



**DESERT HEALTHCARE DISTRICT
BOARD MEETING
Board of Directors
February 22, 2022
5:30 P.M.**

In accordance with new authorization signed by the Governor – Executive Order N-17-21 on September 16, 2021 - (AB 361 - Government Code 54953 effective until January 1, 2024), which extends the provisions of the Governor’s Executive Order N-29-20 of March 12, 2020, revised on March 18, 2020, and Board-approved Resolution #21-03 on September 26, 2021, teleconferencing will be used by the Board members and appropriate staff members during this meeting.

In lieu of attending the meeting in person, members of the public can participate by webinar by using the following link:

<https://us02web.zoom.us/j/81095312668?pwd=dXpFRzN1WndnM3FSUGNFMnV3QkZzQT09>
Password: 967171

Participants will need to download the Zoom app on their devices. Members of the public may also be able to participate by telephone, using the follow dial in information:

Dial in #: **(669) 900-6833** To Listen and Address the Board when called upon:
Webinar ID: 810 9531 2668
Password: 967171

You may also email ahayles@dhcd.org with your public comment no later than 4 p.m., Tuesday, 02/22

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



1. BOARD MINUTES
 - 5-13 a. Board of Directors Meeting – January 25, 2022
2. FINANCIALS & AUDITS
 - 14-37 a. Approval of the January 2022 Financial Statements – F&A Approved February 08, 2022
 - 38-60 b. Transition and Letters of Engagement with Coachella Valley Accounting and Auditing (CV A&A) for the District, Foundation, and Retirement Protection Plan for FY2022-2023
3. GRANT FUNDING
 - 61-85 a. Grant #1306 Olive Crest: General Support for Counseling and Mental Health Services to Vulnerable Children and Families in the Coachella Valley – \$123,451 – Strategic Plan Alignment - Goal #3: Proactively expand community access to behavioral/mental health services. Strategy #3.3 – Provide funding to CBOs enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services (consider co-location with other health services)
4. LEASES
 - 86-88 a. Las Palmas Medical Plaza – Lease Extension Addendum #3 – Eyecare Services Partners Management, LLP
5. POLICIES
 - 89-91 a. Policy #OP-16 – Chief Executive Officer Discretionary Funds
 - 92-95 b. Policy #PROC-01 Purpose of Board Policies
 - 96-101 c. Policy #BOD-01 Swearing in of Board Members
 - 102-103 d. Policy #BOD-04 Attendance at Meetings
 - 104-105 e. Policy #BOD-05 Basis of Authority
 - 106-111 f. Policy #BOD-08 Board Meetings
 - 112-115 g. Policy #BOD-11 Board Actions and Decisions
 - 116-121 h. Policy #BOD-17 Compensation & Performance Evaluation of the CEO
 - 122-135 i. Policy #OP-05 Grant & Mini Grant Policy
6. RESOLUTIONS
 - 136-138 a. Subsequent Emergency Resolution #22-04 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings



	F. DESERT HEALTHCARE DISTRICT CEO REPORT	
	– Conrado E. Bárzaga, MD, Chief Executive Officer	Information
139-140	1. Association of California Healthcare Districts (ACHD) Trustee of the Year Award Presented to Director Carmina Zavala by Cathy Martin, Chief Executive Officer, ACHD	Information
141-153	2. COVID-19 in the Coachella Valley	Information
154-155	3. Mobile Unit Progress and Community Partnerships	Information
156	4. 2022 Palm Springs Black History Month Awards Gala Award Honoree	Information
157	5. 2022 City of Palm Springs Human Rights Commission Community Service Award	Information
158-160	6. CEO Community Engagements and District Media Visibility	Information
	G. DESERT REGIONAL MEDICAL CENTER CEO REPORT	
	– Michele Finney, CEO	Information
	H. DESERT REGIONAL MEDICAL CENTER GOVERNING BOARD MEETING – Les Zendle, MD and Carole Rogers, RN	
	I. COMMITTEE MEETINGS	
	1. FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE COMMITTEE – Chair/Director Arthur Shorr, President Karen Borja, and Director Les Zendle, MD	Information
161-165	1. Draft Meeting Minutes – February 08, 2022	
	2. PROGRAM COMMITTEE – Chair/Vice-President/Secretary Evett PerezGil, President Karen Borja, and Director Carmina Zavala	Information
166-167	1. Draft Meeting Minutes – February 08, 2022	Information
168	2. Grant Payment Schedule	Information
169-180	3. Progress and Final Reports Update	
	3. BOARD AND STAFF COMMUNICATIONS AND POLICIES COMMITTEE – Chair/Director Leticia De Lara, Vice-President/Secretary Evett PerezGil, and Director Les Zendle, MD	Information
181-185	1. Draft Meeting Minutes – February 10, 2022	Information
	J. LEGAL	Information
	K. IMMEDIATE ISSUES AND BOARD COMMENTS	Information
	L. ADJOURNMENT	Information



If you have any disability which would require accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer, at ahayles@dhcd.org or call (760) 567-0298 at least 24 hours prior to the meeting



**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
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Directors Present – Video Conference	District Staff Present – Video Conference	Absent
President Karen Borja Vice-President/Secretary Evett PerezGil Director Arthur Shorr Director Carole Rogers, RN Director Les Zendle, MD Director Leticia De Lara Director Carmina Zavala	Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Jana Trew, Senior Program Officer Will Dean, Marketing and Communications Director Meghan Kane, MPH, Senior Program Officer, Public Health Andrea S. Hayles, Clerk of the Board <u>Legal Counsel</u> Jeff Scott	Conrado E. Bárzaga, MD, CEO

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President Borja called the meeting to order at 5:32 p.m. The Clerk of the Board called the roll with all directors' present.	
B. Pledge of Allegiance	President Borja asked Director Shorr to lead the Pledge of Allegiance.	
C. Approval of Agenda	President Borja asked for a motion to approve the agenda.	#21-83 MOTION WAS MADE by Director Rogers and seconded by Director Zendle to approve the agenda. Motion passed unanimously. AYES – 7 President Borja, Vice-President/Secretary PerezGil, Director Shorr, Director Rogers, Director Zendle, Director De Lara, and Director Zavala NOES – 0 ABSENT – 0
D. Public Comment	There was no public comment for items not listed on the agenda.	
E. Consent Agenda		



**DESERT HEALTHCARE DISTRICT
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<p>1. BOARD MINUTES</p> <p>a. Board of Directors Meeting – December 21, 2021</p> <p>2. FINANCIALS</p> <p>a. Approval of the December 2021 & January 2022 Financial Statements – F&A Approved January 11, 2022</p> <p>3. GRANT FUNDING</p> <p>a. Grant # 1301 – UCR Regents of the University of California at Riverside – Community-Based Interventions to Mitigate Psychological Trauma and Mental Health Disparities in Immigrant Communities in the COVID-19 Pandemic: \$113,514 – STRATEGIC PLAN GOAL & STRATEGY ALIGNMENT: Goal #3 Proactively expand community access to behavioral/mental health services; Strategy 3.7 Collaborate/partner with community providers to enhance access to culturally sensitive behavioral/mental health services</p> <p>b. Grant #1302 – Vision To Learn – Vision to Learn – Palm Springs, Desert Sands, and Coachella Valley School Districts: \$50,000 – STRATEGIC PLAN GOAL AND STRATEGY: Goal #2 Proactively expand community access to primary and specialty health care services; Strategy 2.3 Provide funding support to</p>	<p>President Borja asked for a motion to approve the consent agenda.</p>	<p>#21-84 MOTION WAS MADE by Director Shorr and seconded by Director De Lara to approve the consent agenda.</p> <p>Motion passed unanimously.</p> <p>AYES – 7 President Borja, Vice-President/Secretary PerezGil, Director Shorr, Director Rogers, Director Zendle, Director De Lara, and Director Zavala</p> <p>NOES – 0</p> <p>ABSENT – 0</p>
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<p>community organizations providing expanded mobile primary and specialty care services</p> <p>c. Grant #1303 – CSUSB Philanthropic Foundation – Nursing Street Medicine Program: \$54,056</p> <p>STRATEGIC PLAN GOAL AND STRATEGY: Goal #2 Proactively expand community access to primary and specialty health care services; Strategy 2.2 Provide funding to support an increase in the number of clinics and needed programs in geographically targeted markets and the days and hours that they operate</p> <p>4. LEASES</p> <p>a. Las Palmas Medical Plaza – New Lease Agreement – Arthritis and Rheumatic Care Clinic – 1-year lease with a 1-year extension option</p> <p>5. RESOLUTIONS</p> <p>a. Subsequent Emergency Resolution #22-01 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings</p> <p>b. Resolution #22-02 – December 21, 2021, Board-approved Redistricting Hummingbird Map</p>		
<p>F. Appointment of Committees</p>	<p>President Borja described the modifications to the committees explaining that she will shift positions with Director De Lara by serving on the F&A Committee. Director De Lara</p>	

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	<p>will serve on the Hospital Lease Ad Hoc Committee, and Director Zavala will chair the Hospital Oversight Committee. Given the changes, President Borja encouraged a discussion about more convenient meeting times and dates.</p>	
<p>H. Desert Healthcare District CEO Report</p> <p>1. COVID-19 in the Coachella Valley – Update</p> <p>2. Local Area Formation Commission (LAFCO) Special District Member Election Notice – Western Portion of the County</p>	<p>Chris Christensen, CAO, inquired on any questions concerning the report provided by Meghan Kane, MPH, Senior Program Officer, Public Health who highlighted the current vaccinations in the Coachella Valley, noting that the city of Coachella has the lowest vaccination record followed by Desert Hot Springs.</p> <p>Chris Christensen, CAO, described the prior call for nominations for Special District Member representation in the Eastern portion of the county to fill the expiring LAFCO term. LAFCO released a call for nominations for Special District Member representation in the Western portion of the county to fill the expiring term. After the nomination period ends, ballots will be distributed to the presiding officer, President Borja. If the presiding officer is unable to vote, the Board may designate another member of the governing body in President Borja’s place.</p>	

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<p>3. 2022 Palm Springs Black History Month Awards Gala Award – Saturday, February 5, Palm Springs Hilton</p>	<p>Chris Christensen, CAO, described the Palm Springs Black History Month Awards Gala recognizing the district for advancing the district’s role in addressing the healthcare needs of Black communities in the Coachella Valley, which also includes scholarships, further explaining that tickets are available for any directors interested in attending.</p>	
<p>4. 2022 City of Palm Springs Human Rights Commission Community Service Award, Monday, February 14, City Council Chambers</p>	<p>Chris Christensen, CAO, described the city of Palm Springs Human Rights Commission community service award to the district for the Coachella Valley Equity Collaborative. President Borja and Dr. Bárzaga, CEO, will be in attendance to receive the award.</p>	
<p>I. Desert Regional Medical Center CEO Report</p>	<p>Michelle Finney, CEO, Desert Care Network (DCN), Desert Regional Medical Center (DRMC), provided an overview of the most recent developments with over 100 COVID patients at DRMC and JFK Memorial Hospital explaining the challenges at the census level, in addition to the length of stay, increasing staffing shortages, and bed capacity challenges. Sixty-two percent of COVID positive patients are unvaccinated, thirty-two percent are vaccinated, and six percent are boosted with the majority of the critical care patients unvaccinated. Thirty-five to forty percent of the COVID</p>	



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	<p>positive are asymptotic and received a positive diagnosis for different reasons. DCN has encountered a historical high at DRMC with JFK Memorial managing steadier with the conversion of pediatric and medical-surgical units, which are reported to the state, as well as using pack care units for additional patient care.</p> <p>There were fourteen (14) documented flu cases of A & B, with one a combination of the flu and COVID. Cases are reported twice a day to the state when toggling in and out of ratios with mitigation measures and traveling response agencies.</p> <p>DRMC is represented by the California Nurses Association, and on January 13, a state-wide COVID Day of Action rally was held with 20-25 nurses, which did not affect patient care.</p> <p>The visitor policy is updated and requires a negative test or boosted vaccination for hospital entry. Additionally, there are modified visitations with no one allowed in the emergency room, one visitor per patient, and special rules for other areas, such as the end of life, and the NCIU.</p> <p>The deadline for California hospital staff to receive their booster vaccination is February 1, if eligible. PPE supplies are</p>	
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	adequate, including testing with some blood supply shortages.	
<p>J. Desert Regional Medical Center Governing Board</p>	<p>Director Zendle described the two new community members of the Governing Board from the Coachella Valley Economic Partnership and the Palm Springs Visitors Bureau. A report by the Tenet Director of Government Affairs provided an update on seismic and the potential for a single-payer healthcare system. The DRMC CEO report had similar details as provided at the District Board meeting, and an update provided on the California Department of Public Health (CDPH) closed and open cases.</p> <p>The Governing Board received an overview on the lines of service and capital improvements. The Quality report on the Leapfrog Safety quality measures revealed a score improvement from a C to a B, as described by the Chief Quality Officer, Christine Langenwalter, who will provide an update at the district’s next Hospital Oversight Committee meeting. An update on the medical staff credentials and peer review was also provided at the Governing Board meeting.</p>	
<p>K. Committee Meetings –</p> <p>K.1. Strategic Planning Committee</p> <p>1. Draft Meeting Minutes – January 11, 2022</p>	<p>Director Zendle provided an overview of the strategic</p>	

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<p>K2. Finance, Legal, Administration & Real Estate</p> <p>1. Draft Meeting Minutes – January 11, 2022</p> <p>2. Las Palmas Medical Plaza Leasing Update</p> <p>K.3. Program Committee</p> <p>1. Draft Meeting Minutes – January 11, 2022</p> <p>2. Grant Payment Schedule</p> <p>3. Progress and Final Reports Update</p>	<p>planning committee meeting minutes highlighting the strategic goals and the priorities with the strategic planning committee prioritizing the staff recommendations for goals 1, 2, & 3 as a priority.</p> <p>Director Shorr highlighted the F&A Committee meeting minutes with Chris Christensen, CAO, describing the updates to the Las Palma Plaza and the Board-approved 1 – year lease in the consent agenda with one suite currently vacant and available.</p> <p>Vice-President PerezGil provided an overview of the Program Committee meeting minutes, grant payment schedule, and progress and final reports.</p>	
<p>L. Old Business</p> <p>1. CV Link</p>	<p>Chris Christensen, CAO, described the Q4 CV Link report detailing the \$1.6M reimbursement to the Coachella Valley Association of Governments (CVAG)</p> <p>Erica Felci, Assistant Executive Director, Coachella Valley Association of Governments, provided details of the Q4 report and additional updates related to CV Link.</p>	
<p>M. Legal</p> <p>1. Governor Newsom’s 2022-2023 State Budget Highlights</p>	<p>Jeff Scott, Legal Counsel, provided a brief update on the single payer and seismic</p>	

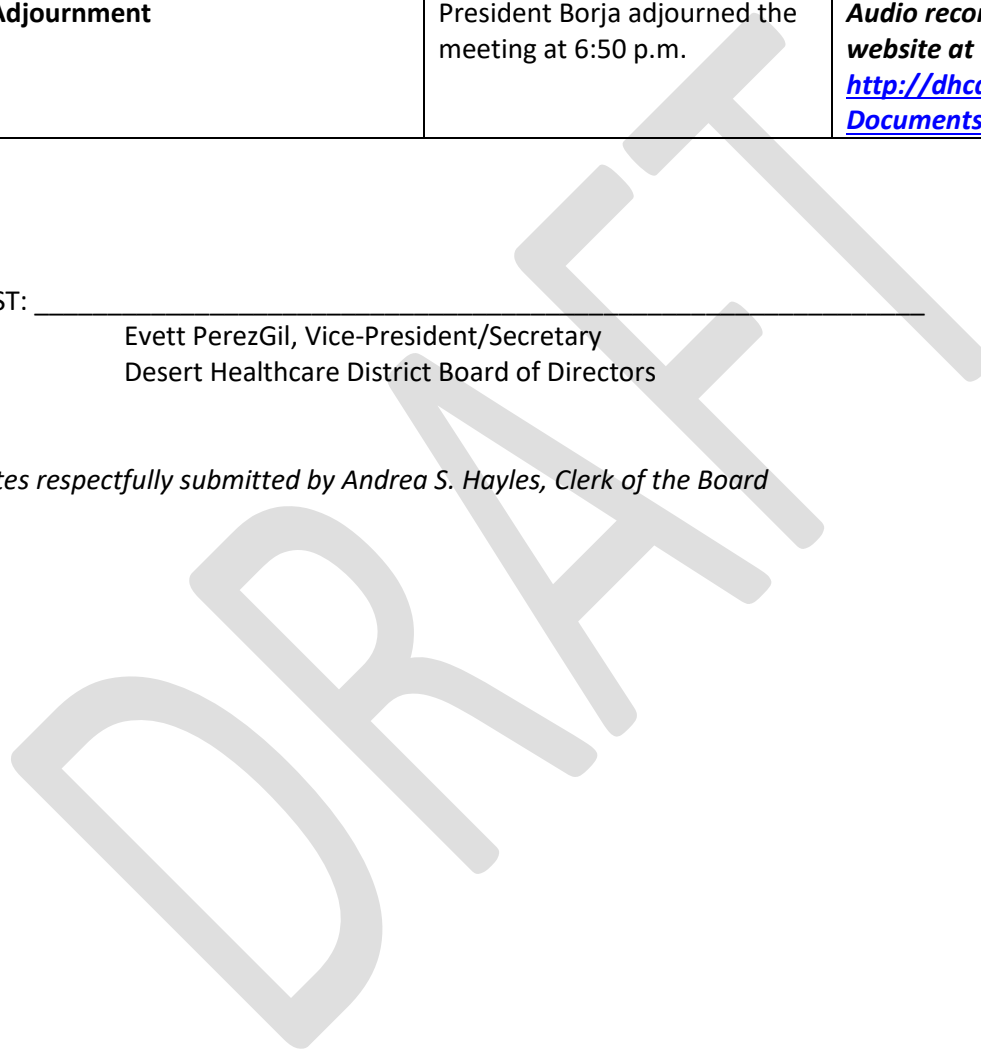


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2. January 2022 Healthcare Related Laws	legislation to extend the due date for the hospital requirements with strong opposition from organized labor with the California Nurses Association taking the lead.	
N. Immediate Issues and Comments		
O. Adjournment	President Borja adjourned the meeting at 6:50 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST: _____
 Evett PerezGil, Vice-President/Secretary
 Desert Healthcare District Board of Directors

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



DESERT HEALTHCARE DISTRICT
JANUARY 2022 FINANCIAL STATEMENTS
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Year to Date Variance Analysis
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Retirement Protection Plan Update
Grants Schedule

**DESERT HEALTHCARE DISTRICT
YEAR TO DATE VARIANCE ANALYSIS
ACTUAL VS BUDGET
SEVEN MONTHS ENDED JANUARY 31, 2022**

Scope: \$25,000 Variance per Statement of Operations Summary				
Account	YTD		Over(Under)	Explanation
	Actual	Budget	Budget	
	4000 - Income	\$ 3,900,754	\$ 3,848,187	
5000 - Direct Expenses	\$ 602,645	\$ 866,839	\$ (264,194)	Lower wage related expenses \$155k due to open positions; lower education expense \$47k; lower board expenses \$33k; lower health insurance expense \$18k; lower workers comp expense \$6k; lower retirement expense \$5k
6000-General & Admin Expense	\$ 275,084	\$ 335,034	\$ (59,950)	Lower depreciation expense \$36k; higher bank and investment fees expense \$24k; lower supplies expense \$9k; lower computer services expense \$8k; lower travel expense \$7k; lower personnel expense \$7k; lower dues and membership expense \$6k; lower staff mileage reimbursement expense \$4k; lower various \$7k
6500 - Professional Fees Expense	\$ 352,997	\$ 727,300	\$ (374,303)	Lower Professional Services expense \$248k; lower legal expense \$79k; lower PR/Communications expense \$47k
7000 - Grants Expense	\$ 15,280	\$ 2,368,331	\$ (2,353,051)	Budget of \$4 Million for fiscal year is amortized straight-line over 12-month fiscal year. As of January 31, 2022, there is \$4 million remaining in the fiscal year grant budget as well as \$1,333,209 from FY21.

Desert Healthcare District
Profit & Loss Budget vs. Actual
July 2021 through January 2022

	MONTH			TOTAL		
	Jan 22	Budget	\$ Over Budget	Jul '21 - Jan 22	Budget	\$ Over Budget
Income						
4000 · Income	2,477,714	2,341,462	136,252	3,900,754	3,848,187	52,567
4500 · LPMP Income	106,359	106,370	(11)	738,944	744,590	(5,646)
4501 · Miscellaneous Income	750	750	0	5,250	5,250	0
Total Income	2,584,823	2,448,582	136,241	4,644,948	4,598,027	46,921
Expense						
5000 · Direct Expenses	101,657	118,477	(16,820)	602,645	866,839	(264,194)
6000 · General & Administrative Exp	36,321	47,862	(11,541)	275,084	335,034	(59,950)
6325 · CEO Discretionary Fund	2,000	2,083	(83)	2,000	14,581	(12,581)
6445 · LPMP Expenses	75,005	85,772	(10,767)	576,283	600,404	(24,121)
6500 · Professional Fees Expense	12,347	103,900	(91,553)	352,997	727,300	(374,303)
6600 · Mobile Medical Unit	0	3,125	(3,125)	0	21,875	(21,875)
6700 · Trust Expenses	7,958	8,792	(834)	71,300	61,544	9,756
Total Expense Before Grants	235,288	370,011	(134,723)	1,880,305	2,627,589	(747,284)
7000 · Grants Expense	7,185	338,333	(331,148)	15,280	2,368,331	(2,353,051)
Net Income	2,342,350	1,740,238	602,112	2,749,363	(397,893)	3,147,256

Desert Healthcare District
Profit & Loss Budget vs. Actual
July 2021 through January 2022

	MONTH			TOTAL		
	Jan 22	Budget	\$ Over Budget	Jul '21 - Jan 22	Budget	\$ Over Budget
Income						
4000 · Income						
4010 · Property Tax Revenues	2,763,324	2,332,847	430,477	4,319,826	3,788,134	531,692
4200 · Interest Income						
4220 · Interest Income (FRF)	78,475	80,907	(2,432)	527,391	566,349	(38,958)
9999-1 · Unrealized gain(loss) on invest	(371,270)	(79,167)	(292,103)	(983,653)	(554,169)	(429,484)
Total 4200 · Interest Income	(292,795)	1,740	(294,535)	(456,262)	12,180	(468,442)
4300 · DHC Recoveries	0	1,875	(1,875)	13,636	12,873	763
4400 · Grant Income	7,185	5,000	2,185	23,554	35,000	(11,446)
Total 4000 · Income	2,477,714	2,341,462	136,252	3,900,754	3,848,187	52,567
4500 · LPMP Income	106,359	106,370	(11)	738,944	744,590	(5,646)
4501 · Miscellaneous Income	750	750	0	5,250	5,250	0
Total Income	2,584,823	2,448,582	136,241	4,644,948	4,598,027	46,921
Expense						
5000 · Direct Expenses						
5100 · Administration Expense						
5110 · Wages Expense	49,335	113,108	(63,773)	595,647	829,256	(233,609)
5111 · Allocation to LPMP - Payroll	(5,470)	(5,470)	0	(38,290)	(38,290)	0
5112 · Vacation/Sick/Holiday Expense	41,270	10,833	30,437	113,839	75,831	38,008
5114 · Allocation to Foundation	(26,577)	(31,823)	5,246	(186,039)	(222,761)	36,722
5115 · Allocation to NEOPB	(7,068)	(7,413)	345	(22,218)	(51,891)	29,673
5119 · Allocation to RSS/CVHIP-DHCF	(17,334)	(21,134)	3,800	(159,195)	(147,938)	(11,257)
5120 · Payroll Tax Expense	10,186	9,252	934	49,917	64,764	(14,847)
5130 · Health Insurance Expense						
5131 · Premiums Expense	29,220	17,658	11,562	117,613	123,606	(5,993)
5135 · Reimb./Co-Payments Expense	2,463	3,000	(537)	8,401	21,000	(12,599)
Total 5130 · Health Insurance Expense	31,683	20,658	11,025	126,014	144,606	(18,592)
5140 · Workers Comp. Expense	385	1,270	(885)	3,050	8,890	(5,840)
5145 · Retirement Plan Expense	8,535	8,994	(459)	58,372	62,958	(4,586)
5160 · Education Expense	0	7,250	(7,250)	3,594	50,750	(47,156)
Total 5100 · Administration Expense	84,945	105,525	(20,580)	544,691	776,175	(231,484)
5200 · Board Expenses						
5210 · Healthcare Benefits Expense	15,072	5,834	9,238	32,851	40,838	(7,987)
5230 · Meeting Expense	0	1,667	(1,667)	6,786	11,669	(4,883)
5235 · Director Stipend Expense	1,365	4,410	(3,045)	14,805	30,870	(16,065)
5240 · Catering Expense	275	833	(558)	3,512	5,831	(2,319)
5250 · Mileage Reimbursement Expense	0	208	(208)	0	1,456	(1,456)
Total 5200 · Board Expenses	16,712	12,952	3,760	57,954	90,664	(32,710)
Total 5000 · Direct Expenses	101,657	118,477	(16,820)	602,645	866,839	(264,194)

Desert Healthcare District
Profit & Loss Budget vs. Actual
July 2021 through January 2022

	MONTH			TOTAL		
	Jan 22	Budget	\$ Over Budget	Jul '21 - Jan 22	Budget	\$ Over Budget
6000 · General & Administrative Exp						
6110 · Payroll fees Expense	177	208	(31)	1,216	1,456	(240)
6120 · Bank and Investment Fees Exp	5,465	4,500	965	55,743	31,500	24,243
6125 · Depreciation Expense	1,011	6,167	(5,156)	7,077	43,169	(36,092)
6126 · Depreciation-Solar Parking lot	15,072	15,072	0	105,504	105,504	0
6130 · Dues and Membership Expense	3,197	3,737	(540)	20,306	26,159	(5,853)
6200 · Insurance Expense	2,905	2,667	238	20,285	18,669	1,616
6300 · Minor Equipment Expense	0	42	(42)	0	294	(294)
6305 · Auto Allowance & Mileage Exp	462	500	(38)	3,464	3,500	(36)
6306 · Staff- Auto Mileage reimb	0	625	(625)	247	4,375	(4,128)
6309 · Personnel Expense	216	1,167	(951)	1,524	8,169	(6,645)
6310 · Miscellaneous Expense	0	42	(42)	0	294	(294)
6311 · Cell Phone Expense	666	776	(110)	3,929	5,432	(1,503)
6312 · Wellness Park Expenses	0	83	(83)	0	581	(581)
6315 · Security Monitoring Expense	108	50	58	357	350	7
6340 · Postage Expense	228	417	(189)	1,164	2,919	(1,755)
6350 · Copier Rental/Fees Expense	377	500	(123)	2,775	3,500	(725)
6351 · Travel Expense	0	1,667	(1,667)	4,307	11,669	(7,362)
6352 · Meals & Entertainment Exp	130	875	(745)	4,661	6,125	(1,464)
6355 · Computer Services Expense	2,374	3,875	(1,501)	19,578	27,125	(7,547)
6360 · Supplies Expense	1,591	2,167	(576)	5,941	15,169	(9,228)
6380 · LAFCO Assessment Expense	182	208	(26)	1,274	1,456	(182)
6400 · East Valley Office	2,160	2,517	(357)	15,732	17,619	(1,887)
Total 6000 · General & Administrative Exp	36,321	47,862	(11,541)	275,084	335,034	(59,950)
6325 · CEO Discretionary Fund	2,000	2,083	(83)	2,000	14,581	(12,581)
6445 · LPMP Expenses	75,005	85,772	(10,767)	576,283	600,404	(24,121)
6500 · Professional Fees Expense						
6516 · Professional Services Expense	3,225	77,483	(74,258)	294,047	542,381	(248,334)
6520 · Annual Audit Fee Expense	1,375	1,375	0	9,625	9,625	0
6530 · PR/Communications/Website	1,964	8,042	(6,078)	9,061	56,294	(47,233)
6560 · Legal Expense	5,783	17,000	(11,217)	40,264	119,000	(78,736)
Total 6500 · Professional Fees Expense	12,347	103,900	(91,553)	352,997	727,300	(374,303)
6600 · Mobile Medical Unit	0	3,125	(3,125)	0	21,875	(21,875)
6700 · Trust Expenses						
6720 · Pension Plans Expense						
6721 · Legal Expense	0	167	(167)	2,075	1,169	906
6725 · RPP Pension Expense	7,500	7,500	0	52,500	52,500	0
6728 · Pension Audit Fee Expense	458	1,125	(667)	16,725	7,875	8,850
Total 6700 · Trust Expenses	7,958	8,792	(834)	71,300	61,544	9,756
Total Expense Before Grants	235,288	370,011	(134,723)	1,880,305	2,627,589	(747,284)
7000 · Grants Expense						
7010 · Major Grant Awards Expense	0	333,333	(333,333)	(8,274)	2,333,331	(2,341,605)
7027 · Grant Exp - CalFresh	7,185	5,000	2,185	23,554	35,000	(11,446)
Total 7000 · Grants Expense	7,185	338,333	(331,148)	15,280	2,368,331	(2,353,051)
Net Income	2,342,350	1,740,238	602,112	2,749,363	(397,893)	3,147,256

Las Palmas Medical Plaza
Profit & Loss Budget vs. Actual
July 2021 through January 2022

	MONTH			TOTAL		
	Jan 22	Budget	\$ Over Budget	Jul '21 - Jan 22	Budget	\$ Over Budget
Income						
4500 · LPMP Income						
4505 · Rental Income	75,784	75,162	622	523,819	526,134	(2,315)
4510 · CAM Income	30,575	31,125	(550)	215,125	217,875	(2,750)
4513 · Misc. Income	0	83	(83)	0	581	(581)
Total 4500 · LPMP Income	106,359	106,370	(11)	738,944	744,590	(5,646)
Expense						
6445 · LPMP Expenses						
6420 · Insurance Expense	3,114	2,917	197	21,798	20,419	1,379
6425 · Building - Depreciation Expense	19,986	21,462	(1,476)	143,172	150,234	(7,062)
6426 · Tenant Improvements -Dep Exp	17,033	16,667	366	119,231	116,669	2,562
6427 · HVAC Maintenance Expense	2,465	1,333	1,132	6,684	9,331	(2,647)
6428 · Roof Repairs Expense	0	208	(208)	0	1,456	(1,456)
6431 · Building -Interior Expense	0	833	(833)	0	5,831	(5,831)
6432 · Plumbing -Interior Expense	6,235	542	5,693	20,921	3,794	17,127
6433 · Plumbing -Exterior Expense	0	208	(208)	0	1,456	(1,456)
6434 · Allocation Internal Prop. Mgmt	5,470	5,470	0	38,290	38,290	0
6435 · Bank Charges	25	417	(392)	192	2,919	(2,727)
6437 · Utilities -Vacant Units Expense	80	183	(103)	4,187	1,281	2,906
6439 · Deferred Maintenance Repairs Ex	0	1,250	(1,250)	0	8,750	(8,750)
6440 · Professional Fees Expense	0	10,825	(10,825)	64,950	75,775	(10,825)
6441 · Legal Expense	0	83	(83)	0	581	(581)
6458 · Elevators - R & M Expense	232	1,000	(768)	5,930	7,000	(1,070)
6460 · Exterminating Service Expense	750	333	417	1,625	2,331	(706)
6463 · Landscaping Expense	0	1,000	(1,000)	7,294	7,000	294
6467 · Lighting Expense	0	500	(500)	0	3,500	(3,500)
6468 · General Maintenance Expense	0	83	(83)	0	581	(581)
6471 · Marketing-Advertising	0	1,000	(1,000)	7,395	7,000	395
6475 · Property Taxes Expense	6,250	6,250	0	43,750	43,750	0
6476 · Signage Expense	0	125	(125)	216	875	(659)
6480 · Rubbish Removal Medical Waste E	1,296	1,583	(287)	10,799	11,081	(282)
6481 · Rubbish Removal Expense	2,283	2,250	33	13,698	15,750	(2,052)
6482 · Utilities/Electricity/Exterior	587	625	(38)	4,271	4,375	(104)
6484 · Utilties - Water (Exterior)	998	625	373	6,540	4,375	2,165
6485 · Security Expenses	8,201	7,833	368	54,874	54,831	43
6490 · Miscellaneous Expense	0	167	(167)	466	1,169	(703)
6445 · LPMP Expenses	75,005	85,772	(10,767)	576,283	600,404	(24,121)
Net Income	31,354	20,598	10,756	162,661	144,186	18,475

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of January 31, 2022

			Jan 31, 22	Jan 31, 21
ASSETS				
Current Assets				
Checking/Savings				
		1000 · CHECKING CASH ACCOUNTS	4,432,317	1,340,545
		1100 · INVESTMENT ACCOUNTS	61,131,329	62,612,936
		Total Checking/Savings	65,563,646	63,953,481
		Total Accounts Receivable	188,918	(578)
Other Current Assets				
		1204.1 · Rent Receivable-Deferred COVID	121,532	181,444
		1270 · Prepaid Insurance -Ongoing	33,470	28,438
		1279 · Pre-Paid Fees	20,006	20,261
		1281 · CalFresh Receivable	15,424	9,214
		1295 · Property Tax Receivable	0	9,138
		Total Other Current Assets	190,432	248,495
		Total Current Assets	65,942,996	64,201,398
Fixed Assets				
		1300 · FIXED ASSETS	4,925,729	4,913,164
		1335-00 · ACC DEPR	(2,278,908)	(2,148,087)
		1400 · LPMP Assets	7,220,241	6,699,101
		Total Fixed Assets	9,867,062	9,464,178
Other Assets				
		1700 · OTHER ASSETS	3,942,720	2,909,152
TOTAL ASSETS			79,752,778	76,574,728

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of January 31, 2022

				Jan 31, 22	Jan 31, 21
LIABILITIES & EQUITY					
Liabilities					
Current Liabilities					
Accounts Payable					
2000 · Accounts Payable				21,312	21,063
2001 · LPMP Accounts Payable				65,836	4,181
Total Accounts Payable				87,148	25,244
Other Current Liabilities					
2002 · LPMP Property Taxes				6,366	6,025
2003 · Prepaid Rents				9,121	0
2131 · Grant Awards Payable				3,525,306	2,370,273
2133 · Accrued Accounts Payable				139,550	212,469
2141 · Accrued Vacation Time				75,442	73,689
2145 · Payroll Liability				(364)	0
2188 · Current Portion - LTD				6,168	6,168
2190 · Investment Fees Payable				4,625	4,130
Total Other Current Liabilities				3,766,214	2,672,754
Total Current Liabilities				3,853,362	2,697,998
Long Term Liabilities					
2170 · RPP - Pension Liability				0	4,656,754
2171 · RPP-Deferred Inflows-Resources				675,732	370,700
2280 · Long-Term Disability				16,281	28,809
2281 · Grants Payable - Long-term				4,990,000	6,660,000
2286 · Retirement BOD Medical Liabilit				0	61,113
2290 · LPMP Security Deposits				59,101	57,514
Total Long Term Liabilities				5,741,114	11,834,890
Total Liabilities				9,594,476	14,532,888
Equity					
3900 · *Retained Earnings				67,408,928	59,913,158
Net Income				2,749,363	2,128,681
Total Equity				70,158,291	62,041,839
TOTAL LIABILITIES & EQUITY				79,752,778	76,574,728

