



**DESERT HEALTHCARE DISTRICT
BOARD MEETING
Board of Directors
May 24, 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/85337549386?pwd=4yU3wzsvgTtMotCZoMnuU88N2KSqhz.1>

Password: 348126

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: 853 3754 9386

Password: 348126

You may also email ahayles@dhcd.org with your public comment no later than 4 p.m., Tuesday, 05/24

<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 De Lara____Director Zendle, MD____ Director Rogers, RN____Director Shorr____ Secretary Zavala____Vice-President 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	
4-13	a. Board of Directors Meeting – April 26, 2022	
	2. FINANCIALS	
14-36	a. Approval of the April 2022 Financial Statements – F&A Approved May 10, 2022	
37-58	b. FY2022-2023 Annual Budget	
	3. LAS PALMAS MEDICAL PLAZA	
59-60	a. Las Palmas Medical Plaza – Early Lease Termination – Suite 1W 104 – Dr. Bencheqroun	
	4. AGREEMENTS	
61-70	a. Consulting Services Agreement for NPO Centric – Education and Training for Results Based Accountability (RBA) and Clear Impact Platforms – NTE \$48,000	
71-77	b. VMG Engagement Letter – Desert Regional Medical Center Appraisal Report – NTE \$137,000 plus expenses	
78-82	c. Simpson Gumpertz & Heger (SGH) Proposal for Consulting Services Seismic Compliance Evaluation Phase 1 – NTE \$26,800 plus expenses	
	5. GRANTS	
83-108	a. Grant #1314 Voices for Children: Court Appointed Special Advocate (CASA) Program – \$60,000. Goals 2 and 3 – Access to primary and specialty care and Access to behavioral care. Strategies 2.7 and 3.7 Utilize and equity lens to expand services and resources to underserved communities and collaborate/partner with community providers to enhance access to culturally sensitive behavioral/mental health services.	
	6. RESOLUTIONS	
109-111	a. Subsequent Emergency Resolution #22-10 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	
112-114	1. COVID-19 Coachella Valley Update	Information
115-117	2. Seismic Legislative Affairs	Information
118-120	3. CEO Community Engagements and District Media Visibility	Information
121	4. Board Policies and Resolution Update	Information
122	5. In-Person Board Meetings	Information
	G. DESERT REGIONAL MEDICAL CENTER CEO REPORT	Information
	– Michele Finney, CEO	
	H. DESERT REGIONAL MEDICAL CENTER GOVERNING BOARD MEETING – Les Zendle, MD and Carole Rogers, RN	Information



I. COMMITTEE MEETINGS

1. FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE COMMITTEE – Chair/Director Arthur Shorr, President Karen Borja, and Director Les Zendle, MD

123-127	1. Draft Meeting Minutes – May 10, 2022	Information
128-152	2. District & RPP Investment Reports 1Q22 –	Information
153-157	3. Consulting Services Agreement – Prest/Vuksic/Greenwood (Chris Mills) – Architectural/Engineering Services for Clinical Projects – Hourly NTE \$5,000	Information

2. PROGRAM COMMITTEE – Chair/Vice-President Evett PerezGil, President Karen Borja, and Secretary Carmina Zavala

158-160	1. Draft Meeting Minutes – May 10, 2022	Information
161	2. Grant Payment Schedule	Information
162-163	3. Grant applications and Request for Proposals submitted and under review	Information
164-187	4. Progress and Final Reports	Information

J. OLD BUSINESS

188-196	1. CV Link Q1 Progress Report	Information
197-198	a. CV Link FY2022 Invoice – \$1.67M	Information

K. LEGAL

Information

L. IMMEDIATE ISSUES AND BOARD COMMENTS

Information

M. 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

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

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 except Director De Lara.	
B. Pledge of Allegiance	President Borja asked Director Rogers to lead the Pledge of Allegiance.	
C. Approval of Agenda	President Borja asked for a motion to approve the agenda.	#21-88 MOTION WAS MADE by Director Rogers and seconded by Director Shorr 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	The clerk of the board provided a brief overview for a letter of addendum from Mr. Hank	

	Goodrault, RN, Desert Regional Medical Center, concerning patient safety that is attached to the minutes.	
E. Consent Agenda 1. BOARD MINUTES a. Board of Directors Meeting – March 22, 2022 2. FINANCIALS 1. Approval of the March 2022 Financial Statements – F&A Approved April 12, 2022 3. LAS PALMAS MEDICAL PLAZA a. Las Palmas Medical Plaza – New Lease – Suite 1W 204 – Coachella Valley Volunteers in Medicine (CVVIM) 4. GRANTS a. Grant #1311 Desert Arc: Healthcare for Adults with Disabilities Project Employment of Licensed Vocational Nurses – \$102,741 – Strategic Plan Goal #2: Access to Primary and Specialty Care/Strategy #2.7: Utilize an Equity Lens to Expand Services and Resources to Underserved Communities 5. RESOLUTIONS 1. Subsequent Emergency Resolution #22-08 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings	President Borja asked for a motion to approve the consent agenda.	#21-89 MOTION WAS MADE by Director Shorr and seconded by Vice-President De Lara to approve the consent 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
F. Election of Officer – Board Secretary 1. Election of Officers Procedure, Jeff G. Scott, Esq.,	Jeff Scott, Esq., Legal Counsel, provided background on the updated policy to separate the	

<p>Legal Counsel (memo attached)</p>	<p>Vice-President and Secretary positions and described the nomination process.</p> <p>Mr. Scott opened the nominations for Secretary of the Board with Director De Lara nominating Director Zavala. There were no other nominations, Director Zavala accepted the nomination, Director De Lara moved the vote, and Director Shorr seconded the vote.</p>	<p>#21-90 MOTION WAS MADE by Director De Lara and seconded by Director Shorr to approve Director Zavala as the Board Secretary.</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>
<p>G. Desert Healthcare District CEO Report</p> <p>1. COVID-19 Coachella Valley Update</p> <p>2. Local Area Formation Commission (LAFCO) Special District Member Ballot Extension – Western Portion of the County</p>	<p>Conrado Bárzaga, MD, CEO, provided an update on COVID-19 in the Coachella Valley, describing the decline in numbers since January after the increase in cases and the low death rate in March most likely due to vaccinations. There's an upcoming meeting with Riverside University Health Systems (RUHS) to obtain additional data, especially for the high-risk populations.</p> <p>Dr. Bárzaga, CEO, described the background of the special district ballot for the western portion of the county, the election process, the ballot deadline, and the lack of a quorum to extend the ballot period to June 7.</p>	

<p>3. Special Meeting of the Board Workshop - Understanding the District Financial Statements – May 3 @ 5:30 p.m.</p> <p>4. Riverside County Fourth District Woman of the Year, Director Leticia De Lara</p> <p>5. Palm Springs Life Magazine presents Women Who Lead Luncheon</p> <p>6. CEO Community Engagements and District Media Visibility</p>	<p>Dr. Bárzaga, CEO, described the upcoming workshop to understand the district financial statements. President Borja explained the goal of the overview of the financial statements for external and internal fiduciary stewards for monies received and expended in hopes that the public joins the Board to understand the financials.</p> <p>Dr. Bárzaga, CEO, congratulated Director De Lara and described her recognition as Riverside County’s Fourth District Woman of the Year.</p> <p>Dr. Bárzaga, CEO, congratulated Director De Lara as one of three recipients of the Palm Springs Life Magazine Women Who Lead awardees as leaders and role models who are bettering their communities through their extraordinary accomplishments and dedication.</p> <p>Dr. Bárzaga, CEO, described his community engagements highlighting the District’s Champion of Public Health Award from Riverside County in addressing the public health crisis, including his presentation to the Desert Regional Medical Center Governing Board.</p>	
<p>H. Desert Regional Medical Center CEO Report</p>	<p>Michelle Finney, CEO, Desert Care Network (DCN), Desert Regional Medical Center (DRMC), expressed her</p>	

	<p>appreciation to Dr. Bárzaga for his presentation to the Governing Board, and the work of the district that included an overview of the strategic plan. Mrs. Finney also congratulated Director De Lara for her community work and accolades. The COVID activity has been minimal for April at DRMC and JFK Memorial Hospitals thirteen (13) admissions with high census levels that remain even during the decrease in COVID numbers; thus, more attention has been placed on staff recruitment and retention efforts. Additional onboarding has advanced at job fairs, international recruiting, and collaboration with the local colleges to match the activity levels at the hospital.</p> <p>The removal of the palm trees has begun due to age and condition, including replacing the landscaping.</p> <p>The CT scanner is upgraded with a second upgrade in place, including at JFK Memorial Hospital. The radiology room upgrade is moving forward and will take several months to complete. The medication management system will be replaced at both hospitals in the next month with OMNICELL which includes enhanced features. DRMC is upgrading the lighting in the operating rooms, as a result, during each</p>	
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	<p>renovation, a particular room is unattainable.</p> <p>Mrs. Finney provided an update on the residency program with a 100% match for the upcoming year. DCN is opening a new fellowship program in July, with two critical care fellows matched for the program.</p> <p>The Accreditation Council for Graduate Medical Education (ACGME) review performed exceedingly well for the residency program, with high expectations of the final report real-time survey.</p> <p>Negotiations with the California Nurses Association (CAN) have commenced for a new contract, with notice of an informational picket event, no disruption, and a correction from a news article that the nurses were walking out, which is incorrect as the picket is only for informational purposes.</p>	
I. Desert Regional Medical Center Governing Board	<p>Director Zendle, MD, described the Governing Board March and April meeting updates explaining the extensive marketing presentation update from Rich Ramhoff, Group Marketing Director, DCN, focusing on the NCIU, Cancer Center, ER, and Trauma, and Cardiology and Stroke. Presented each month, the board received a quality update of the open and closed cases with the California Department</p>	

	<p>of Public and assessed the peer review and credentialing. As previously mentioned, Dr. Bárzaga, CEO, provided an exceptional presentation to the Governing Board on the strategic plan and goals, including the boards interest in access to primary care, specialty care, mental health care, increasing the workforce, and the collective impact to achieve the strategic objectives. An overview of the GME report was discussed with the Governing Board, and a match to the full residency with 74 active residences in July.</p> <p>Director Rogers highlighted the district's separate plan of action and additional aspects DRMC and the Network are involved in collaborations of the district's endeavors.</p>	
<p>J. Committee Meetings –</p> <p>I.1. Finance, Legal, Administration & Real Estate</p> <p>1. Draft Meeting Minutes – April 12, 2022</p> <p>2. Consideration to Approve California Consulting — Consulting Services Agreement (\$4,250/mo.) — District/Foundation Grant Writing Services – Strategic Plan Strategy #1.3 – Goal #1: Expand Capabilities and Activities</p>	<p>President Borja inquired on any questions concerning the F&A Committee meeting minutes.</p> <p>Dr. Barzaga, CEO, described his overview during the F&A Committee meeting of the California Consulting Services agreement with a modification to the start date retroactive to April 1 to assist with additional funding for</p>	<p>#21-91 MOTION WAS MADE by Director Zendle and seconded by Director Zavala to approve California Consulting — Consulting Services Agreement (\$4,250/mo.) – District/Foundation Grant Writing Services. Motion passed unanimously.</p>

<p>for Obtaining New Grant Funding by Hiring a Grant Writer</p>	<p>grant writer services as outlined in the strategic plan.</p>	<p>AYES – 7 President Borja, Vice-President/Secretary PerezGil, Director Shorr, Director Rogers, Director Zendle, Director De Lara, and Director Zavala NOES – 0 ABSENT – 0</p>
<p>3. Las Palmas Medical Plaza – 2021 Common Area Maintenance (CAM) Reconciliation</p>	<p>Chris Christensen, CAO, described the costs related to the Common Area Maintenance (CAM), Insurance and Property Taxes for the Las Palmas Medical Plaza, the year-end calendar of accounting, and the excess costs recovered from the tenants through the annual billing.</p>	
<p>J.2. Program Committee</p>	<p>President Borja inquired on any questions concerning the Program Committee meeting minutes.</p>	
<p>1. Draft Meeting Minutes – April 12, 2022</p>		
<p>2. Consideration to Approve Grant #1313 Angel View: Improving Access to Primary and Specialty Care Services for Children With Disabilities – \$76,790 – Strategic Plan Goal #2: Access to Primary and Specialty Care/Strategy #2.7: Utilize an Equity Lens to Expand Services and Resources to Underserved Communities</p>	<p>President Borja recused herself from the Angel View grant discussion due to a conflict of interest.</p> <p>Donna Craig, Chief Program Officer, provided an overview of Angel View’s grant request for the salaries of a program manager and case manager, anticipating over 2,000 hours of one-on-one support to disabled children and their families. A quorum was not established at the Program Committee meeting, which required staff to obtain Board approval.</p>	<p>#21-92 MOTION WAS MADE by Director De Lara and seconded by Director Zavala to approve Grant #1313 Angel View: Improving Access to Primary and Specialty Care Services for Children With Disabilities – \$76,790. Motion passed 6-1. AYES – 6 Vice-President/Secretary PerezGil, Director Shorr, Director Rogers, Director Zendle, Director De Lara, and Director Zavala NOES – 0 ABSENT – 0 RECUSAL – 1 President Borja</p>
<p>3. Grant Payment Schedule</p>		

<p>4. Regional Access Project Foundation Mental Health Initiative RFP and District Partnership (\$300K) – Grants Awarded</p> <p>5. Progress and Final Reports</p>	<p>Director De Lara explained that the Regional Access Project Foundation (RAP) will be tracking the data from the mental health initiative RFP funding using Results-Based Accountability (RBA), inquiring if the district is also tracking the \$300k impact related to the healthcare components.</p> <p>Donna Craig, Chief Program Officer, explained that the terms of the partnership involved RAP tracking all of the grants with RBA while working with the grantees awarded. However, an upcoming meeting is scheduled to determine the financial tracking to align with the district’s behavioral health initiative impact.</p>	
<p>K. Legal</p>	<p>Jeff Scott, Legal Counsel, provided a legislative update on healthcare related bills AB 1859 mental health services, AB 1894 Designated public hospital financing advisory group, AB 1993 COVID-19 vaccination requirements, AB 2123 Bringing Health Care into Communities Act of 2023, and AB 2449 Open meetings: local agencies: teleconferences.</p>	
<p>L. Immediate Issues and Comments</p>	<p>Director De Lara explained that she is representing the district, providing remarks at the Mecca Park Groundbreaking Ceremony, and invited the Board to attend.</p>	

	<p>Director Rogers provided an overview on the housing and homeless committee meetings highlighting Lift to Rise's approved two-year action plan and key ideas with a state multi-housing bond program and Cal Homes agriculture workers housing funding in the state budget. Director Rogers described the integration of childcare into affordable housing developments with eligibility in Riverside County, which includes subsidized housing. The Southern California Association of Governments will hold a workshop on May 5 for housing and community development, with each county providing a pro-housing designation to assist with affordable housing. Director Rogers attended the Coachella Valley Business Forecast highlighting the keynote speaker and areas in need, such as promoting housing on the forefront affecting the area.</p>	
M. Adjournment	<p>President Borja adjourned the meeting at 6:42 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

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
APRIL 2022 FINANCIAL STATEMENTS
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Year to Date Variance Analysis
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Check Register - LPMP
Retirement Protection Plan Update
Grants Schedule

DESERT HEALTHCARE DISTRICT				
YEAR TO DATE VARIANCE ANALYSIS				
ACTUAL VS BUDGET				
TEN MONTHS ENDED APRIL 30, 2022				
Scope: \$25,000 Variance per Statement of Operations Summary				
	YTD		Over(Under)	
Account	Actual	Budget	Budget	Explanation
4000 - Income	\$ 3,214,508	\$ 4,298,186	\$ (1,083,678)	Lower interest income and market fluctuations (net) from FRF investments \$1,826k; higher property tax revenues \$767k; lower grant income \$25k
4500 - LPMP	\$ 1,106,463	\$ 1,063,700	\$ 42,763	Higher CAM revenue \$31k; higher rent revenue \$12k
4501 - Misc Income	\$ 182,500	\$ 7,500	\$ 175,000	Higher misc income \$175k from Coachella Valley Resource Conservation District for Mobile Medical Unit
5000 - Direct Expenses	\$ 972,145	\$ 1,278,824	\$ (306,679)	Lower wage related expenses \$153k due to open positions; lower education expense \$64k; lower board expenses \$49k; lower health insurance expense \$27k; lower workers comp expense \$9k; lower retirement expense \$4k
6000-General & Admin Expense	\$ 393,511	\$ 478,620	\$ (85,109)	Lower depreciation expense \$51k; higher bank and investment fees expense \$29k; lower supplies expense \$13k; lower travel expense \$12k; lower computer services expense \$12k; lower personnel expense \$9k; lower staff mileage reimbursement expense \$6k; lower postage expense \$3k; lower meals and entertainment expense \$3k; lower various \$5k
6500 - Professional Fees Expense	\$ 614,175	\$ 1,039,000	\$ (424,825)	Lower Professional Services expense \$244k; lower legal expense \$112k; lower PR/Communications expense \$69k
7000 - Grants Expense	\$ 21,721	\$ 3,044,997	\$ (3,023,276)	Budget of \$4 Million for fiscal year is amortized straight-line over 12-month fiscal year. As of April 30, 2022, there is \$4 million remaining in the fiscal year grant budget as well as \$1,030,227 from FY21.

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

	MONTH			TOTAL		
	Apr 22	Budget	\$ Over Budget	Jul '21 - Apr 22	Budget	\$ Over Budget
Income						
4000 - Income	100,825	410,830	(310,005)	3,214,508	4,298,186	(1,083,678)
4500 - LPMP Income	145,832	106,370	39,462	1,106,463	1,063,700	42,763
4501 - Miscellaneous Income	750	750	0	182,500	7,500	175,000
Total Income	247,407	517,950	(270,543)	4,503,471	5,369,386	(865,915)
Expense						
5000 - Direct Expenses	153,107	175,031	(21,924)	972,145	1,278,824	(306,679)
6000 - General & Administrative Exp	32,901	47,862	(14,961)	393,511	478,620	(85,109)
6325 - CEO Discretionary Fund	0	2,083	(2,083)	7,010	20,830	(13,820)
6445 - LPMP Expenses	94,715	85,772	8,943	879,254	857,720	21,534
6500 - Professional Fees Expense	8,584	103,900	(95,316)	614,175	1,039,000	(424,825)
6600 - Mobile Medical Unit	0	3,125	(3,125)	0	31,250	(31,250)
6700 - Trust Expenses	7,958	8,792	(834)	95,174	87,920	7,254
Total Expense Before Grants	297,265	426,565	(129,300)	2,961,268	3,794,182	(832,914)
7000 - Grants Expense	(902)	338,333	(339,235)	20,819	3,383,330	(3,362,511)
Net Income	(48,956)	(246,948)	197,992	1,521,384	(1,808,126)	3,329,510

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

				MONTH			TOTAL		
				Apr 22	Budget	\$ Over Budget	Jul '21 - Apr 22	Budget	\$ Over Budget
Income									
4000 - Income									
	4010 - Property Tax Revenues			443,891	402,215	41,676	4,979,776	4,212,288	767,488
4200 - Interest Income									
	4220 - Interest Income (FRF)			28,729	80,907	(52,178)	630,378	809,070	(178,692)
	9999-1 - Unrealized gain(loss) on invest			(371,795)	(79,167)	(292,628)	(2,439,749)	(791,670)	(1,648,079)
	Total 4200 - Interest Income			(343,066)	1,740	(344,806)	(1,809,371)	17,400	(1,826,771)
	4300 - DHC Recoveries			0	1,875	(1,875)	19,636	18,498	1,138
	4400 - Grant Income			0	5,000	(5,000)	24,467	50,000	(25,533)
	Total 4000 - Income			100,825	410,830	(310,005)	3,214,508	4,298,186	(1,083,678)
	4500 - LPMP Income			145,832	106,370	39,462	1,106,463	1,063,700	42,763
	4501 - Miscellaneous Income			750	750	0	182,500	7,500	175,000
Total Income				247,407	517,950	(270,543)	4,503,471	5,369,386	(865,915)
Expense									
5000 - Direct Expenses									
5100 - Administration Expense									
	5110 - Wages Expense			143,423	169,662	(26,239)	925,034	1,225,134	(300,100)
	5111 - Allocation to LPMP - Payroll			(5,470)	(5,470)	0	(54,700)	(54,700)	0
	5112 - Vacation/Sick/Holiday Expense			10,930	10,833	97	142,379	108,330	34,049
	5114 - Allocation to Foundation			(30,321)	(31,823)	1,502	(274,075)	(318,230)	44,155
	5115 - Allocation to NEOPB			0	(7,413)	7,413	(23,131)	(74,130)	50,999
	5119 - Allocation-FED FUNDS/CVHIP-DHCF			(10,557)	(21,134)	10,577	(178,573)	(211,340)	32,767
	5120 - Payroll Tax Expense			11,589	9,252	2,337	77,172	92,520	(15,348)
5130 - Health Insurance Expense									
	5131 - Premiums Expense			16,542	17,658	(1,116)	167,393	176,580	(9,187)
	5135 - Reimb./Co-Payments Expense			1,061	3,000	(1,939)	11,716	30,000	(18,284)
	Total 5130 - Health Insurance Expense			17,603	20,658	(3,055)	179,109	206,580	(27,471)
	5140 - Workers Comp. Expense			385	1,270	(885)	3,860	12,700	(8,840)
	5145 - Retirement Plan Expense			12,486	8,994	3,492	86,256	89,940	(3,684)
	5160 - Education Expense			0	7,250	(7,250)	8,748	72,500	(63,752)
	Total 5100 - Administration Expense			150,068	162,079	(12,011)	892,079	1,149,304	(257,225)
5200 - Board Expenses									
	5210 - Healthcare Benefits Expense			571	5,834	(5,263)	43,920	58,340	(14,420)
	5230 - Meeting Expense			0	1,667	(1,667)	9,771	16,670	(6,899)
	5235 - Director Stipend Expense			2,100	4,410	(2,310)	21,945	44,100	(22,155)
	5240 - Catering Expense			0	833	(833)	4,062	8,330	(4,268)
	5250 - Mileage Reimbursement Expense			368	208	160	368	2,080	(1,712)
	Total 5200 - Board Expenses			3,039	12,952	(9,913)	80,066	129,520	(49,454)
Total 5000 - Direct Expenses				153,107	175,031	(21,924)	972,145	1,278,824	(306,679)

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

	MONTH			TOTAL		
	Apr 22	Budget	\$ Over Budget	Jul '21 - Apr 22	Budget	\$ Over Budget
6000 • General & Administrative Exp						
6110 • Payroll fees Expense	216	208	8	1,794	2,080	(286)
6120 • Bank and Investment Fees Exp	6,107	4,500	1,607	73,793	45,000	28,793
6125 • Depreciation Expense	1,033	6,167	(5,134)	10,176	61,670	(51,494)
6126 • Depreciation-Solar Parking lot	15,072	15,072	0	150,720	150,720	0
6130 • Dues and Membership Expense	2,232	3,737	(1,505)	39,764	37,370	2,394
6200 • Insurance Expense	2,855	2,667	188	28,850	26,670	2,180
6300 • Minor Equipment Expense	0	42	(42)	0	420	(420)
6305 • Auto Allowance & Mileage Exp	692	500	192	5,080	5,000	80
6306 • Staff- Auto Mileage reimb	0	625	(625)	292	6,250	(5,958)
6309 • Personnel Expense	0	1,167	(1,167)	2,226	11,670	(9,444)
6310 • Miscellaneous Expense	0	42	(42)	0	420	(420)
6311 • Cell Phone Expense	526	776	(250)	5,439	7,760	(2,321)
6312 • Wellness Park Expenses	0	83	(83)	0	830	(830)
6315 • Security Monitoring Expense	108	50	58	465	500	(35)
6340 • Postage Expense	228	417	(189)	1,492	4,170	(2,678)
6350 • Copier Rental/Fees Expense	377	500	(123)	3,906	5,000	(1,094)
6351 • Travel Expense	(424)	1,667	(2,091)	4,483	16,670	(12,187)
6352 • Meals & Entertainment Exp	215	875	(660)	5,594	8,750	(3,156)
6355 • Computer Services Expense	1,169	3,875	(2,706)	26,669	38,750	(12,081)
6360 • Supplies Expense	146	2,167	(2,021)	8,745	21,670	(12,925)
6380 • LAFCO Assessment Expense	182	208	(26)	1,820	2,080	(260)
6400 • East Valley Office	2,167	2,517	(350)	22,203	25,170	(2,967)
Total 6000 • General & Administrative Exp	32,901	47,862	(14,961)	393,511	478,620	(85,109)
6325 • CEO Discretionary Fund	0	2,083	(2,083)	7,010	20,830	(13,820)
6445 • LPMP Expenses	94,715	85,772	8,943	879,254	857,720	21,534
6500 • Professional Fees Expense						
6516 • Professional Services Expense	533	77,483	(76,950)	531,293	774,830	(243,537)
6520 • Annual Audit Fee Expense	1,375	1,375	0	13,750	13,750	0
6530 • PR/Communications/Website	196	8,042	(7,846)	11,115	80,420	(69,305)
6560 • Legal Expense	6,480	17,000	(10,520)	58,017	170,000	(111,983)
Total 6500 • Professional Fees Expense	8,584	103,900	(95,316)	614,175	1,039,000	(424,825)
6600 • Mobile Medical Unit	0	3,125	(3,125)	0	31,250	(31,250)
6700 • Trust Expenses						
6720 • Pension Plans Expense						
6721 • Legal Expense	0	167	(167)	2,075	1,670	405
6725 • RPP Pension Expense	7,500	7,500	0	75,000	75,000	0
6728 • Pension Audit Fee Expense	458	1,125	(667)	18,099	11,250	6,849
Total 6700 • Trust Expenses	7,958	8,792	(834)	95,174	87,920	7,254
Total Expense Before Grants	297,265	426,565	(129,300)	2,961,268	3,794,182	(832,914)
7000 • Grants Expense						
7010 • Major Grant Awards Expense	(902)	333,333	(334,235)	(3,648)	3,333,330	(3,336,978)
7027 • Grant Exp - CalFresh	0	5,000	(5,000)	24,467	50,000	(25,533)
Total 7000 • Grants Expense	(902)	338,333	(339,235)	20,819	3,383,330	(3,362,511)
Net Income	(48,956)	(246,948)	197,992	1,521,384	(1,808,126)	3,329,510

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

		MONTH			TOTAL		
		Apr 22	Budget	\$ Over Budget	Jul '21 - Apr 22	Budget	\$ Over Budget
Income							
4500 · LPMP Income							
	4505 · Rental Income	82,225	75,162	7,063	764,124	751,620	12,504
	4510 · CAM Income	63,607	31,125	32,482	342,339	311,250	31,089
	4513 · Misc. Income	0	83	(83)	0	830	(830)
Total 4500 · LPMP Income		145,832	106,370	39,462	1,106,463	1,063,700	42,763
Expense							
6445 · LPMP Expenses							
	6420 · Insurance Expense	3,114	2,917	197	31,140	29,170	1,970
	6425 · Building - Depreciation Expense	35,820	21,462	14,358	218,964	214,620	4,344
	6426 · Tenant Improvements -Dep Exp	19,692	16,667	3,025	175,648	166,670	8,978
	6427 · HVAC Maintenance Expense	0	1,333	(1,333)	9,856	13,330	(3,474)
	6428 · Roof Repairs Expense	0	208	(208)	0	2,080	(2,080)
	6431 · Building -Interior Expense	1,000	833	167	1,000	8,330	(7,330)
	6432 · Plumbing -Interior Expense	0	542	(542)	24,412	5,420	18,992
	6433 · Plumbing -Exterior Expense	0	208	(208)	0	2,080	(2,080)
	6434 · Allocation Internal Prop. Mgmt	5,470	5,470	0	54,700	54,700	0
	6435 · Bank Charges	34	417	(383)	282	4,170	(3,888)
	6437 · Utilities -Vacant Units Expense	40	183	(143)	3,942	1,830	2,112
	6439 · Deferred Maintenance Repairs Ex	0	1,250	(1,250)	7,746	12,500	(4,754)
	6440 · Professional Fees Expense	10,825	10,825	0	108,250	108,250	0
	6441 · Legal Expense	0	83	(83)	0	830	(830)
	6458 · Elevators - R & M Expense	236	1,000	(764)	11,920	10,000	1,920
	6460 · Exterminating Service Expense	275	333	(58)	2,450	3,330	(880)
	6463 · Landscaping Expense	0	1,000	(1,000)	7,294	10,000	(2,706)
	6467 · Lighting Expense	0	500	(500)	0	5,000	(5,000)
	6468 · General Maintenance Expense	0	83	(83)	0	830	(830)
	6471 · Marketing-Advertising	0	1,000	(1,000)	21,811	10,000	11,811
	6475 · Property Taxes Expense	6,250	6,250	0	62,500	62,500	0
	6476 · Signage Expense	0	125	(125)	553	1,250	(697)
	6480 · Rubbish Removal Medical Waste E	1,298	1,583	(285)	14,818	15,830	(1,012)
	6481 · Rubbish Removal Expense	3,058	2,250	808	25,930	22,500	3,430
	6482 · Utilities/Electricity/Exterior	432	625	(193)	5,752	6,250	(498)
	6484 · Utilities - Water (Exterior)	790	625	165	8,668	6,250	2,418
	6485 · Security Expenses	6,375	7,833	(1,458)	80,374	78,330	2,044
	6490 · Miscellaneous Expense	6	167	(161)	1,244	1,670	(426)
6445 · LPMP Expenses		94,715	85,772	8,943	879,254	857,720	21,534
Net Income		51,117	20,598	30,519	227,209	205,980	21,229

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of April 30, 2022

				Apr 30, 22	Apr 30, 21
ASSETS					
	Current Assets				
	Checking/Savings				
		1000 · CHECKING CASH ACCOUNTS		1,635,806	1,504,559
		1100 · INVESTMENT ACCOUNTS		62,512,321	61,661,192
		Total Checking/Savings		64,148,127	63,165,750
		Total Accounts Receivable		289,627	17,541
	Other Current Assets				
		1204.1 · Rent Receivable-Deferred COVID		106,554	166,466
		1270 · Prepaid Insurance -Ongoing		15,563	13,611
		1279 · Pre-Paid Fees		9,619	9,304
		1281 · CalFresh Receivable		0	10,762
		1295 · Property Tax Receivable		0	9,138
		Total Other Current Assets		131,736	209,281
		Total Current Assets		64,569,490	63,392,572
	Fixed Assets				
		1300 · FIXED ASSETS		4,933,929	4,913,920
		1335-00 · ACC DEPR		(2,332,859)	(2,202,258)
		1400 · LPMP Assets		7,167,037	6,971,113
		Total Fixed Assets		9,768,107	9,682,775
	Other Assets				
		1700 · OTHER ASSETS		3,920,220	2,909,152
	TOTAL ASSETS			78,257,817	75,984,499

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of April 30, 2022

				Apr 30, 22	Apr 30, 21
LIABILITIES & EQUITY					
	Liabilities				
	Current Liabilities				
	Accounts Payable				
	2000 - Accounts Payable			8,937	5,331
	2001 - LPMP Accounts Payable			7,271	5,433
	Total Accounts Payable			16,208	10,764
	Other Current Liabilities				
	2002 - LPMP Property Taxes			(12,268)	(11,950)
	2131 - Grant Awards Payable			3,352,607	2,880,889
	2133 - Accrued Accounts Payable			139,550	243,720
	2141 - Accrued Vacation Time			81,872	82,514
	2188 - Current Portion - LTD			2,467	2,467
	2190 - Investment Fees Payable			4,013	16,784
	Total Other Current Liabilities			3,568,241	3,214,424
	Total Current Liabilities			3,584,449	3,225,188
	Long Term Liabilities				
	2170 - RPP - Pension Liability			0	4,679,254
	2171 - RPP-Deferred Inflows-Resources			675,732	370,700
	2280 - Long-Term Disability			16,281	28,809
	2281 - Grants Payable - Long-term			4,990,000	6,660,000
	2286 - Retirement BOD Medical Liabilit			0	47,636
	2290 - LPMP Security Deposits			61,028	52,520
	Total Long Term Liabilities			5,743,041	11,838,919
	Total Liabilities			9,327,490	15,064,107
	Equity				
	3900 - *Retained Earnings			67,408,928	59,913,158
	Net Income			1,521,384	1,007,232
	Total Equity			68,930,312	60,920,390
TOTAL LIABILITIES & EQUITY				78,257,817	75,984,499

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of April 30, 2022

				Apr 30, 22	Apr 30, 21
ASSETS					
	Current Assets				
	Checking/Savings				
	1000 · CHECKING CASH ACCOUNTS				
		1010 · Union Bank - Checking		49,585	1,357,174
		1012 · Union Bank Operating - 9356		1,461,045	0
		1046 · Las Palmas Medical Plaza		124,676	146,885
		1047 · Petty Cash		500	500
		Total 1000 · CHECKING CASH ACCOUNTS		1,635,806	1,504,559
	1100 · INVESTMENT ACCOUNTS				
		1130 · Facility Replacement Fund		64,268,731	60,857,912
		1135 · Unrealized Gain(Loss) FRF		(1,756,410)	803,279
		Total 1100 · INVESTMENT ACCOUNTS		62,512,321	61,661,191
		Total Checking/Savings		64,148,127	63,165,750
	Accounts Receivable				
		1201 · Accounts Receivable			
		1204 · LPMP Accounts Receivable		7,365	(14,003)
		1205 · Misc. Accounts Receivable		175,000	750
		1211 · A-R Foundation - Exp Allocation		107,262	30,794
		Total Accounts Receivable		289,627	17,541
	Other Current Assets				
		1204.1 · Rent Receivable-Deferred COVID		106,554	166,466
		1270 · Prepaid Insurance -Ongoing		15,563	13,611
		1279 · Pre-Paid Fees		9,619	9,304
		1281 · CalFresh Receivable		0	10,762
		1295 · Property Tax Receivable		0	9,138
		Total Other Current Assets		131,736	209,281
		Total Current Assets		64,569,490	63,392,572
	Fixed Assets				
	1300 · FIXED ASSETS				
		1310 · Computer Equipment		91,275	94,790
		1315 · Computer Software		0	68,770
		1320 · Furniture and Fixtures		33,254	33,254
		1321 · Mobile Medical Unit		59,500	0
		1322 · Tenant Improvement - RAP #G100		32,794	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 April 30, 2022

		Apr 30, 22	Apr 30, 21
	Total 1300 • FIXED ASSETS	4,933,929	4,913,920
	1335-00 • ACC DEPR		
	1335 • Accumulated Depreciation	(217,439)	(221,482)
	1336 • Acc. Software Depreciation	0	(68,770)
	1337 • Accum Deprec- Solar Parking Lot	(1,929,387)	(1,748,523)
	1338 • Accum Deprec - LPMP Parking Lot	(186,033)	(163,483)
	Total 1335-00 • ACC DEPR	(2,332,859)	(2,202,258)
	1400 • LPMP Assets		
	1401 • Building	8,705,680	8,705,680
	1402 • Land	2,165,300	2,165,300
	1403 • Tenant Improvements -New	2,271,406	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	344,141	427,263
	1406 • Building Improvements - Other	2,152,551	1,581,558
	Total 1406 • Building Improvements	3,173,176	2,685,305
	1407 • Building Equipment Improvements	439,673	375,185
	1409 • Accumulated Depreciation		
	1410 • Accum. Depreciation	(7,844,095)	(7,605,057)
	1412 • T I Accumulated Dep.-New	(1,873,653)	(1,672,646)
	Total 1409 • Accumulated Depreciation	(9,717,748)	(9,277,703)
	Total 1400 • LPMP Assets	7,167,037	6,971,113
	Total Fixed Assets	9,768,107	9,682,775
	Other Assets		
	1700 • OTHER ASSETS		
	1731 • Wellness Park	1,693,800	1,693,800
	1740 • RPP-Deferred Outflows-Resources	494,388	1,204,238
	1741 • OPEB-Deferred Outflows-Resourc	0	11,114
	1742 • RPP - Net Pension Asset	1,732,032	0
	Total Other Assets	3,920,220	2,909,152
	TOTAL ASSETS	78,257,817	75,984,499

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of April 30, 2022

				Apr 30, 22	Apr 30, 21
LIABILITIES & EQUITY					
	Liabilities				
	Current Liabilities				
	Accounts Payable				
	2000 - Accounts Payable			8,937	5,331
	2001 - LPMP Accounts Payable			7,271	5,433
	Total Accounts Payable			16,208	10,764
	Other Current Liabilities				
	2002 - LPMP Property Taxes			(12,268)	(11,950)
	2131 - Grant Awards Payable			3,352,607	2,880,889
	2133 - Accrued Accounts Payable			139,550	243,720
	2141 - Accrued Vacation Time			81,872	82,514
	2188 - Current Portion - LTD			2,467	2,467
	2190 - Investment Fees Payable			4,013	16,784
	Total Other Current Liabilities			3,568,241	3,214,424
	Total Current Liabilities			3,584,449	3,225,188
	Long Term Liabilities				
	2170 - RPP - Pension Liability			0	4,679,254
	2171 - RPP-Deferred Inflows-Resources			675,732	370,700
	2280 - Long-Term Disability			16,281	28,809
	2281 - Grants Payable - Long-term			4,990,000	6,660,000
	2286 - Retirement BOD Medical Liabilit			0	47,636
	2290 - LPMP Security Deposits			61,028	52,520
	Total Long Term Liabilities			5,743,041	11,838,919
	Total Liabilities			9,327,490	15,064,107
	Equity				
	3900 - *Retained Earnings			67,408,928	59,913,158
	Net Income			1,521,384	1,007,232
	Total Equity			68,930,312	60,920,390
	TOTAL LIABILITIES & EQUITY			78,257,817	75,984,499

Desert Healthcare District
A/R Aging Summary
As of April 30, 2022

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL	COMMENT
Arthritis & Rheumatic Care Clinic, Inc	0	(1,927)	0	0	0	(1,927)	Prepaid
CV Resource Conservation District	0	0	175,000	0	0	175,000	Mobile Medical Unit
Derakhsh Fozouni, M.D.	0	1,737	0	0	0	1,737	Slow pay
Desert Family Medical Center	0	4,856	0	0	0	4,856	Received in May
Desert Healthcare Foundation-	0	27,201	0	39,183	0	66,384	Due from Foundation
EyeCare Services Partners Management LLC	0	1,909	0	0	0	1,909	Received in May
Hassan Bencheqroun, M.D.	0	3,477	2,771	0	0	6,248	Slow pay
Laboratory Corporation of America	0	1,518	(1,759)	0	0	(241)	Prepaid
Leticia De Lara -	530	0	0	0	0	530	Director Premiums (received in May)
Pathway Pharmaceuticals, Inc.	0	734	0	0	0	734	Slow pay
Peter Jamieson, M.D.	0	835	0	0	0	835	Slow pay
Quest Diagnostics Incorporated	0	(2,893)	0	0	0	(2,893)	Prepaid
Ramy Awad, M.D.	0	1,202	0	0	0	1,202	Slow pay
Steven Gundry, M.D.	0	(5,625)	0	0	0	(5,625)	Prepaid
TOTAL	530	33,024	176,012	39,183	0	248,749	

Desert Healthcare District
Deposit Detail
April 2022

Type	Date	Name	Amount
Deposit	04/06/2022		287
		Principal Financial Group	(287)
TOTAL			(287)
Deposit	04/13/2022		1,174
		ACHD	(424)
Payment	04/13/2022	Sovereign	(750)
TOTAL			(1,174)
Deposit	04/14/2022		443,891
		Riverside County Treasurer - Property Tax	(443,891)
TOTAL			(443,891)
		TOTAL	445,352

DESERT HEALTHCARE DISTRICT										
PROPERTY TAX RECEIPTS FY 2021 - 2022										
RECEIPTS - TEN MONTHS ENDED APRIL 30, 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
Aug	1.6%	\$ 99,158	1.9%	\$ 149,547	\$ 50,390		1.6%	\$ 117,008	0.2%	\$ 11,529
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
Nov	0.4%	\$ 24,789	0.0%	\$ -	\$ (24,789)		0.4%	\$ 29,252	2.5%	\$ 181,286
Dec	16.9%	\$ 1,047,354	16.4%	\$ 1,279,429	\$ 232,075		16.9%	\$ 1,235,897	18.3%	\$ 1,337,681
Jan	31.9%	\$ 1,976,959	33.4%	\$ 2,596,795	\$ 619,836		31.9%	\$ 2,332,847	37.8%	\$ 2,763,324
Feb	0.0%	\$ -	1.2%	\$ 94,294	\$ 94,294		0.0%	\$ -	2.5%	\$ 180,240
Mar	0.3%	\$ 18,592	0.2%	\$ 18,789	\$ 196		0.3%	\$ 21,939	0.5%	\$ 35,819
Apr	5.5%	\$ 340,855	5.4%	\$ 422,690	\$ 81,835		5.5%	\$ 402,215	6.1%	\$ 443,891
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	70.0%	\$ 5,116,244
										\$ 604,123

Las Palmas Medical Plaza
Deposit Detail - LPMP
April 2022

Type	Date	Name	Amount
Deposit	04/04/2022		1,927
Payment	04/04/2022	Arthritis & Rheumatic Care Clinic, Inc	(1,927)
TOTAL			(1,927)
Deposit	04/05/2022		14,645
Payment	04/04/2022	Cure Cardiovascular Consultants	(3,205)
Payment	04/04/2022	Brad A. Wolfson, M.D.	(3,701)
Payment	04/04/2022	Aijaz Hashmi, M.D., Inc.	(3,037)
Payment	04/04/2022	Cohen Musch Thomas Medical Group	(4,703)
TOTAL			(14,646)
Deposit	04/11/2022		5,809
Payment	04/11/2022	Peter Jamieson, M.D.	(3,338)
Payment	04/11/2022	Pathway Pharmaceuticals, Inc.	(2,471)
TOTAL			(5,809)
Deposit	04/11/2022		6,414
Payment	04/11/2022	Derakhsh Fozouni, M.D.	(6,414)
TOTAL			(6,414)
Deposit	04/13/2022		3,494
Payment	04/13/2022	Ramy Awad, M.D.	(3,494)
TOTAL			(3,494)
Deposit	04/15/2022		8,983
Payment	04/15/2022	Palmtree Clinical Research	(7,051)
Payment	04/15/2022	Palmtree Clinical Research	(1,932)
TOTAL			(8,983)

