

DESERT HEALTHCARE DISTRICT BOARD MEETING

Board of Directors October 26, 2021 5:30 P.M.

In accordance with new authorization signed by the Governor – Executive Order N-17-21 on September 16, 2021 - (AB 361 - Government Code 54953 effective until January 1, 2024), which extends the provisions of the Governor's Executive Order N-29-20 of March 12, 2020, revised on March 18, 2020, and Board-approved Resolution #21-03 on September 26, 2021, 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 can participate by webinar by using the following link:

https://us02web.zoom.us/j/81165923099?pwd=ZGtXTGp4aTFnbTZkb0RxK2Uway9nUT09 Password: 811 6592 3099

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: 811 6592 3099 Password: 086523

You may also email <u>ahayles@dhcd.org</u> with your public comment no later than 4 p.m., Tuesday, 10/26

Page(s) AGENDA Item Type

Any item on the agenda may result in Board Action

A. CALL TO ORDER - President De Lara

Roll Call

Director Zavala____Director Shorr____Director Zendle, 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

Action

All Consent Agenda item(s) listed below are considered routine by Board of Directors and will be enacted by one motion. 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.



4-11 12-13 14-37 38-42		 BOARD MINUTES a. Board of Directors Meeting – September 28, 2021 b. Special Meeting of the Board – October 09, 2021 FINANCIALS a. Approval of the September 2021 Financial Statements – F&A Approved October 14, 2021 POLICIES a. Policy #FIN-06 – Financial Reserve 	
43-44 45-59	F.	 PUBLIC HEARING 1. Rezoning Background and Census Data 2. Zone Mapping Process, Justin Levitt, Vice-President, National Demographic Corporation (NDC) 	Information Information
	G.	DESERT HEALTHCARE DISTRICT CEO REPORT	
60-91		 Conrado E. Bárzaga, MD Consideration to approve the Desert Healthcare District and Foundation Five (5)-Year Strategic Plan 	Action
92-141		 (FY21-22, FY22-23, FY23-24, FY24-25, FY25-26) 2. Consideration to approve the FY 2021 Audit Reports – District, Retirement Protection Plan - presented by Gary Dack, CPA, Partner, and Shannon Maidment, CPA, Partner – Lund & Guttry LLP 	Action
142-188		3. Review the Foundation and A-133 Single Audit Reports for FY 2021 presented by Gary Dack, CPA, Partner, and Shannon Maidment, CPA, Partner – Lund & Guttry LLP	Information
189-191		 COVID-19 Vaccination Campaign for Underserved Communities in the Coachella Valley 	Information
		 Governance Workshop, Martin Rauch, Rauch Communications – November 08, 2021 	Information
192		Desert Healthcare District & Foundation In-Person Board and Committee Meetings	Information
193-194 195		 Community Engagements and Presentations Consideration to close the District and Satellite Office between Christmas and New Year's Day 	Information Action
	H.	DESERT REGIONAL MEDICAL CENTER CEO REPORT - Michele Finney, CEO	Information
	l.	DESERT REGIONAL MEDICAL CENTER GOVERNING BOARD MEETING – Les Zendle, MD and Carole Rogers, RN	Information



J. COMMITTEE MEETINGS

196-200 201-206 207 208-276		 PROGRAM COMMITTEE – Chair/Director Evett PerezGil, Vice-President Karen Borja, and Director Carmina Zavala Draft Meeting Minutes – October 12, 2021 Funding Requests Update Grant Payment Schedule Progress and Final Reports Update 	Information Information Information Information
		 FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE COMMITTEE – Chair/Director Arthur Shorr, President Leticia De Lara, and Director Les Zendle, MD 	
277-282 283-301		 Draft Meeting Minutes – October 14, 2021 Retirement Protection Plan – Actuarial Valuation Report 	Information Information
302-308	K.	OLD BUSINESS 1. Coachella Valley Association of Governments (CVAG) – Q3 CV Link Progress Report	Information
309-315 316-319	L.	 LEGAL 1. End of Session Legislative Update 2. Consideration to approve Resolution #21-05 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings 	Information Action

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) 567-0298 at least 24 hours prior to the meeting.



District Staff Present – Video

Directors Present – Video Conference	Conference	Absent
Vice-President/Secretary Karen Borja	Conrado E. Bárzaga, MD, CEO	President Leticia
Director Arthur Shorr	Chris Christensen, CAO	De Lara
Director Carole Rogers, RN	Donna Craig, Chief Program Officer	
Director Les Zendle, MD	Alejandro Espinoza, Chief of	
Director Evett PerezGil	Community Engagement	
Director Carmina Zavala	Jana Trew, Senior Program Officer	
	Will Dean, Marketing and	
	Communications Director	
	Eric Taylor, Accounting Manager	
	Meghan Kane, Programs and	
	Research Analyst	
	Erica Huskey, Administrative and	
	Program Assistant	
	Andrea S. Hayles, Clerk of the Board	
	Legal Counsel	
	Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order	Vice-President Borja called the	
	meeting to order at 5:30 p.m.	
	in President De Lara's absence.	
Roll Call		
	The Clerk of the Board called	
	the roll with all except	
	President De Lara.	
B. Pledge of Allegiance	Vice-President Borja led the	
	Pledge of Allegiance.	
C. Approval of Agenda	Vice-President Borja	#21-59 MOTION WAS MADE by
	congratulated Director Carmina	Director PerezGil and seconded
	Zavala, recognized as Trustee	by Director Zavala to approve the
	of the year by the Association	agenda.
	of California Healthcare	Motion passed 6-1.
	Districts, announced during the	AYES – 6 Vice-President/Secretary
	annual meeting.	Borja, Director Shorr, Director
		Rogers, Director Zendle, Director
	Vice-President Borja asked for	PerezGil, and Director Zavala
	a motion to approve the	NOES – 0
	agenda.	ABSENT – 1 President De Lara
D. Public Comment		



September 28, 2021			
E. Consent Agenda			
 BOARD MINUTES Board of Directors Meeting – July 27, 2021 Special Meeting of the Board – August 25, 2021 Special Meeting of the Board – September 9, 2021 	Vice-President Borja pulled items 3.a. and 3.d. from the consent agenda for discussion, and item 1.a. by Director Rogers is intended for the Foundation consent agenda.	#21-60 MOTION WAS MADE by Director Zendle and seconded by Director Shorr to approve the consent agenda with the pulling of items 3a. and 3.d. Motion passed 6-1. AYES – 6 Vice-President/Secretary	
 d. Special Meeting of the Board September 11, 2021 2. FINANCIALS a. Approval of the July and August 2021 Financial Statements – F&A Approved 	Chris Christensen, CAO, described the minor modifications to 3.a., Policy BOD-12 – Minutes of the Board, such as removing language for the recordings in a	Borja, Director Shorr, Director Rogers, Director Zendle, Director PerezGil, and Director Zavala NOES – 0 ABSENT – 1 President De Lara	
September 14, 2021 3. POLICIES a. BOD-12 – Minutes of Board Meetings	locked fire-resistant cabinet and noting late arrivals and early departures in the minutes.	#21-61 MOTION WAS MADE by Director Zendle and seconded by Director Rogers to approve the consent agenda.	
b. BOD-13 – Memberships in Organizations, Training, Education, Conferences, and Reimbursement Procedure	Conrado Bárzaga, MD, CEO, described the modifications to item 3.d. and the \$50k	Motion passed 6-1. AYES – 6 Vice-President/Secretary Borja, Director Shorr, Director Rogers, Director Zendle, Director	
c. BOD-14 – Ethics Training and Education Training Related to Workplace Harassment d. OP-11 – Procurement of	threshold for professional services contracts. Vice- President Borja also requested an explanation of the	PerezGil, and Director Zavala NOES – 0 ABSENT – 1 President De Lara	
Purchase Contracts and Professional Services e. OP-12 – Compensation f. OP-14 – Staff Expense	Professional Services – CEO Authorized Services up to \$25k with Chris Christensen, CAO, and Dr. Bárzaga outlining the		
Authorization	circumstances when the policy would apply. After discussion concerning fiduciary duties and emergency situations, the Board and Vice-President Borja agreed to leave the policy language as ii stands without any additional adjustments.		

described the update on Page 2 of 8

Conrado Bárzaga, MD, CEO,

F. Desert Healthcare District CEO

1. COVID-19 Vaccination

Campaign for Underserved

Report



	September 28, 2021	
Communities in the	COVID-19 related to the high	
Coachella Valley	case rates; however, the	
	numbers are lower with an	
	increase in the vaccination	
	rates at 76% and closer to 80%	
	for the two-dose vaccinations	
	for the Coachella Valley. The	
	Coachella Valley also has a	
	higher vaccination rate than the county but lacks equal	
	distribution in some	
	communities, such as the city	
	of Coachella with the lowest	
	vaccination rates, the highest	
	COVID cases, and mortality	
	rates.	
	Director Shorr recommended a	
	press release for releasing the	
	District's vaccination data with	
	Dr. Bárzaga explaining that he	
	and Will Dean,	
	Communications and	
	Marketing Director are working on an updated release as the	
	Coachella Valley approaches	
	the 80% vaccination rate.	
	die 66% vacania der vace.	
	Dr. Bárzaga, CEO, explained	
2. Financial Audit & A-133	that the financial audit is in the	
Audit Update	final draft review stages with	
	completion by September 30.	
	The financial audit will be	
	presented at the October 12	
	F&A Committee meeting with	
	consideration for board	
	approval at the October Board	
	meeting.	
	Dr. Bárzaga, CEO, explained the	
3. Rezoning Update –	most recent meeting with NDC	
National Demographic	concerning the census data,	
Corporation (NDC)	which is still being reviewed	
	with a better understanding to	



	September 28, 2021	
	present the maps by October 15 in advance of the October	
	Board meeting.	
	Dr. Bárzaga, CEO, explained	
4. Association of California	that some Board members and	
Healthcare Districts	all staff will participate in the	
(ACHD) Diversity, Equity &	Association of Healthcare	
Inclusion (DEI) Pilot	Districts (ACHD) October	
Program	Diversity, Equity & Inclusion	
Piogram	(DEI) training, further outlining	
	the prior session and the	
	upcoming training.	
	apconning training.	
	Dr. Bárzaga, CEO, described the	
5. Special Meeting of the	final strategic planning session	
Board – Third and Final	with a definitive version,	
Strategic Planning Session	discussion with	
- Saturday, October 9	recommendations, and a final	
from 8 a.m. – 12 p.m.	vote in October.	
110111 0 d.iii. 12 p.iii.	vote in october.	
	Dr. Bárzaga, CEO, explained	
6. Governance Workshop,	that the next Governance	
Martin Rauch, Rauch	Workshop facilitated by Rauch	
Communications –	Communications is on	
November 2021	November 8.	
	Dr. Bárzaga, CEO, described the	
7. Community Engagements	community engagements and	
and Presentations	presentations highlighting	
	meetings with partners to	
	increase the vaccination rates.	
G. Desert Regional Medical Center	Michele Finney, CEO, Desert	
CEO Report	Care Network, Desert Regional	
	Medical Center, Desert	
	Regional Medical Center	
	(DRMC) provided an update	
	describing the decline in the	
	COIVD average daily census at	
	Desert Regional Medical Center	
	(DRMC) and JFK Memorial	
	Hospital. A 35 Average Daily	
	Census (ADC) rate was	
	reported for the month of	



August now declining to between 20-25. JFK's average daily census is 15 and above and decreasing to 10 ADC. 80% of the patients requiring hospitalization are the unvaccinated population.

Healthcare workers' and hospitals' vaccination requirements deadline is September 30, with DRMC and JFK employees currently meeting the deadline at 80%. 100% of DRMC's medical staff is compliant, some vaccine clinics are onsite, and the upcoming booster shot will be available to staff.

JFK is the first facility designated as a level 4 trauma center in Riverside County with a 24/7 resource facility to secure higher levels of care while also working closing with the county.

DRMC's hip and knee program had a review by the Joint Commission on Accreditation of Healthcare Organizations (JACHO) for the standards of care with 100% compliance and no recommendations for improvements with the quality care continuing to evolve.

The new director of pediatrics for DRMC and JFK is Board Certified and a member of Loma Linda University Medical Center's (LLUMC) faculty physician to elevate pediatrics



	September 28, 2021	<u> </u>
	care in the community, and	
	DRMC contracts with LLUMC).	
	The onboarding of a new	
	member of the marketing team	
	was hired at DRMC who	
	previously worked with	
	Supervisor Perez's Office as the	
	marketing coordinator for	
	community outreach and	
	events.	
	Refurbishing and upgrades at	
	DRMC and JFK include an	
	instant security system at	
	DRMC, a CT scanner addition to	
	the Cancer Center, and a	
	replacement at JFK totaling two	
	CT scanners and operating	
·	room renovations with the	
	lighting.	
H. Desert Regional Medical Center	Director Zendle described the	
Governing Board	California Department of Public	
	Health (CDPH) and JACHO	
	reports from the Quality	
	Department, a presentation on	
	the peer-review process that	
	occurs each month as outlined	
	on care to ensure patient	
	safety and protect the due	
	process of each practicing	
	physician. The Governing Board	
	also explained that 80% of the	
	hospitalized COVID patients are	
	unvaccinated, with higher rates	
	for critical care units at 90-95%.	
I. Board and Staff Communications &		
Policies Committee		
1. Draft Meeting Minutes –	Director Zendle, Chair, Board	
September 14, 2021	and Staff Communications &	
	Policies Committee, inquired	
	on any questions concerning	
	1	
	the minutes of the meeting,	



	September 28, 2021	
	explaining that Policy OP-16,	
	the tabled item, will be brought	
	back to the Committee and	
	Board at a later date.	
I.2. Finance, Legal, Administration &	Director Shorr provided an	
Real Estate	overview of the F&A	
	Committee meeting minutes	
1. Draft Meeting Minutes –	highlighting the CARES Act	
September 14, 2021	audit and realigning the	
•	Retirement Protection Plan	
	accrual.	
J. Old Business		
1. Q2 CV Link Progress Report	Erica Felci, Assistant Executive	
	Director, Coachella Valley	
	Association of Governments	
	(CVAG), provided an overview	
	and update of the Q2 CV Link	
	Progress Report highlighting	
	the next quarterly report and	
	describing a grand opening in	
	Palm Desert on October 23 at 5	
	p.m., further answering	
	questions of the Board.	
K. Legal	questions of the Board.	
N. Legui		
1. AB-361 - Open meetings:	Jeff Scott, Legal Counsel,	
state and local agencies:	provided an overview of AB	
Teleconferences	361, describing the emergency	
relecontenences	ordinances related to	
	teleconference meetings,	
	explaining the timing of the bill,	
	'	
	which requires two resolutions due to the suspension on	
	·	
	September 30, AB 361 effective	
	October 1, further describing	
	the resolutions.	
	Director Zendle explained the	
	importance of in person Board	
	meetings when reasonably	
	possible.	



	September 28, 2021	
2. Consideration to approve Resolution #21-03 authorizing remote teleconference meetings for the Desert Healthcare District during periods of Emergencies in accordance with the Brown Act.		#21-62 MOTION WAS MADE by Director Zendle and seconded by Director Rogers to approve the Resolution #21-03 authorizing remote teleconference meetings for the Desert Healthcare District during periods of Emergencies in accordance with the Brown Act. Motion passed 6-1. AYES – 6 Vice-President/Secretary Borja, Director Shorr, Director Rogers, Director Zendle, Director PerezGil, and Director Zavala NOES – 0 ABSENT – 1 President De Lara
L. Immediate Issues and Comments	Director Rogers provided an overview of the Association of Healthcare Districts (ACHD) Annual Meeting explaining the studies and findings, including highlighting the speaker and the possibility of obtaining the links to the recordings. Director Rogers also provided details on SB 9 and SB 10 related to housing, planning, and zoning signed by the governor to help alleviate the affordable housing crisis.	
M. Adjournment	Vice-President Borja adjourned the meeting at 7:08 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST:		
	Carole Rogers, Acting Vice-President/Secretary	
	Desert Healthcare District Board of Directors	

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



DESERT HEALTHCARE DISTRICT SPECIAL BOARD OF DIRECTORS MEETING MINUTES MEETING MINUTES October 09, 2021

Directors Present	District Staff Present	Absent
President Leticia De Lara – Telephonic	Conrado E. Bárzaga, MD, CEO	Director Les
Vice-President/Secretary Karen Borja	Chris Christensen, CAO	Zendle, MD
Director Arthur Shorr, Treasurer	Donna Craig, Chief Program Officer	
Director Carole Rogers, RN	Alejandro Espinoza, Chief of	
Director Evett PerezGil	Community Engagement Officer	
Director Carmina Zavala	Jana Trew, Senior Program Officer,	
	Behavioral Health	
	Meghan Kane, Senior Program Officer	
	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 8:12 a.m. with all director present except Director Zendle.	
B. Pledge of Allegiance	President De Lara led all in the Pledge of Allegiance.	
C. Approval of Agenda	President De Lara asked for a motion to approve the agenda.	#21-63 MOTION WAS MADE by Director PrezGil and seconded by Director Zavala to approve the agenda. Motion passed 6-1. AYES – 6 President De Lara, Vice- President/Secretary Borja, Director Shorr, Director Rogers, Director PerezGil and Director Zavala NOES – 0 ABSENT – 1 Director Zendle
D. Public Comment	There were no public comments.	
E. Strategic Planning Retreat	Mark Dubow, MSPH, MBA, Director, Veralon, and Steve Valentine, MPA, Valentine Health Advisers, opened the meeting with an overview of	



DESERT HEALTHCARE DISTRICT SPECIAL BOARD OF DIRECTORS MEETING MINUTES MEETING MINUTES October 09, 2021

	October 09, 2021	
	the goals and strategies. Goal 1.5 should incorporate a development director; the inclusion of a bullet point to comprise of promotoras' goal in 2.7; goal 2.4 will include telehealth for "internet hubs to increase access;" goal 2.6 will incorporate nutrition; support housing planning for livable communities into goal 5 by integrating health into housing, and incorporating a goal for 4.5 to support organizations capacity and ability to measure the impact.	
	The Board engaged in a lengthy discussion about whether housing should be incorporated into the goals, the Districts role within the various Coachella Valley-wide participation, and including the social determinants of health in all goals within goal 5. Legal counsel suggested an annual health report to the community on the District and Foundation's work over the year.	
H. Adjournment	President De Lara adjourned the meeting at 10:30 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-
		<u>Documents</u>

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

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

DESERT HEALTHCARE DISTRICT SEPTEMBER 2021 FINANCIAL STATEMENTS INDEX

Year to Date Variance Analysis

Cumulative Profit & Loss Budget vs Actual - Summary

Cumulative Profit & Loss Budget vs Actual - District Including LPMP

Cumulative Profit & Loss Budget vs Actual - LPMP

Balance Sheet - Condensed View

Balance Sheet - Expanded View

Accounts Receivable Aging

Deposit Detail - District

Property Tax Receipts - YTD

Deposit Detail - LPMP

Check Register - District

Credit Card Expenditures

Check Register - LPMP

Retirement Protection Plan Update

Grants Schedule

DESERT HEALTHCARE DISTRICT YEAR TO DATE VARIANCE ANALYSIS **ACTUAL VS BUDGET**

THREE MONTHS ENDED SEPTEMBER 30, 2021

Scope: \$25,000 Variance per State	e: \$25,000 Variance per Statement of Operations Summary						
		Y.	TD		0	ver(Under)	
Account		Actual		Budget		Budget	Explanation
4000 - Income	\$	108,423	\$	515,564	\$	(407,141)	Lower property tax revenues \$452k; higher interest income and market fluctuations (net) from FRF investments \$51k; lower grant income \$8k; higher various \$2k
5000 - Direct Expenses	\$	174,649	\$	341,142	\$	(166,493)	Lower wage related expenses \$95k due to open positions; lower board expenses \$26k; lower education expense \$19k; lower health insurance expense \$16k; lower retirement plan expense \$6k; lower workers comp expense \$3k; lower various \$1k
6000-General & Admin Expense	\$	108,204	\$	143,586	\$	(35,382)	Lower depreciation expense \$15k; lower supplies expense \$5k; lower personnel expense \$4k; lower travel expense \$4k; lower computer services expense \$4k; lower various \$3k
6500 - Professional Fees Expense	\$	46,102	\$	311,700	\$	(265,598)	Lower Professional Services expense \$211k; lower legal expense \$33k; lower PR/Communications expense \$22k
7000 - Grants Expense	\$	(5,517)	\$	1,014,999	\$	(1,020,516)	Budget of \$4 Million for fiscal year is amortized straight-line over 12-month fiscal year. As of September 30, 2021, there is \$4 million remaining in the fiscal year grant budget as well as \$1,867,619 from FY21.

Desert Healthcare District Profit & Loss Budget vs. Actual

		MONTH			TOTAL		
	Sep 21	Budget	\$ Over Budget	Jul - Sep 21	Budget	\$ Over Budget	
Income							
4000 · Income	(52,361)	198,753	(251,114)	108,423	515,564	(407,141)	
4500 · LPMP Income	105,175	106,370	(1,195)	316,416	319,110	(2,694)	
4501 · Miscellaneous Income	750	750	0	2,250	2,250	0	
Total Income	53,564	305,873	(252,309)	427,089	836,924	(409,835)	
Expense							
5000 · Direct Expenses	63,564	113,714	(50,150)	174,649	341,142	(166,493)	
6000 · General & Administrative Exp	38,600	47,862	(9,262)	108,204	143,586	(35,382)	
6325 · CEO Discretionary Fund	0	2,083	(2,083)	0	6,249	(6,249)	
6445 · LPMP Expenses	82,003	85,772	(3,769)	271,511	257,316	14,195	
6500 · Professional Fees Expense	22,695	103,900	(81,205)	46,102	311,700	(265,598)	
6600 · Mobile Medical Unit	0	3,125	(3,125)	0	9,375	(9,375)	
6700 · Trust Expenses	7,958	8,792	(834)	23,874	26,376	(2,502)	
Total Expense	214,820	365,248	(150,428)	624,338	1,095,748	(471,410)	
7000 · Grants Expense	3,554	338,333	(334,779)	(5,517)	1,014,999	(1,020,516)	
Net Income	(164,810)	(397,708)	232,898	(191,732)	(1,273,823)	1,082,091	

Desert Healthcare District Profit & Loss Budget vs. Actual

		MONTH			TOTAL	
	Sep 21	Budget	\$ Over Budget	Jul - Sep 21	Budget	\$ Over Budget
ncome						
4000 · Income						
4010 · Property Tax Revenues	0	190,138	(190,138)	37,405	489,971	(452,566)
4200 · Interest Income						
4220 · Interest Income (FRF)	61,322	80,907	(19,585)	234,580	242,721	(8,141)
9999-1 · Unrealized gain(loss) on invest	(121,237)	(79,167)	(42,070)	(178,427)	(237,501)	59,074
Total 4200 · Interest Income	(59,915)	1,740	(61,655)	56,153	5,220	50,933
4300 · DHC Recoveries	4,000	1,875	2,125	7,636	5,373	2,263
4400 · Grant Income	3,554	5,000	(1,446)	7,229	15,000	(7,771)
Total 4000 · Income	(52,361)	198,753	(251,114)	108,423	515,564	(407,141)
4500 · LPMP Income	105,175	106,370	(1,195)	316,416	319,110	(2,694)
4501 · Miscellaneous Income	750	750	0	2,250	2,250	0
Total Income	53,564	305,873	(252,309)	427,089	836,924	(409,835)
Expense						
5000 · Direct Expenses						
5100 · Administration Expense						
5110 · Wages Expense	87,171	108,345	(21,174)	237,390	325,035	(87,645)
5111 · Allocation to LPMP - Payroll	(5,470)	(5,470)	0	(16,410)	(16,410)	0
5112 · Vacation/Sick/Holiday Expense	12,469	10,833	1,636	33,562	32,499	1,063
5114 · Allocation to Foundation	(31,823)	(31,823)	0	(95,469)	(95,469)	0
5115 · Allocation to NEOPB	(3,244)	(7,413)	4,169	(6,919)	(22,239)	15,320
5119 · Allocation to RSS/CVHIP-DHCF	(26,455)	(21,134)	(5,321)	(79,365)	(63,402)	(15,963)
5120 · Payroll Tax Expense	6,256	9,252	(2,996)	19,601	27,756	(8,155
5130 · Health Insurance Expense						
5131 · Premiums Expense	14,895	17,658	(2,763)	43,681	52,974	(9,293
5135 · Reimb./Co-Payments Expense	399	3,000	(2,601)	1,986	9,000	(7,014
Total 5130 · Health Insurance Expense	15,294	20,658	(5,364)	45,667	61,974	(16,307)
5140 · Workers Comp. Expense	567	1,270	(703)	567	3,810	(3,243
5145 · Retirement Plan Expense	7,089	8,994	(1,905)	21,110	26,982	(5,872
5160 · Education Expense	(3,416)	7,250	(10,666)	2,488	21,750	(19,262)
Total 5100 · Administration Expense	58,438	100,762	(42,324)	162,222	302,286	(140,064)
5200 ⋅ Board Expenses						
5210 · Healthcare Benefits Expense	2,192	5,834	(3,642)	4,188	17,502	(13,314)
5230 · Meeting Expense	(1,695)	1,667	(3,362)	1,050	5,001	(3,951)
5235 · Director Stipend Expense	3,255	4,410	(1,155)	5,565	13,230	(7,665)
5240 · Catering Expense	1,374	833	541	1,624	2,499	(875
5250 · Mileage Reimbursment Expense	0	208	(208)	0	624	(624
Total 5200 · Board Expenses	5,126	12,952	(7,826)	12,427	38,856	(26,429
Total 5000 · Direct Expenses	63,564	113,714	(50,150)	174,649	341,142	(166,493
6000 · General & Administrative Exp		-, -	(==, = 3)	,	, -	(==,
6110 · Payroll fees Expense	181	208	(27)	466	624	(158)
6120 · Bank and Investment Fees Exp	5,178	4,500	678	15,455	13,500	1,955
6125 · Depreciation Expense	1.011	6.167	(5,156)	3.033	18,501	(15,468)

Desert Healthcare District Profit & Loss Budget vs. Actual

		MONTH			TOTAL		
	Sep 21	Budget	\$ Over Budget	Jul - Sep 21	Budget	\$ Over Budget	
6126 - Depreciation-Solar Parking lot	15,072	15,072	0	45,216	45,216	0	
6130 · Dues and Membership Expense	7,264	3,737	3,527	11,640	11,211	429	
6200 · Insurance Expense	2,855	2,667	188	8,565	8,001	564	
6300 ⋅ Minor Equipment Expense	0	42	(42)	0	126	(126)	
6305 · Auto Allowance & Mileage Exp	462	500	(38)	1,386	1,500	(114)	
6306 · Staff- Auto Mileage reimb	(28)	625	(653)	33	1,875	(1,842)	
6309 · Personnel Expense	0	1,167	(1,167)	0	3,501	(3,501)	
6310 · Miscellaneous Expense	0	42	(42)	0	126	(126)	
6311 · Cell Phone Expense	527	776	(249)	1,590	2,328	(738)	
6312 · Wellness Park Expenses	0	83	(83)	0	249	(249)	
6315 · Security Monitoring Expense	0	50	(50)	108	150	(42)	
6340 · Postage Expense	302	417	(115)	669	1,251	(582)	
6350 · Copier Rental/Fees Expense	377	500	(123)	1,267	1,500	(233)	
6351 · Travel Expense	(1,605)	1,667	(3,272)	968	5,001	(4,033)	
6352 · Meals & Entertainment Exp	226	875	(649)	721	2,625	(1,904)	
6355 · Computer Services Expense	4,116	3,875	241	7,831	11,625	(3,794)	
6360 · Supplies Expense	48	2,167	(2,119)	1,779	6,501	(4,722)	
6380 · LAFCO Assessment Expense	182	208	(26)	546	624	(78)	
6400 · East Valley Office	2,432	2,517	(85)	6,931	7,551	(620)	
Total 6000 · General & Administrative Exp	38,600	47,862	(9,262)	108,204	143,586	(35,382)	
6325 · CEO Discretionary Fund	0	2,083	(2,083)	0	6,249	(6,249)	
6445 · LPMP Expenses	82,003	85,772	(3,769)	271,511	257,316	14,195	
6500 · Professional Fees Expense							
6516 · Professional Services Expense	18,480	77,483	(59,003)	21,499	232,449	(210,950)	
6520 · Annual Audit Fee Expense	1,375	1,375	0	4,125	4,125	0	
6530 · PR/Communications/Website	500	8,042	(7,542)	1,995	24,126	(22,131)	
6560 · Legal Expense	2,340	17,000	(14,660)	18,483	51,000	(32,517)	
Total 6500 · Professional Fees Expense	22,695	103,900	(81,205)	46,102	311,700	(265,598)	
6600 · Mobile Medical Unit	0	3,125	(3,125)	0	9,375	(9,375)	
6700 · Trust Expenses							
6720 · Pension Plans Expense							
6721 · Legal Expense	0	167	(167)	0	501	(501)	
6725 · RPP Pension Expense	7,500	7,500	0	22,500	22,500	0	
6728 · Pension Audit Fee Expense	458	1,125	(667)	1,374	3,375	(2,001)	
Total 6700 · Trust Expenses	7,958	8,792	(834)	23,874	26,376	(2,502)	
Total Expense Before Grants	214,820	365,248	(150,428)	624,338	1,095,748	(471,410)	
7000 · Grants Expense							
7010 · Major Grant Awards Expense	0	333,333	(333,333)	(12,746)	999,999	(1,012,745)	
7027 · Grant Exp - NEOPB	3,554	5,000	(1,446)	7,229	15,000	(7,771)	
Total 7000 · Grants Expense	3,554	338,333	(334,779)	(5,517)	1,014,999	(1,020,516)	
Net Income	(164,810)	(397,708)	232,898	(191,732)	(1,273,823)	1,082,091	

Las Palmas Medical Plaza Profit & Loss Budget vs. Actual

		MONTH			TOTAL			
	Sep 21	Budget	\$ Over Budget	Jul - Sep 21	Budget	\$ Over Budget		
Income								
4500 · LPMP Income								
4505 · Rental Income	74,600	75,162	(562)	223,591	225,486	(1,895)		
4510 - CAM Income	30,575	31,125	(550)	92,825	93,375	(550)		
4513 · Misc. Income	0	83	(83)	0	249	(249)		
Total 4500 · LPMP Income	105,175	106,370	(1,195)	316,416	319,110	(2,694)		
Expense								
6445 · LPMP Expenses								
6420 · Insurance Expense	3,114	2,917	197	9,342	8,751	591		
6425 · Building - Depreciation Expense	21,076	21,462	(386)	63,228	64,386	(1,158)		
6426 · Tenant Improvements -Dep Exp	17,033	16,667	366	51,099	50,001	1,098		
6427 · HVAC Maintenance Expense	3,058	1,333	1,725	4,012	3,999	13		
6428 · Roof Repairs Expense	0	208	(208)	0	624	(624)		
6431 · Building -Interior Expense	0	833	(833)	0	2,499	(2,499)		
6432 · Plumbing -Interior Expense	0	542	(542)	14,686	1,626	13,060		
6433 · Plumbing -Exterior Expense	0	208	(208)	0	624	(624)		
6434 · Allocation Internal Prop. Mgmt	5,470	5,470	0	16,410	16,410	0		
6435 · Bank Charges	30	417	(387)	86	1,251	(1,165)		
6437 · Utilities -Vacant Units Expense	344	183	161	2,725	549	2,176		
6439 · Deferred Maintenance Repairs Ex	0	1,250	(1,250)	0	3,750	(3,750)		
6440 · Professional Fees Expense	10,825	10,825	0	32,475	32,475	0		
6441 · Legal Expense	0	83	(83)	0	249	(249)		
6458 · Elevators - R & M Expense	1,648	1,000	648	3,534	3,000	534		
6460 · Exterminating Service Expense	175	333	(158)	525	999	(474)		
6463 · Landscaping Expense	0	1,000	(1,000)	7,294	3,000	4,294		
6467 · Lighting Expense	0	500	(500)	0	1,500	(1,500)		
6468 · General Maintenance Expense	0	83	(83)	0	249	(249)		
6471 · Marketing-Advertising	0	1,000	(1,000)	7,395	3,000	4,395		
6475 · Property Taxes Expense	6,250	6,250	0	18,750	18,750	0		
6476 · Signage Expense	0	125	(125)	0	375	(375)		
6480 · Rubbish Removal Medical Waste E	1,613	1,583	30	4,771	4,749	22		
6481 · Rubbish Removal Expense	2,283	2,250	33	6,849	6,750	99		
6482 · Utilities/Electricity/Exterior	632	625	7	1,902	1,875	27		
6484 · Utilties - Water (Exterior)	967	625	342	2,878	1,875	1,003		
6485 · Security Expenses	7,198	7,833	(635)	23,263	23,499	(236)		
6490 · Miscellaneous Expense	287	167	120	287	501	(214)		
6445 · LPMP Expenses	82,003	85,772	(3,769)	271,511	257,316	14,195		
Net Income	23,172	20,598	2,574	44,905	61,794	(16,889)		

	Sep 30, 21	Sep 30, 20
ASSETS		
Current Assets		
Checking/Savings		
1000 · CHECKING CASH ACCOUNTS	1,512,525	1,800,727
1100 · INVESTMENT ACCOUNTS	61,705,638	58,928,790
Total Checking/Savings	63,218,163	60,729,517
Total Accounts Receivable	184,558	30,173
Other Current Assets		
1204.1 · Rent Receivable-Deferred COVID	141,503	201,414
1270 · Prepaid Insurance -Ongoing	57,346	48,207
1279 · Pre-Paid Fees	24,563	14,440
1281 · NEOPB Receivable	11,115	8,043
1295 · Property Tax Receivable	0	1,558,479
Total Other Current Assets	234,527	1,830,583
Total Current Assets	63,637,248	62,590,273
Fixed Assets		
1300 · FIXED ASSETS	4,910,941	4,913,164
1335-00 · ACC DEPR	(2,207,058)	(2,075,876)
1400 · LPMP Assets	7,119,700	6,813,634
Total Fixed Assets	9,823,583	9,650,922
Other Assets		
1700 · OTHER ASSETS	3,972,720	2,909,152
TOTAL ASSETS	77,433,551	75,150,347

		Sep 30, 21	Sep 30, 20
LIABIL	ITIES & EQUITY		
Lia	bilities		
	Current Liabilities		
	Accounts Payable		
	2000 · Accounts Payable	6,167	73,634
	2001 · LPMP Accounts Payable	10,589	3,460
	Total Accounts Payable	16,756	77,094
	Other Current Liabilities		
	2002 · LPMP Property Taxes	18,750	18,000
	2003 · Prepaid Rents	9,121	0
	2131 · Grant Awards Payable	4,169,055	2,427,627
	2133 · Accrued Accounts Payable	139,550	173,028
	2141 · Accrued Vacation Time	82,401	56,974
	2188 · Current Portion - LTD	11,103	11,103
	2190 · Investment Fees Payable	28,500	27,000
	Total Other Current Liabilities	4,458,480	2,713,732
	Total Current Liabilities	4,475,236	2,790,826
	Long Term Liabilities		
	2170 · RPP - Pension Liability	0	4,626,754
	2171 · RPP-Deferred Inflows-Resources	675,732	370,700
	2280 · Long-Term Disability	16,281	28,809
	2281 - Grants Payable - Long-term	4,990,000	6,660,000
	2286 · Retirement BOD Medical Liabilit	0	64,764
	2290 · LPMP Security Deposits	59,101	59,395
	Total Long Term Liabilities	5,741,114	11,810,422
Tof	tal Liabilities	10,216,350	14,601,248
Eq	uity		
	3900 *Retained Earnings	67,408,928	59,913,158
	Net Income	(191,732)	635,943
Tot	tal Equity	67,217,196	60,549,101
TOTAL	LIABILITIES & EQUITY	77,433,551	75,150,347

		Sep 30, 21	Sep 30, 20
ASSETS			
Current Assets			
Checking/Savings			
1000 · CHECKING CA	ASH ACCOUNTS		
1010 · Union Bar	ık - Checking	1,296,711	1,455,797
1046 · Las Palma	is Medical Plaza	215,314	344,430
1047 · Petty Cash	า	500	500
Total 1000 - CHECKI	NG CASH ACCOUNTS	1,512,525	1,800,727
1100 · INVESTMENT	ACCOUNTS		
1130 · Facility Re	placement Fund	61,255,623	57,686,334
1135 · Unrealized	Gain(Loss) FRF	450,015	1,242,456
Total 1100 INVEST	MENT ACCOUNTS	61,705,638	58,928,790
Total Checking/Savings		63,218,163	60,729,517
Accounts Receivable			
1201 - Accounts Rec	eivable		
1204 - LPMP Acc	ounts Receivable	(17,059)	27,888
1205 - Misc. Acc	ounts Receivable	0	3,229
1211 · A-R Found	dation - Exp Allocation	201,617	(944)
Total Accounts Receivab	ole	184,558	30,173
Other Current Assets			
1204.1 - Rent Receive	able-Deferred COVID	141,503	201,414
1270 · Prepaid Insura		57,346	48,207
1279 · Pre-Paid Fees		24,563	14,440
1281 · NEOPB Receiv	vable	11,115	8,043
1295 · Property Tax F	Receivable	0	1,558,479
Total Other Current Asse	ets	234,527	1,830,583
Total Current Assets		63,637,248	62,590,273
Fixed Assets			
1300 · FIXED ASSETS			
1310 · Computer Equ	ipment	80,487	94,034
1315 · Computer Sof	tware	0	68,770
1320 · Furniture and	Fixtures	33,254	33,254
1321 · Autos		59,500	0
1322 · Tenant Improv	vement - RAP #G100	20,594	0
1325 · Offsite Improv		300,849	300,849
1331 · DRMC - Parkir	ng lot	4,416,257	4,416,257
Total 1300 - FIXED ASSE	TS	4,910,941	4,913,164

	Sep 30, 21	Sep 30, 20
1335-00 - ACC DEPR		
1335 - Accumulated Depreciation	(210,296)	(213,757)
1336 - Acc. Software Depreciation	0	(68,770)
1337 · Accum Deprec- Solar Parking Lot	(1,823,883)	(1,643,019)
1338 · Accum Deprec - LPMP Parking Lot	(172,879)	(150,330)
Total 1335-00 - ACC DEPR	(2,207,058)	(2,075,876)
1400 · LPMP Assets		
1401 · Building	8,705,680	8,705,680
1402 · Land	2,165,300	2,165,300
1403 - Tenant Improvements -New	2,185,396	2,197,477
1404 - Tenant Improvements - CIP	129,550	129,550
1406 · Building Improvements		
1406.1 · LPMP-Replace Parking Lot	676,484	676,484
1406.2 · Building Improvements-CIP	711,496	66,704
1406 - Building Improvements - Other	1,581,558	1,559,534
Total 1406 - Building Improvements	2,969,538	2,302,722
1407 · Building Equipment Improvements	414,851	364,891
1409 · Accumulated Depreciation		
1410 · Accum. Depreciation	(7,701,511)	(7,468,015)
1412 · T I Accumulated DepNew	(1,749,104)	(1,583,971)
Total 1409 · Accumulated Depreciation	(9,450,615)	(9,051,986)
Total 1400 · LPMP Assets	7,119,700	6,813,634
Total Fixed Assets	9,823,583	9,650,922
Other Assets		
1700 - OTHER ASSETS		
1731 · Wellness Park	1,693,800	1,693,800
1740 · RPP-Deferred Outflows-Resources	494,388	1,204,238
1741 · OPEB-Deferrred Outflows-Resourc	0	11,114
1742 · RPP - Net Pension Asset	1,784,532	0
Total Other Assets	3,972,720	2,909,152
OTAL ASSETS	77,433,551	75,150,347

		Sep 30, 21	Sep 30, 20
ABILITIES & EQU	TY		
Liabilities			
Current Lia	oilities		
Accoun	ts Payable		
	0 · Accounts Payable	6,167	73,634
200	1 - LPMP Accounts Payable	10,589	3,460
Total Ad	counts Payable	16,756	77,094
Other C	urrent Liabilities		
200	2 · LPMP Property Taxes	18,750	18,000
	3 - Prepaid Rents	9,121	0
213	1 · Grant Awards Payable	4,169,055	2,427,627
213	3 · Accrued Accounts Payable	139,550	173,028
214	1 · Accrued Vacation Time	82,401	56,974
	8 - Current Portion - LTD	11,103	11,103
219	0 - Investment Fees Payable	28,500	27,000
Total O	her Current Liabilities	4,458,480	2,713,732
Total Curre	nt Liabilities	4,475,236	2,790,826
Long Term			
	PP - Pension Liability	0	4,626,754
2171 · F	PP-Deferred Inflows-Resources	675,732	370,700
2280 · L	ong-Term Disability	16,281	28,809
	Grants Payable - Long-term	4,990,000	6,660,000
	letirement BOD Medical Liabilit	0	64,764
	PMP Security Deposits	59,101	59,395
Total Long	Term Liabilities	5,741,114	11,810,422
Total Liabilities		10,216,350	14,601,248
Equity			
3900 *Reta	ined Earnings	67,408,928	59,913,158
Net Income		(191,732)	635,943
Total Equity		67,217,196	60,549,101
TAL LIABILITIES	& EQUITY	77,433,551	75,150,347

Desert Healthcare District A/R Aging Summary

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL	COMMENT
Desert Healthcare Foundation-	58,299	58,299	0	58,264	26,756	201,618	Due from Foundation
Hassan Bencheqroun, M.D.	0	287	0	0	0	287	Slow pay
Laboratory Corporation of America	(5,013)	(2,283)	0	0	0	(7,296)	Prepaid
Quest Diagnostics Incorporated	0	(4,067)	(357)	0	0	(4,424)	Prepaid
Steven Gundry, M.D.	0	(5,625)	0	0	0	(5,625)	Prepaid
TOTAL	53,286	46,611	(357)	58,264	26,756	184,560	

Desert Healthcare District Deposit Detail

September 2021

Туре	Date	Name	Amount
Deposit	09/02/2021		2,000
		T-Mobile	(2,000)
TOTAL			(2,000)
Deposit	09/14/2021		315
		Chris Christensen - Return of Expense Reimbursement	(315)
TOTAL			(315)
Deposit	09/22/2021		3,011
		Riverside County Treasurer - CalFresh	(3,011)
TOTAL			(3,011)
Deposit	09/29/2021		2,000
		T-Mobile	(2,000)
TOTAL			(2,000)
Deposit	09/30/2021		283
		Principal Financial Group - Dividend	(283)
TOTAL			(283)
		TOTAL	7,609

				D	ESE	RT HEALTH	CA	RE DISTRICT					
				PROP	ERT	Y TAX REC	ΞIP	TS FY 2021 - 2	2022	2			
				RECEIPTS - TI	IRE	N	DED SEPTEME	BER	R 30, 2021		T-		
		FY 2020	0-2021 Pro	jected/Actual						FY 2021	-2022 Proj	ected/Actual	
	Budget %	Budget \$	Act %	Actual Receipts		Variance		Budget %		Budget \$	Act %	Actual Receipts	Variance
July	2.5%	\$ 154,934	0.0%	\$ -	\$	(154,934)		2.5%	\$	182,825	2.2%	\$ 162,345	\$ (20,480)
Aug	1.6%	\$ 99,158	1.9%	\$ 149,547	\$	50,390		1.6%	\$	117,008	0.2%	\$ 11,529	\$ (105,479)
Sep	2.6%	\$ 161,131	0.0%	\$ -	\$	(161,131)		2.6%	\$	190,138	0.0%	\$ -	\$ (190,138)
Oct	0.0%	\$ -	2.1%	\$ 162,968	\$	162,968		0.0%	\$	-	0.0%		
Nov	0.4%	\$ 24,789	0.0%	\$ -	\$	(24,789)		0.4%	\$	29,252	0.0%		
Dec	16.9%	\$ 1,047,354	16.4%	\$ 1,279,429	\$	232,075		16.9%	\$	1,235,897	0.0%		
Jan	31.9%	\$ 1,976,959	33.4%	\$ 2,596,795	\$	619,836		31.9%	\$	2,332,847	0.0%		
Feb	0.0%	\$ -	1.2%	\$ 94,294	\$	94,294		0.0%	\$	-	0.0%		
Mar	0.3%	\$ 18,592	0.2%	\$ 18,789	\$	196		0.3%	\$	21,939	0.0%		
Apr	5.5%	\$ 340,855	5.4%	\$ 422,690	\$	81,835		5.5%	\$	402,215	0.0%		
May	19.9%	\$ 1,233,275	18.1%	\$ 1,411,155	\$	177,880		19.9%	\$	1,455,287	0.0%		
June	18.4%	\$ 1,140,315	21.2%	\$ 1,647,263	\$	506,948		18.4%	\$	1,345,592	0.0%		
Total	100%	\$ 6,197,363	100.0%	\$ 7,782,929	\$	1,585,566		100.00%	\$	7,313,000	2.4%	\$ 173,874	\$ (316,097)

Las Palmas Medical Plaza Deposit Detail - LPMP

September 2021

Туре	Date	Name	Amount
Deposit	09/07/2021		2,711
Payment	09/07/2021	Hassan Benchegroun, M.D.	(2,711)
TOTAL		. ,	(2,711)
Deposit	09/08/2021		3,268
Payment	09/08/2021	Peter Jamieson, M.D.	(3,268)
TOTAL			(3,268)
Deposit	09/09/2021		21,602
Payment	09/09/2021	Palmtree Clinical Research	(7,051)
Payment	09/08/2021	Cure Cardiovascular Consultants	(3,203)
Payment	09/08/2021	Aijaz Hashmi, M.D., Inc.	(3,037)
Payment	09/08/2021	Brad A. Wolfson, M.D.	(3,701)
Payment	09/08/2021	Cohen Musch Thomas Medical Group	(4,610)
TOTAL			(21,602)
Deposit	09/13/2021		3,753
Payment	09/13/2021	Desert Family Medical Center	(3,753)
TOTAL	00,10,2021		(3,753)
Deposit	09/14/2021		8,789
Payment	09/14/2021	Pathway Pharmaceuticals,Inc.	(2,420)
Payment	09/14/2021	Tenet HealthSystem Desert, Inc	(6,369)
TOTAL			(8,789)
Deposit	09/16/2021		6,277
Payment	09/16/2021	Derakhsh Fozouni, M.D.	(6,277)
TOTAL			(6,277)

Las Palmas Medical Plaza Deposit Detail - LPMP

September 2021

Туре	Date	Name	Amount
Deposit	09/22/2021		42,051
Payment	09/22/2021	Desert Regional Medical Center	(5,580)
Payment	09/22/2021	Tenet HealthSystem Desert, Inc.	(33,048)
Payment	09/22/2021	Ramy Awad, M.D.	(3,423)
TOTAL			(42,051)
Deposit	09/27/2021		5,625
Payment	09/27/2021	Steven Gundry, M.D.	(5,625)
TOTAL			(5,625)
Deposit	09/29/2021		1,235
Payment	09/29/2021	Sleep Treatment Partners, Inc.	(1,235)
TOTAL			(1,235)
Deposit	09/29/2021		4,067
Payment	09/29/2021	Quest Diagnostics Incorporated	(4,067)
TOTAL			(4,067)
Deposit	09/30/2021		5,013
Payment	09/30/2021	Laboratory Corporation of America	(5,013)
TOTAL			(5,013)
Deposit	09/30/2021		2,499
		Desert Oasis Healthcare	(2,499)
TOTAL			(2,499)
		TOTAL	106,890

Desert Healthcare District Check Register

Туре	Date	Num	Name	Amount
1000 - CHECKING CAS	H ACCOUNTS			
1010 · Union Bank - Ch	ecking			
Bill Pmt -Check	09/02/2021	16602	Llft To Rise - Grant Payment	(90,000)
Bill Pmt -Check	09/02/2021	16603	Palms to Pines Printing	(196)
Bill Pmt -Check	09/02/2021	16604	Pitney Bowes Global Financial Services	(29)
Bill Pmt -Check	09/02/2021	16605	HARĆ, INC.	(613)
Bill Pmt -Check	09/02/2021	16606	So.Cal Computer Shop	(810)
Bill Pmt -Check	09/02/2021	16607	Underground Service Alert of Southern Cal	(2)
Bill Pmt -Check	09/02/2021	16608	Zendle, Les - Stipend	(210)
Liability Check	09/03/2021		QuickBooks Payroll Service	(46,864)
Check	09/07/2021	Auto Pay	Calif. Public Employees'Retirement System	(12,363)
Bill Pmt -Check	09/08/2021	16609	First Bankcard (Union Bank)	(1,235)
Bill Pmt -Check	09/08/2021	16610	Arthur Shorr - Stipend	(420)
Bill Pmt -Check	09/08/2021	16611	Lund & Guttry LLP	(2,500)
Bill Pmt -Check	09/08/2021	16612	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	09/08/2021	16613	First Bankcard (Union Bank)	(6,469)
Bill Pmt -Check	09/08/2021	16614	Image Source	(100)
Bill Pmt -Check	09/08/2021	16615	Staples Credit Plan	(723)
Bill Pmt -Check	09/08/2021	16616	State Compensation Insurance Fund	(567)
Bill Pmt -Check	09/08/2021	16617	Time Warner Cable	(250)
Bill Pmt -Check	09/08/2021	16618	Xerox Financial Services	(377)
Bill Pmt -Check	09/08/2021	16619	INPRO-EMS Construction	(4,500)
Bill Pmt -Check	09/14/2021	16621	Carmina Zavala - Stipend & Expense Reimbursement	(1,719)
Bill Pmt -Check	09/14/2021	16622	Rogers, Carole - Stipend	(315)
Bill Pmt -Check	09/14/2021	16623	So.Cal Computer Shop	(695)
Bill Pmt -Check	09/14/2021	16624	Alzheimer's Association - Grant Payment	(14,969)
Bill Pmt -Check	09/14/2021	16625	CoPower Employers' Benefits Alliance	(1,719)
Bill Pmt -Check	09/14/2021	16626	Cove Communities Senior Association - Grant Payment	(49,108)
Bill Pmt -Check	09/14/2021	16627	National Demographic Corporation	(8,500)
Bill Pmt -Check	09/14/2021	16628	Ronald McDonald House Charities - Grant Payment	(53,744)
Bill Pmt -Check	09/15/2021	16629	Chris Christensen - Expense Reimbursement	(53)
Liability Check	09/17/2021		QuickBooks Payroll Service	(47,003)
Bill Pmt -Check	09/17/2021	ACH 091721	Law Offices of Scott & Jackson	(2,340)
Bill Pmt -Check	09/22/2021	16630	California Chamber of Commerce	(649)
Bill Pmt -Check	09/22/2021	16631	Donna Den Bleyker - Expense Reimbursement	(362)
Bill Pmt -Check	09/22/2021	16632	Frazier Pest Control, Inc.	(30)
Bill Pmt -Check	09/22/2021	16633	Jewish Family Service of the Desert - Grant Payment	(36,000)
Bill Pmt -Check	09/22/2021	16634	Principal Life Insurance Co.	(1,811)
Bill Pmt -Check	09/22/2021	16635	Purchase Power	(302)

Desert Healthcare District Check Register

Type Date		Num	Name	Amount
Bill Pmt -Check	09/22/2021	16636	Regional Access Project Foundation	(2,432)
Bill Pmt -Check	09/22/2021	16637	The Desert Sun	(500)
Bill Pmt -Check	09/23/2021	16638	Meghan Kane - Expense Reimbursement	(307)
Bill Pmt -Check	09/23/2021	16639	Veralon	(6,363)
Check	09/27/2021		Bank Service Charge	(678)
TOTAL				(398,327)

						Depart Healthean District		
						Desert Healthcare District Details for Credit Card Expenditures		
						•		
			1	1	I	Credit card purchases - August 2021 - Paid September 2021		
Normalism of our	adit aanda bal	d by District pe						
		- Conrado, \$20						
Credit Card H		- Conrado, \$20	,000	- CIIIIS				
		Executive Of	ficer					
		ef Administrati						
		er Administrati	ion O	micer				
Routine types				stan Commilia	a Masia Tues	el including airlines and Hotels, Catering, Supplies for BOD		
		ry for small gr			is, Medis, ITav	er including arrines and noters, catering, supplies for BOD		
meetings, CE	Discretiona	ily ioi siliali gi	ant o	k girt items				
		tatement		_				
	Month	Total		Expense	_			
Year	Charged	Charges		Type	Amount	Purpose	Description	Participants
		\$ 7,704.69						
Chris' Statem	nent:							
2021	August	\$ 6,469.39		District				
				GL	Dollar	Descr		
				6351		Airfare for ACHD Conference in September - Director PerezGil		
				6351		Airfare for ACHD Conference in September - Director Zavala		
				5230		ACHD Conference in September - Vice-President Borja		
				6351		Deposit for Hotel Room for ACHD Conference in September		
				6351		Deposit for Hotel Room for ACHD Conference in September		
				6343		Postage expense		
				6355		Dropbox annual subscription		
				6360		Zoom Videoconference/Webinar Expense		
				6351		Deposit for Hotel Room for ACHD Conference in September		
				6355				
				5160		APHA Conference in October		
				5160		APHA Conference in October		
				5160		APHA Conference in October		
				5160		APHA Conference in October		
				6351		Shuttle fee for ACHD Conference in September - Director Rogers		
				6355		Premiere Global Services		
					\$ 6,469.39			
Conrado's Sta	atement:							
2021	August	\$ 1,235.30		District				
				GL	Dollar	Descr		
			<u> </u>	5230		Credit for group discount for ACHD Conference in September - Director Rogers		
				5230		Credit for group discount for ACHD Conference in September - Director Zendle		
				5230		Credit for group discount for ACHD Conference in September - Director PerezGil		
				5160		Credit for group discount for ACHD Conference in September - Conrado, Chris, & Donna		
				5160		Credit for group discount for ACHD Conference in September - Alejandro		
				5230		Refund for ACHD Conference in September - Director Zendle		
				5240		Board of Directors' Meeting Food 7/27/21 (Grubhub)		
				5240		Board of Directors' Meeting Food 7/27/21 (Grubhub)		
				5160		ACHD Conference in September - Alejandro		
				6130		APHA Annual Membership - Conrado		
				6130		APHA Annual Membership - District		
				6352		Pacifica Seafood Meeting - Conrado, Alejandro, Steven Hernandez		
				6352		Thai Smile Meeting - Conrado, President De Lara		
				6352		Norma's Restaurant Meeting - Conrado, Kim Saruwatari		
				6351		Valet fee for Norma's Restaurant Meeting		
				6352		Bootlegger -errant charge not disputed due to de minimus value		
					\$ 1,235.30			

Las Palmas Medical Plaza Check Register - LPMP As of September 30, 2021

Туре	Date	Num	Name	Amount
1000 - CHECKING CASI	H ACCOUNTS			
1046 · Las Palmas Medi	ical Plaza			
Bill Pmt -Check	09/02/2021	10422	Desert Air Conditioning Inc.	(256)
Bill Pmt -Check	09/02/2021	10423	Desert Air Conditioning Inc.	(8,149)
Bill Pmt -Check	09/02/2021	10424	Stericycle, Inc.	(1,580)
Bill Pmt -Check	09/08/2021	10425	Imperial Security	(1,785)
Bill Pmt -Check	09/08/2021	10426	Palm Springs Disposal Services Inc	(2,283)
Bill Pmt -Check	09/14/2021	10427	Desert Air Conditioning Inc.	(2,516)
Bill Pmt -Check	09/14/2021	10428	Frontier Communications	(238)
Bill Pmt -Check	09/14/2021	10429	Imperial Security	(1,785)
Bill Pmt -Check	09/14/2021	10430	Locks Around The Clock	(287)
Bill Pmt -Check	09/14/2021	10431	Desert Air Conditioning Inc.	(417)
Bill Pmt -Check	09/22/2021	10432	Amtech Elevator Services	(1,410)
Bill Pmt -Check	09/22/2021	10433	Frazier Pest Control, Inc.	(175)
Bill Pmt -Check	09/22/2021	10434	INPRO-EMS Construction	(12,665)
Bill Pmt -Check	09/22/2021	10435	Southern California Edison	(2,022)
Bill Pmt -Check	09/23/2021	10436	INPRO-EMS Construction	(93,465)
Check	09/29/2021 Bank Service Charge		(429)	
TOTAL				(129,462)



MEMORANDUM

DATE: October 14, 2021

TO: F&A Committee

RE: Retirement Protection Plan (RPP)

Current number of participants in Plan:

	<u> August</u>	September
Active – still employed by hospital	88	88
Vested – no longer employed by hospital	58	56
Former employees receiving annuity	<u>7</u>	<u>7</u>
Total	<u>153</u>	<u>151</u>

The outstanding liability for the RPP is approximately **\$3.5M** (Actives - \$2.2M and Vested - \$1.3M). US Bank investment account balance \$5.3M. Per the June 30, 2021, Actuarial Valuation, the RPP has an Overfunded Pension Asset of approximately **\$1.8M**.

