



**DESERT HEALTHCARE DISTRICT
BOARD MEETING
Board of Directors
November 23, 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/86866105414?pwd=YmRjZkY5TTBGcy9RY3loK3U2d2FUUT09>

Password: 868 6610 5414

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: 868 6610 5414

Password: 039440

You may also email ahayles@dhcd.org with your public comment no later than 4 p.m., Tuesday, 11/23

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



	1. BOARD MINUTES	
4-15	a. Board of Directors Meeting – October 26, 2021	
16-18	b. Special Meeting of the Board – November 08, 2021	
	2. FINANCIALS	
19-43	a. Approval of the October 2021 Financial Statements – F&A Approved November 09, 2021	
	3. GRANT FUNDING	
44-73	a. #1296 – Coachella Valley Volunteers in Medicine: Improving Access to Healthcare Services – \$154,094	
	4. RESOLUTIONS	
74-76	a. Subsequent Emergency Resolution #21-07 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings	
	F. PUBLIC HEARING	
77-93	1. Zone Mapping Process – Quail, Roadrunner, and Hummingbird Maps – Justin Levitt, Vice-President, National Demographic Corporation (NDC)	Information
	G. DESERT HEALTHCARE DISTRICT CEO REPORT – Conrado E. Bárzaga, MD	
94	1. Consideration to approve Director Les Zendle, MD, and Director Carole Rogers, RN reappointment to the Desert Regional Medical Center Governing Board	Action
95-97	2. COVID-19 Vaccination Campaign for Underserved Communities in the Coachella Valley	Information
98-100	3. Seismic Retrofit Legislative and Funding Update	Information
101-102	4. Community Engagements and Presentations	Information
	H. DESERT REGIONAL MEDICAL CENTER CEO REPORT – Michele Finney, CEO	Information
	I. DESERT REGIONAL MEDICAL CENTER GOVERNING BOARD MEETING – Les Zendle, MD and Carole Rogers, RN	Information
	J. COMMITTEE MEETINGS	
	1. STRATEGIC PLANNING COMMITTEE – Chair/Director Les Zendle, MD, Leticia De Lara, President, and Vice-President/Secretary Karen Borja	
103-105	1. Draft Meeting Minutes – November 9, 2021	Information
	2. Funding Strategic Program Grants	Information
	3. Strategic Plan Marketing Approaches	Information



	2. FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE COMMITTEE – Chair/Director Arthur Shorr, President Leticia De Lara, and Director Les Zendle, MD	
106-109	1. Draft Meeting Minutes – October 14, 2021	Information
110-138	2. District & Retirement Protection Plan Investment Reports – 3Q21	Information
	3. PROGRAM COMMITTEE – Chair/Director Evett PerezGil, Vice-President Karen Borja, and Director Carmina Zavala	
139-142	1. Draft Meeting Minutes – November 09, 2021	Information
	2. Clear Impact Platform/Results Based Accountability (RBA) – Update	Information
143-147	3. Funding Requests	Information
148	4. Grant Payment Schedule	Information
149-181	5. Progress and Final Reports	Information
	K. OLD BUSINESS	
	1. Communications and Marketing	
182-183	a. Media, Promotions, and Advertising	Information
	L. LEGAL	
	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



**DESERT HEALTHCARE DISTRICT
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Directors Present – Video Conference	District Staff Present – Video Conference	Absent
President Leticia De Lara Vice-President/Secretary Karen Borja Director Arthur Shorr Director Carole Rogers, RN Director Les Zendle, MD Director Evett PerezGil Director Carmina Zavala	Conrado E. Bárzaga, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement 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 <u>Legal Counsel</u> Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President De Lara called the meeting to order at 5:34 p.m. The Clerk of the Board called the roll with all directors' present. President De Lara commenced the meeting by acknowledging the passing of Luciano Crespo, a community member on the Program Committee, further recognizing his contributions to the District and the Coachella Valley.	
B. Pledge of Allegiance	President De Lara led the Pledge of Allegiance.	
C. Approval of Agenda	President De Lara asked for a motion to approve the agenda.	#21-64 MOTION WAS MADE by Director PerezGil and seconded by Director Rogers to approve the agenda. Motion passed unanimously.

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		AYES – 7 President De Lara, Vice-President/Secretary Borja, Director Shorr, Director Rogers, Director Zendle, Director PerezGil, and Director Zavala NOES – 0 ABSENT – 0
D. Public Comment		
E. Consent Agenda 1. BOARD MINUTES a. Board of Directors Meeting – September 28, 2021 b. Special Meeting of the Board – October 09, 2021 2. FINANCIALS a. Approval of the September 2021 Financial Statements – F&A Approved October 14, 2021 3. POLICIES a. Policy #FIN-06 – Financial Reserve	President De Lara asked for a motion to approve the consent agenda while abstaining her vote related to the meeting minutes due to an absence at the September meeting.	#21-65 MOTION WAS MADE by Director Shorr and seconded by Director PerezGil to approve item 1 – Board Minutes of the consent agenda. Motion passed 6-1. AYES – 6 Vice-President/Secretary Borja, Director Shorr, Director Rogers, Director Zendle, Director PerezGil, and Director Zavala NOES – 0 ABSTAIN – 1 President De Lara #21-66 MOTION WAS MADE by Director Shorr and seconded by Director PerezGil to approve consent agenda items 2 – Financials and item 3 Policies. Motion passed unanimously. AYES – 7 President De Lara, Vice-President/Secretary Borja, Director Shorr, Director Rogers, Director Zendle, Director PerezGil, and Director Zavala NOES – 0 ABSENT - 0
F. Public Hearing		
1. Rezoning Background and Census Data 2. Zone Mapping Process, Justin Levitt, Vice-President, National	Justin Levitt, Vice President, National Demographic Corporation (NDC), provided an overview of the rezoning background commencing with the expansion, the 2020	

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<p>Demographic Corporation (NDC)</p>	<p>census, and the May 2022 rezoning deadline for the November 2022 election.</p> <p>Mr. Levitt detailed the demographics of the District's current zones explaining that Desert Hot Springs and Indio are the fastest growing communities in the Coachella Valley over the last decade, also detailing the undercounting of areas with part-time residents, as well as agricultural workers. Details of the minimal changes of the Quail Map that would only require the exchange of zones six (6) and seven (7), three (3) and five (5), and two (2) and four (4) while keeping with the principles of redistricting to keep communities together and follow major boundaries.</p> <p>A description of the Roadrunner map's minimal changes was described with the eastern area map illustrating changes to Thousand Palms into zone four (4) to unify the community in district four (4). zone three (3) in the Roadrunner map move to La Quinta instead of creating a new division in Indio, as well as the area surrounding JFK Memorial Hospital from zone six (6) to zone seven (7). Zone one (1) remains as is in the Quail and Roadrunner maps.</p> <p>The Hummingbird map option unifies different communities</p>	
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	<p>with the western portion of the map merging Palm Springs, Rancho Mirage, and the Southern section of Cathedral City into one zone with the remainder of those communities placed into zone one (1), and zone four (4) further into the population of Cathedral City instead of Thousand Palms. Zone one loses most of the palm desert population to zone five. Areas east of Monterrey in zone five (5) to the north with areas south of Hwy. 111 would remain in zone three (3).</p> <p>The Hummingbird map to the east in zone two (2) would lose north Indio instead of Thousand Palms and places the northern portion of Indio in zone five (5) and redraws zone five (5) out of La Quinta to reduce the number of communities divided or split and unite the north Indio community. Mr. Levitt noted that the maps will not affect the directors' zones they are currently in; thus, multiple directors are not in a single zone.</p> <p>The Board discussed the three maps with Vice-President Borja preferring the Quail and Roadrunner maps that coincide with the California Voter Rights Act (CVRA) zones while requesting a map solely on the voting rights districts and not based on where directors</p>	
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	reside. Director Zendle explained the communities of interest together, favoring the Hummingbird map.	
<p>G. Desert Healthcare District CEO Report</p> <p>1. Consideration to approve the Desert Healthcare District and Foundation Five (5)-Year Strategic Plan (FY21-22, FY22-23, FY23-24, FY24-25, FY25-26)</p>	<p>Conrado Bárzaga, MD, CEO, described the specifics of three (3) strategic planning retreats facilitated by Mark Dubow, MPH, MBA, Director, Veralon, and Steve Valentine, MPA, President, Valentine Health Advisers, available at to address any questions in the final strategic plan for consideration of approval.</p> <p>Director Zendle suggests modifying the critical planning issues, goal (1) one, and other areas that reference the “Tenet lease” to “hospital lease.”</p> <p>President De Lara thanked the board, staff, and consultants for planning, participating, and contributing to the strategic plan.</p>	<p>#21-67 MOTION WAS MADE by Director Zendle and seconded by Director Rogers to approve the Desert Healthcare District and Foundation Five (5)-Year Strategic Plan (FY21-22, FY22-23, FY23-24, FY24-25, FY25-26).</p> <p>Motion passed unanimously.</p> <p>AYES – 7 President De Lara, Vice-President/Secretary Borja, Director Shorr, Director Rogers, Director Zendle, Director PerezGil, and Director Zavala</p> <p>NOES – 0</p> <p>ABSENT – 0</p>
<p>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</p>	<p>Dr. Bárzaga, CEO, introduced the team of Lund & Guttry commencing with Gary Dack, CPA, Partner, Lund & Guttry describing the FY 2021 audit reports, which included the opinion, statement of net position, footnotes, notes to financial statements, and retirement protection plan assets.</p>	<p>#21-68 MOTION WAS MADE by Vice-President Borja and seconded by Director Shorr 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.</p> <p>Motion passed unanimously.</p> <p>AYES – 7 President De Lara, Vice-President/Secretary Borja, Director Shorr, Director Rogers,</p>

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<p>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</p>	<p>Subsequent to the District and Retirement Protection Plan, Mr. Dack described the Foundation audit opinion, revenues, and footnotes.</p> <p>Shannon Maidment, CPA, Partner, Lund & Guttry, provided an overview view of the single audit, auditors report summary, and management letter specifics.</p> <p>President De Lara thanked the entire finance team and the team of Lund & Guttry for a successful audit.</p>	<p>Director Zendle, Director PerezGil, and Director Zavala NOES – 0 ABSENT – 0</p>
<p>4. COVID-19 Vaccination Campaign for Underserved Communities in the Coachella Valley</p>	<p>Dr. Bárzaga, CEO, highlighted the data explaining that the Coachella Valley currently has a 75% vaccination rate of the eligible population compared to the county and the state. The results of the vaccination rates and the monthly COVID cases illustrate the third wave due to the Delta Variant, but at the highest peak, cases were lower than the initial wave of approx. 5,200 cases and 4,000 cases of the Delta Variant in August 2021. A large percentage of 80,000 still require vaccinations, and the population with the highest vaccination rate is 65 and older followed by the 45-64 age ranges with the 12-17 and 25-44 still lagging with anticipated changes due to the new school mandates and expanded eligibility.</p>	

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<p>5. Governance Workshop, Martin Rauch, Rauch Communications – November 08, 2021</p>	<p>Dr. Bárzaga, CEO, reminded the Board of the next Governance Workshop on November 8, facilitated by Martin Rauch, Rauch Communications.</p>	
<p>6. Desert Healthcare District & Foundation In-Person Board and Committee Meetings</p>	<p>Dr. Bárzaga, CEO, explained the return to in-person Board meetings is a work in progress but anticipates the planning for return with a delay due to the holidays and an increase in the Delta Variant or Delta Plus while continuing to protect the health of the board and staff. Staff is working on a hybrid model to facilitate the in-person meetings using the meeting Owl camera with the public participating virtually.</p> <p>Director Zendle recommends policies for vaccinations and testing in the planning process.</p>	
<p>7. Community Engagements and Presentations</p>	<p>Dr. Bárzaga, CEO, described the community engagements and presentation during the month of October.</p> <p>President De Lara congratulated the CEO for his work and leadership commitment over the past year, congratulating Dr. Bárzaga on his Corazon Award at Vision y Compromio's annual conference.</p>	

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<p>8. Consideration to close the District and Satellite Office between Christmas and New Year's Day</p>	<p>Dr. Bárzaga, CEO, described the same item last year for consideration with the upcoming holidays for three days of office closure between Christmas and New Year's.</p>	<p>#21-69 MOTION WAS MADE by Director PerezGil and seconded by Director Zavala to approve closing the District and Satellite Office between Christmas and New Year's Day. Motion passed unanimously. AYES – 7 President De Lara, Vice-President/Secretary Borja, Director Shorr, Director Rogers, Director Zendle, Director PerezGil, and Director Zavala NOES – 0 ABSENT – 0</p>
<p>H. Desert Regional Medical Center CEO Report</p>	<p>Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center, Desert Regional Medical Center (DRMC) provided an overview of her report, explaining that JFK Memorial and Desert Regional Medical Center (DRMC) are performing well with the decrease in positive COVID census of ten (10) to fifteen (15) cases at DRMC. Unvaccinated cases represent twelve (12) in-house with one (1) partially vaccinated. Most of the staff is vaccinated with a few suspended until they are fully compliant.</p> <p>The maternity care department has commenced its SB 464 Implicit Bias Training compliance for treating patients with equity and fairness while reporting to the state on the content and staff completion.</p> <p>Long-term capital projects are still underway for the next few</p>	

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	months as reported in September.	
I. Desert Regional Medical Center Governing Board	Director Rogers detailed her report from the governing board meeting with a review of the California Department of Public Health (CDPH) reports that are also available on the CDPH website. The governing board provided an update on the new and renewed credentials, the human resources department provided a detailed presentation on salaries and shortage of nurses, further explaining that Desert Regional Medical Center has the best retention throughout Tenet Healthcare Corporation.	
J. Committee Meetings – Program Committee		
<ol style="list-style-type: none"> 1. Draft Meeting Minutes – October 12, 2021 2. Funding Requests Update 3. Grant Payment Schedule 4. Progress and Final Reports Update 	President De Lara inquired on any questions from the Board concerning the October Program Committee draft meeting minutes, funding requests, grant payment schedule, and progress and final reports.	
J.2. Finance, Legal, Administration & Real Estate		
<ol style="list-style-type: none"> 1. Draft Meeting Minutes – October 14, 2021 2. Retirement Protection Plan – Actuarial Valuation Report 	President De Lara inquired with the Board on any questions concerning the F&A Committee meeting minutes with Chris Christensen, CAO, providing details on the property tax revenue. Director Zendle suggested a footnote when revenue is lower due to	

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	seasonal income, which will be addressed in the next F&A Committee meeting. Mr. Christensen also provided an overview of the net pension liability in the retirement protection plan.	
K. Old Business		
1. Coachella Valley Association of Governments (CVAG) – Q3 CV Link Progress Report	Dr. Bárzaga, CEO, described the most recent report of the Coachella Valley Association of Government (CVAG) Q3 CV Link progress report.	
L. Legal		
1. End of Session Legislative Update	Jeff Scott, Legal Counsel, provided an overview of the end of session legislative update that does not include many healthcare issues. The election recall did not influence any controversial issues, such as seismic legislation with a current stalemate on any changes, further explaining additional bills.	
2. Consideration to approve Resolution #21-05 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings	Jeff Scott, Legal Counsel, described Resolution #21-05 that re-ratifies the state of emergency and re-authorizes remote teleconference meeting.	#21-70 MOTION WAS MADE by Director Rogers and seconded by Director Zavala to approve Resolution #21-05 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings. Motion passed unanimously. AYES – 7 President De Lara, Vice-President/Secretary Borja, Director Shorr, Director Rogers, Director Zendle, Director PerezGil, and Director Zavala NOES – 0 ABSENT – 0

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<p>M. Immediate Issues and Comments</p>	<p>Director Shorr explained that since the District is moving forward with the five-year strategic plan if the staff could release a request for proposals to progress the seismic issues and concerns. After discussion, the consensus among the Board is to direct staff to capital implementation and the foundation of understanding the seismic matters to assist with the hospital lease negotiations.</p> <p>Director Rogers described the city of Palm Springs's approval for a homelessness navigation center and the District's evaluation some time ago about a position and support to the city council based on the District's community needs assessment. Dr. Bárzaga, CEO, explained that all board members should agree on supporting the city council's decision, time is necessary to create a position based on the facts, further detailing that the strategic plan does not incorporate homelessness.</p> <p>Director Zendle explained that community input is necessary, and the strategic plan does not prohibit a low priority for assisting with homelessness.</p> <p>Director Rogers inquired on the vacancy rate at the Las Palmas Medical Plaza and a study for more medical office buildings in the area that the</p>	
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	<p>management company could explore, also inquiring on the next hospital inspection.</p> <p>President De Lara acknowledged the staff that assisted to put together the Night of Stars event, including the sponsor's Rite Aid, IEHP, also thanking speakers, elected officials, and promotoras'.</p>	
N. Adjournment	President De Lara adjourned the meeting at 7:37 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST: _____

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

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



DESERT HEALTHCARE DISTRICT
SPECIAL MEETING OF THE BOARD OF DIRECTORS MINUTES
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November 08, 2021

Directors Present – Video Conference	District Staff Present – Video Conference	Absent
President Leticia De Lara Vice-President/Secretary Karen Borja Director Carole Rogers, RN Director Evett PerezGil Director Les Zendle, MD Director Arthur Shorr Director Carmina Zavala	Conrado E. Bázaga, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Jana Trew, Senior Program Officer, Behavioral Health Meghan Kane, Senior Program Officer, Public Health Andrea S. Hayles, Clerk of the Board <u>Legal Counsel</u> Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President De Lara called the meeting to order at 5:32 p.m. The Clerk of the Board called the roll with all Directors' present.	
B. Pledge of Allegiance	President De Lara asked Director Shorr to lead the Pledge of Allegiance.	
C. Approval of Agenda	President De Lara asked for a motion to approve the agenda. Director Zendle requested that the Board discuss redistricting related to a potential division of the District into two congressional districts with Jeff Scott, Legal Counsel, explaining that Martin Rauch can include the item with his presentation. A board consensus is necessary to direct staff accordingly.	#21-71 MOTION WAS MADE by Director Zendle and seconded by Director Rogers to approve the agenda. Motion passed unanimously. AYES – 7 President De Lara, Vice-President Borja, Director Shorr, Director Rogers, Director PerezGil, Director Zendle, and Director Zavala NOES – 0 ABSENT – 0
E. Workshop and Training on Governance and Policies		

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SPECIAL MEETING OF THE BOARD OF DIRECTORS MINUTES
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<p>1. Facilitated workshop discussion on development, workplan, and governance on policy issues, Martin Rauch, President, Senior Consultant, Rauch Communication Consultants, Inc.</p>	<p>Conrado Barzaga, MD, CEO, described the development to assist the board and staff with the best policies, communication, and relationship to make the district flourish.</p> <p>Martin Rauch, President, Senior Consultant, Rauch Communications, Inc., commenced the Workshop with the purpose to review the policy for electing officers, initiating the development of a policy on board and management responsibilities, and the relationship between the board and the CEO.</p> <p>Mr. Rauch provided an overview of the current policy for the election of the board officers. Functions and importance of the president, vice-president, treasurer, rotating the officers, terms, and nominations that the Board engaged for discussion. Particular dialogue related to separating the vice-president from the secretary position, not rotating the officer positions, possible 2-year terms commencing after the meeting of the elected officers, and removal of an officer in their position by majority vote.</p> <p>Mr. Rauch described the board and CEO responsibilities and relationship, clarifying respective responsibilities,</p>	
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	<p>identifying specific areas with lack of clarity, and a summarized version of the distinct roles of the board and CEO in a policy.</p> <p>Director Zendle described the concern with the state redistricting commission committee that recently presented a proposal, which splits the Coachella Valley into two congressional districts as communities of interest.</p> <p>The Board by consensus does not support dividing the Coachella Valley into two congressional districts, directing staff to send a letter on behalf of the District explaining the reasons why the district is opposed to more than one congressional district.</p>	
F. Adjournment	President De Lara adjourned the meeting at 7:45 p.m.	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

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
OCTOBER 2021 FINANCIAL STATEMENTS
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Retirement Protection Plan Update
Grants Schedule

DESERT HEALTHCARE DISTRICT
YEAR TO DATE VARIANCE ANALYSIS
ACTUAL VS BUDGET
FOUR MONTHS ENDED OCTOBER 31, 2021

Scope: \$25,000 Variance per Statement of Operations Summary				
	YTD		Over(Under)	
Account	Actual	Budget	Budget	Explanation
4000 - Income	\$ (82,937)	\$ 224,346	\$ (307,283)	Lower property tax revenues \$152k (Received in November); lower interest income and market fluctuations (net) from FRF investments \$147k; lower grant income \$8k
5000 - Direct Expenses	\$ 301,672	\$ 511,408	\$ (209,736)	Lower wage related expenses \$125k due to open positions; lower board expenses \$32k; lower education expense \$26k; lower health insurance expense \$22k; lower workers comp expense \$3k; lower various \$2k
6000-General & Admin Expense	\$ 160,127	\$ 191,448	\$ (31,321)	Lower depreciation expense \$21k; higher bank and investment fees expense \$21k; lower supplies expense \$6k; lower travel expense \$6k; lower computer services expense \$6k; lower personnel expense \$5k; lower various \$8k
6500 - Professional Fees Expense	\$ 75,269	\$ 415,600	\$ (340,331)	Lower Professional Services expense \$269k; lower legal expense \$42k; lower PR/Communications expense \$29k
7000 - Grants Expense	\$ 8,937	\$ 1,353,332	\$ (1,344,395)	Budget of \$4 Million for fiscal year is amortized straight-line over 12-month fiscal year. As of October 31, 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
July through October 2021

	MONTH			TOTAL		
	Oct 21	Budget	\$ Over Budget	Jul - Oct 21	Budget	\$ Over Budget
Income						
4000 - Income	(191,360)	198,753	(390,113)	(82,937)	224,346	(307,283)
4500 - LPMP Income	105,245	106,370	(1,125)	421,661	425,480	(3,819)
4501 - Miscellaneous Income	750	750	0	3,000	3,000	0
Total Income	(85,365)	305,873	(391,238)	341,724	652,826	(311,102)
Expense						
5000 - Direct Expenses	127,023	170,266	(43,243)	301,672	511,408	(209,736)
6000 - General & Administrative Exp	51,923	47,862	4,061	160,127	191,448	(31,321)
6325 - CEO Discretionary Fund	0	2,083	(2,083)	0	8,332	(8,332)
6445 - LPMP Expenses	74,957	85,772	(10,815)	346,468	343,088	3,380
6500 - Professional Fees Expense	29,167	103,900	(74,733)	75,269	415,600	(340,331)
6600 - Mobile Medical Unit	0	3,125	(3,125)	0	12,500	(12,500)
6700 - Trust Expenses	21,477	8,792	12,685	45,351	35,168	10,183
Total Expense	304,547	421,800	(117,253)	928,884	1,517,550	(588,666)
7000 - Grants Expense	14,454	338,333	(323,879)	8,937	1,353,332	(1,344,395)
Net Income	(404,366)	(454,260)	49,894	(596,097)	(2,218,056)	1,621,959

Desert Healthcare District
Profit & Loss Budget vs. Actual
July through October 2021

				MONTH			TOTAL		
				Oct 21	Budget	\$ Over Budget	Jul - Oct 21	Budget	\$ Over Budget
Income									
4000 - Income									
	4010 - Property Tax Revenues			130	190,138	(190,008)	37,535	190,138	(152,603)
	4200 - Interest Income								
	4220 - Interest Income (FRF)			16,958	80,907	(63,949)	251,538	323,628	(72,090)
	9999-1 - Unrealized gain(loss) on invest			(212,902)	(79,167)	(133,735)	(391,329)	(316,668)	(74,661)
	Total 4200 - Interest Income			(195,944)	1,740	(197,684)	(139,791)	6,960	(146,751)
	4300 - DHC Recoveries			0	1,875	(1,875)	7,636	7,248	388
	4400 - Grant Income			4,454	5,000	(546)	11,683	20,000	(8,317)
	Total 4000 - Income			(191,360)	198,753	(390,113)	(82,937)	224,346	(307,283)
	4500 - LPMP Income			105,245	106,370	(1,125)	421,661	425,480	(3,819)
	4501 - Miscellaneous Income			750	750	0	3,000	3,000	0
Total Income				(85,365)	305,873	(391,238)	341,724	652,826	(311,102)
Expense									
5000 - Direct Expenses									
	5100 - Administration Expense								
	5110 - Wages Expense			143,236	164,897	(21,661)	380,626	489,932	(109,306)
	5111 - Allocation to LPMP - Payroll			(5,470)	(5,470)	0	(21,880)	(21,880)	0
	5112 - Vacation/Sick/Holiday Expense			6,125	10,833	(4,708)	39,687	43,332	(3,645)
	5114 - Allocation to Foundation			(31,823)	(31,823)	0	(127,292)	(127,292)	0
	5115 - Allocation to NEOPB			(4,376)	(7,413)	3,037	(11,295)	(29,652)	18,357
	5119 - Allocation to RSS/CVHIP-DHCF			(26,455)	(21,134)	(5,321)	(105,820)	(84,536)	(21,284)
	5120 - Payroll Tax Expense			8,780	9,252	(472)	28,381	37,008	(8,627)
	5130 - Health Insurance Expense								
	5131 - Premiums Expense			14,895	17,658	(2,763)	58,576	70,632	(12,056)
	5135 - Reimb./Co-Payments Expense			0	3,000	(3,000)	1,986	12,000	(10,014)
	Total 5130 - Health Insurance Expense			14,895	20,658	(5,763)	60,562	82,632	(22,070)
	5140 - Workers Comp. Expense			1,328	1,270	58	1,895	5,080	(3,185)
	5145 - Retirement Plan Expense			12,505	8,994	3,511	33,615	35,976	(2,361)
	5160 - Education Expense			881	7,250	(6,369)	3,369	29,000	(25,631)
	Total 5100 - Administration Expense			119,626	157,314	(37,688)	281,848	459,600	(177,752)
	5200 - Board Expenses								
	5210 - Healthcare Benefits Expense			998	5,834	(4,836)	5,186	23,336	(18,150)
	5230 - Meeting Expense			3,926	1,667	2,259	4,976	6,668	(1,692)
	5235 - Director Stipend Expense			1,785	4,410	(2,625)	7,350	17,640	(10,290)
	5240 - Catering Expense			688	833	(145)	2,312	3,332	(1,020)
	5250 - Mileage Reimbursement Expense			0	208	(208)	0	832	(832)
	Total 5200 - Board Expenses			7,397	12,952	(5,555)	19,824	51,808	(31,984)
	Total 5000 - Direct Expenses			127,023	170,266	(43,243)	301,672	511,408	(209,736)
	6000 - General & Administrative Exp								
	6110 - Payroll fees Expense			216	208	8	682	832	(150)
	6120 - Bank and Investment Fees Exp			23,416	4,500	18,916	38,871	18,000	20,871
	6125 - Depreciation Expense			1,011	6,167	(5,156)	4,044	24,668	(20,624)

Desert Healthcare District
Profit & Loss Budget vs. Actual
July through October 2021

	MONTH			TOTAL		
	Oct 21	Budget	\$ Over Budget	Jul - Oct 21	Budget	\$ Over Budget
6126 • Depreciation-Solar Parking lot	15,072	15,072	0	60,288	60,288	0
6130 • Dues and Membership Expense	1,665	3,737	(2,072)	13,305	14,948	(1,643)
6200 • Insurance Expense	2,855	2,667	188	11,420	10,668	752
6300 • Minor Equipment Expense	0	42	(42)	0	168	(168)
6305 • Auto Allowance & Mileage Exp	692	500	192	2,078	2,000	78
6306 • Staff- Auto Mileage reimb	91	625	(534)	124	2,500	(2,376)
6309 • Personnel Expense	0	1,167	(1,167)	0	4,668	(4,668)
6310 • Miscellaneous Expense	0	42	(42)	0	168	(168)
6311 • Cell Phone Expense	595	776	(181)	2,185	3,104	(919)
6312 • Wellness Park Expenses	0	83	(83)	0	332	(332)
6315 • Security Monitoring Expense	108	50	58	216	200	16
6340 • Postage Expense	228	417	(189)	897	1,668	(771)
6350 • Copier Rental/Fees Expense	377	500	(123)	1,644	2,000	(356)
6351 • Travel Expense	0	1,667	(1,667)	968	6,668	(5,700)
6352 • Meals & Entertainment Exp	482	875	(393)	1,203	3,500	(2,297)
6355 • Computer Services Expense	1,463	3,875	(2,412)	9,294	15,500	(6,206)
6360 • Supplies Expense	1,153	2,167	(1,014)	2,932	8,668	(5,736)
6380 • LAFCO Assessment Expense	182	208	(26)	728	832	(104)
6400 • East Valley Office	2,317	2,517	(200)	9,248	10,068	(820)
Total 6000 • General & Administrative Exp	51,923	47,862	4,061	160,127	191,448	(31,321)
6325 • CEO Discretionary Fund	0	2,083	(2,083)	0	8,332	(8,332)
6445 • LPMP Expenses	74,957	85,772	(10,815)	346,468	343,088	3,380
6500 • Professional Fees Expense						
6516 • Professional Services Expense	19,359	77,483	(58,124)	40,858	309,932	(269,074)
6520 • Annual Audit Fee Expense	1,375	1,375	0	5,500	5,500	0
6530 • PR/Communications/Website	760	8,042	(7,282)	2,755	32,168	(29,413)
6560 • Legal Expense	7,673	17,000	(9,327)	26,156	68,000	(41,844)
Total 6500 • Professional Fees Expense	29,167	103,900	(74,733)	75,269	415,600	(340,331)
6600 • Mobile Medical Unit	0	3,125	(3,125)	0	12,500	(12,500)
6700 • Trust Expenses						
6720 • Pension Plans Expense						
6721 • Legal Expense	0	167	(167)	0	668	(668)
6725 • RPP Pension Expense	7,500	7,500	0	30,000	30,000	0
6728 • Pension Audit Fee Expense	13,977	1,125	12,852	15,351	4,500	10,851
Total 6700 • Trust Expenses	21,477	8,792	12,685	45,351	35,168	10,183
Total Expense Before Grants	304,547	421,800	(117,253)	928,884	1,517,550	(588,666)
7000 • Grants Expense						
7010 • Major Grant Awards Expense	10,000	333,333	(323,333)	(2,746)	1,333,332	(1,336,078)
7027 • Grant Exp - NEOPB	4,454	5,000	(546)	11,683	20,000	(8,317)
Total 7000 • Grants Expense	14,454	338,333	(323,879)	8,937	1,353,332	(1,344,395)
Net Income	(404,366)	(454,260)	49,894	(596,097)	(2,218,056)	1,621,959

Las Palmas Medical Plaza
Profit & Loss Budget vs. Actual
July through October 2021

			MONTH			TOTAL		
			Oct 21	Budget	\$ Over Budget	Jul - Oct 21	Budget	\$ Over Budget
Income								
	4500 · LPMP Income							
		4505 · Rental Income	74,670	75,162	(492)	298,261	300,648	(2,387)
		4510 · CAM Income	30,575	31,125	(550)	123,400	124,500	(1,100)
		4513 · Misc. Income	0	83	(83)	0	332	(332)
Total 4500 · LPMP Income			105,245	106,370	(1,125)	421,661	425,480	(3,819)
Expense								
	6445 · LPMP Expenses							
		6420 · Insurance Expense	3,114	2,917	197	12,456	11,668	788
		6425 · Building - Depreciation Expense	19,986	21,462	(1,476)	83,214	85,848	(2,634)
		6426 · Tenant Improvements -Dep Exp	17,033	16,667	366	68,132	66,668	1,464
		6427 · HVAC Maintenance Expense	0	1,333	(1,333)	4,012	5,332	(1,320)
		6428 · Roof Repairs Expense	0	208	(208)	0	832	(832)
		6431 · Building -Interior Expense	0	833	(833)	0	3,332	(3,332)
		6432 · Plumbing -Interior Expense	0	542	(542)	14,686	2,168	12,518
		6433 · Plumbing -Exterior Expense	0	208	(208)	0	832	(832)
		6434 · Allocation Internal Prop. Mgmt	5,470	5,470	0	21,880	21,880	0
		6435 · Bank Charges	28	417	(389)	114	1,668	(1,554)
		6437 · Utilities -Vacant Units Expense	971	183	788	3,696	732	2,964
		6439 · Deferred Maintenance Repairs Ex	0	1,250	(1,250)	0	5,000	(5,000)
		6440 · Professional Fees Expense	10,825	10,825	0	43,300	43,300	0
		6441 · Legal Expense	0	83	(83)	0	332	(332)
		6458 · Elevators - R & M Expense	236	1,000	(764)	3,770	4,000	(230)
		6460 · Exterminating Service Expense	175	333	(158)	700	1,332	(632)
		6463 · Landscaping Expense	0	1,000	(1,000)	7,294	4,000	3,294
		6467 · Lighting Expense	0	500	(500)	0	2,000	(2,000)
		6468 · General Maintenance Expense	0	83	(83)	0	332	(332)
		6471 · Marketing-Advertising	0	1,000	(1,000)	7,395	4,000	3,395
		6475 · Property Taxes Expense	6,250	6,250	0	25,000	25,000	0
		6476 · Signage Expense	0	125	(125)	0	500	(500)
		6480 · Rubbish Removal Medical Waste E	1,613	1,583	30	6,384	6,332	52
		6481 · Rubbish Removal Expense	2,283	2,250	33	9,132	9,000	132
		6482 · Utilities/Electricity/Exterior	713	625	88	2,615	2,500	115
		6484 · Utilties - Water (Exterior)	896	625	271	3,774	2,500	1,274
		6485 · Security Expenses	5,355	7,833	(2,478)	28,618	31,332	(2,714)
		6490 · Miscellaneous Expense	9	167	(158)	296	668	(372)
6445 · LPMP Expenses			74,957	85,772	(10,815)	346,468	343,088	3,380
Net Income			30,288	20,598	9,690	75,193	82,392	(7,199)

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of October 31, 2021

				Oct 31, 21	Oct 31, 20
ASSETS					
	Current Assets				
	Checking/Savings				
		1000 · CHECKING CASH ACCOUNTS		1,325,798	1,757,187
		1100 · INVESTMENT ACCOUNTS		61,463,463	58,819,343
		Total Checking/Savings		62,789,261	60,576,530
		Total Accounts Receivable		88,651	(7,152)
	Other Current Assets				
		1204.1 · Rent Receivable-Deferred COVID		136,510	196,422
		1270 · Prepaid Insurance -Ongoing		51,377	43,265
		1279 · Pre-Paid Fees		30,578	29,468
		1281 · NEOPB Receivable		15,569	4,593
		1295 · Property Tax Receivable		0	1,911,958
		Total Other Current Assets		234,034	2,185,706
		Total Current Assets		63,111,946	62,755,084
	Fixed Assets				
		1300 · FIXED ASSETS		4,910,941	4,913,164
		1335-00 · ACC DEPR		(2,225,020)	(2,093,929)
		1400 · LPMP Assets		7,196,731	6,789,405
		Total Fixed Assets		9,882,652	9,608,640
	Other Assets				
		1700 · OTHER ASSETS		3,965,220	2,909,152
	TOTAL ASSETS			76,959,818	75,272,876

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of October 31, 2021

					Oct 31, 21	Oct 31, 20
LIABILITIES & EQUITY						
	Liabilities					
	Current Liabilities					
	Accounts Payable					
		2000 · Accounts Payable			8,602	27,420
		2001 · LPMP Accounts Payable			84,442	5,632
		Total Accounts Payable			93,044	33,052
	Other Current Liabilities					
		2002 · LPMP Property Taxes			25,000	(11,975)
		2003 · Prepaid Rents			9,121	0
		2131 · Grant Awards Payable			4,038,555	2,396,127
		2133 · Accrued Accounts Payable			139,550	183,445
		2141 · Accrued Vacation Time			85,729	60,192
		2188 · Current Portion - LTD			9,869	9,869
		2190 · Investment Fees Payable			5,000	6,562
		Total Other Current Liabilities			4,312,824	2,644,220
	Total Current Liabilities				4,405,868	2,677,272
	Long Term Liabilities					
		2170 · RPP - Pension Liability			0	4,634,254
		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	63,850
		2290 · LPMP Security Deposits			59,101	57,514
	Total Long Term Liabilities				5,741,114	11,815,127
	Total Liabilities				10,146,982	14,492,399
	Equity					
		3900 · *Retained Earnings			67,408,928	59,913,158
		Net Income			(596,097)	867,320
	Total Equity				66,812,831	60,780,478
	TOTAL LIABILITIES & EQUITY				76,959,818	75,272,876

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of October 31, 2021

					Oct 31, 21	Oct 31, 20
ASSETS						
Current Assets						
Checking/Savings						
1000 · CHECKING CASH ACCOUNTS						
1010 · Union Bank - Checking					1,072,079	1,329,911
1046 · Las Palmas Medical Plaza					253,219	426,776
1047 · Petty Cash					500	500
Total 1000 · CHECKING CASH ACCOUNTS					1,325,798	1,757,187
1100 · INVESTMENT ACCOUNTS						
1130 · Facility Replacement Fund					61,225,337	57,675,702
1135 · Unrealized Gain(Loss) FRF					238,126	1,143,641
Total 1100 · INVESTMENT ACCOUNTS					61,463,463	58,819,343
Total Checking/Savings					62,789,261	60,576,530
Accounts Receivable						
1201 · Accounts Receivable						
1204 · LPMP Accounts Receivable					(6,140)	(25,945)
1205 · Misc. Accounts Receivable					750	3,124
1211 · A-R Foundation - Exp Allocation					94,041	15,669
Total Accounts Receivable					88,651	(7,152)
Other Current Assets						
1204.1 · Rent Receivable-Deferred COVID					136,510	196,422
1270 · Prepaid Insurance -Ongoing					51,377	43,265
1279 · Pre-Paid Fees					30,578	29,468
1281 · NEOPB Receivable					15,569	4,593
1295 · Property Tax Receivable					0	1,911,958
Total Other Current Assets					234,034	2,185,706
Total Current Assets					63,111,946	62,755,084
Fixed Assets						
1300 · FIXED ASSETS						
1310 · Computer Equipment					80,487	94,034
1315 · Computer Software					0	68,770
1320 · Furniture and Fixtures					33,254	33,254
1321 · Autos					59,500	0
1322 · Tenant Improvement - RAP #G100					20,594	0
1325 · Offsite Improvements					300,849	300,849
1331 · DRMC - Parking lot					4,416,257	4,416,257
Total 1300 · FIXED ASSETS					4,910,941	4,913,164

