



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

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

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

<https://us02web.zoom.us/j/87334647506?pwd=SGVUZ1hRRVhyNUMySVB6dUFoVEs0Zz09>
Password: 686192

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: 873 3464 7506
Password: 686192

You may also email ahayles@dhcd.org with your public comment no later than 4 p.m., Tuesday, 11/22

| <i>Page(s)</i> | AGENDA <i>Any item on the agenda may result in Board Action</i> | <i>Item Type</i> |
|----------------|---|------------------|
| | A. CALL TO ORDER – President Borja Roll Call Director 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 – October 25, 2022 | |
| 6-11 | b. Board of Directors Meeting – October 25, 2022 | |
| | 2. FINANCIALS | |
| 12-33 | a. Approval of the October 2022 Financial Statements – F&A Approved November 16, 2022 | |
| | 3. AGREEMENTS | |
| 34-44 | a. Consulting Services Agreement for Park Imperial Land Lease Appraisal – Mr. Larry Simons – NTE \$6,500 | |
| 45-50 | b. Addendum #1 to Consulting Services Agreement for Hospital Inspections – Dale Barnhart – Time Extension from December 31, 2022 – December 31, 2024 | |
| 51-53 | c. Consulting Services Engagement Letter – Steve Hollis – \$750/hr. | |
| 54-79 | d. Consulting Services Agreement for a Coachella Valley Healthcare Infrastructure Assessment – Huron Consulting Group – NTE \$95,000 | |
| | 4. RESOLUTIONS | |
| 80-82 | a. Subsequent Emergency Resolution #22-27 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 | |
| 83-90 | 1. CV Link Q3 Report – Tom Kirk, Executive Director, Coachella Valley Association of Governments (CVAG) | Information |
| 91-92 | 2. Monkey Pox in the Coachella Valley – Update | Information |
| 93 | 3. Spitfire Development Workshop – December 8 | Information |
| 94-102 | 4. November 8 General Election Results – Zone 6 | Information |
| 103-105 | 5. CEO Community Engagements and District Media Visibility | Information |
| 106 | 6. Consideration to close the District and Satellite Office between Christmas and New Year’s Day – December 27 through December 30 | Action |
| | G. DESERT REGIONAL MEDICAL CENTER CEO REPORT | Information |
| | – Michele Finney, CEO | |
| | H. DESERT REGIONAL MEDICAL CENTER GOVERNING BOARD MEETING | Information |
| | – Les Zendle, MD and Carole Rogers, RN | |



I. COMMITTEE MEETINGS

- | | | | |
|--|---|---|--|
| <p>107-112 113-115</p> | <p>1. FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE COMMITTEE – Chair/Director Arthur Shorr, President Karen Borja, and Director Les Zendle, MD</p> | <p>1. Draft Meeting Minutes – November 16, 2022 2. Capital Projects at Desert Regional Medical Center</p> | <p>Information Information</p> |
| <p>116-118 119 120-121 122-141</p> | <p>2. PROGRAM COMMITTEE – Chair/Vice-President Evett PerezGil, President Karen Borja, and Secretary Carmina Zavala</p> | <p>1. Draft Meeting Minutes – November 15, 2022 2. Grant Payment Schedule 3. Grant applications and Request for Proposals Submitted and Under Review 4. Progress and Final Reports Update</p> | <p>Information Information Information Information</p> |

J. LEGAL

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
October 25, 2022**

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

| AGENDA ITEMS | DISCUSSION | ACTION |
|--|--|---|
| A. Call to Order Roll Call | President Borja called the meeting to order at 4:36 p.m. The Clerk of the Board called the roll with all directors present except Vice-President PerezGil. Director Shorr joined the meeting shortly after convening to closed session, and Secretary Zavala joined the meeting at 5 p.m. | |
| B. Pledge of Allegiance | President Borja excluded the Pledge of Allegiance for time constraint purposes. | |
| C. Approval of Agenda | President Borja asked for a motion to approve the agenda. | #22-30 MOTION WAS MADE by Director Zendle and seconded by Director Rogers to approve the agenda. Motion passed unanimously. AYES – 4 President Borja, Director Rogers, Director Zendle, and Director De Lara NOES – 0 ABSENT – 3 Vice-President PerezGil, Secretary Zavala, and Director Shorr |
| D. Public Comment | There were no public comments. | |
| E. Convene to Closed Session of the Desert Healthcare District Board of Directors | | #22-31 MOTION WAS MADE by Director Zendle and seconded by Director Rogers to convene the |



**DESERT HEALTHCARE DISTRICT
SPECIAL BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
October 25, 2022**

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| <p>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 (discussion only, no action will be taken). Estimated date of disclosure: To Be Determined</p> | <p>President Borja asked for a motion to convene to closed session of the Board of Directors meeting.</p> | <p>Board to Closed Session pursuant to Government Code 54957. Motion passed unanimously. AYES – 4 President Borja, Director Shorr, Director Rogers, Director Zendle, and Director De Lara NOES – 0 ABSENT – 3 Vice-President PerezGil, Secretary Zavala, and Director Shorr</p> |
| <p>F. Reconvene to Open Session of the Desert Healthcare District Board of Directors</p> | <p>The Board reconvened to open session of the Board of Directors meeting.</p> | |
| <p>G. Report After Closed Session</p> | <p>Counsel Scott reported that the Board heard a report involving trade secrets pursuant to health & safety code section 32106 and took no action.</p> | |
| <p>H. Adjournment</p> | <p>President Borja adjourned the meeting at 5:23 p.m.</p> | <p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p> |

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
MEETING MINUTES
October 25, 2022**

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

| 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 except Vice-President PerezGil and Director Zendle. | |
| B. Pledge of Allegiance | President Borja led the pledge of allegiance. | |
| C. Approval of Agenda | Jeff Scott, Legal Counsel, provided a report after closed session stating that the Board heard a report involving trade secrets and took no action. President Boja asked for a motion to approve the agenda. | #22-32 MOTION WAS MADE by Director De Lara and seconded by Secretary Zavala to approve the agenda. Motion passed unanimously. AYES – 5 President Borja, Secretary Zavala, Director Shorr, Director Rogers, and Director De Lara NOES – 0 ABSENT – 2 Vice-President PerezGil and Director Zendle |
| D. Public Comment | There were no public comments. | |

DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
October 25, 2022

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| <p>E. Consent Agenda</p> <p>1. BOARD MINUTES</p> <p>a. Special Meeting of the Board of Directors Closed Session – September 27, 2022</p> <p>b. Board of Directors Meeting – September 27, 2022</p> <p>2. FINANCIALS</p> <p>a. Approval of the September 2022 Financial Statements – F&A Approved October 11, 2022</p> <p>3. LEASES</p> <p>a. LPMP – Lease Renewal – Pathway Pharmaceuticals, Inc. – Suite 1W 101 – 5-year lease renewal</p> <p>4. AGREEMENTS</p> <p>a. Amendment #1 to the consulting services agreement – NPO Centric – no cost time extension 10/01/22 – 9/30/23</p> <p>5. POLICIES</p> <p>a. Policy #OP-05 – Grant & Mini Grant Policy</p> <p>b. Policy #BOD-03 – Appointment & Duties for Committees</p> <p>c. Policy #BOD-07 – Board Meeting Agenda</p> <p>d. Policy #BOD-16 – Proprietary, Confidentiality and Personal Information</p> <p>e. Policy #OP-01 – Access to Public Records</p> <p>f. Policy #OP-03 – Records Retention</p> <p>g. Policy #OP-04 – Electronic Communications Usage and Retention</p> | <p>Before asking for a motion to approve the consent agenda, President Borja pulled item 5.a., and Director De Lara pulled items 4.a. and 5.b.</p> <p>Director De Lara recused herself from item 4.a.</p> <p>The board discussed Policy #OP-05 – Grant & Mini Grant Policy with President Borja requesting the removal of the term “declination,” ensuring accessibility to the policy on the website for grantee awareness, inquiring how applicants are advised, including the appeal process, a reasonable timeframe by extending from 30-60 days to 60-90 days for a reply of the appeals process, and staff’s support to the applicants.</p> <p>Staff and Director De Lara, chair, Policies Committee, addressed President Borja’s inquiries and concerns with the board resolving for the Program Committee to review section 5.1 of Policy #OP-05 Grant & Mini Grant Policy as referenced in section 6.1 of Policy #BOD-03 Appointment & Duties for Committees.</p> | <p>#22-33 MOTION WAS MADE by Director Shorr and seconded by Director Rogers to approve the consent agenda except items 4.a., 5.a., and 5.b.</p> <p>Motion passed unanimously.</p> <p>AYES – 5 President Borja, Secretary Zavala, Director Shorr, Director Rogers, and Director De Lara</p> <p>NOES – 0</p> <p>ABSENT – 2 Vice-President PerezGil and Director Zendle</p> <p>#22-34 MOTION WAS MADE by Director Shorr and seconded by Director Rogers to approve consent agenda item 4.a.</p> <p>Motion passed unanimously.</p> <p>AYES – 4 President Borja, Secretary Zavala, Director Shorr, and Director Rogers</p> <p>NOES – 0</p> <p>RECUSAL – 1 Director De Lara</p> <p>ABSENT – 2 Vice-President PerezGil and Director Zendle</p> <p>#22-35 MOTION WAS MADE by President Borja and seconded by Director De Lara for the Program Committee to review item 5.a. – Policy #OP-05 – Grant & Mini Grant Policy.</p> <p>Motion passed unanimously.</p> <p>AYES – 5 President Borja, Secretary Zavala, Director Shorr, Director Rogers, and Director De Lara</p> <p>NOES – 0</p> <p>ABSENT – 2 Vice-President PerezGil and Director Zendle</p> |
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DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
October 25, 2022

| | | |
|---|---|--|
| <p>h. Policy #OP-15 – Engagement of the Community, Public, and Subject Matter Experts</p> <p>6. GRANTS</p> <p>a. Grant #1356 Blood Bank AKA Lifestream - \$140,000 for one year – Coachella Valley Therapeutic Apheresis Program – Strategic Plan alignment is Goal #2</p> <p>b. Grant #1362 Jewish Family Service of the Desert - \$160,000 over a two-year period – Mental Health Counseling Services for Underserved Coachella Valley Residents – Strategic Plan alignment is Goal #3</p> <p>c. Grant #1358 Foundation for Palm Springs Unified School District - \$110,000 -School-Based Wellness Center Project – Strategic Plan alignment is Goal #3</p> <p>7. RESOLUTIONS</p> <p>a. Subsequent Emergency Resolution #22-25 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings</p> | | <p>#22-36 MOTION WAS MADE by Director De Lara and seconded by Director Shorr to approve consent agenda item 5.b. – Policy #BOD-03 – Appointment & Duties for Committees.</p> <p>Motion passed unanimously.</p> <p>AYES – 5 President Borja, Secretary Zavala, Director Shorr, Director Rogers, and Director De Lara</p> <p>NOES – 0</p> <p>ABSENT – 2 Vice-President PerezGil and Director Zendle</p> |
| <p>F. Desert Healthcare District CEO Report</p> <p>1. Monkey Pox in the Coachella Valley – Update</p> | <p>Conrado E. Bázquez, MD, CEO, described the decline in Monkey Pox cases due to vaccines and therapeutic resources, further summarizing the cases, vaccinations by race, and district collaborations to provide resources to communities of color.</p> | |



**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
October 25, 2022**

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| <p>2. Health Care Services to Oasis Mobile Home Park Residents</p> <p>3. CEO Community Engagements and District Media Visibility</p> | <p>Dr. Bárzaga, CEO, described the background of the Oasis Mobile Home Park residents, the exposure to arsenic in the water, the latest water crisis, and the district assisting with resources to connect residents to healthcare resources.</p> <p>Alejandro Espinoza, Chief of Community Engagement, described the healthcare needs of the mobile home park residents and its relation to DPMG Health hosting a medical clinic in Thermal. Mr. Espinoza also provided images of the 35 residents served at the clinic.</p> <p>Dr. Bárzaga, CEO, provided an overview of the community engagements and media visibility, highlighting the meeting with Kim Saruwatari, director, public health, Riverside University Health Systems (RUHS).</p> | |
| <p>F. Desert Regional Medical Center CEO Report</p> | <p>Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center, provided a detailed presentation on the survey activity, neuroscience services program, people and service, positive flu rates and monkey pox updates, capital projects, community events, marketing and public relations, and community and economic impact of Desert Care Network.</p> | |
| <p>H. Desert Regional Medical Center Governing Board</p> | <p>Carole Rogers, RN, provided an overview of the October Governing Board meeting describing the accreditation</p> | |

**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
October 25, 2022**

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| | <p>and reaccreditation of physicians, the California Department of Public Health (CDPH) case reports, peer reviews, hospital policy and procedures, and flu vaccinations updates. Director Rogers also described the September and October Desert Regional Medical Center Desert Chat newsletter.</p> | |
| <p>I. Committee Meetings –</p> <p>I.1. Finance, Legal, Administration, & Real Estate Committee</p> <p>1. Draft Meeting Minutes – October 11, 2022</p> <p>I.2. Program Committee</p> <p>1. Draft Meeting Minutes – October 11, 2022</p> <p>2. Grant Payment Schedule</p> <p>3. Grant applications and Request for Proposals Submitted and Under Review</p> <p>4. Progress and Final Reports Update</p> | <p>President Borja inquired if there were any questions concerning the October F&A Committee meeting minutes. In response to Director De Lara’s description of the meeting minutes, Director Shorr, chair, F&A Committee, explained an upcoming study session to review the FY22-23 budget.</p> <p>President Borja inquired if there were any questions concerning the October Program Committee meeting minutes, grant payment schedule, grant applications and request for proposals submitted and under review, and the progress and final reports update.</p> | |



**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
October 25, 2022**

| | | |
|--|---|---|
| <p>I.3. Board and Staff Communications and Policies Committee</p> <p>1. Draft Meeting Minutes – October 18, 2022</p> | <p>President Borja inquired if there were any questions concerning the October Board and Staff Communications and Policies Committee meeting minutes.</p> | |
| <p>J. Legal</p> | <p>Jeff Scott, Legal Counsel, described the update on the governor’s COVID emergency order ending in February 2023 and details of AB 2449 – open meetings: local agencies: teleconferences.</p> | |
| <p>K. Immediate Issues and Comments</p> | <p>The Board inquired about returning to in-person meetings, which will commence in January 2023.</p> <p>Director Rogers described her report to the Board on the Lift to Rise (LTR) and Coachella Valley Association of Governments (CVAG) homelessness committee meetings.</p> <p>President Borja reminded the public of the upcoming November election for Zone 6.</p> | |
| <p>L. Adjournment</p> | <p>President Borja adjourned the meeting at 7:05 p.m.</p> | <p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p> |

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

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

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| DESERT HEALTHCARE DISTRICT |
| OCTOBER 2022 FINANCIAL STATEMENTS |
| INDEX |
| |
| Year to Date Variance Analysis |
| Cumulative Profit & Loss Budget vs Actual - Summary |
| Cumulative Profit & Loss Budget vs Actual - District Including LPMP |
| Cumulative Profit & Loss Budget vs Actual - LPMP |
| Balance Sheet - Condensed View |
| Balance Sheet - Expanded View |
| Accounts Receivable Aging |
| Deposit Detail - District |
| Property Tax Receipts - YTD |
| Deposit Detail - LPMP |
| Check Register - District |
| Credit Card Expenditures |
| Check Register - LPMP |
| Retirement Protection Plan Update |
| Grants Schedule |