The payouts, excluding monthly annuity payments, made from the Plan for the Three (3) months ended September 30, 2021, totaled **\$101K**. Monthly annuity payments (7 participants) total **\$1.0K** per month.

		DESERT HEALTHCARE DISTRIC	T							\top		
		OUTSTANDING GRANTS AND GRANT PAYME	NT SC	HEDULE								
		September 30, 2021								┖		
		TWELVE MONTHS ENDING JUNE 30	2022					r	ı	ـــــ		
				Approved		6/30/2021	Current Yr	Total Paid Prior Yrs	Total Paid Current Yr		Open	
Grant ID Nos.		Name	Gra	nts - Prior Yrs		Bal Fwd	2021-2022	July-June	July-June	L	BALANCE	
2014-MOU-BOD-11/21/13		Memo of Understanding CVAG CV Link Support	\$	10,000,000	\$	6,660,000		\$ -		\$	6,660,000	
2019-994-BOD-05-28-19		One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yr	\$	700,000	\$	148,750		\$ 78,750		\$	70,000	
2020-1085-BOD-05-26-20		Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr	\$	50,000	\$	5,000		\$ 5,000		\$	-	
2020-1057-BOD-05-26-20		Desert Cancer Foundation - Patient Assistance Program - 1 Yr	\$	150,000	\$	15,000		\$ 15,000		\$	-	
2020-1139-BOD-09-22-20	1	CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr	\$	50,000	\$	5,000		\$ -		\$	5,000	
2020-1135-BOD-11-24-20	5	Hope Through Housing Foundation - Family Resilience - 1 Yr	\$	20,000	\$	2,000		\$ -		\$	2,000	
2020-1149-BOD-12-15-20	1	Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$	40,000	\$	22,000		\$ -		\$	22,000	
2021-1136-BOD-01-26-21	1	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr	\$	119,432	\$	65,688		\$ 53,744		\$	11,944	
2021-1147-BOD-01-26-21	4	Alzheimer's Association - Critical Program Support - 1 Yr	\$	33,264	\$	18,295		\$ 14,969		\$	3,326	
2021-1162-BOD-01-26-21	2	Joslyn Center - Wellness Center Program Support - 1 Yr	\$	109,130	\$	60,022		\$ 49,108		\$	10,914	
2021-1170-BOD-02-23-21	2	Jewish Family Services - Mental Health Counseling for Underserved Residents - 1 yr	\$	80,000	\$	44,000		\$ 36,000		\$	8,000	
2021-1141-BOD-03-23-21	3	Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	\$	210,905	\$	115,998		\$ -		\$	115,998	
2021-1171-BOD-03-23-21		Blood Bank of San Bernardino/Riverside Counties - Bloodmobiles for Coachella Valley - 18 Months	\$	150,000	\$	82,500		\$ -		\$	82,500	
2021-1174-BOD-03-23-21	4	Mizell Center - Geriatric Case Management Program	\$	100,000	\$	55,000		\$ -		\$	55,000	
2021-1266-BOD-04-27-21		Galilee Center - Our Lady of Guadalupe Shelter - 1 yr	\$	150,000	\$	82,500		\$ -		\$	82,500	
2021-1277-BOD-04-27-21		Lift To Rise - United Lift Rental Assistance 2021 - 8 Months	\$	300,000	\$	210,000		\$ 90,000		\$	120,000	
2021-1280-BOD-05-25-21	1	Desert AIDS Project - DAP Health Expands Access to Healthcare - 1yr	\$	100,000	\$	55,000		\$ -		\$	55,000	
2021-21-02-BOD-06-22-21		Carry over of remaining Fiscal Year 2020/2021 Funds	\$	1,854,873	\$	1,854,873		\$ -		\$	1,854,873	
									\$ -	\$	-	
TOTAL GRANTS			\$	14,217,604	\$	9,501,626	\$ -	\$ 342,571	\$ -	\$	9,159,055	
Amts available/remaining for	or Gr	ant/Programs - FY 2021-22:										
Amount budgeted 2021-202					\$	4,000,000			G/L Balance:		9/30/2021	
Amount granted through S	epter	nber 30, 2021:			\$	-					4,169,055	
Mini Grants: Financial Audits of Non-Profit					\$	-			2281	\$	4,990,000	
Net adj - Grants not used:	-	FY20-21 Funds, 1124	-		\$	1,867,619			Total	•	9,159,055	
Matching external grant contr					\$	1,007,019			Total	\$	9,159,055	
Balance available for Grant			1		\$	5.867.619				Ť		
Data to a tanabio to to a tanabio		9.4			Ť	0,001,010				+		
	Stra	tegic Focus Areas FY21-22:	G	rant Budget	Gı	ranted YTD	Available			†		
	1	Healthcare Infrastructure and Services	\$	1,500,000	\$	-	\$ 1,500,000			T		
		Behavioral Health/Mental Health	\$	500,000	\$		\$ 500,000					
		Homelessness	\$	500,000	\$		\$ 500,000			L		
		Vital Human Services to People with Chronic Conditions	\$	1,000,000	\$		\$ 1,000,000			\bot		
		Economic Protection, Recovery and Food Security	\$	500,000	\$		\$ 500,000			₩		
		Balance available for Grants/Programs	\$	4,000,000	\$	-	\$ 4,000,000					



Chief Administration Officer's Report

October 14, 2021

The annual audits for the District, Retirement Protection Plan, Foundation, and Single Audit (CARES and ELC funding) are complete and will be presented at today's committee meeting.

Las Palmas Medical Plaza - Property Management:

Occupancy:

See attached unit rental status report.

95.6% currently occupied -

Total annual rent including CAM fees is \$1,340,672.

Leasing Activity:

Leasing activity has been on the rise recently. It appears medical providers are beginning to resume their normal business plans as the Coronavirus subsides and vaccinations increase. Staff and the real estate broker are actively seeking lease considerations for the two remaining vacant suites.

Since we have not received response from Dr. Kim regarding Suite 1W-204, staff will actively seek alternate prospective tenants.

							almas Medic							
						Ur	nit Rental St	atus						
			_			As	of October 1	, 2021						
Unit	Tenant Na	ame	Deposit	Lease		Term	Unit	Percent		Annual	Rent Per	Monthly	Total Monthly	Total Annual
				From	То		Sq Feet	of Total	Rent	Rent	Sq Foot	CAM	Rent Inclg CAM	Rent Inclg CAN
												\$ 0.69		
1E, 204	Vacant						880	1.78%						
1W, 204	Vacant						1,280	2.59%						
-							0.400	4.000/						
Total - Vac	ancies						2,160	4.38%						
Total Suite	es-31 - 29 Sui	tes Occupied	\$ 59,100.54				49,356	95.6%	\$ 79,298.22	\$ 951,578.64	\$ 1.68	\$ 32,424.48	\$ 111,722.70	\$ 1,340,672.40
			Summary	r - All Units										
			Occupied	47,196	95.6%									
			Vacant	2,160	4.4%									
			Pending	0	0%									
			Total	49,356	100%									



Date: October 26, 2021

To: Board of Directors

Subject: Policy #FIN-06 Financial Reserve

Staff Recommendation: Consideration to approve Policy #FIN-06 Financial Reserve

Background:

- At the September 14, 2021 Policies Committee meeting, the Committee reviewed Policy #FIN-06 Financial Reserve.
- The Committee recommended the policy be reviewed and approved by the F&A Committee due to the financial nature of the policy.
- The policy includes minor revisions, which are highlighted in the draft policy included in the packet.
- At the October 14, 2021, Finance & Administration Committee meeting, the Committee recommended forwarding the Policy for consideration of approval by the full Board.
- Staff recommends approval of Policy #FIN-06.

Fiscal Impact:

None



POLICY TITLE: FINANCIAL RESERVE

POLICY NUMBER: FIN-06

COMMITTEE APPROVAL DRAFT DATE 10-14-202107-17-2019

BOARD APPROVAL: <u>10-26-202107-23-2019</u>

POLICY #FIN-06:

1.1 Purpose: The Desert Healthcare District ("District") shall maintain reserve funds in accordance with the District's Reserve Policy. This policy establishes the procedure and level of reserve funding to achieve the following specific goals:

- a) Fund the operating capital of Desert Regional Medical Center (<u>"DRMC"</u>) for two (2) months in the event of early termination of the lease of DRMC by Tenet or the District; or
- b) Fund major repairs of DRMC, including partial seismic retrofit costs; or
- c) Fund grants and overhead costs of operation of the District.
- 1.2 Policy: Use of District Reserves is limited to the reserve fund established with MUFG Union Bank. Special use of the funds will be designated by formal action of the Board of Directors. The purposes of the reserve fund are listed below.
- a) DRMC Operating Capital:

The District is in a 30-year lease to operate DRMC with Tenet Health Systems which expires on May 29, 2027. In the event of termination of the lease agreement, the District would be responsible for operating the hospital during the transition without interruption and would require upfront operating capital for two (2) months of approximately \$72M125M.

- b) Major repairs of DRMC, including seismic retrofit costs:
- DRMC falls under the seismic retrofit guidelines of SB 1953, which requires the hospital to be seismically compliant by the year 2030. Should the District be required to complete the seismic retrofit, it is estimated \$120M \$180M will be required to bring DRMC into compliance. It is presently unknown if the Lessee (Tenet) or the District will pay for the seismic retrofit.
- c) Grant funding and District operating expenses:

The District receives an estimated \$6M annually from county property tax allocation. The operations of the District, including grant funding, are mostly funded by the annual tax allocation. The Reserve Fund is increased as tax payments are received or decreased as

POLICY #FIN-06 Page 1 of 2



grant and operational costs are expended.

- 1.3 Using Reserve Funds:
- a) DRMC Operating Capital:

Reserve funds will be used exclusively for operating DRMC during a transition period should the hospital lease be terminated.

- Major repairs of DRMC, including seismic retrofit costs:
 Reserve funds will be used exclusively for major repairs, including seismic retrofit costs, of DRMC should the District be responsible for these costs.
- c) Grant funding and District operating expenses:
 Reserve funds will be used as necessary for grant funding and District operating expenses.
- 1.4 Monitoring Reserve Levels & Records: The Chief Executive Officer, in collaboration with the Chief <u>Administration</u>Financial Officer, shall maintain accurate accounting records of the reserve fund and provide transparency to the Board of Directors.
- a) The District's Reserve Fund shall be maintained at approximately \$58M60M.

AUTHORITIES

Desert Healthcare District Bylaws Article V, section 5.6

DOCUMENT HISTORY

Revised 10-26-2021 Approved 07-23-2019

POLICY #FIN-06 Page 2 of 2



POLICY TITLE: FINANCIAL RESERVE

POLICY NUMBER: FIN-06

COMMITTEE APPROVAL: 10-14-2021

BOARD APPROVAL: 10-26-2021

POLICY #FIN-06:

1.1 Purpose: The Desert Healthcare District ("District") shall maintain reserve funds in accordance with the District's Reserve Policy. This policy establishes the procedure and level of reserve funding to achieve the following specific goals:

- a) Fund the operating capital of Desert Regional Medical Center ("DRMC") for two (2)
 months in the event of early termination of the lease of DRMC by Tenet or the
 District: or
- b) Fund major repairs of DRMC, including partial seismic retrofit costs; or
- c) Fund grants and overhead costs of operation of the District.
- 1.2 Policy: Use of District Reserves is limited to the reserve fund established with MUFG Union Bank. Special use of the funds will be designated by formal action of the Board of Directors. The purposes of the reserve fund are listed below.
- a) DRMC Operating Capital:

The District is in a 30-year lease to operate DRMC with Tenet Health Systems which expires on May 29, 2027. In the event of termination of the lease agreement, the District would be responsible for operating the hospital during the transition without interruption and would require upfront operating capital for two (2) months of approximately \$125M.

- b) Major repairs of DRMC, including seismic retrofit costs:
- DRMC falls under the seismic retrofit guidelines of SB 1953, which requires the hospital to be seismically compliant by the year 2030. Should the District be required to complete the seismic retrofit, it is estimated \$120M \$180M will be required to bring DRMC into compliance. It is presently unknown if the Lessee (Tenet) or the District will pay for the seismic retrofit.
- c) Grant funding and District operating expenses:

The District receives an estimated \$6M annually from county property tax allocation. The operations of the District, including grant funding, are mostly funded by the annual tax allocation. The Reserve Fund is increased as tax payments are received or decreased as grant and operational costs are expended.

POLICY #FIN-06 Page 1 of 2



- 1.3 Using Reserve Funds:
- a) DRMC Operating Capital:

Reserve funds will be used exclusively for operating DRMC during a transition period should the hospital lease be terminated.

- Major repairs of DRMC, including seismic retrofit costs:
 Reserve funds will be used exclusively for major repairs, including seismic retrofit costs, of DRMC should the District be responsible for these costs.
- c) Grant funding and District operating expenses:
 Reserve funds will be used as necessary for grant funding and District operating expenses.
- 1.4 Monitoring Reserve Levels & Records: The Chief Executive Officer, in collaboration with the Chief Administration Officer, shall maintain accurate accounting records of the reserve fund and provide transparency to the Board of Directors.
- a) The District's Reserve Fund shall be maintained at approximately \$60M.

AUTHORITIES

Desert Healthcare District Bylaws Article V, section 5.6

DOCUMENT HISTORY

Revised 10-26-2021 Approved 07-23-2019

POLICY #FIN-06 Page 2 of 2



Date: October 26, 2021

To: Board of Directors

Subject: PUBLIC HEARING #1 - Rezoning Background related to the

2020 Census

Staff Recommendation: Information only

Background:

• The District transitioned to 5 election zones in 2018.

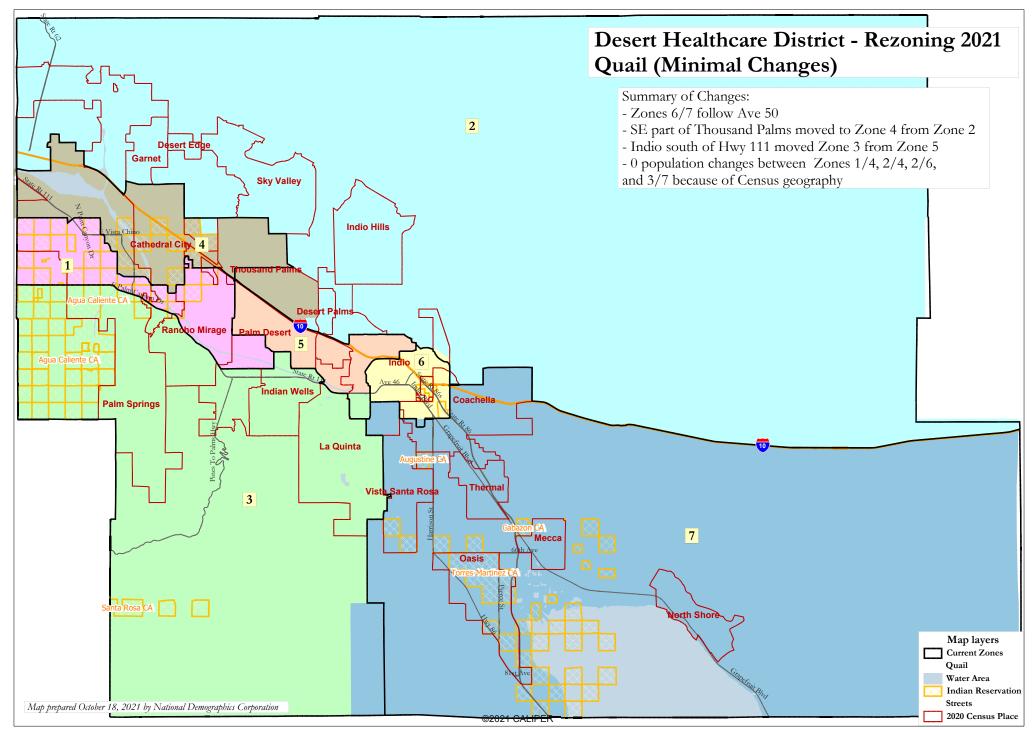
- As a result of the District expansion vote in November 2018, the Board expanded from 5 to 7 Board members.
- With the expansion, the District was required to expand to 7 election zones in 2019.
- In 2019, the District conducted a rezoning process with extensive public input over four public hearings and adopted a new zone map (Cholla 2).
- Following completion of the 2020 Census, the District is required to complete an additional rezoning process to adjust for the new population count.
- The current revised deadline for rezoning for the November 2022 election is May 12, 2022.
- At the May 25, 2021 Board of Director's meeting, the Board approved a Timeline and Process calendar, which includes a schedule of 4 public hearings, two in the fall and two in early 2022.
- National Demographic Corporation (NDC), who performed the previous two rezoning processes, has reviewed the recently published Census 2020 data.
- The District's population experienced a 5% increase of 21,303 from 421,936 (2010) to 443,239 (2020).
- NDC indicates the boundary adjustments would require minimal change.
- As a result, 3 public hearings will be held at the District's Board of Director's meetings in October, November, and December, with the Board's final approval at the December 2021 meeting.
- NDC has prepared 3 maps for consideration for the boundary revisions. 2 maps include minimal changes (Quail & Roadrunner), while map 3 (Hummingbird) includes moderate changes.
- Justin Levitt, of NDC, will be leading the public hearing and the map discussion.

Fiscal Impact:

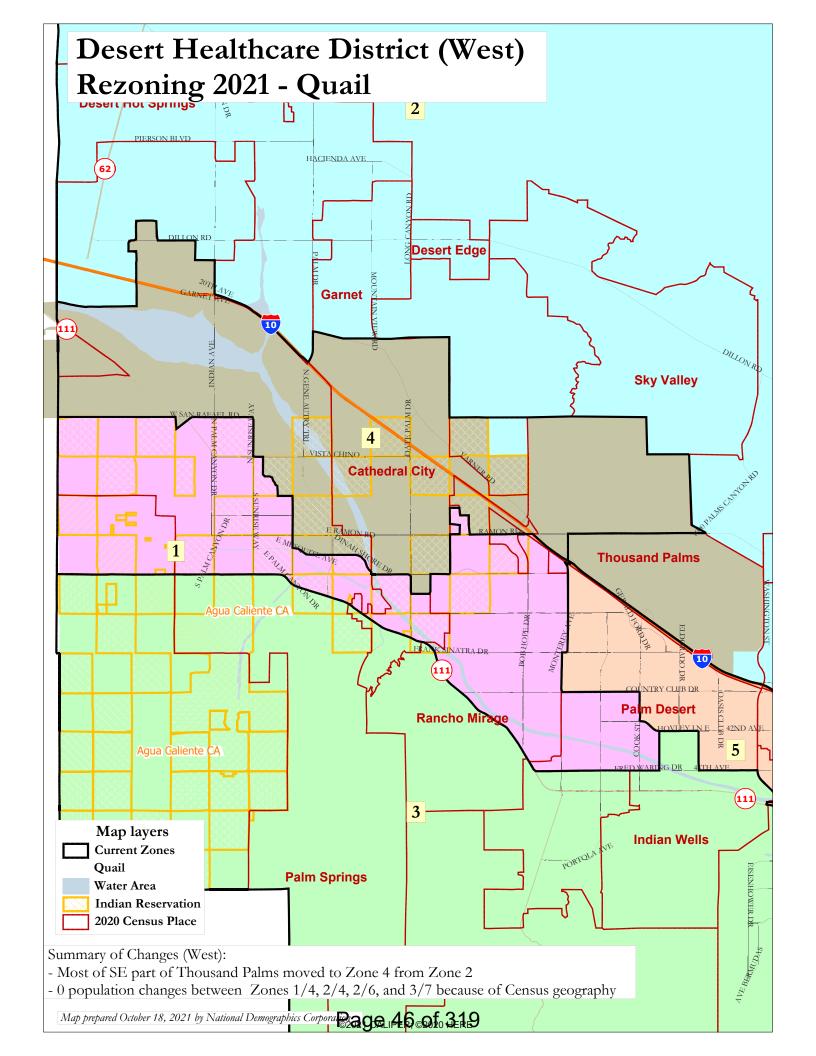
None

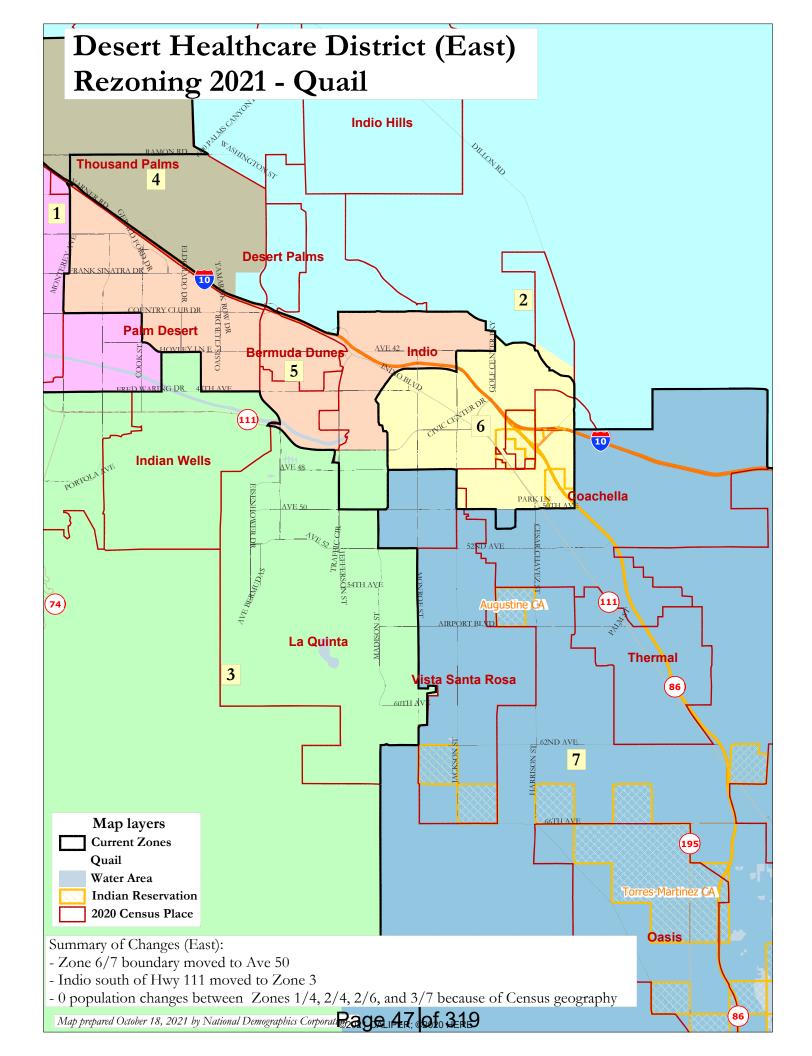
	Desert H	ealthca	re Distri	ict - Cui	rent Zo	nes			
District		1	2	3	4	5	6	7	Total
2020	2020 Census (Raw)	61,476	67,254	59,214	60,870	67,195	65,888	61,342	443,239
	Deviation from ideal	-1,844	3,934	-4,106	-2,450	3,875	2,568	-1,978	8,040
	% Deviation	-2.91%	6.21%	-6.48%	-3.87%	6.12%	4.06%	-3.12%	12.70%
	% Hisp	22%	52%	28%	62%	36%	86%	90%	54%
2020 Total Pop	% NH White	67%	38%	64%	25%	53%	10%	7%	37%
2020 10tai 10p	% NH Black	3%	5%	2%	4%	2%	2%	1%	3%
	% Asian-American	5%	2%	3%	7%	6%	2%	1%	4%
	Total	51,426	40,751	50,343	36,969	50,929	38,894	25,600	294,911
	% Hisp	15%	32%	21%	45%	27%	81%	82%	39%
Citizen Voting Age Pop	% NH White	77%	58%	73%	41%	65%	16%	15%	54%
	% NH Black	3%	7%	2%	4%	3%	2%	1%	3%
	% Asian/Pac.Isl.	4%	2%	2%	8%	4%	1%	1%	3%
	Total	41,547	32,508	38,673	29,576	42,440	25,574	19,330	229,648
	% Latino est.	13%	32%	18%	47%	27%	79%	78%	36%
Voter Registration (Nov	% Spanish-Surnamed	12%	30%	17%	43%	25%	72%	72%	34%
2020)	% Asian-Surnamed	2%	1%	1%	2%	2%	1%	0%	1%
2020)	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	81%	60%	78%	47%	69%	22%	19%	59%
	% NH Black	3%	6%	2%	5%	3%	2%	1%	3%
	Total	26,230	16,570	23,699	14,136	24,701	9,584	7,034	121,954
	% Latino est.	9%	20%	12%	36%	20%	74%	72%	25%
Voter Turnout (Nov	% Spanish-Surnamed	8%	19%	12%	34%	18%	69%	69%	24%
2018)	% Asian-Surnamed	1%	1%	1%	1%	1%	1%	0%	1%
2018)	% Filipino-Surnamed	1%	1%	0%	2%	1%	1%	1%	1%
	% NH White est.	85%	72%	84%	54%	76%	25%	23%	69%
	% NH Black	3%	5%	1%	5%	3%	2%	1%	3%
	Total	36,573	25,374	33,369	23,133	36,221	18,035	13,181	185,886
	% Latino est.	11%	27%	16%	43%	25%	77%	74%	32%
Voter Turnout (Nov	% Spanish-Surnamed	11%	26%	15%	40%	23%	70%	70%	29%
2020)	% Asian-Surnamed	2%	1%	1%	2%	2%	1%	0%	1%
2020)	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	83%	65%	80%	50%	71%	23%	22%	63%
	% NH Black est.	3%	6%	2%	5%	3%	2%	1%	3%
ACS Pop. Est.	Total	63,947	60,066	63,761	63,528	68,610	65,427	55,765	441,105
	age0-19	13%	22%	16%	27%	21%	28%	26%	22%
Age	age20-60	39%	45%	42%	53%	44%	58%	55%	48%
	age60plus	49%	34%	42%	20%	36%	15%	19%	31%
T : .:	immigrants	18%	22%	17%	32%	17%	29%	41%	25%
Immigration	naturalized	49%	41%	50%	45%	58%	44%	25%	42%
	english	77%	62%	75%	44%	71%	30%	18%	55%
Language spoken at home	spanish	16%	34%	20%	49%	23%	69%	81%	41%
	asian-lang	3%	2%	2%	5%	3%	1%	0%	2%
	other lang	5%	2%	3%	2%	3%	0%	1%	2%
	Speaks Eng. "Less								
Language Fluency	than Very Well"	8%	13%	9%	20%	10%	39%	53%	21%
	hs-grad	45%	53%	46%	50%	52%	57%	43%	49%
Education (among those	bachelor	23%	12%	23%	14%	19%	6%	5%	15%
age 25+)	graduatedegree	17%	7%	15%	8%	13%	3%	3%	10%
Child in Household	child-under18	12%	23%	15%	33%	22%	32%	27%	22%
Pct of Pop. Age 16+	employed	46%	47%	50%	60%	53%	66%	62%	55%
1 of 01 1 op. 11gc 10 1	income 0-25k	24%	31%	19%	25%	17%	29%	41%	26%
	income 25-50k	21%	26%	21%	25%	21%	28%	28%	24%
Household Income	income 50-75k	16%	16%	16%	17%	17%	19%	14%	16%
110uschold Income	income 75-200k	29%	24%	31%	29%	37%	23%	15%	28%
	income 200k-plus	10%	3%	13%	5%	8%	2%	2%	7%
	single family	69%	88%	79%	73%	82%	76%	77%	78%
	multi-family	31%	12%	21%	27%	18%	24%	23%	22%
Housing Stats	rented	33%	35%	32%	41%	26%	32%	34%	33%
		1770	3370	3470	+170	L ZO70	.7470	14-70	.3.370
	owned	67%	65%	68%	59%	74%	68%	66%	67%

Total population data from the California adjustment to the 2020 Decennial Census. Surname-based Voter Registration and Turnout data from the California Statewide Database. Latino voter registration and turnout data are Spanish-surname counts adjusted using Census Population Department undercount estimates. NH White and NH Black registration and turnout counts estimated by NDC. Citizen Voting Age Pop., Age, Immigration, and other demographics from the 2015-2019 American Community Survey and Special Tabulation 5-year data.



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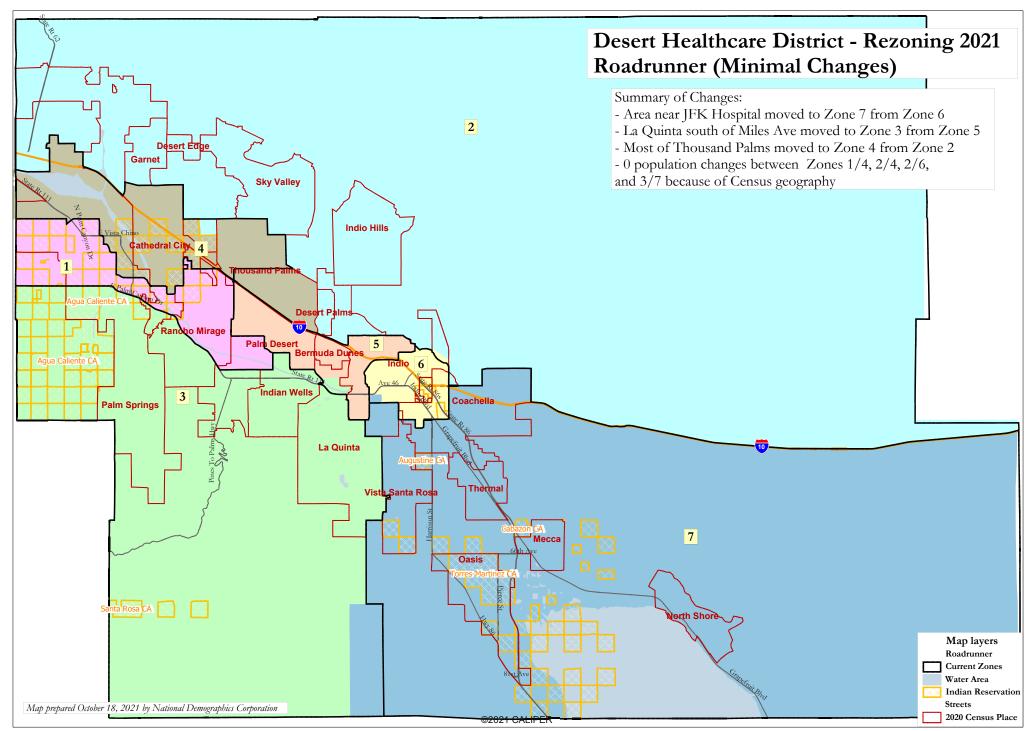


	Desc	ert Hea	lthcare I	District	- Quail				
Zone		1	2	3	4	5	6	7	Total
2020	2020 Census (Adj)	61,476	64,447	64,928	63,677	61,481	63,988	63,242	443,239
	Deviation from ideal	-1,844	1,127	1,608	357	-1,839	668	-78	3,452
	% Deviation	-2.91%	1.78%	2.54%	0.56%	-2.90%	1.06%	-0.12%	5.45%
	% Hisp	22%	53%	31%	61%	34%	85%	91%	54%
2020 Total Pop	% NH White	67%	36%	61%	27%	55%	10%	7%	37%
2020 Total Fop	% NH Black	3%	6%	2%	3%	3%	2%	1%	3%
	% Asian-American	5%	2%	3%	6%	6%	2%	1%	4%
	Total	51,426	38,692	54,363	39,028	46,909	37,769	26,725	294,911
	% Hisp	15%	33%	23%	43%	25%	80%	83%	39%
Citizen Voting Age Pop	% NH White	77%	56%	72%	43%	66%	16%	14%	54%
	% NH Black	3%	8%	2%	4%	3%	2%		3%
	% Asian/Pac.Isl.	4%	2%	3%	8%	4%	1%		3%
	Total	41,547	30,747	41,755	31,337	39,358	24,749	20,155	229,648
	% Latino est.	13%	33%	21%	45%	25%	78%	78%	36%
Voter Registration (Nov	% Spanish-Surnamed	12%	30%	19%	41%	23%	% 71% 73% 6 1% 0% 6 1% 1% 6 1% 1% 6 2% 18% 6 2% 1% 26 9,324 7,294 7 3% 73% 7 0% 6 6 1% 0% 6 1% 1% 6 2% 1% 39 17,454 13,762 7 70% 70% 7 70% 70% 7 1% 1% 7 1% 1% 7 1% 1% 7 1% 1% 7 1% 1% 7 1% 1% 7 1% 1% 7 1% 1% 7 1% 1% 7 1% 1% 7 1% 1%	34%	
2020)	% Asian-Surnamed	2%	1%	1%	2%	2%		63,242 -78 -0.12% 91% 7% 1% 1% 26,725 83% 14% 1% 20,155 78% 73% 0% 1% 18% 1% 7,294 73% 70% 0% 1% 22% 1% 13,762 75% 70% 0% 1% 21% 1% 57,665	1%
2020)	% Filipino-Surnamed	1%	1%	1%	2%	1%			1%
	% NH White est.	81%	59%	76%	49%	70%			59%
	% NH Black	3%	7%	2%	5%	3%			3%
	Total	26,230	15,498	25,374	15,208	23,026	9,324		121,954
	% Latino est.	9%	20%	14%	35%	18%			25%
Voter Turnout (Nov	% Spanish-Surnamed	8%	20%	13%	32%	17%	68%		24%
2018)	% Asian-Surnamed	1%	1%	1%	1%	1%			1%
2010)	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	85%	71%	82%	56%	77%	25%	22%	69%
	% NH Black	3%	5%	1%	4%	3%	2%	1%	3%
	Total	36,573	23,897	35,851	24,610	33,739	17,454	13,762	185,886
	% Latino est.	11%	28%	18%	41%	23%	76%	75%	32%
Voter Turnout (Nov	% Spanish-Surnamed	11%	26%	17%	38%	21%	70%	70%	29%
2020)	% Asian-Surnamed	2%	1%	1%	2%	2%	1%	0%	1%
2020)	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%		1%
	% NH White est.	83%	64%	78%	52%	73%			63%
	% NH Black est.	3%	6%	2%	5%	3%	2%	1%	3%
ACS Pop. Est.	Total	63,947	57,717	69,639	65,878	62,732	,	,	441,105
	age0-19	13%	22%	17%	26%	20%			22%
Age	age20-60	39%	45%	43%	52%	43%	57%		48%
	age60plus	49%	32%	40%	22%	37%	15%	19%	31%
Immigration	immigrants	18%	22%	17%	32%	16%	29%		25%
	naturalized	49%	41%	51%	45%	57%	45%		42%
	english	77%	61%	73%	46%	73%	31%		55%
Language spoken at home	spanish	16%	35%	22%	47%	21%	68%		41%
	asian-lang	3%	2%	2%	5%	3%	1%		2%
	other lang	5%	2%	3%	2%	2%	0%	1%	2%
Language Fluency	Speaks Eng. "Less	8%	13%	9%	20%	10%	39%	53%	21%
,	than Very Well"		F20/		E40/	E10/	E / 0 /		
Education (among those	hs-grad	45%	53% 12%	47% 22%	51% 13%	51% 19%	56% 6%		49% 15%
age 25+)	bachelor	23%	7%		8%	13%	3%		15%
Child in Household	graduatedegree child-under18	17% 12%	24%	14% 16%	32%	21%	33%		22%
							66%		55%
Pct of Pop. Age 16+	employed income 0-25k	46% 24%	47% 31%	51% 19%	58% 26%	53% 17%	29%		26%
	income 0-25k	21%	26%	21%	26%	21%	28%		26%
Household Income	income 25-50k income 50-75k		15%	16%	17%	17%	19%		16%
1 Tousenoid Income		16%	25%						
	income 75-200k	29% 10%	3%	32% 13%	28% 5%	37% 8%	23%		28% 7%
	income 200k-plus single family	69%	3% 88%	81%	5% 75%	8% 81%	76%		78%
			12%	19%	25%	19%	24%		22%
Housing Stats	multi-family rented	31% 33%	36%	31%	39%	27%	33%		33%
	owned	67%	64%	69%	61%	73%	67%		67%
	Owned	U / /0	U4 /0	U2 /0	01/0	13/0	U / /0	U / /0	U / /0

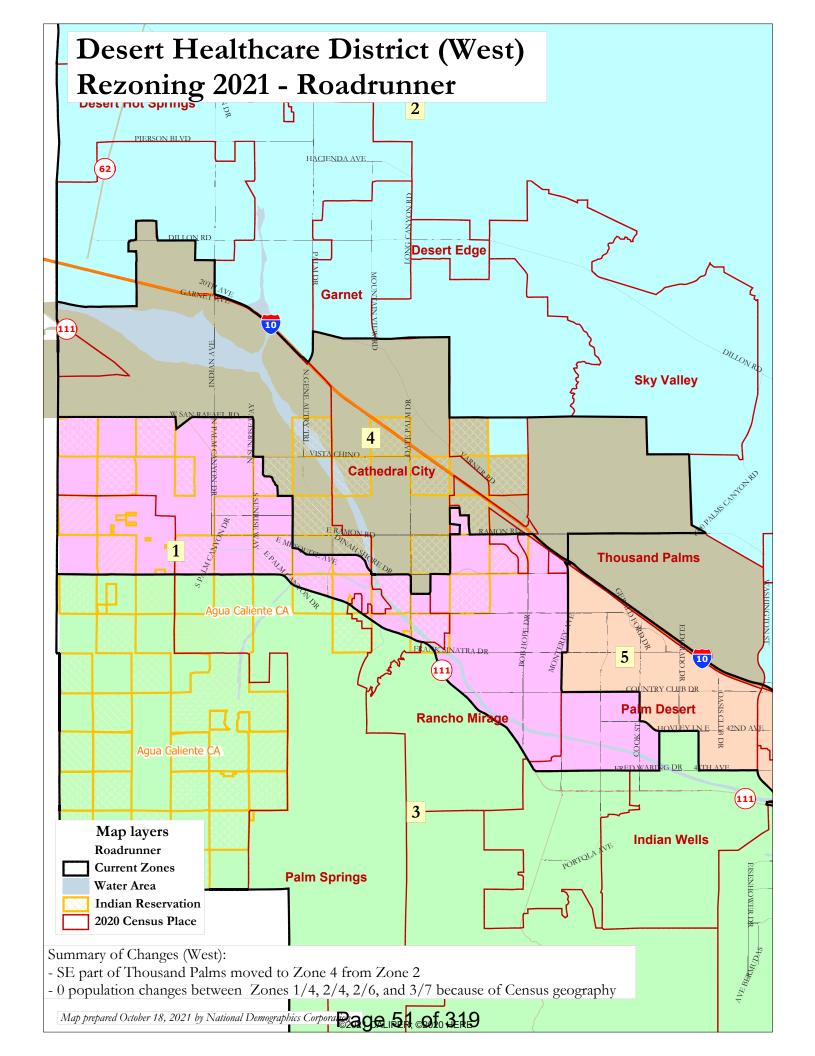
Total population data from the California adjustment to the 2020 Decennial Census. Surname-based Voter Registration and Turnout data from the California Statewide Database. Latino voter registration and turnout data are Spanish-surname counts adjusted using Census Population Department undercount estimates. NH White and NH Black registration and turnout counts estimated by NDC. Citizen Voting Age Pop., Age, Immigration, and other demographics from the 2015-2019 American Community Survey and Special Tabulation 5-year data.

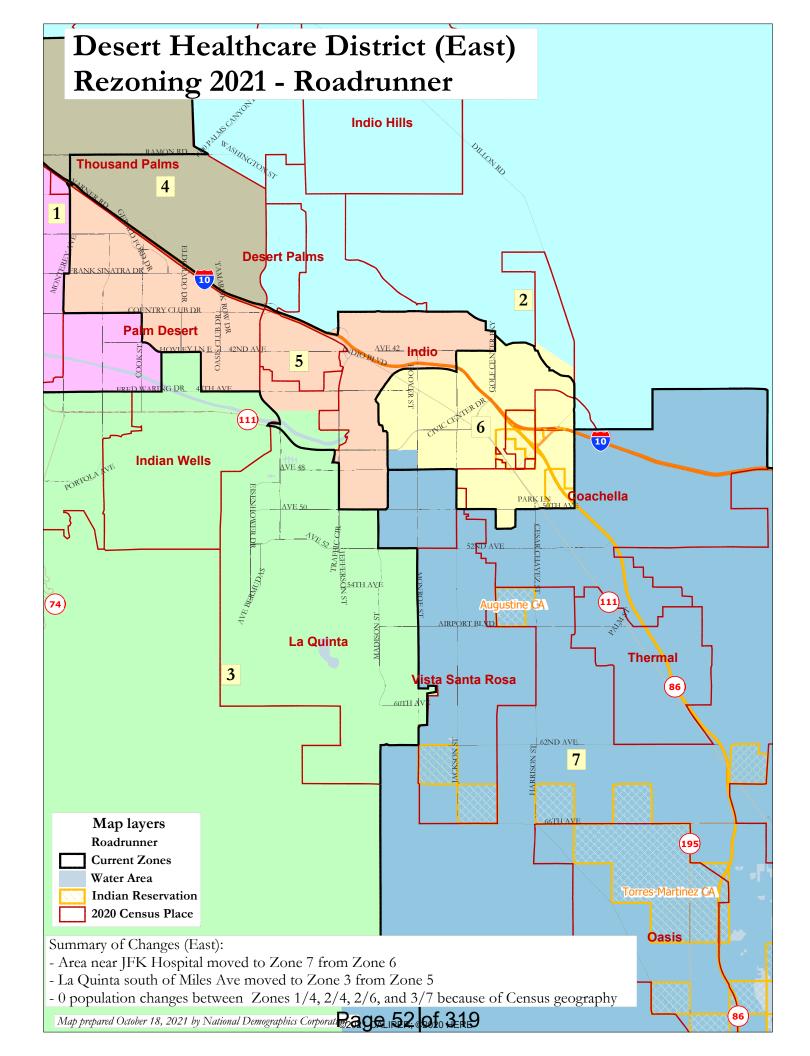
	Des	ert Hea	lthcare I	District	- Quail				
Zona		1	2	3	4	5	6	7	Total
2020	Pob. Total	61,476	64,447	64,928	63,677	61,481	63,988	63,242	443,239
	Desviación de pob.	-1,844	1,127	1,608	357	-1,839	668	-78	3,452
	% Desviación	-2.91%	1.78%	2.54%	0.56%	-2.90%	1.06%	-0.12%	5.45%
	% Hisp	22%	53%	31%	61%	34%	85%	91%	54%
2020 Pob. Total	% Blanco	67%	36%	61%	27%	55%	10%	7%	37%
2020 FOD. TOTAL	% Negro	3%	6%	2%	3%	3%	2%	1%	3%
	% Asiático	5%	2%	3%	6%	6%	2%	1%	4%
	Total	51,426	38,692	54,363	39,028	46,909	37,769	26,725	294,911
	% Hisp	15%	33%	23%	43%	25%	80%	83%	39%
Ciudadanos +18 años	% Blanco	77%	56%	72%	43%	66%	16%		54%
	% Negro	3%	8%	2%	4%	3%	2%		3%
	% Asiático	4%	2%	3%	8%	4%	1%		3%
	Total	41,547	30,747	41,755	31,337	39,358	24,749	,	229,648
	% Latino est.	13%	33%	21%	45%	25%	78%		36%
	% apellido español	12%	30%	19%	41%	23%	71%		34%
Registros (Nov 2020)	% apellido asiático	2%	1%	1%	2%	2%	1%		1%
	% apellido filipino	1%	1%	1%	2%	1%	1%		1%
	% blanco est.	81%	59%	76%	49%	70%	22%		59%
	% negro est.	3%	7%	2%	5%	3%	2%		3%
	Total	26,230	15,498	25,374	15,208	23,026	9,324		121,954
	% Latino est.	9%	20%	14%	35%	18%	73%		25%
	% apellido español	8%	20%	13%					24%
Votantes (Nov 2018)	% apellido asiático	1%	1%	1%					1%
	% apellido filipino	1%	1%	1%				63,242 -78 -0.12% 91% 7% 1% 1% 26,725	1%
	% blanco est.	85%	71%	82%	39% 32% 17% 68% % 1% 1% 1% % 2% 1% 1% 2% 56% 77% 25% 2 % 4% 3% 2% 3851 24,610 33,739 17,454 11 8% 41% 23% 76% 7% 7% 38% 21% 70% 7% % 2% 2% 1% 1% 1% 1% 8% 52% 73% 24% 2		69%		
	% negro est.	3%	5%	1%					3%
	Total	36,573	23,897	35,851		_			185,886
	% Latino est.	11%	28%	18%					32%
Votantes (Nov. 2020)	% apellido español	11%	26%	17%					29%
Votantes (Nov 2020)	% apellido asiático	2%	1%	1%					1%
	% apellido filipino	1%	1%	1%					1%
	% blanco est.	83%	64%	78%					63%
	% negro est.	3%	6%	2%					3%
Pob. ACS	Total	63,947	57,717	69,639	65,878	62,732	63,527		441,105
E1.1	Edad 0 – 19 años	13%	22%	17%	26%	20%	28%		22%
Edad	Edad 20 – 60 años	39%	45%	43%	52%	43%	57%		48%
	Edad +60 años	49%	32%	40%	22%	37%	15%		31%
Migración	Migrante	18%	22%	17%	32%	16%	29%		25%
	Naturalizada	49%	41%	51%	45%	57%	45%		42%
I	Inglés	77%	61%	73% 22%	46%	73%	31%		55%
Lengua en casa	Español Idioma Asiático	16% 3%	35% 2%	2%	47% 5%	21%	68% 1%		41% 2%
	Otro idioma	5%	2%	3%	2%	3% 2%	0%		2%
	Habla Inglés solo	370	270	370	270	270	U70	170	Z-70
Fluidez en Inglés	"bien" o menos	8%	13%	9%	20%	10%	39%	53%	21%
	preparatoria	45%	53%	47%	51%	51%	56%	4.40/-	49%
Nivel de educación (edad	licenciatura	23%	12%	22%	13%	19%	6%		15%
+25)	graduado	17%	7%	14%	8%	13%	3%		10%
Hogares con niño(s)	con niño(s)	12%	24%	16%	32%	21%	33%		22%
Pto. Edad 16+	empleado	46%	47%	51%	58%	53%	66%		55%
1 to. Edau 10∓	\$0 a \$25 000	24%	31%	19%	26%	17%	29%		26%
	\$25 a \$50 000	21%	26%	21%	24%	21%	28%		24%
Ingreso (por hogar)	\$50 a \$75 000	16%	15%	16%	17%	17%	19%		16%
8-000 (hor 1108m)	\$75 a \$200 000	29%	25%	32%	28%	37%	23%		28%
	mayor a \$200 000	10%	3%	13%	5%	8%	2%		7%
	Unifamiliar	69%	88%	81%	75%	81%	76%		78%
	Multifamiliar	31%	12%	19%	25%	19%	24%		22%
Unidades de vivienda	Rentadas	33%	36%	31%	39%	27%	33%	33%	33%
	Propias	67%	64%	69%	61%	73%	67%	67%	67%
	1 10pias	0770	UT/U	U2/0	01/0	13/0	07/0	07/0	07/0

Población en total del Censo 2020 y ha estado ajustada por el estado de California. Registros y votantes (por apellido) vienen del California Statewide Database. Registros y votantes "latinos" han estado ajustados según la dirección del Census Population Department. Registros y votantes blancos y negros han estado estimados por NDC. Los ciudadanos 18+, edad, migrantes, y otras cifras socioeconómicas vienen del 2015-2019 American Community Survey



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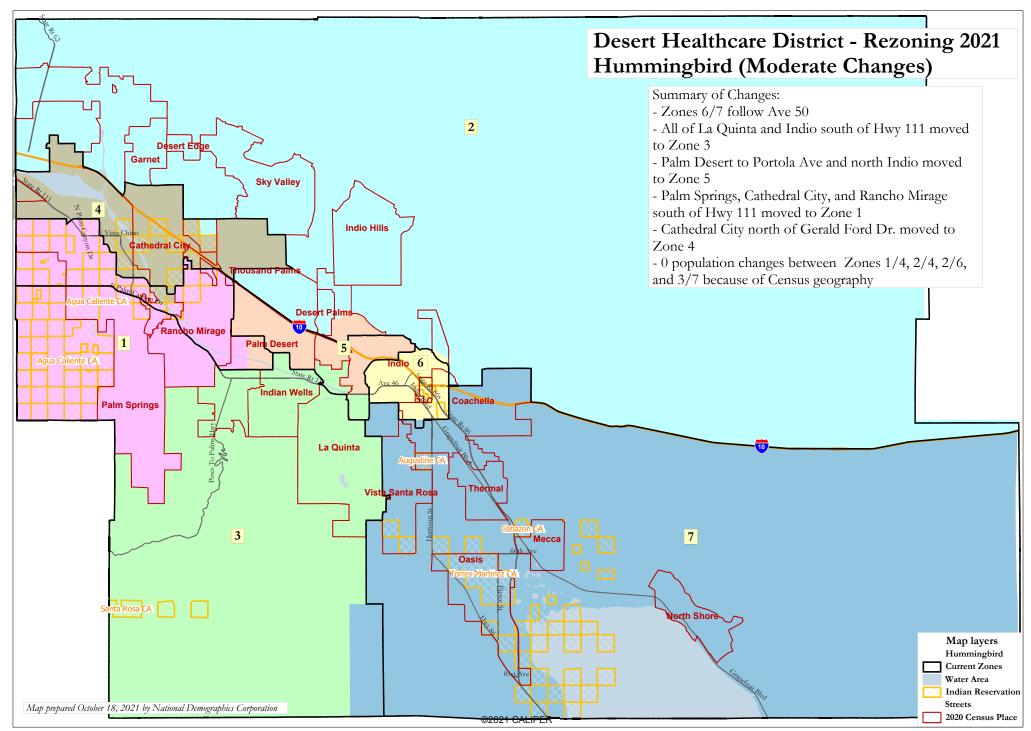


	Desert	rieannc	are Dis	trict - R	oaurum	ier			
Zone		1	2	3	4	5	6	7	Total
2020	2020 Census (Adj)	61,476	64,418	62,476	63,714	63,925	63,874	63,356	443,239
	Deviation from ideal	-1,844	1,098	-844	394	605	554	36	2,942
	% Deviation	-2.91%	1.73%	-1.33%	0.62%	0.96%	0.88%	0.06%	4.65%
	% Hisp	22%	53%	29%	61%	36%	86%	90%	54%
2020 Total Pop	% NH White	67%	36%	63%	27%	53%	9%	8%	37%
2020 10tai 10p	% NH Black	3%	6%	2%	3%	3%	2%	1%	3%
	% Asian-American	5%	2%	4%	6%	5%	2%	1%	4%
	Total	51,426	38,681	52,579	39,041	48,691	37,361	27,132	294,911
	% Hisp	15%	33%	21%	43%	27%	82%	81%	39%
Citizen Voting Age Pop	% NH White	77%	56%	73%	43%	65%	15%	17%	54%
	% NH Black	3%	8%	2%	4%	3%	2%	1%	3%
	% Asian/Pac.Isl.	4%	2%	3%	8%	4%	1%	1%	3%
	Total	41,547	30,738	40,719	31,350	40,390	24,498	20,406	229,648
	% Latino est.	13%	33%	19%	45%	27%	79%	77%	36%
Voter Registration (Nov	% Spanish-Surnamed	12%	30%	17%	41%	25%	73%	72%	34%
2020)	% Asian-Surnamed	2%	1%	1%	2%	2%	1%	63,356 36 0.06% 90% 8% 1% 1% 1% 27,132 81% 17% 1% 20,406 77% 72% 0% 1% 20% 1% 20% 1% 1% 25% 1% 14,031 74% 69% 1% 23% 1% 58,146 26% 55% 20% 40% 25% 19% 80% 0% 1% 55% 20% 40% 25% 19% 80% 0% 1% 58,146 26% 55% 20% 40% 25% 19% 80% 0% 1% 58,146 26% 55% 20% 40% 25% 19% 80% 40% 25% 19% 80% 1% 58,146 26% 55% 20% 40% 25% 19% 80% 1% 58,146 26% 55% 20% 40% 25% 19% 80% 1% 58,146 26% 55% 20% 40% 25% 19% 80% 1% 58,146 26% 55% 20% 40% 25% 19% 80% 1% 52% 40% 25% 19% 80% 1% 52% 40% 25% 40% 25% 40% 25% 40% 25% 40% 25% 40% 25% 40% 34% 34%	1%
2020)	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	81%	59%	78%	49%	69%	21%	20%	59%
	% NH Black	3%	7%	2%	5%	3%	2%	1%	3%
	Total	26,230	15,495	24,838	15,211	23,562	9,042	7,576	121,954
	% Latino est.	9%	20%	12%	35%	20%	75%		25%
XI . 75	% Spanish-Surnamed	8%	20%	12%	32%	18%	70%	68%	24%
Voter Turnout (Nov	% Asian-Surnamed	1%	1%	1%	1%	1%	1%	0%	1%
2018)	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	63,356 36 0.06% 90% 8% 1% 1% 1% 27,132 81% 17% 1% 20,406 77% 72% 0% 1% 20% 1% 20% 1% 68% 0% 1% 1% 14,031 74% 69% 1% 1% 23% 1% 1% 58,146 26% 55% 20% 40% 25% 19% 80% 0% 1% 525% 10% 58,146 26% 55% 20% 40% 25% 19% 80% 0% 1% 52% 1% 52% 1% 58,146 26% 55% 20% 40% 25% 19% 80% 0% 1% 52% 1% 52% 1% 58,146 26% 55% 20% 40% 25% 19% 80% 0% 1% 52% 1% 52% 1% 58,146 26% 55% 20% 40% 25% 19% 80% 0% 1% 52% 1% 52% 1% 58,146 26% 55% 20% 40% 29% 14% 56% 56% 20% 40% 29% 14% 56% 56% 20% 40% 29% 14% 16% 22% 76% 24%	1%
	% NH White est.	85%	71%	84%	56%	76%	23%		69%
	% NH Black	3%	5%	1%	4%	3%	2%		3%
	Total	36,573	23,888	35,088	24,623	34,498	17,185		185,886
	% Latino est.	11%	28%	16%	41%	25%	77%	,	32%
	% Spanish-Surnamed	11%	26%	15%	38%	23%	71%		29%
Voter Turnout (Nov	% Asian-Surnamed	2%	1%	1%	2%	2%	1%		1%
2020)	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%		1%
	% NH White est.	83%	64%	80%	52%	71%	22%		63%
	% NH Black est.	3%	6%	2%	5%	3%	2%		3%
ACS Pop. Est.	Total	63,947	57,696	67,481	65,905	64,883	63,046		441.105
Пов Гор. 1281.	age0-19	13%	22%	17%	26%	20%	28%	,	22%
Age	age20-60	39%	45%	42%	52%	43%	58%		48%
1.80	age60plus	49%	32%	41%	22%	37%	15%		31%
	immigrants	18%	22%	17%	32%	17%	29%		25%
Immigration	naturalized	49%	41%	50%	45%	58%	44%		42%
	english	77%	61%	74%	46%	72%	30%		55%
Language spoken at home	spanish	16%	35%	21%	47%	23%	69%		41%
Language spoken at nome	asian-lang	3%	2%	2%	5%	3%	1%		2%
	other lang	5%	2%	3%	2%	3%	0%		2%
	Speaks Eng. "Less		∠/0		∠/0	3/0	070		
Language Fluency		8%	13%	9%	20%	10%	40%	52%	21%
	than Very Well"	45%	53%	46%	51%	52%	560/-	110/-	49%
Education (among those	hs-grad		12%	23%	13%	19%	56% 6%		15%
age 25+)	bachelor	23%							
	graduatedegree	17%	7%	15%	8%	12%	3%		10%
Child in Household	child-under18	12%	24%	16%	32%	21%	32%		22%
Pct of Pop. Age 16+	employed	46%	47%	51%	58%	53%	66%		55%
	income 0-25k	24%	31%	19%	26%	17%	29%		26%
111-111	income 25-50k	21%	26%	21%	24%	21%	28%		24%
Household Income	income 50-75k	16%	15%	16%	17%	17%	19%		16%
	income 75-200k	29%	25%	31%	28%	37%	23%		28%
	income 200k-plus	10%	3%	13%	5%	8%	2%		7%
	single family	69%	88%	80%	75%	81%	77%		78%
Housing Stats	multi-family	31%	12%	20%	25%	19%	23%		22%
0	rented	33%	36%	32%	39%	26%	31%	66 1% 698 20,406 298 20,406 77% 77% 6 0% 6 1% 76 1% 85,146 2% 76 20% 76 19% 76 19% 76 19%	33%
	owned	67%	64%	68%	61%	74%	69%	660/	67%

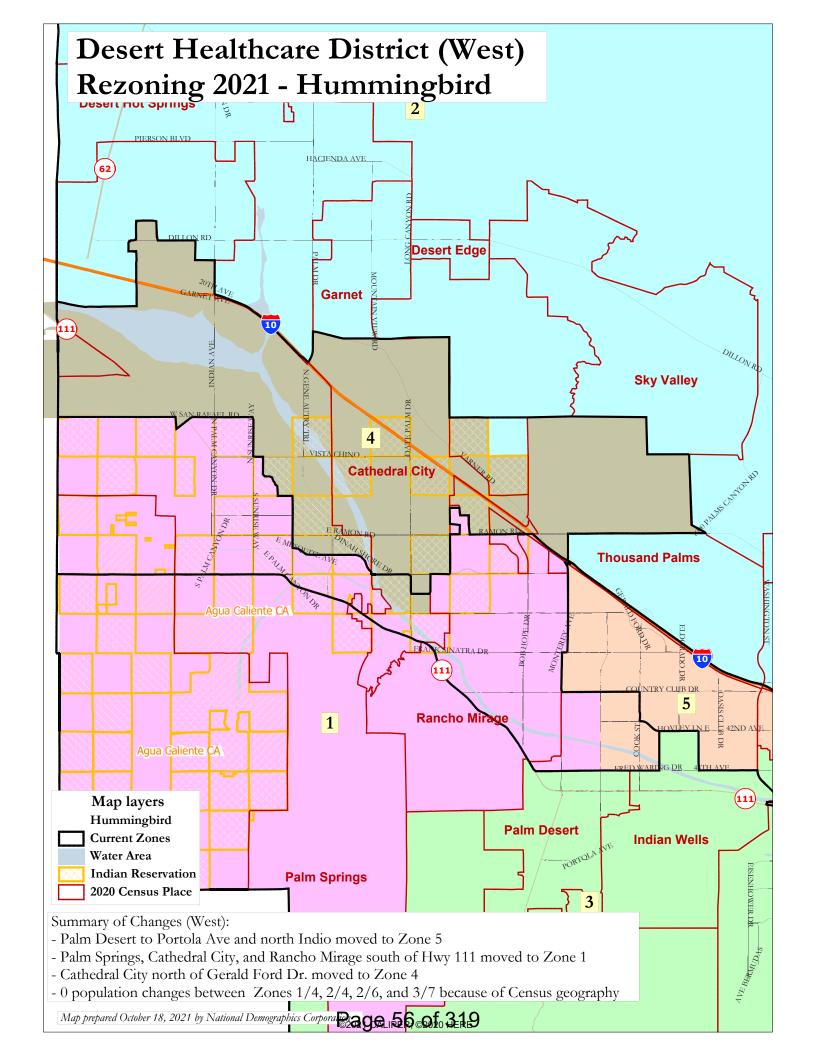
Total population data from the California adjustment to the 2020 Decennial Census. Surname-based Voter Registration and Turnout data from the California Statewide Database. Latino voter registration and turnout data are Spanish-surname counts adjusted using Census Population Department undercount estimates. NH White and NH Black registration and turnout counts estimated by NDC. Citizen Voting Age Pop., Age, Immigration, and other demographics from the 2015-2019 American Community Survey and Special Tabulation 5-year data.

