



**DESERT HEALTHCARE DISTRICT
BOARD MEETING
Board of Directors
September 27, 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/84996773983?pwd=MWdHaUN1NTBPa24vY2xHR3J1dFdLZz09>

Password: 037039

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 or Toll Free (833) 548-0282** To Listen and Address the Board when called upon:

Webinar ID: 849 9677 3983

Password: 037039

You may also email ahayles@dhcd.org with your public comment no later than 4 p.m., Tuesday, 09/27

<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	
4-5	a. Special Meeting of the Board of Directors Closed Session – July 27, 2022	
6-13	b. Board of Directors Meeting – July 27, 2022	
	2. FINANCIALS	
14-42	a. Approval of the July & August 2022 Financial Statements – F&A Approved September 13, 2022	
	3. AGREEMENTS	
43-45	a. Kaufman Hall & Associates – Addendum #4 – September 2022 through December 2022 – \$300,000	
	4. GRANTS	
46-74	a. Grant #1350 JFK Memorial Foundation – Behavioral Health Awareness and Education Program – \$57,541	
75-103	b. Grant #1355 Joslyn Center – The Joslyn Wellness Center – \$85,000	
104-125	c. Grant #1361 DAP Health – DAP Health Monkeypox Virus Response – \$586,727	
	5. RESOLUTIONS	
126-128	a. Subsequent Emergency Resolution #22-20 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	
129-160	1. Public Health Institute August 2022 Report – Respiratory & Cardiovascular Symptom Survey Among Adults in Vulnerable Populations in the Coachella Valley – Paul B. English, PhD, MPH, Director, Tracking California, Public Health Institute	Information
161-200	2. Consideration to approve 1) The Vendor Agreement and 2) The Grant Contract between Desert Healthcare District and Desert Physicians Medical Group (DPMG) to operate the Mobile Medical Unit and provide healthcare services to the community.	Action
	a. DPMG Vendor Agreement	
	b. DPMG Grant #1329 Contract NTE \$500,000 over 3 years	
201	3. Riverside University Health System (RUHS) Public Health Blue Zones Initiative Steering Committee Invitation	Information
202-203	4. Monkey Pox in the Coachella Valley – Update	Information
204-213	5. Legislative Update on Seismic Compliance	Information
214-216	6. CEO Community Engagements and District Media Visibility	Information
217-220	7. Association of California Healthcare Districts (ACHD) – Director Leticia De Lara, Trustee of the Year and Conrado Bárzaga, MD, CEO of the Year	Information
	G. DESERT REGIONAL MEDICAL CENTER CEO REPORT	
	– Michele Finney, CEO	Information



H. DESERT REGIONAL MEDICAL CENTER GOVERNING BOARD MEETING – Les Zendle, MD and Carole Rogers, RN Information

I. COMMITTEE MEETINGS

221-223 **1. FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE COMMITTEE – Chair/Director Arthur Shorr, President Karen Borja, and Director Les Zendle, MD**
1. Draft Meeting Minutes – September 13, 2022 Information

224-228 **2. PROGRAM COMMITTEE – Chair/Vice-President Evett PerezGil, President Karen Borja, and Secretary Carmina Zavala**
1. Draft Meeting Minutes – September 13, 2022 Information

229 2. Grant Payment Schedule Information

230-231 3. Grant applications and Request for Proposals Submitted and Under Review Information

232-246 4. Progress and Final Reports Update Information

247-248 **3. HOSPITAL GOVERNANCE & OVERSIGHT COMMITTEE – Chair/Secretary Carmina Zavala, Director Carole Rogers, RN, and Les Zendle, MD**
1. Draft Meeting Minutes – September 21, 2022 Information

249-250 2. Quarterly 2021-2022 Inspection Schedule Information

251-253 3. Q3 – Block 7 Facilities Re-Inspection Report (November 2021) – May 25, 2022 Information

254-255 4. Q4 – Block 8 Facilities Inspection – May 25, 2022 Information

256-262 **J. LEGAL**
1. Consideration to approve Resolutions Requesting the Board of Supervisors Appoint Director PerezGil and Director Rogers to Terms Ending in 2026 Action

263-298 2. Consideration of Resolution No. 22-23 Amending the District's Conflict of Interest Code Action

299-300 3. Assembly Bill 2449 (Rubio) – Open Meetings: Local Agencies: Teleconferences Information

K. IMMEDIATE ISSUES AND BOARD COMMENTS

L. ADJOURNMENT

The undersigned certifies that a copy of this agenda was posted in the front entrance to the Desert Healthcare District offices located at 1140 North Indian Canyon Drive, Palm Springs, California, and the front entrance of the Desert Healthcare District office located at the Regional Access Project Foundation, 41550 Eclectic Street, Suite G 100, Palm Desert California at least 72 hours prior to the meeting. If you have a disability which requires an 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 72 hours prior to the meeting.

Andrea S. Hayles

Andrea S. Hayles, Board Relations Officer



**DESERT HEALTHCARE DISTRICT
SPECIAL BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
July 26, 2022**

Directors Present – Video Conference	District Staff Present – Video Conference	Absent
President Karen Borja Vice-President Evett PerezGil Secretary Carmina Zavala, PsyD Director Arthur Shorr Director Carole Rogers, RN Director Les Zandle, MD Director Leticia De Lara, MPA	Conrado E. Bárzaga, MD, CEO Chris Christensen, CAO Andrea S. Hayles, Board Relations Officer <u>Legal Counsel</u> Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President Borja called the meeting to order at 5:00 p.m. The Clerk of the Board called the roll with all directors present.	
B. Pledge of Allegiance	President Borja led the Pledge of Allegiance.	
C. Approval of Agenda	President Borja asked for a motion to approve the agenda.	#22-12 MOTION WAS MADE by Director Zandle and seconded by Director Rogers to approve the agenda. Motion passed unanimously. AYES – 7 President Borja, Vice-President PerezGil, Secretary Zavala, Director Shorr, Director Rogers, Director Zandle, and Director De Lara NOES – 0 ABSENT – 0
D. Public Comment	There were no public comments	
E. Convene to Closed Session of the Desert Healthcare District Board of Directors 1. PURSUANT TO GOVERNMENT CODE 32106. Report involving trade secrets pursuant to health & safety code section 32106– report will concern a proposed new program, facility, and service	President Borja asked for a motion to convene to closed session of the Board of Directors closed session meeting. Director De Lara recused herself from the	#22-13 MOTION WAS MADE by Vice-President PerezGil and seconded by Director Rogers to convene the Board to Closed Session pursuant to Government Code 54957. Motion passed unanimously. AYES – 7 President Borja, Vice-President PerezGil, Secretary

**DESERT HEALTHCARE DISTRICT
SPECIAL BOARD OF DIRECTORS MEETING MINUTES
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(discussion only, no action will be taken). Estimated date of disclosure: To Be Determined	discussion as a member of the Innercare Board.	Zavala, Director Shorr, Director Rogers, Director Zendle, and Director De Lara NOES – 0 ABSENT – 0
F. Reconvene to Open Session of the Desert Healthcare District Board of Directors	The Board reconvened to open session of the Board of Directors meeting.	
G. Report After Closed Session	Counsel Scott reported that pursuant to health & safety code section 32106 trade secrets, the Board discussed a proposed new program, facilities, and services.	
H. New Business 1. Consideration to approve a consulting services agreement with Gafcon, Inc. to provide expertise for a possible healthcare clinic in North Shore – NTE \$16,125	Conrado Bárzaga, MD, CEO, provided an overview of the Gafcon, Inc. consulting services agreement and the description of services. Paul Najar, Senior Vice President, and General Counsel, Gafcon, Inc., answered questions from the Board related to the consulting services agreement.	#22-14 MOTION WAS MADE by President Borja and seconded by Director Zendle to approve the consulting services agreement with Gafcon, Inc. to provide expertise for a possible healthcare clinic in North Shore – NTE \$16,125 subject to legal counsel’s review. Motion passed unanimously. AYES – 6 President Borja, Vice-President PerezGil, Secretary Zavala, Director Shorr, Director Rogers, Director Zendle NOES – 0 ABSENT – 0 ABSTAIN – 1 Director De Lara
I. Adjournment	President Borja adjourned the meeting at 5:21 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST: _____
 Carmina Zavala, PsyD, Secretary
 Desert Healthcare District Board of Directors

Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer



**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
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July 26, 2022**

Directors Present – Video Conference	District Staff Present – Video Conference	Absent
President Karen Borja Vice-President Evett PerezGil Secretary Carmina Zavala, PsyD Director Arthur Shorr Director Carole Rogers, RN Director Les Zendle, MD Director Leticia De Lara, MPA	Conrado E. Bázaga, 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, Board Relations Officer <u>Legal Counsel</u> Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President Borja called the meeting to order at 5:30 p.m. The Clerk of the Board called the roll with all directors present.	
B. Pledge of Allegiance	President Borja asked Director De Lara to lead the pledge of allegiance.	
C. Approval of Agenda	President Boja asked for a motion to approve the agenda. Director Zendle requested to move the Program Committee action items to the beginning of the agenda.	#22-15 MOTION WAS MADE by Director De Lara and seconded by Director Shorr to approve the agenda and move the Coachella Valley Equity Collaborative Grants following approval of the consent agenda. Motion passed unanimously. AYES – 7 President Borja, Vice-President PerezGil, Secretary Zavala, Director Shorr, Director Rogers, Director Zendle, and Director De Lara NOES – 0 ABSENT – 0

**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
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D. Public Comment		
E. Consent Agenda 1. BOARD MINUTES a. Special Meeting of the Board – June 20, 2022 b. Board of Directors Meeting Closed Session – June 28, 2022 c. Board of Directors Meeting – June 28, 2022 2. FINANCIALS a. Approval of the June 2022 Preliminary Financial Statements – F&A Approved July 12, 2022 3. LAS PALMAS MEDICAL PLAZA a. LPMP – Suite 1W-202 – Cure Cardiovascular Consultants, Inc. Renewal – 5 Years 4. GRANTS a. #1351 Alianza CV – Partnerships for Air Quality Community Training in Rural Communities of the Eastern Coachella Valley – \$40,000 5. RESOLUTIONS a. Subsequent Emergency Resolution #22-18 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings	<p>President Borja asked for a motion to approve the consent agenda.</p>	<p>#22-16 MOTION WAS MADE by Director Shorr and seconded by Director PerezGil to approve the consent agenda. Motion passed unanimously. AYES – 7 President Borja, Vice-President PerezGil, Secretary Zavala, Director Shorr, Director Rogers, Director Zendle, and Director De Lara NOES – 0 ABSENT – 0</p>
F. Desert Regional Medical Center CEO Report	<p>Linda Evans, chief strategy officer, Desert Regional Medical Center (DRMC), Desert Care Network, provided an overview of the CEO report in Michele Finney’s absence commencing with the DRMC U.S. News and World Report ranking high performance for heart attack, stroke, and</p>	

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BOARD OF DIRECTORS MEETING MINUTES
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	<p>pulmonary disease. DRMC has 23 COVID-19 patients, 6 at JFK, and 30 at Hi-Desert.</p> <p>The Tenet union negotiations are ratified for 3 years; there are 20 new residents in the Residency program; the Bariatric program team is designated by BlueCross for its prestige and delivery of care.</p> <p>Mrs. Evans provided an overview of recent events, such as the blood drive and the nine cities blood challenge.</p>	
<p>G. Desert Healthcare District CEO Report</p> <p>1. Mini Grant Expansion/Increase – Grant and Mini Grant Policy #OP-05 Guidelines – Mini grants provide up to \$5k per request in a fiscal year, aligning with the District’s strategic goals and objectives</p> <p>2. Riverside County Public Health Data Agreement</p>	<p>Conrado Bárzaga, MD, CEO, requested direction from the board to seek guidance from the policy committee to review an increase in the mini grants from \$5k to \$10k.</p> <p>After discussion, the board directed staff for the policy committee and the F&A committee to review the requested increase since the directors are not considered in the review and approval process of the grants.</p> <p>Dr. Bárzaga, CEO, described the ability to strengthen and protect public data. The District is working with IT consultant, Harry Slack, to implement security measures for the Riverside County Public Health Department data sharing standards and agreement.</p>	

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<p>3. CEO Community Engagements and District Media Visibility</p>	<p>Dr. Bárzaga, CEO, described his community engagements and media visibility throughout the month highlighting Speaker Pelosi's remarks to the Congressional Hispanic Caucus during his invite and visit.</p>	
<p>4. Report on SB 938 (Hertzberg) – Special Districts and the California Association of Local Agency Formation Commissions (CALAFCO) parameters for authorizing a commission to initiate a proposal for the dissolution of a district</p>	<p>Dr. Bárzaga, CEO, described SB 938 established in response to recommendations by the Little Hoover Commission. Other aspects of the bill were highlighted related to special districts, transparency, and the creation of a new voter protest approach for LAFCO initiated dissolutions of special districts that meet a specific criterion.</p>	
<p>5. Legislative Update - California State Budget \$1B Surplus Ask on Seismic Compliance</p>	<p>Dr. Bárzaga, CEO, provided an update on the legislative efforts for seismic retrofit explaining the Governor's budget approval with additional monies not fully allocated, with the possibility of funding and board's approval of the Strategies 360 agreement to lobby and prepare for the next legislative votes.</p>	
<p>6. Consideration to approve a new Purchase Agreement for the Mobile Unit Agreement with Magnum Mobile Specialty Vehicles – \$188,750</p>	<p>Dr. Bárzaga, CEO, provided an update on the mobile unit, describing the supply chain delays. The prior vehicle, a Ford, will not have availability until 2023, requesting approval of a Chevy chassis for availability in October of 2022.</p>	<p>#22-17 MOTION WAS MADE by Director Rogers and seconded by Director De Lara to approve a new Purchase Agreement for the Mobile Unit Agreement with Magnum Mobile Specialty Vehicles – \$188,750 Motion passed 6-1.</p>

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		<p>AYES – 6 President Borja, Secretary Zavala, Director Shorr, Director Rogers, Director Zendle, and Director De Lara</p> <p>NOES – 0</p> <p>ABSENT – 1 Vice-President PerezGil</p> <p>Note: Vice-President PerezGil returned to the meeting shortly after the vote.</p>
H. Desert Regional Medical Center Governing Board	<p>Director Rogers, RN, described the legislative update from Tenet concerning seismic requirements, the deadline, and financial constraints for rural hospitals, mask mandates, Medi-Cal extension, and other legislative bills. The governing board also reviewed credentialing, and hospital policy procedures.</p>	
<p>I. Committee Meetings –</p> <p>I.1. Finance, Legal, Administration, & Real Estate Committee</p> <p>1. Draft Meeting Minutes – July 12, 2022</p> <p>2. Senior Development Officer</p> <p>I.2. Program Committee</p> <p>1. Draft Meeting Minutes – July 12, 2022</p>	<p>President Borja inquired if there were any questions concerning the July F&A Committee meeting minutes. Director Shorr, chair, F&A Committee, described the discussions concerning the Senior Development Officer.</p> <p>President Borja inquired if there were any questions concerning the July Program, Committee meeting minutes, grant payment schedule, grant applications and request for</p>	

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BOARD OF DIRECTORS MEETING MINUTES
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<p>2. Consideration to approve the Coachella Valley Equity Collaborative Grants for Core Operating Support for two (2) years to continue equitable community work after COVID-19</p> <p>a. #1324 Galilee Center – \$100,000</p> <p>b. #1332 Alianza CV – \$100,000</p> <p>3. Grant Payment Schedule</p> <p>4. Grant applications and Request for Proposals Submitted and Under Review</p> <p>5. Progress and Final Reports Update</p>	<p>proposals submitted and under review, and the progress and final reports update.</p> <p>Dr. Bárzaga, MD, CEO, provided an overview and background of the 5-year strategic planning goals and strategies related to the Equity Collaborative, and the roles of the Galilee Center and Alianza Coachella Valley for 2 years of core operating support.</p> <p>The board discussed the approval of grants that are low to moderate priority in the strategic plan, supporting programs and services, ensuring that all grant requests have the same process as other grantees, reassessing the priorities of the strategic plan as a study session in the future, and the possibility of the Program Committee revisiting the grants.</p> <p>Public Comments: Chauncey Thompson, Indio Resident Cheryl Ballou, Cathedral City Resident</p>	<p>#22-18 MOTION WAS MADE by Director De Lara and seconded by Director Zavala to approve Grant #1324 Galilee Center – \$100,000 Motion passed 5-1.</p> <p>AYES – 5 Vice-President PerezGil, Secretary Zavala, Director Shorr, Director Rogers, and Director De Lara</p> <p>NOES – 1 – Director Zendle</p> <p>ABSENT – 0</p> <p>ABSTAIN – 1 President Borja</p> <p>#22-19 MOTION WAS MADE by Director De Lara and seconded by Director Zavala to approve #1332 Alianza CV – \$100,000 Motion passed 5-1.</p> <p>AYES – 5 Vice-President PerezGil, Secretary Zavala, Director Shorr, Director Rogers, and Director De Lara</p> <p>NOES – 1 Director Zendle</p> <p>ABSENT – 0</p> <p>ABSTAIN – 1 President Borja</p>
<p>J. Old Business</p> <p>1. Coachella Valley Association of Governments (CVAG) CV Link Q2 2022 Report</p>	<p>Erica Felici, associate director, Coachella Valley Association of Governments (CVAG), thanked the board for their support while providing highlights of the Q2 CV Link report.</p>	

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	Vice-President PerezGil exited the meeting at 6:42 p.m.	
K. New Business		
<p>1. Consideration to approve an Amendment to the Chief Executive Officers (CEO) Employment Agreement to provide a cost-of-living adjustment, merit increase, and to extend the term to July 31, 2025</p>	<p>Jeff Scott, Legal Counsel, described the CEO's employment agreement amendment with the cost-of-living adjustment, and merit increase through 2025.</p>	<p>#22-19 MOTION WAS MADE by Director Shorr and seconded by Director Zendle to approve an Amendment to the Chief Executive Officers (CEO) Employment Agreement to provide a cost-of-living adjustment, merit increase, and to extend the term to July 31, 2025</p> <p>Motion passed 6-1.</p> <p>AYES – 6 President Borja, Secretary Zavala, Director Shorr, Director Rogers, Director Zendle, and Director De Lara</p> <p>NOES – 0</p> <p>ABSENT – 1 Vice-President PerezGil</p> <p>ABSTAIN – 0</p>
L. Legal	There were no legal updates.	
M. Immediate Issues and Comments	<p>Director Rogers described the recent updates for the Lift to Rise Housing Community Action Network (CAN), requested a review of the ticket policy describing her inquiry to the Fair Political Practices Commission (FPPC), and her assessment of other special district ticket policies.</p> <p>Director Rogers described the board's approval of the \$2M behavioral health allocation and the possibility of earmarking \$1M from the behavioral health program for homelessness efforts.</p>	

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	President Borja requested, and the board discussed an appeals process for grantees published on the website and accessible to any declined applicants.	
N. Adjournment	President Borja adjourned the meeting at 6:57 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST: _____
Carmina Zavala, PsyD, Secretary
Desert Healthcare District Board of Directors

Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer

DESERT HEALTHCARE DISTRICT
JULY/AUGUST 2022 FINANCIAL STATEMENTS
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Year to Date Variance Analysis
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Credit Card Expenditures
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Retirement Protection Plan Update
Grants Schedule

DESERT HEALTHCARE DISTRICT				
YEAR TO DATE VARIANCE ANALYSIS				
ACTUAL VS BUDGET				
TWO MONTHS ENDED AUGUST 31, 2022				
Scope: \$25,000 Variance per Statement of Operations Summary				
	YTD		Over(Under)	
Account	Actual	Budget	Budget	Explanation
5000 - Direct Expenses	\$ 180,456	\$ 303,840	\$ (123,384)	Lower wage related expenses \$78k due to open positions; lower board expenses \$26k; lower health insurance expense \$12k; lower education expense \$7k
6500 - Professional Fees Expense	\$ 115,254	\$ 178,038	\$ (62,784)	Lower Professional Services expense \$39k; lower legal expense \$26k; higher PR/Communications expense \$3k
7000 - Grants Expense	\$ 15,000	\$ 666,666	\$ (651,666)	Budget of \$4 Million for fiscal year is amortized straight-line over 12-month fiscal year. As of August 31, 2022, there is \$4 million remaining in the fiscal year grant budget as well as \$2,351,566 in carryover funds.

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

	MONTH			MONTH			TOTAL		
	Jul 22	Budget	\$ Over Budget	Aug 22	Budget	\$ Over Budget	Jul - Aug 22	Budget	\$ Over Budget
Income									
4000 - Income	209,729	(56,333)	266,062	(333,734)	(56,333)	(277,401)	(124,005)	(112,666)	(11,339)
4500 - LPMP Income	116,026	112,999	3,027	118,896	112,999	5,897	234,922	225,998	8,924
4501 - Miscellaneous Income	750	750	0	750	750	0	1,500	1,500	0
Total Income	326,505	57,416	269,089	(214,088)	57,416	(271,504)	112,417	114,832	(2,415)
Expense									
5000 - Direct Expenses	81,234	151,920	(70,686)	99,222	151,920	(52,698)	180,456	303,840	(123,384)
6000 - General & Administrative Exp	39,462	46,245	(6,783)	37,117	46,245	(9,128)	76,579	92,490	(15,911)
6325 - CEO Discretionary Fund	5,000	2,083	2,917	5,000	2,083	2,917	10,000	4,166	5,834
6445 - LPMP Expenses	87,683	94,176	(6,493)	97,582	94,176	3,406	185,265	188,352	(3,087)
6500 - Professional Fees Expense	84,830	89,019	(4,189)	30,424	89,019	(58,595)	115,254	178,038	(62,784)
6700 - Trust Expenses	5,458	6,021	(563)	10,259	6,021	4,238	15,717	12,042	3,675
Total Expense Before Grants	303,667	389,464	(85,797)	279,604	389,464	(109,860)	583,271	778,928	(195,657)
7000 - Grants Expense	10,000	333,333	(323,333)	5,000	333,333	(328,333)	15,000	666,666	(651,666)
Net Income	12,838	(665,381)	678,219	(498,692)	(665,381)	166,689	(485,854)	(1,330,762)	844,908

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

	MONTH			MONTH			TOTAL		
	Jul 22	Budget	\$ Over Budget	Aug 22	Budget	\$ Over Budget	Jul - Aug 22	Budget	\$ Over Budget
Income									
4000 · Income									
4010 · Property Tax Revenues	0	0	0	24,171	0	24,171	24,171	0	24,171
4200 · Interest Income									
4220 · Interest Income (FRF)	6,159	75,000	(68,841)	180,492	75,000	105,492	186,651	150,000	36,651
9999-1 · Unrealized gain(loss) on invest	201,570	(133,333)	334,903	(540,397)	(133,333)	(407,064)	(338,827)	(266,666)	(72,161)
Total 4200 · Interest Income	207,729	(58,333)	266,062	(359,905)	(58,333)	(301,572)	(152,176)	(116,666)	(35,510)
4300 · DHC Recoveries	2,000	2,000	0	2,000	2,000	0	4,000	4,000	0
Total 4000 · Income	209,729	(56,333)	266,062	(333,734)	(56,333)	(277,401)	(124,005)	(112,666)	(11,339)
4500 · LPMP Income	116,026	112,999	3,027	118,896	112,999	5,897	234,922	225,998	8,924
4501 · Miscellaneous Income	750	750	0	750	750	0	1,500	1,500	0
Total Income	326,505	57,416	269,089	(214,088)	57,416	(271,504)	112,417	114,832	(2,415)
Expense									
5000 · Direct Expenses									
5100 · Administration Expense									
5110 · Wages Expense	65,964	121,344	(55,380)	96,136	121,344	(25,208)	162,100	242,688	(80,588)
5111 · Allocation to LPMP - Payroll	(6,363)	(5,470)	(893)	(6,363)	(5,470)	(893)	(12,726)	(10,940)	(1,786)
5112 · Vacation/Sick/Holiday Expense	22,010	11,667	10,343	15,381	11,667	3,714	37,391	23,334	14,057
5114 · Allocation to Foundation	(27,936)	(27,936)	0	(27,936)	(27,936)	0	(55,872)	(55,872)	0
5119 · Allocation-FED FUNDS/CVHIP-DHCF	(15,869)	(13,823)	(2,046)	(17,624)	(13,823)	(3,801)	(33,493)	(27,646)	(5,847)
5120 · Payroll Tax Expense	8,258	9,633	(1,375)	7,651	9,633	(1,982)	15,909	19,266	(3,357)
5130 · Health Insurance Expense									
5131 · Premiums Expense	16,555	21,576	(5,021)	16,697	21,576	(4,879)	33,252	43,152	(9,900)
5135 · Reimb./Co-Payments Expense	0	1,950	(1,950)	1,671	1,950	(279)	1,671	3,900	(2,229)
Total 5130 · Health Insurance Expense	16,555	23,526	(6,971)	18,368	23,526	(5,158)	34,923	47,052	(12,129)
5140 · Workers Comp. Expense	385	399	(14)	385	399	(14)	770	798	(28)
5145 · Retirement Plan Expense	7,980	8,895	(915)	8,607	8,895	(288)	16,587	17,790	(1,203)
5160 · Education Expense	4,730	7,083	(2,353)	2,725	7,083	(4,358)	7,455	14,166	(6,711)
Total 5100 · Administration Expense	75,714	135,318	(59,604)	97,330	135,318	(37,988)	173,044	270,636	(97,592)
5200 · Board Expenses									
5210 · Healthcare Benefits Expense	1,100	1,096	4	1,092	1,096	(4)	2,192	2,192	0
5230 · Meeting Expense	2,625	2,667	(42)	800	2,667	(1,867)	3,425	5,334	(1,909)
5235 · Director Stipend Expense	1,470	3,465	(1,995)	0	3,465	(3,465)	1,470	6,930	(5,460)
5240 · Catering Expense	325	833	(508)	0	833	(833)	325	1,666	(1,341)
5250 · Mileage Reimbursement Expense	0	208	(208)	0	208	(208)	0	416	(416)
5270 · Election Fees Expense	0	8,333	(8,333)	0	8,333	(8,333)	0	16,666	(16,666)
Total 5200 · Board Expenses	5,520	16,602	(11,082)	1,892	16,602	(14,710)	7,412	33,204	(25,792)
Total 5000 · Direct Expenses	81,234	151,920	(70,686)	99,222	151,920	(52,698)	180,456	303,840	(123,384)

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

	MONTH			MONTH			TOTAL		
	Jul 22	Budget	\$ Over Budget	Aug 22	Budget	\$ Over Budget	Jul - Aug 22	Budget	\$ Over Budget
6000 · General & Administrative Exp									
6110 · Payroll fees Expense	187	208	(21)	187	208	(21)	374	416	(42)
6120 · Bank and Investment Fees Exp	5,599	4,500	1,099	5,744	4,500	1,244	11,343	9,000	2,343
6125 · Depreciation Expense	985	4,917	(3,932)	985	4,917	(3,932)	1,970	9,834	(7,864)
6126 · Depreciation-Solar Parking lot	15,072	15,072	0	15,072	15,072	0	30,144	30,144	0
6130 · Dues and Membership Expense	1,697	4,159	(2,462)	2,552	4,159	(1,607)	4,249	8,318	(4,069)
6200 · Insurance Expense	3,929	2,667	1,262	3,929	2,667	1,262	7,858	5,334	2,524
6300 · Minor Equipment Expense	0	42	(42)	0	42	(42)	0	84	(84)
6305 · Auto Allowance & Mileage Exp	462	500	(38)	462	500	(38)	924	1,000	(76)
6306 · Staff- Auto Mileage reimb	0	625	(625)	0	625	(625)	0	1,250	(1,250)
6309 · Personnel Expense	0	375	(375)	0	375	(375)	0	750	(750)
6310 · Miscellaneous Expense	0	42	(42)	0	42	(42)	0	84	(84)
6311 · Cell Phone Expense	525	725	(200)	500	725	(225)	1,025	1,450	(425)
6312 · Wellness Park Expenses	0	83	(83)	0	83	(83)	0	166	(166)
6315 · Security Monitoring Expense	108	50	58	0	50	(50)	108	100	8
6340 · Postage Expense	387	333	54	128	333	(205)	515	666	(151)
6350 · Copier Rental/Fees Expense	377	500	(123)	377	500	(123)	754	1,000	(246)
6351 · Travel Expense	2,876	1,667	1,209	4	1,667	(1,663)	2,880	3,334	(454)
6352 · Meals & Entertainment Exp	1,854	875	979	87	875	(788)	1,941	1,750	191
6355 · Computer Services Expense	2,007	4,263	(2,256)	3,220	4,263	(1,043)	5,227	8,526	(3,299)
6360 · Supplies Expense	745	1,917	(1,172)	997	1,917	(920)	1,742	3,834	(2,092)
6380 · LAFCO Assessment Expense	205	208	(3)	205	208	(3)	410	416	(6)
6400 · East Valley Office	2,447	2,517	(70)	2,668	2,517	151	5,115	5,034	81
Total 6000 · General & Administrative Exp	39,462	46,245	(6,783)	37,117	46,245	(9,128)	76,579	92,490	(15,911)
6325 · CEO Discretionary Fund	5,000	2,083	2,917	5,000	2,083	2,917	10,000	4,166	5,834
6445 · LPMP Expenses	87,683	94,176	(6,493)	97,582	94,176	3,406	185,265	188,352	(3,087)
6500 · Professional Fees Expense									
6516 · Professional Services Expense	89,617	72,094	17,523	15,210	72,094	(56,884)	104,827	144,188	(39,361)
6520 · Annual Audit Fee Expense	1,458	1,458	0	1,458	1,458	0	2,916	2,916	0
6530 · PR/Communications/Website	20	5,467	(5,447)	13,756	5,467	8,289	13,776	10,934	2,842
6560 · Legal Expense	(6,265)	10,000	(16,265)	0	10,000	(10,000)	(6,265)	20,000	(26,265)
Total 6500 · Professional Fees Expense	84,830	89,019	(4,189)	30,424	89,019	(58,595)	115,254	178,038	(62,784)
6700 · Trust Expenses									
6720 · Pension Plans Expense									
6721 · Legal Expense	0	167	(167)	0	167	(167)	0	334	(334)
6725 · RPP Pension Expense	5,000	5,000	0	5,000	5,000	0	10,000	10,000	0
6728 · Pension Audit Fee Expense	458	854	(396)	5,259	854	4,405	5,717	1,708	4,009
Total 6700 · Trust Expenses	5,458	6,021	(563)	10,259	6,021	4,238	15,717	12,042	3,675
Total Expense Before Grants	303,667	389,464	(85,797)	279,604	389,464	(109,860)	583,271	778,928	(195,657)
7000 · Grants Expense									
7010 · Major Grant Awards Expense	10,000	333,333	(323,333)	5,000	333,333	(328,333)	15,000	666,666	(651,666)
Net Income	12,838	(665,381)	678,219	(498,692)	(665,381)	166,689	(485,854)	(1,330,762)	844,908

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

	MONTH			MONTH			TOTAL		
	Jul 22	Budget	\$ Over Budget	Aug 22	Budget	\$ Over Budget	Jul - Aug 22	Budget	\$ Over Budget
Income									
4500 · LPMP Income									
4505 · Rental Income	82,818	80,018	2,800	84,981	80,018	4,963	167,799	160,036	7,763
4510 · CAM Income	33,208	32,898	310	33,915	32,898	1,017	67,123	65,796	1,327
4513 · Misc. Income	0	83	(83)	0	83	(83)	0	166	(166)
Total 4500 · LPMP Income	116,026	112,999	3,027	118,896	112,999	5,897	234,922	225,998	8,924
Expense									
6445 · LPMP Expenses									
6420 · Insurance Expense	4,338	3,125	1,213	4,338	3,125	1,213	8,676	6,250	2,426
6425 · Building - Depreciation Expense	24,455	27,441	(2,986)	24,455	27,441	(2,986)	48,910	54,882	(5,972)
6426 · Tenant Improvements -Dep Exp	16,959	16,667	292	16,959	16,667	292	33,918	33,334	584
6427 · HVAC Maintenance Expense	703	1,333	(630)	(19)	1,333	(1,352)	684	2,666	(1,982)
6428 · Roof Repairs Expense	0	208	(208)	0	208	(208)	0	416	(416)
6431 · Building -Interior Expense	0	625	(625)	0	625	(625)	0	1,250	(1,250)
6432 · Plumbing -Interior Expense	0	667	(667)	1,619	667	952	1,619	1,334	285
6433 · Plumbing -Exterior Expense	0	208	(208)	0	208	(208)	0	416	(416)
6434 · Allocation Internal Prop. Mgmt	6,363	5,470	893	6,363	5,470	893	12,726	10,940	1,786
6435 · Bank Charges	31	42	(11)	28	42	(14)	59	84	(25)
6437 · Utilities -Vacant Units Expense	0	183	(183)	334	183	151	334	366	(32)
6439 · Deferred Maintenance Repairs Ex	0	1,250	(1,250)	0	1,250	(1,250)	0	2,500	(2,500)
6440 · Professional Fees Expense	11,150	11,150	0	11,150	11,150	0	22,300	22,300	0
6441 · Legal Expense	0	83	(83)	0	83	(83)	0	166	(166)
6458 · Elevators - R & M Expense	1,701	1,000	701	244	1,000	(756)	1,945	2,000	(55)
6460 · Exterminating Service Expense	275	333	(58)	9,770	333	9,437	10,045	666	9,379
6463 · Landscaping Expense	0	750	(750)	0	750	(750)	0	1,500	(1,500)
6467 · Lighting Expense	0	500	(500)	0	500	(500)	0	1,000	(1,000)
6468 · General Maintenance Expense	0	83	(83)	0	83	(83)	0	166	(166)
6471 · Marketing-Advertising	0	1,250	(1,250)	1,475	1,250	225	1,475	2,500	(1,025)
6475 · Property Taxes Expense	6,250	6,500	(250)	6,250	6,500	(250)	12,500	13,000	(500)
6476 · Signage Expense	0	125	(125)	379	125	254	379	250	129
6480 · Rubbish Removal Medical Waste E	1,297	1,500	(203)	1,297	1,500	(203)	2,594	3,000	(406)
6481 · Rubbish Removal Expense	2,419	3,058	(639)	2,419	3,058	(639)	4,838	6,116	(1,278)
6482 · Utilities/Electricity/Exterior	0	625	(625)	606	625	(19)	606	1,250	(644)
6484 · Utilities - Water (Exterior)	936	625	311	1,205	625	580	2,141	1,250	891
6485 · Security Expenses	10,806	9,208	1,598	8,500	9,208	(708)	19,306	18,416	890
6490 · Miscellaneous Expense	0	167	(167)	210	167	43	210	334	(124)
6445 · LPMP Expenses	87,683	94,176	(6,493)	97,582	94,176	3,406	185,265	188,352	(3,087)
Net Income	28,343	18,823	9,520	21,314	18,823	2,491	49,657	37,646	12,011

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

				Aug 31, 22	Aug 31, 21
ASSETS					
	Current Assets				
	Checking/Savings				
		1000 · CHECKING CASH ACCOUNTS		453,578	1,944,174
		1100 · INVESTMENT ACCOUNTS		62,412,412	61,765,835
		Total Checking/Savings		62,865,990	63,710,009
		Total Accounts Receivable		68,375	118,100
	Other Current Assets				
		1204.1 · Rent Receivable-Deferred COVID		86,584	146,495
		1270 · Prepaid Insurance -Ongoing		86,303	63,315
		1279 · Pre-Paid Fees		31,085	28,242
		1281 · CalFresh Receivable		0	10,573
		Total Other Current Assets		203,972	248,625
		Total Current Assets		63,138,337	64,076,734
	Fixed Assets				
		1300 · FIXED ASSETS		4,997,847	4,906,441
		1335-00 · ACC DEPR		(2,403,992)	(2,189,096)
		1400 · LPMP Assets		7,131,913	7,060,625
		Total Fixed Assets		9,725,768	9,777,970
	Other Assets				
		1700 · OTHER ASSETS		3,529,745	3,980,220
	TOTAL ASSETS			76,393,850	77,834,924

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

					Aug 31, 22	Aug 31, 21
LIABILITIES & EQUITY						
	Liabilities					
	Current Liabilities					
	Accounts Payable					
		2000 · Accounts Payable			56,370	10,494
		2001 · LPMP Accounts Payable			12,032	14,052
		Total Accounts Payable			68,402	24,546
	Other Current Liabilities					
		2002 · LPMP Property Taxes			12,500	12,500
		2003 · Prepaid Rents			0	6,622
		2131 · Grant Awards Payable			4,721,975	4,412,876
		2133 · Accrued Accounts Payable			129,550	139,550
		2141 · Accrued Vacation Time			85,736	79,371
		2188 · Current Portion - LTD			12,336	12,336
		2190 · Investment Fees Payable			10,000	24,000
		Total Other Current Liabilities			4,972,097	4,687,255
	Total Current Liabilities				5,040,499	4,711,801
	Long Term Liabilities					
		2171 · RPP-Deferred Inflows-Resources			492,802	675,732
		2280 · Long-Term Disability			2,981	16,281
		2281 · Grants Payable - Long-term			3,520,000	4,990,000
		2290 · LPMP Security Deposits			64,960	59,101
	Total Long Term Liabilities				4,080,743	5,741,114
	Total Liabilities				9,121,242	10,452,915
	Equity					
		3900 · *Retained Earnings			67,758,461	67,408,928
		Net Income			(485,854)	(26,919)
	Total Equity				67,272,607	67,382,009
	TOTAL LIABILITIES & EQUITY				76,393,850	77,834,924

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

				Aug 31, 22	Aug 31, 21
ASSETS					
	Current Assets				
	Checking/Savings				
	1000 · CHECKING CASH ACCOUNTS				
		1010 · Union Bank - Checking		0	1,705,789
		1012 · Union Bank Operating - 9356		309,421	0
		1046 · Las Palmas Medical Plaza		143,657	237,885
		1047 · Petty Cash		500	500
		Total 1000 · CHECKING CASH ACCOUNTS		453,578	1,944,174
	1100 · INVESTMENT ACCOUNTS				
		1130 · Facility Replacement Fund		64,626,530	61,201,931
		1135 · Unrealized Gain(Loss) FRF		(2,214,118)	563,904
		Total 1100 · INVESTMENT ACCOUNTS		62,412,412	61,765,835
		Total Checking/Savings		62,865,990	63,710,009
	Accounts Receivable				
		1201 · Accounts Receivable			
		1204 · LPMP Accounts Receivable		(23,374)	(24,469)
		1205 · Misc. Accounts Receivable		1,500	(750)
		1211 · A-R Foundation - Exp Allocation		90,249	143,319
		Total Accounts Receivable		68,375	118,100
	Other Current Assets				
		1204.1 · Rent Receivable-Deferred COVID		86,584	146,495
		1270 · Prepaid Insurance -Ongoing		86,303	63,315
		1279 · Pre-Paid Fees		31,085	28,242
		1281 · CalFresh Receivable		0	10,573
		Total Other Current Assets		203,972	248,625
		Total Current Assets		63,138,337	64,076,734
	Fixed Assets				
	1300 · FIXED ASSETS				
		1310 · Computer Equipment		90,568	80,487
		1320 · Furniture and Fixtures		33,254	33,254
		1321 · Mobile Medical Unit		124,125	59,500
		1322 · Tenant Improvement - RAP #G100		32,794	16,094
		1325 · Offsite Improvements		300,849	300,849
		1331 · DRMC - Parking lot		4,416,257	4,416,257
		Total 1300 · FIXED ASSETS		4,997,847	4,906,441

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

		Aug 31, 22	Aug 31, 21
	1335-00 · ACC DEPR		
	1335 · Accumulated Depreciation	(220,768)	(209,285)
	1337 · Accum Deprec- Solar Parking Lot	(1,989,675)	(1,808,811)
	1338 · Accum Deprec - LPMP Parking Lot	(193,549)	(171,000)
	Total 1335-00 · ACC DEPR	(2,403,992)	(2,189,096)
	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	2,185,396
	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	452,214	618,031
	1406 · Building Improvements - Other	2,153,527	1,581,558
	Total 1406 · Building Improvements	3,282,225	2,876,073
	1407 · Building Equipment Improvements	444,268	413,011
	1409 · Accumulated Depreciation		
	1410 · Accum. Depreciation	(7,919,562)	(7,682,314)
	1412 · T I Accumulated Dep.-New	(1,946,954)	(1,732,071)
	Total 1409 · Accumulated Depreciation	(9,866,516)	(9,414,385)
	Total 1400 · LPMP Assets	7,131,913	7,060,625
	Total Fixed Assets	9,725,768	9,777,970
	Other Assets		
	1700 · OTHER ASSETS		
	1731 · Wellness Park	1,693,800	1,693,800
	1740 · RPP-Deferred Outflows-Resources	836,699	494,388
	1742 · RPP - Net Pension Asset	999,246	1,792,032
	Total Other Assets	3,529,745	3,980,220
	TOTAL ASSETS	76,393,850	77,834,924

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

					Aug 31, 22	Aug 31, 21
LIABILITIES & EQUITY						
	Liabilities					
	Current Liabilities					
	Accounts Payable					
		2000 · Accounts Payable			56,370	10,494
		2001 · LPMP Accounts Payable			12,032	14,052
		Total Accounts Payable			68,402	24,546
	Other Current Liabilities					
		2002 · LPMP Property Taxes			12,500	12,500
		2003 · Prepaid Rents			0	6,622
		2131 · Grant Awards Payable			4,721,975	4,412,876
		2133 · Accrued Accounts Payable			129,550	139,550
		2141 · Accrued Vacation Time			85,736	79,371
		2188 · Current Portion - LTD			12,336	12,336
		2190 · Investment Fees Payable			10,000	24,000
		Total Other Current Liabilities			4,972,097	4,687,255
	Total Current Liabilities				5,040,499	4,711,801
	Long Term Liabilities					
		2171 · RPP-Deferred Inflows-Resources			492,802	675,732
		2280 · Long-Term Disability			2,981	16,281
		2281 · Grants Payable - Long-term			3,520,000	4,990,000
		2290 · LPMP Security Deposits			64,960	59,101
	Total Long Term Liabilities				4,080,743	5,741,114
	Total Liabilities				9,121,242	10,452,915
	Equity					
		3900 · *Retained Earnings			67,758,461	67,408,928
		Net Income			(485,854)	(26,919)
	Total Equity				67,272,607	67,382,009
	TOTAL LIABILITIES & EQUITY				76,393,850	77,834,924

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

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL	COMMENT
Coachella Valley Volunteers in Medicine-	0	(2,952)	(171)	0	0	(3,123)	Prepaid
Desert Healthcare Foundation-	45,560	0	43,805	884	0	90,249	Due from Foundation
Desert Oasis Healthcare	0	(2,499)	0	0	0	(2,499)	Prepaid
Laboratory Corporation of America	0	(5,101)	0	0	0	(5,101)	Prepaid
PICA	0	750	0	750	0	1,500	Transferring to HOA
Quest Diagnostics Incorporated	0	(4,154)	0	0	0	(4,154)	Prepaid
Steven Gundry, M.D.	0	(5,743)	0	0	0	(5,743)	Prepaid
WestPac Labs, Inc.	0	(2,755)	0	0	0	(2,755)	Prepaid
TOTAL	45,560	(22,454)	43,634	1,634	0	68,374	

Desert Healthcare District
Deposit Detail
July through August 2022

Type	Date	Name	Amount
Deposit	07/26/2022		4
		Riverside County Treasurer - Property Tax	(4)
		Riverside County Treasurer - Property Tax	0
TOTAL			(4)
Deposit	07/28/2022		2,755
Payment	07/28/2022	WestPac Labs, Inc. - LPMP Tenant Deposit	(2,755)
TOTAL			(2,755)
Deposit	07/29/2022		3,672
		Riverside County Treasurer - Property Tax	(3,672)
TOTAL			(3,672)
Deposit	08/02/2022		2,000
		T-Mobile	(2,000)
TOTAL			(2,000)
Deposit	08/05/2022		106,154
		Riverside County Treasurer - Property Tax	(106,100)
		Riverside County Treasurer - Property Tax	(54)
TOTAL			(106,154)
Deposit	08/08/2022		41,104
		Riverside County Treasurer - Property Tax	(41,104)
TOTAL			(41,104)
Deposit	08/09/2022		21,922
		Riverside County Treasurer - Property Tax	(21,922)
TOTAL			(21,922)

Desert Healthcare District
Deposit Detail
 July through August 2022

Type		Date		Name		Amount
Deposit		08/18/2022				6,091
				Riverside County Treasurer - Property Tax		(6,091)
TOTAL						(6,091)
				TOTAL		183,702

DESERT HEALTHCARE DISTRICT											
PROPERTY TAX RECEIPTS FY 2022 - 2023											
RECEIPTS - TWO MONTHS ENDED AUGUST 31, 2022											
	FY 2021-2022 Projected/Actual						FY 2022-2023 Projected/Actual				
	Budget %	Budget \$	Act %	Actual Receipts	Variance		Receipts %	Receipts \$	Act %	Actual Receipts	Variance
July	2.5%	\$ 182,825	2.2%	\$ 162,345	\$ (20,480)		0.0%	\$ -	0.0%	\$ 3,676	\$ 3,676
Aug	1.6%	\$ 117,008	0.2%	\$ 11,529	\$ (105,479)		0.0%	\$ -	2.2%	\$ 175,271	\$ 175,271
Sep	0.0%	\$ -	0.0%	\$ -	\$ -		0.0%	\$ -	0.0%		
Oct	2.6%	\$ 190,138	0.0%	\$ 130	\$ (190,008)		2.6%	\$ 208,624	0.0%		
Nov	0.4%	\$ 29,252	2.5%	\$ 181,286	\$ 152,034		0.4%	\$ 32,096	0.0%		
Dec	16.9%	\$ 1,235,897	18.3%	\$ 1,337,681	\$ 101,784		16.9%	\$ 1,356,056	0.0%		
Jan	31.9%	\$ 2,332,847	37.8%	\$ 2,763,324	\$ 430,477		31.9%	\$ 2,559,656	0.0%		
Feb	0.0%	\$ -	2.5%	\$ 180,240	\$ 180,240		0.0%	\$ -	0.0%		
Mar	0.3%	\$ 21,939	0.5%	\$ 35,819	\$ 13,880		0.3%	\$ 24,072	0.0%		
Apr	5.5%	\$ 402,215	6.1%	\$ 443,891	\$ 41,676		5.5%	\$ 441,320	0.0%		
May	19.9%	\$ 1,455,287	45.0%	\$ 3,288,706	\$ 1,833,419		19.9%	\$ 1,596,776	0.0%		
June	18.4%	\$ 1,345,592	0.7%	\$ 47,936	\$ (1,297,656)		22.5%	\$ 1,805,400	0.0%		
Total	100%	\$ 7,313,000	115.6%	\$ 8,452,887	\$ 1,139,887		100.00%	\$ 8,024,000	2.2%	\$ 178,947	\$ 178,947

Las Palmas Medical Plaza
Deposit Detail - LPMP
 July through August 2022

Type	Date	Name	Amount
Deposit	07/01/2022		4,123
Payment	07/01/2022	Global Premier Fertility	(4,123)
TOTAL			(4,123)
Deposit	07/05/2022		7,552
Payment	07/05/2022	EyeCare Services Partners Management LLC	(7,552)
TOTAL			(7,552)
Deposit	07/05/2022		4,260
Payment	07/05/2022	Peter Jamieson, M.D.	(3,338)
Payment	07/05/2022	Peter Jamieson, M.D.	(834)
Payment	07/05/2022	Peter Jamieson, M.D.	(88)
TOTAL			(4,260)
Deposit	07/05/2022		1,927
Payment	07/05/2022	Arthritis & Rheumatic Care Clinic, Inc	(1,927)
TOTAL			(1,927)
Deposit	07/07/2022		14,709
Payment	07/06/2022	Cure Cardiovascular Consultants	(3,205)
Payment	07/06/2022	Aijaz Hashmi, M.D., Inc.	(3,101)
Payment	07/06/2022	Brad A. Wolfson, M.D.	(3,701)
Payment	07/06/2022	Cohen Musch Thomas Medical Group	(4,703)
TOTAL			(14,710)
Deposit	07/11/2022		2,471
Payment	07/11/2022	Pathway Pharmaceuticals, Inc.	(2,471)
TOTAL			(2,471)

Las Palmas Medical Plaza
Deposit Detail - LPMP
 July through August 2022

Type	Date	Name	Amount
Deposit	07/11/2022		7,194
Payment	07/11/2022	Palmtree Clinical Research	(7,194)
TOTAL			(7,194)
Deposit	07/25/2022		54,986
Payment	07/25/2022	Desert Regional Medical Center	(5,690)
Payment	07/25/2022	Tenet HealthSystem Desert, Inc.	(33,683)
Payment	07/25/2022	Tenet HealthSystem Desert, Inc	(6,494)
Payment	07/25/2022	Ramy Awad, M.D.	(3,494)
Payment	07/25/2022	Steven Gundry, M.D.	(5,625)
TOTAL			(54,986)
Deposit	07/25/2022		5,625
Payment	07/25/2022	Steven Gundry, M.D.	(5,625)
TOTAL			(5,625)
Deposit	07/26/2022		7,599
Payment	07/26/2022	Laboratory Corporation of America	(5,101)
Payment	07/26/2022	Desert Oasis Healthcare	(2,499)
TOTAL			(7,600)
Deposit	07/27/2022		4,154
Payment	07/27/2022	Quest Diagnostics Incorporated	(4,154)
TOTAL			(4,154)
Deposit	07/27/2022		10,249
Payment	07/27/2022	Derakhsh Fozouni, M.D.	(6,414)
Payment	07/27/2022	Desert Family Medical Center	(3,835)
TOTAL			(10,249)

Las Palmas Medical Plaza
Deposit Detail - LPMP
 July through August 2022

Type	Date	Name	Amount
Deposit	07/28/2022		10,846
Payment	07/28/2022	Coachella Valley Volunteers in Medicine-	(3,295)
Payment	07/28/2022	EyeCare Services Partners Management LLC	(7,552)
TOTAL			(10,847)
Deposit	08/01/2022		1,927
Payment	08/01/2022	Arthritis & Rheumatic Care Clinic, Inc	(1,927)
TOTAL			(1,927)
Deposit	08/02/2022		2,873
Payment	08/02/2022	Steven Gundry, M.D.	(118)
Payment	08/02/2022	WestPac Labs, Inc.	(2,755)
TOTAL			(2,873)
Deposit	08/05/2022		3,338
Payment	08/05/2022	Peter Jamieson, M.D.	(3,338)
TOTAL			(3,338)
Deposit	08/05/2022		10,004
Payment	08/04/2022	Cure Cardiovascular Consultants	(3,205)
Payment	08/04/2022	Aijaz Hashmi, M.D., Inc.	(3,101)
Payment	08/04/2022	Brad A. Wolfson, M.D.	(3,699)
TOTAL			(10,005)
Deposit	08/08/2022		7,194
Payment	08/08/2022	Palmtree Clinical Research	(7,194)
TOTAL			(7,194)

Las Palmas Medical Plaza
Deposit Detail - LPMP
 July through August 2022

Type	Date	Name	Amount
Deposit	08/09/2022		49,990
Payment	08/09/2022	Global Premier Fertility	(4,123)
Payment	08/09/2022	Desert Regional Medical Center	(5,690)
Payment	08/09/2022	Tenet HealthSystem Desert, Inc.	(33,683)
Payment	08/09/2022	Tenet HealthSystem Desert, Inc	(6,494)
TOTAL			(49,990)
Deposit	08/09/2022		2,471
Payment	08/09/2022	Pathway Pharmaceuticals, Inc.	(2,471)
TOTAL			(2,471)
Deposit	08/10/2022		4,703
Payment	08/08/2022	Cohen Musch Thomas Medical Group	(4,703)
TOTAL			(4,703)
Deposit	08/11/2022		412
Payment	08/11/2022	Laboratory Corporation of America	(412)
TOTAL			(412)
Deposit	08/11/2022		6,414
Payment	08/11/2022	Derakhsh Fozouni, M.D.	(6,414)
TOTAL			(6,414)
Deposit	08/15/2022		3,835
Payment	08/15/2022	Desert Family Medical Center	(3,835)
TOTAL			(3,835)
Deposit	08/18/2022		3,494
Payment	08/18/2022	Ramy Awad, M.D.	(3,494)
TOTAL			(3,494)

Las Palmas Medical Plaza
Deposit Detail - LPMP
 July through August 2022

Type	Date	Name	Amount
Deposit	08/18/2022		2,755
Payment	08/18/2022	WestPac Labs, Inc.	(2,755)
TOTAL			(2,755)
Deposit	08/25/2022		4,154
Payment	08/25/2022	Quest Diagnostics Incorporated	(4,154)
TOTAL			(4,154)
Deposit	08/30/2022		16,294
Payment	08/30/2022	Coachella Valley Volunteers in Medicine-	(2,952)
Payment	08/30/2022	Desert Oasis Healthcare	(2,499)
Payment	08/30/2022	Steven Gundry, M.D.	(5,743)
Payment	08/30/2022	Laboratory Corporation of America	(5,101)
TOTAL			(16,295)
Deposit	08/30/2022		194
Payment	08/30/2022	Laboratory Corporation of America	(194)
TOTAL			(194)
		TOTAL	255,747

Desert Healthcare District
Check Register
As of August 31, 2022

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1012 - Union Bank Operating - 9356				
Bill Pmt -Check	07/01/2022	1175	ACHD	(12,170)
Bill Pmt -Check	07/01/2022	1176	Andrea S. Hayles - Expense Reimbursement	(20)
Bill Pmt -Check	07/01/2022	1177	Kaufman Hall	(77,650)
Bill Pmt -Check	07/01/2022	1178	Magdalena Martinez - HR Consulting Services	(1,827)
Bill Pmt -Check	07/01/2022	1179	Regional Access Project Foundation	(2,329)
Bill Pmt -Check	07/01/2022	1180	Zendle, Les - Stipend	(630)
Bill Pmt -Check	07/01/2022	1181	Rogers, Carole - Stipend	(525)
Bill Pmt -Check	07/01/2022	1182	Principal Financial Group-	(2,260)
Bill Pmt -Check	07/05/2022	1183	Image Source	(74)
Bill Pmt -Check	07/05/2022	1184	Boyd & Associates	(108)
Bill Pmt -Check	07/05/2022	1185	California Consulting	(4,250)
Bill Pmt -Check	07/05/2022	1186	County of Riverside Auditor-Controller	(2,454)
Bill Pmt -Check	07/05/2022	1187	So.Cal Computer Shop	(810)
Bill Pmt -Check	07/05/2022	1188	Staples Credit Plan	(244)
Bill Pmt -Check	07/05/2022	1189	Underground Service Alert of Southern Cal	(10)
Check	07/07/2022	Auto Pay	Calif. Public Employees'Retirement System	(14,022)
Liability Check	07/08/2022		QuickBooks Payroll Service	(51,619)
Bill Pmt -Check	07/08/2022	1190	First Bankcard (Union Bank)	(2,442)
Bill Pmt -Check	07/08/2022	1191	First Bankcard (Union Bank)	(2,036)
Bill Pmt -Check	07/08/2022	1192	Lift To Rise - Grant Payment	(30,000)
Bill Pmt -Check	07/08/2022	1193	Pitney Bowes Global Financial Services	(228)
Bill Pmt -Check	07/08/2022	1194	Xerox Financial Services	(377)
Bill Pmt -Check	07/08/2022	1195	So.Cal Computer Shop	(434)
Bill Pmt -Check	07/08/2022	1196	Chris Christensen - Expense Reimbursement	(37)
Bill Pmt -Check	07/08/2022	1197	Donna Den Bleyker - Expense Reimbursement	(1,551)
Bill Pmt -Check	07/11/2022	1198	State Compensation Insurance Fund	(385)
Bill Pmt -Check	07/11/2022	1199	Spectrum (Time Warner)	(267)
Bill Pmt -Check	07/11/2022	1200	Conrado Barzaga - Expense Reimbursement	(2,449)
Bill Pmt -Check	07/12/2022	1201	Kaufman Hall	(760)
Bill Pmt -Check	07/12/2022	1202	Maria Cristina Mendez - Translation Services	(617)
Bill Pmt -Check	07/12/2022	1203	Voices for Children - Grant Payment	(27,000)
Liability Check	07/20/2022		QuickBooks Payroll Service	(53,587)
Bill Pmt -Check	07/21/2022	1204	CoPower Employers' Benefits Alliance	(1,719)
Bill Pmt -Check	07/21/2022	1205	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	07/21/2022	1206	Principal Life Insurance Co.	(1,915)
Bill Pmt -Check	07/21/2022	1207	Purchase Power	(100)
Bill Pmt -Check	07/21/2022	1208	Regional Access Project Foundation	(5,000)

