

Regional Access Project Foundation (RAP)
Conference Room 103
41550 Eclectic Street, Palm Desert, CA 92260
This meeting is handicapped-accessible

Page(s)		AGENDA Any item on the agenda may result in Board Action	Item Type
	A.	CALL TO ORDER – President Wortham, DrPH Roll CallDirector De LaraDirector BorjaDirector PerezGilDirector RogersDirector MatthewsVice-President/Secretary Zendle, MDPresident Wortham, DrPH	
	В.	PLEDGE OF ALLEGIANCE	
1-4	C.	APPROVAL OF AGENDA	Action
	D.	PUBLIC COMMENT At this time, comments from the audience may be made on items not 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 Board of Directors and will be enacted by one motion. There will be no separate discussion of items unless a Board member so requests, in which event the item(s) will be considered following approval of the Consent Agenda. 1. BOARD MINUTES	Action
5-6		a. Special Meeting of the Board of Directors – February 6, 2019	
7-17		 b. Special Meeting of the Board of Directors – February 26, 2019 	
18-19		 c. Special Meeting of the Board of Directors Closed Session – March 19, 2019 	

F. DESERT HEALTHCARE DISTRICT CEO REPORT

- Chris Christensen, Interim CEO
 - 1. CEO Report

Information



Regional Access Project Foundation (RAP)
Conference Room 103
41550 Eclectic Street, Palm Desert, CA 92260
This meeting is handicapped-accessible

G.	DESERT REGIONAL MEDICAL CENTER CEO REPORT – Michele Finney, CEO	Information
H.	DESERT REGIONAL MEDICAL CENTER GOVERNING BOARD OF DIRECTORS' REPORT – Vice-President Les Zendle, MD and Director Carole Rogers, RN	Information
l.	 NEW BUSINESS Consideration to approve a table of ten at Well in the Desert's Annual Fools Folly – Monday, April 1st – \$1,000 Consideration to approve a table of ten at Volunteers in Medicine's Life is a Cabaret – Sunday, March 31st – \$50 	Action Action
	 per person 3. Consideration to approve a table of ten at Desert Health Wellness Awards – Wednesday, May 22nd – \$900 4. Consideration to approve a table of ten at Harvey Milk Diversity Breakfast – Wednesday, May 15 – \$65 per person 	Action Action
	 Consideration to approve a table of eight at Desert Hot Springs Rotary Club Big Hearts Awards 2019 – Thursday, March 28 – \$400 	Action
J.	 FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE – Chair/Treasurer Mark Matthews; President Jennifer Wortham, DrPH; and Director Leticia De Lara No March Meeting of the F&A Committee Consideration to award the contract to D.W. Johnston Construction, Inc. to install the fire sprinkler system at the Las Palmas Medical Plaza - \$195,197 	Information Action
	 HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE Chair/Vice-President Les Zendle, MD, Director Karen Borja Meeting Minutes – March 21, 2019 Hospital Inspection Report Charity care policy and estimated dollar amount provided for indigent care 	Information Information Information

20-26

27-31 32-34



Regional Access Project Foundation (RAP)
Conference Room 103
41550 Eclectic Street, Palm Desert, CA 92260
This meeting is handicapped-accessible

35-38 39-40 41-51		 STRATEGIC PLANNING COMMITTEE - Chair/President Jennifer Wortham, DrPH; Vice-President Les Zendle, MD; and Director Karen Borja No March Meeting of the Strategic Planning Committee PROGRAM COMMITTEE - Chair/Director Carole Rogers, RN; Director Evett PerezGil; and Director Leticia De Lara Meeting Minutes - March 19, 2019 Grant Proposals Under Development Consideration to Approve Grant #985 - \$121,500 - Coachella Valley Volunteers In Medicine (CVVIM) for primary healthcare and support services to District residents	Information Information Information Action
52-76 77-78		 BOARD/STAFF COMMUNICATIONS AND POLICY AD HOC COMMITTEE - Director Leticia De Lara, Chair; Vice-President Les Zendle, MD; and Director Evett PerezGil Rauch Communications - Communications/Roles & Responsibilities - Update Revised Appointment and Duties for Committees Policy a. Consideration to approve revised Appointment and Duties for Committees Policy Consideration of changes to District Bylaws and Governance and Oversight Committee requirements 	Information Action Discussion/ Possible Action
79 80-83 84-85	K.	 OLD BUSINESS Marketing and Communications Plan a. Website Launch Consideration to Approve a Letter of Support for AB 1095 Consideration to Approve Resolution 19-04 – AB 1095 – Desert Healthcare District Amendment to Appointed Board Members Term of Office 	Discussion/ Information Action Action
	L.	LEGAL COMMENTS & REPORT	

INFORMATIONAL ITEMS

Μ.



Regional Access Project Foundation (RAP)
Conference Room 103
41550 Eclectic Street, Palm Desert, CA 92260
This meeting is handicapped-accessible

N. DIRECTORS' COMMENTS, REPORTS, & STAFF DIRECTION AND GUIDANCE

O. ADJOURNMENT

If you have any disability which would require accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer, at ahayles @dhcd.org or call (760) 323-6110 at least 24 hours prior to the meeting.



DESERT HEALTHCARE DISTRICT BOARD OF DIRECTORS SPECIAL MEETING OF THE BOARD OF DIRECTORS February 6, 2019

Chris Christensen, Interim CEO, CFO	Vice-
Jeff Scott, Legal Counsel	President/Secretary
	Les Zendle, MD
	Treasurer Mark
	Matthews
	Chris Christensen, Interim CEO, CFO Jeff Scott, Legal Counsel

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order	President Wortham called the	
	meeting to order at 5:06 p.m.	
Roll Call	Jeff Scott, Legal Counsel, called the	
	roll with all Directors present except	
	for Vice-President Zendle and	
	Director Matthews.	
C. Approval of Agenda	President Wortham asked for a	#19-58 MOTION WAS MADE by and
	motion to approve the agenda.	seconded to approve the agenda.
		Motion passed unanimously.
D. Public Comment	None	
E. Convene to Closed Session		
of the Desert Healthcare		
District Board of Directors		
PURSUANT TO		
GOVERNMENT CODE		
SECTION Public Employee		
Appointment pursuant to		
Government Code 54957		
Title: Chief Executive		
Officer		
F. Reconvene to Open		
Session of the Desert		
Healthcare District Board		
of Directors	1.00	
G. Report After Closed	Jeff Scott, Legal Counsel, was	
Session	directed to work with the CEO	
	Recruitment Ad Hoc Committee to	
	move forward in retaining a	
	recruitment firm and provide a	
	recommendation to the full board at	



DESERT HEALTHCARE DISTRICT BOARD OF DIRECTORS SPECIAL MEETING OF THE BOARD OF DIRECTORS February 6, 2019

	the February 26 Board of Directors meeting.	
F. Adjournment	President Wortham adjourned the meeting at 6:15 p.m.	

ATTEST:		
	Jennifer Wortham, DrPH, President	
	Desert Healthcare District Board of Directors	

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



Directors Present	District Staff Present	Absent
President Jennifer Wortham, Dr.PH	Chris Christensen, Interim CEO, CFO	
Vice-President/Secretary Les Zendle, MD	Lisa Houston, COO	
Treasurer Mark Matthews	Donna Craig, Senior Program Officer	
Director Carole Rogers, RN	Alejandro Espinoza, Program Officer and	
Director Evett PerezGil	Outreach Director	
Director Karen Borja	Will Dean, Communications and	
Director Leticia De Lara	Marketing Director	
	Andrea S. Hayles, Clerk of the Board	
	<u>Legal Counsel</u>	
	Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order	President Wortham called the meeting to order at 4:04 p.m.	
Roll Call	The Clerk of the Board called the roll with all Directors present.	
B. Pledge of Alliance	President Wortham asked Director Matthews to lead the Pledge of Alliance.	
C. Approval of Agenda	President Wortham asked for a motion to approve the agenda.	#19-60 MOTION WAS MADE by Director Matthews and seconded by Director Rogers to approve the agenda. Motion passed unanimously. AYES – 7 President Wortham, Vice- President Zendle, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director De Lara NOES – 0 ABSENT – 0
D. Public Comment	Brad Anderson, Rancho Mirage resident, explained that he is attending the meeting to determine how the District benefits the community and the Coachella Valley and to learn and obtain more information.	



	rebruary 26, 2019	
E. Convene to Closed Session	The board convened to closed	
of the Desert Healthcare	session of the Desert Healthcare	
District Board of Directors	District board at 4:06 p.m.	
F. Reconvene to Open Session	The board reconvened to open	
of the Desert Healthcare	session of the Desert Healthcare	
District Board of Directors	District 5:10 p.m.	
G. Report After Closed Session	Jeff Scott, Legal Counsel, explained	
	that in closed session the board	
	provided input on the CEO's roles	
	and responsibilities and took no	
	action.	
H. Study Session on the	President Wortham introduced	
Hospital Lease, New	guests Danielle Sreenivasan,	
Providers, Facilities,	Director, Strategic Advisory	
Programs, and Services; and	Services, Premier, Inc.; Jody Hill-	
Market Analysis	Mischel, Managing Director,	
Topics:	Kaufman Hall Associates; and	
1. Objectives 2	Patrick Smyth, Senior Vice	
2. Market Analysis Report	President, Kaufman Hall Associates,	
– March 2017	also describing the objectives of the	
3. Hospital Lease	study session. Danielle explained	
Compliance Roles and	the District boundaries as of 2016	
Responsibilities 4.	illustrating the comprehensive	
Review Appraisal	market analysis and an engagement	
(October 2018) and	overview with projections through	
Seismic Reports	2026.	
(January 2019) 5.		
Potential Scenarios –	Referencing the Health Status	
Facilities, Programs, and	Outcome of the Market Analysis,	
Services 6. Recommend	Director Borja requested an	
a Future Study Session –	inclusion of zip code 92274,	
Facilities and Services	including the North Shore for future	
	updated reports.	
	Director De Lara wants to ensure	
	the inclusion of data for patients	
	seen at Volunteers In Medicine,	
	(VIM) including the underinsured.	
	However, underinsured patients	
	are not captured in the data, and	
	more understanding is requested.	
	Jeff Scott, Legal Counsel, described	
	Tenet Healthcare's financial issues	
		Dago 2 of 11



	February 26, 2019	
	with Desert Regional Medical Center 24 years ago that included the parties, term, and transfer of assets and liabilities to Tenet. Counsel Scott also outlined the additional terms of the Tenet lease. Jody Hill-Mischel, Managing Director, Kaufman Hall Associates; and Patrick Smyth, Senior Vice President, Kaufman Hall Associates, provided an overview of the Market Environment for providers, facilities, programs, and services such as gaps, initiatives, and considerations. Mrs. Hill-Mischel and Mr. Smyth also described the seismic evaluation, impact of the current lease on value, and the business enterprise valuation of Desert Regional Medical Center. President Wortham explained that the board should discuss a vision	
	for the future, further detailing the necessity of a study session in April	
I. Concept Ages do	or mid-May.	#10.61.NAOTION WAS BAADS by
I. Consent Agenda I.1. Board Minutes a. Special Meeting of the Board of Directors – January 15, 2019 b. Special Meeting of the Board of Directors January 22, 2019 I.2. Finance and Administration 1. Approval of December 2018 and January 2019 Financial Statements – F&A Approved February 12, 2019 I.3. Chief Executive Officer Recruitment	President Wortham asked for a motion to approve the consent agenda. Vice-President Zendle explained the aspects of CPS HR Consulting Chief Executive Officer executive recruitment professional services agreement.	#19-61 MOTION WAS MADE by Director Rogers and seconded by Vice-President Zendle to approve the consent agenda. Motion passed unanimously. AYES – 7 President Wortham, Vice- President Zendle, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director De Lara NOES – 0 ABSENT – 0



	rebruary 26, 2019	
a. CPS HR Consulting –		
Chief Executive Officer		
Executive Recruitment		
Professional Services		
Agreement – NTE		
\$23,500		
	Danna Craig Caniar Dragram	
J. Resources and Philanthropy	Donna Craig, Senior Program	
1. Existing Grants Progress	Officer, explained the existing	
and Final Reports	grants progress and final reports as	
	outlined in the packet.	
	Jeff Scott, Legal Counsel, described	
	AB 2019 and the board's	
	prevention from engaging in	
	individual meetings outside of the	
	District's established grant process.	
	District 3 established grant process.	
2 1 Vacy Common of Doot	Deans Crais Soniar Brosser	
2. 1 Year Summary of Past	Donna Craig, Senior Program	
and Existing Grants	Officer, described the board's	
	request for a one-year summary of	
	past and existing grants providing a	
	brief synopsis.	
K. Desert Healthcare District		
CEO Report		
1. CEO Report	Chris Christensen, Interim CEO,	
	detailed the Priorities, Milestones,	
	and Progress Measures update	
	-	
	included in the packet.	
2. Rezoning Process	Chris Christensen, Interim CEO,	
Timeline	described the transition to five	
	election zones, the two newly	
	appointed board members, and	
	outlined the rezoning process	
	timeline with one public hearing in	
	the west, two public hearings in the	
	east, and the final forum at the RAP	
	Foundation offices. Mr.	
	Christensen also explained the	
	resolution to coincide with the	
	rezoning into seven zones.	



