout the county to visit their case children and spend 10-15 hours a month learning about their situation from health care professionals, teachers, and others. Twice a year, CASAs appear in court and prepare reports for the judge about the status of children and their progress in the areas of mental and physical health, education and early childhood development, and housing. Judges depend on information provided by CASAs as they make life-altering decisions on behalf of a child.

CASAs fill a crucial gap by providing youth with advocacy and a consistent adult presence. With a CASA by their side, foster youth are better equipped to overcome obstacles and reach their potential. VFC's program has far reaching effects on the lives of individual children and the broader community since foster youth with CASAs are less likely to require public assistance or be incarcerated later in life.

The Riverside County CASA program will serve 80 foster children in the Coachella Valley during calendar year 2021. The organizational cost of recruiting, training, and supervising a CASA volunteer for a year is \$2,000. We are requesting \$40,000 from Desert Healthcare District to provide a CASA to 20 Coachella Valley children to ensure that their healthcare and other needs are addressed.

Program/project Background and Community Need:

During the grant period, VFC's CASA Program will ensure that a minimum of 80 Coachella Valley children residing within the DHCD boundaries receive access to services that address their physical and mental health and developmental needs through the advocacy of a CASA volunteer.

Each child who enters the foster care system has experienced one or more adverse childhood experiences (ACES), and research shows that they are significantly more likely to have multiple ACES than their peers (Turney and Wildeman, 2017). ACES have long-term health effects, which can include chronic illness, cancer, diabetes, heart disease, mental illness, and a shorter life expectancy. Research from the Centers for Disease Control shows that having one secure and supportive relationship can promote adaptive responses to trauma and healthy childhood development. VFC recognizes that foster children encounter a revolving door of caregivers and childhood welfare professionals. CASAs form enduring relationships with youth and provide them with consistent support. CASAs advocate for children and provide them with access to resources that address their past trauma and unmet needs. They gain a holistic understanding of a child's situation and provide the court with unbiased information which helps judges to make critical decisions about a child's future.

Strategic Plan Alignment:
Healthcare Infrastructure and Services

Program/project description:

VFC aligns with the DHCD's focus on healthcare infrastructure and services. Through the CASA program, VFC will increase access to healthcare for children in foster care. According to the American Academy of Pediatrics, children entering foster care are more likely to have unaddressed health challenges: approximately 50% have chronic physical health issues, approximately 10% are medically fragile, and many have a history of prenatal substance exposure. Once they enter the foster system, it is common for children to change placements often, which can lead to gaps in consistent healthcare services.

CASAs ensure that the health needs of foster youth are not overlooked. They review a child's medical records, communicate with health professionals, and track a child's health needs, medications, and medical referrals. When case children spend time in emergency housing placements, CASAs ensure that caregivers and housing programs receive vital information about a child's medications, allergies, and health risks. CASAs can coordinate or provide transportation to medical appointments for a child. When CASAs determine that children are unable to access healthcare services, they advocate for solutions by sharing concerns with the social worker and advocating in court. At each regularly scheduled court hearing, CASAs submit formal, written reports about the ability of a child to access preventive, specialty, and mental health care.

Since March 2020, the Stay-at-Home order, social distancing guidelines, and school closures have created new barriers to healthcare and increased health needs. The critical role that CASAs play in ensuring that foster youth receive the healthcare services they need has only increased with the onset of the COVID-19 pandemic. The organizational cost of providing one child with a CASA volunteer for a year is \$2,000. A \$40,000 grant from Desert Healthcare District would provide CASAs to 20 Coachella Valley foster youth and ensure their healthcare needs are addressed.

Description of the target population (s):

The project will serve Coachella Valley foster children ages 0-21 who have experienced abuse and neglect. The children we serve are 46% female and 54% male. Forty-six percent are Hispanic, 29% Caucasian, 20% Black, 3% Native American/Alaskan, 1% Asian/Pacific Islander, and 1% are from other ethnicities.

Geographic Area(s) Served:

Cathedral City; Coachella; Indio; Indian Wells; La Quinta; Oasis; Palm Desert; Palm Springs; Thermal; Bermuda Dunes

Age Group:

- (0-5) Infants
- (06-17) Children
- (18-24) Youth

Total Number of District Residents Served:

20

Program/Project Goals and Evaluation

<p>Goal #1: By December 31, 2021, Voices for Children (VFC) Court Appointed Special Advocates (CASAs) will advocate for 20 youth in the foster care system within the Desert Healthcare District boundaries.</p> <p>CASAs will maintain monthly contact with the case children they serve, provide monthly case updates to their VFC staff Advocacy Supervisors, and submit formal court reports at least twice a year making key recommendations to the judge about the physical and mental health, educational and developmental, and other needs of the child. The court report requires CASAs to address the child’s exams and immunizations, medication, and therapy. For children 10 and older, CASAs must confirm that the child has received the requisite reproductive and sexual health education and been informed of their right to access and receive confidential medical care.</p>	<p>Evaluation #1: VFC will use our internal database, CASA Manager, to track program activities. Director of Programs, Sharon Morris, VFC will use our internal database, CASA Manager, to track program activities. Director of Programs, Sharon Morris, and Program Coordinator, Julie Woodruff, will monitor the number of Coachella Valley youth referred to VFC on a monthly basis. During case intake, they will assess the needs of each child and match them with a CASA volunteer.</p> <p>VFC staff will record monthly case updates in CASA Manager. CASA Manager will also be used to track upcoming court hearings and court reports submitted. VFC will consider this goal accomplished if 20 Coachella Valley foster youth receive the individual attention and advocacy of a CASA during the grant period.</p>
<p>Goal #2: By December 31, 2021, VFC’s Riverside County CASA program will recruit at least 20 new prospective CASA volunteers.</p> <p>In order to meet our goal of providing advocacy to 20 youth, VFC needs to recruit new CASA volunteers in addition to the current CASAs who are already serving. VFC will achieve this goal by hosting 2-3 CASA virtual or in-person volunteer information sessions each month and presenting to local community groups who</p>	<p>Evaluation #2: VFC’s Director of Programs, Sharon Morris, and Program Coordinator, Julie Woodruff, will monitor the number of prospective volunteers who attend information sessions and other recruitment events each month and enroll in Advocate University, VFC’s internal CASA training program. On a monthly basis, Sharon will meet with our staff recruitment committee to review progress toward the annual goal and adjust outreach strategies as needed. We will consider this objective accomplished if 20</p>

<p>are interested in volunteerism.</p>	<p>individuals enroll in Advocate University during the grant period.</p>
<p>Goal #3: By December 31, 2021, VFC’s Riverside County CASA program will train and match at least 20 new CASA volunteers to youth living in the foster care system.</p> <p>We will hold 8 sessions of Advocate University during the grant period. Training requirements include 35 hours of classroom learning, two interviews, and a practice court report writing assignment. Trainees also prepare for their first court appearance by reviewing simulated court hearings. All classroom learning is currently being conducted virtually. Trainees are matched with a single child or sibling group for ongoing advocacy within 1-3 weeks of completing all training requirements.</p>	<p>Evaluation #3: VFC’s Director of Programs, Sharon Morris, and Program Coordinator, Julie Woodruff, will track the progress of each CASA trainee in CASA Manager as they complete training requirements. We will consider this objective accomplished if 20 new CASAs complete training requirements and are assigned to advocate on behalf of a single child or sibling group from the Coachella Valley.</p>
<p>Goal #4:</p>	<p>Evaluation #4:</p>
<p>Goal #5:</p>	<p>Evaluation #5:</p>

Proposed Program / Project Evaluation Plan

VFC will monitor and track our progress on the program goals outlined above using CASA Manager, a database platform developed for CASA programs. CASA Manager allows VFC to gather and monitor qualitative and quantitative information about each child as they progress through the dependency system, including their demographic information, removal zip code, mental and physical health needs, educational progress, and foster care placement. On a weekly basis, Advocacy Supervisors meet with their manager to review their cases and develop strategies to support each child. CASAs provide their staff Advocacy Supervisor monthly updates about the status of their case child, which are recorded in CASA Manager. At six-month intervals, CASAs collaborate with their Advocacy Supervisor to develop a detailed, written court report in which they comment on each child’s progress and highlight areas of unmet need that should be addressed. Staff also use CASA Manager to track each CASA volunteer’s progress completing initial training requirements, monthly contacts with their supervisor, and continuing education activities. Each month, Advocacy Supervisors document at least one “program impact,” which is a description of a successful case-related outcome. These program impacts add to the qualitative data available. VFC’s program leaders will aggregate and review program quantitative data quarterly to ensure that we are on track to achieve each program goal outlined above.

Organizational Capacity and Sustainability

Organizational Capacity

VFC's Riverside County CASA program is led by Executive Director Jessica Muñoz. The CASA program model is incredibly efficient. Our program staff of ten oversee the recruitment, training, and supervision of more than 300 CASA volunteers annually. VFC is the only organization in Riverside County that is authorized by the Court to recruit, train, and support CASA volunteers, demonstrating our credibility within the community and the capacity we have to serve children.

The Riverside County CASA program has achieved year-over-year growth since its inception in 2014. We provided 434 children with a CASA during fiscal year 2019-20, our fifth year of operation. VFC's Riverside County CASA program was created at the urging of the Judicial Council of California and the Superior Court in Riverside County. When previous program in Riverside County closed its doors in 2014, there were disastrous consequences for the health, well-being, permanent home prospects, and education of thousands of local foster children including children from the Coachella Valley. Their needs were at high risk of going undetected and unaddressed. VFC was asked to step in to establish a new CASA program in Riverside County based on our organizational capacity and 40 years of programmatic and fundraising success.

Organizational Sustainability:

Voices for Children is an organization with a singular mission: to transform the lives of children who have experienced abuse and neglect by providing them with CASA volunteers. As a result, all of our strategic and fundraising initiatives are conceived in service of this overarching goal. VFC receives strategic and fundraising support from our 27-member board of directors and our Riverside County Community Advisory Council. The majority of VFC's funding comes from private philanthropy. We solicit support through grant requests, direct mail campaigns, third-party events, and major gift solicitations. We have received significant grants from funders such as the Annenberg Foundation, the Berger Foundation, United Way of the Inland Valleys, Focusing Philanthropy, and the In-N-Out Burger Foundation. We also receive government funding through the Victims of Crime Act, local Community Development Block Grant (CDBG) programs, and the Riverside County Transportation Commission. VFC's philanthropy professionals work to increase funding by cultivating new donors and broadening our network in the communities we serve. VFC's Riverside County CASA program aims to strengthen philanthropic partnerships, especially with individuals, corporations, and foundations, to ensure the sustainability of the CASA program.

Partnerships:

Key Partners:

Voices for Children collaborates with many institutions, organizations, agencies, and government offices in Riverside County to serve foster children. We work most closely with the Riverside County Department of Public Social Services (DPSS) and Juvenile Dependency Court. Riverside County judges, attorneys, social workers, and other child

welfare professionals refer children to our program. We also collaborate with attorneys and social workers as we work to address the unmet needs of the youth we serve. Other partners in service include the Riverside County Department of Probation, Riverside County Tribal Alliance, the Department of Public Social Services' System Improvement Core, the Riverside County Office of Education, and local school districts, foster family agencies, and mental health providers.

Each Superior Court may designate one nonprofit agency to serve as the CASA program for its county. Voices for Children is the organization designated by the Superior Court of California, County of Riverside's Juvenile Division to serve in this capacity. The first MOU was executed in January 2015. The present MOU will be in effect until December 2020, at which point it will be renewed. At the time of this writing, this process has already begun. The MOU is typically executed for two-year terms and is reviewed annually to ensure compliance with state and local rules.

Line Item Budget Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs Detail on sheet 2		\$766,453	\$726,453	\$40,000
Equipment (itemize)				
1		0		0
2				0
3				0
4				0
Supplies (itemize)				
1	Office Supplies	8,000	8,000	0
2	Dues, Fees, and Subscriptions	1,200	1,200	0
3				0
4				0
Printing/Duplication		1,200	1,200	0
Mailing/Postage		1,200	1,200	0
Travel/Mileage		108,000	108,000	0
Education/Training		3,000	3,000	0
Office/Rent/Mortgage		24,750	24,750	0
Telephone/Fax/Internet		11,220	11,220	0
Utilities				0
Insurance		12,000	12,000	0
Other facility costs not described above (itemize)				
1				0
2				0
3				0
4				0
Other program costs not described above (itemize)				
1	Credit card fees	144	144	0
2	Marketing (includes recruitment)	39,200	39,200	0
3	Other expenses	21,056	21,056	0
4				0
Total Program Budget		997423	957423	40000
Budget Narrative	<p>The majority of our operational costs consist of mileage and marketing (volunteer recruitment). Our organization is powered by volunteers who are dispersed throughout the County. We budgeted \$108,000 this year on mileage reimbursement. We strive for operational efficiency by matching volunteers with children in their geographical region, but we cannot guarantee that a child will remain in the same placement. Foster children change placements frequently, so volunteers often drive extensive distances to spend time with their case child and to attend school and team meetings. Thankfully, the Riverside County Transportation Commission provides Voices for Children with a grant that covers an estimated 80% of our mileage expenses. Because our organization relies heavily on the services of volunteers, we budgeted \$39,200 on marketing/volunteer recruitment. This includes the production of informational and promotional materials, newsletters and fliers, and subscriptions and advertisements through online platforms such as VolunteerMatch, Indeed, Mentor Connection, JustServe, AllForGood, Idealist, LinkedIn, and Meetup.com.</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
Employee Position/Title					
1	Executive Director	115,000	50	57,500	11500
2	Director of Philanthropy	85,280	20	17,056	0
3	Director of Programs	65,000	100	65,000	6500
4	Assistant Program Manager	54,080	100	54,080	0
5	Assistant Program Manager	54,080	100	54,080	8100
6	Advocacy Supervisor	43,900	100	4,900	
7	Advocacy Supervisor	42,993	100	42,993	
8	Advocacy Supervisor	42,993	100	42,993	
9	Advocacy Supervisor	42,993	100	42,993	
10	Advocacy Supervisor	42,091	100	42,091	8486
11	Program Coordinator (.5 FTE)	22,880	100	22,880	5414
12	Flat rate for finance, grant, human resources, and marketing support from San Diego branch	72,000			
Total Employee Benefits, Taxes, and Workers Compensation		83,163			
Enter this amount in Section 1; Staffing Costs				Total >	40000
Budget Narrative	<ul style="list-style-type: none"> o The Executive Director provides program oversight, including volunteer recruitment, retention, recognition, and training efforts. She also facilitates professional development for program staff and provides guidance on challenging cases. o The Director of Programs oversees all program staff, case management, and training and recruitment efforts. Each year, she facilitates at least seven sessions of Advocate University, VFC's 35-hour internal CASA training program. o The Assistant Program Manager (APM) is based in VFC's Palm Desert office. In addition to managing a caseload of approximately 30 CASA volunteers, she oversees an Advocacy Supervisor who is also based in VFC's Palm Desert office. The APM also assesses and recommends program policies, gathers child welfare resources, and attends community meetings that offer opportunities to engage prospective volunteers. o The Advocacy Supervisor (AS) is based in VFC's Palm Desert office and manages a team of 50-55 CASA volunteers. The Advocacy Supervisor provides ongoing training, support, and accountability to CASA volunteers and assists them in preparing formal written court reports twice a year at a minimum. 				
Budget Narrative	Employee benefits (\$30,750), payroll taxes (\$46,728), and worker's compensation (\$5,685) are included in the staffing costs calculation. Benefits are calculated at a rate of 5.03% of Riverside County staff salaries (not all employees opt into healthcare and dental benefits). Payroll taxes are calculated at a rate of 7.65% (6.2% Social Security + 1.45% Medicare). Worker's compensation is calculated at a rate of .93%.				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1					
2					
3					
4					
5					
Enter this amount in Section 1; Staffing Costs				Total >	0
Budget Narrative	VFC does not use professional services or consultants.				

Line Item Budget Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project		Amount
Fees		\$0
Donations		\$233,220
Grants (List Organizations)		
1	Cal OES	\$167,432
2	Riverside County Transportation Commission	\$121,486
3	County of Riverside CDBG Program	\$55,000
4	City of Moreno Valley CDBG Program	\$30,000
4	H.N. and Frances C. Berger Foundation	\$25,000
5	Inland Southern United Way Coalition	\$23,200
7	In-N-Out Burger Foundation	\$20,000
8	Anderson Children's Foundation	\$14,000
9	City of Riverside CDBG Program	\$10,000
10	City of Hemet CDBG Program	\$10,000
11	U.S. Bank	\$10,000
12	San Manuel Band of Mission Indians	\$10,000
13	City of Temecula CDBG Program	\$5,538
14	Mechanics Bank	\$5,000
14	County of Riverside Board of Supervisors	\$4,000
15	Other Planned Foundation and Government Grants	\$187,344
Fundraising (describe nature of fundraiser)		
1	Business Network International (BNI) Virtual Auction Third Party Event	\$8,000
2		
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)		
1	Corporations	\$62,910
2		
3		
4		
Total funding in addition to DHCD request		\$1,002,130
Budget Narrative	The donations listed in cell D3 are the total individual and corporate gifts received year to date. The grants listed in cells D5 through D14 are the total awarded year to date. The amount listed in cell D15 is the total VFC plans to secure through pending and planned grant requests. The amount listed in cell D23 represents the total VFC plans to raise through corporate partnerships.	

**MEMORANDUM OF UNDERSTANDING
BETWEEN THE SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE,
AND VOICES FOR CHILDREN, INC.**

This Memorandum of Understanding (“**MOU**”) is made and entered into only between the Superior Court of California, County of Riverside (“**Court**”), and Voices for Children (VFC) (collectively, “**Parties**,” and individually, “**Party**”).

**ARTICLE 1
TERM AND EFFECTIVE DATE**

- 1.0 This MOU shall be effective January 1, 2019 through December 31, 2020.