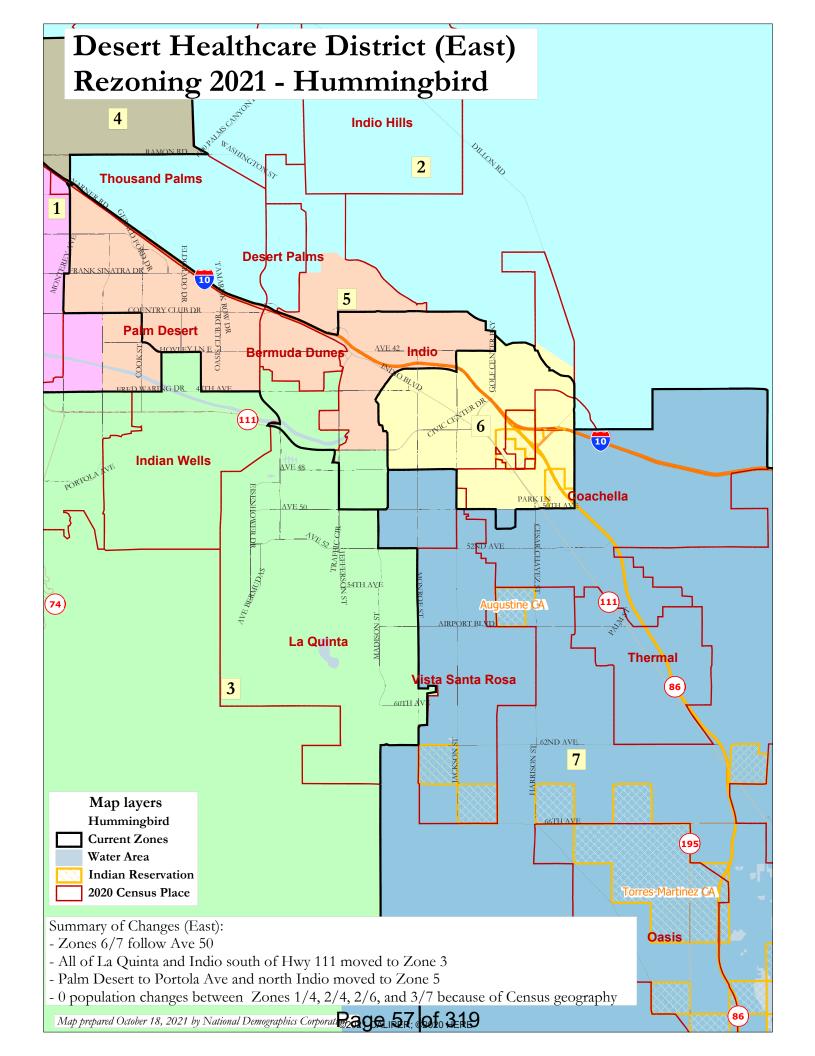
	Desert	Healtho	are Dis	trict - R	oadruni	ner			
Zona		1	2	3	4	5	6	7	Total
2020	Pob. Total	61,476	64,418	62,476	63,714	63,925	63,874	63,356	443,239
	Desviación de pob.	-1,844	1,098	-844	394	605	554	36	2,942
	% Desviación	-2.91%	1.73%	-1.33%	0.62%	0.96%	0.88%	0.06%	4.65%
	% Hisp	22%	53%	29%	61%	36%	86%	90%	54%
2020 D-1, T-4-1	% Blanco	67%	36%	63%	27%	53%	9%	8%	37%
2020 Pob. Total	% Negro	3%	6%	2%	3%	3%	2%	1%	3%
	% Asiático	5%	2%	4%	6%	5%	2%	1%	4%
	Total	51,426	38,681	52,579	39,041	48,691	37,361	27,132	294,911
	% Hisp	15%	33%	21%	43%	27%	82%	81%	39%
Ciudadanos +18 años	% Blanco	77%	56%	73%	43%	65%	15%	17%	54%
	% Negro	3%	8%	2%	4%	3%	2%	1%	3%
	% Asiático	4%	2%	3%	8%	4%	1%	1%	3%
	Total	41,547	30,738	40,719	31,350	40,390	24,498	20,406	229,648
	% Latino est.	13%	33%	19%	45%	27%	79%	77%	36%
	% apellido español	12%	30%	17%	41%	25%	73%	72%	34%
Registros (Nov 2020)	% apellido asiático	2%	1%	1%	2%	2%	1%	63,356 36 0.06% 90% 8% 1% 27,132 81% 17% 1% 20,406 77%	1%
	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	81%	59%	78%	49%	69%	21%	20%	59%
Votantes (Nov 2018) Votantes (Nov 2020)	% negro est.	3%	7%	2%	5%	3%	2%	1%	3%
	Total	26,230	15,495	24,838	15,211	23,562	9,042	7,576	121,954
	% Latino est.	9%	20%	12%	35%	20%	75%	71%	25%
	% apellido español	8%	20%	12%	32%	18%	70%	68%	24%
Votantes (Nov 2018)	% apellido asiático	1%	1%	1%	1%	1%	1%	0%	1%
, ,	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	85%	71%	84%	56%	76%	23%	25%	69%
	% negro est.	3%	5%	1%	4%	3%	2%	1%	3%
	Total	36,573	23,888	35,088	24,623	34,498	17,185	14,031	185,886
	% Latino est.	11%	28%	16%	41%	25%	77%	74%	32%
	% apellido español	11%	26%	15%	38%	23%	71%	69%	29%
Votantes (Nov 2020)	% apellido asiático	2%	1%	1%	2%	2%	1%	1%	1%
	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	83%	64%	80%	52%	71%	22%	23%	63%
	% negro est.	3%	6%	2%	5%	3%	2%	1%	3%
Pob. ACS	Total	63,947	57,696	67,481	65,905	64,883	63,046	58,146	441,105
	Edad 0 – 19 años	13%	22%	17%	26%	20%	28%	26%	22%
Edad	Edad 20 – 60 años	39%	45%	42%	52%	43%	58%		48%
	Edad +60 años	49%	32%	41%	22%	37%	15%	20%	31%
Migración	Migrante	18%	22%	17%	32%	17%	29%	40%	25%
Migracion	Naturalizada	49%	41%	50%	45%	58%	44%	25%	42%
	Inglés	77%	61%	74%	46%	72%	30%	19%	55%
Lengua en casa	Español	16%	35%	21%	47%	23%	69%		41%
	Idioma Asiático	3%	2%	2%	5%	3%	1%		2%
	Otro idioma	5%	2%	3%	2%	3%	0%	1%	2%
Fluidez en Inglés	Habla Inglés solo	8%	13%	9%	20%	10%	40%	520%	21%
Tiuldez en ingles	"bien" o menos	070	1370	270	2070	1070	7070		
Nivel de educación (edad	preparatoria	45%	53%	46%	51%	52%	56%		49%
+25)	licenciatura	23%	12%	23%	13%	19%	6%		15%
,	graduado	17%	7%	15%	8%	12%	3%		10%
Hogares con niño(s)	con niño(s)	12%	24%	16%	32%	21%	32%		22%
Pto. Edad 16+	empleado	46%	47%	51%	58%	53%	66%		55%
	\$0 a \$25 000	24%	31%	19%	26%	17%	29%		26%
	\$25 a \$50 000	21%	26%	21%	24%	21%	28%		24%
Ingreso (por hogar)	\$50 a \$75 000	16%	15%	16%	17%	17%	19%		16%
	\$75 a \$200 000	29%	25%	31%	28%	37%	23%		28%
	mayor a \$200 000	10%	3%	13%	5%	8%	2%		7%
	Unifamiliar	69%	88%	80%	75%	81%	77%		78%
Unidades de vivienda	Multifamiliar	31%	12%	20%	25%	19%	23%		22%
Cindades de vivienda	Rentadas	33%	36%	32%	39%	26%	31%		33%
	Propias	67%	64%	68%	61%	74%	69%	66%	67%

Población en total del Censo 2020 y ha estado ajustada por el estado de California. Registros y votantes (por apellido) vienen del California Statewide Database. Registros y votantes "latinos" han estado ajustados según la dirección del Census Population Department. Registros y votantes blancos y negros han estado estimados por NDC. Los ciudadanos 18+, edad, migrantes, y otras cifras socioeconómicas vienen del 2015-2019 American Community Survey



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	Desert H							1	
Zone		1	2	3	4	5	6	7	Total
2020	2020 Census (Raw)	63,072	61,845	64,631	64,062	62,399	63,988	63,242	443,239
	Deviation from ideal	-248	-1,475	1,311	742	-921	668	-78	2,786
	% Deviation	-0.39%	-2.33%	2.07%	1.17%	-1.45%	1.06%	-0.12%	4.40%
	% Hisp	20%	52%	33%	61%	36%	85%		54%
2020 Total Pop	% NH White	69%	37%	58%	27%	54%	10%		37%
	% NH Black	3%	6%	2%	4%	3%	2%		3%
	% Asian-American	4%	2%	4%	6%	5%	2%		4%
	Total	53,920	36,296	52,957	39,539	47,705	37,769		294,911
	% Hisp	14%	31%	25%	43%	27%	80%		39%
Citizen Voting Age Pop	% NH White	79%	58%	69%	43%	65%	16%		54%
	% NH Black	3%	8%	2%	4%	3%	2%		3%
	% Asian/Pac.Isl.	3%	2%	3%	8%	4%	1%	1%	3%
	Total	43,452	29,499	41,025	31,708	39,060	24,749	20,155	229,648
	% Latino est.	11%	32%	23%	45%	26%	78%	78%	36%
Voter Registration (Nov	% Spanish-Surnamed	11%	30%	21%	41%	24%	71%	78% 78% 71% 73% 1% 0% 1% 1% 22% 18% 2% 1% 9,324 7,294 73% 73% 68% 70% 1% 1% 25% 22% 2% 1% 17,454 13,762 76% 75% 70% 1% 1% 1% 24% 21% 2% 1% 63,527 57,665 28% 25% 57% 56%	34%
2020)	% Asian-Surnamed	2%	1%	2%	1%	2%	1%	0%	1%
2020)	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	83%	60%	73%	49%	69%	22%	18%	59%
	% NH Black	3%	7%	2%	5%	3%	2%	1%	3%
	Total	28,090	14,851	24,313	15,481	22,601	9,324	7,294	121,954
	% Latino est.	8%	19%	16%	34%	19%	73%	73%	25%
Voter Turnout (Nov	% Spanish-Surnamed	7%	19%	15%	32%	17%	68%	70%	24%
	% Asian-Surnamed	1%	1%	1%	1%	1%	1%	0%	1%
2018)	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	87%	71%	80%	56%	77%			69%
	% NH Black	2%	6%	2%	4%	3%	2%	1%	3%
	Total	38,467	22,799	35,003	25,010	33,391	17,454	13,762	185,886
	% Latino est.	10%	27%	20%	41%	24%			32%
	% Spanish-Surnamed	9%	25%	19%	38%	22%			29%
Voter Turnout (Nov	% Asian-Surnamed	2%	1%	2%	2%	2%			1%
2020)	% Filipino-Surnamed	1%	1%	1%	2%	1%			1%
	% NH White est.	84%	64%	76%	52%	72%			63%
	% NH Black est.	2%	6%	2%	5%	3%			3%
ACS Pop. Est.	Total	65,348	53,505	70,212	66,912	63,934			441,105
11СЭТОР. 1200.	age0-19	11%	21%	20%	26%	20%	,	,	22%
Age	age20-60	39%	44%	44%	52%	43%			48%
1.80	age60plus	50%	35%	36%	22%	37%	15%		31%
	immigrants	17%	23%	17%	32%	17%	29%		25%
Immigration	naturalized	49%	40%	53%	44%	56%	45%		42%
	english	78%	63%	72%	45%	70%	31%		55%
Language spoken at home	spanish	15%	33%	22%	47%	24%	68%		41%
Language spoken at nome	asian-lang	2%	2%	2%	5%	3%	1%		2%
	other lang	4%	2%	3%	2%	3%	0%		2%
	Speaks Eng. "Less	470	2/0	370	2/0	370	070	1 /0	2/0
Language Fluency	than Very Well"	8%	13%	9%	20%	11%	39%	53%	21%
		44%	53%	48%	50%	52%	E C 0 /	4.40/	49%
Education (among those	hs-grad		12%	22%	14%	19%	56% 6%		15%
age 25+)	bachelor	23%							
	graduatedegree	18%	7%	13%	8%	12%	3%		10%
Child in Household	child-under18	10%	22%	20%	31%	21%	33%		22%
Pct of Pop. Age 16+	employed	46%	45%	54%	58%	52%	66%		55%
	income 0-25k	24%	33%	16%	26%	18%	29%		26%
77 1 117	income 25-50k	20%	27%	21%	25%	20%	28%		24%
Household Income	income 50-75k	15%	16%	16%	17%	18%	19%		16%
	income 75-200k	29%	22%	34%	28%	36%	23%		28%
	income 200k-plus	11%	2%	13%	5%	8%	2%		7%
	single family	71%	88%	82%	73%	78%	76%		78%
Housing Stats	multi-family	29%	12%	18%	27%	22%	24%	22%	22%
110using stats	rented	34%	36%	30%	39%	27%	33%	91% 7% 1% 1% 1% 9 26,725 83% 14% 19% 19% 19% 19% 19% 19% 19% 19% 18% 19% 19% 19% 19% 19% 19% 19% 19% 19% 19	33%
		66%	64%	70%	61%	73%			67%

Total population data from the California adjustment to the 2020 Decennial Census. Surname-based Voter Registration and Turnout data from the California Statewide Database. Latino voter registration and turnout data are Spanish-surname counts adjusted using Census Population Department undercount estimates. NH White and NH Black registration and turnout counts estimated by NDC. Citizen Voting Age Pop., Age, Immigration, and other demographics from the 2015-2019 American Community Survey and Special Tabulation 5-year data.

Zama	Desert F.	1	2	3	4		6	7	Total
Zona	D 1 77 . 1	_		_	_	5		7	
2020	Pob. Total	63,072	61,845	64,631	64,062	62,399	63,988	63,242	443,239
	Desviación de pob.	-248	-1,475	1,311	742	-921	668	-78	2,786
	% Desviación	-0.39%	-2.33%	2.07%	1.17%	-1.45%	1.06%	-0.12%	4.40%
	% Hisp	20%	52%	33%	61%	36%	85%	91%	54%
2020 Pob. Total	% Blanco	69%	37%	58%	27%	54%	10%	7%	37%
	% Negro	3%	6%	2%	4%	3%	2%	1%	3%
	% Asiático	4%	2%	4%	6%	5%	2%	1%	4%
	Total	53,920	36,296	52,957	39,539	47,705	37,769	26,725	294,911
	% Hisp	14%	31%	25%	43%	27%	80%	83%	39%
Ciudadanos +18 años	% Blanco	79%	58%	69%	43%	65%	16%	14%	54%
	% Negro	3%	8%	2%	4%	3%	2%	1%	3%
	% Asiático	3%	2%	3%	8%	4%	1%	1%	3%
	Total	43,452	29,499	41,025	31,708	39,060	24,749	20,155	229,648
	% Latino est.	11%	32%	23%	45%	26%	78%	78%	36%
	% apellido español	11%	30%	21%	41%	24%	71%	73%	34%
Registros (Nov 2020)	% apellido asiático	2%	1%	2%	1%	2%	1%	0%	1%
.,	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	83%	60%	73%	49%	69%	22%	18%	59%
	% negro est.	3%	7%	2%	5%	3%			3%
	Total	28,090	14,851	24,313	15,481	22,601			121,954
ŀ	% Latino est.	8%	19%	16%	,	19%			25%
ŀ					34%				
V	% apellido español	7%	19%	15%	32%	17%			24%
Votantes (Nov 2018)	% apellido asiático	1%	1%	1%	1%	1%			1%
	% apellido filipino	1%	1%	1%	2%	1%	1%		1%
	% blanco est.	87%	71%	80%	56%	77%	25%		69%
	% negro est.	2%	6%	2%	4%	3%	2%		3%
	Total	38,467	22,799	35,003	25,010	33,391	17,454		185,886
	% Latino est.	10%	27%	20%	41%	24%	76%	75%	32%
	% apellido español	9%	25%	19%	38%	22%	70%	70%	29%
Votantes (Nov 2020)	% apellido asiático	2%	1%	2%	2%	2%	1%	0%	1%
	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	84%	64%	76%	52%	72%	24%	21%	63%
	% negro est.	2%	6%	2%	5%	3%	2%	1%	3%
Pob. ACS	Total	65,348	53,505	70,212	66,912	63,934	63,527	57,665	441,105
	Edad 0 – 19 años	11%	21%	20%	26%	20%	28%	25%	22%
Edad	Edad 20 – 60 años	39%	44%	44%	52%	43%	57%	56%	48%
	Edad +60 años	50%	35%	36%	22%	37%	15%		31%
	Migrante	17%	23%	17%	32%	17%	29%		25%
Migración	Naturalizada	49%	40%	53%	44%	56%	45%		42%
	Inglés	78%	63%	72%	45%	70%	31%		55%
Lengua en casa	Español	15%	33%	22%	47%	24%			41%
Lengua en casa	Idioma Asiático	2%	2%	2%	5%	3%			2%
	Otro idioma	4%	2%	3%	2%	3%			2%
		4/0	∠/0	370	2/0	3/0	070	1 /0	2/0
Fluidez en Inglés	Habla Inglés solo	8%	13%	9%	20%	11%	39%	53%	21%
	"bien" o menos	4.407	500/	4007	500/	500/	5.00/	4.407	4007
Nivel de educación (edad	preparatoria	44%	53%	48%	50%	52%			49%
+25)	licenciatura	23%	12%	22%	14%	19%			15%
ŕ	graduado	18%	7%	13%	8%	12%	3%		10%
Hogares con niño(s)	con niño(s)	10%	22%	20%	31%	21%	33%		22%
Pto. Edad 16+	empleado	46%	45%	54%	58%	52%	66%	63%	55%
	\$0 a \$25 000	24%	33%	16%	26%	18%	29%	41%	26%
	\$25 a \$50 000	20%	27%	21%	25%	20%	28%	28%	24%
Ingreso (por hogar)	\$50 a \$75 000	15%	16%	16%	17%	18%	19%	14%	16%
	\$75 a \$200 000	29%	22%	34%	28%	36%	23%	15%	28%
	mayor a \$200 000	11%	2%	13%	5%	8%	2%	2%	7%
		71%	88%	82%	73%	78%			78%
	Unifamiliar	/ 1 7/0	00/0	02/0	13/0	1070	/0/0	1070	
								5% 22% 2% 1% 3,454 13,762 6% 75% 0% 70% % 0% % 1% 44% 21% 1% 5527 55,527 57,665 88% 25% 7% 56% 5% 19% 9% 41% 5% 25% 11% 18% 88% 82% % 0% 9% 53% 6% 44% 6% 5% 6% 3% 9% 41% 8% 28% 9% 14% 3% 15% 2% 6% 6% 78% 4% 22%	
Unidades de vivienda	Multifamiliar Rentadas	29% 34%	12% 36%	18%	27% 39%	22% 27%	24%	22%	22%

Población en total del Censo 2020 y ha estado ajustada por el estado de California. Registros y votantes (por apellido) vienen del California Statewide Database. Registros y votantes "latinos" han estado ajustados según la dirección del Census Population Department. Registros y votantes blancos y negros han estado estimados por NDC. Los ciudadanos 18+, edad, migrantes, y otras cifras socioeconómicas vienen del 2015-2019 American Community Survey



Date: October 26, 2021

To: Board of Directors

Subject: DHCD 2021-2026 Strategic Plan

<u>Staff Recommendation:</u> Consideration to approve the 2021 – 2026 Strategic Plan.

Background:

• In January 2020 the Desert Healthcare District Board approved a contract with Health Assessment & Research for Communities, Inc. (HARC) to conduct the Desert Healthcare District's Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP).

- The COVID-19 pandemic caused significant delays in the completion of the reports.
- However, in 2021 the CHNA and CHIP were completed and published.
- The CHNA identified over 100 health indicators.
- To help prioritize health topics, District residents, local leaders and service providers were interviewed and/or participated in community focus groups.
- The CHIP collected community input and was the first of its kind done in the Coachella Valley. Community members identified the following top priority topics:
 - Access to Healthcare
 - o Behavioral/Mental Health Services
 - o Economic Stability
 - o Education, and
 - The environment
- The District presented these findings to the public at a special meeting in April 2021.
- These results have helped informed the 2021-2026 Strategic Plan.
- The development of the strategic plan was commissioned to Veralon Partners, Inc. and Valentine Health Advisers.
- The Strategic Plan consultants facilitated various interviews with DHCD Board members, and the Board had three strategic planning sessions (special meetings) in September and October.
- The enclosed Strategic Plan presents a revised Vision statements that incorporates the equity lens to the District's work, and Goals and Strategies identified and agreed upon by the District's Board of Directors.
- Following approval of the Strategic Plan, staff will review its grant-making policies and procedures and follow policy decisions made by the Board. Additional guidance may be needed in some instances.
- Staff will also work on operational tactics to accomplish the approved Strategic Goals.
- Staff recommends approval of the 2021-2026 Strategic Plan.

• Fiscal Impact:



Desert Healthcare District & Foundation

Final Draft Strategic Plan – Revised Based on October 9 Meeting

October 15, 2021







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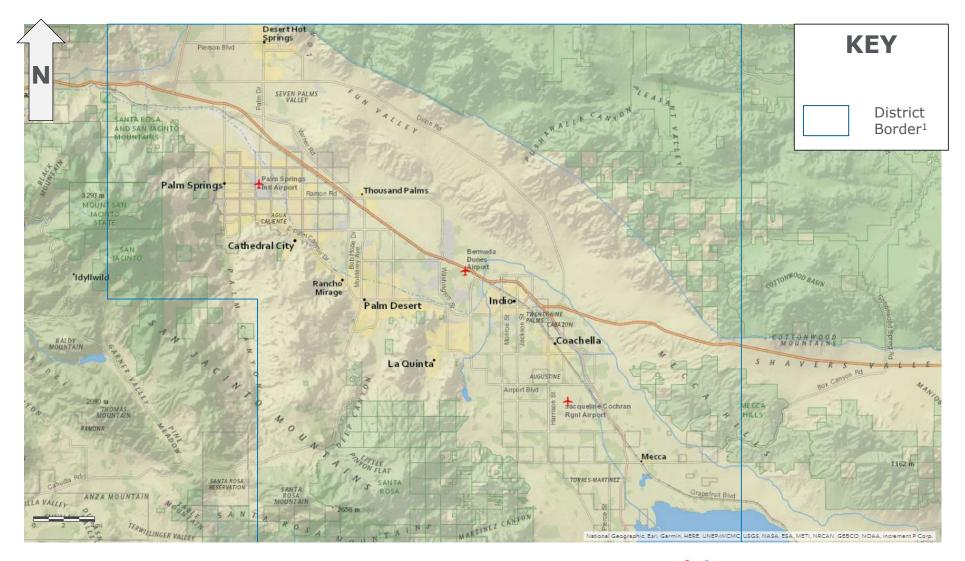
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Strategic Plan is Specific to the Entire District -- Coachella Valley As A Whole



1. District border is hand drawn by Veralon and represents an approximation of the district boundaries.







DHCD/F Enabling Legislation, Mission and Vision







DHCD/F Enabling Legislation Clarifies the Emphasis Is On Health Services

AB 2414, Eduardo Garcia. Desert Healthcare District.

"Existing law, the Local Health Care District Law, authorizes the organization and incorporation of local health care districts and specifies the powers of those districts, including, among other things, the power to establish, maintain, and operate, or provide assistance in the operation of, one or more health facilities or health services, including, but not limited to, outpatient programs, services, and facilities; retirement programs, services, and facilities; chemical dependency programs, services, and facilities; or other health care programs, services, and facilities and activities at any location within or without the district for the benefit of the district and the people served by the district." 1,2

- 1. Source: Assembly Bill 2414 Chapter 416
- 2. During the strategic planning retreat this description of the purpose of DHCD/F was cited as a means of emphasizing that the role is specific to healthcare services and resources







DHCD/F Mission Statement

"To achieve optimal health at all stages of life for all District residents"

1

1. Source: Desert Healthcare District / Desert Healthcare Foundation Strategic Plan, adopted June 27, 2017







DHCD/F Vision Statement

"Equitably connecting Coachella Valley residents to health and wellness services and programs through resources and philanthropy, health facilities, information and community education, and public policy"¹

1. Source: Desert Healthcare District / Desert Healthcare Foundation Strategic Plan, adopted June 27, 2017







Critical Planning Issues







Critical Planning Issues

- Resolve the Tenet lease and seismic investment
- Maintain the District's reserves at the current level until the Tenet situation is resolved
- Evaluate current/future programs and services to which DHCD/F provides funds using effectiveness and impact criteria and looking at impact
- No new parcel tax funding in the short term (at least 2 years)
- Pursue new funding sources to support meeting CV healthcare needs (e.g., Riverside County, grants, JVs/partnerships, Federal and State Govt.)
- Expand access to care: focus on health care
 - Community-oriented primary care (medical), mental health and dental services
- Enhance equity for all residents accessing care
- Measure/assess the impact on and size of a population to which DHCD/F holds organizations/programs accountable for achieving stated goals
- Encourage innovation and collaboration
- Enhance DHCD/F's lobbying capabilities, as needed and targeted







Goals and Strategies







Discussion: Setting Preliminary Goals and Strategies

- Goal an <u>outcome</u> to be achieved over a 5-year period.
 - Describes <u>what</u> DHCD/F is going to achieve through the implementation of strategies
- **Strategy** an <u>action</u> to be taken in support of accomplishing the goal.
 - A statement of <u>how</u> DHCD/F will accomplish the goal
 - Strategies are stated for a 3-year period and can be refined annually







CPIs "Drive" Selection of *Draft* DHCD/F Goals

Critical Planning Issues

- Goal 1: Proactively increase the financial resources DHCD/F can apply to support community health needs
- Goal 2: Proactively expand community access to primary and specialty care services
- Goal 3: Proactively expand community access to behavioral/mental health services
- Goal 4: Proactively measure and evaluate the impact of DHCD/F-funded programs and services on the health of community residents
- Goal 5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents
- Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area
- Goal 7: Be responsive to and supportive of selected community initiatives that enhance the general education of the District's residents



Goal 1: Proactively increase the financial resources DHCD/F can apply to support community health needs

Strategies	Priority	Lead Party	Start Date	Complete Date
1.1 Develop a healthcare delivery system vision for the Coachella Valley		CEO	Oct '21	Mar '22
1.2 Pursue renegotiation of the Tenet leaseComplete seismic retrofit design/planning	High	Ad-Hoc	Immediate	Jan '24
1.3 Expand capabilities and activities for obtaining new grant fundingHire grant writer (already in budget) (Jan)	High	CEO	Immediate	Ongoing
1.4 Work with Riverside University Health System to continue/expand funds provided to DHCD/F to meet community health needs	High	CEO	Ongoing	Ongoing
1.5 Identify opportunities and implement selected joint venture/partnerships with community organizations to jointly support funding of selected community health needs	Moderate	CEO	Nov '21	Ongoing
1.6 Evaluate the potential to conduct community-based fund raising (Foundations, individuals, corporations)- Hire a development director- Explore planned giving program	Low	CEO	Mar '22	Ongoing







Goal 2: Proactively expand community access to primary and specialty care services

Strategies	Priority	Lead Party	Start Date	Complete Date
2.1 Provide funding to support an increase in the number of primary care and specialty professionals (clinicians, physicians, physician assistants, nurses, nurse practitioners, etc.)	High	CPO*	Nov '21	Ongoing
2.2 Provide funding to support an increase in the number of clinics and needed programs (FQHCs, community clinics, multi-purpose community centers) in geographically-targeted markets and the days and hours that they operate	High	СРО	Nov '21	Ongoing
2.3 Provide funding support and evaluation to community organizations providing expanded mobile primary and specialty care services	High	СРО	Mar '22	On-going
 In support of the District buying a mobile van for primary care and vaccinations, identify operating costs and resources required 				
2.4 Provide funding support to community organizations providing primary and specialty care via telehealth - Fund telehealth internet hubs to increase access in underserved communities	High	СРО	Dec '21	Ongoing
2.5 Collaborate/partner with culturally-competent training programs to expand primary care residency and nursing programs with required retention initiatives	Moderate	СРО	Dec '21	Ongoing
2.6 Collaborate/partner with the Riverside University Health System on increasing the number of public health initiatives, including but not limited to: COVID-19, obesity, sex education, drug use/addiction, and nutrition	Moderate	CEO/ Program Staff	Dec '21	Ongoing
2.7 Utilize an equity lens to expand services and resources to underserved communities - Increase the number of Promatoras/CHWs**	High	CEO/ Program Staff	Dec '21	Ongoing

^{*}CPO - Chief Program Officer



 $[\]ensuremath{^{**}}$ CHW - Community health worker

Goal 3: Proactively expand community access to behavioral/mental health services

Strategies	Priority	Lead Party	Start Date	Complete Date
3.1 Provide funding to support an increase in the number of behavioral/mental health professionals (includes training)	High	SPO - BMH**	Jan '22	Ongoing
3.2 Provide funding to CBOs to support an increase in the number of days and hours of operation of behavioral/mental health services*	High	SPO - BMH	Jan '22	Ongoing
3.3 Provide funding to CBOs enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services (consider co-location with other health services)	High	SPO - BMH	Jan '22	Ongoing
3.4 Provide funding support to CBOs providing telebehavioral/mental health services	High	SPO - BMH	Jan '22	Ongoing
3.5 Work with the new private psychiatric and community hospitals to identify opportunities to collaborate on the delivery of community-based behavioral/mental health services (payer mix)	Moderate	SPO - BMH	Sept '22	Ongoing
3.6 Educate community residents on available behavioral/mental health resources	Moderate	SPO - BMH	Oct '21	Ongoing
3.7 Collaborate/partner with community providers to enhance access to culturally-sensitive behavioral/mental health services	Moderate	SPO - BMH	Mar '22	Ongoing

^{*}CBO - community based organization







^{**} SPO - BMH - Senior Program Officer Behavioral & Mental Health

Goal 4: Proactively measure and evaluate the impact of DHCD/F-funded programs and services on the health of community residents

Strategies	Priority	Lead Party	Start Date	Complete Date
4.1 Adopt Clear Impact performance management and RBA* platform to track and report impact	High	СРО	Jan '22	Ongoing
4.2 Evaluate the potential to offer multi-year grants to organizations	Moderate	СРО	Jan '22	Ongoing
4.3 Require, where appropriate, grantees to conduct and report the results of patient satisfaction surveys	Low	СРО	July '22	Ongoing
4.4 Conduct a CHNA in 5 years (2026)	Low	CEO, CPO	2026	2026
4.5 Annually report progress of funded progams/services toward meeting identified community health needs	High	СРО	Jan '22	Ongoing
4.6 Support local organizations' capacity building efforts	Low	СРО	Jan '22	Ongoing

^{*}RBA -- Results based accountability







Goal 5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents

Strategies	Priority	Lead Party	Start Date	Complete Date
5.1 On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to homelessness of community residents and be a catalyst for community organizations to act in implementing solutions	Moderate	СРО	Oct '21	Ongoing
5.2 On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to affordable housing for community residents and be a catalyst for community organizations to act in implementing solutions	Moderate	CEO	Oct '21	Ongoing
5.3 On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to poverty among community residents and be a catalyst for community organizations to act in implementing solutions	Moderate /Low	CEO	Oct '21	Ongoing
5.4 Promote Health Action Planning and co-location of healthcare services in affordable housing developments	Moderate	CEO	Oct '21	Ongoing









Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area

Strategies	Priority	Lead Party	Start Date	Complete Date
6.1 Play a role in raising awareness of the impact of air quality in the East Coachella Valley on the health of community residents and be a catalyst for community organizations to act in implementing solutions	Moderate	CCE*	Ongoing	Ongoing
6.2 Play a role in raising awareness of the impact of poor water quality in the East Coachella Valley on the health of community residents and be a catalyst for community organizations to act in implementing solutions	Moderate	CCE	Ongoing	Ongoing
6.3 Collaborate with and support public organizations in the Coachella Valley to address SDOH** related to the environment (air quality, water quality and shelter)	Moderate	CCE	Ongoing	Ongoing

^{*}CCE -- Chief of Community Engagement







^{**} SDOH - Social determinants of health

Goal 7: Be responsive to and supportive of selected community initiatives that enhance the general education of the District's residents

Strategies	Priority	Lead Party	Start Date	Complete Date
7.1 Play a role in raising awareness of the impact of general health education on the health of community residents and be a catalyst for community organizations to act in implementing solutions - Education including the ConnectIE platform and other resources	Moderate	CCE	Ongoing	Ongoing
7.2 Play a role in raising awareness of the impact of school resources on the health of community residents and be a catalyst for community organizations to act in implementing solutions	Moderate	CCE	Ongoing	Ongoing







Appendices







Potential Sources of New Funding







Potential Modes of New Funding

Potential Source of New Funds	Observations	Priority # or "Not Viable"*
Early Negotiation of Tenet Lease (Expires May 2027)	Potential to generate revenue to support DHCD/F activities	Highest Priority
Use Portion of Reserve (\$59M less \$7M already pledged)	 Draw down or guarantee would reduce DHCD/F's "reserves" to support operations, capitalize investments and seismic retrofit Almost all Board members not supportive 	Not at this time
New Parcel Tax	 Economic downturn due to COVID makes this unlikely in next 3-4 yrs. Expected to be politically unpopular 	Potential Source but Beyond the Next 2-3 years
Seek Grants Through State/National Philanthropic Sources	 Is an opportunity; magnitude difficult to quantify Requires grant writer (Sr. Dir. Development previously approved) 	High priority
Local Community Fundraising (e.g., Galas)	 Is an opportunity; magnitude difficult to quantify DHCD/F could be perceived as competing with other local organizations 	Viability to be Assessed

^{*} Priority rating was identified by the DHCD/F Board and management team through discussion during the September 2021 strategic planning retreat

Continued next page







Potential Modes of New Funding

Potential Source of New Funds	Observations	Priority # or "Not Viable"*
Debt (Use the most beneficial method to finance)	 \$59M (\$52M net) principal/reserve is DHCD/F's only collateral asset; Requires pledge of revenue or guarantee, debt or a guarantee would reduce availability of these funds for operations, capital investment or seismic funding 	Feasibility and strategic and financial impact to be evaluated
Funding Support by County	 Riverside County Dept. of Public Health recently provided \$2M. Potential exists for future funding Access to funding can be bureaucratic/uncertain 	High priority
Funding Support by Hospitals	Investments focused on their assisting their services and viability unlikely	Low priority

^{*} Priority rating was identified by the DHCD/F Board and management team through discussion during the September 2021 strategic planning retreat







Community Health Needs Evaluation Exercise Findings







Evaluation of Community Needs

- Community needs were highlighted through CHNA and discussion during day 1 of the DHCD/F retreat
 - Summarized by priority category: economic stability, health access, mental health, environment, education, other
- Evaluative criteria were agreed to on day 1 of the retreat
 - Magnitude of need by the District's residents (size of population served)
 - Extent to which improving the issue enhances equitability of healthcare
 - Degree of impact DHCD/F can achieve through its funding support (resources available)
 - Timeliness of achieving progress
 - Fit with DHCD/F's Mission, vision and capabilities and resources
- Within each of the priority categories, the board assessed the needs against the 5 criteria







Evaluation Exercise: Economic Stability*

	Select: High, Moderate or Low					
Economic stability community needs	Magnitude of need by District residents (size pop. served)	Extent to which	Degree of impact DHDF can achieve through its	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	Priority Conclusion (High, Moderate, Low, None)
Homelessness	High	High	Mod/Low	Mod/Low	Yes	Moderate
Affordable housing	High	Moderate	Mod/Low	Low	Yes/No (Spilt)	Moderate
Higher paying jobs					No	
Poverty	Moderate	High	Low	Low	Yes/No (Spilt)	Mod/Low
Substandard housing (missing gas for stove, over crowded, etc.)					No	
Little to no employment					No	

^{*} The seven members of the DHCD/F Board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes





Evaluation Exercise: Health Access*

	Select: High, Moderate or Low					
Health access community needs	Magnitude of need by District residents (size pop. served)	Extent to which	Degree of impact DHDF can achieve through its	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	Priority Conclusion (High, Moderate, Low, None)
Clinician shortage	High	High	Moderate	Moderate	Yes	High/Mod
Healthcare is expensive (services, insurance, prescriptions)	High/Mod	High	High	High	Yes	High
Quality of care (outcomes., physician empathy, accuracy of diagnosis)	High	High	Mod/Low	Low	Yes	Mod/Low
East Valley access to healthcare services	High	High	High	High/Mod	Yes	High

^{*} The seven members of the DHCD/F Board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes





Evaluation Exercise: Mental Health*

	Select: High, Moderate or Low						
Mental health community needs	Magnitude of need by District residents (size pop. served)	issue enhances	Degree of impact DHDF can achieve through its funding support	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	Priority Conclusion (High, Moderate, Low, None)	
Mental health is an important issue	High	High	High	High/Mod	Yes	High	
Need more mental health clinics/resources	High	High	High	High	Yes	High	
People should know more about mental health and how to get help	High	High	High	High	Yes	High	

^{*} The seven members of the DHCD/F Board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes





Evaluation Exercise: Environment*

Environment community needs	Magnitude of meed by improving issue residents (size pop. served) Extent to which improving issue enhances equitability healthcare		Degree of impact DHCD/F can achieve through its funding support	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	Priority Conclusion (High, Moderate, Low, None)	
Infrastructure							
needs					No		
(sidewalks, lighting, internet					No		
connectivity							
Transportation							
(lack of							
transportation,					No		
no public							
transportation)							
Air quality in East	High	High	Moderate	Low	Yes	Moderate	
CV		,		-			
Walkability is low					No		
Poor water quality in East CV	High/Mod	High	High/Mod	Mod/Low	Yes	High/Mod	

^{*} The seven members of the DHCD/F Board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes





Evaluation Exercise: Education*

Education community needs	Magnitude of need by District residents (size pop. served)	Extent to which improving the issue enhances	through its funding	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	Priority Conclusion (High, Moderate, Low, None)
General health education (need more awareness on health issues not presented in schools)	High	High	High	High	Yes	High
School resources needed (guidance counselors, computers for students, tutoring, scholarships)	Low	Low	Low	Low	Yes/No (Split)	Low
Quality of education (need better quality of education, teachers who are passionate/care)					No	
General education attainment (more people need to go to college, differences in educational attainment across districts)					No	

^{*} The seven members of the DHCD/F Board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes





Evaluation Exercise: Other Issues*

Other community needs (with high mentions)	Magnitude of need by District residents (size pop. served)	Extent to which improving the issue enhances equitability of healthcare	Degree of impact DHCD/F can achieve through its funding support	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	Priority Conclusion (High, Moderate, Low, None)	
High crime (crime is high in CV, fights and gang violence)					No		
Obesity (obesity is a problem, obesity among low income)	High	High	High/Mod	Moderate	Yes	High/Mod	
Sex education in schools	High	High	High	High	Yes	High	
Drug use/addiction (drug use is a problem, substance abuse rates high, methamphetamin e problem)	High	High	High	High	Yes	High	
Food shortage/food access (lack of food, food access for low income)	High	High	High	High	Yes	High	

^{*} The seven members of the DHCD/F Board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes







Date: October 26, 2021

To: Board of Directors

Subject: Lund & Guttry LLP – FY2021 Audit Reports – District & RPP

Staff Recommendation: Consideration to approve the FY2021 Audit reports for the Desert Healthcare District and the Retirement Protection Plan (RPP).

Background:

- For the second year, staff worked with Lund & Guttry LLP to complete the audits for all entities.
- Due to the COVID-19 pandemic, field work was completed remotely to maintain the safety of staff of the District and Lund & Guttry.
- In FY21, the Foundation received CARES and ELC federal funding via Riverside County.
- As a result of receipt of the federal funding, in addition to the normal financial audit of the Foundation, an A-133 (aka Single Audit) was required.
- All audit reports will be presented during the District Board meeting. However, the Foundation and Single Audit reports will be approved during the Foundation's Board meeting.
- Gary Dack, CPA, and Shannon Maidment, CPA, will present the following reports for your review and consideration for approval:
 - 1. Communication Letter
 - 2. Internal Controls Report
 - 3. District Audit Report
 - 4. Retirement Protection Plan (RPP) Audit Report
 - 5. Desert Healthcare Foundation & Single Audit Reports (Information only. To be approved during the Foundation's F&A Committee meeting)
- The District and Retirement Protection Plan audits received unmodified opinions with no findings.
- The Foundation and Single Audits also received unmodified opinions with no findings.
- However, as a result of the first year of the Single Audit, two recommendations were provided in a Management Letter included in the packet.
- At the October 14, 2021, Finance & Administration Committee meeting, the Committee approved the audit reports and recommended forwarding to the Board for consideration of approval.
- Staff recommends approval of the FY2021 Audit Reports for the District and Retirement Protection Plan.

Fiscal Impact:



COMMUNICATION WITH THOSE CHARGED WITH GOVERNANCE

October 12, 2021

To the Honorable Board of Directors

Desert Healthcare District, Desert Healthcare Foundation and Desert Hospital Retirement

Protection Plan (the Entities)

Palm Springs, California

We have audited the financial statements of Desert Healthcare District, Desert Healthcare Foundation and Desert Hospital Retirement Protection Plan ("the Entities") for the year ended June 30, 2021, and have issued our report thereon dated October 12, 2021. Professional standards require that we provide you with information about our responsibility under generally accepted auditing standards and *Government Auditing Standards*, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated April 9, 2021. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the entities are described in Note 1 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2021. We noted no transactions entered into by the entities during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the District's financial statements were:

 Accounts Receivable and Taxes Receivable – Management's estimate of accounts receivable and taxes receivable is based on historical revenues and analysis of the collectability of individual accounts. The Honorable Board of Directors

Desert Healthcare District, Desert Healthcare Foundation and Desert Hospital Retirement Protection Plan (the Entities)

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- in order to determine the value and period of time over which individual capital assets are to be depreciated.
- RPP and OPEB Plans The funding progress and footnote disclosures are based on consultant's estimates.

We evaluated the key factors and assumptions used to develop these estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

The disclosures in the financial statements are neutral, consistent and clear. Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users.

Difficulties Encountered in Performing the Audit

We encountered no difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. We are pleased to report that no misstatements were identified during our audit.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of the audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated October 12, 2021.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Entities' financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge there were no such consultations with other accountants.

The Honorable Board of Directors Desert Healthcare District, Desert Healthcare Foundation and Desert Hospital Retirement Protection Plan (the Entities) OPA, Page 3

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Entities' auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the information and use of the members of the Board of Directors and Management and should not be used for any other purpose.

Very truly yours,

Lund & Guttry LLP



INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Honorable Board of Directors

Desert Healthcare District, Desert Healthcare Foundation and Desert Hospital Retirement

Protection Plan (the Entities)

Palm Springs, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business activities and the fiduciary funds financial statements of Desert Healthcare District, the financial statements of the Desert Healthcare Foundation and Desert Hospital Retirement Protection Plan (the entities), as of and for the year ended June 30, 2021, and the related notes to the financial statements, and have issued our report thereon dated October 12, 2021.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the entities' internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the entities' internal control. Accordingly, we do not express an opinion on the effectiveness of the entities' internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The Honorable Board of Directors Desert Healthcare District, Desert Healthcare Foundation and Desert Hospital Retirement

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Compliance and Other Matters

Protection Plan (the Entities)

P. As part of obtaining reasonable assurance about whether the entities' financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the entities' internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

October 12, 2021

OPAN,

DESERT HEALTHCARE DISTRICT

PALM SPRINGS, CALIFORNIA

INDEPENDENT AUDITORS' REPORT AND FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

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INDEPENDENT AUDITORS' REPORT

To the Honorable Board of Directors of the Desert Healthcare District Palm Springs, California

We have audited the accompanying financial statements of the business type activities and the fiduciary fund financial statements of the Desert Healthcare District (District) as of and for the years ended June 30, 2021 and 2020, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audits. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the District's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business type activities and the fiduciary fund financial statements of the District as of June 30, 2021 and 2020, and the respective changes in financial position and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and budgetary comparison information on pages 3 - 8 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated Octobber 14, 2021, on our consideration of Desert Healthcare District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Desert Healthcare District's internal control over financial reporting and compliance.

Octobber 14, 2021





JUNE 2021 AND 2020

The Desert Healthcare District (the District) has issued its financial statements for the fiscal years ended June 30, 2021 and June 30, 2020 in conformity with the format prescribed by the provisions of Government Accounting Standards Board Statement 34 (GASB 34). This report, Management's Discussion and Analysis, is an overview of the financial activities for the fiscal years and is an integral part of the accompanying Basic Financial Statements.

ACCOUNTING METHOD

The District's revenues and expenses are recognized on a full accrual basis; revenues are recognized in the period incurred. All assets and liabilities associated with the activity of the District are included on the Statement of Net Position.

THE BASIC FINANCIAL STATEMENTS

The Basic Financial Statements reflect the activities of two funds. The Financial Statements include the Statement of Net Position, Statement of Revenues, Expenses, and Changes in Net Position (Income Statement) and Statement of Cash Flows, and the Agency Fund, which is the Desert Healthcare Foundation's Statement of Fiduciary Net Position and Statement of Changes in Fiduciary Net Position. Together with this report, these Financial Statements provide information about the significant events, assumptions and decisions which resulted in the financial performance reflected in those statements.

The Statement of Net Position provides information regarding the financial position of the District, including its capital assets and debts.

The Statement of Revenues, Expenses, and Changes in Net Position (Income Statement) provide information regarding the revenues received by the District, and the expenses incurred in carrying out the District's programs.

The Statement of Cash Flows provides information regarding the sources and uses of the cash which flowed into and out of the District as a result of its operations and financing decisions.

FINANCIAL ACTIVITIES & FISCAL YEAR 2021 HIGHLIGHTS

Desert Healthcare District ("the District") is a government entity operating under the Local Health Care District Law. The District was created by the state of California in 1948 for the purpose of providing hospital services to the residents of the District. The District was responsible for building Desert Hospital, now known as Desert Regional Medical Center. In 1997, the Board of Directors voted to lease the hospital to Tenet Health System Desert, Inc. for 30 years. Since 1997, the District provides funding and access to programs and services to residents of the healthcare district. By a vote of the public in November 2018, the District boundaries expanded to include the entire Coachella Valley, more than doubling its population and service area. The Board of Directors was increased from 5 to 7 members.

MANAGEMENT'S DISCUSSION AND ANALYSIS

JUNE 2021 AND 2020



The Statement of Net Position

A condensed version of the Statements of Net Position is presented in Table A below and the changes which occurred between Fiscal Year 2021 and 2020.

	,	Table A			
Assets:	6	6/30/2021	(6/30/2020	Change
Cash and cash equivalents	\$	10,193,578	\$	7,613,546	\$ 2,580,032
Investments		53,642,124		54,366,920	(724,796)
Capital assets, net		11,454,569		11,464,523	(9,954)
Net Pension Asset		1,807,032		-	1,807,032
All Other Assets		424,500		457,128	(32,628)
Total Assets	\$	77,521,803	\$	73,902,117	\$ 3,619,686
Deferred Outflows:					
GASB 68 Reporting for Pension Plans	\$	494,388	\$	1,204,238	\$ (709,850)
GASB 75 Reporting for OPEB Plans		-		11,114	(11,114)
Total Deferred Outflows	\$	494,388	\$	1,215,352	\$ (720,964)
Liabilities:					
Grants payable	\$	9,501,626	\$	9,748,358	\$ (246,732)
Net Pension Liability		-		4,604,254	(4,604,254)
All Other Liabilities		429,905		480,999	(51,094)
Total Liabilities	\$	9,931,531	\$	14,833,611	\$ (4,902,080)
Deferred Inflows:					
GASB 68 Reporting for Pension Plans	\$	675,732	\$	370,700	\$ 305,032
Total Deferred Inflows	\$	675,732	\$	370,700	\$ 305,032
Net Assets:					
Net investment in capital assets		11,454,569	\$	11,464,523	\$ (9,954)
Unrestricted		55,954,359		48,448,635	7,505,724
Restricted		-		-	-
Total Net Position	\$	67,408,928	\$	59,913,158	\$ 7,495,770

The \$7,495,770 increase in Total Net Position is due to the net income of \$7,495,770 for the current fiscal year ended June 30, 2021. This compares to a net income of \$4,705,802 for the fiscal year ended June 30, 2020. The increase is primarily due to a net combination of increased Property Tax Revenue of \$594,130, decreased Investment Revenue of \$2,186,172, increased Grant Expense of \$874,603, and decreased RPP Pension Expense of \$5,286,943 resulting from a change in assumptions. The \$2,580,032 increase in Cash and cash equivalents and \$724,796 decrease in Investments is due primarily to an increase in property tax receipts and a decrease in annual disbursements. The \$1,807,032 increase in Net Pension Assets, \$709,850 decrease in Deferred Outflows, \$4,604,254 decrease in Net Pension Liability, and \$305,032 increase in Deferred Inflows are due primarily to a change in assumptions and timing differences in the actuarial valuation for GASB 68 reporting for the RPP. The \$32,628 decrease in All Other Assets is due primarily to a net reduction in receivables. The \$246,732 decrease in Grants Payable is due primarily to larger grant disbursements than new accrued grants. The \$51,094 decrease in All Other Liabilities is due primarily to a net decrease in various liabilities.

MANAGEMENT'S DISCUSSION AND ANALYSIS

JUNE 2021 AND 2020



The Statements of Revenues, Expenses, and Change in Net Position

The District's business is comprised of two major segments:

- Revenues The District receives from the County of Riverside an apportionment of
 the property taxes paid by the residents of the District. Additional revenues include,
 the investment income the District receives from the Facility Replacement Fund
 (Reserve), which was established to provide working capital in the event that the
 lease with Tenet Health System Desert, Inc. is terminated prematurely or for future
 seismic retrofit needs; and rental income from the Las Palmas Medical Plaza which is
 owned and managed by the District.
- Grant Program The District administers a grant and preventative health initiatives programs that donate a significant portion of the District's annual property tax revenues to health-related programs serving residents of Desert Hot Springs, Thousand Palms, Palm Springs, Cathedral City, Rancho Mirage, Palm Desert, Indian Wells, La Quinta, Indio, Coachella, Thermal, Mecca, North Shore, and unincorporated areas of the County that are within the District's boundaries.

Table B, below, is a condensed version of the Statements of Revenues, Expenses, and Changes in Net Position; it summarizes the District's revenue and expenses, and compares Fiscal Year 2021 results to Fiscal Year 2020.

Table B

	6/30/21		6/30/20	Change		
Revenue:						
Property Tax Revenue	\$	7,760,713	\$ 7,166,583	\$	594,130	
Rental income		1,246,013	1,218,339		27,674	
All other income		79,034	237,070		(158,036)	
Total Revenue	\$	9,085,760	\$ 8,621,992	\$	463,768	
Expenses:						
Grants program	\$	4,048,655	\$ 3,174,052	\$	874,603	
Administrative Expense		2,993,310	2,989,359		3,951	
Total Expense	\$	7,041,965	\$ 6,163,411	\$	878,554	
Nonoperating Income(Expenses)	\$	5,451,975	\$ 2,247,221		3,204,754	
Net Income (Loss)	\$	7,495,770	\$ 4,705,802	\$	2,789,968	

MANAGEMENT'S DISCUSSION AND ANALYSIS

JUNE 2021 AND 2020



Revenue

Property taxes are the District's primary source of operating revenues. The property tax revenue for the fiscal year ended June 30, 2021 was \$7,760,713, which was an increase of \$594,130 from the fiscal year ended June 30, 2020.

Rental income of \$1,246,013 for the fiscal year ended June 30, 2021 was \$27,674 higher than the fiscal year ended June 30, 2020.

All other income for the fiscal year ended June 30, 2021 decreased \$158,036 compared to the fiscal year ended June 30, 2020. The decrease was due primarily to less external contributions received.

Expenses

Grant Program expense for the fiscal year ended June 30, 2021 increased by \$874,603 compared to the fiscal year ended June 30, 2020. This is due primarily to increased approved grants. Grants are recorded in the fiscal year that they are approved by the District's Board of Directors.

Administrative expenses for the fiscal year ended June 30, 2021 increased \$3,951 from the fiscal year ended June 30, 2020. The increase is due to various expenses including higher election fees expense of \$93,494. Nonoperating Income(Expenses) for the fiscal year ended June 30, 2021 increased \$3,204,754 from fiscal year ended June 30, 2020. The increase is due primarily to a \$2,186,172 decrease in investment income and a \$5,286,943 decrease in RPP pension expense.

CAPITAL ASSETS

At June 30, 2021, the District had \$22,949,667 in capital assets and \$11,495,098 accumulated depreciation, resulting in \$11,454,569 net capital assets. At June 30, 2020, the District had \$22,435,784 in capital assets and \$10,971,261 accumulated depreciation, resulting in \$11,464,523 net capital assets.