Las Palmas Medical Plaza
Deposit Detail - LPMP
April 2022

Type	Date	Name	Amount
Deposit	04/25/2022		65,341
Payment	04/25/2022	Steven Gundry, M.D.	(1,524)
Payment	04/25/2022	Steven Gundry, M.D.	(5,625)
Payment	04/25/2022	Desert Regional Medical Center	(1,615)
Payment	04/25/2022	Tenet HealthSystem Desert, Inc	(1,788)
Payment	04/25/2022	Tenet HealthSystem Desert, Inc.	(9,047)
Payment	04/25/2022	Desert Regional Medical Center	(5,690)
Payment	04/25/2022	Tenet HealthSystem Desert, Inc.	(33,683)
Payment	04/25/2022	Tenet HealthSystem Desert, Inc	(6,369)
TOTAL			(65,341)
Deposit	04/27/2022		4,067
Payment	04/27/2022	Quest Diagnostics Incorporated	(4,067)
TOTAL			(4,067)
Deposit	04/28/2022		4,085
Payment	04/27/2022	Cure Cardiovascular Consultants	(908)
Payment	04/27/2022	Aijaz Hashmi, M.D., Inc.	(908)
Payment	04/27/2022	Brad A. Wolfson, M.D.	(908)
Payment	04/27/2022	Cohen Musch Thomas Medical Group	(1,361)
TOTAL			(4,085)
Deposit	04/29/2022		1,927
Payment	04/29/2022	Arthritis & Rheumatic Care Clinic, Inc	(1,927)
TOTAL			(1,927)
		TOTAL	116,692

Desert Healthcare District
Check Register
As of April 30, 2022

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1012 - Union Bank Operating - 9356				
Liability Check	04/01/2022		QuickBooks Payroll Service	(49,441)
Bill Pmt -Check	04/01/2022	1066	Chris Christensen - Expense Reimbursement	(45)
Bill Pmt -Check	04/06/2022	1067	First Bankcard (Union Bank)	(10,909)
Bill Pmt -Check	04/06/2022	1068	Boyd & Associates	(108)
Bill Pmt -Check	04/06/2022	1069	Evet PerezGil - Stipend	(420)
Bill Pmt -Check	04/06/2022	1070	First Bankcard (Union Bank)	(2,984)
Bill Pmt -Check	04/06/2022	1071	KaufmanHall	(77,650)
Bill Pmt -Check	04/06/2022	1072	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	04/06/2022	1073	So.Cal Computer Shop	(810)
Bill Pmt -Check	04/06/2022	1074	Staples Credit Plan	(595)
Bill Pmt -Check	04/06/2022	1075	Underground Service Alert of Southern Cal	(3)
Bill Pmt -Check	04/07/2022	1076	Pitney Bowes Global Financial Services	(228)
Check	04/07/2022	Auto Pay	Calif. Public Employees'Retirement System	(14,022)
Bill Pmt -Check	04/13/2022	1077	Alzheimer's Association - Grant Payment	(3,326)
Bill Pmt -Check	04/13/2022	1078	Hope Through Housing Foundation - Grant Payment	(1,098)
Bill Pmt -Check	04/13/2022	1079	Palm Desert Chamber of Commerce	(225)
Bill Pmt -Check	04/13/2022	1080	Palms to Pines Printing	(196)
Bill Pmt -Check	04/13/2022	1081	Rogers, Carole - Stipend	(420)
Bill Pmt -Check	04/13/2022	1082	State Compensation Insurance Fund	(385)
Bill Pmt -Check	04/13/2022	1083	Time Warner Cable	(267)
Bill Pmt -Check	04/13/2022	1084	Xerox Financial Services	(377)
Liability Check	04/15/2022		QuickBooks Payroll Service	(49,362)
Bill Pmt -Check	04/21/2022	1085	Regional Access Project Foundation	(167)
Bill Pmt -Check	04/21/2022	1090	Carmina Zavala - Stipend	(420)
Bill Pmt -Check	04/21/2022	1091	CoPower Employers' Benefits Alliance	(1,719)
Bill Pmt -Check	04/21/2022	1092	INPRO-EMS Construction	(7,100)
Bill Pmt -Check	04/21/2022	1093	Principal Life Insurance Co.	(1,902)
Check	04/25/2022		Bank Service Charge	(1,107)
Bill Pmt -Check	04/28/2022	1094	Eric Taylor - Expense Reimbursement	(32)
Bill Pmt -Check	04/28/2022	1095	Image Source	(10)
Bill Pmt -Check	04/28/2022	1096	Ready Refresh	(50)
Bill Pmt -Check	04/28/2022	1097	Zendle, Les - Stipend	(315)
Check	04/28/2022	Auto Pay	Principal Financial Group-	(895)
Liability Check	04/29/2022		QuickBooks Payroll Service	(49,674)
Bill Pmt -Check	04/29/2022	1098	Cove Communities Senior Association - Grant Payment	(10,914)
Bill Pmt -Check	04/29/2022	1099	Frazier Pest Control, Inc.	(30)
TOTAL				(287,706)

Desert Healthcare District								
Details for Credit Card Expenditures								
Credit card purchases - March 2022 - Paid April 2022								
Number of credit cards held by District personnel -2								
Credit Card Limit - \$25,000 - Conrado, \$20,000 - Chris								
Credit Card Holders:								
Conrado Bárzaga - Chief Executive Officer								
Chris Christensen - Chief Administration Officer								
Routine types of charges:								
Office Supplies, Dues for membership, Computer Supplies, Meals, Travel including airlines and Hotels, Catering, Supplies for BOD meetings, CEO Discretionary for small grant & gift items								
Statement								
Year	Month	Total	Expense					
	Charged	Charges	Type	Amount	Purpose	Description	Participants	
Chris' Statement:		\$ 13,892.70						
2022	March	\$ 2,983.79	District					
			GL	Dollar	Description			
			6309	\$ 507.00	Indeed - Advertising for open positions			
			6309	\$ 195.00	Indeed - Advertising for open positions			
			6360	\$ 225.20	Nespresso - replacement coffee maker for RAP Office			
			6530	\$ 85.00	Library of Congress - Copyright for History Book			
			6530	\$ 395.00	RR Bowker - License registration for History Book			
			6530	\$ 55.33	1&1 Ionos Instant Domain for CVHIP			
			6360	\$ 146.26	Zoom Videoconference/Webinar Expense			
			5230	\$ 825.00	United Way Gala - Director Rogers +1. Director De Lara			
			5160	\$ 550.00	United Way Gala - Conrado Barzaga +1			
				\$ 2,983.79				
Conrado's Statement:								
2022	March	\$ 10,908.91	District					
			GL	Dollar	Description			
			6352	\$ 64.84	Mi Cultura Meeting - President Borja, Conrado Barzaga			
			5230	\$ 1,000.00	DAP Humanitarian Awards - Director Zendle +1			
			6325	\$ 5,010.00	Joslyn In Bloom Event Sponsorship	CEO Discretionary Fund		
			6130	\$ 575.88	Linkedin Business Plus Subscription (Annual)			
			5230	\$ 1,000.00	DAP Humanitarian Awards - Director Rogers +1			
			5160	\$ 3,000.00	DAP Humanitarian Awards - Conrado Barzaga +1, Chris Christensen, Donna Craig, Will Dean, Andrea Hayles			
			6352	\$ 58.19	Mi Cultura Meeting - Director Zavala, Conrado Barzaga			
			5240	\$ 25.00	Uber Eats - 03/22/22 Board Meeting Food			
			5240	\$ 175.00	Grubhub - 03/22/22 Board Meeting Food			
				\$ 10,908.91				

**Las Palmas Medical Plaza
Check Register - LPMP
As of April 30, 2022**

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1046 - Las Palmas Medical Plaza				
Bill Pmt -Check	04/06/2022	10535	Imperial Security	(2,125)
Bill Pmt -Check	04/06/2022	10537	Palm Springs Disposal Services Inc	(3,058)
Bill Pmt -Check	04/06/2022	10536	Stericycle, Inc.	(1,292)
Bill Pmt -Check	04/13/2022	10538	Frazier Pest Control, Inc.	(275)
Bill Pmt -Check	04/13/2022	10539	Frontier Communications	(236)
Bill Pmt -Check	04/13/2022	10540	Imperial Security	(2,125)
Bill Pmt -Check	04/13/2022	10541	Southern California Edison	(473)
Bill Pmt -Check	04/13/2022	10542	Desert Air Conditioning Inc.	(16,673)
Bill Pmt -Check	04/21/2022	10543	INPRO-EMS Construction	(48,041)
Bill Pmt -Check	04/25/2022	10544	Imperial Security	(2,125)
Check	04/29/2022		Bank Service Charge	(548)
TOTAL				(76,971)



MEMORANDUM

DATE: May 10, 2022

TO: F&A Committee

RE: Retirement Protection Plan (RPP)

Current number of participants in Plan:

	<u>March</u>	<u>April</u>
Active – still employed by hospital	85	84
Vested – no longer employed by hospital	54	55
Former employees receiving annuity	<u>7</u>	<u>7</u>
Total	<u>146</u>	<u>146</u>

The outstanding liability for the RPP is approximately **\$3.4M** (Actives - \$2.1M and Vested - \$1.3M). US Bank investment account balance \$5.1M. 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 ten (10) months ended April 30, 2022, totaled **\$192K**. Monthly annuity payments (7 participants) total **\$1.0K** per month.

DESERT HEALTHCARE DISTRICT								
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE								
April 30, 2022								
TWELVE MONTHS ENDING JUNE 30, 2022								
			Approved	6/30/2021	Current Yr	Total Paid Prior Yrs	Total Paid Current Yr	Open
Grant ID Nos.		Name	Grants - Prior Yrs	Bal Fwd	2021-2022	July-June	July-June	BALANCE
2014-MOU-BOD-11/21/13		Memo of Understanding CVAG CV Link Support	\$ 10,000,000	\$ 6,660,000		\$ -		\$ 6,660,000
2019-994-BOD-05-28-19		One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yrs.	\$ 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		\$ -		\$ 5,000
2020-1135-BOD-11-24-20		Hope Through Housing Foundation - Family Resilience - 1 Yr.	\$ 20,000	\$ 2,000		\$ 1,098		\$ 902
		Unexpended funds Grant #1135						\$ (902)
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		\$ 18,295		\$ -
2021-1162-BOD-01-26-21		Joslyn Center - Wellness Center Program Support - 1 Yr.	\$ 109,130	\$ 60,022		\$ 60,022		\$ -
2021-1170-BOD-02-23-21		Jewish Family Services - Mental Health Counseling for Underserved Residents - 1 Yr.	\$ 80,000	\$ 44,000		\$ 44,000		\$ -
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 1 Yr.	\$ 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		\$ 824,646		\$ 1,030,227
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		\$ 51,081	\$ 62,433
2022-1302-BOD-01-25-22		Vision To Learn - Palm Springs, Desert Sands, and Coachella Valley School Districts 1 Yr.			\$ 50,000		\$ 22,500	\$ 27,500
2022-1303-BOD-01-25-22		CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr.			\$ 54,056		\$ 24,325	\$ 29,731
2022-1306-BOD-02-22-22		Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr.			\$ 123,451		\$ 55,553	\$ 67,898
2022-1311-BOD-04-26-22		Desert Arc - Healthcare for Adults with Disabilities Project Employment of Nurses - 1 Yr.			\$ 102,741		\$ -	\$ 102,741
2022-1313-BOD-04-26-22		Angel View - Improving Access to Primary and Specialty Care Services for Children With Disabilities 1 Yr.			\$ 76,790		\$ -	\$ 76,790
								\$ -
TOTAL GRANTS			\$ 14,217,604	\$ 9,501,626	\$ 824,646	\$ 1,692,462	\$ 290,301	\$ 8,342,607
Amts available/remaining for Grant/Programs - FY 2021-22:								
Amount budgeted 2021-2022				\$ 4,000,000			G/L Balance:	4/30/2022
Amount granted through April 30, 2022:				\$ (824,646)			2131	\$ 3,352,607
Mini Grants:	1293; 1294			\$ (10,000)			2281	\$ 4,990,000
Financial Audits of Non-Profits				\$ -				
Net adj - Grants not used:	FY20-21 Funds, 1124, 1135			\$ 1,868,521			Total	\$ 8,342,607
Matching external grant contributions				\$ -				\$ (0)
Balance available for Grants/Programs				\$ 5,033,875				
* 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

May 10, 2022

The annual budget preparation process is underway, with the FY22-23 draft budget to be presented at today's May F&A Committee meeting.

The annual audit begins this month, with interim fieldwork the week of May 23-27. Yearend fieldwork is scheduled the week of August 1-5.

Las Palmas Medical Plaza - Property Management:

Occupancy:

See attached unit rental status report.

97.4% currently occupied –

Total annual rent including CAM fees is **\$1,386,295**.

Leasing Activity:

The lease agreement with Coachella Valley Volunteers in Medicine was approved in April for suite 1W-204 with commencement beginning on June 1, 2022.

The tenant in suite 1W-104, Dr. Bencheqroun, has requested the early termination of his lease by six months, ending on May 31, 2022.

4 tenants will be negotiating lease extensions/renewals for the duration of the calendar year.

Las Palmas Medical Plaza													
Unit Rental Status													
As of May 1, 2022													
Unit	Tenant Name	Deposit	Lease Dates		Term	Unit	Percent	Monthly	Annual	Rent Per	Monthly	Total Monthly	Total Annual
			From	To		Sq Feet	of Total	Rent	Rent	Sq Foot	CAM	Rent Inclg CAM	Rent Inclg CAM
											\$ 0.69		
1W, 204	Vacant					1,280	2.59%						
Total - Vacancies						1,280	2.59%						
Total Suites - 31 - 30 Suites Occupied		\$ 61,027.74				49,356	97.4%	\$ 82,492.94	\$ 989,915.28	\$ 1.72	\$ 33,031.68	\$ 115,524.62	\$ 1,386,295.44
			Summary - All Units										
			Occupied	48,076	97.4%								
			Vacant	1,280	2.6%								
			Pending	0	0%								
			Total	49,356	100%								



Date: May 24, 2022
To: Board of Directors
Subject: FY 2022-2023 Annual Budget Review and Consideration of Approval

Staff Recommendation: Consideration to approve the FY 2022-2023 Annual Budget.

Information:
District

1. FY21-22 (Year #2 of the pandemic) was anticipated to be a year of transitioning out of the pandemic and into business back to normal. However, COVID has continued with several variants and waves, although seemingly decreasing in severity.
2. Real estate property values continued to increase at unprecedented rates, resulting in increased property tax revenue above projections. Administrative expenses continued significantly less due to remote work and virtual meetings.
3. The economy continues to slide further into a recession, aided by the effects of the war in the Ukraine and increasing inflation. The stock and bond markets were severely impacted and are anticipated to continue into FY23.
4. Property taxes are anticipated to remain high, with new construction enhancing the District's expected property tax revenue in FY23. Administrative expenses are anticipated to increase, as remote work and virtual meetings progressively decline and will revert back to an in-person environment.
5. The FY22-23 annual budget reflects the following highlights:
6. 4010 Property Tax Revenue – budget reflects a 5% increase over the current year.
7. 4220 & 9999-1 Interest Income – Net interest income will remain highly unpredictable with the bond market affected by the recession, inflation, and the Fed interest rate adjustments.
8. 4505-4513 Las Palmas Medical Plaza Rent and CAM Revenue –
 - Rental Income reflects an occupancy of 96-100%.
 - CAM Revenue includes a rate of \$.69 per square foot.
9. 5110 – Salaries and Wages – Increases include Cost of Living (COLA) and Merit.
 1. COLA - Due to the rapidly rising inflation and cost of living, the latest Consumer Price Index for Riverside county (10%), supported by the attached News Release from the Bureau of Labor Statistics, is used to support the COLA increases. To more moderately incorporate the increase, the following is reflected in the Salaries and Wages on Page 9 of the Budget:
 - Effective July 1, 2022 – 5% increase
 - Effective January 1, 2023 – an additional 5% increase
 2. Merit – 5% has been the normal annual merit increase. During this unusual year of COLA increase, the FY23 budget includes merit increase of 2.5%.
 - Effective November 1, 2022 – 2.5%
10. 7010 Grant-Making Budget of \$4,000,000 for the fiscal year supported by the Board's 5-year strategic plan.

Foundation

11. 4003 Grants Income – includes \$1,000,000 estimated county grants, \$650,000 estimated external state and federal grants, and \$500,000 potentially from DHCD.
 12. 8015 & 8040 Investment Income – The investments in the Foundation are subject to fluctuations in the stock market.
 13. 5101 & 5102 Salaries and Wages - \$505,602 of salaries and wages expense is allocated to the Foundation from the District. \$153,737 will be charged to the Behavioral Health collective fund grant for the Senior Program Officer - Behavioral Health. \$167,359 is allocated to the federal grant administrative funds.
 14. 5102 - \$100,000 is included for internal COVID-19 and CVEC administrative expenses and \$40,000 for the annual Promotores event.
 15. 8051 Grant Expense – \$1,750,000 anticipated grant expenses.
 16. At the May 10, 2022 Finance & Administration Committee meeting, the Committee approved the request, which included increasing Director benefit reimbursements 6% from \$10,000 to \$10,600 per Director, and recommended forwarding to the Board for consideration of approval.
- At the May 10, 2022 F&A Committee meeting, the committee recommended forwarding to the Board for consideration of approval.

Fiscal Impact:

District – Net Income \$2,307

Foundation – Net Loss (\$123,965)

DESERT HEALTHCARE DISTRICT									
FY 2022 - 2023 BUDGET									
DRAFT				INDEX					
7/1/2022 - 6/30/2023									
PAGE									
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4	CASHFLOW								
5	STATEMENT OF INCOME AND EXPENSE - SUMMARY								
6	STATEMENT OF INCOME AND EXPENSE - DHCD								
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9	STAFFING								
10	DIRECTORS AND EMPLOYEE EXPENSES								
11	PROGRAMS/GRANTS - SUMMARY - CASH FLOW - BY QUARTER								
12	PROGRAMS/GRANTS - CASH FLOW BY QUARTER								
13	BUDGET DETAIL								

DESERT HEALTHCARE DISTRICT
FY 2022 - 2023 BUDGET
ASSUMPTIONS - MAJOR LINE ITEMS GREATER THAN \$50,000
7/1/2022 - 6/30/2023

DRAFT		Preliminary	
G/L		Annual	
Account Number	Account Description	Projected Amount	Assumption
6	REVENUES		
4010	Property Tax	\$ 7,980,000	5% increase
4220	Interest Income - FRF	\$ 900,000	Coupon Rate - 2.5%
9999-1	Unrealized Gain FRF	\$ (1,600,000)	Investment portfolio's unrealized gains/(losses)
		\$ (700,000)	Net Interest Income
4501	Other Income	\$ 9,000	Land Lease
4505	LPMP - Rental Income	\$ 960,218	Average \$80k per month
4509-11	LPMP - CAM Income	\$ 394,771	CAM charges to tenants to cover common area expenses - \$.69 per sq ft.
	EXPENSES		
	Desert Healthcare District		
5110	Salary and Wages	\$ 1,399,445	See Directors and Employees Expenses for details. Pg 8
5111	Allocation to LPMP-CAO(20%)&AM(25%)+OH	\$ (65,636)	Allocation of CAO and Accounting Support & Admin to LPMP
5112	Vacation and sick pay accrual	\$ 140,000	Accrual for earned vacation and sickpay
5114/5119	Alloc to Foundation - All Staff	\$ (505,602)	District staff allocation of payroll and benefits to Foundation to provide services
5131	Benefit Premiums - Staff	\$ 258,916	See Directors and Employees Expenses for details. Pg 8
5145	Retirement Plan	\$ 106,744	Staff Retirement Plan - 8% employer contribution to 401(a) plan
5211	Directors - Health Ins	\$ 50,252	See Directors and Employees Expenses for details. Pg 8
5235	Directors - Stipend Expense	\$ 41,580	See Directors and Employees Expenses for details. Pg 8
5270	Election Fees	\$ 100,000	Election fees charged by Riverside Cty - Three Directors up for re-election this November
6120	Bank & Investment Fees	\$ 54,000	Investment fees reduced 50% by Highmark Capital
6125/6126	Depreciation	\$ 254,864	Office equipment, Software and Parking lot/Solar Panels depreciation
6516	Professional Fees	\$ 865,124	Utilize independent contractors to provide professional project oversight skills, hospital lease consulting, seismic consulting, Board workshops, and other professional services.
6560	Legal - General	\$ 120,000	Legal fees for operational coverage, potential litigation, and policy review
6725	RPP Contributions Accrual	\$ 60,000	Pension Expenses for Retirement Protection Plan
7010	Community investments - Grants	\$ 4,000,000	See grants/programs schedule - Pg 10
	Las Palmas Medical Plaza		
6425	Building Depreciation	\$ 306,744	40 year Depreciation period
6426	Tenant Improv - Amortization	\$ 200,000	Tenant Improvements amortized over life of each tenant's lease

DESERT HEALTHCARE DISTRICT
FY 2022 - 2023 BUDGET
ASSUMPTIONS - MAJOR LINE ITEMS GREATER THAN \$50,000
7/1/2022 - 6/30/2023

DRAFT		Preliminary	
G/L		Annual	
Account	Account	Projected	
Number	Description	Amount	Assumption
6440	Professional Fees Expense	\$ 133,800	Property maintenance company - includes prevailing wage
6475	Property Taxes - Las Palmas	\$ 78,000	District is billed for the property tax and incorporates the tax in the CAM based on sq. ft.of suite
6485	Security	\$ 110,500	Security coverage 18 hrs per day Mon-Fri
	CASH FLOW		
	Cash Receipts:		
	Property Taxes	\$ 7,980,000	5% increase
	Interest - NET	\$ (700,000)	Coupon Rate - 2.5% and estimated unrealized gains/(losses)
	LPMP	\$ 1,355,988	Rental and Common Area Maintenance
	Other Income	\$ 33,000	Airways Rental & Land Lease
	Due from DHCF - Expense Allocation	\$ 505,602	Allocation of District staff expense to perform Foundation business
	Cash Disbursements:		
	Operations	\$ 4,328,126	See Statement of Operations - Excludes non-cash items i.e. depreciation and amortization
	Existing liabilities - Proj for disbursement	\$ 100,000	Projected liabilities as of 6/30/22 excluding grants
	Program/Grant Payments - Existing	\$ 7,098,784	See Grants cash flow statement. Pg 10-11
	Program/Grant Payments - FY2019-20	\$ 2,250,000	See Grants cash flow statement. Pg 10-11
	LPMP:		
	Normal recurring expenses	\$ 535,196	See Statement of Operations for details. Pg 7
	Bldg & Tenant Improvements	\$ 265,000	Various - including interior firesprinkler system, suite renovations, equipment replacement, lease renewals and TI's for new tenants

DESERT HEALTHCARE DISTRICT						
CASH FLOW PROJECTION						
FY 2022 - 2023 BUDGET						
7/1/2022 - 6/30/2023						
DRAFT						
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Beginning Cash/Investment Balance:		\$ 64,268,444	\$ 62,296,797	\$ 60,604,798	\$ 60,026,081	\$ 64,268,444
6						
Property Taxes		534,660	1,380,540	2,569,560	3,495,240	7,980,000
Interest		(175,000)	(175,000)	(175,000)	(175,000)	(700,000)
LPMP		338,997	338,997	338,997	338,997	1,355,988
Due fromDesert Healthcare Foundation-Exp Allocation		126,401	126,401	126,401	126,401	505,602
Other Income - NEOPB grant, Airways, Etc		8,250	8,250	8,250	8,250	33,000
Total Receipts		833,308	1,679,188	2,868,208	3,793,888	9,174,591
Cash Disbursements:						
Ops-net of Deprec/amort/grants		995,157	1,090,584	1,103,920	1,138,465	4,328,126
Existing Liabilities Exclg Grants		100,000	-	-	-	100,000
Existing Grant/Prog Payments		1,464,748	1,320,553	1,382,956	2,930,527	7,098,784
Programs and Grants payments		-	750,000	750,000	750,000	2,250,000
Capital Equipment Reqmnts:						
Computer/Office Furn/Other		15,000	5,000	5,000	5,000	30,000
Computer/Office Furn/Other-East Valley Office		30,000	5,000	5,000	5,000	45,000
LPMP:						
Normal recurring-Operations		133,799	133,799	133,799	133,799	535,196
Tenant/building Improvements - normal recurring		66,250	66,250	66,250	66,250	265,000
Total Cash Disbursements		\$ 2,804,954	\$ 3,371,186	\$ 3,446,925	\$ 5,029,041	\$ 14,652,106
Ending Cash/Investment Balance		\$ 62,296,797	\$ 60,604,798	\$ 60,026,081	\$ 58,790,928	\$ 58,790,928

DESERT HEALTHCARE DISTRICT			
SUMMARY - BUDGET - FY 2022-2023			
DRAFT			
			Net Income
	Income	Expense	(Loss)
6			
District Operations	\$ 7,313,000	\$ 7,536,557	\$ (223,557)
LPMP Operations	\$ 1,355,988	\$ 1,130,125	\$ 225,864
Total	\$ 8,668,988	\$ 8,666,681	2,307

DESERT HEALTHCARE DISTRICT									
FY 2022 - 2023 BUDGET									
STATEMENT OF INCOME AND EXPENSE INCLUDING LPMP									
7/1/2022 - 6/30/2023									
DRAFT	Budget	Projected	Budget					Budget	Inc(Dec)
	Fiscal Yr	6/30/22	VS					Fiscal Yr	Budget
	FYE 6/30/22	Balance	Proj					2022-2023	Vs Proj
				Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total	Prior Yr
INCOME									
4010 - Property Tax Revenues	7,313,000	7,635,884	322,884	1,995,000	1,995,000	1,995,000	1,995,000	7,980,000	344,116
4220 - Unrestricted Interest Income - FRF	970,883	776,648	(194,235)	225,000	225,000	225,000	225,000	900,000	123,352
9999-1 - Unrealized Gain or (Loss) FRF	(950,000)	(2,567,953)	(1,617,953)	(400,000)	(400,000)	(400,000)	(400,000)	(1,600,000)	967,953
Net Investment Income - FRF	20,883	(1,791,305)	(1,812,188)	(175,000)	(175,000)	(175,000)	(175,000)	(700,000)	1,091,305
4330 - Collection Agency Recoveries	-	-	-	-	-	-	-	-	-
4350 - Rental - Airways	22,243	23,636	1,393	6,000	6,000	6,000	6,000	24,000	364
4405 - Grant Income - CalFresh	60,000	24,466	(35,534)	-	-	-	-	-	(24,466)
4505-4513 - LPMP - Rental Income	1,276,444	1,305,632	29,188	338,997	338,997	338,997	338,997	1,355,988	50,356
4501 - Other Income	9,000	184,000	175,000	2,250	2,250	2,250	2,250	9,000	(175,000)
Total Income	8,701,570	7,382,313	(1,319,257)	2,167,247	2,167,247	2,167,247	2,167,247	8,668,988	1,286,675
EXPENSES									
5110 - Salaries and Wages	1,451,349	1,103,611	(347,738)	280,182	370,152	343,051	406,060	1,399,445	295,833
5111-Alloc to LPMP-CC(20%)&ET(25%)+OH	(65,636)	(65,636)	(0)	(16,409)	(16,409)	(16,409)	(16,409)	(65,636)	0
5115 - Alloc to CalFresh-Coordinator & Account	(88,953)	(23,130)	65,823	-	-	-	-	-	23,130
5119 - Alloc to FND-Federal Funds	(253,612)	(224,022)	29,590	(41,840)	(41,840)	(41,840)	(41,840)	(167,359)	56,662
5112 - Accrued vacation/sick -	130,000	146,448	16,448	35,000	35,000	35,000	35,000	140,000	(6,448)
5114 - Alloc Foundation -PR & Benefits	(381,873)	(341,929)	39,944	(84,561)	(84,561)	(84,561)	(84,561)	(338,243)	3,686
5120 - Payroll Tax Expense	111,028	84,784	(26,245)	24,111	24,714	28,921	33,741	111,488	26,704
5131 - Benefit Premiums	211,899	200,350	(11,549)	63,150	63,150	66,308	66,308	258,916	58,566
5135 - Reimbursements/Co-Payments	36,000	14,206	(21,794)	5,400	5,400	5,400	5,400	21,600	7,394
5140 - Workers Comp	15,239	4,631	(10,608)	946	1,215	1,134	1,323	4,618	(13)
5145 - Retirement Plan Expense	107,933	98,361	(9,572)	24,314	28,898	24,952	28,579	106,744	8,383
5160 - Education/Conferences - Staff	87,000	16,664	(70,336)	21,250	21,250	21,250	21,250	85,000	68,336
5211 - Health Insurance-BOD	70,002	47,796	(22,206)	3,288	3,288	40,388	3,288	50,252	2,456
5230 - BOD Meeting/Conference Expense	20,000	16,027	(3,973)	8,000	8,000	8,000	8,000	32,000	15,973
5235- Director Stipend Expense	52,920	32,460	(20,460)	10,395	10,395	10,395	10,395	41,580	9,120
5240 - BOD Catering Expense	10,000	7,916	(2,084)	2,500	2,500	2,500	2,500	10,000	2,084
5250 - BOD Mileage Reimbursement	2,500	-	(2,500)	625	625	625	625	2,500	2,500
5270 - BOD Election Fees	-	-	-	25,000	25,000	25,000	25,000	100,000	100,000
6110 - Payroll fees expense	2,500	2,100	(400)	625	625	625	625	2,500	400
6120 - Bank and Investment Fees	54,000	83,248	29,248	13,500	13,500	13,500	13,500	54,000	(29,248)
6125 - Depreciation Expense	74,000	12,190	(61,810)	18,500	18,500	18,500	18,500	74,000	61,810
6126 - Depreciation - Solar panels - Parking	180,864	180,864	-	45,216	45,216	45,216	45,216	180,864	-
6130 - Dues and Memberships	49,912	46,280	(3,632)	12,478	12,478	12,478	12,478	49,912	3,632
6220 - Ongoing InsuranceCoverage	32,000	34,654	2,654	8,000	8,000	8,000	8,000	32,000	(2,654)
6300 - Minor Equipment	500	-	(500)	125	125	125	125	500	500
6305 - CEO Auto Allowance	6,000	6,002	2	1,500	1,500	1,500	1,500	6,000	(2)
6306-Staff Auto Mileage Reimbursement	7,500	889	(6,611)	1,875	1,875	1,875	1,875	7,500	6,611
6309 - Personnel Expense	14,000	3,968	(10,032)	1,125	1,125	1,125	1,125	4,500	532
6310 - Miscellaneous Expense	500	-	(500)	125	125	125	125	500	500
6311 - Cell phone expense	9,312	6,549	(2,763)	2,175	2,175	2,175	2,175	8,700	2,151
6312 - Wellness Park Expense	1,000	-	(1,000)	250	250	250	250	1,000	1,000
6315 - Security Monitoring Expense	600	476	(124)	150	150	150	150	600	124
6325 - CEO Discretionary Fund	25,000	25,047	47	6,250	6,250	6,250	6,250	25,000	(47)
6343 - Postage Expense	5,000	1,684	(3,316)	1,000	1,000	1,000	1,000	4,000	2,316

DESERT HEALTHCARE DISTRICT									
FY 2022 - 2023 BUDGET									
STATEMENT OF INCOME AND EXPENSE INCLUDING LPMP									
7/1/2022 - 6/30/2023									
DRAFT	Budget	Projected	Budget					Budget	Inc(Dec)
	Fiscal Yr	6/30/22	VS					Fiscal Yr	Budget
	FYE 6/30/22	Balance	Proj					2022-2023	Vs Proj
				Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total	Prior Yr
6350 - Copier Rental/Fees	6,000	4,705	(1,295)	1,500	1,500	1,500	1,500	6,000	1,295
6351 - Travel Expense	20,000	9,542	(10,458)	5,000	5,000	5,000	5,000	20,000	10,458
6352 - Meals & Entertainment	10,500	7,170	(3,330)	2,625	2,625	2,625	2,625	10,500	3,330
6355 - Computer Services	46,502	47,999	1,497	12,788	12,788	12,788	12,788	51,152	3,153
6360 - Supplies	26,000	11,465	(14,535)	6,500	6,500	6,500	6,500	26,000	14,535
6380 - LAFCO Assessment	2,500	1,637	(863)	625	625	625	625	2,500	863
6405 - Office - Rent	25,200	24,000	(1,200)	6,300	6,300	6,300	6,300	25,200	1,200
6410 - Office - Utilities	5,000	2,715	(2,285)	1,250	1,250	1,250	1,250	5,000	2,285
6445 - Las Palmas Medical Plaza - Total	1,029,285	1,085,499	56,214	282,531	282,531	282,531	282,531	1,130,125	44,626
6516 - Professional Services	929,800	803,760	(126,040)	216,281	216,281	216,281	216,281	865,124	61,364
6520 - Annual Audit Fee	16,500	16,500	-	4,375	4,375	4,375	4,375	17,500	1,000
6530 - PR/Communications/Website	96,500	18,558	(77,942)	16,400	16,400	16,400	16,400	65,600	47,042
6560 - Legal Expense	204,000	75,535	(128,465)	30,000	30,000	30,000	30,000	120,000	44,465
6721 - Legal Expenses - Pension Plan	2,000	2,575	575	500	500	500	500	2,000	(575)
6725 - RPP Contributions Accrual	90,000	90,000	-	15,000	15,000	15,000	15,000	60,000	(30,000)
6728 - Pension Audit Fee	13,500	19,025	5,525	3,875	3,875	3,875	3,875	15,500	(3,525)
7010 - Programs/grants*	4,000,000	3,997,254	(2,746)	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000	2,746
7027 - Grant Expense - CalFresh	60,000	24,466	(35,534)	-	-	-	-	-	(24,466)
Total Expenses	8,561,771	7,764,895	(796,876)	2,079,796	2,175,223	2,188,559	2,223,103	8,666,681	901,786
Net Income(Loss)	139,799	(382,582)	(522,382)	87,451	(7,976)	(21,312)	(55,856)	2,307	384,890
EBITA	852,212							786,464	
Cash Flow - Add back:									-
LPMP - Depreciation	523,185	477,133	(46,051)	148,732	148,732	148,732	148,732	594,929	117,795
6725 - RPP Contributions Accrual	90,000	90,000		15,000	15,000	15,000	15,000	60,000	(30,000)
Grants - Separate line item	4,000,000	3,997,254	(2,746)	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000	2,746
District - Depreciation/Amort	254,864	12,190	(242,674)	63,716	63,716	63,716	63,716	254,864	242,674
Payroll Foundation - Add Back	(635,485)	(565,950)	69,535	(126,401)	(126,401)	(126,401)	(126,401)	(505,602)	60,348
Payroll Alloc - LPMP-Add back	(65,636)	(65,636)	(0)	(16,409)	(16,409)	(16,409)	(16,409)	(65,636)	0
Total	4,166,928	3,944,991	(221,937)	1,084,639	1,084,639	1,084,639	1,084,639	4,338,555	393,564
District Inclg LPMP Net Cash Flow	4,394,843	3,819,904	(574,939)	995,157	1,090,584	1,103,920	1,138,465	4,328,126	508,222
	-								

LAS PALMAS MEDICAL PLAZA									
FY 2022 - 2023 BUDGET									
STATEMENT OF INCOME AND EXPENSE									
7/1/2022 - 6/30/2023									
DRAFT								Budget	Inc(Dec)
	Budget	Proj	Budget					Fiscal Yr	Budget
	FYE 6/30/22	6/30/22	VS					2022-2023	Vs Proj
		Balance	Proj	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total	Prior Yr
INCOME									
4505 - LPMP - Rental Income	901,944	927,898	25,954	240,054	240,054	240,054	240,054	960,218	32,320
4510 - LPMP - CAM Income-Billed	373,500	377,734	4,234	98,693	98,693	98,693	98,693	394,771	17,037
4513 - LPMP - Misc Income	1,000	-	(1,000)	250	250	250	250	1,000	1,000
Total Income	1,276,444	1,305,632	29,188	338,997	338,997	338,997	338,997	1,355,988	50,356
EXPENSES									
6420 - Insurance	35,000	37,373	2,373	9,375	9,375	9,375	9,375	37,500	127
6424 - Parking lot replacement - Deprec	22,549	22,549	0	5,637	5,637	5,637	5,637	22,549	(0)
6425 - Building - Depreciation Expense	235,000	245,645	10,645	76,686	76,686	76,686	76,686	306,744	61,099
6426 - Tenant Improv - Depreciation	200,000	208,939	8,939	50,000	50,000	50,000	50,000	200,000	(8,939)
6427 - HVAC Maintenance	16,000	13,141	(2,859)	4,000	4,000	4,000	4,000	16,000	2,859
6428 - Roof Repairs	2,500	-	-	625	625	625	625	2,500	2,500
6431 - Building - Interior	10,000	1,500	(8,500)	1,875	1,875	1,875	1,875	7,500	6,000
6432 - Plumbing - Interior	6,500	29,412	22,912	2,000	2,000	2,000	2,000	8,000	(21,412)
6433 - Plumbing - Exterior	2,500	-	(2,500)	625	625	625	625	2,500	2,500
6434 - Alloc-Internal Property Managmnt	65,636	65,636	0	16,409	16,409	16,409	16,409	65,636	(0)
6435 - Bank Charges	5,000	448	(4,552)	125	125	125	125	500	52
6437 - Utilities - Vacant Units	2,200	3,903	1,703	550	550	550	550	2,200	(1,703)
6439 - Deferred Maintenance Repairs	15,000	14,746	(254)	3,750	3,750	3,750	3,750	15,000	254
6440 - Professional Fees Expense	129,900	130,550	650	33,450	33,450	33,450	33,450	133,800	3,250
6441 - Legal	1,000	-	(1,000)	250	250	250	250	1,000	1,000
6458 - Elevators - Contract	12,000	12,579	579	3,000	3,000	3,000	3,000	12,000	(579)
6460 - Exterminating Services	4,000	4,100	100	1,000	1,000	1,000	1,000	4,000	(100)
6463 - Landscaping	12,000	12,725	725	2,250	2,250	2,250	2,250	9,000	(3,725)
6467 - Lighting	6,000	-	(6,000)	1,500	1,500	1,500	1,500	6,000	6,000
6468 - Maint. General	1,000	-	(1,000)	250	250	250	250	1,000	1,000
6471 - Marketing	12,000	27,582	15,582	3,750	3,750	3,750	3,750	15,000	(12,582)
6475 - Property Taxes	75,000	75,000	-	19,500	19,500	19,500	19,500	78,000	3,000
6476 - Signage Expense	1,500	11,737	10,237	375	375	375	375	1,500	(10,237)
6480 - Rubbish Removal Medical Waste	19,000	18,026	(974)	4,500	4,500	4,500	4,500	18,000	(26)
6481 - Rubbish Removal	27,000	31,993	4,993	9,174	9,174	9,174	9,174	36,696	4,703
6482 - Utilities/Electricity/Exterior	7,500	7,094	(406)	1,875	1,875	1,875	1,875	7,500	406
6484 - Utilities - Water (Exterior)	7,500	10,506	3,006	1,875	1,875	1,875	1,875	7,500	(3,006)
6485 - Security	94,000	98,665	4,665	27,625	27,625	27,625	27,625	110,500	11,835
6455 - Bad Debt Expense	0	-	-	0	0	0	0	0	-
6490 - Miscellaneous	2,000	1,650	(350)	500	500	500	500	2,000	350
Total Expenses	1,029,285	1,085,499	56,214	282,531	282,531	282,531	282,531	1,130,125	44,626
Net Income	247,160	220,133	(27,027)	56,466	56,466	56,466	56,466	225,864	
Non-Cash and other items:									
Depreciation	457,549	477,133	19,584	132,323	132,323	132,323	132,323	529,293	
Total Depreciation/Payroll alloc	523,185	542,769	19,585	148,732	148,732	148,732	148,732	594,929	
Net Cash Flow for expenses	506,100	542,729	36,629	133,799	133,799	133,799	133,799	535,196	
Total cash provided	770,344	762,902	(7,442)					820,792	

DESERT HEALTHCARE DISTRICT							
STAFFING - BUDGET 2022-2023							
			BOD Approved	Approved	Proposed FY 22-23		
DRAFT	FT	Job	Salary	Salary	Title Change	Salary Range	Salary
Job Title	PT	Status	Range	FY21-22			
Current							
Chief Executive Officer	FT	Exempt	200,000 - 250,000	\$ 239,295		225,000 - 275,000	
Chief Administration Officer	FT	Exempt	175,000 - 205,000	\$ 191,009		175,000 - 225,000	
Chief Program Officer	FT	Exempt	130,000 - 165,000	\$ 137,813		130,000 - 165,000	
Chief of Community Engagement	FT	Exempt	100,000 - 140,000	\$ 128,260		110,000 - 150,000	
Director - Communications & Marketing	FT	Exempt	100,000 - 140,000	\$ 119,000		100,000 - 140,000	
Senior Program Officer - Behavioral Health	FT	Exempt	90,000 - 125,000	\$ 115,500		100,000 - 135,000	
Senior Program Officer - Public Health	FT	Exempt	90,000 - 125,000	\$ 94,500		90,000 - 125,000	
Special Assist to the CEO/Board Relations	FT	Non-Exempt	60,000 - 90,000	\$ 79,976		60,000 - 95,000	
Accounting Manager	FT	Non-Exempt	60,000 - 90,000	\$ 75,130		60,000 - 95,000	
Administrative Assistant	FT	Non-Exempt	45,000 - 75,000	\$ 63,066		45,000 - 75,000	
Program Assistant	FT	Non-Exempt	55,000 - 80,000	\$ 57,200		55,000 - 80,000	
Senior Development Officer	FT	Exempt	80,000 - 110,000			80,000 - 110,000	
Public Policy Analyst	FT	Exempt	70,000,-,100,000			70,000,-,100,000	