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of January 31, 2022

		Jan 31, 22	Jan 31, 21
ASSETS			
Current Assets			
Checking/Savings			
1000 · CHECKING CASH ACCOUNTS			
	1010 · Union Bank - Checking	3,844,573	1,170,804
	1012 · Union Bank Operating - 9356	250,000	0
	1046 · Las Palmas Medical Plaza	337,244	169,241
	1047 · Petty Cash	500	500
	Total 1000 · CHECKING CASH ACCOUNTS	4,432,317	1,340,545
1100 · INVESTMENT ACCOUNTS			
	1130 · Facility Replacement Fund	61,375,623	60,550,524
	1135 · Unrealized Gain(Loss) FRF	(244,294)	2,062,412
	Total 1100 · INVESTMENT ACCOUNTS	61,131,329	62,612,936
	Total Checking/Savings	65,563,646	63,953,481
Accounts Receivable			
1201 · Accounts Receivable			
	1204 · LPMP Accounts Receivable	(17,084)	(8,265)
	1205 · Misc. Accounts Receivable	(222)	7,478
	1211 · A-R Foundation - Exp Allocation	206,224	209
	Total Accounts Receivable	188,918	(578)
Other Current Assets			
	1204.1 · Rent Receivable-Deferred COVID	121,532	181,444
	1270 · Prepaid Insurance -Ongoing	33,470	28,438
	1279 · Pre-Paid Fees	20,006	20,261
	1281 · CalFresh Receivable	15,424	9,214
	1295 · Property Tax Receivable	0	9,138
	Total Other Current Assets	190,432	248,495
	Total Current Assets	65,942,996	64,201,398
Fixed Assets			
1300 · FIXED ASSETS			
	1310 · Computer Equipment	91,275	94,034
	1315 · Computer Software	0	68,770
	1320 · Furniture and Fixtures	33,254	33,254
	1321 · Autos	59,500	0
	1322 · Tenant Improvement - RAP #G100	24,594	0
	1325 · Offsite Improvements	300,849	300,849
	1331 · DRMC - Parking lot	4,416,257	4,416,257

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of January 31, 2022

		Jan 31, 22	Jan 31, 21
	Total 1300 · FIXED ASSETS	4,925,729	4,913,164
	1335-00 · ACC DEPR		
	1335 · Accumulated Depreciation	(214,341)	(218,164)
	1336 · Acc. Software Depreciation	0	(68,770)
	1337 · Accum Deprec- Solar Parking Lot	(1,884,171)	(1,703,307)
	1338 · Accum Deprec - LPMP Parking Lot	(180,396)	(157,846)
	Total 1335-00 · ACC DEPR	(2,278,908)	(2,148,087)
	1400 · LPMP Assets		
	1401 · Building	8,705,680	8,705,680
	1402 · Land	2,165,300	2,165,300
	1403 · Tenant Improvements -New	2,250,926	2,187,796
	1404 · Tenant Improvements - CIP	129,550	129,550
	1406 · Building Improvements		
	1406.1 · LPMP-Replace Parking Lot	676,484	676,484
	1406.2 · Building Improvements-CIP	877,933	72,704
	1406 · Building Improvements - Other	1,582,543	1,559,534
	Total 1406 · Building Improvements	3,136,960	2,308,722
	1407 · Building Equipment Improvements	423,000	375,185
	1409 · Accumulated Depreciation		
	1410 · Accum. Depreciation	(7,773,940)	(7,546,445)
	1412 · T I Accumulated Dep.-New	(1,817,235)	(1,626,687)
	Total 1409 · Accumulated Depreciation	(9,591,175)	(9,173,132)
	Total 1400 · LPMP Assets	7,220,241	6,699,101
	Total Fixed Assets	9,867,062	9,464,178
	Other Assets		
	1700 · OTHER ASSETS		
	1731 · Wellness Park	1,693,800	1,693,800
	1740 · RPP-Deferred Outflows-Resources	494,388	1,204,238
	1741 · OPEB-Deferrred Outflows-Resourc	0	11,114
	1742 · RPP - Net Pension Asset	1,754,532	0
	Total Other Assets	3,942,720	2,909,152
	TOTAL ASSETS	79,752,778	76,574,728

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of January 31, 2022

				Jan 31, 22	Jan 31, 21
LIABILITIES & EQUITY					
Liabilities					
Current Liabilities					
Accounts Payable					
			2000 - Accounts Payable	21,312	21,063
			2001 - LPMP Accounts Payable	65,836	4,181
			Total Accounts Payable	87,148	25,244
Other Current Liabilities					
			2002 - LPMP Property Taxes	6,366	6,025
			2003 - Prepaid Rents	9,121	0
			2131 - Grant Awards Payable	3,525,306	2,370,273
			2133 - Accrued Accounts Payable	139,550	212,469
			2141 - Accrued Vacation Time	75,442	73,689
			2145 - Payroll Liability	(364)	0
			2188 - Current Portion - LTD	6,168	6,168
			2190 - Investment Fees Payable	4,625	4,130
			Total Other Current Liabilities	3,766,214	2,672,754
			Total Current Liabilities	3,853,362	2,697,998
Long Term Liabilities					
			2170 - RPP - Pension Liability	0	4,656,754
			2171 - RPP-Deferred Inflows-Resources	675,732	370,700
			2280 - Long-Term Disability	16,281	28,809
			2281 - Grants Payable - Long-term	4,990,000	6,660,000
			2286 - Retirement BOD Medical Liabilit	0	61,113
			2290 - LPMP Security Deposits	59,101	57,514
			Total Long Term Liabilities	5,741,114	11,834,890
			Total Liabilities	9,594,476	14,532,888
Equity					
			3900 - *Retained Earnings	67,408,928	59,913,158
			Net Income	2,749,363	2,128,681
			Total Equity	70,158,291	62,041,839
TOTAL LIABILITIES & EQUITY				79,752,778	76,574,728

Desert Healthcare District
A/R Aging Summary
As of January 31, 2022

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL	COMMENT
Calif. State University, San Bernardino-	0	0	528	0	0	528	
Desert Healthcare Foundation-	43,932	0	43,932	45,304	73,057	206,225	Due from Foundation
Laboratory Corporation of America	0	(5,013)	(2,021)	0	0	(7,034)	Prepaid
Quest Diagnostics Incorporated	0	(4,067)	(357)	0	0	(4,424)	Prepaid
Sovereign	(750)	0	0	0	0	(750)	Prepaid
Steven Gundry, M.D.	0	(5,625)	0	0	0	(5,625)	Prepaid
TOTAL	43,182	(14,705)	42,082	45,304	73,057	188,920	

Desert Healthcare District
Deposit Detail
 January 2022

Type	Date	Name	Amount
Deposit	01/03/2022		1,670,060
		Riverside County Treasurer - Property Tax	(1,670,060)
TOTAL			(1,670,060)
Deposit	01/05/2022		4,713
		Riverside County Treasurer - CalFresh	(3,675)
		Principal Financial Group	(287)
Payment	01/05/2022	Sovereign	(750)
TOTAL			(4,712)
Deposit	01/18/2022		750
Payment	01/18/2022	Sovereign	(750)
TOTAL			(750)
Deposit	01/19/2022		13,969
		Riverside County Treasurer - Property Tax	(13,969)
TOTAL			(13,969)
Deposit	01/28/2022		1,079,295
		Riverside County Treasurer - Property Tax	(1,079,295)
TOTAL			(1,079,295)
Deposit	01/31/2022		1,500
Payment	01/31/2022	Sovereign	(1,500)
TOTAL			(1,500)
		TOTAL	2,770,287

DESERT HEALTHCARE DISTRICT										
PROPERTY TAX RECEIPTS FY 2021 - 2022										
RECEIPTS - SEVEN MONTHS ENDED JANUARY 31, 2022										
	FY 2020-2021 Projected/Actual					FY 2021-2022 Projected/Actual				
	Budget %	Budget \$	Act %	Actual Receipts	Variance	Receipts %	Receipts \$	Act %	Actual Receipts	Variance
July	2.5%	\$ 154,934	0.0%	\$ -	\$ (154,934)	2.5%	\$ 182,825	2.2%	\$ 162,345	\$ (20,480)
Aug	1.6%	\$ 99,158	1.9%	\$ 149,547	\$ 50,390	1.6%	\$ 117,008	0.2%	\$ 11,529	\$ (105,479)
Sep	2.6%	\$ 161,131	0.0%	\$ -	\$ (161,131)	0.0%	\$ -	0.0%	\$ -	\$ -
Oct	0.0%	\$ -	2.1%	\$ 162,968	\$ 162,968	2.6%	\$ 190,138	0.0%	\$ 130	\$ (190,008)
Nov	0.4%	\$ 24,789	0.0%	\$ -	\$ (24,789)	0.4%	\$ 29,252	2.5%	\$ 181,286	\$ 152,034
Dec	16.9%	\$ 1,047,354	16.4%	\$ 1,279,429	\$ 232,075	16.9%	\$ 1,235,897	18.3%	\$ 1,337,681	\$ 101,784
Jan	31.9%	\$ 1,976,959	33.4%	\$ 2,596,795	\$ 619,836	31.9%	\$ 2,332,847	37.8%	\$ 2,763,324	\$ 430,477
Feb	0.0%	\$ -	1.2%	\$ 94,294	\$ 94,294	0.0%	\$ -	0.0%		
Mar	0.3%	\$ 18,592	0.2%	\$ 18,789	\$ 196	0.3%	\$ 21,939	0.0%		
Apr	5.5%	\$ 340,855	5.4%	\$ 422,690	\$ 81,835	5.5%	\$ 402,215	0.0%		
May	19.9%	\$ 1,233,275	18.1%	\$ 1,411,155	\$ 177,880	19.9%	\$ 1,455,287	0.0%		
June	18.4%	\$ 1,140,315	21.2%	\$ 1,647,263	\$ 506,948	18.4%	\$ 1,345,592	0.0%		
Total	100%	\$ 6,197,363	100.0%	\$ 7,782,929	\$ 1,585,566	100.00%	\$ 7,313,000	60.9%	\$ 4,456,295	\$ 368,328

**Las Palmas Medical Plaza
Deposit Detail - LPMP
January 2022**

Type	Date	Name	Amount
Deposit	01/05/2022		10,181
Payment	01/05/2022	Hassan Bencheqroun, M.D.	(2,771)
Payment	01/05/2022	EyeCare Services Partners Management LLC	(7,410)
TOTAL			(10,181)
Deposit	01/05/2022		3,338
Payment	01/05/2022	Peter Jamieson, M.D.	(3,338)
TOTAL			(3,338)
Deposit	01/10/2022		14,645
Payment	01/07/2022	Cure Cardiovascular Consultants	(3,205)
Payment	01/07/2022	Aijaz Hashmi, M.D., Inc.	(3,037)
Payment	01/07/2022	Brad A. Wolfson, M.D.	(3,701)
Payment	01/07/2022	Cohen Musch Thomas Medical Group	(4,703)
TOTAL			(14,646)
Deposit	01/10/2022		3,835
Payment	01/10/2022	Desert Family Medical Center	(3,835)
TOTAL			(3,835)
Deposit	01/14/2022		13,328
Payment	01/14/2022	Derakhsh Fozouni, M.D.	(6,277)
Payment	01/14/2022	Palmtree Clinical Research	(7,051)
TOTAL			(13,328)

**Las Palmas Medical Plaza
Deposit Detail - LPMP
January 2022**

Type	Date	Name	Amount
Deposit	01/18/2022		51,584
Payment	01/18/2022	Ramy Awad, M.D.	(3,423)
Payment	01/18/2022	Pathway Pharmaceuticals, Inc.	(2,420)
Payment	01/18/2022	Desert Regional Medical Center	(5,690)
Payment	01/18/2022	Tenet HealthSystem Desert, Inc	(6,369)
Payment	01/18/2022	Tenet HealthSystem Desert, Inc.	(33,683)
TOTAL			(51,585)
Deposit	01/25/2022		10,639
Payment	01/25/2022	Steven Gundry, M.D.	(5,625)
Payment	01/25/2022	Laboratory Corporation of America	(5,013)
TOTAL			(10,638)
Deposit	01/27/2022		4,067
Payment	01/27/2022	Quest Diagnostics Incorporated	(4,067)
TOTAL			(4,067)
Deposit	01/31/2022		51
Payment	01/31/2022	Pathway Pharmaceuticals, Inc.	(51)
TOTAL			(51)
		TOTAL	111,668

Desert Healthcare District
Check Register
As of January 31, 2022

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1010 - Union Bank - Checking				
Bill Pmt -Check	01/05/2022	16747	Arthur Shorr - Stipend	(210)
Bill Pmt -Check	01/05/2022	16748	Boyd & Associates	(108)
Bill Pmt -Check	01/05/2022	16749	Eric Taylor - Expense Reimbursement	(26)
Bill Pmt -Check	01/05/2022	16750	Frazier Pest Control, Inc.	(60)
Bill Pmt -Check	01/05/2022	16751	Image Source	(131)
Bill Pmt -Check	01/05/2022	16752	Leticia De Lara - Stipend	(420)
Bill Pmt -Check	01/05/2022	16753	Maggie Martinez	(1,800)
Bill Pmt -Check	01/05/2022	16754	Palm Springs Alarm	(33)
Bill Pmt -Check	01/05/2022	16755	Ready Refresh	(50)
Bill Pmt -Check	01/05/2022	16756	Shred-It	(105)
Bill Pmt -Check	01/05/2022	16757	So.Cal Computer Shop	(810)
Bill Pmt -Check	01/05/2022	16758	Trakstar	(4,999)
Bill Pmt -Check	01/05/2022	16759	Zendle, Les - Stipend	(315)
Bill Pmt -Check	01/05/2022	16760	Verizon Wireless	(662)
Bill Pmt -Check	01/05/2022	16761	First Bankcard (Union Bank)	(3,934)
Bill Pmt -Check	01/05/2022	16762	First Bankcard (Union Bank)	(702)
Bill Pmt -Check	01/05/2022	16763	Lund & Guttry LLP	(500)
Liability Check	01/07/2022		QuickBooks Payroll Service	(49,031)
Check	01/07/2022	Auto Pay	Calif. Public Employees'Retirement System	(14,022)
Bill Pmt -Check	01/11/2022	16764	Arthur Shorr - Stipend	(420)
Bill Pmt -Check	01/11/2022	16765	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	01/11/2022	16766	Pitney Bowes Global Financial Services	(228)
Bill Pmt -Check	01/11/2022	16767	Rogers, Carole - Stipend & Medical Premium Reimbursement	(10,315)
Bill Pmt -Check	01/11/2022	16768	Staples Credit Plan	(94)
Bill Pmt -Check	01/11/2022	16769	State Compensation Insurance Fund	(385)
Bill Pmt -Check	01/11/2022	16770	Will Dean - Expense Reimbursement	(66)
Bill Pmt -Check	01/11/2022	16771	Xerox Financial Services	(377)
Bill Pmt -Check	01/13/2022	16772	AgostinoCreative	(998)
Bill Pmt -Check	01/13/2022	16773	INPRO-EMS Construction	(4,000)
Bill Pmt -Check	01/13/2022	16774	Martha's Village & Kitchen - Grant Payment	(94,907)
Bill Pmt -Check	01/13/2022	16775	SDRMA	(50)
Bill Pmt -Check	01/13/2022	16776	Vanessa Smith - Expense Reimbursement	(117)
Bill Pmt -Check	01/14/2022	ACH 011422	Law Offices of Scott & Jackson	(5,783)
Bill Pmt -Check	01/18/2022	16777	Rauch Communication Consultants	(2,695)
Bill Pmt -Check	01/18/2022	16778	So.Cal Computer Shop	(1,087)
Bill Pmt -Check	01/18/2022	16779	Time Warner Cable	(250)
Bill Pmt -Check	01/18/2022	16780	Principal Life Insurance Co.	(1,969)

Desert Healthcare District
Check Register
As of January 31, 2022

Type	Date	Num	Name	Amount
Bill Pmt -Check	01/19/2022	16781	Desert AIDS Project - Grant Payment	(45,000)
Bill Pmt -Check	01/19/2022	16782	Desert Cancer Foundation - Grant Payment	(67,500)
Bill Pmt -Check	01/19/2022	16783	So.Cal Computer Shop	(9,700)
Bill Pmt -Check	01/19/2022	16784	CoPower Employers' Benefits Alliance	(1,537)
Liability Check	01/21/2022		QuickBooks Payroll Service	(49,913)
Bill Pmt -Check	01/25/2022	16785	California Chamber of Commerce	(169)
Bill Pmt -Check	01/25/2022	16786	Ready Refresh	(50)
Bill Pmt -Check	01/25/2022	16787	Regional Access Project Foundation	(2,160)
Bill Pmt -Check	01/25/2022	16788	The Root Cause Coalition	(1,500)
Bill Pmt -Check	01/25/2022	16789	Voices for Children - Grant Payment	(4,000)
Bill Pmt -Check	01/25/2022	16790	Zendle, Les - Medical Premium Reimbursement	(10,000)
Check	01/25/2022		Bank Service Charge	(465)
Bill Pmt -Check	01/27/2022	16791	Frazier Pest Control, Inc.	(30)
Bill Pmt -Check	01/27/2022	16792	Zendle, Les - Stipend	(420)
Check	01/27/2022	Auto Pay	Principal Financial Group-	(895)
Check	01/27/2022	Auto Pay	Principal Financial Group-	(888)
Bill Pmt -Check	01/31/2022	16793	Verizon Wireless	(774)
Total 1010 · Union Bank - Checking				(397,160)
1012 · Union Bank Operating - 9356				
Check	01/25/2022		Bank Service Charge	(911)
TOTAL				(398,071)

**Las Palmas Medical Plaza
Check Register - LPMP
As of January 31, 2022**

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1046 - Las Palmas Medical Plaza				
Bill Pmt -Check	01/05/2022	10479	Amtech Elevator Services	(1,456)
Bill Pmt -Check	01/05/2022	10480	Desert Water Agency	(942)
Bill Pmt -Check	01/05/2022	10481	Imperial Security	(3,596)
Bill Pmt -Check	01/05/2022	10482	Stericycle, Inc.	(1,293)
Bill Pmt -Check	01/05/2022	10483	Quest Diagnostics Inc.	(25,530)
Bill Pmt -Check	01/06/2022	10484	INPRO-EMS Construction	(2,950)
Bill Pmt -Check	01/06/2022	10485	INPRO-EMS Construction	(3,285)
Bill Pmt -Check	01/11/2022	10486	Frazier Pest Control, Inc.	(750)
Check	01/14/2022		Bank Service Charge	(429)
Bill Pmt -Check	01/18/2022	10487	Palm Springs Disposal Services Inc	(2,283)
Bill Pmt -Check	01/19/2022	10488	Frontier Communications	(232)
Bill Pmt -Check	01/25/2022	10489	Desert Air Conditioning Inc.	(2,465)
Bill Pmt -Check	01/25/2022	10490	Imperial Security	(3,951)
Bill Pmt -Check	01/27/2022	10491	Global Premier Fertility LLC	(40,000)
Bill Pmt -Check	01/27/2022	10492	Southern California Edison	(667)
Bill Pmt -Check	01/31/2022	10493	Desert Water Agency	(998)
Bill Pmt -Check	01/31/2022	10494	Imperial Security	(2,125)
TOTAL				(92,952)



MEMORANDUM

DATE: February 08, 2022

TO: F&A Committee

RE: Retirement Protection Plan (RPP)

Current number of participants in Plan:

	<u>December</u>	<u>January</u>
Active – still employed by hospital	87	87
Vested – no longer employed by hospital	55	55
Former employees receiving annuity	<u>7</u>	<u>7</u>
Total	<u>149</u>	<u>149</u>

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

The payouts, excluding monthly annuity payments, made from the Plan for the seven (7) months ended January 31, 2022, totaled **\$135K**. Monthly annuity payments (7 participants) total **\$1.0K** per month.

DESERT HEALTHCARE DISTRICT								
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE								
January 31, 2022								
TWELVE MONTHS ENDING JUNE 30, 2022								
Grant ID Nos.	Name	Approved Grants - Prior Yrs	6/30/2021 Bal Fwd	Current Yr 2021-2022	Total Paid Prior Yrs July-June	Total Paid Current Yr July-June	Open BALANCE	
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000	\$ 6,660,000		\$ -		\$ 6,660,000	
2019-994-BOD-05-28-19	One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yr	\$ 700,000	\$ 148,750		\$ 148,750		\$ -	
2020-1085-BOD-05-26-20	Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr	\$ 50,000	\$ 5,000		\$ 5,000		\$ -	
2020-1057-BOD-05-26-20	Desert Cancer Foundation - Patient Assistance Program - 1 Yr	\$ 150,000	\$ 15,000		\$ 15,000		\$ -	
2020-1139-BOD-09-22-20	CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr	\$ 50,000	\$ 5,000		\$ (528)		\$ 5,528	
	Unexpended funds Grant #1139						\$ (5,528)	
2020-1135-BOD-11-24-20	Hope Through Housing Foundation - Family Resilience - 1 Yr	\$ 20,000	\$ 2,000		\$ -		\$ 2,000	
2020-1149-BOD-12-15-20	Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$ 40,000	\$ 22,000		\$ 22,000		\$ -	
2021-1136-BOD-01-26-21	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr	\$ 119,432	\$ 65,688		\$ 53,744		\$ 11,944	
2021-1147-BOD-01-26-21	Alzheimer's Association - Critical Program Support - 1 Yr	\$ 33,264	\$ 18,295		\$ 14,969		\$ 3,326	
2021-1162-BOD-01-26-21	Joslyn Center - Wellness Center Program Support - 1 Yr	\$ 109,130	\$ 60,022		\$ 49,108		\$ 10,914	
2021-1170-BOD-02-23-21	Jewish Family Services - Mental Health Counseling for Underserved Residents - 1 yr	\$ 80,000	\$ 44,000		\$ 36,000		\$ 8,000	
2021-1141-BOD-03-23-21	Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	\$ 210,905	\$ 115,998		\$ 94,907		\$ 21,091	
2021-1171-BOD-03-23-21	Blood Bank of San Bernardino/Riverside Counties - Bloodmobiles for Coachella Valley - 18 Months	\$ 150,000	\$ 82,500		\$ 67,500		\$ 15,000	
2021-1174-BOD-03-23-21	Mizell Center - Geriatric Case Management Program	\$ 100,000	\$ 55,000		\$ 45,000		\$ 10,000	
2021-1266-BOD-04-27-21	Galilee Center - Our Lady of Guadalupe Shelter - 1 yr	\$ 150,000	\$ 82,500		\$ 67,500		\$ 15,000	
2021-1277-BOD-04-27-21	Lift To Rise - United Lift Rental Assistance 2021 - 8 Months	\$ 300,000	\$ 210,000		\$ 180,000		\$ 30,000	
2021-1280-BOD-05-25-21	Desert AIDS Project - DAP Health Expands Access to Healthcare - 1yr	\$ 100,000	\$ 55,000		\$ 45,000		\$ 10,000	
2021-21-02-BOD-06-22-21	Carry over of remaining Fiscal Year 2020/2021 Funds*	\$ 1,854,873	\$ 1,854,873		\$ 521,664		\$ 1,333,209	
2021-1296-BOD-11-23-21	Coachella Valley Volunteers In Medicine - Improving Access to Healthcare Services - 1 Yr			\$ 154,094		\$ 69,342	\$ 84,752	
2021-1289-BOD-12-21-21	Desert Cancer Foundation - Patient Assistance Program - 1 Yr			\$ 150,000		\$ 67,500	\$ 82,500	
2022-1301-BOD-01-25-22	UCR Regents - Community Based Interventions to Mitigate Psychological Trauma - 1 Yr			\$ 113,514		\$ -	\$ 113,514	
2022-1302-BOD-01-25-22	Vision To Learn - Palm Springs, Desert Sands, and Coachella Valley School Districts 1 Yr			\$ 50,000		\$ -	\$ 50,000	
2022-1303-BOD-01-25-22	CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr			\$ 54,056		\$ -	\$ 54,056	
							\$ -	
TOTAL GRANTS		\$ 14,217,604	\$ 9,501,626	\$ 521,664	\$ 1,365,614	\$ 136,842	\$ 8,515,306	
Amts available/remaining for Grant/Programs - FY 2021-22:								
Amount budgeted 2021-2022			\$ 4,000,000				G/L Balance:	1/31/2022
Amount granted through January 31, 2022:			\$ (521,664)				2131	\$ 3,525,306
Mini Grants:	1293; 1294		\$ (10,000)				2281	\$ 4,990,000
Financial Audits of Non-Profits			\$ -					
Net adj - Grants not used:	FY20-21 Funds, 1124, 1139		\$ 1,873,147				Total	\$ 8,515,306
Matching external grant contributions			\$ -					\$ (0)
Balance available for Grants/Programs			\$ 5,341,483					

* Value listed in Total Paid column reflects funds granted from carryover funds. Actual grant payments will be reflected under the respective grant.



Chief Administration Officer's Report

February 08, 2022

District staff was informed recently Mr. Gary Dack of the CPA firm Lund & Guttry will be transitioning into retirement. Lund & Guttry is the District's audit firm. Additionally, the audit and review practice of Lund & Guttry has transitioned to Coachella Valley Accounting and Auditing effective February 1, 2022. Mr. Dack will continue with CV Accounting and Auditing for a period of time.

Las Palmas Medical Plaza - Property Management:

Occupancy:

See attached unit rental status report.

97.4% currently occupied –

Total annual rent including CAM fees is **\$1,377,169**.

Leasing Activity:

A lease with Arthritis & Rheumatic Care Clinic was approved at the January 2022 Board meeting for Suite 1E 204. The term is one year and one month and includes a one 1-year extension option.

Only one suite remains vacant. We are actively seeking 100% occupancy.

Las Palmas Medical Plaza

Unit Rental Status

As of February 1, 2022

Unit	Tenant Name	Deposit	Lease Dates		Term	Unit Sq Feet	Percent of Total	Monthly Rent	Annual Rent	Rent Per Sq Foot	Monthly CAM	Total Monthly Rent Inclg CAM	Total Annual Rent Inclg CAM
			From	To									
											\$ 0.69		
1W, 204	Vacant					1,280	2.59%						
Total - Vacancies						1,280	2.59%						
Total Suites - 31 - 29 Suites Occupied		\$ 61,027.74				49,356	97.4%	\$ 81,732.37	\$ 980,788.44	\$ 1.70	\$ 33,031.68	\$ 114,764.05	\$ 1,377,168.60
Summary - All Units													
			Occupied	48,076	97.4%								
			Vacant	1,280	2.6%								
			Pending	0	0%								
			Total	49,356	100%								



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: February 22, 2022
To: Board of Directors
Subject: Consideration to approve the transition of the FY2022-2023 annual audit and reporting engagement from Lund & Guttry LLP to Coachella Valley Accounting & Auditing (CV A&A)

Staff Recommendation: Consideration to approve the transition of the FY2022-2023 annual audit and reporting engagement from Lund & Guttry LLP to Coachella Valley Accounting & Auditing.

Background:

- The audit firm of Lund & Guttry LLP has completed the audits (District, Foundation, Retirement Protection Plan(RPP), State Controller’s Transaction Reports (District & RPP) and the Foundation’s Form 990 for FY2020 and FY2021.
- Staff was recently informed of the following:
 1. Lund & Guttry LLP is separating its audit function, which will be transitioned to CV A&A effective February 1, 2022.
 2. Mr. Gary Dack, the audit partner for Lund & Guttry LLP will be transitioning into retirement over the next 2-3 years.
- Mr. Dack will remain with CV A&A as he transitions into retirement.
- All audit staff of Lund & Guttry who have been performing the audits and financial reporting will transition to the new firm.
- CV A&A will maintain the same engagement fees as previously provided by Lund & Guttry for FY2022-2023.
- Included in the packet for your review are the following:
 1. Lund & Guttry - Disengagement Letters for the District, Foundation, and RPP.
 2. Lund & Guttry – Release of Work Papers to CV A&A.
 3. CV A&A - Engagement Letters for the District, Foundation & RPP.
- At the February 8, 2022, Finance & Administration Committee meeting, the Committee recommended forwarding for consideration of approval by the full Board.
- Staff recommends approval and consent to the transition of audit firms and the Engagement Letters for CV A&A.

Fiscal Impact:

The audit and financial reporting fees are included in the annual budgets.



LUND & GUTTRY LLP / CERTIFIED PUBLIC ACCOUNTANTS
36917 COOK STREET • SUITE 102 • PALM DESERT, CALIFORNIA 92211
Telephone (760) 568-2242 • Fax (760) 346-8891
www.lundandguttry.com

January 21, 2022

Mr. Chris Christensen, CPA
Desert Healthcare District
1140 N. Indian Canyon Drive
Palm Springs, CA 92262

Dear Chris:

On January 3, 2022, it was announced that Lund & Guttry, LLP entered into an amicable agreement with Coachella Valley Accounting & Auditing that all audit and review clients (including the related tax returns) would be transitioned to the new firm effective February 1, 2022. As part of this transition, there are a few former Lund & Guttry staff members that are transitioning to the new firm as well.

Due to this transition, effectively immediately, we will no longer be able to perform the audit services for the years ending June 30, 2022 and 2023 that were outlined in our engagement letter to you dated April 9, 2021.

Coachella Valley Accounting & Auditing will be sending you a new engagement letter to perform these professional services.

If you have any questions, please give me a call.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gary Dack', written over a horizontal line.

Gary Dack, CPA
Partner
Lund & Guttry, LLP



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36917 COOK STREET • SUITE 102 • PALM DESERT, CALIFORNIA 92211
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www.lundandguttry.com

January 21, 2022

Mr. Chris Christensen, CPA
Desert Healthcare Foundation
1140 N. Indian Canyon Dr.
Palm Springs, CA 92262

Dear Chris:

On January 3, 2022, it was announced that Lund & Guttry, LLP entered into an amicable agreement with Coachella Valley Accounting & Auditing that all audit and review clients (including the related tax returns) would be transitioned to the new firm effective February 1, 2022. As part of this transition, there are a few former Lund & Guttry staff members that are transitioning to the new firm as well.

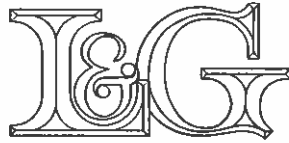
Due to this transition, effectively immediately, we will no longer be able to perform the audit and tax services for the years ending June 30, 2022 and 2023 that were outlined in our engagement letter to you dated June 23, 2021.

Coachella Valley Accounting & Auditing will be sending you a new engagement letter to perform these professional services.

If you have any questions, please give me a call.

Sincerely,

Gary Dack, CPA
Partner
Lund & Guttry, LLP



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36917 COOK STREET • SUITE 102 • PALM DESERT, CALIFORNIA 92211
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www.lundandguttry.com

January 21, 2022

Mr. Chris Christensen, CPA
Desert Hospital Retirement Protection Plan
1140 N. Indian Canyon Dr.
Palm Springs, CA 92262

Dear Chris:

On January 3, 2022, it was announced that Lund & Guttry, LLP entered into an amicable agreement with Coachella Valley Accounting & Auditing that all audit and review clients (including the related tax returns) would be transitioned to the new firm effective February 1, 2022. As part of this transition, there are a few former Lund & Guttry staff members that are transitioning to the new firm as well.

Due to this transition, effectively immediately, we will no longer be able to perform the audit services for the years ending June 30, 2022 and 2023 that were outlined in our engagement letter to you dated April 9, 2021.

Coachella Valley Accounting & Auditing will be sending you a new engagement letter to perform these professional services.

If you have any questions, please give me a call.

Sincerely,

Gary Dack, CPA
Partner
Lund & Guttry, LLP



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 36917 COOK STREET • SUITE 102 • PALM DESERT, CALIFORNIA 92211
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 www.lundandguttry.com

January 10, 2022

Mr. Chris Christensen, CPA
 Desert Healthcare District
 Desert Healthcare Foundation
 Desert Hospital Retirement Protection Plan
 1140 N. Indian Canyon Drive
 Palm Springs, CA 92262

In connection with our agreement to transition our audit and review practice from Lund & Guttry LLP (L&G) to Coachella Valley Accounting and Auditing (CV A&A) effective February 1, 2022, you acknowledge and consent to allow CV A&A access to our applicable workpapers for our audit, review and/or tax services for the preceding seven year period (L&G's current retention policy period). You further understand and agree that their review of our workpapers is undertaken for the purpose stated above.

Sincerely,



Lund & Guttry, LLP

RESPONSE:

This letter correctly sets forth our understanding:

Signature _____
 Title _____
 Date _____



ACCOUNTING & AUDITING

P.O. BOX 6030 • La Quinta • CA • 92248
Telephone (442) 325-0089 • Fax (442) 273-2233
www.evaccountingandauditing.com

January 11, 2022

Mr. Chris Christensen, CPA
Desert Healthcare District
1140 N. Indian Canyon Drive
Palm Springs, CA 92262

Dear Chris:

We are pleased to confirm our understanding of the services we are to provide Desert Healthcare District for the years ended June 30, 2022 and 2023.

Audit Scope and Objectives

We will audit the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information, and the disclosures, which collectively comprise the basic financial statements of Desert Healthcare District as of and for the years ended June 30, 2022 and 2023. Accounting standards generally accepted in the United States of America (GAAS) provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement Desert Healthcare District's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to Desert Healthcare District's RSI in accordance with GAAS. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by U.S. generally accepted accounting principles (GAAP) and will be subjected to certain limited procedures, but will not be audited:

1) Management's Discussion and Analysis

We have also been engaged to report on supplementary information other than RSI that accompanies Desert Healthcare District's financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS, and we will provide an opinion on it in relation to the financial statements as a whole in a report combined with our auditor's report on the financial statements:

1. Schedule of changes in the Net Pension Liability and related ratios.
2. Schedule of changes in Net OPEB Liability and related ratios.

The objectives of our audit are to obtain reasonable assurance as to whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; issue an auditor's report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with GAAP; and report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment of a reasonable user made based on the financial statements.

Auditor's Responsibilities for the Audit of the Financial Statements

We will conduct our audit in accordance with GAAS and will include tests of your accounting records and other procedures we consider necessary to enable us to express such opinions. As part of an audit in accordance with GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the government or to acts by management or employees acting on behalf of the government.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements may not be detected by us, even though the audit is properly planned and performed in accordance with GAAS. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the government's ability to continue as a going concern for a reasonable period of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, tests of the physical existence of inventories, and direct confirmation of receivables and certain assets and liabilities by correspondence with selected customers, creditors, and financial institutions. We will also request written representations from your attorneys as part of the engagement.

We may, from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

Audit Procedures—Internal Control

We will obtain an understanding of the government and its environment, including internal control relevant to the audit, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinions. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. Accordingly, we will express no such opinion. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of Desert Healthcare District's compliance with the provisions of applicable laws, regulations, contracts, and agreements. However, the objective of our audit will not be to provide an opinion on overall compliance and we will not express such an opinion.

Other Services

We will also assist in preparing the financial statements of Desert Healthcare District in conformity with accounting principles generally accepted in the United States of America based on information provided by you.

We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statement services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

Responsibilities of Management for the Financial Statements

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for designing, implementing, and maintaining internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including monitoring ongoing activities; for the selection and application of accounting principles; and for the preparation and fair presentation of the financial statements in conformity with accounting principles generally accepted in the United States of America.

Management is responsible for making drafts of financial statements, all financial records, and related information available to us and for the accuracy and completeness of that information (including information from outside of the general and subsidiary ledgers). You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters; (2) additional information that we may request for the purpose of the audit; and (3) unrestricted access to persons within the government from whom we determine it necessary to obtain audit evidence. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements of each opinion unit taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the government complies with applicable laws and regulations.

You are responsible for the preparation of the supplementary information in conformity with accounting principles generally accepted in the United States of America. You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on, the supplementary information. You also agree to [include the audited financial statements with any presentation of the supplementary information that includes our report thereon OR make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon]. Your responsibilities include acknowledging to us in the representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

You agree to assume all management responsibilities for the financial statement preparation services and any other nonattest services we provide; oversee the services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of the services; and accept responsibility for them.