Desert Healthcare District
Check Register
As of August 31, 2022

Type	Date	Num	Name	Amount
Bill Pmt -Check	07/21/2022	1209	The Desert Sun	(966)
Bill Pmt -Check	07/22/2022	1210	Regional Access Project Foundation	(2,447)
Bill Pmt -Check	07/25/2022	1211	Alianza Nacional De Campesinas Inc - Grant Payment	(5,000)
Bill Pmt -Check	07/25/2022	1212	Coachella Valley Volunteers in Medicine - Grant Payment	(69,342)
Bill Pmt -Check	07/25/2022	1213	Pueblo Unido CDC - Grant Payment	(11,250)
Bill Pmt -Check	07/25/2022	1214	Galilee Center - Grant Payment	(15,000)
Check	07/25/2022		Bank Service Charge	(599)
Bill Pmt -Check	07/26/2022	1215	Frazier Pest Control, Inc.	(30)
Bill Pmt -Check	07/28/2022	1216	Alejandro Espinoza - Expense Reimbursement	(2,365)
Bill Pmt -Check	07/28/2022	1217	Shred-It	(807)
Bill Pmt -Check	07/28/2022	1218	Verizon Wireless	(627)
Bill Pmt -Check	07/28/2022	1219	Zendle, Les - Stipend	(315)
Bill Pmt -Check	07/28/2022	IC 072822	Desert Healthcare Foundation - Grant Payment	(2,000,000)
Check	07/29/2022	Auto Pay	Principal Financial Group-	(895)
Bill Pmt -Check	08/02/2022	1220	Carmina Zavala - Stipend	(420)
Bill Pmt -Check	08/02/2022	1221	El Sol Neighborhood Educational Center - Grant Payment	(33,750)
Bill Pmt -Check	08/02/2022	1222	Image Source	(86)
Bill Pmt -Check	08/02/2022	1223	Kaufman Hall	(77,650)
Bill Pmt -Check	08/02/2022	1224	Ready Refresh	(50)
Bill Pmt -Check	08/02/2022	1225	So.Cal Computer Shop	(810)
Bill Pmt -Check	08/02/2022	1226	Theresa A. Mike Scholarship Foundation - Grant Payment	(5,000)
Bill Pmt -Check	08/03/2022	1227	Evet PerezGil - Stipend	(735)
Liability Check	08/05/2022		QuickBooks Payroll Service	(55,234)
Bill Pmt -Check	08/05/2022	1228	California Consulting	(4,250)
Bill Pmt -Check	08/05/2022	1229	First Bankcard (Union Bank)	(464)
Bill Pmt -Check	08/05/2022	1230	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	08/05/2022	1231	Palm Springs Chamber of Commerce	(250)
Bill Pmt -Check	08/05/2022	1232	Staples Credit Plan	(497)
Bill Pmt -Check	08/05/2022	1233	State Compensation Insurance Fund	(385)
Bill Pmt -Check	08/05/2022	1234	UPS	(59)
Bill Pmt -Check	08/05/2022	1235-VOID	Vision y Compromiso	0
Bill Pmt -Check	08/05/2022	1236	Vision y Compromiso - Grant Payment	(33,750)
Check	08/08/2022	Auto Pay	Calif. Public Employees'Retirement System	(14,033)
Bill Pmt -Check	08/08/2022	1237	First Bankcard (Union Bank)	(12,361)
Bill Pmt -Check	08/08/2022	1239	Xerox Financial Services	(377)
Bill Pmt -Check	08/09/2022	1240	Spectrum (Time Warner)	(267)
Bill Pmt -Check	08/15/2022	1241	Purchase Power	(100)
Bill Pmt -Check	08/15/2022	1242	Strategies 360, Inc.	(6,250)
Bill Pmt -Check	08/16/2022	ACH 081822	Law Offices of Scott & Jackson	(12,735)

Desert Healthcare District
Check Register
As of August 31, 2022

Type	Date	Num	Name	Amount
Bill Pmt -Check	08/18/2022	1243	Coachella Valley Accounting & Auditing	(14,000)
Bill Pmt -Check	08/18/2022	1244	CoPower Employers' Benefits Alliance	(1,841)
Bill Pmt -Check	08/18/2022	1245	Principal Life Insurance Co.	(1,915)
Liability Check	08/19/2022		QuickBooks Payroll Service	(53,506)
Bill Pmt -Check	08/23/2022	1246	Desert Cancer Foundation - Grant Payment	(67,500)
Bill Pmt -Check	08/23/2022	1247	Frazier Pest Control, Inc.	(33)
Bill Pmt -Check	08/23/2022	1248	Hanson House Foundation - Grant Payment	(5,000)
Bill Pmt -Check	08/23/2022	1249	Regional Access Project Foundation	(2,411)
Bill Pmt -Check	08/23/2022	1250	Eric Taylor - Expense Reimbursement	(25)
Check	08/25/2022		Bank Service Charge	(744)
Bill Pmt -Check	08/30/2022	1251	Coachella Valley Economic Partnership	(5,000)
Bill Pmt -Check	08/30/2022	1252	Image Source	(125)
Bill Pmt -Check	08/30/2022	1253	Magnum Mobile	(64,625)
Bill Pmt -Check	08/30/2022	1254	Shred-It	(255)
Bill Pmt -Check	08/30/2022	1255	Verizon Wireless	(601)
Bill Pmt -Check	08/30/2022	1256	Palms to Pines Printing	(168)
TOTAL				(2,889,811)

Desert Healthcare District									
Details for Credit Card Expenditures									
Credit card purchases - July 2022 - Paid August 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									
</									

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

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1046 - Las Palmas Medical Plaza				
Bill Pmt -Check	07/01/2022	10583	Amtech Elevator Services	(1,456)
Bill Pmt -Check	07/05/2022	10584	Desert Air Conditioning Inc.	(114)
Bill Pmt -Check	07/05/2022	10585	Desert Water Agency	(769)
Bill Pmt -Check	07/05/2022	10586	Palm Springs Disposal Services Inc	(3,058)
Bill Pmt -Check	07/05/2022	10587	Stericycle, Inc.	(1,295)
Bill Pmt -Check	07/08/2022	10588-VOID	Imperial Security	0
Bill Pmt -Check	07/08/2022	10589	Imperial Security	(2,125)
Bill Pmt -Check	07/11/2022	10590	Desert Air Conditioning Inc.	(85)
Bill Pmt -Check	07/11/2022	10591	INPRO Environmental Management Services	(80,154)
Bill Pmt -Check	07/12/2022	10593	Omar Rojas Garden Service	(5,110)
Bill Pmt -Check	07/21/2022	10594	Frontier Communications	(244)
Bill Pmt -Check	07/21/2022	10595	Imperial Security	(2,306)
Bill Pmt -Check	07/21/2022	10596	Southern California Edison	(1,138)
Bill Pmt -Check	07/26/2022	10597	Imperial Security	(2,125)
Bill Pmt -Check	07/26/2022	10598	INPRO Environmental Management Services	(11,150)
Check	07/27/2022		Bank Service Charge	(437)
Bill Pmt -Check	07/28/2022	10599	Imperial Security	(2,125)
Bill Pmt -Check	08/02/2022	10600	Desert Air Conditioning Inc.	(412)
Bill Pmt -Check	08/02/2022	10601	Desert Water Agency	(936)
Bill Pmt -Check	08/02/2022	10602	Frazier Pest Control, Inc.	(275)
Bill Pmt -Check	08/02/2022	10603	Palm Springs Disposal Services Inc	(2,419)
Bill Pmt -Check	08/02/2022	10604-VOID	Stericycle, Inc.	0
Bill Pmt -Check	08/03/2022	10605	Stericycle, Inc.	(1,297)
Bill Pmt -Check	08/03/2022	10606	Imperial Security	(2,125)
Bill Pmt -Check	08/05/2022	10607	Desert Air Conditioning Inc.	(97)
Bill Pmt -Check	08/09/2022	10608	Southern California Edison	(334)
Bill Pmt -Check	08/11/2022	10609	INPRO Environmental Management Services	(1,490)
Bill Pmt -Check	08/11/2022	10610	Faultline Pigeon Control	(4,885)
Check	08/15/2022		Bank Service Charge	(433)
Bill Pmt -Check	08/18/2022	10611	Desert Air Conditioning Inc.	(194)
Bill Pmt -Check	08/18/2022	10612	Frontier Communications	(244)
Bill Pmt -Check	08/18/2022	10613	Imperial Security	(4,250)
Bill Pmt -Check	08/18/2022	10614	Southern California Edison	(606)
Bill Pmt -Check	08/23/2022	10615	Coldwell Banker Commercial Lyle & Assoc.	(1,475)
Bill Pmt -Check	08/30/2022	10616	Imperial Security	(2,125)
Bill Pmt -Check	08/30/2022	10617	INPRO Environmental Management Services	(11,150)
Bill Pmt -Check	08/30/2022	10618	Desert Water Agency	(1,205)
TOTAL				(149,643)



MEMORANDUM

DATE: September 13, 2022

TO: F&A Committee

RE: Retirement Protection Plan (RPP)

Current number of participants in Plan:

	<u>June</u>	<u>August</u>
Active – still employed by hospital	83	81
Vested – no longer employed by hospital	55	55
Former employees receiving annuity	<u>7</u>	<u>7</u>
Total	<u>145</u>	<u>143</u>

The outstanding liability for the RPP is approximately **\$3.3M** (Actives - \$2.0M and Vested - \$1.3M). US Bank investment account balance \$4.6M. Per the June 30, 2022, Actuarial Valuation, the RPP has an Overfunded Pension Asset of approximately **\$1.0M**.

The payouts, excluding monthly annuity payments, made from the Plan for the two (2) months ended August 31, 2022, totaled **\$79K**. Monthly annuity payments (7 participants) total **\$1.0K** per month.

DESERT HEALTHCARE DISTRICT							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
August 31, 2022							
TWELVE MONTHS ENDING JUNE 30, 2023							
Grant ID Nos.	Name	Approved Grants - Prior Yrs	6/30/2022 Bal Fwd	Current Yr 2021-2022	Total Paid Prior Yrs July-June	Total Paid Current Yr July-June	Open BALANCE
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000	\$ 4,990,000		\$ -		\$ 4,990,000
2021-1136-BOD-01-26-21	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr.	\$ 119,432	\$ 11,944		\$ -		\$ 11,944
2021-1171-BOD-03-23-21	Blood Bank of San Bernardino/Riverside Counties - Bloodmobiles for Coachella Valley - 18 Months	\$ 150,000	\$ 15,000		\$ -		\$ 15,000
2021-1266-BOD-04-27-21	Galilee Center - Our Lady of Guadalupe Shelter - 1 Yr.	\$ 150,000	\$ 15,000		\$ 15,000		\$ -
2021-1277-BOD-04-27-21	Lift To Rise - United Lift Rental Assistance 2021 - 8 Months	\$ 300,000	\$ 30,000		\$ 30,000		\$ -
2021-1280-BOD-05-25-21	Desert AIDS Project - DAP Health Expands Access to Healthcare - 1Yr.	\$ 100,000	\$ 10,000		\$ -		\$ 10,000
2021-1296-BOD-11-23-21	Coachella Valley Volunteers In Medicine - Improving Access to Healthcare Services - 1 Yr.	\$ 154,094	\$ 84,752		\$ 69,342		\$ 15,410
2021-1289-BOD-12-21-21	Desert Cancer Foundation - Patient Assistance Program - 1 Yr.	\$ 150,000	\$ 82,500		\$ 67,500		\$ 15,000
2022-1301-BOD-01-25-22	UCR Regents - Community Based Interventions to Mitigate Psychological Trauma - 1 Yr.	\$ 113,514	\$ 62,433		\$ -		\$ 62,433
2022-1302-BOD-01-25-22	Vision To Learn - Palm Springs, Desert Sands, and Coachella Valley School Districts 1 Yr.	\$ 50,000	\$ 27,500		\$ -		\$ 27,500
2022-1303-BOD-01-25-22	CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr.	\$ 54,056	\$ 29,731		\$ -		\$ 29,731
2022-1306-BOD-02-22-22	Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr.	\$ 123,451	\$ 67,898		\$ -		\$ 67,898
2022-1311-BOD-04-26-22	Desert Arc - Healthcare for Adults with Disabilities Project Employment of Nurses - 1 Yr.	\$ 102,741	\$ 56,508		\$ -		\$ 56,508
2022-1313-BOD-04-26-22	Angel View - Improving Access to Primary and Specialty Care Services for Children With Disabilities 1 Yr.	\$ 76,790	\$ 42,235		\$ -		\$ 42,235
2022-1314-BOD-05-24-22	Voices for Children - Court Appointed Special Advocate Program - 1 Yr.	\$ 60,000	\$ 60,000		\$ 27,000		\$ 33,000
2022-1325-BOD-06-28-22	Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs.	\$ 150,000	\$ 150,000		\$ 33,750		\$ 116,250
2022-1327-BOD-06-28-22	Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs.	\$ 50,000	\$ 50,000		\$ -		\$ 50,000
2022-1328-BOD-06-28-22	El Sol - Expanding Access to Educational Resources for Promotores - 2 Yrs.	\$ 150,000	\$ 150,000		\$ 33,750		\$ 116,250
2022-1331-BOD-06-28-22	Pueblo Unido - Improving Access to Behavioral Health Education and Prevention Services - 2 Yrs.	\$ 50,000	\$ 50,000		\$ 11,250		\$ 38,750
2022-0965-BOD-06-28-22	Desert Healthcare Foundation - Behavioral Health Initiative Expansion - 3 Yrs.	\$ 2,000,000	\$ 2,000,000		\$ 2,000,000		\$ -
2022-22-15-BOD-06-28-22	Carry over of remaining Fiscal Year 2021/2022 Funds*	\$ 2,566,566	\$ 2,566,566		\$ 200,000		\$ 2,366,566
2022-1324-BOD-07-26-22	Galilee Center - Our Lady of Guadalupe Shelter - 2 Yr.			\$ 100,000		\$ 22,500	\$ 77,500
2022-1332-BOD-07-26-22	Alianza CV - Expanding and Advancing Outreach Through Increasing Capacity Development - 2 Yrs.			\$ 100,000		\$ -	\$ 100,000
						\$ -	\$ -
						\$ -	\$ -
TOTAL GRANTS		\$ 16,670,644	\$ 10,552,067	\$ 200,000	\$ 2,487,592	\$ 22,500	\$ 8,241,975
Amts available/remaining for Grant/Programs - FY 2022-23:							
Amount budgeted 2022-2023			\$ 4,000,000			G/L Balance:	8/31/2022
Amount granted through August 31, 2022:			\$ (200,000)				2131 \$ 4,721,975
Mini Grants: 1321; 1322; 1323			\$ (15,000)				2281 \$ 3,520,000
Financial Audits of Non-Profits; Organizational Assessments			\$ -				
Net adj - Grants not used: FY 21-22 Funds			\$ 2,566,566			Total	\$ 8,241,975
Matching external grant contributions			\$ -				\$ (0)
Balance available for Grants/Programs			\$ 6,351,566				
* 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

September 13, 2022

The Fiscal Year 2022 audit work has been completed. Draft audit reports are presently being reviewed by staff and expected to be presented by Coachella Valley Accounting & Auditing at the October Committee meeting.

Desert Healthcare Foundation – The Foundation was the beneficiary of \$10,000 (purpose not specified) from the Elynor & David Falk Trust.

Las Palmas Medical Plaza - Property Management:

Occupancy:

See attached unit rental status report.

100% currently occupied –

Total annual rent including CAM fees is **\$1,426,840**.

Leasing Activity:

The Las Palmas Medical Plaza is now 100% occupied, with 5 anticipated renewals during FY23.

Las Palmas Medical Plaza													
Unit Rental Status													
As of September 1, 2022													
Unit	Tenant Name	Deposit	Lease Dates		Term	Unit Sq Feet	Percent of Total	Monthly Rent	Annual Rent	Rent Per Sq Foot	Monthly CAM	Total Monthly Rent Inclg CAM	Total Annual Rent Inclg CAM
			From	To									
											\$ 0.69		
Total - Vacancies						0	0.00%						
Total Suites - 31 - 31 Suites Occupied		\$64,959.90				49,356	100.0%	\$ 84,988.44	\$1,019,861.28	\$ 1.72	\$ 33,914.88	\$ 118,903.32	\$ 1,426,839.84
			Summary - All Units										
			Occupied	49,356	100.0%								
			Vacant	0	0.0%								
			Pending	0	0.0%								
			Total	49,356	100%								



Date: September 27, 2022

To: Board of Directors

Subject: Consideration to approve Addendum #4 to the engagement letter with Kaufman, Hall & Associates, dated July 18, 2019, to continue support of the District's strategic options regarding Desert Regional Medical Center - \$75,000 per month – September through December 2022.

Staff Recommendation: Consideration to approve Addendum #4 to the engagement letter with Kaufman, Hall & Associates, dated July 18, 2019, to continue support of the District's strategic options regarding Desert Regional Medical Center - \$75,000 per month – September through December 2022.

Background:

- Since 2017, the District has been in various levels of discussion regarding the Tenet lease of the Desert Regional Medical Center (DRMC).
- July 18, 2019, the District engaged the services of Kaufman Hall to support the District's strategic options regarding DRMC.
- In 2020, the COVID-19 pandemic hit hard and required full attention to the health and wellness of the District by both DRMC/Tenet and the District & Foundation.
- September 2021, the District re-engaged the services of Kaufman Hall.
- Addendum #4 to the engagement letter extends the ongoing work from September 2022 through December 2022.
- At the September 13, 2022, Finance & Administration Committee meeting, the Committee recommended forwarding Addendum #4 for consideration of approval by the full Board.
- Staff recommends approval of Addendum #4.

Fiscal Impact:

Payment terms include \$75,000 monthly payments for 4 months (\$300,000). The fees are included in the FY22-23 annual budget.



September 6, 2022

Conrado Bárzaga, M.D.
Chief Executive Officer
Desert Healthcare District
1140 N. Canyon Drive
Palm Springs, California 92262

Dear Conrado:

Kaufman, Hall & Associates, LLC ("Kaufman Hall") is pleased to present this addendum to support the Desert Healthcare District ("Desert Health" or the "District") in its continued strategic options evaluation for Desert Regional Medical Center ("DRMC") (the "Client Project"). Consistent with our ongoing work, this strategic options analysis could include an evaluation of (a) a new lease or sale to Tenet Health ("Tenet"), the current lessee of DRMC, or (b) an alignment with an alternative operator. Similarly, the District would like to evaluate how it may deploy resources related to the aforementioned, which may or may not be received under one of the above scenarios, to further the District goals in meeting the important healthcare needs of the community.

This serves as a fourth addendum (the "Addendum Four") to the engagement letter dated July 18, 2019 (the "Engagement Letter"). This Addendum Four shall be governed by the Terms and Conditions attached to the Engagement Letter ("Terms and Conditions"). To the extent that the terms of this Addendum Four conflict with those set forth in the Terms and Conditions, the Terms and Conditions shall control. All other terms in the Engagement Letter shall remain in full force and effect.

SCOPE OF SERVICES

Kaufman Hall proposes continuing the approach to develop a fully informed fact-base that (a) evaluates the existing market environment and (b) reviews strategic options that account for these dynamics.

Continued Strategic Plan Preparation and Execution

- ***Preparation for Renewed Options:*** Review, evaluate and appropriately communicate updates of fair market value estimates, seismic retrofit assumptions, and other key drivers to potential value of a transaction
- ***Establish Clear Thresholds:*** Determine the refreshed form and amount of consideration that may be proposed by the existing operator, as well as evaluating the basic facets of potential alternative parties to ensure the District can make an informed decision regarding the future of the hospital
- ***Continue Direct Conversations:*** Continue to actively engage in directed, and in certain cases, confidential, face to face meetings to better understand existing and alternative options
- ***Overall Process Management:*** Continue coordinating activities for the Client Project to ensure that the District is fully informed and the potential for a successful outcome is optimized

Conrado Bárzaga, M.D.
Desert Healthcare District
September 6, 2022
Page 2

Following this effort, the District will be positioned to execute on its various stakeholder and suitor discussions.

For the avoidance of doubt, District understands that in rendering services hereunder, Kaufman Hall will not provide accounting, legal, investment, tax, audit, compliance, or regulatory advice, and District will rely upon the advice of counsel and other advisors to District for such matters, as applicable. These services do not include municipal advisory services.

ENGAGEMENT TIMING AND PROFESSIONAL FEES

The term of this Addendum Four will be 120 days, beginning in September 2022 and continuing through December 2022. Professional fees for the scope of services outlined above will be \$300,000, billed in four consecutive monthly installments of \$75,000 beginning in September 2022.

In addition to professional fees, the District is responsible for monthly administrative expenses of \$2,650 and, to the extent applicable, reimbursable travel and third-party data/analytics expenses, which are billed as incurred and not subject to markup. Invoices are sent at the end of each month and are due upon receipt.

Engagement fees will remain fixed unless the scope or timing of this engagement materially changes for reasons beyond the control of Kaufman Hall. In the unlikely event that would occur, Kaufman Hall may be entitled to additional fees subject to the mutual agreement of the parties.

AUTHORIZATION

We very much appreciate the opportunity to present this proposal and look forward to serving the District on this important assignment. Your signature below will indicate your agreement with this Addendum Four. Please sign and return via email or by fax to (847) 965-3511.

If you have additional questions or require further information, please feel free to contact Jody or Anu.

Sincerely,
KAUFMAN, HALL & ASSOCIATES, LLC

This Addendum Four is accepted.
DESERT HEALTHCARE DISTRICT

Kaufman, Hall & Associates, LLC

/jk

Authorizing Signature / Date

cc: Jody Hill-Mischel
Anu Singh

Printed Name / Title



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>

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

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



Date: September 27, 2022

To: Board of Directors

Subject: Grant # 1350 John F Kennedy Memorial Foundation

Grant Request: Behavioral Health Awareness and Education Program

Amount Requested: \$57,541.44

Project Period: 10/1/2022 to 9/30/2023

JFK Foundation's Certified SafeCare Providers have seen a marked increase in behavioral/mental health (BH) issues facing the families they serve. Many of these families present BH issues but few readily seek assistance due to stigma, fear, mistrust or lack of knowledge. These issues have created a need in the community for increased outreach, awareness, education and access to BH resources.

JFK Foundation can expand awareness, education and access to BH resources through the Behavioral Health Awareness and Education Program (BHAEP). The BHAEP will be an additional service provided to families with children/youth 0-18 enrolled in JFK Foundation's SafeCare In-Home Parent-Training Program and to families recruited by JFK Foundation's Community Outreach Specialist (COS) including families attending outreach events, families enrolled in additional JFK Foundation Home Visitation programs, and parent training presentations at Palm Springs Unified School District and Barbara Sinatra Children's Center.

The goals of the BHAEP will be threefold: 1) Expand awareness of BH support available to families in need; 2) Increase the education of families to the signs of behavioral issues and the support available; 3) Increase access and utilization of BH services within the community.

The BHAEP will be modeled after the successful SafeCare Program currently funded by First 5 Riverside. JFK's Providers will administer a pre-survey to families to identify the potential need for BH services. Once identified, educational materials specific to their BH needs, referrals to appropriate outside no-cost and low-cost community-based agencies, assistance with accessing services, and on-going follow-up will be provided.



The targeted population that JFK Foundation's funding will focus on is families of low to moderate income, residing in cities and unincorporated, underserved areas located in the DHCD service area.

JFK Foundation Providers and COS receive ongoing trainings to help increase their capacity to identify issues such as childhood trauma, family relationships, domestic violence, depression, anxiety, and substance abuse, so they can make families aware of their need for preventive health services, to prevent issues from escalating. Providers and COS are prepared to adequately address issues, and provide referrals to services, to meet the needs of the ethnically and culturally diverse families they serve. Providers and COS are culturally/ethnically representative of the individuals they serve and have completed Cultural Competency Training.

District funds will be used specifically to support personnel costs including a percentage of multiple Provider salaries and the Director of Home Visitation Programs for time allocated to this program, office supplies, program supplies, postage, Provider mileage reimbursement, and indirect costs for Administrative and Fiscal Support.

Strategic Plan Alignment:

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

Strategy 3.6 Educate community residents on available behavioral/mental health resources

Strategy 3.7 Collaborate/Partner with community providers to enhance access to culturally sensitive behavioral/mental health services

Geographic Area(s) Served:

All District Areas

Action by Program Committee: (Please select one)

- ✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$57,541.44 be approved.
- Recommendation with modifications
- Deny



Grant Application Summary

John F Kennedy Memorial Foundation, Grant #1350

About the Organization

John F Kennedy Memorial Foundation
73555 San Geronio Way
Palm Desert, CA 92260
Tel: (760) 776-1600 Ext: 122
Fax: (760) 776-4500
<http://www.jfkfoundation.org>

Tax ID #: 33-0071613

Primary Contact:

Debbie Phipps
Tel: (760) 776-1600
Fax: (760) 776-4500
debbiehipps@jfkfoundation.org

Organization History and Mission

Foundation Mission: "Dedicated to enhancing the physical, emotional and intellectual health and wellness of Coachella Valley children and families"

JFK Foundation has successfully operated programs addressing the needs of underserved populations in Coachella Valley for 24 years. In 2002 JFK Foundation built and opened our Healthy Family Clinic. JFK Foundation administrative services, community programs and activities operate from this site, along with a pediatric clinic run by Dr. Jasmine Ramos (tenant).

Programs:

Three evidence-based in-Home Visitation Programs: 1) SafeCare, 2) Coachella Valley Healthy Families America, 3) Differential Response: Programs provide parenting education, emotional/social support, basic necessities and linkage to ancillary services; leading to improved physical health, behavioral health, child well-being, and overall family functioning.

Community Outreach Specialist

Establishes collaborative partnerships among community agencies to improve access to needed health and human services; assists families with referrals and enrollment; improving outcomes for children and families.

Reach Out and Read – An evidence-based early literacy program promoting school readiness, and importance for parents to read aloud to their child.

Ophelia Project - A team-mentoring program that helps transform ‘at-risk but capable’ teen girls from potentially becoming high school drop-outs, into successful high school and college graduates, and contributing members of our community.

Organization Annual Budget: \$1,522,119.77

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2003	Corporate sponsorship of JFK Foundation Golf Tournament	\$2,000	CEO Discretionary	9/18/2003	Grant budget
2003	Well Care Clinic expansion	\$89,000	Grant	6/15/2004	Grant budget
2019	SafeCare Home Visitation Program	\$50,000	Grant	2/11/2020	

Project Information

Project Title: Behavioral Health Awareness and Education Program

Start Date: 10/1/2022 **End Date:** 9/30/2023

Term: 12 months

Total Project Budget: \$66,676.80

Requested Amount: \$57,541.44

Executive Summary:

The 2019 DHCD Mental & Behavioral Health Needs Assessment, community engagement efforts revealed that not only were there major gaps in the provision of mental and behavioral health services in the Coachella Valley that created barriers to accessing services but “there is an immense need for increased knowledge about mental and behavioral health and awareness of available services among both community members and service providers.” The pandemic has exacerbated the issues.

JFK Foundation’s Certified SafeCare Providers have seen a marked increase in behavioral/mental health (BH) issues facing the families they serve. Many of these families present BH issues but few readily seek assistance due to stigma, fear, mistrust or lack of knowledge. These issues have created a need in the community for increased outreach, awareness, education and access to BH.

JFK Foundation can expand awareness, education and access to BH through the Behavioral Health Awareness and Education Program (BHAEP). The BHAEP will be an

additional service provided to families enrolled in our SafeCare In-Home Parent-Training Program, and families recruited by our Community Outreach Specialist (COS).

The COS, funded by First 5 Riverside, is imbedded in the community - meeting, connecting and providing families with resources, informational materials, encouragement and assistance to seek help, and linkage to JFK Foundation Providers for further BH education and support.

The BHAEP will be modeled after the successful SafeCare Program currently funded by First 5 Riverside. JFK's Providers will administer a pre-survey to families to identify the potential need for BH services. Once identified, educational materials specific to their BH needs, referrals to appropriate outside no-cost and low-cost community-based agencies, assistance with accessing services, and on-going follow-up will be provided.

The BHAEP will target families of low to moderate income, residing in cities and unincorporated, underserved areas located in the DHCD service area. The goals of the BHAEP will be threefold: 1) Expand awareness of BH support available to families in need. 2) Increase the education of families to the signs of behavioral issues and the support available; 3) Increase access and utilization of BH services within the community.

Benefits of the BHAEP to the community include: greater accessibility and acceptability of BH services compared to healthcare facilities; greater effectiveness through ongoing contact and use of trusted Providers; family involvement; greater inclusion of underserved families; economic benefits of time and transportation costs saved, eliminate health disparities, and improved quality of life.

Community Need for the Project:

JFK Foundation is striving to expand awareness, education and access to BH services, to reduce the fear, stigma, or lack of knowledge, clients may face. Through the delivery of our three evidence-based Home Visitation Programs (SafeCare, Healthy Families America Coachella Valley, and Differential Response), and our COS community outreach involvement, JFK Foundation has seen the major need for BH services in our community. Our Providers and COS develop trusting relationships with their clients, and for some clients, Providers and/or the COS are their lifeline to information. Building these relationships makes it easier for the Providers and COS to recommend needed services, and increases the willingness of the client to accept and follow through on accessing services.

Our Providers and COS have developed relationships with outside agencies and refer clients to these agencies. The relationship with these agencies allows our Providers and COS to increase clients' awareness, and educate clients on the various BH services available to them. Our Providers and/or COS will assist clients with their first contact by directly connecting the client to the referral source, giving the client the comfort level to develop the needed trust and rapport between the client and the referral agency. In addition, our Providers or COS assists with paperwork, figuring out the cost for services if any, and identifying agencies that are accessible to the client.

By assisting and inspiring clients to not only seek services for their children, themselves, or family members, it also encourages others in their sphere of influence to seek needed services. Through the BHAEP, JFK Foundation is proactively expanding community awareness, increasing education and access to BH services and resources that are available in our community.

Strategic Plan Alignment:

Goal 3: Proactively expand community access to behavioral/mental health services
Strategy 3.6 and Strategy 3.7

Project Description and Use of District funds:

The Behavioral Health Awareness and Education Program (BHAEP) will be an additional service provided to families with children/youth 0-18 in need of behavioral/mental health (BH) services. The program will be delivered by our Certified SafeCare Providers (Providers). The program will be provided to: families enrolled in JFK Foundation's SafeCare Program; and Community Outreach Specialist (COS) connections including families attending outreach events, families enrolled in additional JFK Foundation Home Visitation programs, and families attending JFK Foundation's Director of Home Visitation Programs (Director of HV), parent training presentations at Palm Springs Unified School District and Barbara Sinatra Children's Center.

JFK Foundation's COS serves as our direct contact with the community, attending community outreach events throughout the year, connecting with families and collaborative partner agencies. Through these events, the COS expands community awareness of BH services along with other available supportive services in the valley. The COS provides families with informational materials, available agency referral sources, and assistance accessing referral sources. The COS utilizes a Resource Referral Questionnaire (available in English and Spanish) to further identify supportive services families may be seeking. The Questionnaire can be completed on-site or accessed through the use of a QR Code. The COS will link families seeking BH resources and services to JFK Foundation Providers for further BH education and support to access needed services.

JFK Foundation's Providers will administer a pre/post survey to families referred by our COS, and families who are presently enrolled in the SafeCare Program, to identify the potential need for BH services and/or resources. Triggers Providers will note include: clients' answers to questions/tone of voice; expressing feeling sad, overwhelmed, lost, lonely, isolated, angry, anxious, stressed. Based on the pre-survey, our Providers will work with our COS to educate families on their specific BH issue, provide and review educational materials on the specific need, refer and assist clients in accessing free or low-cost appropriate services, and provide follow-up with both the client and the service agency to confirm a connection has been made. The post survey information will be documented noting the services received, if client would seek services in the future, and how client now views receiving services in an effort to eliminate barriers and the stigma associated with behavioral/mental health.

The Director of Home Visitation programs will provide on-going support to help Providers work through challenges and possible solutions to meet their clients' needs. Provider responsibilities include: case management, administering surveys and/or

assessments, case file documentation, and administrative services. Clients recruited by our COS, will benefit twofold by also having the opportunity to receive preventative services through enrollment into the SafeCare Parent Training program.

Utilizing material from the evidence-based Growing Great Kids program, RUHS Behavioral Health, Seeking Strength Program, and Barbara Sinatra Children's Center, families will receive Parent Folders containing educational information on: Reducing Stress, Tools for Stress Management, Toxic Stress vs Tolerable Stress, Protecting Your Child from Toxic Stress, Brain Development, When Depression May be a Concern, Mental Health vs Mental Illness, Activities for Mental Health Care, Healthy vs Non-Healthy Coping Skills, Growing Your Support Network, Asking for Help, Anger Management, Substance Abuse Prevention/Intervention, etc., and a list of available BH resources in our community. Agency resources include but are not limited to: Riverside University Health Systems, Jewish Family Services, Marsell Consulting, IEHP Psychiatry Walk-in Clinic, Latinos Commission, School Districts, Barbara Sinatra Center, Inland Regional Services, EHS Counseling, Hope and Healing, Desert Counseling, Oshita Counseling.

Our Providers and COS receive ongoing trainings including: Mental Health Biases, Mandated Reporter, Trauma Informed Care, Concrete Supports in Times of Need, Comprehensive Case Management, Adult Mental Health, Perinatal Depressions, Global Measure 1 and 2, and Parental Substance Use/Abuse. These trainings help Providers and COS increase their capacity to identify issues such as childhood trauma, family relationships, domestic violence, depression, anxiety, and substance abuse, so they can make families aware of their need for preventive health services, to prevent issues from escalating. Providers and COS are prepared to adequately address issues, and provide referrals to services, to meet the needs of the ethnically and culturally diverse families they serve. Providers and COS are culturally/ethnically representative of the individuals they serve and have completed Cultural Competency Training.

Use of District Funds:

Personnel Costs - A percentage of multiple Provider salaries, and the Director of Home Visitation Programs for time allocated to this program (approximately 5 hours per week each)

Office Supplies, Program Supplies, Postage, Provider Mileage Reimbursement, and Indirect Costs for Administrative and Fiscal Support.

Description of the Target Population (s):

The target population who will benefit from the BHAEP are primarily Hispanic, low to moderate income families, expecting a child, or parents/caregivers with children/youth 0 to 18 years of age. Many of the vulnerable families served lack the 'basic needs' of life: food, shelter, clothing, transportation, employment, and access to medical treatment. Families will participate on a voluntary basis and may or may not have an open dependency case with Children's Services Division. Services will be provided to families residing in the Desert HealthCare District areas including: Desert Hot Springs, Palm Springs, Cathedral City, Thousand Palms, Sky Valley, Rancho Mirage, Palm Desert, Indian Wells, Indio, La Quinta, Coachella, Mecca, North Shore, Oasis, and Thermal.

The target population will be recruited from the SafeCare Program, and the Community Outreach Specialist connections.

Number of District Residents estimated to be Directly served: Children/youth 0-18 = 340 / Parent = 340 / Total residents Directly served 680 (340 families)
Number of District Residents estimated to be Indirectly served: 428 (additional household members / Based on 3.26 persons per household in Riverside County, CA / 340 families X 3.26 = 1108 / 1108 – 680 = 428 / Data Source: United States Census)

Geographic Area(s) Served:
All District Areas

Age Group:
(0-5) Infants
(06-17) Children
(18-24) Youth
(25-64) Adults

Total Number of District Residents Served:
Direct: 680
Indirect: 428

Project Goals and Evaluation

<p>Goal #1: By September 30, 2023 expand awareness of behavioral/mental health services and resources to an estimated 520 District Residents directly served (Parent = 260 / Children/youth 0-18 = 260).</p> <p>This project goal coincides with the District and Foundation’s Strategic Plan performance measure: # of individuals reached through behavioral/mental healthcare community awareness activities under Strategy 3.6 Educate community residents on available behavioral/mental health resources.</p> <p>Reaching families through our SafeCare program and COS connections and community outreach events, we will expand awareness of BH services/resources. Families will receive a Folder with informational materials covering topics such as: Toxic Stress vs Tolerable Stress, Anger Management, Substance Abuse</p>	<p>Evaluation #1: Expected Outcome: 75% of the 680 District Residents directly served or 520 residents (Parent = 260 / Children/youth 0-18 = 260), will receive informational materials to expand awareness of behavioral/mental health services and resources.</p> <p>Program impact will be measured by qualitative (Provider observation) and quantitative (pre/post surveys) data. Outcome metrics will track progress and determine the number/percent of participants achieving goal #1.</p> <p>Measurement Tools: Intake Forms; Client Files, Summary of Services, Sign-In Logs; Inventory Logs Purpose – Program Proof of Service Delivery; Informational Materials Provided to Clients</p> <p>Data Tracking including number of: recruited clients and clients served monthly/annually;</p>
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<p>Prevention/Intervention, Mental Health vs Mental Illness, Activities for Mental Health Care, and a Resource Referral List. Families with a potential need for BH services will be encouraged to continue in the BHAEP and work with JFK Providers to increase their education specific to their BH needs.</p>	<p>active, waitlist, pending clients; clients on hold, declining services, never serviced; clients receiving informational materials on available behavioral/mental health services and resources; timely file maintenance and data input into data management system.</p> <p>Database reports measuring overall program success: Client Engagement Rate; Decline Rate; Pre and Post Survey and/or Assessment Outcomes</p>
<p>Goal #2: By September 30, 2023 increase education of behavioral/mental health services and resources to an estimated 520 District Residents directly served (Parent = 260 / Children/youth 0-18 = 260).</p> <p>This project goal coincides with the District and Foundation’s Strategic Plan performance measure: # of community awareness activities related to educating the community around behavioral/mental health services and resources under Strategy 3.6 Educate community residents on available behavioral/mental health resources.</p> <p>JFK’s Providers will administer a pre-survey to identify families’ specific needs for BH services/resources. Providers will review and provide educational materials and agency referral sources to families, to increase families’ education on their specific BH issues and the services/resources available to them. Referrals to appropriate outside no-cost and low-cost community-based agencies will be provided. Families will be encouraged to continue in the BHAEP for further support and assistance to access needed services/resources.</p>	<p>Evaluation #2: Expected Outcome: 75% of the 680 District Residents directly served or 520 residents (Parent = 260 / Children/youth 0-18 = 260), will receive educational information and referral sources to increase clients’ education of behavioral/mental health services/resources.</p> <p>Program impact will be measured by qualitative (Provider observation) and quantitative (pre/post surveys) data. Outcome metrics will track progress and determine the number/percent of participants achieving goal #2.</p> <p>Measurement Tools: Intake Forms; Client Files, Summary of Services, Sign-In Logs; Inventory Logs Purpose – Program Proof of Service Delivery; Educational Materials Provided</p> <p>Data Tracking including number of clients: recruited, active, waitlist, pending, on hold, declining services, never serviced, served monthly/annually; clients receiving topic specific BH educational information; clients receiving referrals to BH services (but may not have accessed services); timely file maintenance and data management system input.</p> <p>Database reports measuring overall program success: Client Engagement Rate; Decline Rate; Pre and Post Survey and/or Assessment Outcomes</p>

<p>Goal #3: By September 30, 2023 increase access to behavioral/mental health services and resources to an estimated: 170 District Residents directly served (Parent = 85 / Children/youth 0-18 = 85).</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>JFK's Providers will work with the COS to increase access to BH services/resources by: identifying and referring clients to accessible no-cost and low-cost agencies for services; assisting families with accessing referral agencies/resources to develop the needed trust and rapport between client and referral agency; and assisting with paperwork and figuring out costs if any. Follow-up with both the client and referral agencies will be provided to ensure a connection was been made, to improve the clients' success with services received.</p>	<p>Evaluation #3: Expected Outcome: 25% of the 680 District Residents directly served or 170 residents (Parent = 85 / Children/youth 0-18 = 85), will access behavioral/mental health services and resources.</p> <p>Program impact will be measured by qualitative (Provider observation) and quantitative (pre/post surveys) data. Outcome metrics will track progress and determine the number/percent of participants achieving goal #3.</p> <p>Measurement Tools: Intake Forms; Client Files, Summary of Services, Sign-In Logs; Inventory Logs Purpose – Program Proof of Service Delivery; Informational Materials Provided to Clients</p> <p>Data Tracking including number of: recruited clients and clients served monthly/annually; active, waitlist, pending clients; clients on hold, declining services, never serviced; clients receiving referrals to behavioral/mental health services; clients accessing behavioral/mental health services; timely file maintenance and data input into data management systems.</p> <p>Database reports measuring overall program success: Client Engagement Rate; Decline Rate; Pre and Post Survey and/or Assessment Outcomes</p>
Goal #4:	Evaluation #4:
Goal #5:	Evaluation #5:

Proposed Project Evaluation Plan

JFK Foundation's process for evaluating the Behavioral Health Awareness and Education Program includes a data collection strategy utilizing client demographics and program records. Client data will be collected and entered into case management systems. Our Community Outreach Specialist and Providers will utilize the Apricot 360 (First 5 Riverside), a web-based data collection platform to collect and evaluate client demographics and outcomes. In addition, data will be entered into the JFK Foundation data tracking log. Monthly, quarterly, mid and end-of-year results will be compiled into statistical reports and assessed focusing on attaining successful/desired outcomes at

the program level and participant level. These reports will allow us to, identify clients' unique situations and address barriers to services, to ensure all clients receive the needed support and access to equal opportunities, outcomes, and benefits the program provides. Program Surveys and/or Assessments include: General Client Survey; Behavioral Health and Substance Use Survey; The Stress Scale, Patient Health Questionnaire; Edinburgh Postnatal Depression Scale

The Behavioral Health Awareness and Education Program aligns with and allows JFK Foundation to fulfill its goals and mission to enhance the physical, emotional and intellectual health and wellness of Coachella Valley children and families. Program data will be used to demonstrate to funders and community partners, the need in our community for behavioral health services. By providing behavioral health education, families will learn the importance of seeking preventive services before problems escalate; families will become more aware of the services available to them; and the barriers and stigma associated with accessing and receiving behavioral health services can be eliminated.

Organizational Capacity and Sustainability

Organizational Capacity

Providers (5.5 FTE) have the capacity to allocate 5 hours per week to the Behavioral Health Awareness and Education Program, based on the time required to meet the SafeCare program monthly goal of 52 one-hour sessions per month, per Provider. JFK Foundation SafeCare Providers carry a caseload of 15 families each, providing an average of 3 sessions per day. Families receive 18 to 20 weekly sessions, 1 hour in length.

Providers meet/exceed the qualifications, background and previous training necessary to implement the Behavioral Health Awareness and Education Program. All Providers have previously been trained in, and have utilized a variety of evidence-based curricula, assessments and materials. Providers are highly trained paraprofessionals, with over 50 years combined experience providing services to moderate to high-risk children and families and servicing JFK Foundation programs. JFK Foundation has experienced minimal staff turnover with several members of our Home Visitation team being part of the original highly trained team. All Providers exhibit comfort and skill in communicating with children, adults, peers / professionals and are culturally and ethnically representative of individuals they serve, and are able to present culturally competent services with the ability to speak, read and write standard English and Spanish.

Organizational Sustainability:

JFK Foundation is committed to pursuing the development and expansion of socially significant programs to enhance the physical, emotional and intellectual health and wellness of Coachella Valley children and families. JFK Foundation programs promote the philosophy that it is most valuable for the whole family to receive services, to identify and enhance the family's strengths while meeting individual and family needs, and emphasizes developing resilient families and children.

The Board of Directors have addressed program sustainability through a very conservative budgeting process to achieve a secure financial future for JFK Foundation

programs. Our grant writing team continually research and submit proposals. A Board Committee guides programming and expansion plans, and acts as the liaison to the Board. The Committee attends meetings with county officials and other agencies in an effort to increase funding opportunities. JFK Foundation has a longstanding partnership with Riverside County and First 5 Riverside. As an accredited SafeCare agency, future funding opportunities include coaching/training services for a fee. Marketing efforts include exploring ways to publicly promote programs while maintaining client confidentiality through print media, broadcast news, internet, and social media platforms.

Diversity, Equity, and Inclusion

How does your organization address diversity, equity, and inclusion at the board and executive staff levels?

JFK Foundation's commitment to equity is essential to the strength of our organization and our community, and connects our internal processes to our services. We know our clients often face inequities in areas including health, employment, education, income earnings, childcare, and basic needs. As a social service organization providing services to disadvantaged, underserved families in our community, we recognize that by applying an equity lens to the design and implementation of our policies and programs, we can identify and potentially eliminate barriers families face. We give our clients the support they need to enjoy full, healthy lives, treating everyone fairly by acknowledging everyone's unique situation, and addressing barriers to services ensuring everyone has access to equal opportunities, outcomes and benefits.

JFK Foundation is committed to meeting the needs of Coachella Valley children and families in all their diversity. JFK Foundation has dedicated itself to providing services, programs and policies that are appropriate and accessible to our clients, who encompass a broad range of human differences such as ability and disability, age, educational level, ethnicity, gender, geographic origin, race, religion, sexual orientation, socio-economic class, and values. Our Board, Leadership and Staff are dedicated to the Foundation's Core Values as follows: In all interactions staff will be respectful, promoting honesty, integrity and appreciation of others, exhibiting positive character in all we do; building and maintaining a healthy culture of organizational citizenship while fostering a non-judgmental environment of collaboration and true team spirit, operating with an 'open door policy'.

JFK Foundation Board, leadership and staff come from a wide array of backgrounds, residing in the communities of individuals we serve. They bring unique perspectives that influence how we approach our mission in more inclusive and innovative ways. Board members are selected based on their integrity, credibility, and having a passion for improving the lives of the Foundation's beneficiaries. JFK Foundation has a highly trained paraprofessional staff who are bi-lingual (English and Spanish). JFK Foundation staff represents the ethnic, linguistic, and gender characteristics of the communities they serve. JFK Foundation's identified strengths include: interplay of staff, staff and Board longevity, coordination of services, effectiveness, real work, change agents; all of which creates powerful opportunities to deepen the organization's impact, relevance, and advancement of the public good.

If your organization is not currently addressing diversity, equity, and inclusion at the board and executive staff levels, please explain the barriers, such as knowledge, financial investment, capacity, etc., that are preventing you from doing so. N/A

Partnerships:

Key Partners:

Our In-Kind Supporters include:

HOPE Collaborative - Educational Literature/Pamphlets for Parents, Backpacks for children, water bottles, sunscreen, lip balm, educational toys, etc. for all families served by JFK Foundation programs and community outreach event participants

Locally, our COS is providing community outreach efforts by attending Resource Fairs and Health Fairs, and has established collaborative partnerships with: Women Infants and Children (WIC); Barbara Sinatra Children's Center; Palm Springs Unified School District (PSUSD), Coachella Valley Unified School District (CVUSD), Desert Sands Unified School District (DSUSD) Early Childhood Education / Head Start; Flying Doctors; Find Food Bank; Loma Linda Indio Office (signed MOU); Riverside County Family Resource Centers – Desert Hot Springs and Mecca; Martha's Village and Kitchen; Mamma's House. Through these collaborations, JFK Foundation is able to reach vulnerable populations who otherwise may not be aware of the behavioral/mental health services and resources available to them. Our COS has attended 30+ outreach events in the past 6 months.

Our Director of Home Visitation Programs is collaborating with Barbara Sinatra Children's Center and PSUSD (through HOPE Collaborative), by implementing presentations on parenting topics that include education and awareness of behavioral/mental health and available services. Our Director is working with HOPE Collaborative to expand the presentations to include DSUSD and CVUSD.

**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		\$ 58,935.76	\$ 9,135.36	\$ 49,800.40
Equipment (itemize)				
1				\$ -
2				\$ -
3				\$ -
4				\$ -
Supplies (itemize)				
1	Office Supplies	\$ 500.00		\$ 500.00
2				\$ -
3				\$ -
4				\$ -
Printing / Duplication		\$ 250.00		\$ 250.00
Mailing / Postage		\$ 110.00		\$ 110.00
Travel / Mileage (use current Federal mileage rate)		\$ 1,650.00		\$ 1,650.00
Education / Training				\$ -
<p>* 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.</p>				
Office / Rent / Mortgage*			\$ -	\$ -
Telephone / Fax / Internet*			\$ -	\$ -
Utilities*			\$ -	\$ -
Insurance*			\$ -	\$ -
Other direct project costs not described above (itemize)				
1				\$ -
2				\$ -
3				\$ -
4				\$ -
Indirect Cost Rate - Maximum of 10% Allowed				\$ 5,231.04
Total Project Budget		\$ 66,676.80	\$ 9,135.36	\$ 57,541.44
Budget Narrative	<p style="color: red;">Fully describe items above in this cell. You may insert rows or create additional worksheets if more space is needed to fully describe your budget.</p> <p style="color: red;">DHCD Requested Amount Budget Narrative:</p> <p style="color: red;">Staff Salaries - Includes a percentage of salaries and benefits for 5.5 FTE SafeCare Providers, for time spent delivering the program. Program Director will provide program oversight, and guidance and support for the Providers.</p> <p style="color: red;">Office Supplies – paper, client file folders, general office supplies</p> <p style="color: red;">Printing/Duplication – Provider Materials i.e. Intake Forms, Surveys, Assessments, etc., Client Program Materials i.e. Informational Handouts, Educational Resources, Community Resource Referral lists, etc.</p> <p style="color: red;">Postage – 2 rolls of stamps for mailings to clients</p> <p style="color: red;">Travel/Mileage – Mileage to clients' homes 5.5 Providers @ appx 40 miles per month @ .625 per mile</p> <p style="color: red;">Indirect Costs - Administrative and Fiscal Support</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	Director of Home Visitation & SafeCare Coach	72,800.00	11.5%	8,372.00	\$ 8,372.00
2	SafeCare Provider & Coach #1	46,800.00	13.0%	6,084.00	\$ 6,084.00
3	SafeCare Provider #2	45,760.00	13.0%	5,948.80	\$ 5,948.80
4	SafeCare Provider #3	45,760.00	13.0%	5,948.80	\$ 5,948.80
5	SafeCare Provider #4	45,760.00	13.0%	5,948.80	\$ 5,948.80
6	SafeCare Provider #5	42,640.00	13.0%	5,543.20	\$ 5,543.20
7	SafeCare Provider #6	45,760.00	6.5%	2,974.40	\$ 2,974.40
8	Community Outreach Specialist	\$ 49,920.00	15%	7,488.00	\$ -
Total Employee Benefits / Employer Taxes - proportional fringe costs and/or employer taxes based on % of time allocated to project			22%	10,627.76	8,980.40
Enter this amount in Section 1; Staffing Costs			Total ›	\$ 58,935.76	\$ 49,800.40
Budget Narrative	<p>Please describe in detail the scope of work and duties for each employee on this grant. Grant funds will cover a portion of salary costs for 5.5 FTE SafeCare Providers and the Director of Home Visitation Programs. Providers will deliver the program to children/youth (0-18) and their families recruited by JFK's Community Outreach Specialist (COS – salary covered by funding through First 5 Riverside)) at community outreach events and other sources, and families enrolled in JFK's SafeCare Parent Training Program. COS and Providers will expand awareness of behavioral/mental health services, increase the education of families to the signs of behavioral/mental health issues, and increase access and utilization of services within the community. SafeCare Providers will utilize a pre-survey to determine clients' needs for behavioral/mental health services. Providers will work with our COS to refer clients to outside no-cost and low-cost community-based agencies for services; assist families with accessing referral sources; and follow-up with both the client and referral agencies to ensure a connection has been made. Post-survey information will be documented noting the services received, if client would seek services in the future, and how client now views receiving services in an effort to eliminate barriers and the stigma associated with mental health. The Director of Home Visitation programs will provide on-going support to help Providers work through challenges and possible solutions to meet their clients' needs. Provider responsibilities include: case management, administering surveys and/or assessments, case file documentation, and administrative services. SafeCare Providers will work with families in their home environment, providing flexible schedules including evenings and weekends to accommodate families' needs.</p>				
Budget Narrative	<p>Please describe in detail the employee benefits including the percentage and salary used for calculation. Total Program Salaries = \$40,820.00 Payroll Taxes = 8.75%; Workers Comp = .05%; Health, Dental and Vision Insurance = 13.2% (Total Benefits = 22%) = \$8,980.40</p>				
Professional Services / Consultants		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD
Company and Staff Title					
1					
Enter this amount in Section 1; Staffing Costs				Total ›	\$ -
Budget Narrative	<p>Please describe in detail the scope of work for each professional service/consultant on this grant.</p>				

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		
Grants (List Organizations)		
	1	First 5 Riverside, Riverside County Children & Families Commission
	2	
	3	
	4	
		\$ 9,135.36
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	Hope Collaborative
	2	
	3	
	4	
		In-Kind
Total funding in addition to DHCD request		\$ 9,135.36
Budget Narrative	<p style="color: red; font-size: small;">Describe program/project income listed above. Note whether income is "projected" or actual.</p> <p style="color: red; font-size: small;">First 5 Riverside, Riverside County Children & Families Commission Grant: Community Outreach Specialist Funding - Full Contract Amount \$100,000 / Project related outreach services amount \$9,135.36</p> <p style="color: red; font-size: small;">Hope Collaborative - "Actual" confirmed in-kind support valued at \$1,200.00 annually/ \$100 per month. Educational Literature/Pamphlets for Parents, Backpacks for children, water bottles, sunscreen, lip balm, educational toys, etc. for all families served by JFK Foundation programs and Community Outreach Specialist.</p>	

Grant Scoring Review

Grant Staff Review # 1 of 3

Executive Summary: 9

Community Need and Alignment: 10

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 8

Budget: 8

Key Partners/Collaborations: 10

Total Score: 72.00

Reviewer Comments:

JFK Foundation seeks to expand awareness, education and access to behavioral health through their Behavioral Health Awareness and Education Program. This program will be an additional service provided to families enrolled in the SafeCare In-Home Parent Training Program as well as to families recruited by the organization's Community Outreach Specialist. This program will expand awareness to behavioral health support available to families in need; increase the education of families to the signs of behavioral health issues and the support available; and, increase access and utilization of behavioral health services within the community. This program is in alignment with the District's strategic goal #3: Proactively expand community access to behavioral/mental health services.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17 (2 of 2)

Grant Program Staff Review Stage: 72.6666666666666666666666666667 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 34 (2 of 2)

Grant Program Staff Review Stage: 218 (3 of 3)

Total average proposal score: 90/100

Grant Scoring Review

Grant Staff Review # 2 of 3

- Executive Summary:** 10
- Community Need and Alignment:** 9
- Goals:** 9
- Proposed Evaluation Plan:** 8
- Applicant Capacity and Infrastructure:** 9
- Organizational Sustainability:** 9
- Budget:** 9
- Key Partners/Collaborations:** 9

Total Score: 72.00

Reviewer Comments:

The JFK Memorial Foundation's Behavioral Health Awareness and Education Program (BHAEP) provides children ages 0-18 and their families with vital behavioral health services and resources. The home visitation component of the BHAEP program is key to provide children and families a stress-free environment, where they can meet and talk with the Certified SafeCare Providers about very serious and life-altering behavioral health problems. Using evidence-based programs, participating children and their families learn how manage their stress, anxiety, and other mental health problems. Referrals to additional supportive programs are a major component of this program and it ensures children and families receive the information and support identified by the pre/post surveys.