DESERT HEALTHCARE DISTRICT									
DIRECTORS AND EMPLOYEE EXPENSES - BUDGET 2022-2023									
HEALTH AND OTHER HEALTH RELATED INCLUDING INSURANCE EXPENSES									
7/1/2022 - 6/30/2023									
DRAFT									
Employee Name	Job Title	FT PT		Annual Wage	QTR 1	QTR 2	QTR 3	QTR 4	Total Wages
# of Payrolls					6	7	6	7	26
Conrado Barzaga	Chief Executive Officer	FT *	\$	239,295	\$ 55,222	\$ 64,426	\$ 55,222	\$ 64,426	\$ 239,295
Chris Christensen	Chief Administration Officer	FT *	\$	191,009	\$ 44,079	\$ 51,426	\$ 44,079	\$ 51,426	\$ 191,009
Donna Craig	Chief Program Officer	FT *	\$	137,813	\$ 31,803	\$ 37,104	\$ 31,803	\$ 37,104	\$ 137,813
Alejandro Espinoza	Chief of Community Engagement	FT *	\$	128,260	\$ 29,598	\$ 34,532	\$ 29,598	\$ 34,532	\$ 128,260
Will Dean	Director - Communications & Marketing	FT *	\$	119,000	\$ 27,462	\$ 32,038	\$ 27,462	\$ 32,038	\$ 119,000
Jana Trew	Senior Program Officer - Behavioral Health	FT *	\$	115,500	\$ 26,654	\$ 31,096	\$ 26,654	\$ 31,096	\$ 115,500
Meghan Kane	Senior Program Officer - Public Health	FT *	\$	94,500	\$ 21,808	\$ 25,442	\$ 21,808	\$ 25,442	\$ 94,500
Andrea Hayles	Special Assist to the CEO/Board Relations	FT *	\$	79,977	\$ 18,456	\$ 21,532	\$ 18,456	\$ 21,532	\$ 79,977
Eric Taylor	Accounting Manager	FT *	\$	75,130	\$ 17,338	\$ 20,227	\$ 17,338	\$ 20,227	\$ 75,130
Erica Huskey	Administrative Assistant	FT *	\$	63,066	\$ 14,554	\$ 16,979	\$ 14,554	\$ 16,979	\$ 63,066
Sergio Rodriguez	Program Assistant	FT *	\$	57,200	\$ 13,200	\$ 15,400	\$ 13,200	\$ 15,400	\$ 57,200
Vacant	Senior Development Officer	FT	\$	90,000	\$ -	\$ 24,231	\$ 20,769	\$ 24,231	\$ 69,231
Vacant	Public Policy Analyst	FT	\$	80,000	\$ -	\$ -	\$ 18,462	\$ 21,538	\$ 40,000
COLA 5% Increase - #1	Effective 7/1/22				\$ 15,009	\$ 17,510	\$ 15,009	\$ 17,510	\$ 65,038
COLA 5% Increase - #2	Effective 1/1/23				\$ -	\$ 6,643	\$ 15,759	\$ 18,386	\$ 40,788
Merit 2.5% Increase	Effective 11/1/22				\$ -	\$ 6,566	\$ 7,880	\$ 9,193	\$ 23,639
Total					\$ 315,182	\$ 405,152	\$ 378,051	\$ 441,060	\$ 1,539,445
								Less Vacation	\$ 1,399,445
								Total District & Taxes & Benefits	\$ 2,042,810
								Net District - Salaries	\$ 1,413,711
								Net District - Net of Taxes & Benefits	\$ 1,537,208
EMPLOYER									
FICA					19,541	18,840	23,439	27,346	\$ 89,166
MEDICARE					4,570	5,875	5,482	6,395	\$ 22,322
Total					\$ 24,111	\$ 24,714	\$ 28,921	\$ 33,741	\$ 111,488
BENEFITS - Excludes deductibles									
Health					51,279	51,279	53,843	53,843	\$ 210,244
ST/LT Disability/Life					6,315	6,315	6,631	6,631	\$ 25,892
Co-Power					5,556	5,556	5,834	5,834	\$ 22,781
Total					\$ 63,150	\$ 63,150	\$ 66,308	\$ 66,308	\$ 258,916
Copays/Deductibles - Employees					5,400	5,400	5,400	5,400	\$ 21,600
Workers Comp					946	1,215	1,134	1,323	\$ 4,618
401A Plan					24,314	28,898	24,952	28,579	\$ 106,744
								Burden Rate>	36%
DIRECTORS									
Active Directors	Approved at May 22, 2018 BOD meeting								
Premiums - up to \$10,600/Director					3,288	3,288	40,388	3,288	\$ 50,252
Stipend - \$110/meeting - up to 6 meetings/month					10,395	10,395	10,395	10,395	\$ 41,580
Total					13,683	13,683	50,783	13,683	\$ 91,832

DESERT HEALTHCARE DISTRICT											
CASH FLOW - PROGRAM DEPARTMENT - BY QUARTER											
FY 2022 - 2023 BUDGET											
7/1/2022 - 6/30/2023											
DRAFT											
	Total										
	Open										
		2022 - 2023					2023 - 2024				
Existing Grants for PHI:	Amount	Qtr1	Qtr2	Qtr3	Qtr4	Total	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Existing Approved - Grants	\$ 10,418,784	\$ 1,464,748	\$ 1,320,553	\$ 1,382,956	\$ 2,930,527	\$ 7,098,784	\$ -	\$ -	\$ -	\$ 1,670,000	\$ 1,670,000
6											
Community Investments - Grants & Programs from the 2021-2026 Strategic Plan Goals:											
Goal #1: Proactively increase financial resources DHCD/F can apply to support community health needs											
Goal #2: Proactively expand community access to primary and specialty care services											
Goal #3: Proactively expand community access to behavioral /mental health services											
Goal #4: Proactively measure and evaluate the impact of DHCD/F-funded programs and services on the health of community residents											
Goal #5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents											
Goal #6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area											
Goal #7: Be responsive to and supportive of selected community initiatives that enhance the general education of the District's residents											
Total New Grants/Programs/capital project	\$ 4,000,000	\$ -	\$ 750,000	\$ 750,000	\$ 750,000	\$ 2,250,000	\$ 750,000	\$ 750,000	\$ 250,000	\$ -	\$ 1,750,000
Grand Total all Grants/Programs	\$ 14,418,784	\$ 1,464,748	\$ 2,070,553	\$ 2,132,956	\$ 3,680,527	\$ 9,348,784	\$ 750,000	\$ 750,000	\$ 250,000	\$ 1,670,000	\$ 3,420,000

DESERT HEALTHCARE DISTRICT								
CASH FLOW - PROGRAM DEPARTMENT								
FY 2022 - 2023 BUDGET								
7/1/2022 - 6/30/2023								
DRAFT		Projected						
		6/30/22						
		Balance						Projected
								Balance
Existing Grants:	Name	Bal - Fwd	Qtr1	Qtr2	Qtr3	Qtr4	Total	6/30/2023
Grants:								
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 4,990,000	\$ -	\$ -	\$ -	\$ 1,670,000	\$ 1,670,000	\$ 3,320,000
2021-1171-BOD-03-23-21	Blood Bank of San Bernardino/Riverside Counties - Bloodmobiles for Coachella Valley - 18 Months	\$ 15,000	\$ -	\$ 15,000	\$ -	\$ -	\$ 15,000	\$ -
2021-1277-BOD-04-27-21	Lift To Rise - United Lift Rental Assistance 2021 - 8 Months	\$ 30,000	\$ 30,000	\$ -	\$ -	\$ -	\$ 30,000	\$ -
2021-21-02-BOD-06-22-21	Carry over of remaining Fiscal Year 2020/2021 Funds*	\$ 930,227	\$ 200,000	\$ 250,000	\$ 250,000	\$ 230,227	\$ 930,227	\$ -
2021-1296-BOD-11-23-21	Coachella Valley Volunteers In Medicine - Improving Access to Healthcare Services - 1 Yr	\$ 84,752	\$ 69,342	\$ -	\$ 15,410	\$ -	\$ 84,752	\$ -
2021-1289-BOD-12-21-21	Desert Cancer Foundation - Patient Assistance Program - 1 Yr	\$ 82,500	\$ 67,500	\$ -	\$ 15,000	\$ -	\$ 82,500	\$ -
2022-1301-BOD-01-25-22	UCR Regents - Community Based Interventions to Mitigate Psychological Trauma - 1 Yr	\$ 62,433	\$ 51,081	\$ -	\$ 11,352	\$ -	\$ 62,433	\$ -
2022-1302-BOD-01-25-22	Vision To Learn - Palm Springs, Desert Sands, and Coachella Valley School Districts 1 Yr	\$ 27,500	\$ 22,500	\$ -	\$ 5,000	\$ -	\$ 27,500	\$ -
2022-1303-BOD-01-25-22	CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr	\$ 29,731	\$ 24,325	\$ -	\$ 5,406	\$ -	\$ 29,731	\$ -
2022-1306-BOD-02-22-22	Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr	\$ 67,898	\$ -	\$ 55,553	\$ -	\$ 12,345	\$ 67,898	\$ -
2022-1311-BOD-04-26-22	Desert Arc - Healthcare for Adults with Disabilities Project Employment of Nurses - 1 Yr.	\$ 56,508	\$ -	\$ -	\$ 46,233	\$ 10,275	\$ 56,508	\$ -
2022-1313-BOD-04-26-22	Angel View - Improving Access to Primary and Specialty Care Services for Children With Disabilities 1	\$ 42,235	\$ -	\$ -	\$ 34,555	\$ 7,680	\$ 42,235	\$ -
New Grants		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Remaining Grant Budget	\$ 4,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 4,000,000	\$ -
Grand Total - Existing grants		\$ 10,418,784	\$ 1,464,748	\$ 1,320,553	\$ 1,382,956	\$ 2,930,527	\$ 7,098,784	\$ 3,320,000
Community Investments - Grants & Programs from the 2021-2026 Strategic Plan Goals:								
Goal #1: Proactively increase financial resources DHCD/F can apply to support community health needs								
Goal #2: Proactively expand community access to primary and specialty care services								
Goal #3: Proactively expand community access to behavioral /mental health services								
Goal #4: Proactively measure and evaluate the impact of DHCD/F-funded programs and services on the health of community residents								
Goal #5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents								
Goal #6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area								
Goal #7: Be responsive to and supportive of selected community initiatives that enhance the general education of the District's residents								
Total Grants/Programs - New		\$ 4,000,000	\$ -	\$ 750,000	\$ 750,000	\$ 750,000	\$ 2,250,000	\$ 1,750,000
Grand Total - Grants/Programs		\$ 14,418,784	\$ 1,464,748	\$ 2,070,553	\$ 2,132,956	\$ 3,680,527	\$ 9,348,784	\$ 5,070,000

Desert Healthcare District					
2022-2023 Budget Detail					
DRAFT					
4010 - Property Tax Revenues					
	\$ 7,980,000	FY22 plus 5%			
4220 - Unrestricted Interest Income - FRF					
	Coupon rate of approx 2.5% produces less interest income				
	\$8M of maturities in 2023 with new purchases are anticipated to be at zero interest				
6					
	Loss on investments is expected to continue through the decline in economy, but undetermined.				
5160 - Education/Conference - Staff					
	\$ 12,000	Educational seminars			
	\$ 48,000	Clear Impact RBA training			
	\$ 5,000	CEO Public Leadership Credential			
	\$ 12,000	Staff Education Incentive Program			
	\$ 8,000	ACHD Legislative Days, etc.			
	\$ 85,000				
5230 - BOD meeting/conference expense					
	\$ 20,000	Ticket policy (\$2,500 per director and CEO)			
	\$ 12,000	BOD Conference/Meeting Expense			
	\$ 32,000				
5270 - BOD Election Fees					
	\$ 100,000	FYE 2023			
6130 - Dues & Subscriptions					
	\$ 6,000	CSDA annual membership			
	\$ 15,000	ACHD annual membership			
	\$ 1,300	CPA license & associations			
	\$ 3,500	Grantmakers in Health			
	\$ 5,067	SoCal Grantmakers			
	\$ 5,000	PolicyMap			
	\$ 4,800	Clear Impact			
	\$ 645	American Public Health Association			
	\$ 3,600	Guidestar Pro			
	\$ 5,000	Other			
	\$ 49,912				
6305 - CEO Auto Allowance					
	\$ 6,000	CEO - 500/month			
	\$ 6,000				
6311 - Cell Phone Expense					
	\$ 7,200	Current Bill			
	\$ 1,500	Misc			
	\$ 8,700				

Desert Healthcare District					
2022-2023 Budget Detail					
DRAFT					
6325 - CEO Discretionary Fund					
	\$ 25,000	CEO Discretion			
6351 - Travel Expense					
	\$ 20,000	Travel for staff and BOD to conferences			
6352 - Meals & Entertainment Expense					
	\$ 8,000	Conferences/CEO lunch engagements			
	\$ 2,500	Holiday Celebration			
	\$ 10,500				
6355 - Computer					
	\$ 17,000	Blackbaud - Online			
	\$ 12,000	IT support			
	\$ 2,652	TWC			
	\$ 14,500	Agenda Software (\$4,500 setup fee, \$10,000 Annual)			
	\$ 5,000	Other			
	\$ 51,152				
6360 - Supplies					
	\$ 20,000	Current			
	\$ 6,000	Additional staff, etc.			
	\$ 26,000				
6380 - LAFCO Assessment					
	\$ 2,500				
6405 - Office - Rent					
	\$ 24,000	2000/month			
	\$ 1,200	misc			
	\$ 25,200				
Mobile Unit Expenses					
		DPMG Health to operate (\$92k grant)			
	\$ 60,000	Depreciation - Straight Line 5-years			

Desert Healthcare District					
2022-2023 Budget Detail					
DRAFT					
6516 - Professional Fees					
	\$ 800,000	Facilities/Programs/Services/Lease/Seismic			
	\$ 35,000	Board Development Workshops			
	\$ 11,124	HR Consultant			
	\$ 4,000	Hospital Inspections - Dale Barnhard			
	\$ 15,000	Miscellaneous			
	\$ 865,124				
6530 - Communications/ Marketing/Website					
	\$ 10,000	Community Engagement			
	\$ 40,600	See Detail below			
	\$ 5,000	Website (\$1,250 per quarter)			
	\$ 5,000	External Relations			
	\$ 5,000	Other			
	\$ 65,600				
Communications and Marketing Detail					
	\$ 10,000	Print Publication			
	\$ 600	Social Media			
	\$ 7,500	Collateral Materials			
	\$ 7,500	Visibility and Awareness			
	\$ 10,000	General Marketing			
	\$ 5,000	Photography			
	\$ 40,600				
6728 - Pension Audit Fees					
	\$ 5,500	CV Accounting & Auditing			
	\$ 10,000	Nyhart			
	\$ 15,500				
Cash Flow - District & LPMP Tenant/building Improvements					
	\$ 300,000	Purchase of Mobile Unit			
	\$ 50,000	Landscape grading - LPMP			
	\$ 15,000	RAP Office Conference Room			
	\$ 200,000	Est. Other TIs and Improvements			
	\$ 265,000				



For Release: Tuesday, April 12, 2022

22-627-SAN

WESTERN INFORMATION OFFICE: San Francisco, Calif.

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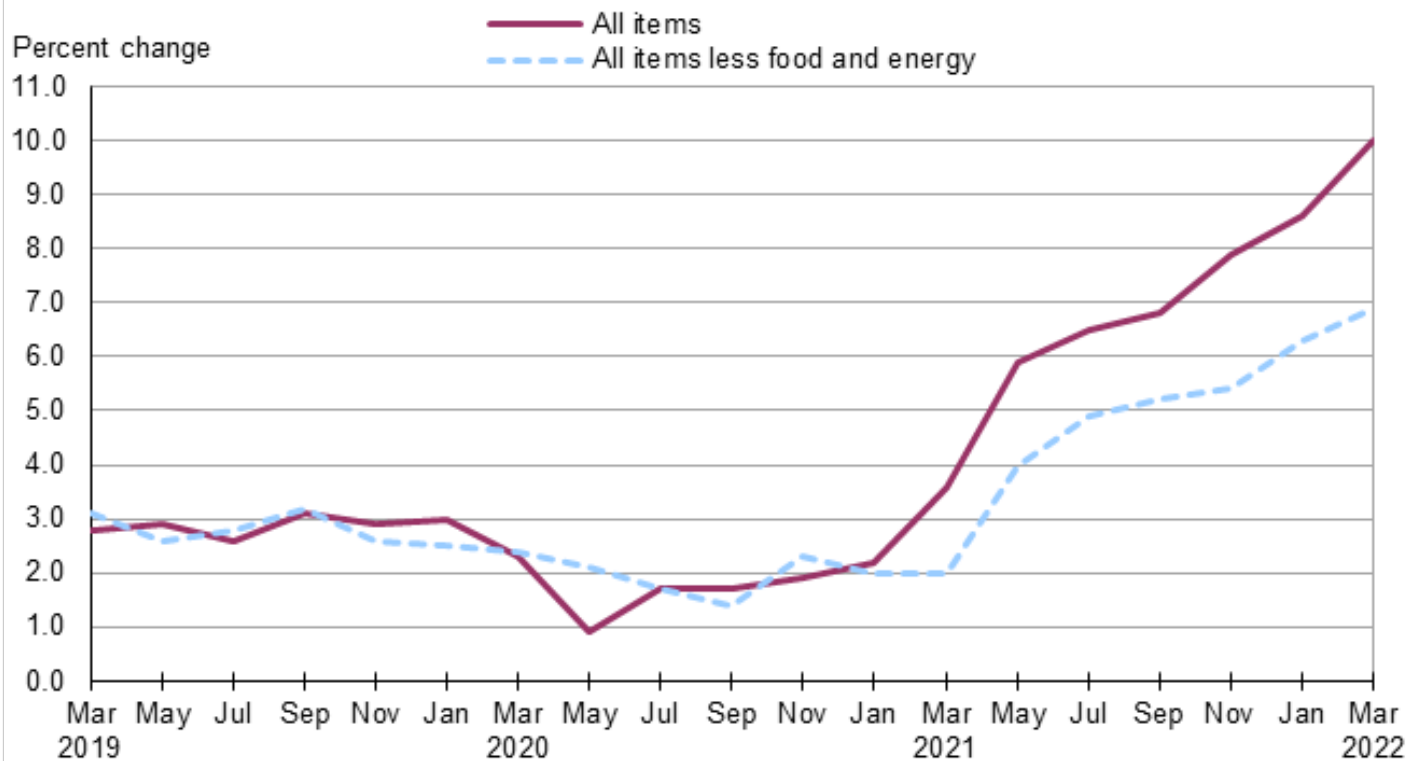
Consumer Price Index, Riverside Area – March 2022

Area prices were up 2.7 percent over the past two months, up 10.0 percent from a year ago

Prices in the Riverside area, as measured by the Consumer Price Index for All Urban Consumers (CPI-U), advanced 2.7 percent for the two months ending in March 2022, the U.S. Bureau of Labor Statistics reported today. (See [table A](#).) Regional Commissioner Chris Rosenlund noted that the March increase was influenced by higher prices for gasoline. (Data in this report are not seasonally adjusted. Accordingly, bi-monthly changes may reflect seasonal influences.)

Over the last 12 months, the CPI-U jumped 10.0 percent. (See [chart 1](#) and [table A](#).) Food prices advanced 8.1 percent. Energy prices jumped 38.6 percent, largely the result of an increase in the price of gasoline. The index for all items less food and energy increased 6.9 percent over the year. (See [table 1](#).)

Chart 1. Over-the-year percent change in CPI-U, Riverside-San Bernardino-Ontario, CA, March 2019–March 2022



Source: U.S. Bureau of Labor Statistics.

Food

Food prices increased 1.5 percent for the two months ending in March. (See [table 1.](#)) Prices for food at home increased 1.5 percent. Higher prices for meats, poultry, fish, and eggs (4.9 percent) were partially offset by lower prices for dairy and related products (-1.0 percent) and fruits and vegetables (-0.9). Prices for food away from home rose 1.5 percent for the same period.

Over the year, food prices advanced 8.1 percent. Prices for food at home rose 9.8 percent since a year ago, led by higher prices for meats, poultry, fish, and eggs (16.4 percent). The only food at home category with a price decrease over the past year was dairy and related products (-2.3 percent). Prices for food away from home advanced 6.1 percent since last year.

Energy

The energy index advanced 15.3 percent for the two months ending in March. The increase was mainly due to higher prices for gasoline (22.8 percent). Prices for electricity advanced 7.6 percent, but prices for natural gas service fell 11.1 percent for the same period.

Energy prices jumped 38.6 percent over the year, largely due to higher prices for gasoline (48.9 percent). Prices paid for electricity advanced 24.2 percent, and prices for natural gas service rose 18.8 percent during the past year.

All items less food and energy

The index for all items less food and energy rose 1.1 percent in the latest two-month period. Higher prices for apparel (5.3 percent), recreation (2.9 percent), and shelter (1.2 percent) were partially offset by lower prices for household furnishings and operations (-1.6 percent), other goods and services (-1.1), and new and used motor vehicles (-1.0 percent).

Over the year, the index for all items less food and energy increased 6.9 percent. Components contributing to the increase included used cars and trucks (33.9 percent) and shelter (6.3 percent).

Table A. Riverside-San Bernardino-Ontario, CA, CPI-U 2-month and 12-month percent changes, all items index, not seasonally adjusted

Month	2019		2020		2021		2022	
	2-month	12-month	2-month	12-month	2-month	12-month	2-month	12-month
January.....	0.4	3.0	0.5	3.0	0.9	2.2	1.5	8.6
March	0.7	2.8	0.0	2.3	1.3	3.6	2.7	10.0
May.....	1.2	2.9	-0.2	0.9	2.0	5.9		
July	-0.1	2.6	0.7	1.7	1.3	6.5		
September.....	0.6	3.1	0.5	1.7	0.8	6.8		
November.....	0.2	2.9	0.4	1.9	1.4	7.9		

The May 2022 Consumer Price Index for the Riverside area is scheduled to be released on June 10, 2022.

Technical Note

The Consumer Price Index (CPI) is a measures of the average change in prices over time in a fixed market basket of goods and services. The Bureau of Labor Statistics publishes CPIs for two population groups: (1) a CPI for All Urban Consumers (CPI-U) which covers approximately 93 percent of the total U.S. population and (2) a CPI for Urban Wage Earners and Clerical Workers (CPI-W) which covers approximately 29 percent of

the total U.S. population. The CPI-U includes, in addition to wage earners and clerical workers, groups such as professional, managerial, and technical workers, the self-employed, short-term workers, the unemployed, and retirees and others not in the labor force.

The CPI is based on prices of food, clothing, shelter, and fuels, transportation fares, charges for doctors' and dentists' services, drugs, and the other goods and services that people buy for day-to-day living. Each month, prices are collected in 75 urban areas across the country from about 6,000 housing units and approximately 22,000 retail establishments—department stores, supermarkets, hospitals, filling stations, and other types of stores and service establishments. All taxes directly associated with the purchase and use of items are included in the index.

The index measures price changes from a designated reference date; for most of the CPI-U the reference base is 1982-84 equals 100. An increase of 7 percent from the reference base, for example, is shown as 107.000. Alternatively, that relationship can also be expressed as the price of a base period market basket of goods and services rising from \$100 to \$107. For further details see the CPI home page on the Internet at www.bls.gov/cpi and the CPI section of the BLS Handbook of Methods available on the internet at www.bls.gov/opub/hom/cpi/.

In calculating the index, price changes for the various items in each location are averaged together with weights that represent their importance in the spending of the appropriate population group. Local data are then combined to obtain a U.S. city average. Because the sample size of a local area is smaller, the local area index is subject to substantially more sampling and other measurement error than the national index. In addition, local indexes are not adjusted for seasonal influences. As a result, local area indexes show greater volatility than the national index, although their long-term trends are quite similar. **NOTE: Area indexes do not measure differences in the level of prices between cities; they only measure the average change in prices for each area since the base period.**

The Riverside-San Bernardino-Ontario, CA metropolitan area includes Riverside and San Bernardino Counties in California.

Information in this release will be made available to sensory impaired individuals upon request. Voice phone: (202) 691-5200; Federal Relay Service: (800) 877-8339.

Table 1. Consumer Price Index for All Urban Consumers (CPI-U): Indexes and percent changes for selected periods Riverside-San Bernardino-Ontario (December 2017=100 unless otherwise noted)
























































Item and Group	Indexes				Percent change from-		
	Historical data	Jan. 2022	Feb. 2022	Mar. 2022	Mar. 2021	Jan. 2022	Feb. 2022
Expenditure category							
All items.....		118.963	-	122.127	10.0	2.7	-
Food and beverages		119.208	-	121.186	8.1	1.7	-
Food		119.810	-	121.597	8.1	1.5	-
Food at home		119.969	120.621	121.721	9.8	1.5	0.9
Cereals and bakery products		127.322	-	129.070	10.7	1.4	-
Meats, poultry, fish, and eggs.....		120.209	-	126.054	16.4	4.9	-
Dairy and related products		106.107	-	105.005	-2.3	-1.0	-
Fruits and vegetables		124.892	-	123.779	10.3	-0.9	-
Nonalcoholic beverages and beverage materials.....		119.751	-	122.205	6.6	2.0	-
Other food at home		117.791	-	118.808	9.0	0.9	-
Food away from home.....		119.059	-	120.887	6.1	1.5	-
Alcoholic beverages		108.453	-	114.194	9.3	5.3	-
Housing		121.077	-	122.103	8.0	0.8	-
Shelter		117.693	118.176	119.056	6.3	1.2	0.7
Rent of primary residence		119.310	120.049	121.099	7.4	1.5	0.9
Owners' equiv. rent of residences		117.385	117.787	118.479	5.5	0.9	0.6
Owners' equiv. rent of primary residence		117.385	117.787	118.479	5.5	0.9	0.6
Fuels and utilities.....		146.915	-	147.982	17.6	0.7	-
Household energy		153.870	149.418	158.127	22.8	2.8	5.8
Energy services.....		154.821	150.211	158.985	22.7	2.7	5.8
Electricity		150.293	150.293	161.665	24.2	7.6	7.6
Utility (piped) gas service		168.091	148.933	149.430	18.8	-11.1	0.3
Household furnishings and operations		118.927	-	117.015	9.8	-1.6	-
Apparel		103.495	-	108.951	6.7	5.3	-
Transportation		128.460	-	138.274	25.4	7.6	-
Private transportation		131.430	-	141.042	25.7	7.3	-
New and used motor vehicles		118.079	-	116.928	17.1	-1.0	-
New vehicles		112.929	-	110.477	6.7	-2.2	-
Used cars and trucks.....		150.220	-	149.282	33.9	-0.6	-
Motor fuel		150.883	153.512	185.415	48.9	22.9	20.8
Gasoline (all types).....		151.086	153.664	185.582	48.9	22.8	20.8
Gasoline, unleaded regular(1).....		151.756	154.368	186.852	49.7	23.1	21.0
Gasoline, unleaded midgrade(1).....		151.398	153.919	184.822	47.1	22.1	20.1
Gasoline, unleaded premium(1).....		147.656	150.091	179.587	45.6	21.6	19.7
Medical care		113.919	-	115.863	3.8	1.7	-
Recreation		102.241	-	105.156	3.8	2.9	-
Education and communication		107.829	-	109.256	1.8	1.3	-
Tuition, other school fees, and child care		120.259	-	120.328	1.5	0.1	-
Other goods and services		117.350	-	116.006	3.5	-1.1	-
Commodity and service group							
All items.....		118.963	-	122.127	10.0	2.7	-
Commodities		120.279	-	125.302	14.7	4.2	-
Commodities less food & beverages.....		120.834	-	127.474	18.5	5.5	-
Nondurables less food & beverages		122.643	-	138.604	26.0	13.0	-
Durables		118.318	-	116.153	11.2	-1.8	-
Services.....		118.282	-	120.235	7.3	1.7	-
Special aggregate indexes							

Table 1. Consumer Price Index for All Urban Consumers (CPI-U): Indexes and percent changes for selected periods Riverside-San Bernardino-Ontario (December 2017=100 unless otherwise noted) - Continued

Item and Group	Indexes				Percent change from-		
	Historical data	Jan. 2022	Feb. 2022	Mar. 2022	Mar. 2021	Jan. 2022	Feb. 2022
All items less medical care		119.313	-	122.556	10.5	2.7	-
All items less shelter		119.755	-	123.896	12.1	3.5	-
Commodities less food		120.444	-	127.057	18.2	5.5	-
Nondurables		120.827	-	129.484	16.5	7.2	-
Nondurables less food		121.848	-	137.283	25.1	12.7	-
Services less rent of shelter		119.000	-	121.741	8.5	2.3	-
Services less medical care services		118.441	-	120.361	7.6	1.6	-
Energy		152.579	152.554	175.853	38.6	15.3	15.3
All items less energy		116.006	-	117.341	7.1	1.2	-
All items less food and energy		115.423	-	116.683	6.9	1.1	-

Footnotes

(1) Special index based on a substantially smaller sample.

- Data not available

NOTE: Index applies to a month as a whole, not to any specific date.



Date: May 24, 2022
To: Board of Directors
Subject: Early Lease Termination – Dr. Hassan Bencheqroun – 1W-104

Staff Recommendation: Consideration to approve the lease termination for Dr. Hassan Bencheqroun at the Las Palmas Medical Plaza.

Background:

- Dr. Hassan Bencheqroun has been a 2-year tenant of the Las Palmas Medical Plaza.
- Dr. Bencheqroun, who operates a Pulmonary Clinic, temporarily closed his business multiple times over the last 2-years as a result of the COVID-19 pandemic.
- Patients continued to be seen via video appointments.
- Attempts to reopen the physical office have been challenging due to staff shortages.
- Dr. Bencheqroun indicated that although they have hired multiple staff positions, general turnover had not provided enough time to properly hire and train replacement staff in order to properly run the office.
- The staff turnover challenge has resulted in the office remaining closed.
- The lease term is December 1, 2019 to November 30, 2022.
- Dr. Bencheqroun has requested an early termination of his lease effective May 31, 2022.
- Vacant suites have been in demand at the medical plaza, with a 100% occupancy with a recent new lease.
- This vacant suite is anticipated to not be vacant for long, as it is a first-floor suite with direct access to DRMC.
- Staff recommends approving the Termination agreement and retaining the security deposit for the suite.
- At the May 10, 2022, Finance & Administration Committee meeting, the Committee recommended forwarding the agreement for consideration of approval by the full Board.
- Draft Lease Termination Agreement is attached for your review and consideration.

Fiscal Impact:

Loss of \$10,438.94 of lease revenue.

LEASE TERMINATION AGREEMENT

THIS LEASE TERMINATION AGREEMENT is made and entered into as of May 24, 2022 (the “Effective Date”), by and between **DESERT HEALTHCARE DISTRICT**, a political subdivision of the State of California (“District”), and **HASSAN BENCHEQROUN, M.D.** (“Tenant”), with reference to the following facts:

A. The District and Tenant are parties to that certain Office Building Lease (Building IW Suite 104) in the Las Palmas Medical Plaza, Palm Springs, California, dated December 1, 2019 (“Lease”).

B. The COVID-19 pandemic has caused a severe hardship on Tenant’s ability to obtain and retain staff needed to operate the physical office located at the Las Palmas Medical Plaza.

C. The District has determined that it would serve the best interests of Tenant and the District to enter into a Lease Termination Agreement on the following terms and conditions.

NOW, THEREFORE, in consideration of the foregoing recitals and the agreements herein contained, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. **Lease Termination.** Effective May 31, 2022, the Lease is hereby terminated.
2. **Payment.** Outstanding rent, including assessed Project Operating Costs (CAM) and any related utilities due and owed through May 31, 2022, shall be payable by tenant to the District, with said payments being made no later than May 31, 2022. The security deposit held by District, in the value of \$1,945.60 shall be retained by District as payment for lost rent revenue resulting from the early termination of the lease.

IN WITNESS WHEREOF, the parties have executed this Lease Termination Agreement as of the Effective Date.

“District”:

DESERT HEALTHCARE DISTRICT

By: _____

Name: _____

Title: _____

“Tenant”:

HASSAN BENCHEQROUN, M.D.



Date: May 24, 2022
To: Board of Directors
Subject: Consulting Services Agreement for NPO Centric – Results Based Accountability (RBA) and Clear Impact – NTE \$48,000

Staff Recommendation: Consideration to approve a consulting services agreement for NPO Centric, not to exceed (NTE) \$48,000, that will provide services to DHCD/F's CEO and staff from May 2022 through September 2022 on the training and understanding of Results Based Accountability (RBA) and Clear Impact platforms.

Background:

- In October 2021 the Board of Directors approved the 2021-2026 five-year strategic plan.
- Goal#4 of the Strategic Plan is to *proactively measure and evaluate the impact of DHCD/F funded programs and services on the health of the community residents.*
- Strategy 4.1 (HIGH Priority) – Adopt Clear Impact performance management and RBA (Results Based Accountability) platforms to track and report impact.
- The RBA approach is used as a means to demonstrate program success, improve programs that the DHCD/F administers and funds, and showcase these results in a meaningful, easy to understand way.
- As DHCD/F prepares to embrace RBA and implement the Clear Impact Scorecard, it is necessary to contract with a trained RBA/Clear Impact consultant to build the capacity of staff, the Board of Directors, and our community partners.
- At the May 10, 2022, Finance & Administration Committee meeting, the Committee recommended forwarding the agreement for consideration of approval by the full Board.

Scope of Work: NPO Centric will provide services to DHCD/F's CEO and staff from May 2022 through September 2022 on the training and understanding of Results Based Accountability (RBA) and Clear Impact platforms as well as to create and fulfill an Action Plan to implement RBA for DHCD/F.

Fiscal Impact: NTE \$48,000: covered under Education and Training line item in the annual budget.

CONSULTING SERVICES AGREEMENT

This Professional Services Agreement (“Agreement”) is entered into by and between Desert Healthcare District (“District”), a public agency organized and operating pursuant to California Health and Safety Code section 32000 et seq., and NPO Centric, (“Consultant”) as follows:

R-E-C-I-T-A-L-S

1. District would like to retain the professional services of Consultant to provide the training and understanding of Results Based Accountability (RBA) and Clear Impact platforms.
2. Consultant is qualified and possesses the knowledge, skill, expertise, necessary to provide the professional services (“Services”) as more specifically outlined in the attached Exhibit “A” (“Consultant Proposal”).

C-O-V-E-N-A-N-T-S

1. CONSULTANT’S SERVICES.

1.1 Services. Consultant shall provide all labor, materials, equipment, and incidentals necessary to fully and adequately provide the District with the professional services described in the Consultant Proposal. All Services shall be performed by Consultant to the reasonable satisfaction of the District.

1.2 Compliance with Laws. In performing the Services, Consultant shall, at all times comply with all applicable laws, rules, regulations, codes, ordinances, and orders of every kind whatsoever issued, adopted, or enacted by any federal, state, or local governmental body having jurisdiction over the Services.

1.3 Performance Standard. Consultant shall perform the Services with efficiency and diligence and shall execute the Services in accordance with the standards of Consultant’s profession, generally described as that degree of skill and care ordinarily exercised by professionals providing similar services as Consultant practicing in California.

1.4 District and Foundation’s Representative. For purposes of this Agreement, the District and Foundation’s Representative shall be District’s Chief Executive Officer Conrado Barzaga, located at 1140 North Indian Canyon Drive, Palm Springs, CA 92262. All amendments to this Agreement shall be approved by the District Board.

2. FEES AND PAYMENTS.

2.1 Compensation for Services. For the full and satisfactory performance of the Services, District shall compensate Consultant Not to Exceed \$48,000, plus reimbursement of out-of-pocket expenses.

2.2 Invoices. Consultant shall deliver monthly invoices to the District no later than the 10th day of each month for Services.

2.3 Payment. The District shall remit payment for all amounts due to Consultant within thirty (30) days after receipt of invoices; provided, however, in the event District disputes any portion of Consultant's invoice, it shall timely pay any undisputed amounts invoiced and notify Consultant within thirty (30) days of its receipt of the invoice of the specifics of any disputed amounts. The parties shall expeditiously resolve the subject of any disputed amounts by way of negotiation or, if necessary, mediation. Any such dispute shall not relieve Consultant of its obligation to continue diligently performing the Services.

3. TERM; TERMINATION.

3.1 Term. The term of this Agreement shall run from execution of the agreement through September 30, 2022, subject to Section 1.3.

3.2 Termination for Convenience. District may, at any time in the exercise of its sole discretion, terminate this Agreement in whole or in part, with or without cause, by providing notice to Consultant of its intention to terminate the Agreement for convenience. So long as Consultant is not in default under this Agreement at the time of such termination, District shall pay Consultant for all Services incurred upto and including the date of termination.

4. INDEPENDENT CONTRACTOR.

District has retained Consultant to provide, and Consultant shall perform, the Services as an independent contractor maintaining exclusive direction and control over its employees; and, no personnel utilized by Consultant to perform the Services are employees of the District.

5. OWNERSHIP OF DOCUMENTS.

All deliverables and other documents generated by Consultant in the performance of the Services, including all work papers, work-in-progress, designs, documents, data, ledgers, journals and reports prepared by Consultant as a part of Consultant's Services shall belong to and be subject to the sole ownership and use of the District. The provisions of this Paragraph 5 shall survive any termination of this Agreement.

6. INDEMNIFICATION.

Consultant agrees to indemnify and hold the District and Foundation, its governing body, officers, employees, representatives, agents, successors and assigns (collectively the District/Foundation Indemnities), harmless from and against any and all losses, liabilities, claims, causes of action or costs and expenses of whatever nature or kind, incurred or suffered by the District or the District/Foundation Indemnities including indemnity claims arising by reason of any personal injury of any person or property loss, loss of use, or damage, to the extent the same arise out of or in connection with the negligent act(s) or omission(s), recklessness, or willful misconduct of Consultant, its officers, employees, subcontractors, or representatives, relating to the performance of the services outlined in this Agreement.

7. NOTICE.

All notices to be given under this Agreement shall be in writing and shall be deemed effective upon receipt when personally served or two days after mailing by certified, return receipt requested, to the following addresses:

To: District
Desert Healthcare District
Attention: Conrado Barzaga, Chief Executive Officer
1140 N. Indian Canyon Drive
Palm Springs, California 92262

To: Consultant
NPO Centric
Stephanie Minor
41550 Eclectic Street
Palm Desert, CA 92260

8. MISCELLANEOUS PROVISIONS.

8.1 Venue. Venue shall lie only in the federal or state courts nearest to the City of Palm Springs, in the County of Riverside, State of California.

8.2 Modification. This Agreement may not be altered in whole or in part except by a modification, in writing, executed by all the parties to this Agreement.

8.3 Entire Agreement. This Agreement, together with all Schedules attached, contains all representations and the entire understanding between the parties with respect to the subject matter of this Agreement. Any prior correspondence, memoranda, or agreements, whether or not such correspondence, memoranda, or agreements are in conflict with this Agreement, are intended to be replaced in total by this Agreement and its schedules.

8.4 Assignment. Consultant shall not be entitled to assign all or any portion of its rights or obligations contained in this Agreement without obtaining the prior written consent of the District. Nothing in this Agreement shall obligate the District to give such consent. Any purported assignment without the District's consent shall be void.

8.5 Binding Effect. This Agreement shall inure to the benefit of and be binding upon the parties and their respective purchasers, successors, heirs, and assigns.

8.6 Unenforceable Provisions. The terms, conditions, and covenants of this Agreement shall be construed whenever possible as consistent with all applicable laws and regulations. To the extent that any provision of this Agreement, as so interpreted, is held to violate any applicable law or regulation, the remaining provisions shall nevertheless be carried into full force and effect and remain enforceable.

This Agreement is entered into in the County of Riverside, State of California.

"District":

Desert Healthcare District

"Consultant":

NPO Centric

By: _____
Conrado Barzaga, CEO

By: _____
Stephani Minor, Director

Date: _____

Date: _____



Project Scope of Work

Desert Healthcare District and Foundation – RBA Capacity Building, Action Planning and Implementation

Project Summary

The Desert Healthcare District is a local government agency that was formed in 1948. Its mission is to achieve optimal health at all stages of life for all District residents. The agency's vision is equitably connecting Coachella Valley residents to health and wellness services and programs through philanthropy, health facilities, information and community education, and public policy.

The District includes more than 400,000 residents and encompasses the entire Coachella Valley. The District and Desert Healthcare Foundation, together, are one of the largest funders in the valley. These funds are used to assist residents -- especially the underserved -- in accessing vitally needed resources, such as primary and behavioral healthcare, housing, food, and transportation to medical appointments.

On October 26, 2021, the Desert Healthcare District and Foundation (DHCD/F) Board unanimously voted to approve a new Strategic Plan. The Strategic Plan identifies DHCD/F's priorities, goals, and strategies for the Coachella Valley -- with consideration given to the social determinants of health prevalent in the community. It is essentially the framework to inform and support the Board's future funding, program, and policy decisions.

Goal #4 of the Strategic Plan is to proactively measure and evaluate the impact of Desert Healthcare District and Foundation-funded programs and services on the health of community residents. Toward that end, the Desert Healthcare District and Foundation Board agreed to adopt a Results Based Accountability Framework (RBA) and to utilize the RBA-associated Clear Impact performance management tool to track and report impact.

Adopting the RBA framework will identify how well-funded programs are doing in achieving a particular quality of life result and where changes may need to be made. The RBA approach is used as a means to demonstrate program success, improve programs that the DHCD/F administers and funds, and showcase these results in a meaningful, easy-to-understand way.

The Desert Healthcare District and Foundation will be building, maintaining, and using Clear Impact Scorecards to strengthen how they measure, monitor, and continuously improve their organization and funded programs with a focus on whether the children, adults, and families they work with are "better off." These scorecards will be "live" and available on the DHCD/F's website.

As DHCD/F prepares to embrace Results Based Accountability and implement the Clear Impact Scorecard, the organization is seeking a consultant to build the capacity of staff, the Board of Directors, and their community partners.

Scope of Work

Per the project objectives outlined in the summary above, NPO Centric will provide services to the DHCD/F's CEO and staff from May 2022 to September 2022. The work will encompass two strategies: work with staff, the Board of Directors, and community partners to help them better understand RBA and Clear Impact, and to create and fulfill an Action Plan to implement RBA for DHCD/F.

Cost: \$300.00 per hour.

See the chart below:

Description of Activities and Results	Timeframe	Range of Hours
Planning Phase		
NPO Consultants to complete prerequisite work, development, and design.	Early May 2022	10-12
NPO Consultants will interview DHCD/F key staff to gain insight into the agency. This will include a historical look at DHCD/F to gain an understanding of where the agency has been, where they believe they currently are, and what the priorities are going forward.	Early May 2022	2-4
NPO Consultants to compile and aggregate the information from the interview listed above and perform a deep dive into RBA implementation that has been performed by DHCD/F staff so far.	Mid-May 2022	8-10

<p>Meeting with NPO Centric consultants and key members of staff:</p> <p>Discussion of common language and constructing a meaningful glossary.</p> <p>We will work together to determine and refine: What are DHCD/F's baselines? What is the story behind the baselines? Who are the partners? What works? What doesn't work? What additional community partners do we need to reach out to?</p> <p>We will work together to create a results list.</p> <p>We will co-design the next steps and action plan.</p>	Late May 2022	10-12
Design and Development Phase		
<p>Review of DHCD/F Strategy Mapping (What is the North Star?)</p> <p>NPO Centric Consultants prep work, planning and outreach to various community partners.</p> <ul style="list-style-type: none"> • Introduction to RBA • Talk about the priorities of DHCD • Strategy designing with community partners (We need their buy in) • Compile, organize, and analyze the information gathered from this supplemental outreach <p>Clear Impact Scorecard Work—NPO Centric Consultants will work with staff to make sure the Scorecard is set up correctly with all of the Results, Indicators, Programs and Performance Measures that will measure the impact for funding and easily communicate results to stakeholders.</p>	Late May 2022	26-30

We will also work to tell the “Story Behind The Curve” by identifying key factors—positive and negative, internal and external.		
<p>NPO Centric Consultants to give presentation for DHCD/F staff on data and information gathered from the supplemental outreach.</p> <p>NPO Centric consultants to hold a performance hearing and a results hearing for DHCD/F staff.</p>	Mid-June 2022	5-7
Consultants to plan, facilitate, co-design presentation about RBA and Clear Impact to the Board of Directors at their June 2022 Board meeting.	June 2022	3-5 (Includes prep time)
Staff to present to the Board for approval of the strategy map, implementation plan, and Turn the Curve Action plan for next fiscal year. Consultants on hand to present or answer questions as determined by staff.	June 2022	3-4
Launch Phase		
Consultants to work with DHCD/F staff on clear RFPs that include Results Based Accountability language and measurements.	July 2022	10-12
NPO Centric Consultants will help to train grantees to collect client-level data, track the performance of programs over-time, and report on the progress of their missions to improve the lives of children, families, and communities.	July 2022 – December 2022	30-36
Help expand, adapt and test the Clear Impact platform	July-August 2022	14-16
Scaling phase		

Refinement and development	August-September 2022	8-12
Estimated budget (Including presentation materials)		Not to exceed 160 hours \$48,000.00

Project Team:

Stephanie Minor

Director

NPO Centric

41550 Eclectic Street

Palm Desert, CA 92260

Kristal Granados

NPO Centric Consultant and Executive Director of the United Way of the Desert



Date: May 24, 2022

To: Board of Directors

Subject: Consulting Services proposals for DRMC hospital seismic and appraisal updates.