A summary of the activity and balances in capital assets is presented in Table C:

Table C

	Balance	Net		Net	Balance	Net		Net	Balance
	6/30/19	Additions	ŀ	Retirements	6/30/20	Additions	I	Retirements	6/30/21
Cost	\$ 22,348,945	\$ 132,325	\$	(45,486) \$	22,435,784	\$ 644,197	\$	(130,314)	\$ 22,949,667
Acc. Depreciation	(10,376,387)	(640,360)		45,486	(10,971,261)	(632,127)		108,290	(11,495,098)
Capital Assets, Net	\$ 11,972,558	\$ (508,035)	\$	- \$	11,464,523	\$ 12,070	\$	(22,024)	\$ 11,454,569

MANAGEMENT'S DISCUSSION AND ANALYSIS

JUNE 2021 AND 2020



DEBT ADMINISTRATION

The District has no outstanding debt.

ECONOMIC OUTLOOK AND MAJOR INITIATIVES

In November 2018, the residents of the Eastern Coachella Valley voted to expand the Desert Healthcare District to all cities and unincorporated areas of the Coachella Valley. The expansion more than doubled the population and service area. However, the expansion did not include a funding source. The Desert Healthcare District and Foundation continue to seek resources in its efforts to equitably connect District residents to programs and services to meet their healthcare needs.

The Fiscal Year 2022 budgets for the District and the Foundation reflect revenues of \$8,701,570 and \$2,042,000, respectively, and operating expenses of \$8,594,204 and \$2,131,085, respectively. Capital expenditures are budgeted at \$540,000. During the fiscal year ended June 30, 2021, the District and Foundation awarded \$2,162,231 and \$725,000, respectively, in new grants and distributed grants in the amount of \$4,216,731 and 636,428, respectively. Projected new grants to be awarded for the fiscal year 2021–2022 amount to \$5,854,873 and \$1,260,000, respectively, and distributions for grants could possibly total \$13,501,626 and 5,469,419, respectively, due to the existing grant liability as of June 30, 2021 and the projected grant awards.

As a result of the COVID-19 pandemic, the Foundation has received grant awards to aid in the education, testing and vaccination efforts related to the virus. Through the County of Riverside, federal funds from the CARES Act and Epidemiology and Laboratory Capacity (ELC) Enhancing Detection funding totals \$2,400,000. Additional funding from the Public Health Institute totaling \$725,000 has also been awarded. The Foundation is working with community-based organizations to accomplish this effort in both Fiscal Years 2021 and 2022.

The District has established a reserve fund of approximately \$61,000,000 to cover grant liabilities, hospital operating expenses for a short period should the lease with Tenet Health System Desert, Inc. terminate prior to May 30, 2027, and seismic or other related facilities costs.

The Hospital is required to meet SB 1953 and OSHPD regulations for seismic retrofit standards by 2030. The District conducted an assessment of the seismic retrofit needs and costs, which ranges between \$119,000,000 and \$180,000,000, and is reviewing options for completion of the seismic upgrades. Additionally, the California state legislature is presently considering legislation that may postpone the deadline.

Termination Assets are assets constructed or installed by Tenet Health System in the hospital during the lease period with a net book value or fair market value at the termination of the lease. In accordance with the 1997 Lease, the District is required to purchase the Termination Assets at the lesser of net book value or fair market value. The 1997 Lease provides that the purchase can be satisfied with a 5-year promissory note and also provides the option of a possible extension of the lease if the Termination Assets exceed \$10,000,000.

MANAGEMENT'S DISCUSSION AND ANALYSIS

JUNE 2021 AND 2020

CONTACTING THE DISTRICT'S MANAGEMENT

Desert Healthcare District 1140 N. Indian Canyon Drive Palm Springs, CA 92262 (760) 323-6113 Office (760) 323-6825 Fax www.dhcd.org Website



STATEMENTS OF NET POSITION JUNE 30, 2021 AND 2020

		2021	2020
	<u>ASSETS</u>		4
CURRENT ASSETS			•
Cash and cash equivalents		\$ 10,193,578	\$ 7,613,546
Investments		22,020,034	15,681,020
Accounts receivable, net		343,748	386,593
Prepaid items and deposits		80,752	70,535
Total current assets		32,638,112	23,751,694
NON-CURRENT ASSETS			
Investments		31,622,090	38,685,900
Capital assets, net		11,454,569	11,464,523
Net pension asset		1,807,032	-
Total non-current assets		44,883,691	50,150,423
DEFERRED OUTFLOWS			
Deferred Outflows of Resources			
Pension plan		494,388	1,204,238
OPEB		-	11,114
Total deferred outflows of resources		494,388	1,215,352
		454,566	1,213,332
TOTAL ASSETS		78,016,191	75,117,469
	<u>LIABILITIES</u>		
CURRENT LIABILITIES			
Accounts payable and accrued liabilities		263,325	259,877
Grants payable		4,511,626	3,088,358
Compensated absences		82,975	48,184
Disability claims, reserve, current portion		14,803	14,803
Total current liabilities		4,872,729	3,411,222
NON-CURRENT LIABILITIES			
Grants payable		4,990,000	6,660,000
Long-term disability claims reserve		16,282	28,809
Net pension liability		-	4,604,254
Net OPEB liability		-	67,364
Deposits payable		52,520	61,962
Total non-current liabilities		5,058,802	11,422,389
DEFERRED INFLOWS			
Deferred Inflows of Resources			
Pension plan		675,732	370,700
Total deferred inflows of resources		675,732	370,700
TOTAL LIABILITIES		10,607,263	15,204,311
1	NET POSITION		
Not investment in angle 1 and a		11 454 560	11 464 502
Net investment in capital assets Unrestricted		11,454,569 55,954,359	11,464,523 48,448,635
TOTAL NET POSITION		\$ 67,408,928	\$ 59,913,158
TOTAL TELL TOURISM		Ψ 07,700,720	Ψ 57,713,130

DESERT HEALTHCARE DISTRIC.

STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

	2021	2020
OPERATING REVENUES		
Property taxes	\$ 7,760,713	\$ 7,166,583
Rental income	1,246,013	1,218,339
Contributions	-	150,000
Other income	79,034	87,070
Total revenues	9,085,760	8,621,992
OPERATING EXPENSES		
Grant allocations	4,048,655	3,174,052
General expenses	274,345	518,876
Rental expenses	995,974	967,727
Salaries and benefits	1,040,389	898,326
Legal fees	147,981	176,873
Depreciation	194,160	188,833
Election fees	93,494	-
Other	246,967	238,724
Total operating expenses	7,041,965	6,163,411
Income from operations	2,043,795	2,458,581
NONOPERATING INCOME (EXPENSES)		
Investment income	87,343	2,273,515
Investment expenses	(66,623)	(122,683)
Retirement plan / benefits change (see Note 14 -		
changes in assumptions 2020/2021)	5,431,255	96,389
Total nonoperating income	5,451,975	2,247,221
Increase in net position	7,495,770	4,705,802
NET POSITION		
Beginning of year	59,913,158	55,207,356
End of year	\$ 67,408,928	\$ 59,913,158

STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED JUNE 30, 2021 AND 2020								
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020								
				7				
		2021		2020				
CASH FLOWS FROM OPERATING ACTIVITIES								
Cash received from County	\$	7,782,929	\$	7,161,553				
Cash received from grantor and donors	_	44,035	4	224,181				
Cash received from rentals and other operating revenues		1,246,660		1,124,722				
Cash payments to suppliers for goods and services		(1,322,268)		(1,563,898)				
Cash payments to employees for services and benefits		(977,881)		(1,000,016)				
Cash payments to grantee	_	(4,295,387)		(6,235,049)				
Net cash provided (used) by operating activities		2,478,088		(288,507)				
CASH FLOWS FROM CAPITAL AND RELATED								
FINANCING ACTIVITIES								
Purchases of capital assets		(644,197)		(132,325)				
Net cash used by capital and related financing activities		(644,197)	_	(132,325)				
CASH FLOWS FROM INVESTING ACTIVITIES								
Net investment sales (purchases) - net		746,141		(4,018,416)				
Net cash (used) provided by investing activities		746,141		(4,018,416)				
NT 4 ' (1) ' 1		2.500.022		(4.420.240)				
Net increase (decrease) in cash	_	2,580,032		(4,439,248)				
CASH AND CASH EQUIVALENTS								
BEGINNING OF YEAR		7,613,546		12,052,794				
END OF YEAR	\$	10,193,578	\$	7,613,546				

-Continued-

STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

OPAN,

-Continued-

-Continued-	 2021	2020
RECONCILIATION OF OPERATING INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES Income from operations Adjustments to reconciliation of income from operations to net cash provided (used) by operating activities:	\$ 2,043,795	\$ 2,458,581
Depreciation	632,127	640,360
Changes in assets and liabilities:		
(Increase) decrease in assets		
Accounts receivables	42,845	(193,282)
Prepaid items and deposits	(10,217)	(14,652)
(Decrease) increase in liabilities		
Accounts payable and accrued liabilities	3,448	(127,219)
Grants payable	(246,732)	(3,060,997)
Deposits payable	(9,442)	3,445
Compensated absences	34,791	17,074
Long-term disability claims reserve	 (12,527)	(11,817)
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	\$ 2,478,088	\$ (288,507)

STATEMENTS OF FIDUCIARY NET POSITION <u>DESERT HEALTHCARE FOUNDATION</u> <u>JUNE 30, 2021 AND 2020</u>



	2021	2020
<u>ASSETS</u>		
CURRENT ASSETS		
Cash and cash equivalents	\$ 1,348,623	\$ 1,145,289
Grants receivable	1,122,500	-
Prepaid expenses	2,500	3,000
Accrued interest and dividends receivable	17,221	18,931
Total current assets	2,490,844	1,167,220
OTHER ASSETS		
Contributions receivable -		
charitable remainder trusts	200,809	187,298
Investments	5,617,879	5,020,682
Total other assets	5,818,688	5,207,980
TOTAL ASSETS	8,309,532	6,375,200
LIABILITIES		
LIABILITIES		
Current liabilities		
Accounts payable	144,954	100,467
Grants payable - current	4,679,865	2,694,224
Deferred revenue	50,000	
Total current liabilities	4,874,819	2,794,691
Long-term liabilities		
Grants payable - long-term	1,600,000	1,600,000
Total long-term liabilities	1,600,000	1,600,000
TOTAL LIABILITIES	6,474,819	4,394,691
NET POSITION	\$ 1,834,713	\$ 1,980,509

STATEMENT OF CHANGES IN FIDUCIARY NET POSITION DESERT HEALTHCARE FOUNDATION FOR THE YEARS ENDED JUNE 30, 2021 AND 2020



	2021			2020	
ADDITIONS					
Contributions	\$	139,655	\$	73,222	
Grants and bequests		3,781,363		264,668	
Interest and dividends		185,407		184,904	
Investment gains		477,291		41,026	
Change in value - charitable trusts		13,511		(1,940)	
TOTAL SUPPORT AND REVENUE		4,597,227		561,880	
DEDUCTIONS					
Grants and services		3,908,624		508,667	
Management and general		834,399		367,556	
TOTAL EXPENSES		4,743,023		876,223	
DECREASE IN NET POSITION		(145,796)		(314,343)	
NET POSITION, BEGINNING OF YEAR		1,980,509		2,294,852	
NET POSITION, END OF YEAR	\$	1,834,713	\$	1,980,509	

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The basic financial statements of the Desert Healthcare District (District) have been prepared in conformity with generally accepted accounting principles (GAAP) as applied to governmental agencies. The Governmental Accounting Standards Boards (GASB) is the accepted standard setting body for establishing governmental accounting and financial reporting principles. The more significant of the District's accounting policies are described below.

Financial Reporting Entity

The District was organized on December 14, 1948, by a Resolution adopted by the Board of Supervisors, County of Riverside, under the provisions of The Local Hospital District Law (Sections 32000-32314 of the California Health and Safety Code) to provide and operate health care facilities within the area known as the Western Coachella Valley.

Each of the seven members of the District's Board of Directors holds office for a four-year term, which is staggered against the other terms. Elections are by popular vote of the constituents within the designated zone boundaries.

Effective June 29, 1986, the District transferred control of Desert Hospital and all related assets and liabilities to Desert Health Systems, Inc. (System) under the terms of a master lease agreement. The purpose of the transfer was to permit the hospital to operate more competitively and efficiently by becoming a private not-for-profit entity. On December 8, 1988, the System merged with Desert Hospital Corporation (Corporation), the surviving entity. This transaction had no impact with respect to the District.

Until June 1, 1997, the District served as a pass-through entity between the Corporation and the trustee of Hospital Revenue Certificates of Participation issued in 1990 and 1992 and as a recipient of District tax revenues. The District annually pledged the tax revenues it received to the Corporation to be utilized for general corporate purposes. Historically, tax revenues were used to support capital improvement programs.

Effective May 30, 1997, the District entered into a 30-year lease of Desert Hospital with Tenet Health System Desert, Inc. (Tenet). Terms of the lease included payment by Tenet of the Hospital Revenue Certificates of Participation issued in 1990 and 1992 (approximately \$80,000,000) as prepaid rent. Tenet also paid the District \$15,400,000 cash, representing additional prepaid rent. (See Note 2)

As a result of AB2414 and a vote of the residents of the Eastern Coachella Valley in November 2018, the District expanded its boundaries and service area to encompass the broader Coachella Valley. The District has and continues to assess the healthcare needs of the Coachella Valley. The District makes grants to healthcare providers who provide needed healthcare services.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



1. <u>SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES</u> - Continued

Financial Reporting Entity - Continued

As required by GAAP, these financial statements present the District and its component unit entity for which the District is considered to be financially accountable. Blended component units, although legally separate entities, are, in substance, part of the District's operations and so data from these units are combined with data of the District. Component units should be included in the reporting entity financial statement using blending method if either of the following criteria are met:

- The component unit's governing body is the same as the governing body of the District
- The component unit provides services entirely, or almost entirely, to the District or otherwise exclusively, or almost exclusively, benefits the District even though it does not provide services directly to it.

Included within the reporting entity as a blended component unit is the following:

Desert Healthcare Foundation (Foundation)

The Foundation is a health and welfare organization created to identify the health care needs of the Desert Healthcare District and to work toward alleviating those needs through various programs and services. The Foundation operates primarily in the Coachella Valley area of Southern California and, as such, is subject to market conditions, which could affect charitable giving and the realization of recorded assets values at various times.

The foundation's condensed financial statements are included in the these financial statements as a Private-Purpose Trust Fund fiduciary fund type.

Complete financial statements of the Foundation can be requested from the District, 1140 North Indian Canyon Drive, Palm Springs, California 92262.

Basis of Accounting and Measurement Focus

Business-Type Activities

The basic financial statements include a Statement of Net Assets, Statement of Activities and Changes in Net Assets, and a Statement of Cash Flows. These statements present summaries of business-type activities for the District.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



1. <u>SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES</u> - Continued

Basis of Accounting and Measurement Focus – Continued

These basic financial statements are presented on an "economic resources" measurement focus and the accrual basis of accounting. Accordingly, all of the District's assets and liabilities, including capital assets and long-term liabilities, are included in the accompanying Statement of Net Assets. The Statement of Revenues, Expenses and Changes in Net Assets presents changes in net assets for the year. Under the accrual basis of accounting, revenues are recognized in the period in which they are earned while expenses are recognized in the period in which the liability is incurred. All proprietary funds are accounted for on a cost of services of "economic resources" measurement focus. This means that all assets and liabilities (whether current or noncurrent) associated with the activity are included on the Statement of Net Assets. Their reported fund equity presents total net assets. The Statement of Revenues, Expenses and Changes in Net Assets present increases (revenues) and decreases (expenses) in total net assets. The Statement of Cash Flows is presented with cash, cash equivalents and investments.

Fiduciary Fund Financial Statements

Fiduciary Fund Financial Statements include a Statement of Net Position and a Statement of Changes in Fiduciary Net Position. The District's Fiduciary fund includes Private Purpose Trust Funds, which account for resources that are being held for the benefits of the District. The Fiduciary fund is accounted for using the accrual basis of accounting.

Use of Restricted/Unrestricted Net Position

When an expense is incurred for purposes for which both restricted and unrestricted net assets are available, the Foundation's policy is to apply restricted net assets first.

Cash, Cash Equivalent and Investments

All cash and cash equivalents are considered to be demand deposits, money market funds and short-term investments with original maturities of three months or less from the date of acquisition. Investments are stated at fair value. Highly liquid market investments with maturities of one year or less at time of purchase are stated at amortized cost. All other investments are stated at fair value. Market value is used as fair value for those securities for which market quotations are readily available.

Prepaid Items and Deposits

Certain payments to vendors reflect costs applicable to future accounting periods and are recorded as prepaid items.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



1. <u>SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES</u> - Continued

Capital Assets

Capital assets are valued at historical cost or estimated historical cost if actual historical cost was not available. Donated fixed assets are valued at their estimated fair market value on the date donated. Depreciation is recorded on a straight-line basis over estimated useful lives of the assets as follows:

Buildings and Improvements 40-50 years Furniture and Equipment 3-7 years

Compensated Absences

Employees have vested interests in varying levels of vacation and sick leave based on their length of employment. Sick leave is payable only when an employee is unable to work due to personal or family illness. Unused sick leave does not vest and is forfeited upon termination.

Property Tax

The County of Riverside (the County) bills and collects property taxes on behalf of numerous special districts and incorporated cities, including the District. The District's collections of current year's taxes are received through periodic apportionments from the County.

The County's tax calendar is from July 1 to June 30. Property taxes attach as a lien on property on January 1. Taxes are levied on July 1 and are payable in two equal installments on November 1 and February 1, and become delinquent after December 10 and April 10, respectively.

Since the passage of California's Proposition 13, beginning with fiscal year 1978-79 general property taxes are based either on a flat 1% rate applied to the 1975-1976 full value of the property or on 1% of the sales price of any property sold or of the cost of any new construction after the 1975-1976 valuation. Taxable values on properties (exclusive of increases related to sales and new construction) can rise at a maximum of 2% per year.

The Proposition 13 limitation on general property taxes does not apply to taxes levied to pay the debt service on any indebtedness approved by the voters prior to June 6, 1978 (the date of passage of Proposition 13).

Property tax revenue is recognized in the fiscal year for which the taxes have been levied. Property taxes received after this date are subject to accrual and considered available as a resource that can be used to finance the current year operations of the District.

Income Taxes

The District is a political subdivision of the State of California and, as such, is exempt from federal and state income taxes.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



1. <u>SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES</u> - Continued

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Fair Value Measurement

The District and Foundation apply Generally Accepted Accounting Principles (GAAP) for fair value measurements of financial assets that are recognized or disclosed at fair value in the financial statements on a recurring basis in accordance with GASB Statement Nos. 31 and 40.

Net Assets

Net Investment in Capital Assets – this amount consists of capital assets net of accumulated depreciation and reduced by outstanding debt that attributed to the acquisition, construction, or improvement of the assets.

Restricted Net Position – This amount is restricted by external creditors, grantors, contributors, or laws of regulations of other governments.

Unrestricted Net Position – This amount is all net assets that do not meet the definition of "net investment in capital assets," or "restricted net position."

Deferred Outflows and Inflows of Resources

Pursuant to GASB Statement No. 65, the District recognizes deferred outflows of resources. A deferred outflow of resources is defined as a consumption of net position by the government that is applicable to a future reporting period. Refer to Notes 9 and 14 for a detailed listing of the deferred outflow of resources that the District has recognized.

Pursuant to GASB Statement No. 65, the District recognizes deferred inflows of resources. A deferred inflow of resources is defined as an acquisition of fund balance/net position by the government that is applicable to a future reporting period. Refer to Note 14 for a detailed listing of the deferred inflow of resources that the District has recognized.

2. LEASE AGREEMENT – TENET HEALTH SYSTEM DESERT, INC.

The District, as described in the Summary of Significant Accounting Policies, entered into a thirty (30) year lease agreement for Desert Regional Medical Center (Hospital) with Tenet Health System Desert, Inc. (Tenet). In the event that Tenet or the District decide to terminate the lease, the District would be responsible for operating the Hospital which would require upfront operating capital of approximately \$125,000,000 to maintain the operations without interruption during the transition period. The District, recognizing this obligation, established an investment fund, with a net value of \$61,649,767 as of June 30, 2021, identified as the Facility Replacement Fund. The lease agreement contains provisions in the event the lease terminates prior to May 30, 2021. If the lease terminates for reasons such as default by the lessor to perform obligations

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

OPAN, 2. <u>LEASE AGREEMENT – TENET HEALTH SYSTEM DESERT, INC.</u> - Continued

within a sixty day period or the premises are totally destroyed and repairs are not feasible between the dates of June 1, 2020 and May 30, 2021, the District may be obligated to repay Tenet beginning June 1, 2020 the unamortized prepaid rent as defined in the lease agreement which decreases annually through May 2021. However, the District does not expect these conditions to occur during the term of the lease and therefore recorded the full amount of the payments received to income in fiscal year ended June 30, 1997. The lease agreement was amended to allow the District to provide the funding for the cost of preapproved capital improvements that will reduce the amount of the prepaid rent schedule by a ratio of \$3 for each \$1 spent, and in some cases a ratio of \$3.50 for each \$1 spent.

The \$4,387,240 construction cost and credit received from Desert Regional Medical Center for lower electrical costs of the hospital parking lot provided for a \$3 for \$1 reduction amounting to \$14,042,229 to the prepaid lease schedule. An additional \$4,589,200 reduction to the prepaid lease schedule was due to a \$3.50 for \$1 reduction per a 10 year facility lease agreement between the District and Hospital for facility space at the District's medical office building to be occupied by the Hospital.

As of June 30, 2020 the prepaid lease balance was \$2,835,230. This amount decreased annually by \$3,066,667 per terms of the lease agreement and was zero at June 30, 2021.

3. CASH AND INVESTMENTS

The cash and investments are classified in the financial statements as shown below:

	June 30, 2021	June 30, 2020	
District's Statement of Net Position:			
Cash and cash equivalents	\$ 10,193,578	\$ 7,613,546	
Investments	53,642,124	54,366,920	
Fiduciary Statement of Net Position:			
Cash and cash equivalents	1,348,623	1,145,289	
Investments	5,617,879	5,020,682	
Total Cash and Investments	\$ 70,802,204	\$ 68,146,437	

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



3. <u>CASH AND INVESTMENTS</u> - Continued

Cash and Investments consist of the following:

	 June 30, 2021		ine 30, 2020
Cash on Hand	\$ 700	\$	700
Cash in Bank-District	2,185,435		3,091,999
Cash in Bank-Foundation	1,182,817		998,158
Money Market Funds	8,173,249		4,667,978
Investments	59,260,003		59,387,602
Total Cash and Investments	\$ 70,802,204	\$	68,146,437

Investments Authorized by the California Government Code and the District's Investment Policy

The table below identifies the investment types that are authorized for the Desert Healthcare District (District) by the California Government Code (or the District's investment policy, where more restrictive). The table also identifies certain provisions of the California Government Code (or the District's investment policy, where more restrictive) that address interest rate risk, credit risk, and concentration of risk. This table does not address investments of debt proceeds held by bond trustee that are governed by the provisions of debt agreements of the District, rather than the general provisions of the California Government Code or the District's investment policy.

A 41 1	M:	Maximum	Maximum
Authorized	Maximum	Percentage	Investment
Investment Type	Maturity	of Portfolio	in One Issuer
Local Agency Bonds	5 years	None	None
Local Agency Investment Fund (State Pool)	N/A	None	\$65 million
U.S. Treasury Obligations	5 years	None	None
U.S. Government Agency Issues	5 years	None	None
Reverse Repurchase Agreements	92 days	20% of base	None
Repurchase Agreements	1 year	None	None
Bankers' Acceptance (must be dollar			
denominated)	180 days	40%	30%
Commercial Paper – Pooled Funds	270 days	40%	10%
Commercial Paper – Non-Pooled Funds	270 days	25%	10%
Negotiable Time Certificates of Deposit	5 years	30%	None
Non-negotiable Time Certificates of Deposit	5 years	None	None
State of California and Local Agency			
Obligations	5 years	None	None
Placement Service Certificates of Deposit	5 years	30%	None
Medium-Term Notes	5 years	30%	None
Mutual Funds and Money Market Mutual Funds	N/A	20%	None

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



3. <u>CASH AND INVESTMENTS</u> - Continued

<u>Investments Authorized by the California Government Code and the District's Investment Policy</u> (Continued)

Authorized Investment Type	Maximum Maturity	Maximum Percentage of Portfolio	Maximum Investment in One Issuer
Collateralized Bank Deposits	5 years	None	None
Mortgage Pass-Through Securities	5 years	20%	None
County Pooled Investments Funds	N/A	None	None
Joint Powers Authority Pool	N/A	None	None
Voluntary Investment Program Fund	N/A	None	None
Supranational Obligations	5 years	30%	None

Disclosures Relating to Interest Rate Risk

Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in the market interest rates. One of the ways that the District manages its exposure to interest rate risk is by purchasing a combination of shorter term and longer term investments and by timing cash flows from maturities so that a portion of the portfolio is maturing or coming closer to maturity evenly over time as necessary to provide the cash flow and liquidity needed for distributions.

Information about the sensitivity of the fair values of the District's investments to market interest rate fluctuations is provided by the following table that shows the distribution of the District's investments by maturity:

As of June 30, 2021

		Remaining Maturity (in Months)							
	Carrying	12 Months	13 to 24	25 - 36	37 - 48	More than			
Investment Type	Amount	Or Less	Months	Months	Months	49 Months			
G	Ф 1 717 002	Φ 00.067	Ф. 102.0 <i>65</i>	Ф 101 0 2 0	Ф 204.062	Φ 060,060			
Corporate Bonds*	\$ 1,715,982	\$ 98,065	\$ 183,865	\$ 181,029	\$ 284,063	\$ 968,960			
U.S. Government Agencies	9,201,090	7,093,980	2,107,110	-	-	-			
U.S. Government Agencies*	500,904	-	-	-	-	500,904			
U.S. Treasury Notes	44,441,034	14,926,054	11,311,030	5,058,170	13,145,780	-			
U.S. Treasury Notes*	635,020	49,291	160,869	41,988	139,105	243,767			
Mutual Funds-Open Ended*	269,243	269,243	-	-	-	-			
Domestic Common Stock*	2,496,730	2,496,730							
Total	\$59,260,003	\$24,933,363	\$13,762,874	\$ 5,281,187	\$13,568,948	\$ 1,713,631			

^{*}Held by Foundation

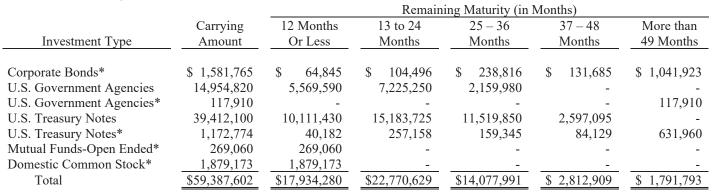
NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

3. <u>CASH AND INVESTMENTS</u> - Continued

Disclosures Relating to Interest Rate Risk (Continued)

As of June 30, 2020



^{*}Held by Foundation

Disclosure Relating to Credit Risk

Generally, credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of rating by a national recognized statistical rating organization. Presented below is the minimum rating required by the California Government Code and the District's investment policy, and the actual rating as of the fiscal year end for each investment type.

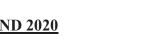
As of June 30, 2021

				Rating as of Fiscal Year End			
		Minimum	Exempt				
	Carrying	Legal	From				
Investment Type	Amount	Rating	Disclosure	AAA/AA	A	BBB/BB	Not Rated
Corporate Bonds*	\$ 1,715,982	N/A	\$ -	\$ 189,027	\$ 599,214	\$ 927,741	\$ -
U.S. Government Agencies	9,201,090	N/A	=	9,201,090	-	-	-
U.S. Government Agencies*	500,904	N/A	-	500,904	-	-	-
U.S. Treasury Notes	44,441,034	N/A	44,441,034	-	-	-	-
U.S. Treasury Notes*	635,020	N/A	635,020	-	-	-	-
Mutual Funds-Open Ended*	269,243	N/A	-	-	-	-	269,243
Domestic Common Stock*	2,496,730	N/A					2,496,730
Total	\$59,260,003		\$45,076,054	\$ 9,891,021	\$ 599,214	\$ 927,741	\$ 2,765,973

^{*}Held by Foundation. No Foundation policy establishing minimum legal rating

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



OPA,



Disclosure Relating to Credit Risk (Continued)

As of June 30, 2020

				Rating as of Fiscal Year End			
Investment Type	Carrying Amount	Minimum Legal Rating	Exempt From Disclosure	AAA/AA	A	BBB/BB	Not Rated
Corporate Bonds*	\$ 1,581,765	N/A	\$ -	\$ 201,620	\$ 642,662	\$ 737,483	\$ -
U.S. Government Agencies	14,954,820	N/A	-	14,954,820	-	-	-
U.S. Government Agencies*	117,910	N/A	-	117,910	-	-	-
U.S. Treasury Notes	39,412,100	N/A	39,412,100	-	-	-	-
U.S. Treasury Notes*	1,172,774	N/A	1,172,774	-	-	-	-
Mutual Funds-Open Ended*	269,060	N/A	-	-	-	-	269,060
Domestic Common Stock*	1,879,173	N/A					1 ,879,173
Total	\$59,387,602		\$40,584,874	\$15,274,350	\$ 642,662	\$ 737,483	\$ 2,148,233

^{*}Held by Foundation. No Foundation policy establishing minimum legal rating

Concentration of Credit Risk

The investment policy of the District contains limitations on the amount that can be invested in any one issuer.

There are three investments at June 30, 2021 that represent 5% or more of total District investments (other than U.S. Treasury Notes). These investments are:

Federal Home Loan Banks: \$3,090,290 with various maturity dates through June 30, 2023, and interest rates of 1.875-3.25%.

Federal Home Loan Mortgage Corporation: \$3,073,670 with various maturity dates through June 30, 2023, and interest rates of 2.375-2.750%.

Federal National Mortgage Association: \$3,037,130 with various maturity dates through June 30, 2022, and interest rates of 1.875-2.000%.

There are three investments at June 30, 2020 that represent 5% or more of total District investments (other than U.S. Treasury Notes). These investments are:

Federal Home Loan Banks: \$4,189,420 with various maturity dates through June 30, 2023, and interest rates of 1.875-3.625%.

Federal Home Loan Mortgage Corporation: \$3,141,550 with various maturity dates through June 30, 2023, and interest rates of 2.375-2.750%.

Federal National Mortgage Association: \$7,623,850 with various maturity dates through June 30, 2022, and interest rates of 1.250-2.000%.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



3. <u>CASH AND INVESTMENTS</u> - Continued

Custodial Credit Risk

Custodial credit risk for deposits is the risk that, in the event of the failure of a depository financial institution, a government will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The California Government Code and the District's investment policy do not contain legal or policy requirements that would limit the exposure to custodial credit risk for deposits, other than the following provision for deposits: The California Government Code requires that a financial institution secure deposits made by state or local governmental units by pledging securities in an undivided collateral pool held by a depository regulated under state law (unless so waived by the governmental unit). The fair value of the pledged securities in the collateral pool must equal at least 110% of the total amount deposited by the public agencies. California law also allows financial institutions to secure the District's deposits by pledging first trust deed mortgage notes having a value of 150% of the secured public deposits.

As of June 30, 2021 and 2020, the District's deposits with financial institutions in excess of federal depository insurance limits are legally required by the California Government Code, to collateralize the District's deposits as noted above.

Fair Value Measurements

The District categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. These principles recognize a three-tiered fair value hierarchy, as follows:

- Level 1: Investments reflect prices quoted in active markets;
- Level 2: Investments reflect prices that are based on similar observable asset either directly or indirectly, which may include inputs in markets that not considered active;
- Level 3: Investments reflect prices based upon unobservable sources.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



3. <u>CASH AND INVESTMENTS</u> - Continued

Custodial Credit Risk

The District has the following recurring fair value measurements;

At June 30, 2021 and 2020, the District's cash, cash equivalents, and investments classified by risk category consisted of the following:

As of June 30, 2021

	Fair Value Measurement Using							
		Quoted Prices in						
		Active Markets	Significant Other	Significant				
		For Identical	Observable	Unobservable				
			Inputs					
Investments by fair value	Total	Assets (Level 1)	(Level 2)	Inputs (Level 3)				
Debt Securities								
Corporate Bonds	\$ 1,715,982	\$ 1,715,982	\$ -	\$ -				
U.S. Government Agencies	9,701,994	9,701,994	-	-				
U.S. Treasury Notes	45,076,054	45,076,054	-	-				
Mutual Funds-Open Ended	269,243	269,243	-	-				
Domestic Common Stock	2,490,730	2,490,730	-	-				
	\$ 59,260,003	\$ 59,260,003	\$ -	\$ -				
As of June 30, 2020								

As of June 30, 2020	As	of.	June	30.	, 2020)
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715 01 54110 50, 2020		Fair Value Measurement Using						
		Quoted Prices in	· arae ivieasarement					
		Active Markets	Significant Other	Significant				
		For Identical	Observable	Unobservable				
			Inputs					
Investments by fair value	Total	Assets (Level 1)	(Level 2)	Inputs (Level 3)				
Debt Securities								
Corporate Bonds	\$ 1,581,765	\$ 1,581,765	\$ -	\$ -				
U.S. Government Agencies	15,072,730	15,072,730	-	-				
U.S. Treasury Notes	40,584,874	40,584,874	-	-				
Mutual Funds-Open Ended	269,060	269,060	-	-				
Domestic Common Stock	1,879,173	1,879,173						
	\$ 59,387,602	\$ 59,387,602	\$ -	\$ -				
			-					

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



4. CAPITAL ASSETS

Business-Type Activities

At June 30, 2021 and 2020 the capital assets of the business-type activities consisted of the following:

June 30, 2021				
	Balance			Balance
	July 1, 2020	Additions	Deletions	June 30, 2021
Non-depreciable assets:				
Land	\$ 3,859,100	\$ -	\$ -	\$ 3,859,100
Construction in progress	188,254	563,583	(22,024)	729,813
Total non-depreciable assets	4,047,354	563,583	(22,024)	4,588,913
Depreciable assets:				
Building and improvements	18,192,372	77,676	(23,036)	18,247,013
Furniture and equipment	196,058	2,938	(85,254)	113,742
Total depreciable assets	18,388,430	80,614	(108,290)	18,360,754
Less accumulated depreciation	(10,971,261)	(632,127)	108,290	(11,495,098)
Total depreciable assets, net	7,417,169	(551,513)	_	6,865,656
Total capital assets, net	<u>\$11,464,523</u>	<u>\$ 12,070</u>	\$ (22,024)	<u>\$ 11,454,569</u>

Depreciation expense consists of operating expense depreciation of \$194,160 and rental expense depreciation of \$437,967.

June 30, 2020	Balance July 1, 2019	Additions	Deletions	Balance <u>June 30, 2020</u>
Non-depreciable assets:				
Land	\$ 3,859,100	\$ -	\$ -	\$ 3,859,100
Construction in progress	129,550	58,704		188,254
Total non-depreciable assets	3,988,650	58,704		4,047,354
Depreciable assets:				
Building and improvements	18,177,558	60,300	(45,486)	18,192,372
Furniture and equipment	182,737	13,321		196,058
Total depreciable assets	18,360,295	73,621	(45,486)	18,388,430
Less accumulated depreciation	(10,376,387)	(640,360)	45,486	(10,971,261)
Total depreciable assets, net	7,983,908	(508,035)		7,417,169
Total capital assets, net	<u>\$11,972,558</u>	\$ (508,035)	<u>\$</u> _	<u>\$ 11,464,523</u>

Depreciation expense consists of operating expense depreciation of \$188,833 and rental expense depreciation of \$451,527.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



5. RESTRICTED NET POSITION

The District had \$0 of restricted net position at June 30, 2021 and 2020.

6. SPLIT INTEREST AGREEMENTS - FOUNDATION

At June 30, 2021 and 2020, the split interest agreements of the fiduciary fund consisted of the following:

	2021	 2020
Contribution receivable – charitable remainder trusts	\$ 200,809	\$ 187,298

Charitable Reminder Trusts

The Foundation was named beneficiary to two additional charitable remainder unitrusts (whose trustees are someone other than the Foundation), all of which are recorded at fair market value. The general terms of the trusts are as follows:

Trust 4 (dated October 3, 1989): The lesser of the trust income or 8% of the net fair market value of trust assets is to be distributed to the life beneficiary annually. Upon the death of the life beneficiary, 50% of the principal and income not required to have been distributed to the life beneficiary shall become the property of the Foundation, to be used for cancer treatment, or for general purposes if a cure for cancer has been found. At December 31, 2018, which is the most current information available, the estimated present value of future cash flows was \$126,022 for each year June 30, 2021 and 2020.

Trust 7 (dated May 17, 1990): 8.5% of the net fair market value of trust assets is to be distributed to the life beneficiary annually. Upon the death of the life beneficiary, all of the principal and income not required to have been distributed to the life beneficiary shall become the property of the Foundation, to be used for general purposes. The estimated present value of future cash flows at June 30, 2021 and 2020 was \$74,787 and \$61,276, respectively.

7. GRANTS

The District has granted awards to various healthcare providers that provide needed healthcare services. Awards not fully funded in the current fiscal year are carried over to the subsequent fiscal year. At June 30, 2021 and 2020, the total grant awards payable were \$9,501,626 and \$9,748,358, respectively. Total grants expense for the years ended June 30, 2021 and 2020 amounted to \$4,048,655 and \$3,174,052, respectively.

The Foundation has granted awards to various healthcare providers that provide needed healthcare services. At June 30, 2021 and 2020, the total grant awards payable were \$6,279,865 and \$4,294,224, respectively. Total grants and services expense for the years ended June 30, 2021 and 2020 amounted to \$3,908,624 and \$508,667, respectively.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



8. LONG-TERM DISABILITY CLAIMS RESERVE

Long-term disability claims were self-insured by the Corporation. Claimants' payments are administered by the District who processes payments made pursuant to the plan. Claimants are paid either to age 65 or until they return to work. At June 30, 2021 and 2020, the long-term disability claims reserves were as follows:

	Balance at July 1, 2020	Claims Paid	Changes in Estimates	Balance at June 30, 2021	Due Within One Year
Claims payable	<u>\$ 43,612</u>	\$ (14,803)	<u>\$ 2,276</u>	\$ 31,085	<u>\$ 14,803</u>
	Balance at July 1, 2019	Claims Paid	Changes in Estimates	Balance at June 30, 2020	Due Within One Year
Claims payable	\$ 55,429	\$ (14,803)	\$ 2,986	\$ 43,612	<u>\$ 14,803</u>

9. POSTEMPLOYMENT (HEALTH INSURANCE) BENEFITS

A. General Information about the OPEB Plan

Plan Description – The District's defined benefit OPEB plan, provided OPEB for the two retired Board of Directors of the District. The plan is a single employer defined benefit OPEB plan administered by the District. No assets are accumulated in a trust that meets the criteria in paragraph 4 of Statement 75.

Benefits Provided – Following is a description of the retiree benefit plan:

	Board Members
Benefit types provided	Medical and dental
Duration of benefits	Lifetime
Dependent coverage	Yes
District contribution %	100%
District cap	None

Employees Covered by Benefit Terms – At June 30, 2020, the following employees were covered by the benefit terms:

Inactive employees receiving benefits	2
Inactive employees entitled to but not yet receiving benefit payments	0
Active employees	0

During the year ended June 30, 2021, the covered retiree passed away and therefore there was no remaining OPEB liability to the retiree and his spouse.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

OPA

9. POSTEMPLOYMENT (HEALTH INSURANCE) BENEFITS - Continued

B. Total OPEB Liability

The District's total OPEB liability of \$0 and \$67,364 was measured as of June 30, 2021 and 2020 and was determined by an actuarial valuation as of that date.

Actuarial Assumptions and Other Inputs – The total OPEB liability in the June 30, 2019 actuarial valuation (used for the June 30, 2020 liability) was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement, unless otherwise specified:

Inflation 2.75 percent

Investment return/discount rate 3.50 percent net of expenses. Based on the Bond Buyer

20 Bond Index

Healthcare cost trend rates 4.00 percent Payroll increase 2.75 percent

The mortality assumptions Based on the 2009 CalPERS Mortality for Retired

Miscellaneous Employees table created by CalPERS. CalPERS periodically studies mortality for participating agencies and establishes mortality tables that are modified versions of commonly used tables. This table incorporates mortality projection as deemed appropriate

based on CalPERS analysis.

Cost for retiree coverage Based on actual employer contribution. Liabilities for

active participants are based on the first year costs. Subsequent years' costs are based on first year costs adjusted for trend and limited by any District

contribution caps.

C. Changes in the Total OPEB Liability

Balance at June 30, 2020	\$	67,364
Changes for the fiscal year		
Benefit payments		(21,400)
Write off remaining liability		(45,964)
Net changes		(67,364)
Balance at June 30, 2021	<u>\$</u>	

10. INSURANCE

The District is exposed to various risks of loss related to torts; theft of, damage to and destruction of assets; error and omissions; and natural disasters for which the District carries commercial insurance. The District purchases commercial insurance to cover the risk of loss for property, business liability, and medical payments.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



11. RENTAL INCOME

The District rents commercial office suites subject to lease terms ranging from three to five years. Rental income includes the base monthly rental payments plus the common area maintenance fee. Rental income consisted of the following for the years ended June 30, 2021 and 2020:

	2021	2020
Base rent Common area maintenance	\$ 898,879 <u>347,134</u>	\$ 879,153 <u>339,186</u>
	<u>\$1,246,013</u>	\$1,218,339

The five fiscal year minimum rental schedule follows:

		2022	2023	2024	 2025	2026
Base rent	\$	923,978	\$ 812,329	\$ 440,757	\$ 203,105	\$ 72,647
Common area maintenance		375,400	325,075	172,690	77,251	19,773
	\$ 1	1,299,378	\$ 1,137,404	\$ 613,447	\$ 280,356	\$ 92,420

12. COMMITMENT AND CONTINGENCIES

Earthquake Retrofit

Senate Bill 1953 imposes certain requirements that acute care hospitals would be required to meet within a specified time. These requirements include conducting seismic evaluations. The deadline was extended to January 1, 2030. After January 1, 2030, all hospitals must be determined to be in compliance.

Litigation

In the ordinary course of operations, the District is subject to other claims and litigation from outside parties. After consultation with legal counsel, the District believes the ultimate outcome of such matters will not materially affect its financial condition.

13. 401(K) RETIREMENT PLAN

The District converted from a 401(k) retirement plan to a 457(B) and 401(A) retirement plans. A 457(B) (employee contribution) and 401(A) (employer contribution) retirement plans were determined to be more appropriate for a governmental agency. The 401(K) plan was terminated and the 457(B) and 401(A) retirement plans became effective October 1, 2014.

The District contributes a dollar for dollar match for the first 4% of employee salary deferral and two dollars match for each additional dollar of the next 2% of employee salary deferral. The District's match contribution for the years ended June 30, 2021 and 2020 were \$91,052 and \$64,172, respectively.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



14. DESERT HOSPITAL RETIREMENT PROTECTION PLAN

Effective July 1, 1971, Desert Hospital Corporation (Corporation) established a defined benefit pension plan (Plan) covering eligible employees of Desert Hospital. The Corporation was dissolved as of May 31, 1997 and the Plan has been frozen as of that date. The Desert Healthcare District (the "District") has assumed sponsorship of the Plan. Refer to the Plan's separate statements for more detail information.

Vesting

All participants of the Plan have been 100% vested since May 31, 1997.

Account Balances

All participants of the Plan are eligible to request a distribution or rollover of their account balance upon retirement or termination of their employment from Desert Regional Medical Center.

Contributions

There have been no contribution requirements by the District since May 31, 1997. Participant contributions to the Plan are not permitted. In the most recent actuarial valuation as of June 30, 2021, the Plan's independent actuary determined that the actuarial value of the Plan's net pension (asset) liability was \$ (1,807,032) at June 30, 2021 and \$4,604,254 at June 30, 2020. In the report it was recommended to the District an actuarially determined contribution of \$366,275 for each year ended June 30, 2021 and 2020. The District's board of directors elected not to fund the Plan during 2021 or 2020.

Administration and Trustee

The Plan is administered by the District's Finance and Administrative Committee (the Committee). The Committee is selected by the District's board of directors. All administrative expenses are paid by the Plan or at the discretion of the District.

Pursuant to the terms of the Plan, the District entered into a trust agreement with US Bank N. A. to provide for the investment, reinvestment, administration and distribution of contributions made under the Plan.

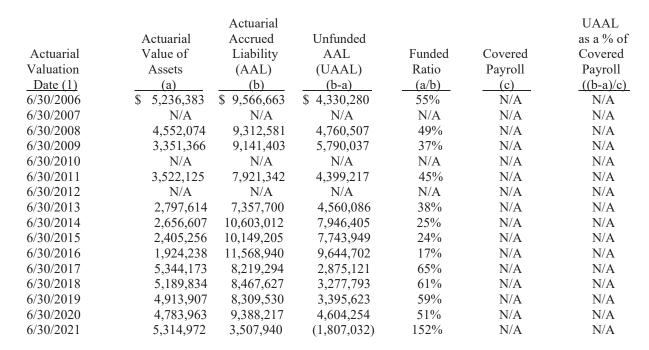
NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

OPA



Schedule of Funding Progress



No actuarial report or estimation using actuarial methodology were prepared for June 30, 2012, 2010, and 2007.

General Information about the Desert Hospital Retirement Protection Plan (Plan) Pension Plan

Plan Description

Effective July 1, 1971, Desert Hospital Corporation (Corporation) established a defined benefit pension plan (Plan) covering eligible employees of Desert Hospital. The Corporation was dissolved as of May 31, 1997 and the Plan has been frozen as of that date.

Employees Covered

At June 30, 2021 and 2020, the following employees were covered by the benefit terms:

	<u>Miscellaneous</u>		
	2021	2020	
Inactive plan members if beneficiaries currently receiving benefits	7	8	
Inactive plan members entitled to but not yet receiving benefits	59	61	
Active plan members	88	114	
Total Employees Covered	154	183	

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

14. <u>DESERT HOSPITAL RETIREMENT PROTECTION PLAN</u> – Continued

General Information about the Desert Hospital Retirement Protection Plan (Plan) Pension Plan (Continued)

Net Pension (Asset) Liability

The District's net pension (asset) liability for the Plan is measured as the total pension liability, less the pension plan's fiduciary net position. A summary of principal assumptions and methods used to determine the net pension (asset) liability is shown below.

Actuarial Assumptions

The total pension liability in the June 30, 2021 actuarial valuations were determined using the following actuarial assumptions:

Inflation 2.75%

Discount rate 6.71% net of pension plan investment expense,

including inflation.

Measurement date June 30, 2021, based on valuation date of June 30,

2021.

Ad hoc cost-of-living increases

Mortality

Not applicable
Pre-Retirement: None Post-Retirement: Pub G

Sex distinct mortality tables projected generationally

OPA,

with Scale MP-2020

Experience study Given the size of the plan, there is not enough data

available to conduct a credible experience study. The assumptions are not anticipated to produce significant cumulative actuarial gains or losses over time. The liabilities and data are analyzed each year

in order to identify any trends of experience

deviating from the actuarial assumptions. The plan is frozen to new participants and benefit accruals.

Retirement Actives-100% retirement at age 65.

Terminated vested – Lump sums are assumed to be taken immediately. Annuities are assumed to

commence at age 65.

Termination Participants* are assumed to work for the Desert

Regional Medical Center operated by Tenet Health System Desert, Inc. until Normal Retirement Age.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



14. <u>DESERT HOSPITAL RETIREMENT PROTECTION PLAN</u> – Continued

General Information about the Desert Hospital Retirement Protection Plan (Plan) Pension Plan (Continued)

<u>Net Pension (Asset) Liability (Continued)</u> Actuarial Assumptions (Continued)

Changes in assumptions 2020/2021

Management and the actuarial firm analyzed the actuarial assumptions of the plan and determined a change in assumptions was warranted in calculating total pension liability. Previous actuarial valuations included the assumption that all plan participants would receive annuities with payments for life. In reality, plan participants traditionally elect a lump sum distribution at the time of termination of employment from the hospital. The valuation based on annuities generated an excessively large total pension liability that was not reflective of the actual distribution of plan assets. A change in assumption to reflect participants electing a lump sum in 95% of cases, resulted in reducing total pension liability from \$9,388,217 (06/30/2020) to \$3,507,940

(06/30/2021).

Other assumptions See actuarial assumptions provided in the June 30,

2021 funding valuation for other relevant

assumptions.

Discount Rate

The discount rate used to measure the total pension liability was 6.71 percent. To determine whether the municipal bond rate should be used in the calculation of a discount rate for each plan, the Plan stress tested plans that would most likely result in a discount rate that would be different from the actuarially assumed discount rate. Based on the testing, none of the tested plans run out of assets. Therefore, the current 6.71 percent discount rate is adequate and the use of the municipal bond rate calculation is not necessary. The long-term expected discount rate of 6.71 percent is applied to all plans in the Plan. The stress test results are presented in a detailed report called "GASB Crossover Testing Report" that can be obtained at the Districts' website under the GASB 68 section.

^{*}Former Desert Hospital employees employed with Tenet Health System Desert, Inc.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



14. <u>DESERT HOSPITAL RETIREMENT PROTECTION PLAN</u> – Continued

General Information about the Desert Hospital Retirement Protection Plan (Plan) Pension Plan (Continued)

Net Pension (Asset) Liability (Continued)

Actuarial Assumptions (Continued)

According to Paragraph 30 of Statement 68, the long-term discount rate should be determined without reduction for pension plan administrative expense. The 6.71 percent investment return assumption used in this accounting valuation is net of administrative expenses. Administrative expenses are assumed to be 15 basis points. An investment return excluding administrative expenses would have been 25.13 percent. Using this lower discount rate has resulted in a slightly higher total pension liability and net pension liability. The Plan checked the materiality threshold for the difference in calculation and did not find it to be a material difference.

The Plan expects to continue using a discount rate net of administrative expenses for GASB 67 and 68 calculations through the 2020-21 fiscal year. The Plan will continue to check the materiality of the difference in calculation until such time as they have changed their methodology.

The long-term expected rate of return on Plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of Plan investment expense and inflation) are developed for each major asset class.

The expected rate of return was set by calculating the single equivalent expected return that arrived at the same present value of benefits for cash flows as the one calculated using both short-term and long-term returns. The expected rate of return was then set equivalent to the single equivalent rate calculated above and rounded down to the nearest one quarter of one percent.

Expected Rate of Return

The table below reflects long-term expected real rate of return by asset class. The rate of return was calculated using the capital market assumptions applied to determine the discount rate and asset allocation. These geometric rates of return are net of administrative expenses.

Asset Class	Target Allocation	Long-term expected real rate of return
Domestic fixed income securities	35.0%	1.08%
Domestic equities	44.0	4.19
International equities	11.0	4.43
International Fixed Income Securities	5.0	1.70
Cash	5.0	(0.34)

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



14. <u>DESERT HOSPITAL RETIREMENT PROTECTION PLAN</u> – Continued

Changes in the Net Pension (Asset) Liability

The changes in the Net Pension (Asset) Liability for the Plan follows:

	Increase (Decrease)					
	Total Pension Plan Fiduciary Net Posit					
	Liability	Liability Net Position Liab				
	(a)	(b)	(c) = (a) - (b)			
Balance, June 30, 2020	\$ 9,388,217	\$ 4,783,963	\$ 4,604,254			
Changes in Recognized for the Measurement Period:						
Employer Contributions	-	-	-			
Interest on the Total Pension Liability	342,696		342,696			
Differences between Expected and Actual	(1,123,559)	-	(1,123,559)			
Experience						
Changes in Assumptions	(4,503,151)	-	(4,503,151)			
Net Investment Income **	-	1,160,972	(1,160,972)			
Benefit Payments, including Refunds of						
Employee Contributions	(596,263)	(596,263)	-			
Administrative Expenses	-	(33,700)	33,700			
Net Changes during 2020-21	(5,880,277)	531,009	(6,411,286)			
Balance, June 30, 2021 *	\$ 3,507,940	\$ 5,314,972	\$ (1,807,032)			

^{*} The fiduciary net position includes receivables for employee service buybacks, deficiency reserves, fiduciary self-insurance and OPEB expense. This may differ from the plan assets reported in the funding actuarial valuation report.

Sensitivity of the Net Pension Asset to Changes in the Discount Rate

The Following presents the net pension asset of the Plan as of the measurement date, calculated using the discount rate of 6.71 percent, as well as what the net pension asset would be if it were calculated using a discount rate that is 1 percentage-point lower (5.71 percent) or 1 percentage-point higher (7.71 percent) than the current rate:

	1% Decrease (5.71%)	rrent Discount ate (6.71%)	1% Increase (7.71%)		
Net pension asset	\$ (1,725,825)	\$ (1,807,032)	\$	(1,879,878)	

Plan Fiduciary Net Position

Detailed information about the pension plan's fiduciary net position is available in the separately issued financial reports.

^{**} Net of administrative expenses.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



14. <u>DESERT HOSPITAL RETIREMENT PROTECTION PLAN</u> – Continued

Changes in the Net Pension Liability (Continued)

The Plan's Pension Expenses and Deferred Outflows/Inflows of Resources Related to Pensions

For the fiscal year ended June 30, 2021, the District recognized pension expense of (\$5,396,404). At June 30, 2021, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflows of	Deferred Inflows of
	Resources	Resources
Differences between expected and actual experience	\$ -	\$ -
Net differences between projected and actual		
Earnings on pension plan investments	190,187	(675,732)
Changes in assumptions	304,201	
Total	\$ 494,388	\$ (675,732)

Amounts reported as deferred outflows and deferred inflows of resources related to pensions will be recognized in future pension expense as follows:

	Deferred
Fiscal Year	Outflows (Inflows)
Ended June 30,	of Resources
2022	\$ 191,376
2023	(94,163)
2024	(114,291)
2025	(164,266)
Total	\$ (181,344)

15. RELATED PARTY TRANSACTIONS

The Desert Healthcare District and the Desert Healthcare Foundation are related parties. The Foundation is organized to provide health and welfare assistance to Coachella Valley residents in need. The District donated funds of \$0 and \$200,000 to the Foundation, to help fulfill their purpose during June 30, 2021 and 2020, respectively. The District also provided the Foundation with office space and personnel of \$768,901 and \$305,676 during June 30, 2021 and 2020, respectively.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



16. <u>UNCERTAINTIES</u>

As a result of the COVID-19 coronavirus pandemic, economic uncertainties have arisen which could have an impact on the operations of the District and Foundation. The related financial impact and duration cannot be reasonably estimated at this time.

17. SUBSEQUENT EVENTS

The District and Foundation evaluated all potential subsequent events as of Octobber 14, 2021 when the financial statements were authorized and available to be issued. No subsequent events or transactions were identified after June 30, 2021 or as of October 12. 2021 that require disclosure to the financial statements.

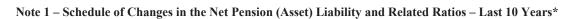
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REQUIRED SUPPLEMENTAL INFORMATION

REQUIRED SUPPLEMENTAL INFORMATION

JUNE 30, 2021

Prepared for the Desert Healthcare District, a Single-Employer Defined Benefit Pension Plan as of June 30, 2021





	2021	2020	2019	2018	2017	2016	2015
Measurement Period	2020-2021	2018-2019	2018-2019	2016-2017	2016-2017	2014-2015	2013-2014
Total Pension Liability							
Interest on total pension liability	\$ 342,696	\$ 374,170	\$ 385,951	\$ 399,298	\$ 321,990	\$ 397,980	\$ 418,035
Differences between expected and actual							
experience	(1,123,559)	-	(802,110)	-	(437,093)	(493,455)	(537,276)
Changes in assumptions	(4,503,151)	912,601	769,854	315,705	(2,852,163)	1,944,607	-
Benefit payments, including refunds of							
employee contributions	(596,263)	(208,084)	(511,792)	(466,670)	(382,380)	(459,397)	(304,566)
Net change in total pension liability	(5,880,277)	1,078,687	(158,097)	248,333	(3,349,646)	1,389,735	(423,807)
Total pension liability - beginning	9,388,217	8,309,530	8,467,627	8,219,294	11,568,940	10,179,205	10,603,012
Total pension liablity - ending (a)	3,507,940	9,388,217	8,309,530	8,467,627	8,219,294	11,568,940	10,179,205
Plan fiduciary net position							
Employer contributions	-	-	-	-	3,400,000	-	-
Net investment income	1,160,972	109,665	268,701	347,969	426,828	(6,638)	71,101
Benefit payments	(596,263)	(208,084)	(511,792)	(466,670)	(382,380)	(459,397)	(304,566)
Administrative expenses	(33,700)	(31,524)	(32,836)	(35,638)	(24,513)	(14,983)	(17,886)
Net change in plan fiduciary net position	531,009	(129,943)	(275,927)	(154,339)	3,419,935	(481,018)	(251,351)
Plan fiduciary net position - beginning	4,783,963	4,913,907	5,189,834	5,344,173	1,924,238	2,405,256	2,656,607
Plan fiduciary net position - ending (b)	5,314,972	4,783,963	4,913,907	5,189,834	5,344,173	1,924,238	2,405,256
Net pension (asset) liability - ending (a) - (b)	\$ (1,807,032)	\$ 4,604,254	\$3,395,623	\$3,277,793	\$ 2,875,121	\$9,644,702	\$ 7,773,949
Plan fiduciary net position as percentage of							
the total pension liability	151.51%	50.96%	59.14%	61.29%	65.02%	16.63%	23.63%
Covered - employee payroll	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Net pension liability as a percentage of							
covered - employee payroll	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Notes to Schedule

Changes in Assumptions:

- 2017 to 2018 Investment rate of return, including inflation, and net of investment expenses changed from 5.00 % to 4.70%.
- 2017 to 2018 Discount Rate changed from 5.00% to 4.70%.
- 2018 to 2019 Discount Rate changed from 4.70% to 4.56%.
- 2018 to 2019 Investment rate of return, including inflation, and net of investment expenses changed from 4.70% to 4.56%.
- 2019 to 2020 Discount Rate changed from 4.56% to 3.77%.