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of October 31, 2021

						Oct 31, 21	Oct 31, 20
					1335-00 · ACC DEPR		
					1335 · Accumulated Depreciation	(211,307)	(214,859)
					1336 · Acc. Software Depreciation	0	(68,770)
					1337 · Accum Deprec- Solar Parking Lot	(1,838,955)	(1,658,091)
					1338 · Accum Deprec - LPMP Parking Lot	(174,758)	(152,209)
					Total 1335-00 · ACC DEPR	(2,225,020)	(2,093,929)
					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	2,179,721
					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	815,518	66,704
					1406 · Building Improvements - Other	1,581,558	1,559,534
					Total 1406 · Building Improvements	3,073,560	2,302,722
					1407 · Building Equipment Improvements	423,000	375,185
					1409 · Accumulated Depreciation		
					1410 · Accum. Depreciation	(7,719,618)	(7,487,622)
					1412 · T I Accumulated Dep.-New	(1,766,137)	(1,581,131)
					Total 1409 · Accumulated Depreciation	(9,485,755)	(9,068,753)
					Total 1400 · LPMP Assets	7,196,731	6,789,405
					Total Fixed Assets	9,882,652	9,608,640
					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-Deferred Outflows-Resourc	0	11,114
					1742 · RPP - Net Pension Asset	1,777,032	0
					Total Other Assets	3,965,220	2,909,152
					TOTAL ASSETS	76,959,818	75,272,876

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of October 31, 2021

						Oct 31, 21		Oct 31, 20
LIABILITIES & EQUITY								
	Liabilities							
	Current Liabilities							
		Accounts Payable						
		2000 · Accounts Payable				8,602		27,420
		2001 · LPMP Accounts Payable				84,442		5,632
		Total Accounts Payable				93,044		33,052
		Other Current Liabilities						
		2002 · LPMP Property Taxes				25,000		(11,975)
		2003 · Prepaid Rents				9,121		0
		2131 · Grant Awards Payable				4,038,555		2,396,127
		2133 · Accrued Accounts Payable				139,550		183,445
		2141 · Accrued Vacation Time				85,729		60,192
		2188 · Current Portion - LTD				9,869		9,869
		2190 · Investment Fees Payable				5,000		6,562
		Total Other Current Liabilities				4,312,824		2,644,220
		Total Current Liabilities				4,405,868		2,677,272
		Long Term Liabilities						
		2170 · RPP - Pension Liability				0		4,634,254
		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		63,850
		2290 · LPMP Security Deposits				59,101		57,514
		Total Long Term Liabilities				5,741,114		11,815,127
		Total Liabilities				10,146,982		14,492,399
	Equity							
		3900 · *Retained Earnings				67,408,928		59,913,158
		Net Income				(596,097)		867,320
		Total Equity				66,812,831		60,780,478
		TOTAL LIABILITIES & EQUITY				76,959,818		75,272,876

Desert Healthcare District
A/R Aging Summary
As of October 31, 2021

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL	COMMENT
Desert Healthcare Foundation-	79,041	15,000	0	0	0	94,041	Due from Foundation
Desert Regional Medical Center	0	5,580	0	0	0	5,580	Slow pay
Laboratory Corporation of America	0	(5,013)	(2,283)	0	0	(7,296)	Prepaid
Quest Diagnostics Incorporated	0	(4,067)	(357)	0	0	(4,424)	Prepaid
Sovereign	0	750	0	0	0	750	Slow pay
TOTAL	79,041	12,250	(2,640)	0	0	88,651	

Desert Healthcare District
Deposit Detail
October 2021

Type	Date	Name	Amount
Deposit	10/15/2021		201,617
Payment	10/15/2021	Desert Healthcare Foundation-	(201,617)
TOTAL			(201,617)
Deposit	10/27/2021		130
		Riverside County Treasurer - Property Taxes	(130)
TOTAL			(130)
		TOTAL	201,747

DESERT HEALTHCARE DISTRICT											
PROPERTY TAX RECEIPTS FY 2021 - 2022											
RECEIPTS - FOUR MONTHS ENDED OCTOBER 31, 2021											
	FY 2020-2021 Projected/Actual						FY 2021-2022 Projected/Actual				
	Budget %	Budget \$	Act %	Actual Receipts	Variance		Receipts %	Receipts \$	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)		0.0%	\$ -	0.0%	\$ -	\$ -
Oct	0.0%	\$ -	2.1%	\$ 162,968	\$ 162,968		2.6%	\$ 190,138	0.0%	\$ 130	\$ (190,008)
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%	\$ 174,004	\$ (315,967)

Las Palmas Medical Plaza
Deposit Detail - LPMP
October 2021

Type	Date	Name	Amount
Deposit	10/06/2021		13,459
Payment	10/06/2021	EyeCare Services Partners Management LLC	(7,410)
Payment	10/06/2021	Peter Jamieson, M.D.	(3,338)
Payment	10/06/2021	Hassan Bencheqroun, M.D.	(2,711)
TOTAL			(13,459)
Deposit	10/06/2021		14,553
Payment	10/05/2021	Cure Cardiovascular Consultants	(3,205)
Payment	10/05/2021	Aijaz Hashmi, M.D., Inc.	(3,037)
Payment	10/05/2021	Brad A. Wolfson, M.D.	(3,701)
Payment	10/05/2021	Cohen Musch Thomas Medical Group	(4,610)
TOTAL			(14,553)
Deposit	10/13/2021		42,840
Payment	10/13/2021	Ramy Awad, M.D.	(3,423)
Payment	10/13/2021	Tenet HealthSystem Desert, Inc.	(33,048)
Payment	10/13/2021	Tenet HealthSystem Desert, Inc	(6,369)
TOTAL			(42,840)
Deposit	10/13/2021		3,753
Payment	10/13/2021	Desert Family Medical Center	(3,753)
TOTAL			(3,753)
Deposit	10/15/2021		7,051
Payment	10/15/2021	Palmtree Clinical Research	(7,051)
TOTAL			(7,051)
Deposit	10/18/2021		6,277
Payment	10/18/2021	Derakhsh Fozouni, M.D.	(6,277)
TOTAL			(6,277)

Las Palmas Medical Plaza
Deposit Detail - LPMP
October 2021

Type	Date	Name	Amount
Deposit	10/21/2021		2,420
Payment	10/21/2021	Pathway Pharmaceuticals, Inc.	(2,420)
TOTAL			(2,420)
Deposit	10/27/2021		5,013
Payment	10/27/2021	Laboratory Corporation of America	(5,013)
TOTAL			(5,013)
Deposit	10/27/2021		4,067
Payment	10/27/2021	Quest Diagnostics Incorporated	(4,067)
TOTAL			(4,067)
Deposit	10/29/2021		287
Payment	10/29/2021	Hassan Bencheqroun, M.D.	(287)
TOTAL			(287)
		TOTAL	99,720

Desert Healthcare District
Check Register
As of October 31, 2021

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1010 - Union Bank - Checking				
Liability Check	10/01/2021		QuickBooks Payroll Service	(47,358)
Check	10/06/2021	Auto Pay	Calif. Public Employees' Retirement System	(12,363)
Bill Pmt -Check	10/06/2021	16640	Graphtek Interactive	(300)
Bill Pmt -Check	10/06/2021	16641	HARC, INC.	(386)
Bill Pmt -Check	10/06/2021	16642	Rogers, Carole - Stipend	(630)
Bill Pmt -Check	10/06/2021	16643	So.Cal Computer Shop	(810)
Bill Pmt -Check	10/06/2021	16644	Staples Credit Plan	(81)
Bill Pmt -Check	10/06/2021	16645	Boyd & Associates	(108)
Bill Pmt -Check	10/06/2021	16646	Evet PerezGil - Stipend	(630)
Bill Pmt -Check	10/06/2021	16647	Maggie Martinez	(3,600)
Bill Pmt -Check	10/06/2021	16648	Ready Refresh	(50)
Bill Pmt -Check	10/06/2021	16649	Verizon Wireless	(651)
Bill Pmt -Check	10/06/2021	16650	Zendle, Les - Stipend	(630)
Bill Pmt -Check	10/06/2021	16651	First Bankcard (Union Bank)	(2,367)
Bill Pmt -Check	10/07/2021	16652	Arthur Shorr - Stipend	(525)
Bill Pmt -Check	10/07/2021	16653	The Nyhart Company	(13,519)
Bill Pmt -Check	10/13/2021	16654	Image Source	(132)
Bill Pmt -Check	10/13/2021	16655	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	10/13/2021	16656	Pitney Bowes Global Financial Services	(228)
Bill Pmt -Check	10/13/2021	16657	State Compensation Insurance Fund	(385)
Bill Pmt -Check	10/13/2021	16658	Time Warner Cable	(250)
Bill Pmt -Check	10/13/2021	16659	Xerox Financial Services	(377)
Liability Check	10/15/2021		QuickBooks Payroll Service	(46,885)
Bill Pmt -Check	10/18/2021	ACH 101821	First Bankcard (Union Bank)	(20,688)
Bill Pmt -Check	10/21/2021	16660	Blood Bank of San Bernardino - Grant Payment	(67,500)
Bill Pmt -Check	10/21/2021	16661	Del Valle Informador Inc	(460)
Bill Pmt -Check	10/21/2021	16662	Meghan Kane - Expense Reimbursement	(60)
Bill Pmt -Check	10/21/2021	16663	State Compensation Insurance Fund	(944)
Bill Pmt -Check	10/21/2021	16664	Veralon	(16,974)
Bill Pmt -Check	10/21/2021	16665	CoPower Employers' Benefits Alliance	(1,719)
Bill Pmt -Check	10/21/2021	16666	Eric Taylor - Expense Reimbursement	(35)
Bill Pmt -Check	10/21/2021	16667	Mizell Senior Center - Grant Payment	(45,000)
Bill Pmt -Check	10/21/2021	16668	Principal Life Insurance Co.	(1,811)
Bill Pmt -Check	10/21/2021	16669	Regional Access Project Foundation	(317)
Bill Pmt -Check	10/21/2021	16670	Lund & Guttry LLP	(1,500)
Check	10/25/2021		Bank Service Charge	(686)
Bill Pmt -Check	10/27/2021	16671	California Special Districts Association	(8,195)

Desert Healthcare District
Check Register
As of October 31, 2021

Type	Date	Num	Name	Amount
Bill Pmt -Check	10/27/2021	16672	Regents of the University of CA, Riverside - Grant Payment	(5,000)
Bill Pmt -Check	10/27/2021	16673	Regional Access Project Foundation	(2,000)
Bill Pmt -Check	10/27/2021	16674	Variety of the Desert - Grant Payment	(5,000)
Bill Pmt -Check	10/27/2021	16675	Voices for Children - Grant Payment	(18,000)
Bill Pmt -Check	10/27/2021	16676	Zendle, Les - Stipend	(105)
Bill Pmt -Check	10/27/2021	16677	Frazier Pest Control, Inc.	(60)
Bill Pmt -Check	10/27/2021	16678	Ready Refresh	(50)
Bill Pmt -Check	10/27/2021	ACH 102721	First Bankcard (Union Bank)	(22,296)
Check	10/28/2021	Auto Pay	Principal Financial Group-	(895)
Check	10/28/2021	Auto Pay	Principal Financial Group-	(888)
Liability Check	10/29/2021		QuickBooks Payroll Service	(46,947)
TOTAL				(399,895)

Desert Healthcare District								
Details for Credit Card Expenditures								
Credit card purchases - September 2021 - Paid October 2021								
Number of credit cards held by District personnel -2								
Credit Card Limit - \$25,000 - Conrado, \$20,000 - Chris								
Credit Card Holders:								
Conrado Bárzaga - Chief Executive Officer								
Chris Christensen - Chief Administration Officer								
Routine types of charges:								
Office Supplies, Dues for membership, Computer Supplies, Meals, Travel including airlines and Hotels, Catering, Supplies for BOD								
meetings, CEO Discretionary for small grant & gift items								
	Statement							
	Month	Total		Expense				
Year	Charged	Charges		Type	Amount	Purpose	Description	Participants
		\$ 44,867.70						
Chris' Statement:								
2021	September	\$ (482.71)		District				
				GL	Dollar	Descr		
				6351	\$ (350.00)	Refund of Shuttle fee for ACHD Conference in September - Director Rogers		
				6351	\$ (268.15)	Refund of Deposit for Hotel Room for ACHD Conference in September		
				6351	\$ (268.15)	Refund of Deposit for Hotel Room for ACHD Conference in September		
				6351	\$ (268.15)	Refund of Deposit for Hotel Room for ACHD Conference in September		
				6351	\$ (268.15)	Refund of Deposit for Hotel Room for ACHD Conference in September		
				6351	\$ (268.15)	Refund of Deposit for Hotel Room for ACHD Conference in September		
				5230	\$ (740.00)	Refund of ACHD Conference in September		
				5160	\$ (456.00)	Refund of APHA Conference in October		
				6360	\$ 146.26	Zoom Videoconference/Webinar Expense		
				6355	\$ 26.62	Premiere Global Services		
				6355	\$ 2,231.16	Adobe Pro annual subscription		
					\$ (482.71)			
Conrado's Statement:								
2021	September	\$ 2,366.63						
				District				
				GL	Dollar	Descr		
				6351	\$ (268.15)	Refund of Deposit for Hotel Room for ACHD Conference in September		
				5230	\$ (740.00)	Credit for ACHD Conference change to virtual - Director Rogers		
				5230	\$ (740.00)	Credit for ACHD Conference change to virtual - Director PerezGil		
				5160	\$ (2,960.00)	Credit for ACHD Conference change to virtual - Conrado, Chris, Alejandro, & Donna		
				6352	\$ 158.00	All Valley Mayor and Tribal Chair Luncheon Meeting - Conrado, President De Lara		
				5230	\$ 175.00	ACHD Virtual Conference - President De Lara		
				6130	\$3,600.00	Guidestar Pro - Annual Subscription		
				6130	\$1,350.00	Guidestar Charity Check - Annual Subscription		

**Las Palmas Medical Plaza
Check Register - LPMP
As of October 31, 2021**

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1046 - Las Palmas Medical Plaza				
Bill Pmt -Check	10/06/2021	10437	Desert Air Conditioning Inc.	(125)
Bill Pmt -Check	10/06/2021	10438	Desert Water Agency	(967)
Bill Pmt -Check	10/06/2021	10439	Imperial Security	(5,413)
Bill Pmt -Check	10/06/2021	10440	Palm Springs Disposal Services Inc	(2,283)
Bill Pmt -Check	10/06/2021	10441	Southern California Edison	(189)
Bill Pmt -Check	10/06/2021	10442	Stericycle, Inc.	(1,613)
Bill Pmt -Check	10/13/2021	10443	Frazier Pest Control, Inc.	(175)
Bill Pmt -Check	10/13/2021	10444	Imperial Security	(1,785)
Bill Pmt -Check	10/21/2021	10445	Desert Air Conditioning Inc.	(8,149)
Bill Pmt -Check	10/21/2021	10446	Frontier Communications	(236)
Bill Pmt -Check	10/21/2021	10447	Imperial Security	(1,785)
Bill Pmt -Check	10/21/2021	10448	Southern California Edison	(1,685)
Bill Pmt -Check	10/27/2021	10449	Imperial Security	(1,785)
Bill Pmt -Check	10/27/2021	10450	INPRO-EMS Construction	(14,145)
Bill Pmt -Check	10/27/2021	10451	Marina Landscape, Inc.	(21,052)
Check	10/29/2021		Bank Service Charge	(429)
TOTAL				(61,816)



MEMORANDUM

DATE: November 09, 2021

TO: F&A Committee

RE: Retirement Protection Plan (RPP)

Current number of participants in Plan:

	<u>September</u>	<u>October</u>
Active – still employed by hospital	88	87
Vested – no longer employed by hospital	56	57
Former employees receiving annuity	<u>7</u>	<u>7</u>
Total	<u>151</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 Four (4) months ended October 31, 2021, totaled **\$101K**. Monthly annuity payments (7 participants) total **\$1.0K** per month.

DESERT HEALTHCARE DISTRICT								
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE								
October 31, 2021								
TWELVE MONTHS ENDING JUNE 30, 2022								
			Approved	6/30/2021	Current Yr	Total Paid Prior Yrs	Total Paid Current Yr	Open
Grant ID Nos.		Name	Grants - Prior Yrs	Bal Fwd	2021-2022	July-June	July-June	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		CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr	\$ 50,000	\$ 5,000		\$ -		\$ 5,000
2020-1135-BOD-11-24-20		Hope Through Housing Foundation - Family Resilience - 1 Yr	\$ 20,000	\$ 2,000		\$ -		\$ 2,000
2020-1149-BOD-12-15-20		Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$ 40,000	\$ 22,000		\$ 18,000		\$ 4,000
2021-1136-BOD-01-26-21		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		Alzheimer's Association - Critical Program Support - 1 Yr	\$ 33,264	\$ 18,295		\$ 14,969		\$ 3,326
2021-1162-BOD-01-26-21		Joslyn Center - Wellness Center Program Support - 1 Yr	\$ 109,130	\$ 60,022		\$ 49,108		\$ 10,914
2021-1170-BOD-02-23-21		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		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		\$ 67,500		\$ 15,000
2021-1174-BOD-03-23-21		Mizell Center - Geriatric Case Management Program	\$ 100,000	\$ 55,000		\$ 45,000		\$ 10,000
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		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	\$ -	\$ 473,071	\$ -	\$ 9,028,555
Amts available/remaining for Grant/Programs - FY 2021-22:								
Amount budgeted 2021-2022				\$ 4,000,000			G/L Balance:	10/31/2021
Amount granted through October 31, 2021:				\$ -				
Mini Grants:	1293; 1294		\$ 10,000				2131	\$ 4,038,555
Financial Audits of Non-Profits			\$ -				2281	\$ 4,990,000
Net adj - Grants not used:	FY20-21 Funds, 1124		\$ 1,867,619				Total	\$ 9,028,555
Matching external grant contributions				\$ -				\$ (0)
Balance available for Grants/Programs				\$ 5,877,619				



Chief Administration Officer's Report

November 09, 2021

The annual audits are now complete and were accepted at the October 26, 2021 Board of Director's meeting.

The fire sprinkler installation project is moving forward at the Las Palmas Medical Plaza. A majority of the materials are in a secure storage unit on site. Installation has begun in Building 3W. One suite in 3W was previously completed during Dr. Awad's tenant improvement (TI). Dream Fertility is in process of completing their TI. The fire sprinklers are being install simultaneously.

Las Palmas Medical Plaza - Property Management:

Occupancy:

See attached unit rental status report.

95.6% currently occupied –

Total annual rent including CAM fees is **\$1,341,721**.

Leasing Activity:

Two suites are vacant and available for lease. We anticipate interest will be limited through the holidays but expect increased interest in early 2022.

Las Palmas Medical Plaza													
Unit Rental Status													
As of November 1, 2021													
Unit	Tenant Name	Deposit	Lease Dates		Term	Unit Sq Feet	Percent of Total	Monthly Rent	Annual Rent	Rent Per Sq Foot	Monthly CAM	Total Monthly Rent Inclg CAM	Total Annual Rent Inclg CAM
			From	To							\$ 0.69		
1E, 204	Vacant					880	1.78%						
1W, 204	Vacant					1,280	2.59%						
Total - Vacancies						2,160	4.38%						
Total Suites-31 - 29 Suites Occupied		\$59,100.54				49,356	95.6%	\$ 79,385.60	\$ 952,627.20	\$ 1.68	\$ 32,424.48	\$ 111,810.08	\$ 1,341,720.96
			Summary - All Units										
			Occupied	47,196	95.6%								
			Vacant	2,160	4.4%								
			Pending	0	0%								
			Total	49,356	100%								



Date: 11/23/21

To: Board of Directors

Subject: Grant # 1296 Coachella Valley Volunteers in Medicine

Grant Request: Improving Access to Healthcare Services

Amount Requested: \$154,094.00

Project Period: 12/1/2021 to 11/30/2022

Project Description and Use of District Funds:

Coachella Valley Volunteers in Medicine has provided quality, primary healthcare services in culturally competent and cost-effective ways for more than 10 years to over 4,000 unique patients. Annually, more than 240 volunteers donate over 350,000 hours to fulfill their mission of increasing access to healthcare in the Coachella Valley.

This funding ask will target healthcare access by providing no-charge in-person medical care and telehealth medical care while additionally providing telemedicine clinics in remote areas. Specifically, this program will provide healthcare services to a minimum of 300 qualified residents of the Coachella Valley through the provision of at least 1,000 scheduled services from their Indio clinic and at least two remote locations utilizing telemedicine services. CVVIM will partner with at least two community organizations – one in the Desert Hot Springs area and another in the Mecca area – to secure private space for local patients to receive telehealth visits from a medical provider.

District funds will support a part-time salary for a certified Medical Assistant and will help cover direct and indirect patient care costs for a minimum of 1,000 scheduled contacts, both in-clinic and remote, for primary medical care, limited specialty care, ancillary services, general and diabetes care management, health education, medical outreach services to homeless persons, social service assessments and community referrals.

Strategic Plan Alignment:

Proactively expand community access to primary and specialty care services / Provide funding support to community organizations providing primary and specialty care via telehealth



Geographic Area(s) Served: Cathedral City; Coachella; Desert Hot Springs; Indio; Mecca; North Shore; Oasis; Palm Desert; Palm Springs; Thermal

Action by Program Committee: (Please select one)

- ✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$154,094.00 be approved.

Recommendation with modifications

Deny

Full Grant Application Summary

Coachella Valley Volunteers in Medicine, Grant #1296

About the Organization

Coachella Valley Volunteers in Medicine
PO Box 10090
Indio, California 92202
Tel: (760) 342-4414 Ext: 103

<http://cvvim.org>

Primary Contact:

Doug Morin
Tel: (760) 625-0760
doug.morin@cvvim.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2011	Capacity Building 2012	\$103,857	Achievement Building	5/22/2012	Grant budget
2012	Core Operating Support	\$125,224	Grant	6/25/2013	Grant budget
2014	CVVIM's Evolution in the Era of Affordable Care Act	\$112,924	Grant	9/23/2014	Grant budget
2015	Providing continued access to healthcare post implementation of the Affordable Care Act.	\$120,798	Grant	5/24/2016	Grant budget
2017	Primary healthcare and support services to District residents	\$121,500	Grant	9/26/2017	Grant budget
2018	Improving Community Health Through Affordable & Accessible Healthcare Services	\$121,500	Grant	3/26/2019	
2019	Affordable and Accessible Healthcare Services For East Valley Residents	\$50,000	Grant	1/14/2020	
2019	Expanding access to healthcare in the eastern Coachella Valley during the COVID 19 pandemic	\$142,823	Grant	6/1/2020	

Program/Project Information

Project Title: Improving Access to Healthcare Services

Start Date: 12/1/2021 **End Date:** 11/30/2022

Term: 12 months

Total Project Budget: \$444,688

Requested Amount: \$154,094

Executive Summary:

CVVIM has provided quality, primary healthcare services in culturally competent and cost-effective ways for more than 10 years to more than 4,000 unique patients through provision of more than 40,000 individual service contacts. Each year, more than 240 volunteers from all backgrounds give their time, talent and skills to fulfill our mission, donating more than 350,000 hours annually to increase access to healthcare in the Coachella Valley.

According to the Coachella Valley Community Health Survey (HARC, 2019) there are more than 48,000 uninsured adults in the Valley, or nearly 21% of all residents. More than 23,000 adults have not been to a healthcare provider in more than two years, according to the Survey, and finally, 9.1%, or more than 30,800 Survey respondents reported using an emergency room or hospital as their usual source of care!

CVVIM provides a solution to this problem of inaccessible and costly healthcare at no cost to the patient.

Utilizing volunteer medical providers and administrative, reception and other volunteers, CVVIM is able to offer a health home for uninsured adults where they can receive not only primary medical care and ancillary services, but also care coordination, diabetes care management, health education, social service assessments using SDOH guidelines, and medical care delivered "on-the-street" to homeless persons.

These primary medical care services increase access to affordable healthcare services in our Valley. This project will increase healthcare access specifically by:

1. Providing no-charge in-person medical care;
2. Providing no-charge telehealth medical care;
3. Providing telemedicine clinics in remote areas.

Specifically, this program will provide healthcare services to a minimum of 300 qualified residents of the Coachella Valley through the provision of at least 1,000 scheduled services from our Indio clinic and at least two remote locations utilizing telemedicine services.

Our target population are adult residents of the Coachella Valley who have no health insurance or who cannot afford to use their insurance because of costly copayments or annual deductibles. Historically, approximately 7% of all patients are 65 years of age and older, represent all sexual genders and orientations, and reside in all cities of the Valley as well as many of the unincorporated areas locally.

CVVIM will monitor and track all projected outcomes to ensure project and organizational goals are met and more, that a minimum of 80% of all patients seen will report favorable satisfaction with the care and services received.

Program/project Background and Community Need:

CVVIM has provided quality, primary healthcare services in culturally competent and cost-effective ways for more than 10 years to more than 4,000 unique patients. Each year, more than 240 volunteers from all lifestyles give their time, talent and skills to fulfill our mission, donating more than 350,000 hours annually to increase access to healthcare in the Coachella Valley.

According to the Coachella Valley Community Health Survey (HARC, 2019) there are more than 48,000 uninsured adults in the Valley, or nearly 21% of all residents. More than 23,000 adults have not been to a healthcare provider in more than two years, according to the Survey, and finally, 9.1%, or more than 30,800 Survey respondents, reported using an emergency room or hospital as their usual source of care!

CVVIM provides a solution to this problem of inaccessible and costly healthcare.

Utilizing volunteer physicians, nurse practitioners and physician assistants, as well as volunteer medical assistants, reception, administrative and other volunteers, CVVIM is able to offer a medical home for uninsured, and underinsured, adults where they can receive not only primary medical care services, but also care coordination, diabetes case management, health education, social service and community referrals, and medical care delivered "on-the-street" to homeless persons. And, services are always provided at no charge to the patient, including ancillary services such as lab tests, x-rays, ultrasounds, CTs, MRIs and mammograms.

This project will increase healthcare access by:

1. Providing no-charge in-person medical care;
2. Providing no-charge telehealth medical care;
3. Providing medical care to individuals in consideration of barriers preventing them from visits to our Indio facility.

Strategic Plan Alignment:

Proactively expand community access to primary and specialty care services / Provide funding support to community organizations providing primary and specialty care via telehealth

Program/project description:

This program will provide healthcare services to qualified residents of the Coachella Valley through the provision of services from our Indio clinic, and, with this request, from at least two remote locations. We will partner with at least two community organizations – one in the Desert Hot Springs area and another in the Mecca area – to secure private space for local patients to receive telehealth visits from a medical provider. District funds will support a part-time salary for a certified Medical Assistant to facilitate a remote and secure audio-only, or audio and video connection, take vital signs and record them in the electronic health record, provide translation for Spanish-speaking

individuals, and facilitate referrals for labs, x-rays, imaging, and other services. We anticipate a minimum of two remote “clinics” each month.

Additionally, District funds will cover direct and indirect patient care costs for a minimum of 1,000 scheduled contacts, both in-clinic and remote, for primary medical care, limited specialty care, ancillary services, general and diabetes care management, health education, medical outreach services to homeless persons, social service assessments and community referrals.

Description of the target population (s):

Adult patients who have household incomes no greater than 200% of Federal Poverty Level guidelines and who are also uninsured or underinsured, are the target population for service by this request.

Geographic Area(s) Served:

Cathedral City; Coachella; Desert Hot Springs; Indio; Mecca; North Shore; Oasis; Palm Desert; Palm Springs; Thermal

Age Group:

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

Total Number of District Residents Served:

300

Program/Project Goals and Evaluation

<p>Goal #1: Provide a minimum of 1,000 service contacts for healthcare and ancillary services during the grant period. Services shall include instances of medical appointments, health education, general and diabetes care management, social service assessments (using SDOH as a guide), labs, x-rays, imaging services, homeless medical outreach, and health/flu vaccination fairs. In-clinic, remote telemedicine and outreach services, such as homeless outreach and community fairs are all considered.</p>	<p>Evaluation #1: Track individual instances of scheduled service contacts on a monthly basis by service type and monitor ongoing patient volume to ensure overall service volume goals are being met.</p>
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<p>Goal #2: Promote and provide a minimum of 24 remote telemedicine clinics to improve access to healthcare services in the community during the grant period.</p>	<p>Evaluation #2: Schedule and complete a minimum of 2 remote, telemedicine clinics each month. Numbers of clinics and patients scheduled and seen at each clinic, and services provided, will be monitored and tracked for recording purposes.</p>
<p>Goal #3: Ensure culturally competent services are provided at all times in the clinic, at remote clinics, and through our homeless medical outreach and community activities during the grant period.</p>	<p>Evaluation #3: Monitor and ensure all patient-focused marketing materials are provided in Spanish and other indigenous languages when appropriate; ensure Spanish speaking staff and volunteers are present at all times of service in the clinic, at remote telemedicine sites, during homeless outreach services and community activities.</p>
<p>Goal #4: Complete a minimum of 4 patient surveys from all patients receiving care during the grant period to evaluate patient perceptions of services received.</p>	<p>Evaluation #4: Using existing internal surveys, evaluate a random sampling of 20% of total patients served in each three-month period to solicit perceptions of quality of services received, culturally competency experienced, and overall satisfaction with CVVIM experience, and attain at least an 80% favorable rating from all surveys. Surveys will be reviewed for deficiencies and program changes will be identified, planned and implemented on an ongoing basis throughout the grant period to improve responses.</p>
<p>Goal #5:</p>	<p>Evaluation #5:</p>

Proposed Program / Project Evaluation Plan

Quantitative assessment of service types and numbers, and patient volumes, will be monitored and tracked using data from the electronic medical record. Service and volume data will be monitored monthly, recorded and tracked over time for reporting at required intervals as requested. Qualitative assessment will be completed primarily from distribution of 4 surveys, each 3 months throughout the grant period, to a random sampling of 20% of all patients seen during that period. Results from these surveys will be compared to prior survey results collected previously and a minimum goal of 80% overall favorable satisfaction is strived for.

Organizational Capacity and Sustainability

Organizational Capacity

A part-time, Certified Medical Assistant (CME) will assist patients at remote locations to take and record vital signs in the cloud-based electronic medical record for a volunteer medical provider to review from our Indio clinic. They will also assist with other paperwork and arrange for the telemedicine visit using a CVVIM laptop and HIPPA compliant telemedicine platform, Doxy.me.. The CME will provide referrals for laboratory testing and imaging services as ordered by the medical provider. Prescriptions will be transmitted electronically to the pharmacy of patient choice for pick up. Follow-up appointments may also be scheduled for future telemedicine or in-facility visits as necessary in our Indio clinic. Limited funding is available to assist with transportation costs when patients are required to have an in-person visit with the medical provider and the CME can assist with providing such funds.

Organizational Sustainability:

Patient care is our primary focus and telemedicine visits provide opportunities for increased access to services from remote locations where barriers exist that prevent eligible patients from scheduling and receiving care at our Indio clinic. Our Strategic Plan identifies this as an ongoing strategy and board and staff annually develop work plans to ensure continued efforts for increased access. Informal patient need surveys and questionnaires identify issues of transportation and child care as two primary barriers preventing patients from coming to the clinic for care or having to cancel appointments. In the current 2021/2022 Work Plan, there is a specific plan to identify possible service locations in the west Valley to facilitate patient visits and telemedicine as a cost-effective and efficient means to do so without incurring expenses for rent, insurance and other office expenses.

Diversity, Equity, and Inclusion

How is diversity, equity, and inclusion addressed?

Issues of diversity, equity and inclusion are all ongoing discussions of the organization, from Board to staff levels. Our Executive Committee has responsibility for board development and considers these issues throughout the year when planning board development and education, and especially whenever a candidate is considered to fill a vacant position on our Board of Directors or one of its committees. Most recently, staff were directed to suggest current patients to approach for a Patient Advisory Committee to be charged with representing patient points of view to the full Board on such matters as satisfaction with services provided, program needs, marketing and even fundraising strategies.

Executive staff are involved in these Board discussions and also consider matters of diversity, equity and inclusion whenever new or replacement personnel are being recruited.

Currently, Board and committee volunteers, and staff represent diverse teams of gender diversity, ethnic diversity, sexual orientation, age, culture and religion. An equitable work environment is maintained through accessible job descriptions for all staff and volunteers, including board members, skills-based hiring, fair and objective

compensation and other benefits. And finally, inclusion of all employees and volunteers is promoted by celebrating individual differences, ensuring everyone has input into the Strategic Plan, distributing satisfaction surveys and implementing change, and planning more effective meetings.

What is preventing the organization from addressing diversity, equity, and inclusion? Not applicable

Partnerships:

Key Partners:

Our community partner for this project is primarily the Coachella Valley Housing Coalition (CVHC) who has generously offered us private, confidential space in community/meeting rooms located in their facilities across the Valley. Specifically, we have arranged for telemedicine clinics in Desert Hot Springs and Mecca, and with other CVHC facilities to promote CVVIM services, provide health education classes and health fairs/flu vaccination clinics, and distribute informational/educational flyers. Additional partners are being considered and approached for remote telemedicine sites and health /flu vaccination fairs.

Line Item Budget Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs Detail on sheet 2		38,188	19,094	19,094
Equipment (itemize)				
1				0
2				0
3				0
4				0
Supplies (itemize)				
1				0
2				0
3				0
4				0
Printing/Duplication				0
Mailing/Postage				0
Travel/Mileage		1,500	1,500	1,500
Education/Training				0
Office/Rent/Mortgage				0
Telephone/Fax/Internet				0
Utilities				0
Insurance				0
Other facility costs not described above (itemize)				
1				0
2				0
3				0
4				0
Other program costs not described above (itemize)				
1	3,000 medical contacts @135/contact	405,000	270,000	135,000
2	(all-inclusive rate)			0
3				0
4				0
Total Program Budget		444,688	290,594	154,094

Budget Narrative

A Certified Medical Assistant, currently employed part-time, will be increased to full-time status to coordinate remote/telemedicine visits from two remote locations, one in Desert Hot Springs and another in Mecca. They will assist with new and current patient eligibility determination, taking and recording a patient's vital signs, establishing a secure audio-only, or audio/video connection between a patient and medical provider, and providing translation services if necessary. Depending upon need, they may also help to facilitate referrals for lab tests, imaging services, social service referrals and/or referrals to our Diabetes Case Manager or for health education. Salary request is part-time hourly @\$17/hour plus 8% tax and benefits. CVVIM projects providing a minimum of 3,000 medical contacts for eligible patients over a 12-month period and we request funding to support an all-inclusive rate of \$135 per contact for 1,000 total contacts. Contacts will include scheduled appointments (in-person and telehealth), care coordination, health education, Diabetes Case Management, social service referrals, and homeless outreach contacts. Contacts provided represent services to approximately 100 Valley residents, assuming a patient with a chronic illness requires an average of three contacts each in a 12-month period.

Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
Employee Position/Title					
1	Certified Medical Assistant (FT)	35,360	0.5	17,680	17,680
2					
3					
4					
5					
6					
7					
8					
Total Employee Benefits		2,829		1,414	1,414
Enter this amount in Section 1; Staffing Costs				Total >	19,094.00
Budget Narrative	Certified Medical Assistant (FT) will work an average of 10 hours/week on the project from at least two remote locations to facilitate telemedicine visits with a medical provider located at the CVVIM clinic in Indio. They will assist with new patient screening and registration, taking and recording vital signs in our electronic health record, translating and facilitating referrals for ancillary services.				
Budget Narrative					
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1					
2					
3					
4					
5					
Enter this amount in Section 1; Staffing Costs				Total >	0
Budget Narrative	Please describe in detail the scope of work for each professional service/consultant on this grant.				

Line Item Budget Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project			Amount
Fees			0
Donations			0
Grants (List Organizations)			
	1	Kaiser Permanente (projected)	25,000
	2	Coeta and Donald Barker Foundation (projected)	25,000
	3	Mickelson Foundation (projected)	40,000
	4	Guillermo J. Valenzuela Foundation (actual)	20,000
	5	Mickelson Foundation (actual)	50,000
	6	Various unrestricted contributions (actual)	125,000
	7	Grace Helen Spearman Foundation (actual)	7,500
	8	Various small grants (actual)	11,000
Fundraising (describe nature of fundraiser)			
	1	VIMY/WLA (Auction/Dinner): 11/13/21	100,000
	2		
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)			
	1	In-kind contributions - volunteers	200,000
	2		
	3		
	4		
Total funding in addition to DHCD request			603,500
Budget Narrative	<p>Various unrestricted contributions (actual) come from several sources: Eisenhower Health; Eisenhower Health, Medical Residency Program. .These funds are currently held in our general operating account and can be accessed if projected funding of all or part of \$90,000 is not received. Various small grants (actual) named above include: Walmart (\$4,500); City of Indio (\$1,500); City of Rancho Mirage (\$5,000). VIMY/WLA is our annual fundraising event, scheduled this year for November 13th. Historically, the event has raised \$200,000 net revenue. In-kind contributions for volunteer support is shown to demonstrate a conservative estimate of the amount of volunteer contributions during a 12-month period. As these contributions have no direct impact on our general or project budget, it is listed only to demonstrate volunteer support and capacity for our mission and therefore, this project.</p>		



45-701 Monroe Street, Suite G, Indio, CA 92201

November 12th, 2021

Coachella Valley Volunteers in Medicine
82-915 Avenue 48
Indio, CA 92201

To Whom it may concern:

We are pleased to offer this letter to Coachella Valley Volunteers in Medicine (CVVIM) in support of their application to the Desert Healthcare District & Foundation. Their application, if approved, will help increase healthcare access to low-income and uninsured adults who otherwise would likely go without healthcare services.

Coachella Valley Housing Coalition supports CVVIM through onsite health fairs, flyer distribution and complimentary use of confidential space in our facilities to offer telemedicine services to our housing residents and the general public. Currently we welcome CVVIM into our facilities in the Desert Hot Springs and Mecca areas for telemedicine clinics, and into all our facilities Valley wide for education and health fairs as available and appropriate.

Like Coachella Valley Housing Coalition, Coachella Valley Volunteers in Medicine has a long history of serving our neighbors in need and we are pleased to partner with them to bring healthcare services closer to home for hundreds of our residents and the communities we serve.

Sincerely,

Pedro S.G. Rodriguez
Interim Executive Director/Chief Financial Officer

**Memorandum of Understanding
Between
Coachella Valley Housing Coalition
And
Coachella Valley Volunteers in Medicine**

This Memorandum of Understanding describes the relationship between the Coachella Valley Housing Coalition (CVHC), a California mutual benefit nonprofit corporation and Coachella Valley Volunteers in Medicine (VIM), a nonprofit corporation in relation to the services providing partnership of VIM at CVHC's properties located in Coachella, Mecca, and Indio and as listed on Exhibit B.

Effective as of the execution date below, the Parties enter this Memorandum of Understanding to mutually provide family medical services to low-income families and their children who reside at CVHC's properties. The family medical services will be provided through presentations and dissemination of information. Accordingly, CVHC and CVVIM, operating under this MOU agree as follows:

CVVIM will provide the following to facilitate the implementation of these services:

- CVVIM programs and services include the outreach team of medical volunteers which provides immunizations, family medicine, women's health care, and additional medical care services to low-income uninsured adults living in the Coachella Valley.
- CVVIM shall maintain the parking spaces on premises provided in a tidy manner and shall put away equipment and supplies.
- CVVIM will provide qualified staff and volunteers to oversee the implementation of programs and services, will recruit and conduct background checks on all volunteers and staff and will provide program supplies.
- CVVIM shall exercise care to prevent damage to the parking spaces and property.
- CVVIM shall obtain and maintain, throughout the term of this MOU and any extension(s) thereof, at its sole cost and expense, all required insurance coverage to operate all Medical Outreach Clinics. Before the initiation of programs, CVVIM shall obtain the required insurance coverage indicated in the form attached as Exhibit A.