**ARTICLE 2
INDEPENDENT CONTRACTOR**

- 2.0 This MOU in no way establishes a permanent and ongoing relationship between the parties. Nothing in this MOU shall be construed as creating any partnership, joint venture, association, any employer-employee, or principal-agent relationship among or between any of the parties. Court Appointed Special Advocate (CASA) volunteers are not employees of the Court. CASA volunteers are defined by California Rule of Court, Rule 5.655 (“CRC 5.655”), attached as Attachment A, and incorporated herein by reference.

**ARTICLE 3
COURT AND VOICES FOR CHILDREN OBLIGATIONS**

- 3.0 The parties agree to perform the terms of this MOU in accordance with CRC 5.655. It is the intent of the parties that this Agreement be administered in its entirety in good faith during the full term of this Agreement.
- 3.1 CRC 5.655 imposes obligations on the Court and Voices for Children to develop and implement written plans and procedures pertaining to 1) the selection of cases and appointment of CASA volunteers for children in juvenile court proceedings, 2) the training, oversight, support and supervision of CASA volunteers in the performance of their duties, and 3) the confidentiality of case information, case records, and personnel records. The written plans and procedures, approved by the Presiding Juvenile Court Judge pursuant to CRC 5.655, are attached hereto as Attachment B, and incorporated herein by reference.

It is agreed that the following categories of children and nonminors who fall under the jurisdiction of the juvenile court may be served by the CASA program: a child declared a dependent; a child declared a delinquent; dual-status youth as defined by Welfare and Institutions Code section 241.1(e) and local protocol; a nonminor dependent under Welfare & Institutions Code section 300 jurisdiction; a nonminor dependent under Welfare and Institutions Code section 602 jurisdiction; and a nonminor dependent under Welfare and Institutions Code section 450 jurisdiction.

- 3.2 Voices for Children shall comply with Court rules and restrictions relating to facility usage and access and the use and access to Court staff.

**ARTICLE 4
TERMINATION**

- 4.0 Either party may terminate this MOU, with our without cause, by giving thirty (30) days written notification to the other party.
- 4.1 Nothing in this MOU shall limit the authority of the Court to make changes required to provide mandated services as required by law, statute and/or court rule. If any change made by either party significantly affects the rights or responsibilities of the other party, the party making the change shall notify the other party as soon as practical. If the parties are unable to resolve the matter, then either party may terminate the Agreement on thirty (30) days written notice to the other.

**ARTICLE 5
MISCELLANEOUS PROVISIONS**

- 5.0 **INSURANCE.** Voices for Children shall maintain insurance coverage for its staff and volunteers as stated in CRC 5.655.
- 5.1. **INDEMNIFICATION.** Voices for Children agrees to indemnify and hold harmless the Court, its judicial officers, administrators, and employees from any liability whatsoever, based or asserted upon any services of Voices for Children, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this MOU, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever arising from the performance of this MOU . Voices for Children shall defend the Court against any claim or action based upon such alleged acts or omissions. Voices for Children, at its sole expense, shall advance and pay all costs and fees related to its obligations hereunder including, but not limited to, attorney fees, costs of investigation, defense, compromises, and settlement of awards, judgments and appeals.

With respect to any action or claim subject to indemnification herein by Voices for Children, Voices for Children shall, at its sole cost , have the right to use counsel of their own choice and shall have the right to adjust , settle, or compromise any such action or claim without the prior consent of the Court; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes Voices for Children's indemnification to the Court as set forth herein.

Voices for Children's obligation hereunder shall be satisfied when Voices for Children has provided to Court the appropriate form of dismissal relieving the Court from any liability for the action or claim involved.

The specified insurance limits required of Voices for Children, as stated in Article 5.0, shall in no way limit or circumscribe Voices for Children's obligations to indemnify and hold harmless the Court from third party claims.

- 5.2 **ASSIGNMENT.** Neither party shall assign any interest in this MOU without the prior written consent of the other party.
- 5.3 **AMENDMENT.** No modification or change to this MOU shall be valid without written approval, from both parties, in the form of an Amendment signed by the authorized representative of each party.

5.4 TIME OF PERFORMANCE. Unless stated otherwise, all references to days shall be calendar days.

5.5 NOTICE. All notices, claims, correspondence, and reports required by this MOU shall be addressed as follows:

COURT

Superior Court of California, County of Riverside
Executive Office
4050 Main Street, First Floor
Riverside, CA 92501

VOICES FOR CHILDREN, INC.

2851 Meadow Lark Drive
San Diego, CA 92123

5.6 COMPLETE AGREEMENT. This MOU is intended by the parties as a final expression of their understanding with respect to the subject matter hereof and as a complete and exclusive statement of the terms and conditions thereof and supersedes any and all prior agreements.

5.7 COMPLIANCE WITH LAWS. The parties agree to comply with all applicable laws, rules, and regulations in the performance of their duties.

5.8 CHOICE OF LAW. This MOU will be exclusively governed by the laws of the State of California.

5.9 JURISDICTION AND VENUE. The jurisdiction and venue of the state and federal courts will be located in Riverside, California in any legal action concerning or relating to this MOU.

5.10 DEFAULT AND REMEDIES. A default exists under this MOU if Voices for Children fails to perform a material promise in this agreement and is incapable of curing this failure or does not cure failure within thirty (30) days following notice. Voices for Children will notify Court immediately if Voices for Children defaults under this Agreement.

Parties may do any of the following: a) Enter non-binding mediation as stated in Article 5.11, b) terminate agreement as stated in Article 4.0, or c) seek other remedies at law or in equity_ All remedies provided for in this Agreement may be exercised individually or in combination with any other available remedy.

5.11 DISPUTE RESOLUTION. Except as otherwise provided in this agreement, any dispute concerning a question of fact arising under this agreement, which is not disposed by this agreement, and not resolved by negotiations, may be resolved by mutual consent of both parties in non-binding mediation ("mediation") in the City of Riverside, California.

The parties further agree their participation in mediation is a condition precedent to any party pursuing any other available remedy in relation to the dispute. If a dispute between the parties regarding the interpretation or performance of this agreement is not resolved by mediation, either party may bring legal action to interpret and enforce this agreement.

Parties agree that until such dispute is resolved, the parties shall continue to provide the services and continue to make payment(s) for the non-disputed portion(s) of services of each voucher.

The following process shall be followed: Both parties will select representative(s) from their staff to attend the mediation. The party seeking mediation shall give written notice to the other party of its desire to commence mediation. A mediation session shall take place within sixty (60) business days from the date notice was given. The parties shall appoint a mutually acceptable mediator. The parties further agree to share equally the costs of the mediation.

5.12 ATTORNEY FEES. If any action at law or in equity is necessary to enforce the terms of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees and reasonable costs, in addition to any other relief to which such party may be entitled.

If, for any dispute or claim to which this provision applies, any party commences an action without first attempting to resolve the matter through mediation, or refuses to mediate after a request has been made, then that party shall not be entitled to recover attorney's fees, even if they would be available to that party in that action.

5.13 LIMITATIONS OF LIABILITY. Court will not be liable to Contractor for any indirect, special, or consequential damages, arising from or relating to this agreement, regardless if the Court was advised of the possibility of such loss or damage.

5.14 CONFLICTS OF INTEREST. The parties and their respective employees or agents shall have no interest, and shall not acquire any interest, direct or indirect, which shall conflict in any manner or degree with the performance of services under this agreement.

IN WITNESS HEREOF, the parties' respective authorized signatories hereby execute the Agreement by virtue of the following signatures:

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

By: W. Samuel Hamrick, Jr.
W. Samuel Hamrick, Jr.
Court Executive Officer

Dated: 12/28/2018

VOICES FOR CHILDREN, INC.

By: John Valencia
John Valencia
President/CEO

Dated: 12/12/18

ATTACHMENT A

[Cal Rules of Court, Rule 5.655](#)

This document reflects changes received through October 22, 2018.

California Court Rules > CALIFORNIA RULES OF COURT > Title 5. Family and Juvenile Rules > Division 3. Juvenile Rules > Chapter 11. Advocates for Parties

Rule 5.655. Program requirements for Court Appointed Special Advocate programs

(a) General provisions

(1) A Court Appointed Special Advocate (CASA) program is a child advocacy program that recruits, screens, selects, trains, supervises, and supports lay volunteers for appointment by the court to help define the best interest of children and nonminors under the jurisdiction of the juvenile court, including the dependency and delinquency courts.

(2) To be authorized to serve children and nonminors in a county, the CASA program must be designated by the presiding judge of the juvenile court.

(3) A CASA program must comply with this rule to be eligible to receive Judicial Council funding.
(Subd (a) amended effective January 1, 2018; adopted effective January 1, 2005.)

(b) CASA program administration and management

(1) The court's designation of the CASA program must take the form of a memorandum of understanding (MOU) between the CASA program and the designating court.

(A) The MOU must state that the relationship between the CASA program and the designating court can be terminated for convenience by either the CASA program or the designating court.

(B) A CASA program may serve children and nonminors in more than one court if the program executes an MOU with each court.

(C) The CASA program and the designating court must be the only parties to the MOU.

(D) The MOU must indicate when and how the CASA program will have access to the juvenile case file and the nonminor dependent court file if applicable.

(2) A CASA program must function as a nonprofit organization or under the auspices of a public agency or nonprofit organization, and must adopt and adhere to a written plan for program governance and evaluation. The plan must include the following, as applicable:

(A) Articles of incorporation, a board of directors, and bylaws that specify a clear administrative relationship with the parent organization and clearly delineated delegations of authority and accountability.

(B) A clear statement of the purpose or mission of the CASA program that express goals and objectives to further that purpose. Where the CASA program is not an independent organization, but instead functions under the auspices of a public agency or a nonprofit organization, an active advisory council must be established. The role of the advisory council for CASA programs functioning under the auspices of a public agency or a nonprofit organization includes but is not limited to developing and approving policies for CASA, developing the CASA program's budget, promoting a collaborative relationship with the umbrella organization, monitoring and evaluating program operations, and developing and implementing fundraising activities to benefit the CASA

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program. The board of directors for the nonprofit organization or management of the public agency will function as the governing body for the CASA program, with guidance from the advisory council.

(C) A procedure for the recruitment, selection, hiring, and evaluation of an executive director for the CASA program.

(D) An administrative manual containing personnel policies, record-keeping practices, and data collection practices.

(E) Local juvenile court rules developed in consultation with the presiding judge of the juvenile court or a designee, as specified in section 100. One local rule must specify when CASA reports are to be submitted to the court, who is entitled to receive a copy of the report, and who will copy and distribute the report. This rule must also specify that the CASA court report must be distributed to the persons entitled to receive it at least two court days before the hearing for which the report was prepared.

(3) No CASA program may function under the auspices of a probation department or department of social services. CASA programs may receive funds from probation departments, local child welfare agencies, and the California Department of Social Services if:

(A) The CASA program and the contributing agency develop an MOU stating that the funds will be used only for general operating expenses as determined by the receiving CASA program, and the contributing agency will not oversee or monitor the funds;

(B) A procedure resolving any conflict between the CASA program and contributing agency is implemented so that conflict between the two agencies does not affect funding or the CASA program's ability to retain an independent evaluation separate from that of the contributing agency's; and

(C) Any MOU between a CASA program and the contributing agency is submitted to and approved by Judicial Council staff.

(4) If a CASA program serves more than one county, the CASA program is encouraged to seek representation on the board of directors and/or advisory council from each county it serves.

(Subd (b) adopted effective January 1, 2018.)

(c) Finance, facility, and risk management

(1) A CASA program must adopt a written plan for fiscal control. The fiscal plan must include an annual audit, conducted by a qualified professional, that is consistent with generally accepted accounting principles and the audit protocols in the program's Judicial Council contract.

(2) The fiscal plan must include a written budget with projections that guide the management of financial resources and a strategy for obtaining necessary funding for program operations.

(3) When the program has accounting oversight, it must adhere to written operational procedures in regard to accounting control.

(4) The CASA program's board of directors must set policies for and exercise control over fundraising activities carried out by its employees and volunteers.

(5) The CASA program must have the following insurance coverage for its staff and volunteers:

(A) General liability insurance with liability limits of not less than \$1 million (\$1,000,000) for each person per occurrence/aggregate for bodily injury, and not less than \$1 million (\$1,000,000) per occurrence/aggregate for property damage;

(B) Nonowned automobile liability insurance and hired vehicle coverage with liability limits of not less than \$1 million (\$1,000,000) combined single limit per occurrence and in the aggregate;

(C) Automobile liability insurance meeting the minimum state automobile liability insurance requirements, if the program owns a vehicle; and

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(D)Workers' compensation insurance with a minimum limit of \$500,000.

(6)The CASA program must require staff, volunteers, and members of the governing body, when applicable, to immediately notify the CASA program of any criminal charges against themselves.

(7)The nonprofit CASA program must plan for the disposition of property and confidential records in the event of its dissolution.

(Subd (c) adopted effective January 1, 2018.)

(d) ConfidentialityThe presiding juvenile court judge and the CASA program director must adopt a written plan governing confidentiality of case information, case records, and personnel records. The plan must be included in the MOU or a local rule. The written plan must include the following provisions:

(1)All information concerning children and families, including nonminors, in the juvenile court process is confidential. Volunteers must not give case information to anyone other than the court, the parties and their attorneys, and CASA staff.

(2)CASA volunteers are required by law ([Pen. Code, § 11166](#) et seq.) to report any reasonable suspicion that a child is a victim of child abuse or serious neglect as described by [Penal Code section 273a](#).

(3)The child's original case file must be maintained in the CASA office by a custodian of records and must remain there. Copies of documents needed by a volunteer must be restricted to those actually needed to conduct necessary business outside of the office. No one may have access to the child's original case file except on the approval of the CASA program director or presiding judge of the juvenile court. Controls must be in place to ensure that records can be located at any time. The office must establish a written procedure for the maintenance of case files.

(4)If the nonminor provides consent for the CASA volunteer to obtain his or her nonminor dependent court file, the procedures stated in paragraph (3) related to maintenance of the case file must be followed.

(5)The volunteer's personnel file is confidential. No one may have access to the personnel file except the volunteer, the CASA program director or a designee, or the presiding judge of the juvenile court.

(Subd (d) adopted effective January 1, 2018.)

(e) Recruiting, screening, and selecting CASA volunteers

(1)A CASA volunteer is a person who has been recruited, screened, selected, and trained; is being supervised and supported by a local CASA program; and has been appointed by the juvenile court as a sworn officer of the court to help define the best interest of children or nonminors in juvenile court dependency and wardship proceedings.

(2)A CASA program must adopt and adhere to a written plan for the recruitment of potential CASA volunteers. The program staff, in its recruitment effort, must address the demographics of the jurisdiction by making all reasonable efforts to ensure that individuals representing all racial, ethnic, linguistic, and economic sectors of the community are recruited and made available for appointment as CASA volunteers.

(3)A CASA program must adopt and adhere to the following minimum written procedures for screening potential CASA volunteers under section 102(e):

(A)A written application that generates minimum identifying data; information regarding the applicant's education, training, and experience; minimum age requirements; and current and past employment.

(B)Notice to the applicant that a formal security check will be made, including inquiries through appropriate law enforcement agencies--including but not limited to the Department of Justice, Federal Bureau of Investigations, and Child Abuse Index--regarding any criminal record, driving record, or other record of conduct that would disqualify the applicant from service as a CASA

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volunteer. The security check must include fingerprinting. Refusal to consent to a formal security check is grounds for rejecting an applicant.

(C) A minimum of three completed references regarding the character, competence, and reliability of the applicant and his or her suitability for assuming the role of a CASA volunteer.

(4) If a CASA program allows its volunteers to transport children, the program must ensure that each volunteer transporting children:

(A) Possesses a valid and current driver's license;

(B) Possesses personal automobile insurance that meets the minimum state personal automobile insurance requirements;

(C) Obtains permission from the child's guardian or custodial agency; and

(D) Provides the CASA program with a Department of Motor Vehicles driving record report annually.

(5) A CASA program must adopt a written preliminary procedure for selecting CASA candidates to enter the CASA training program. The selection procedure must state that any applicant found to have been convicted of or to have current charges pending for a felony or misdemeanor involving a sex offense, child abuse, or child neglect must not be accepted as a CASA volunteer. This policy must be stated on the volunteer application form.

(6) An adult otherwise qualified to act as a CASA must not be discriminated against based on marital status, socioeconomic factors, race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color, or disability or because of any other characteristic listed or defined in [Government Code section 11135](#) or [Welfare and Institutions Code section 103](#).

(Subd (e) amended and relettered effective January 1, 2018; adopted as subd (b); previously amended and relettered as subd(c) effective January 1, 2005; previously amended effective January 1, 1995, January 1, 2007, and January 1, 2010.)

(f) Initial training of CASA volunteers (§ 102(d)) A CASA program must adopt and adhere to a written plan for the initial training of CASA volunteers.

(1) The initial training curriculum must include at least 30 hours of formal instruction. This curriculum must include mandatory training topics as listed in section 102(d). The curriculum may also include additional appropriate topics, such as those stated in [California Rules of Court, rule 5.664](#).

(2) The final selection process is contingent on the successful completion of the initial training program, as determined by the presiding judge of the juvenile court or designee.

(Subd (f) amended and relettered effective January 1, 2018; adopted as subd (c); previously amended and relettered as subd (d) effective January 1, 2005; previously amended effective January 1, 1995, and January 1, 2007.)

(g) Oath At the completion of training, and before assignment to any child or nonminor's case, the CASA volunteer must take a court-administered oath describing the duties and responsibilities of the advocate under section 103(f). The CASA volunteer must also sign a written affirmation of that oath. The signed affirmation must be retained in the volunteer's file.