^{*} Fiscal year 2015 was the first year of implementation, therefore only seven years are shown.

REQUIRED SUPPLEMENTAL INFORMATION

JUNE 30, 2021

OPAN Note 2 - Schedule of Changes in Net OPEB Liability and Related Rations - Last 10 Fiscal Years*

Measured Period	6/30/2021		6/30/2020		6/30/2019		6/30/2018	
Total OPEB Liability								
Service Cost	\$	-	\$	-	\$	-	\$	_
Changes in assumptions		-		(3,245)		(908)		-
Interest on the Total Pension Liability		-		2,957		3,684		4,057
Benefit Payments		(21,400)		(20,321)		(23,490)		(22,587)
Writeoff remaining liability		(45,964)						
Net Change in total Pension Liability		(67,364)		(20,609)		(20,714)		(18,530)
Total OPEB Liability - Beginning		67,364		87,973		108,687		127,217
Total OPEB Liability - Ending (a)	\$	-	\$	67,364	\$	87,973	\$	108,687
							-	
Plan Fiduciary Net Position								
Contribution from the Employer	\$	21,400	\$	20,321	\$	23,490	\$	22,587
Net investment income		-		-		-		-
Benefit Payments		(21,400)		(20,321)		(23,490)		(22,587)
Administrative Expenses		-		_		_		_
Net Change in Plan Fiduciary Net Position		_		_		_		_
Plan Fiduciary Net Position - Beginning								
Plan Fiduciary Net Position - Ending (b)	\$		\$	-	\$	_	\$	_
Net OPEB Liability - Ending (a) - (b)	\$	_	\$	67,364		87,973		108,687
Plan Fiduciary Net Position as a Percentage								
of the Total OPEB Liability		0.00%		0.00%		0.00%	-	0.00%
Covered - Employee Payroll		N/A		N/A		N/A		N/A
Net OPEB Liability as Percentage of		N/A		N/A		N/A		N/A

Notes to Schedule:

During the year ended June 30, 2021, the covered retiree passed away and therefore there was no remaining OPEB liability to the retiree and his spouse.

Changes of Assumption: Investment/Discount rate changed from 3.80% to 3.50% from 2018 to 2019 measurement period.

^{*}Fiscal year 2018 was the first year of implementation, therefore only four years are shown.

OPAN,

<u>DESERT HOSPITAL</u> <u>RETIREMENT PROTECTION PLAN</u>

PALM SPRINGS, CALIFORNIA

INDEPENDENT AUDITORS' REPORT, FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

JUNE 30, 2021 AND 2020



INDEPENDENT AUDITORS' REPORT

To the Honorable Board of Directors of the Desert Hospital Retirement Protection Plan Palm Springs, California

We have audited the accompanying financial statements of Desert Hospital Retirement Protection Plan (the Plan) which comprise the statements of net assets available for benefits and of accumulated plan benefits as of June 30, 2021 and 2020 and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements, which collectively comprise the Plan's financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with generally accepted auditing standards accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Qualified Opinion

Due to the Plan's status as a "frozen plan" as of May 31, 1997 (Note 1), certain disclosures and supplemental schedules required for the financial statements to be in accordance with generally accepted accounting principles in the United States of America are not included in the accompanying financial statements.

Qualified Opinion

In our opinion, except for the omission of the information discussed in the preceding paragraph, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of June 30, 2021 and 2020, and the changes in financial status for the years then ended, in conformity with generally accepted accounting principles in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*.

Other Matters

Other Report Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 14, 2021 on our consideration of the Plan's internal control over financial reporting and on our tests of compliance with laws and regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Plan's internal control over financial reporting.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require the Schedule of Funding Progress be presented to supplement the financial statements. Such information, although not a part of the financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of the financial statements, for placing the financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the financial statements, and other knowledge we obtained during our audit of the financial statements. We do not express an opinion or provide any assurance on the information because limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

October 14, 2021

DESERT HOSPITAL RETIREMENT FRO... STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AND OF ACCUMPLATED PLAN BENEFITS JUNE 30, 2021 AND 2020

	2021	2020
<u>ASSETS</u>		
Cash	\$ 148,112	\$ 305,423
Investments, at fair value		
U.S. Government securities	557,359	745,008
Corporate equity securities	637,246	494,184
Corporate debt securities	449,841	748,676
Mutual funds	3,524,051	2,488,266
Total investments	5,168,497	4,476,134
Interest and dividends receivable	7,125	10,001
Total assets	5,323,734	4,791,558
<u>LIABILITIES</u>		
Accrued trustee fees	8,762	7,595
NET POSITION RESTRICTED FOR PENSION	\$ 5,314,972	\$ 4,783,963

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFICS AND CHANGES IN ACCUMULATED PLAN BENEFITS TO A DS ENDED JUNE 30, 2021 AND 2020

	2021			2020		
ADDITIONS TO NET ASSETS						
Contributions	\$	-	\$	-		
Investment income						
Net appreciation in fair value of investments		151,450		98,401		
Dividend income		66,373		67,892		
Interest income and other income		39,545		47,188		
Net gain (loss) from sale of investments		903,604		(104,280)		
Total additions to assets	1,	160,972		109,201		
DEDUCTIONS FROM NET ASSETS						
Distributions of benefits to participants		596,263		207,620		
Administrative expenses		33,700		31,524		
Total deductions from assets		629,963		239,144		
NET INCREASE (DECREASE)		531,009		(129,943)		
NET POSITION AVAILABLE FOR BENEFITS:						
BEGINNING OF YEAR	4,	783,963	_	4,913,906		
END OF YEAR	<u>\$ 5,</u>	314,972	\$	4,783,963		

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



1. PLAN STATUS

From June 1986 to May 1997, the Desert Hospital Corporation (the Corporation), a California not for profit public benefit corporation, operated Desert Hospital under a lease agreement with the Desert Healthcare District (the District). The District is a hospital district under California law, created under California's Health and Safety Code.

On May 31, 1997, after the Corporation and the District discontinued their lease agreement for the operation of Desert Hospital, the Corporation dissolved, and the District entered into a lease agreement with Tenent Health System Desert, Inc. concerning the operation of Desert Hospital, which is now known as Desert Regional Medical Center. As part of the dissolution process, the Corporation transferred certain assets and liabilities to the District, and the District assumed sponsorship of the Desert Hospital Retirement Protection Plan (the Plan). The Plan has been frozen since May 31, 1997.

The District is a political subdivision of the State of California, as identified in section 4021(b)(2) of the Employee Retirement Income Savings Act (ERISA). Accordingly, the Plan is excluded from coverage under section 4021(b)(2) of ERISA.

A final Form 5500 was filed for the fiscal year ended June 30, 1998.

The Plan has reported to the California State Controller's Office beginning with the fiscal year ended June 30, 1999.

2. PLAN DESCRIPTION

General

As discussed in note 1 above, the Plan has been frozen since May 31, 1997. The Plan was originally established in 1971 as a defined benefit plan covering all eligible employees of Desert Hospital.

Vesting

All participants of the Plan have been 100% vested since May 31, 1997.

Account Balances

All participants of the Plan are eligible to request a distribution or rollover of their account balance upon retirement or termination of their employment from Desert Regional Medical Center.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



2. <u>PLAN DESCRIPTION</u> – (Continued)

Contributions

There have been no contribution requirements by the District since May 31, 1997. Participant contributions to the Plan are not permitted. The most recent actuarial valuation as of June 30, 2021 by the Plan's independent actuary determined that the actuarial value of the Plan's net pension (asset) liability was (\$1,807,032) and \$4,604,254 at June 30, 2021 and 2020, respectively. The actuary recommended to the District an actuarially determined contribution of \$366,275 for each year ended June 30, 2021 and 2020.

Administration and Trustee

The Plan is administered by the District's Finance and Administrative Committee (the Committee). The Committee is selected by the District's board of directors. All administrative expenses are paid by the Plan or at the discretion of the District.

Pursuant to the terms of the Plan, the District entered into a trust agreement with U.S. Bank N. A. to provide for the investment, reinvestment, administration and distribution of contributions made under the Plan.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with generally accepted accounting principles in the United States of America. In that respect, the statements are presented on an accrual basis.

Use of Estimates

The preparation of the Plan's financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and when applicable, disclosures of contingent assets and liabilities. Actual results could differ from those estimates. Management believes that the estimates are reasonable.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



3. <u>SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES</u> – (Continued)

Federal Income Taxes

The Committee obtained an updated determination letter in March 2007 from the Internal Revenue Service stating that the Plan and its amendments are exempt from Federal income taxes under section 410(a) of the Internal Revenue Code (the IRC) as a qualified plan. Therefore, no provision for income taxes has been provided in the Plan's financial statements.

Reporting

Due to the Plan's status as a "frozen Plan", certain disclosures and supplemental schedules have been omitted from the accompanying financial statements.

4. CASH AND INVESTMENTS

Cash and securities held in the investment portfolio are in the custody of U.S. Bank, N.A., the Plan's trustee. State statute and Board policies allow investments consisting of government, corporate and international bonds, domestic and international equities, mutual funds and other investments.

Investments of the Plan are stated at fair value as confirmed by the trustee as of the date of the statement of plan net assets.

The Plan's investments are categorized below:

	20)21	20	2020			
Investment Type	Cost	Fair Value	Cost	Fair Value			
Cash	\$ 148,112	<u>\$ 148,112</u>	\$ 305,423	\$ 305,423			
Investments							
U. S. Government securities	539,155	557,359	713,103	745,008			
Corporate equity securities	336,165	637,246	346,110	494,184			
Corporate debt securities	440,457	449,841	733,689	748,676			
Mutual funds	2,343,952	3,524,051	2,133,627	2,488,266			
Investments total	3,659,729	5,168,497	3,926,529	4,476,134			
Total cash and investments	\$ 3,807,841	\$ 5,316,609	\$ 4,231,952	\$ 4,781,557			

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



4. <u>CASH AND INVESTMENTS</u> – (Continued)

Disclosure relating to Interest Rate Risk

Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in the market interest rates. One of the ways that the Plan manages its exposure to interest rate risk is by purchasing a combination of shorter term and longer term investments and by timing cash flows from maturities so that a portion of the portfolio is maturing or coming closer to maturity evenly over time as necessary to provide the cash flow and liquidity needed for distributions.

Information about the sensitivity of the fair values of the Plan's investments to market interest rate fluctuations is provided by the following table that shows the distribution of the Plan's investments by maturity:

As of June 30, 2021

		Remaining Maturity (in Months)									
	Carrying	12 Months	1.	3 to 24		25 - 36	37	-48	N	Iore than	
Investment Type	Amount	Or Less	Months		hs Months		Months Mo		49 Months		
E ' D 1M (1E 1	Φ 2.016.055	Ф 2 01 C 055	ф		Ф		Ф		Ф		
Equity Based Mutual Funds	\$ 3,016,955	\$ 3,016,955	\$	-	\$	-	\$	-	\$	-	
Fixed Income Mutual Funds	507,096	507,096		-		-		-		-	
Corporate Bonds	449,841	68,562		51,639		213,690		-		115,950	
U.S. Government Bonds	401,529	50,612		-		-		-		350,917	
U.S. Treasury Note	155,830	50,092		-		105,738		-		-	
Foreign Stock	41,174	41,174		-		-		-		-	
Domestic Common Stock	596,072	596,072									
Total	\$ 5,168,497	\$ 4,330,563	\$	51,639	\$	319,428	\$	-	\$	466,867	

As of June 30, 2020

		Remaining Maturity (in Months)									
	Carrying	12 Months	13 to 24	25 - 36	37 - 48	More than					
Investment Type	Amount	Or Less	Months	Months	Months	49 Months					
E ' D 1M (1E 1	Ф 2.267.002	Ф 2.267.002	Ф	Ф	¢.	Ф					
Equity Based Mutual Funds	\$ 2,267,093	\$ 2,267,093	\$ -	\$ -	5 -	5 -					
Fixed Income Mutual Funds	221,173	221,173	-	-	-	-					
Corporate Bonds	748,676	201,793	157,187	52,207	218,268	119,221					
U.S. Government Bonds	534,465	-	51,667	-	-	482,798					
U.S. Treasury Note	210,543	50,860	51,113	-	108,570	-					
Foreign Stock	33,722	33,722	-	-	-	-					
Domestic Common Stock	460,462	460,462									
Total	\$ 4,476,134	\$ 3,235,103	\$ 259,967	\$ 52,207	\$ 326,838	\$ 602,019					

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020



4. <u>CASH AND INVESTMENTS</u> – (Continued)

Disclosures Relating to Credit Risk

Generally, credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of rating by a nationally recognized statistical rating organization. Presented below is the minimum rating required by the California Government Code and the Plan's investment policy, and the actual rating as of fiscal year end for each investment type.

As of June 30, 2021

				I	Rati	ng as of F	isca	ıl Year End	1
Investment Type	 Carrying Amount	Minimum Legal Rating	Exempt From Disclosure	 AAA/AA		A		BBB	Not Rated
Equity Based Mutual Funds Fixed Income Mutual Funds Corporate Bonds U.S. Government Bonds U.S. Treasury Note Foreign Stock Domestic Common Stock	\$ 3,016,955 507,096 449,841 401,529 155,830 41,174 596,072	N/A N/A A A N/A N/A N/A	\$ - - - 155,830 - -	\$ 158,686 50,612		- - 157,827 350,917 - - -	\$	133,328	\$ 3,016,955 507,096 - - 41,174 596,072
Total	\$ 5,168,497		\$ 155,830	\$ 209,298	\$:	508,744	\$	133,328	\$ 4,161,297
As of June 30, 2020				1	Rati	ng as of F	isca	ıl Year End	1
Investment Type	 Carrying Amount	Minimum Legal Rating	Exempt From Disclosure	 AAA/AA		A		BBB	Not Rated
Equity Based Mutual Funds Fixed Income Mutual Funds Corporate Bonds U.S. Government Bonds U.S. Treasury Note Foreign Stock Domestic Common Stock	\$ 2,267,093 221,173 748,676 534,465 210,543 33,722 460,462	N/A N/A A A N/A N/A	\$ 210,543	\$ 263,265 51,667		- - 366,190 482,798 - - -	\$	- 119,221 - - - -	\$ 2,267,093 221,173 - - - 33,722 460,462
Total	\$ 4,476,134		\$ 210,543	\$ 314,932	\$ 8	848,988	\$	119,221	\$ 2,982,450

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

OPA,

4. <u>CASH AND INVESTMENTS</u> – (Continued)

Concentration of Credit Risk

The investment policy of the Plan contains limitations on the amount that can be invested in any one issuer. There are three investments at June 30, 2021 that represent 5% or more of total Plan investments. These investments are:

5982 shares of IShares S&P 500 Growth Etf valued at \$435,071

2706 shares of IShares S&P 500 Value Etf valued at \$399,514

6537 shares of Vanguard Ftsc Developed Etf valued at \$366,786

765 shares of Vanguard S&P:500 Eft valued at \$301,043

2561 shares of Schwab US Large Cap Eft valued at \$266,267

There are three investments at June 30, 2020 that represent 5% or more of total Plan investments. These investments are:

1695 shares of IShares S&P 500 Growth Etf valued at \$351,696

2795 shares of IShares S&P 500 Value Etf valued at \$302,447

6754 shares of Vanguard Ftsc Developed Etf valued at \$261,988

Custodial Credit Risk

Custodial credit risk for deposits is the risk that, in the event of failure of a depository financial institution, a government will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The California Government Code and the Plan's investment policy do not contain legal or policy requirements that would limit the exposure to custodial credit risk for deposits, other than the following provision for deposits:

As of June 30, 2021, there were no District deposits with financial institutions in excess of federal depository insurance limits.

The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty (e.g., broker-dealer) to a transaction, a government will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The California Government Code and the Plan's investment policy do not contain legal or policy requirement that would limit the exposure to custodial credit risk for investments. With respect to investments, custodial credit risk generally applies only to direct investments in marketable securities.

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NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

OPA,

4. <u>CASH AND INVESTMENTS</u> – (Continued)

Fair Value Measurements

The plan categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. These principals recognize a three-tiered fair value hierarchy, as follows

- Level 1: Investments reflect prices quoted in active markets;
- Level 2: Investments reflect prices that are based on a similar observable asset either directly or indirectly, which may include inputs in markets that are not considered active; and,
- Level 3: Investments reflect prices based upon unobservable sources.

The Plan has the following recurring fair value measurements as of June 30, 2021:

		Fair Value Measurement Using							
Investment by fair value	 Total	Acti	ted prices in ive Markets r Identical ets (Level 1)		Significant Other Observable outs (Level 2)	Significant Unobservable Inputs (Level 3)			
Debt Securities									
US Government Issues	\$ 557,359	\$	155,829	\$	401,530	\$ -			
Corporate Issues	449,841		-		449,841	-			
Mutual Funds – Equity	3,016,955		3,016,955		-	-			
Mutual Funds – Fixed Income	507,096		-		507,096	-			
Domestic Common Stock	596,072		596,072		-	-			
Foreign Stock	 41,174		41,174						
Total	\$ 5,168,497	\$	3,810,030	\$	1,358,467	\$ -			

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

OPA,

4. <u>CASH AND INVESTMENTS</u> – (Continued)

Fair Value Measurements – (Continued)

The Plan has the following recurring fair value measurements as of June 30, 2020:

		Fair Value Measurement Using							
Investment by fair value	 Total	Acti for	ted prices in ve Markets Identical ets (Level 1)	(Significant Other Observable outs (Level 2)	Significant Unobservable Inputs (Level	e		
Debt Securities									
US Government Issues	\$ 745,008	\$	210,543	\$	534,465	\$	-		
Corporate Issues	748,676		-		748,676		-		
Mutual Funds – Equity	2,267,093		2,267,093		-		-		
Mutual Funds – Fixed Income	221,173		25,793		195,380		-		
Domestic Common Stock	460,462		460,462		-		_		
Foreign Stock	33,722		33,722						
Total	\$ 4,476,134	\$	2,997,613	\$	1,478,521	\$			

5. ACTUARIAL ASSUMPTIONS

The total pension liability as of June 30, 2021 was determined using the following actuarial assumptions:

Inflation 2.75%

Discount rate 6.71%, net pension plan investment expense, including inflation.

Measurement date June 30, 2021, based on a valuation date of June 30, 2021.

Ad hoc cost-of-living

increases

Not applicable

Mortality Pre-Retirement: None Post-Retirement: Pub G-2010 Sex distinct

mortality tables projected generationally with Scale MP-2020

Experience Study Given the size of the plan, there is not enough data available to conduct

a credible experience study. The assumptions are not anticipated to produce significant cumulative actuarial gains or losses over time. The liabilities and data are analyzed each year in order to identify any trends of experience deviating from the actuarial assumptions. The plan

is frozen to new participants and benefit accruals.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

5. <u>ACTUARIAL ASSUMPTIONS</u> – (Continued)

Retirement Actives- 100% retirement at age 65.

Terminated Vested- Lump sums are assumed to be taken immediately.

OPA,

Annuities are assumed to commence at age 65.

Termination Participants* are assumed to work for the Desert Regional Medical

Center operated by Tenet Health System Desert, Inc. until Normal

Retirement Age.

Changes in assumptions

2020/2021 Management and the actuarial firm analyzed the actuarial assumptions

of the plan and determined a change in assumptions was warranted in calculating total pension liability. Previous actuarial valuations included the assumption that all plan participants would receive annuities with payments for life. In reality, plan participants traditionally elect a lump sum distribution at the time of termination of employment from the hospital. The valuation based on annuities generated an excessively large total pension liability that was not reflective of the actual distribution of plan assets. A change in assumption to reflect participants electing a lump sum in 95% of cases, resulted in reducing total pension liability from \$9,388,217

(06/30/2020) to \$3,507,940 (06/30/2021).

Other assumptions See actuarial assumptions provided in the June 30, 2021 funding

valuation for other relevant assumptions.

^{*}Former Desert Hospital employees employed with Tenet Health System Desert, Inc.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

6. <u>NET PENSION (ASSET) LIABILITY OF THE PLAN</u>

Schedule of Changes in Net Pension (Asset) Liability and Related Ratios

Total pension liability:	20	21	2020
Service Cost	\$	-	\$ -
Interest	34	42,696	374,170
Changes of benefit terms		-	-
Differences between expected and actual experience	(1,1)	23,559)	-
Changes of assumptions	(4,5)	03,151)	912,601
Benefit payments, including refunds of member contributions	(59	96,263)	(208,084)
Net change in total pension liability	(5,8	80,277)	1,078,687
Total pension liability – beginning	9,38	88,217	8,309,530
Total pension liability – ending (a)	\$ 3,50	07,940	\$ 9,388,217
Plan fiduciary net position Contributions – employer Net investment income Benefit payments, including refunds of member contributions Administrative expenses Net change in plan fiduciary net position	(5)	60,972 96,263) 33,700) (31,009	\$ 109,665 (208,084) (31,524) (129,943)
Plan fiduciary net position – beginning	4,7	83,963	4,913,906
Plan fiduciary net position – ending (b)	5,3	14,972	4,783,963
Net pension (asset) liability – ending (a) – (b)	\$ (1,8	07,032)	4,604,254
Plan fiduciary net position as a percentage of the total pension (asset) liability		51.51%	50.96%
Covered – employee payroll		N/A	N/A
Net pension liability as percentage of covered – employee payroll		N/A	N/A

Discount Rate and Net Pension Asset Sensitivity

1. Discount Rate

The discount rate used to measure the total pension liability was 6.71%. The projection of cash flows used to determine the discount rate assumed that plan member contributions will be made at the current contribution rate and that contributions will be made at rates equal to the difference between the actuarially determined contribution rates and member rates. Professional judgement on future contributions has been applied in those cases where contribution patterns deviate from the actuarially determined rates. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make projected future benefit payments to current plan members. Therefore, the long-term expected rate of return 6.71% on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

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NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

OPA,

6. NET PENSION (ASSET) LIABILITY OF THE PLAN - (Continued)

2. Sensitivity of the Net Pension Asset to Changes in the Discounted Rate

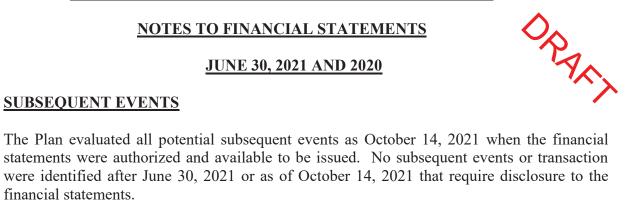
The following presents the net pension asset, calculated using the discount rate of 6.71%, as well as what the net pension asset would be if it were calculated using a discount rate that is 1-percentage-point lower (5.71%) or 1-percentage-point higher (7.71%) than the current rate:

current rate:									
	1% Decrease (5.71%)		ent Discount te (6.71%)	1% In (7.7)					
Net pension (asset)	\$ (1,725,825)	\$ (1,807,032) \$ (1,879,878)							
Summary									
Plan membership The total pension liability was determined based on the plan membership as of June 30, Inactive plan members if beneficiaries currently receiving benefits Inactive plan members entitled to but not yet receiving benefits Active plan members Active plan members 2021 2020									
Net Pension (Asset) Liability The components of the net pension June 30,	ion (asset) liabil	ity at	2021		2020				
Total pension liability Plan fiduciary Net pension (asset) liability				7,940 4,972) 7,032)	\$ 9,388,217				
Plan fiduciary net position as a % liability	% of the total pe	nsion	151.51%		50.96%				
Actuarial Assumptions The total pension liability was following actuarial assumptions	determined usin	g the	2021		2020				
Inflation Salary Increases Investment rate of return Discount rate				2.75% N/A 6.71% 6.71%	2.75% N/A 6.82% 3.77%				

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

7. SUBSEQUENT EVENTS



OPA

SUPPLEMENTARY INFORMATION

SCHEDULE OF FUNDING PROGRESS

JUNE 30, 2021 AND 2020



Actuarial	Actuarial Value of	Actuarial Accrued Liability	(Funded) Unfunded AAL	Funded	Covered	UAAL as a % of Covered
Valuation Date	Assets (a)	(AAL) (b)	(UAAL) (b-a)	Ratio (a/b)	Payroll	Payroll
5/00/00/0		0.76666				27//
6/30/2006	\$ 5,236,383	\$ 9,566,663	\$ 4,330,280	55%	N/A	N/A
6/30/2007	N/A	N/A	N/A	N/A	N/A	N/A
6/30/2008	4,552,074	9,312,581	4,760,507	49%	N/A	N/A
6/30/2009	3,351,366	9,141,403	5,790,037	37%	N/A	N/A
6/30/2010	N/A	N/A	N/A	N/A	N/A	N/A
6/30/2011	3,522,125	7,921,342	4,399,217	45%	N/A	N/A
6/30/2012	N/A	N/A	N/A	N/A	N/A	N/A
6/30/2013	2,797,614	7,357,700	4,560,086	38%	N/A	N/A
6/30/2014	2,656,607	10,603,012	7,946,405	25%	N/A	N/A
6/30/2015	2,405,256	10,149,205	7,743,949	24%	N/A	N/A
6/30/2016	1,924,238	11,568,940	9,644,702	17%	N/A	N/A
6/30/2017	5,344,173	8,219,294	2,875,121	65%	N/A	N/A
6/30/2018	5,189,835	8,467,627	3,277,792	61%	N/A	N/A
6/30/2019	4,913,906	8,309,530	3,395,624	59%	N/A	N/A
6/30/2020	4,783,963	9,388,217	4,604,254	51%	N/A	N/A
6/30/2021	5,314,972	3,507,940	(1,807,032)	152%	N/A	N/A

No actuarial reports or estimation using actuarial methodology were prepared for June 30, 2012, 2010 and 2007.

OPAN,

DESERT HEALTHCARE FOUNDATION

PALM SPRINGS, CALIFORNIA

INDEPENDENT AUDITORS' REPORT AND FINANCIAL STATEMENTS

JUNE 30, 2021

WITH COMPARATIVE TOTALS FOR JUNE 30, 2020

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Statement of Cash Flows	6
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INDEPENDENT AUDITORS' REPORT

To the Honorable Board of Directors of the Desert Healthcare Foundation Palm Springs, California

We have audited the accompanying financial statements of Desert Healthcare Foundation (Foundation), a not-for-profit organization and a component unit of the Desert Healthcare District, which comprise the statement of financial position, as of June 30, 2021, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Desert Healthcare Foundation as of June 30, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 12, 2021, on our consideration of the Foundation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing on internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Foundation's internal control over financial reporting and compliance.

Report on Summarized Comparative Information

We have previously audited the Organization's June 30, 2020 financial statements and we expressed an unmodified opinion on those audited financial statements in our report dated October 13, 2020. In our opinion the summarized comparative information presented herein as of and for the year ended June 30, 2020, is consistent, in all material respects, with the audited financial statements from which it was derived.

October 12, 2021

STATEMENT OF FINANCIAL POSITION JUNE 30, 2021



WITH COMPARATIVE TOTALS FOR JUNE 30, 2020

	То	tals	
	2021	2020 (Memorandum Only)	
ASSET	<u>'S</u>		
ASSETS			
Cash and cash equivalents	\$ 1,348,623	\$ 1,145,289	
Grants receivable	1,122,500	-	
Prepaid expenses	2,500	3,000	
Accrued interest and dividend receivable	17,221	18,931	
Total current assets	2,490,844	1,167,220	
OTHER ASSETS			
Contributions receivable -			
charitable remainder trusts	200,809	187,298	
Investments	5,617,879	5,020,682	
Total other assets	5,818,688	5,207,980	
TOTAL ASSETS	\$ 8,309,532	\$ 6,375,200	
LIABILITIES AND	NET ASSETS		
LIABILITIES			
Current liabilities			
Accounts payable and accrued payroll	\$ 144,954	\$ 100,467	
Grants payable - current	4,679,865	2,694,224	
Deferred revenue	50,000	-	
Total current liabilities	4,874,819	2,794,691	
Long-term liabilities			
Grants payable - long-term	1,600,000	1,600,000	
Total long-term liabilities	1,600,000	1,600,000	
TOTAL LIABILITIES	6,474,819	4,394,691	
NET ASSETS			
Without donor restrictions	1,633,904	1,776,489	
With donor restrictions	200,809	204,020	
Total net assets	1,834,713	1,980,509	
TOTAL LIABILITIES AND			
NET ASSETS	\$ 8,309,532	\$ 6,375,200	

STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2021

WITH COMPARATIVE TOTALS FOR THE YEAR ENDED JUNE 30, 2020

			Totals			
	Without Donor Restricitons	With Donor Restrictions	2021	2020 (Memorandum Only)		
REVENUES AND GAINS						
Contributions Grants and bequests Interest and dividends	\$ 139,655 3,781,363 185,407	\$ - - -	\$ 139,655 3,781,363 185,407	\$ 73,222 264,668 184,904		
Investment gains Change in value - charitable trust Net assets released from restrictions	477,291 - 16,722	13,511 (16,722)	477,291 13,511	41,026 (1,940)		
Total revenues and gains	4,600,438	(3,211)	4,597,227	561,880		
EXPENSES						
Grants and social services Mangement and general	3,908,624 834,399		3,908,624 834,399	508,667 367,556		
Total expenses	4,743,023		4,743,023	876,223		
DECREASE IN NET ASSETS	(142,585)	(3,211)	(145,796)	(314,343)		
NET ASSETS, BEGINNING OF YEAR	1,776,489	204,020	1,980,509	2,294,852		
NET ASSETS, END OF YEAR	\$ 1,633,904	\$ 200,809	\$ 1,834,713	\$ 1,980,509		

STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2021

WITH COMPARATIVE TOTALS FOR THE YEAR ENDED JUNE 30, 2020

			Totals		
				2020	
	Grants and	Management		(Memorandum	
	Services	and General	2021	Only)	
Grants and social services Management and general expenses	\$ 3,908,624	\$ - 834,399	\$ 3,908,624 834,399	\$ 508,667 367,556	
TOTAL FUNCTIONAL EXPENSES	\$ 3,908,624	\$ 834,399	\$ 4,743,023	\$ 876,223	

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED JUNE 30, 2021



WITH COMPARATIVE TOTALS AT JUNE 30, 2020

				2020	
			(Me	emorandum	
		2021		Only)	
CASH FLOWS FROM OPERATING ACTIVITIES					
Decrease in net assets	\$	(145,796)	\$	(314,343)	
Adjustments to reconcile decrease in net assets to net cash					
provided (used) by operating activities:					
Unrealized gains on investments		(477,291)		(41,026)	
(Increase) decrease in operating assets:					
Grants receivable		(1,122,500)		1,000,000	
Prepaid expenses		500		500	
Contributions receivable		(13,511)		1,941	
Accrued interest and dividends receivable		1,710		(1,199)	
Increase (decrease) in operating liabilities					
Accounts payable and accrued payroll		44,487		29,512	
Grants payable		1,985,641		(1,350,226)	
Deferred revenue		50,000			
Net cash provided (used) by operating activities		323,240		(674,841)	
CASH FLOWS FROM INVESTING ACTIVITIES					
Net investment activity		(119,906)		874,135	
Net cash provided (used) by investing activities		(119,906)		874,135	
NET INCREASE IN CASH AND CASH EQUIVALENTS		203,334		199,294	
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR		1,145,289		945,995	
CASH AND CASH EQUIVALENTS, END OF YEAR	\$	1,348,623	\$	1,145,289	

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

OPA,

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

Desert Healthcare Foundation (Foundation), a not-for-profit organization, is a health and welfare organization created to identify the health care needs of the Desert Healthcare District (District) and to work toward treating those needs through various programs and services. The Foundation is a component unit of the District due to the nature and significance of their relationship with the District. The Foundation operates primarily in the Coachella Valley area of Southern California and, as such, is subject to market conditions, which could affect charitable giving and the realization of recorded asset values at various times.

Basis of Accounting

The Foundation uses the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Under this method, revenues are recognized when earned and expenses are recorded at the time liabilities are incurred, regardless of the timing of related cash flows.

Financial Statement Presentation

The accompanying financial statements of the Foundation have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America. Net assets and revenues, and gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Foundation and changes therein are classified as follows:

<u>Net Assets without Donor Restrictions:</u> Net assets that is not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Foundation. The Foundation's board may designate assets without restrictions for specific operational purposes from time to time.

Net assets with Donor Restrictions: Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the non-profit organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. The Foundation has net assets with donor restrictions of \$200,809 at June 30, 2021. (See note 6)

Donated Facilities and Services

The District has provided to the Foundation the use of its office facilities at no charge. For the fiscal year ended June 30, 2021 the District allocated to the Foundation \$768,901 related to personnel charges. The value of the on-site facilities is not reflected in these statements, as they do not meet the criteria for recognition. (See note 7)

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

OPA,

1. <u>SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES</u> – (Continued)

Contributions

Unconditional contributions are recognized when pledged and recorded as net position without donor restrictions or net position with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Conditional promises to give are recognized when the conditions on which they depend are substantially met. Gifts of cash and other assets are reported with donor restricted support if they are received with donor stipulations that limit the use of the donated assets.

When a restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, net position with donor restrictions are reclassified to net position without donor restrictions and reported in the statement of activities as net position released from restrictions. Donor-restricted contributions whose restrictions are met in the same reporting period are reported as net position without donor restriction support.

Cash and Cash Equivalents

Cash and cash equivalents include all monies in banks and highly liquid investments with maturity dates of less than three months. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investments

Investments are stated at fair market value. Realized and unrealized gains and losses on investments are recognized as changes in net assets in the periods in which they occur.

Income Taxes

The Foundation is a not-for-profit organization that is exempt from federal income taxes under Internal Revenue Code Section 501(c)(3), and from California franchise taxes under related state tax regulations and classified by the Internal Revenue Service as other than a private foundation. The Foundation may be subject to tax on income from any unrelated business operations. The Foundation does not currently have any unrelated business operations. The federal and State income tax returns are subject to examination over three and four years, respectively.

Memorandum Totals

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Foundation's financial statements for the prior year, from which the summarized information was derived.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

2. FAIR VALUE MEASUREMENTS

OPA, The Foundation applies Generally Accepted Accounting Principles (GAAP) for fair value measurements of financial assets that are recognized or disclosed at fair value in the financial statements on a recurring basis.

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Foundation has the ability to access at the measurement date.
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

At June 30, 2021, all investments are measured at fair value on a recurring basis and were valued at Level 1 inputs (quoted prices in active markets for identical assets). Fair value for investments at June 30, 2021 was \$5,617,879. (See Note 3)

3. CASH AND INVESTMENTS

Demand Deposits

The carrying amounts at June 30, 2021, of the Foundation's cash deposits were \$1,183,017, and money market funds were \$165,606 totaling \$1,348,623. Bank balances were \$1,405,663 at June 30, 2021. Occasionally, the Foundation's cash balance in banks exceeds the Federal Deposit Insurance Corporation's insurance limits but management does not expect any significant credit risk relating to cash.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

OPA,

3. <u>CASH AND INVESTMENTS</u> – (Continued)

Investments

At June 30, 2021 and 2020, investments consisted of the following:

		2021			2020	
	Cost	Fair Value	Unrealized Gain	Cost	Fair Value	Unrealized Gain
Corporate bonds	\$1,643,690	\$1,715,982	\$ 72,292	\$1,481,003	\$1,581,765	\$ 100,762
US Government agencies Mutual funds Marketable	1,104,883 266,476	1,135,924 269,243	31,041 2,767	1,174,835 261,168	1,290,684 269,060	115,849 7,892
securities	1,694,882	2,496,730	801,848	1,657,861	1,879,173	221,312
Total investments	\$4,709,931	\$5,617,879	\$ 907,948	\$4,574,867	\$5,020,682	<u>\$ 445,815</u>

4. CHARITABLE REMAINDER TRUSTS

The Foundation was named beneficiary to two charitable remainder unitrusts (whose trustees are someone other than the Foundation), all of which are recorded at fair value. The balances at June 30, 2021 amounted to \$200,809 and general terms of the trusts are as follows:

Trust 4 (dated October 3, 1989): The lesser of the trust income or 8% of the net fair market value of trust assets is to be distributed to the life beneficiary annually. Upon the death of the life beneficiary, 50% of the principal and income not required to have been distributed to the life beneficiary shall become the property of the Foundation, to be used for cancer treatment, or for general purposes if a cure for cancer has been found. At December 31, 2018, which is the most current information available, the estimated present value of future cash flows was \$126,022.

Trust 7 (dated May 17, 1990): 8.5% of the net fair market value of trust assets is to be distributed to the life beneficiary annually. Upon the death of the life beneficiary, all of the principal and income not required to have been distributed to the life beneficiary shall become the property of the Foundation, to be used for general purposes. The estimated present value of future cash flows at June 30, 2021 was \$74,787.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

OPA,

5. GRANTS PAYABLE

Grants payable consisted of the following for the fiscal years ended June 30:

Grants Behavioral Health Initiative Collective Fund Avery Trust – Pulmonary West Valley Homelessness Initiative East Valley Grant Funding Grant for Swim Lessons Grant for Health Portal Galilee Center – Emergency Improving Healthcare Access in Black Communities One Futures – Black and African American Scholarship Grants approved 2021/2022 year	2021 \$ 1,752,356 795,017 595,714 - 72,176 - 525,000 155,000	2020 \$ 1,952,000 919,801 711,383 419,156 174,279 110,105 7,500
Grants approved 2021/2022 year	1,044,156 4,939,413	4,294,224
	4,939,413	4,234,224
COVID-19 Related Grants Lideres Campesinas El Sol Neighborhood Education Center	200,000 170,000	-
Todec Legal Center	170,000	-
Alianza Coachella Valley	131,250	-
Vision Y Compromiso	130,000	-
Pueblo Unido CDC	125,000	-
Youth Leadership Institute	91,250	_
Galilee Center	85,000	-
Desert Healthcare Foundation Administrative Costs	237,946	-
	1,340,446	
Total grants payable	\$ 6,279,865	\$ 4,294,224
Grants payable - current Grants payable - longterm	\$ 4,679,865 1,600,000	\$ 2,694,224 1,600,000
	\$ 6,279,865	\$ 4,294,224

During the year ended June 30, 2021, the Foundation entered into subrecipient agreement with the County of Riverside for a total of \$2,400,000 for the time period of July 1, 2020 through March 31, 2022. The Foundation will operate as a Fiscal Intermediary for the County of Riverside to distribute funds to Community Based Organization (CBOs) and Faith-Based Organization (FBOs) in the Coachella Valley. The funding intends to support the work of CBOs and FBOs in the prevention, identification, and mitigation of COVID-19, and to assist with coordinating collaborative efforts to address COVID-19 related needs in communities that have been disproportionately impacted by disease.

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NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

OPAN

5. **GRANTS PAYABLE** – (Continued)

The funding being passed through the County of Riverside is federally funded by two sources "Coronavirus Aid, Relief, and Economic Security (CARES) Act and Center for Disease Control and Prevention Epidemiology and Laboratory Capacity (ELC) Enhancing Detection". The Foundation has provided \$1,050,000 in funding to CBOs in the Coachella Valley and \$910,000 remains to be provided to the CBOs. As part of the subrecipient agreement, the Foundation will receive a total of \$440,000 to cover administrative costs which represents 18% of the funds provided to the CBOs.

6. NET ASSETS – WITH DONOR RESTRICTIONS

Donor restricted net assets consists of the following purposes as of June 30:

	 2021	 2020
Subject to expenditure for specified purpose:		
Summer Homeless Survival Fund	\$ -	\$ 16,722
Charitable Remainder Trust	 126,022	 126,022
	 126,022	 142,744
Subject to the passage of time:		
Charitable Remainder Trust	 74,787	 61,276
Net Assets – with donor restrictions	\$ 200,809	\$ 204,020

7. RELATED PARTY TRANSACTIONS

The Foundation and the Desert Healthcare District are related parties. The Foundation is organized to provide health and welfare assistance to Coachella Valley residents in need. The District donated funds of \$0 and \$200,000 to the Foundation during the years ended June 30, 2021 and 2020, respectively, to help fulfill their purpose. The District also provided the Foundation with office space and personnel of \$768,901 and \$305,676 for years ended June 30, 2021 and 2020, respectively.

8. <u>LIQUIDITY AND AVAILABILITY</u>

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of June 30 are as follows:

	2021		2020
Financial assets:			
Cash	\$	1,348,623	\$ 1,145,289
Investments		5,617,879	5,020,682
Grants receivable		1,122,500	-
Accrued interest and dividend receivable		17,221	18,931
Contributions receivable – CRT		200,809	 187,298
Total financial assets		8,307,032	6,372,200
Less financial assets held to meet donor-imposed restrictions:			
Purpose-restricted net assets (Note 5)		(6,279,865)	(4,294,224)
Interest in charitable remainder trust (Note 4)		(200,809)	(187,298)
Donor-restricted funds (Note 6)		_	 (16,722)
Amount available for general expenditures within one year	\$	1,826,358	1,873,956

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

8. LIQUIDITY AND AVAILABILITY – (Continued)

OPAN The above table reflects donor-restricted and board-designated funds as unavailable because it is the Foundation's intention to invest resources for the long-term support of the organization. However, in the case of need, the Board of Directors could appropriate resources from the purpose-restricted funds available for general use. As part of the Foundation's liquidity management plan, they invest cash in excess of daily requirements in short-term investments (Note 3).

9. UNCERTAINTIES

As a result of the COVID-19 coronavirus pandemic, economic uncertainties have arisen which could have an impact on the operations of the Foundation. The related financial impact and duration cannot be reasonably estimated at this time.

10. SUBSEQUENT EVENTS

The Foundation evaluated all potential subsequent events as of October 12, 2021 when the financial statements were authorized and available to be issued. No subsequent events or transactions were identified after June 30, 2021 or as of October 12, 2021 that require disclosure to the financial statements.

OPA,

DESERT HEALTHCARE FOUNDATION

PALM SPRINGS, CALIFORNIA

INDEPENDENT AUDITOR'S REPORT
ON SCHEDULE OF EXPENDITURES
OF FEDERAL AWARDS AND
REPORTS ON INTERNAL CONTROL,
COMPLIANCE AND OTHER MATTERS

JUNE 30, 2021



INDEPENDENT AUDITORS' REPORT

To the Honorable Board of Directors of the Desert Healthcare Foundation Palm Springs, California

We have audited the accompanying schedule of expenditures of federal awards of Desert Healthcare Foundation (Foundation), for the year ended June 30, 2021, and the related notes (the financial statement).

Management's Responsibility

Management is responsible for the preparation and fair presentation of this financial statement in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of a financial statement that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on this financial statement based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance).g Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether the financial statement is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statement. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statement in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statement.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion JANA S basis for our audit opinion.

Opinion

In our opinion, the financial statement referred to above presents fairly, in all material respects, the expenditures of federal awards of the Foundation for the year ended June 30, 2021, in accordance with accounting principles generally accepted in the United States of America.

October 12, 2021



INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors Desert Healthcare Foundation Palm Springs, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States, the financial statements of Desert Healthcare Foundation (a nonprofit organization), which comprise the statement of financial position as of June 30, 2021, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated October 12, 2021.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Desert Healthcare Foundation's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Desert Healthcare Foundation's internal control. Accordingly, we do not express an opinion on the effectiveness of the Desert Healthcare Foundation's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements, on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Desert Healthcare Foundation's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

October 12, 2021



INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors Desert Healthcare Foundation Palm Springs, California

Report on Compliance for Each Major Federal Program

We have audited Desert Healthcare Foundation's compliance with the types of compliance requirements described in the OMB Compliance Supplement that could have a direct and material effect on each of Desert Healthcare Foundation's major federal programs for the year ended June 30, 2021. Desert Healthcare Foundation's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Desert Healthcare Foundation's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Desert Healthcare Foundation's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of pesert Healthcare Foundation's compliance.

Opinion on Each Major Federal Program

In our opinion, Desert Healthcare Foundation complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2021.

Report on Internal Control over Compliance

Management of Desert Healthcare Foundation is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Desert Healthcare Foundation's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Desert Healthcare Foundation's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose

October 12, 2021

DESERT HEALTHCARE FOUNDATION SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED JUNE 30, 2021

Federal Grantor/Pass-Through Agency/Program	Federal CFDA Number	Pass-through Entity Identifying Number	Fede al penditures
U.S. Department of Treasury Passed-through from Riverside County Coronavirus Relief Fund - COVID-19 Total U.S. Department of Treasury	21.019		\$ 600,000
U.S. Department of Health and Human Services Passed-through from Riverside County Epidemiology and Laboratory Capacity for Infectious Diseases - COVID-19 Total U.S. Department of Health and Human Services	93.323		 690,000
	Total Exp	enditures of Federal Awards	\$ 1,290,000

DESERT HEALTHCARE FOUNDATION NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS THINE 30 2021

NOTE 1: BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards includes the federal grant activity of Desert Healthcare Foundation under programs of the federal government for the year ended June 30, 2021. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulation Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Desert Healthcare Foundation, it is not intended to and does not present the financial position, changes in net assets, or cash flows of Desert Healthcare Foundation.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

NOTE 3: INDIRECT COST RATE

Desert Healthcare Foundation has elected not to use the 10% de minimis indirect cost rate as allowed under the Uniform Guidance.

DESERT HEALTHCARE FOUNDATION

SCHEDULE OF FINDINGS AND QUESTIONED COSTS



FOR THE YEAR ENDED JUNE 30, 2021

A. SUMMARY OF AUDITOR'S RESULTS

- 1. The auditor's report expresses an unmodified opinion on whether the financial statements of Desert Healthcare Foundation were prepared in accordance with GAAP.
- 2. No significant deficiencies relating to the audit of the financial statements are reported in the <u>Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*.</u>
- 3. No instances of noncompliance material to the financial statements of Desert Healthcare Foundation, were disclosed during the audit.
- 4. No significant deficiencies relating to the audit of major federal award programs are reported in the <u>Independent Auditor's Report on Compliance for Each Major Program and Internal Control Over Compliance Required By The Uniform Guidance. No material weaknesses are reported.</u>
- 5. The auditor's report on compliance for Desert Healthcare Foundation expresses an unmodified opinion on all major federal programs.
- 6. There are no audit findings that should be disclosed in accordance with 2 CFR section 200.516(a).
- 7. The programs tested as major programs were:

<u>Program Name</u>	<u>CFDA#</u>
Coronavirus Relief Fund – COVID - 19	21.019
Epidemiology and Laboratory Capacity	
for Infectious Diseases – COVID- 19	93.323

- 8. The dollar threshold used for distinguishing between Type A and B programs was \$750,000.
- 9. Desert Healthcare Foundation was determined not to be low-risk auditee. (Since the Foundation has not had a single audit in the past two years they are required to be considered "not low-risk")

B. Findings – Financial Statements Audit

None

DESERT HEALTHCARE FOUNDATION SCHEDULE OF PRIOR YEAR FINDINGS AND QUESTIONED COSTS TO ENDED HINE 30, 2021

C. Findings And Questioned Costs - Major Federal Award Programs Audit

There were no findings and questioned costs for the year ended June 30, 2020.*

FEDERAL COMPLIANCE

There were no prior year findings and questioned costs for the year ended June 30, 2020.*

*It is being noted that the Foundation did not have a single audit for the year ended June 30, 2020.



MANAGEMENT LETTER

To the Honorable Board of Directors of the Desert Healthcare Foundation Palm Springs, California

In planning and performing our audit of the financial statements of Desert Healthcare Foundation (the "Foundation") for the year ended June 30, 2021, in accordance with auditing standards generally accepted in the United States of America, we considered the Foundation's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control. Accordingly, we do not express an opinion on the effectiveness of the Foundation's internal control.

However, as discussed below we noted a few matters that we wanted to bring to your attention that give you an opportunity to strengthen existing internal controls and operating efficiency and are mentioned for management purposes only.

COMPLIANCE WITH AGREEMENTS

During the audit, we noted that the subrecipient agreement with the County of Riverside (County) required that the provided funds be held in a separate bank account that is non-interest bearing. The Foundation held the funds in an account with other funds unrelated to the County's subrecipient agreement, however, the account was non-interest bearing. Additionally, management maintained an organized accounting of the subrecipient funds despite not being held in a separate bank account. Due to this provision in the agreement, we requested that management inform the County of this compliance oversight. Management has since opened a separate bank account and transferred undistributed funds received from the County in the account to maintain compliance. We do not believe this was significant enough to warrant a finding. We recommend that management continue to review any agreements in detail to ensure compliance is met with provisions of the agreement.

DOCUMENTATION SUPPORTING CONTRACTOR REIMBURSED EXPENSES

During the compliance audit, it was noted that there were instances where management needed to follow up with the contactors (CBOs and FBOs) to obtain support for certain expenses incurred by the contractors and reimbursed for by County funding provided as part of the subrecipient agreement. For audit purposes we were able to obtain the needed support for the selected contractors and transactions, however, we would recommend that management consider performing an internal audit of the other time periods and/or contractors not covered by the compliance audit procedures, to ensure that funds were expended for allowable costs under the provision of the funding.

DOCUMENTATION SUPPORTING CONTRACTOR REIMBURSED EXPENSES - (Continued)

In our opinion, a finding is not necessary since we were able to obtain sufficient support for the transactions selected during our audit resulting in no questioned costs.

Management Response:

It is important to note the CARES and ELC funding received by the Foundation were provided on an emergency basis related to the COVID-19 pandemic and the first instance of federal funding received requiring a Single Audit. Due to the urgent nature of the CARES funding and the expedited pass-through to the designated CBOs, Foundation staff diligently secured documentation to support the CBO's expenditures and budgets.

As defined in the recommendation, Foundation staff provided the requested additional documentation supplied from the CBOs during the single audit to support the sample testing. Understanding the additional level of documentation required for the single audit of federal funds per the recommendation, Foundation staff will obtain all required CBO documentation to ensure that funds are expended for allowable costs under the provision of the funding.

This letter is intended solely for the information and use of the Board of Directors and management.

October 12, 2021



Date: October 26, 2021

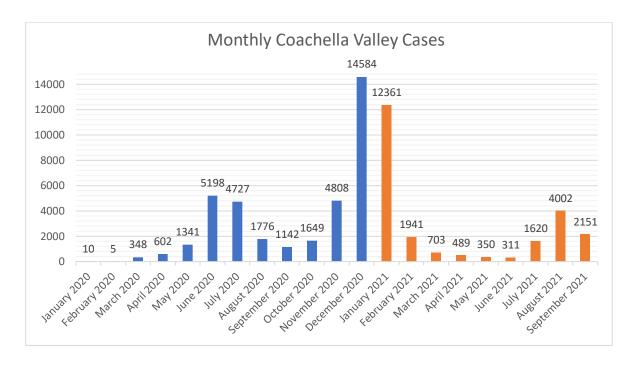
To: Board of Directors

Subject: COVID-19 Vaccination Efforts in the Coachella Valley - UPDATE

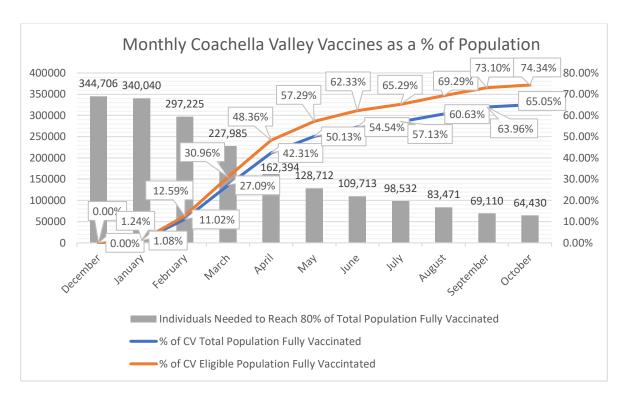
Information:

• COVID-19 continues to be the focus of public health interventions across the nation. Recent increases in COVID-19 cases, especially after the Delta variant became the most prevalent strain, have create great concerns and have reinforced the importance of vaccines as the most effective prevention measure.

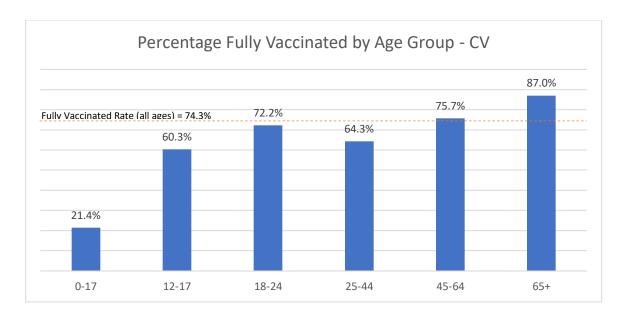
- The Coachella Valley experienced, like the rest of the nation, an increase in the number of cases, in great part due to populations that remain unvaccinated.
- After a peak in the number of COVID-19 cases in August, we begin to see a reverse in cases trend.



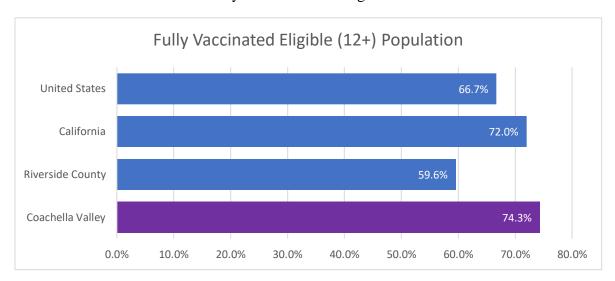
• Vaccination rates have continued to increase in the Valley. Currently nearly 75% of the District's population is fully vaccinated.



• From our previous report, the 12 – 17 age group saw an increase in fully vaccinated individuals from 54% to 60%; the 18 – 24 group increased from 68% to 72%; the 25 – 44 increased from 61% to 64%; and the 45 – 64 age group has remained at roughly 76%.



• Our work in Coachella Valley shows we have higher vaccination rates.



- But significant gaps remain, especially between communities with highest vs. lowest vaccination rates.
- For instance, Rancho Mirage has a vaccination rate of 81.2%, while the city of Coachella has only 53.4% of its population fully vaccinated.
- The COVID-19 case rate is much lower in Rancho Mirage (7.5%) compared to Coachella which has a case rate 2.5X higher (18.9%).
- We see some very positive developments in the District. Higher vaccination rates and lower cases after the August peak caused by the Delta variant.
- On September 22, the US Food and Drug Administration authorized a booster dose of the Pfizer and BioNTech Covid-19 vaccine for those ages 65 and older and some highrisk Americans, paving the way for a quick rollout of the shots. The District is assisting with the rollout of booster shots in the Coachella Valley.
- On 10/20/21 the FDA approved booster shots for the Johnson & Johnson and Moderna vaccines as well and authorized a "mix-and-match" approach to vaccine boosters for COVID-19.
- It is expected that a vaccine will be authorized for children younger than 12 years of age soon.



Date: October 26, 2021

To: Board of Directors

Subject: Return to In-Person Board of Director and Committee Meetings

Staff Recommendation: Information only

Background:

- As of March 12, 2020 and as a result of the COVID-19 pandemic, Governor Newsom issued an executive order, which allows teleconferencing for Board of Director's and Committee meetings through September 30, 2021.
- The District and Foundation's Board of Director and Committee meetings have been conducted virtually (via Zoom) since March 2020.
- On September 16, 2021, the Governor extended the executive order, via AB 361, through January 1, 2024.
- The executive order allows the District Board to continue teleconference meetings during a declared state of emergency.
- At the District's September 28, 2021 Board of Director's meeting, the Board approved a resolution in support of the extension conducting meetings via teleconference.
- Staff continues to monitor the status of COVID-19 in the District and will continue to inform the Board regarding the safety of returning to in-person Board and Committee meetings.
- An option that will be considered for use, when the time is appropriate to return to in-person Board meetings, is the OWL teleconferencing system.
- The OWL teleconferencing system will allow Board and staff to conduct in-person meetings, while allowing the public to participate virtually. This will allow distancing to continue, while conducting public meetings.