CVHC will provide the following services to CVVIM:

- CVHC will provide at no cost the use and maintenance of community rooms and parking spaces located at properties listed in Exhibit B.
- CVHC shall maintain and is responsible for maintaining all spaces and facilities in good and safe operating condition, including but not limited to cleaning and restocking of restrooms, changing light bulbs, making timely structural and repairs and maintaining landscaping, grounds and outdoor place areas.

- CVHC will ensure that the facility is in safe condition for operation and will immediately remediate any safety hazardous conditions.
- CVHC shall obtain and maintain, throughout the term of this MOU and any extension(s) thereof, at its sole cost and expense, all required insurance coverage to partner in all Medical services provided by CVVIM at CVHC properties as described in Exhibits A and B.

CVHC and VIM will agree on the following:

- Target population for the Medical Outreach Clinics are low-income adults.
- CVVIM shall share monthly attendance data while still following the requirements of HIPPA from all operating Medical services with CVHC.

CVHC & CVVIM will collaborate to ensure that the programs are focused on direct community service and promotes the personal wellbeing of program participants. Both parties will collaborate with one another to reduce costs, increase services to the community and assist in promoting and recruiting program participants from all that reside in CVHC properties.

The term of this MOU shall be for one year commencing as of March 1, 2021 and shall automatically renew itself at the end of one year, and shall be extended automatically for one (1) year on the same terms and conditions unless either party notifies the other in writing at least 30 days before the end of the term of its desire to terminate the MOU.

Either organization may terminate this MOU upon thirty (30) days written notice without penalties or liabilities.

Exhibit A
Description of Insurance Coverage to be provided by CVVIM

VIM shall obtain and maintain, throughout the term of this MOU and any extension(s) thereof, at its sole cost and expense, the following policies of insurance or self-insurance:

- a) Professional Liability Insurance with a \$2,000,000 Aggregate Limit; \$1,000,000 for Each Occurrence and a \$5,000 Deductible.
- b) Commercial General Liability with a \$2,000,000 Aggregate Limit; \$1,000,000 Products & Completed Operations Aggregate; \$1,000,000 Personal & Advertising Injury; \$1,000,000 Each Occurrence; \$50,000 Fire Damage; and \$5,000 Medical Expense. The insurance must have a maximum \$1,000 deductible.
- c) Worker's Compensation Insurance as required by law with \$500,000 Each Accident; \$500,000 Disease as the Policy Limit and \$500,000 Disease per Employee.
- d) Automobile Hired & Non-Owned Liability with a \$1,000,000 per Accident Combined Single Limit.
- e) The above insurance shall be primary as to CVHC and shall name CVHC, its officers, agents and employees as additional named insured on an accompanying certificate provided by BH. CVHC shall receive 30 days prior written notice from the insurance provider of any cancellation or suspension of such insurance.
- f) Insurance coverage should extend to CVHC for all sites and to the additional entities at sites listed on Exhibit B

CVHC shall obtain and maintain, through the terms of this MOU and any extension(s) thereof, at its sole cost and expense, the following policies of insurance: workers' compensation insurance as required by law; comprehensive general liability insurance in a form acceptable to CVVIM, written on a per occurrence basis, in an amount not less than \$1 million combined single limit. Such liability insurance shall name CVVIM its officers, agents, employees, and volunteers as additional named insured. Owner shall provide CVVIM with a certificate of insurance that provides CVVIM shall receive 30 days prior written notice from the insurance provider of any cancellation or suspension of such insurance.

Exhibit B -Sites

- 1. **Las Palmeras Estates: Las Palmeras Housing Associates, L.P.**
51374 Tyler Street, Coachella, CA 92236, USA
- 2. **Desert Gardens Apartments** 83880 Avenue 48 St, Indio, CA 92201
- 3. **Coachella Community Homes: Coachella Rehab Associates, L.P.**
84720 Avenue 52, Coachella, CA 92236
- 4. **Fred Young Labor Camp** 47155 Van Buren St, Indio, CA 92201
- 5. **Villa Hermosa I and II** 83801 Dr Carreon Blvd, Indio, CA 92201, USA
- 6. **Pueblo Nuevo Apartments** Pueblo Nuevo Housing Associates, L.P.
1492 Orchard St, Coachella, CA 92236
- 7. **Paseo de Los Heroes** 62900 Lincoln St, Mecca, CA 92254
- 8. **Paseo de Los Heroes II** 63950 Lincoln St, Mecca, CA 92254, USA
- 9. **Paseo de Los Heroes III** 63950 Lincoln St, Mecca, CA 92254, USA
- 10. **Villas Oscar Romero** 65-010 Dale Kiler Road, Mecca, CA 92254
- 11. **Las Casas Apartments I,II** 51600 Tyler St, Coachella, CA 92236
- 12. **Las Casas Apartments III** 51550 Tyler St, Coachella, CA 92236
- 13. **Pie de La Cuesta Apartments** 91720 66th Ave, Mecca, CA 92254
- 14. **Tlaquepaque Apartments** 51354 Tyler St, Coachella, CA 92236
- 15. **Washington Street Apartments** 42-800 Washington Street, Bermuda Dunes,
CA 92203
- 16. **Wolff Waters Place Apartments** 47-795 Dune Palm Road, La Quinta, CA
92253
- 17. **Coyote Run I Apartments** 3601 N. Sunrise Way Palm Springs, CA 92262
- 18. **Coyote Run II Apartments** 3401 N. Sunrise Way Palm Springs, CA 92262
- 19. **Brisas de Paz Apartments** 65-921 Flora Avenue, Desert Hot Springs, CA
92240
- 20. **Rosa Gardens Apartments** 555 Rosa Parks Road Palm Springs, CA 92262

The policy endorsement naming CVHC as additional insured (AI) must accompany the certificate.

Grant Scoring Review

Grant Staff Review # 1 of 4

Executive Summary: 10

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 8

Organizational Sustainability: 8

Budget: 9

Key Partners/Collaborations: 10

Total Score: 72.00

Reviewer Comments: CVVIM is the only free clinic in the Coachella Valley, serving populations that are underserved, uninsured, or under-insured. This request meets the nexus of the District's recently approved five year plan - Goal #2 PROACTIVELY EXPAND COMMUNITY ACCESS TO PRIMARY HEALTHCARE AND SPECIALITY HEALTH CARE SERVICES: .The two proposed pop-up mobile clinics, in partnership with CV Housing Coalition, will offer telehealth services to residents in underserved and hard-to-reach areas. CVVIM is the trusted go-to source for the undocumented and homeless residents as well.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 70.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 282 (4 of 4)

Total average proposal score: 88/100

Grant Scoring Review

Grant Staff Review # 2 of 4

Executive Summary: 9

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 8

Budget: 9

Key Partners/Collaborations: 10

Total Score: 72.00

Reviewer Comments: Coachella Valley Volunteers In Medicine continues to be the only free clinic in the Coachella Valley, who provides quality medical care and case management to uninsured and undocumented District residents. DHCD grant dollars will increase CVVIM capacity to reach and provide services to more District residents through their satellite clinics.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 70.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 282 (4 of 4)

Total average proposal score: 88/100

Grant Scoring Review

Grant Staff Review # 3 of 4

Executive Summary: 9

Community Need and Alignment: 8

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 8

Organizational Sustainability: 8

Budget: 9

Key Partners/Collaborations: 9

Total Score: 69.00

Reviewer Comments: The recent completion of the Coachella Valley Community Health Needs Assessment emphasized the fact that access to healthcare remains a high priority among residents and access related barriers and challenges have only been made worse by the pandemic. Volunteers in Medicine is targeting its efforts and adapting to an increase in telehealth need and telehealth services. Specifically, VIM is bringing telehealth access into harder to reach communities and areas where connectivity infrastructure is not always readily available. Additionally, to reach residents more appropriately, VIM is expanding its partnerships to get their telemedicine clinics located in familiar, trusted community settings. Their efforts directly relate to several strategies under the District's new Strategic Plan goal of proactively expanding community access to primary and specialty care services.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 70.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 282 (4 of 4)

Total average proposal score: 88/100

Grant Scoring Review

Grant Staff Review # 4 of 4

Executive Summary: 10

Community Need and Alignment: 10

Goals: 10

Proposed Evaluation Plan: 7

Applicant Capacity and Infrastructure: 8

Organizational Sustainability: 8

Budget: 9

Key Partners/Collaborations: 7

Total Score: 69.00

Reviewer Comments: This application identified a need in the communities to be served, the alignment with the DHCDF strategic focus areas and the goals that will result in an improvement in these identified areas is present. The proposed evaluation plan does not clearly articulate how the data collected will result in informing future practices. Applicant capacity in extending from 1 p/t MA position to full time may not be sufficient in relation to expected outcomes. Organizational sustainability for this work beyond the initial grant period while needed is unclear beyond current funding support. The budget information was helpful in understanding the allocations and the funding streams that are being pursued. Key partnerships identified in the application are limited to one organization and may not support advancement of this work if that partnership were to change.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 70.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 282 (4 of 4)

Total average proposal score: 88/100

Grant Scoring Review

Fiscal Staff Review # 1 of 2

Fiduciary Compliance: 9

Financial Stability: 9

Total Score: 18.00

Reviewer Comments: Fiduciary Compliance

The audit report is unmodified

Current Ratio is very strong (9:1) which represents the grantee's ability to pay it's short-term liabilities

The Net Assets increased by \$118k as of 12/31/2020, the Balance Sheet is in good order

Financial Stability

Grantee demonstrates a strong financial position.

Grantee has diversified resources for this grant of \$444,688. The District's grant of \$154,094 is well supported by other resources

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 70.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 282 (4 of 4)

Total average proposal score: 88/100

Grant Scoring Review

Fiscal Staff Review # 2 of 2

Fiduciary Compliance: 9

Financial Stability: 8

Total Score: 17.00

Reviewer Comments: Audited financial statements presented and approved by Board of Directors. Positive cash flow documented for 2020, with ability to address liabilities with current assets. The strategic plan identifies needs but didn't establish detailed specifics to address. Multiple funding sources included in budget, with grant request reasonable in comparison to overall organizational budget.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 70.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 282 (4 of 4)

Total average proposal score: 88/100



FY 2020-2021: Grant Application Scoring Rubric



Category	Meets expectations (10-6 points)	Does not meet expectations (0-5 points)
Programmatic Review		
Executive Summary (10 points)	The applicant includes and describes the project's mission and vision, the target population the project will serve, the expected benefits to the community, the need for the project in the community with proposed evidence-based methods, interventions, and strategies that are realistic, attainable, effective, and outcome-oriented.	The applicant is unclear or does not include or describe the project's mission and vision, the target population the project will serve, the expected benefits to the community, the need for the project in the community with proposed evidence-based methods, interventions, and strategies that are realistic, attainable, effective, and outcome-oriented.
Community Need & Alignment (10 points)	The applicant identifies and defines a specific need(s) for the project within the identified community and effectively describes the alignment of that need to one of the Desert Healthcare District and Foundation five strategic focus areas by using one of more of the following: data, case studies, interviews, focus group results, media coverage, etc.	The applicant does not sufficiently identify or describe a need for the project and/or its alignment to one of the Desert Healthcare District and Foundation five strategic focus areas by using one or more of the following: data, case studies, interviews, focus group results, media coverage, etc.
Goals (10 points)	The applicant has provided SMART goals with an evaluation plan that is comprehensively developed. The SMART goals are specific, measurable, attainable, realistic, and time-bound , and the evaluation plan will accurately measure the project's effectiveness and impact.	The applicant has provided very limited goals and evaluation plans. The goals are not specific, measurable, attainable, realistic, time-bound goals and will not measure the project's effectiveness or impact.

<p>Proposed Program/Project Evaluation Plan (10 points)</p>	<p>The applicant provides a detailed plan of action for evaluation that includes both qualitative and/or quantitative assessment(s). The plan includes well-defined data reporting mechanisms and/or a clear and transparent narrative.</p> <ul style="list-style-type: none"> • Evaluation measures and methods are clear; the applicant defines how they envision success. • Evaluation is in alignment with the SMART goals of the project. • An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding. 	<p>The applicant does not provide, or vaguely describes, a plan of action with limited qualitative and/or quantitative assessment(s). The plan includes poorly defined data reporting mechanisms and/or a narrative.</p> <ul style="list-style-type: none"> • Evaluation measures and methods are not clear; the applicant vaguely defines how they envision success. • Evaluation is not in alignment with the SMART goals of the project. • An explanation is not provided on how the data collected from the project will be utilized.
<p>Applicant Capacity and Infrastructure to Execute Proposal (10 points)</p>	<p>The applicant includes examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.).</p> <p>The applicant demonstrates reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>	<p>The applicant does not include examples that demonstrate the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.).</p> <p>The applicant is limited in its ability to demonstrate reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>
<p>Organization Sustainability (10 Points)</p>	<p>The applicant demonstrates that it has a current Strategic Plan with measurable outcomes and includes the proposed program. The applicant demonstrates strong Board engagement, governance, and fundraising support.</p>	<p>The applicant does not sufficiently demonstrate that it has a current Strategic Plan with measurable outcomes. The proposed program is not identified in the current Strategic Plan and the applicant organization has limited Board engagement, governance, and fundraising support.</p>

Budget (10 points)	<p>The budget is specific and reasonable, and all items align with the described project. The proposed budget is accurate, cost-effective, and linked to activities and outcomes.</p> <ul style="list-style-type: none">• There are no unexplained amounts.• The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable.• All line items are identified clearly in the budget narrative.• The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project.	<p>The budget is not specific and/or reasonable, and the items are poorly aligned with the described project. The budget is included in the application but seems incomplete or not reflective of actual costs.</p> <ul style="list-style-type: none">• There are unexplained amounts.• The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are not reasonable.• Line items are not clearly defined in the budget narrative.• The budget does not show committed, in-kind, or other funds that have been identified, secured, and in place to support the project.
Key Partners / Collaboration (10 points)	<p>The proposal demonstrates a collaborative process that includes multiple community partners involved in planning and implementation, with contributions from collaborators articulated in detail via letters of support and/or memorandums of understanding.</p>	<p>The proposal does not demonstrate a collaborative process and it does not involve multiple community partners in planning and implementation. Potential for collaboration exists but is not articulated.</p>
Fiscal Review		
Fiduciary Compliance (10 Points)	<p>The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financial statements produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, and the Board reviews financial statements regularly.</p>	<p>The applicant does not demonstrate a financial history that shows a continuous cycle of fiduciary responsibility of the Board through audited financial statements. Positive cash flow at the end of each fiscal year is not consistent. and the Board does not review financials regularly.</p>

Financial Stability (10 Points)	Funding sources for operations and programs are from multiple sources and are driven by a strategic plan for stability for both short- and long-term growth. Fund development and/or business plan is in place to identify future sources of funding. The requested grant amount is reasonable in comparison to the overall organizational budget.	Source of funds for operations and programs are from limited sources and are not driven by a strategic plan . There is no plan for stability in place currently, including a fund development plan and/or business plan. The requested grant amount is unreasonable in comparison to the overall organizational operating budget.
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Total Score: ____/ 100

Recommendation:

- ☐ Fully Fund
- ☐ Partially Fund – Possible restrictions/conditions
- ☐ No Funding

Grant #1296

EXHIBIT B**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**Project Title

Improving Access to Healthcare Services

Start/End

12/01/2021

11/30/2022

PAYMENTS:

(2) Payments: \$69,342.00

10% Retention: \$15,410.00

Total request amount: \$154,094.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
12/01/2021	Signed Agreement submitted & accepted.	Advance of \$69,342.00 for time period 12/01/2021 - 5/31/2022
7/01/2021	1 st six-month (12/01/2021 - 5/31/2022) progress report, budget reports and receipts submitted & accepted	Advance of \$69,342.00 for time period 6/01/2022 - 11/30/2022
1/01/2023	2 nd six-month (6/01/2022 - 11/30/2022) progress report, budget reports and receipts submitted & accepted	\$0
1/15/2023	Final report (12/01/2021 - 11/30/2022) and final budget report submitted & accepted	\$15,410.00 (10% retention)

TOTAL GRANT AMOUNT: \$154,094.00

DELIVERABLES:

Program/Project Goals and Evaluation

<p>Goal #1: Provide a minimum of 1,000 service contacts for healthcare and ancillary services during the grant period. Services shall include instances of medical appointments, health education, general and diabetes care management, social service assessments (using SDOH as a guide), labs, x-rays, imaging services, homeless medical outreach, and health/flu vaccination fairs. In-clinic, remote telemedicine and outreach services, such as homeless outreach and community fairs are all considered.</p>	<p>Evaluation #1: Track individual instances of scheduled service contacts on a monthly basis by service type and monitor ongoing patient volume to ensure overall service volume goals are being met.</p>
<p>Goal #2: Promote and provide a minimum of 24 remote telemedicine clinics to improve access to healthcare services in the community during the grant period.</p>	<p>Evaluation #2: Schedule and complete a minimum of 2 remote, telemedicine clinics each month. Numbers of clinics and patients scheduled and seen at each clinic, and services provided, will be monitored and tracked for recording purposes.</p>
<p>Goal #3: Ensure culturally competent services are provided at all times in the clinic, at remote clinics, and through our homeless medical outreach and community activities during the grant period.</p>	<p>Evaluation #3: Monitor and ensure all patient-focused marketing materials are provided in Spanish and other indigenous languages when appropriate; ensure Spanish speaking staff and volunteers are present at all times of service in the clinic, at remote telemedicine sites, during homeless outreach services and community activities.</p>
<p>Goal #4: Complete a minimum of 4 patient surveys from all patients receiving care during the grant period to evaluate patient perceptions of services received.</p>	<p>Evaluation #4: Using existing internal surveys, evaluate a random sampling of 20% of total patients served in each three-month period to solicit perceptions of quality of services received, culturally competency experienced, and overall satisfaction with CVVIM experience, and attain at least an 80% favorable rating from all surveys. Surveys will be reviewed for deficiencies and program changes will be identified, planned and implemented on an ongoing basis throughout the grant period to improve responses.</p>

RESOLUTION NO. 21-07

RESOLUTION OF THE BOARD OF DIRECTORS OF DESERT HEALTHCARE DISTRICT RE-RATIFYING THE STATE OF EMERGENCY AND RE-AUTHORIZING REMOTE TELECONFERENCE 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:

Section 1: Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2: Affirmation that a Local Emergency Persists. 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.

Section 4. Remote Teleconference Meetings. 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 November 23, 2021, by the following roll call vote:

AYES: Directors_____

NOES: Directors_____

ABSTAIN: Directors_____

ABSENT: Directors_____

Leticia De Lara, MPA, President
Board of Directors

ATTEST:

Karen Borja, Vice-President/Secretary
Board of Directors



Date: October 26, 2021

To: Board of Directors

Subject: PUBLIC HEARING #2 - 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

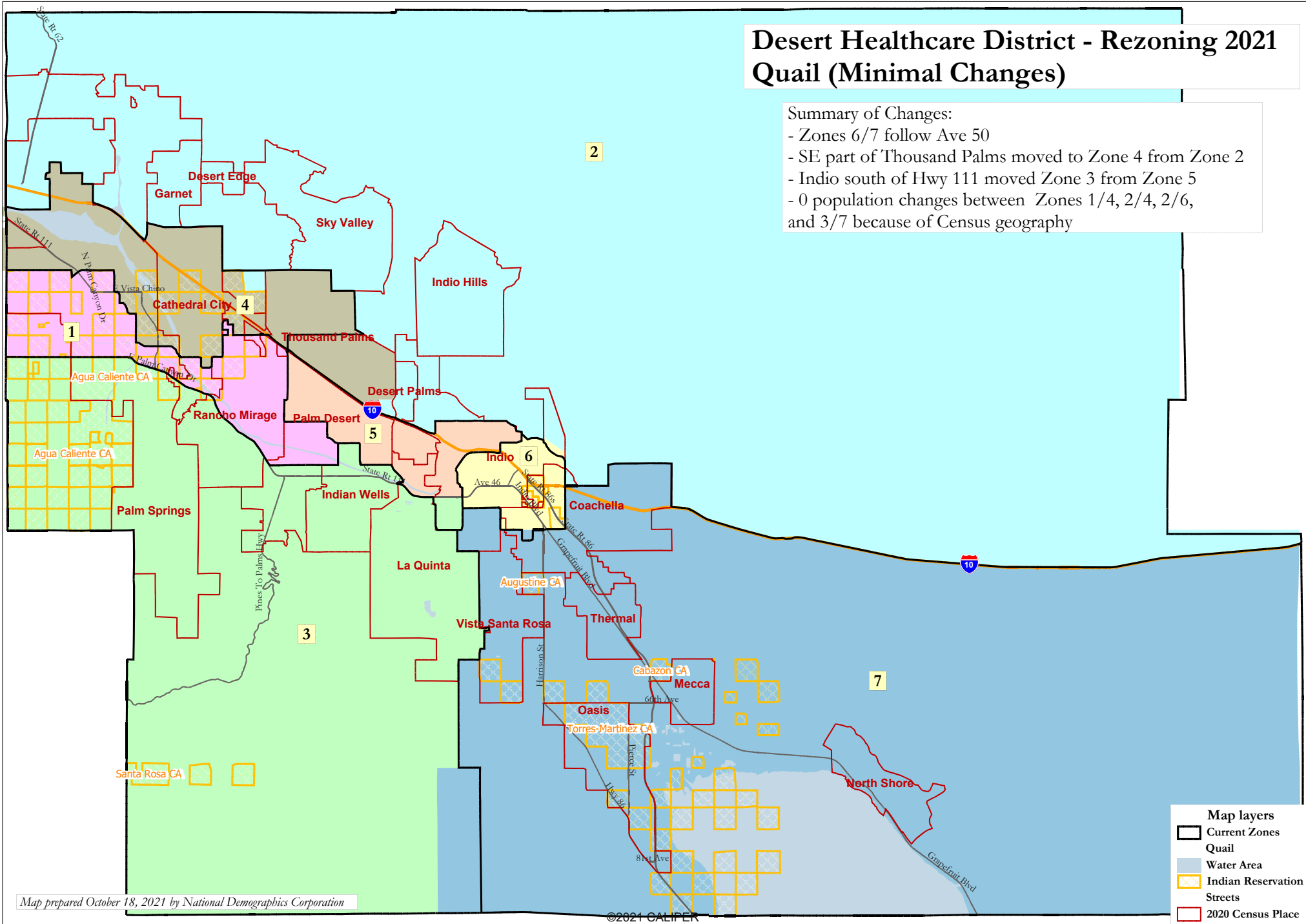
<i>Desert Healthcare District - Current Zones</i>									
District		1	2	3	4	5	6	7	Total
2020	2020 Census (Raw)	61,476	67,254	59,214	60,870	67,195	65,888	61,342	443,239
	Deviation from ideal	-1,844	3,934	-4,106	-2,450	3,875	2,568	-1,978	8,040
	% Deviation	-2.91%	6.21%	-6.48%	-3.87%	6.12%	4.06%	-3.12%	12.70%
2020 Total Pop	% Hisp	22%	52%	28%	62%	36%	86%	90%	54%
	% NH White	67%	38%	64%	25%	53%	10%	7%	37%
	% NH Black	3%	5%	2%	4%	2%	2%	1%	3%
	% Asian-American	5%	2%	3%	7%	6%	2%	1%	4%
Citizen Voting Age Pop	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%
	% 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%
Voter Registration (Nov 2020)	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%
	% Spanish-Surnamed	12%	30%	17%	43%	25%	72%	72%	34%
	% Asian-Surnamed	2%	1%	1%	2%	2%	1%	0%	1%
	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	81%	60%	78%	47%	69%	22%	19%	59%
Voter Turnout (Nov 2018)	% 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%
	% Spanish-Surnamed	8%	19%	12%	34%	18%	69%	69%	24%
	% Asian-Surnamed	1%	1%	1%	1%	1%	1%	0%	1%
	% Filipino-Surnamed	1%	1%	0%	2%	1%	1%	1%	1%
Voter Turnout (Nov 2020)	% 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%
	% Spanish-Surnamed	11%	26%	15%	40%	23%	70%	70%	29%
	% Asian-Surnamed	2%	1%	1%	2%	2%	1%	0%	1%
ACS Pop. Est.	% 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%
	Total	63,947	60,066	63,761	63,528	68,610	65,427	55,765	441,105
Age	age0-19	13%	22%	16%	27%	21%	28%	26%	22%
	age20-60	39%	45%	42%	53%	44%	58%	55%	48%
	age60plus	49%	34%	42%	20%	36%	15%	19%	31%
Immigration	immigrants	18%	22%	17%	32%	17%	29%	41%	25%
	naturalized	49%	41%	50%	45%	58%	44%	25%	42%
Language spoken at home	english	77%	62%	75%	44%	71%	30%	18%	55%
	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%
Language Fluency	Speaks Eng. "Less than Very Well"	8%	13%	9%	20%	10%	39%	53%	21%
Education (among those age 25+)	hs-grad	45%	53%	46%	50%	52%	57%	43%	49%
	bachelor	23%	12%	23%	14%	19%	6%	5%	15%
	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%
Household Income	income 0-25k	24%	31%	19%	25%	17%	29%	41%	26%
	income 25-50k	21%	26%	21%	25%	21%	28%	28%	24%
	income 50-75k	16%	16%	16%	17%	17%	19%	14%	16%
	income 75-200k	29%	24%	31%	29%	37%	23%	15%	28%
	income 200k-plus	10%	3%	13%	5%	8%	2%	2%	7%
Housing Stats	single family	69%	88%	79%	73%	82%	76%	77%	78%
	multi-family	31%	12%	21%	27%	18%	24%	23%	22%
	rented	33%	35%	32%	41%	26%	32%	34%	33%
	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.

Desert Healthcare District - Rezoning 2021 Quail (Minimal Changes)

Summary of Changes:

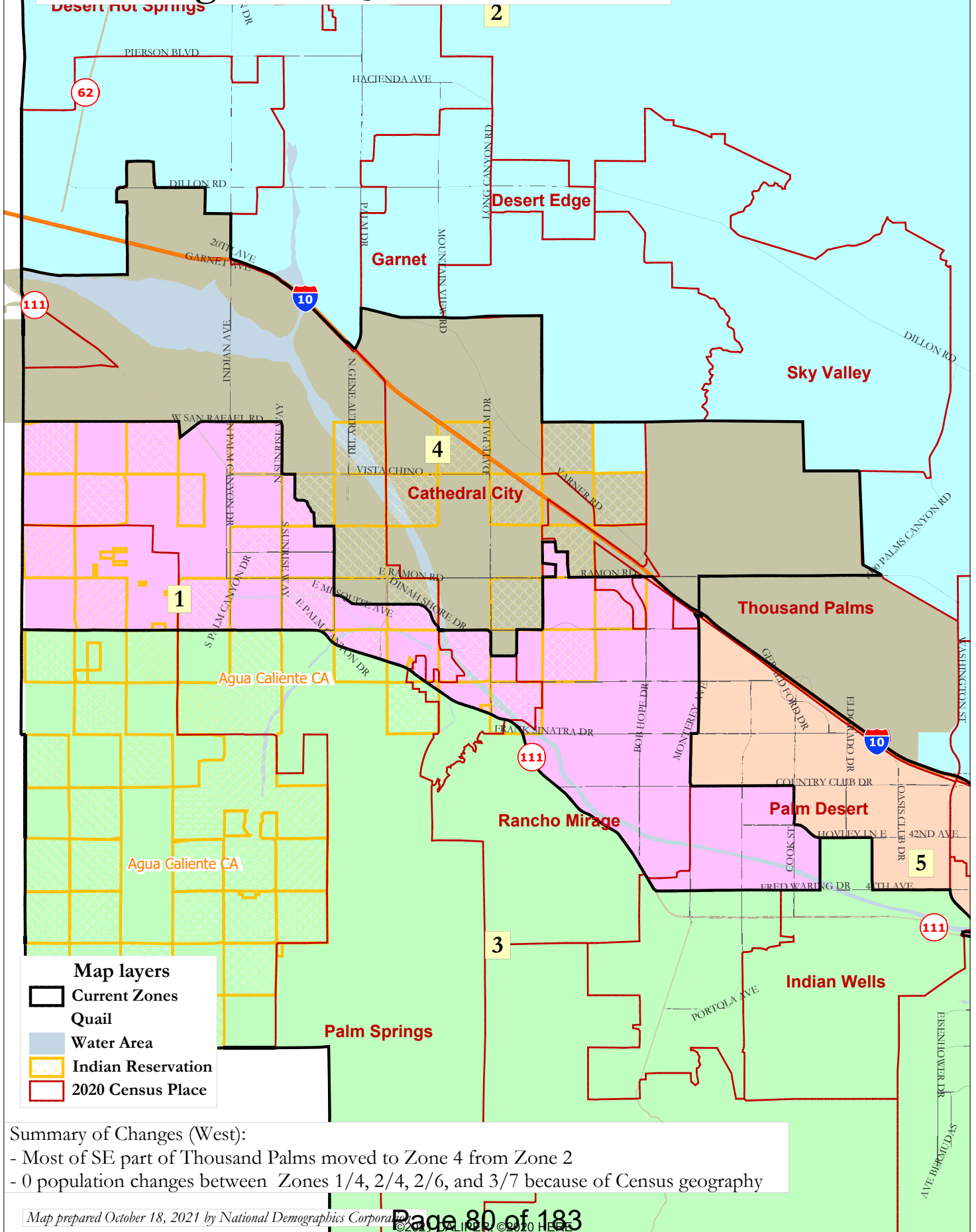
- Zones 6/7 follow Ave 50
- SE part of Thousand Palms moved to Zone 4 from Zone 2
- Indio south of Hwy 111 moved Zone 3 from Zone 5
- 0 population changes between Zones 1/4, 2/4, 2/6, and 3/7 because of Census geography



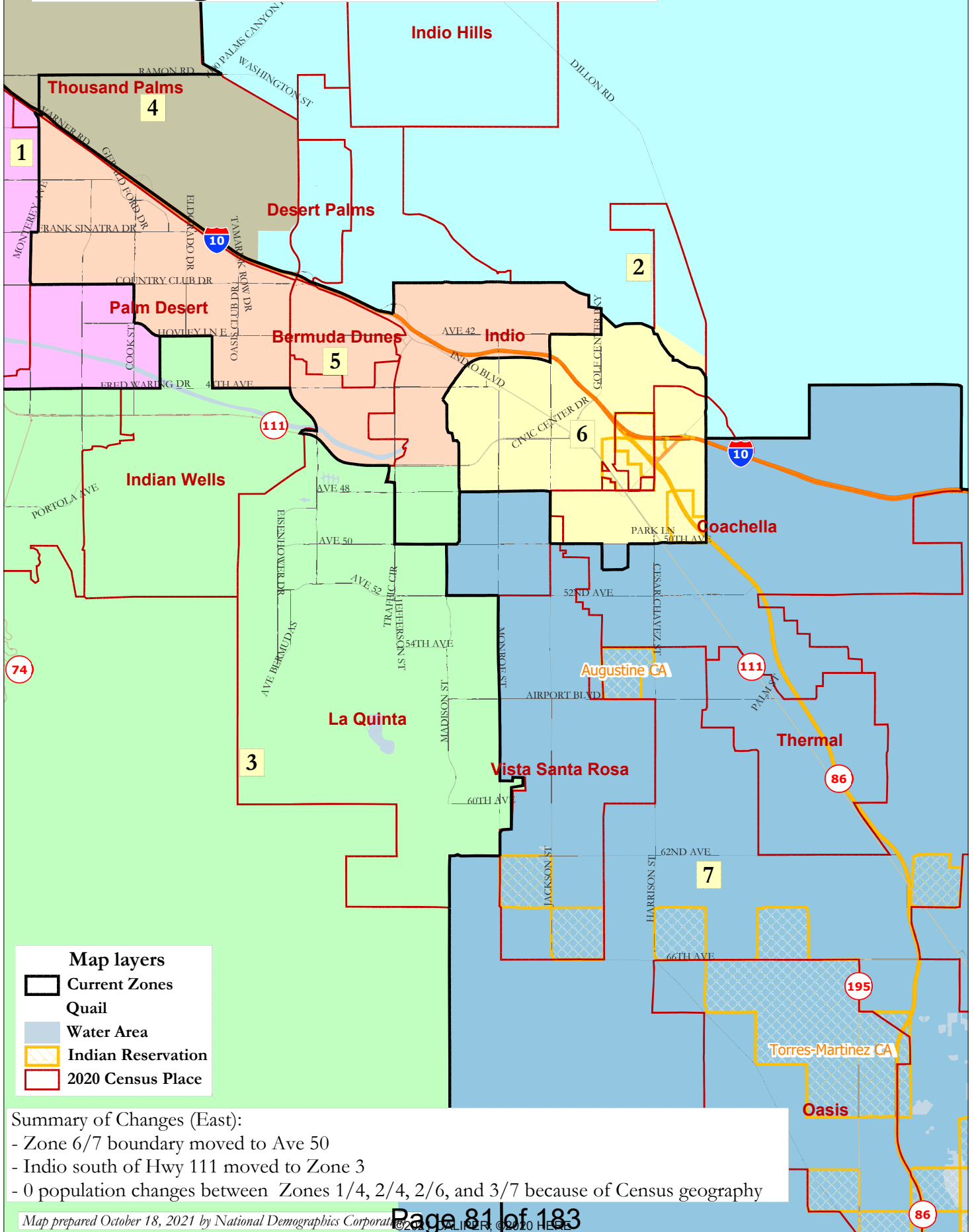
Map prepared October 18, 2021 by National Demographics Corporation

©2021 CALIPER

Desert Healthcare District (West) Rezoning 2021 - Quail



Desert Healthcare District (East) Rezoning 2021 - Quail



<i>Desert Healthcare District - Quail</i>									
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%
2020 Total Pop	% Hisp	22%	53%	31%	61%	34%	85%	91%	54%
	% NH White	67%	36%	61%	27%	55%	10%	7%	37%
	% NH Black	3%	6%	2%	3%	3%	2%	1%	3%
	% Asian-American	5%	2%	3%	6%	6%	2%	1%	4%
Citizen Voting Age Pop	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%
	% NH White	77%	56%	72%	43%	66%	16%	14%	54%
	% NH Black	3%	8%	2%	4%	3%	2%	1%	3%
	% Asian/Pac.Isl.	4%	2%	3%	8%	4%	1%	1%	3%
Voter Registration (Nov 2020)	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%
	% Spanish-Surnamed	12%	30%	19%	41%	23%	71%	73%	34%
	% Asian-Surnamed	2%	1%	1%	2%	2%	1%	0%	1%
	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	81%	59%	76%	49%	70%	22%	18%	59%
	% NH Black	3%	7%	2%	5%	3%	2%	1%	3%
Voter Turnout (Nov 2018)	Total	26,230	15,498	25,374	15,208	23,026	9,324	7,294	121,954
	% Latino est.	9%	20%	14%	35%	18%	73%	73%	25%
	% Spanish-Surnamed	8%	20%	13%	32%	17%	68%	70%	24%
	% Asian-Surnamed	1%	1%	1%	1%	1%	1%	0%	1%
	% 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%
Voter Turnout (Nov 2020)	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%
	% Spanish-Surnamed	11%	26%	17%	38%	21%	70%	70%	29%
	% Asian-Surnamed	2%	1%	1%	2%	2%	1%	0%	1%
	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	83%	64%	78%	52%	73%	24%	21%	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	63,527	57,665	441,105
Age	age0-19	13%	22%	17%	26%	20%	28%	25%	22%
	age20-60	39%	45%	43%	52%	43%	57%	56%	48%
	age60plus	49%	32%	40%	22%	37%	15%	19%	31%
Immigration	immigrants	18%	22%	17%	32%	16%	29%	41%	25%
	naturalized	49%	41%	51%	45%	57%	45%	25%	42%
Language spoken at home	english	77%	61%	73%	46%	73%	31%	18%	55%
	spanish	16%	35%	22%	47%	21%	68%	82%	41%
	asian-lang	3%	2%	2%	5%	3%	1%	0%	2%
	other lang	5%	2%	3%	2%	2%	0%	1%	2%
Language Fluency	Speaks Eng. "Less than Very Well"	8%	13%	9%	20%	10%	39%	53%	21%
Education (among those age 25+)	hs-grad	45%	53%	47%	51%	51%	56%	44%	49%
	bachelor	23%	12%	22%	13%	19%	6%	5%	15%
	graduatedegree	17%	7%	14%	8%	13%	3%	3%	10%
Child in Household	child-under18	12%	24%	16%	32%	21%	33%	27%	22%
Pct of Pop. Age 16+	employed	46%	47%	51%	58%	53%	66%	63%	55%
Household Income	income 0-25k	24%	31%	19%	26%	17%	29%	41%	26%
	income 25-50k	21%	26%	21%	24%	21%	28%	28%	24%
	income 50-75k	16%	15%	16%	17%	17%	19%	14%	16%
	income 75-200k	29%	25%	32%	28%	37%	23%	15%	28%
	income 200k-plus	10%	3%	13%	5%	8%	2%	2%	7%
Housing Stats	single family	69%	88%	81%	75%	81%	76%	78%	78%
	multi-family	31%	12%	19%	25%	19%	24%	22%	22%
	rented	33%	36%	31%	39%	27%	33%	33%	33%
	owned	67%	64%	69%	61%	73%	67%	67%	67%

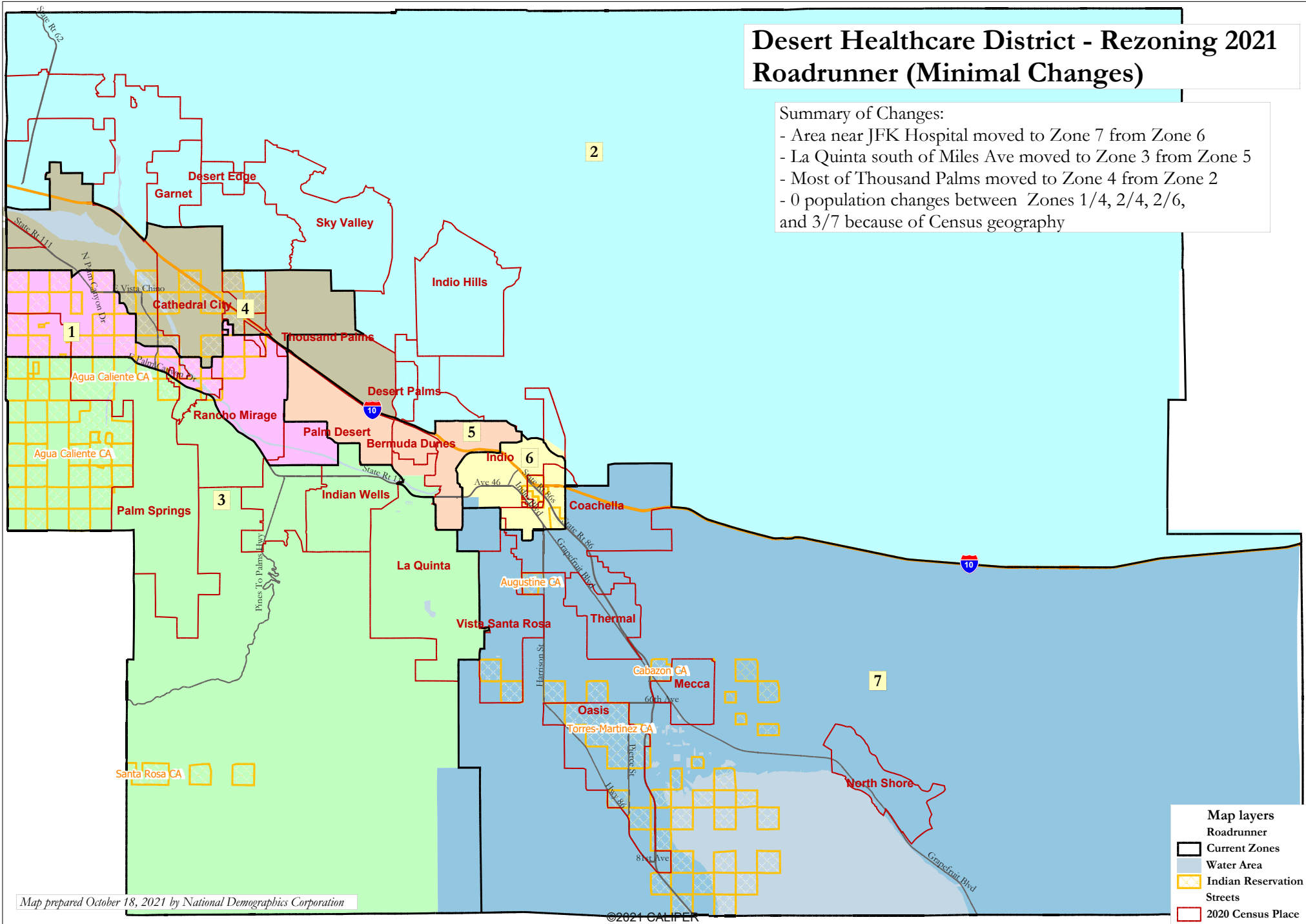
Total population data from the California adjustment to the 2020 Decennial Census. Surname-based Voter Registration and Turnout data from the California Statewide Database. Latino voter registration and turnout data are Spanish-surname counts adjusted using Census Population Department undercount estimates. 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.