Response Notes:

Average Review Score:

- Fiscal Staff Review Stage: 17 (2 of 2)
- Grant Program Staff Review Stage: 72.6666666666666666666666666667 (3 of 3)

Sum of all Reviews:

- Fiscal Staff Review Stage: 34 (2 of 2)
- Grant Program Staff Review Stage: 218 (3 of 3)

Total average proposal score: 90/100

Grant Scoring Review

Grant Staff Review # 3 of 3

Executive Summary: 9

Community Need and Alignment: 9

Goals: 8

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 10

Budget: 10

Key Partners/Collaborations: 10

Total Score: 74.00

Reviewer Comments:

This project proposal submitted by the John F. Kennedy Foundation to provide awareness, education and access to behavioral health through a structured program aligns with the DHCD Strategic Goal # 3 (Proactively expand community access to behavioral/mental health services), Strategy 3.6 and 3.7. This program includes the implementation of evidence based in - home practices (SafeCare, CV Healthy Families, and Differential Response parenting education/emotional support/improved physical health) designed to support service linkage and improve behavioral health outcomes for the participants.

The direct number of residents served by this project include 680 (parents/child) with an additional indirect services to potentially 428 (additional family members - 3.6). The progress toward these goals will be evaluated using a data collection structure that will include, client demographic information, case management system entry, and the JFK Foundation data tracking logs for the review of outcomes when compared to goals. This information will help identify client responses to the support provided and address any barriers that are present.

Organizational Capacity is high due to the identified number of team FTE's (5.2) which allows for caseload sizes that support the necessary rapport development and engagement with the families being served.

Multiple partnerships with established community support organizations as highlighted in this project will strengthen the potential for success in the creation of improved outcomes/experiences which will be able to be sustained over time and possibly expanded/replicated.

Grant Scoring Review

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17 (2 of 2)

Grant Program Staff Review Stage: 72.6666666666666666666666666667 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 34 (2 of 2)

Grant Program Staff Review Stage: 218 (3 of 3)

Total average proposal score: 90/100

Grant Scoring Review

Fiscal Staff Review # 1 of 2

Fiduciary Compliance: 9

Financial Stability: 8

Total Score: 17.00

Reviewer Comments: Unmodified audit reviewed and approved by Board of Directors. Positive cash flow noted for 2021 with sufficient assets to address liabilities. Grant budget reasonable to overall organization budget but lists minimal additional funding sources for project. Strategic plan in place which lists broad goals but does not detail plan to meet goals.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17 (2 of 2)

Grant Program Staff Review Stage: 72.6666666666666666666666666667 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 34 (2 of 2)

Grant Program Staff Review Stage: 218 (3 of 3)

Total average proposal score: 90/100

Grant Scoring Review

Fiscal Staff Review # 2 of 2

Fiduciary Compliance: 9

Financial Stability: 8

Total Score: 17.00

Reviewer Comments: Fiduciary Compliance - 9

The FY 06/30/21 audit report is unmodified. The Board of Directors accepted the audit report.

Audit report Current Ratio is strong (10:1), which represents the grantee's ability to pay its short-term liabilities.

The Net Assets increased by \$31k as of 6/30/21, with Total Net Assets of \$1M. Internal financial statements, as of 3/31/22, demonstrates a decrease of \$88k. The Balance Sheet is in good order.

Financial Stability - 8

Grantee demonstrates a sound financial position.

The total program's budget of \$66,677 is funded in part by the District's grant of \$57,541.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17 (2 of 2)

Grant Program Staff Review Stage: 72.666666666666666666666666666667 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 34 (2 of 2)

Grant Program Staff Review Stage: 218 (3 of 3)

Total average proposal score: 90/100

Grant #1350

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

Behavioral Health Awareness and Education Program

Start/End

10/01/2022

9/30/2023

PAYMENTS:

(2) Payments: \$25,893.

10% Retention: \$5,755.44

Total request amount: \$ 57,541.44

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Requirement Number	Grant Requirements for Payment	Payment
10/01/2022		Signed Agreement submitted & accepted.	Advance of \$25,893 for time period 10/01/2022 - 3/31/2023
5/01/2023		1 st six-month (10/01/2022 - 3/31/2023) progress report, budget reports and receipts submitted & accepted	Advance of \$25,893 for time period 4/01/2023 - 9/30/2023
11/01/2023		2 nd six-month (4/01/2023 - 9/30/2023) progress report, budget reports and receipts submitted & accepted	\$0
11/15/2023		Final report (10/01/2022 - 9/30/2023) and final budget report submitted & accepted	\$5,755.44 (10% retention)

TOTAL GRANT AMOUNT: \$ 57,541.44

DELIVERABLES:

Project Goals and Evaluation

<p>Goal #1: By September 30, 2023 expand awareness of behavioral/mental health services and resources to an estimated 520 District Residents directly served (Parent = 260 / Children/youth 0-18 = 260).</p> <p>This project goal coincides with the District and Foundation's Strategic Plan performance measure: # of individuals reached through behavioral/mental healthcare community awareness activities under Strategy 3.6 Educate community residents on available behavioral/mental health resources.</p> <p>Reaching families through our SafeCare program and COS connections and community outreach events, we will expand awareness of BH services/resources. Families will receive a Folder with informational materials covering topics such as: Toxic Stress vs Tolerable Stress, Anger Management, Substance Abuse Prevention/Intervention, Mental Health vs Mental Illness, Activities for Mental Health Care, and a Resource Referral List. Families with a potential need for BH services will be encouraged to continue in the BHAEP and work with JFK Providers to increase their education specific to their BH needs.</p>	<p>Evaluation #1: Expected Outcome: 75% of the 680 District Residents directly served or 520 residents (Parent = 260 / Children/youth 0-18 = 260), will receive informational materials to expand awareness of behavioral/mental health services and resources.</p> <p>Program impact will be measured by qualitative (Provider observation) and quantitative (pre/post surveys) data. Outcome metrics will track progress and determine the number/percent of participants achieving goal #1.</p> <p>Measurement Tools: Intake Forms; Client Files, Summary of Services, Sign-In Logs; Inventory Logs Purpose – Program Proof of Service Delivery; Informational Materials Provided to Clients</p> <p>Data Tracking including number of: recruited clients and clients served monthly/annually; active, waitlist, pending clients; clients on hold, declining services, never serviced; clients receiving informational materials on available behavioral/mental health services and resources; timely file maintenance and data input into data management system.</p> <p>Database reports measuring overall program success: Client Engagement Rate; Decline Rate; Pre and Post Survey and/or Assessment Outcomes</p>
<p>Goal #2: By September 30, 2023 increase education of behavioral/mental health services and resources to an estimated 520 District Residents directly served (Parent = 260 / Children/youth 0-18 = 260).</p> <p>This project goal coincides with the District and Foundation's Strategic Plan performance measure: # of community awareness activities related to educating the community around behavioral/mental health services and resources under Strategy 3.6 Educate community residents on available behavioral/mental health resources.</p>	<p>Evaluation #2: Expected Outcome: 75% of the 680 District Residents directly served or 520 residents (Parent = 260 / Children/youth 0-18 = 260), will receive educational information and referral sources to increase clients' education of behavioral/mental health services/resources.</p> <p>Program impact will be measured by qualitative (Provider observation) and quantitative (pre/post surveys) data. Outcome metrics will track progress and determine the number/percent of participants achieving goal #2.</p> <p>Measurement Tools: Intake Forms; Client Files, Summary of Services, Sign-In Logs; Inventory Logs</p>

<p>JFK's Providers will administer a pre-survey to identify families' specific needs for BH services/resources. Providers will review and provide educational materials and agency referral sources to families, to increase families' education on their specific BH issues and the services/resources available to them. Referrals to appropriate outside no-cost and low-cost community-based agencies will be provided. Families will be encouraged to continue in the BHAEP for further support and assistance to access needed services/resources.</p>	<p>Purpose – Program Proof of Service Delivery; Educational Materials Provided</p> <p>Data Tracking including number of clients: recruited, active, waitlist, pending, on hold, declining services, never serviced, served monthly/annually; clients receiving topic specific BH educational information; clients receiving referrals to BH services (but may not have accessed services); timely file maintenance and data management system input.</p> <p>Database reports measuring overall program success: Client Engagement Rate; Decline Rate; Pre and Post Survey and/or Assessment Outcomes</p>
<p>Goal #3: By September 30, 2023 increase access to behavioral/mental health services and resources to an estimated: 170 District Residents directly served (Parent = 85 / Children/youth 0-18 = 85).</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>JFK's Providers will work with the COS to increase access to BH services/resources by: identifying and referring clients to accessible no-cost and low-cost agencies for services; assisting families with accessing referral agencies/resources to develop the needed trust and rapport between client and referral agency; and assisting with paperwork and figuring out costs if any. Follow-up with both the client and referral agencies will be provided to ensure a connection was been made, to improve the clients' success with services received.</p>	<p>Evaluation #3: Expected Outcome: 25% of the 680 District Residents directly served or 170 residents (Parent = 85 / Children/youth 0-18 = 85), will access behavioral/mental health services and resources.</p> <p>Program impact will be measured by qualitative (Provider observation) and quantitative (pre/post surveys) data. Outcome metrics will track progress and determine the number/percent of participants achieving goal #3.</p> <p>Measurement Tools: Intake Forms; Client Files, Summary of Services, Sign-In Logs; Inventory Logs Purpose – Program Proof of Service Delivery; Informational Materials Provided to Clients</p> <p>Data Tracking including number of: recruited clients and clients served monthly/annually; active, waitlist, pending clients; clients on hold, declining services, never serviced; clients receiving referrals to behavioral/mental health services; clients accessing behavioral/mental health services; timely file maintenance and data input into data management systems.</p> <p>Database reports measuring overall program success: Client Engagement Rate; Decline Rate; Pre and Post Survey and/or Assessment Outcomes</p>



Date: September 27, 2022

To: Board of Directors

Subject: Grant # 1355 Cove Communities Senior Association dba The Joslyn Center

Grant Request: The Joslyn Wellness Center

Amount Requested: \$85,000.30

Project Period: 10/1/2022 to 9/30/2023

Project Description and Use of District Funds:

The Joslyn Wellness Center is predicated on the tenet that optimizing mental health and well-being in older adults is best achieved through a multi-faced approach that combines focus on behavioral health, healthy aging, memory, and exercise. The program offers various evidence-based interventions that can be utilized separately or in conjunction to achieve synergistic results.

- **Problem Solving Therapy (PST)**

- Evidence-based behavioral health intervention that focuses individually and in group settings on helping patients manage stressful events
- Utilizes pre and post clinical assessments that may include the Patient Health Questionnaire (PHQ-9) to diagnosis depression
- Clients may participate in up to 12 sessions at which point they are re-evaluated for improvement in presenting issues that may require subsequent treatment on-site or referral to another BH provider

- **Aging Mastery Program**

- Evidence-based intervention developed by the National Council on Aging
- Core curriculum is delivered in 10 sessions and provides participants with an overview of the challenges encountered while navigating life in old age and offers behavior change models to build new skills

- **Brain Boot Camp and Memory Training**

- Two evidence-based interventions developed by the UCLA Longevity Center to improve brain health and memory care
- Brain Boot Camp is an interactive, research-based training experience that provides participants with tools and lifestyle tips to keep their brains vital and healthy and improve or maintain their memory ability



- Memory Training provides an innovative educational program for people with mild memory concerns and combines trainer presentations with group discussions, memory checks, and skill-building exercises
- **Go4Life**
 - An evidence-based exercise and physical activity campaign from the National Institute on Aging at the National Institutes for Health (NIH)
 - Go4Life is designed to help individuals fit exercise and physical activity into their daily life encouraging a variety of exercises that focus on Endurance, Strength, Balance, and Flexibility, ensuring that participants focus on at least one of these components every day

The program is operated by a Licensed Clinical Supervisor (LCSW) Program Director with support from a Program Supervisor LCSW, two Associate Marriage and Family Therapist counselors, and an Intake and Outreach Coordinator. Bi-lingual staff provide services in Spanish. Since establishing the Wellness Center Program, four associate counselors have received sufficient hours for licensure and received their licenses.

The target population is adults aged 60 and above, who are living at or below 250% of poverty level. The program will strengthen and expand community access to behavioral health services and will serve 200 unduplicated older adults; 61 will be District-funded. At least 20% of clients will be from the Hispanic community.

These 61 District-funded clients can participate in multiple components, thus explaining the following numbers: Grant funds will provide Problem Solving Therapy for 25 District-funded counseling clients, of which 70% will demonstrate clinically assessed or self-reported improvement in presenting problem; Aging Mastery Program education for 31 District-funded clients, of which 70% will achieve one or more identified personal goals; Brain Boot Camp memory training for 37 District-funded clients; 70% will learn new memory-improving techniques; and physical fitness training to 31 District-funded clients; 75% will report improved quality of life.

Per the discussion and direction of the Program Committee, the Joslyn Center would like to highlight that initial work has begun with the Coachella Valley Equity Collaborative (CVEC). The Joslyn Center has provided written materials to the collaborative in Spanish and propose to work more closely with CVEC through outreach and information about available programs and services.

Strategic Plan Alignment:

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



Strategy 3.1: Provide funding to support an increase in the number of behavioral / mental health professionals (includes training)

Strategy 3.2: Provide funding to Community-Based Organizations to support an increase in the number of days and hours of operation of behavioral/mental health services

Strategy 3.6: Educate community residents on available behavioral / mental health resources

Strategy 3.7: Collaborate/Partner with community providers to enhance access to culturally sensitive behavioral/mental health services

Geographic Area(s) Served:

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

Action by Program Committee: (Please select one)

- ✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$85,000.30 be approved.

Recommendation with modifications

Deny



Grant Application Summary

Cove Communities Senior Association dba The Joslyn Center, Grant #1355

About the Organization

Cove Communities Senior Association dba The Joslyn Center
73-750 Catalina Way
Palm Desert, CA 92260-2906
Tel: 17603403220
<https://joslyncenter.org>

Tax ID #: 95-3622332

Primary Contact:

Jack Newby
Tel: (760) 340-3220
JackN@joslyncenter.org

Organization History and Mission

Founded in 1981, the Joslyn Center's mission is to provide comprehensive programs and services for seniors 50+ in Indian Wells, Palm Desert, Rancho Mirage, and surrounding communities. Situated on a three-acre site, our 20,000 square foot facility is the Inland Empire's largest senior center with over 2,200 members. This year, we project more than 50,000 visits by seniors to access over 80 weekly free or low-cost activities, including physical fitness; education; wellness programs; social events; entertainment; social services such as free tax and legal consultations; free flu shots; and blood pressure testing. Our senior nutrition programs provide outreach and support to low-income, isolated and food insecure seniors through Meals on Wheels, which served 13,880 home delivered meals via 34 volunteer drivers to 107 unduplicated clients last year; Penny's Pantry Food Bank, which served nearly 23,000 pounds of food to low-income seniors last year; and 'Let's Do Lunch,' which provides meals, socialization, and education activities. Since 2017, the Wellness Center has provided comprehensive programs focusing on senior health, wellness, and vitality through a series of evidence-based programs and classes, which is based around four pillars of need: Mental Health, Healthy Aging, Exercise and Active Living, and Nutritional and Health Education.

Organization Annual Budget: \$1,298,151.00

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
1999	grant # 2000-052	\$3,000	Grant	6/30/2000	
2000	grant # 2001-017	\$25,000	Grant	6/30/2001	
2001	grant #s: 2001-005 & 006	\$21,000	Grant	11/20/2001	
2003	historical from COO grant summary	\$80,000	Grant	6/30/2004	
2004	New exercise and dance floor	\$25,000	Grant	11/22/2004	Grant budget
2009	Meals-on-Wheels at Joslyn Senior Center	\$3,580	Improving Lives	3/4/2010	Grant budget
2010	Meals-on-Wheels at Joslyn Center	\$3,858	Food Assistance	8/16/2010	Grant budget
2010	Meals-on-Wheels at Joslyn Center	\$4,000	Food Assistance	10/25/2010	Grant budget
2010	Meals-on-Wheels at Joslyn Center	\$5,000	Food Assistance	3/4/2011	Grant budget
2011	Meals on Wheels at Joslyn Center	\$5,000	Food Assistance	8/8/2011	Grant budget
2011	Meals on Wheels	\$15,000	Food Assistance	11/4/2011	Grant budget
2017	Joslyn Wellness Center Educational Programming	\$5,000	Mini-Grant	4/4/2018	Grant budget
2018	Joslyn Wellness Center Senior Behavioral Services Program	\$112,050	Grant	10/23/2018	Grant budget
2019	Joslyn Center Nutrition Programs - Meals on Wheels and Penny's Pantry	\$10,000	Grant	4/1/2020	
2020	Joslyn Wellness Center	\$109,130	Grant	1/26/2021	

Project Information**Project Title:** The Joslyn Wellness Center**Start Date:** 10/1/2022 **End Date:** 9/30/2023**Term:** 12 months**Total Project Budget:** \$277,961**Requested Amount:** \$85,000**Executive Summary:**

The Joslyn Center requests support to expand the innovative Joslyn Wellness Center behavioral health program. The program is predicated on the tenet that optimizing mental health and well-being in older adults is best achieved through a multi-faceted

approach that combines focus on behavioral health, healthy aging, memory, and exercise. Led by our Licensed Clinical Social Worker Program Director, the program offers evidence-based interventions that can be utilized separately or in conjunction to achieve synergistic results, including Problem Solving Therapy, the Aging Mastery Program, Brain Boot Camp, and Go4Life. By removing the “siloed” approach to addressing older adults’ health needs, the program provides a holistic approach that includes the benefits of socialization and interaction. The program’s mission is to provide easily accessible evidence-based counseling services designed for older adults. Our vision is to improve wellness for Valley’s seniors through innovative programming. The target population is adults aged 60 and above, who are living at or below 250% of poverty level. In 2019, Health Assessment and Research for Communities (HARC) estimated that older adults aged 65 and older represented over 30% of the Coachella Valley’s population; 28% were Hispanic. In 2018, HARC reported that 22% of seniors had diagnosed mental health disorders. The Centers for Disease Control reported that “loneliness and social isolation in older adults are serious public health risks”, putting them at risk for dementia and other serious medical conditions. The University of Michigan’s 2021 National Poll on Healthy Aging survey of older adults reported that the COVID-19 pandemic has created unprecedented mental health challenges for older adults. Studies have shown that physical exercise can positively impact behavioral health, and in fact, can be as effective as medication in exhibiting statistically and clinically significant depression reduction.

The program will strengthen and expand community access to behavioral health services and will serve 200 unduplicated older adults; 61 will be district-funded. **Clients can participate in multiple components.** Grant funds will provide Problem Solving Therapy for 25 district-funded counseling clients, of which 70% will demonstrate clinically assessed or self-reported improvement in presenting problem; Aging Mastery Program education for 31 district-funded clients, of which 70% will achieve one or more identified personal goals; Brain Boot Camp memory training for 37 district-funded clients; 70% will learn new memory-improving techniques; and physical fitness training to 31 district-funded clients; 75% will report improved quality of life. At least 20% of clients will be from the Hispanic community.

Community Need for the Project:

The Centers for Disease Control reported that “loneliness and social isolation in older adults are serious public health risks”, putting them at risk for dementia and other serious medical conditions. Isolation significantly increases premature death risk from all causes, rivaling smoking, obesity, and physical inactivity. Depression affects over 6.5 million Americans aged 65 and older. According to the American Psychological Association, depression symptoms in older adults can manifest in memory problems, confusion, social withdrawal, appetite and weight loss, and physical symptoms, including fatigue, headaches, stomachaches, and chronic pain. In 2018, Health Assessment and Research for Communities (HARC) reported that 22% of Valley seniors had been diagnosed with mental illness, including 13% with depression; 58% felt the severity of problems warranted professional help, but 16% were unaware of where to obtain help. The COVID-19 pandemic has exacerbated behavioral health issues. The University of Michigan’s 2021 National Poll on Healthy Aging sampled U.S. adults aged 50-80 regarding the pandemic’s mental health impact; 18% said overall mental health was worse than before pandemic. Participants reported increased anxiety

(28%), insomnia (19%) and depression (19%). The report notes that these are not a normal part of aging and can impair physical and social functioning and that the pandemic has created unprecedented mental health challenges for older adults. Studies have shown that physical exercise can positively impact behavioral health. A 1999 study published in the Archives of Internal Medicine (J.A. Blumenthal, et al) randomly assigned 156 adults over age 50 with major depressive disorder to a program of aerobic exercise, antidepressants, or a combination. Results showed that exercise was as effective as medication in exhibiting statistically and clinically significant depression reduction. The Joslyn Wellness Center provides evidence-based interventions that address behavioral health issues in older adults through outpatient treatment, memory and healthy aging classes, and exercise.

Strategic Plan Alignment:

Goal 3: Proactively expand community access to behavioral/mental health services
Strategies 3.1, 3.2, 3.6, & 3.7: support increases in behavioral health professionals and operating hours; educate on available resources; and collaborate to enhance culturally sensitive services.

Project Description and Use of District funds:

The Joslyn Wellness Center is predicated on the tenet that optimizing mental health and well-being in older adults is best achieved through a multi-faced approach that combines focus on behavioral health, healthy aging, memory, and exercise. The program offers various evidence-based interventions that can be utilized separately or in conjunction to achieve synergistic results, including Problem Solving Therapy, the Aging Mastery Program, Brain Boot Camp, and Go4Life. By removing the “siloe” approach to addressing the health needs of seniors and older adults, the program provides a holistic approach that also offers the benefits of socialization and interaction. The program also benefits from additional on-site services, including nutrition and health education offerings. While the program is focused on the “four pillars” of wellness, they are all inter-related. For example, nutrition, exercise, and mental health can all positively impact obesity. Our program is unique, diverse, and fun to encourage sustained engagement. The program is operated by a Licensed Clinical Supervisor (LCSW) Program Director with support from a Program Supervisor LCSW, two Associate Marriage and Family Therapist counselors, and an Intake and Outreach Coordinator. Bilingual staff provide services in Spanish.

The Wellness Center’s behavioral health treatment program utilizes Problem-solving therapy (PST), an evidence-based behavioral health intervention that focuses individually and in group settings on helping patients manage stressful events. Stress may be related to life altering events, such as death of a loved one, chronic illness, or divorce, but may also be an accumulation of “minor” occurrences, such as relationship conflict, financial difficulties, age-related challenges, and other issues. PST has been demonstrated to be effective for a wide range of problems, including major depressive disorder; generalized anxiety disorder; emotional distress; suicidal ideation; relationship difficulties; certain personality disorders; and poor quality of life and emotional distress related to medical illness, such as cancer or diabetes. Clients are trained to overcome major obstacles that inhibit effective coping and heighten stress by means of problem identification, generation of solutions, solution implementation, and post-implementation evaluation. Effective problem solving involves the ability to adaptively develop and

match helpful solutions to life problems while taking into account internal and external factors that impact the problem. Research documents the effectiveness of PST for use with older adults experiencing a variety of issues ranging from depression, anxiety, and mild cognitive impairment. Clinicians administer pre and post clinical assessments that may include the Patient Health Questionnaire (PHQ-9) to diagnosis depression, or an equivalent diagnostic tool. Clients may participate in up to 12 sessions at which point they are re-evaluated for improvement in presenting issues that may require subsequent treatment on-site or referral to another behavior health provider. Other programs include caregiver support groups, grief support, and individual counseling.

Aging has changed remarkably since the last generation entered into retirement. For many seniors, traditional retirement plans are disappearing, daily living expenses continue to rise, relationships change, and more than 84% of people aged 65+ are coping with at least one chronic health condition and quite often over many years. Most older adults are unprepared for the challenges they might face as they live longer. The ongoing COVID-19 pandemic is exacerbating many of these pre-existing issues. **The Aging Mastery Program (AMP) is an evidence-based intervention developed by the National Council on Aging.** Launched in 2013, AMP has been successfully utilized by tens of thousands of older adults that have demonstrated significant increases in social connectedness; physical activity levels; healthy eating habits; advance planning capacity; and other healthy behaviors. The core curriculum is delivered in 10 sessions and provides participants with an overview of the challenges encountered while navigating life in old age and offers behavior change models to build new skills. Core classes include Navigating Longer lives, Exercise and You, Importance of Sleep, Healthy Eating and Hydration, Financial Fitness, Advanced Planning, Healthy Relationships, Medication Management, Community Engagement, and Falls Prevention. A 2019 UCLA study published in the peer-reviewed journal, Health Education and Behavior reported improvement in mental health among AMP participants.

To improve brain health and memory care, the program utilizes two evidence-based interventions developed by the UCLA Longevity Center, including Brain Boot Camp and Memory Training. These programs provide participants with tools and lifestyle tips to keep their brains vital and healthy. Brain Boot Camp is an interactive, research-based training experience that provides participants with tools and lifestyle tips to keep their brains vital and healthy and improve or maintain their memory ability. The program goals are to help participants develop good memory habits and to teach memory improving techniques. Participants receive education on optimal brain health, with a focus on proper nutrition, stress management, exercise, and memory training. During the sessions, baseline measurements of memory, stress, and fitness levels are tracked with guidelines for measuring improvement going forward. Participants receive a customized healthy lifestyle program and a variety of memory improving techniques, including to recall names and faces. They are provided with take home strategies, exercises, and assignments to continue improving memory on a regular basis. While the intervention is designed as a one-time, three-hour session, our experience has shown it is more effective for our population when divided into two 1 ½ hour sessions. Memory Training provides an innovative educational program for people with mild memory concerns and combines trainer presentations with group discussions, memory checks, and skill-building exercises. In four weekly two hour classes, the course targets

common memory complaints that people experience in daily life, including 1) Forgetting names and faces; 2) forgetting future events and activities, including appointments, relaying phone messages, or why you walked into a room; 3) forgetting where you place common items, such as keys or a wallet; and 4) inability to immediately recall something you know or "tip of the tongue" memory challenges. This class provides strategies to develop good memory habits and teaches techniques to improve memory.

To address the impact of physical exercise on behavioral health, we offer Go4Life, an evidence-based exercise and physical activity campaign from the National Institute on Aging at the National Institutes for Health (NIH). Go4Life is designed to help individuals fit exercise and physical activity into their daily life. The program encourages a variety of exercises that focus on Endurance, Strength, Balance, and Flexibility, ensuring that participants focus on at least one of these components every day. Clients can also incorporate a "circuit training" exercise program at our Wellness Center with weekly personal trainings for participants to teach safe operation of the equipment which is especially designed for the older exerciser. Outdoor exercise stations encourage use of our walking track and other strength and flexibility exercises.

We offer a variety of nutrition and health education opportunities. In collaboration with Desert Regional Medical Center, Eisenhower Health, and Desert Oasis Healthcare, the Joslyn Wellness Center presents relevant seminars on a variety of medical issues of concern to seniors. Seminars have focused on issues, including the importance of sleep, prescription drug interactions, meditation, preventing joint pain, sex and intimacy, cancer, and eyes, ears, nose and throat health. All seminars are presented by physicians who are experts in their field and have included attendance of more than 40 participants. Our in-house "Penny's Pantry" food bank provides supplemental food to may local seniors at risk of food insecurity. We continue to upgrade our selection with more nutritious fare, including fresh fruit and vegetables to help seniors maintain a more balanced and nutritious diet. While delayed by the pandemic, we plan to establish a Senior Farmer's Market to expand healthy eating opportunities to local seniors.

Client demographics by ethnicity are 80% White, 15% Hispanic, and 5% Asian, African American, mixed race or other. Client zip codes include: 92260, 92211, 92210, 92270, 92276, 92241, 92203, 92201, 92236, 92253, 92234, 92264, and 92262.

Since establishing the Wellness Center Program, four associate counselors have received sufficient hours for licensure and received their licenses.

Description of the Target Population (s):

In the more than four decades since the Joslyn Center's establishment, seniors' needs have accelerated as they are living longer while struggling to get by with fewer resources. COVID-19 has exacerbated needs to unprecedented levels. The Coachella Valley is the epicenter of a rapidly growing senior population in California. The most recent California Department of Aging reports that Riverside County is among the fastest growing counties with a projected growth of up to 97% from 2010 to 2030 of those over age 60. The Los Angeles Times reported in April 2020 that the Coachella Valley has some of California's densest concentrations of seniors. In 2020, Health Assessment & Research for Communities (HARC) released the Coachella Valley Community Health Survey 2019. HARC reported that there were 157,590 adults aged

55 and older in the Valley in 2019, 46.3% of the adult population; 68.4% were White, 28% Hispanic, 2.0% Black and 1.6% other; 53.8% were female and 46.1% male. Of local seniors, 52.7% were married or cohabitating, 17.1% widowed, 16.3% divorced or separated, and 13.4% single; and 15.8% identified as LGBTQ community members. HARC’s 2022 survey is in currently in process with expected release in early 2023.

The highly respected UCLA Elder Economic Security Index indicates that a single senior renting housing requires a minimum of \$22,380 to meet basic housing, nutritional, and medical needs in Riverside County. The only source of income for many of these seniors is Social Security, which provides an average annual income of just \$19,884 in California in 2022, based on AARP’s reported monthly average Social Security income of \$1,657 in March 2022. This is slightly less than 150% of federal poverty level (FPL) for a one-person household (\$20,385 in 2022). HARC reported that 21.2% of seniors had annual household incomes under \$20,000 in 2019.

HARC’s 2020 COVID-19 Needs Assessment surveyed 624 Valley adults. Survey participants reported increased stress (60.2%), anxiety (59.1%), and depression (39.8%); decreased income (37.6%); and increased difficulty in paying for rent or mortgage (45%), utilities (37.9%), food (24.3%), and healthcare or prescriptions (15.4%). As noted, in 2018 HARC reported that approximately 22% of Valley seniors had been diagnosed with one or more mental health disorders.

Seniors on fixed incomes are experiencing increased financial pressure, which contributes to increased anxiety and decreased quality of life. The U.S. Bureau of Labor Statistics reported a Consumer Price Index increase of 8.5% in the 12-month period ending March 2022, the highest since 1981, fueled by pandemic-related global supply issues. In a recent survey of Joslyn Centers food pantry recipients, 41% of the participants state that sometimes they ran out of food and did not have money to buy more. In addition, 29% of the participants state that at times they have had to choose between rent and food, 27% utilities or food, and 22% medications or food.

Geographic Area(s) Served:

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

Age Group:

- (25-64) Adults
- (65+) Seniors

Total Number of District Residents Served:

Direct: 61

Indirect: 152

Project Goals and Evaluation

Goal #1: By June 30, 2023, a minimum of 25 low-income older District residents aged 60 and	Evaluation #1: Progress towards goal achievement will be tracked and monitored by the Program
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<p>over, including 20% from the Coachella Valley's Hispanic community, will participate in Problem Solving Therapy and 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.</p>	<p>Director, a Licensed Clinical Social Worker (LCSW), in conjunction with the Program Supervisor (LSCW), Associate Marriage and Family Therapist (AMFT) counselors and the Intake/Outreach Coordinator. The Program Supervisor tracks qualitative data via an Excel spreadsheet from clinician notes and assessments, including data on counseling sessions, clinical assessments and treatment plans provided. The Intake Outreach Coordinator tracks quantitative data that includes age, ethnicity, language preference, and zip code. Program success is evaluated by at least 80 program participants receiving behavioral health assessments, including PHQ-9 assessments, or an equivalent diagnostic tool; at least 25 will be District-funded clients, which represents 31% of program clients. The Program Director will provide ongoing program monitoring to track progress towards providing projected assessments, treatment plans, and Hispanic community outreach and program activities at satellite counseling locations at the Braille institute, the Indio Senior Center, and other locations that are accessible to the Hispanic 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 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.</p>
<p>Goal #2: By June 30, 2023, a minimum of 17 low-income older District residents aged 60 and over, including 20% from the Coachella Valley's Hispanic community, who receive Problem Solving Therapy through the program will demonstrate improvement in resolving presenting issue identified in behavioral health treatment plans</p>	<p>Evaluation #2: Improvement in resolving presenting issue and program results is evaluated on an ongoing basis by Program Director in conjunction with Program Supervisor and counselors. Clients may participate in up to 12 counseling sessions. They are then re-evaluated for presenting issue resolution and/or manifestation of additional presenting</p>

<p>developed in collaboration with the program's counselors and Licensed Clinical Social Worker Program Director as documented through clinical assessment and/or self-report.</p>	<p>issues requiring subsequent on-site treatment or referrals to other providers. Clinicians monitor client engagement in treatment as indicated by participation in at least three sessions; administer Patient Health Questionnaire (PHQ-9), a depression screening assessment, on a pre and post treatment basis; and administer client surveys in English and Spanish to ascertain quality of life improvement and program satisfaction. Program success is evaluated by at least 56 (70%) of 80 program participants self-reporting improvement or resolution in presenting issues and/or improvement in PHQ-9 assessments; at least 17 will be District-funded clients. Intake/Outreach Coordinator tracks quantitative and qualitative data in Excel from clinician reports.</p>
<p>Goal #3: By June 30, 2023, a minimum of 21 low-income older District residents aged 60 and over, including 20% from the Coachella Valley's Hispanic community, will demonstrate achievement in one or more personal goals upon completion of the Aging Mastery Program.</p>	<p>Evaluation #3: Goal achievement evaluation is monitored on ongoing basis by Program Director in conjunction with counselors. Program participants complete pre- and post-program surveys developed by HARC. Clients may participate in up to 10 Aging Mastery program sessions after which they are evaluated for achievement of at least one identified personal goal. Program Director monitors client engagement in program as indicated by participation in at least seven of 10 classes required for graduation; identification of personal goals related to subject matter; and number of clients achieving at least one self-identified personal goal. Staff administer English and Spanish client surveys to ascertain quality of life improvement and program satisfaction. Success is evaluated by at least 70 (70%) of 100 participants (31 District-funded) achieving at least one goal; at least 21 will be District-funded clients. Intake/Outreach Coordinator tracks quantitative/ qualitative data in Excel from participant surveys. Program results are monitored by Program Director.</p>

<p>Goal #4: By June 30, 2023, a minimum of 26 low-income older District residents aged 60 and older, including 20% from the Coachella Valley's Hispanic community, who receive behavioral health services through the program will demonstrate learning of a minimum of one new technique to improve memory upon completion of the Brain Boot Camp. Participants in the program complete both a pre- and post-program survey in order to document participant progress.</p>	<p>Evaluation #4: Program Director monitors goal achievement evaluation on ongoing basis with certified course facilitators. Clients participate in two Brain Boot Camp program sessions and are then evaluated for demonstration of learning at least one memory improving technique. Facilitators monitor client engagement as indicated by participation in both sessions; and ability to learn at least one new memory improvement technique. Staff administer English/Spanish client surveys to ascertain improvement in quality of life and overall program satisfaction. Pre/post tests developed by HARC are administered to clients. Program success is evaluated by a minimum of 84 (70%) out of 120 participants (37 District-funded) that demonstrate learning of minimum of one new technique to improve memory upon conclusion of the program; a minimum of 26 will be District-funded clients. Intake/Outreach Coordinator tracks quantitative and qualitative data in Excel from facilitator reports and surveys. Program results are monitored on an ongoing basis by Program Director.</p>
<p>Goal #5: By June 30, 2023, a minimum of 23 low-income older District residents aged 60 and older, including 20% from the Coachella Valley's Hispanic community, who participate in Go4Life exercise programs through the Joslyn Wellness Center will self-report improved quality of life and reduced anxiety and depression.</p>	<p>Evaluation #5: Program Director monitors evaluation achievement is monitored on an ongoing basis by Program Director. Clients may participate in multiple components of Go4Life program, including exercises focusing on building endurance, strength, balance, and flexibility. Instructor monitors client engagement as indicated by ongoing participation in exercise sessions, and client self-reporting on quality of life, depression and anxiety. Pre/post tests developed by HARC are administered to clients. Staff administer client English/Spanish surveys to ascertain improvement in quality of life, reduction in anxiety and depression, and program satisfaction. Program success is evaluated by a minimum of 75 (75%) out of 100 participants (31 District-funded) that self-report improvement in quality of life and</p>

	reduction in anxiety and depression; a minimum of 23 will be District-funded clients. Intake/Outreach Coordinator tracks quantitative and qualitative data in Excel from sign-in sheets and participant responses to surveys. Program results are monitored on an ongoing basis by Program Director.
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Proposed Project Evaluation Plan

The Joslyn Wellness Center projects a minimum of 200 unduplicated clients participating in one or more program components. Success is measured by achieving benchmarks, objectives, and positive behavioral health outcomes. Problem Solving Therapy benchmarks include number of unduplicated clients participating in treatment; attendance at three or more counseling sessions; meeting of treatment goals; and improvement in presenting problem demonstrated through clinical assessments and client self-reports. **Evaluation processes are consistent with International Classification of Diseases and Related Health Problems (ICD 10), including pre and post PHQ-9 assessments.** Last year, of 97 counseling clients; 100% received assessments and participated in at least three sessions; 90% demonstrated PHQ-9 assessment improvement; and 80% achieved at least one treatment goal. **Pre/post tests developed by HARC are utilized in Aging Mastery, Brain Boot Camp and Go4Life components.** Aging Mastery benchmarks include participation in at least seven sessions and meeting at least one self-identified personal goal. Brain Boot Camp benchmarks include completion of two program sessions and demonstration of learning at least one memory improvement technique. Go4Life benchmarks include clients participating in regular exercise and quality of life, anxiety, and depression improvement. Last year 139 clients participated in Go4Life; 80% continued with regular exercise programs. Intake/Outreach Coordinator tracks quantitative and qualitative data in Excel from clinician reports. Quantitative data includes gender, age, zip code, income, ethnicity, and other data. Qualitative data includes number of treatment sessions; clinical assessments; treatment plans; achievement of treatment, Aging Mastery and Brain Boot Camp goals; and Go4Life sessions and quality of life, depression and anxiety improvements. Program results are reported quarterly and analyzed by staff under direction of the LCSW Program Director and reported monthly to Executive Director and at regular intervals to the Board of Directors.

Organizational Capacity and Sustainability

Organizational Capacity

Since 1981, the Joslyn Center has provided a multitude of educational programs, recreational activities, and vital services including food delivery to thousands of older Valley adults. In 2018, we launched the Joslyn Wellness Center to address local seniors emerging needs as they live longer than their predecessors and many are unprepared for physical, emotional and financial challenges they confront. The Wellness Center's Senior Behavioral Health Services program provides broad based, inter-related components that create a holistic approach to mental health wellness in the Valley's aging population. Staff include an Licensed Clinical Social Worker (LCSW) Program

Director, with specialized supervision training, who oversees two AMFT. The Program Director meets weekly with AMFT to review case files and assess clients' progress in achieving treatment goals. Other program staff includes a Outreach/Intake Coordinator, who conducts outreach to educate the community about the program and is responsible for data entry; and a Program Supervisor, also an LCSW, who ensures program goals are achieved and provides outreach to facilitate and strengthen collaboration with community partners. Since the COVID-19 pandemic's onset, we have instituted virtual counseling via the encrypted, HIPAA-compliant Zoom platform in addition to in person counseling.

Organizational Sustainability:

The Joslyn Wellness Center's establishment was a key component of our 2017 Strategic Plan. The stated goal was: To Continue Growing Wellness Center and Evaluate Programs and Services. The current Strategic Plan adopted in June 2022 Under Strategic Direction relating to programs and services has a stated goal: To identify existing and future programs and services that will meet the needs of the population we serve. A second goal is to expand existing programs and services including the Wellness Center to meet our service population's needs. An overarching goal for Programs and Services is to "Develop and implement programs and services that meet the needs of the older community, including the unserved, underserved and underrepresented." Expansion of fund development efforts, grant funding, and stronger donor relations are integral parts of the current Plan. Each month, our Board monitors progress towards strategic goals, including client statistics and outcomes, and development of community collaborations. The Wellness Center's continued development is among the Board's highest priorities. The program has varied funding sources that provide financial support and reduce vulnerability to reductions from any one funding source, including grants, fundraising, membership, and contributions from the cities of Rancho Mirage, Indian Wells and Palm Desert.

Diversity, Equity, and Inclusion

How does your organization address diversity, equity, and inclusion at the board and executive staff levels?

The Joslyn Center addresses diversity, equity, and inclusion in our board of directors, senior staff positions, and staff positions and program development. With respect to the Board of Directors, the recently adopted Strategic Plan specifically addresses this issue: "Find Board members who represent the values of Joslyn, the demographics of the community, and are well-connected. This will position Joslyn to make decisions that reflect Joslyn's current and future goals." In recent board recruitment, we have expanded our diversity by recruiting a Hispanic board member. Our board president is an African American woman. Our strategic direction relative to staffing states: "Ensure Joslyn Center has highly skilled, diverse, and friendly employees and volunteers to meet the needs of our members." Prior to the adoption of the current strategic plan, The Joslyn Center has been working on expanding our diversity. We have added Hispanic staff who are bilingual in order to be able to provide services to the Hispanic community. In addition, our senior staff is more diverse with the addition of persons of color in leadership positions. The board of directors and staff is committed to maintaining and expanding our diversity both among staff and among the people we serve.

If your organization is not currently addressing diversity, equity, and inclusion at the board and executive staff levels, please explain the barriers, such as knowledge, financial investment, capacity, etc., that are preventing you from doing so.

As noted, addressing diversity, equity, and inclusion at the board and executive levels is an ongoing process with which we continue to make progress.

Partnerships:

Key Partners:

The Joslyn Wellness Center benefits from our long-standing and continually developing partnerships with community-based service providers in the Coachella Valley and Riverside County. We provide on-site programming at the Indio Senior Center, the Cathedral City Senior Center, and the Braille Institute, which have enabled us to expand Latino/Hispanic community services and outreach. Problem Solving Therapy is found to be especially effective for older adults in coping with the onset of macular degeneration served by the Braille Institute. Other key partners and collaborators include Alzheimer's Coachella Valley and Coachella Valley Alzheimer's Association. Presentations, classes, and counseling have been provided to their respective members through the Problem Solving Strategies counseling program. We have also established a collaborative partnership with Mizell Center to provide Wellness Center counseling and programming and work with their Senior Case Managers to address client needs. Initial work has begun with the Coachella Valley Equity Collaborative (CVEC). We have provided written materials to the collaborative in Spanish and propose to work more closely with CVEC through outreach and information about our programs and services. We collaborate closely with medical and behavioral health providers at Desert Oasis Healthcare, Eisenhower Health and Desert Regional Medical Center, among others. We partner with other providers of services to seniors, including Senior Advocates of the Desert, Martha's Village, Habitat for Humanity of the Coachella Valley, Well in the Desert, Salvation Army, Coachella Valley Rescue Mission, and Catholic Charities. Transportation access is coordinated with Desert ARC and Sunline Transportation. We maintain vital partnerships with Riverside County's Office on Aging, Department of Public Social Services and Adult Protective Services, as well as the Veteran's Administration.

**Line Item Budget
Project
Operational Costs**

PROJECT OPERATIONS		Total Project Budget	Funds from Other Sources <small>Detail on sheet 3</small>	Amount Requested from DHCD
Total Staffing Costs <small>Detail on sheet 2</small>		\$ 240,442.00	\$ 165,692.00	\$ 74,750.00
Equipment (itemize)				
1				\$ -
2				\$ -
3				\$ -
4				\$ -
Supplies (itemize)				
1	Aging Mastery Program Workshops	\$ 1,000.00	\$ 1,000.00	\$ -
2	Brain Boot Camp materials	\$ 750.00	\$ 750.00	\$ -
3				\$ -
4				\$ -
Printing / Duplication		\$ 500.00	\$ 500.00	\$ -
Mailing / Postage				\$ -
Travel / Mileage (use current Federal mileage rate)				\$ -
Education / Training				\$ -
* 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*			\$ -	\$ -
Telephone / Fax / Internet*			\$ -	\$ -
Utilities*			\$ -	\$ -
Insurance*			\$ -	\$ -
Other direct project costs not described above (itemize)				
1	Program Outreach	\$ 10,000.00	\$ 7,477.00	\$ 2,523.00
2	Indirect costs @ 10% not charged to gra	\$ 17,542.00	\$ 17,542.00	\$ -
3		\$ -		\$ -
4				\$ -
Indirect Cost Rate - Maximum of 10% Allowed				\$ 7,727.30
Total Project Budget		\$ 277,961.30	\$ 192,961.00	\$ 85,000.30
Budget Narrative	Aging Mastery Program Workshop costs include printed manuals, course materials and licensing; Brain Boot Camp costs include printed manuals, course materials and licensing; Marketing and Advertising costs include print and internet advertising in publications with a large senior and older adult readership; and Indirect Costs calculated @ 15% for administration, accounting for reporting compliance, audit, security, utilities, insurance, and other overhead costs for the counseling program.			

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	Program Director (LCSW)	\$ 49,920.00	100%	49,920.00	\$ 10,000.00
2	Program Supervisor (LCSW)	\$ 24,960.00	100%	24,960.00	\$ 10,000.00
3	Bi-lingual Counselor (AMFT)	\$ 60,000.00	100%	60,000.00	\$ 35,000.00
4	Counselors (2 AMFT)	\$ 15,000.00	200%	30,000.00	\$ -
5	Certified Exercise Instructor	\$ 5,200.00	100%	5,200.00	\$ -
6	Intake/Outreach Coordinator	\$ 39,000.00	100%	39,000.00	\$ 10,000.00
7				-	
8				-	
Total Employee Benefits / Employer Taxes - proportional fringe costs and/or employer taxes based on 15% of time allocated to project				31,362.00	9,750.00
Enter this amount in Section 1; Staffing Costs			Total >	\$ 240,442.00	\$ 74,750.00
Budget Narrative	Program Director, LCSW- Licensed clinician manages all aspects of program and supervises counseling interns; Program Supervisor- Tracks program results and develops strategies for marketing and outreach and supervises data entry and program intakes; Bi-lingual Counselor, AMFT (1)- Under supervision of Program Director works with both English and Spanish speaking clients to deliver Problem Solving Therapy and trained in delivery of Brain Boot Camp and Aging Mastery; Counselors, AMFT (2)- Under supervision of Program Director, delivers Problem Solving Therapy and trained in delivery of Brain Boot Camp and Aging Mastery; Certified Exercise Instructor-deliver Go4Life training curriculum and fitness classes; and Intake/Outreach Coordinator- Provides program intakes, data entry for reports, and conducts community outreach.				
Budget Narrative	Employee benefits are calculated at 15% for state, federal and other taxes as well as Workers' Compensation Insurance and medical insurance if applicable to the position.				
Professional Services / Consultants		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD
Company and Staff Title					
1					
2					
3					
4					
5					
Enter this amount in Section 1; Staffing Costs				Total >	\$ -
Budget Narrative	Please describe in detail the scope of work for each professional service/consultant on this grant.				

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			
Grants (List Organizations)			
	1	Riverside County Community Investment Division	\$ 10,000.00
	2	Grace Helen Spearman Charitable Foundation	\$ 25,000.00
	3	Auen Foundation	\$ 25,000.00
	4	Houston Family Foundation	\$ 50,000.00
	5	SCAN Foundation ([pending)	\$ 30,000.00
	6	S. L. Gimble Foundation (pending)	\$ 25,000.00
Fundraising (describe nature of fundraiser)			
	1	Annual fundraising campaign	\$ 20,961.00
	2		
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)			
	1	Desert Oasis Healthcare	\$ 7,000.00
	2		
	3		
	4		
Total funding in addition to DHCD request			\$ 192,961.00
Budget Narrative	<p style="color: red;">Grants from Riverside County Community Investment Division, Grace Helen Spearman Charitable Foundation, Auen Foundation and Houston Family Foundation are secured funds allocated grants to the program for the grant period. Requests are pending to the SCAN Foundation and S. L. Gimble Foundation. Fundraising revenues allocated to program include project net revenues from annual Fashion Show and Wine & All That Jazz events, and ongoing fundraising campaign throughout the year. Desert Oasis Healthcare provides program fees for plan members.</p>		

Grant Scoring Review

Grant Staff Review # 1 of 3

- Executive Summary:** 9
- Community Need and Alignment:** 10
- Goals:** 9
- Proposed Evaluation Plan:** 9
- Applicant Capacity and Infrastructure:** 9
- Organizational Sustainability:** 9
- Budget:** 9
- Key Partners/Collaborations:** 10

Total Score: 74.00

Reviewer Comments:

The Joslyn Center is requesting support to continue to address the heightened challenges faced by a vulnerable population: mental health support. This focus directly aligns with the strategic priorities of the Desert Healthcare District, goal #3: Proactively expand community access to behavioral/mental heal services.. Our funds will support Joslyn’s Wellness Center’s mental health clinicians and program staff in providing behavioral health assessments, treatment plans, continued follow-up counseling care, and all other comprehensive programs focusing on senior health, wellness and vitality to low-income District seniors.

Response Notes:

Average Review Score:

- Fiscal Staff Review Stage: 17.5 (2 of 2)
- Grant Program Staff Review Stage: 74.3333333333333333333333333333 (3 of 3)

Sum of all Reviews:

- Fiscal Staff Review Stage: 35 (2 of 2)
- Grant Program Staff Review Stage: 223 (3 of 3)

Total average proposal score: 92/100

Grant Scoring Review

Grant Staff Review # 2 of 3

Executive Summary: 10
Community Need and Alignment: 9
Goals: 9
Proposed Evaluation Plan: 9
Applicant Capacity and Infrastructure: 10
Organizational Sustainability: 9
Budget: 9
Key Partners/Collaborations: 9

Total Score: 74.00

Reviewer Comments:
The Joslyn Center Wellness Center behavioral health program provides older adults with a comprehensive evidence-based program. Some of the services are vital for older adults to age gracefully and in a healthy manner. The program which is led by licensed clinical social workers ensures older adults have access to multiple services ranging from social activities to nutrition, exercise, and mental health interventions. District funds will be utilized to increase capacity and target Latino/Hispanic older adults with Spanish language services, which is a first for the Joslyn Center.

Response Notes:

Average Review Score:
Fiscal Staff Review Stage: 17.5 (2 of 2)
Grant Program Staff Review Stage: 74.3333333333333333333333333333 (3 of 3)
Sum of all Reviews:
Fiscal Staff Review Stage: 35 (2 of 2)
Grant Program Staff Review Stage: 223 (3 of 3)
Total average proposal score: 92/100

Grant Scoring Review

Grant Staff Review # 3 of 3

Executive Summary: 10

Community Need and Alignment: 9

Goals: 8

Proposed Evaluation Plan: 10

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 9

Budget: 10

Key Partners/Collaborations: 10

Total Score: 75.00

Reviewer Comments:

The services identified by the Cove Communities Senior Association dba The Joselyn Center will provide an array of educational and supportive options geared for the older adult community in the Coachella Valley. The services include Problem Solving Therapy, Aging Mastery Program, Brain Boot Camp and Go4Life. These programs are all evidence based practices that have been found to be useful when serving older adults and have resulted in sustainable improvements in the lives of the participants. Each of the programs will focus on different developmental need areas; problem identification/solution development, brain and memory health, and physical activity as a linkage to improved behavioral health levels. Outcomes will be tracked and evaluated utilizing pre/post assessment tools, clinician reports, client participation levels in sessions/meetings, and demonstrated improvements related to quality of life, depression and anxiety levels.

These services align with the DHCD Strategic Goal #3 (Proactively expand community access to behavioral/mental health services), Strategies 3.1, 3.2, 3.6, and 3.7. The capacity to provide these services is evident in the structure of the budget and its focus on the hiring of BH team members who have the necessary training and skills to implement and evaluate the program as it is initiated. The sustainability of this program will be supported by monthly Board of Director reviews of the organization strategic plan goals and how the progress of this program aligns with those expectations. Many community partners have been identified as part of this program and will assist with the ongoing community based focus and linkage that should promote the successful implementation and potential future expansion or replication of this model for this older adult community (ages 60+ and their family support members if available).

Grant Scoring Review

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 74.3333333333333333333333333333 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 223 (3 of 3)

Total average proposal score: 92/100

Grant Scoring Review

Fiscal Staff Review # 1 of 2

Fiduciary Compliance: 9

Financial Stability: 10

Total Score: 19.00

Reviewer Comments: Financial audits reviewed and approved by Board of Directors. Assets sufficient to meet liabilities. Positive cash flow noted for 2020 but not 2021. Grant budget is reasonable in comparison to overall organizational budget with multiple sources of funding for both. Detailed strategic plan in place to identify short and long term funding.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 74.333333333333333333333333333333 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 223 (3 of 3)

Total average proposal score: 92/100

Grant Scoring Review

Fiscal Staff Review # 2 of 2

Fiduciary Compliance: 8

Financial Stability: 8

Total Score: 16.00

Reviewer Comments: Fiduciary Compliance - 8

The FY 06/30/21 audit report is unmodified. The Board of Directors accepted the audit report.

Audit report Current Ratio is strong (1.8:1), which represents the grantee's ability to pay its short-term liabilities.

The Net Assets increased by \$30k as of 6/30/21, with Total Net Assets of \$1.3M. Internal financial statements, as of 5/31/22, demonstrates an increase of \$62k. The Balance Sheet is in good order.

Financial Stability - 8

Grantee demonstrates a relatively sound financial position.

Grantee has diversified resources for this project of \$278k. The District's grant of \$85k is well supported by other resources.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 74.333333333333333333333333333333 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 223 (3 of 3)

Total average proposal score: 92/100

Grant #1355

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

The Joslyn Wellness Center

Start/End

10/01/2022

9/30/2023

PAYMENTS:

(2) Payments: \$38,250.