(Subd (g) amended and relettered effective January 1, 2018; adopted as subd (d); previously amended and relettered as subd (e) effective January 1, 2005; previously amended effective January 1, 2007.)

(h) Duties and responsibilities CASA volunteers serve at the discretion of the court having jurisdiction over the proceeding in which the volunteer has been appointed. A CASA volunteer is an officer of the court and is bound by all court rules under section 103(e). A CASA program must develop and adopt a written description of duties and responsibilities, consistent with local court rules.

(Subd (h) amended and relettered effective January 1, 2018; adopted as subd (e); previously amended and relettered as subd (f) effective January 1, 2005; previously amended effective January 1, 1995, and January 1, 2007.)

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(i) Prohibited activitiesA CASA program must develop and adopt a written description of activities that are prohibited for CASA volunteers. The specified prohibited activities must include:

- (1) Taking a child or nonminor to the CASA volunteer's home;
 - (2) Giving legal advice or therapeutic counseling;
 - (3) Giving money or expensive gifts to the child, nonminor, or family of the child or nonminor;
 - (4) Being related to any parties involved in a case or being employed in a position and/or agency that might result in a conflict of interest; and
 - (5) Any other activities prohibited by the local juvenile court.
- (Subd (i) relettered and amended effective January 1, 2018; adopted as subd (g) effective January 1, 2005.)

(j) The appointment of CASA volunteersThe CASA program director must develop, with the approval of the presiding juvenile court judge, a written procedure for the selection of cases and the appointment of CASA volunteers for children and nonminors in juvenile court proceedings.

(Subd (j) relettered and amended effective January 1, 2018; adopted as subd (f); previously amended effective January 1, 1995; previously amended and relettered as subd (h) effective January 1, 2005.)

(k) Oversight, support, and supervision of CASA volunteersA CASA program must adopt and adhere to a written plan, approved by the presiding juvenile court judge, for the oversight, support, and supervision of CASA volunteers in the performance of their duties. The plan must:

(1) Include a grievance procedure that covers grievances by any person against a volunteer or CASA program staff and grievances by a volunteer against a CASA program or program staff. The grievance procedure must:

(A) Be incorporated into a document that contains a description of the roles and responsibilities of CASA volunteers. This document must be provided:

- (i) When a copy of the court order that appointed the CASA volunteer is provided to any adult involved with the child's or nonminor's case, including but not limited to, teachers, foster parents, therapists, and health-care workers; and
- (ii) To the nonminor upon appointment of the CASA; and
- (iii) To any person, including a volunteer, who has a grievance against a volunteer or a CASA program employee.

(B) Include a provision that documentation of any grievance filed by or against a volunteer must be retained in the volunteer's personnel file.

(2) Include a provision for the ongoing training and continuing education of CASA volunteers. Ongoing training opportunities must be provided at least monthly under section 103(a). CASA volunteers must participate in a minimum of 12 hours of continuing education in each year of service.

(Subd (k) relettered and amended effective January 1, 2018; adopted as subd (g); previously amended and relettered as subd (i) effective January 1, 2005; previously amended effective January 1, 1995, and January 1, 2007.)

(l) Removal, resignation, and termination of a CASA volunteerThe CASA program must adopt a written plan for the removal, resignation, or involuntary termination of a CASA volunteer, including the following provisions:

- (1) A volunteer may resign or be removed from an individual case at any time by the order of the juvenile court presiding judge or designee.
- (2) A volunteer may be involuntarily terminated from the program by the program director.

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(3)The volunteer has the right to appeal termination by the program director under the program's grievance procedure.

(Subd (j) relettered effective January 1, 2018; adopted as subd (h); previously amended and relettered as subd (j) effective January 1, 2005; previously amended effective January 1, 1995, and January 1, 2007.)

History

Rule 5.655 amended effective January 1, 2018; adopted as rule 1424 effective July 1, 1994; previously amended and renumbered as rule 5.655 effective January 1, 2007; previously amended effective January 1, 1995, January 1, 2000, January 1, 2001, January 1, 2005, January 1, 2010, and January 1, 2016.

Annotations

Commentary

Advisory Committee Comment

1995 guidelines implement the requirements of section 100, which establishes a grant program administered by the Judicial Council to establish or expand CASA programs to assist children involved in juvenile dependency proceedings, including guardianships, adoptions, and actions to terminate parental rights to custody and control.

CASA programs provide substantial benefits to children appearing in dependency proceedings and to the juvenile court having responsibility for these children. Child advocates improve the quality of judicial decision making by providing information to the court concerning the child. Advocates help identify needed services for the children they are assisting and provide a consistent friend and support person for children throughout the long and complex dependency process.

The CASA concept was first implemented in Seattle in 1977. As of 1994, there were more than 30,000 volunteers working in more than 525 CASA programs in nearly every state. The programs recruit, screen, select, train, and supervise lay volunteers to become effective advocates in the juvenile court.

Currently, numerous jurisdictions in California use some variation of the CASA concept. These programs have developed over the past several years under the supervision of local juvenile courts under sections 356.5 and 358. Each program is unique and was designed to respond to the specific needs of the local jurisdiction and community it serves.

These guidelines provide a framework for ensuring the excellence of California CASA programs and volunteers. They are intended to be consistent with the guidelines established by the National CASA Association and to conform with the requirements of California law and procedure. The California CASA Association has assisted in developing these guidelines, which are meant to give the local bench, bar, child welfare professionals, children's advocates, and other interested citizens full rein to adapt the CASA concept to the special needs and circumstances of local communities.

Central to the intent of these guidelines is the effort to provide a vehicle for the presiding judge of the local juvenile court to exercise fully informed and effective oversight of the local CASA program and CASA volunteers. These guidelines are also intended to help CASA programs and juvenile courts develop local court rules. Nothing in these guidelines should limit or restrict the local juvenile court from developing and supporting multiple branches of a CASA program within the community to enable a county to offer comprehensive volunteer advocacy programs for children.

Research References & Practice Aids

Collateral References:

Cal Jur 3d (Rev) Delinquent and Dependent Children §§ 62, 90, 91.

Deering's California Codes Annotated

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ATTACHMENT B

Voices for Children, Inc.

WRITTEN PLAN AND PROCEDURES PER RULE 5.655

Rule 5.655. Program requirements for Court Appointed Special Advocate program.

Rule 5.655(j) The appointment of CASA volunteers

SELECTION GUIDELINES

Volunteer Selection Criteria

Volunteers are the heart of the CASA Program. Selecting volunteers to work with children can be difficult, but it is the child’s interest that is always the criteria. The following guidelines are used to help in selection. Because no one person can be all these things, it is important that each Advocacy Supervisor provide support and encouragement to volunteers to enable them to do the important work they do with dependent children.

1. Successful completion of required clearances as defined by Rule of Court 5.655(e):
 - Be at least 21 years of age to begin service
 - Commit to a minimum 18 months of volunteer service
 - Clear a criminal background check
 - Have at least 2 years driving experience and a valid driver’s license
 - Provide a DMV history report (with fewer than three points) and verification of auto insurance
 - Three positive personal references

2. Successful Completion of an interview process to determine ability to:
 - Be an emotionally mature and stable person
 - Be objective and receptive to backgrounds, experiences, and individual lifestyles that are different from his or her own
 - Possess a sense of self-worth, exhibit self-assurance, be able to deal with hostility and rejection, be persistent, and be flexible enough to accommodate change
 - Have a sense of personal integrity, be consistent with his or her words and actions, and be committed to following through
 - Be willing to drive to a variety of locations throughout Riverside County

3. Additional selection criteria

- Investigate and do research – interview, observe listen and analyze written material
- Write clearly and concisely
- Express themselves verbally
- Plan and set goals
- Organize tasks and information
- Pay attention to detail and accuracy
- Make decisions
- Be assertive
- Be a credible witness
- Negotiate
- Follow guidelines and policies
- Be tactful

INITIAL TRAINING OF CASA VOLUNTEERS (Rule 5.655(f); WIC 102(d))

The initial training curriculum will include at least 35 hours of formal instruction. This curriculum will include mandatory training topics as listed in WIC section 102(d). The curriculum will also include additional appropriate topics. The final selection process is contingent on the successful completion of the initial training program.

At the completion of training, and before assignment to any child's case, the CASA volunteer will take a court-administered oath describing the duties and responsibilities of the advocated under WIC, Section 103(f). CASA volunteer must also sign a written affirmation of the oath. The signed affirmation will be retained in the volunteer's file.

APPOINTMENT OF VOLUNTEERS/ASSIGNING A CASE

Once a volunteer has been accepted into the CASA program, the next step is to assign a case to him/her. Voices for Children staff will review the matching list and select a child/ren's case for the CASA volunteer to review. Children who are deemed "high risk" and who have been on the matching list for a considerable amount of time will take priority.

Voices for Children will strive to assign newly trained and cleared volunteer advocates to a minor within two weeks of graduating from training. Once appointed, CASA volunteer must commit a minimum of 18 months of service to the child/ren or until relieved by the court.

While Voices for Children, Inc. does not discriminate in the recruitment of volunteers and actively seeks volunteers of diverse ages, races, cultures, etc., the appointment of a volunteer on a particular case will be subject to the following criteria:

- Case assignment will be handled based on the greatest need
- The complexity of the case
- The age and sex of the child or children
- The cultural, ethnic, linguistic and other background characteristics (including any disabilities) of the child or family
- The absence of any conflict of interest on the part of the volunteer and any other party in the case

- A case will be made high priority when the following are present:
 - Child has no family or lifetime connection to speak of
 - Child's behavior is escalating and child is out of control
 - Services to address these issues have not been ordered or delayed
 - Child has had multiple placements
 - Special Request from Judge or social worker due to severity of case (No basis on age, gender, sex, sexual orientation)

CASA Court Reports – For any case in which the court has ordered the appointment of a court-appointed special advocate (CASA), the advocate volunteer must prepare a typewritten report for the Juvenile Court hearing. These reports will be reviewed, edited, and distributed through the Voices for Children office, to the court, the parties and their attorneys, at least two (2) court days before the hearing for which the report was prepared.

In the event that a CASA volunteer resigns or discontinues their services as a volunteer while assigned to a minor, Voices for Children Executive Director or designee will notify the court and make every effort to assign another volunteer to the minor.

Appointment of CASA volunteer may continue after the child attains his or her age of majority, with the consent of the minor dependent.

Reassigning a CASA Volunteer

If a CASA volunteer has completed one case and is interested in taking a second case, the Advocacy Supervisor will review the cases on the wait list to determine what might be a good match for the CASA volunteer and will then follow the procedure for assigning as in the first case.

If the CASA volunteer indicates a desire to take a break, the Advocacy Supervisor will do the following:

- Enter the CASA volunteer's status as "On Leave" in CASA Manager. Enter the date which the CASA volunteer indicated he/she may be ready to be reassigned.
- Develop a tickler system to remind the Advocacy Supervisor when to contact the CASA volunteer pursuant to the procedure "Available/On Leave Status".

Rule 5.655(k) Oversight, support, and supervision of CASA volunteers

SUPERVISION AND SUPPORT OF VOLUNTEERS

Voices for Children's goal is to provide a trained, monitored and supported volunteer CASA to every child in the dependency system. Voices for Children will provide the oversight, support, and supervision of CASA volunteers in the performance of their duties throughout his or her involvement in the program. CASA volunteers will be provided with monthly ongoing training and continuing education.

Rule 5.655 (l)(3) Removal, resignation, and termination of a CASA volunteer

GRIEVANCE POLICY

A grievance is defined as a formal statement of complaint and can be made by any party associated with a case. Voices for Children's primary goal is to solve concerns or disputes in a collaborative and informal manner when feasible.

Any potential CASA Volunteer or a community member who believes he/she suffered harm by the

interpretation, application or performance of the Voices for Children program or any of its board of directors, volunteers or program staff may seek relief of the situation via this grievance policy and procedure.

Grievance Procedure

Any person with a complaint against a volunteer or staff member shall be directed to follow the prescribed grievance procedure. The complaint should be made in writing to the individual's immediate supervisor and shall contain the following:

1. The name of the individual involved;
2. A specific description of the alleged inappropriate or improper conduct;
3. The date or dates the conduct occurred;
4. The name and petition number of the case involved;
5. The actions taken to address the complaint directly with the individual involved by the complainant; and
6. The complainant's desired outcome.

Within 10 business days of the receipt of a complaint, the immediate supervisor of the individual shall send a written response to the complainant that should include the nature of the supervisor's investigation and any action taken.

If the complainant is not satisfied with the written response or action of the individual's immediate supervisor, then the complainant may forward the complaint to the VFC Riverside County Executive Director. This document should include the foregoing written complaint, as well as additional information as to the reasons the complainant is dissatisfied with the initial response. The Riverside County Executive Director will then respond in writing within 10 business days of receipt of the complaint. If requested, the Riverside County Executive Director will meet the complainant to discuss the matter.

In the event that the matter is not resolved with the VFC Riverside County Program Director, a complainant may request that the President/CEO become involved. The President/CEO must receive written notice of the complainant's dissatisfaction with the handling of the matter by the Executive Director within 10 business days.

Any grievance that is filed against a CASA shall be retained in the CASA's file, as required by rule 5.655(i)(1)(b).

A copy of this grievance procedure must be provided when a copy of the Order of Appointment of a CASA volunteer is provided to any parties involved in the child's case and to any person who has a grievance against a CASA volunteer or a Voices for Children program employee.

Grievance by a Volunteer or Staff -Whistleblowers

Voices for Children's (VFC) policies require Board members, volunteers, and employees to observe high standards of business, and personal or educational ethics in the conduct of their duties and responsibilities. Employees and volunteers of VFC practice honesty and integrity in fulfilling their responsibilities and comply with all applicable laws, regulations and/or policies. The objectives of the Whistleblower Policy are to establish policies and procedures for:

- The submission of concerns regarding questionable accounting or audit matters by employees, Board members, officers, volunteers and other stakeholders of VFC on a confidential and anonymous basis.
- The submission of substantial concerns that affect the integrity of VFC.
- The receipt, retention, and treatment of complaints received by VFC regarding accounting, internal controls, auditing matters or other substantial concerns that affect the integrity of the organization.

- The protection of Board members, volunteers and employees reporting concerns from retaliatory actions.

Under no circumstances, should the Board of Directors become involved in personnel matters involving the staff or volunteers or in program issues not related to the above.

Reporting Responsibility

Each Board member, volunteer, and employee of VFC has an obligation to report in accordance with this Whistleblower Policy (a) questionable or improper accounting or auditing matters, and (b) violations and suspected violations of VFC's policies which affect the integrity of the organization (hereafter referred to as "concerns").

Authority of the Board of Directors

All concerns that, after investigation, are believed to have merit will be forwarded to the Chair of the Board of Directors in accordance with the procedures set forth herein. The Officers of the Board shall be responsible for directing additional investigation, and for making appropriate recommendations to the Board of Directors, with respect to the concerns reported to them.

No Retaliation

This Whistleblower Policy is intended to encourage and enable Board members, volunteers, and employees to raise concerns within VFC for investigation and appropriate action. With this goal in mind, no director, volunteer, or employee who, in good faith, reports a concern shall be subject to retaliation or, in the case of an employee, adverse employment consequences. Moreover, a volunteer or employee who retaliates against someone who has reported a concern in good faith is subject to discipline up to and including dismissal from the volunteer position or termination of employment.

Reporting Concerns

Employees should first discuss their concern with their immediate supervisor. If, after speaking with his or her supervisor, the individual continues to have reasonable grounds to believe the concern is valid, the individual should then report the incident to the President/CEO. If the President/CEO agrees that there is validity, the President/CEO will direct an investigation, which, if evidence is found during the investigation, will report the concern to the Chair of the Board of Directors ("Chair") for further directions. If the individual continues to have reasonable grounds to believe the concern is valid, the individual should then report the concern to the Chair. In addition, if the individual is uncomfortable speaking with his or her supervisor or the President/CEO, or if the President/CEO is a subject of the concern, the individual should report his or her concern directly to the Chair.

If the concern was reported verbally to the President/CEO, the reporting individual, with assistance from the President/CEO, shall reduce the concern to writing. The President/CEO is required to promptly report the concern to the Chair of the Board of Directors. The Chair, who may in turn notify the Board of Directors' Officers ("Officers"), will direct any further investigation into the matter. Concerns may also be submitted anonymously. Such anonymous concerns should be in writing and forwarded to those designated above.

Board Members and Other Volunteers

Board members should submit concerns in writing directly to the President/CEO. If, after speaking to the President/CEO, the individual continues to have reasonable grounds to believe the concern is valid, or if the President/CEO is a subject of the concern, the individual should then report the concern to the Chair.

Handling of Reported Violations

The Chair shall address all concerns which have been reported to him/her from the process above. The Chair shall immediately notify the Officers and the President/CEO of any such report. The Chair will notify the sender and acknowledge receipt of the concern within five business days, if possible. It will not be possible to acknowledge receipt of anonymously submitted concerns.

All concerns which are reported to the Chair will be promptly further investigated, and appropriate corrective action will be recommended to the Board of Directors, if warranted by the investigation. In addition, action taken must include a conclusion and/or follow-up with the complainant for complete closure of the concern.

The President/CEO and the Chair have the authority to retain outside legal counsel, accountants, private investigators, or any other resource deemed necessary to conduct a full and complete investigation of the allegations.

Acting in Good Faith

Anyone reporting a concern must act in good faith and have reasonable grounds for believing the information disclosed indicates an improper accounting or auditing practice, a violation of the codes or a violation of policy which affects the integrity of VFC. The act of making allegations that prove to be unsubstantiated, and that prove to have been made maliciously, recklessly, or with the foreknowledge that the allegations are false, will be viewed as a serious disciplinary offense and may result in discipline, up to and including dismissal from the volunteer position or termination of employment. Such conduct may also give rise to other actions, including civil lawsuits.