<i>Desert Healthcare District - Quail</i>									
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%
2020 Pob. Total	% Hisp	22%	53%	31%	61%	34%	85%	91%	54%
	% Blanco	67%	36%	61%	27%	55%	10%	7%	37%
	% Negro	3%	6%	2%	3%	3%	2%	1%	3%
	% Asiático	5%	2%	3%	6%	6%	2%	1%	4%
Ciudadanos +18 años	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%
	% Blanco	77%	56%	72%	43%	66%	16%	14%	54%
	% Negro	3%	8%	2%	4%	3%	2%	1%	3%
	% Asiático	4%	2%	3%	8%	4%	1%	1%	3%
Registros (Nov 2020)	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%
	% apellido español	12%	30%	19%	41%	23%	71%	73%	34%
	% apellido asiático	2%	1%	1%	2%	2%	1%	0%	1%
	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	81%	59%	76%	49%	70%	22%	18%	59%
	% negro est.	3%	7%	2%	5%	3%	2%	1%	3%
Votantes (Nov 2018)	Total	26,230	15,498	25,374	15,208	23,026	9,324	7,294	121,954
	% Latino est.	9%	20%	14%	35%	18%	73%	73%	25%
	% apellido español	8%	20%	13%	32%	17%	68%	70%	24%
	% apellido asiático	1%	1%	1%	1%	1%	1%	0%	1%
	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	85%	71%	82%	56%	77%	25%	22%	69%
	% negro est.	3%	5%	1%	4%	3%	2%	1%	3%
Votantes (Nov 2020)	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%
	% apellido español	11%	26%	17%	38%	21%	70%	70%	29%
	% apellido asiático	2%	1%	1%	2%	2%	1%	0%	1%
	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	83%	64%	78%	52%	73%	24%	21%	63%
	% negro est.	3%	6%	2%	5%	3%	2%	1%	3%
Pob. ACS	Total	63,947	57,717	69,639	65,878	62,732	63,527	57,665	441,105
Edad	Edad 0 – 19 años	13%	22%	17%	26%	20%	28%	25%	22%
	Edad 20 – 60 años	39%	45%	43%	52%	43%	57%	56%	48%
	Edad +60 años	49%	32%	40%	22%	37%	15%	19%	31%
Migración	Migrante	18%	22%	17%	32%	16%	29%	41%	25%
	Naturalizada	49%	41%	51%	45%	57%	45%	25%	42%
Lengua en casa	Inglés	77%	61%	73%	46%	73%	31%	18%	55%
	Español	16%	35%	22%	47%	21%	68%	82%	41%
	Idioma Asiático	3%	2%	2%	5%	3%	1%	0%	2%
	Otro idioma	5%	2%	3%	2%	2%	0%	1%	2%
Fluidez en Inglés	Habla Inglés solo “bien” o menos	8%	13%	9%	20%	10%	39%	53%	21%
Nivel de educación (edad +25)	preparatoria	45%	53%	47%	51%	51%	56%	44%	49%
	licenciatura	23%	12%	22%	13%	19%	6%	5%	15%
	graduado	17%	7%	14%	8%	13%	3%	3%	10%
Hogares con niño(s)	con niño(s)	12%	24%	16%	32%	21%	33%	27%	22%
Pto. Edad 16+	empleado	46%	47%	51%	58%	53%	66%	63%	55%
Ingreso (por hogar)	\$0 a \$25 000	24%	31%	19%	26%	17%	29%	41%	26%
	\$25 a \$50 000	21%	26%	21%	24%	21%	28%	28%	24%
	\$50 a \$75 000	16%	15%	16%	17%	17%	19%	14%	16%
	\$75 a \$200 000	29%	25%	32%	28%	37%	23%	15%	28%
	mayor a \$200 000	10%	3%	13%	5%	8%	2%	2%	7%
Unidades de vivienda	Unifamiliar	69%	88%	81%	75%	81%	76%	78%	78%
	Multifamiliar	31%	12%	19%	25%	19%	24%	22%	22%
	Rentadas	33%	36%	31%	39%	27%	33%	33%	33%
	Propias	67%	64%	69%	61%	73%	67%	67%	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									

Desert Healthcare District - Rezoning 2021 Roadrunner (Minimal Changes)

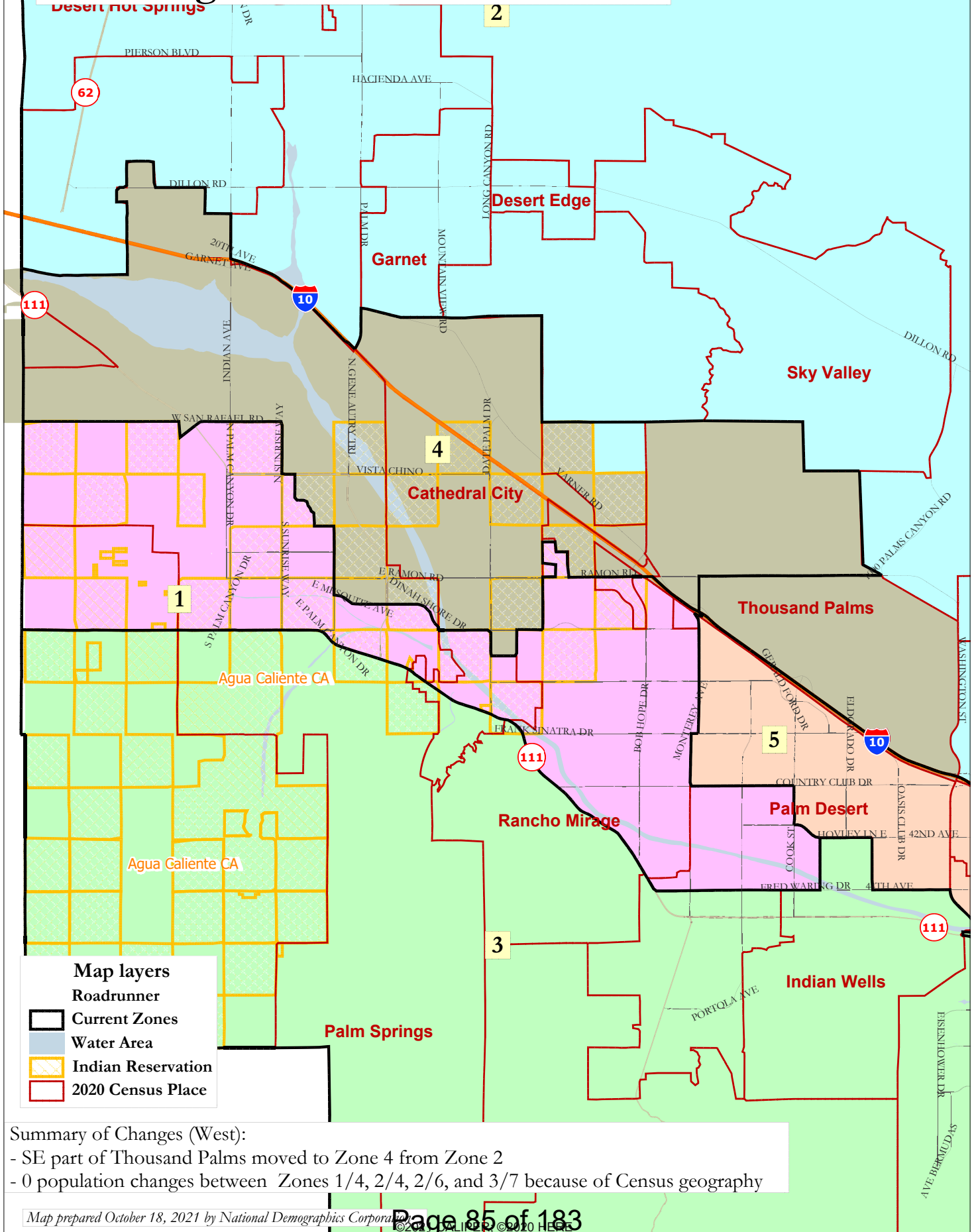
Summary of Changes:

- Area near JFK Hospital moved to Zone 7 from Zone 6
- La Quinta south of Miles Ave moved to Zone 3 from Zone 5
- Most of Thousand Palms moved to Zone 4 from Zone 2
- 0 population changes between Zones 1/4, 2/4, 2/6, and 3/7 because of Census geography

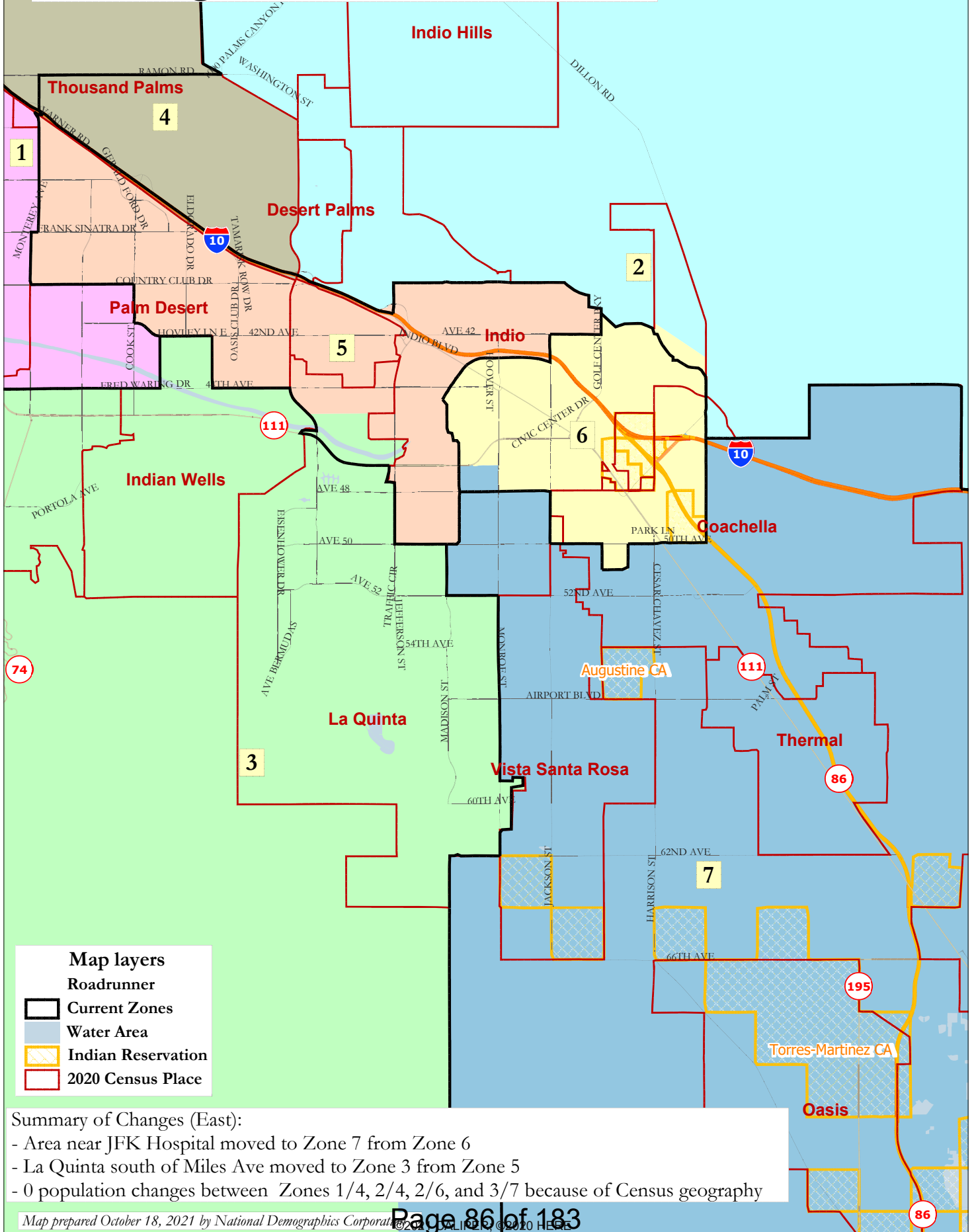


Desert Healthcare District (West)

Rezoning 2021 - Roadrunner



Desert Healthcare District (East) Rezoning 2021 - Roadrunner



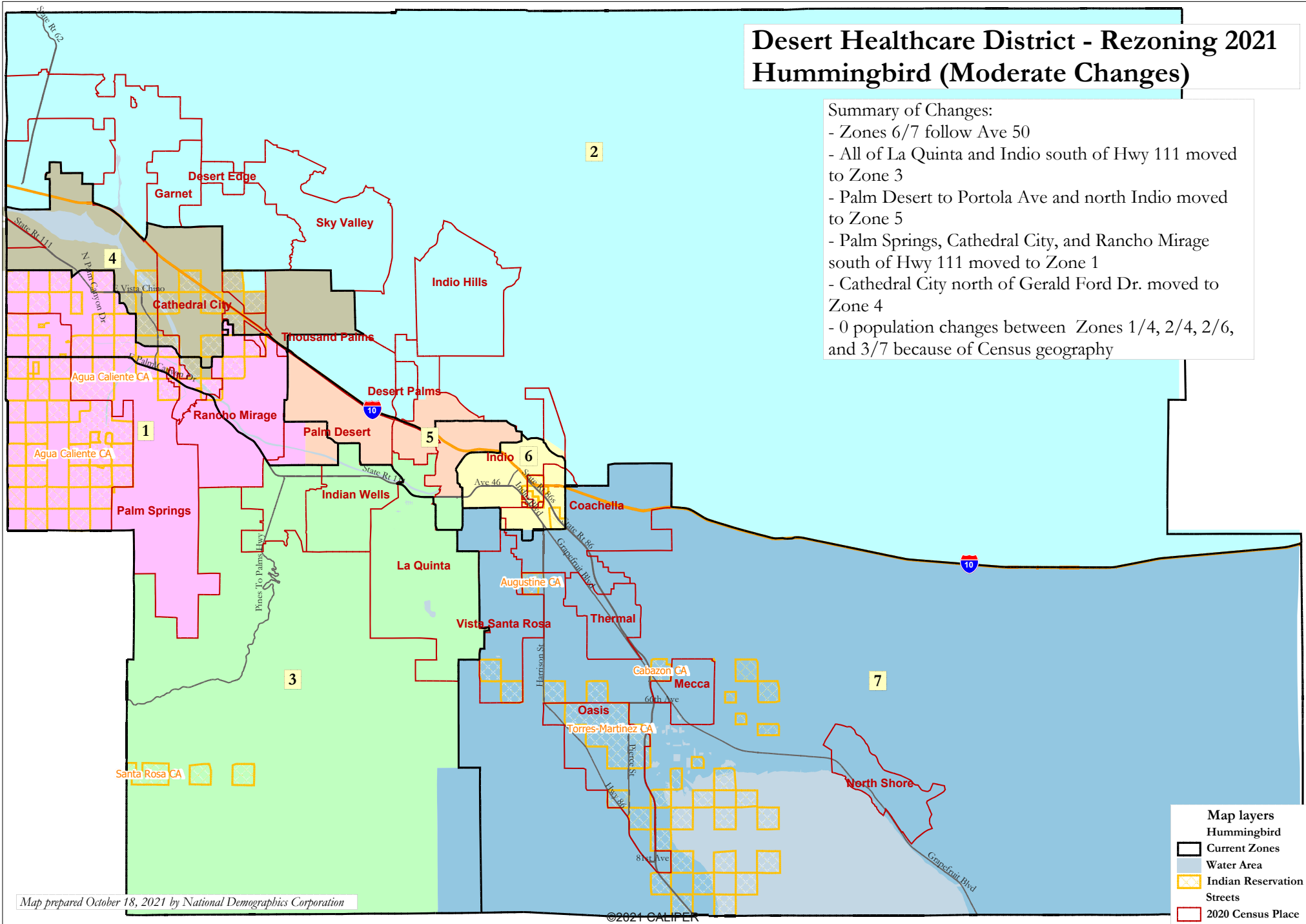
<i>Desert Healthcare District - Roadrunner</i>									
Zone		1	2	3	4	5	6	7	Total
2020	2020 Census (Adj)	61,476	64,418	62,476	63,714	63,925	63,874	63,356	443,239
	Deviation from ideal	-1,844	1,098	-844	394	605	554	36	2,942
	% Deviation	-2.91%	1.73%	-1.33%	0.62%	0.96%	0.88%	0.06%	4.65%
2020 Total Pop	% Hisp	22%	53%	29%	61%	36%	86%	90%	54%
	% NH White	67%	36%	63%	27%	53%	9%	8%	37%
	% NH Black	3%	6%	2%	3%	3%	2%	1%	3%
	% Asian-American	5%	2%	4%	6%	5%	2%	1%	4%
Citizen Voting Age Pop	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%
	% 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%
Voter Registration (Nov 2020)	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%
	% Spanish-Surnamed	12%	30%	17%	41%	25%	73%	72%	34%
	% Asian-Surnamed	2%	1%	1%	2%	2%	1%	0%	1%
	% 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%
Voter Turnout (Nov 2018)	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%
	% Spanish-Surnamed	8%	20%	12%	32%	18%	70%	68%	24%
	% Asian-Surnamed	1%	1%	1%	1%	1%	1%	0%	1%
	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	85%	71%	84%	56%	76%	23%	25%	69%
	% NH Black	3%	5%	1%	4%	3%	2%	1%	3%
Voter Turnout (Nov 2020)	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%
	% Spanish-Surnamed	11%	26%	15%	38%	23%	71%	69%	29%
	% Asian-Surnamed	2%	1%	1%	2%	2%	1%	1%	1%
	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	83%	64%	80%	52%	71%	22%	23%	63%
	% NH Black est.	3%	6%	2%	5%	3%	2%	1%	3%
ACS Pop. Est.	Total	63,947	57,696	67,481	65,905	64,883	63,046	58,146	441,105
Age	age0-19	13%	22%	17%	26%	20%	28%	26%	22%
	age20-60	39%	45%	42%	52%	43%	58%	55%	48%
	age60plus	49%	32%	41%	22%	37%	15%	20%	31%
Immigration	immigrants	18%	22%	17%	32%	17%	29%	40%	25%
	naturalized	49%	41%	50%	45%	58%	44%	25%	42%
Language spoken at home	english	77%	61%	74%	46%	72%	30%	19%	55%
	spanish	16%	35%	21%	47%	23%	69%	80%	41%
	asian-lang	3%	2%	2%	5%	3%	1%	0%	2%
	other lang	5%	2%	3%	2%	3%	0%	1%	2%
Language Fluency	Speaks Eng. "Less than Very Well"	8%	13%	9%	20%	10%	40%	52%	21%
Education (among those age 25+)	hs-grad	45%	53%	46%	51%	52%	56%	44%	49%
	bachelor	23%	12%	23%	13%	19%	6%	5%	15%
	graduatedegree	17%	7%	15%	8%	12%	3%	3%	10%
Child in Household	child-under18	12%	24%	16%	32%	21%	32%	27%	22%
Pct of Pop. Age 16+	employed	46%	47%	51%	58%	53%	66%	62%	55%
Household Income	income 0-25k	24%	31%	19%	26%	17%	29%	40%	26%
	income 25-50k	21%	26%	21%	24%	21%	28%	29%	24%
	income 50-75k	16%	15%	16%	17%	17%	19%	14%	16%
	income 75-200k	29%	25%	31%	28%	37%	23%	16%	28%
	income 200k-plus	10%	3%	13%	5%	8%	2%	2%	7%
Housing Stats	single family	69%	88%	80%	75%	81%	77%	76%	78%
	multi-family	31%	12%	20%	25%	19%	23%	24%	22%
	rented	33%	36%	32%	39%	26%	31%	34%	33%
	owned	67%	64%	68%	61%	74%	69%	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.									

<i>Desert Healthcare District - Roadrunner</i>									
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%
2020 Pob. Total	% Hisp	22%	53%	29%	61%	36%	86%	90%	54%
	% Blanco	67%	36%	63%	27%	53%	9%	8%	37%
	% 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
Ciudadanos +18 años	% Hisp	15%	33%	21%	43%	27%	82%	81%	39%
	% 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
Registros (Nov 2020)	% Latino est.	13%	33%	19%	45%	27%	79%	77%	36%
	% apellido español	12%	30%	17%	41%	25%	73%	72%	34%
	% apellido asiático	2%	1%	1%	2%	2%	1%	0%	1%
	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	81%	59%	78%	49%	69%	21%	20%	59%
	% 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
Votantes (Nov 2018)	% Latino est.	9%	20%	12%	35%	20%	75%	71%	25%
	% apellido español	8%	20%	12%	32%	18%	70%	68%	24%
	% 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
Votantes (Nov 2020)	% Latino est.	11%	28%	16%	41%	25%	77%	74%	32%
	% apellido español	11%	26%	15%	38%	23%	71%	69%	29%
	% 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%
	Total	63,947	57,696	67,481	65,905	64,883	63,046	58,146	441,105
Pob. ACS	Total	63,947	57,696	67,481	65,905	64,883	63,046	58,146	441,105
Edad	Edad 0 – 19 años	13%	22%	17%	26%	20%	28%	26%	22%
	Edad 20 – 60 años	39%	45%	42%	52%	43%	58%	55%	48%
	Edad +60 años	49%	32%	41%	22%	37%	15%	20%	31%
Migración	Migrante	18%	22%	17%	32%	17%	29%	40%	25%
	Naturalizada	49%	41%	50%	45%	58%	44%	25%	42%
Lengua en casa	Inglés	77%	61%	74%	46%	72%	30%	19%	55%
	Español	16%	35%	21%	47%	23%	69%	80%	41%
	Idioma Asiático	3%	2%	2%	5%	3%	1%	0%	2%
	Otro idioma	5%	2%	3%	2%	3%	0%	1%	2%
Fluidez en Inglés	Habla Inglés solo “bien” o menos	8%	13%	9%	20%	10%	40%	52%	21%
Nivel de educación (edad +25)	preparatoria	45%	53%	46%	51%	52%	56%	44%	49%
	licenciatura	23%	12%	23%	13%	19%	6%	5%	15%
	graduado	17%	7%	15%	8%	12%	3%	3%	10%
Hogares con niño(s)	con niño(s)	12%	24%	16%	32%	21%	32%	27%	22%
Pto. Edad 16+	empleado	46%	47%	51%	58%	53%	66%	62%	55%
Ingreso (por hogar)	\$0 a \$25 000	24%	31%	19%	26%	17%	29%	40%	26%
	\$25 a \$50 000	21%	26%	21%	24%	21%	28%	29%	24%
	\$50 a \$75 000	16%	15%	16%	17%	17%	19%	14%	16%
	\$75 a \$200 000	29%	25%	31%	28%	37%	23%	16%	28%
	mayor a \$200 000	10%	3%	13%	5%	8%	2%	2%	7%
Unidades de vivienda	Unifamiliar	69%	88%	80%	75%	81%	77%	76%	78%
	Multifamiliar	31%	12%	20%	25%	19%	23%	24%	22%
	Rentadas	33%	36%	32%	39%	26%	31%	34%	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									

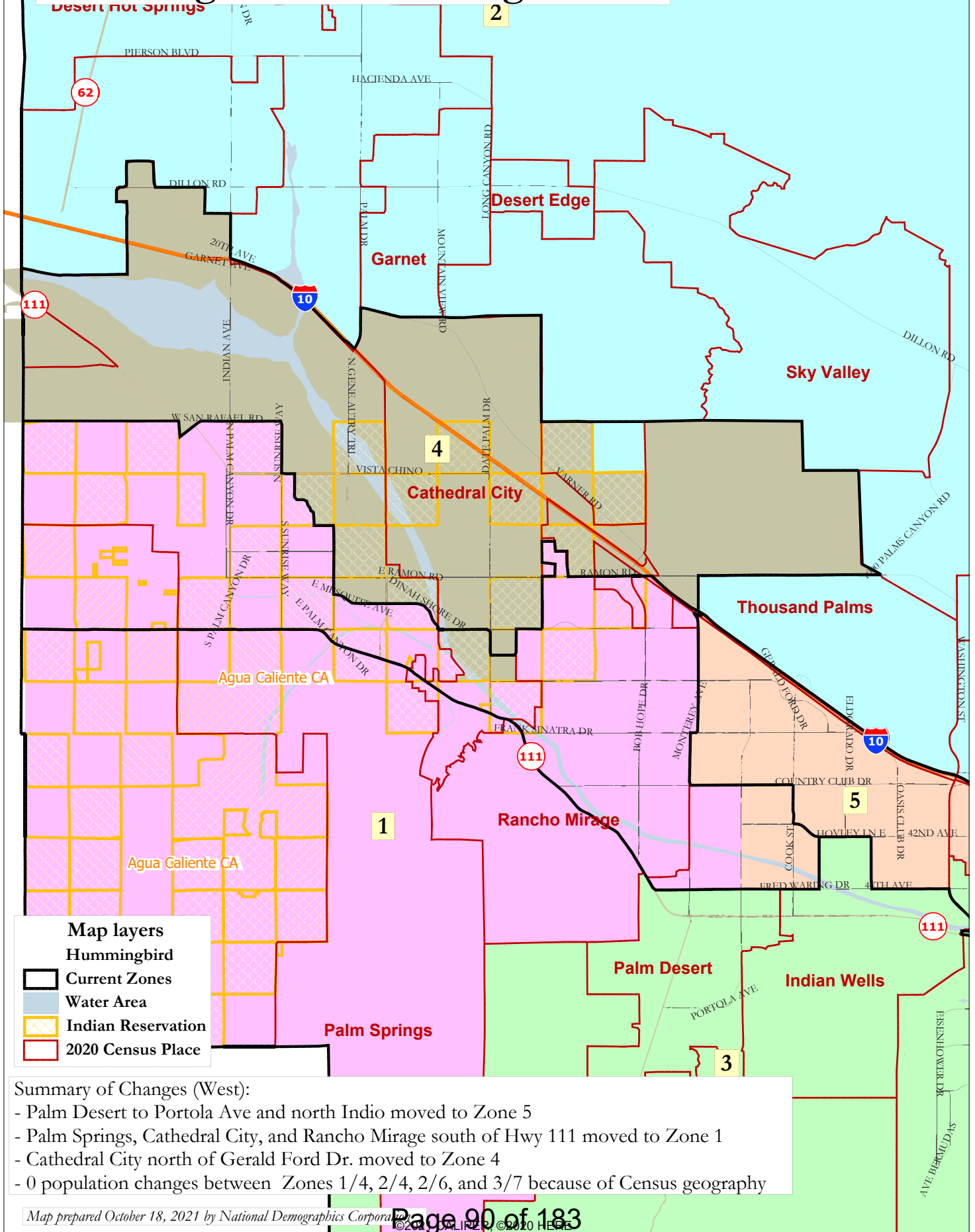
Desert Healthcare District - Rezoning 2021 Hummingbird (Moderate Changes)

Summary of Changes:

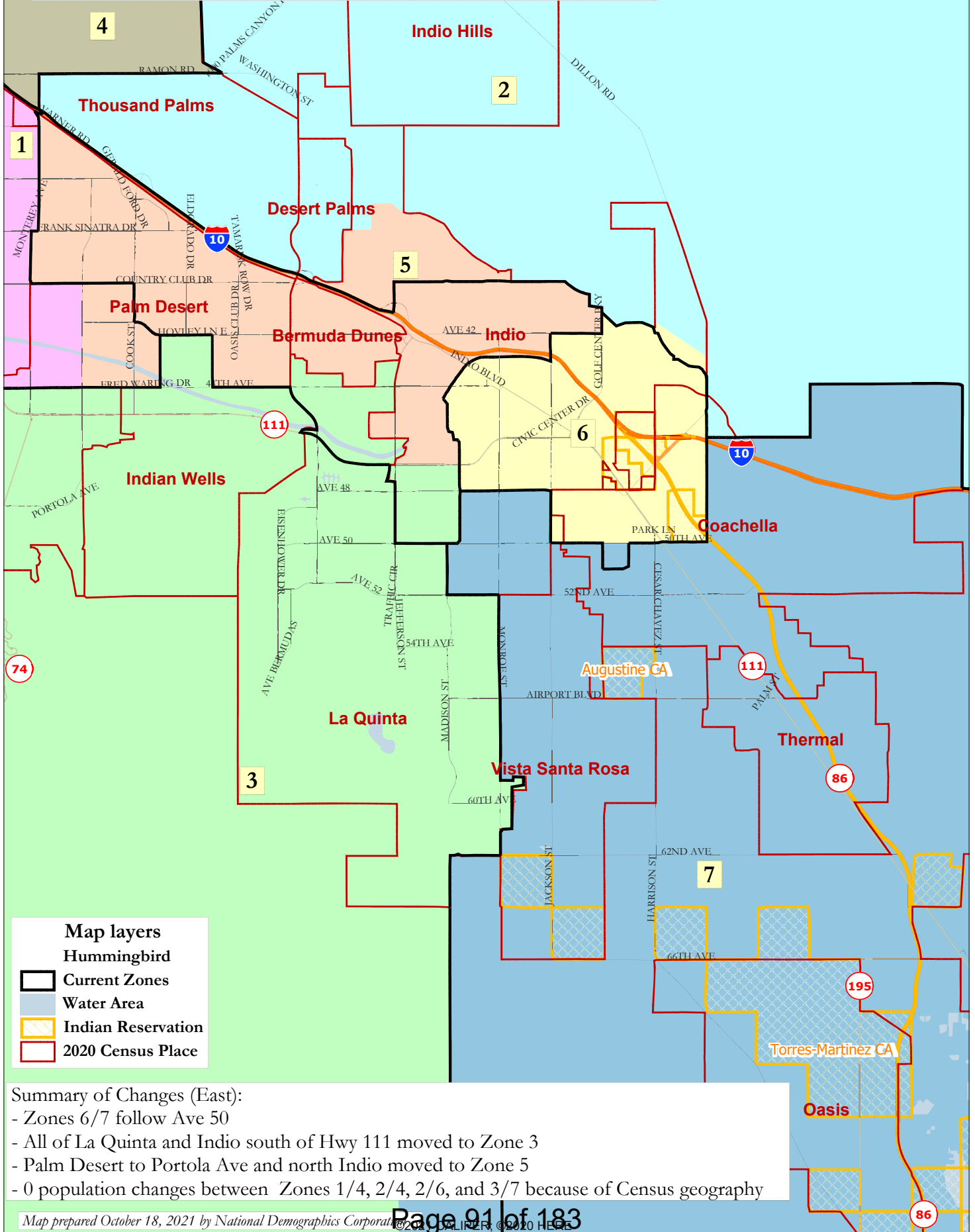
- Zones 6/7 follow Ave 50
- All of La Quinta and Indio south of Hwy 111 moved to Zone 3
- Palm Desert to Portola Ave and north Indio moved to Zone 5
- Palm Springs, Cathedral City, and Rancho Mirage south of Hwy 111 moved to Zone 1
- Cathedral City north of Gerald Ford Dr. moved to Zone 4
- 0 population changes between Zones 1/4, 2/4, 2/6, and 3/7 because of Census geography



Desert Healthcare District (West) Rezoning 2021 - Hummingbird



Desert Healthcare District (East) Rezoning 2021 - Hummingbird



<i>Desert Healthcare District - Hummingbird</i>									
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%
2020 Total Pop	% Hisp	20%	52%	33%	61%	36%	85%	91%	54%
	% NH White	69%	37%	58%	27%	54%	10%	7%	37%
	% NH Black	3%	6%	2%	4%	3%	2%	1%	3%
	% Asian-American	4%	2%	4%	6%	5%	2%	1%	4%
Citizen Voting Age Pop	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%
	% NH White	79%	58%	69%	43%	65%	16%	14%	54%
	% NH Black	3%	8%	2%	4%	3%	2%	1%	3%
	% Asian/Pac.Isl.	3%	2%	3%	8%	4%	1%	1%	3%
Voter Registration (Nov 2020)	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%
	% Spanish-Surnamed	11%	30%	21%	41%	24%	71%	73%	34%
	% Asian-Surnamed	2%	1%	2%	1%	2%	1%	0%	1%
	% 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%
Voter Turnout (Nov 2018)	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%
	% Spanish-Surnamed	7%	19%	15%	32%	17%	68%	70%	24%
	% Asian-Surnamed	1%	1%	1%	1%	1%	1%	0%	1%
	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	87%	71%	80%	56%	77%	25%	22%	69%
	% NH Black	2%	6%	2%	4%	3%	2%	1%	3%
Voter Turnout (Nov 2020)	Total	38,467	22,799	35,003	25,010	33,391	17,454	13,762	185,886
	% Latino est.	10%	27%	20%	41%	24%	76%	75%	32%
	% Spanish-Surnamed	9%	25%	19%	38%	22%	70%	70%	29%
	% Asian-Surnamed	2%	1%	2%	2%	2%	1%	0%	1%
	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	84%	64%	76%	52%	72%	24%	21%	63%
	% NH Black est.	2%	6%	2%	5%	3%	2%	1%	3%
ACS Pop. Est.	Total	65,348	53,505	70,212	66,912	63,934	63,527	57,665	441,105
Age	age0-19	11%	21%	20%	26%	20%	28%	25%	22%
	age20-60	39%	44%	44%	52%	43%	57%	56%	48%
	age60plus	50%	35%	36%	22%	37%	15%	19%	31%
Immigration	immigrants	17%	23%	17%	32%	17%	29%	41%	25%
	naturalized	49%	40%	53%	44%	56%	45%	25%	42%
Language spoken at home	english	78%	63%	72%	45%	70%	31%	18%	55%
	spanish	15%	33%	22%	47%	24%	68%	82%	41%
	asian-lang	2%	2%	2%	5%	3%	1%	0%	2%
	other lang	4%	2%	3%	2%	3%	0%	1%	2%
Language Fluency	Speaks Eng. "Less than Very Well"	8%	13%	9%	20%	11%	39%	53%	21%
Education (among those age 25+)	hs-grad	44%	53%	48%	50%	52%	56%	44%	49%
	bachelor	23%	12%	22%	14%	19%	6%	5%	15%
	graduatedegree	18%	7%	13%	8%	12%	3%	3%	10%
Child in Household	child-under18	10%	22%	20%	31%	21%	33%	27%	22%
Pct of Pop. Age 16+	employed	46%	45%	54%	58%	52%	66%	63%	55%
Household Income	income 0-25k	24%	33%	16%	26%	18%	29%	41%	26%
	income 25-50k	20%	27%	21%	25%	20%	28%	28%	24%
	income 50-75k	15%	16%	16%	17%	18%	19%	14%	16%
	income 75-200k	29%	22%	34%	28%	36%	23%	15%	28%
	income 200k-plus	11%	2%	13%	5%	8%	2%	2%	7%
Housing Stats	single family	71%	88%	82%	73%	78%	76%	78%	78%
	multi-family	29%	12%	18%	27%	22%	24%	22%	22%
	rented	34%	36%	30%	39%	27%	33%	33%	33%
	owned	66%	64%	70%	61%	73%	67%	67%	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.