	February 26, 2019	
	Vice-President Zendle explained that most of the changes will occur in the west from five to possibly three representatives, suggesting an equal number of public hearings in the west and the east or with more discussion in the west; recommending one public hearing in the east, one public hearing in the west, and a public hearing midvalley.	
3. Consideration to Approve Resolution 19- 01 to Divide the District into 7 Zones	The board directed staff to modify the rezoning timeline to include four public hearings with two in the west, two in the east, and one midvalley.	#19-62 MOTION WAS MADE by Director Rogers and seconded by Vice-President Zendle to approve Resolution 19-01 to divide the District into seven zones. Motion passed unanimously. AYES – 7 President Wortham, Vice- President Zendle, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director De Lara NOES – 0 ABSENT – 0
L. Desert Regional Medical Center CEO Report	Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center (DRMC), reported on January activity explaining an increase in patients except for the emergency room with 400 fewer visits that may be attributed to the new urgent care clinics. DRMC has implemented the new state laws on homelessness, outlining the number of admissions and discharged patients. The hospital received a \$1.1M grant for graduate medical education for training, including the residency program. Construction updates and upgrades for Sinatra One and	
	Sinatra Five were detailed as well as the fire alarm system upgrade,	



February 26, 2019		
	pharmacy regulations renovations,	
	and emergency room upgrades will	
	commence in May with some	
	treatment bays completed.	
	Community events were described	
	such as orthopedic lectures,	
	nutrition, and healthy beginnings.	
M. Desert Regional Medical	Director Rogers explained the	
Center Governing Board of	meeting of the most recent	
Directors Report	Governing Board describing a	
	report from the chair of volunteers	
	that included a report on volunteer	
	performance; open and closed	
	complaints from California	
	Department of Public Health	
	(CDPH); peer review reports and	
	approval of new medical staff;	
	board self-evaluation; and the	
	review of board policies.	
N.1. Finance, Administration,		
Real Estate, and Legal		
Committee		
1. No January Meeting of	Director Matthews explained that	
the F&A Committee	there was no meeting in January	
2. Minutes of Meeting	and described the minutes of the	
Minutes – February 12,	February 2019 meeting.	
2019		
N.2. Hospital Governance and	Vice-President Zendle outlined	
Oversight Committee	Desert Regional Medical Center's	
1. No January Meeting of	compliance with the state homeless	
the Hospital	discharge law also describing the	
Governance and	number of homeless admissions,	
Oversight Committee	discharges, clothing needs, and	
2. Minutes of the February	transportation. An update of the	
21, 2019 Meeting	most recent Leapfrog scores was	
21, 2013 Weeting	provided to the committee, and	
	Vice-President Zendle also	
	explained the upcoming quarterly	
	hospital inspection.	
	nospital inspection.	



N.3.	Strategic Planning	
	Committee	

1. Standing Meeting Schedule - Second Tuesday 4 p.m. - Next Scheduled Meeting - March 12, 2019 2. Meeting Minutes -February 12, 2019 and February 19, 2019

President Wortham detailed the standing committee meeting dates and described the minutes of the meeting that included the branding logos and taglines.

3. Branding Logos & **Taglines**

President Wortham described the choices of the committee for the logos and taglines that includes color schemes and wording that coincides with the Strategic Plan.

Will Dean, Communications and Marketing Director explained the variations in color, text, placement of the graphics and other aspects of the logos and revisions.

The board preferred logo three with the gold which highlights the District and Foundation, and the tagline Advancing community wellness in the Coachella Valley – number ten.

#19-63 MOTION WAS MADE by **Director Rogers and seconded by** Director PerezGil to approve the logo with the watermark above the name - number three with the gold highlighting the District and Foundation and the tagline **Advancing Community Wellness in** the Coachella Valley. Motion passed unanimously. AYES - 7 President Wortham, Vice-**President Zendle, Director** Matthews, Director Rogers, Director PerezGil, Director Borja, and Director De Lara NOES - 0 ABSENT - 0 NOES - 0 ABSENT - 0



N 4	Program	Committee
14.4.	riugiaiii	COMMITTEE

- Standing Meeting Schedule – Third Tuesday 12 p.m.
- 2. No February Meeting of the Program Committee

Director Rogers explained that there was no meeting of the Program Committee in February. The next scheduled meeting is March 19, 2019.

N.5. Board/Staff
Communications and
Policy Ad Hoc Committee

- 1. Committee Meeting February 19, 2019
- 2. Update on Board and Staff Roles and Responsibilities
- 3. District Bylaws –
 Amendments Including
 Resolution No. 19-02
 changing the time and
 place for board meetings

Director De Lara described the February 19 meeting and the upcoming workshop, including the preliminary interviews that are underway in preparation for the Board and Staff Roles and Responsibilities Workshop.

Director De Lara explained the amendment to the District Bylaws that includes the 5:30 p.m. meeting time and the new location at the Regional Access Project (RAP) Foundation.

#19-64 MOTION WAS MADE by Vice-President Zendle and seconded by President Wortham to approve District Bylaws Amendments to Resolution No. 19-02.

Motion passed unanimously.

AYES – 7 President Wortham, VicePresident Zendle, Director

Matthews, Director Rogers,
Director PerezGil, Director Borja,
and Director De Lara

NOES – 0

ABSENT – 0

4. Consideration to
Approve Ticket
Distribution Policy –
Revised Including
Resolution No. 19-03.

Director De Lara described the current ticket policy for events and the committee proposing up to \$1,000 per year for each director, including the CEO with an allocation of \$500 through the current fiscal year.

Director Rogers explained that the policy is examined each year and described inviting families, partners, and spouses that was in place at the prior board she served.

#19-65 MOTION WAS MADE by Director De Lara and seconded by Director Zendle to approve the Ticket Distribution Policy and Resolution No. 19-03 to include prior approval from the board for table purchases to charitable events.

Motion passed 6-1.

AYES – 6 President Wortham, VicePresident Zendle, Director

Matthews, Director PerezGil,

Director Borja, and Director De Lara

Page 8 of 11



Director Rogers emphasized encouraging board members visibility in public and distributed a sample policy of the Orange County Water District recommending \$3,000 per year for each director.

Jeff Scott, Legal Counsel, explained the important differences between the District and Orange County Water District stating that the new ticket policy addresses and clarifies complimentary and purchased tickets also describing public resources as it relates to family members and spouses.

President Wortham suggests a marketing plan for events.

5. Appointments and Duties for Committees Policy Chris Christensen, Interim CEO, explained the board's request for inviting community members to join each committee except for Hospital Governance and Oversight and the Strategic Planning Committees, describing a process with public advertising, interviews by the committee, and an appointment process with recommendations to the board. The committee suggests up to five **Program Committee community** members and up to three Finance and Administration community members.

Director Rogers explained her request for at least three community members to provide input on the Hospital Governance and Oversight Committee. If there are no community members on the Hospital Governance and Oversight

NOES – 1 Director Rogers ABSENT – 0

Page 9 of 11



	February 26, 2019	
	Committee, Director Rogers will	
	resign from the committee.	
	President Wortham requested at	
	least two to three community	
	members on the Strategic Planning	
	Committee; however, Director De	
	Lara explained it is up to the board	
	to plan the District's vision and	
	growth with input from the	
	community throughout the year.	
O. Old Business	None	
P. Legal Comments & Report	Jeff Scott, Legal Counsel, explained	
	that in the District's grant policy,	
	the Foundation cannot support	
	fundraising and fundraising events.	
Q. MEMORIAL	Director Matthews described the	
	passing of Rhoda Kosslyn and Mr.	
	and Mrs. Kosslyn's work with	
	Desert Regional Medical Center,	
	including negotiating the lease and	
	other financial contributions in the	
	Valley.	
	vancy.	
	President Zendle suggested	
	documenting the history of the	
	District and the various board	
	members involved throughout the	
	years with the District.	
R. Informational Items	None	
S. Directors' Comments,	Director De Lara explained a	
Reports, & Staff Direction	meeting she attended hosted by	
and Guidance	South Coast Air Quality	
and dalatice	Management District with the	
	purpose of encouraging the quality	
	of life in the North Shore, health	
	issues with air quality, pesticides,	
	and the Salton Sea. Competitive	
	funding will be available next year	
	with applications due in 2019.	



T. Adjournment	collective fund. President Wortham adjourned the meeting at 8:04 p.m.	Audio recording available on the website at http://dhcd.org/Agenda-Board-of-
	Springs City Council meeting and Councilmember Holstege described the Coachella Valley Association of Governments' (CVAG) Homelessness Committee, including the formation of the District's Collaboration to End Homelessness, encouraging the District to continue with the	
	President Zendle explained that he viewed the most recent Palm	

ATTEST: _		
	Las Zandla MD Vias Dussidant/Cosustan	

Les Zendle, MD, Vice-President/Secretary
Desert Healthcare District Board of Directors

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



DESERT HEALTHCARE DISTRICT BOARD OF DIRECTORS SPECIAL MEETING OF THE BOARD OF DIRECTORS March 19, 2019

Directors Present	District Staff Present	Absent
President Jennifer Wortham, Dr.PH	Chris Christensen, Interim CEO, CFO	
Vice-President/Secretary Les Zendle, MD	Andrea S. Hayles, Clerk of the Board	
Treasurer Mark Matthews	Jeff Scott, Legal Counsel	
Director Carole Rogers, RN		
Director Evett PerezGil		
Director Karen Borja		
Director Leticia De Lara		

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order	President Wortham called the meeting to order at 7:48 p.m.	
Roll Call	The clerk of the board called the roll with all Directors present.	
B. Approval of Agenda	President Wortham asked for a motion to approve the agenda.	#19-65 MOTION WAS MADE by and seconded to approve the agenda Motion passed unanimously. AYES – 7 President Wortham, Vice-President Zendle, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director De Lara NOES – 0 ABSENT – 0
C. Public Comment	None	
D. Convene to Closed Session of the Desert Healthcare District Board of Directors PURSUANT TO GOVERNMENT CODE SECTION Public Employee Appointment pursuant to Government Code 54957 Title: Chief Executive Officer		
E. Reconvene to Open Session of the Desert Healthcare District Board of Directors		



DESERT HEALTHCARE DISTRICT BOARD OF DIRECTORS SPECIAL MEETING OF THE BOARD OF DIRECTORS March 19, 2019

G. Report After Closed	The Board in closed session	
Session	discussed the CEO position.	
F. Adjournment	President Wortham adjourned the	
	meeting at 7:48 p.m.	