Whistleblower Confidentiality

Reports of Concerns, and investigations pertaining thereto, shall be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation. Disclosure of reports of concerns to individuals not involved in the investigation will be viewed as a serious disciplinary offense and may result in discipline, up to and including termination of employment. Such conduct may also give rise to other actions, including civil lawsuits.

Rule 5.655(h) Roles and Responsibilities of CASA volunteers

CASA DUTIES AND RESPONSIBILITIES Rule 5.655(h)

CASA volunteers serve at the discretion of the court having jurisdiction over the proceeding in which the volunteer has been appointed. A CASA volunteer is an Officer of the Court and is bound by all court rules under section 103(e) of Welfare and Institution code.

Voices for Children, Inc. has developed and adopted a description of duties and responsibilities, consistent with local court rules that address all of the following:

- Develop and maintain a relationship by visiting the child/ren frequently, and taking them out into the community to better understand the child/ren's needs and desires.
- Speak with the child alone regarding his/her problems and needs
- Support the child throughout the court proceeding
- Explain the court proceedings to the child/ren
- Explain the CASA volunteer's role, duties and responsibilities to all parties associated with the case
- Interview all parties involved in the case, social workers, teachers, foster parents, group home staff, therapists, psychiatrists/psychologists, child/ren's parents if appropriate, and other individuals directly involved in the care of the child/ren
- Monitor the child/ren's placement by talking with the child/ren individually regarding his/her

problems or needs, and by talking with the child/ren's caretakers about the child/ren's behavior and relationships

- Monitor the case to ensure the child's essential needs are met, the court's orders are carried out, and bring significant changes in situation or violations of court orders to the attention of the appropriate persons or authorities
- Review available records regarding the child/ren's family history, education, medical and mental health history, etc.
- Report any incidents of child abuse or neglect to the Voices for Children Advocacy Supervisor and appropriate authorities
- Determine whether appropriate services, including reasonable efforts are made to reunify the family or a permanent plan has been created for the child/ren
- Participate in discussions involving the child/ren's permanent plan and treatment by communicating and coordinating efforts with the child/ren's social worker, therapist, attorney and probation officer, if applicable
- Investigate the interests of the child/ren in judicial or administrative proceedings outside of Juvenile Court
- Maintain complete written records about the case, including appointments, interviews and information gathered about the child
- Prepare a type written report for the child/ren's hearing to Voices for Children Advocacy Supervisor within 15 business days prior to the court hearing date
- Attend Court hearings
- Other duties and responsibilities as determined by the Judge of the Juvenile Court or Voices for Children Executive Director

Rule 5.655(i) Prohibited Activities

A CASA volunteer should not provide direct service delivery to any parties that could (a) lead to a conflict of interest or liability problems, of (b) cause a child or family to become dependent on the CASA volunteer for services that should be provided by other agencies or organizations. Examples of inappropriate volunteer practices are:

- 1) Taking a child home or sheltering a child in the home
- 2) Giving legal advice or therapeutic counseling
- 3) Making placement arrangements for the child
- 4) Giving money or expensive gifts to the child or family
- 5) Being related to any parties involved in a case or being employed in a position and/or agency that might result in a conflict of interest; and
- 6) Any other activities prohibited by the local juvenile court.

A CASA volunteer should only transport a child when there is liability insurance coverage for such activity.

Ongoing training and continuing education opportunities of CASA volunteers are offered monthly and CASA volunteers must participate in a minimum of 12 hours of continuing education in each year of service.

Rule 5.655(g) Oath

OATH

As volunteers working out of the Court Appointed Special Advocates office, you will have access to a large number of legal files. These files and dependency court proceedings are confidential. As a CASA volunteer, you are charged with the responsibility of upholding the confidentiality of these cases. You are not to discuss these cases or reveal the identity of these children with any persons other than the court, the parties and their attorneys, and CASA staff. Those involved in the case would include: the court personnel, social workers, the parties, attorneys for the parties or other professionals assigned to the case.

**Oath – Given by Judge or Commissioner
Superior Court of California, County of Riverside**

I do solemnly swear to carry out my role as a Voices for Children volunteer in an objective, honest, and conscientious manner.

I will uphold my obligation to investigate and report to the court in a fair and impartial fashion, and to respect the confidentiality of all parties involved.

I will respect a child’s inherent right to grow up with dignity in a safe and permanent home.

I will do so consistent with the spirit of the law, preservation of the family when possible, and within the Code of Ethics of the National Court Appointed Special Advocate Association.

Executed in _____, California on _____

CASA Volunteer’s Name (Print) _____

Signature: _____

Rule 5.655(d) Confidentiality**Confidentiality**

Few areas are as sensitive to Juvenile Court as the child's rights to confidentiality and who has privileged information. Possession of confidential information is forbidden to the general public, but is allowed to valid classes of individuals who are authorized by law to have access to the information. This includes professionals who are active in the juvenile court system and are working on the specific case in question.

CASA volunteers must keep all information regarding the case confidential and make no disclosure, except by court order or unless provided by law. Mistakes in handling confidential information can be detrimental to the children involved and can bring criminal action against the people who misuse the information. When in doubt, discuss any confidentiality concerns with your supervisor. The child/ren's rights to privacy and confidentiality must be protected at all times. To maintain confidentiality, CASA volunteers must follow the following procedures:

- CASA volunteers shall not give case information to anyone other than the court parties, the child's attorney, and Voice for Children staff.
- CASA volunteers may not disseminate information about a case, whether active or closed, to members of the general public who have no legal interest in the proceeding. Information may not be repeated or confirmed to the press even if it has been previously stated in the media.
- CASA volunteers may not use the child/ren's last name or reveal any other information that would identify the CASA child or family to a person not directly involved with the case (including the advocate's own spouse and family).
- The child/ren's attorney and other legally entitled parties are given copies of the CASA volunteer's reports. These reports must be distributed through the Voices for Children office. All information contained in the court report must be approved by the Advocacy Supervisor, Program Manager and/or Executive Director and/or President/CEO.
- CASA volunteers must sign an oath of confidentiality which is retained in the Volunteer's file
- All education, social services, attorney, Voices for Children Advocacy Supervisor and/or support group meetings are confidential. Information obtained from these meetings can only be disclosed to authorized parties.
- Photographs of the child are the property of the child and can only be displayed by the child.
- CASA volunteers must report any reasonable suspicion that a child is a victim of child abuse or serious neglect as described by Penal Code section 273.

In cases where it is appropriate in administering justice, a CASA volunteer may disclose general information about a case, without mentioning names. CASA volunteers must disclose information if so ordered by a Judge or Commissioner of the Court.

Child/ren's original case files must be maintained and remain in the Voices for Children's office. CASA volunteers may obtain copies of documents only if needed to conduct case related business outside of Voice for Children offices. No one may have access to the child's case file except on the approval of the Voices for Children Program Director and/or President/CEO or presiding judge of the juvenile Court. Volunteer files are confidential and no one may have access to them except the volunteer, the Voices for Children Program Director and/or President/CEO or a designee, or the presiding judge of the juvenile court. The Voices for Children office must maintain a written procedure for the maintenance of case files and controls to ensure that records can be located at any time.



Submitted by Voices for Children, Inc.

Signature: _____
John Valencia
President/CEO

A handwritten signature in blue ink, appearing to be "John Valencia", written over a horizontal line.

Date: _____

12/12/18

I, Judith Clark, as Presiding Juvenile Court Judge of the Superior Court of California, County of Riverside, approve the Written Plans and Procedures stated above pursuant to California Rule of Court, Rule 5.655.

Signature: _____

A handwritten signature in blue ink, appearing to be "Judith Clark", written over a horizontal line.

Date: _____

1-7-2019

Revised 12/2018,
Citations to California Rules of Court reference amendments
effective January 1, 2019

Grant Scoring Review

Grant Staff Review # 1 of 3

Executive Summary: 9

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 9

Budget: 8

Key Partners/Collaborations: 9

Total Score: 71.00

Reviewer Comments: Aligned with the District's strategic focus area of Healthcare Infrastructure and Services. Aside from Court appointed referrals, CASA's are instrumental in advocating for the primary and behavioral healthcare services for foster children residing in the Coachella Valley. CASA's are a critical piece of these vulnerable children's welfare, even more so with the increased and new barriers to healthcare and increased health needs with the onset of the COVID-19 pandemic.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19.5 (2 of 2)

Grant Program Staff Review Stage: 71 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 39 (2 of 2)

Grant Program Staff Review Stage: 213 (3 of 3)

Total average proposal score: 90.5/100

Grant Scoring Review

Grant Staff Review # 2 of 3

Executive Summary: 9

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 8

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 10

Total Score: 72.00

Reviewer Comments: Voices for Children helps to advocate and support children after being placed in foster care. They fight for their health and wellbeing, so they are not placed and forgotten in an overburdened system. With foster children being more susceptible to unaddressed, poor mental and physical health conditions, they need continued support to thrive and learn to prepare for life after the foster care system. COVID-19 continues to impact our community and exacerbate already challenging needs of vulnerable populations. Our funds focus on supporting 20 Coachella Valley children for a year and advance the District's efforts around increasing access to care.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19.5 (2 of 2)

Grant Program Staff Review Stage: 71 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 39 (2 of 2)

Grant Program Staff Review Stage: 213 (3 of 3)

Total average proposal score: 90.5/100

Grant Scoring Review

Grant Staff Review # 3 of 3

Executive Summary: 9

Community Need and Alignment: 9

Goals: 8

Proposed Evaluation Plan: 8

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 9

Total Score: 70.00

Reviewer Comments: Voices For Children and their Court Appointed Special Advocates (CASA) provide an invaluable service to foster children. These CASA's become an ally and advocate for the foster children as they try navigate the judicial and foster system. CASA's also connect foster children with much need health and wellness resources, along with guidance as they prepare to leave the foster system. Desert Healthcare District funding will provide 20 foster children with their own CASA, who will have a lifelong impact in the life of these children.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19.5 (2 of 2)

Grant Program Staff Review Stage: 71 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 39 (2 of 2)

Grant Program Staff Review Stage: 213 (3 of 3)

Total average proposal score: 90.5/100

Grant Scoring Review

Fiscal Staff Review # 1 of 2

Fiduciary Compliance: 9

Financial Stability: 10

Total Score: 19.00

Reviewer Comments: Fiduciary Compliance - Strong Balance Sheet & Current Ratio. However, the organization experienced net loss in 2019 and is trending a net loss in 2020.

Financial Stability - Organization possesses strong financial statements and has very diverse funding for the project. \$40,000 ask is 4% of the program budget.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19.5 (2 of 2)

Grant Program Staff Review Stage: 71 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 39 (2 of 2)

Grant Program Staff Review Stage: 213 (3 of 3)

Total average proposal score: 90.5/100

Grant Scoring Review

Fiscal Staff Review # 2 of 2

Fiduciary Compliance: 10

Financial Stability: 10

Total Score: 20.00

Reviewer Comments: Financial audits demonstrate appropriate controls are in place, and financial ratios indicate sufficient assets to meet liabilities. Project budget lists several diverse funding sources to meet program goals with requested funding level reasonable in relation to overall project and organizational budgets.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19.5 (2 of 2)

Grant Program Staff Review Stage: 71 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 39 (2 of 2)

Grant Program Staff Review Stage: 213 (3 of 3)

Total average proposal score: 90.5/100



FY 2020-2021: Grant Application Scoring Rubric



Category	Meets expectations <i>(10-6 points)</i>	Does not meet expectations <i>(0-5 points)</i>
Programmatic Review		
Executive Summary (10 points)	The applicant includes and describes 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 does not include or describe 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.
Community Need & Alignment (10 points)	The applicant identifies and defines a specific need(s) 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 does not sufficiently identify or describe a need 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.
Goals (10 points)	The applicant has provided SMART goals with an evaluation plan that is comprehensively developed. The SMART goals are specific, measurable, ambitious, realistic, and time-bound , 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 are not specific, measurable, ambitious, realistic, time-bound goals and will not measure the project’s effectiveness or impact.

<p>Proposed Program/Project Evaluation Plan (10 points)</p>	<p>The applicant provides a detailed plan of action for evaluation 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"> • Evaluation measures and methods are clear; the applicant defines how they envision success. • Evaluation is in alignment with the SMART goals of the project. • An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding. 	<p>The applicant does not provide, or vaguely describes, a plan of action 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"> • Evaluation measures and methods are not clear; the applicant vaguely defines how they envision success. • Evaluation is not in alignment with the SMART goals of the project. • An explanation is not provided on how the data collected from the project will be utilized.
<p>Applicant Capacity and Infrastructure to Execute Proposal (10 points)</p>	<p>The applicant includes examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant demonstrates reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>	<p>The applicant does not include examples that demonstrate the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant is limited in its ability to demonstrate reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>
<p>Organization Sustainability (10 Points)</p>	<p>The applicant demonstrates 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 does not sufficiently demonstrate 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>Budget (10 points)</p>	<p>The budget is specific and reasonable, and all items align with the described project. The proposed budget is accurate, cost-effective, and linked to activities and outcomes.</p> <ul style="list-style-type: none"> • There are no unexplained amounts. • The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable. • All line items are identified clearly in the budget narrative. • The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project. 	<p>The budget is not specific and/or reasonable, and the items are poorly aligned 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"> • There are unexplained amounts. • The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are not reasonable. • Line items are not clearly defined in the budget narrative. • The budget does not show committed, in-kind, or other funds that have been identified, secured, and in place to support the project.
<p>Key Partners / Collaboration (10 points)</p>	<p>The proposal demonstrates a collaborative process 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 does not demonstrate a collaborative process and it does not involve multiple community partners in planning and implementation. Potential for collaboration exists but is not articulated.</p>
<p>Fiscal Review</p>		
<p>Fiduciary Compliance (10 Points)</p>	<p>The applicant demonstrates 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>The applicant does not demonstrate 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>Financial Stability (10 Points)</p>	<p>Funding sources for operations and programs are from multiple sources and are driven by a strategic plan 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 reasonable in comparison to the overall organizational budget.</p>	<p>Source of funds for operations and programs are from limited sources and are not driven by a strategic plan. There is no plan for stability in place currently, including a fund development plan and/or business plan. The requested grant amount is unreasonable 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 #1149

EXHIBIT B

PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES

<u>Project Title</u>	<u>Start/End</u>
Court Appointed Special Advocate (CASA) Program	1/01/2021 12/31/2021

PAYMENTS:

(2) Payments: \$18,000.00
 10% Retention: \$4,000.00

Total request amount: \$40,000.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
1/01/2021	Signed Agreement submitted & accepted.	Advance of \$18,000.00 for time period 1/01/2021 - 6/30/2021
7/01/2021	1 st six-month (1/01/2021 - 6/30/2021) progress report, budget reports and receipts submitted & accepted	Advance of \$18,000.00 for time period 7/01/2021 - 12/31/2021
1/01/2022	2 nd six-month (7/01/2021 - 12/31/2021) progress report, budget reports and receipts submitted & accepted	\$0
1/31/2022	Final report (1/01/2021 - 12/31/2021) and final budget report submitted & accepted	\$4,000.00 (10% retention)

TOTAL GRANT AMOUNT: \$40,000.00

DELIVERABLES:

Program/Project Goals and Evaluation

<p>Goal #1: By December 31, 2021, Voices for Children (VFC) Court Appointed Special Advocates (CASAs) will advocate for 20 youth in the foster care system within the Desert Healthcare District boundaries.</p> <p>CASAs will maintain monthly contact with the case children they serve, provide monthly case updates to their VFC staff Advocacy Supervisors, and submit formal court reports at least twice a year making key recommendations to the judge about the physical and mental health, educational and developmental, and other needs of the child. The court report requires CASAs to address the child’s exams and immunizations, medication, and therapy. For children 10 and older, CASAs must confirm that the child has received the requisite reproductive and sexual health education and been informed of their right to access and receive confidential medical care.</p>	<p>Evaluation #1: VFC will use our internal database, CASA Manager, to track program activities. Director of Programs, Sharon Morris, VFC will use our internal database, CASA Manager, to track program activities. Director of Programs, Sharon Morris, and Program Coordinator, Julie Woodruff, will monitor the number of Coachella Valley youth referred to VFC on a monthly basis. During case intake, they will assess the needs of each child and match them with a CASA volunteer.</p> <p>VFC staff will record monthly case updates in CASA Manager. CASA Manager will also be used to track upcoming court hearings and court reports submitted. VFC will consider this goal accomplished if 20 Coachella Valley foster youth receive the individual attention and advocacy of a CASA during the grant period.</p>
<p>Goal #2: By December 31, 2021, VFC’s Riverside County CASA program will recruit at least 20 new prospective CASA volunteers.</p> <p>In order to meet our goal of providing advocacy to 20 youth, VFC needs to recruit new CASA volunteers in addition to the current CASAs who are already serving. VFC will achieve this goal by hosting 2-3 CASA virtual or in-person volunteer information sessions each month and presenting to local community groups who are interested in volunteerism.</p>	<p>Evaluation #2: VFC’s Director of Programs, Sharon Morris, and Program Coordinator, Julie Woodruff, will monitor the number of prospective volunteers who attend information sessions and other recruitment events each month and enroll in Advocate University, VFC’s internal CASA training program. On a monthly basis, Sharon will meet with our staff recruitment committee to review progress toward the annual goal and adjust outreach strategies as needed. We will consider this objective accomplished if 20 individuals enroll in Advocate University during the grant period.</p>
<p>Goal #3: By December 31, 2021, VFC’s Riverside County CASA program will train and match at least 20</p>	<p>Evaluation #3: VFC’s Director of Programs, Sharon Morris, and Program Coordinator, Julie Woodruff, will track</p>

<p>new CASA volunteers to youth living in the foster care system.</p> <p>We will hold 8 sessions of Advocate University during the grant period. Training requirements include 35 hours of classroom learning, two interviews, and a practice court report writing assignment. Trainees also prepare for their first court appearance by reviewing simulated court hearings. All classroom learning is currently being conducted virtually. Trainees are matched with a single child or sibling group for ongoing advocacy within 1-3 weeks of completing all training requirements.</p>	<p>the progress of each CASA trainee in CASA Manager as they complete training requirements. We will consider this objective accomplished if 20 new CASAs complete training requirements and are assigned to advocate on behalf of a single child or sibling group from the Coachella Valley.</p>
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Date: December 15, 2020

To: Board of Directors

Subject: Impact of COVID-19 Emergency Response Grants to Federally Qualified Health Centers

Background:

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

Recommendation: N/A

Fiscal Impact: N/A

Desert AIDS Project Impact Statement

During the grant period ending September 30, Desert AIDS Project (DAP) has provided care to more than 3,600 patients seeking testing and medical treatment for their symptoms at the COVID-19 Triage Clinic. DAP has conducted over 2,442 COVID-19 polymerase chain reaction (PCR) swab tests with a 7.2% positivity rate. Within the Triage Clinic, DAP also performed 1,793 Rapid Antibody tests, 105 Rapid Flu tests, 136 Rapid Strep tests, prescribed DuoNeb treatment for 21 individuals, and Oxygen therapy for 2 individuals. June and July were our busiest months in the Triage Clinic; on average, we saw 41 patients a day. The trend decreased in August and early September, but we are now realizing an upward trend in the numbers of individuals seeking PCR tests and treatment at the Triage Clinic.