<i>Desert Healthcare District - Hummingbird</i>									
Zona		1	2	3	4	5	6	7	Total
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%
2020 Pob. Total	% Hisp	20%	52%	33%	61%	36%	85%	91%	54%
	% 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%
Ciudadanos +18 años	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%
	% 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%
Registros (Nov 2020)	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%
	% 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%	2%	1%	3%
Votantes (Nov 2018)	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%
	% apellido español	7%	19%	15%	32%	17%	68%	70%	24%
	% apellido asiático	1%	1%	1%	1%	1%	1%	0%	1%
	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	87%	71%	80%	56%	77%	25%	22%	69%
	% negro est.	2%	6%	2%	4%	3%	2%	1%	3%
Votantes (Nov 2020)	Total	38,467	22,799	35,003	25,010	33,391	17,454	13,762	185,886
	% Latino est.	10%	27%	20%	41%	24%	76%	75%	32%
	% apellido español	9%	25%	19%	38%	22%	70%	70%	29%
	% 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	Edad 0 – 19 años	11%	21%	20%	26%	20%	28%	25%	22%
	Edad 20 – 60 años	39%	44%	44%	52%	43%	57%	56%	48%
	Edad +60 años	50%	35%	36%	22%	37%	15%	19%	31%
Migración	Migrante	17%	23%	17%	32%	17%	29%	41%	25%
	Naturalizada	49%	40%	53%	44%	56%	45%	25%	42%
Lengua en casa	Inglés	78%	63%	72%	45%	70%	31%	18%	55%
	Español	15%	33%	22%	47%	24%	68%	82%	41%
	Idioma Asiático	2%	2%	2%	5%	3%	1%	0%	2%
	Otro idioma	4%	2%	3%	2%	3%	0%	1%	2%
Fluidez en Inglés	Habla Inglés solo “bien” o menos	8%	13%	9%	20%	11%	39%	53%	21%
Nivel de educación (edad +25)	preparatoria	44%	53%	48%	50%	52%	56%	44%	49%
	licenciatura	23%	12%	22%	14%	19%	6%	5%	15%
	graduado	18%	7%	13%	8%	12%	3%	3%	10%
Hogares con niño(s)	con niño(s)	10%	22%	20%	31%	21%	33%	27%	22%
Pto. Edad 16+	empleado	46%	45%	54%	58%	52%	66%	63%	55%
Ingreso (por hogar)	\$0 a \$25 000	24%	33%	16%	26%	18%	29%	41%	26%
	\$25 a \$50 000	20%	27%	21%	25%	20%	28%	28%	24%
	\$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%
Unidades de vivienda	Unifamiliar	71%	88%	82%	73%	78%	76%	78%	78%
	Multifamiliar	29%	12%	18%	27%	22%	24%	22%	22%
	Rentadas	34%	36%	30%	39%	27%	33%	33%	33%
	Propias	66%	64%	70%	61%	73%	67%	67%	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									



Date: November 23, 2021
To: Board of Directors
Subject: Annual Directors Appointment the Desert Regional Medical Center
Governing Board

Staff Recommendation: Consideration to approve Director Les Zendle, MD, and Director Carole Rogers, RN, to the Desert Regional Medical Center Governing Board.

Background:

- Consistent with the Hospital Lease Agreement, the Governing Board requires a structure of majority physician members from Desert Regional Medical Center's (DRMC) medical staff.
- The Hospital Lease Agreement also requires selecting two (2) members of the District Board to serve on DRMC's Governing Board for one year.
- The Governing Board has authority over the medical aspects of DRMC's operations, such as the appointment and reappointment of medical staff, review of the quality of medical services, the upkeep of licensures and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation, review and approval of proposed operating and capital budgets, review and approval of physician contracts, and the ability to act as a forum regarding community input of the delivery of health care to the community.
- On an annual basis, the Governing Board commences its selection process with the District Board voting to select members preferably with a healthcare background.
- Given their knowledge and experience with the Governing Board as a retired volunteer medical doctor and a retired volunteer registered nurse, staff recommends the appointment of Director Zendle, MD, and Director Rogers, RN, to DRMC's Governing Board.

Fiscal Impact:

None – consideration for approval only

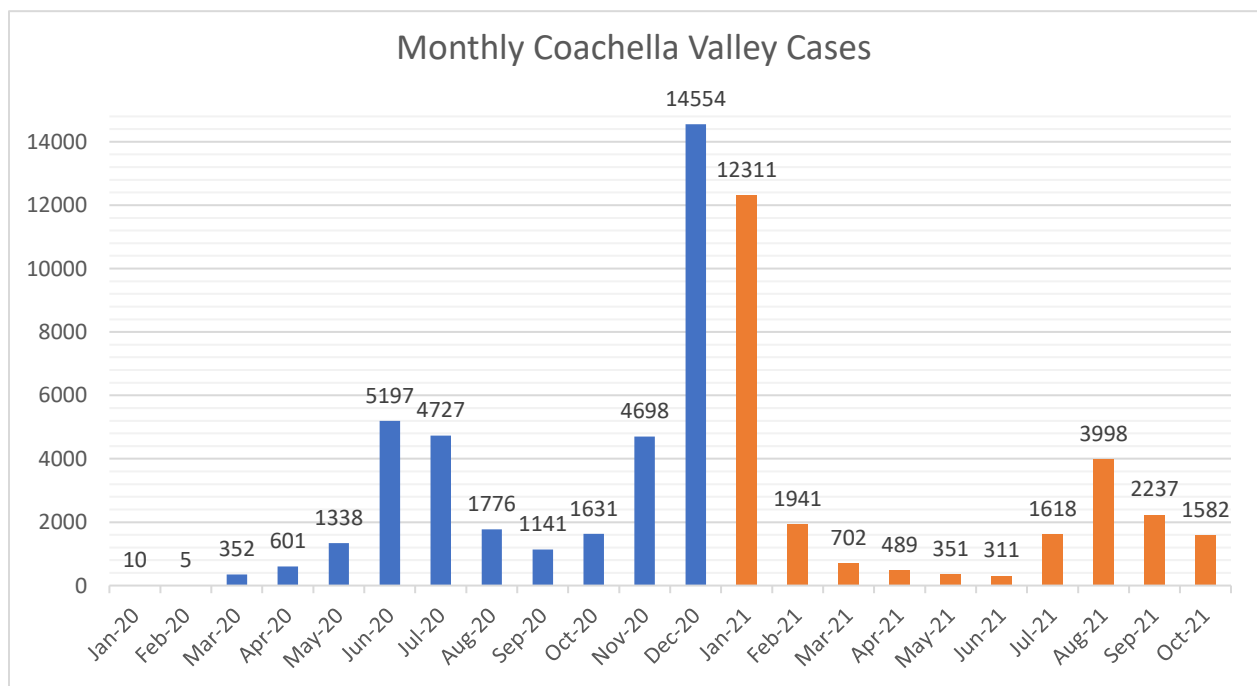


DESERT HEALTHCARE
DISTRICT & FOUNDATION

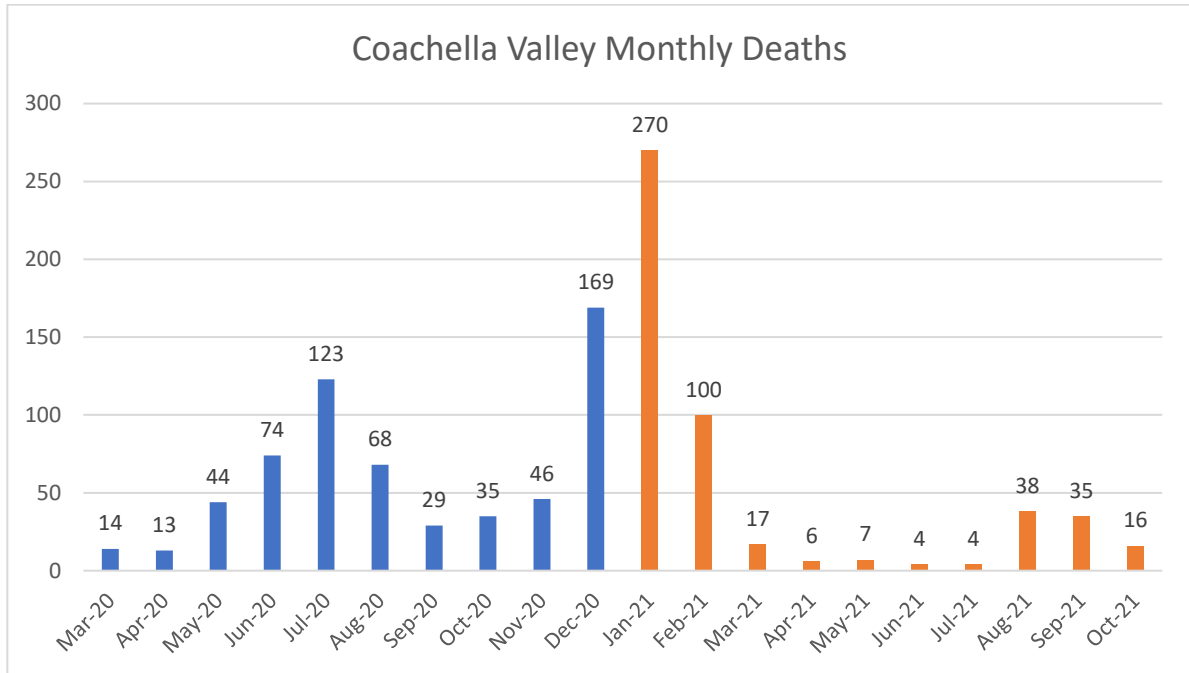
Date: November 23, 2021
To: Board of Directors
Subject: COVID-19 Vaccination Efforts in the Coachella Valley - UPDATE

Information:

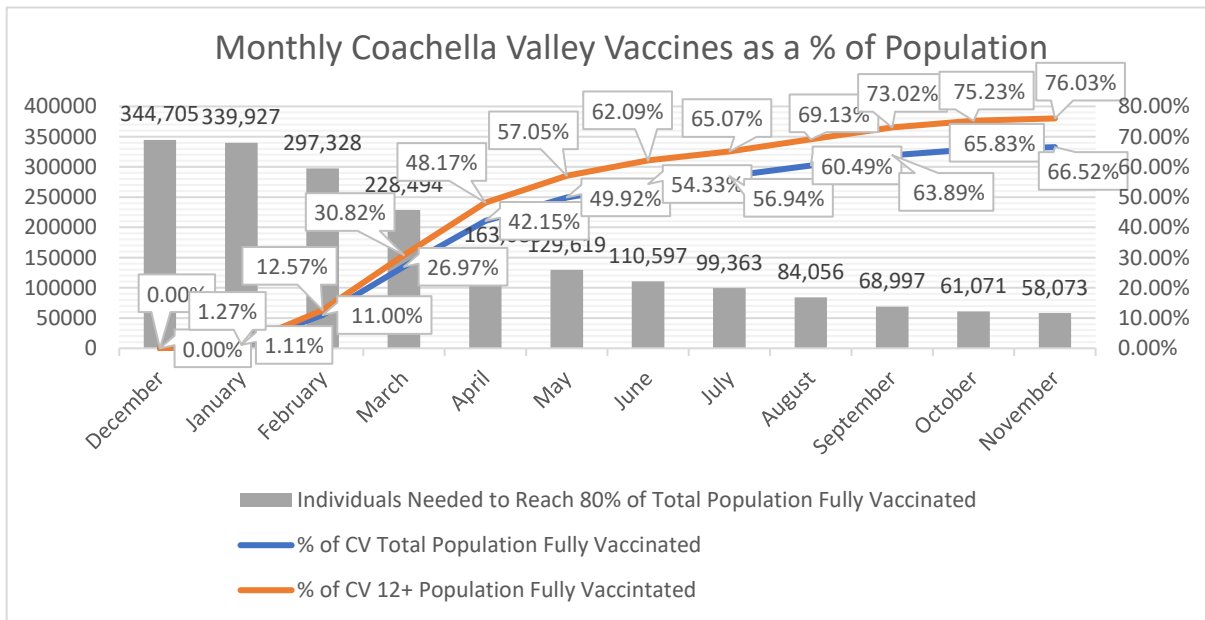
- COVID-19 continues to be the focus of public health interventions across the nation. Recent increases in COVID-19 cases, especially after the Delta variant became the most prevalent strain, have create great concerns and have reinforced the importance of vaccines as the most effective prevention measure.
- 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, with cases declining from a nearly 4,000-case peak in August to about 1,500 in October (-60%).



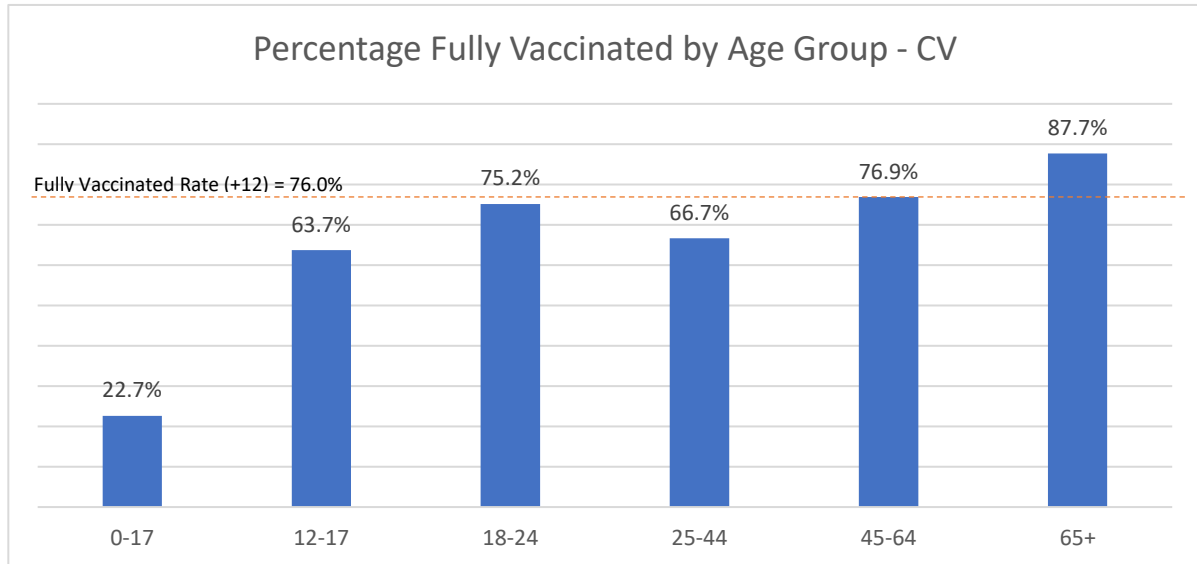
- As the number of cases is declining, a reduction in Covid-related mortality is also seen in the graph below; from a recent 38 deaths in August, the number of deaths in October was 16 (-60%).



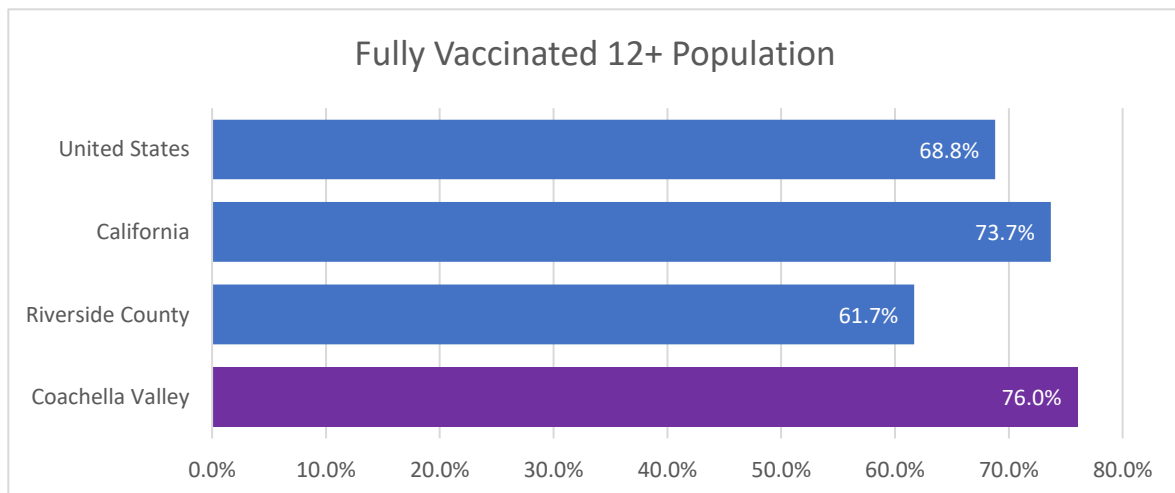
- Vaccination rates have continued to increase in the Valley. Currently, the District's population (12+) is above 76% fully vaccinated, and total population is near 67%. The latter number is expected to increase as many children (ages 5 – 12) are being vaccinated.



- Additionally, we have seen an increase in fully vaccinated individuals across the region. From our previous report, the 12 – 17 age group saw an increase from 60% to 64%; the 18 – 24 group increased from 72% to 75%; the 25 – 44 increased from 64% to 67%; and the 45 – 64 age group increased from 76% to 77%.



- Our efforts in Coachella Valley continue to be reflected in our vaccination rates.



- However, significant gaps remain, especially between communities with highest vs. lowest vaccination rates, as we have been highlighting for months now. The city of Rancho Mirage has a vaccination rate of 81.9%, while the city of Coachella has only 55.4% of its population fully vaccinated.
- The COVID-19 case rate is much lower in Rancho Mirage (7.8%) compared to Coachella which has a case rate 2.5X higher (19.1%).
- We see some very positive developments in the District. Higher vaccination rates and lower cases and lower mortality after the August peak caused by the Delta variant.



Date: November 23, 2021
To: Board of Directors
Subject: Seismic Retrofit Program and Funding Update

Background:

California Department of Health Care Access and Information (HCAI), formerly the Office of Statewide Health Planning and Development (OSHPD) Seismic Compliance and Safety Program

Existing law, the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (Alquist Act), establishes, under the jurisdiction of the OSHPD, now HCAI, a program of seismic safety building standards for certain hospitals constructed on and after March 7, 1973. Senate Bill 1953 (SB 1953) was introduced and signed into law in 1994. The bill was an amendment to and furtherance of (Alquist Act). The regulations developed as a result of this statute are deemed to be emergency regulations and became effective upon approval by the California Building Standards Commission and filing with the Secretary of State on March 18, 1998.

Regulations Developed by HCAI

Hospitals as defined in Section 129725 and licensed pursuant to subdivision (a) of Section 1250 of the Health & Safety Code shall comply with the regulations developed by HCAI as mandated by SB 1953. There are approximately 470 general acute care hospital facilities comprised of 2,673 hospital buildings that will be impacted by the provisions of SB 1953. If a facility is to remain a general acute care hospital facility beyond a specified date, the owner must conduct seismic evaluations; prepare both a comprehensive evaluation report and compliance plan to attain specified structural and nonstructural performance categories which must be submitted to HCAI in accordance with these regulations.

Seismic Evaluation

The primary purpose of these regulations is to evaluate the potential earthquake performance of a building or building components and to place the building into specified seismic performance categories.

Seismic Performance Categories (SPCs)

One of the main provisions of SB 1953 is the development of earthquake or seismic performance categories, specifically the Structural Performance Categories (SPC) the Nonstructural Performance Categories (NPC). Desert Regional Medical Center has three (3) buildings with

SPC of 2. These include the Main Hospital Building, the North Wing, and the East Tower. (Please see table 1 below).

Seismic Retrofit Regulations

The seismic retrofit regulations, also known as Division III-R, apply to all existing general acute care hospital buildings. The goal of these regulations is to develop retrofit and repair designs for existing hospital buildings to yield predictable seismic performance, whether at the essential life safety level or post-earthquake continued operations level. The requirements of Division III-R must be used to upgrade from an existing seismic performance category to a higher category level. Generally speaking, the three aforementioned DRMC buildings with an existing SPC 2 must be upgraded to a SPC of 3 or better to be compliant with the Alquist Act.

Funding Options

Under the direction of the Board, staff has been exploring options to comply with the Alquist Act. The CEO and CAO, at the recommendation of Assemblymember Garcia's office, met with the Deputy Director of Administrative Services Division with the Department of Health Care Access and Information (HCAI). The Deputy Director offered the following possible resources for funding seismic retrofit costs of Desert Regional Medical Center.

- The Cal-Mortgage Loan Insurance Program, within HCAI, assists not-for-profit and governmentally owned health facilities (such as District Hospitals) issue tax-exempt municipal bonds, using the State of California's credit rating to obtain interest rates similar to those achieved by the State when borrowing money for infrastructure projects (www.hcai.ca.gov/calmort). In the future, HCAI will be administering a Small and Rural Hospital Relief Program, which was recently approved by the Governor's recent signing of SB395. However, it will take roughly 18-24 months for the program's development and funding to be available for applications.
- An alternative to the Cal-Mortgage Program is the federal government's HUD 242 programs https://www.hud.gov/federal_housing_administration/healthcare_facilities/section_242.
- USDA has a couple of financing programs, which the District may qualify for. <https://www.rd.usda.gov/programs-services/community-facilities/community-facilities-direct-loan-grant-program>.
- Some construction has qualified for financing through Property Assessed Clean Energy (PACE) programs that can help finance seismic construction in certain circumstances, available with firms such as Greenrock Healthcare Capital: <https://www.greenrockhc.com/>.
- An additional alternative related to a health care district, is the district can explore financing through Ad Valorem or Parcel Tax bond issuances, which can be used for seismic related construction on the hospital, paid through property tax assessments of property owners within the district.
- Clearly, some of these options may not be available to the Desert Healthcare District. Staff will continue to explore options and keep the Board informed to formulate decisions to make our hospital compliant with the Alquist Act.

Table 1. HCAI Seismic Performance (SPC/NPC) Ratings of DRMC Buildings as of 11/5/2021

County Code	Facility Number	Facility Name	City	Building Number	Building Name	Status	SPC Rating
33 - Riverside	10537	DRMC	P. Springs	01393	Main Hospital & Additions	In Service	2
33 - Riverside	10537	DRMC	P. Springs	01395	Woman & Infants Hospital	In Service	3
33 - Riverside	10537	DRMC	P. Springs	01396	North Wing	In Service	2
33 - Riverside	10537	DRMC	P. Springs	01397	Central Plant	In Service	4
33 - Riverside	10537	DRMC	P. Springs	01398	Shipping/Receiving	In Service	4
33 - Riverside	10537	DRMC	P. Springs	01399	Surgery Wing	In Service	4
33 - Riverside	10537	DRMC	P. Springs	01400	West Tower	In Service	3
33 - Riverside	10537	DRMC	P. Springs	01401	Lobby	In Service	3
33 - Riverside	10537	DRMC	P. Springs	01402	Admitting	In Service	4
33 - Riverside	10537	DRMC	P. Springs	01403	Elevator Tower	In Service	4
33 - Riverside	10537	DRMC	P. Springs	01404	Dinah Shore Waiting Area	In Service	3
33 - Riverside	10537	DRMC	P. Springs	02932	East Tower	In Service	2
33 - Riverside	10537	DRMC	P. Springs	03720	West Tower - Corridor 1	In Service	3
33 - Riverside	10537	DRMC	P. Springs	03721	West Tower - Corridor 2	In Service	3
33 - Riverside	10537	DRMC	P. Springs	03722	West Tower - Corridor 3	In Service	3
33 - Riverside	10537	DRMC	P. Springs	03723	West Tower - Corridor 4	In Service	3
33 - Riverside	10537	DRMC	P. Springs	03725	West Tower - Corridor 5	In Service	3
33 - Riverside	10537	DRMC	P. Springs	03741	Medical Records Building	In Service	3
33 - Riverside	10537	DRMC	P. Springs	03764	Elevator Tower - Corridor 1	In Service	3
33 - Riverside	10537	DRMC	P. Springs	03765	Elevator Tower - Corridor 2	In Service	3
33 - Riverside	10537	DRMC	P. Springs	06628	Equipment Yard	Equipment Yard	N/A



Date: November 23, 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:

- Promotoras Recognition Event – October 23, 2021
- Meeting with California State Treasurer's Office – October 26, 2021
- Meeting with City Council member G. Gardner – October 27, 2021
- Meeting with Office of Congressman R. Ruiz – November 4, 2021
- ACHD CEOs Roundtable – November 4, 2021
- Media appearance, interview on MT Radio – November 5, 2021
- Meeting with RUHS, K. Saruwatari – November 6, 2021
- ACHD Finance Committee - November 8, 2021
- Meeting with SCAQMD (US EPA Grant) - November 10, 2021
- Indio State of the City and Business Awards & Expo – November 10, 2021
- Meeting with COD President Marta Garcia – November 10, 2021

- Launching pediatric vaccination campaign at DSUSD, media appearance, interview on NBC and Univision – November 11, 2021
- Riverside County Vaccine Equity Taskforce – November 12, 2021
- Meeting with UCR School of Medicine – November 12, 2021
- Meeting with Clear Impact – November 15, 2021
- Meeting with Greg Rodriguez, RivCo – November 17, 2021
- Meeting with Kevin Moore, SGH – November 17, 2021
- COVID-19 Vigil Planning Meeting – November 17, 2021
- CVEP 17th Annual Greater Palm Springs Summit – November 18, 2021
- Riverside County Upward Mobility Planning Meeting – November 18, 2021
- Meeting with VMG Health – November 18, 2021
- COVID-19 Vigil with interfaith group, City of Coachella – November 19, 2021



**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
November 09, 2021**

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Director/Chair Les Zendle, MD President Leticia De Lara Vice-President/Secretary Karen Borja	Conrado E Bárzaga, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Jana Trew, Senior Program Officer, Behavioral Health Meghan Kane, Senior Program Officer, Public Health Andrea S. Hayles, Clerk to the Board	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Zendle called the meeting to order at 1:37 p.m. with all directors present except President De Lara who joined the meeting at 2 p.m.	
II. Approval of Agenda	Chair Zendle asked for a motion to approve the agenda.	It was moved by Vice-President Borja and seconded by Director Zendle to approve the agenda. Motion passed unanimously.
III. Approval of the Minutes – March 09, 2021	Chair Zendle asked for a motion to approve the minutes of the March 09, 2021, meeting.	It was moved by President De Lara and seconded by Vice-President Borja to approve the March 09, 2021, meeting minutes. Motion passed unanimously.
IV. Public Comment	There was no public comment.	
V. Old Business		
1. FY2021-2026 Strategic Plan a. Funding Strategic Program Grants b. Strategic Plan Marketing Approaches	The committee engaged in discussions concerning the grant's high versus moderate versus low priority requests, potential caps on grant funding, whether an amount should be applied to the strategic planning goals, determining considerations for current grant requests outside the scope of the strategic plan, prioritizing the strategic goals, and	



**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
November 09, 2021**

	<p>projected future grant spending.</p> <p>Chair Zendle explained that the district should stay on message that the social determinants of health are important, raise awareness, and determine opportunities for the district to engage in assisting other organizations to address health matters, but it doesn't necessarily equate to committing funding if there are higher priorities identified.</p> <p>Dr. Bárzaga, CEO, explained that it is acceptable for staff to wait and clarify the recommendation from the Strategic Planning Committee to determine in what way the district will advance the high priorities, and closer to the end of the fiscal year consider additional funding for specific proposals with Board approval.</p> <p>Vice-President Borja inquired on marketing the strategic plan to the public, how the public perceives the district launching the strategic plan, determining what works well, what doesn't, and returning to the Board with any potential changes.</p> <p>Dr. Barzaga, CEO, explained that staff is working on a presentation to present the plan as-is with a key message to convey to the community the main goals, such as increasing resources, primary and</p>	
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**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
November 09, 2021**

	<p>specialty care and mental health infrastructure, and the district's role in creating a robust healthcare structure.</p> <p>As discussed by the committee, staff will prioritize the top three (3) goals as the primary focus areas and the others as modest, while proposing to the program committee to focus the high priority grants, determine what funding is available for immediate release, including in the next two to three years, discuss the moderate grants at a later date, which will require a discussion at the board level.</p>	
VI. Adjournment	Chair Zendle adjourned the meeting at 2:39 p.m.	<p>Audio recording available on the website at https://www.dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
 Les Zendle, MD, Chair/Director, Strategic Planning Committee
 Desert Healthcare District Board of Directors

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

**DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
November 09, 2021**

Directors Present	District Staff Present	Absent
Chair/Treasurer Arthur Shorr President Leticia De Lara, MPH Director Les Zendle, MD	Conrado E. Bárzaga, MD, Chief Executive Officer Chris Christensen, Chief Administration Officer Eric Taylor, Accounting Manager Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Andrea S. Hayles, Clerk to the Board	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Shorr called the meeting to order at 3:35 p.m.	
II. Approval of Agenda	Chair Shorr asked for a motion to approve the agenda.	Moved and seconded by Director Zendle and President De Lara to approve the agenda. Motion passed unanimously.
III. Public Comment	There was no public comment.	
IV. Approval of Minutes 1. F&A Minutes – Meeting October 14, 2021	Chair Shorr motioned to approve the October 14, 2021, minutes.	Moved and seconded by President De Lara and Director Zendle to approve the October 14, 2021, meeting minutes. Motion passed unanimously.
V. CEO Report	There was no CEO Report.	
VI. Chief Administration Officer's Report	Chris Christensen, CAO, explained that the annual audits are complete and approved at the October Board meeting, thanking the staff for their support. The fire sprinkler system contractors have commenced the installation and managing the work according to the tenants' schedules. There are still two vacancies at the Las Plaza Medical Plaza, with COVID delaying new occupancies. More activity is anticipated in 2022.	

**DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
November 09, 2021**

<p>VII. Financial Reports</p> <ol style="list-style-type: none"> 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 	<p>Chris Christensen, CAO, provided an overview of the financial statements explaining the budget move for the profit and loss statement and \$152k under budget due to the October receivables collected in early November. The interest income component of the bond and cash investments are earning interest of \$251k, but as a result of the bond's maturity at a lower level, there are net negatives of \$139k YTD. Expense savings in the wages and labor and the general and administrative sections illustrate under-expending related to remote work and no travel or other expenses. Significantly under-expended are the professional fee expenses. The Kaufman Hall invoices and other additional expenses are anticipated for the remainder of the year. There are variances with the grants due to the strategic planning process, which is now board-approved and completed to assist with defining and allocating the grant funding.</p> <p>The Las Palmas Medical Plaza profit and loss statement illustrates a revenue variance of \$3,800 and a net income of \$7k YTD. The balance sheet comparisons difference is the investment accounts with \$3M higher than last year due to the lack of grant disbursements. Chair Shorr inquired if the total equity increase of \$6M due to</p>	<p>Moved and seconded by Director Zendle and President De Lara to approve the October 2021 District Financial Reports - Items 1-10 and to forward to the Board for approval. Motion passed unanimously.</p>
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**DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
November 09, 2021**

	<p>the actuary change in the retirement protection plan. Mr. Christensen explained that any items from the income statement or profit and loss from the prior year carry over to equity, which increased from \$60M to \$66M incorporating the function of actual net income, but the larger portion of \$5M is associated with the adjustment to the retirement plan.</p> <p>Mr. Christensen provided an overview of the A/R summary, deposit detail, credit card expenditures, tax receipts, and grant payment schedule.</p>	
<p>VIII. Other Matters</p> <p>1. District & RPP Investment Reports 3Q21 – Keith Stribling, Vice President, Senior Portfolio Manager, Highmark Capital</p>	<p>Chris Christensen, CAO, introduced Keith Stribling, Vice President, Senior Portfolio Manager, Highmark Capital, who provided an overview of 3Q21 investment reports commencing with the Retirement Protection Plan account value of 5.2M, asset allocation summary of 66% stocks, 27% fixed income, and 3% alternatives with modest equities of over 600 basis points. The Fixed income Analysis for the individual bonds is at 7-years, Coupon at 3%, and Yield to Maturity at 1% due to current investment-grade bonds. The Performance Report is functioning well year to date up 8.3% after all fees and stocks up 13% for 1-year compounding over 8% for 10-years. Mr. Stribling reviewed the district asset allocation</p>	

**DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
November 09, 2021**

<p>2. Service Agreement Addendum #2 – Kaufman Hall – Time Extension through 02/28/2022</p>	<p>summary and the fixed income analysis report.</p> <p>Chris Christensen, CAO, described the work of Kaufman Hall Associates with the original agreement ending in November 2021 and extending the service agreement for another three (3) months through February 2022 with an updated scope of work.</p>	<p>Moved and seconded by President De Lara and Director Zendle to approve a Kaufman Hall Associates Service Agreement Addendum #2 and to forward to the Board for approval. Motion passed unanimously.</p>
<p>IV. Adjournment</p>	<p>Director Shorr adjourned the meeting at 4:21 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

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

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



Date: November 23, 2021
To: Board of Directors
Subject: Desert Healthcare District & Retirement Protection Plan (RPP) Investment Reports 09/30/2021

Staff Recommendation: Information Only – provided by Keith Stribling, Senior Portfolio Manager, HighMark Capital Management

Information:

Portfolio returns have remained good for this year with the retirement plan up about 8.5% YTD and over 18% for the 1-yr period ending 2021-Q3. Longer term returns of 3-yr & 5-yr have compounded at over 8.5% which is above most actuarial expectations for pensions and retirement plans with a balanced mix of stocks and bonds. The portfolio has remained overweight equities all year with the quarter ending at 65.7% equities.

Current portfolio positioning:

- Overweight stocks
- Modestly overweight value vs growth
- Shorter bond duration

Our positioning is driven by an expectation that the cyclical economic recovery can be sustainable with the following economic drivers:

- Continued aggressive monetary and fiscal policy
- Vaccines and antiviral pills leading to an eventual covid solution – continued opening of the economy with recovery in travel
- Expectation of an infrastructure bill to be passed in Congress which will add to economic growth
- Eventual opening of global economies

This should all support a steepening of the yield curve and favor continued economic growth. Risks to the forecast include the perception the Fed is behind on monetary policy and inflation becomes more entrenched forcing policy adjustments to raise rates faster than anticipated. Covid variants causing further economic disruption. Fed tapering of bond purchases and turnover at the Fed. Continued slowing of the Chinese economy coupled with policy mistakes.

Fiscal Impact:

Subject to investment performance.

Desert Healthcare District Portfolio Review

Third Quarter 2021



Presented by
Keith Stribling, CFA

HighMark Capital Management, Inc. is a subsidiary of Union Bank.

Economic and Market Commentary Third Quarter 2021

Market Overview

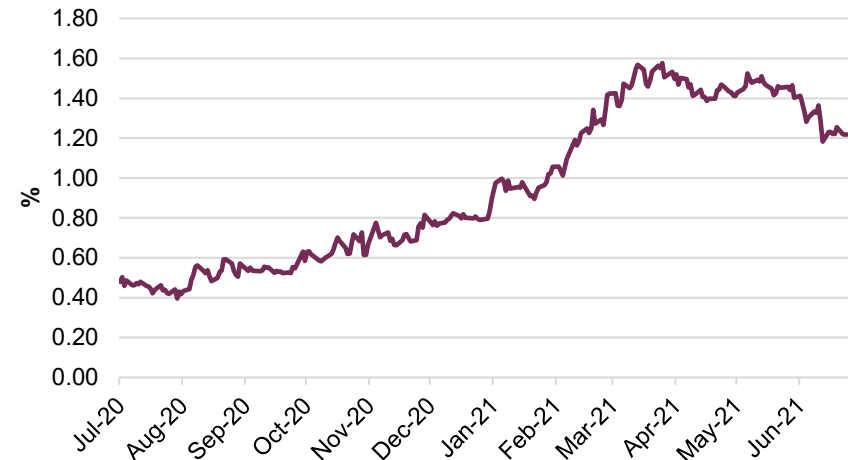
Brushing aside mounting concerns about higher inflation and a more contagious Covid variant spreading around the world, investors bought assets of almost any stripe in the second quarter. For the fifth consecutive quarter, global equities marched higher as corporate earnings continued a strong recovery that outperformed already lofty expectations. In a bid to hedge potential inflation risk, asset classes like commodities and real estate¹ have seen increasing demand this year leading to strong performance. Meanwhile, the bond market rallied throughout most of the second quarter and snapped its trend of rising interest rates that began last August.

Global equities closed the second quarter at record highs, capping off a strong first half of 2021 that saw shares advance 12.8 percent.² Bullish sentiment was buoyed by the accelerating pace of vaccine distribution globally, leading to further lifting of pandemic-related economic restrictions. Worry about elevated valuation levels stayed on the back burner as investors continued to find paltry yields offered in the bond market.

U.S. stocks carried the torch in the second quarter, outperforming international equity markets.³ However, in a pivot from the prior two quarters, sectors with more sensitivity to the strength of the economic cycle took a backseat to more secular growth-oriented areas as questions emerged about the sustainability of fiscal and monetary policy support.

Falling long-term interest rates also reflected the possibility of a premature moderation in fiscal and monetary stimulus. The rate on the bellwether 10-year Treasury note fell 30 basis points from 1.74 percent at the end of March to 1.44 percent by the end of June. A flattening of the yield curve, as measured by the spread between longer- and shorter-maturity bonds, and further compression in credit spreads helped the bond market post healthy returns in the second quarter after fighting a steepening curve over the prior ten months.

U.S. Treasury Yield Curve: 10-Year Bond Minus 2-Year Bond



Source: Bloomberg

At first glance, falling interest rates seem counterintuitive amid the highest inflation readings seen in decades. After all, it makes sense that investors should demand higher -- not lower -- yields if inflation is heating up. But it's the second derivative of inflation that has the market's attention. Namely, the implications for future economic policy and ultimately growth potential.

¹ The Bloomberg Commodity Index returned 21.15 percent and the S&P U.S. REIT Index returned 21.70 percent for the year-to-date period ending June 30, 2021.

² S&P Global Broad Market index including dividends

³ The S&P 500 Index returned 8.55 percent in the second quarter versus international stocks as represented by MSCI EAFE which returned 5.17 percent over the same period.

Economic Enigma

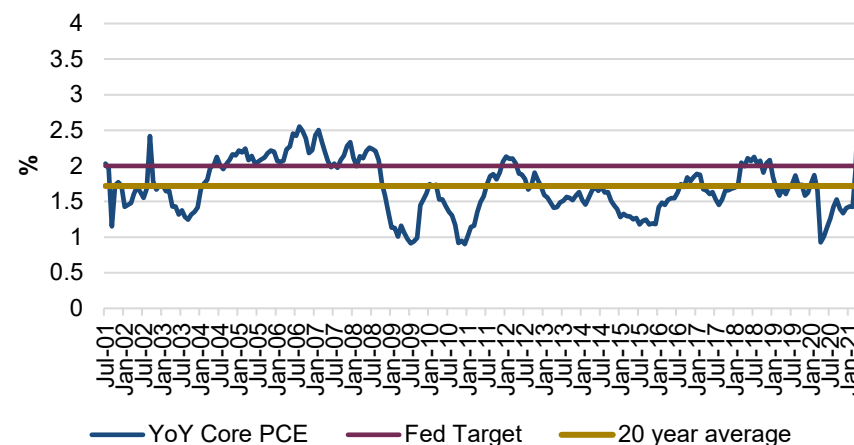
From toilet paper shortages to soaring home prices, the global pandemic has brought with it many atypical economic phenomena. Wild swings in both supply and demand across virtually all assets, goods and services have kept economists perplexed as to what current economic data says about the future. What began with fears of a deflationary death spiral at the onset of the pandemic had completed a one-eighty into worries over out-of-control inflation entering the second quarter of 2021. An unprecedented fiscal and monetary policy response to a rare, but economically devastating, event has muddied the economic waters by stirring up questions about a sustainable long-term equilibrium for both growth and inflation.

A key question for the U.S. economy and financial markets alike centers on the inflation outlook and its implications for monetary policy. The Federal Reserve (Fed) has been keenly focused on achieving a full labor market recovery while relaxing its mandate to keep prices in check under its recently revised policy-making framework. However, the exact length of the longer inflation leash remains in question as a surge in reopening demand is met by supply chain disruptions.

Prior to the pandemic, the Fed consistently undershot its stated goal of 2 percent inflation despite what at the time was the largest expansion of its balance sheet in history following the Global Financial Crisis. Embedded in the Fed's mindset was that monetary policy impacted longer-term inflation, but with a lagged effect. In other words, they felt it was necessary to be more proactive than reactive to the price stability mandate. But even as unemployment fell to record low levels by the end of the last decade, models like the Phillips Curve that tie employment conditions to inflation proved to be "dogs that didn't bark".