Engagement Administration, Fees, and Other

We understand that your employees will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

Shannon Maidment, CPA is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

Our not to exceed fees will be as follows:

	<u>2022</u>	<u>2023</u>
• Issuance of audited financial statements	\$ 16,750	\$ 17,750
• Preparation of State Controllers Report	<u>750</u>	<u>750</u>
	<u>\$ 17,500</u>	<u>\$ 18,500</u>

Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes 90 days or more overdue and may not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

Organization and accountant both agree that any dispute over fees charged by the accountant to the organization will be submitted for resolution by arbitration in accordance with the applicable rules for resolving professional accounting and related services disputes of the American Arbitration Association, except that under all circumstances the arbitrator must follow the laws of California. Such arbitration shall be binding and final. IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT IN THE EVENT OF A DISPUTE OVER FEES CHARGED BY THE ACCOUNTANT, EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION. The prevailing party shall be entitled to an award of reasonable attorneys’ fees and costs incurred in connection with the arbitration of the dispute in an amount to be determined by the arbitrator.

Reporting

We will issue a written report upon completion of our audit of Desert Healthcare District’s financial statements. Our report will be addressed to the Board of Directors of Desert Healthcare District. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add a separate section, or add an emphasis-of-matter or other-matter paragraph to our auditor’s report, or if necessary, withdraw from this engagement. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or withdraw from this engagement.

We appreciate the opportunity to be of service to Desert Healthcare District and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign and return it to us.

Very truly yours,

COACHELLA VALLEY ACCOUNTING & AUDITING



Shannon Maidment, CPA

RESPONSE:

This letter correctly sets forth the understanding of Desert Healthcare District.

Management signature: _____

Title: _____

Date: _____



ACCOUNTING & AUDITING

P.O. BOX 6030 • La Quinta • CA • 92248
Telephone (442) 325-0089 • Fax (442) 273-2233
www.cvaccountingandauditing.com

January 11, 2022

Mr. Chris Christensen, CPA
Desert Healthcare Foundation
1140 N. Indian Canyon Dr.
Palm Springs, CA 92262

Dear Chris:

We are pleased to confirm our understanding of the services we are to provide for Desert Healthcare Foundation for the years ended June 30, 2022 and 2023.

Audit Scope and Objectives

We will audit the financial statements of Desert Healthcare Foundation, which comprise the statement(s) of financial position as of June 30, 2022 and 2023, the related statements of activities, functional expenses, and cash flows for the years then ended, and the disclosures (collectively, the “financial statements”). Also, the following supplementary information accompanying the financial statements will be subjected to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America (GAAS), and we will provide an opinion on it in relation to the financial statements as a whole in a report combined with our auditor’s report on the financial statements.

1) Schedule of expenditures of federal awards.

The objectives of our audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and issue an auditor’s report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America, and to report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as whole. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment of a reasonable user made based on the financial statements. The objectives also include reporting on:

- Internal control over financial reporting and compliance with provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with *Government Auditing Standards*.
- Internal control over compliance related to major programs and an opinion (or disclaimer of opinion) on compliance with federal statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on each major program in accordance with the Single Audit Act Amendments of 1996 and Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

Auditor's Responsibilities for the Audit of the Financial Statements and Single Audit

We will conduct our audit in accordance with GAAS; the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the Single Audit Act Amendments of 1996; and the provisions of the Uniform Guidance, and will include tests of accounting records, a determination of major program(s) in accordance with Uniform Guidance, and other procedures we consider necessary to enable us to express such an opinion. As part of an audit in accordance with GAAS and *Government Auditing Standards*, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the Organization or to acts by management or employees acting on behalf of the Organization. Because the determination of waste and abuse is subjective, *Government Auditing Standards* do not expect auditors to perform specific procedures to detect waste or abuse in financial audits nor do they expect auditors to provide reasonable assurance of detecting waste or abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements or noncompliance may not be detected by us, even though the audit is properly planned and performed in accordance with GAAS and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements or on major programs. However, we will inform the appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. We will include such matters in the reports required for a Single Audit. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, tests of the physical existence of inventories, and direct confirmation of receivables and certain

assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We may also request written representations from your attorneys as part of the engagement.

We may, from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

Audit Procedures—Internal Control

We will obtain an understanding of the Organization and its environment, including internal control relevant to the audit, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

As required by the Uniform Guidance, we will perform tests of controls over compliance to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each major federal award program. However, our tests will be less in scope than would be necessary to render an opinion on those controls and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to the Uniform Guidance.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. Accordingly, we will express no such opinion. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards, *Government Auditing Standards*, and the Uniform Guidance.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of Desert Healthcare Foundation's compliance with provisions of applicable laws, regulations, contracts, and agreements, including grant agreements. However, the objective of those procedures will not be to provide an opinion on overall compliance, and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether the auditee has complied with federal statutes, regulations, and the terms and conditions of federal awards applicable to major programs. Our procedures will consist of tests of transactions and other

applicable procedures described in the *OMB Compliance Supplement* for the types of compliance requirements that could have a direct and material effect on each of the Organization's major programs. For federal programs that are included in the Compliance Supplement, our compliance and internal control procedures will relate to the compliance requirements that the Compliance Supplement identifies as being subject to audit. The purpose of these procedures will be to express an opinion on Desert Healthcare Foundation's compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance.

Other Services

We will prepare the Organization's federal and state information returns for the years ended June 30, 2022 and 2023 for the federal and California based on information provided by you. We will also assist in preparing the financial statements, schedule of expenditures of federal awards, and related notes of Desert Healthcare Foundation in conformity with accounting principles generally accepted in the United States of America and the Uniform Guidance based on information provided by you. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards*. We will perform the services in accordance with applicable professional standards, including the Statements on Standards for Tax Services issued by the American Institute of Certified Public Accountants. The other services are limited to the financial statements, schedule of expenditures of federal awards, related notes, and tax services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities. We will advise management with regard to tax positions taken in the preparation of the information return, but management must make all decisions with regard to those matters.

Responsibilities of Management for the Financial Statements and Single Audit

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for (1) designing, implementing, establishing, and maintaining effective internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including internal controls over federal awards, and for evaluating and monitoring ongoing activities to help ensure that appropriate goals and objectives are met; (2) following laws and regulations; (3) ensuring that there is reasonable assurance that government programs are administered in compliance with compliance requirements; and (4) ensuring that management and financial information is reliable and properly reported. Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements. You are also responsible for the selection and application of accounting principles; for the preparation and fair presentation of the financial statements, schedule of expenditures of federal awards, and all accompanying information in conformity with accounting principles generally accepted in the United States of America; and for compliance with applicable laws and regulations (including federal statutes), rules, and the provisions of contracts and grant agreements (including award agreements). Your responsibilities also include identifying significant contractor relationships in which the contractor has responsibility for program compliance and for the accuracy and completeness of that information.

You are also responsible for making drafts of financial statements, schedule of expenditures of federal awards, all financial records, and related information available to us and for the accuracy and completeness of that information (including information from outside of the general and subsidiary ledgers). You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters; (2) access to personnel, accounts, books, records, supporting documentation, and other information as needed to perform an audit under the Uniform Guidance; (3) additional information that we may request

for the purpose of the audit; and (4) unrestricted access to persons within the Organization from whom we determine it necessary to obtain audit evidence. At the conclusion of our audit, we will require certain written representations from you about the financial statements; schedule of expenditures of federal awards; federal award programs; compliance with laws, regulations, contracts, and grant agreements; and related matters.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the Organization involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the Organization received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the Organization complies with applicable laws, regulations, contracts, agreements, and grants. You are also responsible for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements that we report. Additionally, as required by the Uniform Guidance, it is management's responsibility to evaluate and monitor noncompliance with federal statutes, regulations, and the terms and conditions of federal awards; take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings; promptly follow up and take corrective action on reported audit findings; and prepare a summary schedule of prior audit findings and a separate corrective action plan.

You are responsible for identifying all federal awards received and understanding and complying with the compliance requirements and for the preparation of the schedule of expenditures of federal awards (including notes and noncash assistance received, and COVID-19-related concepts, such as lost revenues, if applicable) in conformity with the Uniform Guidance. You agree to include our report on the schedule of expenditures of federal awards in any document that contains, and indicates that we have reported on, the schedule of expenditures of federal awards. You also agree to make the audited financial statements readily available to intended users of the schedule of expenditures of federal awards no later than the date the schedule of expenditures of federal awards is issued with our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the schedule of expenditures of federal awards in accordance with the Uniform Guidance; (2) you believe the schedule of expenditures of federal awards, including its form and content, is stated fairly in accordance with the Uniform Guidance; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the schedule of expenditures of federal awards.

You are also responsible for the preparation of the other supplementary information, which we have been engaged to report on, in conformity with U.S. generally accepted accounting principles. You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on, the supplementary information. You also agree to [include the audited financial statements with any presentation of the supplementary information that includes our report thereon]. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP;

(3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits, or other studies related to the objectives discussed in the Audit Scope and Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or studies. You are also responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions for the report, and for the timing and format for providing that information.

You agree to assume all management responsibilities for the tax services, financial statements, schedule of expenditures of federal awards, and related notes, and any other nonaudit services we provide. You will be required to acknowledge in the management representation letter the tax services provided and our assistance with preparation of the financial statements, the schedule of expenditures of federal awards, and related notes and that you have evaluated the adequacy of our services and have reviewed and approved the results of the services, the financial statements, the schedule of expenditures of federal awards, and related notes prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

Engagement Administration, Fees, and Other

We understand that your employees will prepare all cash, accounts receivable, and other confirmations we request and will locate any documents selected by us for testing.

At the conclusion of the engagement, we will complete the appropriate sections of the Data Collection Form that summarizes our audit findings. It is management's responsibility to electronically submit the reporting package (including financial statements, schedule of expenditures of federal awards, summary schedule of prior audit findings, auditor's reports, and corrective action plan) along with the Data Collection Form to the federal audit clearinghouse. We will coordinate with you the electronic submission and certification. The Data Collection Form and the reporting package must be submitted within the earlier of 30 calendar days after receipt of the auditor's reports or nine months after the end of the audit period.

We will provide copies of our reports to the Organization; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of Coachella Valley Accounting & Auditing and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to oversight agency for the audit or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Coachella Valley Accounting & Auditing personnel. Furthermore, upon request, we may provide copies of selected audit

documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of five years after the report release date or for any additional period requested by the oversight agency for audit, or pass-through entity. If we are aware that a federal awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

Shannon Maidment, CPA is the engagement partner and is responsible for supervising the engagement and signing the reports or authorizing another individual to them.

Our fee for these services will be as follows:

	<u>2022</u>	<u>2023</u>
• Issuance of audit of financial statements	\$ 9,000	\$ 9,000
• Issuance of reports required for the Uniform Guidance audit	5,000	*
• Preparation of income tax returns	<u>2,500</u>	<u>2,500</u>
	<u>\$ 16,500</u>	<u>\$ 11,500</u>

**For the year ending June 30, 2023 the Organization will need to evaluate the need for a single audit and the fees will need to be determined based on the federal awards expended during that fiscal year.*

You will also be billed for travel and other out-of-pocket costs such as report production, word processing, postage, etc. The fee estimate is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the engagement. If significant additional time is necessary, we will keep you informed of any problems we encounter and our fees will be adjusted accordingly. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation.

Payment is due 30 days after the invoice date, and a late charge shall be incurred on the unpaid amount at a rate of 1% per month from that due date until paid. In accordance with our firm policies, work may be suspended if your account becomes 30 days or more overdue and may not be resumed until your account is paid in full. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur additional costs.

It is our policy to keep records related to this engagement for 7 years. However, Coachella Valley Accounting & Auditing does not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records for possible future use, including potential examination by any government or regulatory agencies.

By your signature below, you acknowledge and agree that upon the expiration of the 7 year period Coachella Valley Accounting & Auditing shall be free to destroy our records related to this engagement.

Client and accountant both agree that any dispute over fees charged by the accountant to the client will be submitted for resolution by arbitration in accordance with the Rules of Professional Accounting and Related Services Disputes of the American Arbitration Association <or other association>. Such arbitration shall be binding and final. IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT IN THE EVENT OF A DISPUTE OVER FEES CHARGED BY THE ACCOUNTANT, EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION.

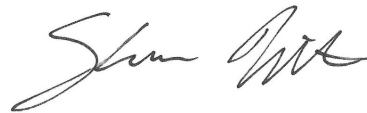
Reporting

We will issue written reports upon completion of our Single Audit. Our reports will be addressed to the Board of Directors of Desert Healthcare Foundation. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinion, add a separate section, or add an emphasis-of-matter or other-matter paragraph to our auditor’s report, or if necessary, withdraw from this engagement. If our opinion is other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed an opinion, we may decline to express an opinion or issue reports, or we may withdraw from this engagement.

The *Government Auditing Standards* report on internal control over financial reporting and on compliance and other matters will state that (1) the purpose of the report is solely to describe the scope of testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity’s internal control or on compliance, and (2) the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity’s internal control and compliance. The Uniform Guidance report on internal control over compliance will state that the purpose of the report on internal control over compliance is solely to describe the scope of testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Both reports will state that the report is not suitable for any other purpose.

We appreciate the opportunity to be of service to you and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the attached copy and return it to us.

Very truly yours,



Shannon Maidment, CPA
COACHELLA VALLEY
ACCOUNTING & AUDITING

RESPONSE:

This letter correctly sets forth the understanding of Desert Healthcare Foundation.

Management signature: _____

Title: _____

Date: _____



ACCOUNTING & AUDITING

P.O. BOX 6030 • La Quinta • CA • 92248
Telephone (442) 325-0089 • Fax (442) 273-2233
www.cvaccountingandauditing.com

January 11, 2022

Mr. Chris Christensen, CPA
Desert Hospital Retirement
Protection Plan
1140 N. Indian Canyon Dr.
Palm Springs, CA 92262

Dear Chris:

We are pleased to confirm our understanding of the services we are to provide for Desert Hospital Retirement Protection Plan (“the Plan”) for the years ended June 30, 2022 and 2023 in connection with its annual reporting obligation under the Employee Retirement Income Security Act of 1974 (ERISA). The plan has been frozen since May 31, 1997.

Audit Scope and Objectives

We will audit the financial statements of Desert Hospital Retirement Protection Plan, which comprise the statement of net assets available for benefits and accumulated plan benefits as of June 30, 2022 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the disclosures (collectively, the “financial statements”), and report on the supplemental schedules of the Plan for the years ended June 30, 2022 and 2023. Also, the following supplementary information accompanying the financial statements, as applicable, will be subjected to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America (GAAS), and we will report on whether the information is fairly stated in all material respects in relation to the financial statements as a whole in a report combined with our auditor’s report on the financial statements:

1) Schedule of Funding Progress

These financial statements and supplemental schedules are required to be filed with the California State Controller’s Office. The last Form 5500 filed was in June 30, 1998 as the plan became frozen May 31, 1997.

The objectives of our audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and issue an auditor’s report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment of a reasonable user made based on the financial statements.

Auditor's Responsibilities for the Audit of the Financial Statements

We will conduct our audit in accordance with GAAS and will include tests of your accounting records and other procedures we consider necessary to enable us to express such an opinion. As part of an audit in accordance with GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations, including prohibited transactions with parties in interest or other violations of ERISA rules and regulations, that are attributable to the Plan or to acts by management or employees acting on behalf of the Plan.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements may not be detected by us, even though the audit is properly planned and performed in accordance with GAAS. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential and will include prohibited transactions in the supplemental schedule of nonexempt transactions. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

We will obtain an understanding of the Plan and its environment, including internal control relevant to the audit, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. Accordingly, we will express no such opinion. However, during the audit, we will communicate to you and those charged with governance internal control related matters that are required to be communicated under professional standards.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts and direct confirmation of investments, plan obligations, and certain other assets and liabilities by correspondence with financial institutions, actuaries, and other third parties. We will also request written representations from your attorneys as part of the engagement.

We may, from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are

unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

In addition, we will perform certain procedures directed at considering the Plan's compliance with applicable Internal Revenue Service (IRS) requirements for tax exempt status and ERISA plan qualification requirements. However, you should understand that our audit is not specifically designed for and should not be relied upon to disclose matters affecting plan qualifications or compliance with the ERISA and IRS requirements. If during the audit we become aware of any instances of any such matters or ways in which management practices can be improved, we will communicate them to you.

Other Services

We will also prepare the annual State Controller's Report for June 30, 2022 and 2023.

Responsibilities of Management for the Financial Statements

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for designing, implementing, and maintaining internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including monitoring ongoing activities; for the selection and application of accounting principles; for establishing an accounting and financial reporting process for determining appropriate value measurements; for the acceptance of the actuarial methods and assumptions used by the actuary; and for the preparation and fair presentation of the financial statements in conformity with accounting principles generally accepted in the United States of America. You are also responsible for making drafts of financial statements, all financial records, and related information available to us and for the accuracy and completeness of that information (including information from outside of the general and subsidiary ledgers). You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, identification of all related parties, parties in interest, and all related-party and party-in-interest relationships and transactions, and other matters; (2) additional information that we may request for the purpose of the audit; and (3) unrestricted access to persons within the Plan from whom we determine it necessary to obtain audit evidence. You are also responsible for maintaining a current plan instrument, including all plan amendments; for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants to determine the benefits due or which may become due to such participants. You are also responsible for providing to us, the annual fiscal year report from US Bank reflecting all accounting and reporting information. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the Plan involving (1) Plan management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the Plan received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the Plan complies with applicable laws and regulations. You are responsible for the fair presentation of the supplemental schedules and the form and content of the supplemental schedules in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on, the

supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon.

You agree to assume all management responsibilities for the actuarial services and any other nonattest services we provide; oversee the services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of the services; and accept responsibility for them.

Engagement Administration, Fees, and Other

We understand that your personnel will prepare all schedules, analyses, and confirmations we request and will locate any invoices or other documents selected by us for testing.

The audit documentation for this engagement is the property of Coachella Valley Accounting & Auditing and constitutes confidential information. However, we may be requested to make certain audit documentation available to the U.S. Department of Labor pursuant to authority given to it by law. If requested, access to such audit documentation will be provided under the supervision of Coachella Valley Accounting & Auditing personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the U.S. Department of Labor. The U.S. Department of Labor may intend, or decide, to distribute the copies of information contained therein to others, including other governmental agencies.

Shannon Maidment, CPA is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

Our fees for June 30, 2022 and 2023 are:

	<u>2022</u>	<u>2023</u>
Issuance of audited financial statements	\$ 5,000	\$ 5,000
Preparation of State Controller’s Report	<u>500</u>	<u>500</u>
	<u>\$ 5,500</u>	<u>\$ 5,500</u>

Payment for service is due when rendered, and interim billings may be submitted as work progresses and expenses are incurred.

The fee estimate is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the engagement. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation.

Billings become delinquent if not paid within 30 days of the invoice date. If billings are not paid within 90 days of the invoice date, at our election, we will stop all work until your account is brought current, or we will withdraw from this engagement. You acknowledge and agree that we are not required to continue work in the event of your failure to pay on a timely basis for services rendered as required by this engagement letter. You further acknowledge and agree that in the event we stop work or withdraw from this engagement as a result of your failure to pay on a timely basis for services rendered as required by this engagement letter, we shall not be liable to you for any damages that occur as a result of our ceasing to render services. In the event any statement or invoice rendered by us to you is not paid within 30 days of the date of the invoice, then a late charge shall be accrued on the unpaid amount at the rate of 1% per month from that date until paid. Client and accountant both agree that any dispute over fees charged by the accountant to the client will be submitted for resolution by arbitration in accordance with the Rules for Professional Accounting and Related Services Disputes of the American Arbitration Association. Such arbitration shall be binding and final.

Organization and accountant both agree that any dispute over fees charged by the accountant to the organization will be submitted for resolution by arbitration in accordance with the applicable rules for resolving professional accounting and related services disputes of the American Arbitration Association, except that under all circumstances the arbitrator must follow the laws of California. Such arbitration shall be binding and final. IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT IN THE EVENT OF A DISPUTE OVER FEES CHARGED BY THE ACCOUNTANT, EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION. The prevailing party shall be entitled to an award of reasonable attorneys' fees and costs incurred in connection with the arbitration of the dispute in an amount to be determined by the arbitrator.

Reporting

We will issue a written report upon completion of our audit of the Plan's financial statements. Our report will be addressed to the Board of Directors of the Desert Healthcare District. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinion or add an emphasis-of-matter or other-matter paragraph to our auditor's report, or if necessary, withdraw from this engagement. If our opinion is other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed an opinion, we may decline to express an opinion or withdraw from this engagement.

We appreciate the opportunity to be of service to the Plan and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign and return it to us.

Very truly yours,



Shannon Maidment, CPA
COACHELLA VALLEY
ACCOUNTING & AUDITING

RESPONSE:

This letter correctly sets forth the understanding of Desert Hospital Retirement Protection Plan.

Plan Administrator's signature:

Title:

Date:



Date: 2/22/2022

To: Board of Directors

Subject: Grant # 1306 Olive Crest Treatment Center, Inc.

Grant Request: General Support for Counseling and Mental Health Services to Vulnerable Children and Families in Coachella Valley

Amount Requested: \$123,451.00

Project Period: 3/1/2022 to 2/28/2023

Project Description and Use of District Funds:

Olive Crest provides crucial services for the development of children and families by working to prevent child abuse through strengthening, equipping, and restoring children and families in crisis. This project will provide a range of counselling services that address the mental, social-emotional, behavioral and physical health of children through holistic treatment plans that they develop in a child-family-team setting. Olive Crest's strategic plan outlines how they continue to expand their work in child abuse prevention and reach more children and families. This is essential as Olive Crest has already experienced an increase in the acuity of cases and the County of Riverside has indicated that an additional 10% increase in youth served is likely in the year ahead.

Funding from the Desert Healthcare District and Foundation will support Olive Crest's new Palm Desert outpatient mental health counseling clinic and field-based behavioral health in-home services provided through their Family Preservation program. Specifically, funds will be directed towards mileage, Behavioral Health Specialists, Parent Partners, and a Resource Specialist. Providing staffing support for their counseling and mental health services aligns with the District's strategic goal of increasing access to behavioral health services. Specifically, it provides funding that enables an increase in the number and the geographic dispersion of sites providing behavioral/mental health services. The District's funding will be essential in Olive Crest's efforts to maintain existing services for a client base with increasing acuity while also extending mental health and counseling to the underserved community-at-large.



Strategic Plan Alignment:

3.3 Provide funding to CBOs enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services (consider co-location with other health services)

Geographic Area(s) Served:

Cathedral City; Coachella; Desert Hot Springs; Indio; Mecca; North Shore; Thermal; Thousand Palms; Bermuda Dunes

Action by Program Committee: (Please select one)

- ✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$123,451.00 be approved.

Recommendation with modifications

Deny

Full Grant Application Summary

Olive Crest Treatment Center, Inc., Grant #1306

About the Organization

Olive Crest Treatment Center, Inc.
42-580 Caroline Court, Suite A
Palm Desert, California 92211
Tel: 760-564-1430
Fax: 760-564-1732
<http://www.olivecrest.org>

Primary Contact:

Tracy Fitzsimmons
Tel: (951) 300-9816
tracy-fitzsimmons@olivecrest.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
1999		\$25,000	Grant	12/31/1999	
2019	General Support for Mental Health Services to Vulnerable Children and Families in Coachella Valley	\$50,000	Grant	5/27/2020	

Program/Project Information

Project Title: General Support for Counseling and Mental Health Services to Vulnerable Children and Families in Coachella Valley

Start Date: 3/1/2022 **End Date:** 2/28/2023

Term: 12 months

Total Project Budget: \$1,982,783

Requested Amount: \$123,451

Executive Summary:

Olive Crest is approaching the Desert Healthcare District (DHCD) for funding towards its Counselling and Mental Health Services for children and families living in the Coachella Valley. Funding will help meet the urgent community need for increased access to vital human services for vulnerable children with chronic conditions. The goal of this project is to enhance the mental, social/emotional and physical health of at-risk children through the funding of field-based services and our new counselling center. Activities will be provided through Olive Crest’s long-term facility on Caroline Court, our new outpatient clinic located in the Berger Building on Cook Street, in Palm Desert, and through robust in-home services provided through our family preservation services.

As we enter 2022, the Olive Crest team continues to tackle the far-reaching consequences of COVID-19 and its impact on the behavioral and mental health of

children within the child welfare system, including any Medi-Cal eligible child. Already, we have experienced an increase in the acuity of cases in the Coachella Valley and County health officials indicate that an additional 10% increase in youth served is likely in the year ahead.

This project will provide a range of counselling services that address the mental, social-emotional, behavioral and physical health of each child through holistic treatment plans that they develop in a child-family-team setting. Funding will support counseling and case management through Behavioral Health Specialists and Parent Partners who provide vital, hands-on, 24/7 behavior-based support to children and their parents to strengthen their clinical treatment plans. Funding will also support a Resource Specialist, who connects children to vital financial and community services, as well as Psychiatric Services and PsyD Services/Clinical Supervision consultants, who support the diagnosis and treatment of traumatized youth. Additionally, funding will help cover travel costs as staff travel considerable distances to provide services.

Olive Crest serves an extremely vulnerable population living in the Coachella Valley - abused and neglected children and vulnerable families. This includes children in troubled homes, in foster care, and at-risk of needing Child Protective Services (CPS) intervention, ages 0-20 years old, most of whom have serious behavioral and/or emotional challenges. Intervention can help change the trajectory of these lives.

A \$123,451 grant from DHCD year will play an essential role in supporting Olive Crest's efforts to deliver critically needed services for a client base with increasing acuity and extending counseling to the underserved community-at-large.

Program/project Background and Community Need:

Prior to COVID-19, many children in the Coachella Valley were already struggling, especially those from underserved communities. From 2011-2017 (most recent data available), 48% of households experienced 1-3 Adverse Childhood Experiences (ACEs) and 20% experienced more than four ACEs. Months of social disconnection, instability, and uncertainty during the pandemic left vulnerable children/youth at heightened risk of trauma, increased mental health issues, drug abuse, and gang involvement.

More than 2,700 are in Riverside County's foster care system due to abuse or neglect (California Child Welfare Indicators Project, 2020). An estimated 700 of these youth live in the Coachella Valley

Youth homelessness has spiked, further exacerbating mental health challenges. In January 2020, youth homelessness throughout Riverside County increased 41% over the previous year, with more than 250 youth counted as unsheltered (Desert Sun, 5/6/2020)-and that was before the COVID-19 pandemic.

Childhood food insecurity has increased by 65% in Riverside County since 2018 (Feeding America, October 2020). Food is the number one struggle among residents of color, who have been disproportionately impacted by lost employment and poverty.

Add to this significant racial tensions and it is clear that there is a myriad of factors presenting significant threats to young people's mental health and wellbeing.

It is urgent that we do more to help children/youth.

Strategic Plan Alignment:

3.3 Provide funding to CBOs enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services (consider co-location with other health services)

Program/project description:

As we near the end of 2021, our Olive Crest team continues to tackle the far-reaching consequences of the COVID-19 global pandemic and its impact on children and families within the child welfare system. Already, we have experienced an increase in the acuity of cases and the County of Riverside has indicated that an additional 10% increase in youth served is likely in the year ahead.

Previous support from the Desert Healthcare District and Foundation was integral in the provision of critical mental health services for vulnerable children and families in Coachella Valley. We are deeply grateful.

A \$123,451 grant from Desert Healthcare District and Foundation this year will be essential in Olive Crest's efforts to maintain existing services for a client base with increasing acuity while also extending mental health and counseling to the underserved community-at-large.

Funding will support our new Palm Desert outpatient mental health counseling clinic, located in the Berger Building on Cook Street, as well as supporting field-based behavioral health in-home services provided through our Family Preservation program. The clinic provides much-needed services to minors in the Coachella Valley community, including all MediCal eligible walk-ins. Staff address the mental, social/emotional, and physical health of each child through holistic treatment plans that they develop in a child-family-team setting. Funding will help support counseling and case management through Behavioral Health Specialists and Parent Partners who provide vital, hands-on, 24/7 behavior-based support to children and their parent(s) to undergird the clinical treatment plan. The Behavioral Health Specialists works with youth to help develop new, improved behaviors and help identify new resources. The Parent Partners support parents and caregivers, help in assessments and planning, and empowers the adult(s) to best support the child. All team members are trained, interventions are trauma-informed and safety planning and support is available 24/7.

Funding will also support a Resource Specialist, who connects and supports children/families to additional and alternative services to supplement Olive Crest care, as well as Psychiatric Services and PsyD Services/Clinical Supervision consultants, who support the diagnosis and immediate treatment of traumatized youth. Additionally, funding will cover Travel/Mileage costs which are considerable as "Wrap" services follow an in-home model of care which leads to staff travel throughout communities south to Blythe and Salton Sea and north to Desert Hot Springs.

Description of the target population (s):

Olive Crest serves over 400 children, and families, annually in Coachella Valley. Those served are from at-risk families, foster care, group homes, and homes for young adults emancipating from foster care. Most (62%) are African American, Hispanic/Latino, Asian, Indigenous, or Pacific Islander. Nearly all (95%) live below the poverty line.

Geographic Area(s) Served:

Cathedral City; Coachella; Desert Hot Springs; Indio; Mecca; North Shore; Thermal; Thousand Palms; Bermuda Dunes

Age Group:

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

Total Number of District Residents Served:

400

Program/Project Goals and Evaluation

<p>Goal #1: By February 28, 2023, 99% (396) of children in Olive Crest’s care will be determined as risk-free each month as measured by the number of incident reports filed.</p>	<p>Evaluation #1: All incidents are reported with corrective actions to supervisors within 48 hours. Documentation is necessary for suicide attempts, necessary medical intervention, abuse reports, safety, or behavioral intervention and/or client restraint. Reports are simultaneously reported to state and/or county representatives.</p> <p>Each Incident is evaluated for process improvement and a summary is provided to the Board of Directors.</p>
<p>Goal #2: By February 28, 2023, 95% (380) of children in our Coachella Valley services will have one or less placement moves while in Olive Crest’s care as tracked through case notes and discharge reports.</p>	<p>Evaluation #2: Data is collected on a monthly basis by program supervisors through the “monthly benchmarking report”. Placement stability scores are based on foster children who have had one or a few placement moves. Results are reported out to leadership team and Board of Directors on a monthly basis.</p>
<p>Goal #3: By February 28, 2023 85% (340) of the children will successfully complete Olive</p>	<p>Evaluation #3: Permanency rates are determined by child(ren) transitioning out of current</p>

<p>Crest's programs being discharged to a permanent placement, or successfully graduating or transitioning to a lower level of care as evidenced by the total number of client case closures and exit reporting.</p>	<p>placement. Changes in placement include reunification, move to new agency, runaway, legal guardianship, juvenile hall, foster or group or adoptive home. Only improvements in placement can be counted toward permanency score. (Lateral or higher levels of care would lower the permanency rate.)</p>
<p>Goal #4: By February 28, 2023 80% (320) of clients will show improvement from intake to closure as measured by the percentage of children with improved CAFAS Scores (Child and Adolescent Functional Assessment Scale). CAFAS measures impairment of functioning in the areas of education, relational skills with peers, and social skills within their environment. It also assesses major risk factors.</p>	<p>Evaluation #4: CAFAS is a formal, evidence-based, clinical outcomes measurement tool that is administered by staff who have successfully completed the CAFAS Reliability Training. Testing is conducted at intake, annually, and at discharge. Results are monitored in a database in order to ensure successful treatment strategies.</p>
<p>Goal #5: By February 28, 2023, 80% (320) of clients will show improvement to stable state levels of acuity.</p>	<p>Evaluation #5: Clinicians track acuity upon a child's intake in the program while establishing acuity through clinical judgement. Over the course of the treatment plan, the full-service team continues to note and submit progress reports from each interaction. Acuity levels are categorized between high risk, moderate risk and stable.</p> <p>Examples of high-risk acuity includes recent suicidal or homicidal ideation or attempts, psychotic episodes, frequent AWOLs with high risk behavior, sexual acting out, and placement in jeopardy. Moderate-risk acuity includes psychotic episodes now on medication, at-risk of school expulsion, multiple AWOLs, and suicidal or homicidal ideation in the past year. Stable acuity includes stable psychosis, impulsive, and ADHD symptoms.</p>

Proposed Program / Project Evaluation Plan

Olive Crest's Health Services Director trains the treatment team on collecting all outcome measurements necessary for evaluating all programs. Olive Crest uses a

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

Organizational Capacity and Sustainability

Organizational Capacity

A total of 32 full and part-time staff members (plus 5 part-time consultants) contribute to this program. Staffing includes 21 members of the family preservation or "wraparound" team, 5 full or part-time clinicians, 1 administrative support person, and 5 members of the new counselling clinic in Palm Desert. Development and community involvement staff assist with volunteer/trustee support and community fundraising. In 2022, Olive Crest celebrates 20 years of serving the Coachella Valley, providing evidence-based solutions and compassionate care to more than 400 of our region's most vulnerable and highest-needs young people, ages 0-21, each year.

All staff are highly trained and have the required certifications, clinical expertise, and experience to provide the highest quality of care and services. Olive Crest is known for taking on the most challenging cases and was selected as the lead provider of wraparound services for the entire Riverside County (including Coachella Valley).

Organizational Sustainability:

Olive Crest's Counselling and Mental Health Services for children and families living in the Coachella Valley are central to our strategic plans - as shown Strengthen Children and Families (increasing services in family preservation), Build Community Support (through enhancement and expansion of existing programs to meet the needs of children and families), and sustain Organizational Excellence (exceeding best practices and measuring Impact). Previous services provided through DHDF's funding have allowed us to serve additional clients – and this funding request will provide the same impact to the highest acuity children and families.

Diversity, Equity, and Inclusion

How is diversity, equity, and inclusion addressed?

More than half (54%) of our staff, 33% of our female-led leadership team, and 20% of our Board of Directors is part of the diverse community Olive Crest serves.

At Olive Crest, diversity means welcoming people of all backgrounds as equally worthy of receiving service or employment. It means respecting and celebrating our differences, honoring our unique perspectives, and validating various viewpoints. It means making every effort to listen to each other and understand our unique frameworks. It means giving each other the benefit of the doubt, believing the best about others, and working toward shared goals as people on the same team.

Olive Crest has a firm non-discrimination policy: “Olive Crest provides equal services and equal employment opportunity and nondiscrimination to all people without regard to race, religion, color, gender, marital status, national origin, age, handicap or disability, Vietnam era status, or any other consideration made unlawful by Federal or state laws. This policy applies to all services and programming, recruitment, and employment related practices.”

As part of our Vision 2020 plan, we have further committed ourselves to protecting and promoting diversity by “providing exemplary and diverse people resources through effective and innovative recruitment, training, and retention programs.”

What is preventing the organization from addressing diversity, equity, and inclusion?

Not applicable. Olive Crest is committed to addressing diversity, equity, and inclusion at the board and executive staff levels.

Partnerships:

Key Partners:

Olive Crest is engaged in numerous partnerships to deliver health services, although our partnership with Riverside University Health System (RUHS) – Behavioral Health department is one of our most significant in terms of our mental and behavioral health service delivery. Attached is our MOU and contract with RUHS. Other key health-centered partners include Indio Children’s Outpatient, YHIP, Youth Connect, Oasis Crisis Services, RI International, Betty Ford Center/Hazelton, Jewish Family Service and Catholic Charities. Tele-psychiatry has been made possible through partnership with University of California, Riverside.