In addition to providing funding for salaries of medical and support personnel staffing the Triage Clinic, Desert Healthcare District (DHCD) funds were used to purchase Personal Protective Equipment (PPE) for Triage Clinic staff. Historically, DAP staff used PPE in approximately 5% of patient interactions in our primary health center clinics. Today, staff uses PPE in 100% of their interactions with patients in the Triage Clinic as well as our primary health clinics.

By supporting DAP during the crucial period immediately following the establishment of the Triage Clinic, funds from the DHCD helped mitigate the initial severe drops in short-term revenue due to sharp decreases in routine primary care and behavioral healthcare visits as patients sheltered in place and while we ramped up telehealth services. DAP has since initiated telemedicine virtual visits with patients. Our health center patients retain the option to meet in person with their clinicians in our primary care clinics, which operate in the building adjacent to our Triage Clinic.

As isolation and loneliness increases for our home-bound clients, Zoom is being used by our Social Services, Health Center and Behavioral Health department. Our Behavioral Health staff and our IT department developed new ways to deliver counseling by offering in-person psychological services, as well as virtual visits and phone visits via a patient's laptop, tablet, or smartphone.

Many of DAP's most at-risk clients are over 65 and/or have fragile immune systems. Recognizing the threat of the effects of COVID-19 on DAP's most vulnerable homebound and immunosuppressed clients, DAP staff are delivering packaged food, fresh produce, and toiletries to their homes to keep them safe.

While funding from this grant covered costs associated with our Triage Clinic, DAP has experienced an increased number of requests for food and housing assistance related to greater numbers of individuals experiencing unemployment at this time. This is just one story about a client who has faced food and housing challenges due to COVID-19.

Jim G., a current DAP client, lost his job soon into the pandemic. DAP was able to provide housing assistance from our housing program in the form of helping him locate available apartments and will provide a deposit once he finds housing. His unemployment was on hold, and with no income of any kind for weeks, he was unable to purchase food. DAP provided him with a bag of food and a gift card to Stater Bros. Markets for toiletries and more food as needed. This assistance helped him until his unemployment payments started.

In light of our specialized infectious disease expertise, we believe that we have an obligation and duty to provide leadership in the local response, and to serve as a vital participant in our healthcare community's collaborative response.

Borrego Community Health Foundation

Impact Statement

In March, Borrego Health was awarded a grant from the Desert Healthcare District for \$150,000 for core operational support. These funds afforded Borrego Health the opportunity to increase hours at our Martha's Village Clinic located in Indio Ca, which serves a homeless population living in transitional housing in addition to neighboring low income and agricultural families. We increased hours of operation from three to five days at this site. We were also able to support the salaries of clinical staff during an unprecedented time of revenue losses due to the impact of the pandemic and sheltering in place orders. During a time when Personal Protective Equipment (PPE) was difficult to come by we were able to secure additional N95 masks , isolation gowns and face shields to keep our testing teams and patients safe as we expanded our services to provide drive up COVID-19 testing.

In April, 2020 a total of \$350,000 was allocated by the DHCD towards the purchase of 10,000 rapid antibody tests to be distributed in equal amounts to the three participating FQHCs. As the designated organization, Borrego Health agreed to purchase the tests at a fair market rate and distribute according to the agreement. This initiative allowed for our FQHC partners; Clinicas De Salud Del Pueblo, Desert Aids Project and Borrego Health to come together e strategize and align ourselves in our efforts to flatten the curve. Because of this collaborative, we have developed and formalized inclusion criteria, workflows, and protocols for our staff and organizations to implement.

Our collaborative teams have continued to meet on a bi-weekly basis to discuss implementation and ensure compliance with public health guidelines. We have used this forum as a means to share best practices and discuss any challenges we may be experiencing.

The grant funds have been partially expended based on the 10,000 test kits. Due to the balance of funding available, the collaborative team began the discussion as to the purchase of the Abbot ID Now rapid testing equipment. The use of the funds was approved by the DHCD and the initial conversations took place with the distributor to purchase the machines and testing kits. The purchase is pending due to a backlog with Abbot labs, pending further information in early January as to their availability. The funding balance to date is on hold pending the purchase of 18 ID Now point of care testing and 15 printers to be distributed amongst the three clinic partners.

We continue to meet and research other available opportunities. We are currently researching the CEPHEID Test so that we may be able to offer rapid molecular testing results to the community in order to reduce the spread of COVID-19.

As part of the COVID-19 efforts DHCD has been instrumental in connecting our organization with vital community partners. As an example, Borrego Health has developed a strong partnership with the Twenty-Nine Palms Band of Mission Indians and has set up a standing drive through COVID-19 testing location that has been in operation since May 1, 2020. We continue to provide testing at this location every Friday & Saturday. When other testing sites closed down in the summer months due to the high temperatures Borrego changed hours of operation to 6:30am-9:30am in order to continue to provide testing. Over 3,500 tests have been performed at this site alone.

Borrego Health has also been working with DHCD, UCR, Vision y Compromiso and Riverside County to provide ongoing education and testing to the migrant and agricultural workers in the Eastern Coachella Valley. We were able to get this project off the ground within two weeks of being presented with the opportunity. Since then other community collaborators such as Find Food bank and Supervisor Perez's office have joined the efforts in raising awareness and education in the community on being tested. To date we have administered 932 tests. We meet with UCR on a weekly basis to debrief and refocus so that we maximize our impact to these most vulnerable populations.

To date, Borrego Health and conducted **21,404 tests** in the Eastern Coachella Valley according to the data reporting system implemented to track this information. Of these 2,156 were positive for the COVID 19 virus or just over a 10% positive rate. The positive results peaked in July at 13% and decreased in the following months, however we are seeing an increase in positive results over the last 2 weeks. Additionally, Borrego Health has administered 1,992 antibody tests in the Coachella Valley since the inception of the project and continues to provide these tests for individuals that request the antibody test. Of these, 189 have had a positive result for COVID-19 antibodies, which is a 9.5% positive rate.

We are grateful for the work that DHCD has had in mobilizing our organization and connecting us with meaningful Community Partners. Dr. Conrado Barzaga has played a critical role in bridging the gap between the FQHCs and other Community Partners to align us in a unified and committed collaborative in combating this Pandemic in our communities. We look forward to continuing to serve our most vulnerable populations and ensure they are receiving access to testing and access to ongoing health care.



Clinicas de Salud del Pueblo

Impact Statement

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

- With the support of the DHCD and working with other partners Clinicas de Salud del Pueblo has been able to continue its testing capacity. Through the Summer Drive-Thru Testing program, and now the In-Clinic Drive thru program Clinicas de Salud del Pueblo as been able to test approximately 1,900 patients. Thanks to the support of DHCD we are currently working on plans for the rapid testing and Vaccine distribution.
- Clinicas de Salud del Pueblo has also, through the support of the DHCD funding, increased telephone and telehealth (which includes the OTTO health program) visits for the patient population to maintain capacity to provide comprehensive health care services to the community. Currently, 46% of patient appointments are conducted through telehealth or telephonic means. At the onset of the COVID-19 crisis, utilization dropped to 43% for the week ending March 28th. With increased telephone and telehealth capabilities, Clinicas increased patient utilization to 87% for the week ending October 3rd. In terms of numbers, pre COVID Virtual appointments (Telehealth, Video and Phone) ranged between 250-300 per month for the sites. Currently we are averaging 1,300 virtual appointments per months.
- One positive byproduct of the Support and partnership with the DHCD has been the close collaboration that has emerged between many of the Health Care and Community Groups across the Valley. Clinicas Community Outreach Department has been able to work with others to send out a cohesive and united message to the public. This has allowed minimal confusion in protocols for County and CDC directives. The message is the same no matter what part of the Valley you are in. We believe it has helped minimize false information that may be spread by scared or uninformed members of our community.
- With the ability to stock up and purchase additional Personal Protective Gear, COVID related equipment, and cleaning supplies, we have not had any issues related to keeping our Patients and Staff in a safe environment in our clinics and during outreach in the Community during this pandemic. As was reported before we continue to purchase and distribute thermometers to patients that need to be monitored at home.
- Lastly the three additional call-center staff hired to handle the increased number of calls have greatly improved our operations by directing patients appropriately within the new clinic workflows and protocols.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: December 15, 2020
To: Board of Directors
Subject: Community Health Needs Assessment and Health Improvement Plan (CHNA/CHIP) Update

Background:

- On June 23, 2020, the Board of Directors were notified that due to the COVID-19 pandemic, the staff and HARC made the decision to delay the completion of the CHNA/CHIP until March 2021.
- Staff and HARC have identified virtual focus groups to be the most safe, meaningful method to engage Coachella Valley residents this fall with financial incentives to ensure community participation.

Information:

- Since the beginning of September, HARC has engaged the Advisory Council to recruit participants and help identify appropriate dates, times, and language for virtual focus group. As of December 9, the following has transpired:
 - A total of 37 Coachella Valley focus groups have been conducted with 188 community participants.
 - Focus groups will continue through December to reach a higher number of resident participants across various subpopulations.
 - Focus groups with FIND Food Bank and CSUSB-Palm Desert are in the planning stages.
- HARC is currently working on analyzing qualitative data from 8 Advisory Council focus groups conducted with 31 service provider participants.
- Additionally, HARC is developing a visual, summary version of the Community Health Needs Assessment data report for the broader community.
- Staff continues to inform HARC about the District's intent and objectives of a community-driven, community-informed process, and specific data needs.

Fiscal Impact:

- N/A.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: December 15, 2020
To: Board of Directors
Subject: CSDA & ACHD Virtual Legislative Tour for Special Districts

Staff Recommendation: The Desert Healthcare District and Foundation was one of three special districts featured December 8, 2020, during the annual legislative tour presented by the California Special Districts Association and Association of California Healthcare Districts. (Informational)

Background:

- About 56 guests participated in the annual CSDA and ACHD legislative tour via Zoom on December 8, 2020. Many of the participants were staff members of California state assembly members and state senators. The purpose of the tour was to increase visibility and awareness by educating legislators about the work of special districts.
- The tour theme was health and wellness. In addition to the Desert Healthcare District and Foundation, it featured Mayers Memorial Hospital District in Fall River Mills and Shasta Mosquito and Vector Control District in Anderson.
- Following a Special Districts 101 presentation by CSDA, each district gave an 8-minute presentation. It consisted a 3-minute video followed by 5 minutes of remarks by a district representative. Our video provided an overview of the District's evolution from hospital-centric to community-centric addressing social determinants of health as well as traditional healthcare. It featured the District CEO Conrado Bárzaga, Board President Leticia De Lara, and community advocates Bea Gonzalez and Cynthia Sessions.
- Dr. Bárzaga gave the remarks for the Desert Healthcare District and Foundation, highlighting our work addressing food insecurity, homelessness and the COVID-19 pandemic, among other challenges in the Coachella Valley. It also provided a welcome opportunity to bring attention to the District's necessary expansion in 2018 and to request legislators' support in identifying additional funds on par with the increase in District constituents and its expanded geographic area.

Fiscal Impact:

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

2020 SPECIAL DISTRICTS TOUR

TUESDAY, DECEMBER 8, 2020



**PROTECTING THE HEALTH AND
WELLNESS OF OUR COMMUNITIES**

SPONSORED BY



**California Special
Districts Association**
Districts Stronger Together

A MESSAGE FROM OUR PARTNERS

Dear Tour Participant,

Welcome to the annual Special Districts Tour. This educational tour is sponsored by partner associations whose mission is to promote good local governance at all levels. We are passionate about local government and we have organized this tour to showcase the many ways special districts make a difference in California.

This tour will offer a snapshot experience of the diverse special district sites and infrastructure that provide daily services to millions of Californians throughout the state. This trip is not only designed to show you special districts, but to also explore actions special districts are taking on a critical issue facing California:

Protecting the Health and Wellness of our Communities

We will visit two healthcare districts and one mosquito and vector control district to gain a better understanding of what it takes to prevent illness, treat diverse populations in unique communities, and ensure adequate resources to protect public health. Attendees will learn how healthcare districts are at the forefront of meeting the needs of their communities, particularly as it relates to health inequities and disparities as well as emergency events such as the COVID-19 pandemic and wildfires. You will also discover the onslaught of new disease outbreak risks by the world's deadliest animal, the mosquito, and how California's mosquito control and public health response is now stretched perilously thin.

At the close of this learning opportunity, we hope you will have gained a greater understanding of the special districts that communities have established in an effort to:

- Effectively and efficiently deliver essential local services;
- Promote accessible and responsive government;
- Serve unique neighborhoods or regions based on local needs;
- Build, operate, and sustain critical infrastructure and protect public health and safety.

We are pleased that you are joining us for this exciting tour and look forward to continuing the dialogue about the services special districts deliver to millions of Californians throughout the state.

Sincerely,

Neil McCormick
Chief Executive Officer
CSDA

Cathy Martin
Chief Executive Officer
ACHD

Bob Achermann
Executive Director
MVCAC



**California Special
Districts Association**
Districts Stronger Together





DISTRICT CONTACT

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BOARD MEMBERS

Leticia De Lara, MPA, President
Karen Borja, Vice-President and Secretary
Les Zendle, MD
Carole Rogers, RN, MPH
Evelt PerezGil
Arthur Shorr
Carmina Zavala

DESERT HEALTHCARE DISTRICT

BACKGROUND

The Desert Healthcare District was founded in 1948 as the Desert Hospital District. Its purpose at that time was to build a much-needed hospital in Palm Springs, California, where the nearest hospital was an hour away. In 1997, the hospital was leased to a healthcare corporation, which continues to operate it today.

The lease arrangement enabled the healthcare district to broaden its reach and impact as a leader, support system, and grant-funder of myriad health and wellness programs, services, and initiatives. The district’s mission since then has been: “To achieve optimal health at all stages of life for all district residents.” It has awarded more than \$75 million dollars in support of the mission during the past 23 years.

PROTECTING THE HEALTH AND WELLNESS OF OUR COMMUNITY

The Desert Healthcare District and non-profit Desert Healthcare Foundation, together, are one of the Coachella Valley’s largest drivers of health and wellness improvements through funding and initiatives. Their collective efforts are designed to assist residents — especially the underserved — in accessing vitally needed resources, such as primary and behavioral healthcare, housing, and food.

The district has been the catalyst in bringing together multiple county and local agencies to draft a plan addressing homelessness; connecting 90,000 residents to coverage through the Affordable Care Act; narrowing the physician/patient ratio through support of the UC Riverside Medical School residency program; and shoring up the regional food bank which feeds 190,000 people per month.

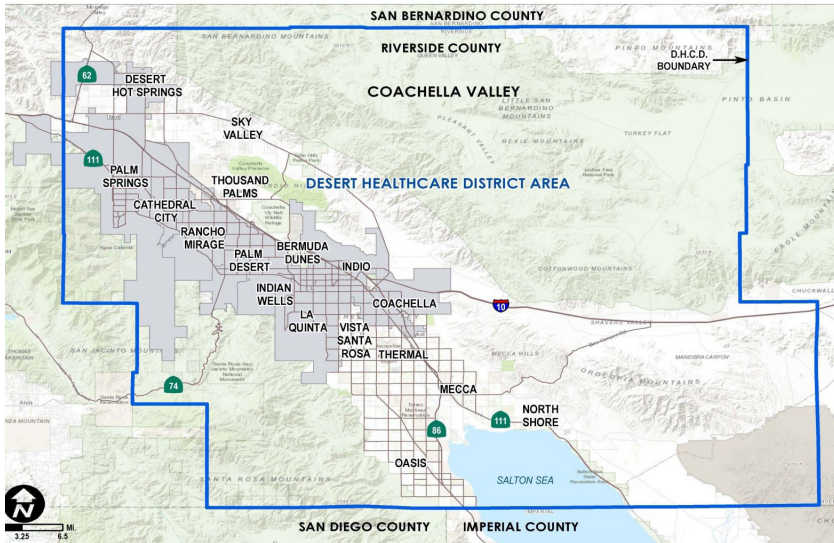
Currently, the district also is spearheading two efforts to advance wellness among the underserved population: 1) Coachella Valley Health Equity Collaborative to ensure farmworkers gain access to COVID-19 tests and health and support services, and 2) Healthcare access program and health careers scholarship to alleviate generations of healthcare inequities and prevent future disparities for black residents.