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

| Scope: \$25,000 Variance per Statement of Operations Summary | | | | |
|---|---------------|---------------|--------------------|---|
| | YTD | | Over(Under) | |
| Account | Actual | Budget | Budget | Explanation |
| 4000 - Income | \$ (819,259) | \$ (16,708) | \$ (802,551) | Lower interest income and market fluctuations (net) from FRF investments \$621k; lower property tax revenues \$181k |
| 5000 - Direct Expenses | \$ 432,139 | \$ 607,680 | \$ (175,541) | Lower wage related expenses \$87k due to open positions; lower board expenses \$50k; lower education expense \$22k; lower health insurance expense \$19k; higher retirement expense \$2k |
| 7000 - Grants Expense | \$ 20,000 | \$ 1,333,332 | \$ (1,313,332) | Budget of \$4 Million for fiscal year is amortized straight-line over 12-month fiscal year. As of October 31, 2022, there is \$3,980,000 remaining in the fiscal year grant budget as well as \$727,298 in carryover funds. |
| Las Palmas Medical Plaza - Net | \$ 115,463 | \$ 75,292 | \$ 40,171 | LPMP revenue higher \$21k; LPMP expenses lower \$19k |

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

| | MONTH | | | TOTAL | | |
|-------------------------------------|------------------|------------------|------------------|--------------------|--------------------|------------------|
| | Oct 22 | Budget | \$ Over Budget | Jul - Oct 22 | Budget | \$ Over Budget |
| Income | | | | | | |
| 4000 · Income | (56,673) | 152,291 | (208,964) | (819,259) | (16,708) | (802,551) |
| 4500 · LPMP Income | 118,975 | 112,999 | 5,976 | 472,800 | 451,996 | 20,804 |
| 4501 · Miscellaneous Income | 0 | 750 | (750) | 0 | 3,000 | (3,000) |
| Total Income | 62,302 | 266,040 | (203,738) | (346,459) | 438,288 | (784,747) |
| Expense | | | | | | |
| 5000 · Direct Expenses | 98,560 | 151,920 | (53,360) | 432,139 | 607,680 | (175,541) |
| 6000 · General & Administrative Exp | 38,793 | 46,245 | (7,452) | 162,199 | 184,980 | (22,781) |
| 6325 · CEO Discretionary Fund | 5,000 | 2,083 | 2,917 | 15,000 | 8,332 | 6,668 |
| 6445 · LPMP Expenses | 86,547 | 94,176 | (7,629) | 357,337 | 376,704 | (19,367) |
| 6500 · Professional Fees Expense | 97,770 | 89,019 | 8,751 | 380,198 | 356,076 | 24,122 |
| 6700 · Trust Expenses | 5,458 | 6,021 | (563) | 26,633 | 24,084 | 2,549 |
| Total Expense Before Grants | 332,128 | 389,464 | (57,336) | 1,373,505 | 1,557,859 | (184,354) |
| 7000 · Grants Expense | 5,000 | 333,333 | (328,333) | 20,000 | 1,333,332 | (1,313,332) |
| Net Income | (274,826) | (456,757) | 181,931 | (1,739,964) | (2,452,903) | 712,939 |

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

| | MONTH | | | TOTAL | | |
|---|---------------|----------------|------------------|------------------|----------------|------------------|
| | Oct 22 | Budget | \$ Over Budget | Jul - Oct 22 | Budget | \$ Over Budget |
| Income | | | | | | |
| 4000 · Income | | | | | | |
| 4010 · Property Tax Revenues | 0 | 208,624 | (208,624) | 27,553 | 208,624 | (181,071) |
| 4200 · Interest Income | | | | | | |
| 4220 · Interest Income (FRF) | 66,771 | 75,000 | (8,229) | 307,729 | 300,000 | 7,729 |
| 9999-1 · Unrealized gain(loss) on invest | (123,444) | (133,333) | 9,889 | (1,162,541) | (533,332) | (629,209) |
| Total 4200 · Interest Income | (56,673) | (58,333) | 1,660 | (854,812) | (233,332) | (621,480) |
| 4300 · DHC Recoveries | 0 | 2,000 | (2,000) | 8,000 | 8,000 | 0 |
| Total 4000 · Income | (56,673) | 152,291 | (208,964) | (819,259) | (16,708) | (802,551) |
| 4500 · LPMP Income | 118,975 | 112,999 | 5,976 | 472,800 | 451,996 | 20,804 |
| 4501 · Miscellaneous Income | 0 | 750 | (750) | 0 | 3,000 | (3,000) |
| Total Income | 62,302 | 266,040 | (203,738) | (346,459) | 438,288 | (784,747) |
| Expense | | | | | | |
| 5000 · Direct Expenses | | | | | | |
| 5100 · Administration Expense | | | | | | |
| 5110 · Wages Expense | 100,986 | 121,344 | (20,358) | 393,102 | 485,376 | (92,274) |
| 5111 · Allocation to LPMP - Payroll | (6,363) | (5,470) | (893) | (25,452) | (21,880) | (3,572) |
| 5112 · Vacation/Sick/Holiday Expense | 6,195 | 11,667 | (5,472) | 71,010 | 46,668 | 24,342 |
| 5114 · Allocation to Foundation | (27,936) | (27,936) | 0 | (111,744) | (111,744) | 0 |
| 5119 · Allocation-FED FUNDS/CVHIP-DHCF | (15,264) | (13,823) | (1,441) | (64,606) | (55,292) | (9,314) |
| 5120 · Payroll Tax Expense | 6,033 | 9,633 | (3,600) | 31,974 | 38,532 | (6,558) |
| 5130 · Health Insurance Expense | | | | | | |
| 5131 · Premiums Expense | 19,482 | 21,576 | (2,094) | 72,405 | 86,304 | (13,899) |
| 5135 · Reimb./Co-Payments Expense | 0 | 1,950 | (1,950) | 2,375 | 7,800 | (5,425) |
| Total 5130 · Health Insurance Expense | 19,482 | 23,526 | (4,044) | 74,780 | 94,104 | (19,324) |
| 5140 · Workers Comp. Expense | 427 | 399 | 28 | 2,160 | 1,596 | 564 |
| 5145 · Retirement Plan Expense | 9,235 | 8,895 | 340 | 37,988 | 35,580 | 2,408 |
| 5160 · Education Expense | 550 | 7,083 | (6,533) | 6,385 | 28,332 | (21,947) |
| Total 5100 · Administration Expense | 93,345 | 135,318 | (41,973) | 415,597 | 541,272 | (125,675) |
| 5200 · Board Expenses | | | | | | |
| 5210 · Healthcare Benefits Expense | 1,092 | 1,096 | (4) | 4,376 | 4,384 | (8) |
| 5230 · Meeting Expense | 1,909 | 2,667 | (758) | 4,754 | 10,668 | (5,914) |
| 5235 · Director Stipend Expense | 1,764 | 3,465 | (1,701) | 6,484 | 13,860 | (7,376) |
| 5240 · Catering Expense | 450 | 833 | (383) | 775 | 3,332 | (2,557) |
| 5250 · Mileage Reimbursement Expense | 0 | 208 | (208) | 153 | 832 | (679) |
| 5270 · Election Fees Expense | 0 | 8,333 | (8,333) | 0 | 33,332 | (33,332) |
| Total 5200 · Board Expenses | 5,215 | 16,602 | (11,387) | 16,542 | 66,408 | (49,866) |
| Total 5000 · Direct Expenses | 98,560 | 151,920 | (53,360) | 432,139 | 607,680 | (175,541) |