Line Item Budget Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs Detail on sheet 2		1,677,948		97,048
Equipment (itemize)				
1	Office Furniture, Chairs, Etc.	11,319		0
2	Computers	4,485		0
3				0
4				0
Supplies (itemize)				
1	General Office Items	3,967		0
2				0
3				0
4				0
Printing/Duplication				
Mailing/Postage		113		0
Travel/Mileage		132,015		26,403
Education/Training		9,785		0
Office/Rent/Mortgage		80,130		0
Telephone/Fax/Internet		22,656		0
Utilities		14,341		0
Insurance		15,552		0
Other facility costs not described above (itemize)				
1	Maintenance	9,104		0
2	Depreciation	0		0
3	Interest & Escrow	0		0
4				0
Other program costs not described above (itemize)				
1	Licenses	1,325		0
2	PR/Marketing	43		0
3				
4				
Total Program Budget		1,982,783	0	123,451
Budget Narrative	Staffing costs include FT employees as well as part-time consultants (as indicated in section 2) that supports the counseling clinic as well as the field-based, behavioral health services for children in Coachella Valley. Equipment reflects need for regular replacement and additions of both furniture and computers in order to provide an optimal working environment for staff. Travel/mileage costs are considerable as "Wrap" services follow an in-home model of care which leads to staff travel throughout communities south to Blythe and Salton Sea and north to Desert Hot Springs. Regular education and training are critical for our team to know and follow best methods and maintain proper, current certifications. Office rent provides space for staff and client visitations. Telephone and utilities are also critical staff need. Other facility costs include basic maintenance.			

Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
Employee Position/Title					
1	Mental Health Director (1)	100,000	20%	20,000	
2	Family Preservation Director & Asst Director (2)	158,000	25%	39,500	
3	Head of Service - Family Preservation (1)	78,000	10%	7,800	
4	Clinicians (6)	408,000	100%	408,000	
5	Behavioral Health Specialists (5)	208,000	100%	208,000	41,600
6	Facilitators (4)	183,040	100%	183,040	
7	Parent Partner Specialist (5)	187,200	100%	187,200	37,440
8	Mental Health Billing (1)	35,360	100%	35,360	
9	Quality Assurance/Data & Outcomes Reporter (1.5)	96,280	25%	24,070	
10	Program Managers (2)	140,000	100%	140,000	
11	Admin Support (1)	33,280	100%	33,280	
12	Resource Specialist (1)	40,040	100%	40,040	8,008
13	Program Trainer (1)	59,000	25%	14,750	
Total Employee Benefits			20%	268,208	
Enter this amount in Section 1; Staffing Costs				Total >	87,048
Budget Narrative	<p style="color: red;">Funding is for our new outpatient mental health counseling clinic and field-based behavioral health in-home services provided through our family preservation program. Mental health services are provided both in the clinic and home-based. Staff address the mental, social/emotional, and physical health of each child through holistic treatment plans that they develop in a child-family-team setting. Administration and Billing support their field efforts by managing the schedules and billing (when applicable) for services provided. Funding assists Behavioral Health Specialists and Parent Partners who provide vital hands-on 24/7 behavior-based support to the child and their parent(s) to undergird the clinical treatment plan. The Behavioral Health Specialists works with youth to help develop new, improved behaviors and help identify new resources. The Parent Partners support parents and caregivers, help in assessments and planning, and empowers the adult(s) to best support the child. All team members are trained, interventions are trauma-informed and safety planning and support is available 24/7. Funding will also support a Resource Specialist, who connects and supports children/families to additional and alternative services to supplement Olive Crest care. The new Counseling Clinic provides a natural extension of services for clients who are graduating from Wrap Services but still need ongoing counseling. In this way, the child is able to retain valuable, trusted relationships.</p>				
Budget Narrative	<p style="color: red;">Benefits are budgeted at 20% of wages. Employees can elect full health coverage, vision and dental. AFLAC is available for unforeseen circumstances. Basic life insurance coverage is also available.</p>				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1	Psychiatric Services			3,125	5,000
2	PsyD Services/ Clinical Supervision			2,600	5,000
Enter this amount in Section 1; Staffing Costs				Total >	10,000
Budget Narrative	<p style="color: red;">Psychiatrists work on a part-time basis through a formal relationship with the University of California, Riverside. At present, most of psychiatry is provided via tele-health</p>				

Line Item Budget Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project		Amount
Fees -		1,605,000
Donations		65,000
Grants (List Organizations)		
	1	
	2	
	3	
	4	
Fundraising (describe nature of fundraiser)		
	1	Peer to Peer Campaign
	2	Spring Luncheon
		6,500
		40,000
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)		
	1	In Kind Donations
	2	
	3	
	4	
		33,300
Total funding in addition to DHCD request		1,749,800
Budget Narrative	Fees reflect pass-through dollars from RUHS. Donations, Fundraising, and In Kind Support are private funding that is received or is anticipated for specific use for Counselling and Mental Health Services in Coachella Valley.	

Grant Scoring Review

Grant Staff Review # 1 of 4

Executive Summary: 9

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 9

Total Score: 72.00

Reviewer Comments: Olive Crest is a strong national organization that has helped connect children and families to safety net services for abused, neglected, and at-risk children and families for 43 years. With their new outpatient clinic, in partnership with RUHS, will allow for more integration and follow up care sustaining new clients and expansion to others. The clinic also offers walk in services; however, only for those clients who are Medi-Ca eligible. Private insured are referred to other sources by the agency's Resource Specialist. Recommend approval for this grant request.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 73 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 292 (4 of 4)

Total average proposal score: 91.5/100

Grant Scoring Review

Grant Staff Review # 2 of 4

Executive Summary: 9

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 9

Budget: 8

Key Partners/Collaborations: 9

Total Score: 71.00

Reviewer Comments: Olive Crest proposal will address an ever growing need for Mental Health services that has been exacerbated by the COVID-19 epidemic. DHCD grant funds will provide Olive Crest with additional staffing support through Behavioral Health Specialists, Parent Partners, and a Resource Specialist that provide children with a comprehensive array of services including mental, social-emotional, behavioral and physical health at their sites or at-home. I support funding Olive Crests' grant application.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 73 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 292 (4 of 4)

Total average proposal score: 91.5/100

Grant Scoring Review

Grant Staff Review # 3 of 4

Executive Summary: 9

Community Need and Alignment: 8

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 8

Total Score: 70.00

Reviewer Comments: Olive Crest works to prevent child abuse by strengthening, equipping, and restoring children and families in crisis while enhancing the mental, social, emotional, and physical health of at-risk children. Our funding specifically will support counseling and case management through Behavioral Health Specialists, Parent Partners, and a Resource Specialist at their new Palm Desert clinic and through field-based work. Olive Crest’s strategic plan outlines how they continue to expand their work in child abuse prevention and reach more children and families. This is essential as the estimated demand in Coachella Valley alone is expected to increase by 10% in the next year. I recommend approval for the grant to support the work and the future growth of Olive Crest. This funding request is focused on one of our highest priority goals of increasing access to behavioral health services. Specifically, enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services by increasing capacity of their new clinic and funding their field-based reach.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 73 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 292 (4 of 4)

Total average proposal score: 91.5/100

Grant Scoring Review

Grant Staff Review # 4 of 4

Executive Summary: 10

Community Need and Alignment: 10

Goals: 10

Proposed Evaluation Plan: 10

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 10

Budget: 10

Key Partners/Collaborations: 10

Total Score: 0.79

Reviewer Comments: This grant request from Olive Crest Treatment Center, Inc. provides a clear description of the community to be served and presents a plan for how to provide and measure expected outcomes. This request aligns with our District Strategic Plan priorities identified in Goal 3: Proactively expand community access to behavioral/mental health services (3.3, 3.7).

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 73 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 292 (4 of 4)

Total average proposal score: 91.5/100

Grant Scoring Review

Fiscal Staff Review # 1 of 2

Fiduciary Compliance: 9

Financial Stability: 10

Total Score: 19.00

Reviewer Comments: Fiduciary Compliance

The audit report is unmodified. The Board of Directors and Audit Committee accepted the audit report.

Current Ratio is very strong (3.5:1) which represents the grantee's ability to pay it's short-term liabilities

The Net Assets increased by \$1.4M as of 12/31/2020, the Balance Sheet is in good order

Financial Stability

Grantee demonstrates a strong financial position.

Grantee has diversified resources for this project of \$1,982,783. The District's grant of \$123,451 is well supported by other resources.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 73 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 292 (4 of 4)

Total average proposal score: 91.5/100

Grant Scoring Review

Fiscal Staff Review # 2 of 2

Fiduciary Compliance: 9

Financial Stability: 9

Total Score: 18.00

Reviewer Comments: Unmodified financial statements presented to and approved by Board of Directors. Available assets to address outstanding liabilities and positive cash flow documented for FY20. Strategic plan identifies methods to increase funding. Grant budget is reasonable in comparison to organization budget and includes multiple funding sources for project.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 73 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 292 (4 of 4)

Total average proposal score: 91.5/100



FY 2020-2021: Grant Application Scoring Rubric



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

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

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

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

Recommendation:

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

Grant #1306

EXHIBIT B

PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES

<u>Project Title</u>	<u>Start/End</u>
General Support for Counseling and Mental Health Services to Vulnerable Children and Families in Coachella Valley	3/01/2022 2/28/2023

PAYMENTS:

(2) Payments: \$55,553.00
 10% Retention: \$12,345.00

Total request amount: \$123,451.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Requirement Number	Grant Requirements for Payment	Payment
3/01/2022		Signed Agreement submitted & accepted.	Advance of 55,553.00 for time period 3/01/2022 - 8/31/2022
10/01/2022		1 st six-month (3/01/2022 - 8/31/2022) progress report, budget reports and receipts submitted & accepted	Advance of 55,553.00 for time period 9/01/2022 - 2/28/2023
4/01/2023		2 nd six-month (9/01/2022 - 2/28/2023) progress report, budget reports and receipts submitted & accepted	\$0
4/15/2023		Final report (3/01/2022 - 2/28/2023) and final budget report submitted & accepted	\$12,345.00 (10% retention)

TOTAL GRANT AMOUNT: \$123,451.00

DELIVERABLES:

Program/Project Goals and Evaluation

<p>Goal #1: By February 28, 2023, 99% (396) of children in Olive Crest’s care will be determined as risk-free each month as measured by the number of incident reports filed.</p>	<p>Evaluation #1: All incidents are reported with corrective actions to supervisors within 48 hours. Documentation is necessary for suicide attempts, necessary medical intervention, abuse reports, safety, or behavioral intervention and/or client restraint. Reports are simultaneously reported to state and/or county representatives.</p> <p>Each Incident is evaluated for process improvement and a summary is provided to the Board of Directors.</p>
<p>Goal #2: By February 28, 2023, 95% (380) of children in our Coachella Valley services will have one or less placement moves while in Olive Crest’s care as tracked through case notes and discharge reports.</p>	<p>Evaluation #2: Data is collected on a monthly basis by program supervisors through the “monthly benchmarking report”. Placement stability scores are based on foster children who have had one or a few placement moves. Results are reported out to leadership team and Board of Directors on a monthly basis.</p>
<p>Goal #3: By February 28, 2023 85% (340) of the children will successfully complete Olive Crest’s programs being discharged to a permanent placement, or successfully graduating or transitioning to a lower level of care as evidenced by the total number of client case closures and exit reporting.</p>	<p>Evaluation #3: Permanency rates are determined by child(ren) transitioning out of current placement. Changes in placement include reunification, move to new agency, runaway, legal guardianship, juvenile hall, foster or group or adoptive home. Only improvements in placement can be counted toward permanency score. (Lateral or higher levels of care would lower the permanency rate.)</p>
<p>Goal #4: By February 28, 2023 80% (320) of clients will show improvement from intake to closure as measured by the percentage of children with</p>	<p>Evaluation #4: CAFAS is a formal, evidence-based, clinical outcomes measurement tool that is administered by staff who have successfully completed the</p>

<p>improved CAFAS Scores (Child and Adolescent Functional Assessment Scale). CAFAS measures impairment of functioning in the areas of education, relational skills with peers, and social skills within their environment. It also assesses major risk factors.</p>	<p>CAFAS Reliability Training. Testing is conducted at intake, annually, and at discharge. Results are monitored in a database in order to ensure successful treatment strategies.</p>
<p>Goal #5: By February 28, 2023, 80% (320) of clients will show improvement to stable state levels of acuity.</p>	<p>Evaluation #5: Clinicians track acuity upon a child's intake in the program while establishing acuity through clinical judgement. Over the course of the treatment plan, the full-service team continues to note and submit progress reports from each interaction. Acuity levels are categorized between high risk, moderate risk and stable.</p> <p>Examples of high-risk acuity includes recent suicidal or homicidal ideation or attempts, psychotic episodes, frequent AWOLs with high risk behavior, sexual acting out, and placement in jeopardy. Moderate-risk acuity includes psychotic episodes now on medication, at-risk of school expulsion, multiple AWOLs, and suicidal or homicidal ideation in the past year. Stable acuity includes stable psychosis, impulsive, and ADHD symptoms.</p>



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: February 22, 2022
To: Board of Directors
Subject: Lease Extension (Addendum #3) – Eyecare Services Partners Management – Las Palmas Medical Plaza Suite 1E 101-102

Staff Recommendation: Consideration to approve the draft lease extension Addendum #3 for Eyecare Services Partners Management at the Las Palmas Medical Plaza.

Background:

- Eyecare Services Partners Management, LLC (aka Milauskas Eye Institute), the current occupant of Suite 1E 101-102, is a long-standing tenant at LPMP.
- The tenant’s current lease will expire March 31, 2023. The tenant wishes to execute the first of two five (5) year extensions included in the lease.
- The lease extension will include a base rate of \$1.75/square foot with annual increases of 3% and no Tenant Improvement allowance.
- The lease extension includes a 4% broker commission.
- The first month of rent beginning on April 1, 2023, will be abated.
- At the February 8, 2022, Finance & Administration Committee meeting, the Committee recommended forwarding the lease extension for consideration of approval by the full Board.
- Staff recommends approval of the lease addendum.
- Draft lease addendum is attached for review.

Fiscal Impact:

Estimated Revenue from Rent and CAMs for life of 5-year lease extension - \$418,058

Estimated Costs:

Broker Commission - \$12,335

Net Lease Income (base lease) - \$405,723

ADDENDUM #3

Addendum to that certain Office Building Lease dated March 1, 2018 by and between Desert Healthcare District doing business as the Las Palmas Medical Plaza, as Landlord, and EyeCare Services Partners Management LLC, a Delaware limited liability company as Tenant for the property commonly known as Las Palmas Medical Plaza located 555 E. Tachevah Drive, Palm Springs, CA 92262.

Page 1

In the event of any inconsistency between the Addendum language and the body of the Lease, the Addendum language shall prevail.

1. Commencement Date of 1st 5-year extension: April 1, 2023
2. Expiration Date: March 31, 2028
3. Rent Schedule:

4/1/2023 – 4/30/2023	\$0.00	
5/1/2023 – 3/31/2024	\$4,840.50	
4/1/2024 – 3/31/2025	\$4,985.72	Greater of 3% or CPI
4/1/2025 – 3/31/2026	\$5,135.29	Greater of 3% or CPI
4/1/2026 – 3/31/2027	\$5,289.35	Greater of 3% or CPI
4/1/2027 – 3/31/2028	\$5,448.03	Greater of 3% or CPI
4. CAMs: Currently \$.69 per square foot.
5. Security Deposit: N/A.
6. Renewal Options: Tenant requests 1 optional 5-year extension.
7. Rent abatement: The first month of the extension, April 2023, will be free of rent.
8. Right of First Offer: Tenant shall have the Right of First Offer to any upcoming space within building 1E. Tenant shall provide their intent regarding any offered space within 30 days of notice.
9. Brokerage Commission: Landlord agrees to pay Tenant's real estate representative, Mohr Partners, Inc., a 4% commission of gross rental for 5-year extension, with one-half payable at the execution of Addendum and one-half payable at the commencement of Extension.

All other terms and conditions remain unchanged.

The foregoing is hereby agreed to and accepted:

Date: _____

Date: _____

Landlord: Desert Healthcare District

Tenant: _____

dba: Las Palmas Medical Plaza

By: _____

By: _____

Signature: _____

Signature: _____

Title: _____

Title: _____



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: February 22, 2022
To: Board of Directors
Subject: Consideration to Approve Policies

Staff Recommendation: Consideration to approve updated policies

Background:

- The policies listed below have been determined to need review and/or revision.
- Policy #OP-16 – New policy for full review
- Policy #PROC-01 – Minor revisions
- Policy #BOD-01 – Review only
- Policy #BOD-04 – Minor revisions
- Policy #BOD-05 – Review only
- Policy #BOD-08 – Minor revisions
- Policy #BOD-11 – Minor revisions
- Policy #BOD-17 – Minor revisions
- Policy #OP-05 – Revisions per the District’s new Strategic Plan
- At the February 10, 2022, Board & Staff Communications and Policies Committee meeting, the Committee approved the request and recommended forwarding to the Board for consideration of approval.
- Staff recommends approval of the Policies as presented.

Fiscal Impact:

None



POLICY TITLE: CEO DISCRETIONARY FUND

POLICY NUMBER: OP-16

COMMITTEE APPROVAL: 02-10-2022

BOARD APPROVAL: 02-22-2022

POLICY #OP-16: Discretionary funds awarded to the CEO are intended to supplement existing and available funds and can be used to fund any qualified non-salaried District expenditure, except as noted in #3 below. Such expenditures, while not integral to District grant-making activities, support the overall activities of the CEO and the Desert Healthcare District community at large.

Discretionary Funds operate under the following guidelines:

1. The CEO Discretionary Fund is structured as a restricted account in the fiscal year awarded
1. The CEO Discretionary Fund cannot operate with a deficit balance
2. Legitimate Business Purpose – The CEO must ensure expenses charged to Discretionary Fund are for legitimate business purposes as defined under IRS regulations and District policies. Examples of eligible expenditures are:
 1. Travel to meetings of professional associations or for research activities
 2. Temporary positions (consultants)
 3. Subscriptions to professional periodicals, memberships in professional organizations, reference books
 4. Sponsorship of events, conferences, and donations to local organizations
 5. Business-related meals and beverages, or hosted professional functions
3. Expenses Not Eligible – Personal expenses of any kind are not eligible for use of discretionary Fund. Examples of items not allowable include:
 1. Home office costs such as furniture and equipment, maintenance expenses, and supplies
 2. Political contributions under any circumstances
 3. Postage for personal correspondence
 4. Office phone sets, or ordinary line charges
 5. Memberships in social clubs or airline travel clubs
 6. Donations to organizations currently supported by District/Foundation grants are capped at \$5,000



AUTHORITIES

Desert Healthcare District Bylaws Article V, section 5.6

DOCUMENT HISTORY

Approved 02-22-2022

DRAFT



POLICY TITLE: PURPOSE OF BOARD POLICIES & ADOPTION/AMENDMENT OF POLICIES

POLICY NUMBER: PROC-01

COMMITTEE APPROVAL: ~~02-10-2022~~ ~~06-17-2020~~ [02-22-2022](#)

BOARD APPROVAL DATE: ~~06-23-2020~~ [02-22-2022](#)

POLICY #PROC-01: It is the intent of the Desert Healthcare District (“District”) Board of Directors (“Board”) to maintain a Policy Manual.

GUIDELINES:

1. The manual will be a comprehensive listing of the Board's current policies, being the rules and regulations approved by the Board, reviewed every two years or as needed. The Board of Directors may update any policy at any time at their discretion. The Policy Manual will serve as a resource for the Board, staff and members of the public in determining the manner in which matters of District business are to be conducted.
2. Policies are clear, simple statements of how the District intends to conduct its services, actions or business. They provide a set of guiding principles to help with decision making.
3. If any policy or portion of a policy contained within the Policy Manual is in conflict with rules, regulations or legislation having authority over the District, those rules, regulations or legislation shall prevail. Where this occurs, the Board of Directors will clarify either the rules or policy to assure that they are compatible.
4. Consideration by the Board of Directors to adopt a new policy or to amend an existing policy may be initiated by the Board President, two Board Members or by Staff. The proposed adoption or amendment is initiated by requesting that the item be included for consideration on the agenda of the Board & Staff Communications and Policies Committee.
5. The Board & Staff Communications and Policies Committee shall review all policies and make recommendations for approval to the Board of Directors. If there



is no consensus at the Board & Staff Communications and Policies Committee, the policy may be referred for action to the full Board of Directors without a recommendation.

6. Policies will be reviewed by legal counsel as applicable.
7. Adoption of a new policy or revision of an existing policy shall be accomplished at a regular meeting of the Board of Directors and shall require a majority vote of all Board Members present.
8. Before considering adopting or revising any policy, Board Members and the public shall have the opportunity to review the proposed adoption or revision prior to the meeting at which consideration for adoption or revision is to be given. Copies of the proposed policy adoption or revision shall be included in the agenda information packet for any meeting of consideration. The agenda information packets with said copies shall be made available to each Board Member for review at least three (3) days prior to any meeting at which the policies are to be considered.

AUTHORITIES

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

DOCUMENT HISTORY

<u>Revised</u>	<u>02-22-2022</u>
Revised	06-23-2020
Approved	01-26-2016



POLICY TITLE: PURPOSE OF BOARD POLICIES & ADOPTION/AMENDMENT OF POLICIES

POLICY NUMBER: PROC-01

COMMITTEE APPROVAL: 02-10-2022

BOARD APPROVAL DATE: 02-22-2022

POLICY #PROC-01: It is the intent of the Desert Healthcare District (“District”) Board of Directors (“Board”) to maintain a Policy Manual.

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is no consensus at the Board & Staff Communications and Policies Committee, the policy may be referred for action to the full Board of Directors without a recommendation.

6. Policies will be reviewed by legal counsel as applicable.
7. Adoption of a new policy or revision of an existing policy shall be accomplished at a regular meeting of the Board of Directors and shall require a majority vote of all Board Members present.
8. Before considering adopting or revising any policy, Board Members and the public shall have the opportunity to review the proposed adoption or revision prior to the meeting at which consideration for adoption or revision is to be given. Copies of the proposed policy adoption or revision shall be included in the agenda information packet for any meeting of consideration. The agenda information packets with said copies shall be made available to each Board Member for review at least three (3) days prior to any meeting at which the policies are to be considered.

AUTHORITIES

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

DOCUMENT HISTORY

Revised	02-22-2022
Revised	06-23-2020
Approved	01-26-2016



POLICY TITLE: SWEARING IN OF BOARD MEMBERS

POLICY NUMBER: BOD-01

COMMITTEE APPROVAL: 02-10-2022~~06-17-2020~~

BOARD APPROVAL: 02-22-2022~~06-23-2020~~

POLICY #BOD-01: It is the policy of the Desert Healthcare District (“District”) to perform a swearing-in ceremony for newly elected or appointed Board of Directors (“Board”) members.

GUIDELINES:

1. Newly elected Board Members assume office at noon on the first Friday of December following the general election. They shall be sworn in by or at the first Board meeting following that date. Appointed Board members are sworn in by or at the first Regular Board Meeting after the Board approves the appointment. Newly elected or appointed Board members must be sworn in prior to performing any official duties.
2. Using the standard form (see attached), the Board President shall appoint the Clerk of the Board or Legal Counsel to have the newly elected Board Members repeat after them the words of the oath.
3. The Clerk of the Board or Legal Counsel will obtain required signatures.



DESERT HEALTHCARE
DISTRICT & FOUNDATION
STATE OF CALIFORNIA

City of _____ County of _____

OATH OR AFFIRMATION OF ALLEGIANCE FOR PUBLIC OFFICERS AND
EMPLOYEES

The Execution of this Oath is Required by Article XX, Section 3, of the Constitution of the State of California.

I, _____, do

solemnly swear that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20____

SIGNATURE OF OFFICER ADMINISTERING OATH TITLE

SIGNATURE OF PERSON TAKING OATH



DESERT HEALTHCARE
DISTRICT & FOUNDATION

AUTHORITIES

Desert Healthcare District Bylaws Article IV, section 4.3

DOCUMENT HISTORY

<u>Reviewed</u>	02-22-2022
Revised	06-23-2020
Approved	01-26-2016

DRAFT



POLICY TITLE: SWEARING IN OF BOARD MEMBERS

POLICY NUMBER: BOD-01

COMMITTEE APPROVAL: 02-10-2022

BOARD APPROVAL: 02-22-2022

POLICY #BOD-01: It is the policy of the Desert Healthcare District (“District”) to perform a swearing-in ceremony for newly elected or appointed Board of Directors (“Board”) members.

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1. Newly elected Board Members assume office at noon on the first Friday of December following the general election. They shall be sworn in by or at the first Board meeting following that date. Appointed Board members are sworn in by or at the first Regular Board Meeting after the Board approves the appointment. Newly elected or appointed Board members must be sworn in prior to performing any official duties.
2. Using the standard form (see attached), the Board President shall appoint the Clerk of the Board or Legal Counsel to have the newly elected Board Members repeat after them the words of the oath.
3. The Clerk of the Board or Legal Counsel will obtain required signatures.



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DISTRICT & FOUNDATION
STATE OF CALIFORNIA

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solemnly swear that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20____

SIGNATURE OF OFFICER ADMINISTERING OATH TITLE

SIGNATURE OF PERSON TAKING OATH



DESERT HEALTHCARE
DISTRICT & FOUNDATION

AUTHORITIES

Desert Healthcare District Bylaws Article IV, section 4.3

DOCUMENT HISTORY

Reviewed	02-22-2022
Revised	06-23-2020
Approved	01-26-2016

DRAFT



POLICY TITLE: ATTENDANCE AT MEETINGS

POLICY NUMBER: BOD-04

COMMITTEE APPROVAL: 02-10-2022~~06-17-2020~~

BOARD APPROVAL: 02-22-2022~~06-23-2020~~

POLICY #BOD-04: It is the policy of the Desert Healthcare District (“District”) Board of Directors that members of the Board of Directors shall attend all regular and special meetings of the Board unless there is good cause for absence.

GUIDELINES:

1. For all absences, the Board member shall notify the Chief Executive Officer (CEO) prior to the Board or Board Committee meeting in which they will be absent with the reason for the absence. The CEO will subsequently notify the President and/or Committee Chair of the absence and the reason.
2. A vacancy shall occur if any member ceases to discharge the duty of their office for the period of three consecutive regular meetings of the Board, or from three of any five consecutive meetings of the Board, except as authorized by the Board of Directors (Ref. H&S Code Section 32100.2).

AUTHORITIES

Desert Healthcare District Bylaws Article IV, section 4.5

DOCUMENT HISTORY

<u>Revised</u>	<u>02-22-2022</u>
Revised	06-23-2020
Approved	02-24-2016



POLICY TITLE: ATTENDANCE AT MEETINGS
POLICY NUMBER: BOD-04
COMMITTEE APPROVAL: 02-10-2022
BOARD APPROVAL: 02-22-2022

POLICY #BOD-04: It is the policy of the Desert Healthcare District (“District”) Board of Directors that members of the Board of Directors shall attend all regular and special meetings of the Board unless there is good cause for absence.

GUIDELINES:

1. For all absences, the Board member shall notify the Chief Executive Officer (CEO) prior to the Board or Board Committee meeting in which they will be absent with the reason for the absence. The CEO will subsequently notify the President and/or Committee Chair of the absence and the reason.
2. A vacancy shall occur if any member ceases to discharge the duty of their office for the period of three consecutive regular meetings of the Board, or from three of any five consecutive meetings of the Board, except as authorized by the Board of Directors (Ref. H&S Code Section 32100.2).

AUTHORITIES

Desert Healthcare District Bylaws Article IV, section 4.5

DOCUMENT HISTORY

Revised	02-22-2022
Revised	06-23-2020
Approved	02-24-2016



DESERT HEALTHCARE
DISTRICT & FOUNDATION

POLICY TITLE:	BASIS OF AUTHORITY
POLICY NUMBER:	BOD-05
COMMITTEE APPROVAL:	<u>02-10-2022</u> 06-17-2020
BOARD APPROVAL:	<u>02-22-2022</u> 06-23-2020

POLICY #BOD-05: It is the policy of the Desert Healthcare District (“District”) Board of Directors to serve as the unit of authority within the District.

GUIDELINES:

1. The Board of Directors is the unit of authority within the District. Apart from their normal function as a part of this unit, Directors have no individual authority. As individuals, Directors may not commit the District to any policy, act or expenditure.
2. While Directors are elected from a particular geographical area or Zone, they represent and act for the community as a whole.

AUTHORITY

Desert Healthcare District Bylaws Article IV, section 4.1

DOCUMENT HISTORY

<u>Reviewed</u>	<u>02-22-2022</u>
Revised	06-23-2020
Approved	01-26-2016



POLICY TITLE:	BASIS OF AUTHORITY
POLICY NUMBER:	BOD-05
COMMITTEE APPROVAL:	02-10-2022
BOARD APPROVAL:	02-22-2022

POLICY #BOD-05: It is the policy of the Desert Healthcare District (“District”) Board of Directors to serve as the unit of authority within the District.

GUIDELINES:

1. The Board of Directors is the unit of authority within the District. Apart from their normal function as a part of this unit, Directors have no individual authority. As individuals, Directors may not commit the District to any policy, act or expenditure.
2. While Directors are elected from a particular geographical area or Zone, they represent and act for the community as a whole.

AUTHORITY

Desert Healthcare District Bylaws Article IV, section 4.1

DOCUMENT HISTORY

Reviewed	02-22-2022
Revised	06-23-2020
Approved	01-26-2016



POLICY TITLE: BOARD MEETINGS

POLICY NUMBER: BOD-08

COMMITTEE APPROVAL DRAFT DATE: 02-10-2022~~02-27-2020~~

BOARD APPROVAL: 02-22-2022~~03-24-2020~~

POLICY #BOD-08: It is the policy of the Desert Healthcare District (“District”) Board of Directors to hold Regular meetings and Special meetings when necessary, of the Board of Directors. All District Board meetings will be held in accordance with the Brown Act (Government Code Section 54950 et seq.), Health and Safety Code Section 32106, and Health and Safety Code Section 32155.

GUIDELINES:

1. Regular meetings are held on the fourth Tuesday of each calendar month, except August, at 5:30 p.m. in the Regional Access Project (RAP) Foundation Building, 41550 Eclectic Street, Palm Desert, California, 92260, unless otherwise designated in the meeting Agenda. If that date falls upon a legal holiday, whereof a quorum of the Board of Directors is known to be unavailable for a regular meeting date, the meeting shall be held at the same time on the next business day as an adjourned meeting. In accordance with California Govt. code 54955, and the methods described therein, an adjourned regular meeting is a regular meeting for all purposes.

The location of a regular meeting may be changed at times, must be held within the District service boundaries, and properly noticed. It is the policy of the Board of Directors that if the regular meeting location is changed, ~~that~~ a notification will be made on the District website.

2. Organizational Meeting. At the regular Board meeting in December, the Board shall organize by the election of one of its members as President, one as Vice-President, one as Secretary, and one as Treasurer.

3. Special meetings (non-emergency) of the Board of Directors may be called by the Board President, or by four (4) Board members by delivering written notice to each Board member and to each local newspaper of general circulation, radio or television



DESERT HEALTHCARE
DISTRICT & FOUNDATION

stations requesting such notice in writing, personally or by mail. Such notice must be delivered personally or by mail at least twenty-four (24) hours before the time of such meeting as specified in the notice. The call and notice shall specify the time and place of the special meeting and the business to be transacted. No other business shall be considered at special meetings. Such written notice may be dispensed with as to any Board member who, at or prior to the time of the meetings convenes, files with the Secretary a written waiver of notice. Such waiver may be given by email. Such written notice may also be dispensed with as to any member who is actually present at the meeting at the time it convenes.

3.1 All Directors, the Chief Executive Officer, and District Counsel shall be notified of the special Board meeting and the purpose or purposes for which it is called. Said notification shall be in writing, delivered to them at least twenty-four (24) hours prior to the meeting.

3.2 Any organization or individual who have requested notice of special meetings in accordance with the Ralph M. Brown Act (California Government Code §54950 through §54926) shall be notified, including business to be transacted, will be given by email during business hours as soon after the meeting is scheduled as practicable.

3.3 An agenda shall be prepared as specified for regular Board meetings in POLICY #BOD-07 and shall be delivered with the notice of the special meeting to those specified above.

3.4 Only those items of business called for the special meeting shall be considered by the Board at any special meeting.

4.. Emergency Meetings. In the event of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, the Board of Directors may hold an emergency special meeting without complying with the 24-hour notice required 3.1, above. An emergency situation means a crippling disaster that severely impairs public health, safety, or both, as determined by the Chief Executive Officer, Board President or Vice-President in the President's absence.

4.1 Any organizations or individuals that have requested notice of special meetings in accordance with the Ralph M. Brown Act (California Government



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Code §54950 through §54926) shall be notified by telephone or email at least one hour prior to the emergency special meeting. In the event that telephone or email services are not functioning, the notice requirement of one hour is waived, but the Chief Executive Officer, or their/his/her designee, shall notify such organizations or individuals of the fact of the holding of the emergency special meeting, and of any action taken by the Board, as soon after the meeting as possible.

4.2 No closed session may be held during an emergency special meeting, and all other rules governing special meetings shall be observed with the exception of the twenty-four (24)-hour notice. The minutes of the emergency special meeting, a list of persons the Chief Executive Officer or designee notified or attempted to notify, a copy of the roll call vote(s), and any actions taken at such meeting shall be posted for a minimum of ten (10) days in the District office as soon after the meeting as possible.

5. Quorum. A majority of the members of the Board shall constitute a quorum for the transaction of business. The act of a majority of the Board members present at the meeting at which a quorum is present shall be the act of the Board.

6. Adjournment. The Board may adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment. A copy of the order or notice of adjournment shall be conspicuously posted on or near the door of the place where the meeting was held within twenty-four (24) hours s after the time of adjournment.

AUTHORITIES

Desert Healthcare District Bylaws Article V

DOCUMENT HISTORY

<u>Revised</u>	<u>02-22-2022</u>
Revised	03-24-2020
Revised	07-23-2019
Approved	03-23-2016



POLICY TITLE: BOARD MEETINGS

POLICY NUMBER: BOD-08

COMMITTEE APPROVAL: 02-10-2022

BOARD APPROVAL: 02-22-2022

POLICY #BOD-08: It is the policy of the Desert Healthcare District (“District”) Board of Directors to hold Regular meetings and Special meetings when necessary, of the Board of Directors. All District Board meetings will be held in accordance with the Brown Act (Government Code Section 54950 et seq.), Health and Safety Code Section 32106, and Health and Safety Code Section 32155.

GUIDELINES:

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The location of a regular meeting may be changed at times, must be held within the District service boundaries, and properly noticed. It is the policy of the Board of Directors that if the regular meeting location is changed, a notification will be made on the District website.

2. Organizational Meeting. At the regular Board meeting in December, the Board shall organize by the election of one of its members as President, one as Vice-President, one as Secretary, and one as Treasurer.

3. Special meetings (non-emergency) of the Board of Directors may be called by the Board President, or by four (4) Board members by delivering written notice to each Board member and to each local newspaper of general circulation, radio or television



DESERT HEALTHCARE
DISTRICT & FOUNDATION

stations requesting such notice in writing, personally or by mail. Such notice must be delivered personally or by mail at least twenty-four (24) hours before the time of such meeting as specified in the notice. The call and notice shall specify the time and place of the special meeting and the business to be transacted. No other business shall be considered at special meetings. Such written notice may be dispensed with as to any Board member who, at or prior to the time the meeting convenes, files with the Secretary a written waiver of notice. Such waiver may be given by email. Such written notice may also be dispensed with as to any member who is actually present at the meeting at the time it convenes.

3.1 All Directors, the Chief Executive Officer, and District Counsel shall be notified of the special Board meeting and the purpose or purposes for which it is called. Said notification shall be in writing, delivered to them at least twenty-four (24) hours prior to the meeting.