- VMG Health – Fair Market Value (FMV) appraisal NTE \$137,000, plus expenses
- Simpson Gumpertz & Heger (SGH) – Seismic construction assessment – NTE \$26,800, plus expenses

Staff Recommendation: Consideration to approve Consulting Services proposals for DRMC hospital seismic and appraisal updates.

- VMG Health (VMG)– Fair Market Value (FMV) appraisal NTE \$137,000, plus expenses
- Simpson Gumpertz & Heger (SGH) – Seismic construction assessment – NTE \$26,800, plus expenses

Background:

- The District entered into a 30-year lease of DRMC with Tenet to operate the hospital. The lease expires May 2027.
- The lease expiration is now 5 years away, May 2027.
- Additionally, seismic retrofit of DRMC is presently required by 2030.
- To help guide the Board regarding future lease and seismic decisions, in 2018, the District enlisted the services of VMG and SGH to produce a fair market value (FMV) report and a seismic retrofit assessment.
- Due to the pandemic and the passage of time, the reports are now outdated and requires an update.
- The proposals were reviewed by staff, legal counsel, and the Hospital Lease Ad Hoc Committee.
- The consultant's proposals are included in the packet for your review and consideration for approval.

Fiscal Impact:

VMG Health – NTE \$137,000, plus expenses
SGH – NTE \$26,800, plus expenses
Covered by the Professional Services budget



Desert Regional Medical Center

Desert Healthcare Foundation /
Desert Healthcare District

Valuation Engagement Agreement

April 28, 2022

Chris Christensen, CPA
Chief Administration Officer
Desert Healthcare District & Foundation

Valuation Engagement Agreement

VMG Holdings LLC, d/b/a VMG Health (“VMG”) is pleased to offer the valuation or other transaction advisory services outlined in this agreement (“Agreement”) to Desert Healthcare Foundation & Desert Healthcare District (“Client” or “District”).

Background and Description

We understand Client leased Desert Regional Medical Center (the “Hospital”) to Tenet Healthcare System (“Tenet” or “Lessee”) in 1997 for a 30-year term. The Lessee prepaid for the 30-year rent at the inception of the lease and the Hospital currently requires seismic upgrades before 2030. Client is evaluating strategic options regarding the Hospital given the pending seismic upgrade requirements and upcoming lease expiration. As such, VMG has been requested to develop an independent fair market value (“FMV”) analysis of the Hospital and certain assets as of March 31, 2022 (the “Valuation Date”).

The FMV analysis will include the following services:

- Fair Market Value analysis of the Business Enterprise;
- Fair Market Value analysis of the following real estate assets:
 - Main Campus
 - El Mirador Medical Plaza
 - Las Palmas Medical Plaza
 - The Wellness Park
- Fair Market Value analysis of the major moveable / capital asset equipment.

Purpose of the Engagement

The purpose of this engagement is to assist Client with regulatory compliance and internal planning.

Use and Disclosure of the Report

VMG’s valuation report (“Report”) may only be used for the purpose stated within the Report. Client may provide a copy of a Report to its legal counsel, the Internal Revenue Service, or the Office of Inspector General. However, Client may not provide the Report to any other third party without VMG’s written consent. Such consent shall be timely and not unreasonably withheld.

Engagement Scope

This engagement is a Valuation Engagement as generally outlined below.

A “Valuation Engagement” is defined by the American Institute of Certified Public Accountants (“AICPA”) Statement on Standards for Valuation Services (“SSVS”) No. 1 in VS sec. 100, and establishes standards for the valuation of a business, business ownership interest, security, or intangible asset. This involves an estimate of value of a subject interest applying the valuation approaches and methods deemed appropriate in the circumstances. The Report expresses the valuation conclusion as either a single amount or a range.

Services Not Included Within Scope of This Engagement

- Opinions of value for any contractual or service agreement, including compensation agreements
- Assist in negotiations or transaction advisory services
- Due diligence or quality of earnings analyses
- Comparative reimbursement analyses and other strategic decision support
- Financial reporting post transaction

COVID-19 Market Factors

The U.S. economy and other related healthcare market factors are being affected by the uncertain impact of COVID-19. As such, in addition to the normal economic and Client financial factors analyzed in a professional valuation, VMG will reconfirm with Client applicable client-provided data. The significance and duration of the COVID-19 impact is uncertain and may be discussed with Client during the analysis.

Standard of Value

The standard of value will be **fair market value** ("FMV"), generally defined by the International Glossary of Business Valuation Terms as the price, expressed in terms of cash equivalents, at which a property would change hands between a hypothetical willing and able buyer and a hypothetical willing and able seller, acting at arm's length in an open and unrestricted market, when neither is under compulsion to buy or sell and when both have reasonable knowledge of the relevant facts.

In a healthcare setting, FMV has additional considerations associated with the Anti-Kickback Statute and the Stark Law. Under the Stark Law, FMV is generally defined as the value in arm's-length transactions consistent with the "general market value" ("GMV") defined by 42 CFR §411.351.

For assets, GMV is defined as the price that an asset would bring on the date of acquisition of the asset as the result of bona fide bargaining between a well-informed buyer and seller that are not otherwise able to generate business for each other. [85 Fed. Reg. 77553-77554, Dec. 2, 2020]

Engagement Deliverables and Timing

VMG will provide Client a formal written appraisal Report and associated exhibits. A draft of the valuation exhibits will be provided within six to eight weeks of receipt of all requested data.

Fees

The fee for this engagement is summarized below:

Service Line	Description	Professional Fees	In-Scope
Business Valuation	<i>FMV of Business Enterprise</i>	\$75,000 - \$85,000	_____
Real Estate	<i>FMV of Desert Regional Medical Center</i>	\$19,000	_____
	<i>FMV of El Mirador Medical Plaza</i>	\$9,000	_____
	<i>FMV of Las Palmas Medical Plaza</i>	\$6,000	_____
	<i>FMV of The Wellness Park</i>	\$2,000	_____
Capital Assets	<i>FMV of Major Moveable Equipment</i>	\$12,000	_____

This engagement will be invoiced as follows:

- **Professional fees as outlined above, pursuant to work performed**, upon delivery of the draft analysis;
- Reasonable out-of-pocket expenses, billed at cost, and a
- One-time administrative fee of 3% of fees

Hourly Rates:

Managing Director	\$540	Senior Analyst	\$360
Director	\$485	Analyst	\$305
Manager	\$420	Administrative	\$110

Presentation development charged hourly at the rate table above. Onsite meetings will be charged at \$5,000 plus cost of travel.

Additional Fee for Increase in Engagement Scope, Client Reviews, or Poor Data

Fees include issuing the deliverables above and responding to customary questions from Client and its auditor, tax, or legal advisors. Additional fees will apply for an increase or change in scope, poorly formatted or excessive Client data, delay in receiving required data, or involvement in subsequent reviews beyond the customary work effort. VMG will notify Client before any additional fee is incurred due to any of these factors.

Additional Fee for Subpoena, Document Production Request, or Testimony

If VMG is required to produce information, testify, or provide additional analysis based on a client or other party request, or by receiving a third-party or non-party subpoena, court order, or similar process, Client will pay for VMG's consulting time and expenses to comply at then-current hourly rates, including attorney's fees and document production costs. VMG will notify Client of any such event before incurring costs.

Late Fees and Independence

Invoices are due on receipt. Unpaid invoices over 31 days will incur a 2% monthly fee. VMG may withhold services, testimony, and Report delivery if any issued invoices are unpaid. Credit card payments incur a 5% surcharge. If this agreement is canceled, Client will only be obligated for fees and expenses incurred to the date of termination. VMG's fee is not contingent on VMG's conclusions, or any subsequent event related to it.

Terms and Conditions

Attachment A contains terms and conditions incorporated herein by reference.

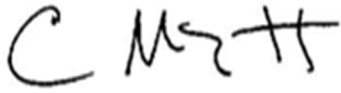
Non-Solicitation of Employees

During this Agreement, and for twelve months after delivery of VMG's Opinion, neither party will solicit for employment the other party's employees without prior written consent. If either party does solicit and hire an employee of the other party in this period, the soliciting party shall owe and pay the other party one-third of the hired employee's annual salary at the time they resigned. Such restriction does not apply to employees who independently respond to indirect employment ads, agency, or postings not targeting such employee.

Authorization

We appreciate the opportunity to service Desert Healthcare District. To authorize, please sign below and return to Colin McDermott at Colin.McDermott@VMGHealth.com. Please call with any questions at (972) 616-7808.

Respectfully Submitted,



Colin McDermott, CFA, CPA/ABV
Managing Director

Client of Record: Desert Healthcare District**Invoicing Contact (If Different)**

Signature: _____
Name: _____
Title: _____
Date: _____
Email: _____
Phone: _____
Address: _____
City, ST, Zip: _____

Signature: _____
Name: _____
Title: _____
Date: _____
Email: _____
Phone: _____
Address: _____
City, ST, Zip: _____

Attachment A: Terms and Conditions

Confidentiality: VMG shall maintain the confidentiality of Client's information and will not disclose or use it for any purpose other than Client's engagement. This excludes information (i) available to the public, (ii) already in VMG's possession, or (iii) from a party having no confidentiality obligation to Client. VMG may use Client's name and logo in its Client list, with proper reference.

Reliance on Data Provided by Client: VMG will not independently verify information provided by Client, its advisors, or third parties acting at Client's direction. VMG assumes the accuracy of all such information.

Client of Record and no Third-Party Reliance: Only the Client is the Intended User of, and may rely on, VMG's Report. Client may not substitute this reliance for its own due diligence. Client may provide the Report to its legal counsel, the Internal Revenue Service, or the Office of Inspector General. However, Client may not provide the Report to any other third party without VMG's written consent. No third party shall have the right of reliance on the Report, and neither receipt nor possession of the Report by any third party shall create any express or implied third-party beneficiary rights.

No Different Use of Report: The Report may only be used for the purpose and premise of value stated in this Agreement and in the Report. Client may not generate different valuation scenarios or discount rates.

Mutual Indemnification and Limitation of Liability: VMG shall indemnify Client, its directors, officers, and employees for any liability, claims, expenses, and reasonable attorneys' fees associated with VMG's breach of any third-party intellectual property rights, bodily injury or property damage caused by VMG's personnel or representatives related to this engagement, except to the extent caused by Client negligence or misconduct.

Client shall defend and indemnify VMG, its directors, officers, and employees against any liability, claims, and expenses, and reasonable attorneys' fees, resulting from VMG becoming part of, or named in, an administrative or legal dispute related to this engagement, except to the extent caused by VMG's negligence or misconduct. VMG and Client shall not be liable to each other for any consequential, incidental, special, or punitive damages. VMG's liability to Client is limited to the fees received by VMG for that engagement.

Client Compliance with Laws: VMG assumes Client and related parties have complied with all federal, state, and local laws applicable to the healthcare industry and the transaction. These include the *Stark Law*, the *Anti-Kickback Statute*, the *Medicare and Medicaid Patient and Program Protection Act*, the *False Claims Act*, *Civil Money Penalties Law*, HIPAA, state laws, regulations by the *U.S. Department of Health and Human Services*, the *Centers for Medicare and Medicaid Services*, and the Inspector General.

No ADA or Environmental Compliance Review: VMG will not investigate if any assets are subject to or in compliance with the Americans with Disabilities Act of 1990, nor any environmental compliance matters.

HIPAA: Client acknowledges it is subject to the Health Insurance Portability and Accountability Act ("HIPAA") and shall de-identify all data it or its agents provide to VMG to remove all individually identifiable health information under the HIPAA Privacy Rule. VMG's engagement does not require such data.

No Assurance of Forecasts: VMG does not assure any forecasted results. Events and circumstances may not occur as expected, actual results may be materially different, and achieving forecasted results depends on the actions and plans of others.

Response to Subpoena: If lawfully compelled to disclose any Client documents, VMG will provide Client written notice so Client may seek a protective remedy, if applicable.

Governing Law and Disputes: This Agreement is governed by the laws of Texas. Any dispute shall be resolved with binding arbitration under the Rules of Practice and Procedure of Judicial Arbitration & Mediation Services, Inc. The arbitrator's judgment may be entered by any state or federal court having jurisdiction. The prevailing party shall be entitled to reasonable attorneys' fees and costs, including appealing or enforcing any judgment.

18 April 2022

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

Re: Proposal for Consulting Services, Update Seismic Compliance Evaluation, Phase 1
Construction Cost Estimate, Desert Regional Medical Center, Palm Springs, CA

Dear Mr. Christensen:

Simpson Gumpertz & Heger Inc. (SGH) is pleased to submit this proposal to the Desert Healthcare District to prepare an update to the construction cost estimate, and provide a letter report describing the updated estimate for seismic regulation compliance construction at the Desert Regional Medical Center.

1. BACKGROUND

The Desert Healthcare District (DHD) is a local governmental agency that owns Desert Regional Medical Center (DRMC) in Palm Springs, California. SGH previously completed a project that identified necessary mitigation measures, and the associated costs with completing those measures to bring the DRMC into compliance with the Alquist Hospital Seismic Safety Act (aka SB 1953). That project (Phase 0 and Phase 1) included preliminary structural/seismic evaluations (aka SPC 4D/ASCE 41 seismic evaluations) of three existing hospital buildings and general anticipated scopes of work and rough order of magnitude (ROM) costs associated with attaining Nonstructural Performance Category 5, and compliance with the nonstructural requirements of the Alquist Hospital Seismic Safety Act (AHSSA).

The DRMC comprises 20 independent buildings (as described in the Phase 1 report, Section 1.3) with approximately 600,000 sq ft of occupiable space. Many of the DRMC buildings were designed and constructed under a permit let by the California State Office of Statewide Health Planning and Development (OSHPD), which typically minimizes the need for seismic retrofit construction for structural systems, but still requires engineering consulting to confirm compliance with nonstructural bracing regulations. Because the Phase 1 report was limited to establishing a ROM estimate for costs associated with completing nonstructural evaluation reports and associated documents as required by the AHSSA, this proposal is based on a general extrapolation of our experience on other projects applied to the DRMC.

This proposal is limited to updating the cost estimate for Phase 1 described above. In addition to the specific work required to evaluate evaluation documents in context with current pricing environments, this proposal contemplates meetings, presentations, and correspondence with DHD stakeholders. The cost estimating performed with this update will be tied to all work that must be completed by December 31, 2023, as required by the California Code of Regulations, Title 24, Part 1, Chapter 6, Section 1.5.2.1.1.

2. BASIS OF PROPOSAL

The following serves as the basis for this proposal:

- E-mail and telephone correspondence with you between February and 18 April 2022.
- Telephone conversations in April 2022.
- Building information for Desert Regional Medical Center, on OSHPD public website.
- Information and documentation associated with the Phase 0 and Phase 1 reports developed by SGH for DRMC, referenced above.
- California Code of Regulations, Title 24, Chapter 6

3. PROJECT SCOPE AND GENERAL SCOPE OF SERVICES

SGH will engage Swinerton Builders to update the cost estimates that were developed during Phase 1 as described above. SGH will provide clarifications, project management and write the report that presents the cost estimate. The cost estimate will be limited to the same level of available information used for the Phase 1 report; no new information specific to the DRMC will be used in developing estimated construction costs or design fees.

4. REIMBURSABLE EXPENSES

SGH will bill direct expenses at actual cost plus 10%. Direct expenses include out-of-pocket expenses, such as subconsultants, travel, outside services, and charges for the use of SGH field and laboratory equipment, reproduction facilities, etc.

5. COMPENSATION

Our proposed fixed fee for this effort is \$26,800. SGH will bill for services on a monthly basis based on a percentage complete basis. Additional services beyond those listed herein will be computed on an hourly basis in accordance with the attached Fee Schedule. Reimbursable expenses will be included with our monthly invoices and will track against the proposed budget described above.

6. ADDITIONAL SERVICES

We understand that DHD may request consultation for certain issues related, but separate from the tasks described above. SGH can provide these services, in accordance with an amendment to this agreement, through a limited scope of work and estimated budget. Consultation will be provided on an hourly basis and could include reimbursable expenses. We do not recommend a budget for these potential services, but will discuss any additional service request with you before developing the amendment or performing the requested work.

7. PROJECT SCHEDULE

We will deliver our report to you within three months of receiving written Notice to Proceed (NTP).

8. GENERAL PROVISIONS

This proposal is valid for 90 days. Our proposed agreement consists of this proposal and the enclosed Contract Provisions and Fee Schedule. If acceptable, please sign and return one copy of this letter.

We look forward to working with you on this project.

Sincerely yours,
SIMPSON GUMPERTZ & HEGER INC.



Kevin S. Moore, S.E.
Senior Principal
CA License No. 4528

Accepted: DESERT HEALTHCARE DISTRICT

Signature: _____

Printed Name: _____

Title: _____

Date: _____

KSM/jdi (SF22-0000479-KSM) 0101C22 CP-2-CA

Encls.

**SIMPSON GUMPERTZ & HEGER INC.
FEE SCHEDULE AND PAYMENT TERMS**

<u>Personnel Category</u>	<u>Hourly Billing Rate</u>
Senior Principal	\$375
Principal	\$355
Associate Principal	\$325
Staff Consultant	\$245 – \$325
Senior Project Manager	\$275 – \$315
Senior Project Supervisor	\$260 – \$290
Senior Consulting Architect/Engineer	\$220 – \$255
Consulting Architect/Engineer	\$190 – \$215
Senior Project Consultant	\$235 – \$240
Project Consultant II	\$200
Project Consultant	\$165 – \$185
Associate Project Consultant	\$150
Technical Aide	\$95
Senior Laboratory Technician	\$145 – \$175
Laboratory Technician	\$130
Senior Graphics Specialist	\$255
Graphics Specialist II	\$185
Graphics Specialist	\$135
Senior BIM Technician II/Senior Project Drafter	\$195
Senior BIM Technician I/Senior Project Drafter	\$175
BIM Technician II/Senior Drafter	\$150
BIM Technician I/Drafter	\$120
Non-Technical	\$110 – \$135

Rates are in US dollars. Where ranges of hourly rates are shown for a single title, they reflect the varying rates of the particular individuals with that title. An annual rate adjustment, based upon salary increases, will apply on 1 January each year.

CONTRACT PROVISIONS

1. **CONTRACT** – These Contract Provisions and the accompanying Proposal and Fee Schedule constitute the entire Agreement of the parties, and supersede all prior negotiations, agreements, and understandings with respect to the subject matter of this Agreement. These Contract Provisions shall take precedence over any inconsistency or contradictory provisions contained in any proposal, contract, purchase order, requisition, notice to proceed, or like document. The parties may only amend this Agreement by a written document duly executed by both parties.
2. **RIGHT OF ENTRY** – When entry to property is required by the work, the Client agrees to obtain legal right-of-entry on the property.
3. **DOCUMENTS** – All reports, notes, drawings, specifications, data, calculations, and other documents prepared by SGH are instruments of SGH's service that shall remain SGH's property. The Client agrees not to use SGH-generated documents for marketing purposes or for projects other than the project for which the documents were prepared by SGH without SGH's prior written permission.

Any reuse or disbursement to third parties without such express written permission or project-specific adaptation by SGH will be at the Client's sole risk and without liability to SGH or its subsidiaries, independent professional associates, subconsultants, and subcontractors. Accordingly, the Client shall, to the fullest extent permitted by law, defend, indemnify, and hold harmless SGH from and against any and all costs, expenses, fees, losses, claims, demands, liabilities, suits, actions, and damages whatsoever arising out of or resulting from such unauthorized reuse or disbursement. Any release or project-specific adaptation by SGH will entitle SGH to further compensation at rates to be agreed upon by the Client and SGH.

4. **DISPOSAL OF SAMPLES** – SGH will discard samples upon completion of the work covered under this Agreement, unless the Client instructs otherwise in writing.
5. **HAZARDOUS MATERIALS** – The scope of SGH's services for this Agreement does not include any responsibility for detection, remediation, accidental release, or services relating to waste, oil, asbestos, lead, or other hazardous materials, as defined by Federal, State, and local laws or regulations.
6. **CONSTRUCTION SERVICES** – When construction-phase services are included in the Agreement, SGH will provide personnel to evaluate whether construction is in general accordance with the construction contract, but not to perform detailed observations or inspections of the work.

SGH is not a guarantor or insurer of the contractor's work; the contractor is solely responsible for the accuracy and adequacy of construction and for all other activities performed by the contractor, including the means and methods of construction; supervision of personnel and construction; control of machinery; false work, scaffolding, and other temporary construction aids; safety in, on, and about the job site; and compliance with OSHA and all other applicable regulations. SGH's evaluation of the contractor's performance will not include review or observation of the adequacy of the contractor's safety measures or of safety conditions on the project site nor of Contractor's means or methods of construction.

7. **STANDARD OF CARE** – SGH and its subsidiaries, independent professional associates, subconsultants, and subcontractors will exercise that degree of care and skill ordinarily practiced under similar circumstances by engineers and architects providing similar services. The Client agrees that services provided by SGH will be rendered without any warranty, express or implied.

SGH shall exercise usual and customary professional care in its efforts to comply with codes, regulations, laws rules, ordinances, and such other requirements in effect as of the date of execution of this Agreement.

The Client agrees that SGH has been engaged to provide technical professional services only, and that SGH does not owe a fiduciary responsibility to the Client.

8. **OPINION OF PROBABLE COSTS** – When required as part of our work, SGH will furnish opinions of probable cost but does not guarantee the accuracy of such estimates. Opinions of probable cost, financial evaluations, feasibility studies, economic analyses of alternate solutions, and utilitarian considerations of operations and maintenance costs prepared by SGH hereunder will be made on the basis of SGH's experience and qualifications and will represent SGH's judgment as an experienced and qualified design professional. SGH does not have control over the cost of labor, material, equipment, or services furnished by others or over market conditions or contractors' methods of determining prices or performing the work.
9. **SUSPENSION OF WORK** – The Client may, at any time, by written notice, suspend further work by SGH. The Client shall remain liable for, and shall promptly pay SGH for all services rendered to the date of suspension of services plus suspension charges. Suspension charges shall include the cost of assembling documents, personnel and equipment rescheduling or reassignment, and commitments made to others on the Client's behalf. If after ninety (90) days the Client resumes SGH's work on the Project, SGH and the Client shall renegotiate SGH's fee.

If payment of invoices by the Client is not maintained current, SGH may, upon written notice to the Client, suspend further work until payments are brought current. The Client agrees to indemnify and hold SGH harmless from any claim or liability resulting from such suspension.
10. **TERMINATION** – The Client or SGH may terminate this Agreement for cause, except only the Client may terminate for convenience. The party initiating termination shall so notify the other party. The Client shall compensate SGH for services performed prior to termination and for prior authorized commitments made by SGH on the Client's behalf.
11. **CHANGES OR DELAYS** – Unless the accompanying Proposal provides otherwise, the proposed fees constitute SGH's estimate to perform the services required to complete the Project. Required services often are not fully definable in the initial planning; accordingly, developments may dictate a change in the scope of services to be performed. Where this occurs, changes in the Agreement shall be negotiated and an equitable adjustment shall be made. In addition, costs and schedule commitments shall be subject to renegotiation for unreasonable delays caused by the Client's failure to provide specified facilities, direction, or information.

12. **FORCE MAJEURE** – SGH will not be liable to the Client for delays in performing its Services or for direct or indirect costs resulting from such delays that may result from labor strikes, riots, war, acts of governmental authorities, extraordinary weather conditions or other natural catastrophes, or any other cause beyond the reasonable control or contemplation of either party.
13. **LIABILITY** – SGH will furnish appropriate insurance certificates for general and professional liability upon request. The Client agrees that SGH's total liability to the Client and the total liability to the Client of SGH's principals, officers, agents, and employees, for any and all injuries, claims, losses, expenses, or damages whatsoever, including attorney's fees, arising out of or in any way related to the Project or this Contract from any cause or causes, including, but not limited to, SGH's negligence, errors, omissions, strict liability, breach of contract, or breach of warranty shall not exceed SGH's total fee under this Agreement or \$50,000, whichever is greater. In no event shall SGH be liable to Client for any indirect, incidental, special or consequential damages whatsoever (including but not limited to lost profits or interruption of business) arising out of or related to the services provided under the Agreement.
14. **CONFLICTS OF INTEREST** – This assignment may presently or in the future involve parties with potentially adverse interests to those of SGH's existing or future clients ("Affected Parties" or "Affected Party"). Prior to SGH's acceptance of this assignment, SGH will make reasonable attempts to identify any Affected Parties based on information SGH has in its possession from the Client and any Affected Parties and SGH's search of its project and proposal databases. To the extent that SGH identifies a relationship with an Affected Party, SGH will inform the Client as to the identity of such parties. Client agrees to allow SGH to release to any Affected Parties the fact of SGH's engagement by the Client and any other information required to evaluate any potential conflict.

SGH's ability to inform the Client of a relationship with an Affected Party is limited by the thoroughness and accuracy of the information provided to SGH by the Client and any Affected Parties, and by SGH's limitations in reasonably and diligently discovering all relationships with Affected Parties. Regardless of SGH's relationship with an Affected Party, and, provided such relationship with an Affected Party does not arise from SGH's willful disregard of a relationship with the Affected Party, SGH shall be entitled to payment for all services rendered to the date of discovery or notice, whichever occurs first, of a relationship between SGH and an Affected Party. SGH does not guarantee that a relationship between the Client and an Affected Party, which may be perceived by the Client as a conflict, will not arise during the course of an assignment or thereafter. SGH disclaims responsibility for such occurrences and to the fullest extent permitted by law, the Client agrees to waive any claim against SGH arising out of any such actual or potential conflict-related occurrences. Subsequent to the date of this Agreement, SGH will not be in a position to guaranty that it can advise the Client of any future Affected Parties or perceived or actual conflict circumstances that may arise, but will endeavor to notify Client of such situations.

15. **INDEMNIFICATION** – SGH shall, subject to the limitation of liability contained in Section 13, indemnify (but not defend) the Client for any loss or damage caused solely by the professional negligence of SGH in performance of the services under this Agreement.
16. **MISCELLANEOUS**

Governing Law: The laws of the state in which the Project is located shall govern the validity and interpretation of this Agreement.

Invalid Terms: If any of these Contract Provisions shall be finally determined to be invalid or unenforceable in whole or in part, the remaining provisions hereof shall remain in full force and effect and be binding upon the parties. The parties agree to reform the contract between them to replace any such invalid or unenforceable provision with a valid and enforceable provision that comes as close as possible to the intention of the stricken provision.

SGH Reliance: Unless otherwise specifically indicated in writing, SGH shall be entitled to rely, without liability, on the accuracy and completeness of information provided by the Client, the Client's consultants and contractors, and information from public records, without the need for independent verification.

Copyright Infringement Indemnification: To the fullest extent permitted by law, the Client agrees to defend, indemnify, and hold harmless SGH from any and all claims, damages, suits, causes of action, liabilities or costs, including reasonable attorneys' fees and costs of defense, arising out of or in any way connected with SGH's use of documents or designs prepared by the Client's consultants, that may be asserted against or incurred by SGH.

Certifications: SGH shall not be required to sign any documents, no matter by whom requested, that would result in SGH's having to certify, guaranty, or warrant the existence of conditions that SGH cannot ascertain.

Payment: Invoices will be submitted periodically, and are due and payable upon receipt. Unpaid balances shall be subject to an additional charge at the rate of 1-1/2% per month from the date of invoice if the unpaid balance is not paid within thirty (30) days. The Client shall reimburse SGH for all attorney's fees and costs related to collection of overdue payments.

Litigation: All costs and labor associated with compliance with any subpoena or other official request for documents, for testimony in a court of law (other than in connection with expert witness services), or for any other purpose relating to work performed by SGH, in connection with work performed for the Client, shall be paid by the Client as a direct expense (actual cost plus 10%).

Taxes: Client shall, in addition to the other amounts payable under this Agreement, pay, on a timely basis, all sales, use, value added or other taxes, federal, state or otherwise, however designated (hereinafter "Taxes"), which are levied or imposed by reason of the transactions contemplated by this Agreement or any of the Services, except for taxes on SGH's net income. Client shall promptly pay SGH for any Taxes actually paid by SGH on behalf of Client, or which are required to be collected or paid by SGH. SGH may bill Client separately for such Taxes.

Date: 5/24/2022

To: Board of Directors

Subject: Grant #1314 Voices For Children

Grant Request: Court Appointed Special Advocate (CASA) Program

Amount Requested: \$60,000.00

Project Period: 7/1/2022 to 6/30/2023

Executive Summary:

This year, an estimated 700 children from the communities served by the Desert Healthcare District & Foundation will spend time in Riverside County foster care after experiencing abuse and neglect. The mission of Voices for Children (VFC) is to transform the lives of abused, abandoned, or neglected children by providing them with trained, volunteer Court Appointed Special Advocates (CASAs). Each child has experienced multiple adverse childhood experiences at the hands of a caregiver or parent. These experiences are often the result of intergenerational trauma caused by poverty, racism, and/or discrimination. Once in the foster care system, children face new stressors: being separated from their families, living with strangers, and frequently lacking consistent and caring adult figures in their lives.

In fiscal year 2022–23, VFC's Riverside County CASA program will provide advocacy and support approximately 80 from the Desert Healthcare District region. VFC is the only organization authorized by the Superior Court to provide CASAs to children in Riverside County. CASAs advance the physical and mental health of marginalized children living in foster care by ensuring that their health needs are not overlooked and helping them to consistently access physical and mental/behavioral health services. This individualized advocacy helps judges make the most informed decisions for each child's future.

The organizational cost of recruiting, training, and supervising a CASA volunteer for a year is \$2,000. District funds will cover a portion of the salaries for VFC's CASA program staff providing 30 Coachella Valley children with CASAs who will ensure that they have access to primary and/or specialty healthcare services and any necessary mental/behavioral health services.

Strategic Plan Alignment:

Goal 2: Proactively expand community access to primary and specialty care services
Strategy 2.7 Utilize an equity lens to expand services and resources to underserved communities (Priority: High)

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 (Priority: Moderate)

Geographic Area(s) Served:

All District Areas

Action by Board of Directors: (Please select one)

- ✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$60,000.00 be approved.

Recommendation with modifications

Deny

Grant Application Summary

Voices For Children, Grant #1314

About the Organization

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

Tax ID #: 95-3786047

Primary Contact:

Jessica Munoz
Tel: (851) 357-9100
JessicaM@speakupnow.org

Organization History and Mission

Briefly describe the history AND mission of your organization

Voices for Children (VFC) has served children in Riverside County since 2015 and in San Diego County since 1980. After the previous Riverside County CASA nonprofit closed in 2014, the Judicial Council and the Riverside Superior Court asked VFC to expand our program to support children in Riverside County. Our mission is to transform the lives of abused, abandoned, or neglected children by providing them with trained, volunteer Court Appointed Special Advocates (CASAs). CASAs are community volunteers who advocate for the best interests of children in foster care, ensuring that their needs do not slip through the cracks of the overburdened foster care system.

Since its inception in 2015, VFC's Riverside County CASA program has achieved year-over-year growth in the number of children served. During fiscal year (FY) 2022–23, VFC will provide CASAs to 500 youth throughout Riverside County, including those in the Coachella Valley. All of these children were removed from their homes after suffering abuse or neglect. VFC is the only organization authorized by the Superior Court to provide CASAs to children in Riverside County.

Organization Annual Budget: \$7,065,895.00

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2018	Court Appointed Special Advocate (CASA) Program – Coachella Valley	\$24,000	Grant	6/4/2019	
2020	Court Appointed Special Advocate (CASA) Program	\$40,000	Grant	12/15/2020	

Project Information**Project Title:** Court Appointed Special Advocate (CASA) Program**Start Date:** 7/1/2022 **End Date:** 6/30/2023**Term:** 12 months**Total Project Budget:** \$1,069,918**Requested Amount:** \$60,000**Executive Summary:**

This year, approximately 4,000 children will spend time in Riverside County foster care after experiencing abuse and neglect, including an estimated 700 children from the communities served by the Desert Healthcare District & Foundation. The mission of Voices for Children is to transform the lives of abused, abandoned, or neglected children by providing them with trained, volunteer Court Appointed Special Advocates (CASAs). In fiscal year (FY) 2022–23, VFC's Riverside County CASA program will provide advocacy and support to 500 children, including approximately 80 from the Desert Healthcare District region.

Children in foster care are more likely than their peers to have experienced multiple adverse childhood experiences (ACEs). As a result, they are at risk of chronic health issues and other negative outcomes, according to the Centers for Disease Control and Prevention (CDC). According to former California Surgeon General Dr. Nadine Burke Harris, having a safe, stable, and nurturing relationship with an adult can help a child to begin to reverse the negative impacts of trauma. VFC CASAs can provide children with this critical healing presence, as well as increased access to physical and mental health care.

The organizational cost of recruiting, training, and supervising a CASA volunteer for a year is \$2,000. We respectfully request \$60,000 from Desert Healthcare District to provide 30 Coachella Valley children with CASAs who will ensure that they have access to 1) primary and/or specialty healthcare services, and 2) any necessary mental/behavioral health services.

VFC will monitor our progress on these goals through CASA Manager, a database developed for CASA programs, where we will record the number of Coachella Valley children who are matched with a CASA for ongoing advocacy. We will also use CASA Manager to record information about each child's physical and mental health needs,

medical and dental exams, immunizations, medications, therapeutic goals and progress, and access to physical health and mental health services. Every six months, each child's mental and physical health services and unmet needs will be documented through a biannual report to the court.

As a result of the CASA program, we expect that children in foster care will be better equipped to overcome past trauma and achieve safety, stability, and a healthier future. They will have improved access to physical, mental, and behavioral healthcare services, and they will have at least one consistent and caring adult in their lives who ensures their needs are addressed.

Community Need for the Project:

During fiscal year (FY) 2022–23, approximately 4,000 Riverside County children will spend time in foster care. We estimate that approximately 700 of these children will come from communities within the Desert Healthcare District. Each child has experienced multiple adverse childhood experiences (ACES) at the hands of a caregiver or parent. These experiences are often the result of intergenerational trauma caused by poverty, racism, and/or discrimination. Once in the foster care system, children face new stressors: being separated from their families, living with strangers, and frequently lacking consistent and caring adult figures in their lives.

Unfortunately, the overburdened and bureaucratic foster care system cannot meet the individual needs of children it is intended to protect. Its shortcomings—including daunting caseloads for social workers, attorneys, and judges and a high turnover rate for child welfare professionals—result in additional childhood trauma that has lifelong impacts. Children in foster care are twice as likely as their peers to have mental and physical health challenges, including developmental delays, anxiety, depression, asthma, obesity, and vision problems (Turney and Wildeman, "Mental and Physical Health of Children in Foster Care," *Pediatrics*, Nov. 2016). Research shows that children who experience ACES also have poor long-term health outcomes, which may include chronic illness, cancer, heart disease, and a shorter life expectancy (Felitti, et al., "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults," *American Journal of Preventive Medicine*, 1998). In addition, the COVID-19 pandemic has had a significant negative impact on children in foster care, and the long-term effects are still unknown.

Currently, there 19 District youth who have been referred to VFC by local social workers, attorneys, and judges. Each of these children is waiting to be matched with a CASA who will advocate on his or her behalf.

Strategic Plan Alignment:

Goal 2: Proactively expand community access to primary and specialty care services
Strategy 2.7 Utilize an equity lens to expand services and resources to underserved communities (Priority: High)

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 (Priority: Moderate)

Project Description and Use of District funds:

VFC respectfully requests a \$60,000 grant to support the CASA Program. This grant will enable VFC to provide CASAs to 30 Coachella Valley children in foster care. CASAs are volunteers who provide an individual child or sibling group in foster care with comprehensive, individualized advocacy in court, in healthcare settings, and in the community. CASAs commit to serving 10-15 hours a month for a minimum of 18 months. CASAs advance the physical and mental health of marginalized children living in foster care by ensuring that their health needs are not overlooked and helping them to consistently access physical and mental/behavioral health services.

Physical Health: CASAs ensure that the health needs of foster youth are monitored and prioritized. They review a child's medical record, communicate with health professionals, and track a child's health needs, medical and dental exams, medications, immunizations, and referrals to specialty and allied health services such as speech therapy, occupational therapy, and physical therapy. When children change placements, CASAs ensure that caregivers, group homes, and temporary housing programs receive vital information about a child's medications, allergies, and health risks. They also work to connect children who have changed placements with new health providers expediently and to minimize gaps in care. CASAs help mediate barriers to healthcare, including transportation challenges or issues with Medi-Cal. CASAs can coordinate or provide transportation to medical appointments for a child. When CASAs determine that children are unable to access the healthcare services they need, they share their concerns with the social worker, attorney, and judge and advocate for solutions.

Mental and Behavioral Health: CASAs also play an important role in monitoring and advocating for a child's mental and behavioral health. CASAs observe a child's behavior during one-on-one visits and ask teachers and caregivers about a child's behavior at home and in school. Oftentimes, a CASA is the adult who has been in a child's life for the longest. As a result, they may be the first to notice changes in a child's behavior and mood that may warrant therapeutic assessment and intervention. CASAs also monitor and report on a child's progress on their therapeutic goals. If a child is not consistently accessing mental health services, not making progress, or otherwise struggling with mental and behavioral health, a CASA may notify a child's welfare team to address the issue.

Every six months, CASAs submit comprehensive, written reports to the Court about a child. This information provides judges with critical insight into a child's overall well-being and access to necessary healthcare services. If a child is not receiving adequate care, the judge can use their position to ensure a child's health needs are addressed.

A \$60,000 grant from the Desert Healthcare Foundation & District will cover a portion of the salaries for VFC's CASA program staff. Each year, VFC's program staff support more than 350 active CASAs in Riverside County, including at least 100 new CASAs who are recruited and trained each year. VFC program staff coordinate more than 35 hours of training for CASA trainees and screen CASAs through multiple background checks before matching them with a child. VFC staff members called Advocacy Supervisors provide guidance to each CASA volunteer. They educate CASAs about the

foster care system, assist them to identify beneficial services and resources, and accompany them to child welfare meetings and court hearings. Advocacy Supervisors are trained to respond to the most challenging questions from CASAs, such as: “My case child is having thoughts of suicide, how should I help?” and “My case child has not seen a dentist in three years. Where do I begin?”

Ultimately, VFC’s purpose is to provide children in foster care with a consistent, caring, and trusted adult who will advocate to remove any barriers that exist and ensure that they are safe, healthy, and have access to all of the services and supports they need.

Description of the Target Population (s):

Approximately 53% of the children served through the Riverside County CASA program are Hispanic/Latino; 22% are white/Caucasian; 18% are Black/African American; 2% are Native America; 1% are multiracial; 1% are Asian/Pacific Islander, and 3% are of unknown race/ethnic origins. Approximately 46% of the children we serve are female and 54% are male. Six percent are infants and toddlers ages birth-5, 79% are children ages 5-17, and 15% are non-minor dependents (youth who choose to remain in the foster care system after the age of 18) between the ages of 18-21. The project will specifically serve Coachella Valley children in foster care.

Geographic Area(s) Served:

All District Areas

Age Group:

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

Total Number of District Residents Served:

Direct: 30
Indirect: 0

Project Goals and Evaluation

<p>Goal #1: By June 30, 2023, 30 underserved Coachella Valley youth in foster care will be matched with a CASA who will ensure that they receive primary and/or specialty healthcare services.</p> <p>This project goal coincides with the District and Foundation’s Strategic Plan performance measure: “# of individuals who were connected to primary and specialty healthcare services in underserved communities” under strategy 2.7: “Utilize an equity lens to expand services and resources</p>	<p>Evaluation #1: CASA Matching: We use CASA Manager, a database developed for CASA programs, to maintain a waitlist of children referred for CASA services by judges, attorneys, and social workers, and to track the progress of CASA trainees as they complete 35 hours of training. Our Director of Programs monitors the number of children matched with CASAs each month and adjusts our CASA volunteer recruitment strategies to ensure that we achieve our goals.</p> <p>Access to primary and specialty healthcare services: VFC Advocacy Supervisors monitor each child’s access to health services on a</p>
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to underserved communities.”	<p>monthly basis as they receive updates from CASAs.</p> <p>Every six months, Advocacy Supervisors and CASAs work together to complete a court report, which includes a comprehensive status update for the judge about a child’s health, including information about their medical and dental exams, immunizations, prescribed medications, developmental milestones, and access to health services.</p>
<p>Goal #2: By June 30, 2023, the 30 underserved Coachella Valley youth in foster care who have been matched with a CASA will receive access to any necessary behavioral/mental health services.</p> <p>This project goal coincides with the District and Foundation’s Strategic Plan performance measure “# of individuals who were connected to behavioral/mental health services” under strategy 3.7 “Collaborate/partner with community providers to enhance access to culturally-sensitive behavioral/mental health services.”</p>	<p>Evaluation #2: Access to behavioral/mental health services: VFC Advocacy Supervisors monitor each child’s behavioral and mental health on a monthly basis as they receive updates from CASAs. Every six months, Advocacy Supervisors and CASAs work together to complete a court report, which includes a comprehensive status update for the judge about a child’s mental health, including information about their access to behavioral and mental health services, therapeutic goals and progress, and prescribed medications.</p>
Goal #3: n/a	Evaluation #3: n/a
Goal #4: n/a	Evaluation #4: n/a
Goal #5: n/a	Evaluation #5: n/a

Proposed Project Evaluation Plan

VFC’s program staff members use the data we collect to continuously refine and improve our program, and to inform our supporters and community partners about the health needs of children in foster care. CASAs provide their VFC Advocacy Supervisor with monthly updates about each child. These notes include information about a child’s overall health, medical care, and emerging health issues, which inform the individual advocacy plan that a CASA implements for that child. We also identify broader themes that we observe among the 450+ children in our service population. When we notice changes in the needs of children in foster care, we adjust our program accordingly. For example, at the beginning of the COVID-19 pandemic, many CASAs reported that their case children were experiencing increased levels of anxiety, loneliness, and uncertainty. We responded by providing CASAs with training about managing anxiety and uncertainty through local mental health service providers, by providing CASAs with lists of relevant community resources, and by developing a remote advocacy guide that CASAs could use for additional ideas about how to creatively support children during

the pandemic. We also share information about current trends in conversations with community partners, including the Department of Public Social Services (DPSS), the Superior Court of California – Riverside County, and local attorneys and healthcare providers, as we work together to improve health outcomes for children in foster care.

VFC hopes that one day, there will be no need for our services. Until that time comes, we measure our success by our ability to provide each child who needs one with the dedicated, compassionate support of a CASA volunteer.