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

| | MONTH | | | TOTAL | | |
|--|------------------|------------------|-----------------|--------------------|--------------------|------------------|
| | Oct 22 | Budget | \$ Over Budget | Jul - Oct 22 | Budget | \$ Over Budget |
| 6000 · General & Administrative Exp | | | | | | |
| 6110 · Payroll fees Expense | 187 | 208 | (21) | 781 | 832 | (51) |
| 6120 · Bank and Investment Fees Exp | 5,439 | 4,500 | 939 | 22,650 | 18,000 | 4,650 |
| 6125 · Depreciation Expense | 985 | 4,917 | (3,932) | 3,940 | 19,668 | (15,728) |
| 6126 · Depreciation-Solar Parking lot | 15,072 | 15,072 | 0 | 60,288 | 60,288 | 0 |
| 6130 · Dues and Membership Expense | 4,973 | 4,159 | 814 | 13,448 | 16,636 | (3,188) |
| 6200 · Insurance Expense | 4,129 | 2,667 | 1,462 | 15,916 | 10,668 | 5,248 |
| 6300 · Minor Equipment Expense | 0 | 42 | (42) | 0 | 168 | (168) |
| 6305 · Auto Allowance & Mileage Exp | 462 | 500 | (38) | 2,078 | 2,000 | 78 |
| 6306 · Staff- Auto Mileage reimb | 0 | 625 | (625) | 193 | 2,500 | (2,307) |
| 6309 · Personnel Expense | 0 | 375 | (375) | 0 | 1,500 | (1,500) |
| 6310 · Miscellaneous Expense | 0 | 42 | (42) | 0 | 168 | (168) |
| 6311 · Cell Phone Expense | 511 | 725 | (214) | 2,094 | 2,900 | (806) |
| 6312 · Wellness Park Expenses | 0 | 83 | (83) | 0 | 332 | (332) |
| 6315 · Security Monitoring Expense | 108 | 50 | 58 | 216 | 200 | 16 |
| 6340 · Postage Expense | 228 | 333 | (105) | 843 | 1,332 | (489) |
| 6350 · Copier Rental/Fees Expense | 377 | 500 | (123) | 1,508 | 2,000 | (492) |
| 6351 · Travel Expense | 1,570 | 1,667 | (97) | 7,553 | 6,668 | 885 |
| 6352 · Meals & Entertainment Exp | 130 | 875 | (745) | 3,106 | 3,500 | (394) |
| 6355 · Computer Services Expense | 1,874 | 4,263 | (2,389) | 13,115 | 17,052 | (3,937) |
| 6360 · Supplies Expense | 344 | 1,917 | (1,573) | 3,791 | 7,668 | (3,877) |
| 6380 · LAFCO Assessment Expense | 205 | 208 | (3) | 820 | 832 | (12) |
| 6400 · East Valley Office | 2,199 | 2,517 | (318) | 9,859 | 10,068 | (209) |
| Total 6000 · General & Administrative Exp | 38,793 | 46,245 | (7,452) | 162,199 | 184,980 | (22,781) |
| 6325 · CEO Discretionary Fund | 5,000 | 2,083 | 2,917 | 15,000 | 8,332 | 6,668 |
| 6445 · LPMP Expenses | 86,547 | 94,176 | (7,629) | 357,337 | 376,704 | (19,367) |
| 6500 · Professional Fees Expense | | | | | | |
| 6516 · Professional Services Expense | 96,012 | 72,094 | 23,918 | 320,501 | 288,376 | 32,125 |
| 6520 · Annual Audit Fee Expense | 1,458 | 1,458 | 0 | 5,832 | 5,832 | 0 |
| 6530 · PR/Communications/Website | 300 | 5,467 | (5,167) | 14,920 | 21,868 | (6,948) |
| 6560 · Legal Expense | 0 | 10,000 | (10,000) | 38,945 | 40,000 | (1,055) |
| Total 6500 · Professional Fees Expense | 97,770 | 89,019 | 8,751 | 380,198 | 356,076 | 24,122 |
| 6700 · Trust Expenses | | | | | | |
| 6720 · Pension Plans Expense | | | | | | |
| 6721 · Legal Expense | 0 | 167 | (167) | 0 | 668 | (668) |
| 6725 · RPP Pension Expense | 5,000 | 5,000 | 0 | 20,000 | 20,000 | 0 |
| 6728 · Pension Audit Fee Expense | 458 | 854 | (396) | 6,633 | 3,416 | 3,217 |
| Total 6700 · Trust Expenses | 5,458 | 6,021 | (563) | 26,633 | 24,084 | 2,549 |
| Total Expense Before Grants | 332,128 | 389,464 | (57,336) | 1,373,505 | 1,557,859 | (184,354) |
| 7000 · Grants Expense | | | | | | |
| 7010 · Major Grant Awards Expense | 5,000 | 333,333 | (328,333) | 20,000 | 1,333,332 | (1,313,332) |
| Net Income | (274,826) | (456,757) | 181,931 | (1,739,964) | (2,452,903) | 712,939 |

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

| | MONTH | | | TOTAL | | |
|--|----------------|----------------|----------------|----------------|----------------|-----------------|
| | Oct 22 | Budget | \$ Over Budget | Jul - Oct 22 | Budget | \$ Over Budget |
| Income | | | | | | |
| 4500 · LPMP Income | | | | | | |
| 4505 · Rental Income | 85,060 | 80,018 | 5,042 | 337,847 | 320,072 | 17,775 |
| 4510 · CAM Income | 33,915 | 32,898 | 1,017 | 134,953 | 131,592 | 3,361 |
| 4513 · Misc. Income | 0 | 83 | (83) | 0 | 332 | (332) |
| Total 4500 · LPMP Income | 118,975 | 112,999 | 5,976 | 472,800 | 451,996 | 20,804 |
| Expense | | | | | | |
| 6445 · LPMP Expenses | | | | | | |
| 6420 · Insurance Expense | 4,338 | 3,125 | 1,213 | 17,352 | 12,500 | 4,852 |
| 6425 · Building - Depreciation Expense | 24,455 | 27,441 | (2,986) | 97,820 | 109,764 | (11,944) |
| 6426 · Tenant Improvements -Dep Exp | 16,959 | 16,667 | 292 | 67,836 | 66,668 | 1,168 |
| 6427 · HVAC Maintenance Expense | 872 | 1,333 | (461) | 1,556 | 5,332 | (3,776) |
| 6428 · Roof Repairs Expense | 0 | 208 | (208) | 0 | 832 | (832) |
| 6431 · Building -Interior Expense | 0 | 625 | (625) | 0 | 2,500 | (2,500) |
| 6432 · Plumbing -Interior Expense | 0 | 667 | (667) | 1,619 | 2,668 | (1,049) |
| 6433 · Plumbing -Exterior Expense | 0 | 208 | (208) | 0 | 832 | (832) |
| 6434 · Allocation Internal Prop. Mgmt | 6,363 | 5,470 | 893 | 25,452 | 21,880 | 3,572 |
| 6435 · Bank Charges | 28 | 42 | (14) | 124 | 168 | (44) |
| 6437 · Utilities -Vacant Units Expense | 0 | 183 | (183) | 334 | 732 | (398) |
| 6439 · Deferred Maintenance Repairs Ex | 0 | 1,250 | (1,250) | 0 | 5,000 | (5,000) |
| 6440 · Professional Fees Expense | 11,150 | 11,150 | 0 | 44,600 | 44,600 | 0 |
| 6441 · Legal Expense | 0 | 83 | (83) | 0 | 332 | (332) |
| 6458 · Elevators - R & M Expense | 496 | 1,000 | (504) | 4,147 | 4,000 | 147 |
| 6460 · Exterminating Service Expense | 275 | 333 | (58) | 10,595 | 1,332 | 9,263 |
| 6463 · Landscaping Expense | 0 | 750 | (750) | 0 | 3,000 | (3,000) |
| 6467 · Lighting Expense | 0 | 500 | (500) | 0 | 2,000 | (2,000) |
| 6468 · General Maintenance Expense | 0 | 83 | (83) | 0 | 332 | (332) |
| 6471 · Marketing-Advertising | 0 | 1,250 | (1,250) | 1,475 | 5,000 | (3,525) |
| 6475 · Property Taxes Expense | 6,250 | 6,500 | (250) | 25,000 | 26,000 | (1,000) |
| 6476 · Signage Expense | 0 | 125 | (125) | 379 | 500 | (121) |
| 6480 · Rubbish Removal Medical Waste E | 1,356 | 1,500 | (144) | 5,243 | 6,000 | (757) |
| 6481 · Rubbish Removal Expense | 2,651 | 3,058 | (407) | 9,908 | 12,232 | (2,324) |
| 6482 · Utilities/Electricity/Exterior | (1) | 625 | (626) | 1,232 | 2,500 | (1,268) |
| 6484 · Utilities - Water (Exterior) | 730 | 625 | 105 | 3,843 | 2,500 | 1,343 |
| 6485 · Security Expenses | 10,625 | 9,208 | 1,417 | 38,612 | 36,832 | 1,780 |
| 6490 · Miscellaneous Expense | 0 | 167 | (167) | 210 | 668 | (458) |
| Total 6445 · LPMP Expenses | 86,547 | 94,176 | (7,629) | 357,337 | 376,704 | (19,367) |
| Net Income | 32,428 | 18,823 | 13,605 | 115,463 | 75,292 | 40,171 |