10% Retention: \$8,500.30

Total request amount: \$ 85,000.30

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Requirement Number	Grant Requirements for Payment	Payment
10/01/2022		Signed Agreement submitted & accepted.	Advance of \$38,250. for time period 10/01/2022 - 3/31/2023
5/01/2023		1 st six-month (10/01/2022 - 3/31/2023) progress report, budget reports and receipts submitted & accepted	Advance of \$38,250. for time period 4/01/2023 - 9/30/2023
11/01/2023		2 nd six-month (4/01/2023 - 9/30/2023) progress report, budget reports and receipts submitted & accepted	\$0
11/15/2023		Final report (10/01/2022 - 9/30/2023) and final budget report submitted & accepted	\$8,500.30 (10% retention)

TOTAL GRANT AMOUNT: \$ 85,000.30

DELIVERABLES:

Project Goals and Evaluation

<p>Goal #1: By June 30, 2023, a minimum of 25 low-income older District residents aged 60 and over, including 20% from the Coachella Valley's Hispanic community, will participate in Problem Solving Therapy and 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.</p>	<p>Evaluation #1: Progress towards goal achievement will be tracked and monitored by the Program Director, a Licensed Clinical Social Worker (LCSW), in conjunction with the Program Supervisor (LSCW), Associate Marriage and Family Therapist (AMFT) counselors and the Intake/Outreach Coordinator. The Program Supervisor tracks qualitative data via an Excel spreadsheet from clinician notes and assessments, including data on counseling sessions, clinical assessments and treatment plans provided. The Intake Outreach Coordinator tracks quantitative data that includes age, ethnicity, language preference, and zip code. Program success is evaluated by at least 80 program participants receiving behavioral health assessments, including PHQ-9 assessments, or an equivalent diagnostic tool; at least 25 will be District-funded clients, which represents 31% of program clients. The Program Director will provide ongoing program monitoring to track progress towards providing projected assessments, treatment plans, and Hispanic community outreach and program activities at satellite counseling locations at the Braille institute, the Indio Senior Center, and other locations that are accessible to the Hispanic 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 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.</p>
<p>Goal #2: By June 30, 2023, a minimum of 17 low-income older District residents aged 60 and over, including 20% from the Coachella Valley's Hispanic community, who receive Problem Solving Therapy through the program will demonstrate</p>	<p>Evaluation #2: Improvement in resolving presenting issue and program results is evaluated on an ongoing basis by Program Director in conjunction with Program Supervisor and counselors. Clients may participate in up to 12 counseling sessions. They are then re-evaluated for presenting issue resolution and/or manifestation of additional presenting</p>

<p>improvement in resolving presenting issue identified in behavioral health treatment plans developed in collaboration with the program's counselors and Licensed Clinical Social Worker Program Director as documented through clinical assessment and/or self-report.</p>	<p>issues requiring subsequent on-site treatment or referrals to other providers. Clinicians monitor client engagement in treatment as indicated by participation in at least three sessions; administer Patient Health Questionnaire (PHQ-9), a depression screening assessment, on a pre and post treatment basis; and administer client surveys in English and Spanish to ascertain quality of life improvement and program satisfaction. Program success is evaluated by at least 56 (70%) of 80 program participants self-reporting improvement or resolution in presenting issues and/or improvement in PHQ-9 assessments; at least 17 will be District-funded clients. Intake/Outreach Coordinator tracks quantitative and qualitative data in Excel from clinician reports.</p>
<p>Goal #3: By June 30, 2023, a minimum of 21 low-income older District residents aged 60 and over, including 20% from the Coachella Valley's Hispanic community, will demonstrate achievement in one or more personal goals upon completion of the Aging Mastery Program.</p>	<p>Evaluation #3: Goal achievement evaluation is monitored on ongoing basis by Program Director in conjunction with counselors. Program participants complete pre- and post-program surveys developed by HARC. Clients may participate in up to 10 Aging Mastery program sessions after which they are evaluated for achievement of at least one identified personal goal. Program Director monitors client engagement in program as indicated by participation in at least seven of 10 classes required for graduation; identification of personal goals related to subject matter; and number of clients achieving at least one self-identified personal goal. Staff administer English and Spanish client surveys to ascertain quality of life improvement and program satisfaction. Success is evaluated by at least 70 (70%) of 100 participants (31 District-funded) achieving at least one goal; at least 21 will be District-funded clients. Intake/Outreach Coordinator tracks quantitative/qualitative data in Excel from participant surveys. Program results are monitored by Program Director.</p>
<p>Goal #4: By June 30, 2023, a minimum of 26 low-income older District residents aged 60 and older, including 20% from the Coachella Valley's Hispanic community, who receive behavioral health services</p>	<p>Evaluation #4: Program Director monitors goal achievement evaluation on ongoing basis with certified course facilitators. Clients participate in two Brain Boot Camp program sessions and are then evaluated for demonstration of learning at least one memory improving technique. Facilitators monitor</p>

<p>through the program will demonstrate learning of a minimum of one new technique to improve memory upon completion of the Brain Boot Camp. Participants in the program complete both a pre- and post-program survey in order to document participant progress.</p>	<p>client engagement as indicated by participation in both sessions; and ability to learn at least one new memory improvement technique. Staff administer English/Spanish client surveys to ascertain improvement in quality of life and overall program satisfaction. Pre/post tests developed by HARC are administered to clients. Program success is evaluated by a minimum of 84 (70%) out of 120 participants (37 District-funded) that demonstrate learning of minimum of one new technique to improve memory upon conclusion of the program; a minimum of 26 will be District-funded clients. Intake/Outreach Coordinator tracks quantitative and qualitative data in Excel from facilitator reports and surveys. Program results are monitored on an ongoing basis by Program Director.</p>
<p>Goal #5: By June 30, 2023, a minimum of 23 low-income older District residents aged 60 and older, including 20% from the Coachella Valley’s Hispanic community, who participate in Go4Life exercise programs through the Joslyn Wellness Center will self-report improved quality of life and reduced anxiety and depression.</p>	<p>Evaluation #5: Program Director monitors evaluation achievement is monitored on an ongoing basis by Program Director. Clients may participate in multiple components of Go4Life program, including exercises focusing on building endurance, strength, balance, and flexibility. Instructor monitors client engagement as indicated by ongoing participation in exercise sessions, and client self-reporting on quality of life, depression and anxiety. Pre/post tests developed by HARC are administered to clients. Staff administer client English/Spanish surveys to ascertain improvement in quality of life, reduction in anxiety and depression, and program satisfaction. Program success is evaluated by a minimum of 75 (75%) out of 100 participants (31 District-funded) that self-report improvement in quality of life and reduction in anxiety and depression; a minimum of 23 will be District-funded clients. Intake/Outreach Coordinator tracks quantitative and qualitative data in Excel from sign-in sheets and participant responses to surveys. Program results are monitored on an ongoing basis by Program Director.</p>



Date: September 27, 2022

To: Board of Directors

Subject: Grant # 1361 Desert Aids Project

Grant Request: DAP Health Monkeypox Virus Response

Amount Requested: \$586,727.00

Project Period: 10/1/2022 to 9/30/2023

Project Description and Use of District Funds:

Monkeypox (MPX) cases are increasing in Riverside County where DAP is located. Over two weeks ago, Riverside County Public Health Department declared MPX as a local public health emergency. As of August 31, 2022, Riverside County has confirmed 197 cases of MPX. Nearly half of all the cases in Riverside County, 96 cases, have occurred in Palm Springs, CA where DAP's main campus is located.

DAP's service region contains a significant population of gay, bisexual, and other men who have sex with men who, according to The Centers for Disease Control (CDC) are at high risk for MPX. The target population for DAP's MPX project is MSM Adults (25-64 years old); Homeless; Seniors (65+ years old); Uninsured; and Individuals with a compromised immune system.

DAP aims to prevent the spread of MPX infection among the high-risk MSM population in our service region. DAP's MPX response is a new project built on the foundation of DAP's 35-plus years of experience in the treatment and prevention of one of the most widespread pandemics in human history (HIV). DAP is modeling its MPX response on its rapid community response to the COVID-19 pandemic. DAP anticipates that 5,000 at-risk individuals will be served with MPX testing, treatment and/or vaccines as appropriate.

Currently, DAP is the only agency in Coachella Valley providing comprehensive MPX services: testing, linkage to care, vaccines, and supportive services (motel vouchers, food, and home deliveries). DAP has reassigned clinical staff, early intervention specialists (EIS) and clinical support staff from DAP's Sexual Wellness Clinic at their Palm Springs location to their MPX testing, linkage to treatment and vaccination



efforts. DAP has held two weekend vaccination clinics, with two additional clinics scheduled. Clinical staff and EIS have been serving an average of 40-50 MPX patients per week. As of August 31, DAP has vaccinated 1,662 people, tested 146 people, detected 69 positive cases, provided 9 patients with TPOXX, and provided 2 patients with motel stays.

District funds would support staffing to include: clinicians, clinical staff, early intervention specialists, and hotline coordinator; program expenses to include: medical/ PPE supplies, laundry and linens supply; supportive services to include: motel vouchers for infected patients to isolate; food and home supplies for isolating patients; trac phones for EIS staff to contact patients, such as infected homeless community members, for treatment appointment reminders; patient wellness education/referrals; outreach marketing activities; rental expense for community MPX vaccination clinics; training and certifications for hired/contracted staff; and other office equipment and supplies.

Strategic Plan Alignment:

Goal 2: Proactively expand community access to specialty care serves

Strategy 2.3: Provide funding support and evaluation to community organizations providing expanded mobile primary and specialty care services

Strategy 2.6: Collaborate/Partner with the Riverside University Health System on increasing the number of public health initiatives, including but not limited to: COVID-19, obesity, sex education, drug use/addiction, and nutrition

Strategy 2.7: Utilize an equity lens to expand services and resources to underserved communities

Geographic Area(s) Served:

All District Areas

Action by Program Committee: (Please select one)

- ✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$586,727.00 be approved.

Recommendation with modifications

Deny



Grant Application Summary

Desert Aids Project, Grant #1361

About the Organization

Desert Aids Project
1695 N. Sunrise Way
Palm Springs, California 92262-3702
Tel: (760) 992-0432 Ext: 262
Fax: (760) 323-1299
<http://www.daphealth.org>

Tax ID #: 330068583

Primary Contact:

David Brinkman
Tel: 760-992-04015
dbrinkman@daphealth.org

Organization History and Mission

Until there's a cure, DAP's vision is of healthy individuals, families, and communities despite the existence of HIV. To bring this vision to life, the mission of DAP is to enhance and promote the health and well-being of our community.

DAP was founded in Palm Springs, CA by all volunteers in 1984 as a grassroots organization in response to the HIV/AIDS epidemic. DAP is the only comprehensive HIV healthcare and support services agency in our service region in Eastern Riverside County, known as the Coachella Valley, which is continually challenged by high prevalence rates of HIV/AIDS and rising incidence rates. Over the past three decades, DAP has developed a nationally-recognized expertise ensuring the provision of medical care and support services to those affected by HIV/AIDS who are economically disadvantaged, uninsured, and otherwise marginalized due to stigma. Prompted by gaps in healthcare among economically disadvantaged community members, we sought and received full Federally Qualified Health Center status in 2015. This designation broadens our capacity to serve at-risk people living at or below 200% of the Federal Poverty Line regardless of HIV status, and advances our goal to reduce transmission of HIV and other communicable diseases.

Organization Annual Budget: \$68,121,360.00

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
1999		\$25,000	Grant	12/31/1999	
2000		\$75,000	Grant	12/31/2000	
2004	Behavioral assessment to determine optimal education design	\$10,000	Grant	9/1/2004	Grant budget
2008	Nutritional Services Program	\$2,500	Grant	12/5/2008	Grant budget
2008	D.A.P. Nutrition Services Program	\$2,500	Grant	4/28/2009	
2009	Desert AIDS Project's Nutrition Services Program	\$5,000	Food Assistance	8/5/2009	Grant budget
2009	Desert AIDS Project's Nutrition Services Program	\$5,000	Food Assistance	11/30/2009	Grant budget
2009	Desert AIDS Project's Nutrition Services Program	\$5,000	Food Assistance	1/12/2010	Grant budget
2009	Desert AIDS Project's Dental Clinic -- Dental Hygienist	\$48,100	Improving Lives	1/26/2010	Grant budget
2009	Desert AIDS Project's Nutrition Services Program	\$4,244	Food Assistance	5/14/2010	Grant budget
2010	Desert AIDS Project's Nutrition Services Program	\$5,000	Food Assistance	12/9/2010	Grant budget
2010	Desert AIDS Project Nutrition Services Program	\$5,000	Food Assistance	4/25/2011	Grant budget
2011	D.A.P. Electronic Health Record Acquisition for Clinical Quality Improvement	\$151,439	Achievement Building	7/26/2011	Grant budget
2011	Desert AIDS Project's Farmer's Market and Emergency Food Distribution Program	\$10,000	Food Assistance	10/5/2011	Grant budget
2012	Desert AIDS Project's Substance Abuse Services Program	\$55,884	Grant	6/25/2013	Grant budget
2014	Get Tested Coachella Valley: Early Intervention Services & Public Health Liaisons	\$498,625	Grant	11/19/2014	Grant budget
2014	Desert AIDS Project: Sexually Transmitted Infection Clinic	\$800,000	Grant	6/23/2015	Grant budget
2019	COVID-19 Response	\$150,000	Grant	4/1/2020	
2020	DAP Health Expands Access to Healthcare	\$100,000	Grant	5/26/2021	

Project Information

Project Title: DAP Health Monkeypox Virus Response

Start Date: 10/1/2022 **End Date:** 9/30/2023

Term: 12 months

Total Project Budget: \$901,487

Requested Amount: \$586,727

Executive Summary:

Need: Monkeypox (MPX) cases are increasing in Riverside County where DAP is located. Over two weeks ago, Riverside County Public Health Department declared MPX as a local public health emergency (www.rivcoph.org). As of August 31, 2022, Riverside County has confirmed 197 cases of MPX. Nearly half of all the cases in Riverside County, 96 cases, have occurred in Palm Springs, CA where DAP's main campus is located. Target population: DAP's service region contains a significant population of gay, bisexual, and other men who have sex with men who, according to The Centers for Disease Control (CDC) are at high risk for MPX: "Data suggest that gay, bisexual, and other men who have sex with men make up the majority of cases in the current MPV outbreak."

(<https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html>) The target population for DAP's MPX project is MSM Adults (25-64 years old); Homeless; Seniors (65+ years old); Uninsured; and Individuals with a compromised immune system. Most recent regional epidemiological data from Riverside University Health System- Public Health shows that the highest percentage risk factor for HIV in Riverside County, 70.6%, is unsafe male to male sexual contact ("Epidemiology of HIV in Riverside County," Riverside University Health System, 2020). Riverside County demographic statistics for MPX are in alignment with CDC MPX statistics: 42% of MPX cases have occurred among gay, lesbian, or same gender-loving individuals; 99% of cases have occurred in males; and 42% have occurred between male sex partners.

(<https://rivcoph.org/Monkeypox>). Project Goals/Benefit to the Community: DAP aims to prevent the spread of MPX infection among the high-risk MSM population in our service region. DAP has pursued an "all hands-on deck" strategy to rapidly respond to Riverside County's declared MPX public health emergency. DAP's MPX response is a new project built on the foundation of DAP's 35-plus years of experience in the treatment and prevention of one of the most widespread pandemics in human history (HIV). DAP is modeling its MPX response on its rapid community response to the COVID-19 pandemic. DAP anticipates that 5,000 at-risk individuals will be served with MPX testing, treatment and/or vaccines as appropriate. Evaluation: Quantitative outcomes relating to patients receiving MPX testing, linkage to care, treatment and vaccinations are currently tracked and recorded on a dedicated dashboard. We also track and record numbers of community members contacting DAP's dedicated MPX hotline. Social media metrics are collected relating to MPX awareness outreach postings, videos, and website traffic

Community Need for the Project:

Monkeypox (MPX) cases are increasing in Riverside County where DAP is located. Over two weeks ago, Riverside County Public Health Department declared MPX as a local public health emergency (www.rivcoph.org). As of August 31, 2022, Riverside County has confirmed 197 cases of MPX. Nearly half of all the cases in Riverside County, 96 cases, have occurred in Palm Springs, CA where DAP's main campus is located. DAP's service region contains a significant population of gay, bisexual, and other men who have sex with men who, according to The Centers for Disease Control (CDC) are at high risk for MPX: "Data suggest that gay, bisexual, and other men who have sex with men make up the majority of cases in the current MPV outbreak" (<https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html>). Most recent regional epidemiological data from Riverside University Health System- Public Health shows that the highest number of people living with HIV reside in DAP's service region of Eastern Riverside County, known as Coachella Valley; 1,459.7 per 100,000 population, amounting to 73% of all people living with HIV in Riverside County. The highest percentage risk factor for HIV in Riverside County, 70.6%, is unsafe male to male sexual contact ("Epidemiology of HIV in Riverside County," Riverside University Health System, 2020). Riverside County demographic statistics for MPX are in alignment with CDC MPX statistics: 42% of MPX cases have occurred among gay, lesbian, or same gender-loving individuals; 99% of cases have occurred in males; and 42% have occurred between male sex partners. (<https://rivcoph.org/Monkeypox>).

Strategic Plan Alignment:

Goal 2: Proactively expand community access to specialty care serves

Strategy 2.3: Provide funding support and evaluation to community organizations providing expanded mobile primary and specialty care services

Strategy 2.6: Collaborate/Partner with the Riverside University Health System on increasing the number of public health initiatives, including but not limited to: COVID-19, obesity, sex education, drug use/addiction, and nutrition

Strategy 2.7: Utilize an equity lens to expand services and resources to underserved communities

Project Description and Use of District funds:

To prevent the spread of infection among the high-risk population in our service region, DAP has pursued an "all hands-on deck" strategy to rapidly respond to Riverside County's declared MPX public health emergency. In May, DAP organized an internal task force and launched an MPX landing page on DAP's website, providing public health information. In July, DAP hosted an MPX public education town hall meeting. We have partnered with Riverside County Public Health Department and local businesses to launch our dedicated on-site MPX testing, treatment (TPOXX) and vaccination services within our Sexual Wellness Clinic ("Orange Clinic"). Also in late July, DAP launched a social media campaign with in-app public health advertising to raise awareness of MPX exposure risk, symptoms and access to testing and care. In early August, DAP launched an MPX hotline enlisting volunteers to field requests for testing and vaccines. As of August 31, 2022, the MPX hotline has received 1,500 calls, and

served over 10,00 people with MPX information about access to testing, treatment, and vaccines. Currently, DAP is the only agency in Coachella Valley providing comprehensive MPX services: testing, linkage to care, vaccines, and supportive services (motel vouchers, food, and home deliveries). We have received 5 vaccine allotments from Riverside County Public Health and national sources. We have reassigned clinical staff, early intervention specialists (EIS) and clinical support staff from DAP's Sexual Wellness ("Orange") Clinic at our Palm Springs location to our MPX testing, linkage to treatment and vaccination efforts. DAP has held two weekend vaccination clinics, with two additional clinics scheduled. Clinical staff and EIS have been serving an average of 40-50 MPX patients per week. As of August 31, DAP has vaccinated 1,662 people, tested 146 people, detected 69 positive cases, provided 9 patients with TPOXX, and provided 2 patients with motel stays. As detailed in the program budget, grant funds, if awarded will support project implementation, as follows: Staffing, to include clinicians, clinical staff, early intervention specialists, and hotline coordinator; program expenses to include: medical/ PPE supplies, laundry and linens supply; supportive services, to include motel vouchers for infected patients to isolate; food and home supplies for isolating patients; trac phones for EIS staff to contact patients, such as infected homeless community members, for treatment appointment reminders; patient wellness education/referrals; outreach marketing activities; rental expense for community MPX vaccination clinics; training and certifications for hired/contracted staff; and other office equipment and supplies.

Description of the Target Population (s):

DAP's service region contains a significant population of gay, bisexual, and other men who have sex with men who, according to The Centers for Disease Control (CDC) are at high risk for MPX: "Data suggest that gay, bisexual, and other men who have sex with men make up the majority of cases in the current MPV outbreak."

(<https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html>) The target population for DAP's MPX project is MSM Adults (25-64 years old); Homeless; Seniors (65+ years old); Uninsured; and Individuals with a compromised immune system. Most recent regional epidemiological data from Riverside University Health System- Public Health shows that the highest percentage risk factor for HIV in Riverside County, 70.6%, is unsafe male to male sexual contact ("Epidemiology of HIV in Riverside County," Riverside University Health System, 2020). Riverside County demographic statistics for MPX are in alignment with CDC MPX statistics: 42% of MPX cases have occurred among gay, lesbian, or same gender-loving individuals; 99% of cases have occurred in males; and 42% have occurred between male sex partners. (<https://rivcoph.org/Monkeypox>).

Geographic Area(s) Served:

All District Areas

Age Group:

(25-64) Adults

(65+) Seniors

Total Number of District Residents Served:

Direct: 5,000

Indirect: 10,000

Project Goals and Evaluation

<p>Goal #1: From October 1, 2022 to September 30, 2023, DAP Health will test, treat, or vaccinate 5,000 at-risk individuals for MPX. 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: Quantitative outcomes relating to patients receiving MPX testing, linkage to care, treatment and vaccinations are currently tracked and recorded on a dedicated dashboard.</p>
<p>Goal #2: From October 1, 2022 to September 30, 2023, DAP Health will provide 1,000 community members with MPX information about access to testing, treatment and vaccines through DAP's MPX hotline. 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 #2: We track and record numbers of community members contacting DAP's dedicated MPX hotline.</p>
<p>Goal #3: From October 1, 2022 to September 30, 2023, DAP will continue to deploy a digital/social media public health campaign including in-app public health advertising to raise awareness of MPX exposure risk, symptoms and access to testing and care. 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 #3: Social media metrics collected to include views, clicks, impressions, and website visits are collected relating to MPX awareness outreach postings, videos, and website traffic.</p>

Goal #4:	Evaluation #4:
Goal #5:	Evaluation #5:

Proposed Project Evaluation Plan

DAP envisions success for this project as preventing the spread of MPX in our service region. Data collected and partnerships formed for this project will inform future responses to public health outbreaks to include health care, public health information and support for infected people. Quantitative outcomes relating to patients receiving MPX testing, linkage to care, treatment and vaccinations are currently tracked and recorded on a dedicated dashboard. We also track and record numbers of community members contacting DAP’s dedicated MPX hotline. Social media metrics are collected relating to MPX awareness outreach postings, videos, and website traffic. For example, social media data as of August 31 showed that our informational videos have received 21,001 views; in-app ads have been viewed by 441,293 people, resulting in 4,020 clicks to DAP’s dedicated MPX website landing page. As of August 31, social media posts have generated 39,000 impressions and 464 clicks to DAP’s MPX website landing page. There have been 8,688 total visits to DAP’s web-based MPX resource page. DAP has engaged numerous healthcare entities, local businesses, and social media personalities to partner with us in our rapid response to the local MPX public health emergency. DAP’s vaccination clinic partners include Desert Oasis Health Care; Molina Health; Inland Empire Health Plan; Tenet Health; UCR Residency Program; Riverside County Department of Public Health; and Molina Health. We partner with Desert Regional Medical Center and Eisenhower Medical Center emergency departments to link patients diagnosed with MPX to motel stays, trac phones; food delivery and follow up appointments with DAP’s specialty infectious disease physician. We partner with social media personalities and influencers for social media messaging and videos to bring awareness to MPX risk factors, symptoms, and access to testing, vaccination, care and treatment.

Organizational Capacity and Sustainability

Organizational Capacity

With experience and capacity, DAP is uniquely suited to address the local MPX public health emergency. DAP plans to continue providing MPX testing, linkage to care, treatment, vaccinations (as supplies allow), supportive services and media outreach for the next six months. The project budget indicates hiring/contracting temporary clinical staff (2 nurse practitioners; 2 medical assistants; 1 RN; 1 LVN); two contracted early intervention specialists (EIS), one patient registration specialist, and an MPX hotline coordinator to manage volunteers to handle incoming requests for testing and vaccinations. All contracted staff will receive in-depth training on DAP policies, procedures and protocols for testing, linkage to care, treatment and vaccinations. Testing, treatment and vaccinations will occur in a dedicated space on the DAP campus. Follow-up appointments will be managed by the contracted patient representative. Following our standard protocols for individuals testing positively for HIV/STI, when an individual tests positively for MPX, our contracted EIS staff will provide health benefits navigation, link patients to care with our specialty infectious disease physician, assess for housing and food insecurity, and arrange for motel rooms for patients who are unable to isolate. DAP is also taking referrals from local emergency rooms.

Organizational Sustainability:

DAP's MPX response project directly aligns with DAP's current strategic plan, Vision 2030. As stated therein, "DAP's goal is to improve the overall health of our entire community, especially the disenfranchised, by providing culturally competent, quality primary and preventative health care and social services on one campus. These include infectious disease care, dentistry and programs related to mental health...substance use recovery." DAP Health's strategic plan recognizes that "just as DAP Health met HIV, HEP C, STI's and COVID head-on, our team of infectious disease specialists stands ready to protect our community to protect our community's health and well-being." Business plans for DAP Health's Department of Community Health (under whose auspices DAP's MPX response project is conducted) are aligned with DAP Health's strategic goals. DAP's MPX response is a new project built on the foundation of DAP's 35-plus years of experience in the treatment and prevention of one of the most widespread pandemics in human history (HIV). DAP is modeling its MPX response on its rapid community response to the COVID-19 pandemic.

Diversity, Equity, and Inclusion**How does your organization address diversity, equity, and inclusion at the board and executive staff levels?**

DAP expends ongoing effort to recruit Board Members and executive level staff who reflect key population sectors DAP Health serves, in particular the LGBTQ community, often overlooked as an underserved population in need of specialized primary healthcare. When recruiting staff members, we do so in compliance with ethical and legal standards of recruitment and retention.

If your organization is not currently addressing diversity, equity, and inclusion at the board and executive staff levels, please explain the barriers, such as knowledge, financial investment, capacity, etc., that are preventing you from doing so. Not Applicable.

Partnerships:**Key Partners:**

DAP has engaged numerous healthcare entities, local businesses, and social media personalities to partner with us in our rapid response to the local MPX public health emergency. DAP's vaccination clinic partners include Desert Oasis Health Care; Molina Health; Inland Empire Health Plan; Tenet Health; UCR Residency Program; Riverside County Department of Public Health; and Molina Health. We partner with Desert Regional Medical Center and Eisenhower Medical Center emergency departments to link patients diagnosed with MPX to motel stays, trac phones; food delivery and follow up appointments with DAP's specialty infectious disease physician. We partner with social media personalities and influencers for social media messaging and videos to bring awareness to MPX risk factors, symptoms, and access to testing, vaccination, care and treatment.

Line Item Budget

Operational Costs

Project

PROJECT OPERATIONS		Total Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs Detail on sheet 2		\$ 405,427.80	\$ -	\$ 405,427.80
Equipment (itemize)				
1	Other equipment & supplies: standard office equipment and supplies	\$8,000.00		\$ 8,000.00
2				\$ -
3				\$ -
4				\$ -
Supplies (itemize)				
1	Food & Essential item/Home delivery (1 delivery = \$40 for 180 patients	\$7,200.00		\$ 7,200.00
2	Tracfone (1 tracfone for 30 days = \$40; 300 tracfone for MPX patients	\$12,000.00		\$ 12,000.00
3	Medical Supplies/PPE	\$29,120.00		\$ 29,120.00
4	Linens & Laundry supply	\$3,640.00		\$ 3,640.00
Printing / Duplication				\$ -
Mailing / Postage				\$ -
Travel / Mileage (use current Federal mileage rate)				\$ -
Education / Training: Training and Certification		\$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*		\$20,000.00		\$20,000.00
Telephone / Fax / Internet*			\$ -	\$ -
Utilities*			\$ -	\$ -
Insurance*			\$ -	\$ -
Other direct project costs not described above (itemize)				
1	Marketing/advertisements/communications	\$35,000.00		\$ 35,000.00
2	Wellness Education/Referral and support groups	\$10,000.00		\$ 10,000.00
3	MPX testing, vaccines, medication and treatment	\$ 314,760.00	\$ 314,760.00	\$ -
4				\$ -
Indirect Cost Rate - Maximum of 10% Allowed				\$ 53,338.78
Total Project Budget		\$ 901,487	\$ 314,760	\$ 586,727
Budget Narrative	<p>Fully describe items above in this cell. You may insert rows or create additional worksheets if more space is needed to fully describe your budget. Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. Medical Supplies: Projected costs for medical supplies (such as band aids, gloves, gauze, portable scales, alcohol, tongue depressors) and other supplies required to provide program services delivery. Office/Rent/Mortgage: Portion of rent expense for Indio office when staffed to deliver program service delivery. Other Direct Project Costs: Marketing/Advertising/Communications: social media outreach public education for MPX risk factors, symptoms, access to testing, treatment and vaccinations), includes digital in-app ad buys, website maintenance, handouts at town hall meetings. Wellness Education Referrals and Support Groups: for MPX diagnosed patients and HIV patients suffering PTSD due to MPX outbreak: Support groups compliment patients care and contribute to positive health outcomes and promote self-management skills. MPX patients in need of employment may be referred to DAP career development services for career and workforce development services to link patients to community and business support services that will support treatment plans. Indirect Cost Rate: Standard DAP rate 10%.</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	Medical Oversight, Dr. David Morris, Chief Medical Officer (15 hours per week)	\$ 344,839.00	38%	\$57,193.00	\$57,193.00
2	Nursing Manager of Sexual Wellness, Mark DeJarnett (15 hours per week)	\$ 110,413.00	38%	\$26,185.00	\$26,185.00
Total Employee Benefits / Employer Taxes - proportional fringe costs and/or employer taxes based on % of time allocated to project			25%	20,845.00	20,845.00
Enter this amount in Section 1; Staffing Costs			Total >	\$104,223.00	\$104,223.00
Budget Narrative	Please describe in detail the scope of work and duties for each employee on this grant. Clinical oversight is provided by DAP Chief Medical Officer. Supervision of clinicians (Nurse Practitioners; RN; LVN, Medical Assistants) provided by Nursing Manager of Sexual Wellness. Clinicians Scope of Work: The Nurse Practitioners and Medical Assistants will support testing for MPX in DAP Sexual Wellness Clinic. NP will prescribe TPOXX for treatment. The RN will lead vaccine efforts with LVN in dedicated space on DAP site. EIS staff will coordinate home delivery of food/essential items to MPX diagnosed patients' homes. EIS will provide tracelines to MPX diagnosed patients who do not have a means to communicate with DAP clinical and EIS staff. EIS staff will assess for need and book hotel rooms for two-four weeks of isolation for MPX diagnosed patients who are unable to isolate (eg. homeless). Registration staff will be responsible for check in for MPX diagnosed patients and scheduling any follow-up visits for treatment or vaccines. Hotline Coordinator will oversee the MPX hotline at DAP and serve as the bridge of communication from program and clinical staff to volunteers working the hotline.				
Budget Narrative	Please describe in detail the employee benefits including the percentage and salary used for calculation. Fringe benefits @ 25% for DAP staff only: Chief Medical Officer and Nursing Manager of Sexual Wellness; fringe includes workers' compensation, Social Security Taxes; Insurances (eg, health, dental, disability).				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Total Project Fees
Company and Staff Title					
3	Nurse Practitioner, To Be Hired "TBH"(20 hours/week)	n/a = contract	50%	\$49,467.60	\$49,467.60
4	Nurse Practitioner, TBH (20 hours/week)	n/a = contract	50%	\$49,467.60	\$49,467.60
5	RN, TBH (Full-time)	n/a = contract	100%	\$62,400.00	\$62,400.00
6	LVN, TBH (Full-time)	n/a = contract	100%	\$28,080.00	\$28,080.00
7	Medical Assistant, TBH (Full-time)	n/a = contract	100%	\$18,720.00	\$18,720.00
8	Medical Assistant, TBH (Full-time)	n/a = contract	100%	\$18,720.00	\$18,720.00
9	Early Intervention Services (EIS), TBH (Full-time)	n/a = contract	100%	\$21,320.00	\$21,320.00
10	Early Intervention Services (EIS), TBH (20 hours /week)	n/a = contract	50%	\$10,660.00	\$10,660.00
11	Registration/Patient Services Representative, TBH, (Full-time)	n/a = contract	100%	\$22,921.60	\$22,921.60
12	Hotline Coordinator, TBH (Full-time)	n/a = contract	100%	\$19,448.00	\$19,448.00
Enter this amount in Section 1; Staffing Costs				Total >	\$301,204.80
Budget Narrative	Please describe in detail the scope of work for each professional service/consultant on this grant. EIS staff will coordinate home delivery of food/essential items to MPX diagnosed patients' homes. EIS will provide tracelines to MPX diagnosed patients who do not have a means to communicate with DAP clinical and EIS staff. EIS staff will assess for need and book hotel rooms for two-four weeks of isolation for MPX diagnosed patients who are unable to isolate (eg. homeless). Registration staff will be responsible for check in for MPX diagnosed patients and scheduling any follow-up visits for treatment or vaccines. Hotline Coordinator will oversee the MPX hotline at DAP and serve as the bridge of communication from program and clinical staff to volunteers working the hotline.				

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			tbd
Donations			tbd
Grants (List Organizations)			
	1	State of California Department of Public Health (CDPH)	tbd
	2	Health Resources and Services Administration (HRSA)	tbd
	3		
	4		
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			\$ -
Budget Narrative	Describe project income listed above. Note whether income is "projected" or actual.		

Grant Scoring Review

Grant Staff Review # 1 of 3

- Executive Summary:** 9
- Community Need and Alignment:** 8
- Goals:** 8
- Proposed Evaluation Plan:** 8
- Applicant Capacity and Infrastructure:** 10
- Organizational Sustainability:** 9
- Budget:** 8
- Key Partners/Collaborations:** 10

Total Score: 70.00

Reviewer Comments:
DAP Health is recognized as the leader in providing health care and support services to populations afflicted with communicable diseases. DAP is modeling its response to Monkey Pox on its rapid community response to the COVID-19 pandemic. Currently DAP is the only agency in the CV providing comprehensive Monkey Pox services. DAP anticipates to receive funding from the federal and state governments that will include procuring vaccines, administering treatment , and testing (these items are NOT included in this grant request). DAP's MPX response project directly aligns with DAP's current strategic plan and the District's strategic plan goal #2: proactively expand community access to specialty care services. DAP Health is a trusted organization and has the capacity to work towards the goal that Monkey Pox does not morph into a pandemic in the Coachella Valley.

Response Notes:

- Average Review Score:**
- Fiscal Staff Review Stage: 18.5 (2 of 2)
 - Grant Program Staff Review Stage: 73.666666666666666666666666666667 (3 of 3)
- Sum of all Reviews:**
- Fiscal Staff Review Stage: 37 (2 of 2)
 - Grant Program Staff Review Stage: 221 (3 of 3)
- Total average proposal score: 92/100**

Grant Scoring Review

Grant Staff Review # 2 of 3

- Executive Summary:** 10
- Community Need and Alignment:** 9
- Goals:** 9
- Proposed Evaluation Plan:** 9
- Applicant Capacity and Infrastructure:** 10
- Organizational Sustainability:** 10
- Budget:** 9
- Key Partners/Collaborations:** 9

Total Score: 75.00

Reviewer Comments:

The monkeypox virus has impacted the Coachella Valley disproportionately more than any region in Riverside County. DAP Health proposal addresses three key interventions to protect our District residents from monkeypox. Those three interventions include testing/vaccination, education, and outreach to ensure District residents have access to resources to protect themselves or others from monkeypox. DAP Health has a long track record of providing equitable and safe access to sexual health programs and services, and will implement that experience and lessons learned to ensure a successful campaign against monkeypox.

Response Notes:

Average Review Score:

- Fiscal Staff Review Stage: 18.5 (2 of 2)
- Grant Program Staff Review Stage: 73.6666666666666666666666666667 (3 of 3)

Sum of all Reviews:

- Fiscal Staff Review Stage: 37 (2 of 2)
- Grant Program Staff Review Stage: 221 (3 of 3)

Total average proposal score: 92/100

Grant Scoring Review

Grant Staff Review # 3 of 3

Executive Summary: 9

Community Need and Alignment: 10

Goals: 10

Proposed Evaluation Plan: 10

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 10

Total Score: 76.00

Reviewer Comments:

This project as described by the Desert Aids Project (DAP) will address the needs of the local community related to the recent Monkeypox (MPX) outbreak. This support services structure will include a prevention aspect of MPX testing, treatment and vaccination services. DAP has extensive experience with mobilizing supportive responses to high priority medical needs for the Coachella Valley. The target population will include gay, bisexual, and other men who have sex with men (MSM) ages 25-64.

This project aligns with the District Strategic Plan Goal # 2 (Proactively expand community access to specialty care services), Strategy 2.3, 2.6, and 2.7. District funds will support the work of the Chief Medical Officer and Nursing Manager positions that will oversee the project implementation. District funds will also support the purchase of the necessary equipment to implement community outreach and education including medical supplies, communication collateral materials (handouts) for community outreach (town meetings). Direct services include MPX testing, vaccination, treatment and support group options. This support is critical in supporting improved wellness for those served by this project as this outbreak evolves.

Project outcomes will be evaluated through an internal agency patient tracking system. Social media outreach will be tracked to identify community awareness of MPX and available support services. The DAP dedicated MPX hotline will also tracked for the number of community contacts related to MPX.

Grant Scoring Review

DAP has establish strong community partnerships over its history as a service provider in the Coachella Valley. These partnerships include medical providers and health plans (Desert Oasis, Inland Empire Health Plan, Tenet Health, etc.), UCR Residency Program, RUHS-Public Health, and Molina Health. It is this connectivity that increases the ability to coordinate services across organizations to promote the necessary whole person care that this outbreak calls for.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 73.6666666666666666666666666667 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 221 (3 of 3)

Total average proposal score: 92/100

Grant Scoring Review

Fiscal Staff Review # 1 of 2

Fiduciary Compliance: 10

Financial Stability: 9

Total Score: 19.00

Reviewer Comments: Fiduciary Compliance - 10

The FY 06/30/21 audit report is unmodified. The Board of Directors accepted the audit report.

Audit report Current Ratio is strong (7.5:1), which represents the grantee's ability to pay its short-term liabilities.

The Net Assets increased by \$15M as of 6/30/21, with Total Net Assets of \$48M. Internal financial statements, as of 6/30/22, demonstrates an increase of \$6M. The Balance Sheet is strong.

Financial Stability - 9

Grantee demonstrates a sound financial position.

Grantee has diversified resources for this project of approximately \$1M. The District's grant of \$586,727 is well supported by potential other resources.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 73.6666666666666666666666666667 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 221 (3 of 3)

Total average proposal score: 92/100

Grant Scoring Review

Fiscal Staff Review # 2 of 2

Fiduciary Compliance: 9

Financial Stability: 9

Total Score: 18.00

Reviewer Comments: Audited financial statements presented to and approved by Board of Directors. Assets sufficient to address liabilities. Positive cash flow noted for 2020, but not 2021. The organizational budget contains multiple funding sources. The grant budget is reasonable in comparison to the organizational budget. There is a strategic plan which identifies the areas for long term growth but didn't identify how the needed funds would be raised for facility expansion.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 73.6666666666666666666666666667 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 221 (3 of 3)

Total average proposal score: 92/100

Grant #1361

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

DAP Health Monkeypox Virus Response

Start/End

10/01/2022

9/30/2023

PAYMENTS:

(4) Payments: \$132,013.

10% Retention: \$58,675.

Total request amount: \$ 586,727

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Requirement Number	Grant Requirements for Payment	Payment
10/01/2022		Signed Agreement submitted & accepted.	Advance of \$132,013. for time period 10/01/2022-12/31/2022
2/01/2023		1 st quarterly (10/01/2022 – 12/31/2022) progress report, budget reports and receipts submitted & accepted	Advance of \$132,013. for time period 1/01/2023 – 3/31/2023
5/01/2023		2 nd quarterly (1/01/2023 – 3/31/2023) progress report, budget reports and receipts submitted & accepted	Advance of \$132,013. for time period 4/01/2023 – 6/30/2023
8/01/2023		3 rd quarterly (4/01/2023 – 6/30/2023) progress report, budget reports and receipts submitted & accepted	Advance of \$132,013. for time period 7/01/2023 – 9/30/2023
11/01/2023		4 th quarterly (7/01/2023 – 9/30/2023) progress report, budget reports and receipts submitted & accepted	\$0

11/15/2023		Final report (10/01/2022 – 9/30/2023) and final budget report submitted & accepted	\$58,675. (10% retention)
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TOTAL GRANT AMOUNT: \$ 586,727.00

DELIVERABLES:

Project Goals and Evaluation

<p>Goal #1: From October 1, 2022 to September 30, 2023, DAP Health will test, treat, or vaccinate 5,000 at-risk individuals for MPX. 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: Quantitative outcomes relating to patients receiving MPX testing, linkage to care, treatment and vaccinations are currently tracked and recorded on a dedicated dashboard.</p>
<p>Goal #2: From October 1, 2022 to September 30, 2023, DAP Health will provide 1,000 community members with MPX information about access to testing, treatment and vaccines through DAP's MPX hotline. 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 #2: We track and record numbers of community members contacting DAP's dedicated MPX hotline.</p>
<p>Goal #3: From October 1, 2022 to September 30, 2023, DAP will continue to deploy a digital/social media public health campaign including in-app public health advertising to raise awareness of MPX exposure risk, symptoms and access to testing and care. This project goal coincides with the District and</p>	<p>Evaluation #3: Social media metrics collected to include views, clicks, impressions, and website visits are collected relating to MPX awareness outreach postings, videos, and website traffic.</p>

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.	
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RESOLUTION NO. 22-20

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 September 27, 2022, by the following roll call vote:

AYES: Directors_____

NOES: Directors_____

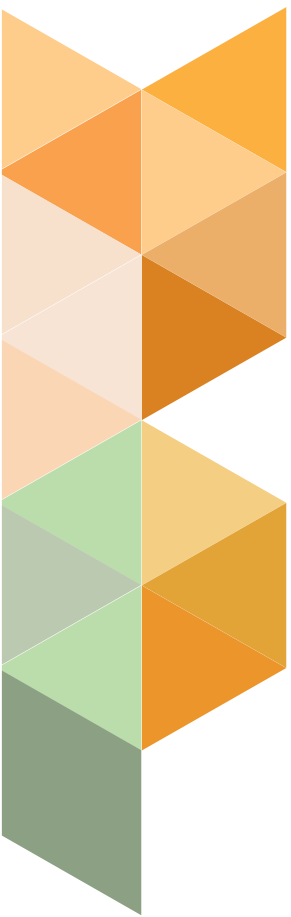
ABSTAIN: Directors_____

ABSENT: Directors_____

Karen Borja, President
Board of Directors

ATTEST:

Carmina Zavala, PsyD, Secretary
Board of Directors



Respiratory and Cardiovascular Symptom Survey Among Adults in Vulnerable Populations in the Coachella Valley

**Report to the Desert Healthcare District and Foundation
August 2022**

Respiratory and Cardiovascular Symptom Survey Among Adults in Vulnerable Populations in the Coachella Valley

Report to the Desert Healthcare District and Foundation

August 2022

Report Authored by Tracking California:

Paul English, Catherine Carpenter, Catalina Garzón-Galvis, Sophia Horiuchi, and Jackie Valle

Interviews and questionnaire Spanish translation by Comité Cívico Del Valle:

Esther Bejarano, Martha Ponce, Ana Luisa Pedrero, Agustin Martinez, Ricardo Romero, Stephanie Figueroa, Esther G. Vasquez, and Matthew Maldonado.

About Tracking California

Tracking California is a program of the Public Health Institute, in partnership with the California Department of Public Health and the Centers for Disease Control's (CDC) National Environmental Public Health Tracking Program. Tracking California works to make environmental health data and information accessible through the development of a web-based data query system, state-of-the-art data displays, and innovative web tools and services.



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Acknowledgements

This report was funded by the Desert Healthcare Foundation, and authored by Tracking California.

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Summary

We interviewed 158 individuals from a convenience sample in 7 low-income communities in the Coachella Valley. Previous validated questions on respiratory disease were re-evaluated for culturally appropriate translation into Spanish by local asthma educators. Interviews were conducted in person and informed written consent was obtained from each respondent. Lifetime diagnosed asthma prevalence was estimated at 11%. However, 20% of the respondents who reported that they had not been diagnosed with asthma reported one or more respiratory symptoms typical of asthma. Among those who reported asthma symptoms, had diagnosed asthma, or used asthma medications, survey results indicated that their illness was poorly controlled. Prevalence of cardiovascular conditions was low. This study indicates that a higher proportion than thought of underserved populations in Coachella Valley communities are likely to be suffering from undiagnosed asthma and respiratory symptoms, which are not being properly controlled. We recommend that more outreach and resources be given to these communities to reduce barriers to care so that routine preventative care can be used to improve respiratory health.



Introduction

The Coachella Valley of California, with an estimated population of 450,000, has high levels of ozone and particulate matter pollution, both known to cause and/or exacerbate respiratory and cardiovascular illness. Many residents of the Coachella Valley live in ZIP codes with high poverty rates (>20%), with a median household income of approximately \$33,000 annually; 40% do not have a high school degree, and 78% of the residents are Hispanic. A previous review of emergency department visits and hospitalizations for asthma found that these outcomes were 18% and 27% higher, respectively, in higher-poverty ZIP codes (>20%) compared to lower-poverty ZIP codes (20% or less) in the Coachella Valley (Tracking California, 2021). Emergency room visits and hospitalizations only give a picture of the most severe asthma cases. To understand a full picture of asthma morbidity, surveys must be undertaken to assess both diagnosed and undiagnosed asthma (the latter based on symptoms). Sinclair et al. (2018) conducted a survey of 695 households with an adult or child in two towns in the Eastern Coachella Valley (Mecca and Coachella City). They found a prevalence of respiratory illness of 11% in adults and 17.5% in children (comparable to the 2016 CA Health Interview Survey estimate of 12.7% for both adults and children in the Eastern Coachella Valley) (Sinclair, et al 2018; CHIS, 2016). Yu et al (2004) have discussed the issues involved with translated questionnaires which include maintaining the original intent of the questionnaire, maximizing cultural relevancy, and comprehension. We hypothesize that adults in this area may actually have higher rates of respiratory illness than found by Sinclair, et al., possibly due to how survey questions were worded and translated into Spanish which may have limited the understanding of participants.



Methods

Location Selection

We identified all building parcels and associated household income of the parcels' census tract and building type (multifamily, etc.). in low-income areas of the Coachella Valley. We focused on households with \$20,000 or less median household income. The Desert Healthcare District and Foundation has seven zones covering the Coachella Valley. We originally planned on selecting at least one low-income area per zone, but low-income households were clustered in District 7. We selected 7 locations based on a low-income criteria and local socio-demographic conditions identified by the staff of Comité Civico Del Valle, who were contracted to conduct the survey (Table 1 and Map).

Map: The 7 locations where surveys were conducted, Coachella Valley, CA, 2022



Table 1. Location of Areas Surveyed for Respiratory and Cardiovascular Disease

Location	Boundary	DHCF zone
Coachella	Triangle boundary of 50th (N), Cesar Chavez (W), 52nd (S), and Hwy 111 (E)	7
Thermal	Airport Blvd. (N), 57th (S), Polk St. (W) , Hwy 111 (E)	7
Oasis	Pierce St. area	7
Mecca #1	Saul Martinez Elementary School area	7
Mecca #2	St. Anthony area (trailer park homes)	7
Desert Hot Springs	Pieron Ave. (N), Two Bunch Palms (S), West Dr. (W), Palm Dr. (E)	2
Indio	Hwy 43 (N); Hwy 44 (S), Sage Brush (W), Towne St. (E)	6

Sample Size and Participant Criteria

We initially planned on conducting the survey with a random sample. However, due to the COVID-19 pandemic, and logistic and resource issues, we were unable to conduct the study randomly. Further, we limited the survey to adults 18 years and older for the same reasons and to maintain a shorter survey. Instead, we selected a convenience sample by identifying the above 7 areas, and then went to door-to-door to collect survey results. All residents aged 18 and over who spoke either Spanish or English were eligible to participate.

Questionnaire Development

Questions were obtained from previous validated surveys (such as the International Survey on Allergies and Asthma in Children (ISAAC) and the Asthma Control Test) and modified to reflect culturally and linguistically appropriate language. We conducted a small focus group with community health educators who work locally and had expertise in culturally appropriate language issues in surveys. Specific wording was assessed and changed on the Spanish translation to reflect local understanding of terminology based on focus group feedback (e.g. we added a question in the survey about the use of home remedies for respiratory symptoms). Final questionnaires in Spanish and English are attached (Appendix 1).

Field Methods

A training manual was developed and a training of interviewers was conducted before surveying began. Interviewers were trained on in-field safety, personal protection (masks) were used to prevent COVID-19 spread, and all interviewers were fully vaccinated. All interviewers completed Collaborative Institutional Training Initiative (CITI) human subjects training. In-person surveys were collected in May and June of 2022. Respondents were given a fact sheet describing the purpose of the survey (available in Spanish and English) and if agreeable to participate were asked to complete a written informed consent form (available in Spanish and English, Appendix 2). In-person responses from participants were recorded electronically on iPads or in written form on paper printouts of the questionnaire based on respondent preference. For those participants who did not have time to answer the questionnaire orally, we prepared to arrange a time to call back when responses could be recorded by phone. All participants received a \$20 gift card to a local food market upon completion of the survey. A field manual and phone script was developed for the interviewers. Personal information was recorded on a log form, including names, addresses, and phone number. Each participant was assigned an ID number, and this was additionally recorded on the log form. After data entry, the log form and paper questionnaires were shredded. Electronic data was sent online via Google forms to a site which could only be accessed by the study team. The Human Subjects protocol used to conduct this survey was approved by the Public Health Institute's Institutional Review Board on April 10, 2022.



A total of 158 surveys were obtained. Approximately 60 individuals refused, due to not wanting to stand in heat, not interested, not wanting to give out any information, too busy, or lack of trust in interviewers. All surveys were conducted in person and there were no phone interviews. 74% of the surveys were conducted in Spanish and the remainder in English. The distribution of the participants by location was approximately equal (Table 2). The average age of the participants was 47, with a minimum age of 19 and a maximum age of 92. The majority of the respondents were aged 35-64 and 52% of the respondents were female (Table 2).

Table 2. Location, Age, and Sex of Respondents in the Coachella Valley, CA

	N	Percent
Location		
Coachella	22	14%
Desert Hot Springs	22	14%
Indio	26	16%
Mecca area #1	22	14%
Mecca area #2	22	14%
Oasis	22	14%
Thermal	22	14%
Age		
18-34yrs	41	26%
35-64yrs	85	53.8%
65+	32	20.3%
Total	158	100%
Sex		
Female	82	51.9%
Male	76	48.1%
Total	158	100%

Lifetime asthma prevalence was assessed by asking the question “Have you ever been told by a doctor or other health professional that you have asthma?” which approximately 11% (n=17) answered in the affirmative. Approximately 13% (n=20) responded that they had ever been prescribed medication for asthma. Since we were concerned about asthma prevalence, including undiagnosed asthma, we asked questions regarding the experience of symptoms (Table 3). Approximately 16% reported that they experienced wheezing or whistling in the chest in the past; 21% reported symptoms of shortness of breath or difficulty breathing; 15% reported chest tightness or pain; and 19% reported coughing at night. Among those reporting they had never been diagnosed with asthma, 20% reported at least one or more symptom.

Table 3. Questions on Asthma Prevalence (Symptoms)

Have you ever (at any time in the past) experienced any of the following symptoms?

	N	Percent
a. Wheezing or Whistling in the chest		
Yes	25	15.8%
No	130	82.3%
Not sure/ Can't recall	3	1.9%
Missing response	0	0.0%
b. Shortness of breath/Difficulty breathing		
Yes	33	20.9%
No	125	79.1%
Not sure/ Can't recall	0	0.0%
Missing response	0	0.0%
c. Chest tightness or pain		
Yes	23	14.6%
No	134	84.8%
Not sure/ Can't recall	0	0.0%
Missing response	1	0.6%
d. Frequent coughing, especially at night		
Yes	30	19.0%
No	128	81.0%
Not sure/ Can't recall	0	0.0%
Missing response	0	0.0%

Individuals who answered “yes” to the lifetime asthma prevalence, medication use, or any of the symptom questions (n=49) were prompted to answer follow-up questions which dealt with asthma control. Asthma control survey results are in Table 4. The asthma control questions asked about symptoms participants experienced in the past four weeks. 18.4% of respondents felt that their asthma or respiratory symptoms keep them from getting as much done at work, school or at home “most of the time” or “all of the time”; and over half (55.1%) felt this was true some of the time or more. 20.4% of the participants reported shortness of breath or difficulty breathing once a day or more, with over half (53.1%) reporting these symptoms once or twice in the last 4 weeks or more often. 45% of participants reported that their respiratory and asthma symptoms woke them up at night or earlier than usual in the morning two to three nights a week or more. 30.6% reported that they used a rescue inhaler or nebulizer medication 1-2 times a week or more.

Table 4. Asthma Control Questions

	N	Percent
During the past 4 weeks, how much of the time did your asthma and/or respiratory symptoms (wheezing, frequent coughing, shortness of breath or difficulty talking, chest tightness or pain) keep you from getting as much done at work, school or at home?		
All of the time	4	8.2%
Most of the time	5	10.2%
Some of the time	18	36.7%
None of the time	18	36.7%
Don't know	2	4.1%
Missing	2	4.1%
During the past 4 weeks, how often have you had shortness of breath or difficulty talking?		
More than once a day	7	14.3%
Once a day	3	6.1%
3 to 6 times a week	6	12.2%
Once or twice	10	20.4%
Not at all	20	40.8%
Don't know	1	2.0%
Missing	2	4.1%
During the past 4 weeks, how often did your asthma and/or respiratory symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?		
4 or more nights a week	11	22.5%
2 to 3 nights a week	11	22.5%
Once a week	3	6.1%
Less than once a week	4	8.2%
Not at all	15	30.6%
Don't know	3	6.1%
Missing	2	4.1%
During the past 4 weeks, how often have you used a rescue inhaler or nebulizer medication (such as albuterol)?		
3 or more times per day	3	6.1%
1 to 2 times per day	12	24.5%
2 or 3 times per week	2	4.1%
Not at all	21	42.9%
I don't have an inhaler or nebulizer medication	8	16.3%
Missing	3	6.1%

- > 40.8% of participants responded that they used home or store-bought remedies to treat their asthma or respiratory symptoms, including VICKS vapor rubs and manzanilla tea.

As far as cardiovascular symptoms (Table 5), only 4.4% had been told by a doctor or health professional that they had congestive heart failure, 5.1% said they had been told they had coronary heart disease, 5.7% said that they had been told angina, 2.5% reported they had suffered a heart

attack, 1.9% a stroke, 3.2% chronic bronchitis, and 1.3% chronic obstructive pulmonary disease (COPD). None reported emphysema.