Organizational Capacity and Sustainability

Organizational Capacity

VFC's Riverside County CASA program is led by Executive Director Jessica Muñoz. Jessica practiced as an attorney for seven years, including four years in the dependency court system. She has been with VFC since 2016. In addition to her law degree, she holds a Master of Forensic Science degree and a professional certificate in nonprofit management.

The CASA program model is highly efficient. Our program staff of 10 oversee the recruitment, training, and supervision of more than 350 CASA volunteers annually. VFC is the only organization in Riverside County authorized by the Riverside Superior Court to recruit, train, and support CASA volunteers, demonstrating our credibility within the community and the capacity we have to serve children.

The Riverside County CASA program has a steady trajectory of responsible year-over-year growth since our program's inception and provided 467 children with CASAs during fiscal year 2020–21. During fiscal year 2022-23, we plan to provide 500 children with CASAs, including 80 children in the Coachella Valley.

Organizational Sustainability:

VFC has a singular mission: to transform the lives of children who have experienced abuse and neglect by providing them with trained CASA volunteers. All of our strategic and fundraising initiatives are directed toward this goal. VFC receives strategic and fundraising support from our 28-member Board of Directors and our Riverside County Community Advisory Council. The majority of VFC's funding comes from private philanthropy.

We solicit support through grant requests, direct mail campaigns, third-party events, and major gift solicitations. We have received significant grants over multiple years from funders including the Annenberg Foundation, Bluebird Legacy Inc., Focusing Philanthropy, the In-N-Out Burger Foundation, and S. Mark Taper Foundation. We also receive government funding through the Victims of Crime Act, county and municipal Community Development Block Grant (CDBG) programs, and the Riverside County Transportation Commission. VFC's philanthropy professionals work to increase funding by cultivating new donors and broadening our network in the communities we serve. VFC's Riverside County CASA program aims to strengthen philanthropic partnerships, especially with individuals, corporations, and foundations, to ensure the sustainability of the CASA program.

Diversity, Equity, and Inclusion

How is diversity, equity, and inclusion addressed?

Diversity, equity, and inclusion are essential values of the Riverside County CASA program. We believe that a commitment to racial equity is critical because the population we serve is disproportionately comprised of youth of color and LGBTQ youth. VFC's Board of Directors is 14% Hispanic/Latinx, 10% Asian, and 3% Black. In 2020, VFC changed its "give or get" policy in order to broaden the pool of prospective board members.

All leaders in VFC's Riverside program are women, as is VFC's President & CEO. Riverside County Executive Director Jessica Muñoz is Hispanic. VFC's senior leadership team includes nine members: seven are women, one is Latina, one is Asian, and two are Black. Over the past two years, VFC's board, leadership, and staff have responded to an increased awareness of racial inequities in society. The senior leadership team participated in a diversity-training program, and VFC engaged a diversity consultant for all staff and formed a diversity, equity, and inclusion committee to address staff and volunteer training and recruitment. Executive Director Jessica Muñoz is one of 40 CASA program leaders who is participating in a nine-month Train-the-Trainer diversity, equity, and inclusion course through California CASA and the Washington Consulting Group.

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

Partnerships:

Key Partners:

Voices for Children collaborates with many institutions, organizations, agencies, and government offices to serve children in foster care. We work most closely with the Superior Court of California – Riverside County and the Riverside County Department of Public Social Services (DPSS). We have an MOU with the Superior Court of California – Riverside County; this MOU is in effect until December 31, 2022, and is typically renewed in two-year increments. Riverside County judges, attorneys, social workers, and other child welfare professionals refer children to our program. We also collaborate with attorneys and social workers as we work to address the unmet needs of youth. Other partners in service include California CASA, the Riverside County Department of Probation, Riverside County Tribal Alliance, the Department of Public Social Services' System Improvement Core, the Riverside County Office of Education, and local school districts, foster family agencies, and healthcare providers.

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Other partners in service include California CASA, the Riverside County Department of Probation, Riverside County Tribal Alliance, the Department of Public Social Services' System Improvement Core, the Riverside County Office of Education, and local school districts, foster family agencies, and healthcare providers.

Line Item Budget Project Operational Costs

PROJECT OPERATIONS		Total Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs Detail on sheet 2		\$ 749,643.50	\$ 694,883.50	\$ 54,760.00
Equipment (itemize)				
1				\$ -
2				\$ -
3				\$ -
4				\$ -
Supplies (itemize)				
1	Office Supplies	\$ 8,000.00	\$ 8,000.00	\$ -
2	Dues, Fees, and Subscriptions	\$ 1,860.00	\$ 1,860.00	\$ -
3	Volunteer Recruitment/Marketing			\$ -
4	Other Expenses			\$ -
Printing / Duplication		\$ 1,200.00	\$ 1,200.00	\$ -
Mailing / Postage		\$ 3,600.00	\$ 3,600.00	\$ -
Travel / Mileage (use current Federal mileage rate)		\$ 108,000.00	\$ 108,000.00	\$ -
Education / Training		\$ 3,000.00	\$ 3,000.00	\$ -
* Items listed below are included for calculation of the total project budget only. For use of DHCD funds, these line items would be included in the allowable 10% indirect cost rate.				
Office / Rent / Mortgage*		\$ 47,256.00	\$ 47,256.00	\$ -
Telephone / Fax / Internet*		\$ 12,495.00	\$ 12,495.00	\$ -
Utilities*			\$ -	\$ -
Insurance*		\$ 12,000.00	\$ 12,000.00	\$ -
Other direct project costs not described above (itemize)				
1	Volunteer Recruitment/Marketing	\$ 40,300.00	\$ 40,300.00	\$ -
2	Other Expenses	\$ 21,600.00	\$ 21,600.00	\$ -
3				\$ -
4				\$ -
Indirect Cost Rate - Maximum of 10% Allowed				\$ 5,240.00
Total Project Budget		\$ 1,014,194.50	\$ 954,194.50	\$ 60,000.00
Budget Narrative	<p>The majority of our operational costs consist of mileage, rent, and volunteer recruitment/marketing.</p> <p>- Mileage Reimbursement: Our organization is powered by volunteers who travel throughout the Coachella Valley in order to attend court hearings, visit children, and attend school conferences, health appointments, and child welfare meetings. Therefore, we budgeted \$108,000 this year on mileage reimbursement. Approximately 80% of this total is covered by a grant through the Riverside County Transportation Commission.</p> <p>- Rent: Our rent expenses include maintaining three offices throughout Riverside County, including one in Palm Desert. Our office space in Palm Desert is also heavily subsidized by the Regional Access Project (RAP) Foundation, Inc.</p> <p>- Volunteer Recruitment/Marketing: Because our organization relies heavily on the services of volunteers, we budgeted \$40,300 on volunteer recruitment/marketing. This includes the production of informational and promotional materials, including video, newsletters, and our website; public service announcements; and digital advertising on platforms including Facebook and VolunteerMatch.</p> <p>VFC is also requesting \$5,240 to cover indirect expenses.</p>			

Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD
Employee Position/Title					
1	Executive Director	\$ 150,087	50%	75,043.50	\$ 4,500.00
2	Philanthropy Manager	\$ 74,160	20%	14,832.00	-
3	Director of Programs	\$ 85,070	100%	85,070.00	\$ 12,760.00
4	Assistant Program Manager	\$ 65,253	100%	65,253.00	
5	Community Outreach Coordinator	\$ 50,012	100%	50,012.00	\$ 7,500.00
6	Advocacy Supervisor	\$ 52,451	100%	52,451.00	
7	Advocacy Supervisor	\$ 52,451	100%	52,451.00	
8	Advocacy Supervisor	\$ 50,012	100%	50,012.00	\$ 15,000.00
9	Advocacy Supervisor	\$ 50,012	100%	50,012.00	\$ 15,000.00
10	Advocacy Supervisor	\$ 50,012	100%	50,012.00	
11	Advocacy Supervisor	\$ 50,012	100%	50,012.00	
12	Flat rate for finance, marketing, grant, and marketing support from San Diego office.	\$ 75,000	100%	75,000.00	
Total Employee Benefits / Employer Taxes - proportional fringe costs and/or employer taxes based on % of time allocated to project				79,483.00	-
Enter this amount in Section 1; Staffing Costs			Total >	\$ 749,643.50	\$ 54,760.00
Budget Narrative	<p>A \$60,000 grant from the Desert Healthcare Foundation & District will cover a portion of the salaries for VFC's CASA program staff. Each year, VFC's program staff support more than 350 active CASAs in Riverside County, including at least 100 CASAs who are recruited and trained each year. VFC program staff coordinate more than 35 hours of training for CASA trainees and screen CASAs through multiple background checks before matching them with a child. VFC staff members called Advocacy Supervisors provide guidance to each CASA volunteer. They educate CASAs about the foster care system, assist them to identify beneficial services and resources, and accompany them to child welfare meetings and court hearings.</p> <p>The grant from the Desert Healthcare Foundation & District will specifically be applied to the following salaries:</p> <ul style="list-style-type: none"> o The Executive Director provides program oversight, including volunteer recruitment, training, and retention. She also facilitates case consultation and professional development for program staff. We are requesting \$4,296 to cover approximately 3% of her salary. o The Director of Programs oversees all program staff, case management, and training and volunteer recruitment. Each year, she facilitates 10 or more sessions of VFC's 35-hour CASA training program. We are requesting \$12,750 to cover approximately 15% of her salary. o The Community Outreach Coordinator facilitates volunteer recruitment activities, including eight community presentations and six volunteer information sessions each month. We are requesting \$7,500 to cover approximately 15% of her salary. o The Advocacy Supervisors each provide ongoing support and training to CASA volunteers. We are requesting \$30,000 to cover approximately 30% of the salaries of two Advocacy Supervisors. 				
Budget Narrative	<p>Total program-related employee benefits (\$79,483) include employee benefits (\$32,709), payroll taxes (\$41,704), and worker's compensation (\$5,070). Benefits (\$32,709) are calculated at a rate of 6% of Riverside County staff salaries (not all employees opt into healthcare and dental benefits). Payroll taxes (\$41,704) are calculated at a rate of 7.65% (6.2% Social Security + 1.45% Medicare). Worker's compensation (\$5,070) is calculated at a rate of .93%.</p>				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Total Project Fees
Company and Staff Title					
1					
2					
3					
4					
5					
Enter this amount in Section 1; Staffing Costs				Total >	\$ -
Budget Narrative	VFC will not use professional services or consultants for this project.				

Line Item Budget Other Project Funds

Other funding received (actual or projected) SPECIFIC to this project. "Total funding in addition to DHCD request" below should match or exceed value listed in Section 1 for "Funds from Other Sources".			Amount
Fees			
Donations - Individual Giving (Projected)			\$ 181,895.00
Grants (List Organizations)			
	1	Cal OES VOCA Grants (Actual)	\$ 45,000.00
	2	Riverside County Transportation Commission (Actual)	\$ 141,500.00
	3	Foundation Grants (Projected)	\$ 335,000.00
	4	Corporate Grants (Projected)	\$ 85,000.00
	5	Additional Government Grants (Projected)	\$ 256,500.00
Fundraising (describe nature of fundraiser)			
	1		
	2		
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)			
	1		
	2		
	3		
	4		
Total funding in addition to DHCD request			\$ 1,044,895.00
Budget Narrative	<p>VFC operates on an accrual accounting system. At the start of each fiscal year (beginning on July 1), we begin raising the budget for that year. Any foundation grants, corporate support, or individual giving that we receive on or after July 1, 2022 will go toward the project budget. However, VFC has secured three government grants that will fall within the project period: two Victims of Crime Act (VOCA) grants through Cal OES and a Measure A grant through the Riverside County Transportation Commission. The additional government grants include pending requests for additional VOCA funding; CDBG funding from the County of Riverside and the cities of Riverside, Hemet, Corona, Moreno Valley, Temecula, Perris, and San Jacinto; the California Judicial Council; and other county and city programs.</p>		

Grant Staff Review # 1 of 4

Executive Summary: 9

Community Need and Alignment: 10

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 8

Budget: 9

Key Partners/Collaborations: 9

Total Score: 72.00

Reviewer Comments: Aside from Court appointed referrals, CASA's are instrumental in advocating for the primary and behavioral healthcare services for foster children residing in the Coachella Valley. CASA's are a critical piece of these vulnerable children's welfare. These CASA's become an ally and advocate for the foster children as they try navigate the judicial and foster system. CASA's also connect foster children with much need health and wellness resources, along with guidance as they prepare to leave the foster system. Desert Healthcare District funding will provide 30 foster children with their own CASA, who will have a lifelong impact in the life of these children.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19.5 (2 of 2)

Grant Program Staff Review Stage: 74.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 39 (2 of 2)

Grant Program Staff Review Stage: 298 (4 of 4)

Total average proposal score: 94/100

Grant Staff Review # 2 of 4

Executive Summary: 10

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 8

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 10

Total Score: 73.00

Reviewer Comments: Voices for Children Court Appointed Special Advocate (CASA) Program is a very important and valuable support system for foster youth who are in the foster care system, which can be very traumatic and complex. With the assistance of a CASA volunteer, foster youth have a adult they can rely on for support, guidance, and case management as they navigate the foster care system. The CASA volunteers are vital to the physical health and mental health of these youth by ensuring they are connected to appropriate resources and programs. DHCD funds will assist Voices for Children recruit and train volunteers for the CASA program that ultimately assist 30 Coachella Valley foster youth. I support approving and funding this grant application.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19.5 (2 of 2)

Grant Program Staff Review Stage: 74.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 39 (2 of 2)

Grant Program Staff Review Stage: 298 (4 of 4)

Total average proposal score: 94/100

Grant Staff Review # 3 of 4

Executive Summary: 10

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 10

Applicant Capacity and Infrastructure: 8

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 9

Total Score: 73.00

Reviewer Comments: Voices for Children ensures children in foster care have every opportunity to achieve stability by advocating and supporting them after being placed in foster care. Advocacy occurs through their CASA program that matches each child with a caring volunteer that advances the child's proper access to necessary physical and mental health services. With foster children being more susceptible to poor mental and physical health conditions, they need continued support, through a consistent adult presence, to thrive and learn to prepare for life in and after the foster care system. The individualized advocacy of CASAs helps judges, social workers, and other support teams make informed decisions for the future of children. Our grant funding will specifically cover staff expenses to aid CASAs in supporting 30 Coachella Valley children. This is in direct alignment to both goal 2 and 3 of the District's Strategic Plan.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19.5 (2 of 2)

Grant Program Staff Review Stage: 74.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 39 (2 of 2)

Grant Program Staff Review Stage: 298 (4 of 4)

Total average proposal score: 94/100

Grant Staff Review # 4 of 4

Executive Summary: 10**Community Need and Alignment:** 10**Goals:** 10**Proposed Evaluation Plan:** 10**Applicant Capacity and Infrastructure:** 10**Organizational Sustainability:** 10**Budget:** 10**Key Partners/Collaborations:** 10

Total Score: 80.00

Reviewer Comments: Voices For Children (VFC) has been a provider in Riverside County since 2015. Their work to support children in need through the court system Court Appointed Special Advocates (CASA) network has proven itself as an impactful intervention option. This grant proposal has identified a need area in our community to serve children in foster care who through their experiences would benefit from the support provided by a stable and nurturing adult relationship as they work to reduce the negative impacts of trauma. VFC proposes to provide these types of supportive services to Coachella Valley youth to ensure access to healthcare services including mental/behavioral health services. The goals identified by VFC align with our Strategic Plan Goal 2, Strategy 2.7 (Utilize an equity lens to expand services and resources to underserved communities) and Strategic Plan Goal 3 Strategy 3.7 (Collaborate/partner with community providers to enhance access to culturally-sensitive behavioral/mental health services). The evaluation structure identified to highlight the impact of these services on the children for which these interventions are directed appear to be appropriate. The inclusion of these outcomes in the monthly VFC updates completed by the CASA workers and monitored by the Advocacy Supervisors will insure that shifts in need, access to services, and therapeutic progress are reviewed in order to continually refine the support plan for these children.

Response Notes:**Average Review Score:**

Fiscal Staff Review Stage: 19.5 (2 of 2)

Grant Program Staff Review Stage: 74.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 39 (2 of 2)

Grant Program Staff Review Stage: 298 (4 of 4)

Total average proposal score: 94/100

Fiscal Staff Review # 1 of 2

Fiduciary Compliance: 10

Financial Stability: 10

Total Score: 20.00

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 (9:1) which represents the grantee's ability to pay its short-term liabilities

The Net Assets increased by \$2.5M as of 6/30/21, the Balance Sheet is in good order

Financial Stability

Grantee demonstrates a strong financial position.

Grantee has diversified resources for this project of \$1,014,195. The District's grant of \$60,000 is well supported by other resources.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19.5 (2 of 2)

Grant Program Staff Review Stage: 74.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 39 (2 of 2)

Grant Program Staff Review Stage: 298 (4 of 4)

Total average proposal score: 94/100

Fiscal Staff Review # 2 of 2

Fiduciary Compliance: 10

Financial Stability: 9

Total Score: 19.00

Reviewer Comments: Audited financial statements prepared and approved by Board. Positive cash flow documented with strong asset position to address liabilities. Overall organizational budget contains multiple funding sources and grant value is reasonable compared to overall budget. Strategic plan identified but did not contain timelines on future funding growth.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19.5 (2 of 2)

Grant Program Staff Review Stage: 74.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 39 (2 of 2)

Grant Program Staff Review Stage: 298 (4 of 4)

Total average proposal score: 94/100



Grant Application Scoring Rubric



Category	Meets expectations (10-6 points)	Does not meet expectations (0-5 points)
Programmatic Review		
Executive Summary of the Project (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 for the Project & Strategic Plan 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 the Desert Healthcare District and Foundation 2021-2026 Strategic Plan goals and strategies by using one of more of the following: data, case studies, interviews, focus group results, media coverage, etc.	The applicant does not sufficiently identify or describe a need for the project and/or its alignment to one of the Desert Healthcare District and Foundation 2021-2026 Strategic Plan goals and strategies by using one or more of the following: data, case studies, interviews, focus group results, media coverage, etc.
Project Goals, Performance Measures, and Evaluation (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. Within each goal, the applicant identifies a related performance measure as outlined in the Desert Healthcare District and Foundation 2021-2026 Strategic Plan.	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. Applicant did not identify related performance measures as outlined in the Desert Healthcare District and Foundation 2021-2026 Strategic Plan.

<p>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. • Evaluation is in alignment with identified performance measure(s). • 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. • Evaluation is not in alignment with identified performance measure(s). • An explanation is not provided on how the data collected from the project will be utilized.
<p>Applicant Capacity and Infrastructure to Execute Proposal (10 points)</p>	<p>The applicant includes examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.).</p> <p>The applicant demonstrates reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>	<p>The applicant does not include examples that demonstrate the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.).</p> <p>The applicant is limited in its ability to demonstrate reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>
<p>Organization Sustainability (10 Points)</p>	<p>The applicant demonstrates that it has a current Strategic Plan. 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. The proposed program is not identified in the current Strategic Plan and the applicant organization has limited Board engagement, governance, and fundraising support.</p>

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

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

Recommendation:

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

Grant #1314

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

Court Appointed Special Advocate (CASA) Program

Start/End

7/01/2022

6/30/2023

PAYMENTS:

(2) Payments: \$27,000.00

10% Retention: \$6,000.00

Total request amount: \$ 60,000.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Requirement Number	Grant Requirements for Payment	Payment
6/01/2022		Signed Agreement submitted & accepted.	Advance of \$27,000.00 for time period 7/01/2022 - 12/31/2022
2/01/2023		1 st six-month (7/01/2022 - 12/31/2022) progress report, budget reports and receipts submitted & accepted	Advance of \$27,000.00 for time period 1/01/2023 - 6/30/2023
8/01/2023		2 nd six-month (1/01/2023 - 6/30/2023) progress report, budget reports and receipts submitted & accepted	\$0
8/15/2023		Final report (7/01/2022 - 6/30/2023) and final budget report submitted & accepted	\$6,000.00 (10% retention)

TOTAL GRANT AMOUNT: \$60,000

DELIVERABLES:

Project Goals and Evaluation

<p>Goal #1: By June 30, 2023, 30 underserved Coachella Valley youth in foster care will be matched with a CASA who will ensure that they receive primary and/or specialty healthcare services.</p> <p>This project goal coincides with the District and Foundation's Strategic Plan performance measure: "# of individuals who were connected to primary and specialty healthcare services in underserved communities" under strategy 2.7: "Utilize an equity lens to expand services and resources to underserved communities."</p>	<p>Evaluation #1: CASA Matching: We use CASA Manager, a database developed for CASA programs, to maintain a waitlist of children referred for CASA services by judges, attorneys, and social workers, and to track the progress of CASA trainees as they complete 35 hours of training. Our Director of Programs monitors the number of children matched with CASAs each month and adjusts our CASA volunteer recruitment strategies to ensure that we achieve our goals.</p> <p>Access to primary and specialty healthcare services: VFC Advocacy Supervisors monitor each child's access to health services on a monthly basis as they receive updates from CASAs.</p> <p>Every six months, Advocacy Supervisors and CASAs work together to complete a court report, which includes a comprehensive status update for the judge about a child's health, including information about their medical and dental exams, immunizations, prescribed medications, developmental milestones, and access to health services.</p>
<p>Goal #2: By June 30, 2023, the 30 underserved Coachella Valley youth in foster care who have been matched with a CASA will receive access to any necessary behavioral/mental health services.</p> <p>This project goal coincides with the District and Foundation's Strategic Plan performance measure "# of individuals who were connected to behavioral/mental health services" under strategy 3.7 "Collaborate/partner with community providers to enhance access to culturally-sensitive behavioral/mental health services."</p>	<p>Evaluation #2: Access to behavioral/mental health services: VFC Advocacy Supervisors monitor each child's behavioral and mental health on a monthly basis as they receive updates from CASAs. Every six months, Advocacy Supervisors and CASAs work together to complete a court report, which includes a comprehensive status update for the judge about a child's mental health, including information about their access to behavioral and mental health services, therapeutic goals and progress, and prescribed medications.</p>

RESOLUTION NO. 22-10

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 May 24, 2022, by the following roll call vote:

AYES: Directors_____

NOES: Directors_____

ABSTAIN: Directors_____

ABSENT: Directors_____

Karen Borja, President
Board of Directors

ATTEST:

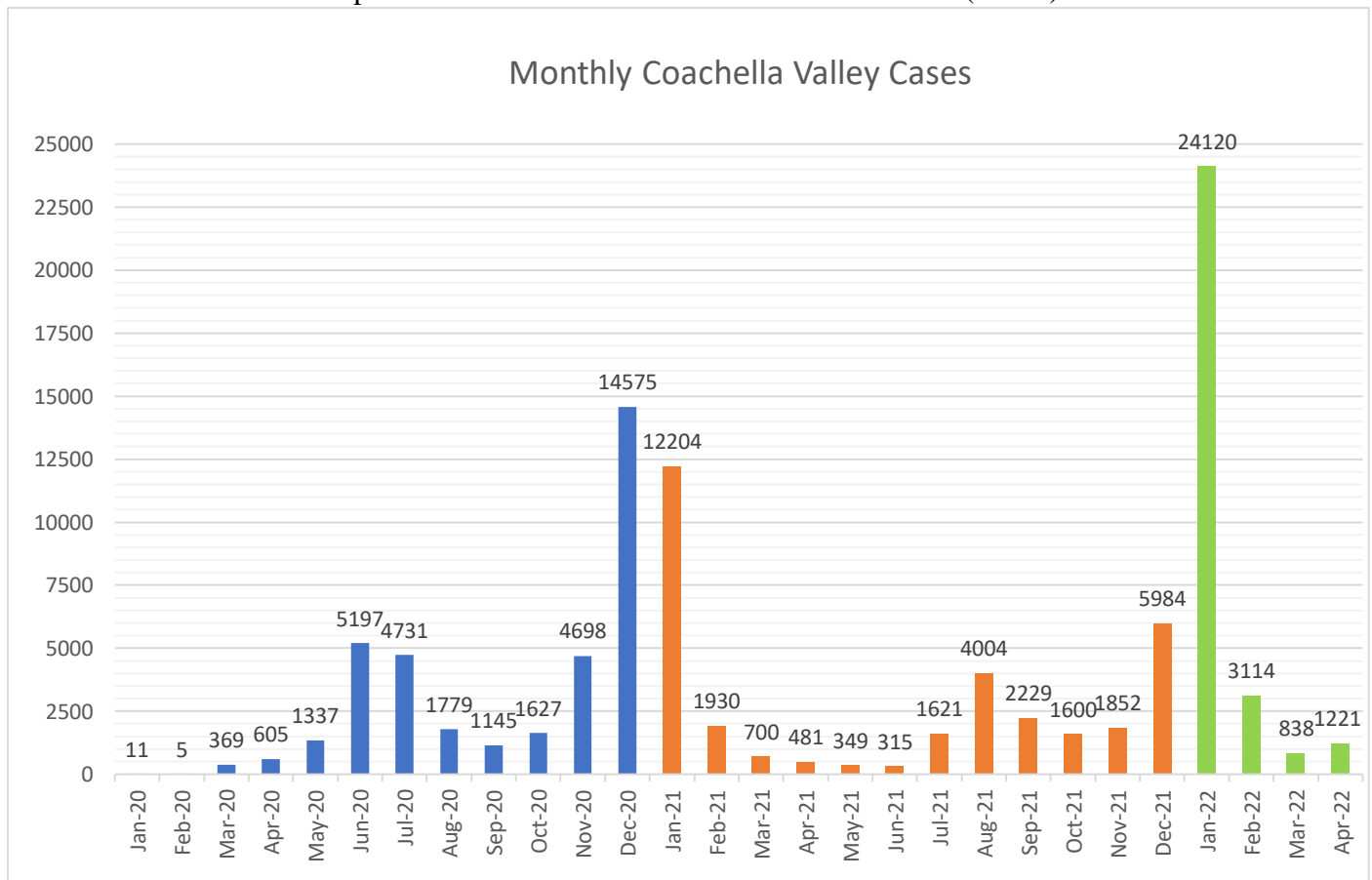
Evett PerezGil, Vice-President
Board of Directors



Date: May 24, 2022
 To: Board of Directors
 Subject: COVID-19 Vaccination Efforts in the Coachella Valley - UPDATE

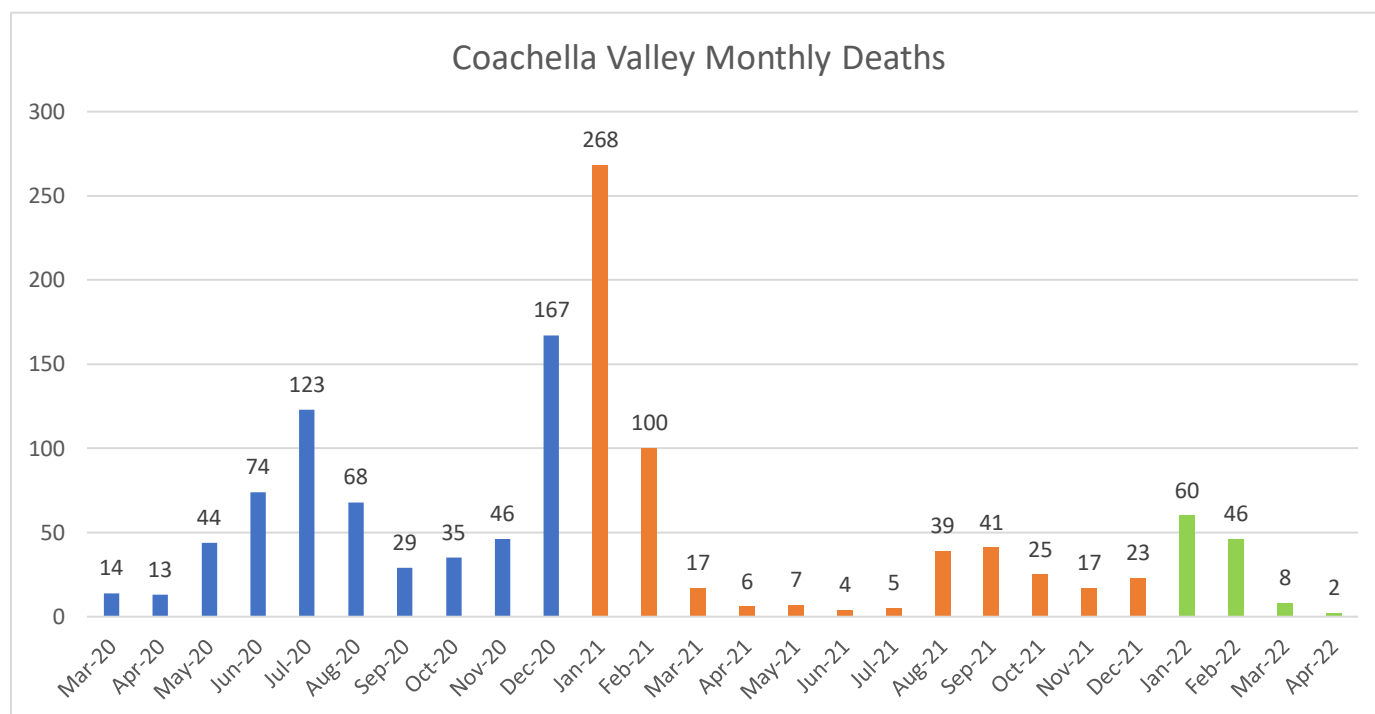
Information:

- This month report lacks recent data as RUHS data has not been made available to the District. However, staff believes it is important to mention there is an upward trend in COVID-19 cases, which continues to create great concerns for the CV. Local news have reported increases in case rate, positivity rate, and hospitalizations.
- The graphs reflect updated demographic and geographic data due to the release of the 2020 American Community Survey's 5-year estimates.
- After a peak in the number of COVID-19 cases in January 2022, we began to see a reverse trend, with cases declining from 24,120 in January to 838 in March. However, the month of April shows a small increase in cases since March (+46%).



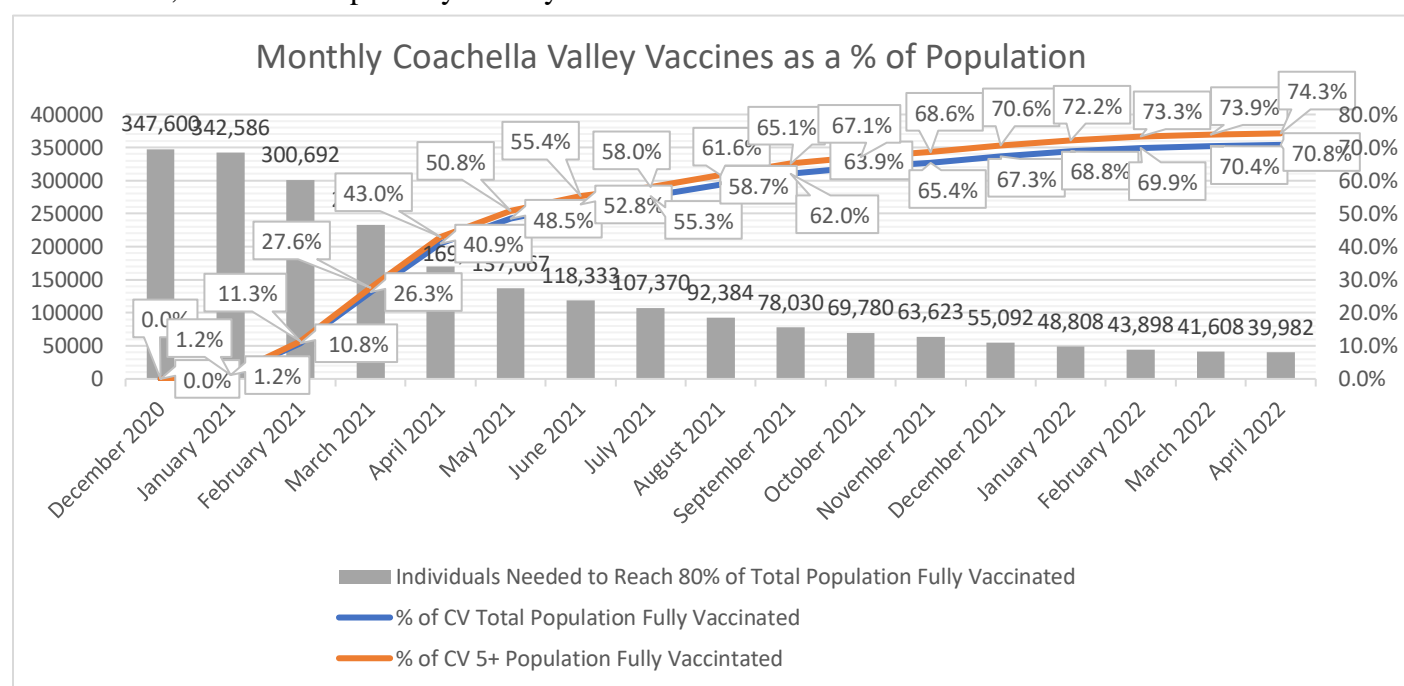
Data Source: Riverside University Health Systems – Public Health. Due to data backlogs and updates information should be interpreted with caution. Data as of May 11, 2022.

- Monthly deaths have trended down since a peak of 60 deaths in January 2022 to 2 deaths in April 2022 (-97%).



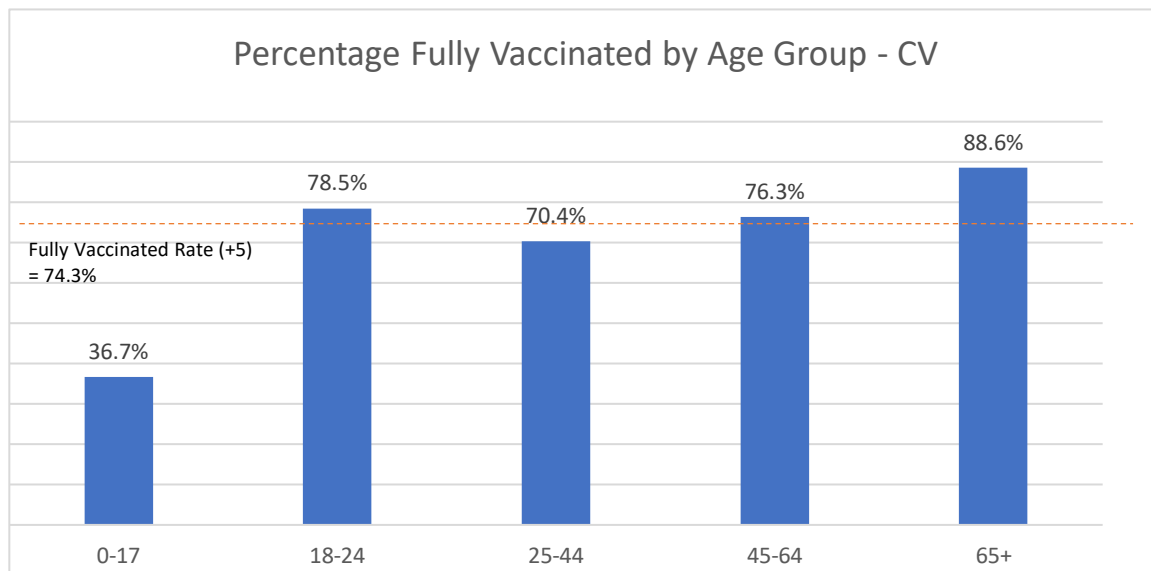
Data Source: Riverside University Health Systems – Public Health. Due to data backlogs and updates data should be interpreted with caution. Data as of May 11, 2022.

- Vaccination rates have continued to increase in the Valley. As of April 25th, the District's population (5+) is 74.3% fully vaccinated and total population is 70.8%. Coachella Valley children ages 5-11 continue to be vaccinated and our region is showing 11,426 as either partially or fully vaccinated.



Data Source: Riverside University Health Systems – Public Health. Due to data backlogs and updates data should be interpreted with caution. Data as of April 26, 2022.

- Vaccinations across age groups continue to rise. The Coachella Valley’s 65+ population remains the highest vaccinated group at just under 90%. Targeted outreach efforts and vaccination clinics for children continue to increase the rates for our most recent eligible population.



Data Source: Riverside University Health Systems – Public Health. Due to data backlogs and updates, data should be interpreted with caution. Data as of April 26, 2022.

- Our efforts in Coachella Valley continue to be reflected in our vaccination rates.
- However, significant gaps remain, especially between communities with highest vs. lowest vaccination rates, as we have been highlighting for months now. The city of Rancho Mirage has a vaccination rate of 84.5%, while the city of Desert Hot Springs has only 61.2% of its population fully vaccinated.
- The COVID-19 case rate is much lower in Rancho Mirage (14.5%) compared to Desert Hot Springs which has a case rate nearly 2X higher (26.7%).



Date: May 24, 2022
To: Board of Directors
Subject: Seismic Compliance – Legislative Efforts

Information:

- The State of California is expected to have a historic \$300 billion General Fund budget, which includes \$97.5 billion budget surplus with \$49.2 billion of which discretionary.
- Existing seismic legislation imposes a significant burden on district hospitals.
- While it is hard to quantify with certainty the total cost for all districts to meet the 2030 mandate, it is approximately \$3 billion, with small hospital projects estimated at \$45 million and larger projects in the hundreds of millions.
- District hospitals must go to their voters to approve a bond or tax to fund these projects. These initiatives are likely to be unsuccessful.
- There are 78 healthcare districts in California; 32 have a hospital, and 17 are critical access.
- Assemblymember Eduardo Garcia has agreed to sponsor the request for a budget ask of \$1 billion to support seismic retrofit efforts. This one-time funding will serve as a way for district hospitals to finance their 2030 retrofit and rebuild projects to meet the mandate.
- The Administration has signaled that infrastructure is critically important and, in that thread, we believe funding should be extended to preserve hospital care for the state's most vulnerable.

Recommendation:

- Staff recommends monitoring this ask and calling our local legislators when indicated to request support for this ask.

STATE CAPITOL
P.O. BOX 942849
ROOM 8120
SACRAMENTO, CA 94249
(916) 319-2056
FAX (916) 319-2156

RIVERSIDE COUNTY DISTRICT OFFICE
48220 JACKSON STREET, #A3
COACHELLA, CA 92236
(760) 347-2360
FAX (760) 347-5704

IMPERIAL COUNTY DISTRICT OFFICE
1101 AIRPORT ROAD, SUITE D
IMPERIAL, CA 92251
(760) 355-8656
FAX (760) 355-8856

Assembly California Legislature



EDUARDO GARCIA
ASSEMBLYMEMBER, FIFTY-SIXTH DISTRICT

STANDING COMMITTEES

CHAIR: UTILITIES AND ENERGY
APPROPRIATIONS
COMMUNICATIONS AND CONVEYANCE
GOVERNMENTAL ORGANIZATION

May 19, 2022

The Honorable Phil Ting
Chair, Assembly Budget Committee
1021 O Street, Room 8230
Sacramento, 95814

The Honorable Nancy Skinner
Chair, Senate Budget Committee
1021 O Street, Room 8630
Sacramento, 95814

RE: District Hospital Seismic Infrastructure Funding

Dear Assemblymember Ting and Senator Skinner:

In light of the \$97.5 billion budget surplus, the undersigned members of the California State Assembly and Senate respectfully request the inclusion of \$1 billion for Public District Hospitals, for the purpose of meeting the 2030 Seismic Mandate. This request seeks a one-time expenditure of \$1 billion, in Fiscal Year (FY) 2022-23, for the 32 District Hospitals to fund new or ongoing infrastructure seismic compliance projects. Without this funding, these public hospitals will struggle to meet the deadline and face closures.

District Hospitals are public entities that services California's most vulnerable populations, including high volumes of Medi-Cal enrollees. These hospitals serve rural and remote areas of the state, provider shortage areas, and urban underserved areas. In many communities they are to sole provider of health care, or the sole provider of care to the uninsured or underinsured. Of the 76 healthcare districts throughout the state, 32 have hospitals, 17 of which are critical access. District hospitals are funded nominally by their communities through taxes but primarily through reimbursement for services, this means they face significant financial challenges in generating funding for capital outlay—especially of this magnitude. The Administration has signaled that infrastructure is critically important and, in that thread, we believe funding should be extended to preserve hospital care for the state's most vulnerable.

While it is hard to quantify with certainty the total cost for all districts to meet the 2030 mandate, it is approximately \$3 billion, with small hospital projects estimated at \$45 million and larger projects in the hundreds of millions. For District Hospitals they must go to their voters to approve a bond or tax to fund these projects or to leverage government financing. These initiatives often fail and given the current economy are likely to remain unsuccessful. With no additional revenue or support, District Hospitals struggle to even secure financing to begin these projects. Additionally, as public entities they must already pay prevailing wage which significantly increases the costs of these projects.

The COVID-19 pandemic impacted all health care providers, but especially public providers like, healthcare districts creating another financial setback. With only eight years remaining until 2030, hospitals must begin construction now. Without state funding, public District Hospitals will face closures or consolidation regardless of any mandate modifications. This investment is appropriately timed as California has a significant budget surplus that is too volatile for significant ongoing spending. Additionally, this proposal counts against the State Appropriations Limit.

We are seeking this budget investment to ensure these public hospitals remain open to provide essential live saving services to their communities. This one-time funding will serve as a way for District Hospitals to finance their 2030 retrofit and rebuild projects to meet the mandate. Hospitals of all kinds have proven to be some of the most critical infrastructure that our constituents rely on and as we invest in health, technology, business and rebuilding California we believe this appropriation should be included.

The \$1 billion state budget appropriation will keep these public hospitals open to serve all Californians for years to come. Thank you very much for the consideration of this request. If you have any questions do not hesitate to reach out to Rexford Scott in my office at Rexford.Scott@asm.ca.gov or 916.319.2056.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Eduardo Garcia', with a stylized flourish at the end.

Assemblymember Eduardo Garcia
56th Assembly District



Date: May 24, 2022
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:

- Riverside County Nonprofit Roundtable – April 25, 2022
- ECV Air Quality Emergency Stakeholders Meeting – April 26, 2022
- Meeting with Faith-based Leaders regarding Title 42 – April 26, 2022
- ACHD Legislative Visits, Sacramento (Senator Richard Roth's Office; ASM Jim Wood; Senator Mike McGuire; Lourdes Morales, Legislative Analyst Office) – April 27, 2022
- Tour of ECV communities with Riverside County Director of Public Health Kimberly Saruwatari, and the County Health Officer Dr. Jeffrey Leung – April 28, 2022
- Meeting with RUHS Data Team and DHCD Team (currently exploring Data Use Agreement that will allow more fluent sharing) – April 28, 2022
- Meeting with Coachella Valley Equity Collaborative to explore aligning collective equity work with DHCD's Strategic Plan – April 29, 2022
- ACHD Behavioral Health AdHoc Committee Meeting – May 3, 2022

- RUHS Meeting about HRSA Funding Opportunity for CHW Training Program – May 4, 2022
- Riverside County Nonprofit Roundtable – May 5, 2022
- Meeting with CVUSD Team – May 5, 2022
- ACHD CEO Round Table Meeting – May 5, 2022
- Meeting with Yvonne Bell, CEO Innercare – May 6, 2022
- Attended Harvey Milk Diversity Breakfast – May 11, 2022
- On-air Interview with Lazer Media in partnership with RUHS promoting COVID-19 Vaccine Boosters – May 12, 2022
- Meeting with ASM Eduardo Garcia to discuss financial support needed to complete seismic upgrade at DRMC – May 12, 2022
- Meeting with CVUSD and DLR Group – May 12, 2022
- Attended City of Indio's Jewell Community – Transformative Climate Communities (TCC) Implementation Grant community meeting – May 12, 2022
- Meeting with Faith-based Leaders regarding Title 42 – May 16, 2022
- ACHD Legislative Update Webinar – May 18, 2022

Upcoming Events:

- 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”.