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

| | | | Oct 31, 22 | Oct 31, 21 |
|-----------------------------|--|---|-------------------|-------------------|
| ASSETS | | | | |
| Current Assets | | | | |
| Checking/Savings | | | | |
| | | 1000 · CHECKING CASH ACCOUNTS | 1,299,706 | 1,325,798 |
| | | 1100 · INVESTMENT ACCOUNTS | 60,193,977 | 61,463,463 |
| | | Total Checking/Savings | 61,493,683 | 62,789,261 |
| | | Total Accounts Receivable | 70,057 | 88,651 |
| Other Current Assets | | | | |
| | | 1204.1 · Rent Receivable-Deferred COVID | 76,598 | 136,510 |
| | | 1270 · Prepaid Insurance -Ongoing | 69,769 | 51,377 |
| | | 1279 · Pre-Paid Fees | 35,009 | 30,578 |
| | | 1281 · CalFresh Receivable | 0 | 15,569 |
| | | Total Other Current Assets | 181,376 | 234,034 |
| | | Total Current Assets | 61,745,116 | 63,111,946 |
| Fixed Assets | | | | |
| | | 1300 · FIXED ASSETS | 5,072,032 | 4,910,941 |
| | | 1335-00 · ACC DEPR | (2,439,865) | (2,225,020) |
| | | 1400 · LPMP Assets | 7,060,630 | 7,196,731 |
| | | Total Fixed Assets | 9,692,797 | 9,882,652 |
| Other Assets | | | | |
| | | 1700 · OTHER ASSETS | 3,519,745 | 3,965,220 |
| TOTAL ASSETS | | | 74,957,658 | 76,959,818 |

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

| | | | | Oct 31, 22 | Oct 31, 21 |
|--|--|--|--|-------------------|-------------------|
| LIABILITIES & EQUITY | | | | | |
| Liabilities | | | | | |
| Current Liabilities | | | | | |
| Accounts Payable | | | | | |
| 2000 · Accounts Payable | | | | 93,746 | 8,602 |
| 2001 · LPMP Accounts Payable | | | | 7,113 | 86,227 |
| Total Accounts Payable | | | | 100,859 | 94,829 |
| Other Current Liabilities | | | | | |
| 2002 · LPMP Property Taxes | | | | 25,000 | 25,000 |
| 2003 · Prepaid Rents | | | | 0 | 9,121 |
| 2131 · Grant Awards Payable | | | | 4,472,260 | 4,038,555 |
| 2133 · Accrued Accounts Payable | | | | 159,550 | 139,550 |
| 2141 · Accrued Vacation Time | | | | 86,388 | 85,729 |
| 2188 · Current Portion - LTD | | | | 9,869 | 9,869 |
| 2190 · Investment Fees Payable | | | | 4,488 | 5,000 |
| Total Other Current Liabilities | | | | 4,757,555 | 4,312,824 |
| Total Current Liabilities | | | | 4,858,414 | 4,407,653 |
| 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 | | | | 8,939,157 | 10,148,767 |
| Equity | | | | | |
| 3900 · *Retained Earnings | | | | 67,758,461 | 67,408,928 |
| Net Income | | | | (1,739,964) | (597,877) |
| Total Equity | | | | 66,018,497 | 66,811,051 |
| TOTAL LIABILITIES & EQUITY | | | | 74,957,658 | 76,959,818 |

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

| | | | | Oct 31, 22 | Oct 31, 21 |
|--------------------------------------|--|--|--|-------------------|-------------------|
| ASSETS | | | | | |
| Current Assets | | | | | |
| Checking/Savings | | | | | |
| 1000 · CHECKING CASH ACCOUNTS | | | | | |
| | | | 1010 · Union Bank - Checking | 0 | 1,072,079 |
| | | | 1012 · Union Bank Operating - 9356 | 982,148 | 0 |
| | | | 1046 · Las Palmas Medical Plaza | 317,058 | 253,219 |
| | | | 1047 · Petty Cash | 500 | 500 |
| | | | Total 1000 · CHECKING CASH ACCOUNTS | 1,299,706 | 1,325,798 |
| 1100 · INVESTMENT ACCOUNTS | | | | | |
| | | | 1130 · Facility Replacement Fund | 63,232,642 | 61,225,337 |
| | | | 1135 · Unrealized Gain(Loss) FRF | (3,038,665) | 238,126 |
| | | | Total 1100 · INVESTMENT ACCOUNTS | 60,193,977 | 61,463,463 |
| | | | Total Checking/Savings | 61,493,683 | 62,789,261 |
| Accounts Receivable | | | | | |
| 1201 · Accounts Receivable | | | | | |
| | | | 1204 · LPMP Accounts Receivable | (16,958) | (6,140) |
| | | | 1205 · Misc. Accounts Receivable | 0 | 750 |
| | | | 1211 · A-R Foundation - Exp Allocation | 87,015 | 94,041 |
| | | | Total Accounts Receivable | 70,057 | 88,651 |
| Other Current Assets | | | | | |
| | | | 1204.1 · Rent Receivable-Deferred COVID | 76,598 | 136,510 |
| | | | 1270 · Prepaid Insurance -Ongoing | 69,769 | 51,377 |
| | | | 1279 · Pre-Paid Fees | 35,009 | 30,578 |
| | | | 1281 · CalFresh Receivable | 0 | 15,569 |
| | | | Total Other Current Assets | 181,376 | 234,034 |
| | | | Total Current Assets | 61,745,116 | 63,111,946 |
| Fixed Assets | | | | | |
| 1300 · FIXED ASSETS | | | | | |
| | | | 1310 · Computer Equipment | 91,664 | 80,487 |
| | | | 1320 · Furniture and Fixtures | 33,254 | 33,254 |
| | | | 1321 · Mobile Medical Unit | 197,214 | 59,500 |
| | | | 1322 · Tenant Improvement - RAP #G100 | 32,794 | 20,594 |
| | | | 1325 · Offsite Improvements | 300,849 | 300,849 |
| | | | 1331 · DRMC - Parking lot | 4,416,257 | 4,416,257 |
| | | | Total 1300 · FIXED ASSETS | 5,072,032 | 4,910,941 |