3.2 Any organization or individual who have requested notice of special meetings in accordance with the Ralph M. Brown Act (California Government Code §54950 through §54926) shall be notified, including business to be transacted, will be given by email during business hours as soon after the meeting is scheduled as practicable.

3.3 An agenda shall be prepared as specified for regular Board meetings in POLICY #BOD-07 and shall be delivered with the notice of the special meeting to those specified above.

3.4 Only those items of business called for the special meeting shall be considered by the Board at any special meeting.

4.. Emergency Meetings. In the event of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, the Board of Directors may hold an emergency special meeting without complying with the 24-hour notice required 3.1, above. An emergency situation means a crippling disaster that severely impairs public health, safety, or both, as determined by the Chief Executive Officer, Board President or Vice-President in the President's absence.

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DESERT HEALTHCARE
DISTRICT & FOUNDATION

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AUTHORITIES

Desert Healthcare District Bylaws Article V

DOCUMENT HISTORY

Revised	02-22-2022
Revised	03-24-2020
Revised	07-23-2019
Approved	03-23-2016



DESERT HEALTHCARE
DISTRICT & FOUNDATION

POLICY TITLE: BOARD ACTIONS AND DECISIONS

POLICY NUMBER: BOD-11

COMMITTEE APPROVAL: 02-10-2022~~06-17-2020~~

BOARD APPROVAL: 02-22-2022~~06-23-2020~~

POLICY #BOD-11: It is the policy of the Desert Healthcare District (“District”) Board of Directors to conduct business in an orderly and comprehensive manner.

GUIDELINES:

1. Actions by the Board of Directors may include, but are not limited to, the following:
 - 1.1 Adoption or rejection of regulations or policies;
 - 1.2 Adoption or rejection of a resolution;
 - 1.3 Approval or rejection of any contract or expenditure;
 - 1.4 Approval or rejection of any proposal that commits District funds or facilities, and,
 - 1.5 Approval or disapproval of matters that require or may require the District or its employees, under the direction of the CEO, to take action and/or provide services.
2. In accordance with Health & Safety Code 32106, all sessions of the board of directors, whether regular or special, shall be open to the public, and a majority of the members of the board (four (4) Directors) shall constitute a quorum for the transaction of business. Actions taken at a meeting where a quorum of up to five (5) members are present, require three (3) votes to be effective (unless a 3/4 vote is required by policy or law). Actions taken where six (6) or seven (7) members are present, require a vote of the majority of the members present to be effective (unless a 3/4 vote is required by policy or law).
 - 2.1 In accordance with California law, a member abstaining from a vote is considered as an affirmative vote for the action or a vote in favor of a majority of the



quorum. When a Director is present at a meeting and desires to oppose an action, the Director must vote against the action and a refusal to vote is consent that the majority of the quorum may act for the body.

2.1.1 Example. If four (4) of seven (7) Directors are present at a meeting, a quorum exists, and business can be conducted. If two (2) Directors vote “aye,” one (1) Director votes no, and one Director abstains on an action, in accordance with California law, the Director is regarded as having voted affirmatively for the proposition or to have voted with the majority of the quorum.

2.1.2 Example. If an action requires a two-thirds vote of the “members” of the Board, and three (3) Directors abstain, the proposed action is not approved because at least five (5) of the seven (7) Directors would have to vote in favor of the action.

2.1.3 Example. If a vacancy exists on the Board and a vote is taken to appoint an individual to fill the vacancy, if three (3) Directors vote in favor of the appointment, two (2) against the appointment, and one (1) abstains, the appointment is approved.

AUTHORITY

Desert Healthcare District Bylaws Articles IV & V

DOCUMENT HISTORY

<u>Revised</u>	<u>02-22-2022</u>
Revised	06-23-2020
Approved	03-23-2016



POLICY TITLE: BOARD ACTIONS AND DECISIONS

POLICY NUMBER: BOD-11

COMMITTEE APPROVAL: 02-10-2022

BOARD APPROVAL: 02-22-2022

POLICY #BOD-11: It is the policy of the Desert Healthcare District (“District”) Board of Directors to conduct business in an orderly and comprehensive manner.

GUIDELINES:

1. Actions by the Board of Directors may include, but are not limited to, the following:
 - 1.1 Adoption or rejection of regulations or policies;
 - 1.2 Adoption or rejection of a resolution;
 - 1.3 Approval or rejection of any contract or expenditure;
 - 1.4 Approval or rejection of any proposal that commits District funds or facilities, and,
 - 1.5 Approval or disapproval of matters that require or may require the District or its employees, under the direction of the CEO, to take action and/or provide services.
2. In accordance with Health & Safety Code 32106, all sessions of the board of directors, whether regular or special, shall be open to the public, and a majority of the members of the board (four (4) Directors) shall constitute a quorum for the transaction of business. Actions taken at a meeting where a quorum of up to five (5) members are present, require three (3) votes to be effective (unless a 3/4 vote is required by policy or law). Actions taken where six (6) or seven (7) members are present, require a vote of the majority of the members present to be effective (unless a 3/4 vote is required by policy or law).
 - 2.1 In accordance with California law, a member abstaining from a vote is considered as an affirmative vote for the action or a vote in favor of a majority of the



quorum. When a Director is present at a meeting and desires to oppose an action, the Director must vote against the action and a refusal to vote is consent that the majority of the quorum may act for the body.

2.1.1 Example. If four (4) of seven (7) Directors are present at a meeting, a quorum exists, and business can be conducted. If two (2) Directors vote “aye,” one (1) Director votes no, and one Director abstains on an action, in accordance with California law, the Director is regarded as having voted affirmatively for the proposition or to have voted with the majority of the quorum.

2.1.2 Example. If an action requires a two-thirds vote of the “members” of the Board, and three (3) Directors abstain, the proposed action is not approved because at least five (5) of the seven (7) Directors would have to vote in favor of the action.

2.1.3 Example. If a vacancy exists on the Board and a vote is taken to appoint an individual to fill the vacancy if three (3) Directors vote in favor of the appointment, two (2) against the appointment, and one (1) abstains, the appointment is approved.

AUTHORITY

Desert Healthcare District Bylaws Articles IV & V

DOCUMENT HISTORY

Revised	02-22-2022
Revised	06-23-2020
Approved	03-23-2016



POLICY TITLE: **COMPENSATION & PERFORMANCE
EVALUATION OF THE CHIEF EXECUTIVE
OFFICER**

POLICY NUMBER: BOD-17

COMMITTEE APPROVAL: [02-10-2022](#)~~03-10-2020~~

BOARD APPROVAL: [02-22-2022](#)~~03-24-2020~~

POLICY #BOD-17: It is the policy of the Desert Healthcare District (“District”) to establish the compensation, as well as the methodology and schedule for evaluating the job performance of the ~~President &~~ Chief Executive Officer (“CEO”).

1. The CEO of the District is retained and serves at the will of the District’s Board of Directors (“Board”). The CEO has general authority over administration, operations, and personnel matters of the District.
2. The Board has a responsibility to provide the CEO with frequent and constructive feedback. In addition to on-going monitoring, the Board will provide a specific opportunity for the ~~CEO~~Chief Executive to present a written self-evaluation, and a response to the Board’s evaluation of their performance. Board members shall organize their evaluation of the CEO’s performance and have it presented in a face-to-face debriefing with the CEO.
3. The Board shall review the performance of the CEO after the initial six (6) months of active service following appointment to the position and ~~every March annually~~ thereafter. The annual executive evaluation process will begin on a date that will ensure that the evaluation process is completed ~~by March of each calendar year annually, so it may be included in the budgeting process for the upcoming next~~ fiscal year.
4. Performance will be gauged using a tool that allows Board members to provide a fair and comprehensive evaluation of the CEO. The performance measure tool will be designed to provide for discussion and inform feedback in the development of business goals, operational objectives, and requirements of the District’s Strategic Plan.



5. The Board retains the right to periodically evaluate the methodology used to evaluate the CEO's performance, and to prospectively establish a new methodology that reflects the business needs of the District and the Board.
6. The Board shall prepare input on the CEO Board Input and Evaluation Form (see Board President's Guide) prior to the Board of Directors' meeting. Regardless of the methodology used to measure performance, the Board retains the right to seek input on the CEO's performance from external and internal stakeholders. The Board President has lead responsibility for accomplishing the CEO's annual evaluation. In some cases, an organizational consultant or District Legal Counsel may be used to assist the Board and the CEO through the evaluation process.
7. The Board shall meet as a group in closed session with the CEO to verbally discuss performance outcomes for each of the components of the performance evaluation.
8. The District's Legal Counsel, or organizational consultant may attend the closed-session meeting to present the evaluation findings at the request of the Board and/or the CEO. At the conclusion of the formal evaluation meeting to evaluate the previous year's evaluation, the Board and CEO shall jointly develop mutually agreed upon written goals and objectives, and general performance goals in alignment with the District's Strategic Plan for the year ahead.
9. A copy of the formal assessment shall be provided to the CEO, and a copy shall be kept in the CEO's personnel file. The performance evaluation shall be kept confidential.
10. The CEO's compensation is negotiated between the CEO and the Board and is memorialized in the CEO's Employment Agreement. In addition to a salary, the CEO is entitled to all the benefits (insurance and retirement plans) offered to District Employees.
11. The CEO's compensation package will be reviewed following the performance evaluation process. The Board, or a committee of the Board, will review compensation using appropriate salary comparison data. Any decision on a change in compensation shall be made at a public meeting following the closed session evaluation meeting.



AUTHORITIES

Desert Healthcare District Bylaws Article V, section 5.6

DOCUMENT HISTORY

<u>Revised</u>	<u>02-22-2022</u>
Revised	03-24-2020
Approved	02-24-2016

DRAFT



POLICY TITLE: **COMPENSATION & PERFORMANCE
EVALUATION OF THE CHIEF EXECUTIVE
OFFICER**

POLICY NUMBER: BOD-17

COMMITTEE APPROVAL: 02-10-2022

BOARD APPROVAL: 02-22-2022

POLICY #BOD-17: It is the policy of the Desert Healthcare District (“District”) to establish the compensation, as well as the methodology and schedule for evaluating the job performance of the Chief Executive Officer (“CEO”).

1. The CEO of the District is retained and serves at the will of the District’s Board of Directors (“Board”). The CEO has general authority over administration, operations, and personnel matters of the District.
2. The Board has a responsibility to provide the CEO with frequent and constructive feedback. In addition to on-going monitoring, the Board will provide a specific opportunity for the CEO to present a written self-evaluation, and a response to the Board’s evaluation of their performance. Board members shall organize their evaluation of the CEO’s performance and have it presented in a face-to-face debriefing with the CEO.
3. The Board shall review the performance of the CEO after the initial six (6) months of active service following appointment to the position and annually thereafter. The annual executive evaluation process will begin on a date that will ensure that the evaluation process is completed annually, so it may be included in the budgeting process for the next fiscal year.
4. Performance will be gauged using a tool that allows Board members to provide a fair and comprehensive evaluation of the CEO. The performance measure tool will be designed to provide for discussion and inform feedback in the development of business goals, operational objectives, and requirements of the District’s Strategic Plan.



5. The Board retains the right to periodically evaluate the methodology used to evaluate the CEO's performance, and to prospectively establish a new methodology that reflects the business needs of the District and the Board.
6. The Board shall prepare input on the CEO Board Input and Evaluation Form (see Board President's Guide) prior to the Board of Directors' meeting. Regardless of the methodology used to measure performance, the Board retains the right to seek input on the CEO's performance from external and internal stakeholders. The Board President has lead responsibility for accomplishing the CEO's annual evaluation. In some cases, an organizational consultant or District Legal Counsel may be used to assist the Board and the CEO through the evaluation process.
7. The Board shall meet as a group in closed session with the CEO to verbally discuss performance outcomes for each of the components of the performance evaluation.
8. The District's Legal Counsel, or organizational consultant may attend the closed-session meeting to present the evaluation findings at the request of the Board and/or the CEO. At the conclusion of the formal evaluation meeting to evaluate the previous year's evaluation, the Board and CEO shall jointly develop mutually agreed upon written goals and objectives, and general performance goals in alignment with the District's Strategic Plan for the year ahead.
9. A copy of the formal assessment shall be provided to the CEO, and a copy shall be kept in the CEO's personnel file. The performance evaluation shall be kept confidential.
10. The CEO's compensation is negotiated between the CEO and the Board and is memorialized in the CEO's Employment Agreement. In addition to a salary, the CEO is entitled to all the benefits (insurance and retirement plans) offered to District Employees.
11. The CEO's compensation package will be reviewed following the performance evaluation process. The Board, or a committee of the Board, will review compensation using appropriate salary comparison data. Any decision on a change in compensation shall be made at a public meeting following the closed session evaluation meeting.



AUTHORITIES

Desert Healthcare District Bylaws Article V, section 5.6

DOCUMENT HISTORY

Revised	02-22-2022
Revised	03-24-2020
Approved	02-24-2016

DRAFT



POLICY TITLE: GRANT & MINI GRANT POLICY

POLICY NUMBER: OP-05

COMMITTEE APPROVAL: ~~02-10-2022~~~~02-09-2021~~

BOARD APPROVAL: ~~02-22-2022~~~~02-23-2021~~

POLICY #OP-05: In accordance with Desert Healthcare District’s mission and strategic plan it is the policy of the Desert Healthcare District to provide guidelines for Grants & Mini Grants to provide health and wellness programs/projects for the benefit of the District residents and in alignment with the California Health and Safety Code requirements. Each year the Board of Directors will allocate a budget for both grants and mini grants.

The District Board may amend this policy as needed to be consistent with any state legislation regarding healthcare district grant programs.

GUIDELINES:

1. The District will administer the grant funds to assure transparent and responsible distribution of monies and to maximize the benefit to community members and fairness to grant recipients.
 - 1.a. All grants must align with the Desert Healthcare District’s strategic plan. The strategic plan is available on our website, www.dhcd.org
 - 1.b. The Board will adopt a grant budget allocation each fiscal year during the annual budget process. (July – June).
 - 1.c. Grant recipients should not assume there exists an entitlement to continued funding nor that similar funding will be available in future years.
 - 1.d. Grant recipients must accept the District’s standard grant/contract terms and conditions as a stipulation of any grant award. Grantee who



is not in compliance as identified in the Grant Contract may become ineligible to apply for future grants for a period of up to two (2) years.

1.e. The District will place a priority on collaboration with community agencies applying for grants, to maximize use of funds and impact while avoiding the fostering of competing programs that may make each such competing programs to become less effective.

Applicants who choose not to collaborate must demonstrate a distinction between their proposed services and those that may already be in place.

1.1 Grant requestors utilizing a fiscal agent may be considered; the application shall include a copy of a resolution adopted by the fiscal agent organization's board of directors approving of the action to act as an agent on behalf of the requestor.

1.2 Per AB 2019 and revised California Health and Safety Code Section 32139(c)(5), individual meetings regarding grants between an applicant and a District Board member, officer, or staff outside of the established grant process is prohibited. Staff may provide technical assistance, upon request, from potential and current Grantees.

2. **Mini Grants** allow the Desert Healthcare District community to access support for small health initiatives that possibly do not have the capacity for a large program or project. The mini grant application is processed by the administration of DHCD. Consideration is contingent upon the availability of funds, community health priorities, and the ability of the applicant to effectively administer the project programmatically and financially. The mini grant provides up to \$5,000 per one request in a fiscal year. The request must align with the DHCD strategic goals and objectives.

3. Grant Application Process



a. **Program Committee**

The Program Committee shall be responsible for oversight and for making recommendations to the Board, where appropriate, on District matters related to grant-making and related programs.

b. **Eligibility/Criteria**

3.b.1 The District awards grants only to organizations exempt from federal taxation under Section 501(c) (3) of the Internal Revenue Code or equivalent exemption; such as a public/governmental agency, program or institution. Except for mini grant recipients, all organizations must have current audited financial statements.

3.b.2 Some small organizations (annual revenue of \$500,000 or less) may be financially unable to provide audited financial statements. Under certain circumstances defined by the ability of the organization and if the organization is able to provide a service to meet the mission of the District, the District may consider providing grant funds to complete a financial audit. The District may also consider providing grant funds to develop capacity building.

3.b.3 Organizations must directly serve residents of the Desert Healthcare District. Agencies physically located outside District boundaries be eligible for funds upon demonstration that the residents of the District will be proportionately served.

3.b.4 Grants are available to organizations whose activities improve residents' health within one ~~or more focus~~priority areas of the District's strategic plan. Through investment of its grant dollars, the District supports programs, organizations and community collaborations with potential for achieving measurable results. Through the use of a grant scoring structure, consideration is given to projects or organizations that:



- Have proven records of success and capacity
- Have potential to impact the greatest numbers of District residents in alignment with strategic goals
- Can demonstrate the greatest potential to positively change health-related behaviors
- Are based on research and/or best practices that demonstrate effectiveness
- Have data available to measure progress, outcomes and relevance
- Have strong fiscal and operational governance

4. **Funding Restrictions**

4.1 The District's grants will NOT support the following:

- Individuals
- Endowment campaigns
- Retirement of debt
- Annual campaigns, fundraising events, or expenses related to fundraising
- Programs that proselytize or promote any religion or sect, or deny services to potential beneficiaries based upon religious beliefs
- Expenses related to lobbying public officials
- Political campaigns or other partisan political activities
- Unfunded government mandates
- Replacement funds to allow funding to be shifted to other programs or budget areas



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- Any organization who discriminates against others based on, including, but not limited to race, color, creed, gender, gender identity sexual orientation or national origin.

5. Online Strategic Plan Application Process

Please refer to attached Strategic Plan Application Process flowchart

- ~~STEP 1:~~ Staff receives online Stage 1 Letter of Interest (LOI) and supporting documents from applicant.
- ~~STEP 2:~~ Staff Review and preliminary due diligence is performed on all LOIs and if applicable, conduct site visits and/or interviews. Grantees, via email, receive authorization to move to Stage 2 – the grant application.
- ~~STEP 3:~~ Staff reviews full grant applications, performs full due diligence and brings forward to the Program Committee a staff recommendation for consideration.
- ~~STEP 4:~~ Program Committee brings forward recommendations for review and consideration of approval by the Board of Directors.
- ~~Note:~~ Grant requests may be declined at any stage of the application process.

~~Staff may consider various options for grantmaking during the application process that include refining a grant applicant’s plans, reframing the goals of the project; proposing a new scope; funding a project, along with capacity building support; identifying partners to help solving complex problems that may require the involvement of multiple parties working on solutions from a variety of angles. Other options may be explored.~~

6. No-Cost Grant Extension



6.1 Under a No-Cost Extension, grantees may extend a grant's project period one time for up to 12 months. A No-Cost Extension may be requested when the following conditions are met:

6.1.1 No term of award specifically prohibits the extension

6.1.2 Project's originally approved scope will not change

6.1.3 The end of the project/grant period is approaching

6.1.4 There is a programmatic need to continue

6.1.5 There are sufficient funds remaining to cover the extended effort

6.2 The Desert Healthcare District always retains the right to decline the request. Examples of reasons to decline might include:

a. An extension may not be granted solely because there is money left over. Programmatic benefit must be justified.

b. Deliverables as outlined in Exhibit B (Payment Schedule, Requirements & Deliverables) have been met.

6.3 Process:

Grantee must submit a written request to the DHCD at least 30 days before the end of the current project period. The request should be sent to the Grant Department and include the following information:

1. The amount of funds remaining, and an explanation for why they have not been spent

2. Rationale for continuing the project

3. An explanation of why the project has not been completed

4. Inclusion of a detailed work plan and how all unfinished activities will be completed by the proposed end date



AUTHORITIES

Desert Healthcare District Bylaws Article V, section 5.6

DOCUMENT HISTORY

<u>Revised</u>	<u>02-22-2022</u>
Revised	02-23-2021
Revised	03-24-2020
Revised	05-28-2019
Revised	05-24-2016
Approved	02-20-2012



POLICY TITLE: GRANT & MINI GRANT POLICY
POLICY NUMBER: OP-05
COMMITTEE APPROVAL: 02-10-2022
BOARD APPROVAL: 02-22-2022

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DESERT HEALTHCARE
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DESERT HEALTHCARE
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AUTHORITIES

Desert Healthcare District Bylaws Article V, section 5.6

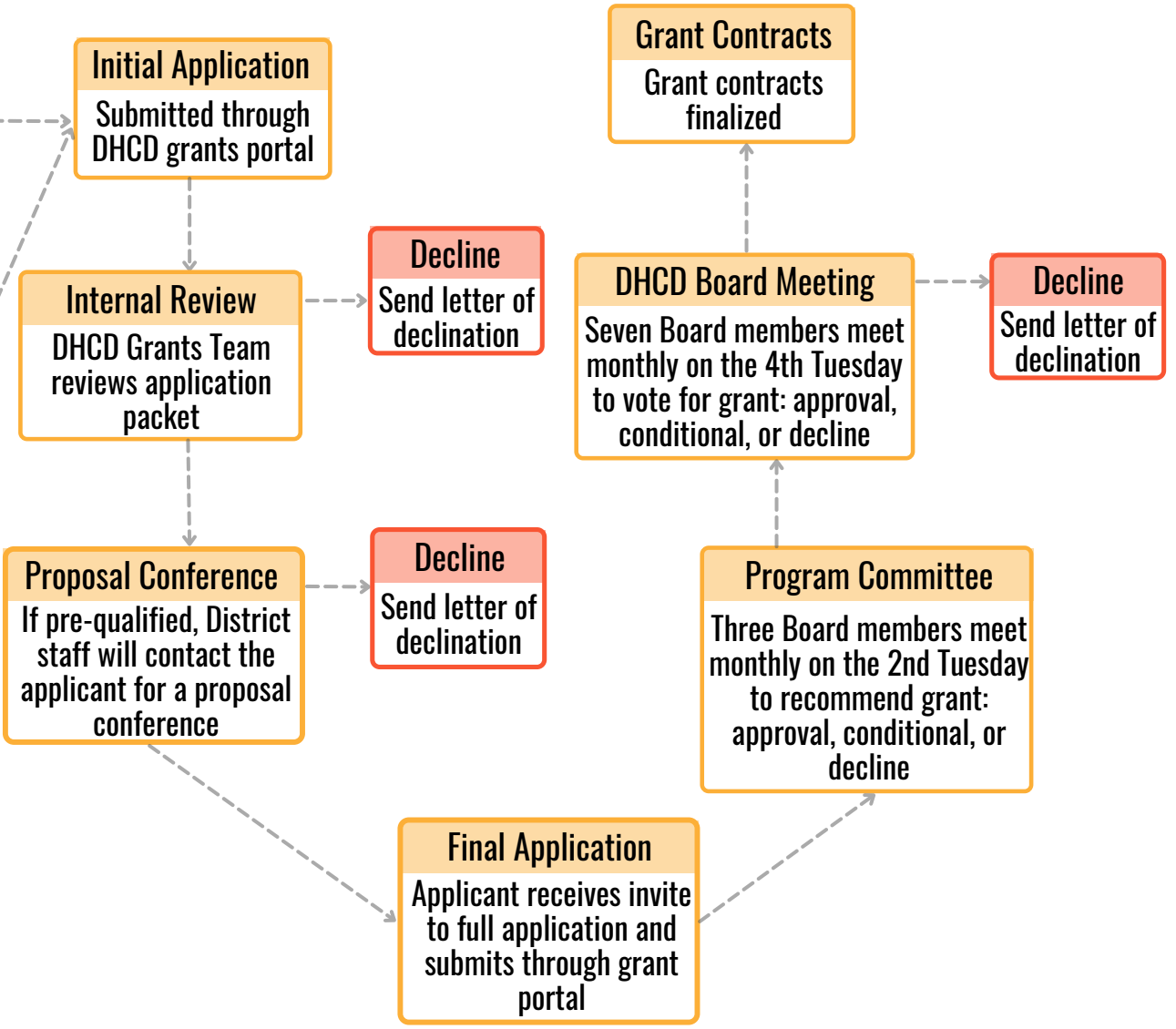
DOCUMENT HISTORY

Revised	02-22-2022
Revised	02-23-2021
Revised	03-24-2020
Revised	05-28-2019
Revised	05-24-2016
Approved	02-20-2012

2021-26 Desert Healthcare District Strategic Plan Process

- High Priority Goals**
1. Proactively increase the financial resources DHCD/F can apply to support community health needs
 2. Proactively expand community access to primary and specialty care services
 3. Proactively expand community access to behavioral/mental health services

- Moderate Priority Goals**
4. Proactively measure and evaluate the impact of DHCD/F-funded programs and services on the health of community residents
 5. Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents
 6. Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area
 7. Be responsive to and supportive of selected community initiatives that enhance the general education of the District's residents



*The Desert Healthcare District reserves the right to change this process at any point in time

RESOLUTION NO. 22-04

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

WHEREAS, Desert Healthcare District (“District”) is committed to preserving and fostering access and participation in meetings of its Board of Directors; and

WHEREAS, Government Code section 54953(e) makes provisions for remote teleconferencing participation in meetings by members of a legislative body without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain emergency conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the jurisdictions that are within the District’s boundaries, caused by natural, technological, or human-caused disasters; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote vaccines, masking, and social distancing, and that meeting in person would present imminent risks to the health and safety of attendees; and

WHEREAS, the Board of Directors previously adopted Resolution No. 22-01 on September 28, 2021, finding that the requisite conditions exist for the Board of Directors of the District to conduct remote teleconference meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953; and

WHEREAS, as a condition of extending the use of the provisions found in Government Code section 54953(e), the Board of Directors must reconsider the circumstances of the state of emergency that exists in the District, and the Board of Directors has done so; and

WHEREAS, emergency conditions persist in the District and vaccine compliance, masking, and social distancing measures are required to be followed for the continued health and safety of the District Board, staff, and the public; and

WHEREAS, as a consequence of the local emergency persisting, the Board of Directors does hereby find that the District shall conduct its meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by Government Code section 54953(e), and that such meetings shall comply with the requirements to provide the public with access to the meetings as prescribed in Government Code section 54953(e);

THEREFORE, BE IT RESOLVED by the Desert Healthcare District Board of Directors as follows:

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

Section 2: Affirmation that a Local Emergency Persists. The Board of Directors hereby considers the conditions of the state of emergency in the District and proclaims that a local emergency persists throughout the District.

Section 3: Re-Ratification of the Governor’s Proclamation of a State of Emergency. The Board hereby ratifies the Governor’s Proclamation of a State of Emergency.

Section 4. Remote Teleconference Meetings. The District’s Chief Executive Officer is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this resolution, including conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Ralph M. Brown Act.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of Desert Healthcare District held on February 22, 2022, by the following roll call vote:

AYES: Directors _____

NOES: Directors _____

ABSTAIN: Directors _____

ABSENT: Directors _____

Karen Borja, President
Board of Directors

ATTEST:

Evett PerezGil, Vice-President/Secretary
Board of Directors



Date: February 22, 2022

To: Board of Directors

Subject: Association of California Healthcare Districts (ACHD) Trustee of the Year Award

Background:

- Recognizing top leaders in healthcare for their contributions to the communities they serve, and intended for Certified Healthcare Districts, the Association of California Healthcare Districts (ACHD) holds annual nominations for District of the Year, CEO of the Year, and Trustee of the Year.
- Desert Healthcare District and Foundation Board Director Carmina Zavala was named Trustee of the Year at the ACHD’s 69th Annual Meeting—Recover, Refocus and Adapt, held virtually in September 2021. Trustee of the Year criteria are contingent on significant achievements in governance, strategic planning, stakeholder relationships, and leadership.
- Applications were evaluated and ranked for their achievements to improve the communities they serve and selected by an independent panel of judges from the California Special Districts Association (CSDA), Californians Allied for Patient Protection, and the Walker Company.

Trustee of the Year:

- In announcing the three winners, the ACHD had this to say about Director Zavala: “Zavala brings to the Desert Healthcare District and Foundation board an understanding of the diverse community of the Coachella Valley, which includes a significant Spanish-speaking population. She continues to advocate for holistic health care access for her community as her district expands its behavioral health capabilities through its \$2 million behavioral health initiative.”
- After joining the District and Foundation Board in November 2020, Director Zavala immediately got to work volunteering as part of the District and Foundation’s COVID-19 response across the Coachella Valley. As a mental health professional who is bilingual, she has been a reassuring presence for residents as she assisted with translation and registering residents for the COVID-19 test.
- To amplify the District and Foundation’s visibility, Director Zavala has been instrumental in hosting meetings with elected officials and advocating for support of the District’s mission to achieve optimal health at all stages of life for all residents across the recently expanded District.

- In 2021, Director Zavala provided expertise in mental health on a COVID-19 educational panel with District and Foundation CEO Conrado Barzaga and other medical experts during live broadcasts on KESQ-TV and Telemundo 15 Palm Springs.
- Director Zavala's ACHD Trustee of the Year Award is a worthy recognition for her notable efforts, time commitment, profound impact, hard work, and dedication.
- The other awardees included the Beach Cities Healthcare District, District of the Year, and Diane Hansen, Palomar Health, CEO of the Year.

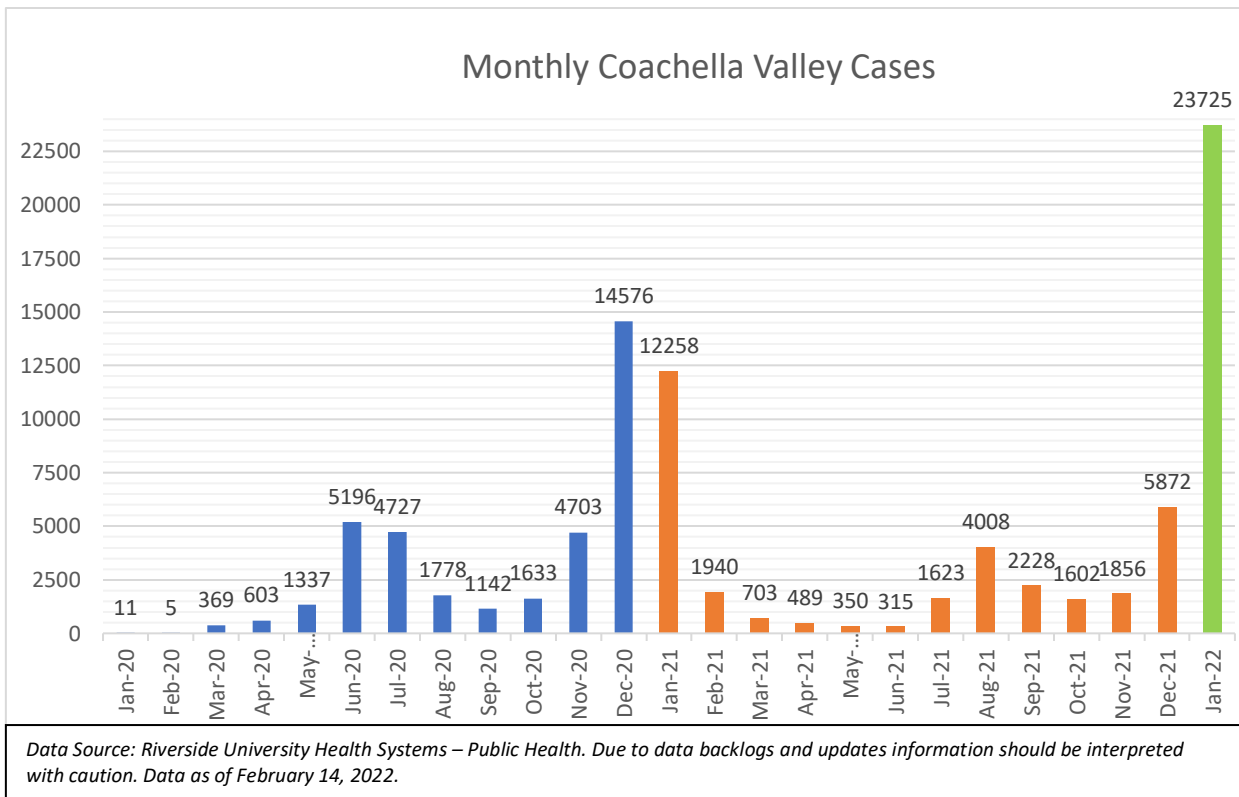


DESERT HEALTHCARE
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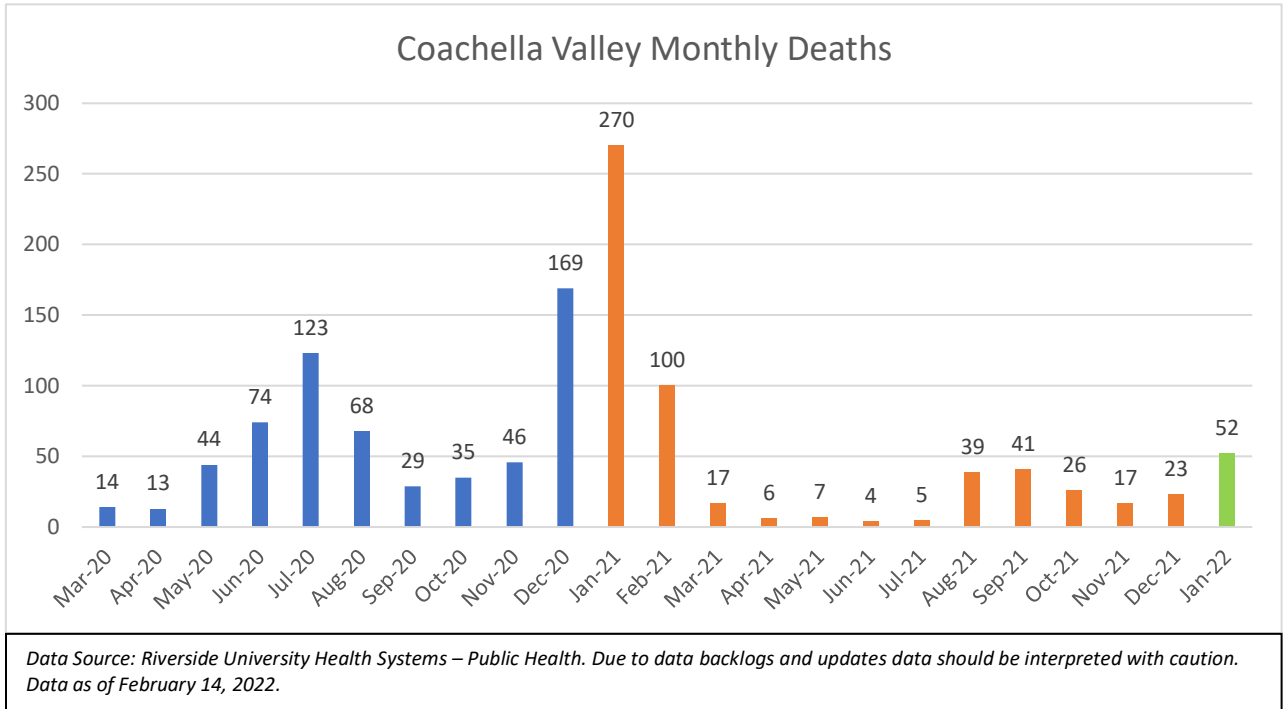
Date: February 22, 2022
To: Board of Directors
Subject: COVID-19 Vaccination Efforts in the Coachella Valley - UPDATE

Information:

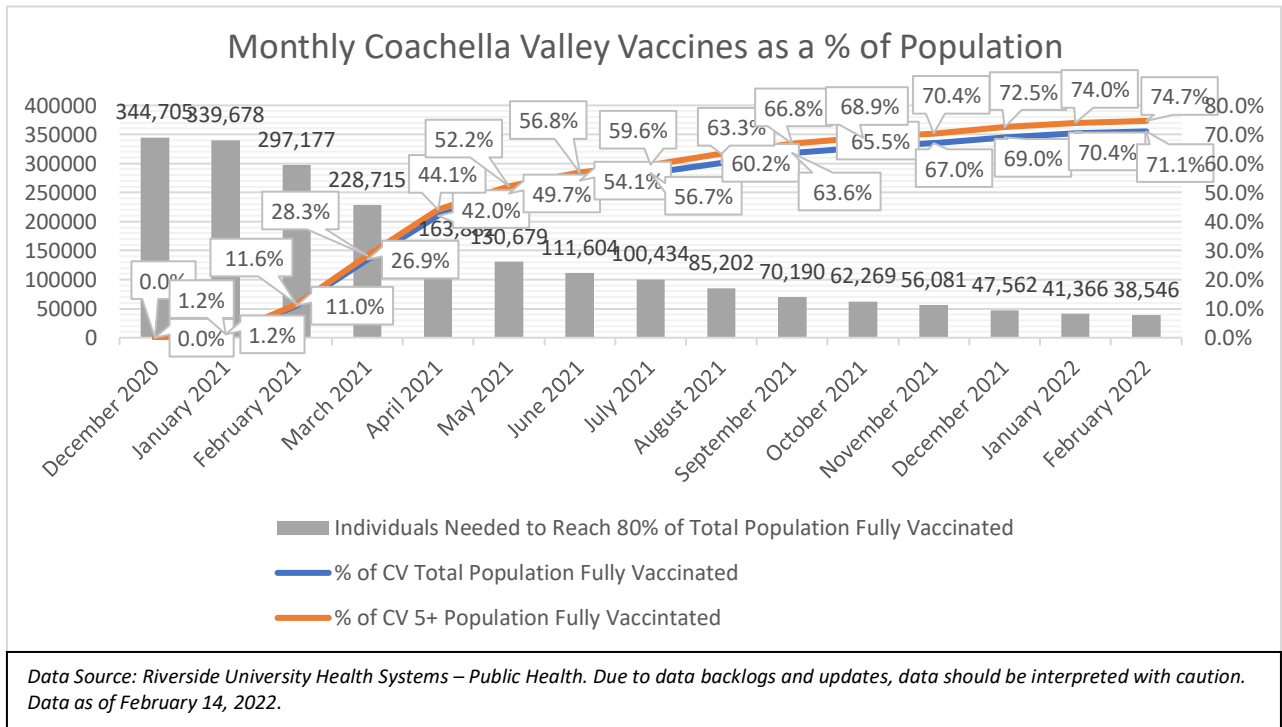
- COVID-19 continues to be the focus of public health interventions across the nation. Recent increases in COVID-19 cases continue to create great concerns and have reinforced the importance of vaccines as the most effective prevention measure.
- Over the last few months, the Coachella Valley experienced, like the rest of the nation, an increase in the number of positive cases.
- After a peak in the number of COVID-19 cases in August, we begin to see a reverse in cases trend, with cases declining from a 4,000-case peak in August to about 1,600 in October (-60%). However, cases have significantly increased in January to nearly 24,000 monthly cases (+1,380%).