Media Coverage:

District CEO is interviewed as part of a Riverside County campaign to encourage **COVID-19 boosters** among communities of color, which aired Thursday, May 12, 2022, on 1410 KCAL-FM LaMexicana. https://drive.google.com/file/d/1K66LwklwtJ7Z1mZ6ek0mWkie5mOuQrP_/view?usp=sharing

Board Director Leticia De Lara is featured in Palm Springs Life magazine: “**Women Who Lead 2022**: We honor the efforts and accomplishments of individuals in our community who inspire greatness.” Published May 1, 2022. <https://www.palmspringslife.com/women-who-lead-palm-springs-2022/>

(Spanish media) El Informador reports that the District and Tenet are continuing plans to fulfill **seismic requirement**: “Desert Healthcare District y Tenet Healthcare avanzan con el reacondicionamiento sísmico en Desert Regional Medical Center,” published March 31, 2022. It’s on page 6 of the issue.

https://drive.google.com/file/d/1EbUpQZwUgUL0JxXoKy0rgE9a6MPZFNWR/view?usp=drive_web

The Uken Report also reported: “Desert Healthcare District and Tenet Healthcare Move Toward Next Steps to Fulfill **Seismic Retrofitting** Needs at Desert Regional Medical Center by 2030,” published online March 27, 2022. <https://ukenreport.com/local-hospital-needs-seismic-retrofitting/>

The District’s **grants program** is spotlighted in a Desert Sun article: “CSUSB Palm Desert Campus Street Medicine program receives \$54K grant,” on March 25, 2022. <https://www.desertsun.com/story/life/2022/03/25/csusb-palm-desert-campus-street-medicine-program-receives-54-k-grant/7146189001/>



Date: May 24, 2022
To: Board of Directors
Subject: Director Meeting Stipend and Insurance Premium Allowance

Staff Recommendation: INFORMATION ONLY

Background:

- The District directors receive the following compensation:
 1. Meeting Stipend - \$105 per director per meeting, up to 6 meetings per month
 2. Insurance Premium Allowance – Up to \$10,000 annually
- STIPEND - The Board is allowed to receive a 5% increase to the per meeting stipend. The approval of the increase must adhere to the following procedure.
 - The District must notice a public hearing by posting the notice in a local newspaper one time per week for 2 consecutive weeks. An Ordinance will be presented to the Board for approval. Additionally, a resolution allowing for stipends for 6 meetings per month will be presented for approval. The increase will become effective 60 days after the Ordinance is passed.
- INSURANCE PREMIUM ALLOWANCE – The Board receives up to \$10,000 annually for health insurance premiums. It is proposed to increase the annual allowance to \$10,600.
 - Board Policy #BOD-21 Meeting & Insurance Compensation Policy must be updated to reflect the proposed increase to the allowance and will be reviewed by the Policy's Committee at its June 2022 meeting.
- The stipend ordinance and resolution, along with the updated Policy #BOD-21, will be presented to the Board for consideration of approval at the June 2022 Board meeting.

Fiscal Impact:

Director Stipend Increase - \$110 per director per meeting, up to 6 meetings per month
Director Insurance Premium - \$10,600 per director annually
Included in the FY23 Annual Budget



Date: May 24, 2022
To: Board of Directors
Subject: Hybrid Meetings

Background:

- Existing law, until January 1, 2024, authorizes a local agency to use teleconferencing when a declared state of emergency is in effect, or in other situations related to public health.
- Desert Healthcare District has adopted resolutions that continue to allow our agency to meet via teleconference.

Information:

- Staff has acquired and is testing technology that would allow the District to conduct hybrid meetings in which board members will meet in person, and enable public access through teleconference.
- It is expected the board will be able to implement this proposed hybrid model at the June Board meeting.
- Staff will confirm when the technology has been fully tested and deemed reliable.

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 3:00 p.m.	
II. Approval of Agenda	Chair Shorr asked for a motion to approve the agenda with a request by Director Zendle to move item 3. in other matters, the Consulting Services Agreement for NPO Centric following the CEO Report.	Moved and seconded by Director Zendle and President Borja to approve the agenda with the change. Motion passed unanimously.
III. Public Comment	There was no public comment.	
IV. Approval of Minutes 1. F&A Minutes – Meeting April 12, 2022	Chair Shorr motioned to approve the April 12, 2022, minutes.	Moved and seconded by Director Zendle and President Borja to approve the April 12, 2022, meeting minutes. Motion passed unanimously.
V. CEO Report	Conrado Bárzaga, MD, CEO, explained that the agreement with Riverside County Health Systems (RUHS) in the amount of \$750k for the COVID-19 Collaborative is signed. A contract with an organization experienced in Board development will be introduced at the June Board meeting.	
VI. Investment Reports 1. District & RPP Investment Reports 1Q22 – Keith Stribling, Vice President,	Keith Stribling, Vice President, Senior Portfolio Manager, Highmark Capital, provided an	

Senior Portfolio Manager, Highmark Capital	overview of the asset allocation summary, the performance report, retirement plan, and other aspects of the portfolio, highlighting the consequences of the economy on the investments.	
VII. Chief Administration Officer's Report	Chris Christensen, CAO, explained that the annual budget preparations are underway for approval and recommendation to the board. The interim audit will commence in May, and the Las Palmas Medical Plaza is 97% occupied with \$1.3M annual rent CAM Fees.	
VIII. Financial Reports 1. District and LPMP Financial Statements 2. Accounts Receivable Aging Summary 3. District – Deposits 4. District – Property Tax Receipts 5. LPMP Deposits 6. District – Check Register 7. Credit Card – Detail of Expenditures 8. LPMP – Check Register 9. Retirement Protection Plan Update 10. Grant Payment Schedule	Chris Christensen, CAO, reviewed the financials with the committee highlighting the loss in investments during April due to the economy and the war in Ukraine's effect on the market.	Moved and seconded by President Borja and Director Zendle approve the April 2022 financials – items 1-10 and to forward to the Board for approval. Motion passed unanimously.
IX. Other Matters		
1. Consulting Services Agreement – Prest/Vuksic/Greenwood (Chris Mills) – Architectural/Engineering Services for Clinical	Chris Christensen, CAO, summarized the strategies for enhancing the Coachella Valley Healthcare Infrastructure associated with strategic plan goal #2 to proactively expand community	

<p>Projects – Hourly NTE \$5,000</p>	<p>access to primary and specialty care services. Additionally, the CEO has been exploring opportunities to assist with targeted services in particular areas, Prest/Vuksic/Greenwood has worked with the district in the past and will assist with the district's goals. The item is informational with funds covered by the Professional Services budget - NTE \$5k.</p>	
<p>2. LPMP Suite 1W 104 - Dr. Bencheqroun – Early Lease Termination</p>	<p>Chris Christensen, CAO, described the challenges for a pulmonary clinic with a 2-year lease due to staff shortages and turnover from the pandemic while still conducting patient visits via telehealth, which has hindered reopening the office. The terms of the lease end November 30, 2022. Dr. Bencheqroun has requested an early termination effective May 31, 2022. As a first-floor suite with direct access to Desert Regional Medical Center, staff anticipates a short vacancy.</p>	<p>Moved and seconded by Director Zendle and Director Shorr to approve the LPMP Suite 1W 104 - Dr. Bencheqroun – Early Lease Termination and forward to the Board for approval. Motion passed unanimously.</p>
<p>3. Consulting Services Agreement for NPO Centric – Education and Training for Results Based Accountability (RBA) and Clear Impact Platforms – NTE \$48,000</p>	<p>Donna Craig, Chief Program Officer, described the consulting services agreement and scope of work from NPO Centric, Stephanie Minor, trained consultant's role with Clear Impact, and the Board's approval of evaluating the platform for tracking and reporting the strategic plan</p>	<p>Moved and seconded by Director Zendle and President Borja to approve the Consulting Services Agreement for NPO Centric – Education and Training for Results Based Accountability (RBA) and Clear Impact Platforms – NTE \$48,000 and forward to the Board for approval. Motion passed unanimously.</p>

<p>4. FY2022-2023 Annual Budget (Draft) Review</p>	<p>components of results-based accountability platform.</p> <p>Stephanie Minor, Director, NPO Centric, described the platform, creating the scorecard with results-based accountability (RBA) to train the staff and the board on understanding RBA. Ms. Minor explained her certification, as one of the few in the nation, answering questions of the committee, such as the possibility of additional fees throughout the process.</p> <p>Chris Christensen, CAO, provided an overview of the FY2022-2023 annual budget highlighting the salaries cost-of-living increase broken into increments of a 5% increase on July 1, 2022, an additional 5% on January 1, 2023, and a 2.5% reduction to the annual merit increase effective November 1, 2022. Mr. Christensen provided a brief overview of the Riverside County Consumer Price Index. The committee discussed the option of an increase to the healthcare cap from \$10k to \$10,600, given the increase in the Medicare Part B plan. The increase in the healthcare cap will require an update to the board's compensation policy.</p> <p>President Borja requested an additional page to the budget illustrating a summary of the budget.</p>	<p>Moved and seconded by Director Zendle and President Borja to approve the FY2022-2023 Annual Budget (Draft) Review and forward to the Board for approval with a modification that includes a healthcare increase from a \$10,000 per year cap to \$10,600. Motion passed unanimously.</p>
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X. Adjournment	Director Shorr adjourned the meeting at 4:40 p.m.	<i>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</i>
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ATTEST: _____

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

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



Date: April 24, 2022
To: Board of Directors
Subject: Desert Healthcare District & Retirement Protection Plan (RPP) Investment Reports 03/31/2022

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

Information:

Both bond and stock markets stumbled at the outset of 2022. The Fed finally realized it's past due to tighten financial conditions and has begun a tightening cycle to curb inflationary pressures that have been building. The retirement plan was down about -4.25% in the first quarter but remains positive at +4.5% for the year over year time period. Longer term returns have remained strong compounding at over 9.5% for the 3-year time period and at 7.5% over the 10-year time period which is above most actuarial expectations for pensions and retirement plans with a balanced mix of stocks and bonds. While the portfolio was overweight equities most of 2021 we pulled back the equity weight during the 4th quarter of 2021 and again in both mid-January 2022 and toward the end of the March quarter with equities ending the first quarter at 58.1%.

Current portfolio positioning:

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

The economy continues to be strong highlighted by:

- Continued accommodative fiscal policy
- Housing market strength
- Employment picture is strong highlighted by rising incomes and more job openings than applicants to fill them

Risk to the strong economy include:

- Inflation is more entrenched than originally anticipated by the Fed
- Fed is raising rates to combat high inflation which has pressured bonds and stocks
- Russia's invasion of Ukraine and its impact on commodity prices such as oil and grains
- China's zero covid policy with the lockdown of Shanghai now approaching 2 months creating more supply chain backlogs

Fiscal Impact:

Subject to investment performance

Desert Healthcare District Portfolio Review

1st Quarter 2022



Presented by
Keith Stribling, CFA

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

DESERT HEALTHCARE DISTRICT

xxxxxx20920

03/31/2022

Investment Objective: FIXED INCOME MANAGEMENT

Investment Officer: KEITH STRIBLING

Account Name: DESERT HEALTHCARE DISTRICT

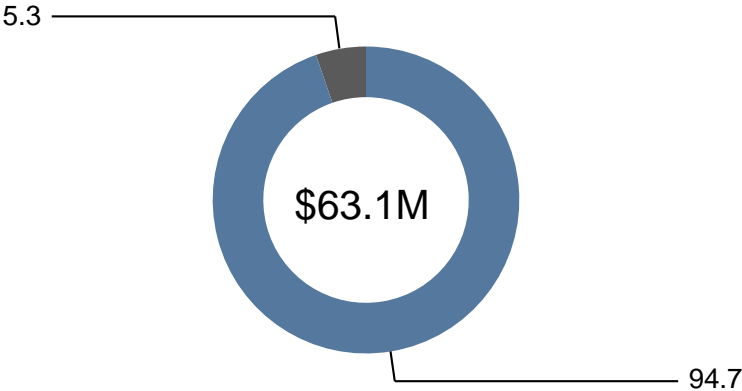
As of: March 31, 2022

Account ID: xxxxx20920

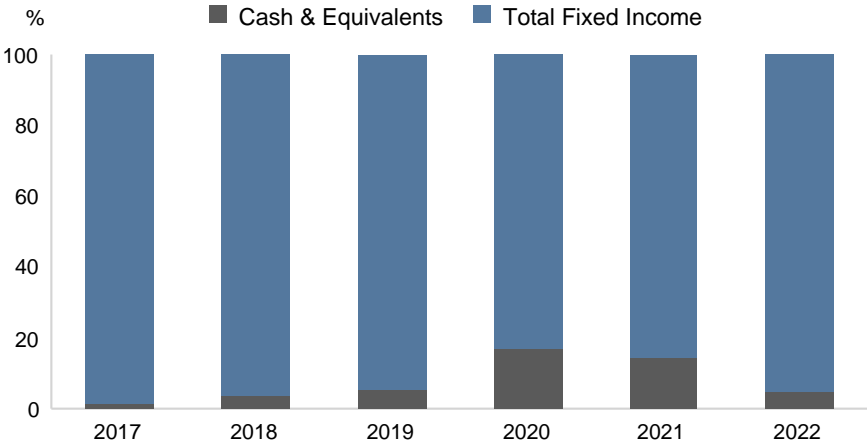
Asset Allocation Summary

Market Value by Asset Class

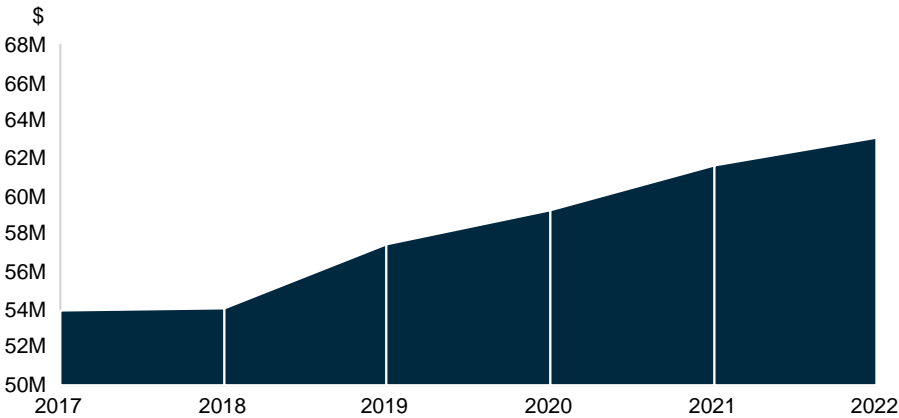
	Market Value	% of Mkt Val
Total Fixed Income	\$ 59,757,576	94.7 %
Cash & Equivalents	\$ 3,315,518	5.3 %
Total	\$ 63,073,095	100.0 %



Annual Allocation



Annual Ending Market Values



Account Name: DESERT HEALTHCARE DISTRICT

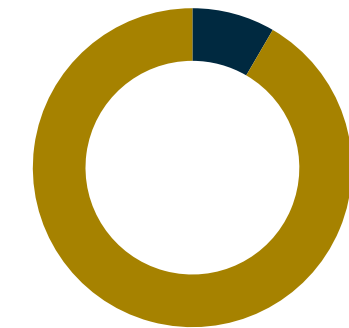
Reporting Period Ending: March 31, 2022

Account ID: xxxxx20920

Fixed Income Analysis - Individual Holdings

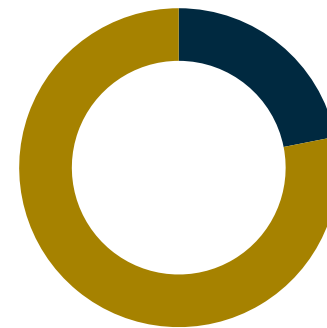
	03/31/2022	04/30/2021	04/30/2020	04/30/2019	04/30/2018
Duration	2.01	1.57	1.65	1.98	2.21
Coupon	1.45%	1.90%	2.07%	2.30%	2.44%
Yield to Maturity	2.07%	.23%	.22%	2.33%	2.48%
Maturity	2.03	1.59	1.68	2.03	2.27
Current Yield	1.47	1.86	2.00	2.30	2.45
Face Amount	\$ 61,000,000	\$ 50,800,000	\$ 55,800,000	\$ 49,800,000	\$ 54,800,000
Market Value	\$ 59,556,085	\$ 51,843,017	\$ 57,501,032	\$ 49,788,430	\$ 54,253,963
Cost	\$ 60,883,636	\$ 51,039,738	\$ 55,931,668	\$ 50,022,865	\$ 55,677,770

Quality Allocation by Market Value



■ AA+ ■ NA

Maturity Allocation by Market Value



■ Less than 1 Year ■ Short (1-5 Years)

Account Name: DESERT HEALTHCARE DISTRICT

As of: March 31, 2022

Account ID: xxxxx20920

Summary Investment Performance

Beginning Market Value	61,439,786.78
Beginning Accrued Income	169,124.74
Beginning Portfolio Value	61,608,911.52
Contributions	2,750,000.00
Withdrawals	-15,375.28
Income Earned	185,129.32
Gain/Loss	-1,455,570.65
Ending Market Value	62,871,286.33
Ending Accrued Income	201,808.58
Ending Portfolio Value	63,073,094.91
Total Earnings	-1,270,441.33

Performance

Cash Equivalents	.01
Total Fixed Income	-2.36
Total Managed Account	-2.01
Bloomberg US Aggregate Bd Index (USD)	-5.93
MSCI EAFE Index (Gross)	-5.79
Russell 2000 Growth Index (USD)	-12.63
Russell 2000 Value Index (USD)	-2.40
S&P 500 Composite Index	-4.60
S&P 500/Citigroup Growth Index	-8.59
S&P 500/Citigroup Value Index	-.16

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

Account Name: DESERT HEALTHCARE DISTRICT

As of: March 31, 2022

Account ID: xxxxx20920

Performance Report

	Market Value	Year to Date (3 Months)	6 Months	1 Year	3 Years	5 Years	10 Years	20 Years
Cash & Equivalents	3,315,518	.01	.01	.01	.63	.96	.53	
Lipper Money Market Funds Index		.01	.01	.01	.61	.91	.48	1.08
Total Fixed Income	59,757,576	-2.36	-2.82	-2.75	.88	1.15	.95	2.30
Bloomberg 1-3 Yr US Govt/Credit Index		-2.49	-3.04	-2.91	1.02	1.26	1.09	2.37
Total Managed Account	63,073,095	-2.01	-2.39	-2.33	.93	1.18	.96	
Total Account Net of Fees	63,073,095	-2.03	-2.49	-2.45	.77	1.00	.77	2.09

Account Name: DESERT HEALTHCARE DISTRICT

As of: March 31, 2022

Account ID: xxxxx20920

Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
Total Fixed Income										
Taxable FX- US Govt Agcy										
FEDERAL HOME LOAN 2.750% 6/10/22	FHL2722	1,000,000.000	99.68	996,760.00	100.45	1,013,029.17	1.6	2.75	27,500.00	2.738
FEDERAL HOME LOAN BA 3.250% 6/09/23	FHL3223H	1,000,000.000	100.46	1,004,626.66	101.42	1,024,301.11	1.6	3.25	32,500.00	3.205
FNMA NTS 1.875% 4/05/22	FN11822	2,000,000.000	97.15	1,942,935.84	100.02	2,018,713.33	3.2	1.88	37,500.00	1.875
FEDERAL HOME LN MTG 2.750% 6/19/23	FHL2723A	1,000,000.000	98.83	988,303.00	100.91	1,016,921.67	1.6	2.75	27,500.00	2.725
Total for Taxable FX- US Govt Agcy				4,932,625.50		5,072,965.28	8.0		125,000.00	2.486
Taxable Fixed - US Treas										
US TREAS NTS 1.875% 7/31/22	UTN0022C	1,000,000.000	100.12	1,001,248.46	100.36	1,006,737.73	1.6	1.88	18,750.00	1.868
US TREAS NTS 1.625% 8/31/22	UTN1622B	2,000,000.000	100.11	2,002,164.12	100.27	2,008,286.09	3.2	1.63	32,500.00	1.621
US TREAS NTS 1.875% 9/30/22	UTN0022D	2,000,000.000	100.07	2,001,354.57	100.40	2,008,142.46	3.2	1.88	37,500.00	1.867
US TREAS NTS 2.000% 10/31/22	UTN0122B	1,000,000.000	99.78	997,812.50	100.45	1,012,887.79	1.6	2.00	20,000.00	1.991
US TREAS NTS 2.375% 1/31/23	UTN0023C	2,000,000.000	98.76	1,975,156.25	100.69	2,021,632.93	3.2	2.38	47,500.00	2.359
US TREAS NTS 2.500% 1/31/25	UTN2525	2,000,000.000	99.83	1,996,640.63	99.98	2,007,827.29	3.2	2.50	50,000.00	2.501
US TREAS NTS 2.750% 4/30/23	UST0023A	1,000,000.000	99.72	997,226.56	101.02	1,021,706.96	1.6	2.75	27,500.00	2.722
UNITED STATES TREAS 2.750% 5/31/23	UST2823	1,000,000.000	99.71	997,070.31	100.97	1,018,957.96	1.6	2.75	27,500.00	2.724
US TREAS NTS 2.375% 8/15/24	UTN2324	2,000,000.000	99.70	1,993,984.38	99.77	2,001,304.70	3.2	2.38	47,500.00	2.380
US TREAS NTS 1.625% 5/31/23	UTN1623A	1,000,000.000	100.09	1,000,894.91	99.68	1,002,246.43	1.6	1.63	16,250.00	1.630
US TREAS NTS 1.250% 7/31/23	UTN1223	1,500,000.000	101.18	1,517,764.27	98.97	1,487,582.73	2.4	1.25	18,750.00	1.263
US TREAS NTS 1.625% 10/31/23	UTN1623B	1,000,000.000	100.18	1,001,786.63	99.16	998,423.20	1.6	1.63	16,250.00	1.639
US TREAS NTS 2.250% 1/31/24	UTN2224A	1,500,000.000	99.81	1,497,128.91	99.89	1,504,018.92	2.4	2.25	33,750.00	2.252
US TREAS NTS 2.125% 6/30/22	UTN2122	1,000,000.000	100.05	1,000,508.45	100.38	1,009,171.85	1.6	2.13	21,250.00	2.117
US TREAS NTS 1.750% 5/31/22	UTN1722C	1,000,000.000	100.11	1,001,108.27	100.22	1,008,085.38	1.6	1.75	17,500.00	1.746
US TREAS NTS 0.0001% 8/31/24	UTN0024D	2,500,000.000	101.85	2,546,325.70	97.17	2,431,917.39	3.9	1.25	31,250.00	1.286
US TREAS 1.50% 9/30/24	UST0024A	2,000,000.000	99.57	1,991,406.25	97.64	1,952,981.97	3.1	1.50	30,000.00	1.536
UNITED STATES TREAS 1.500% 10/31/24	UST0024B	2,000,000.000	102.32	2,046,436.74	97.56	1,963,869.89	3.1	1.50	30,000.00	1.537
UNITED STATES TREAS 1.50% 11/30/24	UST0024C	2,500,000.000	103.30	2,582,501.72	97.41	2,447,918.68	3.9	1.50	37,500.00	1.540
UNITED STATES TREAS 1.750% 12/31/24	UST1724	2,500,000.000	100.14	2,503,515.63	97.99	2,460,857.69	3.9	1.75	43,750.00	1.786
UNITED STATES TREAS 1.375% 1/31/25	UST1325	2,000,000.000	99.16	1,983,281.25	96.92	1,942,998.01	3.1	1.38	27,500.00	1.419
UNITED STATES TREAS 1.125% 2/28/25	UST1125	1,000,000.000	102.25	1,022,458.54	96.13	962,268.26	1.5	1.13	11,250.00	1.170

Account Name: DESERT HEALTHCARE DISTRICT

As of: March 31, 2022

Account ID: xxxxx20920

Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
UNITED STATES TREAS 0.5000% 3/31/25	UST0025	3,000,000.000	99.57	2,986,992.19	94.21	2,826,291.52	4.5	.50	15,000.00	.531
UNITED STATES TREAS 0.375% 4/30/25	UST0325	3,000,000.000	99.29	2,978,554.69	93.64	2,813,838.71	4.5	.38	11,250.00	.400
UNITED STATES TREAS 0.250% 5/31/25	UST0225	3,000,000.000	97.83	2,934,843.75	93.07	2,794,627.62	4.4	.25	7,500.00	.269
UNITED STATES TREAS 0.250% 6/30/25	UST0025A	3,000,000.000	97.66	2,929,921.88	92.90	2,788,945.36	4.4	.25	7,500.00	.269
UNITED STATES TREAS 0.375% 4/15/24	UST0324	2,500,000.000	100.18	2,504,446.07	96.06	2,405,701.92	3.8	.38	9,375.00	.390
UNITED STATES TREAS 0.375% 7/15/24	UST0324A	1,000,000.000	99.30	992,968.75	95.44	954,450.00	1.5	.38	3,750.00	.393
UNITED STATES TREAS 0.375% 9/15/24	UST0324B	1,000,000.000	99.15	991,523.44	95.00	950,213.23	1.5	.38	3,750.00	.395
UNITED STATES TREAS 0.625% 10/15/24	UST0624	1,500,000.000	99.36	1,490,390.63	95.46	1,436,181.92	2.3	.63	9,375.00	.655
UNITED STATES TREAS 1.500% 2/15/25	UST1525	2,500,000.000	99.34	2,483,593.75	97.19	2,434,536.60	3.9	1.50	37,500.00	1.543
Total for Taxable Fixed - US Treas				55,951,010.20		54,684,611.19	86.7		748,750.00	1.373
Total: Total Fixed Income				60,883,635.70		59,757,576.47	94.7		873,750.00	1.467
Cash Equivalents										
Cash - Money Market										
FIDELITY GOVT MMKT INST CL-I #57	FIDGOV	3,315,201.330	1.00	3,315,201.33	1.00	3,315,518.44	5.3	.00	4,124.11	.124
Total for Cash - Money Market				3,315,201.33		3,315,518.44	5.3		4,124.11	.124
Total: Cash Equivalents				3,315,201.33		3,315,518.44	5.3		4,124.11	.124
Total				64,198,837.03		63,073,094.91	100.0		877,874.11	1.396

DESERT HOSPITAL RETIREMENT PLAN

xxxxxx28600

03/31/2022

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

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxx28600

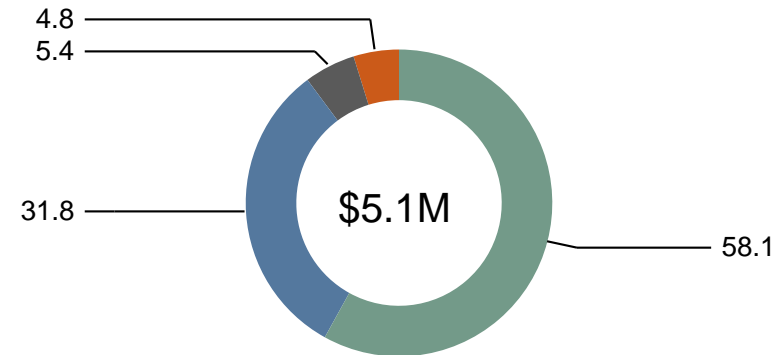


As of: March 31, 2022

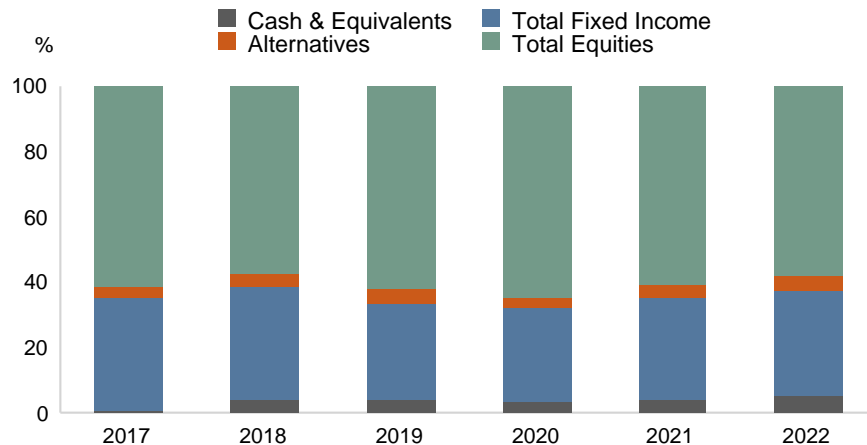
Asset Allocation Summary

Market Value by Asset Class

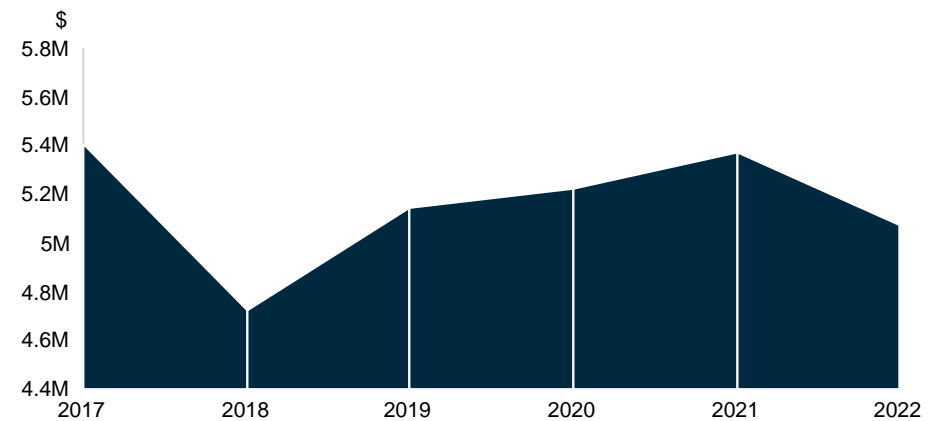
	Market Value	% of Mkt Val
Total Equities	\$ 2,945,871	58.1 %
Total Fixed Income	\$ 1,611,373	31.8 %
Cash & Equivalents	\$ 271,984	5.4 %
Alternatives	\$ 242,285	4.8 %
Total	\$ 5,071,514	100.0 %



Annual Allocation



Annual Ending Market Values

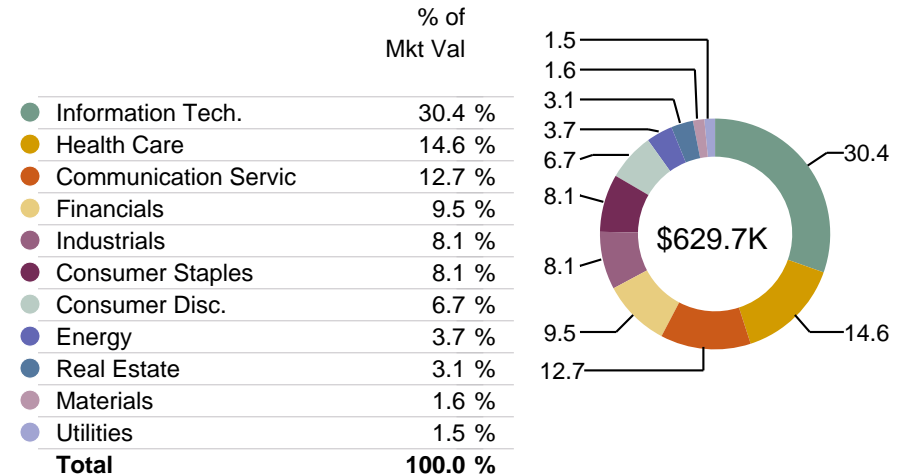


Portfolio Analytics

Largest 10 Holdings - YTD Return

	Market Value	% of Mkt Val	Return
ISHARES S&P 500 VALUE ETF	384,473	7.6	-.14
VNGRD ST TERM INVMT GRADE	383,321	7.6	-3.80
PRUDENTIAL TOTAL RTRN BD	265,456	5.3	-6.51
ISHARES S&P 500 GROWTH ET	263,587	5.2	-8.56
VANGUARD INDEX FUNDS S&P	249,102	5.0	-4.57
VANGUARD FTSE DEVELOPED M	241,399	4.8	-5.76
FIRST AMERN GOVT OBLIG FD	231,196	4.6	.01
SCHWAB STRATEGIC TR	193,860	3.9	-5.10
ISHARES RUSSELL 2000 ETF	144,305	2.9	-7.55
ISHARES MSCI EAFE GROWTH	125,151	2.5	-12.71

Equity Holdings Analysis - Individual Holdings



Top 10 Performers YTD

	Market Value	% of Mkt Val	Return
CHEVRON CORP. COMMON STOC	14,329	.3	39.91
EOG RES INC	8,942	.2	36.26
BRISTOL MYERS SQUIBB CO	14,052	.3	18.97
NATIXIS ASG MGD FUT CL N	46,981	.9	18.09
BERKSHIRE HATHAWAY B	14,822	.3	18.03
NORTHROP GRUMMAN CORP	9,839	.2	15.97
RAYTHEON TECHNOLOGIES COR	1,288	.0	15.69
AMERICAN EXPRESS CO	4,675	.1	14.55
AMERICAN INTL GROUP COM	3,076	.1	10.96
KRAFT HEINZ CO COM	6,893	.1	10.84

Bottom 10 Performers YTD

	Market Value	% of Mkt Val	Return
PAYPAL HLDGS INC COM	2,313	.1	-38.67
META PLATFORMS, INC.	4,447	.1	-33.89
ECOLAB INC	6,552	.1	-24.50
V F CORP	1,933	.0	-21.66
LOWES COS INC	9,099	.2	-21.52
FORTIVE CORP COM	4,631	.1	-20.04
TJX COS INC NEW	4,241	.1	-19.89
ADOBE INC	5,923	.1	-19.65
ROCKWELL AUTOMATION, INC.	4,480	.1	-19.39
NIKE INC CL B	6,743	.1	-19.08

Account Name: DESERT HOSPITAL RETIREMENT PLAN

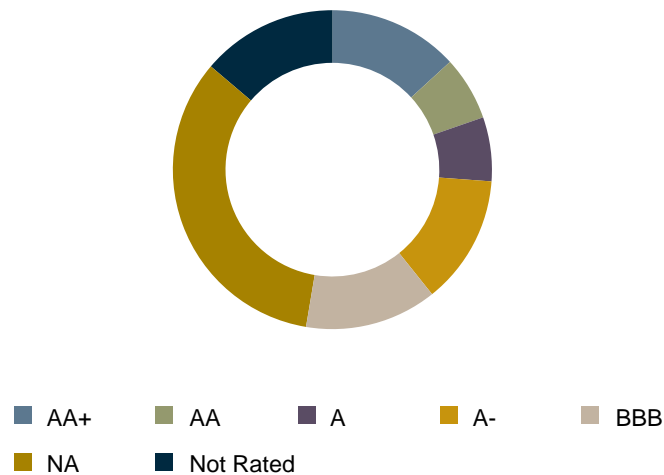
Reporting Period Ending: March 31, 2022

Account ID: xxxxx28600

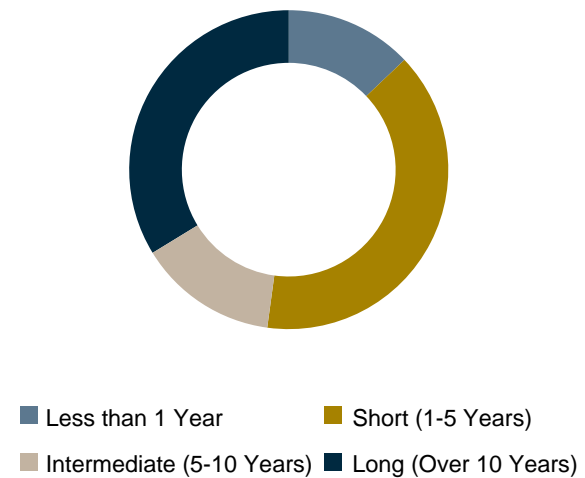
Fixed Income Analysis - Individual Holdings

	03/31/2022	04/30/2021	04/30/2020	04/30/2019	04/30/2018
Duration	6.73	7.48	6.84	7.63	7.71
Coupon	3.42%	3.33%	3.21%	3.11%	3.09%
Yield to Maturity	2.75%	1.48%	1.67%	2.86%	3.15%
Maturity	9.01	9.97	9.18	10.51	10.67
Current Yield	3.35	3.08	3.01	3.06	3.09
Face Amount	\$ 761,178	\$ 957,333	\$ 1,507,802	\$ 1,537,579	\$ 1,861,544
Market Value	\$ 775,952	\$ 1,028,790	\$ 1,602,358	\$ 1,559,326	\$ 1,859,229
Cost	\$ 793,914	\$ 997,157	\$ 1,564,046	\$ 1,584,600	\$ 1,918,739

Quality Allocation by Market Value



Maturity Allocation by Market Value



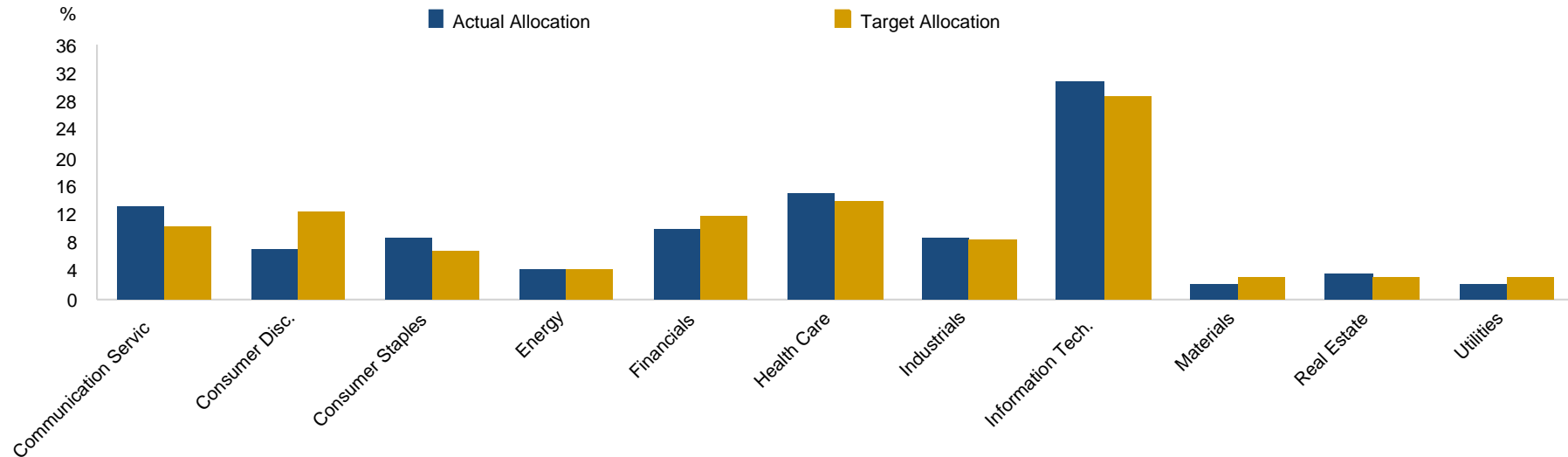
Account Name: DESERT HOSPITAL RETIREMENT PLAN

Reporting Period Ending: March 31, 2022

Account ID: xxxxx28600



Equity Sector Allocation vs. SP500 Target



	Market Value	Actual Allocation	Target Allocation	Variance
Communication Services	80,226	12.7	9.7	3.1
Consumer Disc.	42,302	6.7	11.8	-5.1
Consumer Staples	50,922	8.1	6.2	1.9
Energy	23,271	3.7	3.7	.0
Financials	59,531	9.4	11.5	-2.0
Health Care	91,818	14.6	13.3	1.2
Industrials	50,983	8.1	7.9	.2
Information Tech.	191,194	30.4	28.1	2.2
Materials	10,226	1.6	2.6	-.9
Real Estate	19,542	3.1	2.6	.5
Utilities	9,679	1.5	2.6	-1.0
Total Common Stock	629,695	100.0	100.0	.0

Account Name: DESERT HOSPITAL RETIREMENT PLAN**As of: March 31, 2022****Account ID: xxxxx28600****Summary Investment Performance**

Beginning Market Value	5,361,389.09
Beginning Accrued Income	7,453.10
Beginning Portfolio Value	5,368,842.19
Contributions	1.00
Withdrawals	-68,226.85
Income Earned	20,660.87
Gain/Loss	-249,763.69
Ending Market Value	5,065,125.84
Ending Accrued Income	6,387.68
Ending Portfolio Value	5,071,513.52
Total Earnings	-229,102.82

Performance

Cash Equivalents	.01
Total Equities	-5.14
Total Fixed Income	-3.97
Total Managed Account	-4.25
Bloomberg US Aggregate Bd Index (USD)	-5.93
MSCI EAFE Index (Gross)	-5.79
Russell 2000 Growth Index (USD)	-12.63
Russell 2000 Value Index (USD)	-2.40
S&P 500 Composite Index	-4.60
S&P 500/Citigroup Growth Index	-8.59
S&P 500/Citigroup Value Index	-.16

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

Account Name: DESERT HOSPITAL RETIREMENT PLAN

As of: March 31, 2022

Account ID: xxxxx28600

Performance Report

	Market Value	Year to Date (3 Months)	6 Months	1 Year	3 Years	5 Years	10 Years	20 Years
Cash & Equivalents	271,984	.01	.01	.02	.63	.96	.52	
Lipper Money Market Funds Index		.01	.01	.01	.61	.91	.48	1.08
Total Fixed Income	1,611,373	-3.97	-4.45	-3.53	1.41	1.84	1.69	3.16
Bloomberg Intmtd US Aggregate Index		-4.69	-5.17	-4.38	1.19	1.67	1.81	3.60
Alternatives	242,285	1.35	4.18	7.78	7.26	4.87		
Wilshire Liquid Alternative Index		-1.83	-1.23	.62	3.11	2.34	1.99	2.46
Total Equities	2,945,871	-5.14	1.69	7.88	14.34	12.02	11.17	7.85
MSCI AC World Index (Net)		-5.36	.96	7.28	13.75	11.64	10.00	7.64
MSCI EAFE Index (Net)		-5.91	-3.38	1.16	7.78	6.72	6.27	5.98
MSCI EM Free Index (Net USD)		-6.97	-8.19	-11.37	4.94	5.98	3.36	8.61
Russell 2000 Index (USD)		-7.53	-5.55	-5.79	11.74	9.74	11.04	8.72
Russell Midcap Index		-5.68	.39	6.92	14.89	12.62	12.85	10.33
S&P 500 Composite Index		-4.60	5.92	15.65	18.92	15.99	14.64	9.25
Total Managed Account	5,071,514	-4.25	-.03	4.56	9.63	8.20	7.54	
Total Account Net of Fees	5,071,514	-4.42	-.35	3.89	8.92	7.50	6.81	5.44
65% S&P 500/ 15% Russell 2000/ 20% MSCI EAFE		-5.27	2.29	9.32	15.67	13.26	12.49	8.63