Fiscal Impact:

N/A



Date: October 26, 2021

To: Board of Directors

Subject: Community Engagement and Presentations

Background:

- Continuing with the key professional responsibilities of the District's CEO in
 maintaining and developing the organization's external relations by communicating the
 organization's mission and achievements effectively to stakeholders and to create links
 with community constituents so the highest degree of impact can be achieved through
 the most effective use of resources.
- The following is brief information regarding some of the current, past, current, and upcoming presentations and community engagements involving the CEO.

Information:

- Visit Acadia Hospital (currently under construction) September 16, 2021
- Meeting with IEHP Planning of Promotoras Celebration September 27, 2021
- Site visit to grantee Neurovitality Center September 28, 2021
- Participated in Lift to Rise 2022-2024 Action Planning—September 29, 2021
- DHCD Behavioral Health Green Ribbon Committee September 30, 2021
- Riverside County Vaccine Equity Taskforce October 1, 2021
- UCR School of Medicine Community Advisory Board meeting October 6, 2021
- ACHD CEO roundtable October 7, 2021
- Presentation about DHCD CV Equity Collaborative at Vision y Compromiso's Annual Conference – October 8, 2021

- Accepted the "De Corazon" award at Vision y Compromiso's Annual Conference –
 October 8, 2021
- Meeting with UC Davis School of Nursing and Physician Assistants October 11, 2021
- Meeting with ASM E. Garcia October 11, 2021
- Site visit to Coachella Valley Volunteers in Medicine October 12, 2021
- Meeting with constituents from North Shore October 14, 2021
- Facilitated meeting between UC Davis and Borrego Community Health Foundation for Physician Assistant placements in the Coachella Valley and increase the healthcare profession pipeline for the region – October 14, 2021
- Riverside County COVID-19 Vaccine Equity Taskforce October 15, 2021
- Meeting with RUHS Public Health Deputy Director of Administration Rachelle Roman
 October 21, 2021
- Attended Desert Hot Springs State of the City October 21, 2021
- Recorded COVID-19 education/news segments with NBC Palm Springs and Univision
 Palm Springs in English and Spanish October 21, 2021
- ACHD Advocacy Committee Meeting October 22, 2021



October 26, 2021 Date:

To: **Board of Directors**

Subject: Consideration to Approve Closing District Office for Business between

Christmas and New Year's Eve.

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

Background:

- There is a national trend to close offices of entities or businesses that do not provide essential products or services during some holidays, especially around Christmas and New Year's Eve.
- This is in response to many observed benefits, which include:
 - Higher Employee Morale = A Productivity Boost.
 - o Holiday Slowdown.
 - Creating a Culture of Self-Care amongst employees.
- Staff recommendation is consistent with this national trend and consistent with observed practices of similar organizations, including the Association of Healthcare Districts (ACHD), and various health foundations
- Monday, December 27, 2021 will be the recognized holiday for Christmas, which falls on Saturday.
- Staff recommends authorizing closing the District's offices for business between Christmas and New Year's Day. December 28-31, 2021.

$\frac{\textbf{Fiscal Impact:}}{N/A}$



Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Chair Evett PerezGil	Conrado E. Bárzaga, MD, Chief Executive Officer	
Vice-President Karen Borja	Chris Christensen, CAO	
Director Carmina Zavala	Donna Craig, Chief Program Officer	
	Alejandro Espinoza, Chief of Community	
	Engagement	
	Meghan Kane, Senior Program Officer	
	Jana Trew, Senior Program Officer, Behavioral	
	Health	
	Erica Huskey, Administrative and Program	
	Assistant	
	Andrea S. Hayles, Clerk of the Board	
AGENDA ITEMS	DISCUSSION ACTIO	N

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order	
	at 5:00 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a	Moved and seconded by Vice-
	motion to approve the agenda.	President Borja and Director Zavala to
		approve the agenda.
		Motion passed unanimously.
III. Meeting Minutes	Chair PerezGil asked for a	Moved and seconded by Vice-
1. June 08, 2021	motion to approve the June 08,	President Borja and Director Zavala to
	2021, meeting minutes.	approve the June 08, 2021, meeting
		minutes.
		Motion passed unanimously.
IV. Public Comment	There were no public comments.	
V. Old Business		
1. Funding Requests	Donna Craig, Chief Program	
Update	Officer, provided an overview of	
	the most recent letters of intent,	
	also answering questions of the	
	committee.	
	The following individuals	
	provided public comments in	
	support of the declined letter of	
	intent submission for the 2022	
	Coachella Valley Community	
	Health Survey by Health	



Assessment and Research for Communities (HARC):

Jenna LeComte-Hinely, Chief Executive Director, PhD, Health Assessment and Research for Communities (HARC)

Luz Moreno, Community Engagement Program Manager, Clinicas de Salud del Pueblo

Armando Ehrenzweig, Executive Director, Get in Motion Entrepreneurs

David Lo, MD, University of California Riverside, School of Medicine (SOM), Senior Associate Dean of Research, Distinguished Professor of Biomedical Sciences

Teresa Hodgkins, PharmD, BCACP, President, Board of Directors, HARC, and Vice President Clinical Quality Initiatives, Desert Oasis Healthcare

Edgar Bulloch, MD, Interim CEO, Chief Medical Officer, Borrego Health

John Epps, Board Member, HARC, Retired Center for Nonprofit Advancement, Regional Access Project Foundation.

Will Porter, PhD, University of Riverside, Department of Environmental Science



Bill VanHemert, Director of Institutional Giving, DAP Health

Vice-President Borja described the public comments and the data sets from 2017 highlighting the increase in positive health rates to assist with additional funding for organizations, which is not as comprehensive as the District's community health needs assessment that included some deterrents for completion during the pandemic. Vice-President Borja requested that staff revisit the matter.

Donna Craig, Chief Program
Officer, outlined the strategies,
the community focus groups,
access to primary care, and
healthcare that the community
health needs assessment is
driving, with the District funding
over \$3M to HARC. The District's
community health needs
assessment is Coachella Valleywide for the entire community
and other organization's use of
the data for potential grant
funding.

Conrado Bárzaga, MD, CEO, explained that over 200 health indicators were completed by the same organization, HARC, and the community health needs assessment is comprehensive and complex for organizations to extract data to seek more funding and more information than the three-year data HARC



	Т .	
	creates that are related to	
	compliance with hospitals and	
2. Grant Payment	health centers.	
Schedule		
Schedule	Chair PerezGil inquired on any	
	questions concerning the Grant	
	Payment Schedule.	
VI. Program Updates		
 Progress and Final 	Vice-President Borja inquired	
Reports Update	about various progress reports	
	and requested a revision or	
	resubmission of the California	
	Immigrant Resilience Fund,	
	which does not include the local	
	partners, the grant is broad	
	requiring more specifics about	
	the funding partnerships, such as	
	Alianza, to assist the farm	
	working community, and other	
	underserved populations.	
	Additionally, Vice-President	
	Borja inquired about Jewish	
	Family Services (JFS) final	
	progress report regarding focus	
	groups to access barriers and	
	how it relates to the District's	
	community health needs	
	assessment, for instance the	
	added barriers JFS is tracking and	
	how it compares to the	
	community health needs	
	assessment.	
VIII. Grant Funding Requests		
3.1.2.3.3.1.8.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
1. None at this time –	Donna Craig, Chief Program	
awaiting direction from	Officer, explained that at this	
the Board of Directors	time there are no current grant	
	_	
as we continue	funding requests until the final	
developing the Strategic	approval of the District and	
Plan	Foundation's strategic plan.	



IX. Committee Members Comments		
X. Adjournment	Chair PerezGil adjourned the meeting at 6:06 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

New Grant Requests/Updates; Grants Team Review and Recommendations; Next Steps (October 2021)
The following LOIs (Letter of Interest) and/or Applications have been received and reviewed or under review by the Grants Team (Alejandro, Meghan, Jana, Erica, Vanessa, Chris, Eric, Donna)

Agency	Grant # & Project Title	Amount and Timeline	Description of what funds would support	Results of grants team review	Status
Alianza Coachella Valley	LOI: #1282 - Our Salton Sea: Fostering an equitable thriving economy	\$149,707.05 one year	Phase 1 of a Salton Sea Initiative- development of a regional-based redefinition of a "thriving economy" in the context of economic development and mobility	Proposal meeting resulted in the organization agreeing to send more documentation prior to Stage 2, the application	No receipt of documents to date
Alianza Nacional De Campesinas Inc	LOI: #1292 - CV Farmworkers food distribution	\$5,000 mini grant one year	Food distribution to farmworkers and families	Invited to a preproposal conference to learn more	Proposal conference date pending
Lift to Rise	#1188 Coachella Valley Housing Catalyst Fund	\$2.5 million request/staff was recommending \$1 million Two years	Provide seed capital to support the fund's start up. Over the next 10 years, the fund will support 10,000 homes for low income families, reducing the number of rent-burdened households by approximately a third.	Staff made a recommendation at the June 8, 2021 Program Committee, asking for consideration to approve, in concept, a reservation of \$1 million (with certain contingencies) from the District's FY 20/21 grant budget.	Stage 2, the application, has been received, but currently tabled for review by PC and BOD until Strategic Planning has been completed and focus areas and funding allocations

	T				,, , , , , , , , , , , , , , , , , , ,
					have been
					approved.
FIND Food Bank	#1286 Ending Hunger	\$415,000 one year	To fund 3.5 million pounds of healthy fresh fruits and vegetables for a total of 6million pounds that will be distributed through more than 120 distribution sites. Farmers donate the produce and food banks pay a fee for the labor and the processing to help cover the costs. The District's support go towards these harvesting fees that go towards the labor ensuring that the	A proposal conference was conducted with an invite to submit an application	Stage 2, the application, has been received, but currently tabled for review by PC and BOD until Strategic Planning has been completed and focus areas and funding allocations have been approved.
			agricultural workers		
Desert Cancer Foundation	LOI: #1289 Patient Assistance Program	\$150,000 one year	are paid for their work. Through the Patient Assistance Program, DCF will make payments to the healthcare providers, on behalf of qualified (means-tested) low- income individuals residing in the District region, to cover the		Stage 2, the application, has not been generated due to PC and Board direction to table all grants until Strategic Planning has

					,
			costs of screening,		been completed
			diagnosis, and vital		and focus areas
			treatment of cancer		and funding
			and its allied diseases.		allocations
			The funds will cover		have been
			insurance premiums		approved.
			and deductibles, co-		
			pays/co-insurance,		
			Medic-Cal Share of		
			Cost, prescription		
			medications, including		
			IV infusions, chemo		
			and radiation		
			therapies. A portion of		
			the funds will also		
			cover staff wages to		
			help run the program.		
Coachella	LOI: #1296	\$154,094 one	Part-time salary for a	Site visit planned for	Pending site
Valley	Improving	year	certified Medical	Tuesday, October 12,	visit
Volunteers in	Access to	,	Assistant to facilitate	2021	
Medicine	Healthcare		services that will be		
	Services		provided at 2 proposed		
			remote "clinics" in		
			Desert Hot Springs and		
			Mecca as well as		
			covering direct and		
			indirect patient care		
			costs for a minimum of		
			1,000 scheduled		
			contacts, both in-clinic		
			and remote, for		
			primary medical care,		
	1	1	1 -		
			limited specialty care,		

			general and diabetes care management, health education, medical outreach services to homeless persons, social service assessments (including SDOH assessment) and community referrals.		
HARC, Inc. (Health Assessment & Research for Communities	LOI: #1297 2022 Coachella Valley Community Health Survey	\$293,724 two years	Grant year 1: cover the costs of mailing the printed surveys to community members (including \$2 preincentives to each of the 15,000 randomly selected households); mailing reminders to non-responders, and \$25 Visa cards for approximately 3,000 completions. Grant year 2: cover 50% of the staff salaries/benefits for disseminating the result to the community and the cost of printing the reports.	The grants team recommends DECLINE: Do not see the need for this as DHCD just completed its CHNA (Community Health Needs Assessment) and will be using that community-driven data and information for our 5-year strategic plan. Total cost of the CHNA \$185,000. Additionally, for ongoing benchmarking and monitoring over the 5 year period, the District will utilize alternate data from the census	

				(American Community Survey) and other sources, such as RUHS, Hospital data, etc. To dive deeper into overall data indicators, we will be using our grantees to identify impact within our focus areas via Clear Impact and Results Based Accountability (RBA) platforms	
UCR SOM	#1293 - Providing Mental Health Resources to Alleviate Depression, Anxiety, and Alcohol Abuse in the COVID-19 Pandemic	\$5,000 mini grant 10 months	Integration of behavioral health services into primary care settings with mental health screenings, treatment, and education will address COVID-19 related increases in emotional and psychological distress in Latinx farm-working communities in the eastern valley. Medical students will collaborate with promotoras to facilitate the "warm hand-off" to onsite professional	Grants team saw a necessary and important need for this project, especially for the farmworker community.	MINI GRANT AWARDED

			behavioral/mental health services.		
Variety Children's Charities of the Desert	LOI #1294 - Caring Connections	\$5,000 mini grant one year	Caring Connections, a pilot program of Variety's established Care Program, was created to meet the identified gap in service for early detection and intervention services for infants and young children who may have developmental delays or disorders. Funds will support core operations for staff expenses including salaries and professional development of staff for use of the ASQ-3 screening tool.	Grants team saw a necessary and important need for this project and generated Stage 2, the mini grant application	PENDING award

		DESERT HEALTHCARE DISTRIC	т										
		OUTSTANDING GRANTS AND GRANT PAYME		HEDULE									
		September 30, 2021											
		TWELVE MONTHS ENDING JUNE 30,	2022										
			Approved		6/30/2021		Current Yr	Total Paid Prior Yrs Total Paid Current Y		t Yr	(Open	
Grant ID Nos.		Name	Gra	nts - Prior Yrs		Bal Fwd	2021-2022	July-June	July-June		BA	LANCE	
2014-MOU-BOD-11/21/13		Memo of Understanding CVAG CV Link Support	\$	10,000,000	\$	6,660,000		\$ -			\$ 6	6,660,000	
2019-994-BOD-05-28-19		One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yr	\$	700,000	\$	148,750		\$ 78,750			\$	70,000	
2020-1085-BOD-05-26-20		Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr	\$	50,000	\$	5,000		\$ 5,000			\$		
2020-1057-BOD-05-26-20		Desert Cancer Foundation - Patient Assistance Program - 1 Yr	\$	150,000	\$	15,000		\$ 15,000			\$	_	
2020-1139-BOD-09-22-20	1	CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr	\$	50,000	\$	5,000		\$ -			\$	5,000	
2020-1135-BOD-11-24-20	5	Hope Through Housing Foundation - Family Resilience - 1 Yr	\$	20,000	\$	2,000		\$ -			\$	2,000	
2020-1149-BOD-12-15-20	1	Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$	40,000	\$	22,000		\$ -			\$	22,000	
2021-1136-BOD-01-26-21	1	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr	\$	119,432	\$	65,688		\$ 53,744			\$	11,944	
2021-1147-BOD-01-26-21	4	Alzheimer's Association - Critical Program Support - 1 Yr	\$	33,264	\$	18,295		\$ 14,969			\$	3,326	
2021-1162-BOD-01-26-21	2	Joslyn Center - Wellness Center Program Support - 1 Yr	\$	109,130	\$	60,022		\$ 49,108			\$	10,914	
2021-1170-BOD-02-23-21	2	Jewish Family Services - Mental Health Counseling for Underserved Residents - 1 yr	\$	80,000	\$	44,000		\$ 36,000			\$	8,000	
2021-1141-BOD-03-23-21	3	Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	\$	210,905	\$	115,998		\$ -			\$	115,998	
2021-1171-BOD-03-23-21	1	Blood Bank of San Bernardino/Riverside Counties - Bloodmobiles for Coachella Valley - 18 Months	\$	150,000	\$	82,500		\$ -			\$	82,500	
2021-1174-BOD-03-23-21	4	Mizell Center - Geriatric Case Management Program	\$	100,000	\$	55,000		\$ -			\$	55,000	
2021-1266-BOD-04-27-21	3	Galilee Center - Our Lady of Guadalupe Shelter - 1 yr	\$	150,000	\$	82,500		\$ -			\$	82,500	
2021-1277-BOD-04-27-21	5	Lift To Rise - United Lift Rental Assistance 2021 - 8 Months	\$	300,000	\$	210,000		\$ 90,000			\$	120,000	
2021-1280-BOD-05-25-21	1	Desert AIDS Project - DAP Health Expands Access to Healthcare - 1yr	\$	100,000	\$	55,000		\$ -			\$	55,000	
2021-21-02-BOD-06-22-21		Carry over of remaining Fiscal Year 2020/2021 Funds	\$	1,854,873	\$	1,854,873		\$ -			\$ 1	1,854,873	
									\$	-	\$	_	
TOTAL GRANTS			\$	14,217,604	\$	9,501,626	\$ -	\$ 342,571	\$		\$ 9	9,159,055	
Amts available/remaining for Grant/Programs - FY 2021-22:													
Amount budgeted 2021-202					\$	4,000,000			G/L Balance:	0404		9/30/2021	
Amount granted through S Mini Grants:	eptei	mber 30, 2021:			\$							1,169,055 1,990,000	
Financial Audits of Non-Profit	S.				\$					2201	ψч	,990,000	
Net adj - Grants not used:		FY20-21 Funds, 1124			\$	1,867,619			Total	-	\$ 9	,159,055	
Matching external grant contr					\$	-					\$	(0)	
Balance available for Grant	s/Pr	ograms			\$	5,867,619							
Strategic Focus Areas FY21-22:		_	rant Budget		ranted YTD	Available							
	1	Healthcare Infrastructure and Services	\$	1,500,000			\$ 1,500,000						
	3	Behavioral Health/Mental Health Homelessness	\$	500,000 500,000			\$ 500,000 \$ 500,000			-			
	4	Vital Human Services to People with Chronic Conditions	\$	1,000,000			\$ 1,000,000			+			
		Economic Protection, Recovery and Food Security	\$	500.000			\$ 500,000						
	Ť	Balance available for Grants/Programs	\$	4,000,000	_		\$ 4,000,000						



Date: 10/12/2021

To: Program Committee - District

Subject: Progress and Final Grant Reports 5/1/21 – 9/30/21

The following progress and final grant reports are included in this staff report:

Olive Crest, Grant #1085

Grant term: 7/1/20 - 6/30/21

Original Approved Amount: \$50,000

Final report covering the time period from: 7/1/20 - 6/30/21

CSUSB Philanthropic Foundation #1139

Grant term 10/1/20 - 9/30/21

Original Approved Amount: \$50,000

1st Progress report covering the time period from: 10/01/20 - 3/30/21

FIND Food Bank # 1045

Grant term: 4/1/20 - 3/31/21

Original Approved Amount: \$401,380.

Final report covering the time period from: 4/1/20 - 3/31/21

Desert Cancer Foundation #1057

Grant term: 6/1/20 - 5/31/21

Original Approved Amount: \$150,000

Final report covering the time period from: 6/1/20 - 5/31/21

Hope Through Housing #1135

Grant term: 12/1/20 - 11/30/21

Original Approved Amount: \$20,000

1st Progress report covering the time period from: 12/1/20 - 5/31/21

Grantmakers Concerned with Immigrants and Refugees # 1127

Grant term: 7/1/20 - 6/30/21

Original Approved Amount: \$150,000.

Final report covering the time period from: 7/1/20 - 6/30/21

CV Volunteers In Medicine # 1129

Grant term: 6/1/20 - 5/31/21

Original Approved Amount: \$149,727.

Final report covering the time period from: 6/1/20 - 5/31/21

Lift To Rise # 1177

Grant term: 5/1/21 - 12/31/21

Original Approved Amount: \$300,000.

1st Progress report covering the time period from: 5/1/2021 - 7/31/2021

Cove Communities Senior Association dba The Joslyn Center #1162

Grant term: 2/1/21 - 1/31/22

Original Approved Amount: \$109,130.

1st Progress report covering the time period from: 2/1/2021 - 7/31/2021

Alzheimer's Association # 1147

Grant term: 2/1/21 - 1/31/22

Original Approved Amount: \$33,264.

1st Progress report covering the time period from: 2/1/2021 - 7/31/2021

Inland Empire Ronald McDonald House # 1136

Grant term: 2/1/21 - 1/31/22

Original Approved Amount: \$119,432.

1st Progress report covering the time period from: 2/1/2021 - 7/31/2021

Public Health Institute # 1046

Grant term: 3/1/20 - 2/28/23

Original Approved Amount: \$250,000.

3rd Progress report covering the time period from: 3/1/2021 - 8/30/2021

Jewish Family Services of the Desert # 1170

Grant term: 3/1/21 - 2/28/22

Original Approved Amount: \$80,000.

1st Progress report covering the time period from: 3/1/2021 - 8/31/2021

Regents Of The University Of California At Riverside # 1124

Grant term: 6/15/20 - 2/28/21

Original Approved Amount: \$149,976

Final report covering the time period from: 6/1/20 - 2/28/21

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

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

Reporting Period: 7/1/2020 to 6/30/2021

Tracy Fitzsimmons
Tel: (951) 686-8500
tracy-fitzsimmons@olivecrest.org

Grant Information

Grant Amount: \$50,000 **Paid to date:** \$45,000

Balance: \$5,000

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by (5/31/2021):

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

Proposed number of District residents to be served:

0-5: 22

6-17: 288

18-24: 0

25-64: 0

65 or more: 0

Proposed geographic area(s) served:

All District Areas

Final Progress:

Final Outcomes: Desert Healthcare District Foundation grant of \$50,000 was used to help Olive Crest respond to increasing community needs (exacerbated by Covid-19) for integrated community health services that provide access to primary care and mental health services for children and families.

Grant funding helped us fund core services needed to deliver both in-person mental health and tele-health services to 481 children and families in the Coachella Valley. This support has played an important role in helping us meet the increased community needs for safetynet support through mental health services for some of the most vulnerable families living in the Coachella Valley.

We are pleased to report that we met or exceeded most of our goals.

Final number of District residents served:

0-5: 50

6-17: 431

18-24: 0

25-64: 0

65 or older: 0

Please answer the following questions

1. Please describe any specific issues/barriers in meeting the proposed program/project goals:

The most significant issue/barrier for this project has been identifying and recruiting qualified and dedicated staff for key mental health roles in the Coachella Valley.

An additional challenge to the staff's efficiency has been the lack of 'hot spots' in the Coachella Valley area within which staff can provide mandatory notes/documentation of client visits. (Although this doesn't affect client care, it delayed required processing.)

2. Please describe any unexpected successes other than those originally planned

This past year of the COVID-19 pandemic has been an anomaly.

However, it has led our team to embrace tele-psychiatry and tele-health to a much more significant extent. This has led to increased services to each client and a reduction in in-person cancellation rates. The reduction in travel has also provided

teams with the opportunity to spend more time with clients (as needed) due to the elimination of travel time.

3. After the initial investment by the DHCD how will the program/project be financially sustained?

Much of mental health services will be paid through the County of Riverside on reimbursement basis.

Coverage of costs for the balance of mental health costs is covered through various private entities, including additional foundations and individual supporters.

Realistically, this continues to be an area of focus as the required and requested services are growing at a faster rate than private support. The opening of an outpatient clinic later this year will create an additional demand for community financial partnerships.

- 4. List five things to be done differently if this project/program were to be implemented again
 - 1. Need to hire more clinicians as in-person, home-based therapy has returned, and a new out-patient clinic will open in 2021.
 - 2. Need additional 24/7 peer specialist support for youth, teens, and young adults to help encourage and normalize receiving mental health services.
 - 3. Need additional 24/7 parent partner support for at-risk parents to prevent entry into and support transition out of the child welfare system.
 - 4. Provide new mental health resources and therapy games for each mental health staff member in order to support their client interactions.
 - 5. Expand evidence-based trainings for staff in order to ensure best methods and grow an environment of continuous improvement.

CSUSB Philanthropic Foundation, Grant#: 1139

Street Medicine Program/Department of Nursing

Strategic Area: Healthcare Infrastructure and Services

Reporting Period: 10/01/2020 to 3/30/21

Robert Nava

Tel: (909) 537-7769 rjnava@csusb.edu

Grant Information

Grant Amount: \$50,000

Paid to date: \$22,500

Balance: \$27,500

Due Date: 3/30/21

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (9/30/2021):

Goal #1: To provide healthcare services to 100 individuals and 300 contacts (contacts may be duplicated individuals) through nurse and medical clinics serving the homeless, unsheltered and vulnerable populations in the Coachella Valley; additionally assisting with COVID-19 testing, education and immunization services by September 30, 2021.

Goal #2: To engage 32 CSUSB PDC nursing students at all degree levels in the Street Medicine Program activities for course credit or volunteer hours by September 30, 2021.

Goal #3: The program will monitor and track Street Medicine progress towards the development of additional collaborative partnerships and efforts to replicate the program reporting the new partner names and MOU agreements of the two new partnerships by September 30, 2021.

Goal #4: The program will hire four nursing student assistants to work with the Street Medicine teams in homeless outreach settings in the Valley by October 1, 2020

Evaluation Plan: The Evaluator will utilize both quantitative and qualitative methods to gather data throughout the grant term. Data will include, but not limited to, surveying of

nursing student assistants,10 testimonials from partners or agencies and the numbers of persons served, services provided and referrals. The PI and evaluator will present findings at one national conference and two regional conferences by September 30, 2021; in addition to sharing the results with Desert Healthcare District & Foundation and other relevant agencies. The evaluator will be a CSUSB faculty researcher who will work with the Street Medicine nursing faculty and students to analyze data collection, conduct a project evaluation and suggest recommendations for improvement. Proposed hire date for evaluator is Fall 2020.

Proposed number of District residents to be served:

Total: 100

Proposed geographic area(s) served:

Coachella Indio Mecca Palm Springs Thermal

Progress This Reporting Period

Progress Outcomes:

The CSUSB Nursing Street Medicine Program has far surpassed the goals and evaluation plan proposed in the DHCF grant application. In the first six months we have had more than three times the number of patient encounters than proposed. Also, in the first six months of the program we have involved 54 nursing students and 22 more students than we proposed for the full year of the program. Three nursing student assistants were hired with one student serving the hours budgeted for two students at the Coachella Valley Volunteers in Medicine. We also involved two masters degree in nursing students as part of their course of study (this was not proposed in the grant proposal).

In our grant proposal we planned on presenting at one national and two regional conferences by the end of the grant period. This goal was accomplished and exceeded with an international conference presentation that will take place in July 2021.

We also anticipated the development of two new partnerships and MOUs by the end of the grant period. We are happy to report that we have developed new agreements with UCR School of Medicine, Desert Physicians Medical Group, Mary's Mercy and Lutheran Social Services in San Bernardino, and are in process with CVAG and the DHCD.

The street medicine nurse clinics have been praised by all the partners and by the vulnerable populations served.

Thus far we have not spent from the gift generously provided by the Desert Healthcare

District Foundation. The Street Medicine Program has been supported by many other partners who have contributed emergency relief funds towards the work we do. These funds were time sensitive and needed to be expended quickly due to the nature of the gifts and we are glad to report that all salary lines for the Street Medicine Program have just been directed to DHDF funds earlier this month. We expect the first expenses to hit the account in April and are on track to expend the granted amount in full by the end of the grant period.

Progress on the number of District residents served:

Total: 1,086

Geographic area(s) served during this reporting period:

Coachella

Indio

Mecca

North Shore

Palm Springs

Thermal

Progress on the Program/Project Goals:

Goal #1:

Between October 1, 2020 to March 15, 2021, the program had 1086 patient encounters.

Demographic information is listed below (N/A is unspecified):

Ages

o 6-17: 9

0 18-24: 34

o **25-64**: 587

o 65+: 182

o N/A: 274

Gender

o Female: 277

o Male: 557

o Trans (male/female): 8

o Nonbinary: 3

o N/A: 241

Race/ethnicity:

American Indian/Alaskan Native: 13

o Hispanic/latinx: 291

Black/A.A.: 129

o Caucasian: 268

Native Hawaiian/Pacific Islander: 4

Asian: 19Mixed race: 69Other race: 21N/A: 272

- Veteran status
 - 0 90
- Insurance status:

Medical/care: 621

Private: 32
Uninsured: 117
Don't know: 48
Military/tricare/VA: 3

o N/A: 265

Reason for being seen and services provided:

- Patient encounter with nurses (includes VS, blood glucose, health education and prevention, medication management/education, chronic care management): 1,086
- Patient encounter with medical residents: 45
- Wound care: 156
- Care packs/prevention (includes essential hygiene supplies, wound care supplies): 686
- Referrals:
- To primary care provider (new or current): 24
- To urgent care/ER: 9
- Other (includes clinics, COVID testing centers, OBGYN, dentist, mental health referrals, housing sources): 22
- To other social services including ID and insurance application:

Testimonials:

To be provided in future report

Goal #2:

The program involved:

- 54 BSN nursing students in Coachella Valley
- For clinical credit:35 nursing students
- For student volunteers: 19 nursing students

- At community sites in Palm Springs, Coachella, Mecca, Thermal, Indio,
- At encampments in Indio, Coachella

The attitude change survey is still under way and results will be reported in the final report to DHCF.

Goal #3:

Presentations:

The program presented the Nursing Street Medicine Program at the annual conference of the American Psychiatric Nurses Association and received first place award in the education category. The Program presented at two Rotary Club meetings. In addition, a student poster will be presented at Sigma's 32nd International Nursing Research Congress, Singapore, 22-26 July 2021

Replication:

The Program is replicated on the CSUSB San Bernardino campus where there are over 60 students involved in providing street medicine nurse clinics at Lutheran Social Services Men's Shelter and Mary's Mercy. The Program director consulted with Los Angeles County public health about replicating the program with universities in the County. A masters student at CSUSB is preparing a manual for replication that can be presented to other CSU campuses that are interested in starting programs.

Goal #4:

The following are three nursing student assistants hired to: assist with the nurse clinics; with student recruitment, orientation and monitoring; with data collection and analysis; and replication of the Program. Maria Morales was able to do the work of two nursing student assistants at Coachella Valley Volunteers in Medicine so only three students were hired.

The number of hours worked for each student is as follows:

Michelle Rodriguez
 Genevieve Marruffo
 Maria Morales
 130 Hours
 107.75 Hours
 144 Hours

Goal #5: N/A

Program/Project Tracking:

- Is the project/program on track?
 Yes
- 2. Please describe any specific issues/barriers in meeting the desired outcomes:

The Program is in negotiations with the DHCD leadership, the County public health administrators, and the Coachella Valley Association of Governments Homeless Initiative and other community agencies to provide COVID vaccination assistance.

We are working to overcome risk management and other management issues as well as trying to get vaccines/vaccinations for the vulnerable populations in the Valley. We have participated in several vaccination clinics with Central Neighborhood and Coachella Valley Volunteers in Medicine but we want to assist on a larger scale. We are hopeful to begin these efforts soon.

We are also collaborating on going out to encampments with Tom Cox and his group in a renovated mobile van.

One goal we have not been able to reach is being able to report on the number of distinct individuals served. We can report on the number of patient encounters but, because we have more and more nurse clinic sites with various faculty leaders, we redact the names of the individuals to protect patient privacy so we can text or email raw data to the persons who collect the data.

3. What is the course correction if the project/program is not on track?

N/A except for number of individuals served. We need to consider a protected electronic health record system that is inexpensive and portable to cell phones (if there is such a system).

4. Describe any unexpected successes during this reporting period other than those originally planned:

The Program has had several unexpected successes.

First the Program spawned the street medicine nurse clinics in San Bernardino which are serving large numbers of homeless and underserved populations in San Bernardino County.

Second, we have consulted with the Los Angeles public health department on replicating the program in Los Angeles.

Third, a nursing master's program student is developing a manual for replication that may prove useful in expanding the program to additional universities in the CSU system.

FIND Food Bank, Grant#: 1045

Ending Hunger Today, Tomorrow, and for a Lifetime

Reporting Period: 4/1/20 to 3/31/21

Lorena Marroquin Tel: (760) 775-3663 Fax: (760) 775-0252

Imarroquin@findfoodbank.org

Grant Information

Grant Amount: \$401,380

Paid to date: \$361,242

Balance: \$40,138

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by (3/31/2021):

Because FIND Food Bank is recognized as the Desert's Regional Food Bank by the state of California, and nationally, by Feeding America, extensive qualitative and quantitative assessments are required by both entities. For example, the age groups specified above are for the west District only and are unduplicated numbers; however, we also track duplicated numbers.

FIND's qualitative assessments are based upon the percentage of healthy foods of the total pounds of food distributed, the percentage of healthy foods distributed to comprise nutritionally balanced meals based on the USDA My Plate recommendations, the number of people served and the geographic locations served throughout the region ensuring equitability, the types of services provided to food insecure clients, beyond food, that address increased self-sufficiency and/or the root causes of hunger.

Annually, FIND Food Bank is required to submit to Feeding America a comprehensive activity report that tracks more than 75 quantifiable metrics including food distribution benchmarks, the total pounds of food/number of meals distributed, outreach services, agency and community partner assessments, FIND's direct Mobile Market distributions, food insecurity and advocacy work, board governance, equity, diversity and inclusion, and financial health.

At the state level, FIND Food Bank submits monthly and quarterly reports on FIND's service numbers by city and by zip code and statistics on CalFresh outreach activities.

From these complex metrics, that are clear and transparent, FIND derives the majority of metrics that are specified below.

Specific goals and evaluations are noted for each goal in the next section.

Proposed number of District residents to be served:

0-5: 3,900

6-17: 9,000

18-24: 6,000

25-64: 12,000

65 or more: 10,500

Proposed geographic area(s) served:

All District Areas

Final Progress:

Final Outcomes:

FIND Food Bank exceeded all proposed Ending Hunger Today, Tomorrow, and for a Lifetime goals set forth in the Desert Healthcare District grant proposal, and did so in the wake of the COVID-19 emergency.

FIND exceeded the fresh produce Goal #1 by 126.7% (all areas) and 98.3% (western region).

FIND exceeded the Kids' Farmers Markets Goal #2 providing 570% more food than last year at the same Kids' Farmers Markets, and 50.2% of the food was in the form of nutritious, fresh fruits and vegetables.

FIND successfully hired a well-qualified, certified Community Health Worker who has been an asset to FIND Food Bank, and significantly, exceeded all of last year's Community Health Worker benchmarks.

FIND exceeded the CVHIP services Goal #4 by 48.3%.

FIND's Ending Hunger for a Lifetime Goal #5, to partner with the DHCD to support, promote, and assist in implementing their Behavioral Economics program, was successfully adapted and exceeded.

FIND Food Bank is proud to have achieved all DHCD grant goals within the challenging

crisis environment of the COVID-19 pandemic.

Final number of District residents served:

0-5: 8,821

6-17: 13,249

18-24: 11,504

25-64: 18,689

65 or older: 13,122

Please answer the following questions

1. Please describe any specific issues/barriers in meeting the proposed program/project goals:

As mentioned above, the COVID-19 pandemic dramatically impacted FIND Food Bank's programs and services, and in some cases, the logistics of the DHCD grant. Clearly, the need for food in our community skyrocketed and immediate resources were driven to address the food crisis.

FIND immediately launched 22 additional Mobile Markets augmenting the existing 21 Mobile Markets. FIND also successfully piloted contact-free "drive through" food distributions.

FIND was extremely successful moving into "emergency mode" as FIND was quickly deemed an "Essential Need" by the state of California and responsible for emergency food provision to a 5,000-square-mile area that reaches into 3 counties: Riverside, San Bernardino and Imperial. As FIND's volunteer corps waned due to social distancing mandates, FIND received emergency assistance through the National Guard, the California Conservation Corps, the Civil Air Patrol, local law enforcement, among other entities, and drastically increased the provision of food in our community.

With respect to the food distribution goals with the DHCD grant, FIND shattered all goals, in large measure, due to the instant mobilization of all of FIND's resources and FIND's strategic management that swiftly procured vast amounts of additional food and produce for our community.

The COVID-19 pandemic did, however, also create impediments and delays in hiring the new Community Health Worker, although FIND maintained impressive outreach service levels in the community, and an excellent Community Health Worker was ultimately hired.

The pandemic also limited DHCD's rollout of the Behavioral Economics program, but

FIND, working closely with DHCD personnel, successfully met DHCD's Behavioral Economics goals.

2. Please describe any unexpected successes other than those originally planned

The unexpected successes, throughout the COVID-19 pandemic and the concurrent DHCD grant period, were many.

Most importantly, FIND was successful at significantly procuring and distributing enormous amounts of additional food – and fresh produce, far beyond FIND's then existing operational capacity. Many, many more people in need were served in these difficult times.

FIND Food Bank also launched a new homebound delivery service to reach the disabled and senior populations in need. This extraordinary success remains a critical ongoing program for FIND, assisting numerous seniors and individuals who are confined to their homes and unable to reach out for any social services or food assistance.

FIND also strategically leveraged DHCD's cookbook and recipe card distributions, with a "mirror" nutrition education project in the East Valley, funded by Patient Centered Outcomes Research Institute (PCORI), Borrego Health, the University of California Riverside, and University of California Los Angeles. "Ancestral Recipes: From My Grandma's Kitchen to Yours" is a colorful, culturally targeted cookbook for the Hispanic/Latino community with appealing, healthy recipes based on the USDA's MyPlate nutritional guidelines. "Ancestral Recipes" is currently available in Spanish and English, and soon in Purépecha.

FIND also has been extremely successful in distributing baby diapers, in partnership with the City of Palm Springs. FIND continues to provide diaper assistance in the cities of Thousand Palms, Desert Hot Springs, and Cathedral City.

Most recently, FIND partnered with the County of Riverside and Unidos Por Salud to disseminate COVID-19 vaccine materials. FIND has helped dispel myths regarding the vaccine and provided clear information for individuals to make informed decisions regarding vaccinating themselves and their families.

3. After the initial investment by the DHCD how will the program/project be financially sustained?

FIND Food Bank has, throughout the years, solidified a multitude of critical partnerships.

Most important, however, is the Desert Healthcare District's shared vision for a healthy Coachella Valley and Desert Healthcare District's commitment to the provision of abundant fresh fruits and vegetables for our community.

FIND Food Bank is committed to healthy food banking, which relies upon a high percentage of fresh, nutritional produce, and actively seeks partners to secure a high quality diet to ensure the health of our community.

Without Desert Healthcare District's partnership, the Coachella Valley would, simply put, have less fresh produce.

FIND's shared vision for health food banking extends to Feeding America, the California Association of Food Banks' "Farm to Family Program", which provides a conduit for fresh produce from California and the west coast, and Hidden Harvest, who provides excess local produce to FIND.

As long as the shared vision and commitment continues, so will the abundant fresh produce which nourishes our valley.

4. List five things to be done differently if this project/program were to be implemented again

During FIND's DHCD grant period, the COVID-19 crisis engulfed and overwhelmed our community. As FIND Food Bank is an emergency response stronghold for the Coachella Valley and beyond, disaster plans and protocols were immediately engaged...and all things, all programs, all distributions, progressed differently.

Throughout the grant period, FIND had multiple pivots, always changing and adjusting its programs, operations and core business strategies to meet the needs of the community. While all of FIND's protocols were altered, success has nevertheless been well-measured and well-documented, and apart from the COVID-19 pandemic itself. In this very rare instance, FIND would do nothing differently, because we did almost everything differently to ensure that all food insecure people had equitable access.

Moving forward, the efficiency learned and partnership gained and/or strengthened will be incorporated into all future programming and aspects of FIND's core business practices and innovation work in Ending Hunger Today, Tomorrow, and for a Lifetime.

Desert Cancer Foundation, Grant#: 1057

Patient Assistance Program

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

Eevet Edens

Tel: (760) 773-6554 Fax: (760) 773-6532

ED@DesertCancerFoundation.org

Grant Information

Grant Amount: \$150,000

Paid to date: \$135,000

Balance: \$15,000

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by (5/31/2021):

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

Desert Cancer Foundation is requesting funding from Desert Healthcare District in the amount of \$150,000 to assist in providing cancer care through our Patient Assistance Program, including patient navigation, for Desert Healthcare District residents of the zones as outlined in the grant request. With the expansion of the Desert Healthcare District zones, nearly all clients served by Desert Cancer Foundation are residents of Desert Healthcare District, however there remains some regions that we do serve outside of the district with very few clients. It is estimated 85 residents will receive approximately 1200 cancer care services through this program if funded by Desert Healthcare District. This is approximately 46% of all clients Desert Cancer Foundation will serve during a one year period. DCF will utilize other funding sources to meet the cancer care needs of residents in the other zones and regions we serve. DCF coordinates with health care systems across the valley to track patient navigation, referrals, applications and timely access to services and care. This process reduces barriers to care and increases access to early detection, with hopes of reducing late-stage diagnosis and associated increased burdens. We collect qualitative feedback from our clients and community partners. Furthermore, we track quantitative data specific to quantities in age, zip code, gender, race/ethnicity, type of cancer, providers, services rendered, amount billed, amount paid, providers, resources, and other data. We are able to quantify the number of individuals served, the total number of services provided,

the value of the services, the amount paid for services, and a variety of other information that indicates our success at serving a community in need.

<u>Proposed number of District residents to be served:</u>

0-5: 0

6-17: 0

18-24: 1

25-64: 50

65 or more: 49

Proposed geographic area(s) served:

All District Areas

Final Progress:

Final Outcomes: Desert Cancer Foundation's (DCF) Patient Assistance (PA) program continues to provide financial assistance and patient navigation for cancer care and treatment for Coachella Valley residents, the majority of whom reside in the DHCD districts - zone 1, 4, portions of 2, 3, and 5 along the Cook Street, Highway 74, and Thousand Palm lines.

The PA program supports patients in need of financial assistance to pay for vital cancer treatment, as well as screening and diagnosis. In working closely with social workers and other members of the healthcare community, DCF leverages existing health systems and programs to ensure patients have access to timely care, and all available programs, resources, and support services.

It was initially estimated that about half of DCF clients served would fall under the DHCD zones. Per reports obtained for this past year, the number of clients that DCF served who reside within the DHCD boundaries is at 74% of all DCF patient/clients.

For the reporting period from 6/1/2020 to 5/31/2021, for residents residing in the DHCD zones, DCF has served 177 clients, providing access to 1,744 cancer care services. DCF paid \$190,838 for cancer care and treatment, valued at a billed amount of over \$2.4 Million dollars.

The 1,744 cancer care services covered include insurance deductibles, co-pays/co-insurance, prescription medication, including chemo and radiation therapies, screening, diagnostic, as well as insurance premiums and Medi-Cal share of Cost.

Final number of District residents served:

0-5: 0

6-17: 0

18-24: 0

25-64: 90

65 or older: 87

Please answer the following questions

1. Please describe any specific issues/barriers in meeting the proposed program/project goals:

Per the two 6-month reports submitted to DHCD, there have been no issues or barriers in meeting our Patient Assistance Program goals for the entire grant contract period, June 1, 2020, to May 31, 2021.

On a positive note, despite the challenging times with respect to the COVID pandemic, and reduced funding due to canceled public events, DCF staff and board members remained focused and worked diligently to secure funding and ensure we continue to provide for local residents who rely on our services. Not only did we meet the demands of our current program recipients, we also were able to accommodate and process all new applications.

Desert Cancer Foundation's Patient Assistance program continued to provide the essential service to local residents, with the majority of clients (74%) being from the DHCD zones.

Due to the pandemic, we have seen some inconsistent fluctuations - a drop with the lockdown, followed by a surge when the state began to re-open. We had also anticipated that more individuals would be diagnosed, and indeed saw this up trend especially in the last 6 months. On the whole, the Patient Assistance program is on track and exceeds last year's same reporting period.

2. Please describe any unexpected successes other than those originally planned

Pandemic or otherwise, DCF staff and Board of Directors understand that cancer diagnoses would not cease, and local residents would continue to need DCF's assistance to pay for cancer care. We remained engaged, mission-focused, and determined to provide our financial support services for local residents, ensuring access to vital cancer care.

For the last quarter of 2020 and first quarter of 2021, two major DCF fundraising events were canceled due to the pandemic. All the while, we continued to see an increase in patient applications for support.

Through organizational re-structuring, cutting costs, while making sure to apply for any grant funding available, we were able to offset most of the lost revenue. DCF has both adjusted to the challenges of the pandemic, and met the demands for much needed financial assistance for individuals needing cancer treatment.

We THANK YOU for your support of our work and are honored to have a shared mission to ensure that local residents have access to healthcare.

3. After the initial investment by the DHCD how will the program/project be financially sustained?

DHCD provides the largest grant/ level of support which accounts for about 1/3 of our program cost. While we rely heavily on the grant, we nonetheless seek and apply for grants from other charitable foundations, local government grants, as well as sponsorships from local business entities.

Desert Cancer Foundation hosts two to three fundraising events per year, including Paint El Paso Pink walk and Corks & Cuisine wine dinner. With the sponsorship support from our local business community, and event participation, we are able to bring in funding that accounts for approximately another third of the dollar amount needed to sustain the PA program.

Finally, we work hard to advocate on behalf of our local residents who rely on or services. With many people relating to cancer, we see a robust level of support from what we call "third party" events where local groups such as businesses or country clubs host smaller events to benefit our program. Such events include the Dr. George Charity Car Show, golf tournament at several local country clubs and such.

4. List five things to be done differently if this project/program were to be implemented again

DCF has been running the patient assistance program for over 25 years. It is a clearly defined process, from initial application to ongoing financial support. While we don't anticipate drastic changes to our program, we continuously make amendments relative to any modifications in the healthcare industry and insurance landscape. Thinking ahead, we would like to focus on streamlining internal processes in order to improve the following:

1. Re-focus on the Suzanna Jackson Breast Cancer Fund for free mammograms and breast cancer screening. There has been a gradual reduction in this program given changes in healthcare (i.e. annual wellness checks are fully covered by insurance). Nonetheless, we will put

- forth some communication tactics to reach both the healthcare community and local residents, and encourage everyone to take advantage of this program that offers free breast cancer screenings.
- 2. Over the past year, we have seen some patient applications from a new medical/oncology group here in the valley. It will be important to ensure that each medical group who sends patients to DCF for assistance, agree to a certain payment structure for uninsured individuals. Where necessary, we will implement agreements or MOUs with new providers. This helps to ensure that we maximize every dollar, and in turn, provide financial assistance for as many local residents as possible.
- 3. DCF has implemented internal ways and systems for intake of patient data. Since last fall, we have been placing more focus on ways to improve how client data is added and managed, with a goal to simplify the reporting process. This in turn can free up a little time for DCF staff members to focus on their respective roles. It can potentially facilitate the grant process and make way for additional grants.
- 4. Continue emphasis on cross-training where it pertains to processing patient applications. In order to better serve our clients, the ED will encourage all staff question pertaining to insurance and patient navigation, and schedule calls or meetings with the proper support teams from the healthcare community or insurance industry, to provide DCF staff with better understanding of doctor/hospital protocols, insurance plans, and the patient navigation process.
- 5. Marketing and increasing avenues of promotion. We will put forth marketing and branding efforts to ensure the local community understands DCF's mission and work. We also want to continue working to bridge a gap, if any, between the private donor and DCF clients, in order to show DCF's impact on our local community, both quantitative and qualitative.

Hope through Housing Foundation, Grant#: 1135

Connections to Care

Strategic Area: Economic Protection, Recovery, and Food Security

Reporting Period: 12/1/2020 to 5/31/2021

Suzanne Sproul Tel: 19092043511 ssproul@hthf.org

Grant Information

Grant Amount: \$20,000

Paid to date: \$9,000

Balance: \$11,000

Due Date: 6/1/2021

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (11/30/2021):

Goal #1: By October 31, 2021, 400 Coachella Valley District residents will have received food/basic needs met along with individual resource assistance particularly during the COVID-19 health crisis. This will result in decreased financial stressors involved in preventing a healthy quality of life.

Goal #2: By October 31, 2021, 100 residents will have been served through resource coordination available via telephone or in-person, connecting residents with community resources and other important health information – including medication and grocery delivery, unemployment assistance and transportation.

Goal #3: By October 31, 2021, Hope will provide or make connections to economic assistance to ensure 40 residents remain housed and are able to meet their ongoing household needs. Short-term, this may include access to unemployment benefits, rent and utility assistance, HEAP, Section 8, CalFresh, and supplemental resources helping to reduce expenses. Long-term, Hope will help residents recover through employment and education assistance and the development of budgeting/money management skills.

Goal #4: By October 31, 2021, 200 residents will have been served through wellness checks, particularly for our very vulnerable senior residents, to ensure their physical and mental well-being while quarantined at home.

Evaluation Plan:

Hope currently tracks output data based on resident participation. Outcomes are evaluated utilizing a variety of tools to measure participant knowledge, plans, behavior, and accomplishments. Goals in each area will be measured and tracked. Service Coordinator will maintain records of food distribution and participation as well as wellness calls. If residents participate in the Pathways to Economic Empowerment program, data points being collected include baseline and delta measures for income, debt-to-income ratio, credit score, and savings. For group workshops, survey data collects changes in knowledge, attitude, and planned behavior change. For surrounding communities, public data on neighborhood conditions is used to evaluate changes including safety, health, employment rates, income levels.

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

<u>Proposed number of District residents to be served:</u>

Total: 740

Proposed geographic area(s) served:

Cathedral City

Indio

La Quinta

Progress This Reporting Period

Progress Outcomes:

Connections to Care is on track.

<u>Progress on the number of District residents served:</u>

Total: 385

Geographic area(s) served during this reporting period:

Cathedral City

Indio

La Quinta

Progress on the Program/Project Goals:

Goal #1:

Our goal -- By October 31, 2021, 400 Coachella Valley District residents will have received food/basic needs during the COVID-19 health crisis. This will result in decreased financial stressors involved in preventing a healthy quality of life.

To date, we have helped 185 residents.

Goal #2:

Our goal -- By October 31, 2021, 250 residents will have been served through resource coordination by Hope Service Coordinators available via telephone connecting residents with community resources and other important health information – including medication and grocery delivery, unemployment assistance and transportation.

To date, we have served 110 residents.

Goal #3:

Our goal -- By October 31, 2021, Hope will provide economic assistance to ensure residents remain housed and are able to meet their ongoing household needs to 50 residents. Short-term, this may include access to unemployment benefits, rent and utility assistance and supplemental resources helping to reduce expenses. Long-term, Hope will help residents recover through employment and education assistance and the development of budgeting/money management skills.

To date, 18 residents have received economic assistance.

Program/Project Tracking:

Is the project/program on track?

Yes

- Please describe any specific issues/barriers in meeting the desired outcomes:
 - COVID-19 temporarily halted programs/activities, but we were able to continue to deliver food and make wellness checks. To date with vaccinations and CDC safety protocols more relaxed our programs are beginning to safely return.
- What is the course correction if the project/program is not on track?

We shifted our efforts, but are slowly returning to in-person programming along with virtual ones.

• Describe any unexpected successes during this reporting period other than those originally planned:

Ironically, having to shelter in place has allowed our Service Coordinator to meet more people in person while safely going door to door delivering food and making wellness checks. Our programs also now have a virtual element to them, again, allowing us to reach more people.

Grantmakers Concerned with Immigrants and Refugees Grant #: 1127

California Immigrant Resilience Fund

Reporting Period: 7/1/2020 - 6/30/2021

Grant Information

Grant Amount: \$150,000.00

Paid to date: \$150,000.00

Balance: \$0.00

Final Progress

Project/program description:

In April 2020, faced with an unprecedented public health and economic crisis, Grantmakers Concerned with Immigrants and Refugees (GCIR) redoubled our commitment to realizing our vision of a just and equitable society in which everyone thrives, no matter where they were born. Guided by this vision, GCIR set out to engage philanthropy in addressing the profound structural inequities magnified by the Covid-19 pandemic and its disproportionate impact on people of color, women, and other marginalized communities. As part of a multi-faceted philanthropic response, GCIR launched the California Immigrant Resilience Fund (CIRF) to provide emergency relief to undocumented immigrants who were experiencing extreme economic hardship as a result of the pandemic but who were ineligible for federal Covid-19 relief and unemployment insurance. CIRF raised over \$50 million in direct and aligned grants from over 70 institutional funders, nearly 40 major donors, and more than 800 individual online donors.

Program/project and/or organizational changes:

In December 2020, CIRF moved into its second phase, and GCIR transferred the project to the Tides Foundation to manage and disburse the next round of funding. CIRF is a reflection of GCIR's commitment to developing philanthropic infrastructure that enables donors and policymakers to partner in order to meet the oft-overlooked needs of immigrant and refugee communities. That timing was right for GCIR to make the shift as we welcomed our new president, Marissa Tirona, in November 2020; refocused time and attention on our core work; rebuilt our staff capacity; and defined a new shared vision for our next chapter. We are grateful that former GCIR president Daranee Petsod agreed to manage CIRF's second phase as a donor advisor to Tides. This supported a seamless transition and the rapid disbursement of funds.

How were the grant funds used?

All funds from the Desert Healthcare District and Foundation will go directly to cash relief for families of undocumented immigrants in Coachella Valley who are ineligible for COVID-19 federal relief and most state safety-net programs.

There are an estimated 163,000 undocumented immigrants in Riverside County, many of whom live with family members who are U.S. citizens or have other legal status. Of those, the number of residents served will depend on how successful we are in raising funds. Based on our current fundraising goal of \$50 million, we anticipate granting a total of approximately \$2.7 million to the Riverside County region, including Coachella Valley. Each of our local partners determines the amount of the one-time emergency cash assistance based on local conditions, but on average, the amount per family is \$500.

With a commitment to racial, economic, and social justice, CIRF achieved fair, timely, and equitable distribution of cash assistance. We developed a set of equity-focused criteria to guide the selection of local partner organizations that shared our values and had longstanding relationships with underserved immigrant populations and communities. Ultimately, we worked with 61 local partner organizations to provide one-time emergency cash assistance to more than 80,000 households across the state.

Set up as part of a public-private partnership with the State of California, CIRF leveraged an additional \$75 million in State funding that was distributed by the separate state-financed relief fund to 150,000 families. In December 2020, we received an additional \$25 million donation from MacKenzie Scott, the largest single grant to CIRF to date. This gift could not have been timelier as California experienced a disturbing surge in Covid-19 cases that exacerbated the public health crisis and escalated economic hardship among undocumented immigrants and other vulnerable populations across the state.

For many of the target communities, such as farmworker communities, in-person outreach was most effective due to their lack of access to technology, physical isolation, remote geographies, work conditions, and family living accommodations. This was especially important for vulnerable subgroups such as older adults and female-headed households that experience an even higher degree of isolation. However, this approach was extremely time-intensive given the sizable geographic areas that local partners had to traverse. Local partners also combined in-person outreach with other efforts such as personal protective equipment distribution, food distribution, health education and services, and other services. In addition to in-person outreach, other effective strategies included word of mouth, ethnic media, and partnerships with health and school systems or other community-based organizations.

In addition, CIRF local partners had the language capacity that was essential to reaching those who speak indigenous languages and little or no Spanish. This language capacity gave these groups even deeper access to the most vulnerable communities.

Trust and authenticity were essential for connecting with hard-to-reach undocumented immigrants, especially in the climate of fear that resulted from years of draconian immigration policies, increasingly arbitrary enforcement, and dehumanizing rhetoric.

Geographical Area Served:

All District Areas

Target Population:

Adults (25-64 years old) Children (6-17 years old) Infants (0 -5 years old) Seniors (65+ years old) Youth (18-24 years old)

What was your biggest takeaway during your response to the COVID-19 crisis on the target population you serve?

Local partner organizations reported that the scale of the pandemic's impact on undocumented communities is staggering, and the needs extend far beyond cash relief to housing, health care, mental health supports, language access, and more. Ultimately, the pandemic and related cash-relief efforts brought into sharp relief the reality that systems-level reforms are necessary to prevent undocumented immigrants from being so vulnerable to health, economic, and other crises. Cash relief is only part of the solution.

Final number of unduplicated numbers of individuals and/or the number of services provided during the grant period.

80,000

Evaluation

GCIR will prepare a report with meaningful quantitative and qualitative data from participating local funds, including those in Coachella Valley. The report on the Fund's impact will be shared with all stakeholders and maintain philanthropic support of issues affecting undocumented immigrants.

We have a common intake form we are using to collect data from our local partners. Some basic metrics will be collected on a weekly basis, while more detailed data will be collected and aggregated at the end of the project. The weekly numbers will be posted on the Fund's website. In addition, we are sending a report to donors every 2-3 weeks.