ATTEST: _			
	1 7 II - AAD AC D II 1 /C 1		

Les Zendle, MD, Vice-President/Secretary
Desert Healthcare District Board of Directors

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



Date: March 26, 2019

To: Board of Directors

From: Chris Christensen, Interim CEO

Subject: Consideration of Award of Contract to D.W. Johnston

Construction for the installation of an extended Fire Sprinkler

System at the Las Palmas Medical Plaza - \$195,197

Staff Recommendation: Award the Contract to D.W. Johnston Construction, Inc. to install the extended fire sprinkler system at the Las Palmas Medical Plaza in the amount of \$195,197.00

Background:

- The Desert Healthcare District (District) is the owner of the Las Palmas Medical Plaza (Plaza).
- The District is in the process of completing the installation of a fire sprinkler infrastructure to all of the buildings in the Plaza.
- The District has engaged the services of Chris Mills from Prest Vuksic Architects, to design the project and assist in the bidding process and construction oversite of the system installation.
- On March 13, 2019, a public bid opening was held for contractors to present their bids for the project. D.W. Johnston Construction, Inc., was the sole bidder with a bid of \$195.197.00.
- Due to the relatively small size and scope of the project, the necessity of payment of prevailing wages, and the availability of other opportunities for contractors, it is unlikely that the District would receive additional bids should the D.W. Johnston bid be rejected.
- Staff and Mr. Mills have reviewed the submitted bid documents, the qualifications of the contractor, the bid amount and has determined that the bid is responsive, and the bidder is qualified to do the work.
- Accordingly, Staff recommends the award of the contact to D.W. Johnston Construction Inc. in the amount of \$195,197.00.

Fiscal Impact:

\$195,197 – Budget item included in the FY 2018-19 annual cash flow budget.

CONTRACT FOR CONSTRUCTION

THIS CONTRACT is made this 27th day of March 2019, in the County of Riverside, State of California, by and between the Desert Healthcare District, hereinafter called District, and D.W. Johnston Construction Inc., hereinafter called Contractor. The District and the Contractor for the considerations stated herein agree as follows:

ARTICLE 1. SCOPE OF WORK. The Contractor shall perform all Work within the time stipulated the Contract and shall provide all labor, materials, equipment, tools, utility services, and transportation to complete all of the Work required in strict compliance with the Contract Documents as specified in Article 5 below for the following Work:

Las Palmas Medical Plaza Extension of Existing Automatic Fire Sprinkler System to All Buildings

The Contractor and its surety shall be liable to the District for any damages arising as a result of the Contractor's failure to comply with this obligation.

ARTICLE 2. CONTRACT TIME. Time is of the essence in the performance of this contract. The Work shall be commenced on the date stated in the District's Notice to Proceed. The Contractor shall complete all Work required by the Contract Documents within five calendar days from the commencement date stated in the Notice to Proceed and shall achieve final completion of the Work in its entirety within Fifty (50) Calendar Days ("Contract Time") of the date the Contract Time begins to run, as modified in accordance with the Contract Documents. By its signature hereunder, Contractor agrees the time for completion set forth above is adequate and reasonable to complete the Work.

ARTICLE 3. CONTRACT PRICE. The District shall pay to the Contractor as full compensation for the performance of the Contract, subject to any additions or deductions as provided in the Contract Documents, and including all applicable taxes and costs, the sum of **One Hundred Ninety-Five Thousand, One Hundred Ninety-Seven Dollars** (\$195,197.00), as adjusted in accordance with the Contract Documents, ("Contract Price.") Payment shall be made as set forth in the General Conditions.

ARTICLE 4. LIQUIDATED DAMAGES. Contractor acknowledges that the District will sustain actual damages for each and every Day during which completion of a Milestone or the Work is delayed beyond the expiration of the Contract Times, as adjusted pursuant to provisions hereof. Because of the nature of the Project, it would be impracticable or extremely difficult to fix the actual damages. Accordingly, in accordance with Government Code section 53069.85, it is agreed that the Contractor will pay the District the sum of **Two Hundred and Fifty Dollars** (\$250) for each and every calendar day of delay in completing the Work beyond the expiration of the Contract Time, as Liquidated Damages and not as a penalty or forfeiture. The District may deduct

CONTRACT

1

that amount from any money due or that may become due the Contractor under the Contract. This Article does not affect District's right to other remedies specified in the Contract Documents or allowed by law.

Liquidated damages may be deducted from any money due or to become due to Contractor. Should Contractor be inexcusably delayed in the performance of the Work, District may deduct liquidated damages based on its estimate of when Contractor will achieve Final Completion or other Milestones. District need not wait until Final Completion to withhold liquidated damages from Contractor.

Liquidated damages shall be considered not as a penalty but as agreed monetary damages for actual damages sustained by the District for delay, including but not limited to loss of revenue and increased Project administration expenses, including extra inspection, construction management and architectural and engineering expenses. Liquidated damages do not include damages the District incurs on account of claims by third parties against the County.

Should money due or to become due to Contractor be insufficient to cover liquidated damages or other offsets due, then Contractor forthwith shall pay the remainder of the assessed liquidated damages to County.

ARTICLE 5. COMPONENT PARTS OF THE CONTRACT. The "Contract Documents" include only the following documents, each of which is incorporated into this Agreement by reference:

Notice Inviting Bids

Instructions to Bidders

Contractor's Bid Forms

Contractor's Certificate Regarding Workers' Compensation

Bid Bond

Designation of Subcontractors

Information Required of Bidders

Non-Collusion Declaration form

Iran Contracting Act Certification

Performance Bond

Payment (Labor and Materials) Bond

General Conditions

Special Provisions (or Special Conditions)

Technical Specifications prepared by Prest • Vuksic Architects

Plans prepared by Prest · Vuksic Architects and dated October 26, 2018.

Addenda

Approved and fully executed change orders

CONTRACT

2

The Contactor shall complete the Work in strict accordance with all of the Contract Documents.

All of the Contract Documents are intended to be complementary. Work required by one of the Contract Documents and not by others shall be done as if required by all. This Contract shall supersede any prior agreement of the parties, whether written or oral. The Contract can be modified only by a written Change Order executed in accordance with the Contract Documents.

In the event of a conflict, the various Contract Documents will be given effect in the order set forth in Article 42.b of the General Conditions.

ARTICLE 6. PROVISIONS REQUIRED BY LAW. Each and every provision of law required to be included in these Contract Documents shall be deemed to be included in these Contract Documents. The Contractor shall comply with all requirements of applicable federal, state and local laws, rules and regulations, including, but not limited to, the provisions of the California Labor Code and California Public Contract Code which are applicable to this Work.

ARTICLE 7. INDEMNIFICATION. Contractor shall indemnify and defend the District as set forth in the General Conditions.

Continued on Next Page

CONTRACT

3

ARTICLE 8. PREVAILING WAGES. Contractor shall pay not less than the prevailing rate of wages in accordance with the Labor Code, which rates have been determined by the Director of the California Department of Industrial relations and shall be made available at the District office or may be obtained online at http://www.dir.ca.gov/dlsr. The wage rates must be posted at the job site.

IN WITNESS WHEREOF, this Contract has been duly executed by the above-named parties, on the day and year above written.

OWNER: DESERT HEALTHCARE DISTRICT	CONTRACTOR:
By: Date: Name: Title:	By: _ Date: Name: Title:
Attest:	Fed. Tax I.D.
- [INSERT TITLE]	[INSERT TITLE]

CONTRACT

4

Lump Sum Price for Construction of Las Palmas Medical Plaza Extension of Exisiting Automatic Fire Sprinkler System to All Buildings

In Palm Springs, California

TOTAL BID PRICE For the lump sum of 195, 197.00 (price in figures) ninety- Five thousand one hundred ninety-seven dollars (price in words) OW (Name of Bidder) TIME OF COMPLETION The contractor agrees to complete the construction within 60 successive calendar days after receiving the Notice to Proceed. See Contract for Construction, Article 2 and 4. Bidder acknowledges and understands that, pursuant to Public Contract Code Section 20676, sellers of "mined material" must be on an approved list of sellers published pursuant to Public Resources Code Section 2717(b) in order to supply mined material for this Contract. I declare under the penalty of perjury under the laws of the State of California that all of the information submitted in connection with this Bid and all of the representations made herein are true and correct. Name of Bidder Du Signature

BID FORM

13

(BB&K: 2-13)

Name and Title

Dated 3/13/19

D. W. JOHNSTON CONSTRUCTION, INC. OPINION OF PROBABLE COSTS

Las	s Palmas Medical Plaza		195,197
CODE	DESCRIPTION OF WORK		
1-000	GENERAL CONDITIONS		
1-010	Plans and Architect	7	by owner
1-020	Engineering/Survey		by owner
1-024	Engineering/Fire		by owner
1-025	Title 24		by owner
1-030	Soils Testing		by owner
1-031	Geotechnical		by owner
1-032	Asbestos Abatement		by owner
1-040	Permits		by owner
1-050	Fees and Assessments		by owner
1-060	Temp. Utilities	Bathroom	1,516
1-070	Misc rentals		320
1-090	Rough Clean-up		378
1-095	Final Clean-up		423
1-110	Supervision		9,993
1-130	General Labor		798
1-135	Debris Removal		160
1-170	Construction Materials/pedestrian control		2,787
2-000	SITE WORK		
2-010	Demolition	Included In 9-020	
2-080	Curb, Gutter, Drive Approach	Reforming Curbs Included in 3-030	
2-120	Landscape		15,287
3-000	CONCRETE		Bullio Referencia di Albania Alfrenia
3-010	Foundation, Footings, Slab		
3-030	Walks & Driveways	Paver/Curb Removal and Replacement	11,750
6-000	WOOD & PLASTIC		
6-040	Finish Carpentry	Fire Closet Doors	1,952
9-000	FINISHES		Description and advanced
9-010	Plaster/Stucco		2,363
9-020	Drywall		4,812
9-030	Exterior Painting		3,994
9-035	Interior Painting	Included in 9-030	
	MECHANICAL		
15-020	Fire Protection		111,500
1-001	Overhead & Fee		23,525
	Builders Risk Insurance		0
1-100	Liability / Auto / Workers Compensation		3,640
	Contingency		
			\$195,197



HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE MEETING MEETING MINUTES March 21, 2019

Directors Present	District Staff Present	Absent
Chair, Vice-President, Les Zendle, MD	Chris Christensen, Interim CEO, CFO	Lisa Houston,
Director Karen Borja	Stephen Huyck, Accounting Manager Andrea S. Hayles, Clerk of the Board	COO
	•	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order	
	at 9:30 a.m. by Chair Zendle.	
II. Introductions	Chair Zendle invited all in	
	attendance to introduce	
	themselves.	
III. Approval of Agenda	Chair Zendle asked for a motion	Moved and seconded by Director
	to approve the agenda	Borja and Vice-President Zendle to
		approve the agenda as amended.
		Motion passed unanimously.
IV. Public Comment	No public comments	
V. Approval of Meeting	Chair Zendle asked for approval	Moved and seconded by Director
Minutes	of the February 21, 2019	Borja and Vice-President Zendle to
	meeting minutes.	approve the agenda.
		Motion passed unanimously.
VI. Old Business		
 Amendment – Leapfrog 	Christine Langenwalter, Chief	
Hospital Safety Grade	Quality Officer, explained a	
Upgrade – Christine	revision to last month's Leapfrog	
Langenwalter, MSN,	update describing that eleven	
RNC, CENP, Chief	hospitals within 50 miles of	
Quality Officer	Desert Regional Medical Center	
	reported two hospitals with A	
	scores, eight C scores, and one	
	D. There was also a correction to	
	JFK's Memorial Hospital with an	
	A in April and a C in October.	
VII. New Business		
1. Hospital Inspection –	Chris Christensen, Interim CEO,	
Desert Regional Medical	described the background of the	
Center	quarterly hospital inspections on	
	a 2-year cycle, also detailing the	
	areas that were inspected on	
	March 5 and introduced	



HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE MEETING MEETING MINUTES

March 21, 2019

Dale E. Barnhart, Facility Inspection Consultant.

Mr. Barnhart explained that he was impressed with the hospital inspection noting minor corrections and some items that may take longer to replace such as signage, laminate replacement, and handrail repairs. Mr. Barnhart also explained that he will work with Desert Regional Medical Center staff to follow-up on corrective measures before the next inspection.