CONFRONTING COVID-19

The Desert Healthcare District and Foundation shifted its focus in early 2020 to prioritize a collaborative response to the coronavirus pandemic in the Coachella Valley. Working with multiple county and local partners, the district has allocated nearly \$3 million to date to combat COVID-19. Its efforts include funding the acquisition of viral and antibody tests and rapid testing machines for Federally Qualified Health Centers, as well as providing healthcare infrastructure and core operation support for 20 nonprofits. It’s currently serving as the intermediary in a collaborative plan to assist farmworkers and other underserved residents who are disproportionately affected by COVID-19, granting an additional \$1.2 million in CARES Act funds from Riverside County.

(CONTINUED)

DISTRICT BOUNDARY MAP



DESERT HEALTHCARE DISTRICT BOUNDARY
MEASURE BB - NOVEMBER 6, 2018
ESTIMATED POPULATION: 450,000

DATE: 11/29/2018
 DATA SOURCES: RIVERSIDE COUNTY GIS, D.H.C.D.
 GIS: ESRI, MCA CONSULTING, INC.



DISTRICT SIZE

The Desert Healthcare District consists of more than 400,000 residents and covers the entire Coachella Valley of Southern California, which is approximately 303 square miles.

STATE AND FEDERAL REPRESENTATIVES

- Assemblymember Chad Mayes (AD-42)
- Assemblymember Eduardo Garcia (AD-56)
- Assemblymember Randy Voepel (AD-71)
- Senator Melissa Melendez (SD-28)
- Representative Raul Ruiz (CD-36)

COUNTY SERVED

Riverside

SERVICES PROVIDED

The common thread through all Desert Healthcare District and Foundation programs and initiatives is to connect Coachella Valley residents to health and wellness through philanthropy, health facilities, information and community education, and public policy.

FUNDING

The Desert Healthcare District and Foundation maintains a yearly operating budget of \$8 million. Much of its funding comes through a portion of the local property tax collected within part of western Coachella Valley as well as the lease of Desert Regional Medical Center. Funding sources also include private and public donations, along with lease revenue from other District properties.



DISTRICT CONTACT

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BOARD MEMBERS

Beatriz Vasquez
Allen Albaugh
Abe Hathaway
Laura Beyer
Jeanne Utterback

MAYERS MEMORIAL HOSPITAL DISTRICT

BACKGROUND

Mayers Memorial Hospital District (MMHD) serves the Intermountain area of Lassen and Shasta counties providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff and innovative technology. The vision of Mayers Memorial Hospital District is to become the provider of first choice for our community by being a leader in rural healthcare.

MMHD opened in 1956 as a 10-bed hospital, largely volunteer operated. In the late 1960's it became a hospital district. Over time, the district built and remodeled to accommodate growth in the number of patients, physicians, new technologies, and services. In 1993, MMHD expanded with the completion of the Burney Campus.

As a Critical Access Hospital (CAH), MMHD is committed to serving its rural communities' needs for high-quality inpatient, outpatient, and emergency services. The district is ever evolving with changing needs and the fluid nature of healthcare. The hospital's new wing and other improvements are seismically compliant with the State of California requirements and designed to accommodate the delivery of healthcare in the community in the future.

PROTECTING THE HEALTH AND WELLNESS OF OUR COMMUNITY

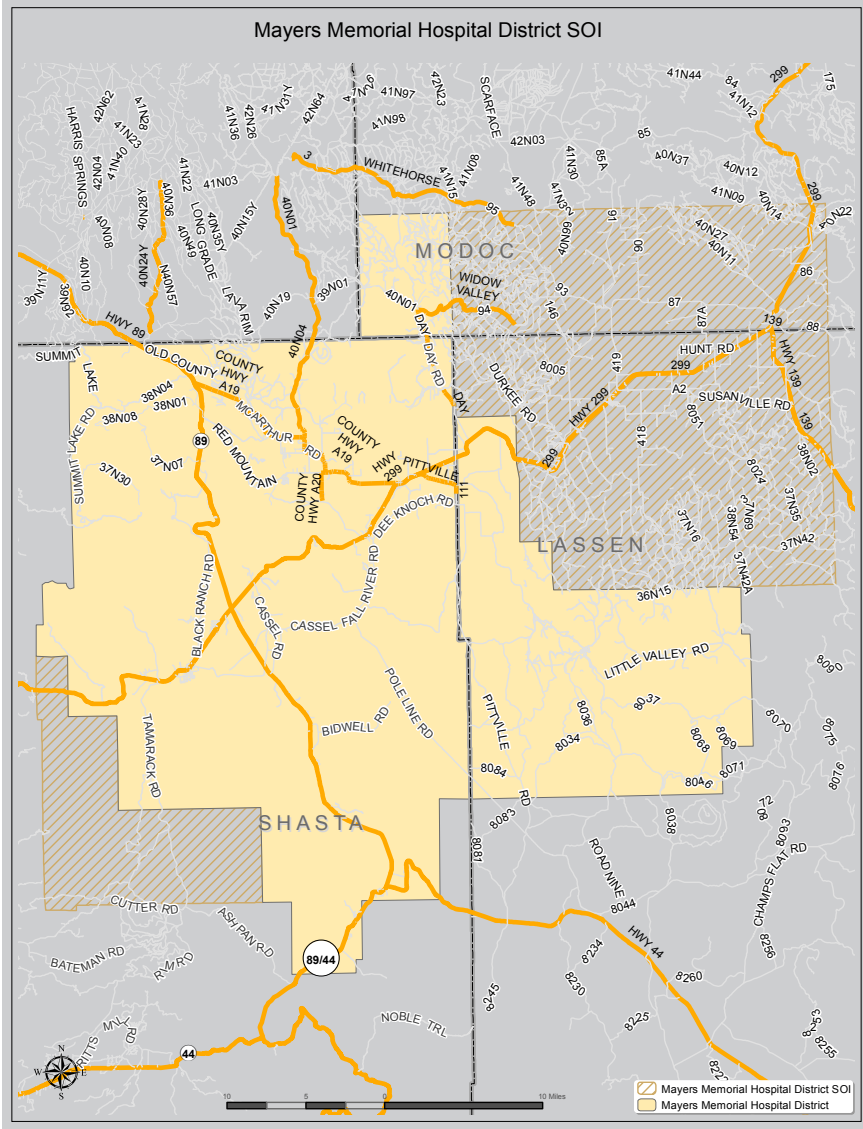
MMHD maintains strong relationships with the local school districts and community organizations. It has developed an education and wellness program that started with its staff. The district is working to share this education program with students and members throughout the community. One large step in meeting the wellness goals for the community is the district's new primary care clinic which will open in the spring of 2021.

CONFRONTING COVID-19

MMHD has taken a proactive approach to COVID-19. As a hospital in a small, rural community, the district is often looked to for education and guidance. A good example is how the MMHD has partnered with the local school district to assist with its COVID planning. Accurate information has been a focus for MMHD. It provides the community with regular updates via email, text, social media and its website.

(CONTINUED)

DISTRICT BOUNDARY MAP



DISTRICT SIZE

4,000+ square miles within the MMHD boundaries. The district serves an additional 4,000 square miles of geographic territory outside the formal boundaries as the closest access for Californians residing in that region.

STATE AND FEDERAL REPRESENTATIVES

Assemblymember Megan Dahle (AD-1)
 Senator Brian Dahle (SD-1)
 Representative Doug LaMalfa (CD-1)

COUNTIES SERVED

Modoc
 Lassen
 Shasta

SERVICES PROVIDED

With campuses in both Fall River Mills and Burney, MMHD offers the same essential services hospitals and emergency departments normally provide in larger urban areas.

Services include:

- Acute Care
- Emergency Services
- Surgery
- Swing/Rehabilitation
- Laboratory
- Imaging
- Physical Therapy
- Cardiac Rehab and Maintenance
- Telemedicine
- Respiratory Therapy
- Skilled Nursing Facility including Alzheimer’s and Dementia unit
- Hospice
- Outpatient Services and Wound Care
- Social Services

FUNDING

MMHD funding is 95 percent derived from patient-based payments or Medi-Cal supplemental payments for treating patients. The remaining 5 percent is received from a small share of local property taxes and financing through a general obligation bond.



DISTRICT CONTACT

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BOARD MEMBERS

Benjamin Hanna, President
Vickie Marler, Vice President
Ann Morningstar, Secretary
Philip Cramer, Treasurer
Vacant, Trustee

SHASTA MOSQUITO AND VECTOR CONTROL DISTRICT

BACKGROUND

The Shasta Mosquito and Vector Control District (SMVCD) was formed in 1919 to control and eventually eradicate malaria in the Shasta County area. The District is a public health agency whose mission is “To protect the public’s health from vector-borne disease and nuisance, through a comprehensive mosquito and vector control program focused on innovation, experience, and efficiency.”

By utilizing the most efficient, reliable, and scientifically sound mosquito and vector control techniques, SMVCD is able to reduce current mosquito and vector-borne disease risks and conduct surveillance for future emerging diseases.

PROTECTING THE HEALTH AND WELLNESS OF OUR COMMUNITY

Shasta Mosquito and Vector Control District, like all mosquito and vector control districts, works to reduce mosquito and vector transmitted diseases by conducting surveillance and control of vectors. With a relatively small amount of funding, mosquito districts are able to protect public health and keep residents safe. Using a local approach to public health mosquito control allows districts to appropriately target their operations and public health response to effectively address the unique issues each region faces.

CONFRONTING COVID-19

Like most special districts, mosquito and vector control districts face significant challenges related to the COVID-19 pandemic. The public crisis reinforced the need for sustained funding so that scientific experts can proactively implement public health outreach and surveillance programs. When the COVID-19 crisis hit, the most immediate issue was finding ways to maintain essential services while also prioritizing the health and safety of staff and residents. Most districts significantly altered their spaces and put into place mask requirements, staggered work shifts, telework and

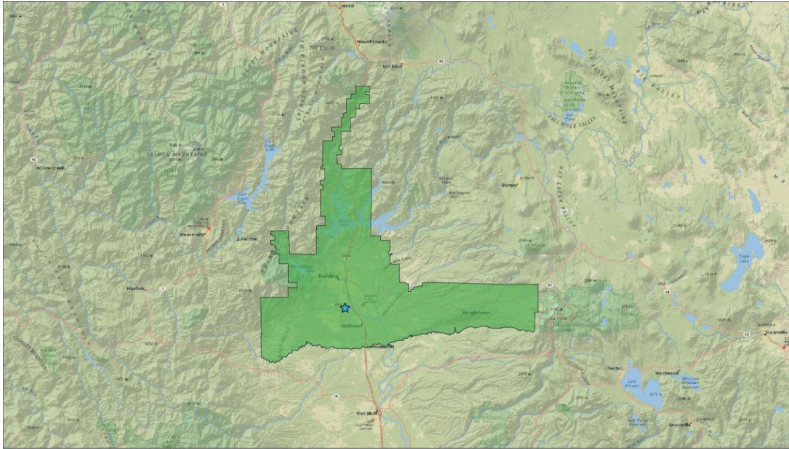
virtual meetings when appropriate, and increased cleaning and sanitization. A shared concern with other health agencies is the lack of personal protection equipment (PPE). Several of the chemical control products used by the district require the use of N-95 respirators which became challenging to procure. SMVCD attempted to work with agency partners to gain flexibility similar to the healthcare industry regarding the use of N-95 masks, but unfortunately, were not provided that relief.

To overcome these issues, the district worked through the Mosquito and Vector Control Association of California (MVCAC) to identify sources for PPE and shared resources with fellow districts to ensure there were limited impacts on control operations.

Finally, SMVCD has significant concerns about the revenue loss that inevitably comes from an economic recession. Mosquito districts were finally emerging from the foreclosure crisis, only to see current and future declines in revenue moving forward. Mosquito districts pride themselves in doing a lot with limited funding, but these next few years will be very challenging as they work to maintain adequate service levels while simultaneously facing increasing costs and decreasing revenue.

(CONTINUED)

DISTRICT BOUNDARY MAP



DISTRICT SIZE

1,100 square miles, serving approximately 135,000 residents

STATE AND FEDERAL REPRESENTATIVES

Assemblymember Megan Dahle (AD-1)
Senator Brian Dahle (SD-1)
Representative Doug LaMalfa (CD-1)

COUNTY SERVED

Shasta

SERVICES PROVIDED

SMVCD monitors mosquito populations and mosquito-borne disease risk using live mosquito trapping; responds to requests from the public for mosquito control; provides biological control of mosquitoes through distribution of mosquito-eating fish and physical mosquito control through source reduction, or elimination; consults with municipal and county planners for design input; engages in public outreach and education; and provides tick-borne disease surveillance/education and rodent-borne disease surveillance/education.

FUNDING

SMVCD maintains an annual operations budget of approximately \$3 million with approximately half of the revenue coming from local property taxes and the other half coming from benefit assessments.



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
December 08, 2020**

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Chair Evett PerezGil Vice-President Karen Borja Director Carole Rogers, RN	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	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 12:02 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	Moved and seconded by Vice-President Borja and Director Rogers to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. November 10, 2020	Chair PerezGil asked for a motion to approve the November 10, 2020 meeting minutes.	Moved and seconded by Director Rogers and Vice-President Borja to approve the November 10, 2020 meeting minutes. Motion passed unanimously.
IV. Public Comment	There was no public comment	
V. Old Business		
1. Funding Requests	Chair PerezGil summarized the funding requests, progress and final reports schedule, and the grants payment schedule.	
2. Progress and Final Reports Schedule	Vice-President Borja inquired on One Future Coachella Valley's progress report, Well in the Desert's mini grant request, Clinicas de Salud's Rapid ID Now testing, and Coachella Valley Association of Governments (CVAG) \$700k funding match request to sustain the CV Housing First Program, which	
3. Grants Payment Schedule		

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
December 08, 2020**

	Donna Craig, Chief Program Officer responded.	
VI. Program Staff Updates 1. Coachella Valley Housing Catalyst Fund – A Bold Housing Investment Solution, Lift to Rise & Riverside County Housing Authority	<p>Dr. Bárzaga, CEO, explained the Workshop on Housing as a Social Determinant of Health and its impact on the Coachella Valley, introducing Heather Vaikona, CEO, Lift to Rise, who provided an overview of the team’s previous presentation of the Housing Catalyst Fund.</p> <p>The Catalyst team answered questions of the committee members, for instance, Vice-President Borja’s concerns with development, such as whether the units will remain vacant, used for Airbnb purposes, and the non-profit status of the developers and other entities.</p>	
VII. Grant Funding Requests 1. Voices for Children – Consideration to approve Grant #1149 – \$40,000 for the Court Appointed Special Advocates (CASA) Program	<p>Donna Craig, Chief Program Officer, described the grant request for Voices for Children to assist 2,000 youth in the Coachella Valley.</p> <p>Jessica Munoz, Voices for Children, described the program’s growth with virtual volunteer training to serve additional children, and the request to assist additional youth in the Valley.</p>	<p>Moved and seconded by Vice-President and Director Rogers to approve Grant #1149 – \$40,000 for the Court Appointed Special Advocates (CASA) Program. Motion passed unanimously.</p>
VII. Committee Members Comments	<p>Director Rogers explained that at the last Board meeting, the staff clarified that community members would join the Program Committee for specific</p>	

DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
December 08, 2020

	grant requests. Dr. Brzsaga described the new policy to eliminate the community members on all committees, but the committee will encourage public participation per the policy, and staff will reach out to experts when appropriate to review grants for input and feedback.	
V. Adjournment	Chair PerezGil adjourned the meeting at 1:23 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST: _____
 Evett PerezGil, Chair/Director
 Program Committee

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

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

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

(includes both mini grants and full grants)

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**

Letters of Interest				
Agency	Staff Notes	Status & Staff Notes	Funding Allocation	Strategic Focus Areas FY 2020-2021
Alzheimer's Association	LOI received requesting \$66,500 to support core services Request revised to reflect a lower amount	UPDATE FOR DECEMBER: Stage 2, the application, has been generated. The LOI had been previously sent back for republishing with the recommendation that the organization revise the request to reflect \$30,000 in support specific to the Program and Education Manager towards Care Consultations plus the education costs for the four-week training program for the caregivers.	District	Vital Human Services to People with Chronic Conditions

Healing California	LOI received requesting \$19,786 to support mobile dental and vision services to residents of Eastern Coachella Valley	UPDATE FOR DECEMBER: The grants team conducted a proposal conference on October 12 th . It was determined that Healing CA will send us a list of upcoming sites and apply for a mini grant instead. Nothing further has been received from the organization.	District	Healthcare Infrastructure and Services
Youth Leadership Institute	LOI received requesting \$30,000 Que Madre Program	UPDATE FOR DECEMBER: 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. Nothing further has been received from the organization.		Behavioral Health/Mental Health
Joslyn Center	LOI received requesting \$112,350 to support Wellness Center programs	UPDATE FOR DECEMBER: Stage 2 – the application- has been generated with the recommendation that the organization revise the request to reflect solely the		Behavioral Health/Mental Health

		Therapy and Counseling portion of the original request that includes funding for the LCSW Wellness Center Supervisor, 2 behavioral health program interns, & education/training. The funding request will now be \$59,130.		
CVAG	LOI received requesting \$700,000 for the continuation of the District's funding match to help sustain the success of the CV Housing First program.	UPDATE FOR DECEMBER: Originally a letter requesting a continuation of the match had been received. In the past, the letter was sufficient to merit funding by the Board. However, to warrant equity, fairness and transparency in regard to the newly board-approved grantmaking process, the District asked that CVAG's request be in the form of a grant application. The LOI has been received along with a budget that is currently under	District	Homelessness

		review by the grants team.		
Family YMCA of the Desert	LOI received requesting \$100,000 to offset staff salaries for 28 staff members working at the San Pablo YMCA & La Quinta Museum in support of the Y Distance Learning program.	UPDATE FOR DECEMBER: under review by the grants team	District	Vital Human Services to People with C
American Heart Association	LOI received requesting \$148,144 for managing hypertension in under-resources CV communities	UPDATE FOR DECEMBER: request was <u>declined</u> after review by the grants team due to duplication of services. However, more importantly, the LOI stated two key partners – CV VIM and Clinicas – both of which confirmed that they were not aware of being “partners” in this request.	District	Healthcare Infrastructure/Services
City of Palm Springs	LOI received requesting \$243,600 to support one Behavioral Health Specialist, one Mental Health Peer Specialist, Case	UPDATE FOR DECEMBER: 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	District	Homelessness