The metrics include:

- Total amount disbursed (weekly)
- Amounts granted by region

- Number of households assisted (weekly)
- Number of individuals assisted (weekly)
- Average amount per household

Demographics:

- Number of household members 18 and over?
- Number of household members under 18?
- Were you enrolled in college at any point this year?
- Primary Source of Income
- Other Sources of Income
- What is your greatest financial need right now?
- Identity/Race/Ethnicity
- Age
- Gender

The Fund will conduct our operations in a way that protects applicants' privacy. Local funds with whom we partner will collect only limited information for verification purposes and refrain from asking directly about immigration status. In addition, some local funds plan to discard information after it has been verified.

With technical expertise from Mobile Pathways, we created a centralized intake and reporting form to collect information on households receiving assistance and their needs. We also gave our local partner organizations the option of using their existing data collection systems and reporting the aggregate data to us. In these ways, we were able to collect both quantitative and qualitative data, including information on the impact of the fund, the demographics of the beneficiary populations, as well as successes, challenges, and lessons learned.

GCIR met and exceeded our goal of raising \$50 million for CIRF in direct and aligned grants from over 70 institutional funders, nearly 40 major donors, and more than 800 individual online donors. Recipients universally expressed their heartfelt gratitude for this cash assistance, which allowed them to meet basic needs, and our local partners were thankful for the opportunity to deliver this critical aid to their communities. Lost wages and lost jobs were far and away the most commonly reported ways in which recipients were impacted by the pandemic, but the challenges they faced also included anxiety and stress, uncertainty about returning to their jobs, furloughs, health issues, inability to seek employment due to childcare responsibilities, and loss of childcare or school closures. Most recipients reported that their greatest financial need was cash assistance for rent, followed by food, utilities, medication/healthcare, remittances made to support family members, and childcare.

A significant challenge was the intensive and extensive nature of this work and the limited staff capacity of local partner organizations to carry out this work while continuing their core work. These organizations took on the Herculean effort of conducting outreach and intake, distributing funds, and tracking payments on a

compressed timeline with extremely limited human and financial resources. Language and technology barriers in the communities made these tasks even more time- and labor-intensive. Organizations struggled to continue their primary work while also operating programs to distribute CIRF funds and training their staff and volunteers. Staff capacity was severely strained, and the volunteer base upon which these organizations relied dwindled over the course of the pandemic. It is critical to understand the true infrastructure and capacity needs of a direct relief effort like CIRF and to provide adequate administrative support to these groups.

<u>Partnerships</u>

The Fund partners with nearly 40 local funds, including the Regional Immigrant Emergency Relief Fund Coachella Valley. These partners will determine how best to distribute funds to immigrant families and at what levels. Recognizing the demands on partner organizations, the Fund will provide technical assistance to support effective implementation as well as tracking of impact. (List of partners: https://www.immigrantfundca.org/about-local-partners.)

The Fund partners with immigrant-serving organizations that meet the following criteria:

- Are community-based immigrant-serving organizations working in specific geographic regions of the state.
- Have proven expertise, track record, and established trust with undocumented families and communities.
- Work with hard-to-reach and underserved undocumented immigrants, including farmworkers, low-wage workers, and immigrants who are indigenous, LGBTQI, and/or living with disabilities, etc.
- Have a commitment to racial and gender equity, as well as social and economic justice, in their overall work and in the implementation of the relief fund.
- Hold good working relationships with other immigrant-serving organizations in the region.
- Have the capacity to manage a relief fund, distribute cash assistance, ensure privacy and security of aid recipients, and prepare aggregated reports on fund disbursement.

Strong preference is given to local relief funds that focus on undocumented individuals and families in a specific geographic region. Where an immigrant-focused fund does not exist, the Fund may consider partnering with local relief funds that do not specifically focus on undocumented immigrants, provided they meet the other stated criteria.

The Fund also considers factors in each region, such as the number of undocumented immigrants, the existence of other relief funds and community resources, donations designated for particular regions, and opportunity to leverage funding and partner with other efforts.

The Fund also coordinates closely with the State of California, which manages a separate \$75 million fund, the Disaster Relief for Immigrants Project.

CIRF local partners were carefully selected for their established relationships of trust with their communities (among other key criteria), which enabled them to reach those most in need and, in turn, gave undocumented immigrants the assurance they needed to seek assistance.

Sustainability

The cash assistance program has evolved into permanent fixtures at some of our local partner organizations. With newly developed systems for disbursement—and ongoing need—some of the organizations have committed to continue fundraising for emergency relief. The cash assistance programs also expanded the client base for many of the partners and gave their staff a deeper understanding of the issues impacting their communities. In addition, our local partner groups received media attention and visibility with funders that they would not have received otherwise.

As a national organization, GCIR seeks to undertake bodies of work that have a reverberating impact. As we had hoped, the California public-private partnership, the first of its kind in the nation, sparked great interest in other parts of the country. Our team provided consultation, as well as shared lessons and best practices, to help funders, advocates, and government officials navigate the establishment and operation of funds for their states, counties, and cities. We have been heartened to see the establishment of the following funds: Oregon Worker Relief Fund, Washington COVID-19 Immigrant Relief Fund, Left Behind Workers Fund in Colorado, and the New Jersey Pandemic Relief Fund. We have seen leaders in 20 cities across the country set up relief funds in partnership with the Open Society Foundations. And we supported leaders in Connecticut, Illinois, Harris County, Texas, Oklahoma, and Philadelphia, Pennsylvania in their efforts to assist undocumented immigrants in their communities.

While launched in response to Covid-19, CIRF established a long-term philanthropic infrastructure and statewide network that can be quickly mobilized to address future crises and opportunities, with the intention of supporting the long-term well-being and resilience of immigrant communities. GCIR has mobilized California funders by setting up specific efforts over the past 20 years, from citizenship to DACA to disaster response. Rather than setting up a new entity each time, the CIRF philanthropic infrastructure can be deployed for all future statewide rapid response, whether it is to address crises such as a natural or public health disaster, or to take advantage of policy opportunities like legalization for farmworkers or citizenship for DACA beneficiaries.

CIRF's primary immediate value to funders is the identification of immigrant grassroots organizations across the state that have developed experience in and processes for distributing cash assistance. With adequate staffing and other resources, these organizations can be quickly mobilized for future cash relief or other emergency efforts.

Coachella Valley Volunteers in Medicine Grant #: 1129

Expanding access to healthcare in the eastern Coachella Valley during the COVID 19 pandemic

Reporting Period: June 1, 2020 through May 31, 2021

Grant Information

Grant Amount: \$149,727.00 **Paid to date:** \$149,727.00

Balance: \$0.00

Final Progress

Project/program description:

In July of 2020, we utilized program staff to assist with COVID 19 testing focusing on eastern Coachella Valley residents. Donations were solicited from CVVIM donors to pay for lab testing and the program coordinator delivered flyers to numerous sites throughout the eastern Valley informing residents of the test sites. 200 tests were provided at a time when other testing efforts were focused in the mid and west Valley areas. Extensive outreach to eastern Valley communities continued for the remainder of the grant period, focusing on providing health access and COVID information, and giving flu vaccinations, ultimately to 1,000 individuals, the majority of whom had never had a flu vaccination before. Other vaccination opportunities for tetanus (TDAP) and hepatitis A were also provided but with less interest. When COVID vaccinations became possible in the winter of 2021, we suspended all vaccination clinics because of the CDC recommendation to not have any vaccination two weeks prior or after a COVID vaccination. We focused all of our outreach efforts after that to health education and increasing awareness of CVVIM services, screening patients for eligibility. Patients who were eligible could enroll for services with one of the promotoras (usually known to them) directly into our EMR, or bring an application to our clinic. We were even able to schedule a visit for those who presented with all of their eligibility documentation. We also increased our partnerships during this time,

Program/project and/or organizational changes:

Enrolled eligible individuals electronically for CVVIM services at community events. Programmed telemedicine consults for eligible patients. Those who did not qualify were referred to Clinicas de Salud del Pueblo or Borrego Health. Partnered with Lideres Campesinas to provide promotores to assist with registration, promotion of CVVIM

events, and distribution of health/resource flyers. Collaborated with UCR School of Medicine to hold a monthly free clinic at the Galilee Center. Employed two contracted Medical Assistants to assist with screening events for chronic conditions. Stopped vaccination events in mid-January once COVID-19 vaccinations became available for the general public per recommendation of CDC to not receive any vaccination two weeks prior/after receiving COVID-19 vaccination.

How were the grant funds used?

Awarded funds would be used to 1) hire one full-time coordinator (responsible for working in the community, arranging activities, purchasing, organizing supplies, etc.), 2) hire a contract consultant to assist with volunteer medical resident/student and nursing student recruitment, 3) purchase PPE (personal protective equipment), 4) miscellaneous program and office expenses, and 5) minimal administrative fees.

One FT Coordinator was hired to work in the community, arranging activities, purchasing and organizing supplies, etc. One consultant was hired to oversee the clinical aspects of the program and to assist with volunteer medical and nursing students and student recruitment to attend and assist at organized outreach events/activities. PPE was purchased for staff and volunteers, as well as for community members attending outreach activities who were not protected. Miscellaneous program and office expenses were incurred, as well as charges for minimal administrative fees.

Geographical Area Served:

Coachella Mecca North Shore Oasis Thermal

Target Population:

Adults (25-64 years old) Uninsured

What was your biggest takeaway during your response to the COVID-19 crisis on the target population you serve?

Accessibility to healthcare continues to be an issue for the residents of the Eastern Coachella Valley. Telemedicine consults are useful but limited in the treatment of chronic conditions such as diabetes, hypertension, and heart disease. Factors such as technological literacy, reliable internet connections, and provider availability continue to hinder the access to healthcare for East Valley residents.

Final number of unduplicated numbers of individuals and/or the number of services provided during the grant period.

1,133

Evaluation

Evaluation

We will consider: 1) The numbers of contacts made; 2) The numbers of vaccinations (all) given; 3) The number of uninsured persons enrolled for care at CVVIM, an FQHC or Covered CA. Finally we will survey persons re their availability to access care during current CVVIM opening hours.

flu = 1000

COVID Testing = 200 (general public and homeless)

other = 300

contacts = 85

We did make one change from our original plans, that being regarding use of promotores. Initially we contracted with Lideres Campesinas and attempted to utilize promotoras from their program, however, in the end we found it easier to individually contract directly with several promotoras, met with our initial outreach efforts, and schedule and pay them independently as contractors. This resulted in a much easier and smoother process for us and the promotoras.

Partnerships

We will utilize existing and informal relationships with other health providers (i.e. Borrego Health, Clinicas de Salud, Riverside County, Public Health) to access health navigators and as referral sources for persons not eligible for CVVIM care; other community organizations (i.e. FIND, Hidden Harvest) as community referral resources and to "piggy back" on already organized activities to provide health education and vaccinations, when appropriate; local educational institutions such as CSUSB and COD Nursing programs, Eisenhower Health Medical Residency Program (Internal Medicine) and; numerous public and nonprofit organizations existing in the areas we have targeted for outreach (i.e. schools, churches, community centers.). We have a robust community and social service referral program which has resulted in many effective relationships being formed in the community, as well as intimate knowledge of resources, such as CVHIP.

In July of 2020, we partnered with the CSUSB, Nursing Program and the College of the Desert, Nursing Program to assist with the registration and collection of PCR COVID-19 tests. Our partnership with CSUSB Nursing Program continued through January 2021 with our vaccination events. At this time, we also partnered with Lideres Campesinas to help with the pre-registration and promotion of our events for the remainder of the grant. Despite our best efforts we were unable to follow through on our partnership with Borrego Health. CVVIM partnered with various churches including, Sanctuary of Our Lady of Guadalupe, Primera Iglesia Bautista, and the Oasis Apostolic Church for events and flyer distribution. CVVIM also partnered with mobile home parks including; Mountain View Estates, Oasis Mobile Home Park, Desert Rose Mobile Home Park, and the St. Anthony Trailer Park (owned by Pueblo Unido CDC). Collaborated with Coachella Valley Housing Coalition to hold health screening events in their low-income housing complexes. CVVIM established a partnership with UCR School of Medicine in April of 2021 to hold a monthly free clinic at the Galilee Center.

Sustainability

Program will continue for a minimum of six months with the Program Manager being added to the general budget. TDAP and Influenza vaccinations will continue to be offered at community events. Off-site chronic condition screenings will continue through the partnership with Coachella Valley Housing Coalition. Partnership with UCR School of Medicine to hold a monthly free clinic in the East Valley will also continue past the grant period.

Lift to Rise, Grant#: 1277

United Lift Rental Assistance 2021

Strategic Area: Economic Protection, Recovery, and Food Security

Reporting Period: 5/1/2021 - 7/31/2021

Heather Vaikona Tel: (760) 348-8013 heather@lifttorise.org

Grant Information

Grant Amount: \$300,000

Paid to date: \$90,000

Balance: \$210,000 Due Date: 8/1/2021

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (12/31/2021):

Goal #1:

Goal #1: Total Households Served

By September 2021, a total of 4,500 qualified renter households (in the Lift to Rise geographic catchment) will have received rental assistance and utility assistance under the United Lift Rental Assistance program.

Goal #2:

Goal #2: Robust Valley-Wide Outreach

Conduct robust outreach that attracts a minimum of 6,500 applicants throughout our service region – especially in hard-to-reach areas that are difficult to access during the period of this project.

Evaluation Plan:

This program will provide a critical resource to households and a critical opportunity to learn about the efficacy of emergency aid programs that are in response to economic downturns and natural disasters. Specifically, evaluating this emergency aid program will be able to do the following:

- Provide important insights into a stronger understanding of the benefits and costs of emergency aid in economic downturns
- Provide insights into and strengthen the design of future programs to assess the role of eligibility criteria in providing effective emergency aid
- Provide insights into multiple outcomes for impacted households ("doubling up", eviction, homelessness, food insecurity, health care, childcare)
- Provide insights into how landlords are impacted by the relief to tenants, including how these benefits to households are distributed to a variety of corporate and small business landlords

We will conduct a one-year evaluation to answer critical questions on the efficacy of this emergency aid program and on its impacts. The evaluation will have three main components. First, initial analysis of the applicant pool will provide insights into the representativeness of the sample of low income renters that applied to the program and received assistance. This initial analysis can highlight how well the program is targeting the sample of households most at risk of eviction and identify populations that the eligibility criteria excluded. Second, we will conduct two surveys of households over the year to determine how the receipt of rental assistance impacts households in Riverside County. Lastly, we will conduct qualitative interviews with select landlords to further generate qualitative insights into the impact of rental assistance programs on the broader rental market in Riverside County. A final report would be generated and delivered to the County of Riverside. A final report will be generated and delivered to the County, summarizing the research conducted and findings that emerged from the one-year study. A mid-term report will also provide a basic summary of the characteristics of the funded households based on the intake forms, and a summary of the project status, including survey protocols that have been developed.

Outcomes that will be tracked will include:

- The rate of "doubling-up"
- Residential mobility
- Eviction
- Homelessness
- Food insecurity
- Household budgeting
- Participation in other social service programs
- Mental and physical health; and
- Stress

Proposed number of District residents to be served:

Total: 4,500

Proposed geographic area(s) served:

Cathedral City
Coachella
Desert Hot Springs
Indio
Indian Wells
La Quinta
Mecca
North Shore
Oasis
Palm Desert

Progress This Reporting Period

Progress Outcomes:

Goal #1: By September 2021, a total of 4,500 qualified renter households in the Lift to Rise geographic catchment) will have received rental and utility assistance under the United Lift Rental Assistance Program

Goal #2: Robust Valley-Wide Outreach: Conduct robust outreach that attracts a minimum of 6,500 applicants throughout our service region – especially in hard-to-reach areas that are difficult to access during the period of this project.

<u>Progress on the number of District residents served:</u>

Total: 2,789

Geographic area(s) served during this reporting period:

Cathedral City
Coachella
Desert Hot Springs
Indian Wells
Indio
La Quinta
Oasis
Palm Desert
Palm Springs
Rancho Mirage

Progress on the Program/Project Goals:

Goal #1:

From May 1, 2021 to July 29, 2021, Lift to Rise has approved \$9,968,267.57 in rental and utilities assistance to 1,361 households. A total of 2,789 applications were received

with a 77% approval rating. These numbers do not include data from our program partner whose numbers were not available prior to submitting this report. As we receive that data, we will include it in future reports.

Of these households, the average combined (rental and utilities) allocation was \$7,324.22.

Goal #2:

Lift to Rise developed an aggressive outreach plan that combined traditional marketing, community outreach efforts, and follow ups with previously engaged clients that contributed to our success in working towards our volume goals for the project. Activities included:

- 71K Unique Visitors on UnitedLift.org from May through July due to outreach efforts
- A June texting campaign that reached over 30K eligible households throughout Riverside County
- Out of roughly 2,400 applications from May through July, more than half of applicants found out about the program through word of mouth (30% through landlord/property manager, 25% through a friend or family member). The remainder of applicants learned of UnitedLift:
 - From a community organization/resource event: 13%
 - o From the news/social media: 14%
 - o Other: 12%
 - From Riverside Legal Aid/Fair Housing Council/court system: 8%
 - From an elected official: 1%

Goal #3: NA

Goal #4: NA

Goal #5: NA

Program/Project Tracking:

- Is the project/program on track?
 Yes
- Please describe any specific issues/barriers in meeting the desired outcomes:

There were no substantive challenges or barriers related to this project during this period

What is the course correction if the project/program is not on track?

NA

 Describe any unexpected successes during this reporting period other than those originally planned:

Lift to Rise, in partnership with Inland SoCal United Way and Riverside County, runs the nation's third-largest rental assistance program, per capita. Based on the data on ERAP-assisted households so far, it appears that the COVID-19 pandemic is continuing to have a particularly devastating impact on low-income Riverside County renters, especially those who identify as Black/African American and as female. The data also shows that families led by single parents, especially single mothers, continue to be overrepresented among approved applicants, as well as workers from the food service and healthcare industries. The pandemic has resulted in unprecedented job losses, with 62% of approved applicants out of work. Debt to landlords continues to pile up as the pandemic rages on, leaving renters vulnerable to eviction, bankruptcy, and trauma associated with housing insecurity. These trends have generally remained consistent over the course of the pandemic, suggesting that the most acutely impacted demographics could benefit from targeted interventions to improve housing stability as Riverside County continues its recovery. A comprehensive report on our work through May 2021 can be found at unitedlift.org.

Cove Communities Senior Association dba The Joslyn Center,

Grant#: 1162

Joslyn Wellness Center and Food Program

Strategic Area: Behavioral Health/Mental Health

Reporting Period: 2/1/21 to 7/31/21

Jack Newby
Tel: 17603334969
jackn@joslyncenter.org

Grant Information

Grant Amount: \$109,130

Paid to date: \$49,108

Balance: \$60,022

Due Date: 8/1/2021

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (1/31/2022):

Goal #1: By January 31, 2022, a total of 52 low-income older District residents age 60 and above, including 15% from the Coachella Valley's Latinx community, will have received behavioral health assessments by the Joslyn Wellness Center's mental health clinicians to identify behavioral health issues that result in development of a treatment/action plan with specified goals and timeline for goal achievement.

Goal #2: By January 31, 2022, a minimum of 31 low-income older District residents age 60 and above receiving behavioral health services through the program will demonstrate progress in resolving presenting issue through clinical assessment, self-report, and/or achievement of at least one treatment goal identified in behavioral health treatment plans developed in collaboration with the program's mental health clinicians.

Goal #3: By January 31, 2022, a total of 40 low-income older District residents age 60 and above will report experiencing reduced anxiety about food insecurity and decreased depression because of socialization with caring Joslyn Center volunteers by receiving up to seven nutritious meals per week with each meal meeting up to a minimum of one-

third of the Dietary Reference Intakes by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences.

Evaluation Plan: Success is measured by achieving benchmarks, objectives and positive mental health outcomes. Counseling benchmarks include number of unduplicated clients participating in behavioral health treatment; attendance at a minimum of three counseling sessions; meeting of treatment goals; and improvement in presenting problem demonstrated through clinical assessments and client self-reports. Last year, 94 clients participated in our counseling program; 100% received clinical assessments and treatment plans. Of these, 80% completed treatment with 67% achieving treatment goals. The Program Administrator tracks demographics and outcome data via an Excel spreadsheet from data collected by clinicians. Quantitative data includes gender, age, zip code, income, ethnicity, and other data. Qualitative data tracked includes the number of behavioral health outpatient treatment sessions, clinical assessments, treatment plan development, and achievement of treatment goals. Progress notes are maintained in confidential client files. Improvements in clinical assessments and achievement of treatment goals are reported at minimum of six-month intervals. All data is kept in secure, HIPAA-compliant electronic and printed client files that are maintained in locked cabinets with restricted access to authorized personnel only. We utilize evaluation processes that are consistent with the International Classification of Diseases and Related Health Problems (ICD 10), including the Patient Health Questionnaire (PHQ-9), which are collected at intake and at periodic treatment intervals. Client self-reporting of Quality of Life, reduction in food insecurity anxiety, and improvement in symptoms are measured by surveys administered by with results tracked via Excel spreadsheets and reported quarterly. Program results are analyzed by staff under the direction of the Program Director, a Licensed Clinical Social Worker, and reported monthly to the Executive Director and at regular intervals to the Board of Directors. We are investigating affordable options for HIPAA compliant, cloud-based Electronic Health Records databases to monitor and report client data, clinician notes, and program objectives and outcomes.

Proposed number of District residents to be served:

Total: 92

Proposed geographic area(s) served:

Cathedral City
Coachella
Indio
Indian Wells
La Quinta
Palm Desert
Rancho Mirage
Thousand Palms
Bermuda Dunes

Progress This Reporting Period

Progress Outcomes:

The Wellness Center program is meeting its goals in terms of client enrollment, although enrollment has decreased in the past two months. We have continued advertising in the Desert Sun and through social media to attract clients since direct outreach is very difficult during COVID. It appears to be a balance between individuals wanting on-site services and caution in having two or more individuals in a room for counseling even if distanced and wearing a mask. At this time, we are continuing with Zoom or telephone counseling. We are pleased to report that our outreach for Spanish speaking clients has resulted in the establishment of a group in collaboration with the Braille Institute which has proven to be very beneficial to the clients since they had been struggling without a licensed counselor. We are working on additional outreach to the Spanish speaking community to reach our goal of at least three sites by the end of the grant year. The counseling program is serving clients from more cities and areas of the Coachella Valley than originally anticipated. Our AMFT counselors are continuing with weekly supervision by the LCSW and all underwent training on HIPPA requirements in order to address a minimum of HIPPA training at least annually. All counseling clients have received clinical assessments, treatment plans and have achieved at least one or more treatment goals. Each of these areas are discussed weekly during supervision and client progress is discussed with techniques to improve outcomes. We are now regularly conducting the PHQ-9 assessments of new and continuing clients to add an additional evaluation aspect to the counseling program.

For the Meals on Wheels aspect of the program, we have served nearly 9,000 fresh and frozen meals to 118 unduplicated clients. This is on track to exceed total meals served last fiscal year as well as exceed unduplicated clients. We are serving meals in the cities of Rancho Mirage, Palm Desert (including the Del Webb communities) and Indian Wells. We have completed our survey and assessment for Meals on Wheels clients and will be tabulating results and outcomes to include in our next progress report.

Progress on the number of District residents served:

Total: 155

Geographic area(s) served during this reporting period:

Cathedral City
Indian Wells
Indio
La Quinta
Palm Desert
Palm Springs
Rancho Mirage
Thousand Palms

Progress on the Program/Project Goals:

Goal #1:

At the conclusion of this reporting period, 37 clients received a clinical assessment and treatment plan developed by the Wellness Center clinicians that identified behavioral health issues which included a timeline for achieving their goals. The clinical assessment and development of the treatment plan was under the supervision of the program LCSW. Weekly, the LCSW meets with the AMFT clinician and reviews treatment goals and progress on the treatment plan developed for each client. During this period, we collaborated with the Braille Institute in developing a group specifically for Spanish speaking individuals who were struggling with their disability. This group specifically requested a licensed professional to work with the group. Treatment plans and goals were developed for each group member and they were monitored for achievement of their respective goals. The Spanish speaking group initially consisted of twelve members with two dropping out due to other health concerns. Ten Spanish speaking individuals completed the group therapy in collaboration with the Braille Institute. Our supervising LCSW provided additional training to the counselors on developing and charting their assessment and treatment plan. Weekly supervisions for each client reviewed the charts and progress as well as determination of achieving the goals of the therapy. Our Spanish speaking therapist assisted in outreach to the Spanish speaking community. With COVID, it was difficult to complete many of the outreach opportunities. All therapy and group sessions took place via Zoom and in a few cases via telephone.

Goal #2:

At the conclusion of this reporting period, 37 clients received a clinical assessment and treatment plan developed by the Wellness Center clinicians that identified behavioral health issues which included a timeline for achieving their goals. This includes the members of the Spanish speaking group with the Braille Institute. As previously indicated, two of the Braille group therapy clients had to terminate their participation in the group because of health related issues. The progress toward achievement of treatment goals is monitored weekly by the LCSW supervisor. Part of the regular supervision includes evaluation of client progress and potential referral to appropriate providers such as Jewish Family Services. At the time of this report, all of the clients except for the two that dropped from the Braille group have been assessed by the counselor and LCSW supervisor to have achieved progress on at least one treatment goal. One-third of these clients have been assessed to have achieved progress on more than one goal. Additionally, all of the remaining clients have participated in at least three sessions. Of particular interest to us were comments and progress notes relating to the Spanish speaking group that was in dire need of a group therapy format. A few of these notes are set forth: AG shared "You must think before you do things because you cannot change your actions." RV shared: "I have strategies that I use to help deal with feelings of anxiety before a doctor appointment." CO shared her strategies for dealing with anxiety by "Listening to music and praying." AG shared that "I have learned that anxiety before a medical procedure is a normal feeling and I can better cope with it." CC reported that "I have learned good techniques for dealing with

anxiety and depression while in this group." We have also begun administering PHQ-9 assessments to clients and will be able to report on client depression in our final report. The main focus of Problem Solving Therapy is an early intervention therapy to teach clients how to problem solve in order to avoid issues that could lead to depression and other mental health disorders. The LCSW Program Director continually monitors progress of clients and, along with the program administrator maintains confidential records to monitor that clinical assessments are undertaken, a treatment plan is developed and discusses progress on completing goals of treatment.

Goal #3:

As of the date of this progress report, we have served a total of 7,406 freshly prepared and 1,526 frozen meals to 118 unduplicated clients. Zip codes served include 92270, 92260, 92211, and 92210. Meals served to Rancho Mirage: 1,138; Meals served to Palm Desert: 6,898; Meals served to Indian Wells: 896.

In addition, we have prepared and have begun administering a general survey which includes questions to assess reduction in anxiety and depression related to food insecurity. We are awaiting results from this survey. A copy of the survey is available upon request.

Program/Project Tracking:

Is the project/program on track?

Yes

Please describe any specific issues/barriers in meeting the desired outcomes:

It is sometimes difficult to measure reduction in depression or anxiety in both Problem Solving Strategies and for individuals receiving Meals on Wheels. Much time was spent with counselors to standardize clinical assessments, monitor development and progress on treatment plans and measure progress on goals. We waited to also administer the PHQ-9 until the counselors and supervising LCSW were comfortable in regular assessments and monitoring progress to goals. Also, the PHQ-9 was not always indicated when a client first sought Problem Solving Therapy. It was an issue of using early intervention to help insure that the client did not let a problem become one that resulted in increased anxiety and depression. However, we are now beginning to administer the PHQ-9 as a regular course of our evaluation to determine if depression is a component of the inability to solve a problem. All new clients and continuing clients are being administered this assessment.

What is the course correction if the project/program is not on track?

For the most part, the programs are on track and achieving their goals. We were a bit behind in including the PHQ-9 assessment as an additional evaluation

component in the counseling program, but the other evaluation components are on track and all clients are showing progress. We are at the beginning stages of the survey of Meals on Wheels clients and have completed the survey questionnaire which is available upon request. With respect to the declining enrollment in the counseling program that occurred in the past two months, we are continuing our advertising in The Desert Sun and social media. However, we are looking at other areas of advertising and more in-person outreach as COVID restrictions are eased. We received feedback from members and clients in our early June opening that there is some reluctance in engage in remote or Zoom counseling. Also, this is a population that does have difficulty accessing technology. As an organization, we are offering more technology and virtual programs to help seniors and older adults become accustomed to the technology and we have begin promoting telephone counseling as an alternative. Much of the course correction depends on the COVID pandemic and the comfort level in receiving in-person services. We are continuing to evaluate our enrollment levels and making course adjustments. All new enrollments are now being asked how they became aware of the program so we can better evaluate the effectiveness of our outreach efforts. Also, in-person outreach is anticipated to help improve enrollment levels.

 Describe any unexpected successes during this reporting period other than those originally planned:

While one of our goals was to outreach to the Spanish speaking community, we are particularly pleased with the success and gratitude shown by the participants in the Braille group counseling. These are individuals who are struggling with blindness or low vision, and did not have a professional to facilitate their group and guide them to find solutions to their challenges. The participants were clearly grateful for the group and the AMFT counselor in helping them to alleviate their fears and anxiety around their vision loss and medical visits. The Braille institute was also very grateful for our collaborative efforts and we expect this relationship to continue and expand beyond the Spanish speaking group.

Alzheimer's Association, Grant#: 1147

Alzheimer's Association Critical Support

Strategic Area: Vital Human Services to People with Chronic Conditions

Reporting Period: 02/01/2021-07/31/2021

Cortney Weir

Tel: (760) 996-0006 Fax: (760) 328-2747 cjweir@alz.org

Grant Information

Grant Amount: \$33,264

Paid to date: \$14,969

Balance: \$18,295

Due Date: 8/1/2021

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (1/31/2022):

Goal #1:

To continue to deliver Care Consultations to individual families. These entail a private individualized planning session with a Program Manager who does a full assessment of the current situation, challenges, and very often crisis managment and mitigation. There is also significant follow up with these families, and multiple Care Consultations that take place as their loved one's disease progresses and needs change. Goal: To deliver 100 unduplicated Care Consultations to District families, which incorporates an average of two additional family members for a total of 300 District residents served.

Goal #2:

Goal: To deliver approximately 150 follow up Care Consultations with families who are established with us through a previous CC to monitor progress, changing circumstances and challenges related to their loved ones disease progression.

Goal #3:

Goal: To deliver a new Caregiver EssentiALZ 4 week series each month in 2021, with an average of 14 caregivers in attendance during each session. This will be a total of

168 district residents/families served, who will then go on through the programmatic continuum of services we provide, including ongoing support groups, additional targeted education and the opportunity to participate with their loved one in social engagement programs.

Evaluation Plan:

Utilizing our proprietary Association internal database, Personify, the Alzheimer's Association carefully collects data from every interaction that occurs between our staff, volunteers and community members. For each Care Consultation a record is made for the family in question, with detailed notes regarding their specific situation, challenges, and the resources, strategies and action plan that is developed with their Program Manager. Additionally, for every education class, data is entered regarding the name, email and zip code of each participant in attendance, whether in person or virtually. All class participants are also given a post class evaluation, including a pre and post survey for the Caregiver EssentiALZ 4 part series which measures their growth in knowledge, comfort level and overall stress level before they begin the series and after it is completed. After the class concludes, most Caregiver EssentiALZ class groups form their own Support Group, or migrate into an existing Support Group, where their knowledge base and self assessed stress levels are also routinely monitored. The Association collects unduplicated numbers with regard to family members utilizing our services; EG one family may access several of our programs and services multiple times, (attend a support group every week for several months/years, attend an occasional educational or social engagement class, participate in one of more Care Consultation. For our purposes of increasing our reach and focusing on serving the greatest number of families living with Alzheimer's, we count each of these instances as an unduplicated contact only one time for our yearly total number of families served. For the purposes of this grant request, some averages have been made based on the actual number of district residents that are being served by the programs in question.

Proposed number of District residents to be served:

Total: 468

Proposed geographic area(s) served:

Cathedral City
Coachella
Desert Hot Springs
Indio
Indian Wells
La Quinta
Palm Desert
Palm Springs
Rancho Mirage
Bermuda Dunes

Progress This Reporting Period

Progress Outcomes:

The Alzheimer's Association has continued to serve our Coachella Valley community by offering programs and services throughout the onset and peak of the Covid-19 pandemic, and into the current calendar year where we saw enough of a downward trend in cases locally that we excitedly began offering in person programming from our office and out in the community in May of 2021. Recently, we have had to shift backward a bit as the Delta variant has had an impact locally and nationally, and out of an abundance of caution, we made the difficult decision to return to virtual platforms of all of our programming in early August. This, however, has not precluded us from delivering the critical care and support services to our Alzheimer's and dementia families, and we have remained on track to deliver the goals promised in our original proposal to the Desert Healthcare District.

Progress on the number of District residents served:

Total: 178

Geographic area(s) served during this reporting period:

All District Areas

Progress on the Program/Project Goals:

Goal #1:

In this initial reporting period from February 1 2021 to July 31, 2021, we delivered 43 Care Consultations to local families of which 31 were held virtually via Zoom or by telephone, and 12 were delivered in person after our office opened back up in May. Typically, our numbers decrease during the summer months and we expect to hit the required number of 100 before the conclusion of the granting cycle.

Goal #2:

During this same time period, we delivered 58 follow up Care Consultations to district families, which included 47 virtual via Zoom or by telephone and 11 that were delivered in person. This number was also affected by our general slow down of service during the summer months, and we anticipate being able to reach our goal of approximately 150 total by the end of the granting cycle.

Goal #3:

Our Caregiver EssentiALZ class has been running every month, 4 weeks per session, thoughout the reporting period. From February through May we offered this programming via Zoom and in June and July we returned to in person programming. Our class size has ranged from 10 to 16 participants per session, for a total of 77 participants during this reporting period. We feel that we are on track to reach out goal of serving 168 district residents through the delivery of this program.

Program/Project Tracking:

- Is the project/program on track? Yes
- Please describe any specific issues/barriers in meeting the desired outcomes:

Our main challenge now is that the issues with the Covid variant numbers are again significantly affecting our constituents, who represent the population most vulnerable to the effects of Covid 19. Just when we had reopened our office and moved all of our programming, including the specific programs funded by our DHCD grant back to in person delivery, we had to make the difficult decision to abandon that plan and again move everything back to virtual. Because Alzheimer's is intrinsically isolating and segregating for this population, we are seeing a renewed sense of fatigue and hoplessness among those we serve. We are intent on ensuring that their needs are met, even if the delivery is not ideal or preferred, and have kept our office open despite the fact that we are not holding in person classes there, for those who are in crisis and need this vital resource. We do feel that despite these challenges we will be able to achieve our stated goals before the end of the grant period.

What is the course correction if the project/program is not on track?

Once "season" is upon us again, we plan to do some advertising about the fact that our office is open, and that we do continue to run multiple educational and support programs via virtual platforms. This should help boost our numbers for the second half of the granting cycle.

 Describe any unexpected successes during this reporting period other than those originally planned:

One unexpected and welcome success that has come about from this challenging pandemic time is that we are reaching more people geographically. We have noticed people in our support groups and educational programs, as well as our social engagement programs who are new to us, and are accessing these services because in person programs were never an option for a variety of reasons; transportation challenges, lack of care for their loved one with disease, proximity to our office too far from their home for comfortable travel, etc. This has opened our eyes to the fact that we must always have virtual options for everything, so that we are meeting all of our constituents needs. One additional note: our secondary expenses related to providing both Care Consultations and Caregiver EssentiALZ classes have been significantly lower during our virtual programming than during our in person programming, as the majority of materials, printing costs, paper, etc are delivered via email for the virtual classes and sessions. These expenses should increase when and if we again return to primarily in person mission delivery.

Inland Empire Ronald McDonald House, Grant#: 1136

Temporary Housing and Family Support Services

Strategic Area: Healthcare Infrastructure and Services

Reporting Period: 02/01/21 to 07/31/21

Karen Hooper Tel: (909) 747-1260 khooper@rmhcsc.org

Grant Information

Grant Amount: \$119,432

Paid to date: \$53,744

Balance: \$65,688

Due Date: 8/1/2021

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (1/31/2022):

Goal #1: By January 31, 2022, 100 Coachella Valley families will be provided temporary housing for a total of 1,600 nights to alleviate the financial burden placed on these families who have to temporally relocate.

Goal #2: By January 31, 2022, 80% of Coachella Valley families served will receive supportive services through the Family Support Services (FSS) program.

Goal #3: Provide supportive services to our medical partners to assist those pediatric parents from Coachella Valley that choose to stay bedside by providing comfort bedside bags, provide food and gas cards as available. The goal is to support an additional 50 families through this service. By January 31, 2022, \$25.00 gas cards will be provided to 50 Coachella Valley families to assist with travel expense due to financial hardship.

Evaluation Plan:

Our projects will be carefully evaluated by monitoring and collecting data on various levels. The House program collects surveys from every family regarding their guest experience and how it has impacted the child undergoing treatment and the family as a

whole. The comments provided are used to access where changes need to be made or what other types of support a family is requesting that we could potentially provide. For example, we had families that were struggling with transportation to get back and forth to one of our other medical facilities. After evaluating, we established a shuttle service specifically to that location. FSS also does independent surveys of the families seen through their program and a follow-up survey is done three months after the family has returned home. All survey data and comments are used to evaluate the effectiveness of each of our programs and to determine possible enhancements. The House also captures statistical data on each family (person), i,e., # of families served, # of in or out-patients, diagnosis, # of adults, # of children, ethnicity, income level, place of origin, # of new families, # of returning families, etc. FSS also collects statistical data such as # of hours in family meetings and support groups, # of checkins with families, # of hours spent in therapeutic fun clubs for children, parents, and families, # of hours providing educational workshops, # of hours putting on activities. We will have very rich data to share on all these dimensions and look forward to reporting this information to you.

Proposed number of District residents to be served:

Total: 325

Proposed geographic area(s) served:

Cathedral City
Coachella
Desert Hot Springs
Indio
La Quinta
Palm Desert
Palm Springs
Thermal
Thousand Palms
Bermuda Dunes

Progress This Reporting Period

Progress Outcomes:

During this reporting period, 02/01/21 to 07/31/21, we have been on pace to meet our goals in terms of housing, however, we need to continue to work with our partnering hospital social workers to identify those families from the Coachella Valley who are traveling back and forth to be with their child and need assistance with gas cards. We have been successful in meeting the needs of the families from the Coachella Valley requesting to stay at the IE Ronald McDonald House.

<u>Progress on the number of District residents served:</u>

Total: 117

Geographic area(s) served during this reporting period:
All District Areas

Progress on the Program/Project Goals:

Goal #1:

Within our reporting period, we have monitored our stay requests daily to provide temporary housing to the Coachella Valley Families. During this period, we have accommodated 37 CV families comprised of 117 residents utilizing 617 nights. These families have been provided a private guest room and restroom, free meals, sundries, toys, blankets, snack items, and much more, to make their stay as pleasant as possible. With the daily cost of a guest room being \$100, DHCD Foundation has covered the 617 nights at a cost savings to the families of \$\$61,700.

Goal #2:

Each of these families (100%) were assigned and met with one of our Family Support Services (FSS) team members. Their initial meeting is 45 minutes to 1 hour in length. Resources are provided for them and they are guided to join FSS on-line where additional support classes are offered. The FSS team member checks in with the family during their entire stay.

Goal #3:

During this reporting period, we have continued to support our partnering hospital to assist the pediatric parents by bedside. We have supplied 27 hygiene bags, 16 baby items bags, 22 food item bags, 22 bedside bags with journals, 28 boxes of miscellaneous items, blankets, and eleven (11) \$25 gas cards and two (2) \$50 gas cards to Coachella Valley families. The families who have received cards were extremely appreciative. When provided to the family, the card is placed in an evelope with a note stating that this gift is courtsey of the Desert Healthcare District Foundation. We will be working more diligently with the hospital social workers in identifying those families from the valley that need travel assistance (gas cards) over the next six months.

Goal #4: N/A

Goal #5: N/A

Program/Project Tracking:

• Is the project/program on track? Yes

• Please describe any specific issues/barriers in meeting the desired outcomes:

I believe that we are on track to meet the program/project goals. As mentioned above, we will be implementing weekly check ins with our partnering hospital social workers to identify families from the Coachella Valley needing travel assistance with gas cards. We got a late start as it took a while to work with the vendor to obtain the gas cards. The only other challenge that could potentially affect our progress in serving families is the recent restrictions set by the CA Department of Public Health regarding visitors at the hospitals where their child is receiving treatment, requiring them to be vaccinated or provide COVID tests valid within a 72 hour period for each visit.

What is the course correction if the project/program is not on track?

The protocols set by the CA Department of Public Health is out of our control as it pertains to COVID and the Delta variant. Our role is to implement and adhere to the protocols which in turn impacts the families and their choice to stay. We will continue to provide our temporary housing and program services as long as we are able and are within the requirements of the CDHP and our charity. I have been working with our local government office to possibly obtain more on-site test kits to support the COVID testing timeframe requirement of those unvaccinated. This would, I believe, help parents decide to stay nearby utilizing our services if they choose not to be vaccinated.

 Describe any unexpected successes during this reporting period other than those originally planned:

None to report at this time

Public Health Institute, Grant#: 1046

Coachella Air Quality and Health Analysis

Reporting Period: 3/1/21 to 8/30/21

Paul English

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paul.english@cdph.ca.gov

Grant Information

Grant Amount: \$250,000

Paid to date: \$112,500

Balance: \$137,500

Due Date: 9/1/2021

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by (2/28/2023):

This project evaluation plan emphasizes assessing the reach and effectiveness of outreach and engagement of target audiences in project activities. An outreach log will track activities to engage survey respondents, monitor hosts, and other target participants and stakeholders in the project. Example activities include presenting and distributing informational materials at health fairs and screening events, clinics, schools, senior centers, community meetings, and other venues.

Proposed evaluation activities for qualitative assessment of this project include:

- Conduct testing of the sample survey instrument by community-based organization staff not involved in the project in both English and Spanish prior to distributing it to respondents, and ensure that questions included are appropriate and understandable for target audiences;
- 2. Debrief with project team members on project planning calls to obtain feedback on efficacy of project outreach and communications activities and materials, such as draft project fact sheets and written summaries of survey and analysis results:
- Conduct informal interviews with project team members, monitor hosts, and/or other project participants to solicit their feedback on project progress and results;

4. Document and incorporate feedback received from project team members and other project stakeholders into ongoing project planning and implementation.

Proposed evaluation activities for quantitative assessment of this project include:

- 1. Develop and maintain an outreach log to track number of people reached and number of informational materials distributed to target audiences;
- 2. Develop and maintain a performance evaluation and monitoring spreadsheet to track data collected on specific evaluation metrics as listed below;
- 3. Analyze and summarize evaluation data to inform project implementation;
- 4. Share evaluation data with project team to inform required reporting and other communications about project results;
- 5. Incorporate evaluation results for the project into grant reporting and other communications about the project to key stakeholders, as appropriate.

Proposed number of District residents to be served:

0-5: 10,845

6-17: 44,304

18-24: 15,358

25-64: 94,833

65 or more: 32,850

Proposed geographic area(s) served:

All District Areas

Progress This Reporting Period

Progress Outcomes: During the reporting period, we have accomplished the following in relation to our proposed goals and evaluation plan:

Goal #1:

In Year 1, conduct a sample survey of 250 respondents in English and Spanish by mobile device to estimate prevalence of undiagnosed and physician-diagnosed asthma and cardiovascular disease among permanent residents of the Coachella Valley, with oversampling of vulnerable communities in the Eastern portion of the valley and of tribal populations.

Accomplishments: We compiled and reviewed relevant survey questions on respiratory and cardiovascular symptoms from validated and field-tested questionnaires including the survey instrument used during the Loma Linda University (LLU) community health

survey directed by Dr. Ryan Sinclair in Eastern Coachella Valley. Since one of the points of feedback we had received from Dr. Sinclair was that there was underreporting of respiratory symptoms in the LLU survey responses, we carefully reviewed the Spanish translations of survey questions regarding respiratory symptoms forth both children and adults with our community partner Comite Civico del Valle (CCV). Based on this review we developed a draft survey questionnaire for our planned DHCF community health survey and held a series of planning calls with community health education team members at CCV to further tailor, refine and translate the draft survey questions into Spanish. During monthly planning calls with CCV and other project partners we also discussed the protocol we would be using to administer the survey and identified participants to recruit for a focus group to test the draft questionnaire and obtain feedback on the planned survey protocol. Potential focus group participants include community leaders from vulnerable populations in the area such as indigenous communities and community health workers including a respiratory therapist. Due to external circumstances including the current COVID=19 spike affecting the Eastern Coachella Valley area we are planning to conduct the focus group virtually via Zoom and then administer the survey in person later this fall.

Goal #2:

In Year 1, conduct an analysis of current and historic emergency room visits and hospitalizations for asthma and cardiovascular disease by zip code and comparable Indian Health Service data for the DHDF areas.

Accomplishments: This analysis of hospitalization and emergency room visits for the Coachella Valley by ZIP code, including diagnoses of asthma, COPD, bronchitis, pneumonia, heart disease, and myocardial infarction has been completed and submitted to DHCF for review. In June 2021, a presentation was made on the results to the South Coast Air Quality Management District and community stakeholders.

Goal #3:

In Year 1, conduct an analysis of available PM2.5, PM10, and ozone air pollution data for the DHDF areas, including seasonal trends, federal exceedances, and health benchmarks.

Accomplishments: This report was completed and submitted to DHCF for review and comments.

Goal #4:

During Years 1-3, conduct source apportionment monitoring at one primary site in the Coachella valley for a 12-month period to improve understanding of the sources of particulate matter in the Valley, with additional targeted PM2.5 and PM10 measurements at locations of interest, such as where high pollution levels are expected and where vulnerable populations are located.

Accomplishments: The project partner, Berkeley Air Monitoring Group, installed ASPEN gravimetric samplers at the Indio Jackson SCAQMD air quality monitoring site

in December, 2020, which allows for comparison and validation of air pollution data, and safe housing of the instrumentation. To date, between 40 and 42 samples have been attempted for PM2.5 and PM10, on Teflon and quartz filters, the two different types of filters that allow us to conduct gravimetric/elemental, and EC/OC/organics, respectively. Unfortunately, due to sampler errors and overheating, only 31-36 samples from each group are available for analysis. As a result of these errors, the sampler manufacturer has requested the samplers be sent back for maintenance, and we anticipate restarting sampling between September 7-10. As a component of the ambient samples collected in July, 4 community samples were collected at the Ave 52 community monitoring site in Coachella.

Thirteen samples, which were collected in March/April, have had the elemental and gravimetric analyses performed, but the data has not yet been provided to Berkeley Air for analysis. It will be incorporated into the full data set within the week.

Source apportionment analysis is currently under way. The source apportionment analysis is being conducted with 15 PM2.5 samples and 13 PM10 samples, and is not expected to be representative of the final results. Nonetheless, conducting it was a proof of concept, and with these results, we can now begin comparing with existing source profiles nationally, as well as regionally, and can start with additional downstream analyses. These include incorporating meteorological data such as wind speed and direction, temperature, and humidity, to better understand causal and possible mitigating effects of each source's contributions.

Goal #5:

By the project completion, produce a white paper outlining results of the monitoring and analyses, and summarize practical policy options to mitigate sources and reduce exposures harmful to health.

Accomplishments:

We have not started working on this goal at present.

Progress on the number of District residents served:

0-5: 10,845

6-17: 44,304

18-24: 15,358

25-64: 94,833

65 or older: 32,850

Geographic area(s) served during this reporting period:

All District Areas

Program/Project Tracking:

Is the project/program on track?

Yes

• Please describe any specific issues/barriers in meeting the desired outcomes:

Goals 2 and 3 (analysis of patient data and air pollution data) are completed. We anticipate delays in conducting the survey (Goal 1) due to pandemic-related prohibitions on work in the field and travel from the Public Health Institute. We therefore moved this activity to Year 2. Goal #4 (source apportionment) has been slightly delayed as several samples had to be discarded due to sampler errors and overheating (see above).

What is the course correction if the project/program is not on track?

We have to redo several samples in the source apportionment work, but will still complete all work within the project period.

 Describe any unexpected successes during this reporting period other than those originally planned:

We have been receiving support from the South Coast AQMD to help on the source apportionment activities and also increased support from Comite Civico del Valle on developing the questionnaire instrument.

Jewish Family Service of the Desert, Grant#: 1170

Mental Health Counseling Services for Underserved Coachella Valley Residents

Strategic Area: Behavioral Health/Mental Health

Reporting Period: 3/1/21 – 8/31/2021

Kraig Johnson

Tel: (760) 325-4088 Fax: (760) 778-3781 grants@jfsdesert.org

Grant Information

Grant Amount: \$80,000

Paid to date: \$36,000

Balance: \$44,000

Due Date: 9/1/2021

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (2/28/2022):

Goal #1: By June 30, 2021, JFS will provide low- or no-cost mental health counseling services for 120 unduplicated clients using DHCD funds only (and an additional 1,080 using non-DHCD funds).

Goal #2: By June 30, 2021, at least 70% of mental health clients will attend three or more counseling sessions.

Goal #3: By June 30, 2021, JFS therapists will administer a depression scale to all counseling clients over 18 years of age.

Goal #4: By June 30, 2021, JFS will ensure that 100% of adult mental health clients are aware of case management services, including emergency financial assistance.

Evaluation Plan:

Success of the proposed project will be defined by providing affordable access to quality mental health care for all Coachella Valley residents. JFS's counseling program is measured by achieving objectives and positive mental health outcomes. Counseling

benchmarks include attendance at a minimum of three sessions and meeting of treatment goals. Quantitative evaluation is primarily measured through reports generated from the JFS Electronic Health Records (EHR) database, which is developed and maintained by Welligent, Inc. This data is compiled bi-annually, and treatment goal achievements are reported at year end. Qualitative evaluation is based on processes that are consistent with the International Classification of Diseases and Related Health Problems (ICD 10), including the Generalized Anxiety Disorder (GAD 7) scale, the Primary Care-PTSD (PC-PTSD) screen, the CAGE Adapted to Include Drugs (CAGE-AID) screen, and the Patient Health Questionnaire (PHQ-9). The PC-PTSD and CAGE-AID screening tools are used at admission, while the GAD-7 and PHQ-9 tools are utilized at periodic times during the course of treatment and recorded in the database. Outcome measurements are monitored by individual clinicians and agency management, and any unexpected outcomes brought to the monthly clinical roundtable for discussion.

Proposed number of District residents to be served:

Total: 120

<u>Proposed geographic area(s) served:</u>

Cathedral City

Coachella

Desert Hot Springs

Indio

La Quinta

Mecca

Palm Desert

Palm Springs

Rancho Mirage

Thousand Palms

Progress This Reporting Period

Progress Outcomes:

Between March 1, 2021, and August 15, 2021*, Jewish Family Service of the Desert (JFS) met its expected progress toward annual program goals, offering telecare sessions for remote care, as well as in-person sessions to those clients who prefer to meet face-to-face or who cannot complete telecare sessions for whatever reason. In total, 567 unduplicated clients were provided with low or no-cost mental health counseling (47% of the total goal of 1,200), with a majority attending at least three counseling sessions (77% compared to the goal of 70%) and 68% of those clients obtaining at least one mutually agreed-upon clinical goal (compared to the goal of 70%).

*Note: Although the reporting period end date is August 31, 2021, JFS is reporting on progress for the period of March 1, 2021 to August 15, 2021 to allow for accurate, upto-date data collection. JFS will include data from August 15-August 31, 2021, in the next progress report.

Progress on the number of District residents served:

Total: 567

Geographic area(s) served during this reporting period: Cathedral City

Coachella
Desert Hot Springs
Indio
La Quinta
Outside the Coachella Valley
Palm Desert
Palm Springs
Rancho Mirage
Thousand Palms

Progress on the Program/Project Goals:

Goal #1:

Goal #1: By June 30, 2021, JFS will provide low- or no-cost mental health counseling services for 1,200 unduplicated clients.

For the period of March 1, 2021, to August 15, 2021, JFS served 567 unduplicated clients, 47% of the total goal.

Goal #2:

Goal #2: By June 30, 2021, at least 70% of mental health clients will attend three or more counseling sessions; at least 70% will have obtained at least one mutually-agreed upon clinical goal.

77% of mental health clients—439 out of 567 clients—attended three or more counseling sessions.

Of adult counseling clients attending three or more sessions, 68% (298 of the 439 clients) obtained at least one mutually agreed-upon clinical goal.

Goal #3:

Goal #3: JFS therapists will administer a depression scale to all counseling clients over the age of 18.

JFS therapists administered a depression scale to 100% of their 567 mental health

clients over the age of 18. All clients were administered the depression scale at their first appointment.

Goal #4:

Goal #4: By June 30, 2021, JFS will ensure that 100% of adult mental health clients are aware of case management services, including emergency financial assistance.

100% of adult mental health clients—567 clients total—were made aware of case management services, including emergency financial assistance.

Goal #5: N/A

Program/Project Tracking:

Is the project/program on track?

Yes

Please describe any specific issues/barriers in meeting the desired outcomes:

The state of crisis that many Coachella Valley residents experienced due to the COVID-19 pandemic—including operating in a prolonged state of "fight or flight"—has made it challenging to recognize their need for mental health support. Many clients struggled to commit to longer-term goals due to the unpredictability of the pandemic and the related need to focus on immediate and urgent issues (e.g., loss of income). JFS anticipates that, as the grant period progresses, more clients will establish clear long-term goals as they feel greater stability. But, the emergence of the Delta variant and increased concerns regarding infection rates and accompanying increased mortality, may prolong the population's fight-or-flight feelings leading to a delay in expected increases in counseling referrals.

What is the course correction if the project/program is not on track?

As residents continue to experience the pandemic and pandemic recovery, it is evident that JFS needs to ensure that mental health care is readily available and accessible, particularly for those living with low incomes.

 Describe any unexpected successes during this reporting period other than those originally planned:

Related to Goal #4, ensuring that 100% of adult mental health clients are aware of case management services, including emergency financial assistance, JFS launched a new service to provide more substantial emergency assistance for clients experiencing COVID-19 pandemic related financial challenges. The Family Assistance Program (FAP) was embedded into JFS's case management program

in March 2021 to provide long-term and client-guided support for larger households, including ones with seniors, affected by COVID-19. FAP offers up to \$1,000 to be used for up to 6 months and allows recipient households to direct their own support, maintaining dignity within the family unit. So far, 106 local families have been pledged \$77,500 in support for necessities such as overdue rent or utilities, food, and medications. Through these increased sources of emergency financial assistance, JFS has been able to connect residents with more substantial levels of financial support, thus having an even greater impact on their household stability.

Regents Of The University Of California At Riverside

COVID-19 Testing for Farm working Communities in the Eastern Coachella Valley

Reporting Period Covered

6/15/20 to 2/28/21

Final Progress

Please describe your program/project final accomplishment(s) in comparison to your proposed goal(s) and evaluation plan.

We originally proposed to collaborate with Riverside County Department of Public Health (RCDPH) to establish and implementCOVID-19 testing for farm-working communities in the Eastern Coachella Valley (ECV). We proposed to do this by build on our Global Health at Home and Coachella Valley Free Clinic infrastructure of volunteer UCR clinical faculty and UCR pre-med and medical students. RCDPH originally proposed donating 5,000 tests with the expectation that our team implement pop-up testing sites tailored to the needs of farm workers in the eastern valley. however, logistically it was not possible to carry this out as promotores needed training from County on how to register patients and clinical faculty and students in COVID-19 testing. Furthermore, it was logically not possible at that time, to register patients within the County scheduling system as only limited testing locations were in the system. Consequently, we developed collaborations with Borrego Health who had the capacity to implement mobile unit, pop-up clinics and needed assistance with engaging members of farm-working communities in the eastern valley. Our team helped identify sites for clinics, promoted the clinics, and engaged community in testing services.

Final Progress on Goal #1

Goal #1 was to establish and implement COVID-19 testing and contact tracing for farmworkers in the eastern Coachella Valley (ECV). We collaborated with Borrego Health to establish routine testing for farm working communities in the ECV, as well as with RCDPH to set up contact tracing for patients in the ECV. From September 25 to December 31, 2020, we partnered with Borrego Health to hold COVID-19 testing sites in the eastern valley. We conducted focus groups to assess barriers and facilitators to use of COVID-19 testing services as well as to understand potential barriers to future vaccination. Additionally, we held capacity building trainings for promotores and premedical and medical students to conduct and analyze focus group data.