Chair Zendle suggests scheduling the first half hour of the inspection for review of the corrective measures and provide a follow-up report. Director Borja explained that as owners of the hospital, the committee should take into consideration staff or committee members accompanying Mr. Barnhart for corrective measure inspection.

The committee resolved that the inspector can schedule a review of the corrective measures at and the staff or committee members can participate in the corrective review for critical or safety matters. Mr. Barnhart will report to the committee before the quarterly inspections outlining the status of the corrective measures and any matters that may be pending or carried over in the next quarter.

Laura Bruce, RN, Desert Regional Medical Center, expressed



HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE MEETING MEETING MINUTES

March 21, 2019

concerns with only one elevator functioning in the Sinatra Tower due to refurbishing.

Michele Finney, CEO, Desert
Care Network, Desert Regional
Medical Center, explained that
the hospital is awaiting the
approval of the Office of
Statewide Health Planning and
Development (OSHPD) for the
refurbished elevators. Due to the
fire alarm system upgrade,
approval of the fire alarm system
must be completed before the
elevators are inspected.

The committee suggested and Desert Regional Medical Center staff will possibly reach out to elected officials to try and expedite the inspection.

2. Charity Care Policy and Estimated Dollar Amount Provided for Indigent Care

Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center, reported the 2018 data regarding charity and the uninsured discount policies. Ms. Finney defined charity care and eligibility as 200% below the poverty level for costs associated with their care. There were 131 admissions that qualified and 799 outpatient persons totally 930 eligible patients for charity care with Desert Regional Medical Center writing-off the deduction in value or charges of \$23.8M. The uninsured are defined as 201-350% below the poverty level or their account liability owed is more than 10% of their annual household earnings – qualifying the family for discounted care at a



HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE MEETING MEETING MINUTES

March 21, 2019

Medicaid rate. There were 136 admissions in the uninsured classifications and 3,700 outpatients primarily for the emergency department totally 3,850 and the charges writtenoff at the discount rate were \$29M. Both programs totaled 4,800 patients and a \$53M write-off. The hospital publishes the charity care program for community awareness and individuals or families living below the poverty level. Eligibility workers assist to determine the qualifications for government programs. Staff in onboard 24/7 to work with families and 13 trained staff to assist with the confidential application evaluation and qualifications. Patients are notified in writing if they are denied the discounted program. The program policy is published on OSHPD's website for administering the program for equality.

On a separate matter, Chair Zendle requested information on the compliance with SB 1152 – Hospital Patient Discharge Process for Homeless Patients since other hospitals are working in cooperation and collaborating to obtain access to shelter beds and other homelessness matters.

Michele Finney suggested inviting Kevin Porter, Regional Vice President, Riverside and San Bernardino Counties, California Hospital Association, to discuss



HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE MEETING MEETING MINUTES

March	21,	2019
-------	-----	------

	SB 1152 and provide an update	
	on the best practices in the	
	community based, obtain a	
	larger perspective, then contact	
	Eisenhower to invite them to a	
	future meeting to provide an	
	update on their compliance with	
	SB 1152.	
	The committee directed staff to	
	contact Kevin Porter to provide a	
	presentation at the April	
	meeting and report on how	
	various hospitals in the Coachella	
	Valley are addressing	
	homelessness in the hospitals.	
VIII. Adjournment	Chair Zendle adjourned the	Audio recording available on the
	meeting at 10:20 a.m.	website at http://dhcd.org/Hospital-
		Governance-Oversight-Committee

ATTEST:		
	Les Zendle, MD, Chair/Vice-President	
	Hospital Governance and Oversight and Committee	

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

DALE BARNHART

TO: CHRIS CHRISTENSEN, INTERIM CEO & CFO

FROM: DALE BARNHART

SUBJECT: QUARTERLY INSPECTION

JANUARY – MARCH, 2019

DATE: MARCH 7, 2019

CC: ANDREA S. HAYLES

The quarterly facilities inspection for Sinatra 5, 4, 3, 2 and Finance was conducted March 5, 2019. The following representatives participated in the inspection:

- Dale Barnhart, Healthcare Facilities Consultant
- Chris Christensen, Interim DHCD CEO/CFO
- Les Zendle, MD, VP DHCD Board (joined at end of inspection)
- Carol Rogers, RN, DHCD Board
- Mike Ditoro, DRMC COO
- Steve Ballard, DRMC Director of Engineering

The inspection included elevator and mechanical penthouses and roof above the Sinatra Patient Tower. The inspection findings are listed in the attached report.

Please let me know if you have any questions.



DESERT REGIONAL MEDICAL CENTER 1ST QUARTER 2019 FACILITIES INSPECTION

REPORT	TED ITEMS:		
ITEM		RESPONSE	
AREAS I	NSPECTED		
Sinatra T	<u>'ower Roof</u>		
	No findings identified		
Sinatra T	ower Mechanical Penthouse		
	No findings identified		
Sinatra T	<u> Tower Elevator Room</u>		
	No findings identified		
Sinatra 5			
19-01	Missing monokote on steel in east stairwell	3/5/19 – First Reported	
19-02	Missing escutcheon ring on fire sprinkler in bathroom, patient room 3533	3/5/19 – First Reported	
Sinatra 4			
19-03	Missing sign, Environmental Services room, door S4-25	3/5/19 – First Reported	
19-04	Missing light fixture over bed, patient room 3433	3/5/19 – First Reported	
Sinatra 3			
19-05	Missing escutcheon ring on fire sprinkler in fire sprinkler room	3/5/19 – First Reported	
Sinatra 2		3/5/19 – First Reported	
19-06	Broken wall sign between room 3202 and fire extinguisher cabinet	3/5/19 – First Reported	
19-07	Broken/missing laminate on satellite nursing station next to room 3233	3/5/19 – First Reported	
19-08	Missing end cap on handrail next to fire sprinkler room	3/5/19 – First Reported	
19-09	Dust accumulation on fire sprinkler in Environmental Services room, door S2-29	3/5/19 – First Reported	
Sinatra 2 continued			



DESERT REGIONAL MEDICAL CENTER 1ST QUARTER 2019 FACILITIES INSPECTION

REPORTED ITEMS: **ITEM** RESPONSE 3/5/19 – First Reported 19-10 Binders stored within 18" of ceiling in storage room, door S2-32 3/5/19 – First Reported 19-11 Missing letters on sign for mechanical room, door S2-41 3/5/19 – First Reported 19-12 Broken light switch cover plate in Environmental Services room, door S2-50 3/5/19 – First Reported 19-13 Floor cleanliness in a number of patient rooms needed improvement (e.g. stripping and waxing) Finance 3/5/19 – First Reported 19-14 Entry door EW-17 did not positive latch 3/5/19 – First Reported 19-15 2 ceiling tiles near accounting desk (Jeri T.) were stained and in need of replacement 3/5/19 – First Reported Toaster oven stored within 18" of ceiling in break room 19-16 3/5/19 – First Reported Emergency light did not activate in test mode outside of 19-17 room EW-223



PROGRAM COMMITTEE MEETING MEETING MINUTES March 19, 2019

Directors Present	District Staff Present	Absent
Chair, Carole Rogers, RN	Chris Christensen, Interim CEO, CFO	
Director Evett PerezGil	Lisa Houston, COO	
Director Leticia De Lara	Donna Craig, Senior Program Officer	•
	Alejandro Espinoza, Program Officer	and
	Outreach Director	
	Will Dean, Communications and	
	Marketing Director	
	Andrea S. Hayles, Clerk of the Board	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 12:07 p.m. by Chair Rogers.	
II. Approval of Agenda	Chair Rogers asked for a motion to approve the agenda.	Moved and seconded by Director De Lara and Director PerezGil to approve the agenda. Motion passed unanimously.
III. Public Comment	None	
IV. New Business		
1. Program Committee Policy Review	Chris Christensen, Interim CEO, explained the draft policy that was presented to the Board and Staff Communications and Polices Ad Hoc Committee outlining the oversight in sections 1.2.3 and 1.2.4 removing This committee may also include Volunteer Members. The revisions to the policy will be presented to the board at the April meeting. Section 2.1 the language for volunteers' members service will be modified to state any volunteer member that serves, may not submit a grant proposal within one year after leaving membership on the committee.	

PROGRAM COMMITTEE MEETING MEETING MINUTES March 19, 2019

Section 3.2 will be revised to include up to five community members employed within or serving within the District boundaries.

After Chair Rogers conveyed that she would prefer board approval of the policy revisions at the March meeting, Director De Lara explained that the Program Committee policy could be submitted to the board for approval exclusive of the other committee changes. Mr. Christensen will contact legal counsel for clarification purposes.

2. Volunteer Community Members Process

Chris Christensen, Interim CEO, explained staff's request for creating an advertisement to solicit volunteer members for the Program Committee.

Director De Lara requested a call for action on the website and other forms of outreach. Director De Lara also inquired if the meetings would be centrally located. Chair Rogers suggested and the committee agreed to facilitate future meetings at the Regional Access Project (RAP) Foundation.

3. Grant Process

Chris Christensen, Interim CEO, described the flow chart for the process of the grants, including the scoring rubric.

Director De Lara requested that staff inform the committee on applicants that are denied or do

PROGRAM COMMITTEE MEETING MEETING MINUTES March 19, 2019

not advance in the scoring rubric; however, Chair Rogers explained that the committee will make the final determination on grant approval and recommendations to the board. The committee also requested an inventory of the mini-grant approvals and denials.

Director De Lara would like to ensure diligence in notifying agencies east of Cook Street and identify valuable organizations while staying within the AB 2019 guidelines. Director De Lara also requested feedback from the grantees on the scoring rubrics.

4. Expanded Area Grant Funding - \$300,000

Chris Christensen, Interim CEO, described the expansion and the board's approval of \$300,000 for grant funding in the new boundaries and inquired in what way the committee would like to move forward to pursue and commence with funding.

Chair Rogers suggested reaching out to the Foundation partners for matched funding to reach a potential goal of \$4M, and possibly hiring a development consultant for review.

Director De Lara proposes commencing and moving forward with the current funds by prioritizing the funding to meet the criteria of the grant process.



PROGRAM COMMITTEE MEETING MEETING MINUTES March 19, 2019

5. Grant Proposals Under	Chris Christensen, Interim CEO,	
Development	explained that the proposals	
	under development included in	Moved and seconded by Chair Rogers
	the packet for review.	and Director De Lara to approve
	·	Grant #985 – Coachella Valley
	Donna Craig, Senior Program	Volunteers in Medicine (CVVIM)
6. Grant Applications	Officer, described Coachella	\$121,500 to support primary
a. Grant #985 –	Valley Volunteers In Medicine	healthcare and support services to
Coachella Valley	(CVVIM) grant request for	District residents and forward to the
Volunteers in	support to primary healthcare	board for approval.
Medicine	services to District residents by	Motion passed unanimously.
(CVVIM)	improving community health	
\$121,500 to	through affordable and	
support primary	accessible health care services.	
healthcare and		
support services	Doug Moran, Executive Director,	
to District	CVVIM, explained that the	
residents	audited financials are complete	
	without a net loss of \$70k. In	
	2018 CVVIM had revenue of	
	\$111k. Thus, the budget was	
	adjusted for additional dental	
	funding to patients.	
V. Adjournment	Chair Rogers adjourned the	Audio recording available on the
	meeting at 1:11 p.m.	website at http://dhcd.org/Agenda-
		<u>Program-Committee</u>

ATTEST:			
	Carole Rogers, RN, Cha	air/Director	
	Program Committee		

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

PROPOSALS UNDER DEVELOPMENT

Information only - status update of new and existing grants since last Board report of February 26, 2019

Letters of Inquiry				
Agency	Staff Notes	Status		
Health to Hope Clinics	Emailed LOI requesting \$288,000 over a three-year period so that the organization's mobile medical units can serve more of the homeless individuals within the District's current service area and/or throughout eastern Coachella Valley (the passage of Measure BB).	Site visit of mobile medical unit serving clients at Acadia Healthcare/Desert Comprehensive Treatment Center completed March 12, 2019. Stage 1 LOI will be generated and submitted for one year of funding, rather than the original request of 3 years. CEO states 40 MOUs are in place throughout the Coachella Valley and other areas, including UCR School of Medicine and Tenet Health Systems.		
OneFuture Coachella Valley	Emailed LOI requesting either \$700,000 for 2 years or \$350,000 for one year for ongoing Behavioral Health Workforce pipeline development.	Stage 1: LOI generated. A draft outline of the concept has been received and staff has requested the grant goals be costed out in a line item budget. It is anticipated that the application can be ready for review at the April 16 th Program Committee meeting.		
Desert AIDS Project	Emailed LOI requesting \$459,006 for Get Tested Coachella Valley 2.0	Scheduled meeting and site visit at DAP Tuesday, April 2, 2019.		