Table 5. Cardiovascular Conditions: Has a doctor or health professional ever told you that you had any of the following conditions?

Condition	N	Percent
Total	158	100%
Congestive heart failure		
Yes	7	4.4
No	144	91.1
Don't know	4	2.5
Missing response	3	1.9
Coronary heart disease		
Yes	8	5.1
No	144	91.1
Don't know	3	1.9
Missing response	3	1.9
Angina (severe chest pain over your heart)		
Yes	9	5.7
No	145	91.8
Don't know	1	0.6
Missing response	3	1.9
Heart attack (also called myocardial infarction)		
Yes	4	2.5
No	150	94.9
Don't know	1	0.6
Missing response	3	1.9
A stroke		
Yes	3	1.9
No	151	95.6
Don't know	1	0.6
Missing response	3	1.9
Emphysema		
Yes	0	0.0
No	149	94.3
Don't know	6	3.8
Missing response	3	1.9
Chronic bronchitis		
Yes	5	3.2
No	148	93.7
Don't know	2	1.3
Missing response	3	1.9
Chronic Obstructive Pulmonary Disease (COPD)		
Yes	2	1.3



No	151	95.6
Don't know	1	0.6
Missing response	4	2.5



Discussion

In this survey of 158 adults in low-income areas of the Coachella Valley, we found that the prevalence of asthma, as defined by a diagnosis by a doctor or health professional, was 11%. Sinclair, et al (2018) in a survey of residents in two East Coachella Valley cities, Mecca and Coachella City, defined individuals as having respiratory illness if they answered “yes” to any of the following 5 questions: “(1) Have you ever been diagnosed with asthma?; (2) Are you currently being treated for asthma?; (3) Have you had an asthma attack severe enough to limit activity?; (4) Are you currently taking asthma medication?, and; (5) Do you have daily, weekly, or severe cough?” Using their definition, they also found a prevalence of respiratory illness of 11% in adults. This estimate is also comparable to the 2016 CA Health Interview Survey estimate of 12.7% for respiratory illness for both adults and children in the Eastern Coachella Valley (CHIS, 2016).

Due to concerns about degrading air quality from the receding playa of the Salton Sea, high emergency room visits for asthma in neighboring Imperial County (part of the same Salton Sea Air Basin), lack of health care access and high poverty, we hypothesized that the prevalence of respiratory symptoms in this population would be higher than asthma diagnosed by a health professional. We were also concerned that words used to define asthma and respiratory symptoms would not be completely understandable and culturally relevant in a Spanish translation. Therefore, we consulted with local asthma experts to review the Spanish translation of the survey questionnaire and to adjust the wording.

In this survey, we found that the prevalence of respiratory symptoms was indeed higher than the estimated prevalence of diagnosed asthma, in that 20% of respondents who had not been diagnosed with asthma reported asthma symptoms. Adding those additional 28 respondents would increase the estimate of those with either diagnosed asthma or reporting respiratory symptoms to 28% (45/158). Furthermore, we found evidence among those who reported asthma symptoms, had diagnosed asthma, or used asthma medications, that their illness was poorly controlled. Over half of respondents felt that their asthma or respiratory symptoms kept them from getting as much done at work, school or at home at least some of the time. Over half of the participants with symptoms reported shortness of breath or difficulty talking once or twice in the last 4 weeks or more often.

- > We found relatively low reported rates of diagnosed cardiovascular disease, with the highest rate of 5.7% for angina.
- > Diagnosed rates were 5.1% for coronary heart disease and 4.4% for congestive heart failure.

In a 2005 -2010 study for Riverside County, it was reported that more than 80,000 adults had been diagnosed with heart disease, and that one out of four Riverside County residents will die due of the condition (County of Riverside, 2010).

There are several limitations and strengths in this study. Although the interviewers were instructed to clarify among the respondents that any asthma or respiratory symptoms reported should be separate from any symptoms from seasonal allergies, colds, or COVID-19 illness, it is possible that some of these symptoms may have been inadvertently reported. The main limitation is that we were only able to obtain a convenience sample which was non-random, due to the logistical and resource difficulties in obtaining a responsive random sample in low-income communities. This means that the findings of this study cannot be considered representative of all low-income communities in the Coachella Valley. However, the study findings are suggestive that undiagnosed asthma is much more prevalent than diagnosed asthma

in this population. The development of culturally responsive wording used in the Spanish translation and having local community members conduct the interviews strengthened the study and helped respondents better understand the survey.

In conclusion, this study indicates that a high proportion of underserved populations in Coachella Valley communities are likely suffering from undiagnosed asthma and respiratory symptoms, which are not being properly controlled. We recommend that more outreach and resources be given to these communities so that barriers to care are reduced and routine preventative care can be used to improve respiratory health.



References

- California Health Interview Survey (CHIS) 2016, <http://healthpolicy.ucla.edu/chis/Pages/default.aspx>.
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Appendix

A1. English Questionnaire

Coachella Valley Respiratory and Cardiovascular Conditions Study

“Hi: My name is _____ and I am with Comité Civico Del Valle, a nonprofit out of Brawley. We are conducting a research study and would like to know if you would be interested in answering some questions about your health. It should only take 15-20 minutes, and you will receive a \$20 gift card from _____. People who are at least 18 years old and speak either Spanish or English can take part.”

If **yes**: proceed.

If **no**: “Thank you for your time.” (note refusal on address list).

“Before we begin, I would like you to review this consent form and receive your permission to ask our study questions of you” (get signature).

ID # _____

I Demographics

1. Can you tell me your age? _Years _____Months
Not sure ☐
Missing response ☐
2. Can you tell me your sex? _____Male_____Female _____Other
Not sure ☐
Missing response ☐

II Adult Asthma/Respiratory Symptoms Questions

Please note: Any asthma or respiratory symptoms reported should be separate from any symptoms from seasonal allergies, colds, or COVID-19 illness.

1. Have you ever been told by a doctor or other health professional that you have asthma?
 - a. Yes ☐
 - b. No ☐
 - c. Not sure/can't recall ☐
 - d. Missing response ☐
2. Have you ever been prescribed medication for asthma?
 - a. Yes ☐
 - b. No ☐
 - c. Not sure/can't recall ☐
 - d. Missing response ☐
3. Have you ever (at any time in the past) experienced any of the following symptoms?

Symptoms	Yes	No	Not sure/ can't recall	Missing response
a. Wheezing or Whistling in the chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Shortness of breath/Difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chest tightness or pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Frequent coughing, especially at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If they answered yes to ANY of the above go to Q4. If they answered NO to all then skip to Question 12.

The following questions are about controlling your asthma and/or respiratory symptoms within the past 4 weeks.

4. During the past 4 weeks, how much of the time did your asthma and/or respiratory symptoms (wheezing, frequent coughing, shortness of breath or difficulty talking, chest tightness or pain) keep you from getting as much done at work, school or at home?
- a. All of the time ☐
 - b. Most of the time ☐
 - c. Some of the time ☐
 - d. None of the time ☐
 - e. Don't know ☐
 - f. Missing response ☐
5. During the past 4 weeks, how often have you had shortness of breath or difficulty talking?
- a. More than once a day ☐
 - b. Once a day ☐
 - c. 3 to 6 times a week ☐
 - d. Once or twice ☐
 - e. Not at all ☐
 - f. Don't know ☐
 - g. Missing response ☐
6. During the past 4 weeks, how often did your asthma and/or respiratory symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?
- a. 4 or more nights a week ☐
 - b. 2 to 3 nights a week ☐
 - c. Once a week ☐
 - d. Less than once a week ☐
 - e. Not at all ☐
 - f. Don't know ☐
 - g. Missing response ☐
7. During the past 4 weeks, how often have you used a rescue inhaler or nebulizer medication (such as albuterol)?
- a. 3 or more times per day ☐
 - b. 1 to 2 times per day ☐
 - c. 2 or 3 times per week ☐
 - d. Once a week or less ☐
 - e. Not at all ☐
 - f. I don't have an inhaler or nebulizer medication ☐
 - g. Don't know ☐

h. Missing response ☐

8. Do you use any home remedies to treat your asthma and/or respiratory symptoms (such as Vicks VapoRub, massages, etc.)?

a. Yes ☐

b. No ☐

c. Don't know ☐

d. Missing response ☐

If YES, please specify: _____

The following questions are about controlling your asthma and/or respiratory symptoms within the past **12 months**.

9. During the past 12 months, have you had an unscheduled visit with a doctor or health professional (i.e., urgent care, community clinic, etc.) or had to visit the emergency room because you've had difficulty breathing?

- a. Yes ☐
- b. No ☐
- c. Don't know ☐
- d. Missing response ☐

10. In the past 12 months, how often, on average, have you had trouble sleeping or been awoken due to respiratory symptoms (wheezing, shortness of breath or difficulty talking, frequent coughing, chest tightness or pain, etc.)?

- a. One or more nights per week ☐
- b. Less than one night per week ☐
- c. Never ☐
- d. Don't know ☐
- e. Missing response ☐

11. In the past 12 months, have your respiratory symptoms (wheezing, shortness of breath, coughing, chest tightness or pain, etc.) been severe enough that you have had difficulty speaking or were unable to catch your breath?

- a. Yes ☐
- b. No ☐
- c. Don't know ☐
- d. Missing response ☐

III Adult Cardiovascular Symptoms

12. Has a doctor or health professional ever told you that you had any of the following conditions?

CONDITION	YES	NO	DON'T KNOW	MISSING RESPONSE
1. CONGESTIVE HEART FAILURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. CORONARY HEART DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ANGINA (SEVERE CHEST PAIN OVER YOUR HEART)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. HEART ATTACK (ALSO CALLED MYOCARDIAL INFARCTION)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A STROKE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. EMPHYSEMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. CHRONIC BRONCHITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other: _____				

END OF SURVEY

A2. Spanish Questionnaire

Estudio de Condiciones Respiratorias y Cardiovasculares en el Valle de Coachella

“Hola: Mi nombre es _____ y estoy con el Comité Cívico Del Valle, una organización sin fines de lucro en Brawley. Estamos realizando un estudio de investigación y nos gustaría saber si le interesaría responder a algunas preguntas sobre su salud. Solo debería tomar de 15 a 20 minutos y recibirá una tarjeta de regalo de \$20 de _____. Pueden participar personas que tengan al menos 18 años y hablen español o inglés”.

Si responde sí: proceda.

Si responde no: "Gracias por su tiempo." (note la negativa en la lista de direcciones).

“Antes de comenzar, me gustaría que revise este formulario de consentimiento y reciba su permiso para hacerle las preguntas del estudio” (obtener firma).

ID # _____

I. Información Demográfica

- a. ¿Me puede decir su edad? _____ Años _____ Meses
No sé ☐
Ninguna respuesta ☐
2. ¿Me puede decir su sexo? _____ Hombre _____ Mujer _____ Otro
No sé ☐
Ninguna respuesta ☐

II. Preguntas Sobre el Asma en Adultos/Síntomas Respiratorios

Tenga en cuenta: cualquier síntoma de asma o respiratorio informado debe estar separado de cualquier síntoma de alergias estacionales, resfriados o enfermedad de COVID-19.

1. ¿Anteriormente, un medico u otro profesional de la salud le ha dicho que tiene asma?
- a. Si ☐
b. No ☐
c. No sé /No me acuerdo ☐
d. Ninguna respuesta ☐
2. ¿Alguna vez le han recetado algun medicamento por el asma?
- a. Si ☐
b. No ☐
c. No sé /No me acuerdo ☐
d. Ninguna respuesta ☐
3. ¿Alguna vez (en cualquier tiempo en el pasado) ha tenido o tiene alguno de los siguientes síntomas?

Sintomas	Si	No	No sé/ No me acuerdo	Falta respuesta
a. Silbido o chillido en el pecho <i>Wheezing or Whistling in the chest</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Falta de aire o sientes que no puedes respirar <i>Shortness of breath/ Difficulty breathing</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dolor o rigidez en el pecho <i>Chest tightness or pain</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Tos frecuente, sobre todo de noche <i>Frequent coughing, especially at night</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Si respondió afirmativamente a CUALQUIERA de las anteriores, pase a la pregunta 4. Si respondieron NO a todas, salte a la pregunta 12.

Las proximas preguntas tratan sobre el control de tu asma/sintomas de respiración en las ultimas 4 semanas.

4. En las últimas 4 semanas, ¿cuánto tiempo le ha impedido su asma o sintomas respiratorios (silbido o chillido en el pecho, tos frecuente, falta de aire o dificultad al hablar, dolor o rigidez en el pecho) hacer todo lo que quería en el trabajo, en la escuela o en la casa?

- a. Todo el tiempo ☐
- b. La mayoría del tiempo ☐
- c. Algo del tiempo/aveces ☐
- d. Nunca ☐
- e. No sé ☐
- f. Ninguna respuesta

5. Durante las últimas 4 semanas, ¿con qué frecuencia le ha faltado el aire o ha tenido dificultad al hablar?

- a. Mas de una vez al dia ☐
- b. Una vez al dia ☐
- c. 3-6 veces al dia ☐
- d. Solamente una o dos veces ☐
- e. Nunca ☐
- f. No sé ☐
- g. Ninguna respuesta ☐

6. Durante las últimas 4 semanas, ¿con qué frecuencia (mas o menos) has tenido problemas para dormir o se ha despertado durante la noche o más temprano de lo usual en la mañana debido a su asma o síntomas respiratorios (silbido o chillido, falta de aire o dificultad al hablar, tos frecuente, etc.)?

- b. 4 or mas veces a la semana ☐
- c. 2-3 veces a la semana ☐
- d. Una vez a la semana ☐
- e. Menos de una vez a la semana ☐
- f. Nunca ☐
- g. No sé ☐
- h. Ninguna respuesta ☐

7. Durante las últimas 4 semanas, ¿con qué frecuencia ha usado su inhalador de rescate o medicamento en nebulizador (como albuterol)?

- a. 3 or mas veces al dia ☐
- b. 1-2 veces al dia ☐
- c. 2-3 veces a la semana ☐
- d. Menos de una vez a la semana ☐
- e. Nunca ☐
- i. No tengo un inhalador o medicación en nebulizador ☐
- j. No sé ☐
- k. Ninguna respuesta ☐

8. ¿Utiliza algún remedio casero para tratar su asma y / o síntomas respiratorios (como Vicks VapoRub, masajes, etc.)?

- a. Sí ☐
- b. No ☐

c. No sé ☐

d. Ninguna respuesta ☐

Si la respuesta es SI, favor de especificar: _____

Las proximas preguntas tratan sobre el control de tu asma/sintomas de respiración en los ultimos 12 meses.

9. Durante los ultimos 12 meses, ¿ha tenido una visita sin cita al doctor o ha tenido que visitar a la sala de emergencias porque ha tenido dificultad para respirar?

a. Si ☐

b. No ☐

c. No sé ☐

d. Ninguna respuesta ☐

10. Durante los últimos 12 meses, ¿con qué frecuencia (mas o menos) has tenido problemas para dormir o se ha despertado debido a síntomas respiratorios (silbido o chillido, falta de aire o dificultad para hablar, tos frecuente, etc.)?

a. Mas de una vez a la semana ☐

b. Menos de una vez a la semana ☐

c. Nunca ☐

d. No sé ☐

e. Ninguna respuesta ☐

11. Durante los últimos 12 meses, ¿alguna vez las sintomas respiratorios (silbido o chillido, falta de aire o dificultad para hablar, tos etc.) se ha agravado como para que le faltara el aire o solo pudiera decir una palabra a la vez entre respiraciones?

a. Si ☐

b. No ☐

c. No sé ☐

d. Ninguna respuesta ☐

III. Síntomas Cardiovasculares en Adultos

12. Un medico o professional de salud alguna vez le ha dicho que tiene unas de las siguientes condiciones?

CONDICIÓN	SI	NO	NO SÉ	FALTA RESPUESTA
1. INSUFICIENCIA CARDIÁCA CONGESTIVA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ENFERMEDAD CORONARIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ANGINA (DOLOR SEVERO DE PECHO SOBRE SU CORAZÓN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ATAQUE AL CORAZÓN (TAMBIEN LLAMADO INFARTO DE MIOCARDIO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. DERRAME CEREBRAL (TAMBIEN LLAMADO ACCIDENTE CEREBROVASCULAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ENFISEMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. BRONQUITIS CRÓNICA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. AFECCIÓN PULMONAR OBSTRUCTIVA
CRÓNICA (CHRONIC OBSTRUCTIVE PULMONARY
DISEASE - COPD)**

☐☐☐☐

9. OTRA CONDICIÓN

☐☐☐☐

FIN DE ENCUESTA

A3. English Consent Form

Coachella Valley Respiratory and Cardiovascular Disease Study

Public Health Institute Consent to Participate in a Research Study

The purpose of this form is to ask for your voluntary participation in a research study. Please consider the following information carefully before you decide to participate.

Purpose of Study: The purpose of this study is assess the type and frequency of respiratory and cardiovascular symptoms among low income residents of the Coachella Valley. The study is directed by Paul English, PhD, of the Public Health Institute, which is an independent, non-profit research institution. Dr. English is working with Comit  Civico Del Valle, a non-profit advocacy organization, to conduct the study. The Desert Healthcare District and Foundation has funded this study. A member of Dr. English's research team will later transfer your answers to a password-protected data file accessible only through PHI's secure network. Your name, address, and phone will be deleted after the interview is conducted.

Study Procedures: If you agree to participate in this study, a staff person from Comit  Civico Del Valle will ask permission to interview you with a series of questions related to whether you have been diagnosed with respiratory and cardiovascular diseases, and whether you have any symptoms. The interview should last approximately 15 to 20 minutes. It will be conducted at your front door, or if the time is not convenient for you, we can schedule a time later when we can ask questions by phone.

Risks: The main risk to you participating in this study is a loss of confidentiality through inadvertent disclosure of your personal information, such as name, address, and telephone number. However, we are taking steps to ensure that your private data remains private. All paper interview data will be kept in locked files, and all electronic data will be kept on a secure, password-protected computer. Once we have conducted your interview, we will delete your name, address, and phone and your survey will be assigned an identification number. Any paper copies containing your personal information will be destroyed. We will only display data in summary form and it will be impossible to identify you in any reports or publications.

You may be uncomfortable discussing symptoms of your illness. If for any reason you feel uncomfortable during the survey, you are free to stop participating at any time.

Benefits: Participating in this study will not benefit you personally. However, the results of this research will add to scientific knowledge about respiratory and cardiovascular disease and may possibly benefit others with these conditions.

Payment for participation. You will receive a grocery market gift card of \$20 after your interview is completed. You will receive this payment in-person if the interview is conducted in-person, and if the interview is conducted by phone, we will mail the gift card to you at your home address.

Alternatives: Although there are no alternatives associated with this study, there is no penalty for non-participation.

Questions: If you have any questions about the study or your rights as a subject, you can write to Dr. English at the Public Health Institute, 555 12th St., Oakland, CA 94508 or call during business hours at 510-285-5500.

Alternatively, you can call Robert McLaughlin, J.D., PhD, Administrator of the Public Health Institute Institutional Review Board (the committee that oversees PHI's research involving human subjects) at the same number.

Consent: Your participation in the study is voluntary. You can decide not to participate at any time. If you agree to participate, you should sign below. You will be given a copy of this consent form to keep.

I consent to participate in this study

Signature of Participant
Printed Name of Participant
Date

A4. Spanish Consent Form

Estudio de Condiciones Respiratorias y Cardiovasculares en el Valle de Coachella

Instituto de Salud Pública
Consentimiento para Participar en un
Estudio de Investigación

El propósito de este formulario es solicitar su participación voluntaria en un estudio de investigación. Considere la siguiente información detenidamente antes de decidirse a participar.

Propósito del estudio: El propósito de este estudio es evaluar el tipo y la frecuencia de los síntomas relacionados con las condiciones de salud que afectan los pulmones y el corazón entre los residentes de bajos ingresos del Valle de Coachella. El estudio está dirigido por Paul English, PhD, del Instituto de Salud Pública (PHI), que es una institución de investigación independiente sin fines de lucro. Dr. English está trabajando con Comité Cívico Del Valle, una organización de abogacía sin fines de lucro, para realizar el estudio. El Desert Healthcare District and Foundation ha financiado este estudio. Un miembro del equipo de investigación del Dr. English luego transferirá sus respuestas a un archivo de datos protegido con contraseña accesible solo a través de la red segura de PHI. Su nombre, dirección y teléfono se eliminarán después de que se lleve a cabo la entrevista.

Procedimientos del estudio: Si acepta participar en este estudio, un miembro del personal del Comité Cívico del Valle le pedirá permiso para entrevistarle con una serie de preguntas relacionadas con si le han diagnosticado síntomas relacionados con afecciones de salud que afectan sus pulmones y corazón, y si tiene algún síntoma relacionado con estas afecciones. La entrevista debe durar aproximadamente de 15 a 20 minutos. Se llevará a cabo en la puerta de su casa, o si el tiempo no es conveniente para usted, podemos programar un horario más tarde para hacer preguntas por teléfono.

Riesgos: El principal riesgo para usted al participar en este estudio es la pérdida de privacidad sobre su estado de salud al compartir información personal, tal como su nombre, dirección y número de teléfono. Sin embargo, estamos tomando medidas para garantizar que sus datos privados sigan siendo privados. Todos los datos impresos de las entrevistas se guardarán en archivos bloqueados y todos los datos electrónicos se guardarán en una computadora segura y protegida con contraseña. Una vez que hayamos realizado su entrevista, eliminaremos su nombre, dirección y teléfono y se le asignará un número de identificación a su encuesta. Se destruirá cualquier copia en papel que contenga su información personal. Solo mostraremos datos en forma resumida y será imposible identificarlo en ningún informe o publicación.

Es posible que se sienta incómodo al hablar sobre los síntomas de estas afecciones. Si por alguna razón se siente incómodo durante la encuesta, puede dejar de participar en cualquier momento.

Beneficios: Participar en este estudio no lo beneficiará personalmente. Sin embargo, los resultados de esta investigación se sumarán al conocimiento científico sobre las condiciones de salud que afectan sus pulmones y corazón y posiblemente benefician a otras personas con estas condiciones.

Pago por participación: Recibirá una tarjeta de regalo del mercado de comestibles de \$20 después de que finalice su entrevista. Recibirá este pago en persona si la entrevista se realiza en persona, y si la entrevista se realiza por teléfono, le enviaremos la tarjeta de regalo a su domicilio.

Alternativas: Aunque no existen alternativas asociadas con este estudio, no hay penalización por no participar.

Preguntas: Si tiene alguna pregunta sobre el estudio o sus derechos como sujeto, puede escribir al Dr. English del Instituto de Salud Pública, 555 12th St., Oakland, CA 94508 o llamar durante el horario

comercial al 510-285-5500. Alternativamente, puede llamar a Robert McLaughlin, J.D., PhD, Administrador de la Junta de Revisión Institucional del Instituto de Salud Pública (el comité que supervisa la investigación de PHI que involucra seres humanos) al mismo número.

Consentimiento: Su participación en el estudio es voluntaria. Puedes decidir no participar en cualquier momento. Si acepta participar, debe firmar a continuación. Se le dará una copia de este formulario de consentimiento para que la guarde en sus registros.

Doy mi consentimiento para participar en este estudio

Firma del Participante
Nombre Impreso del Participante
Fecha



Date: September 27, 2022

To: Board of Directors

Subject: Medical Mobile Unit vendor and grant contract with DPMG Health

Staff Recommendation:

Consideration to approve:

- a. Vendor contract with DPMG Health to operate the mobile medical unit over a 3-year period
- b. Grant #1329 Contract with DPMG Health: NTE \$500,000 over a 3-year period to provide healthcare services to District residents via the mobile medical unit

Background:

- On May 25, 2021, the DHCD Board of Directors approved \$336,500 for the acquisition of a medical mobile unit. The addition of a mobile unit to the DHCD would increase the District's visibility throughout the Coachella Valley. Staff solicited quotes from multiple manufacturers and selected the quote from Magnum Mobile Specialty Vehicles of \$170,000 for a 26ft. medical mobile unit, which includes two examinations rooms, along with a full restroom.
- On March 1, 2022 a Request for Proposal (RFP) was released to find an operator for the medical mobile unit, who would be able to license it as a medical facility.
- DPMG Health (Desert Physician's Medical Group), which is a 501(c)3 organization of DRMC's Family Medicine Residency Program, applied to the RFP and ultimately was selected to be the operator of the vehicle and provide healthcare services.
- At the June 28, 2022 the DHCD Board of Directors approved a 3-year NTE \$500,00 operating budget for the medical mobile unit.
- DPMG Health has submitted a 3-year grant budget and grant application detailing the deliverables, partnerships, and timeline for the launch of the medical mobile unit.
- The medical mobile unit is set to be delivered on October 2022, upon arrival a vehicle wrap will be applied highlighting the DHCD, DPMG Health, and the Coachella Valley Resource Conservation District logos.
- DPMG Health plans to have the medical mobile unit licensed and staffed for a December 2022 launch.

Fiscal Impact:

NTE \$500,000 over 3 years

MOBILE HEALTHCARE UNIT OPERATING AGREEMENT

This Mobile Healthcare Unit Operating 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 DPMG Health, a nonprofit public benefit corporation (“DPMG”), as follows:

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

1. In April 2021, Coachella Valley Resource Conservation District (“CVRCD”) provided District with a \$175,000 grant towards the purchase of a Mobile Healthcare Unit to provide healthcare to underserved populations in Coachella Valley with an emphasis on agricultural farm workers.
2. On May 25, 2021, District’s Board of Directors approved \$336,500 for the acquisition of a Mobile Healthcare Unit to address and reduce barriers to access health and wellness programs services for underserved populations in Coachella Valley with an emphasis on serving agricultural farm workers.
3. On August 12, 2021, District entered into an agreement with Magnum Mobile Specialty Vehicles for the construction of a 26-foot Mobile Healthcare Unit for a purchase price of \$170,000. A copy of the diagram of the Mobile Healthcare Unit is attached hereto as Exhibit “A” and incorporated herein by reference. The agreement was amended on July 20, 2022, for a total purchase price of \$188,750. The delivery date of the Mobile Healthcare Unit is estimated to be November 2022.
4. DPMG is qualified to license and operate a Mobile Healthcare Unit in accordance with California law and offers care for a full range of medical services via a network of diverse primary and specialty physicians to reach patients in urban, rural, and select community settings, with a focus on areas of need and difficulties with healthcare access, necessary to provide the healthcare services.
5. District and DPMG desire to enter into an agreement in which District allows DPMG to use and operate the Mobile Healthcare Unit in consideration of DPMG obtaining and complying with all California license requirements, all federal, state, and local laws and regulations, and complying with all other terms and conditions of this Agreement.

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

1. USE OF UNIT AND TERM OF AGREEMENT

- 1.1 District agrees to allow DPMG to use and operate the Mobile Healthcare Unit for an initial term of three (3) years from the “Commencement Date” as defined in Section 8.7 below provided DPMG is in compliance with the terms and conditions of this

Agreement. District and DPMG shall have the right to mutually agree to extend this Agreement in 2-year extensions for up to 4 extensions.

1.2 District shall have the right to terminate this Agreement upon sixty (60) days written notice to DPMG for DPMG's material breach of the terms and conditions of this Agreement. Upon receipt of written notice of the alleged breach and the intended remedy, DPMG shall promptly and diligently commence curing the default and have a reasonable period of time in light of the circumstances (not to exceed 60-days) to complete the cure or contest the default.

2. DISTRICT SUPPORT

2.1 During the 3-year term of this Agreement, and provided DPMG is in compliance with all Mobile Healthcare Unit licensing requirements, the terms and conditions of this Agreement, and the terms and conditions of the attached Grant Agreement, DPMG shall be eligible for a grant of up to \$500,000 as provided in Exhibit "C" of the Grant Agreement.

3. DPMG OBLIGATIONS

3.1 DPMG agrees to apply for, pay, and maintain all necessary licenses for the use and operation of the Mobile Healthcare Unit and provide medical, diagnostic, and services, in order to help ensure the availability of quality health care services for patients who receive care in remote or underserved areas and for patients in Coachella Valley who need specialized types of medical care provided in a cost-effective way.

3.2 DPMG agrees to provide all labor, materials, equipment, and incidentals necessary to provide the medical, diagnostic, and health care services as described in the DPMG's Grant Application, which is attached hereto as Exhibit "B" and incorporated herein by reference, and shall prioritize providing services to agricultural farm workers in the Coachella Valley.

3.3 DPMG 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 state, federal, and local governments. Such regulations shall include having written policies that govern the Mobile Healthcare Unit services related to patient care, personnel training and orientation, and evaluation of the services provided by the mobile unit.

3.4 DPMG shall be solely responsible for maintaining the Mobile Healthcare Unit in good working condition and shall be solely responsible for the costs of all repairs and maintenance.

4. INDEPENDENT CONTRACTOR

4.1 The parties understand and agree that DPMG shall perform all services related to the operation of the Mobile Healthcare Unit as an independent contractor, with DPMG maintaining exclusive direction and control over its employees, and solely responsible for

contracting with its consultants, and independent contractors. No personnel, including physicians, nurses, or other healthcare providers utilized by DPMG to perform the services related to the operation of the Mobile Healthcare Unit shall be considered employees of District.

5. INDEMNIFICATION.

5.1 DPMG agrees to indemnify and hold District, its governing body, officers, employees, representatives, agents, successors and assigns (collectively, "District Indemnities"), harmless from and against any and all damages, losses, liabilities, claims, causes of action or costs and expenses (including without limitation costs and fees of litigation), incurred or suffered by the District Indemnities including indemnity claims arising by reason of any personal injury of any person or property loss, loss of use, or damage, of every nature arising out of or in connection with the negligent act(s) or omission(s), recklessness, or willful misconduct of DPMG, its officers, employees, subcontractors, or representatives, relating to the operation of the Mobile Healthcare Unit and performance of the services outlined in this Agreement, except for such loss or damages which was caused by the sole negligence or willful misconduct of the District Indemnities.

6. INSURANCE.

6.1 DPMG shall provide certificates of insurance and endorsements showing that DPMG has liability insurance coverage with an insurance company licensed to do business in the State of California, and acceptable to District, providing coverage in an amount acceptable to District. All liability policies provided shall be "occurrence" and not "claims-made" policies. The liability insurance coverage shall include General Liability and Professional Liability (Errors and Omissions).

The liability insurance shall include as additional insureds District and District's directors, officers, and employees. The insurance afforded to these additional insureds shall be primary insurance. If the additional insureds have other insurance which might be applicable to any loss, the amount of the insurance provided under this section shall not be reduced or prorated by the existence of such other insurance.

Included in such insurance shall be contractual coverage sufficiently broad to insure the matters set forth in the section entitled "Indemnity" in this Agreement. Also included in such insurance shall be a "cross-liability" or "severability of interest" clause. All such insurance coverage shall be submitted to District on approved certificate of insurance and endorsement forms acceptable to District. Insurance carriers, to be acceptable to District, must have an acceptable rating from Best's Key Guide, be authorized to do business and have an agent for service of process in California. The endorsement shall be signed and notarized by an authorized agent/representative of the carrier. The insurance certificate and endorsement shall be noncancellable without thirty (30) days written notice to District.

DPMG shall provide certificates of insurance certifying that DPMG has obtained full Worker's Compensation Insurance coverage for no less than the statutory limits covering all persons whom DPMG employs or may employ in carrying out the work related to the Mobile Healthcare Unit. DPMG shall provide District with a certificate of Worker's Compensation Insurance and endorsement on forms acceptable to District. DPMG shall also execute a Certificate Regarding Worker's Compensation form acceptable to District.

7. NOTICES.

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: DPMG
DPMG Health
Attention: Tae Kim
555 E. Tachevah Drive, Suite 2E105
Palm Springs, CA 92262

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 exhibits 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 exhibits.

8.4 Assignment. DPMG 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 District to give such consent. Any purported assignment without 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.

8.7 Commencement Date. The Commencement Date of when the three (3) year term of this Agreement begins shall be the date on which the Licensing and Certification Division of the State Department of Public Health issues the license pursuant to Health & Safety Code Section 1205.

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

“District”:

Desert Healthcare District

“DPMG”:

DPMG Health

By: _____
Karen Borja, President

By: _____
Tae Kim

Date: _____

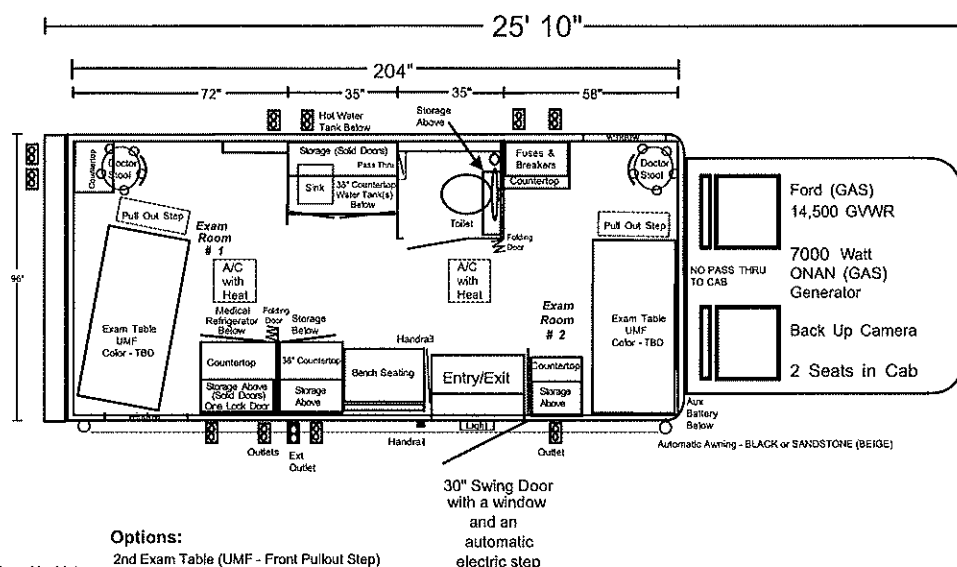
Date: _____

5-21-20

26 Ft Medical Mobile Clinic

with Two Private Exam Rooms, Center waiting area with sink & Bathroom

Desert Healthcare District & Foundation - Mr. Alejandro Espinoza



Includes:

Commercial Black Flooring
Counter Top Color (White Faux Marble)
Cabinet & Interior Wall Color (Grey/White)
Center Entry/Exit with 30" Swing Door
Video Camera for Backing Up
ONAN EFI Gasoline Generator 7K
AGM Battery and Charger
Bench Seat (Color - TBD)
Two A/C Units with Heat - T-Stat Controlled
One Locking Upper Cabinet
Exam Table in Rear Room (Color - TBD)
Dr. Stools (Color - BLACK)
Includes all Standard Features

Options:

2nd Exam Table (UMF - Front Pullout Step)
Medical Fridge Replacing our Standard Fridge
Stabilizing/Leveling 2 Pt Manual System
Automatic Awning - Color - BLACK or SANDSTONE (BEIGE)
Hot Water Tank
Exterior Outlet on Passenger Side
Solar Panel System - 170 Watt
Wi-Fi Cradle Point & Antenna Install
Spare Tire with Holder Under Vehicle
Delivery

Scale 1/4" = 1'
(approximate)

Please Sign and Email back to us ASAP
Accepted by _____
Date _____

Rep _____

"Your Mobile Workplace"



MAGNUM MOBILE
SPECIALTY VEHICLES
MagnumMobileSV.com



Grant Application Summary

DPMG Health, Grant #1329

About the Organization

DPMG Health
555 E TACHEVAH DR, STE 105
PALM SPRINGS, California

Tax ID #: 85-3624586

Primary Contact:

Tae Kim
DPMGHealth@gmail.com

Organization History and Mission

DPMG Health was founded in October 2020 as a not-for-profit health care organization with the mission 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.

Project Information

Project Title: DPMG Health Street Medicine

Start Date: 10/1/2022 **End Date:** 9/30/2025

Term: 36 months

Total Project Budget: \$2,393,913

Requested Amount: \$500,000

Executive Summary:

DPMG Health includes a network of diverse primary care and specialty physicians, pharmacists, and allied health providers reaching patients in urban, rural, and select community settings, with a focus on areas of need and difficulties with healthcare access. The group offers care for a full-range of medical services, including primary care, urgent care, women's and prenatal care, pediatrics, outpatient procedures, inpatient hospital care, street medicine outreach care, immunizations, preventive screenings, HIV and STI testing, health education, pharmaceutical assistance, mental health and social services. Our target population will include students within the valley's unified school districts (including Desert Sands and Coachella Valley), local senior

centers, Farm Worker areas, residents of trailer parks, the homeless population and the Highland Gateway Community. Services that we plan to provide include management of chronic illnesses, physical examinations, routine health follow up, minor injuries, minor procedures, hospital follow ups, mental health via tele-psych, along with general health screenings. Our ultimate goal is to provide healthcare access, including behavioral health, to those most vulnerable and to bridge potential gaps in access, including digital, communication, and transportation.

Community Need for the Project:

The Association of American Colleges estimated a shortage of between 21,400-55,200 primary care physicians in the US by 2023. One of the top contributing factors to the challenges of accessing one's primary care physician is an uneven distribution of practitioners. Within the Coachella Valley, there are multiple areas within the district where residents have limited access to healthcare, including primary medical care and mental health. In order to enhance equity of accessing healthcare for all residents, a medical mobile unit with family medicine physicians can help bridge gaps in healthcare access and embrace the DHCD's mission "to achieve optimal health at all stages of life for all District residents".

Strategic Plan Alignment:

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

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

Strategy 2.3: Provide funding support and evaluation to community organizations providing expanded mobile primary and specialty care services

Project Description and Use of District funds:

By utilizing DPMG Health's network of diverse primary care and specialty physicians, pharmacists, and allied health providers reaching patients in urban, rural, and select community settings, with a focus on areas of need and difficulties with healthcare access. The group offers care for a full-range of medical services, including primary care, urgent care, women's and prenatal care, pediatrics, outpatient procedures, inpatient hospital care, street medicine outreach care, immunizations, preventive screenings, HIV and STI testing, health education, pharmaceutical assistance, mental health and social services. The District funds will be used primarily for the operating costs and resources required to maintain the operations of a medical mobile unit and salary support for staff, including the clinical staff, case manager and clinical pharmacist.

Description of the Target Population (s):

Target populations include: students/children, seniors, homeless, uninsured/underinsured, farm worker communities, trailer park communities, Highland Gateway community.

Geographic Area(s) Served:

Cathedral City; Coachella; Desert Hot Springs ;Indio; La Quinta; Mecca; Palm Desert; Palm Springs; Rancho Mirage; Thermal

Age Group:

(0-5) Infants
 (06-17) Children
 (18-24) Youth
 (25-64) Adults
 (65+) Seniors

Total Number of District Residents Served:**Direct:** 3,000**Indirect:** 2,196**Project Goals and Evaluation**

<p>Goal #1: By September 30, 2023, see at least 3,000 patient encounters via the mobile medical van unit.</p> <p>This project goal coincides with the District and Foundation's Strategic Plan performance measure # of mobile units in operation and # of clients reached through mobile unit services under strategy 2.3 Provide funding support and evaluation to community organizations providing expanded mobile primary and specialty care services.</p>	<p>Evaluation #1: The Case Manager for the team will monitor daily the number of encounters seen (in person or via telehealth). Furthermore, the Medical Director will oversee biweekly the current progress of patient encounters seen/evaluated and services provided. We will use a practice optimization program to enhance provide performance metrics and an EHR to ensure monitoring and documentation of patient care.</p>
<p>Goal #2: By September 30, 2025, increase total annual patient encounters to at least 7,000 per year and provide extended hours and weekend hours (~1,400 encounters).</p> <p>This project goal coincides with the District and Foundation's Strategic Plan performance measure # of clients reached through mobile unit services and # of mobile healthcare settings offering services outside of traditional (8:00-5:00 pm M-F) business hours under strategy 2.3 Provide funding support and evaluation to community organizations providing expanded mobile primary and specialty care services.</p>	<p>Evaluation #2: The Case Manager for the team will monitor daily the number of encounters seen (in person or via telehealth). Furthermore, the Medical Director will oversee biweekly the current progress of patient encounters seen/evaluated and services provided. We will use a practice optimization program to enhance provide performance metrics and an EHR to ensure monitoring and documentation of patient care.</p>
<p>Goal #3: By September 30, 2023, initiate telebehavioral/mental health services via the medical mobile van unit to see ~ 300 patient encounters.</p>	<p>Evaluation #3: The Case Manager for the team will monitor daily the number of encounters seen (in person or via telehealth). Furthermore, the Medical</p>

<p>This project goal coincides with the District and Foundation's Strategic Plan performance measure # of clients served via behavioral/mental healthcare telehealth visits under strategy 3.4 Provide funding support to CBOs providing tele-behavioral/mental health services.</p>	<p>Director will oversee biweekly the current progress of patient encounters seen/evaluated and services provided. We will use a practice optimization program to enhance provide performance metrics and an EHR to ensure monitoring and documentation of patient care.</p>
<p>Goal #4: By September 30, 2023, see ~1,000 patient encounters via telehealth.</p> <p>This project goal coincides with the District and Foundation's Strategic Plan performance measure # of clients served via telehealth visits and # of clients referred to additional services (whole-person care) under strategy 2.4 Provide funding support to community organizations providing primary and specialty care via telehealth.</p>	<p>Evaluation #4: The Case Manager for the team will monitor daily the number of encounters seen (in person or via telehealth). Furthermore, the Medical Director will oversee biweekly the current progress of patient encounters seen/evaluated and services provided. We will use a practice optimization program to enhance provide performance metrics and an EHR to ensure monitoring and documentation of patient care.</p>
<p>Goal #5: By September 30, 2025, see at least 2,300 patient encounters annually via telehealth.</p> <p>This project goal coincides with the District and Foundation's Strategic Plan performance measure # of clients served via telehealth visits and # of clients referred to additional services (whole-person care) under strategy 2.4 Provide funding support to community organizations providing primary and specialty care via telehealth.</p>	<p>Evaluation #5: The Case Manager for the team will monitor daily the number of encounters seen (in person or via telehealth). Furthermore, the Medical Director will oversee biweekly the current progress of patient encounters seen/evaluated and services provided. We will use a practice optimization program to enhance provide performance metrics and an EHR to ensure monitoring and documentation of patient care.</p>

Proposed Project Evaluation Plan

DPMG Health provides the added benefit of including resident physicians, resident pharmacists and students (medical, pharmacy and nursing). The residency program and its faculty are committed to the expansion of a multicultural physician workforce through accepting applicants with experiences or backgrounds as underrepresented minorities; providing training opportunities to the region's underserved; and retaining resident physicians to serve in the region. By providing opportunities for resident physicians and medical students to treat disadvantaged populations, areas of provider shortage, and communities with barriers to healthcare access, many residents may go on to complete their post-graduate education and training locally and continue to reside in our community to practice. Therefore, not only will our project improve healthcare access to disadvantaged populations/communities, we will have the opportunity to

address our regional physician deficit and train our future physicians to become health advocates within the community.

Organizational Capacity and Sustainability

Organizational Capacity

Assigned personnel for the mobile van unit will include an assigned attending physician to provide oversight, clinical pharmacist, resident physician(s), medical student(s), nursing students, case manager, medical assistant/clinical staff member. Requested grant funds will be used toward salaries for the case manager, clinical pharmacist and clinical staff member.

Organizational Sustainability:

The development of a DPMG Health Street Medicine Medical Van Unit perfectly aligns with our mission 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. By providing mobile medical services, we hope to enhance healthcare access and provide continuity of care to those who do not have access to more traditional medical clinics.

Diversity, Equity, and Inclusion

How does your organization address diversity, equity, and inclusion at the board and executive staff levels?

DPMG Health is committed to ensuring and building a diverse and inclusive culture, where we promote and nurture a shared commitment to equity, excellence, innovation and social responsibility in order to advance our mission and foster these values to enhance healthcare access and education in the community. The residency program and its faculty are committed to the expansion of a multicultural physician workforce through accepting applicants with experiences or backgrounds as underrepresented minorities; providing training opportunities to the region's underserved; and retaining resident physicians to serve in this region.

If your organization is not currently addressing diversity, equity, and inclusion at the board and executive staff levels, please explain the barriers, such as knowledge, financial investment, capacity, etc., that are preventing you from doing so.

Partnerships:

Key Partners:

DPMG Health currently works with DRMC, Desert Outpatient Pharmacy, Well of the Desert, Inland Empire Health Plan (IEHP) and CSU San Bernardino School of Nursing. We are also open to work with other organizations that align with our mission to maximize the usage of the medical mobile unit during weekends and community events.

Our outreach plan will include the following potential community partnerships: Coachella Valley Equity Collaborative - Promotores, Galilee Center, Growing Coachella Valley, Riverside University Health System, and local school districts.

Community
Partnerships

- Coachella Valley Equity Collaborative – Promotores
- CSU San Bernardino School of Nursing
- Desert Care Network
- Galilee Center
- Growing Coachella Valley
- Riverside University Health System
- School Districts
- Well in the Desert

Outreach Plan

Social
Media

- Website
- Facebook
- Instagram

Website

<https://www.dpmghealth.com/>

- Scheduling
- Calendar
- Flyers
- Updates

Distributed to:

- Refugee Centers
- Gov't Agencies (police, fire, etc.)
- Schools
- Senior Centers
- Shelters

Printed
Flyers

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DPMG Health Medical Mobile Unit Timeline

July 1, 2022	<ul style="list-style-type: none">Grant Application Submission
July 25, 2022	<ul style="list-style-type: none">Grant Application Review
Aug 25, 2022	<ul style="list-style-type: none">Pre-Audit
Sept 1, 2022	<ul style="list-style-type: none">Medical Mobile Van ArrivalPreparation for wrapping vehicle
Sept 8, 2022	<ul style="list-style-type: none">Audit for Primary Care
Oct 1,, 2022	<ul style="list-style-type: none">License Activation
Oct 2022	<ul style="list-style-type: none">Medical Mobile Unit DeliveryMedical Mobile Van Preparation (branding-vehicle wrap, wifi, security system, etc.)CA DMV License & Registrationm, Fire Safety Inspection & Certification, CLIA Lab Certification, CA Dept of Housing and Community Development Insignia
Dec 2022	<ul style="list-style-type: none">CDPH Medical Certificate as Primary Care Clinic



Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		1 Farm Worker Care	2 Galilee Center/Refugee Care	3 Street Medicine (Our Lady of Guadalupe)	4 TBD PRN	5 TBD PRN
6 Local Schools/Senior Centers	7 Highland Community	8 Farm Worker Care	9 Galilee Center/Refugee Care	10 Street Medicine (Our Lady of Guadalupe)	11 TBD PRN	12 TBD PRN
13 Local Schools/Senior Centers	14 Highland Community	15 Farm Worker Care	16 Galilee Center/Refugee Care	17 Street Medicine (Our Lady of Guadalupe)	18 TBD PRN	19 TBD PRN
20 Local Schools/Senior Centers	21 Highland Community	22 Farm Worker Care	23 Galilee Center/Refugee Care	24 Street Medicine (Our Lady of Guadalupe)	25 TBD PRN	26 TBD PRN
27 Local Schools/Senior Centers	28 Highland Community					

EVENTS

Vaccination Clinic
TBD

Sport Physicals
TBD

** Daily Times are 8:00 AM – 5:00 PM*



DESERT HEALTHCARE DISTRICT GRANT AGREEMENT

This agreement is entered into by the Desert Healthcare District ("DISTRICT"), a California health care district organized and operating pursuant to Health and Safety Code section 32000 et seq., and DPMG Health ("Recipient"), a California nonprofit 501(c)3, and is effective upon execution by both parties.

1. **Grant**

DPMG Health Street Medicine

Funding will specifically support the operating costs and resources required to maintain the operations of a medical mobile unit and salary support for staff, including the clinical staff, case manager and clinical pharmacist.

Amount: \$500,000.

2. **Term of Agreement**

The term of this agreement is from October 1, 2022 through September 30, 2025, subject, however, to earlier termination as provided in this agreement.

3. **Legal Responsibility/Liability**

In authorizing execution of this agreement, the governing body of RECIPIENT accepts legal responsibility to ensure that the funds provided by DISTRICT are allocated solely for the purpose for which the grant was intended. RECIPIENT agrees to be knowledgeable of the requirements of this agreement and to be responsible for compliance with its terms. In no event shall DISTRICT be legally responsible or liable for RECIPIENT's performance or failure to perform under the terms of the grant or this agreement.

RECIPIENT agrees that DISTRICT may review, audit, and/or inspect DISTRICT-funded program operated by RECIPIENT under this agreement for compliance with the terms of this agreement.

4. **Reduction/Reimbursement of Awarded Funds**

DISTRICT may reduce, suspend, or terminate the payment or amount of the grant if the District determines in its sole discretion that RECIPIENT is not using the grant for the

DISTRICT _____ RECIPIENT _____

intended purposes or meeting the objectives of the grant. RECIPIENT hereby expressly waives any and all claims against DISTRICT for damages that may arise from the termination, suspension, or reduction of the grant funds provided by DISTRICT.

RECIPIENT further agrees to reimburse any funds received from DISTRICT, where the DISTRICT determines that grant funds have not been utilized by RECIPIENT for their intended purpose.

5. **Other Funding Sources**

If requested by DISTRICT, RECIPIENT shall make information available regarding other funding sources or collaborating agencies for the programs or services provided by RECIPIENT.

6. **Attribution Policy**

RECIPIENT agrees to comply with the DISTRICT'S attribution policy, which is attached to this agreement as Exhibit "A."

7. **Payment Schedule**

Unless RECIPIENT and DISTRICT agree upon alternative arrangements, grant funds shall be allocated and paid according to the schedule and requirements described on Exhibit "B." In the event RECIPIENT fails to provide report(s) and/or appropriate supporting documentation in a timely manner, RECIPIENT may be subject to a delay or discontinuance of funding, at DISTRICT'S sole discretion.

8. **Program Budget**

RECIPIENT shall also submit, prior to the DISTRICT entering into this agreement, a program budget, which shall be subject to review and approval of DISTRICT. A copy of RECIPIENT'S program budget shall be attached to this agreement as Exhibit "C."

9. **Scope of Services/Recipient Activities**

Prior to the DISTRICT entering into this agreement, RECIPIENT shall include in its application, subject to review and approval by the DISTRICT, details of the RECIPIENT'S scope of service(s), activities or program(s) proposed for funding.

10. **Evaluation/Outcomes Reporting**

Prior to the District entering into this agreement, RECIPIENT shall include in its application, subject to review and approval of the DISTRICT, details of its plan for evaluation and reporting.

DISTRICT _____ RECIPIENT _____

RECIPIENT shall cooperate in efforts undertaken by DISTRICT to evaluate RECIPIENT'S effectiveness and use of the grant funds. RECIPIENT shall participate in and comply with all on-site evaluation and grant monitoring procedures including interviews with RECIPIENT'S staff by DISTRICT. RECIPIENT, at the request of the DISTRICT, shall also provide progress reports to DISTRICT according to the schedule contained on Exhibit "B" in a format to be provided by DISTRICT.

11. Use of Subcontractors

RECIPIENT may not subcontract any portion of the duties and obligations required by this agreement without the written consent of the DISTRICT. A copy of the proposed subcontract between RECIPIENT and the subcontractor shall be provided to DISTRICT for review. In the event DISTRICT consents to subcontract, the subcontractor shall be required to execute an agreement assuming all rights and obligations of this agreement, including the DISTRICT'S right to inspect the subcontractor's books and records and the right to monitor and evaluate the effectiveness of the use of the grant funds. Notwithstanding the forgoing, RECIPIENT shall remain primarily responsible for compliance with all terms and conditions of this agreement.

12. Use of Funds

The funds received pursuant to this agreement may not be used by RECIPIENT for general operating expenses or any other programs or services provided by RECIPIENT without the written consent of DISTRICT.

Upon request, RECIPIENT shall make available for the DISTRICT and members of the public, a detailed description of the program(s) and/or service(s) funded by DISTRICT. This program description may be a separate document or may be incorporated into the overall program materials developed by the RECIPIENT.

13. Prevailing Wages

If the funds received are used to pay for any portion of an applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws (Labor Code sections 1720 et seq. and 1770 et seq.), and if the project cost is \$1,000 or more, RECIPIENT agrees to fully comply with such Prevailing Wage Laws, if applicable. RECIPIENT shall require any contractor or subcontractor performing work on an applicable "public works" or "maintenance" project to fully comply with all Prevailing Wage Laws, including but not limited to the payment of prevailing wages, registration with DIR, and maintenance of certified payroll records."

DISTRICT _____ RECIPIENT _____

14. **Independent Contractor Status**

The relationship between DISTRICT and RECIPIENT, and the agents, employees, and subcontractors of RECIPIENT in the performance of this agreement, shall be one of independent contractors, and no agent, employee, or subcontractor of RECIPIENT shall be deemed to be an officer, employee, or agent of DISTRICT.

15. **Use of Funds for Lobbying or Political Purposes**

RECIPIENT is prohibited from using funds provided by DISTRICT herein for any political campaign or to support attempts to influence legislation by any governmental body.

16. **Compliance with Applicable Law and Regulations**

RECIPIENT shall comply with all federal, state, and local laws and regulations, including but not limited to labor laws, occupational and general safety laws, and licensing laws. All licenses, permits, notices, and certificates as are required to be maintained by RECIPIENT shall be in effect throughout the term of this agreement.

Where medical records, and/or client records are generated under this agreement, RECIPIENT shall safeguard the confidentiality of the records in accordance with all state and federal laws, including the provisions of the Health Insurance Accountability and Portability Act of 1996 (HIPAA), and the laws and regulations promulgated subsequent thereto.

RECIPIENT shall notify DISTRICT in writing within 5 (five) days if any required licenses or permits are canceled, suspended, or otherwise terminated, or if RECIPIENT becomes a party to any litigation or investigation by a regulatory agency that may interfere with the ability of RECIPIENT to perform its duties under this agreement.

17. **Changes or Modifications to the Use of DISTRICT Grant Funds**

RECIPIENT shall submit to DISTRICT, in writing, any requests for proposed changes in the use of DISTRICT grant funds. DISTRICT must receive such requests at least thirty (30) days prior to the date the proposed changes are to be implemented and the proposed changes shall be subject to DISTRICT Board approval.

Notwithstanding the foregoing, requests for transfers between budget categories or line items less than ten percent (10%) of the total grant amount that do not change the total grant amount or generate additional line items may be directed to the DISTRICT's Program Department for consideration.

DISTRICT _____ RECIPIENT _____

18. **No-Cost Grant Extensions**

Any request by the RECIPIENT to extend a grant's project period without additional funding from the DISTRICT will be processed pursuant to the DISTRICT's No-Cost Grant Extension Policy. Any no-cost grant extension request shall be subject to DISTRICT Board approval.

19. **Conflict of Interest/Self Dealing**

RECIPIENT and RECIPIENT'S officers and employees shall not have a financial interest or acquire any financial interest, direct or indirect, in any business entity or source of income that could be financially affected by, or otherwise conflict in any manner or degree with, the performance of programs or services required under this agreement.