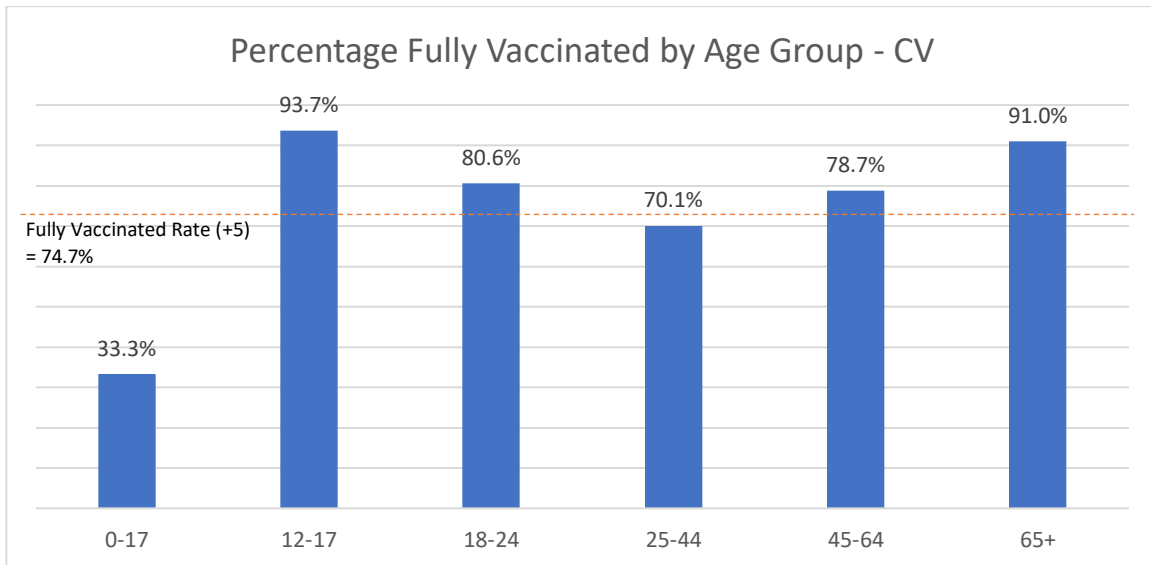
- With this increase in monthly cases, the number of deaths has increased +126% from December 2021 to January 2022 (n23 to 52).



- Vaccination rates have continued to increase in the Valley. Currently, the District’s population (5+) is 74.7% fully vaccinated and total population is 71%. The latter number is expected to increase as children (ages 5 – 11) continue to become fully vaccinated. Specifically, the Coachella Valley is showing 10,419 children ages 5-11 as either partially or fully vaccinated.

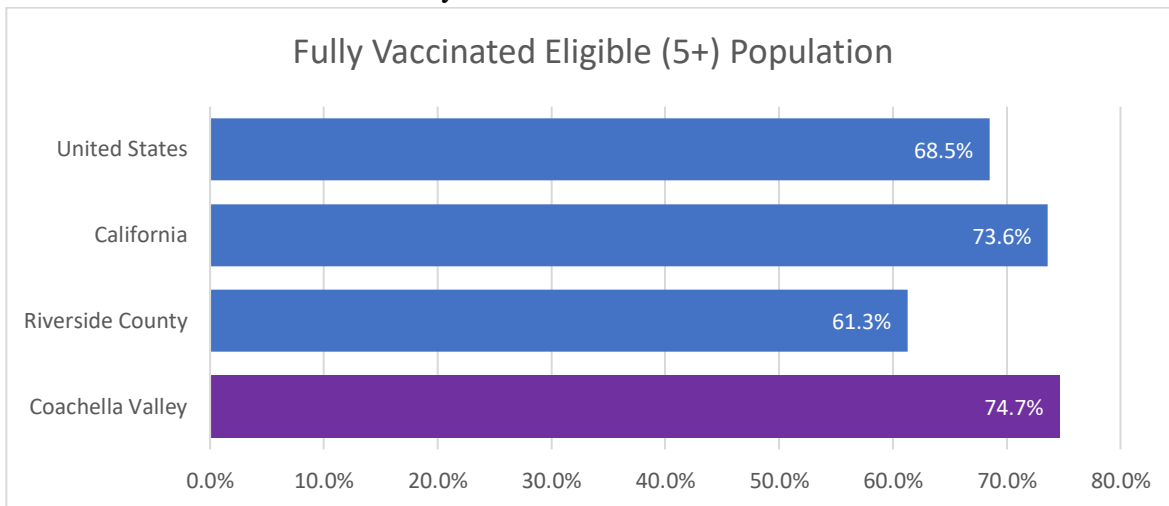


- Additionally, we have seen an increase in fully vaccinated individuals across the region. From our previous report, the 0-17 age group saw an increase from 30% to 33% and the 12-17 age group saw an increase from 84% to 94%. The other age groups saw an increase of 1-2% from the last report.



Data Source: Riverside University Health Systems – Public Health. Due to data backlogs and updates, data should be interpreted with caution. Data as of February 14, 2022.

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



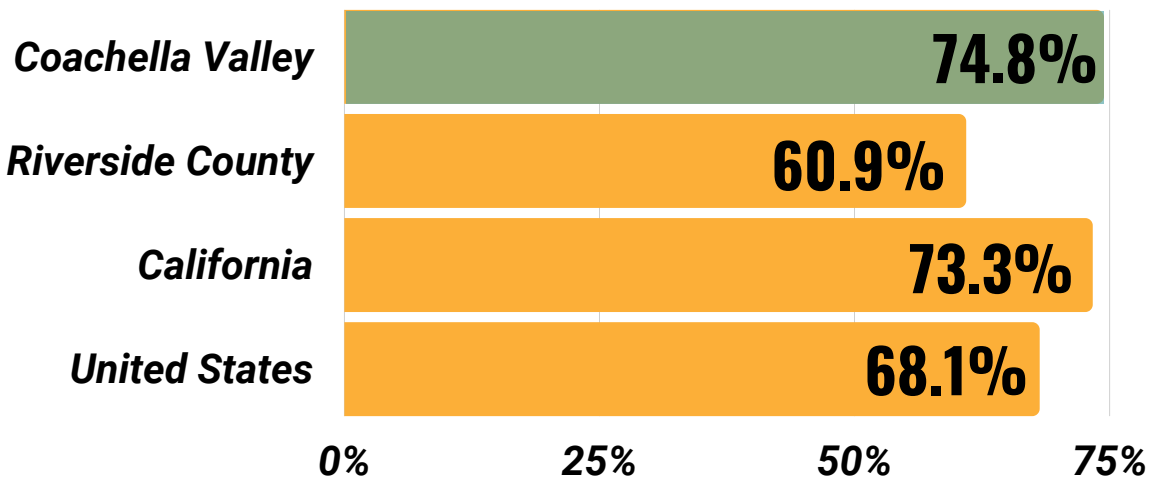
Data Source: Riverside University Health Systems – Public Health. Due to data backlogs and updates, data should be interpreted with caution.

- However, significant gaps remain, especially between communities with highest vs. lowest vaccination rates, as we have been highlighting for months now. The city of Rancho Mirage has a vaccination rate of 84%, while the city of Desert Hot Springs has only 62% of its population fully vaccinated.
- The COVID-19 case rate is much lower in Rancho Mirage (13%) compared to Desert Hot Springs which has a case rate over 2X higher (26.5%).

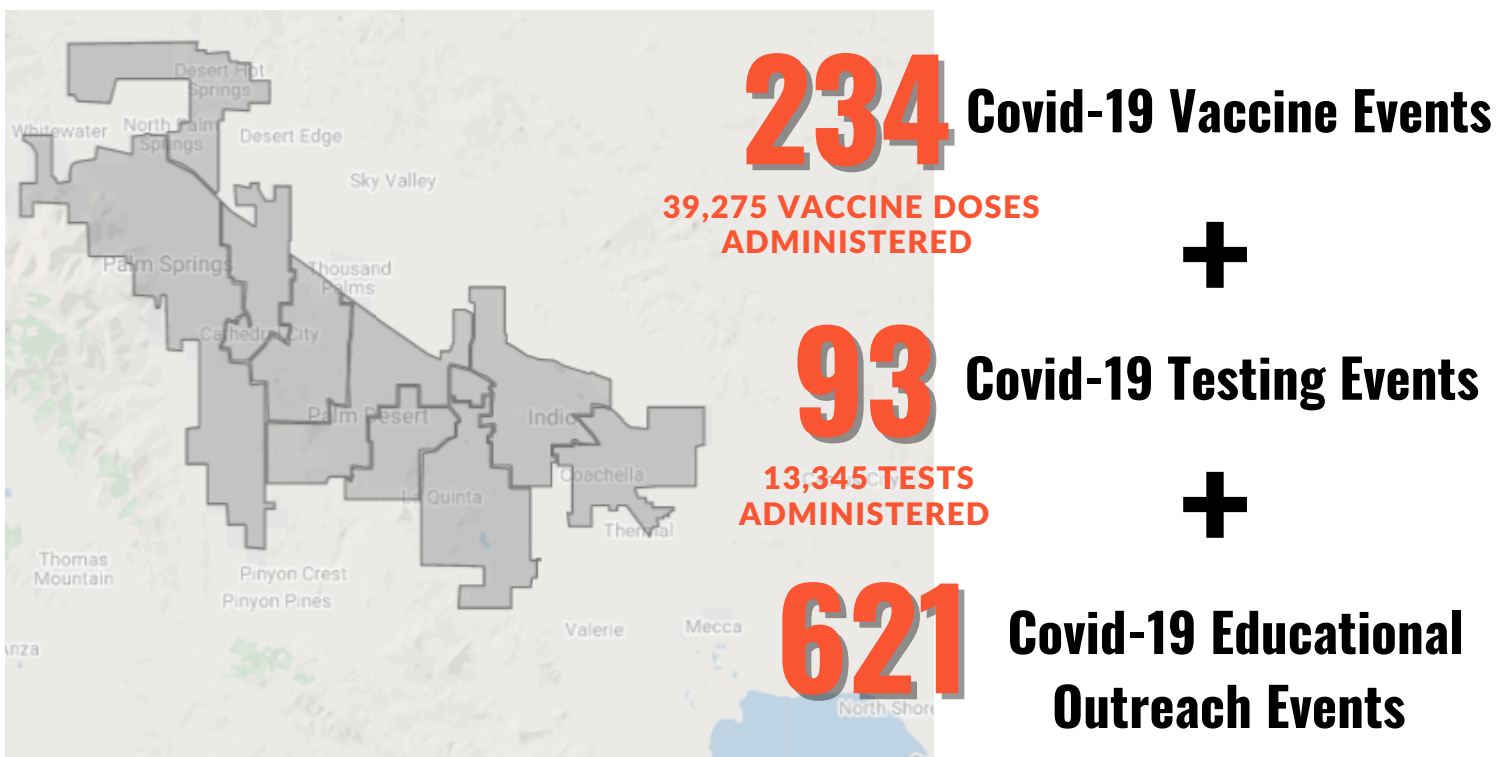
Coachella Valley Equity Collaborative (CVEC) Helps Coachella Valley Reach Milestone in COVID Response:

Over 300,000 Residents Fully Vaccinated

Fully Vaccinated Residents (Ages 5+)

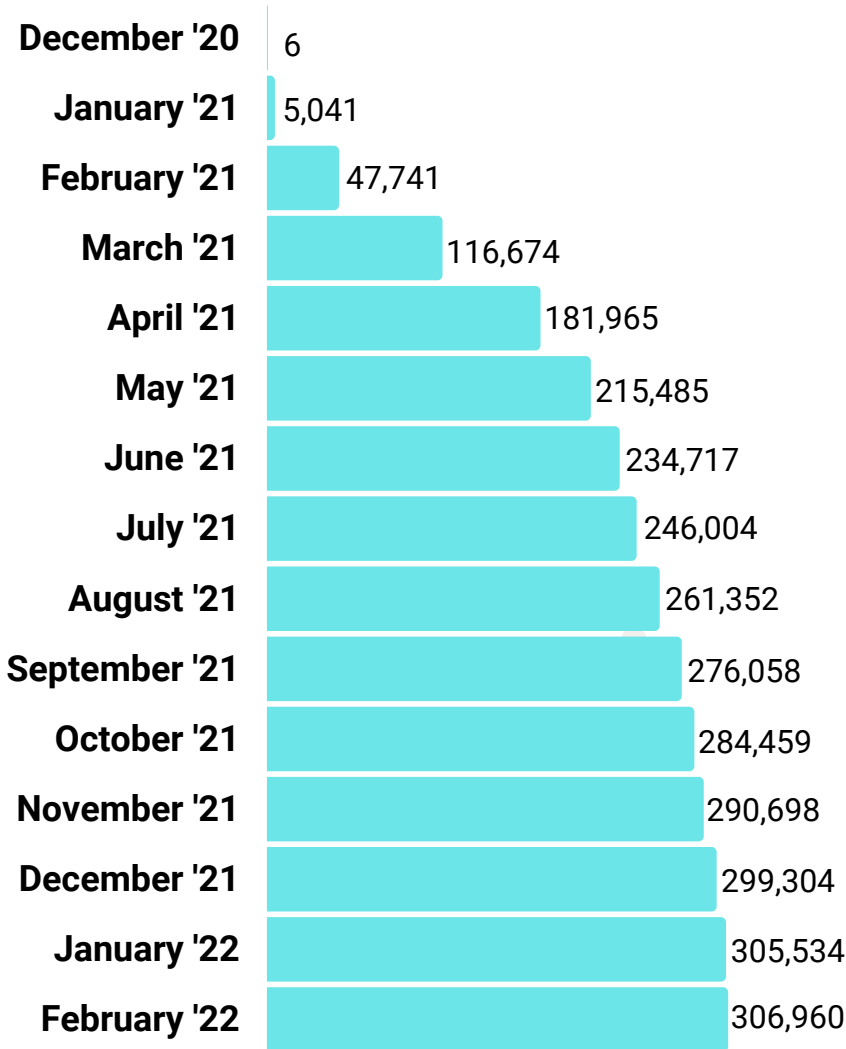


Over 25 community partnerships support the CVEC to conduct COVID-19 community-based outreach, education, and testing/vaccination events. Together, they have initiated:



*Check out the Desert Healthcare District's online calendar for future testing and vaccination clinics

Overview of Coachella Valley Total Vaccinations by Month



Total Population Vaccination Goals for Coachella Valley:

80% = **37,751**
TOTAL POPULATION FULLY VACCINATED ADDITIONAL ELIGIBLE (5+) RESIDENTS NEEDED

CV Equity Collaborative Objectives:

- Increase access & reduce barriers to COVID-19 vaccines and testing
- Strengthen care coordination by connecting residents to community resources & services
- Utilize Promotores as messengers to build trust and increase participation
- Create culturally and linguistically appropriate educational materials disseminated through community-based outreach

“Together, we can create a healthier and thriving Coachella Valley”
 - Coachella Valley Equity Collaborative



Waning 2-Dose and 3-Dose Effectiveness of mRNA Vaccines Against COVID-19–Associated Emergency Department and Urgent Care Encounters and Hospitalizations Among Adults During Periods of Delta and Omicron Variant Predominance — VISION Network, 10 States, August 2021–January 2022

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CDC recommends that all persons aged ≥ 12 years receive a booster dose of COVID-19 mRNA vaccine ≥ 5 months after completion of a primary mRNA vaccination series and that immunocompromised persons receive a third primary dose.*

Waning of vaccine protection after 2 doses of mRNA vaccine has been observed during the period of the SARS-CoV-2 B.1.617.2 (Delta) variant predominance[†] (1–5), but little is known about durability of protection after 3 doses during periods of Delta or SARS-CoV-2 B.1.1.529 (Omicron) variant predominance. A test-negative case-control study design using

data from eight VISION Network sites[§] examined vaccine effectiveness (VE) against COVID-19 emergency department/urgent care (ED/UC) visits and hospitalizations among U.S. adults aged ≥ 18 years at various time points after receipt of a second or third vaccine dose during two periods: Delta variant predominance and Omicron variant predominance (i.e., periods when each variant accounted for $\geq 50\%$ of sequenced isolates).[¶] Persons categorized as having received 3 doses included those who received a third dose in a primary series or a booster dose after a 2 dose primary series (including the reduced-dosage Moderna booster). The VISION Network analyzed 241,204 ED/UC encounters** and 93,408 hospitalizations across 10 states during August 26, 2021–January 22, 2022. VE after receipt of both 2 and 3 doses was lower during the Omicron-predominant than during the Delta-predominant period at all

* On November 29, 2021, CDC initially recommended a third dose of mRNA vaccine for all adults 6 months after receipt of the second primary series mRNA COVID-19 vaccine dose. The third dose of the BNT162b2 (Pfizer-BioNTech) vaccine was the same dosage as the primary series; however, the third dose of the mRNA-1273 (Moderna) vaccine was a reduced dosage compared with the primary series for all but immunocompromised persons; the third dose was either a 100- μg or 50- μg dose of Moderna vaccine or a 30- μg dose of the Pfizer-BioNTech vaccine. On January 4, 2022, CDC amended the interval to 5 months after receipt of the second dose for recipients of the Pfizer-BioNTech vaccine. On January 7, 2022, CDC amended the interval to 5 months for recipients of the Moderna vaccine. CDC recommends the Pfizer-BioNTech booster at 5 months, and an additional primary dose for certain immunocompromised children (<https://www.cdc.gov/media/releases/2022/s0104-Pfizer-Booster.html>). CDC recommends the Moderna booster at 5 months after completion of the primary series. (<https://www.cdc.gov/media/releases/2022/s0107-moderna-booster.html>). CDC recommends additional primary doses for some immunocompromised persons (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>).

[†] https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3961378

[§] Funded by CDC, the VISION Network includes Baylor Scott & White Health (Texas), Columbia University Irving Medical Center (New York), HealthPartners (Minnesota and Wisconsin), Intermountain Healthcare (Utah), Kaiser Permanente Northern California (California), Kaiser Permanente Northwest (Oregon and Washington), Regenstrief Institute (Indiana), and University of Colorado (Colorado).

[¶] Partners contributing data on medical events (and estimated dates of Omicron predominance) were as follows: California (December 21), Colorado (December 19), Indiana (December 26), Minnesota and Wisconsin (December 25), New York (December 18), Oregon (December 24), Texas (December 16), Utah (December 24), and Washington (December 24). The study period began in September 2021 for partners located in Texas.

** ED data at Columbia University Irving Medical Center and HealthPartners exclude encounters that were transferred to an inpatient setting.



time points evaluated. During both periods, VE after receipt of a third dose was higher than that after a second dose; however, VE waned with increasing time since vaccination. During the Omicron period, VE against ED/UC visits was 87% during the first 2 months after a third dose and decreased to 66% among those vaccinated 4–5 months earlier; VE against hospitalizations was 91% during the first 2 months following a third dose and decreased to 78% ≥ 4 months after a third dose. For both Delta- and Omicron-predominant periods, VE was generally higher for protection against hospitalizations than against ED/UC visits. All eligible persons should remain up to date with recommended COVID-19 vaccinations to best protect against COVID-19–associated hospitalizations and ED/UC visits.

VISION Network methods have been previously published (6). Eligible medical encounters were defined as those among adults aged ≥ 18 years with a COVID-19–like illness diagnosis^{††} who had received molecular testing (primarily reverse transcription–polymerase chain reaction assay) for SARS-CoV-2, the virus that causes COVID-19, during the 14 days before through 72 hours after the medical encounter. The study period began on August 26, 2021, 14 days after the first U.S. recommendation for a third mRNA COVID-19 vaccine dose.^{§§} The date when the Omicron variant accounted for $\geq 50\%$ of sequenced isolates was determined for each study site based on state and national surveillance data. Recipients of Ad.26.COV2.S (Janssen [Johnson & Johnson]) vaccine, 1 or > 3 doses of an mRNA vaccine, and those for whom < 14 days had elapsed since receipt of any dose were excluded.

VE was estimated using a test-negative design, comparing the odds of a positive SARS-CoV-2 test result between vaccinated and unvaccinated patients using logistic regression models conditioned on calendar week and geographic area and adjusting for age, local virus circulation, immunocompromised status, additional patient comorbidities, and other patient and facility characteristics.^{¶¶} Immunocompromised status was identified

by previously published diagnosis codes.^{***} Vaccination status was categorized based on the number of vaccine doses received and number of days between receipt of the most recent vaccine dose and the index medical encounter date (referred to as time since vaccination).^{†††} Patients with no record of mRNA vaccination before the index date were considered unvaccinated. Persons categorized as having received 3 doses included those who received a third dose in a primary series or a booster dose after a 2 dose primary series (including the reduced-dosage Moderna booster).

A standardized mean or proportion difference ≥ 0.2 indicated a nonnegligible difference in distributions of vaccination or infection status. The most remote category of time since vaccination was either ≥ 4 months or ≥ 5 months, depending on data availability (no hospitalizations were observed ≥ 5 months after receipt of a third dose during either period). To test for a trend in waning, time since vaccination categories were specified as an ordinal variable (< 2 months = 0; 2–3 months = 1; 4 months = 2; ≥ 5 months = 3), with statistically significant waning indicated by a p-value < 0.05 for the resulting regression coefficient. SAS (version 9.4, SAS Institute) and R software (version 4.1.2, R Foundation) were used to prepare data and perform statistical analysis.

For illustration purposes, the earliest and latest VE estimates for the trend are described. The overall trend can be statistically significant even though the precision of each estimate might be low, with the 95% CIs of estimates including zero. Analyses were stratified by two periods: Delta variant predominance and Omicron variant predominance. This study was reviewed and approved by the institutional review boards at participating sites and under a reliance agreement with the Westat, Inc. Institutional Review Board.^{§§§}

Among 241,204 eligible ED/UC encounters, 185,652 (77%) and 55,552 (23%) occurred during the Delta- and Omicron-predominant periods, respectively (Table 1). Among persons with COVID-19–like illness seeking care at ED/UC facilities, 46% were unvaccinated, 44% had received 2 doses of vaccine, and 10% had received 3 doses. The median interval since receipt of the most recent dose before the ED/UC encounter was 214 days (IQR = 164–259 days) among those who had

^{††} COVID-19–like illness diagnoses included acute respiratory illness (e.g., COVID-19, respiratory failure, or pneumonia) or related signs or symptoms (cough, fever, dyspnea, vomiting, or diarrhea) using diagnosis codes from the *International Classification of Diseases, Ninth Revision* and *International Classification of Diseases, Tenth Revision*.

^{§§} <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-additional-vaccine-dose-certain-immunocompromised>

^{¶¶} VE was calculated as $[1 - \text{odds ratio}] \times 100\%$, estimated using a test-negative design, which can be considered a case-control design in which case-patients were those whose outcome was confirmed COVID-19 and control patients were those with COVID-19–like illness and negative SARS-CoV-2 test results. All VE models were conditioned on calendar week and geographic area and adjusted for age, local virus circulation (percentage of SARS-CoV-2–positive results from testing within the counties surrounding the facility on the date of the encounter), propensity to be vaccinated (calculated separately for each VE estimate), and other patient and facility characteristics. Generalized boosted regression tree methods were used to estimate the propensity to be vaccinated based on sociodemographic characteristics, underlying medical conditions, and facility characteristics.

^{***} Immunocompromising conditions were derived from lists used in previous studies of large hospital-based or administrative databases and included the following conditions: 1) solid malignancies, 2) hematologic malignancies, 3) rheumatologic or inflammatory disorders, 4) other intrinsic immune conditions or immunodeficiencies, and 5) organ or stem cell transplants. https://www.cdc.gov/mmwr/volumes/70/wr/mm7044e3.htm?s_cid=mm7044e3_w

^{†††} The index date for each medical visit was defined as either the date of collection of a respiratory specimen associated with the most recent positive or negative SARS-CoV-2 test result before the medical visit or the date of the medical visit (if testing occurred only after the admission or visit date).

^{§§§} 45 C.F.R. part 46; 21 C.F.R. part 56.

TABLE 1. Characteristics of emergency department and urgent care encounters among adults with COVID-19–like illness,* by mRNA COVID-19 vaccination status† and SARS-CoV-2 test result — 10 states,‡ August 2021–January 2022¶

Characteristic	Total no. (column %)	mRNA COVID-19 vaccination status no. (row %)			SMD ^{††}	SARS-CoV-2 test result no. (row %)		SMD ^{††}
		Unvaccinated	Vaccinated (2 doses)	Vaccinated (3 doses)**		Negative	Positive	
All ED/UC encounters	241,204 (100)	110,873 (46)	105,193 (44)	25,138 (10)	—	179,378 (74)	61,826 (26)	—
Variant predominance period								
B.1.617.2 (Delta)	185,652 (77)	86,074 (46)	85,371 (46)	14,207 (8)	0.27	148,106 (80)	37,546 (20)	0.50
B.1.1.529 (Omicron)	55,552 (23)	24,799 (45)	19,822 (36)	10,931 (20)		31,272 (56)	24,280 (44)	
Site								
Baylor Scott & White Health	40,621 (17)	23,827 (59)	14,438 (36)	2,356 (6)	0.70	28,701 (71)	11,920 (29)	0.40
Columbia University ^{§§}	5,681 (2)	3,039 (53)	2,388 (42)	254 (4)		4,025 (71)	1,656 (29)	
HealthPartners ^{§§}	4,893 (2)	1,352 (28)	3,270 (67)	271 (6)		4,109 (84)	784 (16)	
Intermountain Healthcare	61,333 (25)	25,072 (41)	29,407 (48)	6,854 (11)		50,637 (83)	10,696 (17)	
Kaiser Permanente Northern California	45,753 (19)	11,165 (24)	25,335 (55)	9,253 (20)		34,715 (76)	11,038 (24)	
Kaiser Permanente Northwest	16,625 (7)	5,895 (35)	8,620 (52)	2,110 (13)		13,561 (82)	3,064 (18)	
Regenstrief Institute	41,694 (17)	26,799 (64)	12,541 (30)	2,354 (6)		25,420 (61)	16,274 (39)	
University of Colorado	24,604 (10)	13,724 (56)	9,194 (37)	1,686 (7)		18,210 (74)	6,394 (26)	
Age group, yrs								
18–44	110,203 (46)	65,073 (59)	40,936 (37)	4,194 (4)	0.81	80,085 (73)	30,118 (27)	0.23
45–64	64,583 (27)	28,479 (44)	30,272 (47)	5,832 (9)		45,710 (71)	18,873 (29)	
65–74	31,172 (13)	9,390 (30)	15,289 (49)	6,493 (21)		24,304 (78)	6,868 (22)	
75–84	23,242 (10)	5,360 (23)	12,160 (52)	5,722 (25)		19,155 (82)	4,087 (18)	
≥85	12,004 (5)	2,571 (21)	6,536 (54)	2,897 (24)		10,124 (84)	1,880 (16)	
Sex								
Male ^{¶¶}	97,859 (41)	47,368 (48)	40,062 (41)	10,429 (11)	0.06	70,430 (72)	27,429 (28)	0.10
Female	143,345 (59)	63,505 (44)	65,131 (45)	14,709 (10)		108,948 (76)	34,397 (24)	
Race/Ethnicity								
White, non-Hispanic	150,419 (62)	65,355 (43)	67,433 (45)	17,631 (12)	0.30	116,134 (77)	34,285 (23)	0.22
Hispanic	37,043 (15)	18,238 (49)	16,054 (43)	2,751 (7)		26,148 (71)	10,895 (29)	
Black, non-Hispanic	24,702 (10)	14,633 (59)	8,653 (35)	1,416 (6)		16,534 (67)	8,168 (33)	
Other, non-Hispanic ^{***}	17,683 (7)	6,153 (35)	9,009 (51)	2,521 (14)		13,360 (76)	4,323 (24)	
Unknown	11,357 (5)	6,494 (57)	4,044 (36)	819 (7)		7,202 (63)	4,155 (37)	
Chronic respiratory condition^{†††}								
Yes ^{¶¶}	42,531 (18)	17,884 (42)	19,359 (46)	5,288 (12)	0.09	35,264 (83)	7,267 (17)	0.22
No	198,673 (82)	92,989 (47)	85,834 (43)	19,850 (10)		144,114 (73)	54,559 (27)	
Chronic nonrespiratory condition^{§§§}								
Yes ^{¶¶}	62,192 (26)	24,884 (40)	29,202 (47)	8,106 (13)	0.17	50,304 (81)	11,888 (19)	0.21
No	179,012 (74)	85,989 (48)	75,991 (42)	17,032 (10)		129,074 (72)	49,938 (28)	
Immunocompromised status^{¶¶¶}								
Yes ^{¶¶}	9,546 (4)	3,348 (35)	4,462 (47)	1,736 (18)	0.12	8,222 (86)	1,324 (14)	0.14
No	231,658 (96)	107,525 (46)	100,731 (43)	23,402 (10)		171,156 (74)	60,502 (26)	
Total vaccinated	130,331 (54)	—	105,193 (81)	25,138 (19)		111,559 (86)	18,772 (14)	

See table footnotes on the next page.

received 2 doses and 49 days (IQR = 30–73) among those who had received 3 doses (CDC, unpublished data, 2022).

During the Delta-predominant period, VE against laboratory-confirmed COVID-19–associated ED/UC encounters was higher after receipt of a third dose than after a second dose; however, VE declined with increasing time since vaccination (Table 2). Among recipients of 3 doses, VE was 97% within 2 months of vaccination and declined to 89% among those vaccinated ≥4 months earlier (p<0.001 for test of trend in waning VE).

During the Omicron-predominant period, VE against COVID-19–associated ED/UC encounters was lower overall

compared with that during the Delta-predominant period and waned after the second dose, from 69% within 2 months of vaccination to 37% at ≥5 months after vaccination (p<0.001). Protection increased after a third dose, with VE of 87% among those vaccinated within the past 2 months; however, VE after 3 doses declined to 66% among those vaccinated 4–5 months earlier and 31% among those vaccinated ≥5 months earlier, although the latter estimate is imprecise because few data were available on persons vaccinated for ≥5 months after a third dose. The decreasing trend of VE with increasing time since vaccination was significant (p<0.001).

TABLE 1. (Continued) Characteristics of emergency department and urgent care encounters among adults with COVID-19–like illness,* by mRNA COVID-19 vaccination status† and SARS-CoV-2 test result — 10 states,‡ August 2021–January 2022¶

Characteristic	Total no. (column %)	mRNA COVID-19 vaccination status no. (row %)			SMD††	SARS-CoV-2 test result no. (row %)		SMD††
		Unvaccinated	Vaccinated (2 doses)	Vaccinated (3 doses)**		Negative	Positive	
Vaccine product								
Pfizer-BioNTech	79,806 (61)	—	63,912 (80)	15,894 (20)	—	67,179 (84)	12,627 (16)	0.15
Moderna	48,990 (38)	—	41,046 (84)	7,944 (16)		42,980 (88)	6,010 (12)	
Combination of mRNA products	1,535 (1)	—	235 (15)	1,300 (85)		1,400 (91)	135 (9)	
No. of doses received (interval from receipt of most recent dose to ED/UC encounter)								
2 (<2 mos)	4,808 (4)	—	4,808 (100)	—	—	4,507 (94)	301 (6)	0.38
2 (2–3 mos)	10,644 (8)	—	10,644 (100)	—		9,332 (88)	1,312 (12)	
2 (4 mos)	10,175 (8)	—	10,175 (100)	—		8,945 (88)	1,230 (12)	
2 (≥5 mos)	79,566 (61)	—	79,566 (100)	—		65,922 (83)	13,644 (17)	
3 (<2 mos)	15,614 (12)	—	—	15,614 (100)		14,694 (94)	920 (6)	
3 (2–3 mos)	8,759 (7)	—	—	8,759 (100)		7,639 (87)	1,120 (13)	
3 (4 mos)	736 (1)	—	—	736 (100)		509 (69)	227 (31)	
3 (≥5 mos)	29 (0)	—	—	29 (100)		11 (38)	18 (62)	

Abbreviations: ED = emergency department; ICD-9 = *International Classification of Diseases, Ninth Revision*; ICD-10 = *International Classification of Diseases, Tenth Revision*; SMD = standardized mean or proportion difference; UC = urgent care.

* Medical events with a discharge code consistent with COVID-19–like illness were included. COVID-19–like illness diagnoses included acute respiratory illness (e.g., COVID-19, respiratory failure, or pneumonia) or related signs or symptoms (cough, fever, dyspnea, vomiting, or diarrhea) using ICD-9 and ICD-10 diagnosis codes. Clinician-ordered molecular assays (e.g., real-time reverse transcription–polymerase chain reaction) for SARS-CoV-2 occurring ≤14 days before to <72 hours after admission were included. Recipients of Janssen vaccine, 1 or >3 doses of an mRNA vaccine, and those for whom 1–13 days had elapsed since receipt of any dose were excluded.