Applications						
Grantee	Staff Notes	Status				
Ronald McDonald House Inland Empire	Stage 1 LOI: Requested \$200,005 to support programs and services specific to Coachella Valley families (approximately 20%) that are referred by JFK Hospital, DRMC and Eisenhower Health for intensive and specialized medical treatments at the Children's Hospital.	Stage 2 : Application in process. Expect to be reviewed at the April 16, 2019 Program Committee meeting.				
Pegasus Riding Academy	Stage 1 LOI: Requested \$110,975 to provide equine therapy to 115 clients residing in the Desert Healthcare District (original boundaries)	Stage 2 : Application in process. Expect to be reviewed at the April 16, 2019 Program Committee meeting.				
	Progress Reports					
Applicant	Staff Notes	Status				
	Final Grant Reports					
Applicant	Staff Notes	5 things to be done differently				



Date: March 26, 2019

To: Board of Directors

Subject: Grant # 985 Coachella Valley Volunteers In Medicine

Grant Request: Improving community health through affordable and accessible healthcare

services.

Amount Requested: \$121,500.00

Project Period: 4/1/2019 to 3/31/2020

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 \$121,500.00 be approved. RECOMMENDED BY THE PROGRAM COMMITTEE

- Recommendation with modifications
- Deny

Project Description: CVVIM will schedule a minimum of 900 visits and other contacts with approximately 300 District residents living west of Cook Street in Palm Desert. These individual encounters will include medical and dental visits, diabetes and other education opportunities for healthy eating and active living, as well as care coordination to assure medical follow-up, reinforce nutrition and lifestyle changes, provide health navigator services and community/social service referrals to positively affect social determinants of health that are weak. Additional services such as vision, hearing, and flu vaccination clinics may also be provided. All services are available at no-charge to any Coachella Valley resident who has income at 200% or more of Federal Poverty Guidelines and is uninsured or underinsured.

Financial Review: Prior to the Program Committee review, the District's Chief Finance Officer reviewed the financial statements and had determined that the 2018 unaudited financial statements shows a net loss of approximately \$70,000. The cash balance is strong with a Quick Ratio (Cash/Current Liabilities) of 2.0.

At the 3/19/19 Program Committee meeting, Executive Director gave an update to the financial review: "In December of 2019 we received a multi-year grant of \$222,000 from California Wellness Foundation. Myself and our accountant initially classified it as "Unearned Revenue"



for 2018 as no expenditures were charged against it in 2019. However, at the completion of our annual audit on March 15, 2019, the auditor determined this grant and other adjustments would indicate a 2018 surplus for the agency or around \$120,000. (The exact number has not yet been determined, pending completion of the audit and its approval by our Board of Directors in April 2019.)"

2019 Grant Request Summary

Coachella Valley Volunteers In Medicine, Grant #985

Tel: 760 342 4414 Ext: 103

PO Box 10090 82-915 Avenue 48 Indio, CA 92202 http://cvvim.org

Contact:

Marie J. Brunner Tel: (760) 625-0763 Fax: (760) 837-9065 marie.brunner@cvvim.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Туре	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

About the Organization

Organization Type: 501(c)(3) \Medical

Proposal

Project Title: Improving community health through affordable and accessible healthcare

services.

Total Project Budget:\$1,063,000Requested Amount:\$121,500Length of Project:12 monthsStart Date:4/1/2019

End Date: 3/31/2020

Background:

Background

CVVIM was incorporated as a nonprofit organization in 2008 (service delivery began in 2010) to provide no-charge healthcare services to Coachella Valley low-income (200% or greater of Federal Poverty Levels), Valley residents who are uninsured or unable to access their insurance because of costly copayments or deductibles.

The only no-charge healthcare clinic in the Coachella Valley, CVVIM utilizes volunteer medical and dental providers to treat patients, as well as other clinical and clerical support volunteers. Since service delivery began, we have provided more than 31,000 patient visits to our target population.

Community Need:

CVVIM will provide a minimum of 900 individual contacts to District residents for medical/dental appointments, patient visits, and other contacts for education, case management, specialty clinics and referrals. These will be tracked on a monthly basis and reported per grant requirements at a cost of \$135 per instance.

Additionally, we will monitor two issues which have the potential to impact availability of affordable and accessible healthcare in the Coachella Valley: First, the removal of the individual mandate from the Affordable Care Act which may realize a decrease in individual enrollment under Covered Ca plans for low-income individuals, possibly resulting in an increase in patients seen. Second, a proposed change in the "public charge" rule that may prevent eligible individuals from applying for healthcare benefits as they fear being denied legal permanent status due to having received public services. Both of these issues may cause an increase in the numbers of low-income residents applying for services at CVVIM. We will report our findings on both of these issues at the time of our final grant report.

The 2016 Community Health Survey (HARC, 2017) estimated 30,000 adults were uninsured in the Coachella Valley, leaving them without access to affordable healthcare. CVVIM provides no-charge access to primary medical and dental care for patients without insurance or who are underinsured, aligning the clinic directly with the District's Strategic Plan, Priority #3, to improve community health in the Coachella Valley. Further, CVVIM offers diabetes education and care coordination to its pre-diabetic and diabetic patients, aligning with one identified Focus Areas under Priority #3 for healthy eating and active living. Further, we provide medical outreach services to homeless individuals, also aligning us with another identified Focus Area.

The numbers of uninsured residents may be affected by two trends we already have anecdotal evidence to support. First, fear of immigration arrests and deportation is affecting some of our patients from scheduling and/or keeping appointments, potentially creating a negative result in individual and community health. Also, because of the removal of the individual mandate previously required under the ACA for individuals to obtain health insurance, potentially thousands of residents may forego obtaining health insurance leaving them without access to affordable healthcare for routine primary care and without follow-up care if a trauma or emergency occurs. These two issues need to be monitored more fully to determine their ongoing affect on the numbers of uninsured Coachella Valley residents.

Project Description:

CVVIM will schedule a minimum of 900 visits and other contacts with approximately 300 District residents living west of Cook Street in Palm Desert. These individual encounters will include medical and

dental visits, diabetes and other education opportunities for healthy eating and active living, as well as care coordination to assure medical follow-up, reinforce nutrition and lifestyle changes, provide health navigator services and community/social service referrals to positively affect social determinants of health that are weak. Additional services such as vision, hearing, and flu vaccination clinics may also be provided. All services are available at no-charge to any Coachella Valley resident who has income at 200% or more of Federal Poverty Guidelines and is uninsured or underinsured.

Goals

1) 900 scheduled appointments and other contacts will be provided to District residents (living west of Cook Street in Palm Desert) for medical and dental visits, education, care coordination, specialty clinics, health navigator services, and community/social service referrals. These contacts will be arranged over a twelve month period coinciding with any grant award. 2) CVVIM will collect information and prepare a White Paper on the incidences of perceived threat from ICE officials to enforce immigration policy, and on the numbers of new patients seen at the clinic who previously would have had an insurance but chose not to purchase it because of the removal of the individual mandate. The White Paper will be presented with the final grant report.

Evaluation Plan

Goal #1: Patient contacts will be collected monthly and monitored throughout the grant period, reported on at six and twelve month intervals, per the grant agreement. Any deficit in projected service numbers will be identified and an action plan will be developed to attempt to correct the deficiency to meet the projected service numbers.

Goal #2: CVVIM will develop and collect personal information from willing patients on perceived threat from ICE as well as collect information on all new patients whether or not they do not have health insurance because the individual mandate was removed.

Organizational Capacity

CVVIM utilizes a volunteer provider model for medical and dental clinicians, as well as clerical and support volunteers. Currently, more than 200 volunteers give in excess of 12,000 hours each year to meet our mission. A regular staff of 3 full-time and 3 part-time employees provide management, direct patient interactions, patient coordination and administrative support to ensure quality care in a culturally competent environment.

Organizational Sustainability:

This program of direct patient care and supportive services follows our mission directly to provide healthcare services to low-income, adult residents of the Coachella Valley. Understanding the medical and social needs of our patients and issues affecting their personal safety and security are inherent within our mission to provide competent, strategic and quality care.

Community Health Focus Area

Primary Care and Behavioral Health Access

Program Area

Direct Services\Medical/Dental; Direct Services\Homeless Services

Geographical Area Served

Cathedral City;Desert Hot Springs;Indio;Palm Desert;Palm Springs;Rancho Mirage;Sky Valley;Thousand Palms

Participants:

Population Served

Adults (25-64 years old)

Age Group

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

Number Served Per Age Group

0-5: 0 6-17: 0 18-24: 20 25-64: 250 65 or more: 30 Total: 300

Participant Community

Coachella Valley residents who reside west of Cook Street in Palm Desert, 18 years and older, who are uninsured or underinsured (unable to access their health insurance because of costly copayments or deductibles) and are at 200% of Federal Poverty Guidelines or greater.

Partnerships

Key Partners:

In addition to the 200+ volunteers who provide an average of 12,000 hours each year with an associated value of nearly \$400,000, CVVIM receives grants from numerous local and regional foundations and philanthropic gifts from many individuals and community organizations. Additionally, we partner with several community organizations and other nonprofit organizations who provide in-kind services for direct patient care services, patient referral and other services not offered at CVVIM. Finally, annual financial support is provided in the form of sponsorship or a general donation from all three local hospitals (Desert Regional Medical Center, Eisenhower Medical Center and JFK Memorial Hospital).

<u>Line Item Budget - Sheet 1 Operational Costs</u>

Approved budgets are the basis for reporting all grant expenditures. Line items may not be added or changed without grant amendment. Prior authorization is required for transfering funds (<10%) between existing line items. Describe budget narrative in cell B38. You may insert rows or create additional worksheets if more space is needed to fully describe your budget.