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

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxx28600



As of: March 31, 2022

Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
Alternatives										
Managed Futures										
NATIXIS ASG MGD FUT CL N #6100	AMFNX	3,954.632	10.46	41,345.89	11.88	46,981.03	.9	.65	2,574.47	5.480
Total for Managed Futures				41,345.89		46,981.03	.9		2,574.47	5.480
Merger/Arbitrage										
BLACKROCK EV DRIVEN EQTY FD #0443	BILPX	2,725.112	9.88	26,924.34	9.93	27,060.36	.5	.04	122.41	.452
Total for Merger/Arbitrage				26,924.34		27,060.36	.5		122.41	.452
Real Estate - ETFs / Sctr Fds										
VANGUARD REAL ESTATE ETF	VNQ	721.000	99.87	72,004.92	108.37	78,134.77	1.5	3.02	2,174.54	2.783
Total for Real Estate - ETFs / Sctr Fds				72,004.92		78,134.77	1.5		2,174.54	2.783
Unconstrained Fixed Income										
BLACKROCK STRAT INC OPPS CL K #1944	BSIKX	9,156.695	9.95	91,099.15	9.82	90,108.92	1.8	.23	2,124.35	2.363
Total for Unconstrained Fixed Income				91,099.15		90,108.92	1.8		2,124.35	2.363
Total: Alternatives				231,374.30		242,285.08	4.8		6,995.77	2.890
Cash										
Cash										
Cash/Pending Trade		40,788.760	1.00	40,788.76	1.00	40,788.76	.8	.00	.00	.000
Total for Cash				40,788.76		40,788.76	.8		.00	.000
Total: Cash				40,788.76		40,788.76	.8		.00	.000
Total Equities										
Communi Services - Dom CS										
ALPHABET INC CAP STK CL A	GOOGL	16.000	793.85	12,701.63	2,781.35	44,501.60	.9	.00	.00	.000

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxx28600



As of: March 31, 2022

Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
COMCAST CORP-CL A	CMCSA	150.000	34.88	5,232.05	46.82	7,023.00	.1	1.08	162.00	2.307
DISNEY (WALT) COMPANY HOLDING CO	DIS	70.000	117.13	8,199.00	137.16	9,601.20	.2	.00	.00	.000
ELECTRONIC ARTS INC COMMON	EA	51.000	82.37	4,200.67	126.51	6,452.01	.1	.68	34.68	.538
META PLATFORMS, INC.	FB	20.000	121.42	2,428.32	222.36	4,447.20	.1	.00	.00	.000
VERIZON COMMUNICATIONS	VZ	161.000	53.44	8,603.79	50.94	8,201.34	.2	2.56	412.16	5.026
Total for Communi Services - Dom CS				41,365.46		80,226.35	1.6		608.84	.759
Con Discretionary - Dom CS										
AMAZON.COM INC	AMZN	5.000	1,627.28	8,136.41	3,259.95	16,299.75	.3	.00	.00	.000
LOWES COS INC	LOW	45.000	68.70	3,091.28	202.19	9,098.55	.2	3.20	144.00	1.583
NIKE INC CL B	NKE	50.000	108.49	5,424.37	134.56	6,743.25	.1	1.22	61.00	.907
TJX COS INC NEW	TJX	70.000	38.85	2,719.48	60.58	4,240.60	.1	1.18	82.60	1.948
V F CORP	VFC	34.000	95.61	3,250.57	56.86	1,933.24	.0	2.00	68.00	3.517
WYNN RESORTS LTD	WYNN	50.000	100.67	5,033.63	79.74	3,987.00	.1	.00	.00	.000
Total for Con Discretionary - Dom CS				27,655.74		42,302.39	.8		355.60	.841
Con Staples - Dom CS										
COSTCO WHOLESALE CORP	COST	23.000	170.48	3,921.14	575.85	13,244.55	.3	3.16	72.68	.549
KRAFT HEINZ CO COM	KHC	175.000	37.29	6,525.38	39.39	6,893.25	.1	1.60	280.00	4.062
PROCTER & GAMBLE CO	PG	108.000	103.61	11,189.44	152.80	16,502.40	.3	3.48	375.73	2.277
WALMART INC COM	WMT	30.000	119.02	3,570.45	148.92	4,484.40	.1	2.24	67.20	1.504
Total for Con Staples - Dom CS				25,206.41		41,124.60	.8		795.61	1.935
Con Staples - Intl CS										
UNILEVER PLC ADR	UL	215.000	57.45	12,352.67	45.57	9,797.55	.2	1.98	426.56	4.354
Total for Con Staples - Intl CS				12,352.67		9,797.55	.2		426.56	4.354
Emerging Market Funds										
ISHARES MSCI EMERGING MKT FD	EEM	1,224.000	38.01	46,529.74	45.15	55,263.60	1.1	.97	1,192.18	2.157
VANGUARD FTSE EMRG MRKTS ETF	VVO	1,600.000	41.06	65,688.70	46.13	73,808.00	1.5	1.36	2,184.00	2.959
Total for Emerging Market Funds				112,218.44		129,071.60	2.5		3,376.18	2.616

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxx28600



As of: March 31, 2022

Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
Energy - Dom CS										
CHEVRON CORP. COMMON STOCK	CVX	88.000	106.01	9,329.23	162.83	14,329.04	.3	5.68	499.84	3.488
EOG RES INC	EOG	75.000	81.24	6,093.04	119.23	8,942.25	.2	3.00	225.00	2.516
Total for Energy - Dom CS				15,422.27		23,271.29	.5		724.84	3.115
Financials - Domestic CS										
AMERICAN EXPRESS CO	AXP	25.000	118.59	2,964.67	187.00	4,675.00	.1	2.08	52.00	1.112
AMERICAN INTL GROUP COM	AIG	49.000	61.89	3,032.57	62.77	3,075.73	.1	1.28	62.72	2.039
BERKSHIRE HATHAWAY B	BRK.B	42.000	196.34	8,246.31	352.91	14,822.22	.3	.00	.00	.000
CITIGROUP INC COM	C	117.000	52.50	6,142.84	53.40	6,247.80	.1	2.04	238.68	3.820
GOLDMAN SACHS GROUP INC	GS	20.000	170.97	3,419.37	330.10	6,602.00	.1	8.00	160.00	2.424
JPMORGAN CHASE & CO	JPM	115.000	92.22	10,605.30	136.32	15,676.80	.3	4.00	460.00	2.934
SCHWAB CHARLES CORP NEW	SCHW	100.000	36.52	3,651.97	84.31	8,431.00	.2	.80	80.00	.949
Total for Financials - Domestic CS				38,063.03		59,530.55	1.2		1,053.40	1.770
Foreign Large Blended Funds										
ISHARES TR HDG MSCI EAFE	HEFA	2,500.000	26.06	65,143.41	33.94	84,850.00	1.7	1.08	2,705.00	3.188
VANGUARD FTSE DEVELOPED MARKETS ETF	VEA	5,026.000	41.79	210,036.54	48.03	241,398.78	4.8	1.47	7,368.12	3.052
Total for Foreign Large Blended Funds				275,179.95		326,248.78	6.4		10,073.12	3.088
Foreign Large Growth Funds										
ISHARES MSCI EAFE GROWTH ETF	EFG	1,300.000	66.43	86,360.71	96.27	125,151.00	2.5	1.70	2,208.70	1.765
Total for Foreign Large Growth Funds				86,360.71		125,151.00	2.5		2,208.70	1.765
Foreign Large Value Funds										
ISHARES MSCI EAFE VALUE ETF	EFV	2,478.000	50.60	125,382.27	50.26	124,544.28	2.5	2.05	5,082.38	4.081
Total for Foreign Large Value Funds				125,382.27		124,544.28	2.5		5,082.38	4.081
Health Care - Dom CS										
ABBOTT LABS COM	ABT	50.000	45.64	2,282.02	118.36	5,918.00	.1	1.88	94.00	1.588
ANTHEM INC COM	ANTM	16.000	258.48	4,135.72	491.22	7,859.52	.2	5.12	81.92	1.042
BIOMARIN PHARMACEUTICAL INC	BMRN	75.000	85.69	6,426.54	77.10	5,782.50	.1	.00	.00	.000

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxx28600



As of: March 31, 2022

Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
BRISTOL MYERS SQUIBB CO	BMJ	191.000	57.33	10,949.17	73.03	14,051.87	.3	2.16	412.56	2.958
GILEAD SCIENCES INC	GILD	100.000	71.61	7,161.45	59.45	5,945.00	.1	2.92	292.00	4.912
ILLUMINA INC	ILMN	13.000	296.09	3,849.12	349.40	4,542.20	.1	.00	.00	.000
LILLY ELI & CO	LLY	63.000	124.30	7,830.69	286.37	18,041.31	.4	3.92	246.96	1.369
MERCK & CO COM COM	MRK	102.000	56.07	5,719.27	82.05	8,439.48	.2	2.76	281.52	3.364
PFIZER INC	PFE	141.000	33.40	4,708.75	51.77	7,299.57	.1	1.60	225.60	3.091
REGENERON PHARMACEUTICALS INC	REGN	6.000	337.51	2,025.05	698.42	4,190.52	.1	.00	.00	.000
UNITEDHEALTH GROUP INC	UNH	14.000	281.23	3,937.22	509.97	7,139.58	.1	5.80	81.20	1.137
ZIMVIE INC	ZIMV	2.000	32.38	64.76	22.84	45.68	.0	.00	.00	.000
ZIMMER BIOMET HLDGS INC COM	ZBH	20.000	137.15	2,742.90	127.90	2,562.80	.1	.96	19.20	.751
Total for Health Care - Dom CS				61,832.66		91,818.03	1.8		1,734.96	1.893
Industrials - Domestic CS										
BOEING CO	BA	10.000	331.10	3,310.97	191.50	1,915.00	.0	.00	.00	.000
FORTIVE CORP COM	FTV	76.000	44.42	3,375.65	60.93	4,630.68	.1	.28	21.28	.460
HONEYWELL INTL INC	HON	45.000	130.96	5,893.38	194.58	8,756.10	.2	3.92	176.40	2.015
HUNT J B TRANS SVCS INC	JBHT	40.000	90.21	3,608.55	200.79	8,031.60	.2	1.60	64.00	.797
NORTHROP GRUMMAN CORP	NOC	22.000	249.78	5,495.09	447.22	9,838.84	.2	6.28	138.16	1.404
OTIS WORLDWIDE CORP	OTIS	6.000	65.73	394.39	76.95	461.70	.0	.96	5.76	1.248
RAYTHEON TECHNOLOGIES CORP COM	RTX	13.000	73.13	950.67	99.07	1,287.91	.0	2.04	26.52	2.059
ROCKWELL AUTOMATION, INC. COMMON STO	ROK	16.000	154.97	2,479.53	280.03	4,480.48	.1	4.48	71.68	1.600
UNITED PARCEL SERVICE CL B	UPS	54.000	108.75	5,872.51	214.46	11,580.84	.2	6.08	328.32	2.835
Total for Industrials - Domestic CS				31,380.74		50,983.15	1.0		832.12	1.632
Info Tech - Domestic CS										
ADOBE INC	ADBE	13.000	110.39	1,435.05	455.62	5,923.06	.1	.00	.00	.000
ANALOG DEVICES INC	ADI	60.000	72.41	4,344.38	165.18	9,910.80	.2	3.04	182.40	1.840
APPLE INC COM	AAPL	325.000	29.86	9,703.19	174.61	56,748.25	1.1	.88	286.00	.504
APPLIED MATLS INC	AMAT	120.000	30.26	3,631.66	131.80	15,816.00	.3	1.04	124.80	.789
CISCO SYS INC	CSCO	270.000	30.85	8,328.24	55.76	15,055.20	.3	1.52	410.40	2.726
CORNING INC	GLW	225.000	38.25	8,605.14	36.91	8,304.75	.2	1.08	243.00	2.926
MASTERCARD INC-A	MA	38.000	110.52	4,199.74	357.38	13,580.44	.3	1.96	74.48	.548

Account Name: DESERT HOSPITAL RETIREMENT PLAN

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As of: March 31, 2022

Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
MICROSOFT CORP	MSFT	170.000	64.38	10,945.17	308.31	52,412.70	1.0	2.48	421.60	.804
ORACLE CORP	ORCL	68.000	53.56	3,641.85	82.73	5,625.64	.1	1.28	87.04	1.547
PAYPAL HLDGS INC COM	PYPL	20.000	240.18	4,803.50	115.65	2,313.00	.0	.00	.00	.000
TEXAS INSTRS INC	TXN	30.000	76.85	2,305.57	183.48	5,504.40	.1	4.60	138.00	2.507
Total for Info Tech - Domestic CS				61,943.49		191,194.24	3.8		1,967.72	1.029
Intl CS - Non-ADRs										
LINDE PLC COM	LIN	45.000	135.72	6,107.62	319.43	14,374.35	.3	4.68	210.60	1.465
MEDTRONIC PLC SHS	MDT	95.000	79.98	7,598.40	110.95	10,540.25	.2	2.52	239.40	2.271
ALCON INC ORD SHS	ALC	50.000	58.10	2,904.96	79.33	3,966.50	.1	.20	10.00	.252
Total for Intl CS - Non-ADRs				16,610.98		28,881.10	.6		460.00	1.593
Large-Cap Blended Funds										
SCHWAB STRATEGIC TR	SCHX	3,600.000	28.41	102,280.57	53.85	193,860.00	3.8	.70	2,516.40	1.298
VANGUARD INDEX FUNDS S&P 500 ETF SHS	VOO	600.000	218.88	131,330.64	415.17	249,102.00	4.9	5.55	3,328.80	1.336
Total for Large-Cap Blended Funds				233,611.21		442,962.00	8.7		5,845.20	1.320
Large-Cap Growth Funds										
ISHARES S&P 500 GROWTH ETF	IVW	3,451.000	29.45	101,643.10	76.38	263,587.38	5.2	.42	1,439.07	.546
Total for Large-Cap Growth Funds				101,643.10		263,587.38	5.2		1,439.07	.546
Large-Cap Value Funds										
ISHARES S&P 500 VALUE ETF	IVE	2,469.000	93.76	231,488.15	155.72	384,472.68	7.6	2.85	7,041.59	1.831
Total for Large-Cap Value Funds				231,488.15		384,472.68	7.6		7,041.59	1.831
Materials - Domestic CS										
ECOLAB INC	ECL	37.000	118.35	4,378.86	176.56	6,551.59	.1	2.04	75.48	1.155
VULCAN MATLS CO	VMC	20.000	132.35	2,646.90	183.70	3,674.00	.1	1.60	32.00	.871
Total for Materials - Domestic CS				7,025.76		10,225.59	.2		107.48	1.053
Mid-Cap Growth Funds										
ISHARES RUS MID-CAP GRW ETF	IWP	394.000	44.02	17,343.77	100.50	39,597.00	.8	.41	162.33	.410
Total for Mid-Cap Growth Funds				17,343.77		39,597.00	.8		162.33	.410

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxx28600



As of: March 31, 2022

Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
Mid-Cap Value Funds										
ISHARES RUS MID-CAP VALUE	IWS	900.000	72.82	65,539.90	119.64	107,676.00	2.1	1.77	1,596.60	1.483
Total for Mid-Cap Value Funds				65,539.90		107,676.00	2.1		1,596.60	1.483
Real Estate - Dom CS										
AMERICAN TOWER CORP	AMT	46.000	101.75	4,680.44	251.22	11,556.12	.2	5.37	247.02	2.138
PROLOGIS INC	PLD	30.000	70.12	2,103.45	161.48	4,844.40	.1	3.16	94.80	1.957
VICI PPTYS INC COM	VICI	109.000	30.14	3,285.27	28.46	3,141.38	.1	1.44	156.96	5.060
Total for Real Estate - Dom CS				10,069.16		19,541.90	.4		498.78	2.557
Small-Cap Blended Funds										
ISHARES RUSSELL 2000 ETF	IWM	703.000	122.97	86,449.70	205.27	144,304.81	2.8	2.09	1,469.97	1.019
Total for Small-Cap Blended Funds				86,449.70		144,304.81	2.8		1,469.97	1.019
Small-Cap Growth Funds										
ISHARES RUSSELL 2000 GROWTH ETF	IWO	339.000	168.51	57,126.55	255.75	86,699.25	1.7	.94	317.30	.366
Total for Small-Cap Growth Funds				57,126.55		86,699.25	1.7		317.30	.366
Small-Cap Value Funds										
ISHARES RUSSELL 2000 VALUE ETF	IWN	700.000	117.63	82,343.15	161.40	112,980.00	2.2	2.58	1,808.80	1.601
Total for Small-Cap Value Funds				82,343.15		112,980.00	2.2		1,808.80	1.601
Utilities-Dom Common Stock										
CARRIER GLOBAL CORPORATION	CARR	13.000	21.92	284.96	45.87	596.31	.0	.60	7.80	1.308
WEC ENERGY GROUP INC COM	WEC	91.000	62.00	5,641.57	99.81	9,082.71	.2	2.91	264.81	2.916
Total for Utilities-Dom Common Stock				5,926.53		9,679.02	.2		272.61	2.817
Total: Total Equities				1,829,541.80		2,945,870.54	58.1		50,259.75	1.706
Total Fixed Income										

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxx28600



As of: March 31, 2022

Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
Tax Fds - Multi Sector Inc										
PIMCO INCOME FUND INSTL #1821	PIMIX	9,237.121	11.95	110,391.80	11.32	104,932.45	2.1	.48	4,433.82	4.240
Total for Tax Fds - Multi Sector Inc				110,391.80		104,932.45	2.1		4,433.82	4.240
Taxable Fixed - Corporates										
ALPHABET INC 3.375% 2/25/24		100,000.000	103.68	103,675.00	102.09	102,427.50	2.0	3.38	3,375.00	3.306
BERKSHIRE HATH FIN 3.000% 5/15/22	BH33022	50,000.000	104.53	52,264.50	100.23	50,684.17	1.0	3.00	1,500.00	2.993
EDWARDS LIFESCIENCES 4.300% 6/15/28	EL44328	100,000.000	112.46	112,461.00	104.17	105,439.11	2.1	4.30	4,300.00	4.128
IBM CORP 3.375% 8/01/23	IC00323	100,000.000	103.56	103,559.00	101.36	101,926.50	2.0	3.38	3,375.00	3.330
PRAXAIR INC	PX23	50,000.000	101.99	50,994.00	100.49	50,394.00	1.0	2.70	1,350.00	2.687
Total for Taxable Fixed - Corporates				422,953.50		410,871.28	8.1		13,900.00	3.407
Taxable Fixed - Mortgages										
FGLMC G07029 4.000% 6/01/42	G07029F	38,566.630	106.20	40,958.97	104.69	40,373.86	.8	4.00	1,542.67	3.821
FGLMC #C04305 3.000% 11/01/42	C04305F	29,662.150	104.36	30,955.26	99.97	29,728.89	.6	3.00	889.86	3.001
FGLMC #C18024 5.500% 11/01/28	C18024F	941.620	103.75	976.94	106.34	1,005.62	.0	5.50	51.79	5.172
FGLMC #Q19470 3.000% 6/01/43	Q19470F	44,870.640	100.64	45,158.09	99.88	44,929.87	.9	3.00	1,346.12	3.004
FGLMC #G60344 4.000% 12/01/45	G60344F	31,767.030	105.62	33,553.90	104.68	33,358.35	.7	4.00	1,270.68	3.821
FNMA AL7945 3.50000% 1/1/2046	AL7945A	40,637.270	103.67	42,129.43	101.88	41,402.06	.8	3.50	1,422.30	3.435
FNMA AS6340 3.5000% 12/1/2045	AS6340A	31,019.880	102.63	31,836.58	101.79	31,574.52	.6	3.50	1,085.70	3.439
FNMA AU3742 3.5000% 8/1/2043	AU3742A	33,461.310	102.45	34,282.15	101.83	34,074.32	.7	3.50	1,171.15	3.437
FNMA 995672 4.500% 4/01/39	995672A	4,319.900	101.70	4,393.51	106.34	4,610.07	.1	4.50	194.40	4.232
GNMA II #2629 6.000% 8/20/28	002629M	1,326.930	99.69	1,322.79	108.30	1,443.70	.0	6.00	79.62	5.540
GNMA II #003389 5.000% 5/20/33	003389M	1,845.020	103.75	1,914.22	107.99	2,000.13	.0	5.00	92.25	4.630
GNMA #474804 6.500% 9/15/28	474804X	1,213.960	101.19	1,228.37	106.84	1,303.57	.0	6.50	78.91	6.084
GNMA #780912 6.500% 11/15/28	780912X	905.780	101.97	923.61	106.87	972.89	.0	6.50	58.88	6.082
GNMA #781057 5.500% 6/15/29	781057X	640.280	100.38	642.69	107.51	691.28	.0	5.50	35.22	5.116
Total for Taxable Fixed - Mortgages				270,276.51		267,469.13	5.3		9,319.53	3.489
Taxable Fixed - US Treas										
US TREAS NTS 2.750% 11/15/23	UTN0023	100,000.000	100.68	100,683.59	100.84	101,876.75	2.0	2.75	2,750.00	2.727
Total for Taxable Fixed - US Treas				100,683.59		101,876.75	2.0		2,750.00	2.727

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: xxxxx28600



As of: March 31, 2022

Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
Taxable Funds - Bank Loan										
CS FLOATING RATE HIGH INCM I #1944	CSHIX	7,824.398	6.56	51,323.14	6.55	51,249.80	1.0	.23	1,838.73	3.588
Total for Taxable Funds - Bank Loan				51,323.14		51,249.80	1.0		1,838.73	3.588
Taxable Funds - High Yield										
PIMCO HIGH YIELD,INSTL #108	PHIYX	3,066.499	8.94	27,401.45	8.51	26,196.74	.5	.41	1,257.26	4.818
Total for Taxable Funds - High Yield				27,401.45		26,196.74	.5		1,257.26	4.818
Taxable Funds - Int Term										
PRUDENTIAL TOTAL RTRN BD CL Q	PTRQX	19,687.452	14.49	285,206.61	13.45	265,456.21	5.2	.44	8,682.17	3.279
Total for Taxable Funds - Int Term				285,206.61		265,456.21	5.2		8,682.17	3.279
Taxable Funds - Short Term										
VNGRD ST TERM INVMT GRADE ADM #539	VFSUX	37,093.094	10.85	402,486.67	10.32	383,321.09	7.6	.18	6,602.57	1.725
Total for Taxable Funds - Short Term				402,486.67		383,321.09	7.6		6,602.57	1.725
Total: Total Fixed Income				1,670,723.27		1,611,373.45	31.8		48,784.08	3.039
Cash Equivalents										
Cash - Money Market										
FIRST AMERN GOVT OBLIG FD CL Z #3676	FGZXX	231,181.090	1.00	231,181.09	1.00	231,195.69	4.6	.00	185.41	.080
Total for Cash - Money Market				231,181.09		231,195.69	4.6		185.41	.080
Total: Cash Equivalents				231,181.09		231,195.69	4.6		185.41	.080
Total				4,003,609.22		5,071,513.52	100.0		106,225.01	2.097

Reporting Period Ending: March 31, 2022



Disclosures

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



Date: May 24, 2022

To: Board of Directors

Subject: Professional Services Agreement with Prest Vuksic Greenwood Architects
– to provide architectural related consulting services for potential clinics –
NTE \$5,000

Staff recommendation: INFORMATIONAL ITEM – Professional Services Agreement with Prest Vuksic Greenwood Architects – to provide architectural related consulting services for potential opportunities related to enhancing CV Healthcare Infrastructure – NTE \$5,000 (Strategic Plan Goal #2. Proactively expand community access to primary and specialty care services)

Background:

- A 5-year Strategic Plan was approved by the Board of Directors (Board) on October 26, 2021.
- Strategy #2.2 of Goal #2, in part says, “Provide funding to support an increase in the number of clinics...in geographically-targeted markets”.
- Staff has been exploring opportunities to achieve this goal/strategy in underserved areas of the district.
- Staff desires to engage the consulting services of an architectural consultant to guide the due diligence process for potential opportunities.
- Mr. Chris Mills, Prest Vuksic Greenwood Architects, possesses the expertise to provide the necessary guidance and has provided services on several current and prior engagements of the District.
- The services will be provided on an hourly basis, not to exceed \$5,000.
- The executed Professional Services Authorization is attached for informational purposes and is compliant with Policy #OP-11.

Fiscal Impact:

\$5,000 fee is covered by Professional Services budget.



PREST VUKSIC GREENWOOD
ARCHITECTS

PROFESSIONAL SERVICES AUTHORIZATION

Date: April 15, 2022
To: Desert Healthcare District (DHCD)
Attn: Chris Christensen
Project: Potential Clinic Consultation
Project No: 222045
Issued By: Prest|Vuksic|Greenwood Architects

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

I. PROJECT SCOPE

1.1 Provide Architectural related Consulting Services for Potential Clinics.

II ARCHITECT'S BASIC SERVICES AND RESPONSIBILITIES

2.1 Provide Architectural Consulting services as may be requested by DHCD.

2.2 Report to DHCD Administration as may be directed.

III. PAYMENTS TO THE ARCHITECT

3.1 Billings for Basic Services shall be made monthly, and payable upon receipt.

3.2 All billings will be sent to:

Desert Healthcare District
c/o Chris Christensen CFO
1140 N. Indian Canyon Drive
Palm Springs, CA 92262

3.3 Payments on account of the Architect's Additional Services and for Reimbursable Expenses shall be made monthly upon presentation of the Architect's statement of services rendered or expenses incurred.

IV. REIMBURSABLE EXPENSES

4.1 Reimbursable Expenses are in addition to the Architect's compensation and include actual expenditures made by the Architect and Architect's employees in the interest of the Project for the expenses listed in the following subparagraphs:

- a. Fees paid in securing approvals of authorities having jurisdiction over the project.
- b. Computer plotting, reproductions of drawings, specifications and other documents.
- c. Postage and special handling of documents.
- d. Any consultants requested by Owner and retained by the Architect (i.e.: Surveyor, Landscape Architect, etc.)

V. BASIS OF COMPENSATION

5.1 The Owner shall compensate the Architect for the services provided in accordance with Section 3 Payments to the Architect and the other Terms and Conditions of this Agreement.

5.2 FOR BASIC SERVICES, as described in Section 2, compensation shall be computed as follows:

Fee:

Hourly Not to Exceed \$5,000 without Owner written authorization.

Note: See attached "Hourly Billing Rates"

5.3 FOR REIMBURSABLE EXPENSES, as described in section IV, a multiple of 1.15 times the amount expended by the Architect, the Architect's employees and the Architect's consultants in the interest of the project.

5.4 Payments are due and payable upon receipt of the Architect's invoice and shall be considered past due 15 days after the date of invoice. Amounts unpaid (30) thirty days after the invoice shall bear interest at the legal rate prevailing at the principal place of business of the Architect.

5.5 The Architect will stop work with no further notice in the event of a past due invoice.

Initials (CB)

TERMS AND CONDITIONS OF AGREEMENT

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

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

Please initial each page.

Prest-Vuksic-Greenwood Architects, Authorized Signature

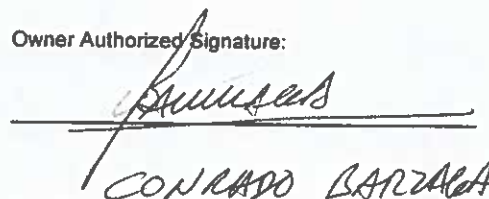


Chris S. Mills

15 APRIL 2022

Date

Owner Authorized Signature:



MAY 3, 2022

Date

Initials (CB)



PREST VUKSIC GREENWOOD
ARCHITECTS + INTERIORS

Prest | Vuksic | Greenwood Architects
Hourly Billing Rates

Architect:	\$235	Hr.
Project Manager:	\$195	Hr.
Director of Interior/Interior Designer:	\$180/\$150	Hr.
Job Captain:	\$150	Hr.
Senior CADD Operator:	\$135	Hr.
Intermediate CADD Operator:	\$120	Hr.
Junior CADD Operator:	\$105	Hr.
Administration:	\$70	Hr.

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

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 5:01 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	Moved and seconded by Director Zavala and Chair PerezGil to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. April 10, 2022	Chair PerezGil asked for a motion to approve the April 10, 2022, meeting minutes.	Moved and seconded by Director Zavala and Chair PerezGil to approve the April 10, 2022, meeting minutes. Motion passed unanimously.
IV. Public Comment	There were no public comments.	
V. Old Business 1. Grant Payment Schedule 2. Grant applications and RFP proposals submitted and under review	Chair PerezGil inquired if the committee had any questions concerning the grant payment schedule, grant applications, and request for proposals submitted and under review.	
VI. New Business		

<p>1. NPO Centric – Scope of Work (SOW) and vendor contract not to exceed (NTE) \$48,000 to provide services to the District and Foundation’s CEO and staff from May 2022 - September 2022 for the training and understanding of Results Based Accountability (RBA) and Clear Impact platforms</p>	<p>Donna Craig, Chief Program Officer, explained that earlier, the F&A Committee approved the NPO Centric agreement and scope of work. The agreement aligns with strategic plan goal #4 to proactively measure and evaluate the impact of the funded programs and services, including strategy 4.1 to adopt the Clear Impact performance management and results-based accountability platform for tracking and reporting. A trained consultant, Stephanie Minor, will assist and educate the board, staff, and community partners while providing an action plan for guidance.</p>	
<p>VI. Program Updates</p> <p>1. Progress and Final Reports Update</p>	<p>Chair PerezGil inquired with the committee on any questions about the progress and final reports.</p>	
<p>VII. Grant Funding Requests</p> <p>1. Consideration to forward to the board of directors an approval of:</p> <p>a. Grant #1314 Voices for Children: Court Appointed Special Advocate (CASA) Program - \$60,000. Goals 2 and 3 – Access to primary and specialty care and Access to behavioral care.</p>	<p>Donna Craig, Chief Program Officer, described Voices for the Children Court Appointed Special Advocate Program \$60k grant request. The funding will support the salaries of program staff training for volunteers to assist the children with access to primary and specialist care, including mental and behavioral health resources.</p>	<p>Moved and seconded by Director Zavala and Chair PerezGil to approve Grant #1314 Voices for Children: Court Appointed Special Advocate (CASA) Program - \$60,000 and forward to the Board for approval. Motion passed unanimously</p>

Strategies 2.7 and 3.7 Utilize and equity lens to expand services and resources to underserved communities AND collaborate/partner with community providers to enhance access to culturally sensitive behavioral/mental health services.		
VIII. Committee Members Comments	There were no committee member comments	
IX. Adjournment	President Borja adjourned the meeting at 5:11 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST: _____

Evett PerezGil, Chair, Vice-President, Board of Directors
Program Committee

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

DESERT HEALTHCARE DISTRICT								
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE								
April 30, 2022								
TWELVE MONTHS ENDING JUNE 30, 2022								
			Approved	6/30/2021	Current Yr	Total Paid Prior Yrs	Total Paid Current Yr	Open
Grant ID Nos.		Name	Grants - Prior Yrs	Bal Fwd	2021-2022	July-June	July-June	BALANCE
2014-MOU-BOD-11/21/13		Memo of Understanding CVAG CV Link Support	\$ 10,000,000	\$ 6,660,000		\$ -		\$ 6,660,000
2019-994-BOD-05-28-19		One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yrs.	\$ 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		\$ -		\$ 5,000
2020-1135-BOD-11-24-20		Hope Through Housing Foundation - Family Resilience - 1 Yr.	\$ 20,000	\$ 2,000		\$ 1,098		\$ 902
		Unexpended funds Grant #1135						\$ (902)
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		\$ 18,295		\$ -
2021-1162-BOD-01-26-21		Joslyn Center - Wellness Center Program Support - 1 Yr.	\$ 109,130	\$ 60,022		\$ 60,022		\$ -
2021-1170-BOD-02-23-21		Jewish Family Services - Mental Health Counseling for Underserved Residents - 1 Yr.	\$ 80,000	\$ 44,000		\$ 44,000		\$ -
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 1 Yr.	\$ 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		\$ 824,646		\$ 1,030,227
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		\$ 51,081	\$ 62,433
2022-1302-BOD-01-25-22		Vision To Learn - Palm Springs, Desert Sands, and Coachella Valley School Districts 1 Yr.			\$ 50,000		\$ 22,500	\$ 27,500
2022-1303-BOD-01-25-22		CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr.			\$ 54,056		\$ 24,325	\$ 29,731
2022-1306-BOD-02-22-22		Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr.			\$ 123,451		\$ 55,553	\$ 67,898
2022-1311-BOD-04-26-22		Desert Arc - Healthcare for Adults with Disabilities Project Employment of Nurses - 1 Yr.			\$ 102,741		\$ -	\$ 102,741
2022-1313-BOD-04-26-22		Angel View - Improving Access to Primary and Specialty Care Services for Children With Disabilities 1 Yr.			\$ 76,790		\$ -	\$ 76,790
								\$ -
TOTAL GRANTS			\$ 14,217,604	\$ 9,501,626	\$ 824,646	\$ 1,692,462	\$ 290,301	\$ 8,342,607
Amts available/remaining for Grant/Programs - FY 2021-22:								
Amount budgeted 2021-2022				\$ 4,000,000			G/L Balance:	4/30/2022
Amount granted through April 30, 2022:				\$ (824,646)			2131	\$ 3,352,607
Mini Grants:	1293; 1294			\$ (10,000)			2281	\$ 4,990,000
Financial Audits of Non-Profits				\$ -				
Net adj - Grants not used:	FY20-21 Funds, 1124, 1135			\$ 1,868,521			Total	\$ 8,342,607
Matching external grant contributions				\$ -				\$ (0)
Balance available for Grants/Programs				\$ 5,033,875				
* Value listed in Total Paid column reflects funds granted from carryover funds. Actual grant payments will be reflected under the respective grant.								



**DESERT HEALTHCARE
DISTRICT & FOUNDATION**

Date: May 10, 2022
To: Program Committee
Subject: Grant Applications and RFP Proposals Submitted and Under Review

Staff Recommendation: Information only.

Grant Applications: The following grant applications have been submitted and under review by the grants team. Recommendations/suggested decisions will be brought forward to the June Program Committee for possible action:

1. Mini Grant #1315 Palms to Pines Parasports (dba So Cal Adaptive Sports)-
Expanding Adapted Sport Opportunities Throughout the Coachella Valley \$5,000 for six-month term is requested to pay for coaching fees and admin expense to continue to write more grants.
 - a. Strategic Goal and Strategy selected: Goal 1: Proactively increase the financial resources DHCD/F can apply to support community health needs. Strategy 1.5: Identify opportunities and implement selected joint venture/partnerships with community organizations to jointly support funding of selected community health needs.
2. Grant #1316 OneFuture Coachella Valley \$1,185,000 over 36 months (3 years)-
Building a Healthcare Workforce Pipeline – funds requested will go towards scholarships (\$675,000) and staff support services (\$450,000)
 - a. Strategic Goal and Strategy selected: Goals #1,2,3,5. Strategies #1.5, 2.1,2.7,3.1,5.3
3. Mini Grant #1317 Hidden Harvest – *Free Fresh Produce for Those In Need* \$5,000 requested towards fuel to deliver fresh produce to senior and low income farmers markets and staff (drivers)
 - a. Strategic Goals and Strategy selected: Goal 5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District’s residents. Strategy 5.3: On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to poverty among community residents and be a catalyst for community organizations to act in implementing solutions.

Response to RFP#2022-001 – Medical Mobile Unit

DPMG/Health (Desert Physicians Medical Group Health) submitted a proposal requesting \$166,477 to cover the anticipated operational costs to achieve the Mobile Health Clinic Program goals and objectives. The mission of DPMG Health is to sponsor advance and provide charitable health care community outreach to those most vulnerable within the Coachella Valley, including the homeless, and develop the platform for graduate medical education, including medically related research.

Fiscal Impact: none – grant funds, if approved, would be allocated from FY 21/22 Grant Budget

Date: 5/10/2022

To: Program Committee – District

Subject: Progress and Final Grant Reports 4/1/2022 – 4/30/2022

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

Cove Communities Senior Association dba The Joslyn Center #1162

Grant term: 2/1/2021 – 1/31/2022

Original Approved Amount: \$109,130.00

Final report covering the time period from: 2/1/2021 – 1/31/2022

Jewish Family Services of the Desert #1170

Grant term: 3/1/2021 – 2/28/2022

Original Approved Amount: \$80,000.00

Final report covering the time period from: 3/1/2021 – 2/28/2022

Blood Bank of San Bernardino and Riverside Counties #1171

Grant term: 4/1/2021 – 9/30/2022

Original Approved Amount: \$150,000.00

Progress report covering the time period from: 9/1/2021 – 2/28/2022

California CareForce #1039

Grant term: 3/27/2020 - ~~3/28/2020~~ 3/31/2022

Original Approved Amount: \$5,000.00

Mini Grant Final report covering the time period from: 3/27/2020 - ~~3/28/2020~~ 3/31/2022

**Cove Communities Senior Association dba The Joslyn Center,
Grant#: 1162**

Joslyn Wellness Center

Strategic Area: Behavioral Health/Mental Health

Reporting Period: 2/1/21 to 1/31/22

Jack Newby
Tel: 17603334969
jackn@joslyncenter.org

Grant Information

Grant Amount: \$109,130

Paid to date: \$98,216

Balance: \$10,914

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (1/31/2022)

Evaluation Plan:

Success is measured by achieving benchmarks, objectives and positive mental health outcomes. Counseling benchmarks include number of unduplicated clients participating in behavioral health treatment; attendance at a minimum of three counseling sessions; meeting of treatment goals; and improvement in presenting problem demonstrated through clinical assessments and client self-reports. Last year, 94 clients participated in our counseling program; 100% received clinical assessments and treatment plans. Of these, 80% completed treatment with 67% achieving treatment goals. The Program Administrator tracks demographics and outcome data via an Excel spreadsheet from data collected by clinicians. Quantitative data includes gender, age, zip code, income, ethnicity, and other data. Qualitative data tracked includes the number of behavioral health outpatient treatment sessions, clinical assessments, treatment plan development, and achievement of treatment goals. Progress notes are maintained in confidential client files. Improvements in clinical assessments and achievement of treatment goals are reported at minimum of six-month intervals. All data is kept in secure, HIPAA-compliant electronic and printed client files that are maintained in locked cabinets with restricted access to authorized personnel only. We utilize evaluation processes that are consistent with the International Classification of Diseases and Related Health Problems (ICD 10), including the Patient Health Questionnaire (PHQ-9), which are collected at intake and at periodic treatment intervals. Client self-reporting of Quality of Life, reduction in food insecurity anxiety, and improvement in symptoms are measured

by surveys administered by with results tracked via Excel spreadsheets and reported quarterly. Program results are analyzed by staff under the direction of the Program Director, a Licensed Clinical Social Worker, and reported monthly to the Executive Director and at regular intervals to the Board of Directors. We are investigating affordable options for HIPAA compliant, cloud-based Electronic Health Records databases to monitor and report client data, clinician notes, and program objectives and outcomes.

Goal #1:

By January 31, 2022, a total of 52 low-income older District residents age 60 and above, including 15% from the Coachella Valley's Latinx community, will have received behavioral health assessments by the Joslyn Wellness Center's mental health clinicians to identify behavioral health issues that result in development of a treatment/action plan with specified goals and timeline for goal achievement.

Evaluation of goal #1:

Progress towards goal achievement will be tracked and monitored by the Program Director, a Licensed Clinical Social Worker (LCSW), in conjunction with two Associate Marriage and Family Therapist (AMFT) peer counselors and the Program Administrator, who tracks data via an Excel spreadsheet from clinician notes and assessments. Quantitative data includes age, ethnicity, language preference, and zip code. Qualitative data includes counseling sessions, clinical assessments and treatment plans provided. Grant funds will service 52 clients, 30% of the projected 175 program clients for grant period. To monitor outreach to the Latinx community, the Program Director will track and report to the Executive Director the ability to secure at least three satellite counseling locations that are in neighborhoods accessible to the Latinx community. Ongoing program monitoring will track progress towards providing projected assessments and treatment plans, as well as enrolling clients from the Latinx community. A general client satisfaction survey is conducted annually or upon client's exit from program to elicit qualitative feedback on program and staff; and ask open-ended questions about overall agency performance. Results are reviewed, summarized, and presented to staff and Board. Information is used to develop an action plan addressing necessary changes to programs, services, and administrative operations.

Goal #2:

By January 31, 2022, a minimum of 31 low-income older District residents age 60 and above receiving behavioral health services through the program will demonstrate progress in resolving presenting issue through clinical assessment, self-report, and/or achievement of at least one treatment goal identified in behavioral health treatment plans developed in collaboration with the program's mental health clinicians.

Evaluation of goal #2:

Evaluation of goal achievement will be tracked and monitored on an ongoing basis by the Program Director in conjunction with peer counselors and with support from the Program Administrator. Clients are eligible to participate in up to 12 counseling sessions at which point they are re-evaluated for resolution of presenting issues, and/or

manifestation of additional presenting issues that may require subsequent treatment at Joslyn or referral to other community-based behavioral health treatment providers. Clinicians monitor client engagement in treatment as indicated by participation in a minimum of three sessions. Clinicians administer Depression Screening tool Patient Health Questionnaire (PHQ-9) assessments on a pre and post treatment basis. Staff administer client surveys in both English and Spanish to ascertain improvement in quality of life and overall program satisfaction. Program success is evaluated by a minimum of 60% (31) of clients self reporting improvement or resolution in presenting issues, improvement in clinical assessments as measured by pre and post PHQ-9 assessments, and/or achievement of a minimum of one goal identified in treatment plans. The Program Administrator tracks quantitative and qualitative data via an Excel spreadsheet from reports provided by clinicians. Program results are monitored on an ongoing basis by the Program Director.

Goal #3:

By January 31, 2022, a total of 40 low-income older District residents age 60 and above will report experiencing reduced anxiety about food insecurity and decreased depression because of socialization with caring Joslyn Center volunteers by receiving up to seven nutritious meals per week with each meal meeting up to a minimum of one-third of the Dietary Reference Intakes by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences.

Evaluation of goal #3:

Evaluation of goal achievement will be tracked and monitored on an ongoing basis by the Executive Director in conjunction with the Program Director with support from the Program Administrator. The Program Administrator will track data via an Excel spreadsheet. Quantitative data includes number of unduplicated clients served, number of meals provided, age, ethnicity, language preference, and zip code. Qualitative data includes anxiety regarding food insecurity and depression as measured by client surveys. Wellness Center staff will follow-up with clients expressing anxiety, depression or other mental health issues for potential intake into the Problem Solving Strategies counseling program. Grant funds will service 40 clients, 32% of the projected 125 program clients for grant period. Clients are surveyed at periodic intervals to ascertain reduction in food insecurity anxiety. Surveys are conducted in English and Spanish. A general client satisfaction survey is conducted annually or upon client's exit from program to elicit direct feedback on program and staff; and ask open-ended questions about overall agency performance. Results are reviewed, summarized, and presented to staff and the Board. The information is used to develop an action plan addressing necessary changes to programs, services, and overall administrative operation.