20. **Indemnity and Hold Harmless**

RECIPIENT agrees to indemnify, defend, and hold harmless DISTRICT and its officers, agents, employees, volunteers, and servants from any and all claims and losses accruing or resulting to any and all employees, contractors, subcontractors, laborers, volunteers, and any other person, firm, or corporation furnishing or supplying work, services, materials, or supplies in connection with the performance of this agreement and from any and all claims and losses of any kind accruing or resulting to any person, firm, or corporation arising out of, or in any way connected with or as a result of, the performance or execution of this agreement, the consummation of the transactions contemplated hereby, or in the expenditure of grant funds provided by DISTRICT.

21. **Fiscal/Accounting Principles**

RECIPIENT shall maintain an accounting system that accurately reflects and documents all fiscal transactions for which grant funds are used. The accounting system must conform to generally accepted accounting principles and upon request, DISTRICT shall have the right to review, inspect and copy all books and records related to the accounting system.

22. **Documentation of Revenues and Expenses**

RECIPIENT shall maintain full and complete documentation of all revenue and expenses (including subcontracted, overhead, and indirect expenses) associated with use of the grant funds covered by this agreement. During the term of this agreement and thereafter, DISTRICT or its authorized representative(s) shall have the right to review all RECIPIENT financial records including records related to the use or disbursement of the grant funds, upon request by DISTRICT. DISTRICT shall also have the right to audit, if necessary, RECIPIENT'S use of grant funds and any and all programs or services that were provided through the use of the DISTRICT funds. In the event of an audit or financial review, RECIPIENT agrees to provide DISTRICT access to all of RECIPIENT'S books and records.

DISTRICT _____ RECIPIENT _____

23. **Records Retention**

All records of RECIPIENT pertaining to the use of grant funds shall be maintained at RECIPIENT'S main local office for at least five (5) years following the year in which grant funds were first provided by DISTRICT.

24. **Governing Law**

This agreement shall be governed by and construed in accordance with the laws of the State of California.

25. **Assignment or Transfer**

RECIPIENT may not assign or transfer any interest in this agreement or entitlement to grant funds without the written consent of District.

26. **Entire Agreement, Amendment**

This agreement contains the entire understanding and agreement of the parties with respect to the subject matter hereof and supersedes all prior and contemporaneous agreements not contained herein. This agreement may only be amended or modified by a writing signed by both parties.

27. **Notices**

Any notice required or permitted pursuant to this agreement may be given by a party to the other party at the address set forth in the signature block of this agreement. Either party may change its address for purposes of notice by complying with the requirements of this section.

28. **Signatories**

The persons executing this agreement on behalf of the RECIPIENT have been designated by the governing body or fiscal agent of the RECIPIENT as the official signatories of this agreement and all related documents. At least one of these persons is a member of the RECIPIENT'S governing board, and both persons have the authority to execute this agreement on behalf of RECIPIENT.

RECIPIENT:
DPMG Health

DISTRICT _____ RECIPIENT _____

555 E TACHEVAH DR, STE 105
PALM SPRINGS, California

Name: President/Chair of RECIPIENT
Governing Body

Name: Executive Director/CEO

PLEASE PRINT

PLEASE PRINT

SIGNATURE

SIGNATURE

DATE

DATE

Authorized Signatory for Desert Healthcare District:

Name: Conrado Bárzaga, MD
Title: Chief Executive Officer

SIGNATURE

DATE

Desert Healthcare District
1140 N. Indian Canyon Dr.
Palm Springs, CA 92262

EXHIBIT A

DESERT HEALTHCARE DISTRICT ATTRIBUTION POLICY

1. **Attribution Wording**

Attribution for District-funded programs shall be as follows:

“Made possible by funding from Desert Healthcare District” / “Hecho posible gracias al financiamiento de Desert Healthcare District” **or** “Funded by Desert Healthcare District” / “Financiado por Desert Healthcare District”

2. **Educational Materials**

Educational materials are items such as brochures, workbooks, posters, videos, curricula, or games. Materials (in print or electronic formats) produced and distributed for Desert Healthcare District-funded programs shall include the approved wording.

3. **Promotional Materials**

District attribution shall be included on promotional items such as flyers, banners and other types of signage. However, acknowledgement may be omitted when space limitation is an issue (e.g., buttons, pencils, pens, etc.)

4. **Media Materials and Activities**

Attribution to the District shall be included in any information distributed to the media for the purpose of publicizing a District-funded program. This information may include news releases and advisories, public service announcements (PSAs), television and radio advertisements, and calendar/event listings.

Media and publicity activities, such as news conferences, story pitching, press interviews, editorial board meetings and promotional events shall include reference to the District’s program support. As a courtesy, the District would appreciate notification of these activities at least two (2) weeks in advance, whenever possible. Please send to the District copies of any press coverage of District-funded programs.

5. **Logo Usage**

Use of the Desert Healthcare District logo is permitted and encouraged. Logos can be provided in print and electronic formats. Logos will be provided by DISTRICT upon initial grant funding and at RECIPIENT’s request thereafter. Graphic standards for logos shall be adhered to as provided by DISTRICT. Requests for logo should be directed to the Program Department of Desert Healthcare District.

6. **Photograph Consent**

RECIPIENT shall permit photographs of District-funded program to be taken by District-designated photographer at District expense, and consents to usage of such photographs on District Web site and other materials designed to inform and educate the public about District.

DISTRICT _____ RECIPIENT _____

EXHIBIT B

PAYMENT SCHEDULE, REQUIREMENTS & DELIVERABLES

Project Title
DPMG Health Street Medicine

Start/End
10/1/2022
9/30/2025

PAYMENTS:

Total request amount: \$500,000.00

Payments will be made on a monthly reimbursable basis.

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Reporting Period	Payment
10/1/22	Signed Agreement submitted & accepted		\$50,000.00 advance to draw down toward approved monthly reimbursed expenses
11/15/22	Monthly one page report, budget report and receipts submitted and accepted	10/01/22-10/31/22	Reimbursed based on approved expenses
12/15/22	Monthly one page report, budget report and receipts submitted and accepted	11/01/22-11/30/22	Reimbursed based on approved expenses
1/15/23	Monthly one page report, budget report and receipts submitted and accepted	12/01/22-12/31/22	Reimbursed based on approved expenses
2/15/23	Monthly one page report, budget report and receipts submitted and accepted	1/01/23 - 1/31/23	Reimbursed based on approved expenses
3/15/23	Monthly one page report, budget report and receipts submitted and accepted	2/01/23 - 2/28/23	Reimbursed based on approved expenses
4/15/23	Monthly one page report, budget report and receipts submitted and accepted	3/01/23 - 3/31/23	Reimbursed based on approved expenses
5/01/23	First 6-month progress report submitted through grant portal	10/01/22 - 3/31/23	\$0

DISTRICT _____ RECIPIENT _____

5/15/23	Monthly one page report, budget report and receipts submitted and accepted	4/01/23 - 4/30/23	Reimbursed based on approved expenses
6/15/23	Monthly one page report, budget report and receipts submitted and accepted	5/01/23 - 5/31/23	Reimbursed based on approved expenses
7/15/23	Monthly one page report, budget report and receipts submitted and accepted	6/01/23 - 6/30/23	Reimbursed based on approved expenses
8/15/23	Monthly one page report, budget report and receipts submitted and accepted	7/01/23 - 7/31/23	Reimbursed based on approved expenses
9/15/23	Monthly one page report, budget report and receipts submitted and accepted	8/01/23 - 8/31/23	Reimbursed based on approved expenses
10/15/23	Monthly one page report, budget report and receipts submitted and accepted	9/01/23 - 9/30/23	Reimbursed based on approved expenses
11/01/23	Second 6-month progress report submitted through grant portal	4/01/23 - 9/30/23	\$0
11/15/23	Monthly one page report, budget report and receipts submitted and accepted	10/01/23-10/31/23	Reimbursed based on approved expenses
12/15/23	Monthly one page report, budget report and receipts submitted and accepted	11/01/23-11/30/23	Reimbursed based on approved expenses
1/15/24	Monthly one page report, budget report and receipts submitted and accepted	12/01/23-12/31/23	Reimbursed based on approved expenses
2/15/24	Monthly one page report, budget report and receipts submitted and accepted	1/01/24 - 1/31/24	Reimbursed based on approved expenses
3/15/24	Monthly one page report, budget report and receipts submitted and accepted	2/01/24 - 2/29/24	Reimbursed based on approved expenses
4/15/24	Monthly one page report, budget report and receipts submitted and accepted	3/01/24 - 3/31/24	Reimbursed based on approved expenses
5/01/24	Third 6-month progress report submitted through grant portal	10/01/23 - 3/31/24	\$0
5/15/24	Monthly one page report, budget report and receipts submitted and accepted	4/01/24 - 4/30/24	Reimbursed based on approved expenses

6/15/24	Monthly one page report, budget report and receipts submitted and accepted	5/01/24 – 5/31/24	Reimbursed based on approved expenses
7/15/24	Monthly one page report, budget report and receipts submitted and accepted	6/01/24 – 6/30/24	Reimbursed based on approved expenses
8/15/24	Monthly one page report, budget report and receipts submitted and accepted	7/01/24 – 7/31/24	Reimbursed based on approved expenses
9/15/24	Monthly one page report, budget report and receipts submitted and accepted	8/01/24 – 8/31/24	Reimbursed based on approved expenses
10/15/24	Monthly one page report, budget report and receipts submitted and accepted	9/01/24 – 9/30/24	Reimbursed based on approved expenses
11/01/24	Fourth 6-month progress report submitted through grant portal	4/01/24 – 9/30/24	\$0
11/15/24	Monthly one page report, budget report and receipts submitted and accepted	10/01/24–10/31/24	Reimbursed based on approved expenses
12/15/24	Monthly one page report, budget report and receipts submitted and accepted	11/01/24–11/30/24	Reimbursed based on approved expenses
1/15/25	Monthly one page report, budget report and receipts submitted and accepted	12/01/24–12/31/24	Reimbursed based on approved expenses
2/15/25	Monthly one page report, budget report and receipts submitted and accepted	1/01/25 – 1/31/25	Reimbursed based on approved expenses
3/15/25	Monthly one page report, budget report and receipts submitted and accepted	2/01/25 – 2/28/25	Reimbursed based on approved expenses
4/15/25	Monthly one page report, budget report and receipts submitted and accepted	3/01/25 – 3/31/25	Reimbursed based on approved expenses
5/01/25	Fifth 6-month progress report submitted through grant portal	10/01/24 – 3/31/25	\$0
5/15/25	Monthly one page report, budget report and receipts submitted and accepted	4/01/25 – 4/30/25	Reimbursed based on approved expenses
6/15/25	Monthly one page report, budget report and receipts submitted and accepted	5/01/25 – 5/31/25	Reimbursed based on approved expenses

7/15/25	Monthly one page report, budget report and receipts submitted and accepted	6/01/25 - 6/30/25	Reimbursed based on approved expenses
8/15/25	Monthly one page report, budget report and receipts submitted and accepted	7/01/25 - 7/31/25	Reimbursed based on approved expenses
9/15/25	Monthly one page report, budget report and receipts submitted and accepted	8/01/25 - 8/31/25	Reimbursed based on approved expenses
10/15/25	Monthly one page report, budget report and receipts submitted and accepted	9/01/25 - 9/30/25	Reimbursed based on approved expenses
11/01/25	Sixth 6-month progress report submitted through grant portal	4/01/25 - 9/30/25	\$0
11/15/25	Final report submitted through grant portal	10/01/22 - 9/30/25	\$0

TOTAL GRANT AMOUNT: \$500,000.00

DELIVERABLES:**Project Goals and Evaluation**

<p>Goal #1: By September 30, 2023, see at least 3,000 patient encounters via the mobile medical van unit.</p> <p>This project goal coincides with the District and Foundation's Strategic Plan performance measure # of mobile units in operation and # of clients reached through mobile unit services under strategy 2.3 Provide funding support and evaluation to community organizations providing expanded mobile primary and specialty care services.</p>	<p>Evaluation #1: The Case Manager for the team will monitor daily the number of encounters seen (in person or via telehealth). Furthermore, the Medical Director will oversee biweekly the current progress of patient encounters seen/evaluated and services provided. We will use a practice optimization program to enhance provide performance metrics and an EHR to ensure monitoring and documentation of patient care.</p>
<p>Goal #2: By September 30, 2025, increase total annual patient encounters to at least 7,000 per year and provide extended hours and weekend hours (~ 1,400 encounters).</p>	<p>Evaluation #2: The Case Manager for the team will monitor daily the number of encounters seen (in person or via telehealth). Furthermore, the Medical Director will oversee biweekly the current progress of patient encounters seen/evaluated and services provided. We</p>

DISTRICT _____ RECIPIENT _____

<p>This project goal coincides with the District and Foundation's Strategic Plan performance measure # of clients reached through mobile unit services and # of mobile healthcare settings offering services outside of traditional (8:00-5:00 pm M-F) business hours under strategy 2.3 Provide funding support and evaluation to community organizations providing expanded mobile primary and specialty care services.</p>	<p>will use a practice optimization program to enhance provide performance metrics and an EHR to ensure monitoring and documentation of patient care.</p>
<p>Goal #3: By September 30, 2023, initiate telebehavioral/mental health services via the medical mobile van unit to see ~ 300 patient encounters.</p> <p>This project goal coincides with the District and Foundation's Strategic Plan performance measure # of clients served via behavioral/mental healthcare telehealth visits under strategy 3.4 Provide funding support to CBOs providing tele-behavioral/mental health services.</p>	<p>Evaluation #3: The Case Manager for the team will monitor daily the number of encounters seen (in person or via telehealth). Furthermore, the Medical Director will oversee biweekly the current progress of patient encounters seen/evaluated and services provided. We will use a practice optimization program to enhance provide performance metrics and an EHR to ensure monitoring and documentation of patient care.</p>
<p>Goal #4: By September 30, 2023, see ~ 1,000 patient encounters via telehealth.</p> <p>This project goal coincides with the District and Foundation's Strategic Plan performance measure # of clients served via telehealth visits and # of clients referred to additional services (whole-person care) under strategy 2.4 Provide funding support to community organizations providing primary and specialty care via telehealth.</p>	<p>Evaluation #4: The Case Manager for the team will monitor daily the number of encounters seen (in person or via telehealth). Furthermore, the Medical Director will oversee biweekly the current progress of patient encounters seen/evaluated and services provided. We will use a practice optimization program to enhance provide performance metrics and an EHR to ensure monitoring and documentation of patient care.</p>
<p>Goal #5: By September 30, 2025, see at least 2,300 patient encounters annually via telehealth.</p> <p>This project goal coincides with the District and Foundation's Strategic Plan performance measure # of clients served via telehealth visits and # of clients referred to additional services (whole-person care)</p>	<p>Evaluation #5: The Case Manager for the team will monitor daily the number of encounters seen (in person or via telehealth). Furthermore, the Medical Director will oversee biweekly the current progress of patient encounters seen/evaluated and services provided. We will use a practice optimization program to</p>

under strategy 2.4 Provide funding support to community organizations providing primary and specialty care via telehealth.	enhance provide performance metrics and an EHR to ensure monitoring and documentation of patient care.
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EXHIBIT C

PROGRAM BUDGET ATTACHED AS SUPPLEMENTAL PAGE(S)

First Year		Total Program/Project Budget	Funds from Other Sources <i>Detail on sheet 3</i>	Amount Requested from DHCD
Total Staffing Costs <i>Detail on sheet 2</i>		\$ 667,950.00		\$ 92,000.00
Equipment (itemize)				
1	Electronic Medical Record System, Point of Care Ultrasound, Portable Audiometer, AED, Stat Lab Analyzer Unit	\$ 14,800.00	\$ 6,500.00	\$ 8,300.00
2	Vitals Unit, Doppler, Exam Stool, exam Room Folding Chair Padded	\$ 9,679.00		\$ 9,679.00
3	Pulse Oximeter, Scale, Nebulizer, EKG Machine	\$ 5,160.00		\$ 5,160.00
4	Laptop (2), Tablets (2), Printer/Scanner, Iphone (2) and Hot Spot, Mini Fridge w/ freezer, 6' folding table (2), Folding chair, Tent (2), Lighting (4)	\$ 9,865.00		\$ 9,865.00
Supplies (itemize)				
1	Medical Supplies (includes PPE)	\$ 5,040.00	\$ 2,520.00	\$ 2,520.00
2	Pharmaceutical Supplies	\$ 25,097.00	\$ 19,500.00	\$ 5,597.00
3	Office Supplies (Pens, paper, stapler, etc.)	\$ 2,754.00	\$ 2,200.00	\$ 554.00
4	Health Education Materials	\$ 779.00	\$ 779.00	\$ -
Printing/Duplication		\$ 1,200.00	\$ 1,200.00	\$ -
Mailing/Postage		\$ 250.00	\$ 250.00	\$ -
Travel/Mileage		\$ 15,597.00		\$ 15,597.00
Education/Training		\$ 5,000.00	\$ 5,000.00	\$ -
Office/Rent/Mortgage		\$ 600.00	\$ 600.00	\$ -
Telephone/Fax/Internet		\$ 900.00		\$ 900.00
Utilities		\$ 2,505.00		\$ 2,505.00
Insurance		\$ 14,600.00	\$ 6,000.00	\$ 8,600.00
Other facility costs not described above (itemize)				
1	Cleaning Services	\$ 4,200.00		\$ 4,200.00
2	Cleaning Supplies	\$ 1,500.00	\$ 500.00	\$ 1,000.00
3	Biohazard Waste Bags, sharps containers	\$ 168.00	\$ 168.00	
4				\$ -
Other program costs not described above (itemize)				
1	Marketing	\$ 3,000.00	\$ 3,000.00	0
2				
3				
4				
Total Program Budget		\$ 790,644.00	\$ 48,217.00	\$ 166,477.00
Budget Narrative	<i>See Operational Costs Narrative 1</i>			

Operational Costs

Anticipated operational costs to achieve the Mobile Health Clinic Program goals and objectives.

Total Staffing Costs (\$667,950)

Amount funded by DHCD Grant = \$92,000

Amount funded by salary Grants (Song Brown, CalMed) and DRMC = \$496,167

Amount funded In-Kind by DPMG = \$255,137.36

Includes all employee salaries and professional services/consultants allocated to the Mobile Health Clinic.

Equipment (\$39,504)

1. Electronic Medical Record System, Point of Care Ultrasound, Portable Audiometer, AED, Stat Lab Analyzer Unit = \$14,800
2. Vitals Unit, Doppler, Exam Stool, Padded Exam Room Folding Chair = \$9,679
3. Pulse Oximeter, Scale, Nebulizer Machine, EKG Machine = \$5,160
4. Laptop (2), Tablets with WIFI (2), Printer/Scanner, Iphone (2) with Hot Spot, Mini Fridge with Freezer (form meds), 6'Folding Table (2), Folding Chair, 10x10 Open Tent (2), Lighting for Registration (4) = \$9,865

Supplies (\$33,670)

Medical Supplies: Based on estimated 433 visits/mo at a cost of \$0.97/visit = \$5,040 annually

1. Q-Tips, Band-aides, Paper Gowns, Tongue Depressors, Surgical Masks, Gloves, Gauze, Vaccinations, Immunizations, Transport Box, Syringes, Pen Light, Head Lamp, PPE, Instrument Trays, Reflex Hammers, Speculum, Surgical Lubricant, Cold Compress, Hot Compress, Safety Goggles, Scrubs, Flush Kit, Table Paper = \$5,040

Pharmaceutical Supplies: Based on estimated 433 visits/mo at a cost of \$4.83/visit = \$25,097 annually

2. Eye Pad, Gauze Bandage wrap, Non-adherent Dressing, Steri-strip, Sure Site Window, Triangular Bandage, First Aid Essentials, Finger Splints, SAM Splint, Skin Prep, Benzalkonium, Chloride Antiseptic Towlette, Compound Tincture of Benzoin, Swabstick, Hydrogen Peroxide-Solution, Povidone-Iodine Prep Pad, Povidone-Iodine Swabstick, CPR Mask, Eyewash Kit, Glucometer, Lancets, and Test Strips, Medications (prescribed and OTC) = \$25,097

Office Supplies: Based on estimated 433 visits/mo at a cost of \$0.53/visit = \$2,754 annually

3. Pens, paper, highlighters, stapler, hole puncher, tape, paper clips, clip boards, etc. = \$2,754

Health Education Materials: Based on estimated 433 visits/mo at a cost of \$0.15/visit = \$779 annually

4. Pamphlets, brochures, healthcare information/announcements etc. = \$779

Printing/Duplication (\$1,200)

Mailing/Postage (\$250)

Travel/Mileage (\$15,597)

Estimated 80 miles per day x 5 days a week x \$0.75 per mile (1,733 miles/month)

Education/Training (\$5,000)

Education/Training specific to Mobile Health Clinic operations, activities, and workforce development to expand reach and capacity.

Office/Rent/Mortgage (\$6,000)

Storage of Vehicle: \$500/mo x 12 mo = \$6,000

Telephone/facsimile/internet (\$900)

Includes phone, fax, and electronic communications for the Mobile Health Clinic.

Utilities (\$2,505)

Includes batteries, generator and maintenance for the Mobile Health Clinic

Insurance (\$14,600)

Includes CA state required vehicle liability coverage for the Mobile Health Clinic

Other Facility Costs (\$5,868)

Cleaning Services = \$4,200

Cleaning Supplies = \$1,500

Biohazard and Sharp Containers = \$168

Includes scheduled clinic cleaning and focused cleaning between patients.

Other Program Costs (\$7,434)

Marketing = \$3,000

Healthcare Facility Licensing Fee = \$2,234

Cal Department of Public Health = \$2,200

Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
Employee Position/Title					
1	Medical Director	289500	0.6	\$ 173,700.00	0
2	Faculty Physician	229500	0.5	\$ 114,750.00	0
3	Clinical Staff Wages	49500	1	\$ 49,500.00	49500
4	Case Manager	85000	1	\$ 85,000.00	21250
5	Clinical Pharmacy	85000	1	\$ 85,000.00	21250
6	Resident Staff Wages	80000	2	\$ 160,000.00	0
7					
8					
Total Employee Benefits					
Enter this amount in Section 1; Staffing Costs				Total >	\$ 92,000.00
Budget Narrative	See Staffing Narrative				
Budget Narrative	See Staffing Narrative				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1	Mental Health	\$ 150.00	4	\$ 2,600.00	0
2	MSW Social Worker	\$ 45.67	4	\$ 791.61	0
3					
4					
5					
Enter this amount in Section 1; Staffing Costs				Total >	0.00
Budget Narrative	See Staffing Narrative				

LABOR COSTS

Anticipated staffing costs to achieve the Mobile Health Clinic Program goals and objectives.

Employee Positions

Medical Director (\$173,700)

Medical Director salary is funded by the CalMedForce Grant

Full-time Medical Director whose time will be fully devoted to the Mobile Health Clinic.

This rate represents his/her annual salary and benefits, which is consistent with the DPMG personnel policies, and the rate set for this position.

Faculty Physician (\$114,750)

Faculty salary is funded by the CalMedForce Grant

Part-Time FM Faculty Attending Physicians whose time will consist of rotating assigned shifts/dates for staffing of the Mobile Health Clinic. This rate represents total of multiple part-time physicians, which is consistent with the DPMG personnel policies, and the rate set for this position.

Clinical Staff Wages (\$49,500)

Clinical Staff Wages are funded by the DHCD Grant

Full-time clinical staff whose time will be assigned to the Mobile Health Clinic.

This rate represents their annual salary and benefits, which is consistent with the DPMG personnel policies, and the rate set for this position.

Case Manager (\$85,000)

Salary is funded In-Kind by DPMG Health

Full-time Administrative Support, Biller/Driver whose time will be fully devoted to the Mobile Health Clinic. This rate represents their annual salary and benefits, which is consistent with the DPMG personnel policies, and the rate set for this position.

Clinical Pharmacy (\$85,000)

Clinical Pharmacists funding provided In-Kind by DPMG Health

Full-time Clinical Pharmacists whose time will consist of rotating assigned shifts/dates for staffing of the Mobile Health Clinic.

Resident Staff Wages (\$160,000)

Resident Staff Wages is funded by the Song Brown Grant.

Resident participants' time will be assigned to the Mobile Health Clinic per the requirements of their scheduled rotation for the month. This rate represents their annual salary and benefits, which is consistent with the DRMC GME personnel policies, and the rate set for this position.

Employee Benefits

All employee benefits covered per the salary agreements as noted above. Each agreement is consistent with the personnel policies and compensation rates set per the funding entity.

Professional Services/Consultants

Mental Health Provider (\$2,600)

Salary is funded In-Kind by DPMG Health

Part-time Mental Health Provider estimated at \$150/hr for 4 hrs/wk intermittently available to the Mobile Health Clinic. This rate represents his/her annual salary, which is consistent with the DPMG personnel policies, and the rate set for this position.

MSW Social Worker (\$791.61)

Salary is funded In-Kind by DPMG Health

Part-time EM Physician estimated at \$45.67/hr for 4hrs/wk intermittently available to the Mobile Health Clinic. This rate represents his/her annual salary, which is consistent with the DPMG personnel policies, and the rate set for this position.

Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project			Amount
Fees			
Donations:			
Grants (List Organizations)			
	1	Song Brown Healthcare Workforce Grant (Resident Salaries)	\$ 160,000.00
	2	FM CalMedForce Grant (faculty Salaries)	\$ 288,450.00
	3		
	4		
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	DPMG In-Kind	\$ 170,000.00
	2	DRMC In-Kind	\$ 50,059.80
	3		
	4		
Total funding in addition to DHCD request			\$ 151,230.07
Budget Narrative	ALL program income noted above is actual income.		

Second Year		Total Program/Project Budget	Funds from Other Sources <i>Detail on sheet 3</i>	Amount Requested from DHCD
Total Staffing Costs <i>Detail on sheet 2</i>		\$ 667,950.00		\$ 92,000.00
Equipment (itemize)				
1	Electronic Medical Record System	\$ 7,704.00	\$ 6,500.00	\$ 1,204.00
2	Exam Room Folding Chair Padded	\$ 275.00		\$ 275.00
3	Pulse Oximeter, Nebulizer	\$ 1,289.00		\$ 1,289.00
4	fan with mister (4), 6' folding table (2), Folding chair, Tent (2), Lighting (4)	\$ 2,015.46		\$ 2,015.46
Supplies (itemize)				
1	Medical Supplies (includes PPE) (Based on estimated 433 visits/month at a cost of \$1.25/visit = \$6495)	\$ 6,495.00	\$ 2,520.00	\$ 3,975.00
2	Pharmaceutical Supplies (Based on estimated 433 visits/mo at a cost of \$5.00/visit = \$25,980)	\$ 25,980.00	\$ 19,500.00	\$ 6,480.00
3	Office Supplies (Pens, paper, stapler, etc.) (Based on estimated 433 visits/mo at a cost of \$0.69/visit = \$3585.23)	\$ 3,585.23	\$ 2,200.00	\$ 1,385.23
4	Health Education Materials	\$ 1,039.20	\$ 779.00	\$ 260.20
Printing/Duplication		\$ 1,320.00	\$ 1,320.00	\$ -
Mailing/Postage		\$ 275.00	\$ 275.00	\$ -
Travel/Mileage		\$ 20,796.00		\$ 20,796.00
Education/Training		\$ 5,000.00	\$ 5,000.00	\$ -
Office/Rent/Mortgage		\$ 6,060.00	\$ 6,060.00	\$ -
Telephone/Fax/Internet		\$ 990.00		\$ 990.00
Utilities		\$ 2,755.50		\$ 2,755.50
Insurance		\$ 15,330.00	\$ 6,000.00	\$ 9,330.00
Other facility costs not described above (itemize)				
1	Cleaning Services	\$ 4,620.00		\$ 4,620.00
2	Cleaning Supplies	\$ 1,650.00	\$ 500.00	\$ 1,150.00
3	Biohazard Waste Bags, sharps containers	\$ 184.80	\$ 184.80	
4				\$ -
Other program costs not described above (itemize)				
1	Marketing	\$ 5,000.00	\$ 3,000.00	\$ 2,000.00
2	Water	\$ 1,504.68	\$ 800.00	\$ 704.68
3				
4				
Total Program Budget		\$ 781,818.87	\$ 54,638.80	\$ 151,230.07
Budget Narrative	<i>See Budget Narrative attachment 1</i>			

Third Year		Total Program/Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs Detail on sheet 2		\$ 667,950.00		\$ 92,000.00
Equipment (itemize)				
1	Electronic Medical Record System	\$ 7,704.00	\$ 6,500.00	\$ 1,204.00
2				\$ -
3	Scale - pediatric	\$ 989.00		\$ 989.00
4	Laptop (2), Tablets (2), Printer/Scanner, Iphone (2) and Hot Spot, 6' folding table (2), Folding chair, Tent (2), Lighting (4)	\$ 8,864.78		\$ 8,864.78
Supplies (itemize)				
1	Medical Supplies (includes PPE) (Based on estimated 625 visits/month at a cost of \$1.50/visit = \$11,250)	\$ 11,250.00	\$ 2,814.92	\$ 8,435.08
2	Pharmaceutical Supplies (Based on estimated 625 visits/mo at a cost of \$5.30/visit = \$39,750)	\$ 39,750.00	\$ 19,794.92	\$ 19,955.08
3	Office Supplies (Pens, paper, stapler, etc.) (Based on estimated 625 visits/mo at a cost of \$0.98/vist = \$7,350)	\$ 7,350.00	\$ 2,494.92	\$ 4,855.08
4	Health Education Materials	\$ 1,875.00	\$ 779.00	\$ 1,096.00
Printing/Duplication		\$ 1,452.00	\$ 1,452.00	\$ -
Mailing/Postage		\$ 302.50	\$ 302.50	\$ -
Travel/Mileage		\$ 25,995.00	\$ 5,199.00	\$ 20,796.00
Education/Training		\$ 6,500.00	\$ 6,500.00	\$ -
Office/Rent/Mortgage		\$ 6,667.00	\$ 6,667.00	\$ -
Telephone/Fax/Internet		\$ 1,089.00		\$ 1,089.00
Utilities		\$ 3,031.05		\$ 3,031.05
Insurance		\$ 16,096.50	\$ 6,000.00	\$ 10,096.50
Other facility costs not described above (itemize)				
1	Cleaning Services	\$ 5,082.00		\$ 5,082.00
2	Cleaning Supplies	\$ 1,815.00	\$ 500.00	\$ 1,315.00
3	Biohazard Waste Bags, sharps containers	\$ 203.28	\$ 203.28	
4				\$ -
Other program costs not described above (itemize)				
1	Marketing	\$ 5,000.00	\$ 3,000.00	\$ 2,000.00
2	water	\$ 2,484.36	\$ 1,000.00	\$ 1,484.36
3				
4				
Total Program Budget		\$ 821,450.47	\$ 63,207.54	\$ 182,292.93
Budget	See Budget Narrative attachment.			



Date: September 27, 2022

To: Board of Directors

Subject: Riverside University Health System (RUHS) Public Health Blue Zones Initiative

Information:

- Riverside County Public Health Department is partnering with Blue Zones on an initiative to make our county a healthier place to live, work, grow up, and grow old.
- The Blue Zones approach has an impressive track record of helping communities live better, longer by making healthy choices easy. Inspired by the world's longest-lived cultures, it all starts with key changes which progress to massive transformation at the people, places, and policy levels of a community.
- RUHS is forming a Steering Committee to inform this initiative.
- RUHS Public Health has invited DHCD's CEO to join the Steering Committee for this new initiative.
- The initial phase is a Readiness & Feasibility Assessment in six selected Riverside County communities (Eastvale, Riverside, Banning, Mead Valley, French Valley, and **Coachella**). The backbone of the assessment is the Steering Committee – made up of local leaders with the knowledge, network, and know-how to drive a multi-sector program. These attributes help guide the transformation approach toward the greatest well-being impact.
- The key responsibilities of the Steering Committee include:
- Driving awareness of the Blue Zones transformation work with key stakeholders and partners in the community
- Facilitating connections with local organizations and individuals critical to the assessment work
- Building consensus on desired transformation strategy in collaboration with Blue Zones leadership
- Defining and executing a funding strategy for the transformation work
- Over the next eight months it is anticipated the Steering Committee will convene 3-4 times for approximately 60-90 minutes, the first meeting being a kickoff in mid-October.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: September 27, 2022
To: Board of Directors
Subject: CV Equity Collaborative: Monkeypox Update

Staff Recommendation: Informational item only

Background:

- Summer news in the Coachella Valley have been dominated by a global outbreak of Monkeypox, which was soon present in our region.
- Monkeypox (MPX) is a rare disease caused by infection with the MPX virus. MPX virus belongs to the Orthopoxvirus genus in the family Poxviridae. The Orthopoxvirus genus also includes variola virus (which causes smallpox), vaccinia virus (used in the smallpox vaccine), and cowpox virus. MPX is not related to chickenpox.
- MPX was first discovered in 1958 when two outbreaks of a pox-like disease occurred in colonies of monkeys kept for research. Despite being named “MPX (monkeypox),” the source of the disease remains unknown.
- On July 23, 2022 the World Health Organization declared that this monkeypox outbreak is a “public health emergency of international concern”.
- Soon after, Governor Newsom declared a state of emergency in response to the outbreak.

MPX Virus Update:

- Currently, the number of active MPX cases are:
 - United States: 24,203
 - California: 4,753
 - Riverside County: 262
 - Coachella Valley: 216
 - 126 in Palm Springs
 - 36 in Cathedral City
 - 14 in Desert Hot Springs
 - 6 in Indio
 - 6 in Palm Desert
 - 6 in Rancho Mirage
 - Other Coachella Valley cities and unincorporated areas have less than 5 cases

- Individuals who currently are eligible for the MPX vaccine are:
 - Individuals who have been identified as a close contact of someone with MPX
 - One of your sex partners in the past 2 weeks has been diagnosed with MPX
 - If you are a man who has sex with other men or is a transgender or gender-diverse person who has sex with men and in the past 2 weeks:
 - You have had sex with multiple partners or group sex.
 - You have had sex at a commercial sex venue (like a sex club or bathhouse).
 - You have had sex at an event, venue, or in an area where monkeypox transmission is occurring.
- To date, a total of 5,854 vaccine doses of MPX have been provided within Riverside County.
 - 3,368 in Palm Springs
 - 1,046 in Cathedral City
 - 458 in Rancho Mirage
 - 199 in Palm Desert
 - 153 in Desert Hot Springs
 - 79 in Indio
 - 53 in La Quinta
 - 28 in Unincorporated Desert Cities
 - 24 in Coachella

Vaccine and Testing Locations

- MPX testing and vaccines are available in the Coachella Valley at:
 - Borrego Health
 - DAP Health
 - Eisenhower Health
 - RUHS-Public Health (mobile vaccination clinics)
 - A mobile vaccination clinic was held on Saturday, September 17th at the Palm Springs Convention Center, where a total of **427** doses of MPX were administered.
 - Ten CVEC Promotoras provided logistical support with translation services, registration, and ushers.

Community Outreach and Education

- Educational efforts to raise awareness and educate the community about MPX include:
 - Myths vs. Facts (flyers, social media posts)
 - Single-page online resource guide at dhcd.org (continually updated)
 - Riverside University Health System digital flyers and links (ongoing)
- Outreach efforts to advocate for a larger allocation of MPX vaccines for the Coachella Valley residents, in partnership with DAP Health and with the support of Desert Care Network and the City of Palm Springs:
 - District and Foundation CEO Conrado Bárzaga wrote an op-ed, “California’s Monkeypox response so far has been ineffective. Let’s apply lessons from COVID,” published Tuesday, August 2, on desertsun.com and by CV Independent.
 - A full-page public service announcement, published Sunday, August 14, in the A-section of The Sacramento Bee.
 - A full-page ad was published August 12 in The Desert Sun’s print edition.

Fiscal Impact: \$13,000 for publication of public service announcement.



Date: September 27, 2022
To: Board of Directors
Subject: Legislative Update on Seismic Compliance

Information:

- ☐ Strategies 360 (S-360) continues to provide legislative advocacy services to the District to help find legislative pathways to support seismic compliance of the District's hospital.
- ☐ Some of the activities they have conducted include meeting with the Office of Governor Newsom, and several legislative leaders (e.g. ASM Woods, ASM E. Garcia, ASM. Dr. Weber, and Senator Pan).
- ☐ S-360 also launched a targeted social media campaign (see enclosed report) to increase awareness about the seismic issue amongst legislators and their staff.
- ☐ Additionally, S-360 has met frequently with ACHD leadership to gain greater insight on the magnitude of the seismic problem statewide.
- ☐ It was widely reported in the media, that at the end of the legislative session (8/31/22) there was a failed deal on a seismic retrofit extension for hospitals, which has been the focus of the California Hospital Association (CHA) for quite some time.
- ☐ We are preparing to start our legislative work with the upcoming Legislature.

Save-the-date

October 19, 2022

Press Conference with ASM Eduardo Garcia at Desert Healthcare District



DESERT HEALTHCARE DISTRICT FACEBOOK LEAD-GEN & GEOFENCE DIGITAL CAMPAIGNS

JULY 25 – AUGUST 29, 2022

S360

KEY METRICS



129,919 Impressions



2,746 Clicks



40 On-Facebook Leads



Engagement Rates Above Benchmark Average



CAMPAIGN TAKEAWAYS

Our Facebook Lead-Gen campaign finished with an above-average CTR on Facebook of 2.53% - almost 3x higher than benchmark.

- The campaign delivered 71,601 impressions, 1,812 clicks, and 40 On-Facebook leads.
- An older adult age demographic was our most engaged user. Ages 55-65+ accounted for 76% of all clicks and 90% of all Leads.
- Females accounted for 65% of all Leads by gender.
- All ads delivered similar metrics with Ad 3 leading in clicks with 1,160.

The Facebook Geofence campaign finished with an above-average CTR on Facebook of 1.60% - over 60% higher than benchmark.

- The campaign delivered 58,318 impressions and 934 clicks.
- A younger adult age demographic was our most engaged user. Ages 18-44 accounted for 95% of all clicks.
- Females accounted for 66% of all clicks by gender.
- Both ads converted above benchmark.

57,222

TOTAL AD REACH

71,601

IMPRESSIONS

1,812

CLICKS

2.53%

CTR

40

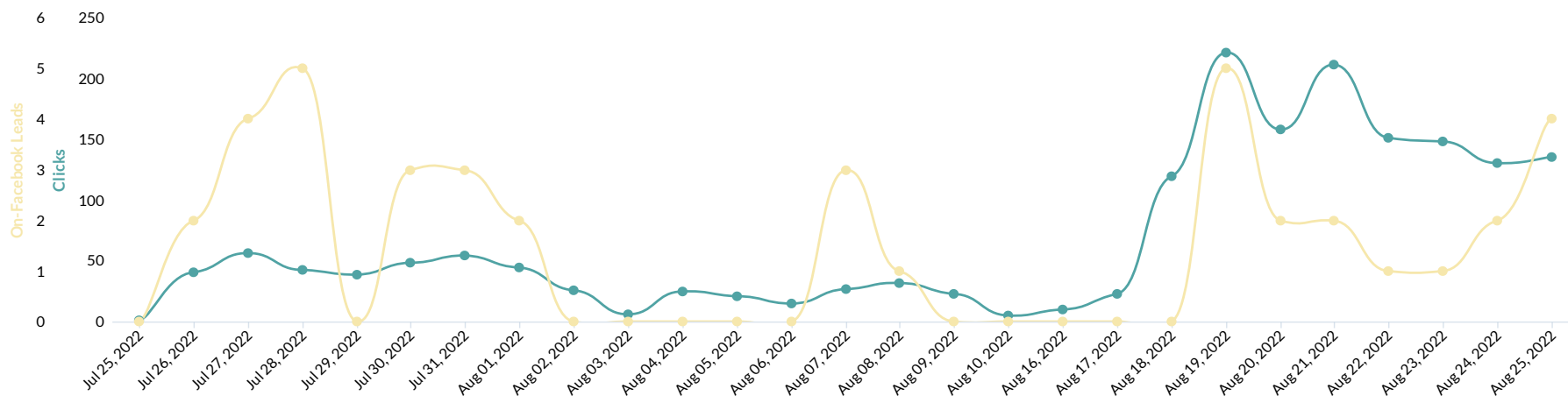
ON-FACEBOOK LEADS

2.21%

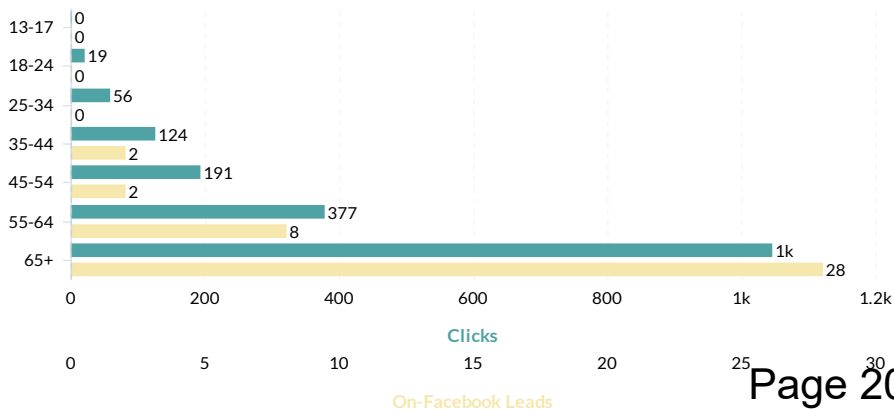
LEAD/CLICK RATE

Ad Set	Avg. Daily Ad Reach	Impressions	Clicks	CTR	On-Facebook Leads
Users in Coachella Valley interested in Healthcare Issues- (FB ad set)	1,015	20,770	505	2.43%	23
Users in Coachella Valley interested in Healthcare Issues- (FB ad set) - Copy	3,996	50,831	1,307	2.57%	17

f Ads Clicks & Leads Over Time



f Ads Facebook Clicks & Leads By Age



f Ads Facebook Leads By Gender



Mobile Preview

Ad

Impressions


Clicks

CTR

On-Facebook Leads

Desert Healthcare District
Sponsored · Paid for by Desert Healthcare Distr... · 🌐

California MUST STRENGTHEN our hospitals NOW. Tell Sacramento to help fund seismic retrofit projects and protect our ...[See more](#)



[About this ad](#)

Take Action Today [Sign up](#)

👍❤️👎 147 37 Comments

👍 Like 💬 Comment

Ad 3 (Refresh)

44,062


1,160

2.63%

16

Desert Healthcare District
Sponsored · Paid for by Desert Healthcare Distr... · 🌐

Your family deserves access to quality healthcare. We simply can't afford to lose these vital services in our ...[See more](#)



[About this ad](#)

Advancing Community Wellness [Sign up](#)

👍😄❤️ 58 16 Comments

👍 Like 💬 Comment


Ad 1

21,709


456


2.10%

15





Desert Healthcare District
 Sponsored · Paid for by Desert Healthcare
 Distr... ·

In a disaster, reliable emergency services are critical for ALL California families. Tell Sacramento to strengthen and ...[See more](#)






 About this ad

Sacramento Must Invest in Community Hospitals




51

5 Comments

 Like
  Comment



Ad 2

5,830

196

3.36%

9

f_{Ads} Facebook Campaign Overview

38,267

TOTAL AD REACH

58,318

IMPRESSIONS

934

CLICKS

1.60%

CTR

1.30

AVG. DAILY FREQUENCY

f_{Ads} Facebook Targeting Overview

Ad Set

Avg. Daily Ad Reach

Impressions

Clicks

CTR

Geo Fence Audience

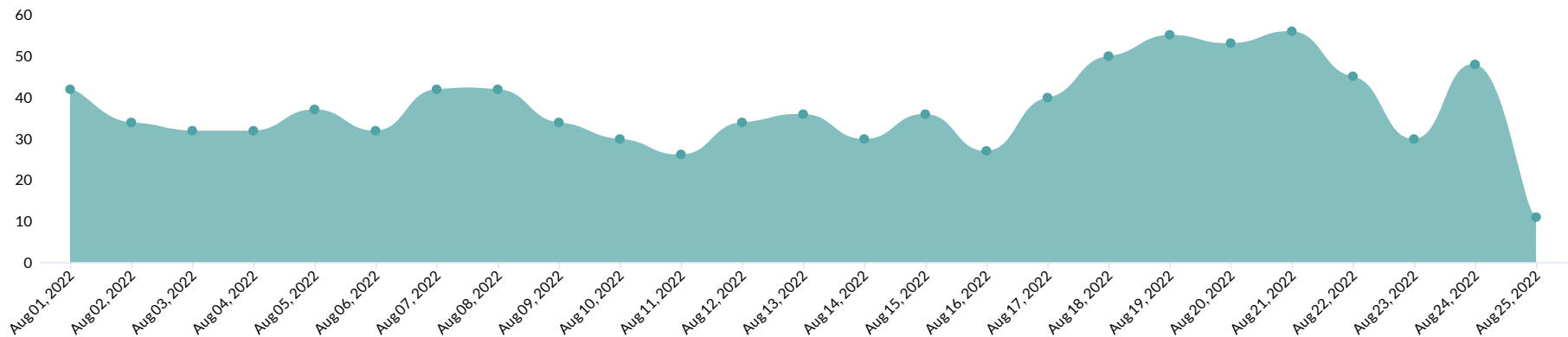
1,531

58,318

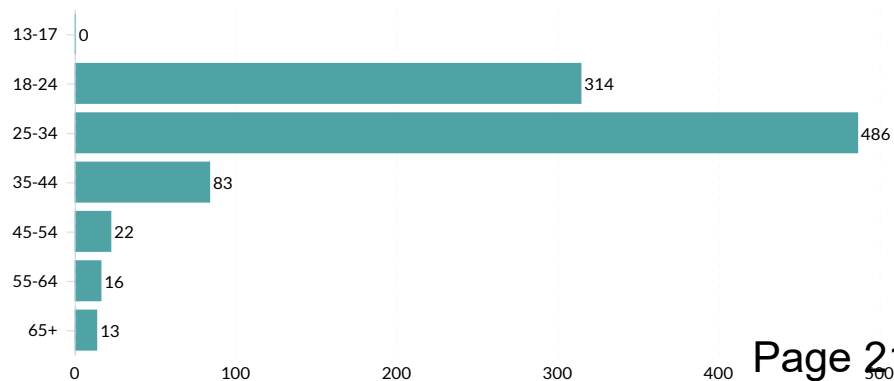
934

1.60%

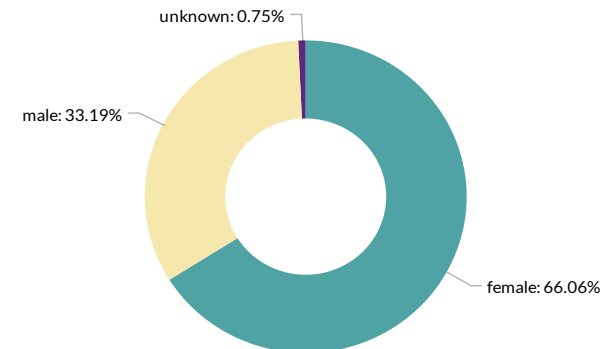
f_{Ads} Clicks Over Time



f_{Ads} Facebook Clicks By Age



f_{Ads} Facebook Clicks By Gender



1 to 2 of 2

Search data...

Previous

1

Next


Mobile Preview

Ad

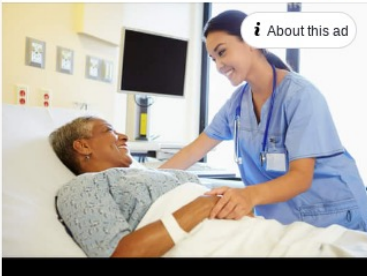
Impressions

Clicks

CTR




Desert Healthcare District
Sponsored · Paid for by Desert Healthcare Distr... · 

Healthcare Districts service the state's most vulnerable. California must strengthen our community hospitals by ...[See more](#)



[About this ad](#)

APP.FASTERCAMPAIGNS.COM
Stngthen Our Hospitals
Learn more today [LEARN MORE](#)


 Like  Comment  Share

Ad 1


47,396

753

1.59%





Desert Healthcare District
Sponsored · Paid for by Desert Healthcare Distr... · 

California MUST STRENGTHEN the safety of our hospitals NOW. SUPPORT funding for SEISMIC RETROFIT projects ...[See more](#)



[About this ad](#)

APP.FASTERCAMPAIGNS.COM
Sacramento Must Invest in Community Hospitals
[LEARN MORE](#)


 1  Like  Comment  Share

Ad 2 (Geofence)

10,922

181

1.66%

A graphic consisting of two parallel red lines slanted upwards from left to right.

dm@strategies360.com

1505 Westlake Ave N
Seattle, WA 98109



Date: September 27, 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 past, current, and upcoming presentations and community engagements involving the CEO.

Information:

- ACHD Advocacy Committee Meeting – July 21, 2022
- ACHD Seismic Workgroup – July 21, 2022.
- IEHP Foundation Board Meeting – July 27, 2022.
- Meeting with Kim Saruwatari, RUHS – July 28, 2022.
- Meeting with Darrah Johnson, PPPSW – July 28, 2022.
- Site visit to Mobile Unit manufacturer in Phoenix, AZ – July 29, 2022.
- Meeting with A. Deveau, Strategies 360 – August 5, 2022.
- Meeting with Officer of County Supervisor VM Perez – August 8, 2022.
- Meeting with One Future Coachella Valley – August 8, 2022.
- IEHP Funders Alliance – August 10, 2022.
- Meeting about Oasis MHP healthcare needs – August 15, 2022.
- Monkeypox Equity Taskforce – August 26, 2022.
- ACHD Board Meeting – August 31, 2022.

- Presentation to CV Equity Collaborative: COVID-19 Update – August 31, 2022.
- Ann Miller, Temple Sinai Community Service – September 1, 2022.
- Behavioral Health Initiative Working Groups Meeting – September 7, 2022.
- 2022 Health Career Connections Closing Ceremony – September 7, 2022.
- Air Quality Emergency Communication Plan: Stakeholder Meeting – September 8, 2022
- SCAN Health Plan – September 12, 2022.
- ACHD Board Meeting – September 13, 2022.
- Attended ACHD Annual Meeting and 70th Anniversary – September 14 – 16, 2022.
- Monkeypox Equity Taskforce – September 19, 2022.
- Attended CV Volunteers in Medicine Clinic Ribbon Cutting – September 20, 2022

Media Coverage:

July 29, 2022. Coachella Valley Independent published our op-ed, “Community Voices: The Monkeypox Vaccine Rollout Must Include Greater Access for Coachella Valley’s LGBTQ Community”

https://cvindependent.com/2022/07/community-voices-the-monkeypox-vaccine-rollout-must-include-greater-access-for-coachella-valleys-lgbtq-community/?fbclid=IwAR2gKx8YIsZRIAD_d2X13Q-mu-zFuZXTGWF2QNtSGOpGqexOv_pk130Aqk

August 2, 2022. The Desert Sun published our Valley Voice op-ed, “California’s Monkeypox response so far has been ineffective. Let’s apply lessons from COVID”

<https://www.desertsun.com/story/opinion/contributors/valley-voice/2022/08/02/californias-approach-monkeypox-ineffective-misguided/10192806002/>

August 10, 2022. KESQ anchor Karen Devine featured the Desert Healthcare District and Foundation in “Inside look at expansion of mental health resources at local schools”

<https://kesq.com/news/education/2022/08/10/inside-look-at-expansion-of-mental-health-resources-at-local-schools/>

August 18, 2022. The Desert Sun: An east valley board seat for Desert Healthcare District up for grabs as incumbent steps down

<https://www.desertsun.com/story/news/health/2022/08/18/east-coachella-valley-director-desert-healthcare-wont-run-again/7836769001/>

August 18, 2022. El Informador published this item on four Coachella Valley leaders call for more MPX vaccines.

[file:///C:/Users/dhcd0/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/422HHHWW/El Informador Del Valle 081822%20\(1\).pdf](file:///C:/Users/dhcd0/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/422HHHWW/El%20Informador%20Del%20Valle%20081822%20(1).pdf)

August 25, 2022. Marcos Palma of “Pico de Gallo” reports on the Coachella Valley Equity Collaborative’s COVID-19 events

<https://www.facebook.com/nmarcospalma/videos/512278010303777>



Date: September 27, 2022

To: Board of Directors

Subject: Association of California Healthcare Districts recognizes Desert Healthcare District and Foundation with 2 awards

The Desert Healthcare District and Foundation was honored to receive two of the Association of California Healthcare District's three awards during ACHD's 70th annual meeting September 14-16 in Garden Grove, California. Board Director **Leticia De Lara** was named Trustee of the Year, and CEO **Conrado Bárzaga** received the CEO of the Year Award.

Background:

- The Association of California Healthcare Districts supports the diverse needs of the state's 76 healthcare districts through advocacy, education and other member services.
- Recognizing top leaders in healthcare for their contributions to the communities they serve, and intended for Certified Healthcare Districts, ACHD presents annual awards for District of the Year, CEO of the Year, and Trustee of the Year.
- Nominated by a member of the Desert Healthcare District and Foundation Board, Director Leticia De Lara was named the 2022 ACHD Trustee of the Year. De Lara (pictured) was appointed to the Healthcare District Board in January 2019 and elected to serve a four-year term in November 2020. She's served as Board chairperson twice. De Lara is a lifelong Coachella Valley resident and representative of Zone 7, one of two zones created after the District's boundary was expanded east of Cook Street in November 2018. She earned a Master of Public Administration degree, is employed as CEO of the Regional Access Project Foundation (RAP), and serves as a board member with Inncare. De Lara provides a consistently knowledgeable and supportive presence at Healthcare District and community events.
- ACHD CEO of the Year Conrado Bárzaga, MD, joined the Desert Healthcare District and Foundation in July 2019. During the past three years he has led the District and Foundation to achieve a number of significant milestones: *certification by ACHD and the California Special Districts Association, establishing the Coachella Valley Equity Collaborative in response to COVID-19, developing a new 5-year Strategic Plan,*



leading a regional behavioral health initiative, awarding scholarships to local Black/African American students pursuing careers in health, and many more. He also has been instrumental in expanding the District and Foundation's outreach into eastern Coachella Valley communities, which were annexed into the District eight months prior to his hiring.

In early 2022, Dr. Bárzaga took a crucial leadership role in requesting state funding support for the 32 hospitals affected by the retrofitting law. In his roles as CEO and as chairperson of the Association of California Healthcare Districts Advocacy Committee, he called upon relationships with California State Assemblymembers, most notably Eduardo Garcia, who submitted a letter to the state House and Senate asking for \$1 billion of the state's surplus to be included in the budget for retrofitting needs. Dr. Bárzaga was nominated for the ACHD award by a Desert Healthcare District and Foundation Board Director.

Each nomination is evaluated by a panel of judges that is independent from ACHD. This year, the judges included Lisa Maas, Executive Director, Californians Allied for Patient Protection; Kyle Packham, APA Director, California Special Districts; and, Larry Walker, President, The Walker Company.