PROGRAM OF	PERATIONS	Total Program Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Labor Costs	Detail on sheet 2	722,310		0
Equipment (itemize)			
1	IT hardware, software	12,900		
2	Repair and maintenance	500		
3				
Supplies (itemize)				
1	Clinical	18,800		
2	Office	7,094		
3	Care delivery costs	69,960		
Printing/Duplication	n	11,200		
Mailing/Postage/De	elivery	4,050		
Travel		7,250		
Education/Training		2,000		
Facilities (Detail)				
Office/Rent,	/Mortgage	94,200		
Meeting Roc	om Rental/Expenses	625		
Telephone/I	Fax/Internet	3,918		
Utilities		20,228		
Insurance		7,672		
Maintenance	e/Janitorial/	21,750		
	ty costs (itemize)			
1	Security/Alarm monitoring	516		
2		0		
Other Program Cost	ts not described above (itemize)			
	Meals, entertainment, membership, dues	3,475		
1	Licenses and fees	5,825		
3	Volunteer program and support	7,300		
l	Fundraising direct costs	32,800		
	Promotion/Marketing	5,000		
	Other incidental expenses	3,525		
	Direct District patient reimbursement	0		121,500
Total Program B	udget	1,062,098	940,598	121,500

<u>Line Item Budget - Sheet 1 Operational Costs</u>

	Per average patient cost of \$135 for each District resident served by CVVIM during the grant period. The average per patient cost represents the cost of budgeted expenses to provide services and we anticipate 900 individual contacts with District residents.
Budget Narrative	
Budget N	

<u>Line Item Budget</u> <u>Sheet 2 - Labor Costs</u>

Staff Sa	laries		% of Time Allocated to	Actual Program	Amount of Salary Paid by
Emplo	oyee Position/Title	Annual Salary	Program	Salary	DHCD Grant
1					
2					
3					
4					
5					
6					
7					
8					
	Enter this amount in S		yee Salaries	Total >	0
Budget Narrative	Fully describe costs listed above in	Ttins cen (b12).			
	ants/Contractors sultant/Contractor Name	Hourly Rate	Hours/ Week	Monthly Fee	Amount of Salary Paid by DHCD Grant
		Hourly Rate		Monthly Fee	Salary Paid by
Con 1 2		Hourly Rate		Monthly Fee	Salary Paid by
Con 1 2 3		Hourly Rate		Monthly Fee	Salary Paid by
Con 1 2 3 4		Hourly Rate		Monthly Fee	Salary Paid by
Con 1 2 3 4 5		Hourly Rate		Monthly Fee	Salary Paid by
Con 1 2 3 4 5 6		Hourly Rate		Monthly Fee	Salary Paid by
Con 1 2 3 4 5 6 7		Hourly Rate		Monthly Fee	Salary Paid by
Con 1 2 3 4 5 6 7 8	sultant/Contractor Name		Week		Salary Paid by DHCD Grant
Con 1 2 3 4 5 6 7 8		onal Services/C	Week	Monthly Fee Total >	Salary Paid by

<u>Line Item Budget - Other Program Funds</u>

Funding fo	or this program received from other sources	Amount
Fees		
Donations		148,600
Grants (List C	Organizations)	
	1 Various	214,500
	2	
	3	
	4	
Fundraising (describe nature of fundraiser)	
	Wine Lover's Auction	270,858
	Other events	10,000
	e, e.g., bequests, membership dues, in-kind services,	
investment ir	ncome, fees from other agencies, etc. (Itemize)	
	1 In-kind rent	94,200
	2 Donated radiology	12,000
	3 Donated other services (trash, landscaping, etc.)	12.635
	4	
Total fund	ing in addition to DHCD request	750,171
	Grant and donations are projected based upon prior year	's revenue and consideration of
	new fundraising activities. Stated amounts are from Boar	rd-approved budget, not actual
	revenue YTD. Other in-kind revenue not shown here, but	not appropriate to show on Labor
	Costs Budget, are donated professional services (\$300,00	0 for 2019). This would bring the
	cash budget to \$644,063.)	
Budget Narrative		

EXHIBIT B

PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES

Project Title	<u>Start/End</u>
Improving Community Health Through Affordable & Accessible	4/1/2019
Healthcare Services	3/31/2020

PAYMENTS:

(2) Payments: \$54,675.00 10% Retention: \$12,150.00

Total request amount: \$121,500.00

Scheduled Date	Grant Requirements for Payment	Payment
4/01/2019	Signed Agreement.	Advance of \$54,675.00
		for time period
		4/01/2019 - 9/30/2019
10/01/2018	1 st six-month (4/01/2019 – 9/30/2019)	Advance of \$54,675.00
	progress and budget reports submitted &	for time period
	accepted.	10/01/2019 - 3/31/2020
4/01/2020	2^{nd} six-month (10/01/2019 - 3/31/2020)	\$0
	progress and budget reports submitted &	
	accepted.	
4/30/2020	Final report (4/01/2019 - 3/31/2020)	\$12,150.00
	and final budget submitted and accepted.	(10% retention)

TOTAL GRANT AMOUNT: \$121,500.00

DELIVERABLES:

- 1) 900 scheduled appointments and other contacts will be provided to District residents (living west of Cook Street in Palm Desert) for medical and dental visits, education, care coordination, specialty clinics, health navigator services, and community/social service referrals. These contacts will be arranged over a twelve-month period coinciding with any grant award.
- 2) CVVIM will collect information and prepare a White Paper on the incidences of perceived threat from ICE officials to enforce immigration policy, and on the numbers of new patients seen at the clinic who previously would have had an insurance but chose not to purchase it because of the removal of the individual mandate. The White Paper will be presented with the final grant report.



Date: March 26, 2019

To: Board of Directors

Subject: Policy #BOD-3 Appointment and Duties for Committees -

REVISED

<u>Staff Recommendation:</u> Consideration to approve the revised BOD-3 Appointment and Duties for Committees policy.

Background:

- The referenced policy was presented to the Communications and Policies Ad Hoc Committee for review at the February 19 & March 19, 2019 Committee meetings.
- Several revisions were made to provide clear language, to update for 3 directors on the committees, and adding the Program Committee to the policy, to name a few.
- A draft version and a redlined version are included for your review and consideration.
- The Committee recommended forwarding the policy to the Board for discussion and consideration for approval.

Fiscal Impact:

N/A



Date: March 19, 2019

To: Board of Directors

From: Ad Hoc Committee on Board and Staff Communications and Policies

Subject: Consideration of changes to District Bylaws and Governance

and Oversight Committee requirements

The District Bylaws and the Governance and Oversight Committee (Governance Committee) currently requires that the District Board members who are appointed to the DRMC Governing Board, also serve on the Governance Committee. Director Rogers recently resigned from the Governance Committee but would still like to continue to serve on the DRMC Governing Board.

The Ad Hoc Committee discussed the proposed changes to the Bylaws and Governance Committee policies which would need to be approved and recommended that the matter be referred to the full Board for consideration and action.

Attached are the changes to the Bylaws and Governance Committee policies highlighted in redline, which would permit Director Rogers to continue to serve on the DRMC Governing Board.



POLICY TITLE: APPOINTMENT & DUTIES FOR COMMITTEES

POLICY NUMBER: BOD-3

DRAFT DATE: 03-22-16 -Revised at 3-26-19 BOD Mtg

BOARD APPROVAL DATE: 03-22-16 & Revision on 03-26-19

POLICY: APPOINTMENT TO COMMITTEES

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

1. DISTRICT BOARD COMMITTEES:

- **1.1.** Ad-hoc Committees. Ad-hoc Committees of less than a quorum of the Board may be appointed by the Board President, for specific tasks or for a limited or a single purpose that is not perpetual. Ad hoc Committees shall not be created by formal action of the Board and shall be dissolved once the specific task is completed.
- 1.2. Standing Committees. The District Bylaws shall reference and list the Board Standing Committees which shall meet regularly to review reports from District staff, legal counsel, and consultants relating to the subject matter of the committee. Annually at the first Board meeting following the election of officers the Board President shall appoint three Board members to each Standing Committee and a chairperson. The Board Treasurer shall serve as the Chair of the Finance, Legal and Administrative Committee (F&A Committee). There shall be the following Standing Committees:
 - **1.2.1.** <u>Program Committee</u>. The Program Committee shall be responsible for oversight and for making recommendations to the Board on District matters related to grant-making and related programs. This committee may also include



community members (Volunteer Members) as outlined in the Volunteer Member Guidelines below. A student representative may also be added in the discretion of the committee.

- **1.2.2.** <u>Finance, Legal, and Administration Committee (F&A)</u>. This committee shall be responsible for review of, and making recommendations to the Board where appropriate on, matters related to finance, administration, human resources, property management, legal affairs (including legislation), real estate, and information systems (IS). In addition to Volunteer Members, this committee may also include a student representative.
- **1.2.3.** <u>Strategic Planning Committee</u>. This committee shall be responsible for monitoring the District's progress in achieving the goals and expectations outlined in the District's strategic plan.
- **1.2.4.** Hospital Governance and Oversight Committee. The two District Directors appointed to the Desert Regional Hospital Governing Board plus one other Board member shall serve on this committee, which shall be responsible for oversight to ensure compliance with the terms of the current Lease of Desert Regional Medical Center.
- **1.2.5.** <u>Volunteer Committee Members.</u> The Program Committee may include up to five (5) Volunteer Members, and the F&A Committee may include up to three (3) Volunteer Members. Volunteer Members shall be subject to the Volunteer Member Guidelines below.
- 2. VOLUNTEER MEMBER GUIDLINES. Volunteer Member guidelines outline the requirements for Volunteer Members to participate on District Standing Committees. Unless otherwise provided, the appointment process, and guidelines will be the same for all committees. Interviews for Volunteer Members shall be in the discretion of the committee. All Volunteer Members shall either reside or be primarily employed within or serve the District and shall be subject to approval of the full Board of Directors.
 - 2.1. Volunteer Member Term. Volunteer Members shall serve one (1) three-year



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

- 2.2. <u>Vacancies</u>. Volunteer Members who miss three consecutive unexcused meetings may be removed at the discretion of the Committee chairperson. In the event of the vacancy of a Volunteer Member, notice of the vacancy and application process shall be published on the District website for a minimum of 14 days. The committee chairperson shall also have the discretion to publish notice of the vacancy and application process in a local newspaper of general circulation. Community members shall submit applications to become a Volunteer Member and their qualifications in writing to the District office.
- 2.3. Meetings and Voting. The Committees meet on a monthly basis as necessary prior to meetings of the full Board. Meetings are convened by the committee chairperson in coordination with District staff. In accordance with their responsibilities, Volunteer Members shall participate in the committee process including participating in voting at the committee meetings and making recommendations to the full Board. However, votes and recommendations of Volunteer Members while noted in the record shall be advisory in nature only. The votes of the District Board Representatives shall be the recommendation, which shall be forwarded to the full District Board of Directors for consideration.
- **2.4.** Conflicts of Interest. Volunteer Members shall not make or influence a recommendation or decision related to any committee recommendation which will benefit the Volunteer Member's outside employment, business, or personal financial interest or



benefit an immediate family member, such as a spouse, child or parent. A Volunteer Member shall not participate, discuss or vote on any issue, or recommendation which directly inures to his or her financial interest or with respect to which he or she has any other conflict of interest. Volunteer Members shall follow the adopted District Conflict of interest Code in accordance with California law.

- 3. PROGRAM COMMITTEE. In accordance with the District's mission and strategic plan, the grant program provides funds to qualified nonprofit and governmental grantees to make positive impacts on community health and improve access to health care. The Program Committee recommends grant making policy to the Board of Directors and guides and monitors District grant making functions and program-related activities through which the District carries out its strategic plan to improve the health of the District's residents. This committee may include up to five Volunteer Members, and may include a student representative.
- **3.1.** Responsibilities. The responsibilities of the Program Committee include the following:
 - To identify trends and healthcare needs that can be addressed by the District and provide input on needs assessments conducted by District staff.
 - To provide vision and guidance on the development of the District's strategic plan.
 - To provide advice, counsel and feedback to staff as needed during program development.
 - To monitor implementation of the District's strategic plan and program-related activities to ensure programs are achieving the desired impact.
 - To identify key program issues to be discussed at the Board level.
 - To consider grant proposals and recommendations provided by staff and make recommendations of grants to approve to the District's Board of Directors.