Final Evaluation of Goal #1

RCDPH hired and trained three bilingual promotoras who either lived in the ECV or served communities in the ECV to carry out contact tracing among positive cases in the ECV. We also developed a collaboration with Borrego Health for COVID-19 testing. Our team supported service delivery and brought our expertise of community engagement to bear on the collaboration. Through this partnership, we also worked with RCDPH so that the three trained contact tracers were assigned positive cases from our testing sites. In total, we conducted 26 COVID-19 testing clinics in collaboration with Borrego Health providing ~1470 tests. Among patients accessing services approximately 1/3 to 1/2 of all patients consistently identified as either a farmworker or member of a farm-working family. To evaluate testing services, we conducted seven focus groups with 55 members of the ECV. Promotores with assistance from medical and pre-medical students conducted the FGs and analyzed the qualitative data. Among the 55 participants, 36% indicated working in the fields, 74% indicated fearing coronavirus, and 83% had been affected by the virus. Participants most commonly cited having tested positive for COVID-19, having lost their jobs or having had their hours cut, and having guit their job to care for children as the primarily ways COVID-19 affected them. Our qualitative analysis indicated that misinformation and limited access to public health information fostered lack of trust in institutions (the government, public health, science and medicine) and insecurity in employment and residency statuses, deterring many from utilizing COVID-19 testing services.

Final Progress on Goal #2

From September 2020 to February 2021, we disseminated public health information on COVID-19 via social media, at COVID-19testing events, and in-person socially distanced talks. Dissemination efforts focused on Latinx farm-working communities in Mecca, Thermal, North Shore, and Oasis. We developed a series, Platicas del COVID-19, 30-to-40-minute Facebook Live talks during which community members ask Spanish-speaking healthcare providers and medical students questions about COVID-19. We also developed Platicas en el Pueblo, in-person, socially distanced outdoor talks held by a doctor and promotoras that provide a history of the coronavirus and information about COVID-19. Finally, we originally proposed to conduct brief surveys (previously conducted in central valley with farmworkers) with ~150 farmworkers. Due to challenges with engaging growers and having to disseminate anonline survey due to university restrictions of in-person data collection, we were only able to administer the survey to 13 participants. Thus, we collected information about community needs specific to farmworker communities through our monthly advisory board meetings, Platicas del COVID and en el Pueblo, which informed our public health outreach efforts. Additionally, we administered key questions on this survey (e.g., fear of COVID-19, barriers to testing) via the brief socio-demographic survey as part of the focus group data collection.

Final Evaluation of Goal #2

Our public health outreach efforts, live and in-person platicas and handouts with public health resources, reached 30,137 members of the eastern valley. Using our Facebook page @Unidoporsalud we held 22 Platicas del COVID-19 with 29,657 Facebook users

viewing these talks. Each week anywhere from 2 to 4 infographs with COVID-19 information (testing and vaccination sites, resources) were published on our social media sites. Additionally, we held 10 Platicas en el Pueblo reaching 80 community members in the eastern valley. Our team of promotores also attended 10 COVID-19 testing events to disseminate public health information during which we disseminate hard copies of COVID-19 resources and collected contact information from more than 400community members in the eastern valley interested to receive information on COVID-19 testing and public health information. This group received weekly text messages with COVID-19 testing site information.

Final Progress of Goal #3

Goal #3 involved reducing the spread of COVID-19 among farm-working communities in the eastern valley. We worked with RCDPH to identify baseline data in July and August prior to establishing and implementing COVID-19 testing services in the eastern valley. A team of medical students identified these data and developed an initial report updating the report monthly to track changes incases and deaths over time. We also established an advisory board with key stakeholders, including growers and contractors, to offer direction and input on connecting to growers and packing houses.

Final Evaluation of Goal #3

Baseline public health data indicated steady increase of COVID-19 news cases in the eastern valley in the months of July to August with a rapid spike in the months of October, November, and December, which corresponded with increased community use of the COVID-19 testing services implemented in collaboration with Borrego Health in the eastern valley. We developed partners with Grow Coachella Valley and disseminated flyers on COVID-19 testing services through this organization and shared weekly information about testing sites with 9 growers and packing houses in the area. We also distributed flyers with stores, churches, and community based organizations. From September to December 2020 we disseminated a total of 28,933 flyers throughout the eastern valley.

Final Number of District Residents Served

0 to 5 served
145
6 to 17 served
2500
18 to 24 served
5450
25 to 64 served
32676
65 or older served
4500

Final Geographic Area(s) Served

Geographical Area(s) Served
Coachella
Mecca
North Shore
Oasis
Thermal

Describe any specific issues/barriers in meeting the proposed program/project goals

A number of barriers arose to accomplishing the project goals. First, we planned to partner with RCDPH to support the delivery of5,000 COVID-19 tests throughout communities in the eastern valley. Because of logistics of our team members, including promotores, medical students, and volunteer clinical faculty not having access to county's registration system we were unable to carry out the original plan. As such, we partnered with Borrego Health. We therefore did not meet the anticipated total number of tests conducted and the project start was delayed. Furthermore, due to changing partners and collaborating with Borrego Health, we had to set up a memorandum of understanding to permit UCR clinical faculty and medical students to participate in COVID-19testing services. This is a lengthly process and was not finalized during the project period. As such, the only team members present at testing sites included promotores hired through Vision y Compromiso who had permission to collaborate with the clinical partner. Another barrier was UC-wide policy travel restrictions that did not permit students nor faculty to travel overnight thus limiting in-person public health dissemination and testing support.

Describe any unexpected successes other than those originally planned

Despite the challenges, our team was creative and innovative. We used technology to hold weekly public health dissemination events (Platicas del COVID-19) engaged medical students through COVID-19 curriculum and created opportunities for them to provide educational talks focused on the coronavirus and COVID-19 testing and vaccination. Furthermore, we built the capacity of promotores and pre-med and medical students to collaboratively carry out research. The timing of focus group data collection in late November and early December 2020 permitted us to better concerns during the peak of the second wave of COVID-19 in the region as well as understand factors contributing to vaccine hesitancy. Last, the original model we proposed and identified in conversations with County was eventually realized and implemented in the eastern valley. I was incredible to see this model implemented on a large scale with numerous community partners and systems of care and for DHCD to serve as the central organizing partner in these efforts.

After the initial investment by the DHCD how will the program/project be financially sustained?

Much of the initial investment by DHCD continues to be sustained through funding from the National Institutes of Health and theUCR School of Medicine Center for Health Disparities Research and Designated Emphasis in Medical Spanish program

(directed by Dr. Cheney). Dr. Cheney is currently co-PI of the NIH-funded study, STOP COVID-19 CA, that offers continued support to hold the Platicas del COVID-19 and Platicas en el Pueblo, both of which continue to engage promotores and medical students in public health dissemination efforts.

List five things to be done differently if this project/program were to be implemented and /or funded again

If this project were funded again, we would do the following things differently:

- 1) partner with an organization with established processes (e.g., training and support) for engaging promotores in COVID-19 testing and vaccination;
- 2) carry out the project over a longer duration of time such as up to 1 full year;
- 3) allocate more funds to the community investigator and promotores;
- 4) take the lead on community engagement and public health dissemination rather than proposing to take the lead in the delivery of services; and
- 5) spend more time with growers to understand their needs and ideas for supporting their employees

•



Directors Present	District Staff Present	Absent
Chair/Director Arthur Shorr	Conrado E. Bárzaga, MD, Chief Executive Officer	Director
President Leticia De Lara, MPH	Chris Christensen, Chief Administration Officer	Les
	Eric Taylor, Accounting Manager	Zendle,
	Donna Craig, Chief Program Officer	MD
	Alejandro Espinoza, Chief of Community	
	Outreach	
	Andrea S. Hayles, Clerk to the Board	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Shorr called the meeting	
	to order at 4:00 p.m.	
II. Approval of Agenda	Chair Shorr asked for a motion	Moved and seconded by President
	to approve the agenda.	De Lara and Chair Shorr to approve
		the agenda.
		Motion passed unanimously.
III. Public Comment	There was no public comment.	
IV. Approval of Minutes	Chair Shorr motioned to	Moved and seconded by President
1. F&A Minutes –	approve the September 14,	De Lara and Chair Shorr to approve
Meeting September	2021, minutes.	the September 14, 2021, meeting
14, 2021		minutes.
		Motion passed unanimously.
V. CEO Report	There was no CEO Report.	
VI. Chief Administration	Chris Christensen, CAO,	
Officer's Report	provided an overview of the	
	the audit reports that will be	
	presented at the meeting.	
	The Las Palmas Medical Plaza	
	has two vacancies that are	
	actively being marketed.	
	Drainage concerns were	
	detected from the most recent	
	rain with the new landscape work. The onsite contractor is	
	remedying the issue, including	
	the drainage problem to	
	accommodate the runoff.	
	decommodate the runon.	
	The fire sprinkler project	
	materials are onsite, stored in a	



October 14, 2021

VII Financial Reports	locked container, and scheduling has begun with the tenants to commence the work with completion possibly in the next 3 months.	
VII. Financial Reports 1. District and LPMP Financial Statements 2. Accounts Receivable Aging Summary 3. District – Deposits 4. District – Property Tax Receipts 5. LPMP Deposits 6. District – Check Register 7. Credit Card – Detail of Expenditures 8. LPMP – Check Register 9. Retirement Protection Plan Update 10. Grant Payment Schedule	Chris Christensen, CAO, provided an overview of the financial reports explaining that the District is under \$400k from the tax revenues due to timing from the county. The direct expenses that are under budget on the year-to-date variance allowance are related to the wages, and support positions that are currently vacant and other expenses associated with the Pandemic, such as travel expenses, further detailing the lower variances with the committee, and the underbudgeted expenses for grant funding until the strategic plan is approved, and grant allocations commence once again. Mr. Christensen provided an overview of the balance sheet detailing the deferred rent payments in 2020, again due to the Pandemic. A description of the long-term and current year grant's payments was	Moved and seconded by President De Lara and Chair Shorr to approve the September 2021 District Financial Reports - Items 1-10 and to forward to the Board for approval. Motion passed unanimously.
VIII. Other Matters	explained related to the CV Link project, and details of the A/R aging rent pre-payments were provided. The Retirement Protection Plan is currently down two participants.	



October 14, 2021

- Gary Dack, CPA,
 Partner, and Shannon
 Maidment, CPA,
 Partner Lund &
 Guttry LLP FY 2021
 Audit Reports District
 & RPP
 - a. Communication
 Letter & Internal
 Controls Report
 - **b.** District Audit Report
 - c. RPP Audit Report
 - d. Desert Healthcare
 Foundation & A-133
 Single Audit
 (Informational
 Purposes Only,
 Approval during the
 Foundation's F&A
 Committee meeting)

Chris Christensen, CAO, provided an overview of Lund & Guttry as the District auditors, further describing the audit reports.

Gary Dack, CPA, Lund & Guttry, provided an overview of the District audit report highlighting the Statements of Net Position, the Revenue, Expenses, Changes in Net Position, and the retirement plan benefits change assumptions. The committee recommended an asterisk for the one-time adjustment to the retirement protection plan to include in the footnote illustrating the change from the prior year on footnote 14, which previously had an unfunded pension liability of \$4.6M. The retirement protection plan funds are dispersed in a lump sum when retirees leave the hospital or roll the funds into an IRA. Previously, the pension liability was determined based on annuity payments. The revised assumptions more accurately state the liability from \$9.3M in 2020 to \$3.5M in 2021.

Lund & Guttry will reference on the statement of revenue the retirement protection plan expense with the one-time assumption change.

Mr. Dack provided an overview of the Retirement Protection

Moved and seconded by President De Lara and Chair Shorr to approve the FY 2021 Audit Reports – District and Retirement Protection Plan and to forward to the Board for approval.

Motion passed unanimously.



Plan audit and investment funds describing the payouts.

The Statement of Financial Position for the Foundation was detailed with an increase in the cash, and investments, and grants receivables. Mr. Dack summarized the Statement of Activities with an increase in grant expenses, as well as an overview of the Notes to Financial Statements.

Shannon Maidment, CPA, Lund & Guttry provided an overview of the A-133 Single Audit Report and Schedule of **Expenditures of Federal** Awards. The Schedule of Findings did not include any significant deficiencies. The Foundation is not determined as a low-risk auditee since there was no single audit last year. The Management Letter provides an opportunity for improvement with the single audit, explaining compliance with agreements and that funds from the county should be in a separate non-interestbearing account and separated from other funds. The county was notified, the funds were separated, and the county is satisfied; thus, it is not a current finding. Supporting Contractor Expenses had no findings, but Ms. Maidment explained that all documentation is on file as support documentation, such as the gift card purchases



October 14, 2021	
neeting the use as intended, ne process, and additional etails. The auditors noted that all audits received an unmodified pinion.	
resident De Lara complimented staff and the uditors for a clean audit, cluding the District's first ean single audit.	
hris Christensen, CAO, rovided details of the etirement Protection Plan aluation of the pension ability of the prior lump-sum ayouts and no annuity ayments until the plan articipants passed away. The ssumptions were modified to amp-sum distributions with 5% or annuities and 95% of lump-um payouts, as a result, educing the pension liability.	
hris Christensen, CAO, escribed the background of olicy #FIN-06 Financial eserve and the policy ommittee's recommendation obring the policy to the F&A ommittee for review, eplaining the change of 125M to the estimated Desert egional Medical Center's perating capital and the ocrease from \$58M to \$60M to the reserve fund.	Moved and seconded by President De Lara and Chair Shorr to approve Policy #FIN-06 and forward to the Board for approval. Motion passed unanimously.
irector Shorr adjourned the eeting at 5:06 p.m.	Audio recording available on the website at
ne rok rok reasons as he concerni	eeting the use as intended, e process, and additional etails. The auditors noted that all edits received an unmodified pointion. The sident De Lara complimented staff and the editors for a clean audit, cluding the District's first ean single audit. The sident Protection Plan eluation of the pension eluation of the pension eluation of the pension eluation of the plan enticipants passed away. The sumptions were modified to estimate and 95% of lumpton payouts, as a result, ducing the pension liability. The sident Protection Plan eluations with 5% or annuities and 95% of lumpton payouts, as a result, ducing the pension liability. The sident Protection Plan eluation is christensen, CAO, escribed the background of policy #FIN-06 Financial eserve and the policy emmittee's recommendation is bring the policy to the F&A elumittee's recommendation is pring the change of electional Medical Center's electional Medical Center's electional Medical Center's electional Medical Center's elections from \$58M to \$60M to ereserve fund. The rector Shorr adjourned the elections in the policy of the policy for the policy of the rector Shorr adjourned the elections in the policy of the policy



	http://dhcd.org/Agendas-and- Documents

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



October 26, 2021 Date:

To: **Board of Directors**

Subject: Retirement Protection Plan – Actuarial Valuation Report (GASB Nos. 67 &

68) – June 30, 2021

Staff Recommendation: Information only

Background:

- In 1997, the District's contribution retirement plan for the employees of Desert Hospital (Desert Regional Medical Center) who transitioned to Tenet employees was frozen at the time of the lease with Tenet.
- Terms of the plan requires the District to maintain the participant's funds during employment at Desert Regional (DRMC).
- Upon termination of employment, participants are eligible to withdraw their funds.
- Historically, participants request lump sum distributions.
- Each year, an actuarial valuation is performed by an actuarial firm, Nyhart, to establish the Net Pension Liability to be recorded in the accounting records of the District.
- Prior year valuations per GASB 67 & 68, the Pension Liability assumed the present value of annuity payments to participants for life. This resulted in a large net pension liability.
- For the current year, Staff consulted with Nyhart and the District's auditor to consider revising the assumptions to complete the valuation based on a majority of lump sum distributions versus annuities.
- The revised assumptions resulted in a Net Pension Asset of \$1,807,032.
- The June 30, 2021 Actuarial Valuation Report is included for your review.

Fiscal Impact:
None – information only

Net Pension Asset

Plan Fiduciary Net Position \$5,314,972 Total Pension Liability (3,507,940)Net Pension Asset 1,807,032



Desert Hospital Retirement Protection Plan

June 30, 2021 GASB Nos. 67 & 68 Report

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This report is prepared in accordance with our understanding of GASB Nos. 67 & 68 for the purpose of disclosing pension plans in financial statements. Determinations for purposes other than meeting these requirements may be significantly different from the results contained in this report.

The information presented in this report is based on:

- the actuarial assumptions included in this report;
- · the plan provisions;
- participant information furnished to us by the Plan Administrator;
- asset information furnished to us by the Plan Trustee.

We have reviewed the provided data for reasonableness when compared to prior information provided, but have not audited the data. Where relevant data may be missing, we may have made assumptions we believe are reasonable for the purpose of the measurement. We are not aware of any significant issues with and have relied on the data provided. Any errors in the data provided may result in a different result than those provided in this report.

The interest rate, other economic assumptions, and demographic assumptions have been selected by the plan sponsor with our recommendations. The assumptions used, in our opinion, are reasonable and represent a reasonable expectation of future experience under the plan. All calculations have been made in accordance with generally accepted actuarial principles and practice.

A summary of any assumptions not included in this report, the plan provisions and the participant information is included in the Actuarial Valuation Report for funding purposes.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following:

- plan experience differing from that anticipated by the economic or demographic assumptions;
- changes in economic or demographic assumptions;
- increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); and
- changes in plan provisions or applicable law.

We did not perform an analysis of the potential range of future measurements due to the limited scope of our engagement.

In preparing these results, Nyhart used ProVal valuation software developed by Winklevoss Technologies, LLC. This software is widely used for the purpose of performing pension valuations. We coded the plan provisions, assumptions, methods, and participant data summarized in this report, and reviewed the liability and cost outputs for reasonableness. We are not aware of any material weaknesses or limitations in the software, and have determined it is appropriate for performing this valuation.



The undersigned are compliant with the continuing education requirements of the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States.

To our knowledge there have been no significant events prior to the current year's measurement date or as of the date of this report which could materially affect the results contained herein.

Neither Nyhart nor any of its employees have any relationships with the plan or plan sponsor which could impair or appear to impair the objectivity of this report.

Nyhart

Genevieve Clarke, FSA, EA, MAAA

/ Malila Mill

09/16/2021

Malcolm Merrill, FSA, EA



Net Pension Liability		
The components of the net pension liability at June 30	 06/30/2021	 06/30/2020
Total pension liability	\$ 3,507,940	\$ 9,388,217
Plan fiduciary net position	(5,314,972)	(4,783,963)
Net pension liability	\$ (1,807,032)	\$ 4,604,254
Plan fiduciary net position as a percent of the total pension liability	151.51%	50.96%
Pension Expense for the Fiscal Year Ended June 30	\$ (5,396,404)	\$ (109,461)
Actuarial Assumptions The total pension liability was determined using the following actuarial assumptions		
Inflation	2.75%	2.75%
Salary increases, including inflation	N/A	N/A
Investment rate of return, including inflation, and net of investment expense	6.71%	3.77%
Plan Membership The total pension liability was determined based on the plan membership as of June 30	 2021	 2019
Inactive plan members and beneficiaries currently receiving benefits	7	8
Inactive plan members entitled to but not yet receiving benefits	59	61
Active plan members	88	114
Total members	 154	 183



Assets	C	(06/30/2020	
Cash and deposits	\$	148,112	\$	305,434
Securities lending cash collateral		0		0
Total cash	\$	148,112	\$	305,434
Receivables:				
Contributions	\$	0	\$	0
Due from broker for investments sold		0		0
Investment income		0		0
Other		0		0
Total receivables	\$	0	\$	0
Investments:				
Domestic fixed income securities	\$	1,520,127	\$	1,622,025
Domestic equities		2,750,471		2,050,476
International equities		905,024		712,188
International fixed income securities		0		101,435
Total investments	\$	5,175,622	\$	4,486,124
Total assets	\$	5,323,734	\$	4,791,558
Liabilities				
Payables:				
Investment management fees	\$	8,762	\$	7,595
Due to broker for investments purchased		0		0
Collateral payable for securities lending		0		0
Other		0		0
Total liabilities	\$	8,762	\$	7,595
Net position restricted for pensions	\$	5,314,972	\$	4,783,963



	06/30/2021		06/30/2020		
Additions					
Contributions:					
Employer	\$	0	\$	0	
Member		0		0	
Nonemployer contributing entity	 	0	 	0	
Total contributions	\$	0	\$	0	
Investment income:	•	4.050.504	•	(4.000)	
Net increase in fair value of investments	\$	1,056,581	\$	(4,863)	
Interest and dividends		104,391		114,527	
Less investment expense, other than from securities lending		(33,700)		(31,524)	
Net income other than from securities lending	\$	1,127,272	\$	78,140	
Securities lending income Less securities lending expense		0		0	
	<u>e</u>	0	<u></u>	0	
Net income from securities lending Net investment income	<u>\$</u>	<u>0</u> 1,127,272	\$ \$	70 110	
Other	Ф	1,127,272	Ф	78,140	
	<u></u>			70.110	
Total additions	\$	1,127,272	\$	78,140	
Deductions	•	500.000	•	000.004	
Benefit payments, including refunds of member contributions	\$	596,263	\$	208,084	
Administrative expense		0		0	
Other		0		0	
Total deductions	\$	596,263	\$	208,084	
Net increase in net position	\$	531,009	\$	(129,944)	
Net position restricted for pensions					
Beginning of year		4,783,963		4,913,907	
End of year	\$	5,314,972	\$	4,783,963	



		06/30/2021		06/30/2020	06/30/2019			06/30/2018		06/30/2017
Total pension liability					_		_		_	
Service cost	\$	0	\$	0	\$	0	\$	0	\$	0
Interest		342,696		374,170		385,951		399,298		321,990
Changes of benefit terms		(4.402.550)		0		(902.110)		0		(437,093)
Differences between expected and actual experience Changes of assumptions		(1,123,559)		912,601		(802,110) 769,854		315,705		(2,852,163)
Benefit payments, including refunds of member contributions		(4,503,151)* (596,263)		(208,084)		(511,792)		(466,670)		(382,380)
Net change in total pension liability		(5,880,277)		1,078,687		(158,097)	_	248,333	_	(3,349,646)
Total pension liability - beginning		9,388,217		8,309,530		8,467,627		8,219,294		11,568,940
Total pension liability - ending (a)	\$	3,507,940	\$	9,388,217	\$	8,309,530	\$	8,467,627	\$	8,219,294
Plan fiduciary net position										
Contributions - employer	\$	0	\$	0	\$	0	\$	0	\$	3,400,000
Contributions - member		0		0		0		0		0
Contributions - nonemployer contributing member		0		0		0		0		0
Net investment income		1,127,272		78,140		235,865		347,969		426,828
Benefit payments, including refunds of member contributions		(596,263)		(208,084)		(511,792)		(466,670)		(382,380)
Administrative expenses		0		0		0		(35,638)		(24,513)
Other Net change in plan fiduciary net position	<u>_</u>	504.000	_	(400.044)	_	(075,007)	_	(454,000)	_	0
	Ф	531,009	\$	(129,944)	\$	(275,927)	\$	(154,339)	\$	3,419,935
Plan fiduciary net position - beginning		4,783,963		4,913,907		5,189,834	_	5,344,173		1,924,238
Plan fiduciary net position - ending (b)	\$	5,314,972	\$	4,783,963	\$	4,913,907	\$	5,189,834	\$	5,344,173
Net pension liability - ending (a) - (b) Plan fiduciary net position as a percentage of the total	\$	(1,807,032)	\$	4,604,254	\$	3,395,623	\$	3,277,793	\$	2,875,121
pension liability		151.51%		50.96%		59.14%		61.29%		65.02%
Covered-employee payroll		Not Applicable		Not Applicable		Not Applicable		Not Applicable		Not Applicable
Net pension liability as percentage of covered- employee payroll		Not Applicable		Not Applicable		Not Applicable		Not Applicable		Not Applicable

^{*}In consultation with Desert Hospital, and based on observed experience over recent years, it was determined that nearly all plan participants have been electin the less valuable cash balance lump sum in lieu of the traditional annuity. As such, we have changed our assumption to reflect participants electing a lump sum in 95% of cases, as opposed to the prior assumption that a participant will elect the more valuable option between the lump sum an annuity.

Further, the interest crediting rate and lump sum to annuity conversion interest rates are tied to market indices. Given recent lower interest rates, it was decided these assumptions should be lowered to more closely align with current rates.

The mortality improvement scale was updated from MP-2018 to MP-2020.

With the above adjustments, the plan is no longer expected to deplete their assets prior to paying all benefits. As such, the discount rate used in determining plan liabilities is now equal to the expected return on plan assets, as opposed to the crossover analysis. Year over year, this increased the discount rate from 3.77% to 6.71%.



		06/30/2016	06/30/2015			
Total pension liability Service cost Interest Changes of benefit terms Differences between expected and actual experience Changes of assumptions Benefit payments, including refunds of member contributions Net change in total pension liability	\$	0 397,980 0 (493,455) 1,944,607 (459,397) 1,389,735	\$	0 418,035 0 (537,578) 0 (304,264) (423,807)		
Total pension liability - beginning Total pension liability - ending (a)	\$	10,179,205 11,568,940		10,603,012 10,179,205		
Plan fiduciary net position Contributions - employer Contributions - member Contributions - nonemployer contributing member Net investment income Benefit payments, including refunds of member contributions Administrative expenses Other Net change in plan fiduciary net position	\$ \$	0 0 0 (6,638) (459,397) (14,983) 0 (481,018)	\$	0 0 0 70,805 (304,264) (17,892) 0 (251,351)		
Plan fiduciary net position - beginning Plan fiduciary net position - ending (b)	\$	2,405,256 1,924,238	\$	2,656,607 2,405,256		
Net pension liability - ending (a) - (b) Plan fiduciary net position as a percentage of the total pension liability	\$	\$9,644,702 16.63%	\$	\$7,773,949 23.63%		
Covered-employee payroll		Not Applicable		Not Applicable		
Net pension liability as percentage of covered- employee payroll		Not Applicable		Not Applicable		



Fiscal year ending	06/30/2021		0	06/30/2020	
Service cost	\$	0	\$	0	
Interest on total pension liability		342,696		374,170	
Projected earnings on pension plan investments		(305,934)		(328,033)	
Changes of benefit terms		0		0	
Employee contributions		0		0	
Pension plan administrative expense		0		0	
Other changes		0		0	
Current period recognition of deferred outflows/(inflows) of resources					
Differences between Expected & Actual Experience in measurement of the Total Pension Liability	\$	(1,390,929)	\$	(475,335)	
Changes of assumptions		(3,863,406)		315,627	
Differences between Projected & Actual Earnings on Pension Plan Investments		(178,831)		4,110	
Total	\$	(5,396,404)	\$	(109,461)	



Differences between expected and actual experience in measurement of the total pension liability for fiscal year ending:	Initial Balance	Initial Amortization Period	Annual Recognition	06/30/2021 Balance
June 30, 2021	\$ (1,123,559)	1.0	\$ (1,123,559)	\$ 0
June 30, 2019	\$ (802,110)	3.0	\$ (267,370)	\$ 0
			\$ (1,390,929)	\$ 0
Changes in assumptions for fiscal year ending:	Initial Balance	Initial Amortization Period	Annual Recognition	06/30/2021 Balance
June 30, 2021	\$ (4,503,151)	1.0	\$ (4,503,151)	\$ 0
June 30, 2020	\$ 912,601	3.0	\$ 304,200	\$ 304,201
June 30, 2019	\$ 769,854	3.0	\$ 256,618	\$ 0
June 30, 2018	\$ 315,705	4.0	\$ 78,927	\$ 0
			\$ (3,863,406)	\$ 304,201
Differences between projected and actual earnings on pension plan investments for fiscal year ending:	Initial Balance	Initial Amortization Period	Annual Recognition	06/30/2021 Balance
June 30, 2021	\$ (821,338)	5.0	\$ (164,268)	\$ (657,070)
June 30, 2020	\$ 249,893	5.0	\$ 49,979	\$ 149,935
June 30, 2019	\$ 100,630	5.0	\$ 20,126	\$ 40,252
June 30, 2018	\$ (93,318)	5.0	\$ (18,664)	\$ (18,662)
June 30, 2017	\$ (330,020)	5.0	\$ (66,004)	\$ 0
			\$ (178,831)	\$ (485,545)



	Defer c	Deferred Inflows of Resources		
Differences between expected and actual experience	\$	0	\$	0
Changes of Assumptions	\$	304,201	\$	0
Net difference between projected and actual earnings on pension plan investments	\$	190,187	\$	(675,732)
	\$	494,388	\$	(675,732)

The balances as of June 30, 2021 of the deferred outflows/(inflows) of resources will be recognized in pension expense for the fiscal year ending June 30

6/30/2022	\$ 191,376
6/30/2023	\$(94,163)
6/30/2024	\$(114,291)
6/30/2025	\$(164,266)
6/30/2026	\$ 0
Thereafter	\$ 0



The long-term expected rate of return on pension plan investments was determined using a building -block method in which expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These expected future real rates of return are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. Best estimates of arithmetic real rates of return for each major asset class included in the pension plan's target asset allocation as of June 30, 2021 are summarized in the following table:

Asset class		
Domestic fixed income securities		
Domestic equities	44.0%	4.19%
International equities	11.0%	4.43%
Alternatives	5.0%	1.70%
Cash	5.0%	-0.34%
Total	100.0%	

Long-term expected rate of return is 6.71%.

Money-weighted rate of return for the fiscal year was 25.13%.



Discount rate

The discount rate used to measure the total pension liability was 6.71%. The projection of cash flows used to determine the discount rate assumed that plan member contributions will be made at the current contribution rate and that contributions will be made at rates equal to the difference between actuarially determined contribution rates and the member rate. Professional judgment on future contributions has been applied in those cases where contribution patterns deviate from the actuarially determined rates. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

Sensitivity of the net pension liability to changes in the discount rate

The following presents the net pension liability, calculated using the discount rate of 6.71%, as well as what the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (5.71%) or 1-percentage-point higher (7.71%) than the current rate:

	 1% Decrease (5.71%)	 rent Discount ate (6.71%)	1	1% Increase (7.71%)			
Net pension liability	\$ (1,725,825)	\$ (1,807,032)	\$	(1,879,878)			



	2021	2020	2019	2018	2017
Actuarially determined contribution	\$ 366,275	\$ 366,275	\$ 288,378	\$ 288,378	\$ 928,460
Contributions in relation to the actuarially determined contribution	0	0	0	0	3,400,000
Contribution deficiency (excess)	\$ 366,275	\$ 366,275	\$ 288,378	\$ 288,378	\$ (2,471,540)
Covered-employee payroll	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Contributions as a percentage of covered-employee payroll					
	 2016	2015	2014	 2013	2012
Actuarially determined contribution	\$ 928,460	\$ 1,631,186	\$ 1,631,186	\$ 0	\$ 0
Contributions in relation to the actuarially determined contribution	0	0	0	0	0
Contribution deficiency (excess)	\$ 928,460	\$ 1,631,186	\$ 1,631,186	\$ 0	\$ 0
Covered-employee payroll	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

Contributions as a percentage of covered-employee payroll



The total pension liability as of June 30, 2021 was determined using the following actuarial assumptions:

Inflation N/A

Discount rate 6.71%, net of pension plan investment expense.

Measurement date June 30, 2021, based on a valuation date of June 30, 2021.

Ad-hoc cost-of-living

increases Not applicable.

Mortality Pre-Retirement: None.

Post-Retirement: PubG-2010 sex distinct mortality tables projected generationally with Scale MP-2020.

As the plan is not large enough to have credible experience, mortality assumptions are set to reflect general population trends.

Experience study Given the size of the plan, there is not enough data available to conduct a credible experience study. The assumptions are not

anticipated to produce significant cumulative actuarial gains or losses over time. The liabilities and data are analyzed each year in order to identify any trends of experience deviating from the actuarial assumptions. The plan is frozen to new participants and

benefit accruals.

Retirement Actives - 100% retirement at age 65.

Terminated Vested - Lump sums are assumed to be taken immediately. Annuities are assumed to commence at age 65.

Termination Participants* are assumed to work until Normal Retirement Age.

Other assumptions See actuarial assumptions provided in the June 30, 2021 funding valuation for other relevant assumptions.



^{*} Former Desert Hospital employees employed with Tenet Healthsystem Desert, Inc.

The actuarially determined contributions as of June 30, 2021 was determined using the following actuarial assumptions:

Inflation N/A

Discount rate 6.71%, net of pension plan investment expense.

Measurement date June 30, 2021, based on a valuation date of June 30, 2021.

Ad-hoc cost-of-living

increases Not applicable.

Mortality Pre-Retirement: None.

Post-Retirement: PubG-2010 sex distinct mortality tables projected generationally with Scale MP-2020.

As the plan is not large enough to have credible experience, mortality assumptions are set to reflect general population trends.

Experience study Given the size of the plan, there is not enough data available to conduct a credible experience study. The assumptions are not

anticipated to produce significant cumulative actuarial gains or losses over time. The liabilities and data are analyzed each year in order to identify any trends of experience deviating from the actuarial assumptions. The plan is frozen to new participants and

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Termination Participants* are assumed to work until Normal Retirement Age.

Other assumptions See actuarial assumptions provided in the June 30, 2021 funding valuation for other relevant assumptions.



^{*} Former Desert Hospital employees employed with Tenet Healthsystem Desert, Inc.

The Plan provisions used for measuring liabilities in this report match those shown in the June 30, 2021 funding valuation.



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Date: October 10, 2021

DHCD Progress Report #2021-3 for reporting period July 1, 2021 to September 30, 2021

Grantee: Coachella Valley Association of Governments (CVAG)

Project Title: CV Link Project

Project Manager/ Contact: Jonathan Hoy, CVAG Director of Transportation (ihoy@cvag.org) or Erica

Felci, Assistant Executive Director (efelci@cvag.org)

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

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

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

2. Summarize work completed during reporting period.

CVAG celebrated several milestones during the third quarter as construction of CV Link continued across the Coachella Valley. First, a few photos from this quarter's progress in Palm Desert (first two photos) and at Promontory Point (final three photos):

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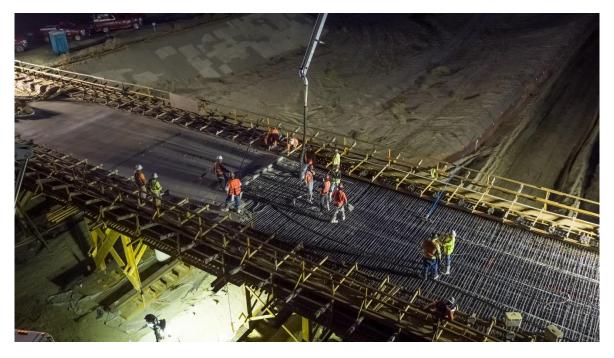


Coachella Valley Association of Governments

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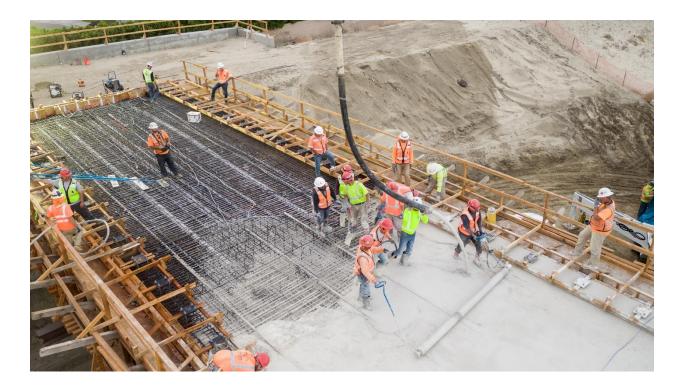






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As evidenced by the photos, the CV Link team has been busy this quarter. This year's work is divided under two main contracts: a \$52.733 million construction contract with Ames Construction that includes work in the cities of Palm Springs, Palm Desert, La Quinta, Indio, Coachella and unincorporated Riverside County; and a cooperative agreement with the City of Palm Desert to complete about \$6 million worth of work for the City's on-street route.

The construction along Palm Desert streets was essentially completed in the third quarter. The contractors are finalizing a punch list of items before it is officially opened to the public. As noted at the District's Board meeting in September, CVAG will join the City of Palm Desert at a grand opening celebration for CV Link and the San Pablo Corridor. It is scheduled for 5 p.m. October 23, 2021 where the projects intersect at Magnesia Falls Drive. Invitation information will be sent to the District Board and staff separately and we hope to see you there.

Elsewhere along the project route, another milestone achievement occurred at Promontory Point. This is a large access point for CV Link at the border of the cities of La Quinta and Indio. On September 17, the crews conducted an overnight pour on the new bridge that will provide cyclists

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and pedestrians with a safe connection across the stormwater channel. Bridge work, and the adjacent path, will continue through the fourth quarter. Additional images from the overnight work were compiled into a short video that can be seen here: https://www.facebook.com/coachellavalleylink/videos/932664717458565

CVAG has always planned to have multiple construction sites going simultaneously. CVAG is working to mobilize the work along other stretches of path throughout the Coachella Valley, and will be announcing groundbreaking dates as work begins in other parts of the valley. In addition to work in La Quinta and Indio, it is anticipated that additional construction will be launched in the City of Palm Springs during the fourth quarter. Site preparation work has already occurred at the Palm Springs Visitors Center, where an access point to CV Link will be built. CVAG staff will be sure to provide details to the Board about any groundbreaking information.

As noted in previous reports, this construction is largely funded by the \$29.447 million in funds from the Active Transportation Program and State Transportation Improvement Program, which the California Transportation Commission (CTC) green lighted in 2020. CVAG also will be drawing down its funding commitments, including those from the Desert Healthcare District/ Foundation and South Coast Air Quality Management District. The Congressional Budget Office has estimated that every dollar spent on infrastructure produced an economic benefit of up to \$2.20, and the U.S. Council of Economic Advisers has calculated that \$1 billion of transportation infrastructure investment supports 13,000 jobs for a year. Based on these calculations, the \$52.7 million investment will produce an economic benefit of over \$116 million, and support more than 685 jobs for a year.

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

CVAG has worked diligently to keep the CV Link progress on schedule despite the unprecedented complications that came with COVID restrictions. CVAG staff and the team of contractors have worked to adjust to delays in receiving necessary materials and supplies, which are a result of worldwide shipping issues. These hiccups are not expected to impact the project's overall schedule.

CVAG staff is also taking more assertive approach to acquiring some of the lingering parcels, including access along the railroad lines in the City of Indio where CV Link will go under the railroad lines. Negotiations with the Union Pacific Railroad have been re-engaged since a vote by the CVAG Executive Committee in June 2021, which adopted a Resolution of Necessity that allows CVAG to seek the easement through a court process. CVAG staff is hopeful that the coming months will show additional progress toward acquiring this easement.

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4. Is your project on schedule?

Yes, although CVAG may make minor adjustments to the timing of building various parts of the route authorized in this year's construction in order to best utilize and deploy the construction crews.

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

CVAG has funding commitments from an array of sources, which is reflective of the broad support the project has. That includes:

\$21,692,000
\$20,000,000
\$18,655,000
\$18,800,000
\$12,600,000
\$10,000,000
\$1,000,000
\$750,000

Bicycle Transportation Account Grant: \$748,500 (secured w/ Cathedral City)
Caltrans Environmental Justice Grant: \$291,000 (secured w/ Palm Desert)

6. Work planned for next reporting period:

In the fourth quarter, CVAG will achieve the following milestones:

- 1. Celebrate completion of the on-street work in the City of Palm Desert, which includes the access point at Bump and Grind trailhead. As noted above, a celebration is planned for October 23.
- 2. Continue construction at Promontory Point access point, where a bridge connects the Cities of La Quinta and Indio, and the nearby pathway segments along the Coachella Valley Stormwater Channel.
- 3. Work with the City of Palm Springs to start construction of the route throughout the city.

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- 4. Work with the construction team to mobilize for the additional segments that are included in this year's construction plans, including segments in the cities of Palm Desert (along the wash), La Quinta, Indio and Coachella as well as unincorporated Riverside County.
- 5. As additional right of way is secured, work with the CV Link team to identify next segments of CV Link.

As always, CVAG welcomes input on any of these issues, as your feedback as a participatory partner in the project is important to our progress and the finalization of the right of way and construction of CV Link. Additionally, CVAG staff would like to provide a follow-up to a question that was raised at the September 2021 District Board meeting about indemnification. This was an issue that was analyzed during the planning of CV Link and, in 2017, CVAG's insurance did provide this memo that was presented to the CVAG Executive Committee: http://www.cvag.org/downloads/admin/exec/EXEC_09_25_2017SR8e.pdf

CVAG appreciates the continued support of this project. If District staff or Board members have any questions or need additional information about the project, Jonathan Hoy, Transportation Director can best be reached at (760) 238-1540 or at ihoy@cvag.org and Erica Felci, Assistant Executive Director, can be reached at (760) 534-1546 or at efelci@cvag.org.

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<u>Of Counsel</u> JAMES R. DODSON

DATE: October 22, 2021

TO: Board of Directors

Conrado Barzaga, Chief Executive Officer Chris Christensen, Chief Administrative Officer

Desert Healthcare District

FROM: Jeffrey G. Scott, General Counsel

RE: End of Session Legislative Update

The Legislature finished the first year of the two-year session. The end of session in the Legislature was relatively quiet in the healthcare space as many of the controversial topics were pushed out to be further negotiated going into 2022. The looming recall election had an influence on legislative issues as the Governor was looking to avoid anything controversial that could impact his relationships with key stakeholders such as labor unions as well as giving his recall opponents any ammunition to use against him.

This was particularly noticeable with the negotiations on seismic. There continues to be a stalemate between CHA and labor groups on making changes to the 2030 standards. The labor groups were all unified in their opposition to any changes, which seems to have been a contributing factor to nothing being pushed forward this year. We continue to hear there is an openness with the Governor and Legislature to make adjustments to the 2030 standards. Undoubtedly this will continue to be a priority for CHA and, with the Governor successfully defeating the recall election, we will see how this topic progresses into the 2022 legislative year.

The Governor vetoed a bill to allow farm workers to vote by mail in union elections. The United Farm Workers were the sponsors of the bill and had been planning a 260-mile march to Sacramento to push for the bill to be signed. With the veto, the group is now "re-directing" their march to the French Laundry restaurant, which you may recall is the Michelin rated restaurant in Napa Valley where the Governor had a birthday dinner with a group of lobbyists during the height of the Covid-19 pandemic.

This is an example of why the Governor was pushing for controversial issues to be put off until after the recall election.

Bills of Interest:

<u>AB 361 (Rivas)</u> – (Signed) This bill allows for the continued use of remote teleconferencing during times of a declared emergency.

<u>AB 1064 (Fong)</u> – (Signed) This bill allows pharmacists to independently initiate and administer any vaccine authorized by the Food and Drug Administration.

<u>SB 395 (Cabellero)</u> – This bill imposes a tax on the sale of electronic cigarettes and creates the Health Careers Opportunity Grant Program within OHSPD for the purpose of improving access for diverse students to health profession programs.

<u>SB 606 (Gonsalez)</u> – This bill creates a new system of penalties on employers substantially higher than present and greatly broadens CalOSHA's scope of enforcement.

Budget Trailer Bill Topics:

Seismic – This continues to be one of the major health topics still being negotiated even though it was not settled for 2021. The language for seismic that continues to be negotiated is the following:

- Extend 2030 deadline to 2037 and,
- Change 2030 standards to only apply to emergency care/critical care areas of hospital.

Office of Healthcare Affordability – This is the same language that has been included in AB 1130. AB 1130 is not moving forward this year so the topic is being negotiated to be included in a budget trailer bill. The role of the Office of Healthcare Affordability would be to gather claims data from payers, hospitals, and physicians to better understand health care costs. With this information, the Office would then establish cost targets for various segments of the health care marketplace. If a target would not be met by one or more of the heath care entities, the Office would potentially assess financial penalties.

As with seismic, this policy issue did not move in 2021. It is expected this will continue to be negotiated and be included in the budget process/negotiations for 2021/2022 budget cycle.

Health Information Exchange – The two bills that were introduced on this topic, AB 1131 (Wood) and SB 371 (Caballero) have both stalled and are two-year bills. There is language included in the budget trailer bill on health (SB/AB 133) that would require hospitals and other health entities to exchange health information or make health information available using a national standard. The language does not create a statewide information technology system or a single repository of information. The language would create an advisory committee to create a framework to include a single data sharing agreement and common set of policies and procedures that will govern and require the exchange of health information among health care entities and government agencies in California. AB 133 was signed by the Governor.

AB 858 (Jones-Sawyer) - This bill: (1) prohibits a general acute care hospital (GACH) from limiting a worker providing direct patient care from exercising independent clinical judgement, as specified; (2) authorizes a worker who provides direct patient care at a GACH to override health information technology and clinical practice guidelines, as specified; and (3) prohibits a GACH from retaliating against a worker providing direct patient care for overriding health information technology and clinical practice guidelines. This bill is being sponsored by the California Nurses Association. This bill was moved to the inactive file on September 8, 2021. This bill is dead for 2021 but is still eligible to move next year.

AB 1020 (Friedman) – This bill was signed by the Governor and prohibits a hospital from selling patient debt to a debt buyer, unless specified conditions are met, including that the hospital has found the patient ineligible for financial assistance or the patient has not responded to attempts to bill or offer financial assistance for 180 days. Prohibits a debt collector from collecting consumer debt that originated with a hospital without first communicating with the debtor in writing, and including the name and address of the hospital and information on how to obtain an itemized hospital bill. Revises eligibility requirements for charity care or discount payments from a hospital, redefines "high medical costs" and requires a hospital to display a notice of the hospital's policy for financially qualified and self-pay patients on the hospital's internet website.

<u>AB 1422 (Gabriel)</u> – This bill was signed by the Governor and requires applications by health facilities for program flexibility to designate a bed in a critical care unit as requiring a lower level of care to be posted on the California Department of Public Health's (CDPH) website and requires CDPH to solicit public comment on the application for at least 30 days.

<u>SB 637 (Newman</u>) – Requires hospitals to report weekly during a statewide health-related state of emergency, and monthly at all other times, information, including but not

limited to, staffing, staffing shortages, bed counts, and patient census, and layoffs and furloughs, to the Department of Public Health (DPH) on a form and schedule determined by DPH. Requires DPH to publicly post the information. Requires hospitals to report weekly during a statewide health-related state of emergency and monthly at all other times (no emergency declaration), until January 1, 2025, or the end of the declared COVID-19 emergency, whichever comes first, specified information regarding COVID-19-positive staff. Requires a licensed health facility to post any approval granted by DPH for program flexibility immediately adjacent to the health facility's license, and on the facility's internet website. This bill did not pass the Assembly Floor and is dead for 2021 but is still eligible to move next year.

<u>AB 835 (Nazarian)</u> - This bill would require emergency departments to provide "optout" HIV testing for any patient who has blood drawn. This is a reintroduction of legislation from last year that came after a pilot program looked at this issue. The report that came out pointed to a number of challenges that were found including the lack of funding for this program as well as the specific requirements around the HIV consent process. CHA has just come on with an oppose position as well as CMA. This bill was held in the Senate Appropriations Committee.

<u>AB 1105 (Rodriguez)</u> - Requires general acute care hospital employers to develop and implement a program to offer weekly COVID-19 testing for health care personnel, test all patients for COVID-19 prior to admission to the hospital, and monitor all patients during their hospital stay for the development of COVID-19 symptoms. This bill was held in the Senate Appropriations Committee.

<u>AB 1464 (Arambula)</u> – This bill is the CHA bill to address the 2030 seismic requirements. CHA is in heavy negotiations on this topic and represents one of their top priorities. I can provide some more detail by phone on this one as the details are changing. This bill was set to be heard on the 27th but was pulled from the Assembly Health Committee agenda. The bill will not move forward this year. CHA is pushing for the seismic issue to be included as a part of the Budget process. There was no mention of the seismic issue in the May Revise which the Governor released on May 14th. The seismic topic is still a possibility to be included in the Budget.

<u>AB 1130 (Wood)</u> – This bill would create the Office of Health Care Affordability. The role of this office would be to gather claims data from payers, hospitals, and physicians to better understand health care costs. With this information the Office would then establish cost targets for various segments of the health care marketplace. If a target would not be met by one or more of the heath care entities the Office would potentially assess financial

penalties. This bill is also relevant as it represents a counter to the "single payer" bill (AB 1400-Kalra). The Newsom Administration is supportive of this approach but it is unclear if the author of this bill, Assemblymember Wood, is in synch with the view of the Governor. This bill has been referred to both the Health and Judiciary Committees. No hearing dates have been set. There continues to be discussion the bill's language will be placed into a budget trailer bill but that has not been confirmed. With the policy bill deadline being July14th it is highly unlikely the bill will make it through bot the Health and Judiciary Committees. This leaves the pathway of placing it into a Budget Trailer Bill which is not subject to the same deadlines.

SB 371 (Caballero) – This bill would require any federal funds the California Health and Human Services Agency receives for health information technology and exchange to be deposited in the California Health Information Technology and Exchange Fund. The bill would authorize CHHSA to use the fund to provide grants to health care providers to implement or expand health information technology and to contract for direct data exchange technical assistance for safety net providers. The bill would require a health information organization to be connected to the California Trusted Exchange Network and to a qualified national network. The bill would also require a health care provider, health system, health care service plan, or health insurer that engages in health information exchange to comply with specified federal standards. This bill is being sponsored by the California Medical Association (CMA). This bill in the Assembly Health Committee and has not been set for a hearing. This is a two-year bill.

<u>AB 650 (Muratsuchi)</u> – This bill would require hospitals to pay health care workers quarterly "retention bonuses" between \$2,500 and \$1,000 for 2022. Health care workers is defined as any worker who provides direct patient care and services directly supporting patient care, including, but not limited, to physicians, pharmacists, clinicians, nurses, aides, technicians, janitorial and housekeeping staff, food services workers. This bill was not taken up on the Assembly Floor as it did not have the votes to pass. This bill is now a two-year bill.

There have been discussions on this topic outside of AB 650. SEIU has been circulating a letter asking the Legislature to provide \$8 billion of American Rescue Plan funds to pay essential workers who worked during the pandemic. Two billion dollars would be reserved for healthcare workers and \$6 billion would be for non-healthcare workers. SEIU is proposing this would help offset some of the costs in AB 650. There does not appear to be any interest in putting this in the Budget.

<u>SB 221 (Wiener)</u> - Codifies existing timely access to care standards for health plans and health insurers, applies these requirements to Medi-Cal managed care plans, and adds a standard for non-urgent follow-up appointments for nonphysician mental health care or substance use disorder providers within ten business days of the prior appointment. cThis bill passed the Senate Appropriations Committee but was not heard on the Senate Floor. It is now a two-year bill.

SB 213 (Cortese) – This bill expands the list on "injuries" sustained by a hospital worker that would be presumed to occur at work to include infectious diseases such as COVID-19, staph infections, TB, meningitis, and blood borne infectious diseases. cThis bill passed the Senate Appropriations Committee but only received 20 votes on the Senate Floor which was one vote shy of the needed 21 votes to pass. The bill is now a two-year bill.

SB 642 (Kamlager) – Prohibits a health facility from requiring a physician, as a condition of obtaining clinical privileges, to agree to comply with policies that are not ratified by the medical staff, that directly or indirectly restrict the ability of the physician to provide a particular medical treatment, or from requiring a physician to obtain permission from a nonphysician to perform a medical treatment for which consent has been obtained from the patient, unless the health facility lacks the equipment to provide the service, or a full review of the evidence by members of the medical staff determines that the care is not medically appropriate. Adds to the list of factors that the Attorney General may use to determine whether or not to give consent to a nonprofit health facility transaction, whether the transaction creates a reduction or limitation to individuals based on their membership in a protected class. This bill was made into a two-year bill in the Senate Appropriations Committee.

<u>AB 1131 (Wood)</u> – This bill would require hospitals, health plans, medical groups to provide patient information for health information exchanges (HIEs). I have been speaking with the author's office and they plan to add more specifics the bill is intended to expand the coordinated use of HIEs. This bill was made into a two-year bill in the Assembly Appropriations Committee.

<u>AB 1400 (Kalra)</u> – this is the single payer bill being sponsored by the California Nurses Association (CNA). The bill is similar to SB 562 (Lara) from 2017 which passed the Senate but never received a hearing in the Assembly. Here are some details:

 Does not include any details on how it will be paid. Requires state to pursue waivers with federal government to obtain monies used for Medicare and Medicaid.

- Provides no cost health coverage for all residents whose "primary abode" is in the state regardless of immigration status.
- All medical treatments are covered based on medical necessity as determined by a physician.
- No prior authorization required.
- No referrals for specialty care are required.
- The CAL Care board is given broad authority to implement many aspects of the program.
- No health plan or health insurance company may offer coverage for benefits provided by CAL Care.

This bill remains in the Rules Committee.

<u>SB 605 (Eggman)</u> – This is the "Right to Repair" bill. The bill passed the Senate Judiciary Committee on a 10-0 vote. The bill was held on the Senate Appropriations Committee Suspense File.

<u>AB 370 (Arambula)</u> – This bill would allow certain elective cardiac procedures to be done in ambulatory surgery centers (ASCs). This bill was held on the Assembly Appropriations Committee Suspense File.

<u>AB 1162 (Villapudua)</u> – Reduces the amount of time a health plan or health insurer to reimburse hospital claims from either 30 or 45 to 20 days. This bill was held on the Assembly Appropriations Committee Suspense File.

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<u>Of Counsel</u> JAMES R. DODSON

DATE: October 25, 2021

TO: Board of Directors

Conrado Barzaga, Chief Executive Officer Chris Christensen, Chief Administrative Officer

FROM: Jeffrey Scott, General Counsel

RE: Resolution No. 21-05 Re-Ratifying the State of Emergency and Re-Authorizing

Remote Teleconference Meetings

As noted at the September 28, 2021, meeting of the Board of Directors, AB 361 was signed last month by the Governor and added Government Code section 54953(e) to the Brown Act. The legislation allows for public agency Boards of Directors to continue holding remote teleconference meetings during times of a declared emergency.

Holding in-person public meetings during the pandemic has raised logistic and serious health and safety concerns for board members, employees, and members of the public.

In order to continue to have the flexibility to hold remote public meetings, AB 361 requires the public agency's Board of Directors to pass a resolution re-ratifying the state of emergency and re-authorizing remote teleconference meetings on a monthly basis. Attached is Resolution No. 21-05 which makes the proper findings and will allow the Board to continue meeting remotely during the time of a declared emergency.

It is recommended that the Board approve Resolution No. 21-05 to continue the remote meeting flexibility.

RESOLUTION NO. 21-05

RESOLUTION OF THE BOARD OF DIRECTORS OF DESERT HEALTHCARE DISTRICT RE-RATIFYING THE STATE OF EMERGENCY AND RE-AUTHORIZING REMOTE TELECONFERNCE MEETINGS

WHEREAS, Desert Healthcare District ("District") is committed to preserving and fostering access and participation in meetings of its Board of Directors; and

WHEREAS, Government Code section 54953(e) makes provisions for remote teleconferencing participation in meetings by members of a legislative body without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain emergency conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the jurisdictions that are within the District's boundaries, caused by natural, technological, or human-caused disasters; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote vaccines, masking, and social distancing, and that meeting in person would present imminent risks to the health and safety of attendees; and

WHEREAS, the Board of Directors previously adopted Resolution No. 21-03 on September 28, 2021, finding that the requisite conditions exist for the Board of Directors of the District to conduct remote teleconference meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953; and

WHEREAS, as a condition of extending the use of the provisions found in Government Code section 54953(e), the Board of Directors must reconsider the circumstances of the state of emergency that exists in the District, and the Board of Directors has done so; and

WHEREAS, emergency conditions persist in the District and vaccine compliance, masking, and social distancing measures are required to be followed for the continued health and safety of the District Board, staff, and the public; and

WHEREAS, as a consequence of the local emergency persisting, the Board of Directors does hereby find that the District shall conduct its meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by Government Code section 54953(e), and that such meetings shall comply with the requirements to provide the public with access to the meetings as prescribed in Government Code section 54953(e);

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

- <u>Section 1</u>: <u>Recitals</u>. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.
- <u>Section 2</u>: <u>Affirmation that a Local Emergency Persists</u>. The Board of Directors hereby considers the conditions of the state of emergency in the District and proclaims that a local emergency persists throughout the District.
- Section 3: Re-Ratification of the Governor's Proclamation of a State of Emergency. The Board hereby ratifies the Governor's Proclamation of a State of Emergency.
- <u>Section 4.</u> <u>Remote Teleconference Meetings.</u> The District's Chief Executive Officer is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this resolution, including conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Ralph M. Brown Act.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of Desert Healthcare District held on October 26, 2021, by the following roll call vote:

AYES:

Directors

11120.	BH001015	
NOES:	Directors	
ABSTAIN:	Directors	
ABSENT:	Directors	
		Leticia De Lara, MPA, President
		Board of Directors

ATTEST:
Karen Borja, Vice-President/Secretary
Board of Directors