Fiscal Impact:

None





**DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
September 13, 2022**

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

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	President Borja called the meeting to order at 3:33 p.m. in chair Shorr's absence. Director De Lara attended the meeting in chair Shorr's absence.	
II. Approval of Agenda	President Borja asked for a motion to approve the agenda.	Moved and seconded by Director De Lara and Director Zendle to approve the agenda. Motion passed unanimously.
III. Public Comment	There was no public comment.	
IV. Approval of Minutes 1. F&A Minutes – Meeting July 12, 2022	President Borja motioned to approve the July 12, 2022, meeting minutes.	Moved and seconded by Director De Lara (Abstain) and Director Zendle to approve the July 12, 2022, meeting minutes. Motion passed unanimously.
V. CEO Report	There was no CEO Report.	
VI. Chief Administration Officer's Report	Chris Christensen, CAO, provided an update on the FY 2022 annual audit for the District, Foundation, the single-audit Foundation, and the Retirement Protection Plan, which will be presented to the committee in October for submission to and approval of the Board.	

**DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
September 13, 2022**

	<p>The Foundation received a \$10k bequest from the Elynor and David Falk Trust – among 30 other organizations listed as beneficiaries.</p> <p>The committee discussed and requested that Staff consider ways of using the funds to honor the donor’s memory for presenting to the Program Committee.</p> <p>The Las Palmas Medical Plaza is at 100% capacity with 5 anticipated renewals in FY2023.</p>	
VII. Financial Reports 1. District and LPMP Financial Statements 2. Accounts Receivable Aging Summary 3. District – Deposits 4. District – Property Tax Receipts 5. LPMP Deposits 6. District – Check Register 7. Credit Card – Detail of Expenditures 8. LPMP – Check Register 9. Retirement Protection Plan Update 10. Grant Payment Schedule	<p>Chris Christensen, CAO, reviewed the financials with the committee highlighting the first two months of the fiscal year with limited variance activity, describing the \$2.3M of the grant carryover funds, and an overview of the A/R aging summary. There are two fewer participants in the Retirement Protection Plan, and \$6.3M is available for grant awards as illustrated in the grant payment schedule.</p>	<p>Moved and seconded by Director Zendle and Director De Lara to approve the July and August 2022 Preliminary financials – items 1-10 and to forward to the Board for approval. Motion passed unanimously.</p>
VIII. Other Matters 1. Amendment #4 to the Kaufman Hall Associates July 18, 2019, Engagement Letter – Effective September through December 2022 – \$75,000 per month, plus expenses	<p>Chris Christensen, CAO, described the work with Kaufman Hall on the lease renewal and the seismic retrofit. Amendment #3 terminated in July with no charge in August since the</p>	<p>Moved and seconded by Director Zendle and Director De Lara to approve Amendment #4 to the Kaufman Hall Associates July 18, 2019, Engagement Letter – Effective September through December 2022 – \$75,000 per</p>

**DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
September 13, 2022**

	<p>District is dark, requesting approval of an extension for September – December 2022, which is included in the FY2023 annual budget.</p> <p>Mr. Christensen explained that staff is working with the IT consultant, Harry Slack, to develop internal control processes for data sharing with the county to strengthen the processes and security for approximately \$9k – presenting at the October committee meeting for approval.</p>	<p>month, plus expenses and forward to the Board for approval. Motion passed unanimously.</p>
IX. Adjournment	<p>President Borja adjourned the meeting at 4:04 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
 Karen Borja, President, Board of Directors
 Finance & Administration Committee Member
 Desert Healthcare District Board of Directors

Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
September 13, 2022**

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

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 President Borja to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. July 12, 2022	Chair PerezGil asked for a motion to approve the July 12, 2022, meeting minutes.	Moved and seconded by Director Zavala and President Borja to approve the July 12, 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 requests for proposals submitted and under review. Donna Craig, Chief Program Officer, responded to questions concerning the Behavioral Health Awareness Education Program for the JFK Memorial Foundation.	

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
September 13, 2022**

3. Desert Medical Physicians Group (DPMG) – Mobile Medical Unit Vendor Contract Update	<p>Chair PerezGil inquired if the committee had any questions concerning the Desert Medical Physicians Group (DPMG) mobile medical unit vendor contract as presented in the staff report.</p>	
VI. Program Updates 1. Progress and Final Reports Update	<p>Chair PerezGil inquired if the committee had any questions concerning the progress and final reports.</p>	
VII. Grant Funding Requests 1. Consideration to forward to the board of directors for approval of the following grants: a. Grant #1353 Vision Y Compromiso: COVID-19 Prevention and Mitigation Education in the CV - \$90,000	<p>Chair PerezGil inquired with the committee concerning any questions about the \$90k grant request from Vision Y Compromiso – COVID-19 Prevention and Mitigation Education in the Coachella Valley.</p> <p>The committee engaged in a robust discussion on the grant request period, the potential for staff layoffs if the grant is not approved, the status of the grant submitted to Riverside University Health System (RUHS), which included Vision Y Compromiso as one of the grantees through the CV Equity Collaborative a clarification on the staffing costs, and the total net assets of \$2.9M.</p>	<p>No motion was made and as a result, it died for lack of a motion.</p>

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
September 13, 2022**

	<p>Chair PerezGil asked for a motion to forward to the Board of Directors for approval of Grant #1353 – Vision Y Compromiso. No motion was made and as a result, it died for lack of a motion.</p>	
<p>b. Grant #1350 JFK Memorial Foundation: <i>Behavioral Health Awareness and Education Program</i> - \$57,541</p>	<p>Chair PerezGil inquired with the committee concerning any questions about the \$57,541 grant request from JFK Memorial Foundation – Behavioral Health Awareness and Education Program.</p>	<p>Moved and seconded by President Borja and Director Zavala to approve Grant #1350 JFK Memorial Foundation: <i>Behavioral Health Awareness and Education Program</i> - \$57,541 and forward to the Board for approval. Motion passed unanimously.</p>
<p>c. Grant #1355 Joslyn Center: <i>The Joslyn Wellness Center</i> - \$85,000</p>	<p>Chair PerezGil inquired with the committee concerning any questions about the \$85k grant request from The Joslyn Wellness Center.</p> <p>The committee inquired about the client demographic ethnicity classification associated with the census data ratio and servicing a 15% Hispanic population.</p> <p>Donna Craig, Chief Program Officer, explained that these were prior demographics, and the goal is to increase the Hispanic clients by 20%.</p> <p>Public Comments: Jack Newbie, Executive Director, The Joslyn Wellness Center, described the recruitment of bilingual staff for outreach intake and counselors for expansion to</p>	<p>Moved and seconded by President Borja and Director Zavala to approve Grant #1355 Joslyn Center: <i>The Joslyn Wellness Center</i> - \$85,000 and forward to the Board for approval. Motion passed unanimously.</p>

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
September 13, 2022**

	<p>the Spanish-speaking community. Mr. Newby also explained that initial work has begun with the promotoras teams of the Coachella Valley Equity Collaborative (CVEC). The Joslyn Wellness Center has provided written materials to the Collaborative in Spanish and has proposed working more closely with CVEC through outreach and information about Joslyn's programs and services.</p> <p>When presented to the Board for approval, the committee requested that outreach to the Spanish-speaking community is included in the grant application summary.</p>	
<p>d. Grant #1361 DAP Health: <i>DAP Health Monkeypox Virus Response</i> - \$586,727</p>	<p>Chair PerezGil inquired with the committee concerning any questions about the \$586,727 grant request from the DAP Health – Monkeypox Virus Response.</p> <p>The committee inquired on the shortage of vaccinations in the Coachella Valley related to the grant request.</p> <p>Public Comments: Bill VanHermert, Director of Institutional Giving, DAP Health, described the collaborations with the Riverside County Department of Public Health and the California Department of Public Health (CDPH). As a Federally Qualified Health Center</p>	<p>Moved and seconded by President Borja and Chair PerezGil to approve Grant #1361 DAP Health: <i>DAP Health Monkeypox Virus Response</i> - \$586,727 and forward to the Board for approval. Motion passed unanimously.</p>

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
September 13, 2022**

	<p>(FQHC), DAP Health, with support from the Health Resources and Services Administration (HRSA) Ryan White grant, vaccinations are released while utilizing the same tier systems as the Center for Disease Control (CDC) and CDPH for those most at risk.</p> <p>C.J. Tobe, Director of Community Health, DAP Health, described the equity divide with vaccinations and vaccine clinic collaborations.</p>	
VIII. Committee Members Comments	<p>President Borja inquired on the formal grant appeals process for declined applications as requested at the July meeting.</p> <p>Donna Craig, Chief Program Officer, explained that staff is engaged in a declination appeals process while researching and dialoguing with other public agencies. A draft will be presented to the Policy Committee for any potential revisions.</p>	
IX. Adjournment	<p>Chair PerezGil adjourned the meeting at 5:44 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
 Evett PerezGil, Chair/Vice-President, Board of Directors
 Program Committee

Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer

DESERT HEALTHCARE DISTRICT							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
August 31, 2022							
TWELVE MONTHS ENDING JUNE 30, 2023							
Grant ID Nos.	Name	Approved Grants - Prior Yrs	6/30/2022 Bal Fwd	Current Yr 2021-2022	Total Paid Prior Yrs July-June	Total Paid Current Yr July-June	Open BALANCE
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000	\$ 4,990,000		\$ -		\$ 4,990,000
2021-1136-BOD-01-26-21	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr.	\$ 119,432	\$ 11,944		\$ -		\$ 11,944
2021-1171-BOD-03-23-21	Blood Bank of San Bernardino/Riverside Counties - Bloodmobiles for Coachella Valley - 18 Months	\$ 150,000	\$ 15,000		\$ -		\$ 15,000
2021-1266-BOD-04-27-21	Galilee Center - Our Lady of Guadalupe Shelter - 1 Yr.	\$ 150,000	\$ 15,000		\$ 15,000		\$ -
2021-1277-BOD-04-27-21	Lift To Rise - United Lift Rental Assistance 2021 - 8 Months	\$ 300,000	\$ 30,000		\$ 30,000		\$ -
2021-1280-BOD-05-25-21	Desert AIDS Project - DAP Health Expands Access to Healthcare - 1Yr.	\$ 100,000	\$ 10,000		\$ -		\$ 10,000
2021-1296-BOD-11-23-21	Coachella Valley Volunteers In Medicine - Improving Access to Healthcare Services - 1 Yr.	\$ 154,094	\$ 84,752		\$ 69,342		\$ 15,410
2021-1289-BOD-12-21-21	Desert Cancer Foundation - Patient Assistance Program - 1 Yr.	\$ 150,000	\$ 82,500		\$ 67,500		\$ 15,000
2022-1301-BOD-01-25-22	UCR Regents - Community Based Interventions to Mitigate Psychological Trauma - 1 Yr.	\$ 113,514	\$ 62,433		\$ -		\$ 62,433
2022-1302-BOD-01-25-22	Vision To Learn - Palm Springs, Desert Sands, and Coachella Valley School Districts 1 Yr.	\$ 50,000	\$ 27,500		\$ -		\$ 27,500
2022-1303-BOD-01-25-22	CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr.	\$ 54,056	\$ 29,731		\$ -		\$ 29,731
2022-1306-BOD-02-22-22	Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr.	\$ 123,451	\$ 67,898		\$ -		\$ 67,898
2022-1311-BOD-04-26-22	Desert Arc - Healthcare for Adults with Disabilities Project Employment of Nurses - 1 Yr.	\$ 102,741	\$ 56,508		\$ -		\$ 56,508
2022-1313-BOD-04-26-22	Angel View - Improving Access to Primary and Specialty Care Services for Children With Disabilities 1 Yr.	\$ 76,790	\$ 42,235		\$ -		\$ 42,235
2022-1314-BOD-05-24-22	Voices for Children - Court Appointed Special Advocate Program - 1 Yr.	\$ 60,000	\$ 60,000		\$ 27,000		\$ 33,000
2022-1325-BOD-06-28-22	Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs.	\$ 150,000	\$ 150,000		\$ 33,750		\$ 116,250
2022-1327-BOD-06-28-22	Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs.	\$ 50,000	\$ 50,000		\$ -		\$ 50,000
2022-1328-BOD-06-28-22	El Sol - Expanding Access to Educational Resources for Promotores - 2 Yrs.	\$ 150,000	\$ 150,000		\$ 33,750		\$ 116,250
2022-1331-BOD-06-28-22	Pueblo Unido - Improving Access to Behavioral Health Education and Prevention Services - 2 Yrs.	\$ 50,000	\$ 50,000		\$ 11,250		\$ 38,750
2022-0965-BOD-06-28-22	Desert Healthcare Foundation - Behavioral Health Initiative Expansion - 3 Yrs.	\$ 2,000,000	\$ 2,000,000		\$ 2,000,000		\$ -
2022-22-15-BOD-06-28-22	Carry over of remaining Fiscal Year 2021/2022 Funds*	\$ 2,566,566	\$ 2,566,566		\$ 200,000		\$ 2,366,566
2022-1324-BOD-07-26-22	Galilee Center - Our Lady of Guadalupe Shelter - 2 Yr.			\$ 100,000		\$ 22,500	\$ 77,500
2022-1332-BOD-07-26-22	Alianza CV - Expanding and Advancing Outreach Through Increasing Capacity Development - 2 Yrs.			\$ 100,000		\$ -	\$ 100,000
						\$ -	\$ -
						\$ -	\$ -
TOTAL GRANTS		\$ 16,670,644	\$ 10,552,067	\$ 200,000	\$ 2,487,592	\$ 22,500	\$ 8,241,975
Amts available/remaining for Grant/Programs - FY 2022-23:							
Amount budgeted 2022-2023			\$ 4,000,000			G/L Balance:	8/31/2022
Amount granted through August 31, 2022:			\$ (200,000)				
Mini Grants:	1321; 1322; 1323		\$ (15,000)			2131	\$ 4,721,975
Financial Audits of Non-Profits; Organizational Assessments			\$ -			2281	\$ 3,520,000
Net adj - Grants not used:	FY 21-22 Funds		\$ 2,566,566			Total	\$ 8,241,975
Matching external grant contributions			\$ -				\$ (0)
Balance available for Grants/Programs			\$ 6,351,566				
* 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: September 13, 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 and are pending either proposal conferences and or a site visit. Recommendations/suggested decisions will be brought forward to the September Program Committee for possible action:

1. #1318 Riverside County Latino Commission on Alcohol and Drug Abuse Services, Inc. \$619,934 *Healthy Minds, Healthy, Lives – Mente Sanas Visas Sanas*. Funds will be used to address Goal 3 of the DHCD Strategic Plan and used for salaries of mental health professionals; promotoras, case managers, legal counsel, program administrator/supervisor.
 - a. Status: Waiting for resubmission of application with revisions suggested at previous proposal conference.
2. #1353 Vision Y Compromiso \$90,000 grant for 12 months to continue COVID-19 prevention and mitigation education in the Coachella Valley while waiting for approval of additional funds from a DHCD/CVEC submitted grant application to the County of Riverside Public Health. Should the RUHS grant be awarded, this grant will cease, and the work will continue through the County grant.
 - a. Status: this grant request will be before the 9/13 Program Committee for review and consideration to award.
3. #1350 JFK Memorial Foundation - \$57,541 *Behavioral Health Awareness and Education Program*. Use of District funds – personnel costs and office supplies for the Certified SafeCare Providers program.
 - a. Status: this grant request will be before the 9/13 Program Committee for review and consideration to award.
4. #1355 Joslyn Center -\$85,000 – *Joslyn Wellness Center*. Use of District funds – Staff support for a Program Director, a Program Supervisor, a Bi-lingual Counselor, and an Intake/Outreach Coordinator to implement various health and behavioral health evidence-based program.
 - a. Status: this grant request will be before the 9/13 Program Committee for review and consideration to award.
5. #1356 Blood Bank AKA Lifestream - \$140,000 - *Coachella Valley Therapeutic Apheresis Program*. Use of District funds – the creation of their Coachella Valley Therapeutic Apheresis Program. Funding will cover the costs of an Optia machine,
 - a. Status: this grant request will be before the 9/13 Program Committee for review and consideration to award.

TA related equipment, and a customized vehicle dedicated to transport apheresis equipment and staff to Coachella Valley hospitals caring for seriously ill patients.

- a. Status: this grant request will be before the 10/11 Program Committee for review and consideration to award
6. #1361 DAP Health - \$586,727 – *DAP Health Monkeypox Virus*. Use of District funds – will support project implementation including but not limited to staffing; program expenses, supportive services, education and outreach, training and certifications.
 - a. Status: this grant request will be before the 9/13 Program Committee for review and consideration to award.
7. #1357 Desert Recreation District mini grant - \$5,000: *Adaptive Program Expansion: Inclusion & Education* – Use of District mini grant funds: to purchase additional specialized equipment [sound based] to expand adaptive programs to reach more individuals with visual impairments, fund registration fees participants, and fund some of the additional staffing required in programs [to provide additional supports to participants, where needed].
 - a. Status: pending site visit/proposal conference on 10/19 at the Palm Desert Community Center for an adaptive program
8. #1358 Foundation for Palm Springs Unified School District - \$110,000 - *School-Based Wellness Center Project*. Use of District funds - will be used to convert an identified space at four (4) elementary schools into "wellness centers" at these schools
 - a. Status: a site visit/proposal conference has been scheduled to visit an already-established "Wellness Center" at Nellie Coffman Middle School on 9/9/22.
- 9 . #1316 OneFuture Coachella Valley – resubmission of grant application is pending on review of potential revisions by internal DHCD staff for possible re-review and re-consideration at the 10/11 Program Committee meeting



Date: 9/13/2022

To: Program Committee – District

Subject: Progress and Final Grant Reports 7/1/2022 – 8/31/2022

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

Galilee Center, Inc. #1266

Grant term: 5/1/2021 – 4/30/2022

Original Approved Amount: \$150,000.

Final report covering the time period from: 5/1/2021 – 4/30/2022

Coachella Valley Volunteers In Medicine #1296

Grant term: 12/1/2021 – 6/30/2022

Original Approved Amount: \$154,094

Progress report covering the time period from: 12/1/2021 – 6/30/2022

Desert Cancer Foundation #1289

Grant term: 1/1/2022 – 12/31/2022

Original Approved Amount: \$150,000

Progress report covering the time period from: 1/1/2022 – 6/30/2022

Galilee Center, Inc., Grant#: 1266

Our Lady of Guadalupe Shelter

Strategic Area: Homeless

Reporting Period: 5/1/2021 to 4/30/2022

Claudia Castorena

Tel: (760) 396-9100

ccastorena@galileecenter.org

Grant Information

Grant Amount: \$150,000

Paid to date: \$135,000

Balance: \$15,000

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (4/30/2022)

Evaluation Plan: The success of all Galilee Center programs being evaluated is determined by the impact of services provided at the Our Lady of Guadalupe Center to the migrant farm workers and the asylum seekers. A plan of action to evaluate the qualitative aspects of the services include input of client services received through exit interview results collected by staff case workers for the program. In addition, were possible the input of the community partners assisting in the transportation and medical health of the asylum seekers, as well as the provision of economic, medical and social resources for the migrant workers and asylum seekers is collected. The quantitative aspects of the evaluation of the program includes the record keeping of data collected for each service received by a client. A Client Sign-In sheet is maintained for all services given that records number services provided to clients. Both daily and monthly reporting is monitored in an annual report. A Client Service Need's Survey is conducted once a year that incorporates the finding of client interviews and staff program evaluation. Evaluations are reviewed by staff and management and appropriate steps or changes are implemented as needed.

Goal #1: The Our Lady of Guadalupe Shelter will provide a safe place for a minimum of 900 migrant farm workers and asylum seekers quarterly to stay 24 hours a day 7 days per week for the program year May 1, 2021 to April 30, 2022.

Evaluation of goal #1: A plan of action to evaluate the program consists first of record keeping that includes all data collected when registering new clients using the Our Lady

of Guadalupe shelter through an intake form. A Client Sign-In sheet is maintained for all services given that records number of services. The breakdown of migrant farm workers versus asylum seekers is recorded. Both daily and monthly reporting is monitored in an annual report.

Goal #2: The Our Lady of Guadalupe Shelter will provide basic services for a minimum of 900 residents quarterly in the shelter that include place to sleep, hot meals, restroom/showers, laundry facilities, a community room to relax, clothing, and access to phones calls to contact their families for the program year May 1, 2021 to April 30, 2022.

Evaluation of goal #2: A plan of action to evaluate the program consists first of record keeping that includes all data collected when registering new clients through an intake form. A Client Sign-In sheet is maintained for all services given that records number of services. The breakdown of migrant farm workers versus asylum seekers is recorded. Both daily and monthly reporting is monitored in an annual report. A Client Service Needs Survey is conducted once a year to gather input from clients using the facility.

Goal #3: The Our Lady of Guadalupe Shelter staff will provide basic case management and intake services for a minimum 900 residents quarterly in the shelter that includes providing medical referrals. The staff will assist a minimum 100 migrant workers annually in finding needed resources and arrange transportation needs for a minimum 900 asylum seekers quarterly including providing funding for transportation costs for approximately one third of the asylum seekers for the program year May 1, 2021 to April 30, 2022.

Evaluation of goal #3: Record keeping that includes all data collected when registering clients for referrals including a Client Sign-In sheet are maintained for all services given. Collaboration and partnerships provide the agency with many community resources to refer people being served by the Our Lady of Guadalupe quickly to other agencies when needed. Transportation for 900 asylum seekers quarterly will be provided to 100% of the asylum seekers annually.

Goal #4: The Our Lady of Guadalupe Shelter staff will provide hygiene bags containing face masks, hand sanitizer and toiletries for a minimum of 900 residents quarterly. As well as provide approximately 20% asylum seekers that have tested positive for COVID-19 accommodations in local motels/hotels to quarantine for 10 days before continuing on their journey to sponsors throughout the US. Medical treatment will be provided as needed for any residents of the shelter for the program year May 1, 2021 to April 30, 2022.

Evaluation of goal #4: The evaluation plan for the Our Lady of Guadalupe Center includes providing toiletries and PPE as well as training of the basic understanding of COVID-19 testing, vaccination, handwashing and social distancing to 100% of the residents. A Client Log is maintained that records all COVID -19 prevention training techniques and PPE equipment distributed to clients.

Proposed number of District residents to be served:

Total: 3,600

Proposed geographic area(s) served:

Coachella
Mecca
North Shore
Oasis
Thermal
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.

During the reporting period, The Galilee Center's OLG shelter helped 87 unduplicated farm workers and 2,703 unduplicated asylum-seeking people (1,101 children, 916 women, and 686 men). All guests received shelter, hot meals, showers, access to our laundry facility, hygiene supplies and other basics. In addition, the GC case workers assisted all families to communicate with their sponsors/relatives in the USA and helped coordinate all travel arrangements.

Goal #1:

For the twelve-month period, the Our Lady of Guadalupe Shelter provided shelter to a total of 2,790 people. There were 1,101 children, 916 women and 773 men, of which 87 were farm workers.

Evaluation of goal #1:

Shelter staff maintains and continuously updates the record keeping that includes all data collected when registering new clients using the OLG intake form. A client sign-in sheet is maintained for all services given that records number of services. The recording of migrant workers versus asylum seeking people is done separately. Daily and monthly reporting is monitored.

Goal #2:

During the twelve-month period, all men, women, and children received basic services that included a clean and safe place to sleep. The 2,790 people benefited with 7,290 nights of shelter; 6,720 showers; 22,064 hot meals and snacks, and 3,304 laundry services. In addition, 274 babies received baby diapers, formula and baby food and all 2,703 asylum seeking people received new under garments and clothing.

Evaluation of goal #2:

Shelter staff maintains the record keeping of all services and number of services given

to all guests during their stay. The recording of migrant workers versus asylum seeking people is done separately. Daily and monthly reporting is monitored.

Goal #3:

During the twelve-month period, the intake case workers assisted 835 asylum seeking families with basic case management, coordination of travel arrangements, transportation, backpacks, and medical referrals. The staff also assisted farm workers with medical referrals, filling out unemployment forms and other basic needs.

Evaluation of goal #3:

Shelter staff maintains the clients' files and record keeping that includes all data and information collected, service provided, travel details, and referral information.

Goal #4:

One hundred percent of the people received hygiene bags containing face masks, hand sanitizers, toiletries, deodorant, toothpaste and toothbrush, hairbrush, combs, and flip flops.

Evaluation of goal #4:

Shelter staff maintains the record keeping of all items given to all guests during their stay. The recording of migrant workers versus asylum seeking people is done separately. Daily and monthly reporting is monitored.

Final number of District residents served:

Total: 2,790

Final geographic area(s) served:

Please answer the following questions

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

Please refer to the first and second Progress Reports for issues reported.

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

No unexpected successes other than those originally planned.

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

Galilee Center operates with a 3-year Strategic Plan developed with the Board of Directors and the Cofounders. As a result, Galilee is active in soliciting private donations as well as identifying new grant sources. The Board of Directors have

adopted an Operating Reserve Policy to set aside a minimum of 6 months of operation to ensure the stability and continuation of the mission, service delivery, employment, and ongoing operations of the organization. They have created a fundraising committee to strengthen their efforts in running the annual fundraising events.

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

Evaluate the need to keep the shelter open year-round for the farm workers based on need and funding available.

Coachella Valley Volunteers In Medicine, Grant#: 1296

Improving access to healthcare services

Strategic Area: Healthcare Infrastructure and Services

Reporting Period: 12/01/2021 to 06/30/2022

Doug Morin

Tel: (760) 625-0760

doug.morin@cvvim.org

Grant Information

Grant Amount: \$154,094

Paid to date: \$69,342

Balance: \$84,752

Due Date: 7/1/2022

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (11/30/2022):

Goal #1: Provide a minimum of 1,000 service contacts for healthcare and ancillary services during the grant period. Services shall include instances of medical appointments, health education, general and diabetes care management, social service assessments (using SDOH as a guide), labs, x-rays, imaging services, homeless medical outreach, and health/flu vaccination fairs. In-clinic, remote telemedicine and outreach services, such as homeless outreach and community fairs are all considered.

Goal #2: Promote and provide a minimum of 24 remote telemedicine clinics to improve access to healthcare services in the community during the grant period.

Goal #3: Ensure culturally competent services are provided at all times in the clinic, at remote clinics, and through our homeless medical outreach and community activities during the grant period.

Goal #4: Complete a minimum of 4 patient surveys from all patients receiving care during the grant period to evaluate patient perceptions of services received.

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

Proposed number of District residents to be served:

Total: 300

Proposed geographic area(s) served:

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

Progress This Reporting Period

Progress Outcomes:

We have exceeded the number of service contacts made for this 6-month period (Goal #1), however the number of remote telemedicine clinics (Goal #2) is below expectations/plans as a result of clinic cancellations due to illness (COVID). Other goals of culturally sensitivity and ongoing improvement through patient evaluations are proceeding per plan and with excellent outcomes.

Progress on the number of District residents served:

Total: 1,166

Geographic area(s) served during this reporting period:

All District Areas

Progress on the Program/Project Goals:

Goal #1:

We have had a total of 1,212 service contacts (to 1,166 unique patients) for medical appointments only, including remote telemedicine clinics, plus an additional 935

contacts for education, social services, case management, or homeless medical services, for total service contacts of 2,147. Our stated goal was to provide 3,000 service contacts over the entire grant period, and we have therefore exceeded 50% of this stated grant goal during this first 6 months.

Goal #2:

Our stated goal was to provide 24 remote telemedicine clinics and we have not met 50% of this goal at this time. In total, only 8 clinics have been coordinated in the communities of Mecca and Desert Hot Springs; we will continue to work towards this goal and are confident in new strategies to meet our goal.

Goal #3:

All services are patient-focused and offered to the public and patients in either English or Spanish, including marketing materials (see our primary patient recruitment piece attached) and patient applications. Additionally, several of the promotoras whom we work with are also fluent in purepecha and target some of their community health work to that community.

Goal #4:

We intended to complete 4 patient surveys over the course of the grant period and we have completed a total of more than 5 thus far. One general patient satisfaction survey was completed in March, and individual program surveys were also completed for patients attending our diabetes education class (2) and those who met with our social worker (2). Individual program surveys were new surveys for 2022 in addition to our quarterly general patient satisfaction surveys.

Program/Project Tracking:

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

We have had some issues with volunteer providers not being able to meet their commitments due to illness (COVID), particularly in relation to remote telemedicine clinics at the start of the year. This caused all scheduled clinics for January to be cancelled and many for May.

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

We once again have two volunteer medical providers who are committed to the remote clinic model and able to volunteer throughout the summer months. All volunteer providers who were ill, have recovered and are eager to be involved in remote and in-clinic, clinics. We have requested medical residents to participate in remote clinics when they return in August and are awaiting approval from their residency program.

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

Because of our collaboration with the CV Housing Coalition, we have entered into an agreement to assist them in an ongoing way to provide onsite health education in several of their facilities across the Valley. Also, Jewish Family Services of San Diego, who have a contract for homeless services in Riverside County, became aware of our outreach and asked for our collaboration on providing medical services to homeless persons their outreach workers identify from their efforts. Not necessarily relating to this grant, however the relationship came about because of our community outreach efforts, including remote telemedicine clinics.

Desert Cancer Foundation, Grant#: 1289

Patient Assistance Program

Strategic Area: Vital Human Services to People with Chronic Conditions

Reporting Period: 1/1/2022 to 6/30/2022

Eevet Edens

Tel: (760) 773-6554

Fax: (760) 773-6532

ED@desertcancerfoundation.org

Grant Information

Grant Amount: \$150,000

Paid to date: \$67,500

Balance: \$82,500

Due Date: 8/1/2022

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (12/31/2022):

Goal #1: Provide financial assistance for Coachella Valley residents undergoing cancer care.

For the upcoming calendar year (January 1 to December 31, 2022), Desert Cancer Foundation (DCF) will provide financial assistance for Coachella Valley residents living within the Desert Healthcare District (DHCD) boundaries, ensuring access to healthcare for medical services related to cancer and its allied diseases.

Through the Patient Assistance (PA) program, DCF will provide financial assistance to approximately 120 District residents, 18 years and older; cover approximately 1,600 cancer care services and treatments, for an estimated \$115,000 paid directly to the healthcare providers.

For marginalized individuals (living at or below 300% of FPL), who are uninsured, underinsured, or simply lack funds for cancer care, Desert Cancer Foundation will cover the costs associated with their medical screening, diagnosis, and treatment. DCF will pay for insurance premiums and deductibles, co-insurance and co-pays, chemo and radiation therapies, scans and diagnostic screenings, prescription medications, and Medi-Cal Share of Cost.

Goal #2: Patient Navigation to ensure all available resources for the patient.

From January 1 to December 31, 2022, Desert Cancer Foundation will provide patient navigation for cancer care services and treatment, for an estimated 120 patients residing in the District boundaries.

Through ongoing communication, collaboration, and outreach efforts with our local healthcare community, DCF will ensure the availability of our Patient Assistance program, as well as offer patient navigation (especially for newly diagnosed patients), to provide cancer-related screening, diagnosis, and access to services and vital treatment.

The Patient Assistance Coordinator works with social workers and patient navigators to ensure we leverage all available and existing resources to meet the patient's needs. This includes financial navigation – such as Medicare supplemental plans, Medi-Cal and other low-income subsidy programs, as well as additional support services such as transportation and mental health counseling.

Evaluation Plan:

Desert Cancer Foundation (DCF) has been serving Coachella Valley residents for over 25 years. We are the only nonprofit that makes direct payments to healthcare providers on behalf of residents who otherwise could not afford vital care.

Desert Cancer Foundation kindly requests funding from the Desert Healthcare District in the amount of \$150,000 to help provide cancer care through our Patient Assistance (PA) program for District residents. The PA program aligns with DHCD's strategic Goal #2 – Community access to primary and specialty care.

PARTNERSHIPS

Desert Cancer Foundation has longstanding partnerships with local healthcare providers, including Desert Care Network's Comprehensive Cancer Center, Eisenhower Lucy Curci Cancer Center, City of Hope, over 10 local pharmacies and additional radiologist and oncologists. Together, we ensure patient navigation and timely access to cancer care and treatment.

DCF has negotiated contractual agreements with many of the providers, allowing for a reduced rate for uninsured patients. Along with navigation to help access existing available resources, to leverage funds, where every \$1 translates to over \$10 in cancer care.

The PA program is an ongoing, well-managed process - from application to patient navigation, access to healthcare and treatment coverage.

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
Thousand Palms
Bermuda Dunes

Progress This Reporting Period

Progress Outcomes:

Desert Cancer Foundation's Patient Assistance is the only program that pays for cancer care for Coachella Valley and surrounding community residents who need financial assistance. DCF provides for marginalized and underserved residents who are uninsured, underinsured, or lack funds for vital cancer care.

For reporting period 1/1/2022 through 6/30/2022, DCF paid a total of \$116,218 in medical bills for cancer and allied diseases, valued at a billed amount of over \$1.8 million. DCF was able to provide 744 cancer medical services, for 87 individuals undergoing cancer treatment.

Progress on the number of District residents served:

Total: 87

Geographic area(s) served during this reporting period:

All District Areas

Progress on the Program/Project Goals:

Goal #1:

DCF's Patient Assistance program continues to be well organized and managed to receive and process all patient applications, ensure medical coverage, and facilitate access to healthcare. DCF was able to provide access to vital care and offer financial assistance for Coachella Valley and surrounding community residents, living within Desert Healthcare District boundaries.

For the mid-year reporting period, from 1/1/2022 through 6/30/2022, DCF served 87 residents (54 F, 33 M) of the projected 120, and rendered 744 of the projected 1600 medical services for cancer and allied diseases. DCF paid a total of \$116,213 in financial assistance for medical treatment; an amount valued at a billed amount of over \$1.8 million.

DCF's dedicated Patient Assistance Coordinator worked closely with healthcare partners to process applications, including several that were expedited for urgent cancer treatment. The Patient Assistance Committee met twice monthly, as scheduled, to review patient applications for eligibility, review treatment plan, ensure adequate coverage, and proceed with approval.

All patient details and demographic information were entered into our database for tracking. Each patient was set-up by our Accounting Manager as a new DCF client, and we subsequently received and processed medical bills and/or insurance premiums and made direct payments to providers.

Goal #2:

DCF's Patient Assistance program is monitored by a Patient Assistance committee to ensure a streamlined process and provide patient navigation. Program progress is monitored by DCF's Executive Director, PA Committee, and details are presented monthly at DCF's Board of Director's meeting.

There is ongoing collaboration with healthcare partners - doctors, pharmacists, social workers, and financial counselors - to ensure the availability of our program, offer any existing and available programs and resources for the patient, and ensure adequate coverage.

Patient navigation is part of the application process, and offered to all applicants, addressing each patient's unique coverage status. On average, over half (45+) of the applicants received active patient navigation to ensure suitable and adequate coverage. We worked very closely with each patient and their social worker to help them acquire, add, or reinstate the best option for insurance coverage. This includes subsidized plans such as Covered California, Medicare supplemental plans, or Medi-Cal where applicable.

Patient navigation ensures proper coverage and a continuum of care through the patient's cancer journey. Long after approval, DCF's coordinator maintains communication with the patients and social workers to monitor any changes in employment, changes in coverage, and address any challenge a patient may need support with.

Program/Project Tracking:

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

There are no issues or barriers in meeting the program goals at this time.

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

No course correction is necessary at this time.

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

DCF continues to break through barriers and gaps in healthcare, thanks to the strategic partnerships with local providers. We've had several cases with uninsured patients needing timely care, who were able to access healthcare with our support. One of these cases was unique, involving a lady referred to us by a local contact. The lady was Ukrainian and had escaped the war in Kiev, arriving to the desert to be with family. We'll call her S.V.

S.V. had arrived here, right in the middle of chemo treatment for her breast cancer, and she needed to resume with the treatment. While she had a safe home and family to be with, she was without work, and of course without insurance, making chemo cost prohibitive.

The Patient Assistance Committee voted to approve her application, given the extraordinary circumstances. DCF and both hospital partners collaborated, leveraged our contract agreements, to help support the patient so she can resume with her cancer care regimen. One of the oncologists and DCF board member, took her case, quickly obtaining medical records and resuming her treatment.

Finally, as we do with all patients, we continued to work with the family and social worker to eventually secure coverage for S.V. She was able to resume with treatment and we expect a positive health outcome for her. Oftentimes, with cancer, immediate treatment is critical, and this is an example of DCF helping to push through barriers to ensure access to care.

**HOSPITAL LEASE OVERSIGHT COMMITTEE MEETING
MEETING MINUTES
September 21, 2022**

Directors Present		District Staff Present	Absent
Chairman/Secretary, Carmina Zavala, PsyD Director Carole Roger, RN Director Les Zendle, MD		Conrado E. Bárzaga, MD, CEO Chris Christensen, CAO Andrea S. Hayles, Board Relations Officer	
AGENDA ITEMS	DISCUSSION	ACTION	
I. Call to Order	The meeting was called to order at 12:07 p.m. by Chair Zavala.		
II. Approval of Agenda	Chair Zavala asked for a motion to approve the agenda	Moved and seconded by Director Zendle and Director Rogers to approve the agenda as amended. Motion passed unanimously.	
III. Public Comment	There were no public comments.		
IV. Approval of Meeting Minutes	Chair Zavala asked for approval of the May 17, 2021, meeting minutes.	Moved and seconded by Director Rogers to Director Zendle approve the May 17, 2021, meeting minutes. Motion passed unanimously.	
V. Old Business			
1. Quarterly 2021-2022 Inspection Schedule	Chair Zavala inquired with the committee concerning questions about the 2021-2022 quarterly inspection schedule, noting that due to COVID and closures at Desert Regional Medical Center (DRMC), the quarterly schedule is one year behind. In collaboration with Dale Barnhart, Consultant, Andy Caffrey, Director, Engineering, DRMC, and Mike Ditoro, COO, DRMC, staff will prepare an updated schedule.		
2. Q3 – Block 7 Facilities Re-Inspection Report (November 2021) – May 25, 2022, Dale Barnhart, Consultant	Dale Barnhart, Consultant, provided an overview of the Q3 re-inspection report describing the minor findings.		
3. Q4 – Block 8 Facilities Inspection – May 25,	Dale Barnhart, Consultant, provided an overview of the Q4		

**HOSPITAL LEASE OVERSIGHT COMMITTEE MEETING
MEETING MINUTES
September 21, 2022**

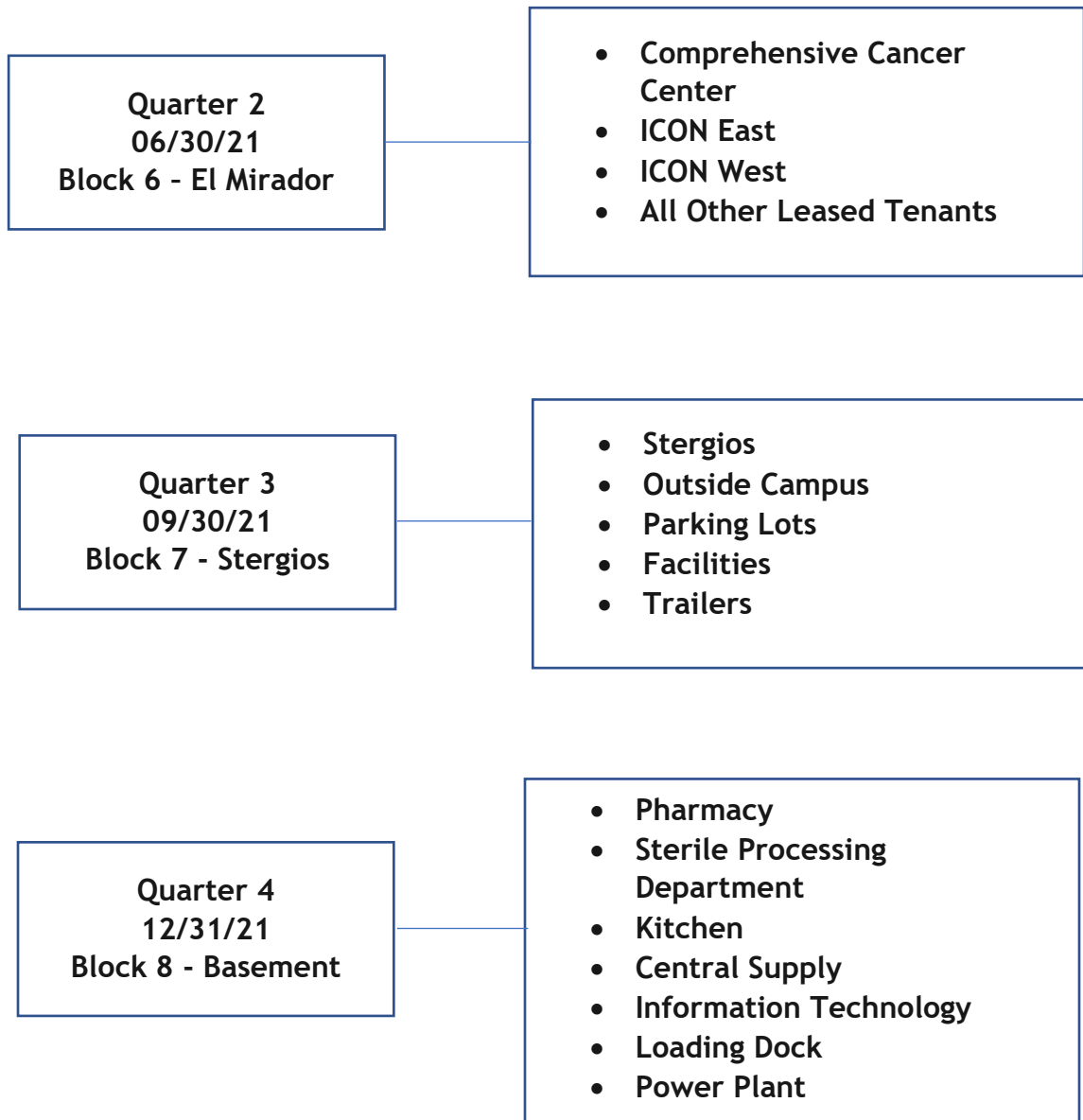
<p>2022, Dale Barnhart, Consultant</p> <p>4. Leapfrog Hospital Safety Grade Presentation, Christine Lagenwalter, MSN, RNC, CENP, Chief Quality Officer, Desert Regional Medical Center</p>	<p>inspection report. The next scheduled inspection will incorporate a re-inspection of the Q4 inspection findings.</p> <p>Christine Lagenwalter, MSN, RNC, CENP, Chief Quality Officer, presented on the most recent Leapfrog Hospital Safety Grade, highlighting the process/structural measures of the survey questions and patient satisfaction measures, outcome measures, and numerical safety grade scores. An additional emphasis of the presentation included a summary of progress, hospital-acquired infections achievements, journey to high-reliability care, such as current initiatives for patient satisfaction and improving survival rates, culture shift, Beta Heart participation, and an overall summary of findings and improvements.</p> <p>The committee and staff discussed the distinction between Desert Regional Medical Center's Leapfrog Safety Grade score and Eisenhower Medical Center's for public messaging and communication.</p>	
<p>VIII. Adjournment</p>	<p>Chair Zavala adjourned the meeting at 12:54 p.m.</p>	<p>Audio recording available on the website at https://www.dhcd.org/Agendas-and-Documents</p>

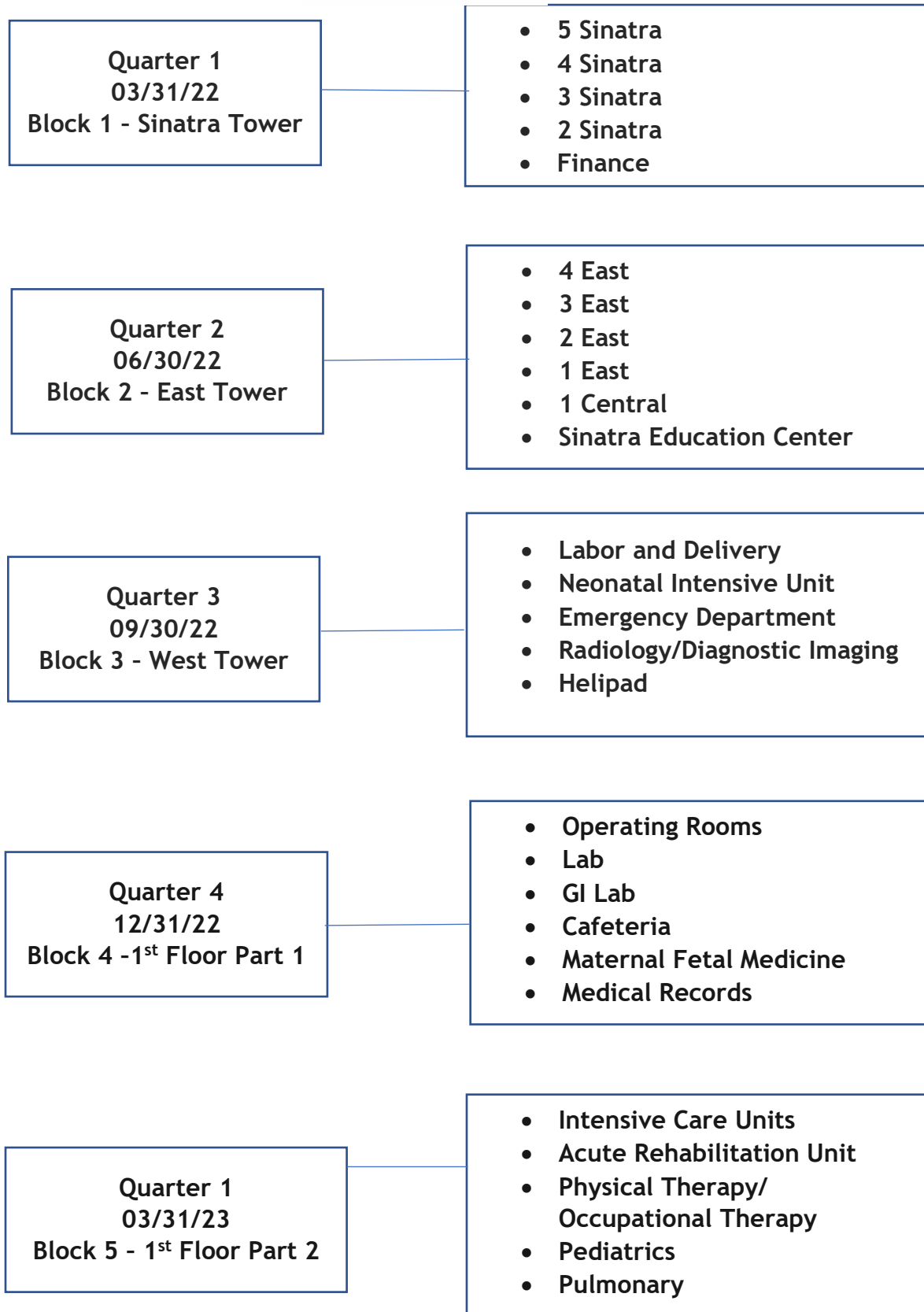
ATTEST: _____
Carmina Zavala, PsyD, Chair/Secretary
Hospital Lease Oversight Committee

Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer



Desert Healthcare District - Hospital Lease Oversight Committee
Desert Regional Medical Center Quarterly Inspection Schedule
2021-2022





TO: CONRADO BARZAGA, M.D., CEO

FROM: DALE BARNHART

SUBJECT: QUARTERLY INSPECTION, MAY 2022

DATE: MAY 27, 2022

CC: CHRIS CHRISTENSEN, CAO
ANDREA HAYLES, SPECIAL ASSISTANT TO CEO

The quarterly facilities inspection was conducted May 25, 2022. The following representatives participated in the inspection:

- Dale Barnhart, Healthcare Facilities Consultant
- Carole Rogers, RN, DHCD Board Director
- Mike Ditoro, DRMC, COO
- Andy Caffrey, DRMC, Market Director Biomedical Engineering and Interim Director Engineering

The inspection included the Power Plant, Kitchen, Loading Dock, SPD, Pharmacy, Materiel Management, Mailroom, PBX, and Information Technology. The inspection findings are listed in the attached report. Also included is the reinspection update for 3rd Quarter 2021 (Block 7).

Please let me know if you have any questions.

REPORTED ITEMS:		
ITEM		RESPONSE
<u>Areas Inspected</u>		
<u>2nd floor - Stergios Building</u>		
21-47	Stained ceiling tile above desk in Jenna's office	11/30/21 – First Reported 5/25/22 – Not Completed
21-48	Water damage above exterior balcony door in Jenna's office	11/30/21 – First Reported 5/25/22 – Not Completed (contractor bid in process)
21-49	Stained ceiling tile above copier in copy room	11/30/21 – First Reported 5/25/22 – Not Completed
21-50	Missing thermostat cover in Andrea's office	11/30/21 – First Reported 5/25/22 – Not Completed
21-51	Missing & damaged laminate on sink cabinet in Conrado's office	11/30/21 – First Reported 5/25/22 – Not Completed
21-52	Stained ceiling above conference table in Conrado's office	11/30/21 – First Reported 5/25/22 – Not Completed
21-53	Blocked electrical panel near entry door to DHCD	11/30/21 – First Reported 5/25/22 – Verified complete
<u>Stergios Tower Stairwell</u>		
21-54	Loose escutcheon ring in storage room	11/30/21 – First Reported 5/25/22 – Not Completed
21-55	Bird droppings in stairwell leading to top of bell tower	11/30/21 – First Reported 5/25/22 – Verified complete
<u>1st floor – Stergios Building</u>		
21-56	Gap around fire sprinkler in exam room #2	11/30/21 – First Reported 5/25/22 – Not Completed
21-57	Loose fire sprinkler cover in Cardiac Rehab office	11/30/21 – First Reported 5/25/22 – Not Completed
21-58	Missing fire sprinkler cover in outside men's restroom	11/30/21 – First Reported 5/25/22 – Not Completed
21-59	Repair toilet in outside women's restroom	11/30/21 – First Reported 5/25/22 – Not Completed
21-60	Water damage to stucco wall between outside men & women's restrooms	11/30/21 – First Reported 5/25/22 – Not Completed (contractor bid in process)

REPORTED ITEMS:		
ITEM		RESPONSE
21-61	Vegetation debris in outside cooling tower across from restrooms	11/30/21 – First Reported 5/25/22 – Not Completed
21-62	Chemical containers not properly stored in outside cooling tower across from restrooms	11/30/21 – First Reported 5/25/22 – Not Completed
<u>Parking Lots</u>		
21-63	Overgrown & dead trees in lot B and F	11/30/21 – First Reported 5/25/22 – Verified complete
21-64	Rusted perimeter fence in temporary lot and lot G	11/30/21 – First Reported 5/25/22 – Not Completed (contractor bid in process)

REPORTED ITEMS:		
ITEM		RESPONSE
<u>Areas Inspected</u>		
<u>Power Plant</u>		
22-01	Missing cover plate in switch gear room	5/25/22 – First Reported
22-02	Paint on fire sprinkler diffuser in restroom next to generator room	5/25/22 – First Reported
22-03	Gap around fire sprinkler escutcheon ring in restroom next to generator room	5/25/22 – First Reported
22-04	Missing cover plate on electrical box behind emergency generator #2	5/25/22 – First Reported
<u>Kitchen</u>		
22-05	Missing escutcheon ring in chef's office door #51	5/25/22 – First Reported
22-06	Rusted HVAC air diffuser in cart cleaning room	5/25/22 – First Reported
22-07	Rusted HVAC air diffuser in dry storage room	5/25/22 – First Reported
22-08	Missing tile in ceiling access panel in bakery area	5/25/22 – First Reported
22-09	Dust accumulation on fire sprinkler in walk-in refrigerator	5/25/22 – First Reported
<u>Loading Dock</u>		
22-10	Dust accumulation on HVAC air diffuser in supervisor's office	5/25/22 – First Reported
22-11	Wire protruding from ceiling in supervisor's office	5/25/22 – First Reported
22-12	Missing escutcheon ring in supervisor's office	5/25/22 – First Reported
22-13	Monthly testing and servicing of emergency shower/eye wash station on the loading dock was not current	5/25/22 – First Reported
<u>Supply, Processing, and Distribution (SPD)</u>		

REPORTED ITEMS:		
ITEM		RESPONSE
22-14	Missing escutcheon ring above train station	5/25/22 – First Reported
22-15	Gap around fire sprinkler escutcheon ring in cart washer equipment room	5/25/22 – First Reported
<u>Pharmacy</u>		
22-16	Gap around two fire sprinkler escutcheon rings in IV storage room	5/25/22 – First Reported
<u>Materiel Management</u>		
No findings identified		
<u>Mailroom</u>		
22-17	Stained ceiling tile near emergency light	5/25/22 – First Reported
22-18	Gap around fire sprinkler escutcheon ring near door	5/25/22 – First Reported
<u>PBX</u>		
No findings identified		
<u>Information Technology</u>		
22-19	Dirty HVAC air diffuser in telecommunications room behind Materiel Management	5/25/22 – First Reported

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JEFFREY G. SCOTT

Of Counsel
JAMES R. DODSON

DATE: September 20, 2022

TO: Board of Directors
Conrado Barzaga, Chief Financial Officer
Chris Christensen, Chief Administrative Officer

FROM: Jeffrey G. Scott, General Counsel

RE: Consideration of Resolutions Requesting the Board of Supervisors Appoint
Directors Rogers, and Director PerezGil to Terms Ending in 2026

Director Rogers (Zone 2) and Director PerezGil (Zone 4) each filed a Declaration of Candidacy in their respective zones for terms ending in 2026. No other individuals filed a Declaration of Candidacy.

Under state law (Elec. Code, § 10515), when this occurs the County Board of Supervisors is required to appoint the respective individuals in each zone who filed a Declaration of Candidacy without an election.

Attached are two separate resolutions, which request that in accordance with the Election Code provisions, the Riverside County Board of Supervisors appoint Directors Rogers, and PerezGil to their new terms ending in 2026. In accordance with Election Code § 10515 the appointed Directors will take office and serve exactly as if elected at the November 8, 2022, election.

It is requested that the Board approve the attached resolutions.

RESOLUTION NO. 22-21

**RESOLUTION OF THE BOARD OF DIRECTORS
OF THE DESERT HEALTHCARE DISTRICT
REQUESTING THAT THE BOARD OF SUPERVISORS
OF RIVERSIDE COUNTY APPOINT EVETT PEREZGIL TO FILL
THE TERM OF DIRECTOR FOR ZONE 4 ENDING IN 2026**

WHEREAS, an election to fill the office of director for Zone 4 for the term ending in the year 2026 of the DESERT HEALTHCARE DISTRICT was to be held on November 8, 2022; and

WHEREAS, on the eighty-third (83rd) day prior to the election, only one person, EVETT PEREZGIL, filed a Declaration of Candidacy for the office of Board of Directors for Zone 4 for the term ending in the year 2026; and

WHEREAS, section 10515 of the Elections Code of the State of California provides that under the attendant circumstances the Board of Supervisors of Riverside County shall appoint as Director that person who has filed a Declaration of Candidacy to fill the office of Board of Directors without an election.

NOW, THEREFORE, the Board of Directors of the DESERT HEALTHCARE DISTRICT does hereby resolve and order as follows:

Section 1: The Board of Directors finds that the General Election of the Director of Zone 4 for the terms ending in the year 2026 is hereby canceled.