- 4. F&A COMMITTEE. In accordance with the District Bylaws, this committee shall be responsible for oversight and for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs, (including legislation) real estate and information systems (IS). This committee may include up to three Volunteer Members, and may include a student representative.
- **4.1** Responsibilities. The responsibilities of the F&A Committee include the following:
 - To understand the financial needs and conditions of the District.
 - To provide objective perspective regarding finances.
 - To provide advice, counsel and feedback to the committee as requested during budget development.
- **5. STRATIGIC PLANNING COMMITTEE.** In accordance with the District Bylaws, this committee shall be responsible for monitoring the Districts' progress in achieving the expectations outlined in the District's strategic plan.
- **5.1** Responsibilities. The responsibilities of the Strategic Planning Committee include the following:
 - Responsible for monitoring the District's progress in achieving the expectations outlined in its strategic plan.
 - To monitor implementation of the District's strategic plan and program-related activities to ensure programs/initiatives are achieving the desired impact.
- 6. HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE. In accordance with the District Bylaws, this committee shall include the two District Directors appointed to the Desert Regional Hospital Governing Board plus one other District Board member. This committee shall be responsible for oversight to ensure compliance with the terms of the current lease of Desert Regional Medical Center.
- **6.1** Responsibilities. The responsibilities of the Hospital Governance and Oversight Committee include the following:



- Review of all mandated Hospital operation scores and reports performed by independent third parties.
- Review of quarterly inspections of Hospital facilities.
- Provide monthly updates to the Board of Directors.
- Provide written reports on activities of the Hospital.
- Provide an annual report reflective of lease requirements from lessee.
- 7. RESPONSIBILITIES AND VOLUNTEER AGREEMENT. As a Volunteer Committee Member, I understand and agree that I am responsible, collectively with my fellow committee members, for guiding and monitoring District activities through which the Desert Healthcare District pursues its strategic plan to improve the health of the District's residents. I agree to the following responsibilities and criteria:



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

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

Policy #BOD-3 Page 7 of 8



 Date



POLICY TITLE:	APPOINTMENT & DUTIES FOR COMMITTEES

POLICY NUMBER: BOD-3

DRAFT DATE: 03-22-16 -Revised at 3-26-19 BOD Mtg

BOARD APPROVAL DATE: 03-22-16 & Revision on 03-26-19

POLICY: APPOINTMENT TO COMMITTEES

Policy #BOD-3: It <u>shall be</u> the policy of the Desert Healthcare District ("District") that the Board President appoints board members to the standing committee:

GUIDELINES:

- 1. The standing committees are the 1) Finance, Legal and Administration, and 2) Program Committee, 3) Strategic Planning Committee, and 4) Hospital Governance and Oversight.
 - 1-1 It is the responsibility of the Board President to shall appoint Board members to the all committees and all committees and appoint the chairperson annually at the first Board meeting following the election of officers. The Board Treasurer will serve as the chair of the F&A Committee
 - 1-2 Responsibilities of the Committee Chair will be to preside over and conduct all committee meetings under the requirements of all applicable open meeting laws, including but not limited to the Brown Act. The Chair will report all recommendations from the committee to the Board of Directors in either written or oral format.
- 1-3 AD-Hoc committees mayshall be appointed by the President, for specific tasks and objectives as circumstances warrant, and upon completion of the task

 Policy #BOD-3	
Page 1 of 15	
Dago 62 of 95	



for which appointed, such ad-hoc committee shall stand discharged.

1-4. All committees are advisory only to the full Board of Directors unless otherwise specifically authorized to act by the Board.

1. DISTRICT BOARD COMMITTEES:

- 1.1. Ad-hoc Committees. Ad-hoc Committees of less than a quorum of the Board may be appointed by the Board President, for specific tasks or for a limited or a single purpose that is not perpetual. Ad hoc Committees shall not be created by formal action of the Board and shall be dissolved once the specific task is completed.
- 1.2. Standing Committees. The District Bylaws shall reference and list the Board Standing committees Which shall meet periodically regularly to review reports from District staff, legal counsel, and consultants relating to the particular subject matter of the committee. Annually at the first Board meeting following the election of officers the Board President shall appoint three Board members to each Standing Committee and a chairperson. The Board Treasurer shall serve as the Chair of the Finance, Legal and Administrative Committee (F&A Committee). There shall be the following standing committees:

Standing Committees:

- **1.2.1.** <u>Program Committee</u>. <u>This committee The Program Committee</u> shall be responsible for oversight and for making recommendations to the Board <u>where appropriate onon</u> District matters related to grant-making and related programs.
- 1 Three District Board members shall be assigned to this committee.

This committee shallmay also include community members (Volunteer Members) as outlined in the relevant policy addendum 1, Desert Healthcare District Committee Volunteer Member Guidelines, below. A student representative may also be added in the discretion of the committee.

1.2.2.2 A student representative will be added to both the Program Committee & F&A Committee and for the board meetings

 Policy #BOD-3		
	Page 2 of 15	
Page 63 of 84	5	



- 2.2 <u>Finance, Legal, and Administration Committee</u> (F&A). This committee shall be responsible for <u>eversightreview of</u>, and <u>for</u> making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs (including legislation), real estate, and information systems (IS). <u>In addition to Volunteer Members, this committee</u> may also include a student representative.
- <u>1.2.3.</u> <u>Strategic Planning Committee</u>. This committee shall be responsible for monitoring the District's progress in achieving the <u>expectationgoals and expectations</u> outlined in <u>itsthe District's</u> strategic plan. <u>This committee may also include Volunteer Members.</u>
- 1.2.4. Hospital Governance and Oversight. This committee, represented by the Committee. The two District Directors assigned appointed to the Desert Regional Hospital Governing Board plus one other Board member appointment, shall serve on this committee, which shall be responsible with oversight responsibilities to ensure compliance with the terms of the current lease Lease of Desert Regional Medical Center. This committee may also include Volunteer Members.
- 1.2.5 Three District Board members shall be assigned to each committee.

 The ____ Volunteer Committee Members. The Program Committee may include up to nine (9) five (5) Volunteer Members, and the F&A Committee __, Strategic Planning, and Hospital Governance and Oversight Committees may include up to three four community members ((34) Volunteer Members). Volunteer Members shall be subject to be appointed by the Board Volunteer Member Guidelines below.

 Policy #BOD-3	
	Page 3 of 15



- 2. VOLUNTEER MEMBER GUIDLINES. Volunteer Member guidelines outline the requirements for Volunteer Members to participate as advisory members for financial matters pertaining to the District and Foundation. Volunteer Members guidelines are in Policy Addendum 1 Desert Healthcare District Committee Volunteer Guidelines on District Standing Committees. Unless otherwise provided, the appointment process, and guidelines will be the same for all committees. Interviews for Volunteer Members shall be in the discretion of the committee. All Volunteer Members shall either reside or be primarily employed within or serve the District and shall be subject to approval of the full Board of Directors.
 - 3. Committee Volunteer Appointment Process and Guidelines will be the same for all Committees.
 - 3.1. All volunteer committee members will be approved by the full Board.

Interviews for volunteer members are up to the committee.

- 3.2, All community members are subject to the DHCD Conflict of Interest
 Code.
- 3.2.1. Volunteer committee members will Member Term. Volunteer Members shall serve one (31) three-year term. At the end of the three-year term for which community members are eligible, they will, a Volunteer Member may provide a written request to the Board requesting the Board's for consideration to continue to serve on the committee. Any openings or reappoints to reappointments on the committee will be considered at the end of the term. Any committee members Volunteer Member who is employed by or sits on the Board of Directors of a grantee, is ineligible to serve on the committee within one year of filing a grant proposal is currently processing or anticipates filing a grant proposal within one year of appointment, will not be eligible to serve and will be required to resign from the committee. All community members Volunteer Members who are termed out or resigns resign due to applying or receiving a grant must wait for minimum of one year

Policy #BOD-3	
Page 4 of 15	
Page 65 of 85	



before reapplying to become a committee member. Volunteer Member.

- 2.2. Vacancies. Volunteer Members who miss three consecutive unexcused meetings may be removed at the discretion of the Committee chairperson. In the event of the vacancy of a Volunteer Member, notice of the vacancy and application process shall be published on the District website for a minimum of 14 days. The committee chairperson shall also have the discretion to publish notice of the vacancy and application process in a local newspaper of general circulation. Community members shall submit applications to become a Volunteer Member and their qualifications in writing to the District office.
- 2.3. Meetings and Voting. The Committees meet on a monthly basis as necessary prior to meetings of the full Board. Meetings are convened by the committee chairperson in coordination with District staff. In accordance with their responsibilities, Volunteer Members shall participate in the committee process including participating in voting at the committee meetings and making recommendations to the full Board. However, votes and recommendations of Volunteer Members while noted in the record shall be advisory in nature only. The votes of the District Board Representatives shall be the recommendation, which shall be forwarded to the full District Board of Directors for consideration.
- 2.4. Conflicts of Interest. Volunteer Members shall not make or influence a recommendation or decision related to any committee recommendation which will benefit the Volunteer Member's outside employment, business, or personal financial interest or benefit an immediate family member, such as a spouse, child or parent. A Volunteer Member shall not participate, discuss or vote on any issue, or recommendation which directly inures to his or her financial interest or with respect to which he or she has any other conflict of interest. Volunteer Members shall follow the adopted District Conflict of interest Code in accordance with California law.

<u>3.</u>		
	Policy #BOD-3	
	Page 5 of 15	
	Page 66 of 85	



Policy #BOD-3 _____Page 6 of 15



Addendum 1: DESERT HEALTHCARE DISTRICT COMMITTEE VOLUNTEER GUIDELINES

INTRODUCTION

These guidelines are intended to outline guidelines for volunteer members to participate in four standing committees of the Board of Directors of the Desert Healthcare District. Described herein are those criteria for the committees.

PROGRAM COMMITTEE MISSION STATEMENT

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

RESPONSIBILITIES

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

- To identify trends and healthcare needs that can be addressed by the District and provide input on needs assessments conducted by District staff.
- To provide vision and guidance on the development of the District's strategic plan.
- To provide advice, counsel and feedback to staff as needed during program development.

	Policy #BOD-3	
_	Page 7 of 15	
	Page 68 of 85	



- To monitor implementation of the District's strategic plan and program-related activities to ensure programs are achieving the desired impact.
- To identify key program issues to be discussed at the Board level.
- To consider grant proposals and recommendations provided by staff and make recommendations of grants to approve to the District's Board of Directors.

MEMBERSHIP TERMS & VACANCIES

The 3.2 Volunteer Membership Qualifications. In addition to the Board members, the Program Committee shall consist of seven to eleven (11) membersnineup to five 5 Volunteer Members, all of whom shall either shall reside withing, or be primarily employed within, or serve the Desert Healthcare District:

Three members of the District Board of Directors ("District Board
 Representatives") shall be appointed by the President of the District Board,
 one of which shall be appointed Chairperson of the Program Committee;

The remaining members ("Volunteer Members") shall be appointed by the District Board of Directors and shall be no more than include: Three members from significant community partner agencies.

- Two to four community members at large
- One member from the office of the Supervisor, Riverside County Fourth
 District
- One student representative
 - 4. Volunteer committee members will serve a three year term. A volunteer committee member who is currently processing or anticipates filing a grant proposal within one year of appointment will not be eligible to serve and shall resign from the committee.

Policy #BOD-3	
Page 8 of 15	
Page 69 of 85	



Vacancies: Volunteer Members who miss three consecutive unexcused meetings may be removed in the discretion of the Committee chairperson. In the event of the vacancy of a Volunteer Member, notice of the vacancy and application process shall be published on the District website for a minimum of 14 days. The Committee chairperson shall also have the discretion to publish notice of the vacancy and application process in a local newspaper of general circulation. Community members shall submit applications for membership and their qualifications in writing to the District office. At a duly noticed Committee meeting applicants shall be interviewed and recommended to be appointed to serve the applicable term by a majority vote of the District Board of Directors.

FINANCE, LEGAL AND ADMINISTRATIVE COMMITTEE MISSION STATEMENT

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

RESPONSIBILITIES

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

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

 Policy #BOD-3		
	Page 9 of 15	
Page 70 of 85	5	



STRATEGIC5. **STRATIGIC PLANNING COMMITTEE.**

In accordance to with the Desert Healthcare District -Bylaws, this committee shall be responsible for monitoring the Districts' progress in achieving the expectations outlined in the Districts Strategic plan. District's strategic plan. This committee may also include up to four Volunteer Members.

RESPONSIBILITIES

- <u>5.1 Responsibilities.</u> The responsibilities of the Strategic Planning Committee include the following:
 - Responsible for monitoring the District's progress in achieving the expectations outlined in its strategic plan.
 - To monitor implementation of the District's strategic plan and program-related activities to ensure programs/initiatives are achieving the desired impact.

Hospital Governance and Oversight.

6. HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE. In accordance towith the Desert Healthcare District Bylaws, this committee, represented by shall include the two District Directors assigned appointed to the Desert Regional Hospital Governing Board plus one other District Board member appointment,. This committee shall be responsible withfor oversight responsibilities to ensure compliance with the terms of the current lease of Desert Regional Medical Center. This committee may also include up to four Volunteer Members.