	Managers & Mental Health Peer Specialist	reports, and budget reports with receipts of all funds expended.		
Clinicas De Salud Del Pueblo	LOI received requesting \$125,800 to support COVID-19 ID Now Testing Program	UPDATE FOR DECEMBER: The application has been withdrawn by Clinicas as it has been determined to purchase the ID Now Testing Machines from another supplier.	District	Healthcare Infrastructure/Services
Animal Samaritans	LOI received for \$5,000 mini grant to support Humane Education	UPDATE FOR DECEMBER: declined after review by grants team – no alignment with District’s mission and/or strategic plan.	District	Behavioral Health
Pending Applications				
Grantee	Staff Notes	Status	Funding Allocation	Strategic Focus Area FY 20/21
Voices for Children	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.	UPDATE FOR DECEMBER: The application is being presented at the December Program Committee meeting.	District	Healthcare Infrastructure/Services: increased capacity to serve patients through telehealth technology

<p>Inland Empire Ronald McDonald House</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 2nd 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. UPDATE for December: Stage 2 – the application – has been sent back to be republished to reflect the actual 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 January Program Committee meeting for review.</p>	<p>District</p>	<p>Healthcare Infrastructure and Services</p>
<p>Martha's Village & Kitchen</p>	<p>LOI received requesting \$200,896 to support the resources necessary to serve an expanded</p>	<p>UPDATE FOR DECEMBER: Stage 2, the application, was generated, and MVK will concentrate the request on</p>		

	number of homeless individuals from within the DHCD's Western borders with evidence based best practices such as Housing First	Housing First, the workforce of youth employment and training as well as wrap around services that are given at the Mecca and Desert Hot Springs satellite offices. It is anticipated to bring the full request to the January Program Committee meeting.		
Well in the Desert	LOI received for \$5,000 mini grant to support food services	UPDATE FOR DECEMBER: Stage 2 – the Mini Grant application- has been received and under review by the grants team.	District	Homelessness

Update for NOVEMBER and DECEMBER 2020

Progress Reports			
Applicant	Staff Notes	Program/Project Tracking Status	Source
<p>HARC #974 2019 Coachella Valley Community Health Survey</p>	<p>Grant term: 11/1/18 – 10/31/20 Original Approved Amount: \$399,979 4th Progress report covering the time period from 5/1/20 – 10/31/20</p> <p>The total cost of the triennial survey for the three-year cycle has been obtained.</p> <p>FUNDRAISING FOR SURVEY Since the last progress report, HARC has continued to submit an average of two grant proposals per month as required.</p> <p>EXECUTIVE REPORT DISSEMINATION To date, 126 unique individuals have downloaded the 2019 Executive Report.</p> <p>To date, we have distributed 473 hard copy printed reports. We mailed these to elected officials, tribal leaders, local funders, nonprofits, healthcare agencies, and any individuals who requested a copy.</p> <p>OTHER DISSEMINATION HARC has shared the 2019 data with the public in seven press releases (distributed via eblasts and posted on HARC’s website)</p> <p>TREND REPORTS We also created the four trend reports per our “final contingencies” on this grant. The report</p>	<p>The grantee states that the program/project is NOT on track.</p> <p>It took longer than expected to get HARCsearch up and running, and having the final check lost in the mail was another unexpected delay. However, the site is ready and should be live for all by the end of the week (November 5). We’ll be publicizing it going forward. It also took us longer than expected to create the trend reports; they will be submitted via email today as required and we can revise if requested by DHCD/F.</p>	<p>District grant funds</p>

	<p>format is based on the requirements laid out in our emails between HARC and DHCD staff beginning March 16, 2020 and concluding on April 8, 2020.</p> <p>The four trend reports are: Healthcare Report; Major Disease Report; Mental Health Report; and Socioeconomic Needs Report. Staff notes: These reports are available upon request and are pending posting on the DHCD website.</p> <p>HARCSEARCH As mentioned in the last progress report, we decided to hire Intelligent Clout, an LA-based firm, to revamp and reprogram HARCsearch. The total cost for IC to redesign and host the site was \$16,800.</p> <p>TRAININGS HARC committed to provide 15 trainings trainings/workshops to potential data users in the region on how to find the data that they need, including both HARC's data and secondary data (e.g., Census data, school district data, etc.). HARC posted the opportunity to request customized trainings/workshops with data on our website and social media. We provided trainings and information to those who responded to this announcement, as well as a few who reached out separately for custom data runs.</p>		
<p>FIND Food Bank #1045 Ending Hunger Today, Tomorrow, and for a Lifetime</p>	<p>Grant term: 4/1/20 – 3/31/21 Original Approved Amount: \$401,380 2nd progress report covering the time period from 7/1/20 – 9/30/20</p> <p><u>Progress This Reporting Period</u></p>	<p>The grantee states the program/project is on track.</p> <p><i>Please describe any specific issues/barriers in meeting the desired outcomes: The COVID-19</i></p>	

	<p>Progress Outcomes: FIND Food Bank’s SMART Goal #1 is to provide 5 million pounds of fresh produce, 2.5 million pounds of which will be in the western District region. In the second quarter, FIND has provided a total of 3,214,419 pounds of produce. Therefore, within the first 2 quarters of the grant period, FIND has provided a total of 6,255,349 pounds of produce, exceeding our overall goal by 25.1%. Of the 3,214,419 pounds of produce, 1,409,239 pounds has been provided within the western District boundaries. Therefore, within the first 2 quarters of the grant period, FIND has provided a total of 2,729,644 pounds of produce within the western District boundaries, exceeding our overall goal by 9.2%.</p> <p>FIND’s SMART Goal #2 is to provide Kids’ Farmers Markets at Agua Caliente Elementary School, in Cathedral City, at Della S. Lindley Elementary School in Thousand Palms, and at Painted Hills Middle School, in Desert Hot Springs. In the second quarter, FIND has distributed 269,531 pounds of food, 162,974 pounds of which (or 60.5%) was in the form of fresh produce. Due to the COVID-19 school closures, FIND continues to serve the Della S. Lindley Elementary School at nearby Thousand Palms Park.</p> <p>FIND’s SMART Goal #3 is to add a new Community Health Worker to serve the western region of the District, moving our current Community Health Worker, funded by Loma Linda University Health, to the eastern region of</p>	<p>pandemic has impeded the hiring process of a new Community Health Worker. In the first quarter, FIND had completed the interview process began making offers. In the second quarter, FIND Food Bank made offers to 2 individuals. Unfortunately, both individuals declined – one for personal reasons, and the other due to childcare needs and COVID-19.</p> <p><i>Describe any unexpected successes during this reporting period other than those originally planned:</i> In the second quarter, FIND Food Bank served 5,629 homebound people. Of those individuals, 93%, or 5,239 homebound individuals, were Desert Healthcare District residents. FIND is pleased to be able to continue to provide food assistance to those who are confined to their homes and unable to reach out for any social services or food assistance.</p>	
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	<p>the District. FIND's Community Health Worker has been serving the western region and FIND continues work to identify a new Community Health Worker. Two different offers were made to 2 qualified individuals; however, both individuals declined.</p> <p>Nevertheless, in the second quarter, FIND's current Community Health Worker provided significant assistance within the Western District:</p> <ul style="list-style-type: none"> • 39 CalFresh/Medi-Cal applications (59 in all areas) • 4 Housing and Transportation (Neighborhood/Built Environment) (10 in all areas) • 24 Economic Stability (43 in all areas) • 7 Education/Tutoring/Financial Literacy (26 in all areas) • 6,894 Food/Nutrition (11,891 Food/Nutrition in all areas) • 15 Healthcare Referrals (15 in all areas) • 44 County Benefit Referrals (Unemployment, SSI, Section 8, Adult Protective Services) (69 in all areas) • 6 Social/Legal/Community (11 in all areas) <p>FIND's SMART Goal #4 is to have FIND's entire Community Outreach Team participate in CVHIP. In the first quarter, all program staff were trained on the CVHIP platform. In the second quarter, a total of 156 referrals were made utilizing CVHIP.</p> <p>FIND's SMART Goal #5 is to partner with the DHCD to support, promote, and assist in implementing their Behavioral Economics program through FIND's Agency Network and Mobile Markets ensuring nutrition education to</p>		
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	<p>food insecure clients. In the second quarter, FIND held a virtual meeting in August.</p> <p>Working closely with DHCD, we are developing a new avenue to implement the Behavioral Economics program as the agencies have been unresponsive to changes in the wake of the COVID-19 crisis. Nutrition education videos are now available on FIND Food Bank's new online volunteer platform. These educational videos provide critical nutrition training to the FIND volunteers who assist at FIND food distributions.</p> <p><i>Progress on the number of District residents served:</i> 0-5: 19,902 6-17: 67,497 18-24: 50,972 25-64: 50,972 65 or older: 39,626</p>		
<p>Coachella Valley Rescue Mission #1023 Transportation for Seniors and Homeless Hospital Discharge Patients</p>	<p>Grant term: 11/1/19 – 10/31/20 Original Approved Amount: \$216,200 4th progress report covering the time period from 8/1/20 – 10/31/20</p> <p><u>Progress This Reporting Period</u></p> <p>Progress Outcomes: CVRM purchased the final vehicle designated for the transportation of our elderly clients. Hospital referrals in August were 24 and September 34. CVRM received 30 age 18-54; 15 age 55 +; 12 ages 65+; 1 age 75+. CVRM designated vehicles transported one hundred and thirty-four individuals to off-campus appointments, such as medical, dental, behavioral health, job interviews, and apartment searches. The vehicles allow the elderly clients</p>	<p>The grantee states that the program is on track.</p> <p><i>Describe any unexpected successes during this reporting period other than those originally planned:</i> CVRM's ability to transport senior clients to appointments comfortably also saved the staff time to load and unload elderly passengers. The time saving was an unexpected benefit of the Desert Healthcare District's grant. Time is a gift that filtered down to CVRM's staff having more one on one time with the clients. The comfort that the beds</p>	<p>Desert Healthcare District</p>

	<p>ease of access into and out of the new vehicles. The beds' purchase and use to accommodate elder homeless clients help keep the client off the floor by stacking the beds to the regular bed height.</p> <p><u>Progress on the number of District residents served:</u> 0-5: 1 6-17: 2 18-24: 13 25-64: 69 65 or older: 15</p>	<p>provided the elderly clients and the ease of transport to various appointments make the elderly in CVRM care and safer.</p>	
<p>Olive Crest Treatment Center #1085 General Support for Mental Health Services to Vulnerable Children & Families in Coachella Valley</p>	<p>Grant term: 6/1/20 -5/31/21 Original Approved Amount: \$50,000 1st progress report covering the time period from 6/1/20-11/30/20</p> <p><u>Progress This Reporting Period</u></p> <p>Progress Outcomes: Goal #1: 100% of children in Olive Crest care have been risk-free each month of the reporting period. (Goal of 99%) Goal #2: 100% of foster and residential children have had one or less placement moves during the reporting period. (Goal of 95%) Goal #3: 88% of children have successfully completed Olive Crest's programs and been discharged to a permanent placement, or successfully graduated or transitioned to a lower level of care. (Goal of 85%) Goal #4: 91% of clients have shown improvement from intake to clusre as measured by the percentage of children with improved CAFAS scores (Goal of 80%) Goal #5: 81% of clients have shown</p>	<p>Grantee states the project/program is on track.</p> <p><i>Please describe any specific issues/barriers in meeting the desired outcomes:</i></p> <p>COVID-19 and the associated health guidelines have altered our delivery of mental health services. Tele-health and tele-psychiatry have replaced in person meetings and the impact of this change on effectiveness remains to be seen.</p> <p>On-boarding of additional psychiatrists took longer than expected but 4 part-time psychiatrists are now actively engaged.</p> <p><i>What is the course correction if the project/program is not on track?</i></p>	<p>District – ECV Funding Pot</p>

	<p>improvement to stable state levels of acuity. (Goal of 80%)</p> <p><u>Progress on the number of District residents served:</u> 0-5: 49 6-17: 331 18-24: 17 25-64: 0 65 or older: 0</p>	<p>N/A. The project is proceeding well and we are fortunate to have eliminated any wait time for requested and/or needed psychiatric services.</p> <p><i>Describe any unexpected successes during this reporting period other than those originally planned:</i></p> <p>COVID-19 and extended quarantining has also led to increased acuity in new cases which has increased the demand for psychiatric services. Demand for these services are expected to increase as youth return to school, daycare and other activities in which mandated reports will be present to identify child abuse and neglect.</p> <p>The Olive Crest team is incredibly grateful for the timely and critical support of Desert Healthcare District and Foundation in enabling us to keep pace with this need.</p> <p>One specific story of success involves two brothers who were currently living together. It was planned that they would need to be split up - their behaviors and needs were exceeding their family's abilities. However, when Olive Crest was able to facilitate access to</p>	
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		<p>psychiatric care, one of the boys was prescribed medication - this significantly helped his behaviors, and the family has been able to keep both boys together!</p>	
<p>One Future Coachella Valley #994 Mental Health College & Career Pathway Development Initiative</p>	<p>Grant term: 6/1/19 – 5/31/21 Original Approved amount: \$700,000 5th progress report covering the time period from 6/1/20 – 8/31/20</p> <p><u>Progress This Reporting Period</u> Progress Outcomes:</p> <p>By the end of the grant, two (2) high schools will add a Behavioral Health pathway resulting in a minimum of 60 additional students annually exposed to mental health careers:</p> <ul style="list-style-type: none"> - The BH A-Team updated their Pathways to Behavioral Health: Educations and Career Resources Website, expanding the "Career Exploration" page, and adding a "Be Well" page with wellness resources. https://behavioralhealthofcv.weebly.com/ <p>By the end of the grant, four (4) presentations on Mindfully Resilient curriculum and resources are provided to professionals in CVUSD, DSUSD and PSUSD.</p> <ul style="list-style-type: none"> - No presentations were given during this quarter, due to summer break and COVID-19 distance learning protocols. 	<p>The grantee states that the project/program is on track with no specific issues/barriers to meeting desired outcomes.</p> <p>However, <i>Describe any unexpected successes during this reporting period other than those originally planned:</i></p> <p>The ability to quickly pivot and deliver student support services, HCC internship experiences and facilitate all program activities using online platforms was impressive. Our team did a very good job of continuing program momentum, even with the challenges posed by the pandemic.</p>	

	<p>By the end of the grant, three (3) schools pilot a school-wide behavioral health wellness practices and career awareness programs.</p> <ul style="list-style-type: none"> - No activity on this element was completed this quarter due to summer break and COVID challenges. <p>By the end of the grant, up to forty (40) behavioral health undergraduate and graduate students will have been awarded up to \$200,000 in scholarships; completed a C2 Navigator profile and scholarship application; been assigned a Behavioral Health A-Team mentor; completed a college and career plan; completed a financial aid package review and plan; achieved 90% persistence and 90% on track for degree completion</p> <ul style="list-style-type: none"> - OneFuture Coachella Valley (OFCV) is excited to report that seven (7) students have been awarded to date for the 2020-21 academic year. Among these students, four (4) are renewal scholarship recipients that pursuing Mental Health majors and careers at CSU San Bernardino, UC Riverside, UC Irvine and Cal Baptist University. Following is a summary on the scholars and their progress this Fall term: <ul style="list-style-type: none"> • 100% of scholars have completed a College & Career Plan for the 2020-21 academic year. • 100% of scholars have 		
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	<p>submitted the required documents for their Fall disbursement.</p> <ul style="list-style-type: none"> • 100% of students attended OFCV's Student Leadership Conference in June. • Scholars are awarded in an average of 14 units this Fall term. <p>While the students are on track academically, the COVID-19 pandemic has created challenges that have increased the need for mental health support services and access to internet and related technology. For example, during the one-one-one OFCF counseling sessions, students had the following comments regarding their current needs and mental wellness:</p> <ul style="list-style-type: none"> • "Parents are both unemployed due to COVID. Trying to adjust to financial need gap" • "Doing well - meditating and hiking to stay clear and positive." • "Experiencing technology issues. Have upgraded to higher WIFI level. WIFI has been challenge." • Adjusting to online. Focused on finishing las year strong 		
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	<p>In response to the pandemic, OFCV pivoted its annual summer supports to offer a month of online workshops and services designed to help students with their mental wellness, academic and career preparation. Topics included a wide variety of college and career readiness as well as Meditation and Desk Yoga; Feeding Your Brain; Community Resources – Cal Fresh & Lending Circles and Career Panels.</p> <p>Among the seven (7) DHCD Mental Health Scholars, students attended between six (6) and (9) workshops each and engaged in question and answer sessions after the presentations. While the current DHCD scholars have actively participated in program supports, one (1) student had to withdraw from college this Fall, due to challenges with internet connectivity and difficulties with the online learning process. The student will continue to be engaged in the Mental Health Student Cohort and support services during the academic year.</p> <p>In addition, OFCV is in the process of completing the second review of DHCD Mental Health scholarship applications submission and interviews. Up to thirteen (13) students will be awarded by the end of October 2020 and participate in the DHCD Mental Health Student Cohort. OFCV looks forward to sharing updates on the student progress this academic year, along with learning opportunities in the wake of the COVID-19 pandemic.</p> <p>By the end of the grant, a minimum of twelve (12) undergraduate students pursuing Behavioral Health related majors will have</p>		
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	<p>completed a 10-week, paid summer internship; completed four (4) of five (5) leadership workshops and agreed to participate in a minimum of two (2) web-based or 1:1 interactions during the academic year following their internship.</p> <p>OFCV was able to secure an additional behavioral health host site, so five HCC 2020 summer interns completed projects primarily focused on mental and behavioral health and three additional sites included behavioral health elements with resource coordination for families impacted by COVID. Behavioral Health host sites were: Coachella Valley Unified School District, Jewish Family Services of the Desert, COFEM, Coachella Unincorporated, and OneFuture Coachella Valley. Sites with behavioral health related projects were Lift to Rise and Lideres Capesinas.</p>		
Final Grant Reports			
Applicant	Staff Notes	5 things to be done differently if you were to implement this service or program again	Source of Funding
<p>Jewish Family Service of the Desert #1017 Preventing Homelessness Among Coachella Valley Residents with Low Incomes by supporting salaries for case management staff</p>	<p>Grant term: 10/1/19 – 9/30/20 Original Approved Amount: \$90,000 Final Outcomes: JFS project goals for the period were largely surpassed, with the total number of clients served by the case management program exceeding the goal by 35%. Due in part to limited availability of funds, the number of clients receiving emergency financial assistance was lower than the projected target. In total, 1,766 unduplicated clients were provided with 5,157 case management services, including direct assistance as well as connections</p>	<p>1.JFS would seek out additional sources of pass-through funds to ensure adequate emergency assistance funding is available throughout the fiscal year.</p> <p>2.JFS would collaborate more frequently with other emergency assistance organizations to increase</p>	<p>District</p>