† Vaccination was defined as having received the listed number of doses of an mRNA-based COVID-19 vaccine ≥14 days before the medical event index date, which was the date of respiratory specimen collection associated with the most recent positive or negative SARS-CoV-2 test result before medical event or the admission date if testing only occurred after the admission.

‡ California, Colorado, Indiana, Minnesota, New York, Oregon, Texas, Utah, Washington, and Wisconsin.

¶ Partners contributing data on medical events and estimated date of Omicron predominance were in California (December 21), Colorado (December 19), Indiana (December 26), Minnesota and Wisconsin (December 25), New York (December 18), Oregon (December 24), Texas (December 16), Utah (December 24), and Washington (December 24). The study period began in September 2021 for partners located in Texas.

** The “Vaccinated (3 doses)” category includes persons who have received a third dose in their primary series or have received a booster dose following their 2-dose primary series; the third dose could have been either a 100-μg or 50-μg dose of Moderna vaccine or a 30-μg dose of the Pfizer-BioNTech vaccine.

†† An absolute SMD ≥0.20 indicates a nonnegligible difference in variable distributions between medical events for vaccinated versus unvaccinated patients. When calculating SMDs for differences in characteristics across mRNA COVID-19 vaccination status, the SMD was calculated as the average of the absolute value of the SMD for unvaccinated versus vaccinated with 2 doses and the absolute value of the SMD for unvaccinated versus vaccinated with 3 doses. All SMDs are reported as the absolute SMD.

‡‡ ED data at Columbia University Irving Medical Center and HealthPartners exclude encounters that were transferred to an inpatient setting.

¶¶ Referent group used for SMD calculations for dichotomous variables.

*** Other race includes Asian, Native Hawaiian or other Pacific islander, American Indian or Alaska Native, Other not listed, and multiple races.

††† Chronic respiratory condition was defined using ICD-9 and ICD-10 as the presence of discharge codes for asthma, chronic obstructive pulmonary disease, or other lung disease.

§§§ Chronic nonrespiratory condition was defined using ICD-9 and ICD-10 as the presence of discharge codes for heart failure, ischemic heart disease, hypertension, other heart disease, stroke, other cerebrovascular disease, diabetes type I or II, other diabetes, metabolic disease, clinical obesity, clinically underweight, renal disease, liver disease, blood disorder, immunosuppression, organ transplant, cancer, dementia, neurologic disorder, musculoskeletal disorder, or Down syndrome.

¶¶¶ Immunocompromised status was defined using ICD-9 and ICD-10 as the presence of discharge codes for solid malignancy, hematologic malignancy, rheumatologic or inflammatory disorder, other intrinsic immune condition or immunodeficiency, or organ or stem cell transplant.

Among 93,408 eligible hospitalizations, 83,045 (89%) and 10,363 (11%) occurred during the Delta- and Omicron-predominant periods, respectively (Table 3). Among persons hospitalized with COVID-19–like illness, 43% were unvaccinated, 45% had received 2 vaccine doses, and 12% had received 3 doses. The median interval since receipt of the most recent dose before hospitalization was 216 days (IQR = 175–257 days) among those who had received 2 doses and 46 days (IQR = 29–67 days) among those who had received 3 doses, (CDC, unpublished data, 2022).

During the Delta-predominant period, 2-dose VE against laboratory-confirmed COVID-19–associated hospitalizations declined with increasing time since vaccination and increased after a third dose (Table 2). Among recipients of 3 doses during the Delta-predominant period, VE against COVID-19–associated hospitalizations declined from 96% within 2 months of vaccination to 76% among those vaccinated ≥4 months earlier although the latter estimate is imprecise because few data were available on persons vaccinated for ≥4 months after a third dose during the Delta-predominant period ($p < 0.001$ for test of trend in waning VE).

TABLE 2. mRNA COVID-19 vaccine effectiveness* against laboratory-confirmed COVID-19–associated† emergency department and urgent care encounters and hospitalizations among adults aged ≥18 years, by number and timing of vaccine doses[‡] — VISION Network, 10 states,[¶] August 2021–January 2022**

Characteristic	Total	SARS-CoV-2 positive test result no. (%)	VE fully adjusted % (95% CI)*	Waning trend p value ^{††}
ED/UC encounters				
Overall				
Unvaccinated (Ref)	110,873	43,054 (39)	—	—
Any mRNA vaccine, 2 doses	105,193	16,487 (16)	72 (72–73)	<0.001
<2 mos	4,808	301 (6)	88 (87–90)	
2–3 mos	10,644	1,312 (12)	80 (78–81)	
4 mos	10,175	1,230 (12)	79 (77–80)	
≥5 mos	79,566	13,644 (17)	69 (68–70)	
Any mRNA vaccine, 3 doses	25,138	2,285 (9)	89 (89–90)	<0.001
<2 mos	15,614	920 (6)	92 (91–93)	
2–3 mos	8,759	1,120 (13)	86 (85–87)	
4 mos	736	227 (31)	75 (70–79)	
≥5 mos	29	18 (62)	50 (–7–77)	
Delta-predominant period				
Unvaccinated (Ref)	86,074	29,063 (34)	—	—
Any mRNA vaccine, 2 doses	85,371	8,136 (10)	80 (79–81)	<0.001
<2 mos	4,253	144 (3)	92 (91–94)	
2–3 mos	8,662	527 (6)	88 (86–89)	
4 mos	8,941	721 (8)	85 (83–86)	
≥5 mos	63,515	6,744 (11)	77 (76–78)	
Any mRNA vaccine, 3 doses	14,207	347 (2)	96 (95–96)	<0.001
<2 mos	10,621	210 (2)	97 (96–97)	
2–3 mos	3,542	134 (4)	93 (92–94)	
≥4 mos	44	3 (7)	89 (64–97)	
Omicron-predominant period				
Unvaccinated (Ref)	24,799	13,991 (56)	—	—
Any mRNA vaccine, 2 doses	19,822	8,351 (42)	41 (38–43)	<0.001
<2 mos	555	157 (28)	69 (62–75)	
2–3 mos	1,982	785 (40)	50 (45–55)	
4 mos	1,234	509 (41)	48 (41–54)	
≥5 mos	16,051	6,900 (43)	37 (34–40)	
Any mRNA vaccine, 3 doses	10,931	1,938 (18)	83 (82–84)	<0.001
<2 mos	4,993	710 (14)	87 (85–88)	
2–3 mos	5,217	986 (19)	81 (79–82)	
4 mos	692	224 (32)	66 (59–71)	
≥5 mos	29	18 (62)	31 (–50–68)	
Hospitalizations				
Overall				
Unvaccinated (Ref)	40,125	16,335 (41)	—	—
Any mRNA vaccine, 2 doses	42,326	4,294 (10)	82 (81–83)	<0.001
<2 mos	1,662	71 (4)	93 (91–94)	
2–3 mos	3,084	223 (7)	88 (86–90)	
4 mos	3,279	234 (7)	89 (87–90)	
≥5 mos	34,301	3,766 (11)	80 (79–81)	

See table footnotes on the next page.

During the period of Omicron predominance, VE against COVID-19–associated hospitalizations was lower overall and waned with time since vaccination: VE after a second dose declined from 71% within 2 months of vaccination to 54% among those vaccinated ≥5 months earlier ($p = 0.01$). Among recipients of 3 doses, VE against COVID-19–associated hospitalizations declined from 91% among those vaccinated within the past 2 months to 78% among those vaccinated ≥4 months earlier ($p < 0.001$).

Discussion

In a multistate analysis of 241,204 ED/UC encounters and 93,408 hospitalizations among adults with COVID-19–like illness during August 26, 2021–January 22, 2022, estimates of VE against laboratory-confirmed COVID-19 were lower during the Omicron-predominant than during the Delta-predominant period, after accounting for both number of vaccine doses received and time since vaccination. During both periods, VE after receipt of a third dose was always higher than

TABLE 2. (Continued) mRNA COVID-19 vaccine effectiveness* against laboratory-confirmed COVID-19-associated† emergency department and urgent care encounters and hospitalizations among adults aged ≥18 years, by number and timing of vaccine doses[§] — VISION Network, 10 states,¶ August 2021–January 2022**

Characteristic	Total	SARS-CoV-2 positive test result no. (%)	VE fully adjusted % (95% CI)*	Waning trend p value††
Any mRNA vaccine, 3 doses	10,957	471 (4)	93 (92–94)	<0.001
<2 mos	7,332	221 (3)	95 (94–95)	
2–3 mos	3,413	211 (6)	91 (89–92)	
≥4 mos	212	39 (18)	81 (72–87)	
Delta-predominant period				
Unvaccinated (Ref)	36,214	14,445 (40)	—	—
Any mRNA vaccine, 2 doses	38,707	3,315 (9)	85 (84–85)	<0.001
<2 mos	1,574	49 (3)	94 (92–96)	
2–3 mos	2,790	154 (6)	91 (89–92)	
4 mos	3,129	192 (6)	90 (89–92)	
≥5 mos	31,214	2,920 (9)	82 (82–83)	
Any mRNA vaccine, 3 doses	8,124	195 (2)	95 (95–96)	<0.001
<2 mos	6,071	118 (2)	96 (95–97)	
2–3 mos	2,030	74 (4)	93 (91–95)	
≥4 mos	23	3 (13)	76 (14–93)	
Omicron-predominant period				
Unvaccinated (Ref)	3,911	1,890 (48)	—	—
Any mRNA vaccine, 2 doses	3,619	979 (27)	55 (50–60)	0.01
<2 mos	88	22 (25)	71 (51–83)	
2–3 mos	294	69 (23)	65 (53–74)	
4 mos	150	42 (28)	58 (38–71)	
≥5 mos	3,087	846 (27)	54 (48–59)	
Any mRNA vaccine, 3 doses	2,833	276 (10)	88 (86–90)	<0.001
<2 mos	1,261	103 (8)	91 (88–93)	
2–3 mos	1,383	137 (10)	88 (85–90)	
≥4 mos	189	36 (19)	78 (67–85)	

Abbreviations: ED = emergency department; ICD-9 = *International Classification of Diseases, Ninth Revision*; ICD-10 = *International Classification of Diseases, Tenth Revision*; Ref = referent group; UC = urgent care; VE = vaccine effectiveness.

* VE was calculated as $[1 - \text{odds ratio}] \times 100\%$, estimated using a test-negative design, conditioned on calendar week and geographic area, and adjusted for age, local virus circulation (percentage of SARS-CoV-2-positive results from testing within the counties surrounding the facility on the date of the encounter), propensity to be vaccinated (calculated separately for each VE estimate), and other factors. Generalized boosted regression tree methods were used to estimate the propensity to be vaccinated based on sociodemographic characteristics, underlying medical conditions, and facility characteristics.

† Medical events with a discharge code consistent with COVID-19-like illness were included. COVID-19-like illness diagnoses included acute respiratory illness (e.g., COVID-19, respiratory failure, or pneumonia) or related signs or symptoms (cough, fever, dyspnea, vomiting, or diarrhea) using ICD-9 and ICD-10 diagnosis codes. Clinician-ordered molecular assays (e.g., real-time reverse transcription-polymerase chain reaction) for SARS-CoV-2 occurring ≤14 days before to <72 hours after admission were included. Recipients of Janssen vaccine, 1 or >3 doses of an mRNA vaccine, and those for whom <14 days had elapsed since receipt of any dose were excluded.

§ Vaccination status was documented in electronic health records and immunization registries and was defined as having received the listed number of doses of an mRNA-based COVID-19 vaccine ≥14 days before the medical event index date. Index date was defined as the date of respiratory specimen collection associated with the most recent positive or negative SARS-CoV-2 test result before the medical event or the admission date if testing only occurred after the admission. Persons categorized as having received 3 vaccine doses include those who received a third dose in their primary series or received a booster dose after their 2 dose primary series; the third dose could have been either a 100-μg or 50-μg dose of Moderna vaccine or a 30-μg dose of the Pfizer-BioNTech vaccine.

¶ California, Colorado, Indiana, Minnesota, New York, Oregon, Texas, Utah, Washington, and Wisconsin.

** Partners contributing data on medical events and estimated dates of Omicron predominance were in California (December 21), Colorado (December 19), Indiana (December 26), Minnesota and Wisconsin (December 25), New York (December 18), Oregon (December 24), Texas (December 16), Utah (December 24), and Washington (December 24). The study period began in September 2021 for partners located in Texas.

†† p-value for test of linear trendline fitted to VE estimates across ordinal categories of time since vaccination (<2 months = 0; 2–3 months = 1, 4 months = 2, ≥5 months = 3).

VE following a second dose; however, VE waned with increasing time since vaccination. During the Omicron-predominant period, mRNA vaccination was highly effective against both COVID-19-associated ED/UC encounters (VE = 87%) and COVID-19 hospitalizations (VE = 91%) within 2 months after a third dose, but effectiveness waned, declining to 66% for prevention of COVID-19-associated ED/UC encounters

by the fourth month after receipt of a third dose and to 78% for hospitalizations by the fourth month after receipt of a third dose. The finding of lower VE for 2 or 3 doses during the Omicron-predominant period is consistent with previous reports from the VISION network and others^{¶¶¶,****} (2,7). Waning of VE after receipt of a third dose of mRNA vaccine

¶¶¶ <https://www.medrxiv.org/content/10.1101/2021.12.14.21267615v1>

**** <https://www.medrxiv.org/content/10.1101/2021.12.20.21267966v3>

TABLE 3. Characteristics of hospitalizations among adults with COVID-19–like illness,* by mRNA COVID-19 vaccination status† and SARS-CoV-2 test result — 10 states,‡ August 2021–January 2022¶

Characteristic	Total no. (column %)	mRNA COVID-19 vaccination status, no. (row %)			SMD ^{††}	SARS-CoV-2 test result, no. (row %)		SMD ^{††}
		Unvaccinated	Vaccinated (2 doses)	Vaccinated (3 doses)**		Negative	Positive	
All hospitalizations	93,408 (100)	40,125 (43)	42,326 (45)	10,957 (12)	—	72,308 (77)	21,100 (23)	—
Variant predominance period								
B.1.617.2 (Delta)	83,045 (89)	36,214 (44)	38,707 (47)	8,124 (10)	0.24	65,090 (78)	17,955 (22)	0.15
B.1.1.529 (Omicron)	10,363 (11)	3,911 (38)	3,619 (35)	2,833 (27)		7,218 (70)	3,145 (30)	
Site								
Baylor Scott & White Health	17,110 (18)	8,688 (51)	7,182 (42)	1,240 (7)	0.67	13,772 (80)	3,338 (20)	0.43
Columbia University	3,491 (4)	1,494 (43)	1,723 (49)	274 (8)		2,908 (83)	583 (17)	
HealthPartners	1,096 (1)	253 (23)	777 (71)	66 (6)		966 (88)	130 (12)	
Intermountain Healthcare	8,070 (9)	3,741 (46)	3,299 (41)	1,030 (13)		5,643 (70)	2,427 (30)	
Kaiser Permanente Northern California	23,236 (25)	4,967 (21)	13,264 (57)	5,005 (22)		19,952 (86)	3,284 (14)	
Kaiser Permanente Northwest	4,170 (5)	1,702 (41)	1,988 (48)	480 (12)		3,371 (81)	799 (19)	
Regenstrief Institute	25,131 (27)	13,891 (55)	9,415 (37)	1,825 (7)		16,897 (67)	8,234 (33)	
University of Colorado	11,104 (12)	5,389 (49)	4,678 (42)	1,037 (9)		8,799 (79)	2,305 (21)	
Age group, yrs								
18–44	17,919 (19)	11,649 (65)	5,550 (31)	720 (4)	0.75	12,998 (73)	4,921 (27)	0.32
45–64	25,620 (27)	13,426 (52)	10,470 (41)	1,724 (7)		18,278 (71)	7,342 (29)	
65–74	20,947 (22)	7,369 (35)	10,471 (50)	3,107 (15)		16,775 (80)	4,172 (20)	
75–84	18,316 (20)	5,003 (27)	9,874 (54)	3,439 (19)		15,215 (83)	3,101 (17)	
≥85	10,606 (11)	2,678 (25)	5,961 (56)	1,967 (19)		9,042 (85)	1,564 (15)	
Sex								
Male ^{§§}	42,175 (45)	18,619 (44)	18,465 (44)	5,091 (12)	0.03	31,609 (75)	10,566 (25)	0.13
Female	51,233 (55)	21,506 (42)	23,861 (47)	5,866 (11)		40,699 (79)	10,534 (21)	
Race/Ethnicity								
White, non-Hispanic	60,285 (65)	24,582 (41)	27,842 (46)	7,861 (13)	0.28	47,171 (78)	13,114 (22)	0.16
Hispanic	11,752 (13)	5,559 (47)	5,194 (44)	999 (9)		8,680 (74)	3,072 (26)	
Black, non-Hispanic	10,360 (11)	5,447 (53)	4,200 (41)	713 (7)		8,077 (78)	2,283 (22)	
Other, non-Hispanic¶¶	7,199 (8)	2,379 (33)	3,722 (52)	1,098 (15)		5,845 (81)	1,354 (19)	
Unknown	3,812 (4)	2,158 (57)	1,368 (36)	286 (8)		2,535 (67)	1,277 (33)	
Chronic respiratory condition***								
Yes ^{§§}	59,525 (64)	24,741 (42)	27,360 (46)	7,424 (12)	0.10	46,548 (78)	12,977 (22)	0.06
No	33,883 (36)	15,384 (45)	14,966 (44)	3,533 (10)		25,760 (76)	8,123 (24)	
Chronic nonrespiratory condition^{†††}								
Yes ^{§§}	79,433 (85)	31,480 (40)	37,798 (48)	10,155 (13)	0.36	63,475 (80)	15,958 (20)	0.32
No	13,975 (15)	8,645 (62)	4,528 (32)	802 (6)		8,833 (63)	5,142 (37)	
Immunocompromised status^{§§§}								
Yes ^{§§}	19,401 (21)	5,988 (31)	9,755 (50)	3,658 (19)	0.33	16,969 (87)	2,432 (13)	0.32
No	74,007 (79)	34,137 (46)	32,571 (44)	7,299 (10)		55,339 (75)	18,668 (25)	
Total vaccinated	53,283 (57)	—	42,326 (79)	10,957 (21)		48,518 (91)	4,765 (9)	

See table footnotes on the next page.

has also been observed in Israel (8) and in preliminary reports from the VISION Network (2). This analysis enhances an earlier VISION Network report (2) by extending the Omicron study period to January 22, 2022, providing a more detailed breakdown of time since vaccination, and using an analytic technique that better controls for potential confounding by calendar week and geographic area. By comparing COVID-19 test-positive case-patients with COVID-19 test-negative control patients in the same geographic area and for whom encounter index dates occurred within the same week, bias in VE estimates resulting from temporal and spatial variations in virus circulation and vaccine coverage was reduced.

The findings in this report are subject to at least seven limitations. First, because this study was designed to estimate VE against COVID-19–associated ED/UC visits or hospitalizations, VE estimates from this study do not include COVID-19 infections that were not medically attended. Second, the median interval from receipt of a third dose to medical encounters was 49 days; thus, the observed performance of a third dose is limited to a relatively short period after vaccination. Third, the small number of COVID-19 test-positive patients in the most remote time-since-vaccination groups reduced the precision of the VE estimates for those groups (e.g., ≥5 months). Fourth, variations in waning of VE by

TABLE 3. (Continued) Characteristics of hospitalizations among adults with COVID-19–like illness,* by mRNA COVID-19 vaccination status[†] and SARS-CoV-2 test result — 10 states,[§] August 2021–January 2022[¶]

Characteristic	Total no. (column %)	mRNA COVID-19 vaccination status, no. (row %)			SMD ^{††}	SARS-CoV-2 test result, no. (row %)		SMD ^{††}
		Unvaccinated	Vaccinated (2 doses)	Vaccinated (3 doses)**		Negative	Positive	
Vaccine product								
Pfizer-BioNTech	31,460 (59)	—	24,382 (78)	7,078 (22)	—	28,339 (90)	3,121 (10)	0.15
Moderna	21,349 (40)	—	17,850 (84)	3,499 (16)	—	19,731 (92)	1,618 (8)	
Combination of mRNA products	474 (1)	—	94 (20)	380 (80)	—	448 (95)	26 (5)	
No. of doses received (interval from receipt of most recent dose to hospitalization)								
2 (<2 mos)	1,662 (3)	—	1,662 (100)	—	—	1,591 (96)	71 (4)	0.42
2 (2–3 mos)	3,084 (6)	—	3,084 (100)	—	—	2,861 (93)	223 (7)	
2 (4 mos)	3,279 (6)	—	3,279 (100)	—	—	3,045 (93)	234 (7)	
2 (≥5 mos)	34,301 (64)	—	34,301 (100)	—	—	30,535 (89)	3,766 (11)	
3 (<2 mos)	7,332 (14)	—	—	7,332 (100)	—	7,111 (97)	221 (3)	
3 (2–3 mos)	3,413 (6)	—	—	3,413 (100)	—	3,202 (94)	211 (6)	
3 (≥4 mos)	212 (0)	—	—	212 (100)	—	173 (82)	39 (18)	

Abbreviations: ICD-9 = *International Classification of Diseases, Ninth Revision*; ICD-10 = *International Classification of Diseases, Tenth Revision*; SMD = standardized mean or proportion difference.

* Medical events with a discharge code consistent with COVID-19–like illness were included. COVID-19–like illness diagnoses included acute respiratory illness (e.g., COVID-19, respiratory failure, or pneumonia) or related signs or symptoms (cough, fever, dyspnea, vomiting, or diarrhea) using ICD-9 and ICD-10 diagnosis codes. Clinician-ordered molecular assays (e.g., real-time reverse transcription–polymerase chain reaction) for SARS-CoV-2 occurring ≤14 days before to <72 hours after admission were included. Recipients of Janssen vaccine, 1 or >3 doses of an mRNA vaccine, and those for whom 1–13 days had elapsed since receipt of any dose were excluded.

[†] Vaccination was defined as having received the listed number of doses of an mRNA-based COVID-19 vaccine ≥14 days before the medical event index date, which was the date of respiratory specimen collection associated with the most recent positive or negative SARS-CoV-2 test result before medical event or the admission date if testing only occurred after the admission.

[§] California, Colorado, Indiana, Minnesota, New York, Oregon, Texas, Utah, Washington, and Wisconsin.

[¶] Partners contributing data on medical events and estimated date of Omicron predominance were in California (December 21), Colorado (December 19), Indiana (December 26), Minnesota and Wisconsin (December 25), New York (December 18), Oregon (December 24), Texas (December 16), Utah (December 24), and Washington (December 24). The study period began in September 2021 for partners located in Texas.

** Persons categorized as having received 3 vaccine doses include those who have received a third dose in their primary series or have received a booster dose following their 2-dose primary series; the third dose could have been either a 100-μg or 50-μg dose of Moderna vaccine or a 30-μg dose of the Pfizer-BioNTech vaccine.

^{††} An absolute SMD ≥0.20 indicates a nonnegligible difference in variable distributions between medical events for vaccinated versus unvaccinated patients. When calculating SMDs for differences of characteristics across mRNA COVID-19 vaccination status, the SMD was calculated as the average of the absolute value of the SMD for unvaccinated versus vaccinated with 2 doses and the absolute value of the SMD for unvaccinated versus vaccinated with 3 doses. All SMDs are reported as the absolute SMD.

^{§§} Indicates the referent group used for SMD calculations for dichotomous variables.

^{¶¶} Other race includes Asian, Native Hawaiian or other Pacific islander, American Indian or Alaska Native, Other not listed, and multiple races.

^{***} Chronic respiratory condition was defined using ICD-9 and ICD-10 as the presence of discharge codes for asthma, chronic obstructive pulmonary disease, or other lung disease.

^{†††} Chronic nonrespiratory condition was defined using ICD-9 and ICD-10 as the presence of discharge codes for heart failure, ischemic heart disease, hypertension, other heart disease, stroke, other cerebrovascular disease, diabetes type I or II, other diabetes, metabolic disease, clinical obesity, clinically underweight, renal disease, liver disease, blood disorder, immunosuppression, organ transplant, cancer, dementia, neurologic disorder, musculoskeletal disorder, or Down syndrome.

^{§§§} Immunocompromised status was defined using ICD-9 and ICD-10 as the presence of discharge codes for solid malignancy, hematologic malignancy, rheumatologic or inflammatory disorder, other intrinsic immune condition or immunodeficiency, or organ or stem cell transplant.

age group, immunocompromised status, other indicators of underlying health status, or vaccine product have not yet been examined. This study could not distinguish whether a third dose was received as an additional dose as part of a primary series (as recommended for immunocompromised persons) or as a booster dose after completion of a primary series. Further research should evaluate waning VE of a third primary dose among immunocompromised adults compared with waning of VE after a booster dose among immunocompetent adults. Fifth, despite adjustments to account for differences between unvaccinated and vaccinated persons, VE estimates might have been biased by residual differences between these groups with respect to immunocompromised status and other health conditions, as well as from unmeasured behaviors (e.g., mask

use and close contact with persons with COVID-19). For example, insufficient adjustment for immunocompromised status might have biased the estimates of VE downward among persons most remote from receipt of a third dose. Sixth, genetic characterization of patients' viruses was not available, and analyses relied on dates when the Omicron variant became locally predominant based on surveillance data; therefore, the Omicron period of predominance in this study likely includes some medical encounters associated with the Delta variant. Finally, although the facilities in this study serve heterogeneous populations in 10 states, the findings might not be generalizable to the U.S. population.

These findings underscore the importance of receiving a third dose of mRNA COVID-19 vaccine to prevent both

Summary**What is already known about this topic?**

Protection against COVID-19 after 2 doses of mRNA vaccine wanes, but little is known about durability of protection after 3 doses.

What is added by this report?

Vaccine effectiveness (VE) against COVID-19–associated emergency department/urgent care (ED/UC) visits and hospitalizations was higher after the third dose than after the second dose but waned with time since vaccination. During the Omicron-predominant period, VE against COVID-19–associated ED/UC visits and hospitalizations was 87% and 91%, respectively, during the 2 months after a third dose and decreased to 66% and 78% by the fourth month after a third dose. Protection against hospitalizations exceeded that against ED/UC visits.

What are the implications for public health practice?

All eligible persons should remain up to date with recommended COVID-19 vaccinations to best protect against COVID-19–associated hospitalizations and ED/UC visits.

COVID-19–associated ED/UC encounters and COVID-19 hospitalizations among adults. The finding that protection conferred by mRNA vaccines waned in the months after receipt of a third vaccine dose reinforces the importance of further consideration of additional doses to sustain or improve protection against COVID-19–associated ED/UC encounters and COVID-19 hospitalizations. All eligible persons should remain up to date with recommended COVID-19 vaccinations to best protect against COVID-19–associated hospitalizations and ED/UC visits.

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All authors have completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. Nicola P. Klein reports institutional support from Pfizer, Merck, GlaxoSmithKline, Sanofi Pasteur, and Protein Sciences (now Sanofi Pasteur) for unrelated studies and institutional support from Pfizer for a COVID-19 vaccine trial. Charlene McEvoy reports institutional support from AstraZeneca for a COVID-19 vaccine trial. Allison L. Naleway reports institutional support from Pfizer for an unrelated study of meningococcal B vaccine safety during pregnancy. Suchitra Rao reports grant funding from GlaxoSmithKline and Biofire Diagnostics. No other potential conflicts of interest were disclosed.

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DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: February 22, 2021

To: Board of Directors

Subject: Medical Mobile Unit Update

Staff Recommendation: Informational item only

Background: The Coachella Valley Equity Collaborative efforts to mitigate the impact of the current COVID-19 epidemic has increased the participation of underserved community residents in COVID-19 testing and vaccinations. By addressing and reducing barriers to access like transportation and increasing the proximity of health and wellness programs and/or services to where community residents live, work, and pray have demonstrated a need to continue this strategy and service delivery model.

On May 25, 2021, the DHCD Board of Directors approved \$336,500 for the acquisition of a medical mobile unit. The addition of a mobile unit to the DHCD would increase the District's visibility throughout the Coachella Valley. Staff solicited quotes from multiple manufacturers and selected the quote from Magnum Mobile Specialty Vehicles of \$170,000 for a 26ft. medical mobile unit, which includes two examinations rooms, along with a full restroom. The remaining approved funds will be utilized for ongoing operational and maintenance costs. The project delivery date is slated for July 2022.

Update:

Legal counsel met with staff and discussed the Mobile Health Care Services Act under the CA Health and Safety Code sections 1765.101-1765.75, which states that a mobile unit may operate as one of the following:

- (a) As an adjunct to a licensed health facility or to a licensed clinic.
- (b) As an independent-freestanding clinic
- (c) As an "other" type of approved mobile unit.

In addition to the licensing process, staff started developing a preliminary annual operating budget, which includes:

Desert Healthcare District	
Mobile Medical Unit	
Annual Operating Budget Estimate	
District's Expense	
Registration	\$ 2,500
Licensing-Public Health	1,000
Insurance	5,000
Fuel	13,000
Maintenance	11,000
Medical Supplies	7,500
General Supplies	3,000
Hazardous Waste (Toilet)	2,500
Biohazard Medical Waste	3,000
Storage/Security	26,000
District's Expense	74,500
Operator's Expense	
Driver/Operator	36,000
Cleaning/Sanitizing	3,000
Operator's Expense	39,000
Total Operating Expense	113,500

Fiscal Impact:

\$336,500 of which \$175,000 will come from The Coachella Valley Resource Conservation District (CVRCD) grant.

Annual Operating Expenses - \$113,500



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: February 22, 2022
To: Board of Directors Meeting
Subject: Desert Healthcare District and Foundation Receives Two Awards for Community Service

Staff Recommendation: The Desert Healthcare District and Foundation Board and staff are honored to be the recipients of two distinguished awards during the month of February.

Background: On February 5, 2022, the District and Foundation was presented with the **Philanthropist of the Year Award at the 12th Annual Palm Springs Black History Month Awards Gala**. The award recognizes the District and Foundation for its long-term support and efforts to improve health and wellness for residents of Desert Highland Gateway Estates, a traditionally Black neighborhood in northern Palm Springs.



- With funding and other support, the District and Foundation contributed to developing the neighborhood's first-ever community health needs assessment and community health workers in 2015.
- Recently, the agency launched an initiative to further address racial inequities in healthcare and health professions for Black communities in the Coachella Valley. The Board approved in July 2020 allocating \$400,000 (with additional commitments of \$100,000 from the Inland Empire Health Plan and \$75,000 from Lift to Rise) toward healthcare infrastructure and services.
- Also in July 2020, the Board approved an allocation of \$200,000 to create with OneFuture Coachella Valley a scholarship program for Black students seeking careers in health. The first scholars will be recognized during a virtual ceremony on Feb. 23, 2022.

The District and Foundation also was recognized on Feb. 14 when the city of **Palm Springs Human Rights Commission** acknowledged it and seven other organizations and individuals with a **Community Service Award**. Commission Chairman Ron deHarte said during the virtual event that the District and Foundation's award recognized the agency's work "not just this last year, but for the years past." District and Foundation Board President Karen Borja accepted the award on behalf of the Board and staff.

Fiscal Impact:

The Board approved in 2020 \$600,000 toward advancing racial equity in healthcare and health professions for Black communities in the Coachella Valley. Regarding the Palm Springs Human Rights Commission Community Service Award, there's no fiscal impact.



Date: February 22, 2021
To: Board of Directors
Subject: Community Engagement and Presentations

Background:

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

Information:

- Meeting with SCAQMD / SEJCA Grant Proposal – December 22, 2021
- Riverside County Nonprofit Roundtable – January 31, 2022
- Interview about COVID-19 Vaccines on Telemundo 15 / KESQ News Channel 3– February 1, 2022
- Meeting with M. Finney, DRMC – February 2, 2022
- Meeting with CV School Districts regarding Mental Health Services – February 3, 2022
- Riverside County Vaccine Equity Taskforce – February 4, 2022
- Palm Springs Black History Awards Gala – February 5, 2022
- BH Behavioral Health Initiative - Steering Committee Meeting – February 7, 2022
- ACHD Governance Committee meeting – February 9, 2022
- City of Palm Springs Human Rights Commission Community Service Award Ceremony – February 14, 2022
- ACHD Board Strategic Planning & Business Meeting – February 16-18, 2022

Upcoming Events:

- Screening of documentary “To Live for the Harvest” – February 24, 2022. The documentary showcases the work of the Desert Healthcare District and Foundation to prioritize and deliver COVID-19 vaccines to farm workers in the Coachella Valley. It includes interview with District staff (Alejandro Espinoza, Chief of Community Engagement, and Conrado Bárzaga, Chief Executive Officer). District’s CEO will participate in roundtable discussion after the premier.
- National Public Health Week (NPHW). April 4 – 10, 2022 “Public Health is Where You Are”. The District’s CEO was invited by George Benjamin, MD, Executive Director of the American Public Health Association to speak at the launching event, a public health forum on “Public Health is Where You Are”. The forum will take place on April 4, 2022 at 10:00am PST.
- 2022 Grantmakers in Health Annual Conference – June 28, 2022. Conrado, Alejandro, and Kim Saruwatari, RUHS Public Health Director, will provide a presentation about our CV Equity Collaborative: “Advancing a Health Equity Framework through Pandemic Response: Foundations’ Leadership Role Past, Present, and Future”.
- DRMC Governing Board – March 24, 2022. DHCD Strategic Plan Presentation.