Recognizing a disconnect between the academic assumptions about the impact of monetary policy on inflation and employment and the empirical experience, policy makers decided they had some cover to see how far they could push the limits of monetary policy to address the current crisis. Under the new framework, the U.S. central bank now aims to "achieve inflation that averages 2 percent *over time*"⁴ (emphasis added), while also seeking broader-based positive employment outcomes. This simple yet significant change opened the door for inflation targeting "moderately above 2 percent for some time" to compensate for the prior cycle's underachievement.

Inflation Off Target



Source: Bloomberg, Bureau of Economic Analysis (as of May 31, 2021)

On one hand, the change was welcomed by financial markets because the new framework gives the Fed more flexibility to get the economy back up to full speed. On the other hand, it introduces greater uncertainty given the ambiguity around the time horizon and, consequently, makes predicting the Fed's next move that much more challenging. The exact definitions of "moderately" and "some time" remains elusive, perhaps even to the Fed itself.

May's Core Personal Consumption Expenditures Index (the Fed's preferred inflation marker), along with other inflation measures, came in at 3.39 percent, well above expectations and at levels not seen in decades. This data was taken in stride by policy makers and financial markets with the expectation that current data is not necessarily indicative of a longer-term trend. As evidence of the transitory nature of the spike in prices, economists point to items like used car prices, which are surging as a knock-on effect of the supply chain disruption in the new car market.

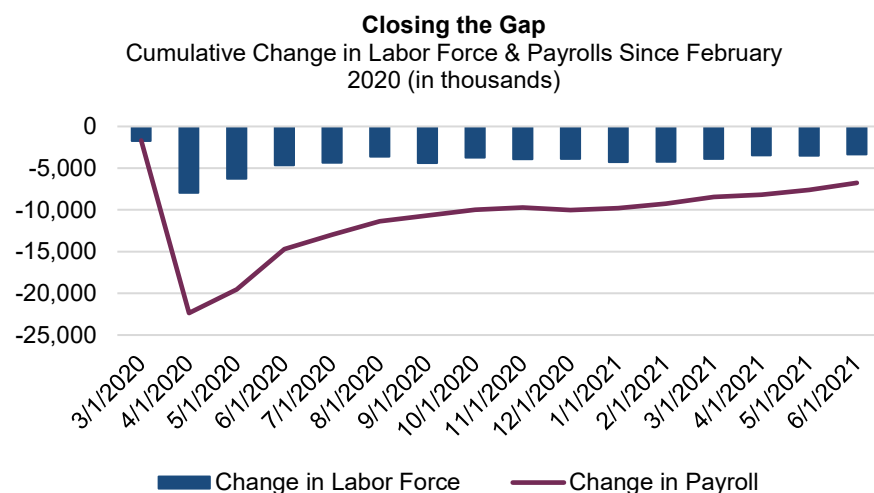
The Fed's employment bogey is clearer. 6.8 million fewer Americans are employed relative to pre-pandemic levels.⁵ Achieving the objective of bringing that number

⁴ [Federal Reserve Board - 2020 Statement on Longer-Run Goals and Monetary Policy Strategy](#)

⁵ Source: U.S. Bureau of Labor Statistics

closer to zero, or what the Fed deems “maximum employment”, hit a snag as the pace of hiring fell short of expectations in April and May despite job openings and quit rates hitting new highs. Explanations for the failure to meet the increasing demand for labor ranged from enhanced unemployment benefits to caregiving challenges to ongoing pandemic fear. In reality, the shortfall appears to be a combination of these factors.

June’s increase of 850,000 non-farm payrolls relieved some concerns that the pace of hiring was off track after two consecutive disappointing months.⁶ Most encouragingly, employment in the sector most impacted by the pandemic, leisure and hospitality, saw the lion’s share of growth with 343,000 new jobs added in June.⁷ However, the nearly 2 million Americans that have left the workforce in the wake of the pandemic present a troublesome obstacle to achieving a full labor market recovery.⁸



Source: U.S. Bureau of Labor Statistics

⁶ Source: U.S. Bureau of Labor Statistics

⁷ Source: U.S. Bureau of Labor Statistics

⁸ U.S. Bureau of Labor Statistics, Employment Situation Summary, July 2, 2021

The “transitory” inflation narrative firmly planted in the market’s psyche prompted close scrutiny of June’s Federal Open Market Committee (FOMC) meeting for hints as to when monetary policy accommodation will be weaned from the system. Heightened attention was paid to the survey of FOMC members’ projections, also known as the “Dot Plot”, that suggested the timeline for tapering quantitative easing and eventual rate hikes could be shorter than previously expected.

In his press conference following the FOMC meeting, Chairman Powell was quick to downplay this shift in expectations by saying the projections should be “taken with a grain of salt”, and reinforcing the highly uncertain speed of the recovery given the unusual nature of the downturn in the economy. However, reading between the lines, one might suspect that the FOMC voting members are at least thinking about tapering despite comments to the contrary.⁹

Forecasting future economic conditions is always challenging and this cycle’s unique forces in both directions makes that endeavor even more difficult. At the foundation of the “wall of worry” for investors today remains the central bank’s ability to support the recovery. Should the inflation outlook shift from being transitory to something longer lasting, it will likely have major implications for Fed policy and subsequently all financial assets. More specifically, it might force the Fed to confront the paradox of having to tap the breaks to curtail inflation before the economy gets fully back on its feet.

Having learned important lessons from the 2013 “taper tantrum” and 2018’s “autopilot” remarks, the Fed is keenly aware of the market’s sensitivity to not only its policy actions, but also to mere guidance on what it might do in the future. For this reason, we expect the Fed to be extremely careful about when and how it introduces a pivot toward removing accommodation. There is no ambiguity about the delicate co-dependency between financial markets and the real economy – a reality policy makers cannot afford to ignore.

In for a penny, in for a pound

As an encore to the \$1.9 trillion fiscal stimulus package passed earlier in the first quarter, the Biden administration crossed the aisle to reach an agreement in principle for the largest ever infrastructure plan with a price tag of \$579 billion. While significantly scaled back from President Biden’s original infrastructure proposal¹⁰ that included

⁹ Chairmen Powell reiterated that the Fed is “not even thinking about thinking about raising rates” at the post FOMC meeting press conference.

¹⁰ President Biden’s proposed American Jobs Plan called for \$2.25 trillion in spending on infrastructure

funding for a variety of social programs, the package will add another booster shot to the already staggering \$6.2 trillion economic antidote from the fiscal side of the house. In addition to scaling back the scope of the bill, an agreement with Republicans required that corporate tax rates remain unchanged. As a compromise, the new spending will instead be funded by increased enforcement of the existing tax code.

Up next on the fiscal policy agenda are more spending priorities that will include offsetting tax increases which will need to clear the budget reconciliation process to bypass a Republican filibuster in the Senate. Of particular concern for equity and corporate bond markets would be higher corporate tax rates that may accompany new spending proposals. With Democrats holding the narrowest of majorities in Congress, the administration's wish list for its budget is expected to be scaled back to earn the support of more moderate members of the party.

Looking Ahead

Heading into the back half of 2021 we expect a continuation of the global economic momentum driving the speedy recovery in corporate fundamentals, while we are keeping a close eye out for potential catalysts that would alter the global economy's longer-term trajectory. Despite our sanguine economic outlook, corporate earnings expectations have already reset to reflect a fairly optimistic scenario and comparisons to prior periods will become more challenging.

For this reason, we believe the pace of appreciation in equity markets over the first half-year is unlikely to be maintained in the second half. We remain most constructive on the more economically sensitive areas of the equity market, including energy, financials and industrials, that appear heavily discounted compared to more defensive peers in the healthcare, consumer staples, and technology sectors.

Within fixed income markets we expect intermediate to longer maturity interest rates to retrace their recent move lower and restart their upward trajectory as the global glut of liquidity slowly diminishes. Further, while corporate fundamentals continue to improve, increased merger and acquisition activity, dividend payouts and share buybacks could become a limiting factor to that trend. Given the already low risk premiums offered, we foresee limited opportunity for additional credit spread compression.

Among the most significant risks to our outlook and the current narrative in general is the fragile feedback loop between economic data and monetary policy discussed above. More specifically, the Fed's pragmatism could be tested if inflation starts to look less than transitory. While some recent drivers of higher inflation readings are indeed likely to fade, other variables have the potential to take the baton and flip the script on

the transitory story. Perhaps the most notable of those variables is rent, which represents about a third of the Consumer Price Index calculation and has yet to meaningfully accelerate despite a record surge in home prices.

Economic and Market Perspectives Q3 2021

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DESERT HOSPITAL RETIREMENT PLAN

xxxxxx28600

09/30/2021

Investment Objective: DOCUMENT DIRECTED - IS
Investment Officer: KEITH STRIBLING

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxx28600

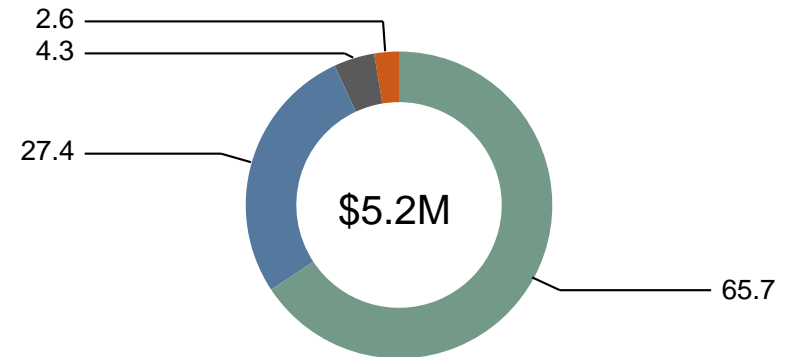


As of: September 30, 2021

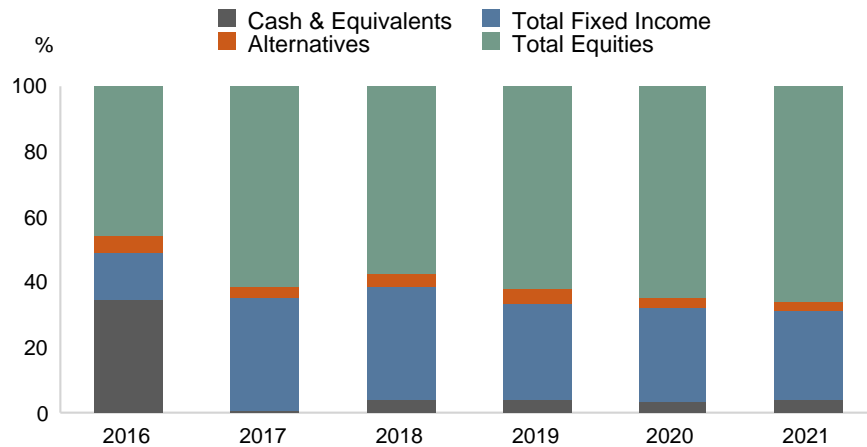
Asset Allocation Summary

Market Value by Asset Class

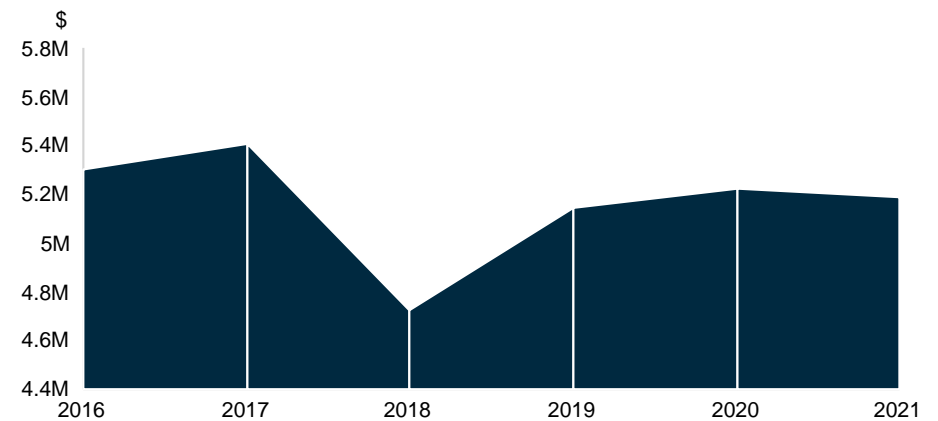
	Market Value	% of Mkt Val
Total Equities	\$ 3,407,177	65.7 %
Total Fixed Income	\$ 1,418,679	27.4 %
Cash & Equivalents	\$ 224,176	4.3 %
Alternatives	\$ 135,111	2.6 %
Total	\$ 5,185,143	100.0 %



Annual Allocation



Annual Ending Market Values



Portfolio Analytics

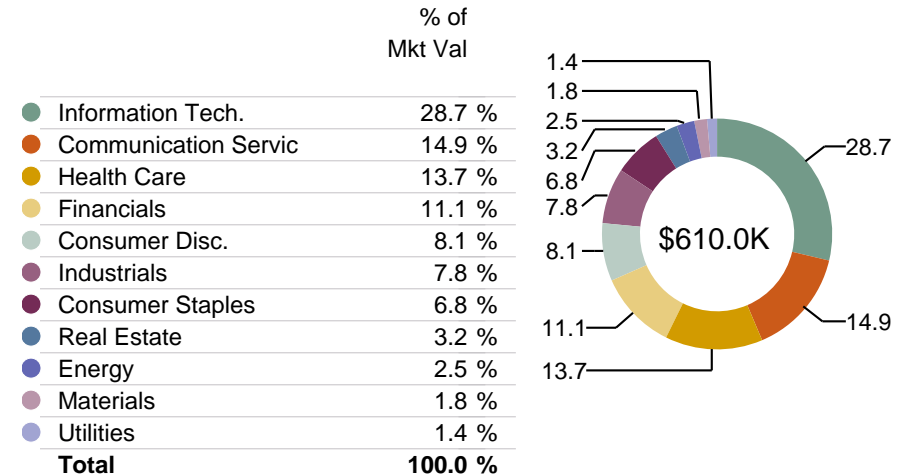
Largest 10 Holdings - YTD Return

	Market Value	% of Mkt Val	Return
ISHARES S&P 500 VALUE ETF	393,507	7.6	15.22
ISHARES S&P 500 GROWTH ET	364,746	7.0	16.02
VANGUARD FTSE DEVELOPED M	330,053	6.4	8.74
VANGUARD INDEX FUNDS S&P	302,717	5.8	15.92
VNGRD ST TERM INVMT GRADE	267,759	5.2	.28
SCHWAB STRATEGIC TR	266,421	5.1	15.29
FIRST AMERN GOVT OBLIG FD	225,351	4.3	.02
ISHARES RUSSELL 2000 ETF	153,781	3.0	12.28
ISHARES MSCI EAFE VALUE E	146,143	2.8	9.56
ISHARES MSCI EAFE GROWTH	138,411	2.7	6.34

Top 10 Performers YTD

	Market Value	% of Mkt Val	Return
EOG RES INC	6,020	.1	66.24
ALPHABET INC CAP STK CL A	42,776	.8	52.54
APPLIED MATLS INC	19,567	.4	49.94
AMERICAN INTL GROUP COM	2,690	.1	47.79
HARTFORD FINL SVCS GROUP	3,530	.1	45.67
GOLDMAN SACHS GROUP INC	8,317	.2	45.13
AMERICAN EXPRESS CO	4,188	.1	42.01
SCHWAB CHARLES CORP NEW	10,780	.2	38.39
LILLY ELI & CO	14,556	.3	37.91
CARRIER GLOBAL CORPORATIO	673	.0	37.88

Equity Holdings Analysis - Individual Holdings



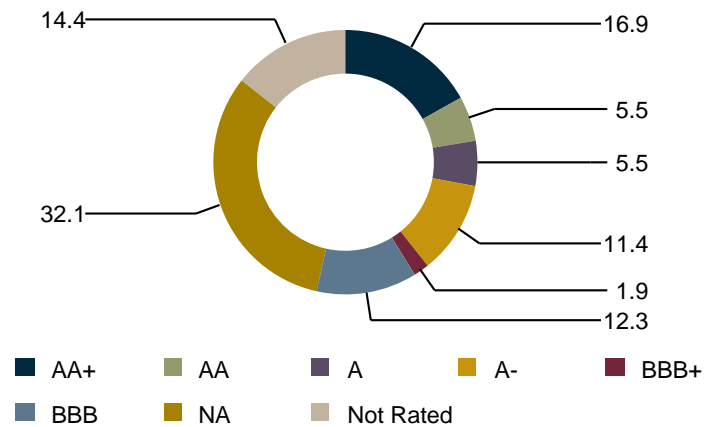
Bottom 10 Performers YTD

	Market Value	% of Mkt Val	Return
V F CORP	2,278	.0	-20.04
WYNN RESORTS LTD	4,238	.1	-15.82
BIOMARIN PHARMACEUTICAL I	5,410	.1	-11.16
UNILEVER PLC ADR	11,657	.2	-7.68
DISNEY (WALT) COMPANY HOL	10,827	.2	-6.64
WELLS FARGO NTS 3.500% 3/	17,277	.3	-6.36
VERIZON COMMUNICATIONS	8,696	.2	-4.92
ZIMMER BIOMET HLDGS INC C	2,932	.1	-4.59
PIMCO HIGH YIELD,INSTL #1	27,298	.5	-3.15
ECOLAB INC	7,737	.1	-2.94

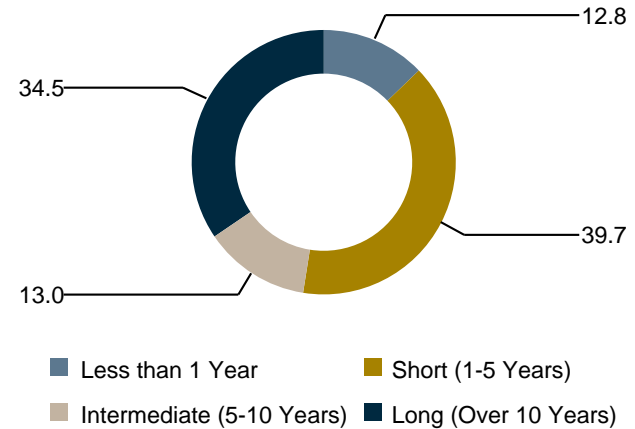
Fixed Income Analysis - Individual Holdings

	09/30/2021	10/31/2020	10/31/2019	10/31/2018	10/31/2017
Duration	7.17	6.77	7.33	7.47	7.31
Coupon	3.38%	3.25%	3.14%	3.12%	3.11%
Yield to Maturity	1.49%	1.47%	2.30%	3.38%	2.50%
Maturity	9.51	9.04	10.02	10.34	9.96
Current Yield	3.14	3.01	3.02	3.15	3.01
Face Amount	\$ 866,558	\$ 1,301,272	\$ 1,443,325	\$ 1,717,583	\$ 1,605,436
Market Value	\$ 928,553	\$ 1,395,634	\$ 1,496,645	\$ 1,698,032	\$ 1,654,579
Cost	\$ 903,973	\$ 1,350,993	\$ 1,488,407	\$ 1,771,114	\$ 1,659,192

Quality Allocation by Market Value



Maturity Allocation by Market Value



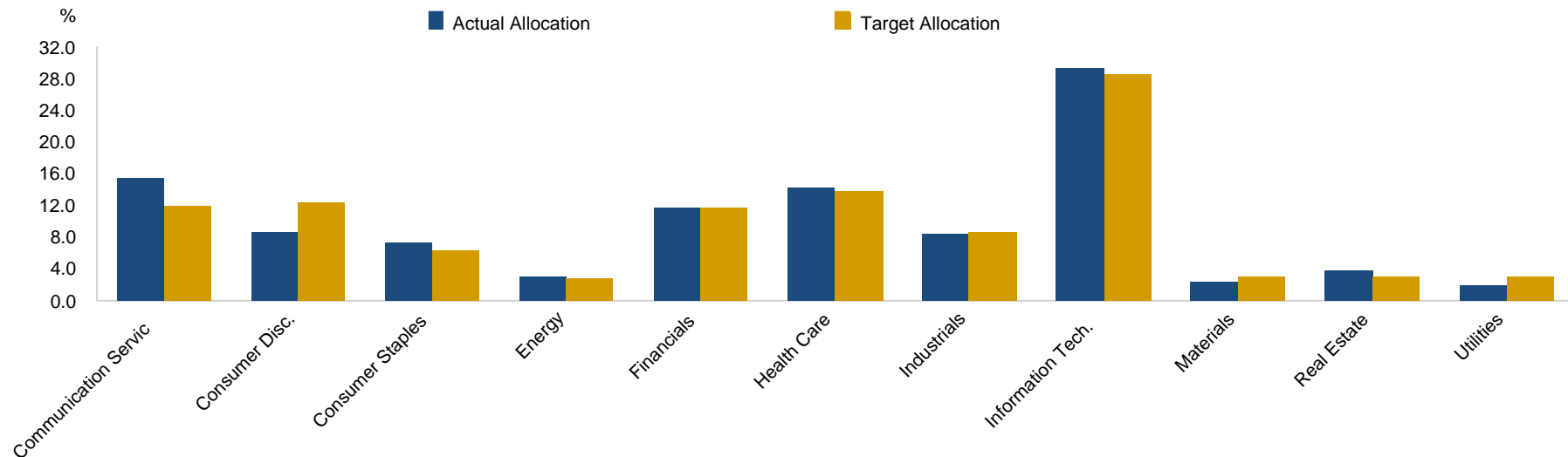
Account Name: DESERT HOSPITAL RETIREMENT PLAN

Reporting Period Ending: September 30, 2021

Account ID: xxxxx28600



Equity Sector Allocation vs. SP500 Target



	Market Value	Actual Allocation	Target Allocation	Variance
Communication Services	90,609	14.8	11.5	3.4
Consumer Disc.	49,510	8.1	11.9	-3.8
Consumer Staples	41,272	6.8	5.8	1.0
Energy	14,948	2.5	2.4	.0
Financials	68,004	11.2	11.2	.0
Health Care	83,679	13.7	13.4	.3
Industrials	47,877	7.8	8.2	-.3
Information Tech.	174,820	28.7	28.0	.7
Materials	11,120	1.8	2.6	-.7
Real Estate	19,482	3.2	2.6	.6
Utilities	8,699	1.4	2.5	-1.1
Total Common Stock	610,018	100.0	100.0	.0

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxx28600



As of: September 30, 2021

Summary Investment Performance

Beginning Market Value	5,214,367.09
Beginning Accrued Income	7,663.41
Beginning Portfolio Value	5,222,030.50
Contributions	59,322.81
Withdrawals	-546,321.97
Income Earned	67,101.88
Gain/Loss	383,009.42
Ending Market Value	5,178,088.99
Ending Accrued Income	7,053.65
Ending Portfolio Value	5,185,142.64
Total Earnings	450,111.30

Performance

Cash Equivalents	.02
Total Equities	12.93
Total Fixed Income	.34
Total Managed Account	8.83

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxx28600



As of: September 30, 2021

Performance Report

	Market Value	3 Months	Year to Date (9 Months)	1 Year	3 Years	5 Years	10 Years	20 Years
Cash & Equivalents	224,176	.01	.02	.03	.99	.99	1.00	
Lipper Money Market Funds Index		.00	.00	.00	.96	.94	.48	1.12
Total Fixed Income	1,418,679	.25	.34	.51	4.27	2.51	2.31	3.41
Bloomberg Intmtd US Aggregate Index		.05	-.79	-.38	4.39	2.47	2.51	3.90
Alternatives	135,111	-.24	4.27	8.25	7.00	4.64		
Wilshire Liquid Alternative Index		-.37	4.08	8.65	3.32	2.88	2.49	2.53
Total Equities	3,407,177	-.94	12.93	30.62	12.68	13.64	13.49	8.44
MSCI AC World Index (Net)		-1.05	11.12	27.44	12.58	13.20	11.90	8.11
MSCI EAFE Index (Net)		-.45	8.35	25.73	7.62	8.81	8.10	6.55
MSCI EM Free Index (Net USD)		-8.09	-1.25	18.20	8.58	9.23	6.09	10.96
Russell 2000 Index (USD)		-4.36	12.41	47.68	10.54	13.45	14.63	10.29
Russell Midcap Index		-.93	15.17	38.11	14.22	14.39	15.52	11.41
S&P 500 Composite Index		.58	15.92	30.00	15.99	16.90	16.63	9.51
65% S&P 500/ 15% Russell 2000/ 20% MSCI EAFE		-.35	13.94	31.83	13.59	14.85	14.69	9.14
Total Managed Account	5,185,143	-.51	8.83	19.50	9.56	9.30	9.16	
Total Account Net of Fees	5,185,143	-.67	8.30	18.72	8.84	8.58	8.42	5.87

Returns are gross of fees not including account level advisory fees unless otherwise stated. Gross returns are presented before management and custodial fees but after all trading expenses, embedded and reflect the reinvestment of dividends and other income. Net returns are net of investment management fees in effect for the respective time period. Returns for periods over one year are annualized. The information presented has been obtained from sources believed to be accurate and reliable. Past performance is not indicative of future returns. Securities are not FDIC insured have no bank guarantee and may lose value.

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxx28600



As of: September 30, 2021

Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
Alternatives										
Managed Futures										
NATIXIS ASG MGD FUT CL N #6100	AMFNX	2,453.437	10.46	25,673.39	10.80	26,497.12	.5	.36	883.24	3.333
Total for Managed Futures				25,673.39		26,497.12	.5		883.24	3.333
Real Estate - ETFs / Sctr Fds										
VANGUARD REAL ESTATE ETF	VNQ	276.000	93.11	25,699.42	101.78	28,091.28	.5	3.25	897.00	3.193
Total for Real Estate - ETFs / Sctr Fds				25,699.42		28,091.28	.5		897.00	3.193
Unconstrained Fixed Income										
BLACKROCK STRAT INC OPPS CL K #1944	BSIKX	7,787.378	9.93	77,327.46	10.32	80,522.38	1.6	.27	2,110.38	2.626
Total for Unconstrained Fixed Income				77,327.46		80,522.38	1.6		2,110.38	2.626
Total: Alternatives				128,700.27		135,110.78	2.6		3,890.62	2.883
Cash										
Cash										
Cash/Pending Trade		-1,175.470	1.00	-1,175.47	1.00	-1,175.47	.0	.00	.00	.000
Total for Cash				-1,175.47		-1,175.47	.0		.00	.000
Total: Cash				-1,175.47		-1,175.47	.0		.00	.000
Total Equities										
Communi Services - Dom CS										
ALPHABET INC CAP STK CL A	GOOGL	16.000	793.85	12,701.63	2,673.52	42,776.32	.8	.00	.00	.000
COMCAST CORP-CL A	CMCSA	158.000	34.88	5,511.09	55.93	8,836.94	.2	1.00	158.00	1.788
DISNEY (WALT) COMPANY HOLDING CO	DIS	64.000	113.30	7,251.45	169.17	10,826.88	.2	.00	.00	.000
ELECTRONIC ARTS INC COMMON	EA	51.000	82.37	4,200.67	142.25	7,254.75	.1	.68	34.68	.478

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Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
	FACEBOOK INC CL A	FB	36.000	121.42	4,370.98	339.39	12,218.04	.2	.00	.000
	VERIZON COMMUNICATIONS	VZ	161.000	53.44	8,603.79	54.01	8,695.61	.2	2.56	412.16
Total for Communi Services - Dom CS				42,639.61		90,608.54	1.7		604.84	.668
Con Discretionary - Dom CS										
	AMAZON.COM INC	AMZN	5.000	1,627.28	8,136.41	3,285.04	16,425.20	.3	.00	.000
	LOWES COS INC	LOW	58.000	68.70	3,984.31	202.86	11,765.88	.2	3.20	185.60
	NIKE INC CL B	NKE	28.000	74.90	2,097.06	145.23	4,074.14	.1	1.10	30.80
	O REILLY AUTOMOTIVE INC NEW	ORLY	10.000	298.58	2,985.79	611.06	6,110.60	.1	.00	.000
	TJX COS INC NEW	TJX	70.000	38.85	2,719.48	65.98	4,618.60	.1	1.04	72.80
	V F CORP	VFC	34.000	95.61	3,250.57	66.99	2,277.66	.0	1.96	66.64
	WYNN RESORTS LTD	WYNN	50.000	100.67	5,033.63	84.75	4,237.50	.1	.00	.000
Total for Con Discretionary - Dom CS				28,207.25		49,509.58	1.0		355.84	.719
Con Staples - Dom CS										
	COSTCO WHOLESALE CORP	COST	23.000	170.48	3,921.14	449.35	10,335.05	.2	3.16	72.68
	PROCTER & GAMBLE CO	PG	108.000	103.61	11,189.44	139.80	15,098.40	.3	3.48	375.73
	WALMART INC COM	WMT	30.000	119.02	3,570.45	139.38	4,181.40	.1	2.20	66.00
Total for Con Staples - Dom CS				18,681.03		29,614.85	.6		514.41	1.737
Con Staples - Intl CS										
	UNILEVER PLC ADR	UL	215.000	57.45	12,352.67	54.22	11,657.30	.2	2.00	429.36
Total for Con Staples - Intl CS				12,352.67		11,657.30	.2		429.36	3.683
Emerging Market Funds										
	ISHARES MSCI EMERGING MKT FD	EEM	1,125.000	36.99	41,616.86	50.38	56,677.50	1.1	.76	855.00
	VANGUARD FTSE EMRG MRKTS ETF	VWO	1,471.000	40.23	59,175.99	50.01	73,564.71	1.4	1.12	1,650.46
Total for Emerging Market Funds				100,792.85		130,242.21	2.5		2,505.46	1.924
Energy - Dom CS										
	CHEVRON CORP. COMMON STOCK	CVX	88.000	106.01	9,329.23	101.45	8,927.60	.2	5.36	471.68

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EOG RES INC	EOG	75.000	81.24	6,093.04	80.27	6,020.25	.1	1.65	123.75	2.056
Total for Energy - Dom CS				15,422.27		14,947.85	.3		595.43	3.983
Financials - Domestic CS										
AMERICAN EXPRESS CO	AXP	25.000	118.59	2,964.67	167.53	4,188.25	.1	1.72	43.00	1.027
AMERICAN INTL GROUP COM	AIG	49.000	61.89	3,032.57	54.89	2,689.61	.1	1.28	62.72	2.332
BERKSHIRE HATHAWAY B	BRK.B	42.000	196.34	8,246.31	272.94	11,463.48	.2	.00	.00	.000
CITIGROUP INC COM	C	117.000	52.50	6,142.84	70.18	8,211.06	.2	2.04	238.68	2.907
GOLDMAN SACHS GROUP INC	GS	22.000	170.97	3,761.31	378.03	8,316.66	.2	8.00	176.00	2.116
HARTFORD FINL SVCS GROUP INC	HIG	50.000	53.63	2,681.34	70.25	3,530.00	.1	1.40	70.00	1.993
JPMORGAN CHASE & CO	JPM	115.000	92.22	10,605.30	163.69	18,824.35	.4	4.00	460.00	2.444
SCHWAB CHARLES CORP NEW	SCHW	148.000	36.52	5,404.92	72.84	10,780.32	.2	.72	106.56	.988
Total for Financials - Domestic CS				42,839.26		68,003.73	1.3		1,156.96	1.702
Foreign Large Blended Funds										
ISHARES TR HDG MSCI EAFE	HEFA	2,579.000	26.06	67,201.94	34.39	88,691.81	1.7	.74	1,918.78	2.163
VANGUARD FTSE DEVELOPED MARKETS ETF	VEA	6,537.000	41.79	273,181.23	50.49	330,053.13	6.4	1.26	8,230.08	2.494
Total for Foreign Large Blended Funds				340,383.17		418,744.94	8.1		10,148.86	2.424
Foreign Large Growth Funds										
ISHARES MSCI EAFE GROWTH ETF	EFG	1,300.000	66.43	86,360.71	106.47	138,411.00	2.7	1.25	1,619.80	1.170
Total for Foreign Large Growth Funds				86,360.71		138,411.00	2.7		1,619.80	1.170
Foreign Large Value Funds										
ISHARES MSCI EAFE VALUE ETF	EFV	2,874.000	50.60	145,419.15	50.85	146,142.90	2.8	1.52	4,356.98	2.981
Total for Foreign Large Value Funds				145,419.15		146,142.90	2.8		4,356.98	2.981
Health Care - Dom CS										
ABBOTT LABS COM	ABT	70.000	45.64	3,194.83	118.13	8,269.10	.2	1.80	126.00	1.524
ANTHEM INC COM	ANTM	16.000	258.48	4,135.72	372.80	5,964.80	.1	4.52	72.32	1.212
BIOMARIN PHARMACEUTICAL INC	BMRN	70.000	85.87	6,010.66	77.29	5,410.30	.1	.00	.00	.000

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	BRISTOL MYERS SQUIBB CO	191.000	57.33	10,949.17	59.17	11,395.06	.2	1.96	374.36	3.312
	GILEAD SCIENCES INC	100.000	71.61	7,161.45	69.85	6,985.00	.1	2.84	284.00	4.066
	ILLUMINA INC	13.000	296.09	3,849.12	405.61	5,272.93	.1	.00	.00	.000
	LILLY ELI & CO	63.000	124.30	7,830.69	231.05	14,556.15	.3	3.40	214.20	1.472
	MERCK & CO COM COM	102.000	56.07	5,719.27	75.11	7,727.52	.1	2.60	265.20	3.462
	PFIZER INC	141.000	33.40	4,708.75	43.01	6,064.41	.1	1.56	219.96	3.627
	REGENERON PHARMACEUTICALS INC	6.000	337.51	2,025.05	605.18	3,631.08	.1	.00	.00	.000
	UNITEDHEALTH GROUP INC	14.000	281.23	3,937.22	390.74	5,470.36	.1	5.80	81.20	1.484
	ZIMMER BIOMET HLDGS INC COM	20.000	143.70	2,873.95	146.36	2,932.00	.1	.96	19.20	.656
Total for Health Care - Dom CS				62,395.88		83,678.71	1.6		1,656.44	1.983
Industrials - Domestic CS										
	BOEING CO	10.000	331.10	3,310.97	219.94	2,199.40	.0	.00	.00	.000
	FORTIVE CORP COM	76.000	44.42	3,375.65	70.57	5,363.32	.1	.28	21.28	.397
	HONEYWELL INTL INC	45.000	130.96	5,893.38	212.28	9,552.60	.2	3.92	176.40	1.847
	HUNT J B TRANS SVCS INC	40.000	90.21	3,608.55	167.22	6,688.80	.1	1.20	48.00	.718
	NORTHROP GRUMMAN CORP	22.000	249.78	5,495.09	360.15	7,923.30	.2	6.28	138.16	1.744
	OTIS WORLDWIDE CORP	6.000	65.73	394.39	82.28	493.68	.0	.96	5.76	1.167
	RAYTHEON TECHNOLOGIES CORP COM	13.000	73.13	950.67	85.96	1,117.48	.0	2.04	26.52	2.373
	ROCKWELL AUTOMATION, INC. COMMON STO	16.000	154.97	2,479.53	294.04	4,704.64	.1	4.28	68.48	1.456
	UNITED PARCEL SERVICE CL B	54.000	108.75	5,872.51	182.10	9,833.40	.2	4.08	220.32	2.241
Total for Industrials - Domestic CS				31,380.74		47,876.62	.9		704.92	1.472
Info Tech - Domestic CS										
	ADOBE INC	13.000	110.39	1,435.05	575.72	7,484.36	.1	.00	.00	.000
	ANALOG DEVICES INC	61.000	72.41	4,416.79	167.48	10,216.28	.2	2.76	168.36	1.648
	APPLE INC COM	330.000	29.86	9,852.47	141.50	46,695.00	.9	.88	290.40	.622
	APPLIED MATLS INC	152.000	30.26	4,600.10	128.73	19,566.96	.4	.96	145.92	.746
	CISCO SYS INC	270.000	30.85	8,328.24	54.43	14,696.10	.3	1.48	399.60	2.719
	MASTERCARD INC-A	38.000	110.52	4,199.74	347.68	13,211.84	.3	1.76	66.88	.506
	MICROSOFT CORP	175.000	64.38	11,267.09	281.92	49,336.00	1.0	2.48	434.00	.880

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ORACLE CORP	ORCL	68.000	53.56	3,641.85	87.13	5,924.84	.1	1.28	87.04	1.469
TEXAS INSTRS INC	TXN	40.000	76.85	3,074.09	192.21	7,688.40	.1	4.08	163.20	2.123
Total for Info Tech - Domestic CS				50,815.42		174,819.78	3.4		1,755.40	1.004
Intl CS - Non-ADRs										
LINDE PLC COM	LIN	45.000	135.72	6,107.62	293.38	13,202.10	.3	4.24	190.80	1.445
MEDTRONIC PLC SHS	MDT	95.000	79.98	7,598.40	125.35	11,908.25	.2	2.52	239.40	2.010
ALCON INC ORD SHS	ALC	54.000	58.10	3,137.36	80.47	4,345.38	.1	.09	4.91	.113
Total for Intl CS - Non-ADRs				16,843.38		29,455.73	.6		435.11	1.477
Large-Cap Blended Funds										
SCHWAB STRATEGIC TR	SCHX	2,561.000	56.82	145,522.52	104.03	266,420.83	5.1	1.32	3,377.96	1.268
VANGUARD INDEX FUNDS S&P 500 ETF SHS	VOO	765.000	218.88	167,446.58	394.40	302,716.93	5.8	5.29	4,044.55	1.341
Total for Large-Cap Blended Funds				312,969.10		569,137.76	11.0		7,422.51	1.306
Large-Cap Growth Funds										
ISHARES S&P 500 GROWTH ETF	IVW	4,935.000	29.45	145,351.70	73.91	364,745.85	7.0	.44	2,156.59	.591
Total for Large-Cap Growth Funds				145,351.70		364,745.85	7.0		2,156.59	.591
Large-Cap Value Funds										
ISHARES S&P 500 VALUE ETF	IVE	2,706.000	93.76	253,708.76	145.42	393,506.52	7.6	2.85	7,720.22	1.962
Total for Large-Cap Value Funds				253,708.76		393,506.52	7.6		7,720.22	1.962
Materials - Domestic CS										
ECOLAB INC	ECL	37.000	118.35	4,378.86	208.62	7,736.70	.1	1.92	71.04	.920
VULCAN MATLS CO	VMC	20.000	132.35	2,646.90	169.16	3,383.20	.1	1.48	29.60	.875
Total for Materials - Domestic CS				7,025.76		11,119.90	.2		100.64	.906
Mid-Cap Growth Funds										
ISHARES RUS MID-CAP GRW ETF	IWP	929.000	44.02	40,894.32	112.07	104,113.03	2.0	.32	296.35	.285
Total for Mid-Cap Growth Funds				40,894.32		104,113.03	2.0		296.35	.285