Proposed number of District residents to be served:

Total: 92

Proposed geographic area(s) served:

Cathedral City
Coachella

Indio
Indian Wells
La Quinta
Palm Desert
Rancho Mirage
Thousand Palms
Bermuda Dunes

Final Progress:

Final Outcomes on Goals and Evaluation

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

The Wellness Center program met its goals in terms of client enrollment, although enrollment decreased during the last two months of this grant term. It appears to be a balance between individuals wanting on-site services and caution in having two or more individuals in a room for counseling even if distanced and wearing a mask. We have continued advertising in the Desert Sun, started advertising in Mobile Home News, and through social media to attract clients since direct outreach is very difficult during COVID. During the last two months of this grant term, we began transitioning to “in person” programs and counseling as well as continuing with Zoom or telephone counseling. We are pleased to report that our outreach for Spanish speaking clients has resulted in the establishment of a group in collaboration with the Braille Institute which has proven to be very beneficial to the clients since they had been struggling without a licensed counselor. We are continuing in this collaboration with the Braille institute. The Wellness Center is also working on additional outreach to the Latino/Hispanic community. We have established a foundation for continued outreach to the Spanish speaking community by hiring Spanish speaking staff that can provide counseling and assist in outreach and registration for classes and counseling. We have also recruited a new Spanish speaking counselor to replace our Spanish speaking counselor who accumulated enough hours through our program to take his licensing exam. Our Spanish speaking counselor is conducting outreach and will be establishing a satellite program at Indio Senior Center as well as the on-going group counseling for Spanish speaking clients at Braille Institute. The counseling program is serving clients from more cities and areas of the Coachella Valley than originally anticipated. Our AMFT counselors are continuing with weekly supervision by the LCSW and all underwent training on HIPPA requirements in order to address a minimum of HIPPA training at least annually. All counseling clients have received clinical assessments, treatment plans and have achieved at least one or more treatment goals. Each of these areas are discussed weekly during supervision and client progress is discussed with techniques to improve outcomes. We are now regularly conducting the PHQ-9 assessments of new and continuing clients to add an additional evaluation aspect to the counseling program. We have provided counseling services to a total of 97 unduplicated clients, and at least 15% of those clients identify as Latino/Hispanic. In addition to counseling, the Wellness Center early intervention mental health educational

programs served a total of 284 unduplicated clients. The majority of clients served identify as low to moderate income.

For the Meals on Wheels aspect of the program, we have served 18,335 fresh and frozen meals to 141 unduplicated clients during this grant period. This is on track to exceed total meals served last fiscal year as well as exceed unduplicated clients. We are serving meals in the cities of Rancho Mirage, Palm Desert (including the Del Webb communities) and Indian Wells. We have completed our survey and assessment for Meals on Wheels clients and can report on the measurable results and the impact of the program on reducing anxiety related to food insecurity.

Goal #1:

At the conclusion of this reporting period, the stated goal of 52 low-income older adult clients received a clinical assessment and treatment plan developed by the Wellness Center clinicians that identified behavioral health issues which included a timeline for achieving their goals. A total of 97 unduplicated clients were served through the counseling program during the grant period, all of whom received a clinical assessment and treatment plan. The clinical assessment and development of the treatment plan was under the supervision of the program LCSW. Weekly, the LCSW meets with the AMFT clinician and reviews treatment goals and progress on the treatment plan developed for each client. During this period, we collaborated with the Braille Institute and continued facilitating a group specifically for Spanish speaking individuals who were struggling with their disability. This group specifically requested a licensed professional to work with the group. Treatment plans and goals were developed for each group member and they were monitored for achievement of their respective goals. Ten Spanish speaking individuals completed the group therapy in collaboration with the Braille Institute. In the final months of this grant, we continued with the Spanish speaking group at Braille institute as well as one-on-one counseling for some members of the group. Our supervising LCSW provided additional training to the counselors on developing and charting their assessment and treatment plan. Weekly supervisions for each client reviewed the charts and progress as well as determination of achieving the goals of the therapy. Our Spanish speaking therapist assisted in outreach to the Spanish speaking community. With COVID, it was difficult to complete many of the outreach opportunities. All therapy and group sessions took place via Zoom and in a few cases via telephone.

Evaluation of goal #1:

There were a total of 97 unduplicated clients that were served through the counseling program. All received a clinical assessment and treatment plan developed under the supervision of the LCSW Program Director and AMFT counselor, thereby meeting our stated goal of 52 under this grant. All clients self reported being low income under HUD income standards. All clients were tracked by the program administrator in Excel and were reviewed by the LCSW supervisor. Each client completes intake forms which include their age, residence, ethnicity and language preference. Each week, the counselor meets with the LCSW supervisor to update information regarding counseling sessions, progress toward meeting treatment goals, and advice and direction on helping

the client meet their treatment goals. Outreach continued during this grant period to establish satellite locations for individuals from the Latinx community. Outreach was hindered because of COVID and the inability to conduct in-person outreach. However, we were able to establish a group for counseling Spanish speaking individuals through a collaboration with the Braille Institute. The initial group started with 12 participants, however two had to drop out due to health reasons. A second group was established with 10 participants which is on-going. Additionally, outreach continued at Indio Senior Center and a Spanish speaking group/support group has been established which starts in March. At the conclusion of the grant period we served a total of 27 individuals who were Spanish speaking or from the Latinx community. This exceeded our goal of 15%. Client satisfaction was measured through attainment of treatment goals and their progress of meeting treatment goals. This information was related to the supervising LCSW who provided a report. The primary areas identified for improvement were the intake process during COVID. Clients were unhappy and confused with the email process and as a result, many did not complete their enrollment into the program. Attempting to complete the enrollment process, utilizing encrypted email was a barrier for many clients.

In order to be able to provide continuing outreach and enrollment of individuals in the Latinx community, we hired a Spanish speaking outreach specialist, Spanish speaking Administrator who can help guide individuals through the enrollment process and recruited and retained a Spanish speaking counselor who could provide services to Spanish speaking clients. We now have the necessary support structure in place to expand our outreach to the Latinx community.

Goal #2:

At the conclusion of this grant period, the stated overall goal of 31 clients received a clinical assessment and treatment plan developed by the Wellness Center clinicians and demonstrated progress in resolving their presenting issue and achievement of at least one treatment goal. A total of 97 unduplicated clients participated in the counseling program with some remaining in active counseling at the conclusion of this grant period. All of the remaining clients have participated in at least three sessions. This includes the members of the Spanish speaking group with the Braille Institute. The progress toward achievement of treatment goals for individual and group clients is monitored weekly by the LCSW supervisor. Each session note contains a section regarding progress in achieving treatment goals so the supervisor and AMFT can review that section in detail. Part of the regular supervision includes evaluation of client progress and potential referral to appropriate providers such as Jewish Family Services for more complex cases. A second Braille group was established during this grant period with ten (10) individuals. At the time of this report, all of the Braille clients have been assessed by the counselor and LCSW supervisor to have achieved progress on at least one treatment goal. Of particular interest to us were comments and progress notes relating to the Spanish speaking group that was in dire need of a group therapy format. A few of the notes from the new group are set forth: Maria stated: "I feel comfortable here in this group because I can express myself but is hard to do it in another places." Rigoberto shared: "I am shy to talk sometimes but I get a lot of support

from this group.” Miguel shared: “I am so motivated and happy for being in this group.”

”We have also administered PHQ-9 assessments to clients and saw slight to marked improvement in 90% of the clients. The main focus of Problem Solving Therapy is an early intervention therapy to teach clients how to problem solve in order to avoid issues that could lead to depression and other mental health disorders. The LCSW Program Director continually monitors progress of clients and, along with the program administrator maintains confidential records to monitor that clinical assessments are undertaken, a treatment plan is developed and discusses progress on completing goals of treatment. Following the client supervision, specific notes are shared with the counselors on suggested directions to take with the client to achieve the treatment goals.

Of many comments received from clients regarding the program, one from Fred M. stands out: “Being part of Joslyn Center has changed my life after talking with my counselor and taking Brain Boot Camp. I haven’t had any depression episodes lately. I’ve put the past behind me, started woodworking again and had a good talk with my daughter.” An additional observation by this client is that he was able to participate in activities and programs offered by The Joslyn Center and they were easily accessible to him in the same building. This also illustrates that many clients participate in multiple Wellness Center programs as well as having opportunities for socialization, supporting the holistic approach of the Joslyn Wellness Center in encouraging clients to participate in other activities at The Joslyn Center to help reduce their isolation and depression.

Evaluation of goal #2:

The program did reach the goal of a minimum of 31 low-income clients demonstrating progress in resolving their presenting issue through clinical assessment, self-report during treatment and achievement of at least one treatment goal. The LCSW supervisor developed a treatment reporting document that included this assessment in each report and developed a “Progress Toward Goal Achievement” spreadsheet that included client assessment, development of treatment plan, pre- and post administration of PHQ-9, progress on achieving at least one treatment goal, whether the client was still active and the date the file was closed. One client was referred to Jewish Family Services because their progress toward reaching treatment goals was difficult and related to more serious mental health difficulties than our program is designed to address. The program ultimately administered the PHQ-9 assessment to clients. Not all clients received this assessment at their first session, however prior to concluding treatment, they were administered the assessment. The evaluation goal was to have 60% of clients report improvement in presenting issues and/or achievement of at least one treatment goal. 80% of clients did report progress in achieving at least one treatment goal. Achievement of treatment goals was a focus of the progress notes form developed by the supervising LCSW. The progress notes were devised to ensure that the goals of the grant were always reviewed by the AMFT counselor and each weekly supervisory session included review of these goals and suggestions and advice on how to work with the client in achieving their treatment goal.

Goal #3:

As of the date of this final report, we have served a total of 18,335 fresh and frozen meals to 141 unduplicated clients. Zip codes served include 92270, 92260, 92211, and 92210.

Additionally, we have received surveys from our Meals on Wheels recipients based on the survey that was included in the previous report. With respect to our goal of reducing anxiety about food insecurity, we can report that over 85% of the respondents indicated that their anxiety regarding food insecurity has been reduced. Some of the comments on this question included: TH "With my arthritic and depuytren's contracture conditions, I cannot feel my hands, so I can't cook." PD "This way, I eat regularly." SM "They never let me down." JB "After losing my spouse and my being legally blind, I am not able to cook for myself." DB "I never worry about missing a meal."

Additional findings from the respondents included that 77% reported income ranging from extremely low to low income based on HUD guidelines. Freshly prepared meal quality was rated 90% in the range of "good" to "excellent."

Each client is called at least two times monthly by our Friendly Caller Program in order to help reduce loneliness and isolation and assess potential unmet needs. Also, the volunteer delivering meals takes time to assess the client and their living situation and report any issues. It must be noted that every client has some form of disability that prevents or severely hinders them in preparing their own meals and socializing.

Evaluation of goal #3:

All Meals on Wheels clients are tracked by the Social Services Director who manages the program. Client information is maintained along with their monthly meal preferences. Zip codes served include 92270, 92260, 92211, and 92210. A total of 18,335 fresh and frozen meals were served to 141 unduplicated clients. Client surveys were developed and sent to clients two times during the grant term in order to reach clients who were new to the program. It should be noted that there is a great deal of fluctuation in clients in this program. All individuals receiving Meals on Wheels are disabled and many in poor or declining health. Clients were reminded to return their surveys and we had an approximate 33% response rate. Given the age, disability and mental acuity of the clients being served, we determined that this provided a valid sample as well as the percentage of responses on key questions. Based on survey responses, 85% indicated that their anxiety regarding food insecurity had been reduced because of Meals on Wheels. Clients in the program are visually assessed by the volunteer delivering the meal and asked about any further needs they might have. This is reported directly to the Social Services Director. Additionally, clients on the program are called at least two times monthly by our Friendly Caller program to help reduce loneliness and isolation and assess unmet needs. Those who express the need for additional services are reported to the Social Services Director who provides a referral. Other items of note from the survey and client satisfaction were that 77% reported extremely low to low income based on HUD guidelines. Freshly prepared meal quality was rated 90% in the range of "good" to "excellent." 95% of the clients reported that

their meal was delivered “usually” or “always” in the time frame expected.

The Joslyn Center is currently engaged in a Strategic Planning process and the information from these surveys will be shared and evaluated by the staff and board to address any necessary changes or improvements in the program.

Final number of District residents served:

Total: 210

Please answer the following questions

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

It is sometimes difficult to measure reduction in depression or anxiety in both Problem Solving Strategies and for individuals receiving Meals on Wheels. Much time was spent with counselors to standardize clinical assessments, monitor development and progress on treatment plans and measure progress on goals. We waited to administer the PHQ-9 until the counselors and supervising LCSW were comfortable in regular assessments and monitoring progress to goals. Also, the PHQ-9 was not always indicated when a client first sought Problem Solving Therapy. It was an issue of using early intervention to help insure that the client did not let a problem become one that resulted in increased anxiety and depression. However, we are now regularly administering the PHQ-9 as a course of our evaluation to determine if depression is a component of the inability to solve a problem. All new clients and continuing clients are being administered this assessment.

Also, it is impossible to measure the impact of COVID on our outreach efforts and recruitment of low income and Spanish speaking clients. For the first eleven (11) months of this grant period, we were primarily conducting classes and counseling via Zoom. This makes it more difficult for many seniors, low income, and communities of color to participate because they either do not have the technical expertise, computers, or knowledge to utilize Zoom. This “digital divide” was explained in an October 2020 article stating: “The digital divide limits opportunities for those without ready access to Internet. Movement online of essential activities during COVID-19 took inadequate Internet service from inconvenient to emergency/crisis for many households” according to the National Institute of Health Library The Wiley Public Health Emergency Collection.

Finally, we determined that the program required stronger program management to maintain enrollment and coordinate among the counselors. A Program Manager was hired, however her husband died as a result of COVID and she was emotionally unable to continue in the position. This resulted in a loss of cohesion and strong direction and growth for the program.

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

While one of our goals was to outreach to the Spanish speaking community, we are particularly pleased with the success and gratitude shown by the participants in the Braille group counseling. These are individuals who are struggling with blindness or low vision, and did not have a professional to facilitate their group and guide them to find solutions to their challenges. The participants were clearly grateful for the group and the AMFT counselor in helping them to alleviate their fears and anxiety around their vision loss and medical visits. The Braille institute was also very grateful for our collaborative efforts and we expect this relationship to continue and expand beyond the Spanish speaking group. Additionally, our outreach to Indio Senior Center and offering facilitated group counseling was greeted enthusiastically and those groups will be starting in March. Finally, we realized that to engage in effective outreach to the Spanish speaking community that we needed to provide Spanish speaking outreach and enrollment opportunities. We have now developed that foundation and are well situated to continue and expand our outreach to the Spanish speaking community.

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

The Joslyn Wellness Center is a key component of our Strategic Plan. The specific stated goal is to: Continue Growing Wellness Center and Evaluate Programs and Services. Key objectives include refining programs and services that are suited to community collaboration; assess additional programs and services that can fall under the Wellness Center program services; assess the effectiveness of the programs and collaborations; and work with the Development Department to establish a stable funding base for the programs. Expanding staff capacity to service the Latinix community with a Spanish speaking counselor and support staff is expected to create more opportunities for funding.

The Board of Directors is updated monthly on the Wellness Center and on each of the strategic goals. Client statistics and outcomes are reviewed monthly as well as maintaining and building community collaborations. Regular contact is established with key partners and collaborators to provide services and assess the effectiveness of the programs being offered. Collaborations have expanded and now include services at the Braille Institute and solid plans to begin Spanish speaking support groups at Indio Senior Center in March, 2022.

The Joslyn Wellness Center has been nationally recognized for its holistic approach by the National Institute of Senior Centers/National Council on Aging as a Program of Excellence. This adds great credibility to the program and has helped increase funding. Since its inception, The Joslyn Wellness Center has maintained regular foundation and grant funding for the program which has included funding from the Desert Healthcare District, the Auen Foundation, the Grace Helen Spearman Charitable Foundation, Kaiser Foundation, Coachella Valley Wellness Foundation,

the City of Palm Desert Community Development Block Grant program and significant private contributors. Opportunities for funding are regularly reviewed and submitted.

4. List five things to be done differently if this project/program were to be implemented again
 1. Increase personal outreach and not placing extensive reliance on print and social media advertising;
 2. Develop a stronger program management component to build cohesion and direction for the program. The challenges experienced in doing this is reviewed in the “Barriers” section of this report. Although this is an additional expense, it is necessary for the development of a strong and sustainable program;
 3. Better integration of the Joslyn Wellness Center into the activities and programs of The Joslyn Center. This will add to the holistic approach of the program and improve recognition of the program with members and more participation by members;
 4. Improve the intake process and reduce the number of forms and questionnaires for clients. This can become a barrier to enrollment;
 5. Improve feedback from Meals on Wheels clients with more regular reporting from our Friendly Caller program to better assess their needs.

Jewish Family Service of the Desert, Grant#: 1170

Mental Health Counseling Services for Underserved Coachella Valley Residents

Strategic Area: Behavioral Health/Mental Health

Reporting Period: 3/1/2021 - 2/28/2022

Kraig Johnson

Tel: (760) 325-4088

Fax: (760) 778-3781

grants@jfsdesert.org

Grant Information

Grant Amount: \$80,000

Paid to date: \$72,000

Balance: \$8,000

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (2/28/2022)

Evaluation Plan: Success of the proposed project will be defined by providing affordable access to quality mental health care for all Coachella Valley residents. JFS's counseling program is measured by achieving objectives and positive mental health outcomes. Counseling benchmarks include attendance at a minimum of three sessions and meeting of treatment goals. Quantitative evaluation is primarily measured through reports generated from the JFS Electronic Health Records (EHR) database, which is developed and maintained by Welligent, Inc. This data is compiled bi-annually, and treatment goal achievements are reported at year end. Qualitative evaluation is based on processes that are consistent with the International Classification of Diseases and Related Health Problems (ICD 10), including the Generalized Anxiety Disorder (GAD 7) scale, the Primary Care-PTSD (PC-PTSD) screen, the CAGE Adapted to Include Drugs (CAGE-AID) screen, and the Patient Health Questionnaire (PHQ-9). The PC-PTSD and CAGE-AID screening tools are used at admission, while the GAD-7 and PHQ-9 tools are utilized at periodic times during the course of treatment and recorded in the database. Outcome measurements are monitored by individual clinicians and agency management, and any unexpected outcomes brought to the monthly clinical roundtable for discussion.

Goal #1: By June 30, 2021, JFS will provide low- or no-cost mental health counseling services for 120 unduplicated clients using DHCD funds only (and an additional 1,080 using non-DHCD funds).

Evaluation of goal #1: Of the 120 counseling clients, 100% will receive linguistically-, culturally-, and age-appropriate cognitive behavioral assessments to address symptoms of mental disorders. JFS utilizes evaluation tools to identify and measure the severity of the client's symptoms. Data is collected upon the onset of treatment and measured after approximately 6 sessions to show progress. Results are used to inform clinicians who can then implement alternative methods of treatment, refer out if necessary, or discharge clients or students as indicated. JFS's Electronic Health Records database tracks demographics, sessions, identification and achievement of treatment goals, and progress notes.

Goal #2: By June 30, 2021, at least 70% of mental health clients will attend three or more counseling sessions.

Evaluation of goal #2: Of adult counseling clients attending three or more sessions, 70% will have obtained at least one mutually-agreed upon clinical goal, leading to a more productive and satisfying life, the ability to cope with emerging situations, improved decision-making and self-worth, and more meaningful relationships and personal effectiveness.

Goal #3: By June 30, 2021, JFS therapists will administer a depression scale to all counseling clients over 18 years of age.

Evaluation of goal #3: JFS will administer the depression scale to approximately 114 adults during the project period. Evaluations will be re-administered at 4 weeks and 8 weeks after counseling begins and at the therapist's discretion, to monitor progress. JFS depression scales have been integrated into the electronic health record, making the reporting and use of data much easier.

Goal #4: By June 30, 2021, JFS will ensure that 100% of adult mental health clients are aware of case management services, including emergency financial assistance.

Evaluation of goal #4: JFS has integrated its mental health and case management programs to provide greater levels of service for mental health clients. JFS therapists actively refer clients to case managers for additional support, such as help locating a more reasonably priced apartment, assistance with CalFresh and Section 8 voucher applications, or emergency financial assistance to help cover the cost of medications, rent, or utilities. Additionally, JFS case managers have an increased level of commitment from therapists to address any behavioral health issues identified. Using this model, JFS case managers have been able to refer their clients to the counseling program, increasing the likelihood of compliance to instruction, improved communication, and better outcomes for both case management and mental health clients.

Proposed number of District residents to be served:

Total: 120

Proposed geographic area(s) served:

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

Final Progress:

Final Outcomes on Goals and Evaluation

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

Between March 1, 2021, and February 28, 2022, Jewish Family Service of the Desert (JFS) met most of its expected progress toward annual program goals, offering telecare sessions for remote care, as well as in-person sessions to those clients who prefer to meet face-to-face or who cannot complete telecare sessions for whatever reason. In total, 922 unduplicated clients were provided with low or no-cost mental health counseling. A majority of mental health clients attended at least three counseling sessions (75% compared to the goal of 70%), and 77% of adult clients (compared to the goal of 70%) obtained at least one mutually agreed-upon clinical goal.

Goal #1:

Goal #1: By the end of the 12-month program period, JFS will provide low- or no-cost, culturally-appropriate mental health counseling services for 1,200 unduplicated clients.

For the period of March 1, 2021, to February 28, 2022, JFS served 922 unduplicated clients, 77% of the total goal.

Evaluation of goal #1:

Participation was documented via intake/assessment forms administered by JFS mental health counselors and stored in the Electronic Health Records database.

Goal #2:

Goal #2: By the end of the 12-month program period, at least 70% of mental health

clients will attend three or more counseling sessions; at least 70% of adult clients attending 3 or more sessions will have obtained at least one mutually agreed-upon clinical goal.

75% of mental health clients (693 out of 922) attended three or more counseling sessions.

Of adult counseling clients attending three or more sessions, 77% (414 out of 541) obtained at least one mutually agreed-upon clinical goal.

Evaluation of goal #2:

Attendance and clinical progress (including mutually agreed-upon goals) were logged by JFS mental health counselors and stored in the Electronic Health Records database.

Goal #3:

Goal #3: JFS therapists will administer a depression scale to all counseling clients over the age of 18 during the program period.

JFS therapists administered a depression scale to 100% of the 701 mental health clients over the age of 18. The depression scale was administered to all clients at their first appointment. A review of additional scales helps determine clinical progress in clients.

Evaluation of goal #3:

Depression scale administration records and results are securely stored in the Electronic Health Records database.

Goal #4:

Goal #4: By the end of the 12-month program period, JFS will ensure that 100% of mental health clients are aware of case management services, including emergency financial assistance.

100% of adult mental health clients – 701 clients total – were made aware of case management services, including emergency financial assistance.

Evaluation of goal #4:

Discussion of JFS case management services, including emergency assistance, with mental health clients is logged in counselor notes and stored in the Electronic Health Records database.

Goal #5: N/A

Evaluation of goal #5: N/A

Final number of District residents served:

Total: 922

Please answer the following questions

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

The continuation and evolution of the COVID-19 pandemic and its pervasive variants caused a significant change in the mental health of Coachella Valley residents, not only in severity of symptoms but in clients' ability to seek and maintain counseling treatment. Particularly for community members living on low incomes, the pervasive persistence of the pandemic created an extended state of crisis – financially, pragmatically, and mentally – wherein the importance of and ability to prioritize mental healthcare was often compromised. This exacerbated a preexisting stigma prevalent in Latinx/Hispanic communities toward mental health treatment as well as that often seen in migrant communities toward systemic care and associated providers. Lastly, pragmatic limitations affect both clients, who may lack the time, transportation, and/or technology necessary to connect them with JFS services, and the agency itself, as community need for JFS services continues to surpass the organization's capacity confirming the need for additional behavioral health service providers in the Coachella Valley.

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

JFS implemented the Family Assistance Program (FAP) during the grant period as part of its case management program. The FAP provides long-term and client-guided support to larger households, including those with seniors affected by COVID-19. Through this new initiative, JFS has connected Coachella Valley residents with more substantial emergency financial assistance, further improving household stability in the community. In addition, JFS collaborated with the LGBTQ Community Center of the Desert to create a designated space in the Center Coachella facility where JFS clients can connect to telecare counseling sessions and/or JFS case managers securely and privately.

Lastly, Jewish Family Service of the Desert (JFS) experienced notable success in reallocating time and resources through the dissolution of its agreement with a behavioral health management organization. By expanding access to available services and cultivating judicious partnerships to best serve Coachella Valley residents, JFS was able to successfully adapt to the unexpected while supporting the community's critical needs.

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

JFS has provided mental health counseling to the Coachella Valley community since 1982. In that time, the agency has cultivated lasting relationships with community partners who seek to support that work.

JFS still faces significant financial challenges due to the impact of COVID-19, including revenue loss from reduced Medicare, Medicaid, and private insurance reimbursements. The agency has also seen decreased revenue in client fees due to decreased mental health counseling sessions and the postponement of major fundraising events. However, JFS has taken steps to address that decrease by increasing accessibility and availability of care. Furthermore, JFS has been encouraged to learn that the great majority of the agency's philanthropic supporters plan to continue to give to the agency. When asked why, responses invariably pointed toward the agency's good work being worth continued support, and most even noted that JFS services are more critical now than ever. JFS will also utilize fundraising events to continue to support its efforts.

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

In order to provide high-quality, accessible care over the last four decades, it has proven imperative that JFS learn to adapt with community needs. Currently, that adaptation involves the following:

- 1) Improvements to the telecare experience for both clients and staff, via improved equipment, training, and connectivity
- 2) Increased accessibility to services, particularly through providing secure spaces for clients to participate in services, such as that at the Center Coachella facility
- 3) Fostering valuable partnerships with local organizations to offer services to a larger population, such as that in the Inland Empire region, which provides telecare mental health counseling for members of the migrant community
- 4) Combatting barriers to care through educational events that help reduce the debilitating stigma associated with mental health
- 5) Amending and expanding upon agency capacity by hiring additional staff, allowing JFS to provide services at greater quality and quantity.

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

Bloodmobiles for Coachella Valley

Strategic Area: Healthcare Infrastructure and Services

Reporting Period: 9/1/21 to 2/28/22

Daniel Ballister

Tel: (909) 885-6503

Fax: (909) 890-9816

dballister@lstream.org

Grant Information

Grant Amount: \$150,000

Paid to date: \$135,000

Balance: \$15,000

Due Date: 4/1/2022

Proposed Goals and Evaluation

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

Goal #1:

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

Goal #2:

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

The new bloodmobile will replace a bloodmobile that no longer meets State and Federal vehicle emissions guidelines. It will be equipped with a mobile ALYX system that is

capable of collecting plasma (both transfusion and COVID Convalescent Plasma) or double-red blood cells at mobile blood drives.

Goal #3:

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

Evaluation Plan:

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

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

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

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

Proposed number of District residents to be served:

Total: 27,000

Proposed geographic area(s) served:

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

Progress This Reporting Period

Progress Outcomes:

We ended the majority of COVID-19 antibodies testing in support of our CCP Program at the end of June 2021. We received delivery of the new Coachella Valley-based bloodmobile in February 2022. Lastly, we performed 2,719 “mini-physicals” at Coachella Valley mobile blood drives during the reporting period.

Progress on the number of District residents served:

Total: 4,443

Geographic area(s) served during this reporting period:

All District Areas

Progress on the Program/Project Goals:

Goal #1:

We have spent \$30,000 of the \$60,000 in funds granted by the Desert Healthcare District & Foundation on COVID-19 antibodies testing. In late June 2021, due to ample supply of COVID Convalescent Plasma (CCP) throughout the country and a subsequent drop in demand for CCP by hospitals, COVID antibodies testing was essentially suspended at blood centers nationwide. From September 2021 through March 2022, we conducted only a fraction of the COVID antibodies testing we originally planned and received approval from the DHCD to reallocate the funding to help cover the cost of the bloodmobile. We spent \$29,208 on testing from 4/1/21 through 8/31/21. We spent the remaining \$792 on COVID testing during this reporting period.

Goal #2:

We made an additional payment to CT Coachworks in October 2021 and received delivery of the new bloodmobile in February 2022 and have placed it into service in the Coachella Valley.

Goal #3:

We performed 2,719 "mini-physicals" at mobile blood drives throughout the Coachella Valley from 9/1/21 to 2/28/22. Of this number, 2,374 were individuals who donated blood once during the reporting period. The additional 345 "mini-physicals" were performed on individuals who donated more than once. We have performed a total of 4,443 "mini-physicals", slightly ahead of the 4,416 we projected in our original plan.

Program/Project Tracking:

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

Outside of the COVID Antibodies issue discussed in the Sept 2021 report, we did not experience any major issues during this reporting period.

- *What is the course correction if the project/program is not on track? N/A*
- *Describe any unexpected successes during this reporting period other than those originally planned:*

As concerns over the pandemic have decreased in the past several months, we are once again registering numerous blood drives with our dedicated network of blood drive hosts and continuing to identify new mobile blood drive hosts in the Coachella Valley.

2022 COACHELLA CLINIC

\$477,077 WORTH OF BASIC HEALTHCARE SERVICES

356 Dental Patients Served...

Restorative: **166** fillings
Oral surgery: **206** extractions
Hygiene: **74** cleanings (18 root planning, 57 scaling)
X-rays: **1163**
Partials: **28** stay plates
Oral Education: **75**
Misc Dental Services: **18**



350 Vision Patients Served...

Comprehensive eye exams: **344**
Single vision glasses made on-site: **279**
Bifocals made on-site: **151**
Second pair of glasses: **78**
Essilor Referrals: **98**

295 Medical Patients Served...

Medical exams: **98**
COVID-19 Vaccinations: **11**
COVID-19 Tests: **290**
Chiropractic services: **45**
Acupuncture services: **10**
Counseling: **16**
Health Education: **37**



3,048 HOURS SERVED BY **380** VOLUNTEERS

Community Resources...

- **Borrego Community Health Foundation** accepted the warm transfers from California CareForce patients in need of future medical care
- **Riverside University Health System (RUHS) - Public Health** and **Coachella Valley Pharmacy** provided COVID-19 vaccinations - **RUHS Public Health** also provided a food truck that served free lunch to patients
- The **Desert Healthcare District & Foundation** and **Coachella Valley Equity Collaborative** helped provide general volunteer support and other resources at the clinic event
- **Desert Aids Project** offered free HIV testing & at-home STD testing kits to patients
- **La Botica Pharmacy** provided pharmacy supplies for the dental pharmacy and patient triage sections of the clinic
- In partnership with **Glidewell Laboratories**, stay plates were offered to dental patients
- **Morales & Galindo Marketing group, Inc.** helped coordinate community outreach and marketing efforts for the 2022 Coachella Clinic
- **FIND Food Bank, Santa Fe Mexican Restaurant, and Starbucks** donated food and refreshments for our clinic volunteers
- **Fitzhenry-Wiefels Cremation & Burial Service** provided water to our clinic patients
- Other community resources in attendance: **Coachella Valley Volunteers In Medicine, College of the Desert TRiO Veterans Program, Riverside University Health System - Community Health Centers, Safe Routes For ALL program, and Oral Health Program**

Our Sponsors...

A big shout out to this year's presenting sponsor, **The S. Mark Taper Foundation**, for their generous contribution to the 2022 Coachella Clinic.

Support The Force 

S. MARK TAPER FOUNDATION



The City of Indio | Asian American Optometric Society | RAP Foundation |
Starbucks Coffee | American Legion Ladies Auxiliary



Date: April 25, 2022

DHCD Progress Report #2022-1 for reporting period January 1, 2022 to March 31, 2022

Grantee: Coachella Valley Association of Governments (CVAG)

Project Title: CV Link Project

Project Manager/ Contact: Jonathan Hoy, CVAG Director of Transportation (jhoy@cvag.org) or Erica Felci, Assistant Executive Director (efelci@cvag.org)

1. Provide a brief summary of the organization and the objectives of the project.

The Coachella Valley Association of Governments (CVAG) is a regional Joint Powers Authority that serves the nine cities, the County of Riverside, and four Indian Tribes within the Coachella Valley. CVAG's jurisdiction stretches across eastern Riverside County, and its membership includes the City of Blythe on the California-Arizona border.

CV Link is an alternative transportation corridor that runs generally along the levee of the Whitewater River that will ultimately stretch from the northwest corner of the CVAG area (Desert Hot Springs) to the southeast corner (the Salton Sea). The core project will generally stretch from the City of Palm Springs to the City of Coachella. The project approved under the Final Environmental Impact Report is more than 40 miles but does not extend through the Cities of Rancho Mirage or Indian Wells. It will provide significant environmental, health, and economic benefits to generations of current and future residents and visitors. CV Link will connect users to employment centers, shopping centers, schools, and recreational opportunities. Dual paths are planned to accommodate bicycles, low-speed electric vehicles and pedestrians. This alternative transportation corridor will enable healthier lifestyles, spur economic innovation, and make the Coachella Valley a more sustainable and appealing place to live, work and play.

2. Summarize work completed during reporting period.

CVAG started the calendar year by building on the momentum detailed in last year's quarterly reports.

On March 29, 2022, CVAG and the City of Palm Springs formally broke ground on the next stage of construction. There are two stretches of CV Link in the City – one that largely follows the Whitewater River stormwater channel in the northern part of the City, and a second along the

Tahquitz Creek stormwater channel. The work along Tahquitz Creek was part of the nearly \$53 million construction award authorized in October 2020, and it will add several miles of safe walking and biking opportunities in the City. This work also will connect seamlessly to a nearly mile-long stretch of CV Link that was already completed along the Tahquitz Creek Golf Course. The groundbreaking celebration was well attended, and CVAG staff want to extend appreciation to Dr. Conrado Barzaga for representing the District and for his remarks at the event.

A video recap of the groundbreaking is here: <https://www.youtube.com/watch?v=KILVip4ys-E>
Some images from the celebration are below:

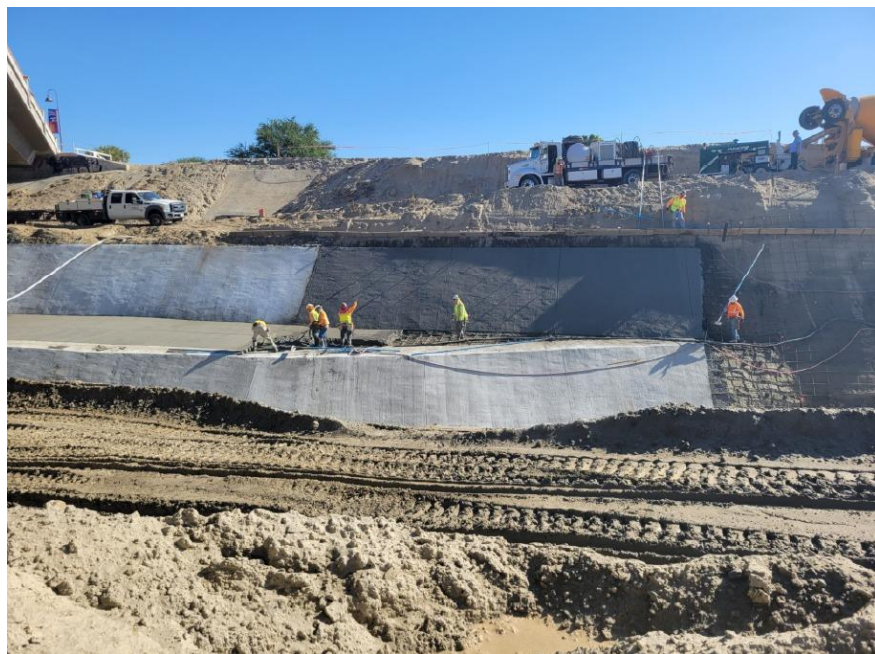




Additional construction continues across the Coachella Valley, which also is being completed under the \$52.733 million construction contract with Ames Construction. As noted in previous updates, this work also includes work at Promontory Point, which is a large access point for CV Link at the border of the cities of La Quinta and Indio. Bridge work, and progress of the adjacent path, continued through the first quarter.

Below are a series of images from the recent work:







CVAG has always planned to have multiple construction sites going simultaneously. In addition to the work in the Cities of Palm Springs, La Quinta, Indio, CVAG anticipates additional groundbreakings will be held in coming months to start work in the Cities of Coachella and Palm Desert. in CVAG staff will be sure to provide details to the Board about any groundbreaking information.

As noted in previous reports, this construction is largely funded by the \$29.447 million in funds from the Active Transportation Program and State Transportation Improvement Program, which the California Transportation Commission (CTC) green lighted in 2020. CVAG also will be drawing down its funding commitments, including those from the Desert Healthcare District/ Foundation and South Coast Air Quality Management District. The Congressional Budget Office has estimated that every dollar spent on infrastructure produced an economic benefit of up to \$2.20,

and the U.S. Council of Economic Advisers has calculated that \$1 billion of transportation infrastructure investment supports 13,000 jobs for a year. Based on these calculations, the \$52.7 million investment will produce an economic benefit of over \$116 million, and support more than 685 jobs for a year.

3. What challenges and opportunities have you encountered in accomplishing this portion of your Scope of Work?

The worldwide shipping delays has created delays for many projects, and CV Link is not immune. Items such as the trash cans (which will be installed at the access points) have months-long lead times. CVAG staff and the team of contractors have worked to adjust and are ordering necessary materials and supplies far earlier than normal. The overall impact on the schedule has been manageable, as CVAG pre-purchased key materials – including the colorful seeded glass and solar lights – early in the project schedule.

Previous progress reports have also noted the challenging, and lengthy, process of acquiring right-of-way. In the first quarter, CVAG was able to secure a number of outstanding easements, particularly along tribal properties. This can be credited to partnership with the Bureau of Indian Affairs and agreements worked out with several Indian Tribes. This is also reflected on the invoice being submitted to the DHCD.

An additional opportunity is in building connections to CV Link. In the first quarter of 2022, CVAG learned it was a recipient of the state's Clean California Local Grant Program. The nearly \$1.2 million that was secured will be used to design connections to the new Dream Homes Park in the City of Cathedral City and the new Central Park in the City of Coachella.

4. Is your project on schedule?

Yes. As noted in previous reports, CVAG has made minor adjustments to the timing of building various parts of the project, and is working with its project partners – particularly Riverside County Transportation Commission and Caltrans – to ensure concurrence on the approach.

5. Provide an update on the financial report for the project.

CVAG has funding commitments from an array of sources, which is reflective of the broad support the project has. That includes:

State Active Transportation Program:	\$21,692,000
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CVAG Transportation Funds:	\$20,000,000
State Transportation Improvement Program:	\$18,655,000
South Coast Air Quality Mitigation District:	\$18,800,000
Federal Congestion Mitigation and Air Quality:	\$12,600,000
Desert Healthcare District:	\$10,000,000
California Strategic Growth Council:	\$1,000,000
Riverside County Parks:	\$750,000
Bicycle Transportation Account Grant:	\$748,500 (secured w/ Cathedral City)
Caltrans Environmental Justice Grant:	\$291,000 (secured w/ Palm Desert)

6. Work planned for next reporting period:

In the second quarter of 2022, CVAG will achieve the following milestones:

1. Continue construction at Promontory Point access point, where a bridge connects the Cities of La Quinta and Indio, and the nearby pathway segments along the Coachella Valley Stormwater Channel.
2. Continue construction of the various undercrossings, which involve significant amounts of grading and channel lining work in order to help improve connectivity and safety for CV Link users.
3. Continue on-street construction in the City of Palm Springs, primarily along the Tahquitz Creek route in the City.
4. Mobilize crews in order to start additional segments already authorized as part of the \$53 million construction award, which will include future groundbreaking in the Cities of Coachella and Palm Desert.
5. Work with the City of La Quinta to start work on the Dune Palms Road Bridge project, where CVAG will reimburse the City as it builds improvements related to CV Link, which will go under the new bridge.
6. Acquire additional right of way needed for future segments of CV Link and start preparing a bid package for additional construction.

CVAG appreciates the continued support of this project. In addition to this report, CVAG staff will be submitting its annual invoice to the District/ Foundation in coming days. As always, CVAG welcomes input on any of these issues, as your feedback as a participatory partner in the project is important to our progress and the finalization of the right of way and construction of CV Link.

If District staff or Board members have any questions or need additional information about the project, Jonathan Hoy, Transportation Director can best be reached at (760) 238-1540 or at jhoy@cvag.org and Erica Felci, Assistant Executive Director, can be reached at (760) 534-1546 or at efelci@cvag.org.



Date: May 24, 2022
To: Board of Directors
Subject: CV Link Annual Invoice - \$1,670,000

Staff Recommendation: INFORMATION ONLY

Background:

- The District Board approved a grant contract with Coachella Valley Association of Governments to provide \$10M towards the construction of the bike and walking path that spans the Coachella Valley (the CV Link)
- The terms of the grant contract requires 6 annual installments of \$1.67M to be paid by the end of each fiscal year.
- 2 previous installments have been made for FY2020 & 2021
- Staff has confirmed the expenses included on the invoice are valid and properly documented
- The CV Link annual invoice is included in the packet for your review

Fiscal Impact:

\$10M previously accrued/expensed in a prior period and is included in Grants Payable
\$4,990,000 remains following payment of the 3rd installment

COACHELLA VALLEY ASSOCIATION OF GOVERNMENTS

73-710 Fred Waring Dr., Suite 200, Palm Desert, CA 92260 · (760) 346-1127 · www.cvag.org



Coachella Valley Association of Governments Request for Payment

May 3, 2022

Conrado Barzaga
Chief Executive Officer
Desert Healthcare District
1140 N. Indian Canyon Drive
Palm Springs, CA 92262

Remit payment to:

Tom Kirk, Executive Director
Coachella Valley Association of Governments
73-710 Fred Waring Drive, Suite 200
Palm Desert, CA 92260

Project Name: CV Link
CVAG Invoice Number: CV-22181-22
Billing Period: 07/01/21-06/30/22

	Category	Amount of Reimbursement
Consultant Expenses Summarized		
<i>Alta Planning & Design</i>	<i>Design</i>	\$ 182,479.58
<i>Union Pacific RR</i>	<i>Design</i>	\$ 6,531.76
<i>Tribal Properties</i>	<i>Right of Way</i>	\$ 435,249.00
<i>Riverside County - Economic Development</i>	<i>Right of Way</i>	\$ 27,403.73
<i>Various Landowners</i>	<i>Right of Way</i>	\$ 145,414.00
<i>Permit - State Water Board</i>	<i>Right of Way</i>	\$ 2,031.00
<i>CV Link Palm Desert On-Street</i>	<i>Construction</i>	\$ 870,890.93
Total		\$ 1,670,000.00

Please remit payment within 30 days.