Cal Bears in the Desert, Chicanx Latinx Alumni Association, &
OC World

Invite you to a Special Preview Screening of:

TO LIVE FOR THE HARVEST

A NEW DOCUMENTARY EXPLORES THE PLIGHT OF FARMWORKERS
UNDER COVID-19

FEBRUARY 24, 2022

7:00 - 8:15 PM VIA ZOOM



REGISTER ONLINE AT:

[HTTPS://CALBEARSINTHEDESERT.ORG/TO-LIVE-FOR-THE-HARVEST/](https://calbearsinthedesert.org/to-live-for-the-harvest/)



Join Dr. Manuel Gomez and our special panel guests

Assemblymember Robert Rivas, District 30 - Salinas

Dr. Conrado Bárzaga, CEO Desert Healthcare District & Foundation

Melina Duarte, Founder and Principal Consultant, MyDuarte Group, LLP

Dr. Christian Paiz, Assistant Professor of Ethnic Studies at UC Berkeley



For more information visit: <https://calbearsinthedesert.org/to-live-for-the-harvest/>



DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
February 08, 2022

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

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Shorr called the meeting to order at 3:31 p.m.	
II. Approval of Agenda	Chair Shorr asked for a motion to approve the agenda.	Moved and seconded by Director Zendle and President Borja agenda. Motion passed unanimously.
III. Public Comment	There was no public comment.	
IV. Approval of Minutes 1. F&A Minutes – Meeting January 11, 2022	Chair Shorr motioned to approve the January 11, 2022, minutes.	Moved and seconded by Director Zendle and President Borja to approve the January 11, 2022, meeting minutes. Motion passed unanimously.
V. Chief Administration Officer’s Report	Chris Christensen, CAO, explained at the January committee meeting the transition of Lund & Guttry, LLP to a new organization – Coachella Valley Accounting and Auditing that will be presented in Other Matters to approve the transition and letters of engagement. The Las Palmas Medical Plaza is 97.4% occupied with one vacant suite and the anticipation of 100% occupancy in the near future.	
VI. CEO Report	Conrado Bárzaga, CEO, explained that related to the Foundation, staff is working to finalize a contract with the	



DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
February 08, 2022

	<p>Riverside County Health Systems (RUHS) on a \$90k allocation of additional funding for the Coachella Valley Equity Collaborative.</p>	
<p>VII. Financial Reports</p> <ol style="list-style-type: none"> 1. District and LPMP Financial Statements 2. Accounts Receivable Aging Summary 3. District – Deposits 4. District – Property Tax Receipts 5. LPMP Deposits 6. District – Check Register 7. Credit Card – Detail of Expenditures 8. LPMP – Check Register 9. Retirement Protection Plan Update 10. Grant Payment Schedule 	<p>Chair Shorr reviewed the January 2022 financial reports with the committee. Chris Christensen, CAO, explained that the most recent property tax receipt is 8% higher than last year due to the increase in real estate value. Investment income is negative due to bond performance. Mr. Christensen provided an overview of the A/R Aging Summary describing the Sovereign account that is traditionally in arrears, but in the past few months, the account is one month ahead of the scheduled payments. Chair Shorr discussed the Check Register, Credit Card Expenditures, and Retirement Protection Plan with the committee. Mr. Christensen described the Grant Payment Schedule \$1.8M reserved/unused funding carried forward from last year for newly awarded grants. \$521k in grant funds has been awarded since January 31, 2022, reducing the \$1.8M of reserved grants, resulting in \$1.3M remaining unused grant funding. Therefore, with the remaining \$1.3M, and the \$4M budgeted for 2021-2022, \$5.3M is available for grant funding.</p>	<p>Moved and seconded by Director Zendle and President Borja to approve the January 2022 financials – items 1-10 and to forward to the Board for approval. Motion passed unanimously.</p>

DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
February 08, 2022

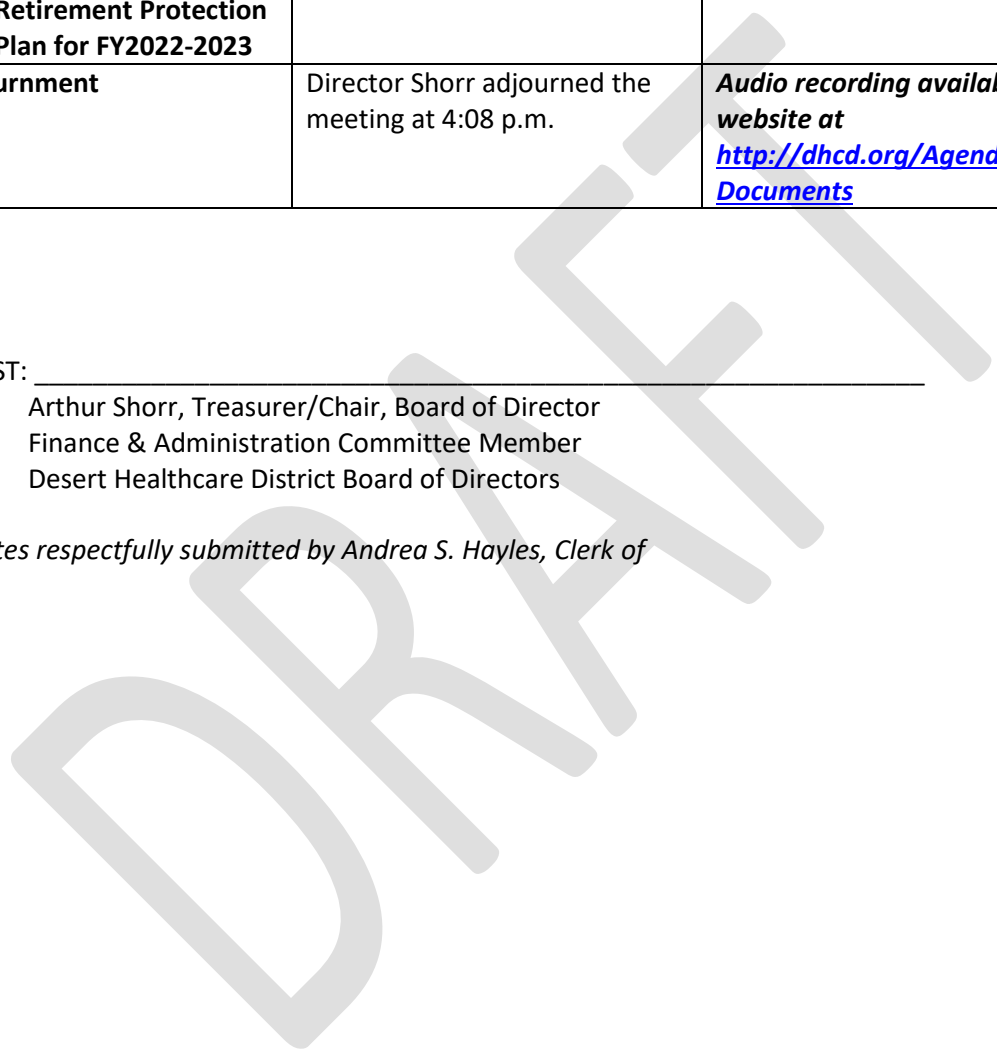
VIII. Other Matters		
<p>1. LPMP – Lease Extension Addendum #3 – Eyecare Services Partners Management LLP</p>	<p>Chris Christensen, CAO, described the 2018 lease renewal expiring in 2023 with two optional 5-year extensions continuing to 2028 with an addendum to extend the lease. There are no tenant improvement requests, but the district will pay the 4% broker commission absent of the tenant improvements that the committee would normally consider for approval. Mr. Christensen also explained a broker is used by Eyecare Services Partners Management, which is a substantially large national organization.</p>	<p>Moved and seconded by Director Zendle and President Borja to approve the LPMP – Lease Extension Addendum #3 – Eyecare Services Partners Management LLP and forward to the Board for approval. Motion passed unanimously.</p>
<p>2. Lund & Guttry, LLP, Certified Public Accountants – Disengagement Letter Effective Immediately – District, Foundation, and Retirement Protection Plan</p>	<p>Chris Christensen, CAO, explained that as the district’s financial auditors for the past 2 years, Lund & Guttry is splitting-off to Coachella Valley Accounting and Auditing. The staff at Lund & Guttry will transition to the new organization, including Mr. Gary Dack, CPA, Partner, who will eventually retire in a few years. Shannon Maidment, CPA, Partner, will also accompany Mr. Dack and the staff to Coachella Valley Accounting and Auditing.</p>	<p>Moved and seconded by Director Zendle and President Borja to approve and consent to the transition from Lund & Guttry, LLP, Certified Public Accountants to Coachella Valley Accounting and Auditing (CV A&A) – Effective February 1, 2022. Motion passed unanimously.</p>
<p>3. Consideration to approve and consent to the transition from Lund & Guttry, LLP, Certified Public Accountants to Coachella Valley Accounting and Auditing (CV A&A) – Effective February 1, 2022</p>	<p>In addition to the transition and disengagement letters to Coachella Valley Accounting and Auditing, Mr. Christensen</p>	<p>Moved and seconded by Director Zendle and President Borja to approve and consent to the Letters of Engagement with Coachella Valley Accounting and Auditing (CV A&A) for the District, Foundation, and Retirement Protection Plan for FY2022-2023. Motion passed unanimously.</p>
<p>4. Consideration to approve and consent</p>		

DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
February 08, 2022

<p>to the Letters of Engagement with Coachella Valley Accounting and Auditing (CV A&A) for the District, Foundation, and Retirement Protection Plan for FY2022-2023</p>	<p>also provided details on the engagement letter.</p>	
<p>IV. Adjournment</p>	<p>Director Shorr adjourned the meeting at 4:08 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

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

Minutes respectfully submitted by Andrea S. Hayles, Clerk of





**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
February 08, 2022**

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

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 5:00 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	Moved and seconded by President Borja and Director Zavala to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. January 11, 2022	Chair PerezGil asked for a motion to approve the January 11, 2022, meeting minutes.	Moved and seconded by President Borja and Director PerezGil to approve the January 11, 2022, meeting minutes. Motion passed unanimously.
IV. Public Comment	There were no public comments.	
V. Old Business 1. Grant Payment Schedule	Chair PerezGil inquired on any questions of the committee concerning the grant payment schedule for the current fiscal year.	
VI. Program Updates 1. Progress and Final Reports Update	President Borja inquired on the details of the report for Grant Makers Concerned with Immigrants and Refugees (GCIR) report. Donna Craig, Chief	



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
February 08, 2022**

	<p>Program Officer, described GCIR’s funding distribution to Alianza to assist 1,260 Coachella Valley households, and the demographic data by gender, race, age, college enrollment, occupation, and the most significant financial needs. However, specific geography, such as cities of residence was not collected due to households concerned with immigration status further explaining the funding distribution to each residence.</p> <p>President Borja added that gaps of information, for instance, salaries of the primary occupations of employment in the Coachella Valley, difficulties with the evaluation if GCIR returns for additional funding, and unanswered questions with similar organizations, such as GCIR requesting funding for the Coachella Valley in the form of pass-through funding support.</p>	
<p>VII. Grant Funding Requests</p> <p>1. Grant # 1306 Olive Crest – General Support for Counseling and Mental Health Services to Vulnerable Children and Families in the Coachella Valley – \$123,451 (Strategic Plan Alignment - Goal #3: Proactively expand community access to behavioral/mental</p>	<p>Donna Craig, Chief Program Officer, described Olive Crest’s grant request for general support for counseling and mental health services to vulnerable children and families in the Coachella Valley.</p> <p>Tracy Fitzsimmons, Executive Director, Inland and Desert Communities, described the programs in the Coachella Valley and throughout Riverside with</p>	<p>Moved and seconded by President Borja and Director Zavala to forward to the Board for approval Grant #1306 Olive Crest – General Support for Counseling and Mental Health Services to Vulnerable Children and Families in the Coachella Valley – \$123,451. Motion passed unanimously.</p>

DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
February 08, 2022

<p>health services. Strategy# 3.3: Provide funding to CBOs enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services (consider co-location with other health services)</p>	<p>the intersection of a new counseling center, in-kind resources, and amounts from pass-through dollars, including the 2023 50th Anniversary celebration for more visibility, further explaining the sustainability of the organization.</p>	
<p>VIII. Committee Members Comments</p>	<p>There were no committee member comments</p>	
<p>IX. Adjournment</p>	<p>Chair PerezGil adjourned the meeting at 5:15 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
 Evett PerezGil, Chair/Director
 Program Committee

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

DESERT HEALTHCARE DISTRICT								
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE								
January 31, 2022								
TWELVE MONTHS ENDING JUNE 30, 2022								
Grant ID Nos.	Name	Approved Grants - Prior Yrs	6/30/2021 Bal Fwd	Current Yr 2021-2022	Total Paid Prior Yrs July-June	Total Paid Current Yr July-June	Open BALANCE	
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000	\$ 6,660,000		\$ -		\$ 6,660,000	
2019-994-BOD-05-28-19	One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yr	\$ 700,000	\$ 148,750		\$ 148,750		\$ -	
2020-1085-BOD-05-26-20	Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr	\$ 50,000	\$ 5,000		\$ 5,000		\$ -	
2020-1057-BOD-05-26-20	Desert Cancer Foundation - Patient Assistance Program - 1 Yr	\$ 150,000	\$ 15,000		\$ 15,000		\$ -	
2020-1139-BOD-09-22-20	CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr	\$ 50,000	\$ 5,000		\$ (528)		\$ 5,528	
	Unexpended funds Grant #1139						\$ (5,528)	
2020-1135-BOD-11-24-20	Hope Through Housing Foundation - Family Resilience - 1 Yr	\$ 20,000	\$ 2,000		\$ -		\$ 2,000	
2020-1149-BOD-12-15-20	Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$ 40,000	\$ 22,000		\$ 22,000		\$ -	
2021-1136-BOD-01-26-21	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr	\$ 119,432	\$ 65,688		\$ 53,744		\$ 11,944	
2021-1147-BOD-01-26-21	Alzheimer's Association - Critical Program Support - 1 Yr	\$ 33,264	\$ 18,295		\$ 14,969		\$ 3,326	
2021-1162-BOD-01-26-21	Joslyn Center - Wellness Center Program Support - 1 Yr	\$ 109,130	\$ 60,022		\$ 49,108		\$ 10,914	
2021-1170-BOD-02-23-21	Jewish Family Services - Mental Health Counseling for Underserved Residents - 1 yr	\$ 80,000	\$ 44,000		\$ 36,000		\$ 8,000	
2021-1141-BOD-03-23-21	Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	\$ 210,905	\$ 115,998		\$ 94,907		\$ 21,091	
2021-1171-BOD-03-23-21	Blood Bank of San Bernardino/Riverside Counties - Bloodmobiles for Coachella Valley - 18 Months	\$ 150,000	\$ 82,500		\$ 67,500		\$ 15,000	
2021-1174-BOD-03-23-21	Mizell Center - Geriatric Case Management Program	\$ 100,000	\$ 55,000		\$ 45,000		\$ 10,000	
2021-1266-BOD-04-27-21	Galilee Center - Our Lady of Guadalupe Shelter - 1 yr	\$ 150,000	\$ 82,500		\$ 67,500		\$ 15,000	
2021-1277-BOD-04-27-21	Lift To Rise - United Lift Rental Assistance 2021 - 8 Months	\$ 300,000	\$ 210,000		\$ 180,000		\$ 30,000	
2021-1280-BOD-05-25-21	Desert AIDS Project - DAP Health Expands Access to Healthcare - 1yr	\$ 100,000	\$ 55,000		\$ 45,000		\$ 10,000	
2021-21-02-BOD-06-22-21	Carry over of remaining Fiscal Year 2020/2021 Funds*	\$ 1,854,873	\$ 1,854,873		\$ 521,664		\$ 1,333,209	
2021-1296-BOD-11-23-21	Coachella Valley Volunteers In Medicine - Improving Access to Healthcare Services - 1 Yr			\$ 154,094		\$ 69,342	\$ 84,752	
2021-1289-BOD-12-21-21	Desert Cancer Foundation - Patient Assistance Program - 1 Yr			\$ 150,000		\$ 67,500	\$ 82,500	
2022-1301-BOD-01-25-22	UCR Regents - Community Based Interventions to Mitigate Psychological Trauma - 1 Yr			\$ 113,514		\$ -	\$ 113,514	
2022-1302-BOD-01-25-22	Vision To Learn - Palm Springs, Desert Sands, and Coachella Valley School Districts 1 Yr			\$ 50,000		\$ -	\$ 50,000	
2022-1303-BOD-01-25-22	CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr			\$ 54,056		\$ -	\$ 54,056	
							\$ -	
TOTAL GRANTS		\$ 14,217,604	\$ 9,501,626	\$ 521,664	\$ 1,365,614	\$ 136,842	\$ 8,515,306	
Amts available/remaining for Grant/Programs - FY 2021-22:								
Amount budgeted 2021-2022			\$ 4,000,000				G/L Balance:	1/31/2022
Amount granted through January 31, 2022:			\$ (521,664)				2131	\$ 3,525,306
Mini Grants:	1293; 1294		\$ (10,000)				2281	\$ 4,990,000
Financial Audits of Non-Profits			\$ -					
Net adj - Grants not used:	FY20-21 Funds, 1124, 1139		\$ 1,873,147				Total	\$ 8,515,306
Matching external grant contributions			\$ -					\$ (0)
Balance available for Grants/Programs			\$ 5,341,483					

* Value listed in Total Paid column reflects funds granted from carryover funds. Actual grant payments will be reflected under the respective grant.



Date: 2/8/2022

To: Program Committee – District

Subject: Progress and Final Grant Reports 1/1/22 – 1/31/22

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

Voices For Children #1149

Grant term: 1/1/21 – 12/31/21

Original Approved Amount: \$40,000.

Final report covering the time period from: 1/1/21 – 12/31/21

DAP Health #1280

Grant term: 6/1/21 – 5/31/22

Original Approved Amount: \$100,000.

Progress report covering the time period from: 6/1/21 – 11/30/21

Grantmakers Concerned with Immigrants and Refugees #1127

Grant term: 7/1/20 – 6/30/21

Original Approved Amount: \$150,000.

Additional report documentation covering the time period from: 7/1/20 – 6/30/21

Alianza Coachella Valley was the only CIRF (California Immigrant Resilience Fund – launched by GCIR) local partner that served households in the Coachella Valley.

Demographic data was collected by Alianza Coachella Valley.

Voices For Children, Grant#: 1149

Court Appointed Special Advocate (CASA) Program

Strategic Area: Healthcare Infrastructure and Services

Reporting Period: 1/1/21 to 12/31/21

Jessica Munoz

Tel: (951) 472-9301

jessicam@speakupnow.org

Grant Information

Grant Amount: \$40,000

Paid to date: \$36,000

Balance: \$4,000

Proposed Goals and Evaluation

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

Evaluation Plan:

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

Goal #1: By December 31, 2021, Voices for Children (VFC) Court Appointed Special Advocates (CASAs) will advocate for 20 youth in the foster care system within the Desert Healthcare District boundaries.

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

Evaluation of goal #1: VFC will use our internal database, CASA Manager, to track program activities. Director of Programs, Sharon Morris, VFC will use our internal database, CASA Manager, to track program activities. Director of Programs, Sharon Morris, and Program Coordinator, Julie Woodruff, will monitor the number of Coachella Valley youth referred to VFC on a monthly basis. During case intake, they will assess the needs of each child and match them with a CASA volunteer.

VFC staff will record monthly case updates in CASA Manager. CASA Manager will also be used to track upcoming court hearings and court reports submitted. VFC will consider this goal accomplished if 20 Coachella Valley foster youth receive the individual attention and advocacy of a CASA during the grant period.

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

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

Evaluation of goal #2: VFC's Director of Programs, Sharon Morris, and Program Coordinator, Julie Woodruff, will monitor the number of prospective volunteers who attend information sessions and other recruitment events each month and enroll in Advocate University, VFC's internal CASA training program. On a monthly basis, Sharon will meet with our staff recruitment committee to review progress toward the annual goal and adjust outreach strategies as needed. We will consider this objective accomplished if 20 individuals enroll in Advocate University during the grant period.

Goal #3: By December 31, 2021, VFC's Riverside County CASA program will train and match at least 20 new CASA volunteers to youth living in the foster care system.

We will hold 8 sessions of Advocate University during the grant period. Training

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

Evaluation of goal #3: VFC's Director of Programs, Sharon Morris, and Program Coordinator, Julie Woodruff, will track the progress of each CASA trainee in CASA Manager as they complete training requirements. We will consider this objective accomplished if 20 new CASAs complete training requirements and are assigned to advocate on behalf of a single child or sibling group from the Coachella Valley.

Proposed number of District residents to be served:

Total: 20

Proposed geographic area(s) served:

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

Final Progress:

Final Outcomes on Goals and Evaluation

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

Voices for Children (VFC) is pleased to report that we have achieved each of our program goals.

Goal #1:

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

Progress: DHCD funding directly funded CASA services for 80 youth from within the Desert Healthcare District boundaries. Each CASA has maintained monthly contact with the case children they serve, provided monthly case updates to their VFC staff

Advocacy Supervisors, and submitted formal court reports at least twice a year with key recommendations to the judge about the physical and mental health, educational and developmental, and other needs of the child.

Evaluation of goal #1:

Goal #1 has been achieved.

Goal #2:

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

Progress: During 2021, more than 20 prospective new volunteers have enrolled in our Advocate University (AU) training program. VFC offered 11 AU training sessions during 2021.

Evaluation of goal #2:

Goal #2 has been achieved.

Goal #3:

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

Progress: During 2021, 20 new CASA volunteers have completed all training requirements and been matched with children in foster care from cities within district boundaries. In total, these new CASAs are providing ongoing advocacy to 27 new children in foster care.

Evaluation of goal #3:

Goal #3 has been achieved.

Final number of District residents served:

Total: 80

Final geographic area(s) served:

Please answer the following questions

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

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

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

VFC is especially proud that the Riverside County CASA program provided uninterrupted service to children in foster care, despite the challenges posed by the global health crisis, and that we have continued our record of year-over-year growth since our program's inception in 2015. This year, CASAs continued to reach out to children, advocate for them, and provide regular reports to the Court so that judges could make better-informed decisions for the children. We are grateful to partners like the Desert Healthcare District & Foundation, whose financial support allowed VFC to respond to pandemic-related challenges in order to ensure the children's needs continued to be addressed. We are also proud to report that VFC received the Innovative Inclusion Tier of Recognition from All Children–All Families, a project of the Human Rights Campaign that promotes LGBTQ-inclusive policies and affirming practices among child welfare agencies.

Thank you for your support, which allowed CASAs like Sue to make an incredible impact in the lives of children like ██████:

CASA Sue is matched with ██████, a 19-year-old young man who has lived in more than 30 placements during his childhood in foster care. Now as a young adult, he continues to experience housing instability and transitions. CASA Sue has been ██████'s CASA for the last five years. Like many other young adults in foster care, ██████ experienced homelessness this year. When Sue learned that ██████ was homeless, she reached out to VFC's emergency phone line to identify emergency services available in ██████'s area. CASA Sue also connected ██████ with his attorney and his social services practitioner, and encouraged him to fill out transitional housing program applications. As a result, he successfully entered a new housing program, attained a new job, and enrolled in school for the fall. Food and employment insecurity continue to be a challenge, but ██████ always communicates with Sue when something comes up. CASA Sue helps ██████ to connect to local resources and is focused on his long-term stability. With her support, ██████ is staying housed and connected to the resources and supports that he needs to prevent future homelessness and achieve his goals.

3. After the initial investment by the DHCD how will the program/project be financially sustained?
4. List five things to be done differently if this project/program were to be implemented again

1. Recruitment Administration: VFC hired a Community Outreach Coordinator for the Riverside County CASA program in fall 2021. Previously, recruitment responsibilities were shared by multiple members of our program team. The Community Outreach Coordinator will increase our efficiency by streamlining and tracking aspects of our volunteer recruitment efforts.

2. Male Volunteer Recruitment: Although boys make up nearly half of the youth we serve, our volunteer corps is 85% female. Recruiting male CASA volunteers continues to be a focus of our recruitment efforts. Our Community Outreach Coordinator will focus on establishing relationships with male-oriented organizations.

3. National Standards: The National CASA has released new standards intended to enhance operations of member CASA organizations. We will be working to comply with or exceed the more stringent requirements, thereby improving our program. In particular, we will focus on strengthening continuing education metrics for existing CASAs and training requirements for new CASAs.

4. Implicit Bias Training: We recently piloted an implicit bias training module into our CASA training program, Advocate University. We will continue to revise and enhance this module and plan to offer it to existing CASAs in addition to new trainees in the future.

5. Infants and Toddlers: We will reach out to referring partners (social workers, minor's attorneys, etc.) in an effort to educate them about the benefits of CASAs to infants and toddlers (ages birth to 5). Historically, VFC has received far more referrals for older children; however, young children are especially vulnerable to the negative impact of abuse and neglect and can benefit greatly from CASA advocacy. We will also train program staff on how to better support CASAs serving young children with specialized resources that address such needs as developmental delays and early childhood education.

DAP Health, Grant#: 1280

DAP Health Expands Access to Healthcare

Strategic Area: Healthcare Infrastructure and Services

Reporting Period: 6/1/21 to 11/30/21

David Brinkman

Tel: (760) 323-2118

Fax: (760) 323-1299

dbrinkman@daphealth.org

Grant Information

Grant Amount: \$100,000

Paid to date: \$45,000

Balance: \$55,000

Due Date: 12/1/2021

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (5/31/2022):

Goal #1: Psychotherapy program – clients come on a self-referral basis (talk therapy)

DAP's behavioral health clinician (BHC) funded by this grant will increase the number of patients seen in the Behavioral Health Department by 52 new patients who are District residents by the end of the grant year.

Goal #2: Psychiatry program – medication management – medical doctor referrals

Within 6 months, DAP anticipates schedules for the psychiatrist and up to three psychiatry residents to be fully booked at 8 visits per day. This would net 28 patients per week who reside in the District (based on 4 hours per week).

Goal #3: By the end of the grant year, DAP will achieve sustainability through insurance billing reimbursement for the BHC and the psychiatrist to be funded through this grant.

Evaluation Plan: DAP will use our EHR system to provide a quantitative assessment of the program. Since we capture a patient's demographic data in their EHR, we can track

the number of patient visits to each provider as well as the number of District residents who were provided care by the BHC, the psychiatrist, and the three residents during the grant year.

To evaluate qualitative measures, DAP provides satisfaction surveys to patients of our BHD as well as our primary care clinics. At the termination of a patient's therapy treatment with the BHC, the patient will be given an in-house patient satisfaction survey that measures the patient's perception of the care provided and success in meeting therapeutic goals. The survey questions will focus on what goals the patient identified at the start of therapy and whether or not those goals were achieved. In addition, the survey measures the patient's experience of the therapy process (i.e., did the patient feel heard, understood, and respected by the therapist?).

After a visit to one of DAP's primary care clinics, which includes psychiatry, all patients receive an email generated by our EHR system with a link to complete a satisfaction survey allowing them to provide feedback about their care.

DAP will collate results from the BHC therapy surveys as well as the collating psychiatry treatment survey results, addressing any issues identified as needed.

Proposed number of District residents to be served:

Total: 80

Proposed geographic area(s) served:

Cathedral City

Coachella

Desert Hot Springs

Indio

La Quinta

Palm Desert

Palm Springs

Rancho Mirage

Sky Valley

Thousand Palms

Progress This Reporting Period

Progress Outcomes:

During this reporting period, DAP has successfully begun our collaboration with the UCR Psychiatry Residency program. This collaboration has fulfilled our psychiatric medication management need, allowing us to offer psychiatric medication management to patients on-site as opposed to through a contract with Inland Psychiatric (off-campus). DAP has expanded access to behavioral healthcare through psychiatry or psychotherapy to 25 District residents in this time frame.

Progress on the number of District residents served:

Total: 25

Geographic area(s) served during this reporting period:

All District Areas

Progress on the Program/Project Goals:

Goal #1:

In November, we hired the new Behavioral Health Clinician (BHC) funded by this grant. She is awaiting Board of Psychology approval and will start seeing patients in the next month. For the reporting period, DAP has seen an increase of one new patient within District. To meet the goal of 52 new patients within the grant year, DAP will need to hire additional Behavioral Health Clinicians. We currently have openings for a full-time Clinical Psychologist and a Licensed Clinical Social Worker on the DAP Health website.

Goal #2:

We were unable to find 3 psychiatry residents. Instead, Dr. Woods supervised one UCR psychiatry resident who was fully booked one morning each week, seeing 4 patients per week instead of 28 patients per week. Behavioral Health has just added a Psychiatric Nurse Practitioner (PNP) to increase our psychiatry component, and he will be booked at 8 visits a day, three days per week. We expect to meet the goal of 28 patients per week who reside in the District by our next report. Of the 28 new psychiatry patients during this period, 24 of them are within the District.

DAP is contracting with a Psychiatrist who will be providing supervision of PNP, which is required in California. She will review complex cases with the PNP and provide consultation for care. She will also review a minimum of four records monthly and provide recommendations as needed from the psychiatrist perspective.

Goal #3:

We are still expecting to achieve sustainability and be able to bill insurance and County Drug Medi-Cal by the end of this grant.

Program/Project Tracking:

- *Is the project/program on track?*

No

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

Since the Coachella Valley is in a designated health professional shortage area, this impacted our ability to identify a qualified candidate in a timely manner to fill the BHC opening. It took much longer than we anticipated to fill the open BHC position even though DAP posted the opening on the DAP website in late May 2021. DAP has long recognized the need for more BHCs in the Valley, the impetus behind the expansion of DAP's Behavioral Health Department. DAP was able to meet the current patient caseload, but was unable to increase the number of patients without a new clinician.

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

While we were delayed in our start up, the course correction is that we have hired a BHC and a PNP. We are now able to launch and meet numbers in Psychiatry with our new staff. We intend to hire additional Behavioral Health Clinicians to meet the Psychotherapy goal.

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

While we were unable to hire a new BHC when we first received the grant, we were able to increase access to therapy by implementing a clinical internship training program which has been very successful.

Grantmakers Concerned with Immigrants and Refugees #1127 - Demographic Data Reported by Alianza Coachella Valley

Gender	
Female	780
Male	328
No Data	152
Total	1260

Age of Household Members	
Number of Adults age 18 and above	2562
Number of Children under 18	2249
Total	4811

Were you enrolled in college at any point this	
College Student	36
Non-Student	1073
No Data	151
Total	1260

Race/Ethnicity	
Asian/Pacific Islander	0
Black	0
Indigenous	9
Latinx	1056
White	2
Multi-racial	0
Other	35
Decline to State	6
No Data	152
Total	1260

Primary Occupation	
Caregiving	24
Car Wash	7
Construction	52
Day Labor	22
Domestic Work	113
Farm Work	274
Food Processing	16
Garment Work	2
Gig Work	5
Health Care	0
Hospitality	124
Janitorial	11
Landscaping	77
Office	4
Personal Care	3
Restaurant	181
Retail Work	7
Self-Employed	14
Street Vendor	2
Transportation	2
Other	155
Decline to state	13
No Data	152
Total	1260

Greatest financial need	
Childcare	14
Food	52
Medication/Healthcare	17
Remittance/Family Support	6
Rent	722
Utilities	155
Other	11
No Data	283
Total	1260

**BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE MEETING
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Directors Present	District Staff Present	Absent
President Leticia De Lara, Chair Vice-President/Secretary Evett PerezGil Director Les Zendle, MD	Conrado E. Bázquez, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Eric Taylor, Accounting Manager Andrea S. Hayles, Clerk of the Board	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 3:00 p.m. by Chair De Lara.	
II. Approval of Agenda	Chair De Lara asked for a motion to approve the agenda.	Moved and seconded by Director Zendle and Vice-President PerezGil to approve the agenda. Motion passed unanimously.
III. Meeting Minutes	Chair De Lara asked for a motion to approve the September 14, 2021, meeting minutes.	Moved and seconded by Director PerezGil and Director Zendle to approve the September 14, 2021, meeting minutes. Motion passed unanimously.
IV. Old Business – 1. Policy #OP-16 – Chief Executive Officer Discretionary Funds	Conrado Bázquez, MD, CEO, described the prior discussion for revisions to the CEO Discretionary Funds policy regarding donations to organizations supported by the District/Foundation up to \$5k. The committee discussed the district’s strategic priorities for grants considering that the CEO has the discretion to make the determination for funding from the discretionary funds while also supporting the staff’s actions for funding various organizations. Dr. Bázquez further described the reason for the discretionary fund due to sponsorships as requested by	Moved and seconded by Director Zendle and Director PerezGil to approve Policy #OP-16 – Chief Executive Officer Discretionary Funds and to forward to the Board for approval. Motion passed unanimously.

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	<p>the Board to provide the CEO with the discretion or responsibility for funding specific events related to health matters.</p>	
<p>V. New Business – Existing Policy Revisions</p> <ol style="list-style-type: none"> 1. District Bylaws – Set apart the Vice-President and Secretary Officer Positions & Term Limits 2. Policy #PROC-01 Purpose of Board Policies 3. Policy #BOD-01 Swearing in of Board Members 4. Policy #BOD-02 Election, Appointment, and Duties of Officers 	<p>Chris Christensen, CAO, provided an overview of the modified bylaws concerning the November Workshop discussions related to officer elections, term limits, and dividing the Vice-President and Secretary into to positions. After a lengthy discussion about separating the two positions, including its relations to BOD-02, and consistency with the treasurer position, the committee moved to table the matter.</p> <p>Chris Christensen, CAO, described the minor revisions to policy PROC-01 of the review date.</p> <p>Chris Christensen, CAO, described the minimal revisions to policy BOD-01 of the review date.</p> <p>Chris Christensen, CAO, described the modifications to policy BOD-02 related to the bylaws and separating the Vice-President and Secretary positions with two-year term limits. Each year the board will review and validate the second</p>	<p>Moved and seconded by Director Zendle and Director PerezGil to table the District Bylaws – Set apart the Vice-President and Secretary Officer Positions & Term Limits. Motion passed unanimously.</p> <p>Moved and seconded by Director Zendle and Director PerezGil to approve Policy #PROC-01 Purpose of Board Policies and to forward to the Board for approval. Motion passed unanimously.</p> <p>Moved and seconded by Director Zendle and Director PerezGil to approve Policy #BOD-01 Swearing in of Board Members and to forward to the Board for approval. Motion passed unanimously.</p> <p>Moved and seconded by Director PerezGil and Director Zendle to table Policy #BOD-02 Election, Appointment, and Duties of Officers. Motion passed unanimously.</p>

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<p>5. Policy #BOD-04 Attendance at Meetings</p> <p>6. Policy #BOD-05 Basis of Authority</p> <p>7. Policy #BOD-08 Board Meetings</p> <p>8. Policy #BOD-11 Board Actions and Decisions</p>	<p>year for a rotation of positions, which is not mandatory.</p> <p>The Committee discussed the term limits of the President, Vice-President, and Secretary terms up to two years, the position requiring nominations of the board for the next term and reviewing verbiage modifications with legal counsel. Not reaching a consensus, Director Zendle motioned to table the matter until March or the next scheduled committee meeting, including the bylaws.</p> <p>Chris Christensen, CAO, described the minor modifications to the review dates of policy BOD-04.</p> <p>Chris Christensen, CAO, described the minimal changes to the review dates of policy BOD-05.</p> <p>Chris Christensen, CAO, described the minor verbiage and review date changes to policy BOD-08.</p> <p>Chris Christensen, CAO, described the minor verbiage revisions and review dates changes to policy BOD-11.</p>	<p>Moved and seconded by Director PerezGil and Director Zendle to approve Policy #BOD-04 Attendance at Meetings and to forward to the Board for approval. Motion passed unanimously.</p> <p>Moved and seconded by Director Zendle and Director PerezGil to approve Policy #BOD-05 Basis of Authority and to forward to the Board for approval. Motion passed unanimously.</p> <p>Moved and seconded by Director Zendle and Director PerezGil to approve Policy #BOD-08 Board Meetings and to forward to the Board for approval. Motion passed unanimously.</p> <p>Moved and seconded by Director Zendle and Director PerezGil to approve Policy #BOD-11 Board Actions and Decisions and to forward to the Board for approval.</p>
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<p>9. Policy #BOD-15 Conflict-of-Interest</p>	<p>Chris Christensen, CAO, described the title change to Alejandro Espinoza’s position and other minor verbiage and review date modifications. The committee’s lengthy discussion of fiduciary duty conflicts in the best interest of the district, contacting legal counsel in certain circumstances, and suggesting the inclusion of legal counsel for consultation where applicable, the committee moved to table policy BOD-15 to March or the next scheduled meeting.</p>	<p>Motion passed unanimously.</p> <p>Moved and seconded by Director Zendle and Director PerezGil to table Policy #BOD-15 Conflict-of-Interest. Motion passed unanimously.</p>
<p>10. Policy #BOD-17 Compensation & Performance Evaluation of the CEO</p>	<p>Chris Christensen, CAO, described the minor changes to the review date and language to remove President from CEO. The committee recommended modifying “March” to “annually” in policy BOD-17, Section 3.</p>	<p>Moved and seconded by Director Zendle and Director PerezGil to approve Policy #BOD-17 Compensation & Performance Evaluation of the CEO and to forward to the Board for approval. Motion passed unanimously.</p>
<p>11. Policy #OP-05 Grant & Mini Grant Policy</p>	<p>Chris Christensen, CAO, described the strategic plan related to policy OP-05 removing item 5 and guiding the process to the flowchart.</p>	<p>Moved and seconded by Director Zendle and Director PerezGil to approve Policy #OP-05 Grant & Mini Grant Policy and to forward to the Board for approval. Motion passed unanimously.</p>
<p>VI. Future Topics & Issues</p>	<p>There was no discussion for future topics and issues.</p>	
<p>VII. Adjournment</p>	<p>Chair De Lara adjourned the meeting at 5:50 p.m.</p>	<p>Audio recording available on the website at https://www.dhcd.org/Agendas-and-Documents</p>



**BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE MEETING
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ATTEST: _____
Leticia De Lara, Chair/President
Board and Staff Communications & Policies Committee

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

DRAFT