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

| | | Oct 31, 22 | Oct 31, 21 |
|--|--|--------------------|--------------------|
| | 1335-00 · ACC DEPR | | |
| | 1335 · Accumulated Depreciation | (222,738) | (211,307) |
| | 1337 · Accum Deprec- Solar Parking Lot | (2,019,819) | (1,838,955) |
| | 1338 · Accum Deprec - LPMP Parking Lot | (197,308) | (174,758) |
| | Total 1335-00 · ACC DEPR | (2,439,865) | (2,225,020) |
| | 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 | 459,999 | 815,518 |
| | 1406 · Building Improvements - Other | 2,153,527 | 1,581,558 |
| | Total 1406 · Building Improvements | 3,290,010 | 3,073,560 |
| | 1407 · Building Equipment Improvements | 444,268 | 423,000 |
| | 1409 · Accumulated Depreciation | | |
| | 1410 · Accum. Depreciation | (7,964,713) | (7,719,618) |
| | 1412 · T I Accumulated Dep.-New | (1,980,871) | (1,766,137) |
| | Total 1409 · Accumulated Depreciation | (9,945,584) | (9,485,755) |
| | Total 1400 · LPMP Assets | 7,060,630 | 7,196,731 |
| | Total Fixed Assets | 9,692,797 | 9,882,652 |
| | 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 | 989,246 | 1,777,032 |
| | Total Other Assets | 3,519,745 | 3,965,220 |
| | TOTAL ASSETS | 74,957,658 | 76,959,818 |

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

| | | | Oct 31, 22 | Oct 31, 21 |
|---------------------------------------|--|--|-------------------|-------------------|
| LIABILITIES & EQUITY | | | | |
| Liabilities | | | | |
| Current Liabilities | | | | |
| Accounts Payable | | | | |
| | | 2000 - Accounts Payable | 93,746 | 8,602 |
| | | 2001 - LPMP Accounts Payable | 7,113 | 86,227 |
| | | Total Accounts Payable | 100,859 | 94,829 |
| Other Current Liabilities | | | | |
| | | 2002 - LPMP Property Taxes | 25,000 | 25,000 |
| | | 2003 - Prepaid Rents | 0 | 9,121 |
| | | 2131 - Grant Awards Payable | 4,472,260 | 4,038,555 |
| | | 2133 - Accrued Accounts Payable | 159,550 | 139,550 |
| | | 2141 - Accrued Vacation Time | 86,388 | 85,729 |
| | | 2188 - Current Portion - LTD | 9,869 | 9,869 |
| | | 2190 - Investment Fees Payable | 4,488 | 5,000 |
| | | Total Other Current Liabilities | 4,757,555 | 4,312,824 |
| | | Total Current Liabilities | 4,858,414 | 4,407,653 |
| 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 | 8,939,157 | 10,148,767 |
| Equity | | | | |
| | | 3900 - *Retained Earnings | 67,758,461 | 67,408,928 |
| | | Net Income | (1,739,964) | (597,877) |
| | | Total Equity | 66,018,497 | 66,811,051 |
| TOTAL LIABILITIES & EQUITY | | | 74,957,658 | 76,959,818 |

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

| | Current | 1 - 30 | 31 - 60 | 61 - 90 | > 90 | TOTAL | COMMENT |
|---|----------------|-----------------|----------------|----------------|----------------|---------------|---------------------|
| Arthritis & Rheumatic Care Clinic, Inc | (1,927) | 0 | 0 | 0 | 0 | (1,927) | Prepaid |
| Coachella Valley Volunteers in Medicine- | 488 | (3,123) | 0 | 0 | 0 | (2,635) | Prepaid |
| Desert Healthcare Foundation- | 41,758 | 0 | 43,815 | 0 | 0 | 85,573 | Due from Foundation |
| Desert Oasis Healthcare | 0 | (2,499) | 0 | 0 | 0 | (2,499) | Prepaid |
| 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 |
| TOTAL | 40,319 | (15,519) | 43,815 | 0 | 0 | 68,615 | |

Desert Healthcare District
Deposit Detail
 October 2022

| Type | Date | Name | Amount |
|---------|------------|---------------------------|--------|
| Deposit | 10/11/2022 | | 287 |
| | | Principal Financial Group | (287) |
| TOTAL | | | (287) |

| DESERT HEALTHCARE DISTRICT | | | | | | | | | | |
|---|-------------------------------|---------------------|---------------|---------------------|---------------------|-------------------------------|---------------------|-------------|-------------------|--------------------|
| PROPERTY TAX RECEIPTS FY 2022 - 2023 | | | | | | | | | | |
| RECEIPTS - FOUR MONTHS ENDED OCTOBER 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% | \$ 3,382 | \$ 3,382 |
| Oct | 2.6% | \$ 190,138 | 0.0% | \$ 130 | \$ (190,008) | 2.6% | \$ 208,624 | 0.0% | \$ - | \$ (208,624) |
| 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 | 2.3% | \$ 182,330 | \$ (26,294) |

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

| Type | Date | Name | Amount |
|----------------|-------------------|--|---------------|
| Deposit | 10/03/2022 | | 1,927 |
| Payment | 10/03/2022 | Arthritis & Rheumatic Care Clinic, Inc | (1,927) |
| TOTAL | | | (1,927) |
| Deposit | 10/04/2022 | | 10,306 |
| Payment | 10/04/2022 | EyeCare Services Partners Management LLC | (7,552) |
| Payment | 10/04/2022 | WestPac Labs, Inc. | (2,755) |
| TOTAL | | | (10,307) |
| Deposit | 10/04/2022 | | 14,714 |
| Payment | 10/03/2022 | Cure Cardiovascular Consultants | (3,212) |
| Payment | 10/03/2022 | Aijaz Hashmi, M.D., Inc. | (3,101) |
| Payment | 10/03/2022 | Brad A. Wolfson, M.D. | (3,699) |
| Payment | 10/03/2022 | Cohen Musch Thomas Medical Group | (4,703) |
| TOTAL | | | (14,715) |
| Deposit | 10/11/2022 | | 14,726 |
| Payment | 10/11/2022 | Ramy Awad, M.D. | (3,494) |
| Payment | 10/11/2022 | Peter Jamieson, M.D. | (3,410) |
| Payment | 10/11/2022 | Laboratory Corporation of America | (252) |
| Payment | 10/11/2022 | Pathway Pharmaceuticals, Inc. | (2,471) |
| Payment | 10/11/2022 | Laboratory Corporation of America | (5,101) |
| TOTAL | | | (14,728) |
| Deposit | 10/11/2022 | | 3,835 |
| Payment | 10/11/2022 | Desert Family Medical Center | (3,835) |
| TOTAL | | | (3,835) |
| Deposit | 10/14/2022 | | 33,683 |
| Payment | 10/14/2022 | Tenet HealthSystem Desert, Inc. | (33,683) |
| TOTAL | | | (33,683) |