Section 2: The Board of Directors finds that EVETT PEREZGIL is the only person who has filed a Declaration of Candidacy for the office of Director for Zone 4.

Section 3: The Board of Directors hereby requests that the Board of Supervisors for the County of Riverside, California, pursuant to the provisions of Elections Code section 10515, appoint EVETT PEREZGIL as Director of Zone 4 for the term ending in the year 2026.

Section 4: The Secretary of the DESERT HEALTHCARE DISTRICT is directed to deliver forthwith a certified copy of this resolution to the Registrar of Voters for the County of Riverside, California, and a certified copy to the Clerk of the Board of Supervisors for the County of Riverside, California.

Section 5: This resolution shall be made a part of the minutes of this meeting.

PASSED, ADOPTED, AND APPROVED by the Board of Directors of the
DESERT HEALTHCARE DISTRICT at a regular meeting held on September 27, 2022,
by the following vote:

AYES: Directors_____

NOES: Directors_____

ABSTAIN: Directors_____

ABSENT: Directors_____

KAREN BORJA, President
Board of Directors

ATTEST:

CARMINA ZAVALA, PsyD, Secretary
Board of Directors

STATE OF CALIFORNIA)
)ss.
COUNTY OF RIVERSIDE)

I, CARMINA ZAVALA, Secretary of the DESERT HEALTHCARE DISTRICT, DO HEREBY CERTIFY that the foregoing is a true copy of Resolution No. 22-21, adopted by the Board of Directors of the DESERT HEALTHCARE DISTRICT at a regular meeting of the Board of Directors held on September 27, 2022, which Resolution is a part of the official records of the DESERT HEALTHCARE DISTRICT.

Dated:_____

CARMINA ZAVALA, PsyD, Secretary

RESOLUTION NO. 22-22

**RESOLUTION OF THE BOARD OF DIRECTORS
OF THE DESERT HEALTHCARE DISTRICT
REQUESTING THAT THE BOARD OF SUPERVISORS
OF RIVERSIDE COUNTY APPOINT CAROLE ROGERS TO FILL
THE TERM OF DIRECTOR FOR ZONE 2 ENDING IN 2026**

WHEREAS, an election to fill the office of director for Zone 2 for the term ending in the year 2026 of the DESERT HEALTHCARE DISTRICT was to be held on November 8, 2022; and

WHEREAS, on the eighty-third (83rd) day prior to the election, only one person, CAROLE ROGERS, filed a Declaration of Candidacy for the office of Board of Directors for Zone 2 for the term ending in the year 2026; and

WHEREAS, section 10515 of the Elections Code of the State of California provides that under the attendant circumstances the Board of Supervisors of Riverside County shall appoint as Director that person who has filed a Declaration of Candidacy to fill the office of Board of Directors without an election.

NOW, THEREFORE, the Board of Directors of the DESERT HEALTHCARE DISTRICT does hereby resolve and order as follows:

Section 1: The Board of Directors finds that the General Election of the Director of Zone 2 for the terms ending in the year 2026 is hereby canceled.

Section 2: The Board of Directors finds that CAROLE ROGERS is the only person who has filed a Declaration of Candidacy for the office of Director for Zone 2.

Section 3: The Board of Directors hereby requests that the Board of Supervisors for the County of Riverside, California, pursuant to the provisions of Elections Code section 10515, appoint CAROLE ROGERS as Director of Zone 2 for the term ending in the year 2026.

Section 4: The Secretary of the DESERT HEALTHCARE DISTRICT is directed to deliver forthwith a certified copy of this resolution to the Registrar of Voters for the County of Riverside, California, and a certified copy to the Clerk of the Board of Supervisors for the County of Riverside, California.

Section 5: This resolution shall be made a part of the minutes of this meeting.

PASSED, ADOPTED, AND APPROVED by the Board of Directors of the
DESERT HEALTHCARE DISTRICT at a regular meeting held on September 27, 2022,
by the following vote:

AYES: Directors_____

NOES: Directors_____

ABSTAIN: Directors_____

ABSENT: Directors_____

KAREN BORJA, President
Board of Directors

ATTEST:

CARMINA ZAVALA, PsyD, Secretary
Board of Directors

STATE OF CALIFORNIA)
)ss.
COUNTY OF RIVERSIDE)

I, CARMINA ZAVALA, Secretary of the DESERT HEALTHCARE DISTRICT,
DO HEREBY CERTIFY that the foregoing is a true copy of Resolution No. 22-22,
adopted by the Board of Directors of the DESERT HEALTHCARE DISTRICT at a
special meeting of the Board of Directors held on September 27, 2022, which Resolution
is a part of the official records of the DESERT HEALTHCARE DISTRICT.

Dated:_____

CARMINA ZAVALA, PsyD, Secretary

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JEFFREY G. SCOTT

Of Counsel
JAMES R. DODSON

DATE: September 19, 2022

TO: Board of Directors
Conrado Barzaga, Chief Executive Officer
Chris Christensen, Chief Administrative Officer

FROM: Jeffrey G. Scott, General Counsel

RE: Biennial Conflict of Interest Code Update 2022

State law requires that in every even number year the District's Conflict of Interest Code needs to be reviewed and updated if necessary. The District adheres to the State model Conflict of Interest Code as provided in the California Code of Regulations. This year's code has been reviewed by our office and the changes are reflected in the redline version attached.

The recommended changes are in the attached redline version and include:

- Revisions to the Board Approval date and
- The Designated Staff section has been revised to reflect the current organization chart
- Also, for the Board's information, the prohibition on Gifts in section 8.1 of the State model code has been raised from \$500 to \$520

It is requested that the Board adopt Resolution 22-23 approving the 2022 Amended Code.

2022 Conflict of Interest Code Biennial Notice Instructions for Local Agencies

The Political Reform Act requires every local government agency to review its conflict of interest code biennially. A conflict of interest code tells public officials, governmental employees, and consultants what financial interests they must disclose on their Statement of Economic Interests (Form 700).

By **July 1, 2022**: The code reviewing body must notify agencies and special districts within its jurisdiction to review their conflict of interest codes.

By **October 3, 2022**: The biennial notice must be filed with the agency's code reviewing body.

The FPPC has prepared a 2022 Local Agency Biennial Notice form for local agencies to complete or send to agencies within its jurisdiction to complete before submitting to the code reviewing body. The City Council is the code reviewing body for city agencies. The County Board of Supervisors is the code reviewing body for county agencies and any other local government agency whose jurisdiction is determined to be solely within the county (e.g., school districts, including certain charter schools). The FPPC is the code reviewing body for any agency with jurisdiction in **more than one county** and will contact them.

The Local Agency Biennial Notice is not forwarded to the FPPC.

If amendments to an agency's conflict of interest code are necessary, the amended code must be forwarded to the code reviewing body for approval within 90 days. An agency's amended code is not effective until it has been approved by the code reviewing body.

If you answer yes, to any of the questions below, your agency's code probably needs to be amended.

- Is the current code more than five years old?
- Have there been any substantial changes to the agency's organizational structure since the last code was approved?
- Have any positions been eliminated or re-named since the last code was approved?
- Have any new positions been added since the last code was approved?
- Have there been any substantial changes in duties or responsibilities for any positions since the last code was approved?

If you have any questions or are still not sure if you should amend your agency's conflict of interest code, please contact the FPPC. Additional information including an online webinar regarding how to amend a conflict of interest code is available on [FPPC's website](https://www.fppc.ca.gov).

2022 Local Agency Biennial Notice

Name of Agency: _____

Mailing Address: _____

Contact Person: _____ Phone No. _____

Email: _____ Alternate Email: _____

Accurate disclosure is essential to monitor whether officials have conflicts of interest and to help ensure public trust in government. The biennial review examines current programs to ensure that the agency's code includes disclosure by those agency officials who make or participate in making governmental decisions.

This agency has reviewed its conflict of interest code and has determined that (*check one BOX*):

☐ **An amendment is required. The following amendments are necessary:**

(*Check all that apply.*)

- ☐ Include new positions
- ☐ Revise disclosure categories
- ☐ Revise the titles of existing positions
- ☐ Delete titles of positions that have been abolished and/or positions that no longer make or participate in making governmental decisions
- ☐ Other (*describe*) _____

☐ **The code is currently under review by the code reviewing body.**

☐ **No amendment is required.** (If your code is over five years old, amendments may be necessary.)

Verification (to be completed if no amendment is required)

This agency's code accurately designates all positions that make or participate in the making of governmental decisions. The disclosure assigned to those positions accurately requires that all investments, business positions, interests in real property, and sources of income that may foreseeably be affected materially by the decisions made by those holding designated positions are reported. The code includes all other provisions required by Government Code Section 87302.

Signature of Chief Executive Officer

Date

All agencies must complete and return this notice regardless of how recently your code was approved or amended. Please return this notice no later than **October 3, 2022**, or by the date specified by your agency, if earlier, to:

(*PLACE RETURN ADDRESS OF CODE REVIEWING BODY HERE*)

PLEASE DO NOT RETURN THIS FORM TO THE FPPC.



POLICY TITLE: CONFLICT OF INTEREST CODE

POLICY NUMBER: BOD-15*

REVISED DATE: ~~08/25/2020~~ 09/27/2022

BOARD APPROVAL DATE: ~~09/27/2020~~
01/23/2018
03/28/2017

Resolution #~~20-0423~~ 08/25/2020 09/27/22

POLICY: CONFLICT OF INTEREST CODE

Policy #BOD-15: It is the policy of the Desert Healthcare District ("District") to ensure complete transparency and follow The Political Reform Act which requires all public agencies to adopt and maintain a conflict of interest code establishing the rules for disclosure of personal assets and the disqualification from making or participating in the making of any decisions that may affect any personal asset. The California Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730, hereinafter "Regulation") which contains the terms of a standard Conflict of Interest Code which can be incorporated by reference and may be amended by the Fair Political Practices Commission ("FPPC") after public notice and hearings to conform to amendments in the Political Reform Act. The Regulation further provides that incorporation of its terms by reference along with the designation of employees and the formulation of disclosure categories by the District shall constitute the adoption and promulgation of a conflict of interest code within the meaning of Government Code Section 87300 or the amendment of a conflict of interest code within the meaning of Government Code Section 87307. Therefore, the terms of the Regulation and any amendments to it, duly adopted by the Fair Political Practices Commission, are hereby incorporated by reference, as augmented herein, as the Conflict of Interest Code of the District.

A public official at any level of state or local government has a prohibited conflict of interest and may not make, participate in making, or in any way use or attempt to use ~~his or her~~ their official position to influence a governmental decision when ~~he or she~~ they knows or ~~has~~ have reason to know ~~he or she~~ they ~~has~~ have a disqualifying financial interest. A financial interest can exist when the decision impacts the official's personal financial interests or the financial interests of a source of income to the official. A financial interest can also exist when the decision impacts an asset or investment of the public official's, or a business entity in which the public official is associated by ownership, officer status, or employment. It is the responsibility of each Board member and officer of the District to

Policy #BOD-15 Page 1 of 15



identify any conflicts of interest, actual or potential, that they may have in a decision to be made or an action to be taken by the District. If a Board member or officer becomes aware of an actual or potential conflict of interest, ~~he or she~~ they shall promptly disclose the conflict or potential conflict to the Board President and/or, the District CEO, ~~or and~~ seek legal counsel's advice if a perceived conflict may be present. The Board member shall not participate in the subject matter of the conflict, or shall have the matter assessed by legal counsel, or shall seek the advice of the FPPC.

GUIDELINES:

1. The Board of Directors are mandated to file the California Fair Political Practices Commission Form 700 disclosure statements (Form 700) under Government Code Section 87200 et seq. (Regulations 18730(b)(3).
2. The following designated staff positions and committee members are governed by the Conflict of Interest Code (Resolutions #~~220-0423~~) and must file the Form 700 designated categories as listed for each position:

<u>Designated Positions</u>	<u>Disclosure Categories</u>
Chief Executive Officer	1, 2
Chief Administration Officer	<u>1, 2</u>
<u>Chief of Community Engagement</u>	<u>1, 2</u>
Chief Program Officer	1, 2
Senior Program Officer, <u>Public Health</u>	<u>4, 5</u>
<u>Senior Program Officer, Behavioral Health</u>	<u>4, 5</u>
<u>Senior Development Officer</u>	<u>4, 5</u>
<u>Program Officer & Outreach Director</u>	<u>4, 5</u>
General Counsel	1, 2
Members of Board Committees & Consultants	
Program Committee & Finance Committee	5
Consultants and New Positions	See *

*Individuals providing services as a Consultant defined in Regulation 18701 or in a new position created since this Code was last approved that makes or participates in making decisions shall disclose pursuant to the broadest disclosure category in this Code subject to the following limitation:

The Chief Executive Officer may determine that, due to the range of duties or contractual obligations, it is more appropriate to assign a limited disclosure requirement. A clear explanation of the duties and a statement of the extent of the disclosure requirements must be in a written document. (Gov. Code Sec. 82019; FPPC Regulations 18219 and 18734.) The Chief Executive Officer's determination is a public record and shall be retained for public inspection in the same manner and location as this Conflict of Interest Code. (Gov. Code Sec. 81008.)



2.1 The disclosure categories listed below identify the types of economic interests that the designated position must disclose for each disclosure category to which ~~he or she~~they is-are assigned.³ Such economic interests are reportable if they are either located in or doing business in the jurisdiction, are planning to do business in the jurisdiction, or have done business during the previous two (2) years in the jurisdiction of the District.

Category 1: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that are located in, that do business in or own real property within the jurisdiction of the District.

Category 2: All interests in real property which is located in whole or in part within, or not more than two (2) miles outside, the jurisdiction of the District.

Category 3: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that provide services, products, materials, machinery, vehicles, or equipment of a type purchased or leased by the District.

Category 4: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that provide services, products, materials, machinery, vehicles, or equipment of a type purchased or leased by the designated position's department, unit or division.

Category 5: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, or income from a nonprofit organization" if the source is of the type to receive grants or other monies from or through the District.

2.2 The Conflict of Interest Code does not require the reporting of gifts from outside the agency's jurisdiction if the source does not have some connection with or bearing upon the functions or duties of the position.

3. All officials and designated positions required to submit a statement of economic interests shall file their statements with the Special Assistant to the CEO/Board Relations Officer as the District's Filing Officer. The Special Assistant to the CEO/Board Relations Officer shall make and retain a copy of all statements filed by members of the Board of Directors and the Chief Executive Officer and forward the originals of such statements to the Clerk of the Board of Supervisors of the County of Riverside. The Special Assistant to the CEO/Board Relations Officer shall retain the originals of the statements filed by all other officials and designated positions and make all statements available for public inspection and reproduction during regular business hours.



4. The Conflict of Interest Code will be amended when necessitated by changed circumstances which include the need to designate new positions or revise disclosure categories.

**Regulations of the Fair Political Practices Commission,
Title 2, Division 6, California Code of Regulations**

§ 18730 Provisions of Conflict of Interest Codes

(a) Incorporation by reference of the terms of this regulation along with the designation of employees and the formulation of disclosure categories in the Guidelines referred to above constitute the adoption and promulgation of a conflict of interest code within the meaning of Section 87300 or the amendment of a conflict of interest code within the meaning of Section 87306 if the terms of this regulation are substituted for terms of a conflict of interest code already in effect. A code so amended or adopted and promulgated requires the reporting of reportable items in a manner substantially equivalent to the requirements of Article 2 of Chapter 7 of the Political Reform Act, Sections 81000, et seq. The requirements of a conflict of interest code are in addition to other requirements of the Political Reform Act, such as the general prohibition against conflicts of interest contained in Section 87100, and to other state or local laws pertaining to conflicts of interest.

(b) The terms of a conflict of interest code amended or adopted and promulgated pursuant to this regulation are as follows:

(1) Definitions.

The definitions contained in the Political Reform Act of 1974, regulations of the Fair Political Practices Commission (Regulations, §§ 18110, et seq.), and any amendments to the Act or regulations, are incorporated by reference into this conflict of interest code.

(2) Designated Employees.

The persons holding positions listed in the Appendix are designated employees. It has been determined that these persons make or participate in the making of decisions which may foreseeably have a material effect on economic interests.

(3) Disclosure Categories.

This code does not establish any disclosure obligation for those designated employees who are also specified in Section 87200 if they are

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designated in this code in that same capacity or if the geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction in which those persons must report their economic interests pursuant to article 2 of chapter 7 of the Political Reform Act, Sections 87200, et seq.

In addition, this code does not establish any disclosure obligation for any designated employees who are designated in a conflict of interest code for another agency, if all of the following apply:

(A) The geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction of the other agency;

(B) The disclosure assigned in the code of the other agency is the same as that required under article 2 of chapter 7 of the Political Reform Act, Section 87200; and

(C) The filing officer is the same for both agencies.⁽¹⁾

Such persons are covered by this code for disqualification purposes only. With respect to all other designated employees, the disclosure categories set forth in the Appendix specify which kinds of economic interests are reportable. Such a designated employee shall disclose in his or her statement of economic interests those economic interests he or she has which are of the kind described in the disclosure categories to which he or she is assigned in the Appendix. It has been determined that the economic interests set forth in a designated employee's disclosure categories are the kinds of economic interests which he or she foreseeably can affect materially through the conduct of his or her office.

(4) Statements of Economic Interests: Place of Filing.

The code reviewing body shall instruct all designated employees within its code to file statements of economic interests with the agency or with the code reviewing body, as provided by the code reviewing body in the agency's conflict of interest code.⁽²⁾

(5) Statements of Economic Interests: Time of Filing.

(A) Initial Statements. All designated employees employed by the agency on the effective date of this code, as originally adopted, promulgated and approved by the code reviewing body, shall file statements within 30 days after the effective date of this code. Thereafter, each person already in a position when it is designated by an amendment to this code shall file an initial statement within 30 days after the effective date of the amendment.

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(B) Assuming Office Statements. All persons assuming designated positions after the effective date of this code shall file statements within 30 days after assuming the designated positions, or if subject to State Senate confirmation, 30 days after being nominated or appointed.

(C) Annual Statements. All designated employees shall file statements no later than April 1. If a person reports for military service as defined in the Servicemember's Civil Relief Act, the deadline for the annual statement of economic interests is 30 days following his or her return to office, provided the person, or someone authorized to represent the person's interests, notifies the filing officer in writing prior to the applicable filing deadline that he or she is subject to that federal statute and is unable to meet the applicable deadline, and provides the filing officer verification of his or her military status.

(D) Leaving Office Statements. All persons who leave designated positions shall file statements within 30 days after leaving office.

(5.5) Statements for Persons Who Resign Prior to Assuming Office.

Any person who resigns within 12 months of initial appointment, or within 30 days of the date of notice provided by the filing officer to file an assuming office statement, is not deemed to have assumed office or left office, provided he or she did not make or participate in the making of, or use his or her position to influence any decision and did not receive or become entitled to receive any form of payment as a result of his or her appointment. Such persons shall not file either an assuming or leaving office statement.

(A) Any person who resigns a position within 30 days of the date of a notice from the filing officer shall do both of the following:

(1) File a written resignation with the appointing power; and

(2) File a written statement with the filing officer declaring under penalty of perjury that during the period between appointment and resignation he or she did not make, participate in the making, or use the position to influence any decision of the agency or receive, or become entitled to receive, any form of payment by virtue of being appointed to the position.

(6) Contents of and Period Covered by Statements of Economic Interests.



(A) Contents of Initial Statements. Initial statements shall disclose any reportable investments, interests in real property and business positions held on the effective date of the code and income received during the 12 months prior to the effective date of the code.

(B) Contents of Assuming Office Statements. Assuming office statements shall disclose any reportable investments, interests in real property and business positions held on the date of assuming office or, if subject to State Senate confirmation or appointment, on the date of nomination, and income received during the 12 months prior to the date of assuming office or the date of being appointed or nominated, respectively.

(C) Contents of Annual Statements. Annual statements shall disclose any reportable investments, interests in real property, income and business positions held or received during the previous calendar year provided, however, that the period covered by an employee's first annual statement shall begin on the effective date of the code or the date of assuming office whichever is later, or for a board or commission member subject to Section 87302.6, the day after the closing date of the most recent statement filed by the member pursuant to Regulation 18754.

(D) Contents of Leaving Office Statements. Leaving office statements shall disclose reportable investments, interests in real property, income and business positions held or received during the period between the closing date of the last statement filed and the date of leaving office.

(7) Manner of Reporting.

Statements of economic interests shall be made on forms prescribed by the Fair Political Practices Commission and supplied by the agency, and shall contain the following information:

(A) Investment and Real Property Disclosure. When an investment or an interest in real property⁽³⁾ is required to be reported,⁽⁴⁾ the statement shall contain the following:

1. A statement of the nature of the investment or interest;
2. The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged;
3. The address or other precise location of the real property;



4. A statement whether the fair market value of the investment or interest in real property equals or exceeds \$2,000, exceeds \$10,000, exceeds \$100,000, or exceeds \$1,000,000.

(B) Personal Income Disclosure. When personal income is required to be reported,⁽⁵⁾ the statement shall contain:

1. The name and address of each source of income aggregating \$520 or more in value, or \$50 or more in value if the income was a gift, and a general description of the business activity, if any, of each source;

2. A statement whether the aggregate value of income from each source, or in the case of a loan, the highest amount owed to each source, was \$1,000 or less, greater than \$1,000, greater than \$10,000, or greater than \$100,000;

3. A description of the consideration, if any, for which the income was received;

4. In the case of a gift, the name, address and business activity of the donor and any intermediary through which the gift was made; a description of the gift; the amount or value of the gift; and the date on which the gift was received;

5. In the case of a loan, the annual interest rate and the security, if any, given for the loan and the term of the loan.

(C) Business Entity Income Disclosure. When income of a business entity, including income of a sole proprietorship, is required to be reported,⁽⁶⁾ the statement shall contain:

1. The name, address, and a general description of the business activity of the business entity;

2. The name of every person from whom the business entity received payments if the filer's pro rata share of gross receipts from such person was equal to or greater than \$10,000.

(D) Business Position Disclosure. When business positions are required to be reported, a designated employee shall list the name and address of each business entity in which he or she is a director, officer, partner, trustee, employee, or in which he or she holds any position of management, a description of the business activity in which the business entity is engaged, and the designated employee's position with the business entity.



(E) Acquisition or Disposal During Reporting Period. In the case of an annual or leaving office statement, if an investment or an interest in real property was partially or wholly acquired or disposed of during the period covered by the statement, the statement shall contain the date of acquisition or disposal.

(8) Prohibition on Receipt of Honoraria.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept any honorarium from any source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests.

(B) This section shall not apply to any part-time member of the governing board of any public institution of higher education, unless the member is also an elected official.

(C) Subdivisions (a), (b), and (c) of Section 89501 shall apply to the prohibitions in this section.

(D) This section shall not limit or prohibit payments, advances, or reimbursements for travel and related lodging and subsistence authorized by Section 89506.

(8.1) Prohibition on Receipt of Gifts in Excess of \$520.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept gifts with a total value of more than \$520 in a calendar year from any single source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests.

(B) This section shall not apply to any part-time member of the governing board of any public institution of higher education, unless the member is also an elected official.

(C) Subdivisions (e), (f), and (g) of Section 89503 shall apply to the prohibitions in this section.

(8.2) Section 8.2. Loans to Public Officials.



(A) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the elected officer holds office or over which the elected officer's agency has direction and control.

(B) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the public official holds office or over which the public official's agency has direction and control. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(C) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status.

(D) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(E) This section shall not apply to the following:

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1. Loans made to the campaign committee of an elected officer or candidate for elective office.

2. Loans made by a public official's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such persons, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.

3. Loans from a person which, in the aggregate, do not exceed \$520 at any given time.

4. Loans made, or offered in writing, before January 1, 1998.

(8.3) Loan Terms.

(A) Except as set forth in subdivision (B), no elected officer of a state or local government agency shall, from the date of his or her election to office through the date he or she vacates office, receive a personal loan of \$520 or more, except when the loan is in writing and clearly states the terms of the loan, including the parties to the loan agreement, date of the loan, amount of the loan, term of the loan, date or dates when payments shall be due on the loan and the amount of the payments, and the rate of interest paid on the loan.

(B) This section shall not apply to the following types of loans:

1. Loans made to the campaign committee of the elected officer.

2. Loans made to the elected officer by his or her spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.

3. Loans made, or offered in writing, before January 1, 1998.

(C) Nothing in this section shall exempt any person from any other provision of Title 9 of the Government Code.

(8.4) Personal Loans.



(A) Except as set forth in subdivision (B), a personal loan received by any designated employee shall become a gift to the designated employee for the purposes of this section in the following circumstances:

1. If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.
2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:
 - a. The date the loan was made.
 - b. The date the last payment of \$100 or more was made on the loan.
 - c. The date upon which the debtor has made payments on the loan aggregating to less than \$250 during the previous 12 months.

(B) This section shall not apply to the following types of loans:

1. A loan made to the campaign committee of an elected officer or a candidate for elective office.
2. A loan that would otherwise not be a gift as defined in this title.
3. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor has taken reasonable action to collect the balance due.
4. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor, based on reasonable business considerations, has not undertaken collection action. Except in a criminal action, a creditor who claims that a loan is not a gift on the basis of this paragraph has the burden of proving that the decision for not taking collection action was based on reasonable business considerations.
5. A loan made to a debtor who has filed for bankruptcy and the loan is ultimately discharged in bankruptcy.

(C) Nothing in this section shall exempt any person from any other provisions of Title 9 of the Government Code.

(9) Disqualification.

No designated employee shall make, participate in making, or in any way attempt to use his or her official position to influence the making of any governmental decision which he or she knows or has reason to know will have a reasonably foreseeable material financial effect, distinguishable from its effect on



the public generally, on the official or a member of his or her immediate family or on:

(A) Any business entity in which the designated employee has a direct or indirect investment worth \$2,000 or more;

(B) Any real property in which the designated employee has a direct or indirect interest worth \$2,000 or more;

(C) Any source of income, other than gifts and other than loans by a commercial lending institution in the regular course of business on terms available to the public without regard to official status, aggregating \$520 or more in value provided to, received by or promised to the designated employee within 12 months prior to the time when the decision is made;

(D) Any business entity in which the designated employee is a director, officer, partner, trustee, employee, or holds any position of management; or

(E) Any donor of, or any intermediary or agent for a donor of, a gift or gifts aggregating \$520 or more provided to, received by, or promised to the designated employee within 12 months prior to the time when the decision is made.

(9.3) Legally Required Participation.

No designated employee shall be prevented from making or participating in the making of any decision to the extent his or her participation is legally required for the decision to be made. The fact that the vote of a designated employee who is on a voting body is needed to break a tie does not make his or her participation legally required for purposes of this section.

(9.5) Disqualification of State Officers and Employees.

In addition to the general disqualification provisions of section 9, no state administrative official shall make, participate in making, or use his or her official position to influence any governmental decision directly relating to any contract where the state administrative official knows or has reason to know that any party to the contract is a person with whom the state administrative official, or any member of his or her immediate family has, within 12 months prior to the time when the official action is to be taken:



(A) Engaged in a business transaction or transactions on terms not available to members of the public, regarding any investment or interest in real property; or,

(B) Engaged in a business transaction or transactions on terms not available to members of the public regarding the rendering of goods or services totaling in value \$1,000 or more.

(10) Disclosure of Disqualifying Interest.

When a designated employee determines that he or she should not make a governmental decision because he or she has a disqualifying interest in it, the determination not to act may be accompanied by disclosure of the disqualifying interest.

(11) Assistance of the Commission and Counsel.

Any designated employee who is unsure of his or her duties under this code may request assistance from the Fair Political Practices Commission pursuant to Section 83114 and Regulations 18329 and 18329.5 or from the attorney for his or her agency, provided that nothing in this section requires the attorney for the agency to issue any formal or informal opinion.

(12) Violations.

This code has the force and effect of law. Designated employees violating any provision of this code are subject to the administrative, criminal and civil sanctions provided in the Political Reform Act, Sections 81000-91014. In addition, a decision in relation to which a violation of the disqualification provisions of this code or of Section 87100 or 87450 has occurred may be set aside as void pursuant to Section 91003.

(1) Designated employees who are required to file statements of economic interests under any other agency's conflict of interest code, or under article 2 for a different jurisdiction, may expand their statement of economic interests to cover reportable interests in both jurisdictions, and file copies of this expanded statement with both entities in lieu of filing separate and distinct statements, provided that each copy of such expanded statement filed in place of an original is signed and verified by the designated employee as if it were an original. See Government Code Section 81004.

(2) See Section 81010 and Regulation 18115 for the duties of filing officers and persons in agencies who make and retain copies of statements and forward the originals to the filing officer.

(3) For the purpose of disclosure only (not disqualification), an interest in real property does not include the principal residence of the filer.



(4) Investments and interests in real property which have a fair market value of less than \$2,000 are not investments and interests in real property within the meaning of the Political Reform Act. However, investments or interests in real property of an individual include those held by the individual's spouse and dependent children as well as a pro rata share of any investment or interest in real property of any business entity or trust in which the individual, spouse and dependent children own, in the aggregate, a direct, indirect or beneficial interest of 10 percent or greater.

(5) A designated employee's income includes his or her community property interest in the income of his or her spouse but does not include salary or reimbursement for expenses received from a state, local or federal government agency.

(6) Income of a business entity is reportable if the direct, indirect or beneficial interest of the filer and the filer's spouse in the business entity aggregates a 10 percent or greater interest. In addition, the disclosure of persons who are clients or customers of a business entity is required only if the clients or customers are within one of the disclosure categories of the filer.



POLICY TITLE:	CONFLICT OF INTEREST CODE
POLICY NUMBER:	BOD-15*
REVISED DATE:	9/27/2022
BOARD APPROVAL DATE:	09/27/2022 01/23/2018 03/28/2017 9/27/22

Resolution #22-23

POLICY: CONFLICT OF INTEREST CODE

Policy #BOD-15: It is the policy of the Desert Healthcare District (“District”) to ensure complete transparency and follow The Political Reform Act which requires all public agencies to adopt and maintain a conflict of interest code establishing the rules for disclosure of personal assets and the disqualification from making or participating in the making of any decisions that may affect any personal asset. The California Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730, hereinafter “Regulation”) which contains the terms of a standard Conflict of Interest Code which can be incorporated by reference and may be amended by the Fair Political Practices Commission (“FPPC”) after public notice and hearings to conform to amendments in the Political Reform Act. The Regulation further provides that incorporation of its terms by reference along with the designation of employees and the formulation of disclosure categories by the District shall constitute the adoption and promulgation of a conflict of interest code within the meaning of Government Code Section 87300 or the amendment of a conflict of interest code within the meaning of Government Code Section 87307. Therefore, the terms of the Regulation and any amendments to it, duly adopted by the Fair Political Practices Commission, are hereby incorporated by reference, as augmented herein, as the Conflict of Interest Code of the District.

A public official at any level of state or local government has a prohibited conflict of interest and may not make, participate in making, or in any way use or attempt to use their official position to influence a governmental decision when they know or have reason to know they have a disqualifying financial interest. A financial interest can exist when the decision impacts the official’s personal financial interests or the financial interests of a source of income to the official. A financial interest can also exist when the decision impacts an asset or investment of the public official’s, or a business entity in which the public official is associated by ownership, officer status, or employment. It is the responsibility of each Board member and officer of the District to identify any conflicts of

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interest, actual or potential, that they may have in a decision to be made or an action to be taken by the District. If a Board member or officer becomes aware of an actual or potential conflict of interest, they shall promptly disclose the conflict or potential conflict to the Board President and/or, the District CEO, and seek legal counsel's advice if a perceived conflict may be present. The Board member shall not participate in the subject matter of the conflict, or shall have the matter assessed by legal counsel, or shall seek the advice of the FPPC.

GUIDELINES:

1. The Board of Directors are mandated to file the California Fair Political Practices Commission Form 700 disclosure statements (Form 700) under Government Code Section 87200 et seq. (Regulations 18730(b)(3).
2. The following designated staff positions and committee members are governed by the Conflict of Interest Code (Resolutions #22-23) and must file the Form 700 designated categories as listed for each position:

<u>Designated Positions</u>	<u>Disclosure Categories</u>
Chief Executive Officer	1, 2
Chief Administration Officer	1, 2
Chief of Community Engagement	1, 2
Chief Program Officer	1, 2
Senior Program Officer, Public Health	4, 5
Senior Program Officer, Behavioral Health	4,5
General Counsel	1, 2
Members of Board Committees & Consultants	
Program Committee & Finance Committee	5
Consultants and New Positions	See *

*Individuals providing services as a Consultant defined in Regulation 18701 or in a new position created since this Code was last approved that makes or participates in making decisions shall disclose pursuant to the broadest disclosure category in this Code subject to the following limitation:

The Chief Executive Officer may determine that, due to the range of duties or contractual obligations, it is more appropriate to assign a limited disclosure requirement. A clear explanation of the duties and a statement of the extent of the disclosure requirements must be in a written document. (Gov. Code Sec. 82019; FPPC Regulations 18219 and 18734.) The Chief Executive Officer's determination is a public record and shall be retained for public inspection in the same manner and location as this Conflict of Interest Code. (Gov. Code Sec. 81008.)



2.1 The disclosure categories listed below identify the types of economic interests that the designated position must disclose for each disclosure category to which they are assigned. Such economic interests are reportable if they are either located in or doing business in the jurisdiction, are planning to do business in the jurisdiction, or have done business during the previous two (2) years in the jurisdiction of the District.

Category 1: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that are located in, that do business in or own real property within the jurisdiction of the District.

Category 2: All interests in real property which is located in whole or in part within, or not more than two (2) miles outside, the jurisdiction of the District.

Category 3: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that provide services, products, materials, machinery, vehicles, or equipment of a type purchased or leased by the District.

Category 4: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that provide services, products, materials, machinery, vehicles, or equipment of a type purchased or leased by the designated position's department, unit or division.

Category 5: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, or income from a nonprofit organization" if the source is of the type to receive grants or other monies from or through the District.

2.2 The Conflict of Interest Code does not require the reporting of gifts from outside the agency's jurisdiction if the source does not have some connection with or bearing upon the functions or duties of the position.

3. All officials and designated positions required to submit a statement of economic interests shall file their statements with the Special Assistant to the CEO/Board Relations Officer as the District's Filing Officer. The Special Assistant to the CEO/Board Relations Officer shall make and retain a copy of all statements filed by members of the Board of Directors and the Chief Executive Officer and forward the originals of such statements to the Clerk of the Board of Supervisors of the County of Riverside. The Special Assistant to the CEO/Board Relations Officer shall retain the originals of the statements filed by all other officials and designated positions and make all statements available for public inspection and reproduction during regular business hours.



4. The Conflict of Interest Code will be amended when necessitated by changed circumstances which include the need to designate new positions or revise disclosure categories.

**Regulations of the Fair Political Practices Commission,
Title 2, Division 6, California Code of Regulations**

§ 18730 Provisions of Conflict of Interest Codes

(a) Incorporation by reference of the terms of this regulation along with the designation of employees and the formulation of disclosure categories in the Guidelines referred to above constitute the adoption and promulgation of a conflict of interest code within the meaning of Section 87300 or the amendment of a conflict of interest code within the meaning of Section 87306 if the terms of this regulation are substituted for terms of a conflict of interest code already in effect. A code so amended or adopted and promulgated requires the reporting of reportable items in a manner substantially equivalent to the requirements of Article 2 of Chapter 7 of the Political Reform Act, Sections 81000, et seq. The requirements of a conflict of interest code are in addition to other requirements of the Political Reform Act, such as the general prohibition against conflicts of interest contained in Section 87100, and to other state or local laws pertaining to conflicts of interest.

(b) The terms of a conflict of interest code amended or adopted and promulgated pursuant to this regulation are as follows:

(1) Definitions.

The definitions contained in the Political Reform Act of 1974, regulations of the Fair Political Practices Commission (Regulations, §§ 18110, et seq.), and any amendments to the Act or regulations, are incorporated by reference into this conflict of interest code.

(2) Designated Employees.

The persons holding positions listed in the Appendix are designated employees. It has been determined that these persons make or participate in the making of decisions which may foreseeably have a material effect on economic interests.

(3) Disclosure Categories.

This code does not establish any disclosure obligation for those designated employees who are also specified in Section 87200 if they are designated in this code in that same capacity or if the geographical jurisdiction of



this agency is the same as or is wholly included within the jurisdiction in which those persons must report their economic interests pursuant to article 2 of chapter 7 of the Political Reform Act, Sections 87200, et seq.

In addition, this code does not establish any disclosure obligation for any designated employees who are designated in a conflict of interest code for another agency, if all of the following apply:

- (A) The geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction of the other agency;
- (B) The disclosure assigned in the code of the other agency is the same as that required under article 2 of chapter 7 of the Political Reform Act, Section 87200; and
- (C) The filing officer is the same for both agencies.⁽¹⁾

Such persons are covered by this code for disqualification purposes only. With respect to all other designated employees, the disclosure categories set forth in the Appendix specify which kinds of economic interests are reportable. Such a designated employee shall disclose in his or her statement of economic interests those economic interests he or she has which are of the kind described in the disclosure categories to which he or she is assigned in the Appendix. It has been determined that the economic interests set forth in a designated employee's disclosure categories are the kinds of economic interests which he or she foreseeably can affect materially through the conduct of his or her office.

- (4) Statements of Economic Interests: Place of Filing.

The code reviewing body shall instruct all designated employees within its code to file statements of economic interests with the agency or with the code reviewing body, as provided by the code reviewing body in the agency's conflict of interest code.⁽²⁾

- (5) Statements of Economic Interests: Time of Filing.

(A) Initial Statements. All designated employees employed by the agency on the effective date of this code, as originally adopted, promulgated and approved by the code reviewing body, shall file statements within 30 days after the effective date of this code. Thereafter, each person already in a position when it is designated by an amendment to this code shall file an initial statement within 30 days after the effective date of the amendment.



(B) Assuming Office Statements. All persons assuming designated positions after the effective date of this code shall file statements within 30 days after assuming the designated positions, or if subject to State Senate confirmation, 30 days after being nominated or appointed.

(C) Annual Statements. All designated employees shall file statements no later than April 1. If a person reports for military service as defined in the Servicemember's Civil Relief Act, the deadline for the annual statement of economic interests is 30 days following his or her return to office, provided the person, or someone authorized to represent the person's interests, notifies the filing officer in writing prior to the applicable filing deadline that he or she is subject to that federal statute and is unable to meet the applicable deadline, and provides the filing officer verification of his or her military status.

(D) Leaving Office Statements. All persons who leave designated positions shall file statements within 30 days after leaving office.

(5.5) Statements for Persons Who Resign Prior to Assuming Office.

Any person who resigns within 12 months of initial appointment, or within 30 days of the date of notice provided by the filing officer to file an assuming office statement, is not deemed to have assumed office or left office, provided he or she did not make or participate in the making of, or use his or her position to influence any decision and did not receive or become entitled to receive any form of payment as a result of his or her appointment. Such persons shall not file either an assuming or leaving office statement.

(A) Any person who resigns a position within 30 days of the date of a notice from the filing officer shall do both of the following:

- (1) File a written resignation with the appointing power; and
- (2) File a written statement with the filing officer declaring under penalty of perjury that during the period between appointment and resignation he or she did not make, participate in the making, or use the position to influence any decision of the agency or receive, or become entitled to receive, any form of payment by virtue of being appointed to the position.

(6) Contents of and Period Covered by Statements of Economic Interests.

(A) Contents of Initial Statements. Initial statements shall disclose any reportable investments, interests in real property and business



positions held on the effective date of the code and income received during the 12 months prior to the effective date of the code.

(B) Contents of Assuming Office Statements. Assuming office statements shall disclose any reportable investments, interests in real property and business positions held on the date of assuming office or, if subject to State Senate confirmation or appointment, on the date of nomination, and income received during the 12 months prior to the date of assuming office or the date of being appointed or nominated, respectively.

(C) Contents of Annual Statements. Annual statements shall disclose any reportable investments, interests in real property, income and business positions held or received during the previous calendar year provided, however, that the period covered by an employee's first annual statement shall begin on the effective date of the code or the date of assuming office whichever is later, or for a board or commission member subject to Section 87302.6, the day after the closing date of the most recent statement filed by the member pursuant to Regulation 18754.

(D) Contents of Leaving Office Statements. Leaving office statements shall disclose reportable investments, interests in real property, income and business positions held or received during the period between the closing date of the last statement filed and the date of leaving office.

(7) Manner of Reporting.

Statements of economic interests shall be made on forms prescribed by the Fair Political Practices Commission and supplied by the agency, and shall contain the following information:

(A) Investment and Real Property Disclosure. When an investment or an interest in real property⁽³⁾ is required to be reported,⁽⁴⁾ the statement shall contain the following:

1. A statement of the nature of the investment or interest;
2. The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged;
3. The address or other precise location of the real property;
4. A statement whether the fair market value of the investment or interest in real property equals or exceeds \$2,000, exceeds \$10,000, exceeds \$100,000, or exceeds \$1,000,000.



(B) Personal Income Disclosure. When personal income is required to be reported,⁽⁵⁾ the statement shall contain:

1. The name and address of each source of income aggregating \$520 or more in value, or \$50 or more in value if the income was a gift, and a general description of the business activity, if any, of each source;

2. A statement whether the aggregate value of income from each source, or in the case of a loan, the highest amount owed to each source, was \$1,000 or less, greater than \$1,000, greater than \$10,000, or greater than \$100,000;

3. A description of the consideration, if any, for which the income was received;

4. In the case of a gift, the name, address and business activity of the donor and any intermediary through which the gift was made; a description of the gift; the amount or value of the gift; and the date on which the gift was received;

5. In the case of a loan, the annual interest rate and the security, if any, given for the loan and the term of the loan.

(C) Business Entity Income Disclosure. When income of a business entity, including income of a sole proprietorship, is required to be reported,⁽⁶⁾ the statement shall contain:

1. The name, address, and a general description of the business activity of the business entity;

2. The name of every person from whom the business entity received payments if the filer's pro rata share of gross receipts from such person was equal to or greater than \$10,000.

(D) Business Position Disclosure. When business positions are required to be reported, a designated employee shall list the name and address of each business entity in which he or she is a director, officer, partner, trustee, employee, or in which he or she holds any position of management, a description of the business activity in which the business entity is engaged, and the designated employee's position with the business entity.

(E) Acquisition or Disposal During Reporting Period. In the case of an annual or leaving office statement, if an investment or an interest in real property was partially or wholly acquired or disposed of during the period covered by the statement, the statement shall contain the date of acquisition or disposal.



(8) Prohibition on Receipt of Honoraria.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept any honorarium from any source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests.

(B) This section shall not apply to any part-time member of the governing board of any public institution of higher education, unless the member is also an elected official.

(C) Subdivisions (a), (b), and (c) of Section 89501 shall apply to the prohibitions in this section.

(D) This section shall not limit or prohibit payments, advances, or reimbursements for travel and related lodging and subsistence authorized by Section 89506.

(8.1) Prohibition on Receipt of Gifts in Excess of \$520.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept gifts with a total value of more than \$520 in a calendar year from any single source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests.

(B) This section shall not apply to any part-time member of the governing board of any public institution of higher education, unless the member is also an elected official.

(C) Subdivisions (e), (f), and (g) of Section 89503 shall apply to the prohibitions in this section.

(8.2) Section 8.2. Loans to Public Officials.

(A) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the elected



officer holds office or over which the elected officer's agency has direction and control.

(B) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the public official holds office or over which the public official's agency has direction and control. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(C) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status.

(D) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(E) This section shall not apply to the following:

1. Loans made to the campaign committee of an elected officer or candidate for elective office.
2. Loans made by a public official's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-



law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such persons, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.

3. Loans from a person which, in the aggregate, do not exceed \$520 at any given time.

4. Loans made, or offered in writing, before January 1, 1998.

(8.3) Loan Terms.

(A) Except as set forth in subdivision (B), no elected officer of a state or local government agency shall, from the date of his or her election to office through the date he or she vacates office, receive a personal loan of \$520 or more, except when the loan is in writing and clearly states the terms of the loan, including the parties to the loan agreement, date of the loan, amount of the loan, term of the loan, date or dates when payments shall be due on the loan and the amount of the payments, and the rate of interest paid on the loan.

(B) This section shall not apply to the following types of loans:

1. Loans made to the campaign committee of the elected officer.

2. Loans made to the elected officer by his or her spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.

3. Loans made, or offered in writing, before January 1, 1998.

(C) Nothing in this section shall exempt any person from any other provision of Title 9 of the Government Code.

(8.4) Personal Loans.

(A) Except as set forth in subdivision (B), a personal loan received by any designated employee shall become a gift to the designated employee for the purposes of this section in the following circumstances:

1. If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.



2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:
 - a. The date the loan was made.
 - b. The date the last payment of \$100 or more was made on the loan.
 - c. The date upon which the debtor has made payments on the loan aggregating to less than \$250 during the previous 12 months.

(B) This section shall not apply to the following types of loans:

1. A loan made to the campaign committee of an elected officer or a candidate for elective office.
2. A loan that would otherwise not be a gift as defined in this title.
3. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor has taken reasonable action to collect the balance due.
4. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor, based on reasonable business considerations, has not undertaken collection action. Except in a criminal action, a creditor who claims that a loan is not a gift on the basis of this paragraph has the burden of proving that the decision for not taking collection action was based on reasonable business considerations.
5. A loan made to a debtor who has filed for bankruptcy and the loan is ultimately discharged in bankruptcy.

(C) Nothing in this section shall exempt any person from any other provisions of Title 9 of the Government Code.

(9) Disqualification.

No designated employee shall make, participate in making, or in any way attempt to use his or her official position to influence the making of any governmental decision which he or she knows or has reason to know will have a reasonably foreseeable material financial effect, distinguishable from its effect on the public generally, on the official or a member of his or her immediate family or on:

(A) Any business entity in which the designated employee has a direct or indirect investment worth \$2,000 or more;



(B) Any real property in which the designated employee has a direct or indirect interest worth \$2,000 or more;

(C) Any source of income, other than gifts and other than loans by a commercial lending institution in the regular course of business on terms available to the public without regard to official status, aggregating \$520 or more in value provided to, received by or promised to the designated employee within 12 months prior to the time when the decision is made;

(D) Any business entity in which the designated employee is a director, officer, partner, trustee, employee, or holds any position of management; or

(E) Any donor of, or any intermediary or agent for a donor of, a gift or gifts aggregating \$520 or more provided to, received by, or promised to the designated employee within 12 months prior to the time when the decision is made.

(9.3) Legally Required Participation.

No designated employee shall be prevented from making or participating in the making of any decision to the extent his or her participation is legally required for the decision to be made. The fact that the vote of a designated employee who is on a voting body is needed to break a tie does not make his or her participation legally required for purposes of this section.

(9.5) Disqualification of State Officers and Employees.

In addition to the general disqualification provisions of section 9, no state administrative official shall make, participate in making, or use his or her official position to influence any governmental decision directly relating to any contract where the state administrative official knows or has reason to know that any party to the contract is a person with whom the state administrative official, or any member of his or her immediate family has, within 12 months prior to the time when the official action is to be taken:

(A) Engaged in a business transaction or transactions on terms not available to members of the public, regarding any investment or interest in real property; or,



(B) Engaged in a business transaction or transactions on terms not available to members of the public regarding the rendering of goods or services totaling in value \$1,000 or more.

(10) Disclosure of Disqualifying Interest.

When a designated employee determines that he or she should not make a governmental decision because he or she has a disqualifying interest in it, the determination not to act may be accompanied by disclosure of the disqualifying interest.

(11) Assistance of the Commission and Counsel.

Any designated employee who is unsure of his or her duties under this code may request assistance from the Fair Political Practices Commission pursuant to Section 83114 and Regulations 18329 and 18329.5 or from the attorney for his or her agency, provided that nothing in this section requires the attorney for the agency to issue any formal or informal opinion.

(12) Violations.

This code has the force and effect of law. Designated employees violating any provision of this code are subject to the administrative, criminal and civil sanctions provided in the Political Reform Act, Sections 81000-91014. In addition, a decision in relation to which a violation of the disqualification provisions of this code or of Section 87100 or 87450 has occurred may be set aside as void pursuant to Section 91003.

(1) Designated employees who are required to file statements of economic interests under any other agency's conflict of interest code, or under article 2 for a different jurisdiction, may expand their statement of economic interests to cover reportable interests in both jurisdictions, and file copies of this expanded statement with both entities in lieu of filing separate and distinct statements, provided that each copy of such expanded statement filed in place of an original is signed and verified by the designated employee as if it were an original. See Government Code Section 81004.

(2) See Section 81010 and Regulation 18115 for the duties of filing officers and persons in agencies who make and retain copies of statements and forward the originals to the filing officer.

(3) For the purpose of disclosure only (not disqualification), an interest in real property does not include the principal residence of the filer.

(4) Investments and interests in real property which have a fair market value of less than \$2,000 are not investments and interests in real property within the meaning of the Political Reform Act. However, investments or interests in real property of an individual include those held by the individual's spouse and dependent children as well as a pro rata share of any investment or interest in real property of any business entity or trust in which the individual, spouse and dependent children own, in the aggregate, a direct, indirect or beneficial interest of 10 percent or greater.



(5) A designated employee's income includes his or her community property interest in the income of his or her spouse but does not include salary or reimbursement for expenses received from a state, local or federal government agency.

(6) Income of a business entity is reportable if the direct, indirect or beneficial interest of the filer and the filer's spouse in the business entity aggregates a 10 percent or greater interest. In addition, the disclosure of persons who are clients or customers of a business entity is required only if the clients or customers are within one of the disclosure categories of the filer.

RESOLUTION NO. 22-23

RESOLUTION OF THE BOARD OF DIRECTORS OF THE DESERT HEALTHCARE DISTRICT AMENDING THE CONFLICT OF INTEREST CODE PURSUANT TO THE POLITICAL REFORM ACT OF 1974

WHEREAS, the State of California enacted the Political Reform Act of 1974, Government Code Section 81000 et seq. (the “Act”), which contains provisions relating to conflicts of interest that potentially affect all officers, employees, and consultants of the Desert Healthcare District (“District”) and requires all public agencies to adopt and promulgate a conflict of interest code; and

WHEREAS, the Board of Directors of the District adopted a Conflict of Interest Code (the “Code”) which was amended on August 25, 2020, in compliance with the Act; and

WHEREAS, subsequent changed circumstances within the District have made it advisable and necessary pursuant to Sections 87306 and 87307 of the Act to amend and update the District's Code; and

WHEREAS, notice of the time and place of a public meeting on, and of consideration by the Board of Directors of, the proposed amended Code was provided each affected designated employee and publicly posted for review at the offices of the District; and

WHEREAS, a public meeting was held upon the proposed amended Code at a regular meeting of the Board of Directors on September 27, 2022, at which all present were given an opportunity to be heard on the proposed amended Code.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Desert Healthcare District that the Board of Directors does hereby adopt the proposed amended Conflict of Interest Code, a copy of which is attached hereto and shall be on file with the Board Relations Officer and available to the public for inspection and copying during regular business hours;

BE IT FURTHER RESOLVED that the said amended Code shall be submitted to the Board of Supervisors of the County of Riverside for approval and said Code shall become effective immediately after the Board of Supervisors approves the proposed amended Code as submitted.

PASSED, ADOPTED, AND APPROVED by the Board of Directors of the
DESERT HEALTHCARE DISTRICT at a regular meeting held on September 27, 2022,
by the following vote:

AYES: Directors_____

NOES: Directors_____

ABSTAIN: Directors_____

ABSENT: Directors_____

KAREN BORJA, President
Board of Directors

ATTEST:

CARMINA ZAVALA, PsyD, Secretary
Board of Directors

STATE OF CALIFORNIA)
)ss.
COUNTY OF RIVERSIDE)

I, CARMINA ZAVALA, Secretary of the DESERT HEALTHCARE DISTRICT,
DO HEREBY CERTIFY that the foregoing is a true copy of Resolution No. 22-23, adopted
by the Board of Directors of the DESERT HEALTHCARE DISTRICT at a special meeting
of the Board of Directors held on September 27, 2022, which Resolution is a part of the
official records of the DESERT HEALTHCARE DISTRICT.

Dated:_____

CARMINA ZAVALA, PsyD, Secretary

LAW OFFICES
JEFFREY G. SCOTT

16935 WEST BERNARDO DRIVE, SUITE 170
SAN DIEGO, CA 92127

JEFFREY G. SCOTT

(858) 675-9896
FAX (858) 675-9897

Of Counsel
JAMES R. DODSON

Date: September 22, 2022

To: Board of Directors
Dr. Conrado E. Barzaga, CEO
Desert Healthcare District/Foundation

From: Jeffrey G. Scott, General Counsel

Re: 2022 Brown Act Legislation

AB 2449 (Rubio)

Approved by the Governor on September 13, 2022. The bill relates to remote meetings and is one of the most significant modifications to the Brown Act in the last decade.

AB 2449 is similar to the meeting framework allowed by AB 361 (R. Rivas) which the District is currently using. AB 361 remains in effect through 2023 and can still be used by local agencies during any state-declared emergency. Consequently, agencies will have the option to conduct remote meetings under the provisions of AB 2449, AB 361, or traditional Brown Act teleconference requirements.

Under the provisions of AB 2449, agencies are not obligated to post agendas at all teleconference locations, would not be obligated to identify all teleconference locations on the agenda, and would not be obligated to make each teleconference location open to the public.

However, AB 2449 requires that **at least a quorum** of the members of the Board must participate in-person from a single location open to the public, identified on the agenda, and within the District boundaries. Pursuant to AB 2449, the District must provide remote access to the public by one of the following means:

- A two-way audiovisual platform that provides the ability to participate in the meeting via both an interactive video conference and a two-way telephone.

- A two-way telephonic service that does not require an internet connection and live webcast that allows participants to dial a telephone number and listen and verbally participate.

Under what conditions can a Board member use AB 2449?

“Just Cause”

The member notifies the Board at the earliest opportunity possible (including at the start of the meeting) that they need to participate remotely for “just cause” including the particular circumstances. Just cause can only be utilized by any Board member for no more than 2 meetings per calendar year. Just cause means any of the following:

- A childcare or caregiving need of a family member requires them to participate remotely.
- A contagious illness that prevents a member from attending in person.
- A need related to a physical or mental disability.
- Travel while on official business of the District.

“Emergency Circumstances”

The member requests the Board allow them to participate in the meeting remotely due to “emergency circumstances” and the Board takes action to approve the request. The member shall make this request to participate remotely as soon as possible. The Board is required to request a general description of the circumstances relating to the member’s need to appear remotely. The general description of the circumstance does not require the member to disclose any medical diagnosis or disability or any medical information that is exempt under HIPPA. The Board can take action on the request at the beginning of the meeting. Emergency circumstances means a physical or family medical emergency that prevents a member from attending the meeting in person.

Neither the “just cause” or “emergency circumstances” provisions of AB 2449 permit any member of the Board to participate in meetings solely by teleconferencing from a remote location for a period of more than three consecutive months or 20 percent of the regular meetings for the agency within a calendar year.