	<p>to other available benefits (such as unemployment, Medi-Cal, and CalFresh) and 99% of clients reported their was emergency resolved and their quality of life improved. <u>Final number of District residents served:</u> 0-5: 0 6-17: 0 18-24: 40 25-64: 1,141 65 or older: 585</p> <p>1. Please describe any specific issues/barriers in meeting the proposed program/project goals: While requests for JFS case management services have increased dramatically due to COVID-19, the need for financial support is far greater than what can be offered by JFS alone. Many clients have been connected to United Lift, where upwards of \$3,500 in support is offered, per person, in lieu of JFS support amounting to far less.</p> <p>2. Please describe any unexpected successes other than those originally planned The migrant community concern regarding “public charge”—an immigration ruling related to not being able to become a U.S. Citizen based on receiving public benefits—has been stated as a reason for migrant individuals and families not seeking connection to available JFS case management and emergency assistance services. Previously, the exact nature of public charge was not understood, so staff counsel to clients was uncertain. JFS has since engaged with a law firm specializing in migrant services, and its understanding of</p>	<p>support for clients and decrease resource utilization.</p> <p>3.JFS would establish a location in the East Valley for clients to submit support documentation (e.g., rent agreement, utility bills, etc.), reducing travel to the JFS office in Palm Springs or the need to mail original documents.</p> <p>4.JFS would seek additional interns to support the case management program.</p> <p>5.JFS would utilize its improved Zoom capabilities to capture client testimonials.</p>	
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	<p>public charge has improved, leading to better counsel for members of the migrant community.</p> <p>3. After the initial investment by the DHCD how will the program/project be financially sustained? JFS will continue to seek additional corporate, foundation and municipal grants to support this vital program for Coachella Valley residents. Specifically, emerging or newly discovered sources of funding will be sought to help sustain personnel capacity as well as direct assistance. In the event of funding gaps, agency general operating funds may be called upon to support the provision of this much-needed community service.</p>		
<p>Coachella Valley Rescue Mission #1023 Transportation for Seniors and Homeless Hospital Discharge Patients</p>	<p>Grant term: 11/1/19 – 10/31/20 Original Approved Amount: \$216,200 Final Outcomes:</p> <p>The Coachella Valley Rescue Mission accomplished its goals for the "Transportation for senior and Hospital Referrals" project. CVRM bought three cars to replace the twelve passenger vans used to transport clients off campus to various appointments, purchased unique beds for seniors, and provided the staff for this project. CVRM has exceeded the expectation that this grant provided. During COVID-19, CVRM clients sheltered-in-place, and CVRM has remained open 24/7. Eleven months into this project, CVRM responded to 262 senior hospital referrals averaging 24 referrals per month. CVRM hosted over 1722 elderly clients during the grant period. The vehicles allowed staff members to take hospital</p>	<ol style="list-style-type: none"> 1. Work with HMIS to able to pull different ages. Example DHCD -0-5; 6-17; 18-24; 25- 64; and 65 +, HMIS reports : under 10 years; 10-19; 20-29; 30-39; 40-49; 50-59; 60+ years . CVRM would like HMIS to report in more detail such as ages 50, 55, 60, 65, 70, 75. 2. Add side chair handles on the vehicles 3. Build a relationship with Adult Protective Services during the referral process 4. Development an inventory of housing for seniors 	

	<p>referrals to clinics for testing and provide a hotel room while waiting for test results. The staff provided three meals daily to the hotel rooms. The additional staff and vehicles allowed the care of this unique group of homeless clients.</p> <p><i>Final number of District residents served:</i> 0-5: 48 6-17: 73 18-24: 462 25-64: 2,976 65 or older: 635</p> <p><i>Please answer the following questions</i></p> <p>Please describe any specific issues/barriers in meeting the proposed program/project goals:</p> <p>CVRM met all our proposed goals. The hospital staff time spent referring the homeless and working out an exit plan with CVRM which takes about an hour. Then the individual would leave the hospital and never arrive at CVRM. The hospitals and CVRM are working on putting systems in place that will ensure that the homeless individuals arrive at CVRM.</p> <p>Please describe any unexpected successes other than those originally planned:</p> <p>Our client K. Randall is a 58-year-old elderly woman that uses a walker to help her get around due to a bad leg. She was very appreciative of the vehicle we used to transport her to and from appointments. K. has had to go</p>	<p>5. Develop a process that will track the hospital referrals that do not show up at CVRM.</p>	
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	<p>to RI in Palm Springs, the pharmacy several times to pick up medication, and Oasis in Indio on several occasions. She was able to get in and out of the vehicle using the handle and did not struggle. She mentioned it was easier to lift her walker into the back and take it out because the car was much lower, and her walker is very lightweight. The client is very appreciative and thankful for the comfort provided during transportation.</p> <p>After the initial investment by the DHCD how will the program/project be financially sustained?</p> <p>CVRM has the structure and for the past year now the experience in working with local hospitals to house the homeless exiting from their hospital. Communication has improved with these partners. CVRM cares for the homeless that is our mission. CVRM will be able to maintain the vehicles, and the staff is now part of CVRM permanent staff. CVRM will maintain this program through donations and funding with our local cities and business. 2021 marks CVRM's 50th year in business.</p>		
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DESERT HEALTHCARE DISTRICT							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
As of 11/30/20							
TWELVE MONTHS ENDED JUNE 30, 2021							
Grant ID Nos.	Name	Approved	Current Yr	6/30/2020	Total Paid	Open	
		Grants - Prior Yrs	2020-2021	Bal Fwd/New	July-June	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	FINN Food Bank - Ending Hunger Today, Tomorrow, and for a Lifetime - 1 Yr	\$ 401,380		\$ 311,069	\$ 180,622	\$ 130,447	
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	
2020-1135-BOD-11-24-20	5 Hope Through Housing Foundation - Family Resilience - 1 Yr		\$ 20,000	\$ 20,000		\$ 20,000	
TOTAL GRANTS		\$ 13,106,979	\$ 570,000	\$ 10,318,358	\$ 1,303,637	\$ 8,985,816	
Amts available/remaining for Grant/Programs - FY 2020-21:							
Amount budgeted 2020-2021			\$ 4,000,000		G/L Balance:	11/30/2020	
Amount granted through November 30, 2020:			\$ (570,000)		2131	\$ 2,325,816	
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		Total	\$ 8,985,816	
Matching external grant contributions			\$ -			\$ (0)	
Balance available for Grants/Programs			\$ 3,448,905				
Strategic Focus Areas FY20-21:							
		Grant Budget	Granted YTD	Available			
1	Healthcare Infrastructure and Services	\$ 1,500,000	\$ (521,240)	\$ 978,760			
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	\$ (30,000)	\$ 470,000			
Balance available for Grants/Programs		\$ 4,000,000	\$ (551,095)	\$ 3,448,905			



DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
December 08, 2020

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

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Shorr called the meeting to order at 3:32 p.m.	
II. Approval of Agenda	Chair Shorr asked for a motion to approve the agenda.	Moved and seconded by President De Lara and Director Shorr to approve the agenda. Motion passed unanimously.
III. Public Comment	There was no public comment.	
IV. Approval of Minutes 1. F&A Minutes – Meeting November 10, 2020	Chair Shorr motioned to approve the November 10, 2020 minutes.	Moved and seconded by President De Lara and Director Shorr to approve the November 10, 2020 meeting minutes. Motion passed unanimously.
V. CEO Report	There was no CEO report.	
VI. Chief Administration Officer’s Report	Chris Christensen, CAO, explained the second bidding process with the landscape project award to Marina Landscape and completion 60 days from the start date.	
VII. Financial Reports 1. District and LPMP Financial Statements 2. Accounts Receivable Aging Summary 3. District – Deposits 4. District – Property Tax Receipts 5. LPMP Deposits 6. District – Check Register	Arthur Shorr, Chair, thoroughly reviewed and discussed the financials with the committee. Chris Christensen, CAO, responded to questions from President De Lara concerning line items 6500 Professional Fees and the anticipated expenses of a consultant with	Moved and seconded by President De Lara and Director Shorr to approve the November 2020 District Financial Reports - Items 1-10 and to forward to the Board for approval. Motion passed unanimously.

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<p>7. Credit Card – Detail of Expenditures 8. LPMP – Check Register 9. Retirement Protection Plan Update 10. Grant Payment Schedule</p>	<p>the potential hospital lease/sale consulting work in 2021. President De Lara also inquired on line item 6435 Bank Charges expenses and the credit card fees for tenants’ monthly payments. President De Lara requested that staff research other cost-saving measures, such as PayPal or similar platforms. Line item 2190 Investment Fees Payable as outlined at last month’s committee meeting by Mr. Keith Stribling, will decrease since High Mark has reduced the fees with an upcoming reduction, which was previously \$9k per month.</p>	
<p>VIII. Other Matters</p> <p>1. Professional Services Agreement by Chris Mills, Prest Vuksic, Greenwood Architects, for the interior fire sprinkler system installation at the Las Palmas Medical Plaza – Estimated \$12,000</p> <p>2. Coachella Valley Housing Catalyst Fund – A Bold Housing Investment Solution, Lift to Rise & Riverside County – Potential Recoverable Grant</p>	<p>Chris Christensen, CAO, described the east side of the building with the completion of the interior fire sprinkler work and with the west side of the building predominately occupied, work will commence considering the tenants schedules. Interior fire sprinklers in individual suites are more expensive; thus, a bidding process will take place for project management purposes.</p> <p>Dr. Bárzaga, CEO, explained the workshop on Housing as a Social Determinant of Health and the Board’s direction for the committees to discuss individually and explore the best mechanisms to move forward.</p>	<p>Moved and seconded by Director Shorr and President De Lara to approve the professional services agreement by Chris Mills, Prest Vuksic, Greenwood Architects, for the interior fire sprinkler system installation at the Las Palmas Medical Plaza – Estimated \$12,000 and forward to the Board for approval.</p> <p>Motion passed unanimously.</p>

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	<p>Heather Vaikona, CEO, Lift to Rise, described the pursuit of a recoverable grant since the PRI is not aligned with the District, the housing fund, the methods, and bold solutions while considering the District's unique position, and the potential funds managed by the low-income investment entity. Ms. Vaikona also provided additional details about the developer's low-income investment fund, affordability, and Lift to Rise matching the District's funds.</p> <p>Jeff Scott, Legal Counsel, suggests determining the structure of the potential grant requesting Lift to Rise submit a formal request and then moving forward with the legalities and opinions.</p> <p>The committee questioned how the grant might affect the District finances, such as seismic, the investment accounts low return, reflecting on the availability of funds in the current grant cycle allocation, possibly committing from future grant years, and receivable legitimacy. Staff will examine all the alternatives and provide more feasible options.</p>	
<p>IV. Adjournment</p>	<p>Director Shorr adjourned the meeting at 4:26 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>



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ATTEST: _____
Arthur Shorr, Director, Board of Directors
Finance & Administration Committee Member
Desert Healthcare District Board of Directors

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

DRAFT

Fair Political Practices Commission

Contribution Limits: City and County Candidates¹

Introduction

Pursuant to Assembly Bill 571 (Stats. 2019, Ch. 556, AB 571 Mullin), beginning January 1, 2021 a state campaign contribution limit will by default apply to city and county candidates when the city or county has not already enacted a contribution limit on such candidates. Along with the new campaign contribution limit, there are also other related provisions that formerly applied only to state level candidates that will now apply to city and county candidates. Please note that none of the provisions of AB 571 discussed in this fact sheet apply to candidates in cities or counties for which the city or county has enacted campaign contribution limits.

Current State Contribution Limit

The contribution limit that will now apply to city and county candidates pursuant to AB 571 is updated biennially for inflation. Contribution limits can be found in Regulation 18545(a)² and on the FPPC website [here](#). The default limit for contributions to city and county candidates subject to AB 571 for 2021-2022 is set at \$4,900 per election.

Other Amended Provisions Affecting City and County Candidates

Several other provisions will now apply to city and county candidates in jurisdictions that have not enacted campaign contribution limits, including the following:

- A candidate may not make a contribution over the AB 571 limit to another candidate in jurisdictions subject to the AB 571 limit.
- Candidates may transfer campaign funds from one candidate-controlled committee to another committee controlled by the same candidate if the committee receiving the transfer is for an elective state, county or city office. However, contributions transferred must be transferred using the “last in, first out” or “first in, first out” accounting method and shall not exceed the applicable contribution limit per contributor.

¹ This fact sheet is informational only and contains only highlights of selected provisions of the law. It does not carry the weight of the law. For further information, consult the Political Reform Act and its corresponding regulations, advice letters, and opinions.

² The Political Reform Act is contained in Government Code Sections 81000 through 91014. All statutory references are to the Government Code, unless otherwise indicated. The regulations of the Fair Political Practices Commission are contained in Sections 18110 through 18997 of Title 2 of the California Code of Regulations. All regulatory references are to Title 2, Division 6 of the California Code of Regulations, unless otherwise indicated.

- Candidates may not personally loan to a candidate’s campaign an amount for which the outstanding balance exceeds \$100,000. A candidate may not charge interest on any such loan the candidate made to the candidate’s campaign.
- Candidates may establish a committee to oppose the qualification of a recall measure and the recall election when the candidate receives a notice of intent to recall. Campaign funds raised to oppose the qualification of a recall measure and/or the recall election would not be subject to any campaign contribution limit under the Act.
- Contributions after the date of the election may be accepted to the extent contributions do not exceed net debts outstanding from the election, and contributions do not otherwise exceed applicable contribution limits for that election.
- Candidates may carry over contributions raised in connection with one election to pay for campaign expenditures incurred in connection with a subsequent election for the same office.
- Candidates are permitted to raise contributions for a general election before the primary election and may establish separate campaign contribution accounts for the primary and general so long as candidates set aside contributions and use them for the general or special general election as raised. If the candidate is defeated in the primary election or otherwise withdraws from the general election, the general election funds must be refunded to contributors on a pro rata basis less any expenses associated with the raising and administration of the general election contributions.

FAQs

A. If a city or county does not currently have contribution limits set within their ordinance would the state contribution limit be the default?

Yes. The state contribution limit stated above would be the default contribution limit if the city or county ordinance is silent on whether there are contribution limits within that jurisdiction or if there is no city or county ordinance in place.

B. Is there a way for a city or county to adopt “no” contribution limits for city or county elective city and county offices?

Yes. A city or county may elect to have “no” contribution limits. To do so, it must explicitly state in the city or county ordinance that there are no limits on contributions. If it is explicit that the city or county has implemented “no” contribution limits, the state contribution limit will not apply as a default for that jurisdiction.

C. Can a city or county ordinance be less restrictive than the AB 571 limit (e.g., the city or county limit is set higher than the state limit)?

Yes. A city or county can set contribution limits higher than the default state limit.

D. If a city or county imposes contribution limits, is the Commission responsible for enforcing those limits?

No. The Commission will not regulate the administration or enforcement of the penalties. Cities or counties with existing limits or that adopt their own limits are not subject to the state limit and may impose their own penalties for violations, as.

E. If a city or county has voluntary contribution limits, but no mandatory limits will the state limit be applicable?

Yes. A city or county must enact mandatory limits to avoid the state limit applying to elective city and county offices.

F. Does the default contribution limit also include judicial candidates?

No. Elective city and county offices do not include judicial offices.

G. If a city or county has imposed contribution limits for particular city or county offices (e.g., Board of Supervisors), do those limits also apply to other positions such as the District Attorney or would the default state limit apply if a particular position is not specifically addressed by the city or county?

The default state limit would apply to other positions for which the city or county has not set contribution limits. A city or county ordinance must explicitly state the city or county contribution limits and for which elective offices those limits will apply. A city or county may adopt a general provision implementing a contribution limit for all elective city and county offices in that jurisdiction. As noted above, a city or county may also adopt an ordinance that states the city or county is adopting no contribution limits for any offices to avoid the default state limit applying.

H. Does AB 571 apply to special district or school district elections?

No. AB 571 applies only to city and county elections for offices that a city or county has not implemented its own contribution limit.

I. Does AB 571 allow candidates to open an officeholder committee?

No. For those candidates subject to AB 571, officeholder committees are not permitted. However, a candidate may use a committee for the officeholder's future election for officeholder expenses.