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

| Type | Date | Name | Amount |
|----------------|-------------------|--|----------------|
| Deposit | 10/17/2022 | | 7,194 |
| Payment | 10/17/2022 | Palmtree Clinical Research | (7,194) |
| TOTAL | | | (7,194) |
| Deposit | 10/26/2022 | | 4,154 |
| Payment | 10/26/2022 | Quest Diagnostics Incorporated | (4,154) |
| TOTAL | | | (4,154) |
| Deposit | 10/27/2022 | | 17,806 |
| Payment | 10/27/2022 | Desert Regional Medical Center | (5,690) |
| Payment | 10/27/2022 | Tenet HealthSystem Desert, Inc | (6,494) |
| Payment | 10/27/2022 | Coachella Valley Volunteers in Medicine- | (3,123) |
| Payment | 10/27/2022 | Desert Oasis Healthcare | (2,499) |
| TOTAL | | | (17,806) |
| Deposit | 10/27/2022 | | 5,743 |
| Payment | 10/27/2022 | Steven Gundry, M.D. | (5,743) |
| TOTAL | | | (5,743) |
| Deposit | 10/31/2022 | | 1,927 |
| Payment | 10/31/2022 | Arthritis & Rheumatic Care Clinic, Inc | (1,927) |
| TOTAL | | | (1,927) |
| | | TOTAL | 116,015 |

Desert Healthcare District
Check Register
As of October 31, 2022

| Type | Date | Num | Name | Amount |
|---|------------|------------|--|----------|
| 1000 - CHECKING CASH ACCOUNTS | | | | |
| 1012 - Union Bank Operating - 9356 | | | | |
| Bill Pmt -Check | 10/03/2022 | 1302 | Graphtek Hosting | (300) |
| Bill Pmt -Check | 10/03/2022 | 1303 | Rogers, Carole - Expense Reimbursement | (256) |
| Bill Pmt -Check | 10/03/2022 | 1304 | So.Cal Computer Shop | (810) |
| Bill Pmt -Check | 10/03/2022 | 1305 | Underground Service Alert of Southern Cal | (2) |
| Bill Pmt -Check | 10/03/2022 | 1306 | Boyd & Associates | (108) |
| Bill Pmt -Check | 10/04/2022 | 1307 | Carmina Zavala - Stipend | (546) |
| Bill Pmt -Check | 10/04/2022 | 1308 | Karen Borja - Stipend | (1,601) |
| Bill Pmt -Check | 10/06/2022 | ACH 100622 | Law Offices of Scott & Jackson | (15,210) |
| Check | 10/06/2022 | Auto Pay | Calif. Public Employees'Retirement System | (15,419) |
| Bill Pmt -Check | 10/11/2022 | 1309 | California Consulting | (4,250) |
| Bill Pmt -Check | 10/11/2022 | 1310 | Donna Den Bleyker - Expense Reimbursement | (928) |
| Bill Pmt -Check | 10/11/2022 | 1311 | First Bankcard (Union Bank) | (4,682) |
| Bill Pmt -Check | 10/11/2022 | 1312 | Hunter Johnsen, Inc. | (350) |
| Bill Pmt -Check | 10/11/2022 | 1313 | Pitney Bowes Global Financial Services | (228) |
| Bill Pmt -Check | 10/11/2022 | 1314 | Rogers, Carole - Stipend | (662) |
| Bill Pmt -Check | 10/11/2022 | 1315 | Staples Credit Plan | (1,723) |
| Bill Pmt -Check | 10/11/2022 | 1316 | State Compensation Insurance Fund | (427) |
| Bill Pmt -Check | 10/11/2022 | 1317 | First Bankcard (Union Bank) | (4,515) |
| Bill Pmt -Check | 10/11/2022 | 1318 | SDRMA | (200) |
| Bill Pmt -Check | 10/12/2022 | ACH 101422 | Spitfire Strategies, LLC | (3,150) |
| Liability Check | 10/14/2022 | | QuickBooks Payroll Service | (51,073) |
| Bill Pmt -Check | 10/14/2022 | 1319 | Evelt PerezGil - Stipend | (441) |
| Bill Pmt -Check | 10/14/2022 | 1320 | JFK Memorial Foundation - Grant Payment | (25,893) |
| Bill Pmt -Check | 10/14/2022 | 1321 | Olive Crest Treatment Center, Inc. - Grant Payment | (55,553) |
| Bill Pmt -Check | 10/14/2022 | 1322 | Regional Access Project Foundation | (279) |
| Bill Pmt -Check | 10/14/2022 | 1323 | Xerox Financial Services | (377) |
| Bill Pmt -Check | 10/18/2022 | 1324 | Principal Life Insurance Co. | (2,001) |
| Bill Pmt -Check | 10/18/2022 | 1325 | California Special Districts Association | (8,810) |
| Bill Pmt -Check | 10/18/2022 | 1326 | Al Horton Memorial Rotary Foundation - Grant Payment | (5,000) |
| Bill Pmt -Check | 10/18/2022 | 1327 | Erica Huskey - Expense Reimbursement | (1,404) |
| Bill Pmt -Check | 10/18/2022 | 1328 | DPMG Health - Grant Payment | (50,000) |
| Check | 10/25/2022 | | Bank Service Charge | (439) |
| Bill Pmt -Check | 10/27/2022 | 1329 | Eric Taylor - Expense Reimbursement | (34) |
| Bill Pmt -Check | 10/27/2022 | 1330 | Frazier Pest Control, Inc. | (33) |
| Bill Pmt -Check | 10/27/2022 | 1331 | Image Source | (52) |
| Bill Pmt -Check | 10/27/2022 | 1332 | Magdalena Martinez - HR Consulting Services | (927) |
| Bill Pmt -Check | 10/27/2022 | 1333 | Ready Refresh | (50) |

Desert Healthcare District
Check Register
As of October 31, 2022

| Type | Date | Num | Name | Amount |
|-----------------|-------------|------------|--|------------------|
| Bill Pmt -Check | 10/27/2022 | 1334 | Regional Access Project Foundation | (2,010) |
| Bill Pmt -Check | 10/27/2022 | 1335 | So.Cal Computer Shop | (1,096) |
| Bill Pmt -Check | 10/27/2022 | 1336 | UC Riverside Foundation - Sponsorship | (5,000) |
| Bill Pmt -Check | 10/27/2022 | 1337 | Zendle, Les - Stipend | (441) |
| Bill Pmt -Check | 10/27/2022 | 1338 | CoPower Employers' Benefits Alliance | (1,750) |
| Bill Pmt -Check | 10/27/2022 | 1339 | Ronald McDonald House Charities - Grant Payment | (11,944) |
| Bill Pmt -Check | 10/27/2022 | 1340 | Spectrum (Time Warner) | (166) |
| Bill Pmt -Check | 10/27/2022 | 1341 | Carmina Zavala - Stipend | (441) |
| Liability Check | 10/28/2022 | | QuickBooks Payroll Service | (52,925) |
| Bill Pmt -Check | 10/28/2022 | 1342 | Calif. State University,San Bernardino - Grant Payment | (24,325) |
| Bill Pmt -Check | 10/28/2022 | 1343 | Cove Communities Senior Association - Grant Payment | (38,250) |
| Bill Pmt -Check | 10/28/2022 | 1344 | Verizon Wireless | (613) |
| Check | 10/31/2022 | Auto Pay | Principal Financial Group- | (895) |
| TOTAL | | | | (397,589) |