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	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
Mid-Cap Value Funds										
ISHARES RUS MID-CAP VALUE	IWS	1,094.000	72.82	79,667.38	113.25	123,895.50	2.4	1.63	1,779.94	1.437
Total for Mid-Cap Value Funds				79,667.38		123,895.50	2.4		1,779.94	1.437
Real Estate - Dom CS										
AMERICAN TOWER CORP	AMT	46.000	101.75	4,680.44	265.41	12,269.12	.2	5.03	231.38	1.895
PROLOGIS INC	PLD	30.000	70.12	2,103.45	125.43	3,762.90	.1	2.52	75.60	2.009
WEYERHAEUSER CO COM	WY	97.000	25.42	2,466.22	35.57	3,450.29	.1	.68	65.96	1.912
Total for Real Estate - Dom CS				9,250.11		19,482.31	.4		372.94	1.920
Small-Cap Blended Funds										
ISHARES RUSSELL 2000 ETF	IWM	703.000	122.97	86,449.70	218.75	153,781.25	3.0	2.02	1,417.95	.922
Total for Small-Cap Blended Funds				86,449.70		153,781.25	3.0		1,417.95	.922
Small-Cap Growth Funds										
ISHARES RUSSELL 2000 GROWTH ETF	IWO	369.000	168.51	62,182.00	293.59	108,334.71	2.1	.96	354.24	.327
Total for Small-Cap Growth Funds				62,182.00		108,334.71	2.1		354.24	.327
Small-Cap Value Funds										
ISHARES RUSSELL 2000 VALUE ETF	IWN	728.000	117.63	85,636.88	160.23	116,647.44	2.2	2.21	1,606.70	1.377
Total for Small-Cap Value Funds				85,636.88		116,647.44	2.2		1,606.70	1.377
Utilities-Dom Common Stock										
CARRIER GLOBAL CORPORATION	CARR	13.000	21.92	284.96	51.76	672.88	.0	.48	6.24	.927
WEC ENERGY GROUP INC COM	WEC	91.000	62.00	5,641.57	88.20	8,026.20	.2	2.71	246.61	3.073
Total for Utilities-Dom Common Stock				5,926.53		8,699.08	.2		252.85	2.907
Total: Total Equities				2,083,595.63		3,407,177.09	65.7		50,320.74	1.477
Total Fixed Income										

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Tax Fds - Multi Sector Inc										
PIMCO INCOME FUND INSTL #1821	PIMIX	9,050.045	11.96	108,208.77	12.04	109,323.40	2.1	.48	4,344.02	3.987
Total for Tax Fds - Multi Sector Inc				108,208.77		109,323.40	2.1		4,344.02	3.987
Taxable FX- US Govt Agcy										
FHLMC NTS 2.375% 1/13/22	FN22322	50,000.000	105.66	52,830.60	100.65	50,584.29	1.0	2.38	1,187.50	2.360
Total for Taxable FX- US Govt Agcy				52,830.60		50,584.29	1.0		1,187.50	2.360
Taxable Fixed - Corporates										
ALPHABET INC 3.375% 2/25/24		100,000.000	103.68	103,675.00	106.88	107,216.50	2.1	3.38	3,375.00	3.158
BERKSHIRE HATH FIN 3.000% 5/15/22	BH33022	50,000.000	104.53	52,264.50	101.72	51,424.17	1.0	3.00	1,500.00	2.949
EDWARDS LIFESCIENCES 4.300% 6/15/28	EL44328	100,000.000	112.46	112,461.00	114.59	115,856.11	2.2	4.30	4,300.00	3.753
IBM CORP 3.375% 8/01/23	IC00323	100,000.000	103.56	103,559.00	105.42	105,977.50	2.0	3.38	3,375.00	3.202
PRAXAIR INC	PX23	50,000.000	101.99	50,994.00	102.75	51,524.50	1.0	2.70	1,350.00	2.628
WELLS FARGO NTS 3.500% 3/08/22	WFN3512	17,000.000	102.96	17,503.88	101.41	17,277.37	.3	3.50	595.00	3.451
Total for Taxable Fixed - Corporates				440,457.38		449,276.15	8.7		14,495.00	3.247
Taxable Fixed - Mortgages										
FGLMC G07029 4.000% 6/01/42	G07029F	43,852.220	106.20	46,572.43	110.76	48,570.72	.9	4.00	1,754.09	3.611
FGLMC #C04305 3.000% 11/01/42	C04305F	32,927.190	104.36	34,362.63	106.81	35,251.19	.7	3.00	987.82	2.809
FGLMC #C18024 5.500% 11/01/28	C18024F	1,002.920	103.75	1,040.53	111.76	1,125.43	.0	5.50	55.16	4.921
FGLMC #Q19470 3.000% 6/01/43	Q19470F	50,144.730	100.64	50,465.98	107.09	53,825.35	1.0	3.00	1,504.34	2.801
FGLMC #G60344 4.000% 12/01/45	G60344F	37,267.950	105.62	39,364.25	110.97	41,478.98	.8	4.00	1,490.72	3.605
FNMA AL7945 3.50000% 1/1/2046	AL7945A	46,082.730	103.67	47,774.84	109.39	50,409.44	1.0	3.50	1,612.90	3.200
FNMA AS6340 3.5000% 12/1/2045	AS6340A	37,657.670	102.63	38,649.14	108.56	40,881.54	.8	3.50	1,318.02	3.224
FNMA AU3742 3.5000% 8/1/2043	AU3742A	38,711.790	102.45	39,661.43	108.90	42,157.53	.8	3.50	1,354.91	3.214
FNMA 995672 4.500% 4/01/39	995672A	5,036.380	101.70	5,122.19	112.01	5,660.24	.1	4.50	226.64	4.017
GNMA II #2629 6.000% 8/20/28	002629M	1,677.260	99.69	1,672.03	113.36	1,909.73	.0	6.00	100.64	5.293
GNMA II #003389 5.000% 5/20/33	003389M	2,156.920	103.75	2,237.81	112.04	2,425.54	.0	5.00	107.85	4.463
GNMA #474804 6.500% 9/15/28	474804X	1,298.480	101.19	1,313.90	111.71	1,457.60	.0	6.50	84.40	5.818

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GNMA #780912 6.500% 11/15/28	780912X	1,047.350	101.97	1,067.97	111.71	1,175.70	.0	6.50	68.08	5.818
GNMA #781057 5.500% 6/15/29	781057X	694.110	100.37	696.71	112.23	782.21	.0	5.50	38.18	4.900
Total for Taxable Fixed - Mortgages				310,001.84		327,111.20	6.3		10,703.73	3.276
Taxable Fixed - US Treas										
US TREAS NTS 2.750% 11/15/23	UTN0023	100,000.000	100.68	100,683.59	105.15	106,186.72	2.0	2.75	2,750.00	2.615
Total for Taxable Fixed - US Treas				100,683.59		106,186.72	2.0		2,750.00	2.615
Taxable Funds - High Yield										
PIMCO HIGH YIELD,INSTL #108	PHIYX	2,995.444	8.94	26,776.73	9.08	27,298.47	.5	.40	1,201.17	4.416
Total for Taxable Funds - High Yield				26,776.73		27,298.47	.5		1,201.17	4.416
Taxable Funds - Int Term										
PRUDENTIAL TOTAL RTRN BD CL Q	PTRQX	5,548.994	14.47	80,292.23	14.59	81,139.67	1.6	.41	2,286.19	2.824
Total for Taxable Funds - Int Term				80,292.23		81,139.67	1.6		2,286.19	2.824
Taxable Funds - Short Term										
VNGRD ST TERM INVMT GRADE ADM #539	VFSUX	24,462.999	10.90	266,679.30	10.93	267,758.88	5.2	.20	4,794.75	1.793
Total for Taxable Funds - Short Term				266,679.30		267,758.88	5.2		4,794.75	1.793
Total: Total Fixed Income				1,385,930.44		1,418,678.78	27.4		41,762.35	2.955
Cash Equivalents										
Cash - Money Market										
FIRST AMERN GOVT OBLIG FD CL Z #3676	FGZXX	225,347.580	1.00	225,347.58	1.00	225,351.46	4.3	.00	44.39	.020
Total for Cash - Money Market				225,347.58		225,351.46	4.3		44.39	.020
Total: Cash Equivalents				225,347.58		225,351.46	4.3		44.39	.020
Total				3,822,398.45		5,185,142.64	100.0		96,018.11	1.854

DESERT HEALTHCARE DISTRICT

xxxxxx04730

09/30/2021

Investment Objective: FIXED INCOME MANAGEMENT
Investment Officer: KEITH STRIBLING

Account Name: DESERT HEALTHCARE DISTRICT

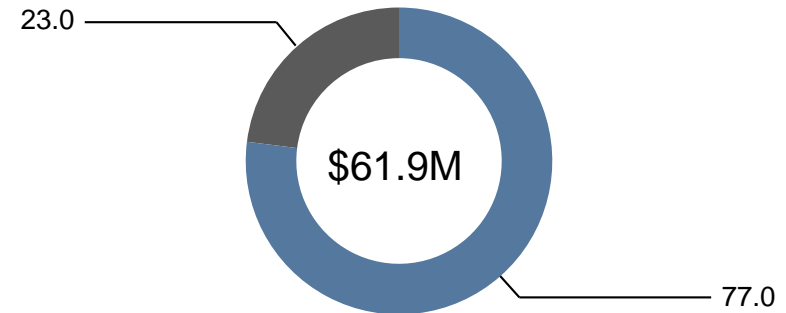
Account ID: xxxxx04730

As of: September 30, 2021

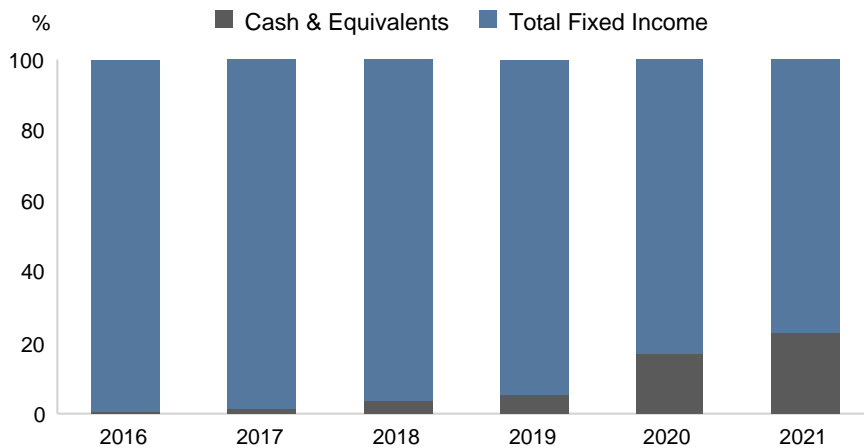
Asset Allocation Summary

Market Value by Asset Class

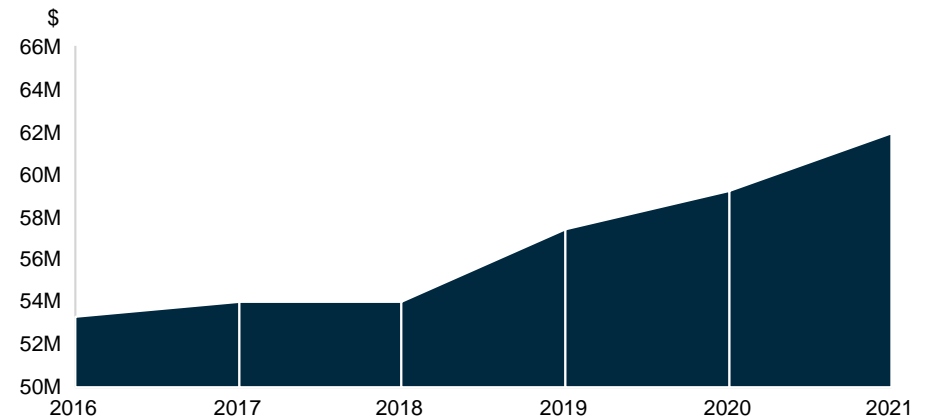
	Market Value	% of Mkt Val
● Total Fixed Income	\$ 47,656,169	77.0 %
● Cash & Equivalents	\$ 14,242,045	23.0 %
Total	\$ 61,898,214	100.0 %



Annual Allocation



Annual Ending Market Values



Account Name: DESERT HEALTHCARE DISTRICT

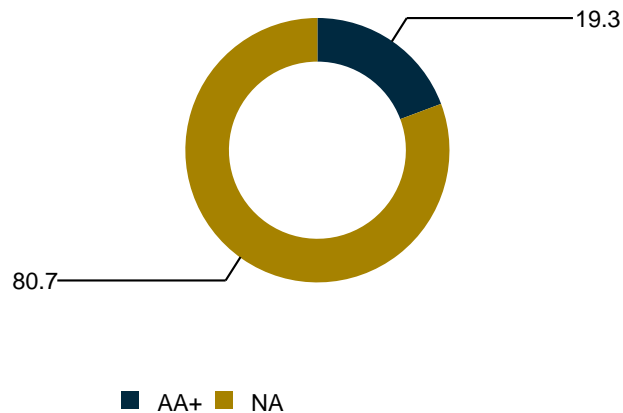
Reporting Period Ending: September 30, 2021

Account ID: xxxxx04730

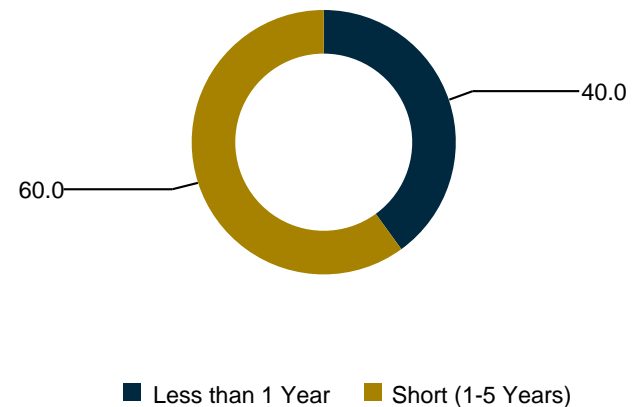
Fixed Income Analysis - Individual Holdings

	09/30/2021	10/31/2020	10/31/2019	10/31/2018	10/31/2017
Duration	1.65	1.33	1.80	2.29	2.09
Coupon	1.67%	2.09%	2.13%	2.34%	2.66%
Yield to Maturity	.27%	.16%	1.58%	2.85%	1.63%
Maturity	1.67	1.35	1.84	2.35	2.15
Current Yield	1.64	2.04	2.10	2.36	2.63
Face Amount	\$ 46,800,000	\$ 49,800,000	\$ 55,300,000	\$ 52,800,000	\$ 52,800,000
Market Value	\$ 47,463,697	\$ 51,055,136	\$ 55,916,756	\$ 52,051,992	\$ 53,322,438
Cost	\$ 47,013,682	\$ 49,911,495	\$ 55,519,627	\$ 53,346,065	\$ 54,568,150

Quality Allocation by Market Value



Maturity Allocation by Market Value



Account Name: DESERT HEALTHCARE DISTRICT

Account ID: xxxxx04730

As of: September 30, 2021

Summary Investment Performance

Beginning Market Value	58,931,311.41
Beginning Accrued Income	239,738.54
Beginning Portfolio Value	59,171,049.95
Contributions	3,750,000.00
Withdrawals	-1,014,715.89
Income Earned	691,433.67
Gain/Loss	-699,553.38
Ending Market Value	61,705,637.45
Ending Accrued Income	192,576.90
Ending Portfolio Value	61,898,214.35
Total Earnings	-8,119.71

Performance

Cash Equivalents	.01
Total Fixed Income	-.02
Total Managed Account	-.01

Account Name: DESERT HEALTHCARE DISTRICT
Account ID: xxxxx04730
As of: September 30, 2021

Performance Report

	Market Value	3 Months	Year to Date (9 Months)	1 Year	3 Years	5 Years	10 Years	20 Years
Cash & Equivalents	14,242,045	.00	.01	.01	.99	.99	.53	
Lipper Money Market Funds Index		.00	.00	.00	.96	.94	.48	1.12
Total Fixed Income	47,656,169	.05	-.02	.03	2.71	1.66	1.26	2.47
Bloomberg 1-3 Yr US Govt/Credit Index		.09	.09	.30	2.87	1.89	1.47	2.57
Total Managed Account	61,898,214	.05	-.01	.03	2.59	1.60	1.22	
Total Account Net of Fees	61,898,214	.05	-.04	-.04	2.43	1.43	1.04	2.23

Account Name: DESERT HEALTHCARE DISTRICT

Account ID: xxxxx04730

As of: September 30, 2021

Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
Total Fixed Income										
Taxable FX- US Govt Agcy										
FHLB CONS BD 1.875% 11/29/21	FCB1821	1,000,000.000	99.56	995,643.00	100.29	1,009,284.17	1.6	1.88	18,750.00	1.870
FEDERAL HOME LOAN 2.750% 6/10/22	FHL2722	1,000,000.000	99.68	996,760.00	101.87	1,027,159.17	1.7	2.75	27,500.00	2.700
FEDERAL HOME LOAN BA 3.250% 6/09/23	FHL3223H	1,000,000.000	100.77	1,007,738.82	105.08	1,060,921.11	1.7	3.25	32,500.00	3.093
FNMA NTS 2.000% 1/05/22	FN22022D	1,000,000.000	100.01	1,000,135.92	100.49	1,009,657.78	1.6	2.00	20,000.00	1.990
FNMA NTS 1.875% 4/05/22	FN11822	2,000,000.000	97.15	1,942,935.84	100.92	2,036,713.33	3.3	1.88	37,500.00	1.858
FHLMC NTS 2.375% 1/13/22	FN22322	2,000,000.000	100.46	2,009,275.06	100.65	2,023,371.67	3.3	2.38	47,500.00	2.360
FEDERAL HOME LN MTG 2.750% 6/19/23	FHL2723A	1,000,000.000	98.83	988,303.00	104.29	1,050,731.67	1.7	2.75	27,500.00	2.637
Total for Taxable FX- US Govt Agcy				8,940,791.64		9,217,838.90	14.9		211,250.00	2.308
Taxable Fixed - US Treas										
US TREAS NTS 1.875% 7/31/22	UTN0022C	1,000,000.000	100.34	1,003,376.49	101.49	1,018,078.97	1.6	1.88	18,750.00	1.847
US TREAS NTS 1.625% 8/31/22	UTN1622B	2,000,000.000	100.27	2,005,422.15	101.41	2,030,903.15	3.3	1.63	32,500.00	1.602
US TREAS NTS 1.875% 9/30/22	UTN0022D	2,000,000.000	100.16	2,003,173.55	101.78	2,035,723.02	3.3	1.88	37,500.00	1.842
US TREAS NTS 2.000% 10/31/22	UTN0122B	1,000,000.000	99.78	997,812.50	102.04	1,028,799.57	1.7	2.00	20,000.00	1.960
US TREAS NTS 2.375% 1/31/23	UTN0023C	2,000,000.000	98.76	1,975,156.25	102.95	2,067,062.72	3.3	2.38	47,500.00	2.307
US TREAS NTS 2.750% 4/30/23	UST0023A	1,000,000.000	99.72	997,226.56	104.02	1,051,668.15	1.7	2.75	27,500.00	2.644
UNITED STATES TREAS 2.750% 5/31/23	UST2823	1,000,000.000	99.71	997,070.31	104.20	1,051,256.30	1.7	2.75	27,500.00	2.639
US TREAS NTS 2.000% 10/31/21	UTN2021D	1,000,000.000	100.10	1,001,013.18	100.16	1,009,949.57	1.6	2.00	20,000.00	1.997
US TREAS NTS 2.125% 12/31/21		1,800,000.000	100.36	1,806,470.01	100.51	1,818,918.44	2.9	2.13	38,250.00	2.114
US TREAS NTS 1.750% 2/28/22	UTN1722A	1,000,000.000	100.22	1,002,234.94	100.70	1,008,528.62	1.6	1.75	17,500.00	1.738
US TREAS NTS 1.625% 5/31/23	UTN1623A	1,000,000.000	100.15	1,001,520.06	102.33	1,028,781.07	1.7	1.63	16,250.00	1.588
US TREAS NTS 1.250% 7/31/23	UTN1223	1,500,000.000	101.93	1,528,925.87	101.83	1,530,578.97	2.5	1.25	18,750.00	1.228
US TREAS NTS 2.000% 2/15/22	UTN2022	1,000,000.000	100.31	1,003,128.57	100.73	1,009,824.35	1.6	2.00	20,000.00	1.986
US TREAS NTS 1.625% 10/31/23	UTN1623B	1,000,000.000	100.27	1,002,746.54	102.72	1,033,990.27	1.7	1.63	16,250.00	1.582
US TREAS NTS 1.875% 3/31/22	33122	2,000,000.000	100.11	2,002,279.24	100.90	2,018,063.02	3.3	1.88	37,500.00	1.858
US TREAS NTS 2.125% 6/30/22	UTN2122	1,000,000.000	100.15	1,001,517.13	101.52	1,020,600.24	1.6	2.13	21,250.00	2.093
US TREAS NTS 1.750% 5/31/22	UTN1722C	1,000,000.000	100.38	1,003,794.45	101.12	1,017,051.15	1.6	1.75	17,500.00	1.731
US TREAS NTS 0.0001% 8/31/24	UTN0024D	2,000,000.000	103.52	2,070,413.41	102.16	2,045,260.88	3.3	1.25	25,000.00	1.224

Account Name: DESERT HEALTHCARE DISTRICT

Account ID: xxxxx04730

As of: September 30, 2021

Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
UNITED STATES TREAS 1.500% 10/31/24	UST0024B	1,500,000.000	104.23	1,563,457.03	102.94	1,553,537.21	2.5	1.50	22,500.00	1.457
UNITED STATES TREAS 1.50% 11/30/24	UST0024C	2,500,000.000	104.26	2,606,542.97	102.93	2,585,752.46	4.2	1.50	37,500.00	1.457
UNITED STATES TREAS 1.125% 2/28/25	UST1125	1,000,000.000	102.85	1,028,476.56	101.67	1,017,643.40	1.6	1.13	11,250.00	1.107
UNITED STATES TREAS 0.5000% 3/31/25	UST0025	3,000,000.000	99.57	2,986,992.19	99.44	2,983,391.44	4.8	.50	15,000.00	.503
UNITED STATES TREAS 0.375% 4/30/25	UST0325	3,000,000.000	99.29	2,978,554.69	98.89	2,971,463.61	4.8	.38	11,250.00	.379
UNITED STATES TREAS 0.375% 4/15/24	UST0324	2,500,000.000	100.22	2,505,585.94	99.89	2,501,503.89	4.0	.38	9,375.00	.375
Total for Taxable Fixed - US Treas				38,072,890.59		38,438,330.47	62.1		566,375.00	1.478
Total: Total Fixed Income				47,013,682.23		47,656,169.37	77.0		777,625.00	1.638
Cash Equivalents										
Cash - Money Market										
FIDELITY GOVT MMKT INST CL-I #57	FIDGOV	14,241,940.450	1.00	14,241,940.45	1.00	14,242,044.98	23.0	.00	1,424.19	.010
Total for Cash - Money Market				14,241,940.45		14,242,044.98	23.0		1,424.19	.010
Total: Cash Equivalents				14,241,940.45		14,242,044.98	23.0		1,424.19	.010
Total				61,255,622.68		61,898,214.35	100.0		779,049.19	1.263

As of: September 30, 2021



Disclosures

Investment management services offered by MUFG Union Bank, N.A. in conjunction with its subsidiary, HighMark Capital Management, an SEC-registered investment adviser. Past performance does not guarantee future results. Individual account management and construction will vary depending on each client's investment needs and objectives. **Investments strategies are NOT insured by the FDIC or by any other Federal Government Agency, are NOT Bank deposits, are NOT guaranteed by the Bank or any Bank affiliate, and MAY lose value, including possible loss of principal.**

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
November 09, 2021**

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

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 5:07 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	Moved and seconded by Vice-President Borja and Chair PerezGil to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. October 12, 2021	Chair PerezGil asked for a motion to approve the October 12, 2021, meeting minutes.	Moved and seconded by Vice-President Borja and Director PerezGil to approve the October 12, 2021, meeting minutes. Motion passed unanimously.
IV. Public Comment	There were no public comments.	
V. Old Business 1. Clear Impact Platform/Results Based Accountability (RBA) – UPDATE	Donna Craig, Chief Program Officer, provided an overview of Clear Impact Performance Management Software Services to develop measurements, dashboards, and scorecards, further explaining the preliminary meeting with a representative to determine the potential impact, review of the district's strategies with a draft scorecard to establish the	

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
November 09, 2021**

<p>2. Funding Requests Update</p>	<p>specifics. A more in-depth meeting with the CEO and Chief of Community Engagement is scheduled to establish a timeframe.</p> <p>Chair PerezGil inquired with the committee concerning any questions related to the funding requests update with Vice-President Borja inquiring about the University of California Riverside (UCR) School of Medicine's (SOM) letter of intent. Donna Craig, Chief Program Officer, described the details of the funding request with an upcoming proposal conference for additional information, such as restorative circles related to behavioral health, as well as a similarity to an expansion of UCR SOM's mini-grant for COVID-related mental health and trauma care for Latinx and agricultural worker communities.</p>	
<p>3. Grant Payment Schedule</p>	<p>Chair PerezGil inquired with the committee concerning any questions on the grant payment schedule with a discussion led by Vice-President Borja concerning Lifestream's successful COVID convalescent plasma and its effectiveness for extracting antibodies from COVID positive individuals.</p>	
<p>VI. Program Updates</p>		

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
November 09, 2021**

1. Progress and Final Reports Update	Chair PerezGil inquired with the committee concerning any questions on the most recent progress and final reports.	
VII. Grant Funding Requests		
1. #1296 Coachella Valley Volunteers in Medicine: <i>Improving Access to Healthcare Services</i> – \$154,094	<p>Donna Craig, Chief Program Officer, described the \$154k grant request from Volunteers in Medicine (VIM) - a two-part grant to partner with the Housing Coalition of Coachella Valley to operate telehealth mobile pop-up clinics in Desert Hot Springs and Mecca. The funding will assist with engaging a part-time medical assistant in Desert Hot Springs and Mecca – the locations of the mobile clinics – to connect patients to telehealth at VIM in Indio. The other component of the grant is similar to the continuation of prior funding for uninsured and undocumented patients at VIM to resume payment of services as the only free clinic in the Coachella Valley.</p> <p>Doug Morin, Executive Director, VIM, explained that during the pandemic VIM produced considerable technology for telehealth visits, and funding will assist with progressing with a medical assistant at the remote locations and establishing telehealth appointments with the VIM physicians.</p>	<p>Moved and seconded by Vice-President Borja and Chair PerezGil to approve Grant #1296 – Coachella Valley Volunteers in Medicine: <i>Improving Access to Healthcare Services</i> – \$154,094 and forward to the Board for approval. Motion passed unanimously.</p>
VIII. Committee Members Comments	Vice-President Borja explained the various events in the Coachella Valley with our partners and grantees inquiring	

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
November 09, 2021**

	<p>about sponsorships and requesting invites for their appreciation beyond monetary funding.</p> <p>Dr. Bárzaga, CEO, described the Strategic Planning Committee meeting concerning pending grant applications determined as a moderate priority since they are not related to the strategic plan. The Program Committee will be discussing these grants at a later date, which will also merit further discussion amongst the entire board.</p>	
IX. Adjournment	Chair PerezGil adjourned the meeting at 5:31 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST: _____

Evet 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	Nexus to 2022 5-year Strategic Plan
Desert Cancer Foundation	LOI: #1289 <i>Patient Assistance Program</i>	\$150,000 one year	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 costs of screening, diagnosis, and vital treatment of cancer and its allied diseases. The funds will cover insurance premiums and		Stage 2, the application, has been generated.	<i>Strong nexus to the <u>high priority</u> goals of Goal #2 (Proactively expand community access to primary health care and specialty health care services)/Strategy #2.7: Utilize an equity lens to expand services and resources to underserved communities</i>

			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 Valley Volunteers in Medicine	LOI: #1296 <i>Improving Access to Healthcare Services</i>	\$154,094 one year	Part-time salary for a certified Medical Assistant to facilitate services that will be provided at 2 proposed remote "clinics" in Desert Hot Springs and Mecca as well as covering direct and indirect patient care costs for a	Site visit planned for Tuesday, October 12, 2021 – site visit completed	<i>On agenda for 11/9/21 Program Committee for consideration.</i>	<i>Strong nexus to the <u>high priority</u> goals of Goal #2 (Proactively expand community access to primary health care and specialty health care services)/Strategy #2.4 Provide funding support to community organizations providing primary and specialty care</i>

			minimum of 1,000 scheduled contacts, both in-clinic and remote, for primary medical care, limited specialty care, ancillary services, general and diabetes care management, health education, medical outreach services to homeless persons, social service assessments (including SDOH assessment) and community referrals.			<i>via telehealth</i>
UCR SOM	LOI #1301 <i>Community-based interventions to mitigate psychological</i>	\$113,376 one year (start date January 2022)	Funds will pay for community capacity building (2 trainings), stipends for	Reviewed by grant team and will initiate a proposal review meeting with the grantee	Pending	<i>Possible nexus to Goal #3: Proactively expand community access to</i>

	<i>trauma and mental health disparities in immigrant communities in the COVID-19 pandemic</i>		mental health professionals and promotores to facilitate restorative circles, compensation for promotores, participant incentives for qualitative interviews, and salary support.			<i>behavioral/mental health services</i>
Vision to Learn	LOI #1302 <i>Vision to Learn – Desert Sands and CV Unified School Districts</i>	\$25,000 for one year (start date January 2022)	Funds will support a portion of salaries of opticians, optometrists and other program staff; eyeglasses, supplies and some mobile unit expenses	Reviewed by grant team and will initiate a proposal review meeting with the grantee	Pending	<i>nexus to the <u>high priority goals of Goal #2</u> (Proactively expand community access to primary health care and specialty health care services)/Strategy 2.3 – provide funding support to community organization’s provided expanded mobile primary and specialty care services</i>
CSUSB Street Medicine	LOI #1303 <i>Nursing</i>	\$54,056 one year (start	Support for faculty	Pending review by grants team	Pending	<i>Possible nexus to Goal #2:</i>

	<i>Street Medicine Program</i>	date January 2022)	supervision of CSUSB PDC nursing students; provide support for a faculty member to build collaborative partnerships; stipends for 4 nursing students			<i>Proactively expand community access to primary health care and specialty health care services</i>
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DESERT HEALTHCARE DISTRICT								
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE								
October 31, 2021								
TWELVE MONTHS ENDING JUNE 30, 2022								
			Approved	6/30/2021	Current Yr	Total Paid Prior Yrs	Total Paid Current Yr	Open
Grant ID Nos.		Name	Grants - Prior Yrs	Bal Fwd	2021-2022	July-June	July-June	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		CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr	\$ 50,000	\$ 5,000		\$ -		\$ 5,000
2020-1135-BOD-11-24-20		Hope Through Housing Foundation - Family Resilience - 1 Yr	\$ 20,000	\$ 2,000		\$ -		\$ 2,000
2020-1149-BOD-12-15-20		Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$ 40,000	\$ 22,000		\$ 18,000		\$ 4,000
2021-1136-BOD-01-26-21		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		Alzheimer's Association - Critical Program Support - 1 Yr	\$ 33,264	\$ 18,295		\$ 14,969		\$ 3,326
2021-1162-BOD-01-26-21		Joslyn Center - Wellness Center Program Support - 1 Yr	\$ 109,130	\$ 60,022		\$ 49,108		\$ 10,914
2021-1170-BOD-02-23-21		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		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		\$ 67,500		\$ 15,000
2021-1174-BOD-03-23-21		Mizell Center - Geriatric Case Management Program	\$ 100,000	\$ 55,000		\$ 45,000		\$ 10,000
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		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	\$ -	\$ 473,071	\$ -	\$ 9,028,555
Amts available/remaining for Grant/Programs - FY 2021-22:								
Amount budgeted 2021-2022				\$ 4,000,000			G/L Balance:	10/31/2021
Amount granted through October 31, 2021:				\$ -				
Mini Grants:	1293; 1294		\$ 10,000				2131	\$ 4,038,555
Financial Audits of Non-Profits			\$ -				2281	\$ 4,990,000
Net adj - Grants not used:	FY20-21 Funds, 1124		\$ 1,867,619				Total	\$ 9,028,555
Matching external grant contributions				\$ -				\$ (0)
Balance available for Grants/Programs				\$ 5,877,619				



Date: 11/9/2021

To: Program Committee – District

Subject: Progress and Final Grant Reports 10/1/21 – 10/31/21

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

JFK Memorial Foundation #1041

Grant term: 3/1/20 – 8/31/21

Original Approved Amount: \$50,000

Final report covering the time period from: 3/1/20 – 8/31/21

Blood Bank of San Bernardino and Riverside Counties #1171

Grant term: 4/1/21 – 9/30/22

Original Approved Amount: \$150,000

Progress report covering the time period from: 4/1/21 – 8/31/21

Mizell Center #1174

Grant term: 4/1/21 – 3/31/22

Original Approved Amount: \$100,000

Progress report covering the time period from: 4/1/21 – 9/30/21

CSUSB Philanthropic Foundation #1139

Grant term: 10/1/20 – 9/30/21

Original Approved Amount: \$50,000

Progress report covering the time period from: 4/1/21 – 9/30/21

Voices for Children #1149

Grant term: 1/1/21 – 12/31/21

Original Approved Amount: \$40,000

Progress report covering the time period from: 1/1/21 – 6/30/21

John F Kennedy Memorial Foundation, Grant#: 1041

SafeCare Home Visitation Program

Reporting Period: 3/1/2020 to 8/31/2021

Susan Francis
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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: (2/28/2021)

Desired Outcomes:

Evaluation Plan: SafeCare is an Evidence-Based Practice that is highly structured, involves data collection, and involves coaching to assist with adherence to the protocol. In order to become a Certified SafeCare Provider, a Home Visitor must perform at 85% fidelity or higher on 9 different sessions (3 sessions per module). Coaching for Providers is required at the onset of implementation and decreases as Providers become more knowledgeable in SafeCare, and complete certification.

Each SafeCare module begins with an observational assessment (session 1) to determine parents' current skills and to identify which skills to focus on during training. Providers work with parents during the training sessions (2 through 5) until they have mastered the module skills. SafeCare Providers conduct a final re-assessment (session 6) to confirm parents' mastery of skills.

SafeCare Assessments:

Safety Module - Home Accident Prevention Inventory (HAPI)

Parent Infant/Child Interaction Module - Daily Activities Checklist (DAC)

Health Module - Sick or Injured Child Checklist (SICC)

Parenting skills are taught by:

1. Explaining the targeted skills and noting their importance
2. Modeling targeted skills
3. Having parents Practice targeted skills
4. Assessment of targeted skills and providing positive and corrective Feedback

JFK Foundation's process for evaluating the SafeCare program includes a data collection strategy utilizing program records of participants. Client data is collected and entered into the SafeCare Portal database system. Monthly, mid-year and end-of-year program results are compiled into statistical reports and assessed focusing on attaining program goals, objectives and outcomes.

The Home Visitation Director:

Facilitates monthly Provider case presentation meetings

Tracks each Provider's caseload documenting program outcomes

Compiles individual Provider data into weekly / monthly / annual Reports

Verifies proof of service delivery

Measures overall success of the program by: Client Engagement Rate; Client Retention Rate; Graduation Rate; Decline Rate; Satisfaction and Exit Surveys; Pre-Post Assessments

Goal #1:

Parent-Infant/Child Interaction Module (PII/PCI) – Provided in 6 sessions 1 to 1.5 hours in length.

The goals of the PII/PCI are for parents to:

Learn positive interaction skills

Improve parent-child interactions

Use an organized process for all activities

Engage children in age-appropriate activities

Positive interactions minimize challenging child behaviors and alleviate parental stress. In addition positive parent interactions improve a child's social competence, academic performance, psychological development, and well-being. A feature of the PCI module is to encourage parents to talk to their children often and to use a wide variety of words. The amount and varied words used by parents directly impacts their children's future

academic performance.

Depending on the age of the target child, parents are trained in PII for infants up to the age of 18 months, and PCI for older children. PII and PCI focus on the same set of skills tailored to the developmental level of the infant or child. These skills are relevant as the child grows from infancy to toddler age. These similar skills promote a streamlined transition between the two age groups and helps parents to advance their skills as their child grows and develops.

Evaluation of goal #1:

Session 1:

Daily Activities Checklist (DAC) is completed to determine activities the parent wants to see change, and how much change is needed.

Baseline Assessment – Utilizing the Child Planned Activities Training (cPAT) Assessment Form, parent is formally assessed in “Play Time” and 2 other interactive home activities on the DAC that need the most change. Parents are observed for 3-10 minutes in each, and are then provided with general feedback. Developmental expectations of the child are discussed, lessons learned during the session are summarized, and an overview of the next session is provided.

Session 2 Training:

Parents are introduced and trained on how to structure activities using the cPAT skills. Providers work with parents to: Explain, Model, Practice, provide Feedback (E-M-P-F). E-M-P-F is repeated as appropriate to achieve mastery.

Session 3-5 Training:

Retention of skills practiced during previous sessions are formally assessed. Parents are encouraged to continue to practice cPAT skills in play and daily activities. Independent play (IP) skills are introduced and explained utilizing the cPAT IP. E-M-P-F is repeated as appropriate to achieve mastery.

Session 6 End-of-Module Assessment:

A separate cPAT Assessment Form is completed for each activity. A new DAC is completed to determine change/progress made.

Goal #2:

Safety Module - Provided in 6 sessions 1 to 1.5 hours in length.

The goals of the Safety Module are for parents to:

Understand the importance of home safety

Develop knowledge and skills in finding and removing hazards

Understand the importance of supervision

The Safety Module skills focus on identifying hazards, recognizing when hazards are reachable and accessible, understanding how to remove and reduce hazards, and understanding what adequate supervision is.

Accidental death from household hazards occurs most often in children younger than 5 years old. Most unintentional injuries and deaths are preventable. It is important that parents are aware of how to prevent the negative consequences linked to household hazards. Household hazards include everyday items that parents may recognize as a danger, like a gun or sharp knife; however, hazards also include less obvious yet common household items like cosmetics and soap. It is important that parents understand what can cause their child injury or potential death. Identifying and removing hazards is one major step towards protecting a child; supervision is just as important. Lack of or inadequate supervision negatively impacts child safety. Therefore, it is important that parents keep their children's environment free from hazards and supervise their children.

Evaluation of goal #2:

Session 1:

Home Assessment Consent – Written consent is obtained to access rooms and areas within the family's home.

Baseline Assessment – Utilizing the Home Accident Prevention Inventory Assessment Form (HAPI) for each room, hazards are formally assessed in 3 rooms. Any accessible and potentially life-threatening or serious hazards are addressed at this time.