RESPONSIBILITIES

<u>6.1 Responsibilities.</u> The responsibilities of the <u>Program Hospital Governance and Oversight</u> Committee include the following:

Review of all mandated Hospital operation scores and reports performed by

 Policy #BOD-3	
Page 10 of 15	
Page 71 of 85	



independent third parties.

- Review of quarterly inspections of Hospital facilities.
- Provide monthly updates to the Board of Directors.
- Provide written reports on activities of the Hospital.
- Provide an annual report reflective of lease requirements from lessee.

MEMBERSHIP TERMS & VACANCIES

The Finance, Legal and Administrative ("F&A Committee"), Strategic Planning, and Hospital Governance and Oversight Committees shall consist of four to seven members all of whom shall either reside or be primarily employed within the Desert Healthcare District:

- Three members of the District Board of Directors ("District Board Representatives"). The Board Treasurer shall serve as chair.
- Up to four public members may be appointed by the Board to participate as advisory members for financial matters pertaining to the District and Foundation.
- Volunteer committee members serve a three year term. A volunteer committee member who is currently processing or anticipates filing a grant proposal within one year of appointment will not be eligible to serve and shall resign from the committee.
- <u>Vacancies</u>: The Committee chairperson shall also have the discretion to publish notice of the vacancy and application process in a local newspaper of general circulation. Community members shall submit applications for membership and their qualifications in writing to the District office. At a duly noticed District Committee meeting applicants shall be interviewed by the committee, and recommended to be appointed to serve the applicable term by a majority vote of the District Board of Directors.



VOLUNTEER MEMBER QUALIFICATIONS AND 7. RESPONSIBILITIES

MEETINGS AND VOTING

Meetings: The Committees meet prior to those meetings of the full Board of Directors on a monthly basis as necessary and appropriate to fulfill their purpose Voting and Recommendations: In accordance with their responsibilities, Volunteer Members shall participate in the committee process including participating in voting at the Committee meetings and making recommendations to the full Board. However, votes and recommendations of Volunteer Members while noted in the record shall be advisory in nature only. The votes of the District Board Representatives shall be the recommendation, which shall be forwarded to the full District Board of Directors for consideration.

CONFLICTS OF INTEREST

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



RESPONSIBILITIES AND VOLUNTEER AGREEMENT

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



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

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

	Policy #BOD-3	
		Page 14 of 15
Dogo 75 of 95		



Volunteer Name	Date	
Committee Chair Person	Date	

-Policv #BOD-3



BYLAWS MODIFICATION:

- 6.2 STANDING COMMITTEES. Standing committees shall meet periodically to review reports from District staff, legal counsel, and consultants relating to the particular subject matter of the committee. There shall be the following standing committees:
 - (a) Finance, Legal and Administration. This committee shall be responsible for oversight and for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs, (including legislation) real estate, and information systems (IS).
 - (b) <u>Strategic Planning</u>. This committee, represented by the Directors assigned to the Strategic Planning Committee, shall be responsible for monitoring the District's progress in achieving the expectations outlined in its strategic plan. In addition, the full Board of Directors is charged with reviewing the District's community relations programs.
 - (c) Hospital Governance and Oversight. This committee, represented by the Directors assigned to the Desert Regional Hospital Governing Board, shall be responsible for handling complaints coming from the public to Board Members and Staff regarding Desert Regional Medical Center. In addition, this committee is charged with oversight responsibilities to ensure compliance with the terms of the current lease of Desert Regional Medical Center.



HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE MODIFICATIONS:

- 1.2.4. Hospital Governance and Oversight Committee. The two District Directors appointed to the Desert Regional Hospital Governing Board plus one other Board member shall serve on tThis committee, which shall consist of three Board members and shall be responsible for oversight to ensure compliance with the terms of the current Lease of Desert Regional Medical Center.
- 6. HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE. In accordance with the District Bylaws, this committee shall include the two District Directors appointed to the Desert Regional Hospital Governing Board plus one other District Board member. This committee shall be responsible for oversight to ensure compliance with the terms of the current lease of Desert Regional Medical Center.



Date: March 26, 2019

To: Board of Directors

Subject: Rollout of new branding and website redesign

<u>Staff Recommendation:</u> Schedule to strategically implement and unveil the District's new brand and website to the community (information only).

Background:

- The District and Foundation Board approved in January 2019 contracting with service providers Leap Marketing | Creative Agency and Graphtek Interactive to develop branding and a new website, respectively.
- A soft rollout of the website will begin April 1. During this phase, the site will be accessible only to District staff, allowing both Graphtek and the staff time to make changes to ensure the site is operational for a public launch.
- Implementation of a new logo and tagline for staff and Directors' use across all internal and external communications will take place April 8: business cards, letterhead, email signature, social media banners and more.
- Website launch on April 15 through a Constant Contact news release and various social media accounts, emphasizing a fresh and engaging new look to reflect the newly expanded District. Each promotion will include a direct link to the site.
- Promote and debut the District and Foundation's new digital newsletter as an effective branding and communications tool, including information and a link for free subscriptions. It will be published quarterly, with the first issue arriving April 22 in inboxes.

<u>Fiscal Impact:</u> New branding and website development are covered in the Communications and Marketing Budget the Board approved on June 26, 2018.



Date: March 26, 2019

To: Board of Directors

Subject: AB 1095 – Amended Term Limits for Appointed Board Members

Staff Recommendation: Consideration to approve a Letter of Support and Resolution No 19-03 for AB 1095

Background:

- AB2414 The legislation to expand the Desert Healthcare District was voted on and approved by the expanded area residents at the November 6, 2018 election.
- AB2414 requires the appointment of two (2) additional Board members to make a seven (7) member Board.
- The new Board members were appointed January 15, 2019.
- Language in AB2414 states the appointed Board member "shall leave office when his or her successor takes office", indicating the appointed Board members would not be allowed to run for reelection at the end of their respective 2 and 4 year terms.
- The District Board requested Assemblymember Garcia, the author of AB2414, to amend the language to allow the opportunity for reelection.
- The Assemblymember has submitted AB1095 Amendment to Appointed Board Members Term of Office to revise the current legislation.
- Included in the packet for your review is a Letter of Support and Resolution 19-03 for AB1095
- Staff recommends approval of the Letter of Support and Resolution 19-03.

Fiscal Impact:

N/A

Introduced by Assembly Member Eduardo Garcia

February 21, 2019

An act to amend Section 32499.2 of the Health and Safety Code, relating to health care districts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1095, as introduced, Eduardo Garcia. Desert Healthcare District. Existing law, the Local Health Care District Law, authorizes the organization and incorporation of local health care districts and specifies the powers of those districts, including, among other things, the power to establish, maintain, and operate, or provide assistance in the operation of, one or more health facilities or health services. Existing law authorizes the expansion of the Desert Healthcare District, as specified, and requires the board of directors of the district, following expansion, to adopt a resolution to increase the number of members of the district's board of directors from 5 to 7, and to appoint 2 members who are residents of the territory annexed by the district to fill the vacant positions. Existing law requires the board to designate 1 of those appointees to leave office when their successor takes office and the other appointee to leave office 2 years thereafter.

This bill would instead require the board to designate 1 appointee to have an initial term of office for 2 years and the other appointee to have an initial term of office for 4 years.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

AB 1095 -2-

1 2

The people of the State of California do enact as follows:

SECTION 1. Section 32499.2 of the Health and Safety Code is amended to read:

- 32499.2. (a) Thirty days after the expansion of the district, and notwithstanding Sections 32100.01 and 32100.02, the Board of Directors of the Desert Healthcare District shall adopt a resolution to increase the number of members of its board of directors from five to seven without the necessity of a petition or approval thereof by voters residing within the district. The resolution shall become effective on the date of, and subject to any conditions specified in, the resolution.
- (b) The additional vacancies created by the expansion shall be filled by appointment by the board of directors. A person appointed to fill a vacancy created by subdivision (a) shall be a registered voter and a resident of the territory annexed by the district pursuant to Section 32499.
- (c) Upon appointment, the board shall, by lot, designate one member appointed pursuant to subdivision—(a) who shall leave office when his or her successor takes office pursuant to Section 10554 of the Elections Code, (b) to have an initial term of office for two years and one member appointed pursuant to subdivision (a) who shall leave office two years thereafter. (b) to have an initial term of office for four years.
- (d) A vacancy in one or both of the board positions created by subdivision (a) after the first appointments to those positions pursuant to subdivision (b) shall be filled by the methods prescribed in Section 1780 of the Government Code, and, after January 1, 2020, shall be filled by the methods prescribed in Section 32499.3.
- (e) This section shall only become operative if the Desert Healthcare District is expanded in accordance with Section 32499.

O





March 27, 2019

Honorable Assemblymember Eduardo Garcia Assemblymember, District 56 48-220 Jackson Street #A3 Indio, CA 92201

Re: Desert Healthcare District Support for AB 1095

Dear Assemblymember Garcia:

On behalf of the Desert Healthcare District Board, we strongly urge support and passage of Assembly Bill 1095.

The bill will allow the newly appointed Directors to seek election at the end of their current term if they so choose. AB 1095 fosters the right of all citizens in the Desert Healthcare District to run for elected office on the District Board of Directors.

The Board very much appreciates your efforts in introducing AB 1095 and your work in advancing the health care needs of the Coachella Valley. Attached is a Resolution of Support which was passed by the Board of Directors at the March 26, 2019 Board meeting.

Thank you.

Sincerely,

Jennifer Wortham, President Board of Directors

RESOLUTION NO. 19-04

RESOLUTION OF THE BOARD OF DIRECTORS OF THE DESERT HEALTHCARE DISTRICT SUPPORTING THE PASSAGE OF ASSEMBLY BILL 1095

WHEREAS, DESERT HEALTHCARE DISTRICT (the "District") is a California healthcare district duly organized and existing under the laws of the State of California, particularly the Local Health Care District Law, constituting Division 23 of the Health and Safety Code of the State of California, and more particularly, Health and Safety Code sections 32000 et seq.; and

WHEREAS, the Board of Directors of the District strongly believes in the right of all citizens in the District to run for elected office on the Board of Directors; and

WHEREAS, on November 6, 2018 Riverside County Measure BB was passed which approved the expansion of the District and the annexation of the District to include the cities of Palm Desert, Indian Wells, La Quinta, Indio, Coachella and unincorporated areas of Riverside County, including Bermuda Dunes, Mecca, Therma. Oasis, North shore and Vista Santa Rosa ("Annexed Area"); and

WHEREAS, Health & Safety Code §32499.2(a) provides that upon passage of the expansion, the Board of Directors of the District shall appoint 2 members who are residents from the newly annexed territory and increase the number of members on its Board from five (5) to seven (7); and

WHEREAS, on January 15, 2019 the District Board appointed 2 new Directors; and

WHEREAS, Health & Safety Code §32499.2(c) provides that one of the newly appointed members shall serve a term of 2-years and the other shall serve a term of 4-years. The statute further provides that both appointed members shall leave office when his or her successor takes office in 2020 and 2022; and

WHEREAS, Assembly Bill 1095 deletes the requirement in Health & Safety Code §32499.2(c) that the newly appointed Directors must leave office after their terms expire in 2020 and 2022 respectively, and therefore each newly appointed Director shall be eligible to run for a new term if they so choose; and

WHEREAS, the Board of Directors of the District desires by this resolution to express its appreciation of Assemblymember Eduardo Garcia and it strongly supports the passage of Assembly Bill 1095.

NOW, THEREFORE, this Board of Directors of Desert Healthcare District does hereby resolve:

<u>Section 1</u>: The foregoing recitals are true and correct.

<u>Section 2</u>: The Board of Directors of the District does hereby formally express its support for passage of Assembly Bill 1095.

<u>Section 7</u>. This Resolution shall take effect immediately upon its adoption.

ADOPTED, PASSED, AND APPROVED this 26th day of March 2019, at a meeting of the Board of Directors of Desert Healthcare District, at which a quorum was present and acting throughout, by the following roll call vote:

ABSENT:	
	Jennifer Wortham, DrPH, President Board of Directors
ATTEST:	
Les Zendle, M.D. Vice President/Secretary	