Session 2-5 Training:

Provider "Explains" the 10 hazard categories noted on the HAPI; when a hazard is accessible; strategies to reduce hazards; and the importance of supervision. Provider "Models" identifying and removing 1 hazard from room during each session (starting with the room needing most work at baseline). Parent "Practices" identifying and removing remaining hazards. Positive and corrective "Feedback" is provided. Utilizing the Home Safety Overview parents continue removing remaining hazards in each room before the next session, noting hazards removed and steps taken to make them inaccessible. E-M-P-F is repeated at each session as appropriate until hazards in each room are removed.

Session 6 End-of-Module Assessment:

The 3 rooms that have been worked on are assessed utilizing the HAPI Assessment Form one per room. Repeat E-M-P-F as appropriate until all hazards are addressed in all 3 rooms and parent has achieved mastery on Safety skills.

Goal #3:

Health Module - Provided in 6 sessions 1 to 1.5 hours in length.

The goals of the Health Module for parents are to:

Keep children as healthy as possible

Recognize when children are sick or injured

Use a decision making process to decide when symptoms need emergency services, doctor's attention, or can be cared for at home

Use health reference materials and keep good health records.

The majority of the child maltreatment cases are due to neglect. Neglect includes not attending to a child's health needs appropriately. Parents who appropriately treat medical conditions and make sure that children have good nutrition, hygiene, exercise, and immunizations can prevent children from getting sick, and sick children from getting worse. This effect is even more powerful when combined with removing potential safety hazards and increasing positive parent-child interactions that decrease both parents' and children's stress. It is important for parents to make good health decisions by using proper health reference materials. Also, it is important for parents to use effective prevention strategies that can reduce the need for medical attention.

The Health Module skills focus on helping parents make informed health decisions when their child is sick or injured by learning a decision making process outlined in the Sick or Injured Child Chart (SICC). Using hypothetical scenarios, parents practice utilizing a systematic decision making process to respond to health situations. They also learn to use effective health reference materials and how to keep good health records as part of this process.

Evaluation of goal #3:

Session 1:

Baseline Assessment - Utilizing the Health Scenarios Book, Provider formally assess scenarios and trains parents through the Sick or Injured Child Chart-Parent (SICC-P) decision making process, from each type: Emergency (ER), Doctor's Appointment (DA), Care at Home (CH).

Parents receive Health Manual, Provider reviews Table of Contents and forms.

Provider observes and discusses parent's method of taking child's temperature. Parents are assigned tasks to complete. Parents are given general positive "Feedback".

Sessions 2-5 Training:

Provider reviews parent's completed tasks, and formally assesses and completes a SICC Assessment Form using a new scenario for each session covered (ER, DA, and CH).

Provider "Explains" SICC-P; ER - the Health Recording Chart; DA - Symptom and Illness Guide; CH – Prevention topics (Health Manual).

Provider "Models" the SICC-P steps with an ER, DA and CH scenario.

Parent "Practices" SICC-P steps with a new ER, DA, and CH scenario. Provider scores responses on the SICC Assessment Form.

Provider provides positive and corrective "Feedback" for ER, DA, and CH scenarios. E-M-P-F is repeated to achieve mastery.

Session 6 End-of-Module Assessment:

Provider formally assesses parent using a new scenario for each type of scenario (ER, DA, CH). Repeat E-M-P-F as appropriate to achieve mastery.

Proposed geographic area(s) served:

All District Areas

Final Progress:

Final Outcomes on Goals and Evaluation

Program/project final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.

During the reporting period from March 1, 2020 to August 31, 2021 we projected a minimum of 50 families in eastern Coachella Valley would be identified as families in need of this valuable program.

Final results indicate the following was accomplished for the period from March 1, 2020 to August 31, 2021:

90 families were identified and recruited

58 families enrolled in the program / consented to participate and received services

11 families are currently active and receiving services

19 families completed the SafeCare Program

8 families are pending

543 tele-visits have been provided

For those families who left the program prior to completion, there were positive outcomes the SafeCare Provider felt had been facilitated, by the families' participation in the program. Outcomes included:

Safer home environment

Improved responsiveness to child's needs

More effective behavior management

Better family relationships

Improvements relating to structured play activities

Increased knowledge of appropriate care when child is sick or injured

Goal #1:

Parent-Infant/Child Interaction Module

20 Families Improved on DAC Post Assessment and demonstrated "mastery" of targeted skills

- Increased positive interaction skills
- Increased parent-child interactions
- Increased use of an organized process for activities
- Increased engagement of children in age-appropriate activities

Evaluation of goal #1:

Final Results Indicate:

34 Parents received the Daily Activities Checklist (DAC) Pre-Assessment

59% of 34 or 20 Parents Improved on the DAC Post-Assessment

Goal #2:
Safety Module

22 Families Improved on HAPI-R Post Assessment and demonstrated “mastery” of targeted skills

- Increased understanding of the importance of home safety
- Increased knowledge of finding and removing hazards in the home
- Increased understanding of the importance of supervision

Evaluation of goal #2:
Final Results Indicate:

36 Parents received the HAPI-R Pre-Assessment

61% of 36 or 22 Parents Improved on the HAPI-R Post-Assessment

Goal #3:
Health Module

19 Families Improved on SICC Post Assessment and demonstrated “mastery” of targeted skills

- Increased knowledge on how to keep children healthy
- Increased knowledge on how to recognize when children are sick or injured
- Increased knowledge of using a decision-making process to decide when symptoms need

emergency services, doctor’s attention, or can be cared for at home

- Increased understanding of how to use health reference materials and health record keeping.

Evaluation of goal #3:
Final Results Indicate:

30 Parents received the SICC Pre-Assessment

63% of 30 or 19 Parents Improved on the SICC Post-Assessment

Please answer the following questions

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

We did not encounter any specific issues/barriers in meeting the project goals.

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

The six-month extension provided us the opportunity to increase the number of families served, and program outcomes achieved. We were able to continue telehealth services to families still enrolled in the program at the end of the original contract period of February 28, 2021; we were able to enroll families who were pending, and we were able to continue recruitment efforts to identify additional families in need of the services.

The following is a client success story submitted by our SafeCare Provider Jazmin Quintanilla.

The young man was referred by Child Protective Services to attend our program. As a first-time parent he expressed that he did not have a lot of knowledge about infant milestones, house safety, or what to do if his infant was sick. Client was very pleased to have learned different ways to interact with his baby because he did not know how to do that with his 4-month-old baby. He began to read books to his baby and began to notice that his baby enjoyed that activity. Client was happy to learn about the importance of tummy time and began to implement at least 5-10 minutes on his visitation days. Client was very relieved to get a better understanding of his baby and to learn about the milestones that he should be keeping an eye out for. As far as learning about the steps that are taught, this helped the client be more talkative with his baby through any activity for example diaper changing, bath time, and meal time. Client mentioned that he saw a difference when he would use the skills and his baby would respond positively by laughing, smiling, or cooing more. Client also mentioned that the Health and Safety module helped him understand the importance of supervision and writing down important information when his baby is sick. He enjoyed the different scenarios that were used because he said that it challenged him but was not difficult because he learned how to use the health manual that was provided. At the end of the program, the client felt confident about his relationship and interactions with his baby, as well as knowing where to go if his baby was sick. Client even mentioned he used it when his baby had a fever and was concerned about the temperature and felt happy knowing he knew exactly what to do next. Client appreciated the supplies that were provided to him such as books for the baby, safety kit, health kit, and diapers once a month which was a huge help. Client recommends this program to any first-time parent to learn more than they already know.

The following is a client success story submitted by our SafeCare Provider Della Ramirez. This client was pending when Provider Jazmin went on leave. Provider Della was able to enroll and continue services for this family.

Client was referred from The Resource clinic in Mecca. Family has older children and her youngest child is now 21 months old. We began with Parent Infant Interaction. Client wanted to focus on activities such as dressing, snack time/meal time, diapering, sharing and playtime. JFK Foundation provided books, diapers, assessments on child development, oral assessment and a gift card. Client practiced activities with her child during the sessions and outside of the sessions. Client stated, her youngest child is her fourth child and the Parent Infant Interaction module helped her to take more care of her child, communicate more and getting him to do things. The next Module we focused on was Home Safety. Client received a safety kit, utilized the safety kit and learned about household hazards and ways to reduce these hazards to keep her child safe and healthy. Client practiced removing hazards, to make her home safe for her child. Currently we are working on the Health Module, client received a first aid kit, health manual and thermometer. Client practiced keeping good health records for her child and how to determine what to do when her child is sick or injured. Client has one more session to successfully complete the SafeCare Program.

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

Our five-year contract with First 5 Riverside for the expansion of our existing evidence-based SafeCare Home Visitation program ending June 30, 2021, was extended for an additional two years through June 30, 2023. In addition, we were awarded a one-year grant from Regional Access Project Foundation, grant terms from April 1, 2021 - April 1, 2022.

Our F5R contract generates a major portion of the funding necessary to sustain our SafeCare program, but we continually research and submit proposal for additional funding to maintain program supplies and required staffing levels to continue expansion of the program throughout Coachella Valley and Eastern Riverside County.

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

Based on JFK Foundation's nine years of experience providing the highly structured Evidence-Based SafeCare program, and the highly trained paraprofessional SafeCare Providers who deliver the program, JFK Foundation would not do anything differently in the implementation of the program.

Our Certified SafeCare Providers meet/exceed the qualifications, background and previous training necessary to implement and perform the SafeCare Service Model. JFK Foundation has one Certified SafeCare “Coach”, with plans to train one additional Provider as a Certified Coach. JFK Foundation maintains the annual Agency Accreditation from the National SafeCare Training and Research Center (NSTRC), qualifying JFK Foundation as a stand-alone SafeCare agency, ensuring adherence to the protocols / model fidelity.

JFK Foundation’s commitment to equity is essential to the strength of our organization and our community, and connects our internal processes to our services. We strive to give our clients the support they need to enjoy full, healthy lives, treating everyone fairly by acknowledging everyone’s unique situation, and addressing barriers to services ensuring everyone has access to equal opportunities, outcomes and benefits.

If funded again, it would be beneficial to receive a multi-year grant, for program continuity.

Blood Bank of San Bernardino and Riverside Counties, Grant#: 1171

Bloodmobile for Coachella Valley

Strategic Area: Healthcare Infrastructure and Services

Reporting Period: 4/1/21 to 8/31/21

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Grant Information

Grant Amount: \$150,000

Paid to date: \$67,500

Balance: \$82,500

Due Date: 10/02/21

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (9/30/2022):

Goal #1:

LifeStream Blood Bank will use grant funding to test 12,000 Coachella Valley blood donors (approximately 1,000 each month) for antibodies to COVID-19. Donors who test positive for COVID-19 antibodies will be made aware of the test results and be recruited to donate COVID-19 Convalescent Plasma. COVID-19 Convalescent Plasma donations will be used by local hospitals to treat seriously ill COVID-19 patients.

Goal #2:

Funding will help LifeStream Blood Bank purchase a new bloodmobile that will be deployed to approximately 300 mobile blood drives and collect approximately 4,800 units of blood and other life-saving blood products each year for approximately ten years. Each unit of blood helps 3 people. Therefore, in one year, blood collection would essentially help 14,500 patients.

The new bloodmobile will replace a bloodmobile that no longer meets State and Federal vehicle emissions guidelines. It will be equipped with a mobile ALYX system that is capable of collecting plasma (both transfusion and COVID Convalescent Plasma) or

double-red blood cells at mobile blood drives.

Goal #3:

Over a 12-month period, LifeStream bloodmobile staff will conduct 5,300 “mini-physicals” during the donor screening process at all blood drives in all communities, including underserved communities in the eastern portion of the county. Of those receiving mini-physicals, approximately 4,800 would be duplicative as their blood will also be tested and counted under Goal 1. However, about 500 people would not qualify to donate blood, but they would be given the mini-physical. Each “mini-physical” will assess each donor’s pulse, temperature, blood pressure, cholesterol, and hemoglobin. Additionally, all blood donations will be tested for infectious diseases including Hepatitis B, HIV, Hepatitis C, West Nile Virus, Chagas, and the presence of COVID-19 antibodies. Staff will communicate any serious health irregularities identified to donors and encourage them to consult their healthcare provider to discuss potentially life-saving treatment for the identified health issue. Additionally, donors will be given access to a secure online Donor Portal to review and track key results over multiple donations. LifeStream would gladly share the Desert Healthcare District’s medical service referral materials with donors who do not have established relationships with a physician.

Evaluation Plan:

LifeStream is only successful if we are able to meet the needs of our community. Therefore, we have developed sophisticated forecasting and tracking systems to ensure our daily, monthly, and annual goals are achieved. These tools include:

- A dedicated system to track future blood drives by location
- An appointment tracking system to monitor donor appointments and show rates
- Reporting capabilities to track actual donor collections compared to targeted goals

Data is reviewed each morning with our management team during a “production huddle”, which allows us to take appropriate and immediate actions, when necessary, to ensure all our goals are achieved.

We will forecast, track, and measure each of the three project goals with this exact same daily rigor. For example, if we forecast potential shortages in donor collections in the Coachella Valley, we will react swiftly to ensure we get back on course to meet the monthly established targets. We have a strong history of achieving daily, monthly, and annual goals and are confident that we will meet these project goals as well.

Proposed number of District residents to be served:

Total: 27,000

Proposed geographic area(s) served:

Cathedral City
Coachella
Desert Hot Springs
Indio
Indian Wells
La Quinta
Palm Desert
Palm Springs
Rancho Mirage
Thousand Palms

Progress This Reporting Period

Progress Outcomes:

During the reporting period, we exceeded our goal of testing 5,000 blood donations for the presence of COVID-19 antibodies to support our COVID-19 Convalescent Plasma (CCP) Program. Grant approval allowed us to place the order for our new Coachella Valley-based bloodmobile. Lastly, we performed slightly more than 1,700 “mini-physicals” at Coachella Valley mobile blood drives during the reporting period.

Progress on the number of District residents served:

Total: 4,929

Geographic area(s) served during this reporting period:

All District Areas

Progress on the Program/Project Goals:

Goal #1:

From 4/1/21 to 6/30/21, we tested 3,205 Coachella Valley blood donations for the presence of COVID antibodies—primarily to let donors know if they had been exposed to the virus. If donors tested positive for COVID antibodies, their blood donations were tested a second time to determine if they could donate plasma in support of our COVID-19 Convalescent Plasma (CCP) Program. This plasma is used to support patients severely ill with COVID-19. Approximately 2,642 donations were tested a second time during the reporting period. We exceeded our goal by 847. Of the \$60,000 allocated for COVID testing, \$29,208 was spent on testing during the reporting period.

Goal #2:

After receiving approval of our grant at DHDF's March meeting, we placed the order for the new Coachella Valley-based bloodmobile. As noted in our receipts, we remitted a down payment of \$57,720 to the vendor on March 24, 2021. We expect the new mobile coach to be delivered and placed into service in the 1st QTR of 2022.

Goal #3: Even though we have not received the new bloodmobile as of the date of this report, we provided "mini-physicals" for all potential donors at mobile blood drives throughout the Coachella Valley from 4/1/21 thru 8/31/21. We provided this service for 1,724 Coachella Valley residents during the reporting period. This number is slightly below goal due to blood drive cancellations by several hosts, the smaller pool of donors in summer months, and the fact that school drives were not permitted due to the COVID-19 pandemic.

Program/Project Tracking:

- *Is the project/program on track?*

Yes

- *Please describe any specific issues/barriers in meeting the desired outcomes:*

In mid-June, due to ample supply of COVID Convalescent Plasma (CCP) throughout the country and a subsequent drop in demand for CCP by hospitals, COVID antibodies testing was suspended at blood centers nationwide at the end of June. Due to the spike in COVID infections and hospitalizations over the summer months, primarily due to the Delta variant, COVID-19 antibodies testing was resumed by blood collection organizations in September. This change allowed LifeStream to resume COVID antibodies testing and our CCP Program. However, as a result of several factors that disqualify donors from participating in the CCP program, including COVID vaccinations, we do not expect to test the same number of donations that were forecasted when our grant was originally submitted and approved. In fact, we expect to only test approximately 125 blood donations per month for the presence of COVID antibodies. The substantial reduction in testing will result in a surplus of funding for this item. Additionally, blood drive cancellations by several hosts, fewer summertime Coachella Valley residents, and the loss of school drives, prevented us from achieving Goal #3 during the reporting period.

- *What is the course correction if the project/program is not on track?*

If we test 125 blood donations per month, we anticipate spending approximately \$4,375 for COVID antibodies testing over the next 7 months. This projected spending would leave us with a surplus of approximately \$26,000 for this funded program. Consequently, we would like to submit a revised plan that would request approval to use this surplus funding toward the purchase of the DHDF funded

bloodmobile or to purchase a dedicated mobile ALYX Component Collection System for the DHDF funded bloodmobile. This ALYX system, which costs \$25,109, will allow LifeStream to collect two units of blood from each donor which increases the overall blood supply for local patients. This device also allows for collection of plasma (including CCP) and other vital blood products and is more efficient for our mobile blood drives. Regarding Goal #3, we expect to see more school drives during the next 7 months and are determined to schedule more blood drives to erase our deficit and help us meet our goal of providing “mini-physicals” to approximately 450 residents each month.

- *Describe any unexpected successes during this reporting period other than those originally planned:*

Our COVID testing and CCP program were so successful, we were able to fully support the COVID Convalescent Plasma needs of all seriously ill COVID patients in the Coachella Valley.

Mizell Center, Grant#: 1174

Geriatric Case Management Program

Strategic Area: Vital Human Services to People with Chronic Conditions

Reporting Period: 4/01/2021 - 9/30/2021

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Grant Information

Grant Amount: \$100,000

Paid to date: \$45,000

Balance: \$55,000

Due Date: 10/1/21

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (3/31/2022):

Goal #1:

By February 28, 2022, a minimum of 173 predominantly low-income older District residents age 62 and above with chronic health conditions, including 20% from Coachella Valley's Latinx and African American communities, will have received an assessment by Mizell Center's Geriatric Case Managers to evaluate service and resource needs and identify barriers to services.

Goal #2:

By February 28, 2022, a minimum of 87 predominantly low-income older District residents age 62 and above with chronic health conditions will achieve a minimum of one goal identified in the Case Plans developed in collaboration with Mizell Center Geriatric Case Managers that identify short and long-term needs, goals, an action plan and timeline for achieving goals.

Goal #3:

By February 28, 2022, a minimum of 87 predominantly low-income older District residents age 62 and above with chronic health conditions will have been linked to a minimum of three services or resources identified in their Case Plan, including medical

and/or behavioral health services, housing and financial assistance, benefits counseling, transportation access, caregiver support, and other needs.

Evaluation Plan:

Evaluation will be conducted by the Director of Geriatric Case Management. Mizell will measure success by achievement of benchmarks, objectives and positive program outcomes. Benchmarks include number of unduplicated clients participating in the program; number of clients receiving assessments; number of clients receiving case plans; achievement of goals identified in case plan; and linkage to needed services and resources either at the Mizell Center or through regional continuum of care partners. The Director of Geriatric Case Management, Geriatric Case Manager, and Program Support Coordinator track quantitative and qualitative data utilizing an Excel spreadsheet and/or in case notes in client files. Quantitative data includes gender, age, zip code, household income, number in household, ethnicity, marital status, living situation, language spoken, the number of case management sessions attended, and other data. Qualitative data and outcome indicators tracked include completed client assessments; completed case plans with identification of goals, barriers, and needed services and resources; achievement of case plan goals; resource/service linkages; and a measurable increase in service to communities of color. Additional outcome indicators include client self-reporting of improvement in quality of life, reduction in isolation, and increase in service access as measured by surveys administered by program staff on a pre/post basis. Progress notes are maintained in confidential client files. Client satisfaction surveys in English and Spanish are administered annually or upon program exit. Information is used to develop an action plan addressing necessary changes to programs, services, and administrative operations. Program results are analyzed by staff under the direction of the Director of Geriatric Case Management and reported monthly to the Executive Director and at regular intervals to the Board of Directors. 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.

Proposed number of District residents to be served:

Total: 173

Proposed geographic area(s) served:

Cathedral City
Coachella
Desert Hot Springs
Indio
Mecca
North Shore
Palm Desert
Palm Springs
Rancho Mirage
Thermal

Progress This Reporting Period

Progress Outcomes:

This was a nascent program when our proposal was approved, having launched in February of 2021 with a modest grant of CDBG funds from the City of Palm Springs. Our Director of Geriatric Case Management had already made significant progress in establishing relationships with community-based service providers and County and City resources by the time of our award from the Desert Healthcare District. With the addition of a full time Case Manager, the team of two made great strides from a base of operations that was closed to the public until June 15, 2021. The time invested in meeting with staff at organizations such as the Jessie O. James Desert Highlands Community Center, Jewish Family Services, DAP Health's Behavioral Health Services, our fellow senior centers throughout the Valley, the Galilee Center, and more, did much to establish our place in the community of service providers. Our alliances with other senior centers in the Valley and our regular "office hours," as a result of those relationships, have proven to be fertile ground for establishing our Geriatric Case Management as a significant source of relief, assistance and stability for vulnerable seniors. It has been a major factor in the program exceeding several of its midpoint goals.

Progress on the number of District residents served:

Total: 140

Geographic area(s) served during this reporting period:

All District Areas

Progress on the Program/Project Goals:

Goal #1:

By February 28, 2022, a minimum of 173 predominately low-income older District residents age 62 and above with chronic health conditions, including 20% from Coachella Valley's Latinx and African American communities, will have received an assessment by Mizell Center's Geriatric Case Managers to evaluate service and resource needs and identify barrier to service

The Mizell Center is pleased to report that we are on track to meet and exceed the minimum standards outlined in Goal #1. Our Geriatric Case Managers have enrolled a total of 140 clients, age 62 and above as of the writing of this report.

Of those for whom we have a verifiable age:

- 51 people are between the ages of 62 and 69
- 49 people are between the ages of 70 and 79
- 31 people are between the ages of 80 and 89

- 5 people are age 90 and older

Further, 43 identify as Latinx or African American (30%) and 88% are low income or very income residents. As noted in their assessments, clients are coping with chronic health conditions such as obesity, diabetes, high blood pressure, arthritis, fibromyalgia, neuropathy, mental illness and disability, with many suffering from comorbidities.

Goal #2:

By February, 29, 2022, a minimum of 87 predominately low income older District residents age 62 and above with chronic health conditions will achieve a minimum of one goal identified in the Case Plans developed in collaboration with Mizell Center Geriatric Case Managers that identify short and long-term needs, goals, and action plan and timeline for achieving goals.

Currently, 139 clients have identified one or more goals in their Case Plan, identifying short and long term goals, when appropriate, an action plan and a timeline for achieving those goals.

Among our current clients:

- 36 have completed 1 goal
- 15 have completed 2 goals
- 2 have completed 3 goals
- 1 has completed 6 goals

Goal #3:

By February 28, 2022, a minimum of 87 predominantly low-income older District residents age 62 and above with chronic health condition will have been linked to a minimum of three services or resources identified in their Case Plan, including medical and/or behavioral health services, housing and financial assistance, benefits counseling, transportation access, caregiver support and other needs.

Currently, we have linked 50 people to three services or resources identified in their Case Plans, which is 58% of our goal of 87.

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:*

Two very significant issues temporarily impeded our progress toward meeting our goals, the first of which was the closure of our building until June 15, 2021. Our Case Managers were meeting with people on the bench directly outside our door. They were meeting with clients in Sunrise Park and spending hours on the phone. Connecting with their clients was difficult but they pushed through the impediments and did whatever was necessary to engage with them. The second issue was the Mizell Center's 100% vaccination policy that went into effect on August 9, 2021. Anyone entering the building for any reason must show their ID and proof of vaccination to be admitted. While most of our Case Management clients have been vaccinated, there were and continue to be those who are not. In those cases, contact is made via phone.

- *What is the course correction if the project/program is not on track?*

Our Case Managers have urged their unvaccinated clients to get vaccinated and have provided them with all available information and local resources to get their shots

- *Describe any unexpected successes during this reporting period other than those originally planned:*

Our Case Managers have reported unexpected successes as a result of their collaborative work with other senior centers in the District. Regular weekly hours have been established at the Desert Hot Springs, Indio and Cathedral City Senior Center. The Centers have identified a private space in which their members can meet with a Case Manager for services. Having a consistent presence at these locations has been an important factor in fostering trust. Also, members who have had positive experiences working with our Case Managers have shared that information with others and, presumably, been a factor in gradually increasing the number of clients served.

CSUSB Philanthropic Foundation, Grant#: 1139

Street Medicine Program/Department of Nursing

Strategic Area: Healthcare Infrastructure and Services

Reporting Period: 4/01/21 to 9/30/21

Kimberly Shiner
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Grant Information

Grant Amount: \$50,000

Paid to date: \$45,000

Balance: \$5,000

Due Date: 10/1/21

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

Goal #5: None

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: To summarize the accomplishments compared to our proposed goals and the evaluation plan, the program met the goals and quantitative and qualitative measures in the reporting period in the following areas.

- Number of patient contacts far surpassed our projected numbers.
- We do not have an accurate record of unduplicated individuals and are instituting a plan to collect these data in the future.
- The demographic percentages of the contacts is equivalent to that which we projected
- We involved more students than projected.
- We surveyed the students on their attitude toward homelessness and poverty.

Unfortunately we were not able to compare by individuals the pre and post survey, but we were able to compare groups of students.

- We will present at two national conferences in early October.
- We replicated the program in San Bernardino at CSUSB's main campus.
- We hired four nursing students who worked more hours than originally projected.

In summary, we met all of our measures except a count of individual unduplicated people.

Progress on the number of District residents served:

Total: 423

Geographic area(s) served during this reporting period:

Cathedral City
Coachella
Desert Hot Springs
Indio
Mecca
Oasis
Palm Springs
Thermal

Progress on the Program/Project Goals:

Goal #1:

NURSING STREET MEDICINE DATA

APRIL 2021 – SEPTEMBER 2021

- # Lunches Given: 2767
- # Contacts seen by Nurses: 423
- # Contacts seen by doctors: 24
- # Wound care: 38
- # Care Packages: 485
- # Of veterans: 49
- # Who use ER for PCP: 144
- # Referrals: 40
- # Of referrals to residents on site: 13
- # Of referrals to PCP: 8
- # Of referrals to urgent care / ER: 6
- # Of referrals to "other": 5

- # Female clients: 128
- # Male clients: 288
- # Transgender Clients: 1
- # American Indian / Alaskan Native: 10
- # Hispanic / Latino: 166
- # Black / African American: 36
- # Caucasian: 143
- # Native Hawaiian & Pacific Islander: 3
- # Asian: 13
- # Mixed-race: 20
- # Other: 11
- # Declined to State Race: 3
- # Medi-Cal / Medicare: 286
- # Private Insurance: 15
- # Uninsured: 85
- # Don't Know: 9
- # Military / Tricare / VA: 5
- # Age 6-17: 6
- # Age 18-24: 16
- # Age 25-64: 299
- # Age 65+: 93

In addition to the above services, CSUSB nursing students assisted with 950 COVID vaccinations during the total grant period.

The ten testimonials from patients or agencies about the services provided by faculty and students will be provided in a video format with interviews of clients, agency staff and nursing students.

*Number of contacts may include duplicated individuals.

Goal #2:

During the report period, 34 BSN students and two nursing graduate students participated in the Nursing Street Medicine Program. The graduate students received course credit. The BSN students received course credit during April and May and served at CVRM, CVVIM, Hope through Housing, Well in the Desert, and in the Under the Bridge program. In June, July, August, and September the BSN students volunteered and served every other Friday in the nurse clinics at the Well in the Desert free lunch program at Our Lady of Guadalupe; at CVVIM on Tuesday evenings with the outreach team; and at the Indio Shepherd of the Valley United Methodist Church Under the Bridge free breakfast program under a Highway 86 overpass in Coachella.

The COVID vaccinations were provided in partnership with DRMC and the Desert Physicians Medical Group and were administered in the following locations.

- Well in the Desert
- Cathedral Palms Hanson House
- Ajalon Baptist Church
- Sedona Surgery Center
- Our Lady of Guadalupe Church
- Neuro Vitality Center
- Desert Hot Springs Church
- Joslyn Center

Students were surveyed during the reporting period utilizing the internationally recognized survey tool Health Professional's Attitude Toward the Homeless Inventory.

Goal #3:

The Street Medicine Program will be presented at the following.

The Association of Psychiatric Nurses Association Annual Conference on Oct. 15, where the topic will be "Street Medicine Participation for Mental Health Nursing Students." Dr. Vines will be joined by two CSUSB nursing students, Emily Hagar and Sidney Silva.

The 17th Annual International Street Medicine Symposium on Oct. 21, where the topic will be "Student Nurse Clinics for Unsheltered Populations: Effect on Student Attitudes."

The replication of the program in San Bernardino continued to expand and add partners throughout the duration of this reporting period.

Goal #4:

Our four nursing student assistants continued to work during the reporting period. Their resumes are on file at CSUSB for examination as requested.

In the nurse clinics, the nursing student assistants worked with clients handling triage and treatments such as vital signs, blood glucose, wound care, referrals, health assessments, medication and chronic disease management, preventive healthcare and education, case management, and vaccinations. They also assisted with data collection, documenting activities, recruiting and orienting student nursing volunteers and reporting to the medical residents who are seeing clients.

The student assistants served for 774 hours from October 1, 2020 to mid-September 2021.

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:*

We are on track to surpass our goals but have learned some important lessons.

- There is a great need for patient education for medication and chronic disease management.
 - It is difficult to locate appropriate referrals to agencies that will accept these clients and we had to spend a great deal of time on the phone to get appointments for these clients.
 - The need for clothing, shoes, socks, hygiene products, blankets and sleeping bags is huge and getting donations of these items is important.
 - It is important to assess for depression, anxiety and PTSD while providing physical care.
 - We need to be able to identify the number of individuals served as well as the total number of patient contacts.
 - We are initiating a process to do so starting on October 1, 2021.
- *What is the course correction if the project/program is not on track?*

N/A

- *Describe any unexpected successes during this reporting period other than those originally planned:*

The COVID pandemic was a challenge for the project. The risk management officials of the California State University system were concerned about the exposure of faculty and students to the virus. We were very careful with PPE for faculty, students, and clients. We sanitized everything a client may have touched during the visit. We met outdoors even though the heat, rain, and wind were often problems. To our knowledge, we had no COVID cases among clients and staff.

When the vaccines became available, we used the trust we and our partners had developed among the homeless, seniors and farm workers to address vaccine resistance and get our clients to accept vaccinations. We helped vaccinate 950 people in the vulnerable populations in the Valley.

We started the funding period in October 2020 with partnerships with Well in the

Desert, Coachella Valley Volunteers in Medicine, and the Desert Physicians Medical Group. We developed relationships with Coachella Valley Rescue Mission, Hope through Housing, SAC Health Systems, and two non-profit organizations serving San Bernardino.

We are partners in the mobile medical van planned for the West Valley and expect to utilize the van for the Program in cooperation with our partners. We hope to develop a formal affiliation with Martha's Village and Kitchen in Palm Springs. We hope to expand the activities at CVRM by going out with the shower units and possibly the SAC dental van.

Voices for Children, Grant#: 1149

Court Appointed Special Advocate (CASA) Program

Strategic Area: Healthcare Infrastructure and Services

Reporting Period: 1/1/21 to 6/30/21

Jessica Munoz

Tel: (951) 472-9301

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Grant Information

Grant Amount: \$40,000

Paid to date: \$18,000

Balance: \$22,000

Due Date: 7/1/21

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (12/31/2021):

Goal #1:

By December 31, 2021, Voices for Children (VFC) Court Appointed Special Advocates (CASAs) will advocate for 20 youth in the foster care system within the Desert Healthcare District boundaries.

CASAs will maintain monthly contact with the case children they serve, provide monthly case updates to their VFC staff Advocacy Supervisors, and submit formal court reports at least twice a year making key recommendations to the judge about the physical and mental health, educational and developmental, and other needs of the child. The court report requires CASAs to address the child's exams and immunizations, medication, and therapy. For children 10 and older, CASAs must confirm that the child has received the requisite reproductive and sexual health education and been informed of their right to access and receive confidential medical care.

Goal #2:

By December 31, 2021, VFC's Riverside County CASA program will recruit at least 20 new prospective CASA volunteers.

In order to meet our goal of providing advocacy to 20 youth, VFC needs to recruit new CASA volunteers in addition to the current CASAs who are already serving. VFC will achieve this goal by hosting 2-3 CASA virtual or in-person volunteer information sessions each month and presenting to local community groups who are interested in volunteerism.

Goal #3:

By December 31, 2021, VFC's Riverside County CASA program will train and match at least 20 new CASA volunteers to youth living in the foster care system.

We will hold 8 sessions of Advocate University during the grant period. Training requirements include 35 hours of classroom learning, two interviews, and a practice court report writing assignment. Trainees also prepare for their first court appearance by reviewing simulated court hearings. All classroom learning is currently being conducted virtually. Trainees are matched with a single child or sibling group for ongoing advocacy within 1-3 weeks of completing all training requirements.

Evaluation Plan:

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

Proposed number of District residents to be served:

Total: 20

Proposed geographic area(s) served:

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

Progress This Reporting Period

Progress Outcomes:

As Voices for Children (VFC) nears the mid-year point in this grant period, we are pleased to report that we are on track to achieve each of our program goals.

Progress on the number of District residents served:

Total: 77

Geographic area(s) served during this reporting period:

Cathedral City
Coachella
Desert Hot Springs
Indio
La Quinta
Mecca
Palm Desert
Palm Springs
Thermal
Thousand Palms

Progress on the Program/Project Goals:

Goal #1:

Goal 1: By December 31, 2021, VFC Court Appointed Special Advocates (CASAs) will advocate for 80 youth in the foster care system within the Desert Healthcare District boundaries.

Progress: As of June 21, 2021, VFC CASAs have advocated for a total of 77 youth within the Desert Healthcare District boundaries. Each CASA is maintaining monthly contact with the case children they serve, providing monthly case updates to their VFC staff Advocacy Supervisors, and submitting formal court reports at least twice a year with key recommendations to the judge about the physical and mental health,

educational and developmental, and other needs of the child.

Goal #2:

Goal 2: By December 31, 2021, VFC's Riverside County CASA program will recruit at least 20 new prospective CASA volunteers.

Progress: As of June 21, 2021, 18 new volunteers, who have subsequently been matched with Coachella Valley children in foster care, have enrolled in our Advocate University (AU) training program. VFC has offered six AU training sessions thus far into 2021 and plans to offer five more by the end of the grant period.

Goal #3:

By December 31, 2021, VFC's Riverside County CASA program will train and match at least 20 new CASA volunteers to youth living in the foster care system.

Eighteen new CASA volunteers have completed all training requirements and been matched with children in foster care from cities within district boundaries. In total, these CASAs are providing ongoing advocacy to 24 new youth in foster care.

Program/Project Tracking:

- *Is the project/program on track?*

Yes

- *Please describe any specific issues/barriers in meeting the desired outcomes:*

VFC has encountered no issues or barriers that will prevent us from meeting program goals.

- *What is the course correction if the project/program is not on track?*

N/A

- *Describe any unexpected successes during this reporting period other than those originally planned:*

Despite the challenges posed by the COVID-19 pandemic, VFC's Riverside County CASA program has provided uninterrupted service to 77 children from the Coachella Valley thus far into the grant period. We are on track to achieve each of our grant objectives.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 23, 2021
To: Board of Directors
Subject: Desert Healthcare District and Foundation Media, Promotions and Advertising

Staff Recommendation: Coachella Valley media outlets continue to significantly contribute to relaying the Desert Healthcare District and Foundation's various efforts and collaborations to the public. Below are highlights, including news features, advertising and promotions, from the past month. (Informational)

Background:

- *The Desert Sun* (Nov. 16) – A print and online article previewing the Coachella Valley Equity Collaborative's community vigil planned for Nov. 19 to honor local lives lost due to COVID-19.
<https://www.desertsun.com/story/news/health/2021/11/16/vigil-take-place-coachella-remember-lives-lost-covid-19/6401738001/>
- *The Uken Report* (Nov. 12) – An online feature promoting the Nov. 19 community vigil organized by collaborative partners to honor valley residents who have died from COVID-19 during the past two years.
<https://ukenreport.com/community-vigil-to-honor-covid-19-victims/>
- *The Desert Sun* (Nov. 11) – This article informs the community about the Collaborative vaccine clinics to serve children who are 5 to 11 years old and their families.
https://www.desertsun.com/story/news/health/2021/11/12/coachella-valley-school-districts-vaccinate-youngsters-adults/6342825001/?fbclid=IwAR2nse8njvIKGY3BDiY1Wc7ibhpDEIEiR_LjcuIYPxaM7s0LiASmU6DhnA4
- *MT Radio* (Nov. 5) – District and Foundation CEO Conrado Bárzaga discusses the history of the Desert Healthcare District and Foundation and the work of the Coachella Valley Equity Collaborative in a Spanish radio interview with Beatriz Olvera.
https://www.facebook.com/watch/live/?extid=CL-UNK-UNK-UNK-AN_GK0T-GK1C&ref=watch_permalink&v=1084535895620769
- *Telemundo Palm Springs* (Oct. 26) – This TV news broadcast includes a feature (in Spanish) on the availability of COVID-19 booster shots through the Coachella Valley Equity Collaborative.
<https://kesq.com/kunamundo/2021/10/26/condado-comienza-a-aplicar-dosis-de-refuerzo-moderna-y-johnson-johnson/>
- *The Desert Sun* (Oct. 28) – This article informs the community about the District and Foundation's scheduled hearings on rezoning, and it includes information on the Collaborative vaccination effort.
<https://www.desertsun.com/story/news/health/2021/10/28/desert-healthcare-district-holds-public-hearing-redistricting/8566969002/>

- *El Informador* (Oct. 14 & 21, Nov. 11 & 18) – An ad publicizing the District and Foundation’s scheduled public hearings on rezoning is published on multiple dates.
- *The Desert Sun* (Oct. 16 & 23, Nov. 13 & 20) – An ad publicizing the District and Foundation’s public hearings on rezoning is published on multiple dates.
- *NBC/Entravision* (Sept. 27 - ongoing) – A PSA campaign promoting COVID-19 vaccines for 12- to 17-year-olds is launched on multiple English and Spanish-language television and radio broadcasts. The campaign will be extended for broadcast throughout December, including spots during several holiday-themed TV programs.
- *Despierta* (Oct. 28 & 29) – Conrado Bárzaga, District and Foundation CEO, is interviewed in Spanish during a local Univision segment about the purpose and work of the Coachella Valley Equity Collaborative, as part of an ongoing PSA campaign with NBC/Entravision.
- *Desert Living* (Oct. 27) – A segment of the Coachella Valley NBC program features an interview with Conrado Bárzaga, District and Foundation CEO, who discusses the purpose and work of the Coachella Valley Equity Collaborative in response to COVID-19, as part of an ongoing PSA campaign.

Fiscal Impact:

Advertising costs (\$33,825 for the TV/radio campaign and \$3,864 for public hearing notifications) are covered in the Board-approved communications and marketing budget.