| Desert Healthcare District | | | | | | |
|---|-----------|---------------|--------------|-------------|---|-------------|
| Details for Credit Card Expenditures | | | | | | |
| Credit card purchases - September 2022 - Paid October 2022 | | | | | | |
| Number of credit cards held by District personnel -2 | | | | | | |
| Credit Card Limit - \$25,000 - Conrado, \$20,000 - Chris | | | | | | |
| Credit Card Holders: | | | | | | |
| Conrado Bárzaga - Chief Executive Officer | | | | | | |
| Chris Christensen - Chief Administration Officer | | | | | | |
| Routine types of charges: | | | | | | |
| Office Supplies, Dues for membership, Computer Supplies, Meals, Travel including airlines and Hotels, Catering, Supplies for BOD meetings, CEO Discretionary for small grant & gift items | | | | | | |
| Statement | | | | | | |
| Year | Month | Total Charges | Expense Type | Amount | Purpose | Description |
| | | \$ 9,196.86 | | | | |
| Chris' Statement: | | | | | | |
| 2022 | September | \$ 4,515.10 | District | | | |
| | | | GL | Dollar | Description | |
| | | | 6130 | \$ 1,350.00 | Guidestar Charity Check - Annual Subscription | |
| | | | 6355 | \$ 26.62 | Premiere Global Services - August 2022 | |
| | | | 6355 | \$ 250.76 | Zoom videoconference/webinar expense | |
| | | | 6311 | \$ 44.92 | Spectrum - Wireless phone order for package pricing | |
| | | | 6355 | \$ 2,842.80 | Adobe Pro annual subscription | |
| | | | | \$ 4,515.10 | | |
| Conrado's Statement: | | | | | | |
| 2022 | September | \$ 4,681.76 | District | | | |
| | | | GL | Dollar | Description | |
| | | | 6351 | \$ 891.20 | American Airlines - APHA Annual Meeting - November 2022 Boston, MA - Conrado Barzaga | |
| | | | 6352 | \$ 204.97 | Jensen's - Food for September 7, 2022 Behavioral Health Workgroup Meeting - To be transferred to Foundation | |
| | | | 6352 | \$ 126.60 | Anapalco - ACHD Annual Meeting | |
| | | | 6352 | \$ 62.53 | Paradise Dynasty - ACHD Annual Meeting | |
| | | | 6351 | \$ 17.50 | Park Tower Garage - Parking for Vaca - ACHD Annual Meeting | |
| | | | 6352 | \$ 584.48 | Vaca - ACHD Annual Meeting | |
| | | | 6351 | \$ 769.42 | Hyat Regency - Hotel for ACHD Annual Meeting - Conrado Barzaga | |
| | | | 6351 | \$ 664.53 | Hyat Regency - Hotel for ACHD Annual Meeting - Vice-President PerezGil | |
| | | | 6351 | \$ 760.53 | Hyat Regency - Hotel for ACHD Annual Meeting - Director Rogers | |
| | | | 5160 | \$ 290.00 | Vision Y Compromiso Annual Conference - Conrado Barzaga | |
| | | | 5230 | \$ 95.00 | All Valley Mayors and Tribal Chairpersons Luncheon 2022 - Director De Lara | |
| | | | 5160 | \$ 95.00 | All Valley Mayors and Tribal Chairpersons Luncheon 2022 - Conrado Barzaga | |
| | | | 5160 | \$ 120.00 | PSUSD Alumni Present: One Night Out: Havana Nights - Conrado Barzaga +1 | |
| | | | | \$ 4,681.76 | | |

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

| Type | Date | Num | Name | Amount |
|--|------------|-------|---|-----------------|
| 1000 - CHECKING CASH ACCOUNTS | | | | |
| 1046 - Las Palmas Medical Plaza | | | | |
| Bill Pmt -Check | 10/03/2022 | 10638 | Palm Springs Disposal Services Inc | (2,419) |
| Bill Pmt -Check | 10/04/2022 | 10639 | Stericycle, Inc. | (1,293) |
| Bill Pmt -Check | 10/11/2022 | 10640 | Desert Air Conditioning Inc. | (430) |
| Bill Pmt -Check | 10/11/2022 | 10641 | Frazier Pest Control, Inc. | (275) |
| Bill Pmt -Check | 10/11/2022 | 10642 | Imperial Security | (2,125) |
| Bill Pmt -Check | 10/14/2022 | 10643 | Southern California Edison | (487) |
| Bill Pmt -Check | 10/18/2022 | 10644 | Frontier Communications | (246) |
| Bill Pmt -Check | 10/27/2022 | 10645 | Desert Air Conditioning Inc. | (442) |
| Bill Pmt -Check | 10/27/2022 | 10646 | INPRO Environmental Management Services | (11,150) |
| Bill Pmt -Check | 10/28/2022 | 10647 | Imperial Security | (6,375) |
| Check | 10/31/2022 | | Bank Service Charge | (434) |
| TOTAL | | | | (25,676) |



MEMORANDUM

DATE: November 16, 2022
 TO: F&A Committee
 RE: Retirement Protection Plan (RPP)

Current number of participants in Plan:

| | <u>September</u> | <u>October</u> |
|---|------------------|----------------|
| Active – still employed by hospital | 80 | 79 |
| Vested – no longer employed by hospital | 55 | 54 |
| Former employees receiving annuity | <u>7</u> | <u>7</u> |
| Total | <u>142</u> | <u>140</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 four (4) months ended October 31, 2022, totaled **\$156K**. Monthly annuity payments (7 participants) total **\$1.0K** per month.

| DESERT HEALTHCARE DISTRICT | | | | | | | |
|--|---|--------------------------------|----------------------|-------------------------|-----------------------------------|------------------------------------|------------------------|
| OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE | | | | | | | |
| October 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 - 1 Yr. | \$ 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 | | \$ 24,325 | | \$ 5,405 |
| 2022-1306-BOD-02-22-22 | Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr. | \$ 123,451 | \$ 67,898 | | \$ 55,553 | | \$ 12,345 |
| 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 | | \$ 11,250 | | \$ 38,750 |
| 2022-1328-BOD-06-28-22 | El Sol - Expanding Access to Educational Resources for Promotoras - 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 | | \$ 1,839,268 | | \$ 727,298 |
| 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 | | \$ 22,500 | \$ 77,500 |
| 2022-1329-BOD-09-27-22 | DPMG - Mobile Medical Unit - 3 Yrs. | | | \$ 500,000 | | \$ 50,000 | \$ 450,000 |
| 2022-1350-BOD-09-27-22 | JFK Memorial Foundation - Behavioral Health Awareness and Education Program - 1 Yr. | | | \$ 57,541 | | \$ 25,893 | \$ 31,648 |
| 2022-1355-BOD-09-27-22 | Joslyn Center - The Joslyn Wellness Center - 1 Yr. | | | \$ 85,000 | | \$ 38,250 | \$ 46,750 |
| 2022-1361-BOD-09-27-22 | DAP Health - DAP Health Monkeypox Virus Response - 1 Yr. | | | \$ 586,727 | | \$ - | \$ 586,727 |
| 2022-1356-BOD-10-25-22 | Blood Bank of San Bernardino/Riverside Counties - Coachella Valley Therapeutic Apheresis Program - 1 Yr. | | | \$ 140,000 | | \$ - | \$ 140,000 |
| 2022-1358-BOD-10-25-22 | Foundation for Palm Springs Unified School District - School-Based Wellness Center Project - 1 yr. | | | \$ 110,000 | | \$ - | \$ 110,000 |
| 2022-1362-BOD-10-25-22 | Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 yrs. | | | \$ 160,000 | | \$ - | \$ 160,000 |
| TOTAL GRANTS | | \$ 16,670,644 | \$ 10,552,067 | \$ 1,839,269 | \$ 4,239,932 | \$ 159,143 | \$ 7,992,261 |
| Amts available/remaining for Grant/Programs - FY 2022-23: | | | | | | | |
| Amount budgeted 2022-2023 | | | \$ 4,000,000 | | | | 10/31/2022 |
| Amount granted through October 31, 2022: | | | \$ (1,839,269) | | | | G/L Balance: 4,472,260 |
| Mini Grants: | 1321; 1322; 1323; 1364 | | \$ (20,000) | | | | 2281 \$ 3,520,000 |
| Financial Audits of Non-Profits; Organizational Assessments | | | \$ - | | | | |
| Net adj - Grants not used: FY 21-22 Funds | | | \$ 2,566,566 | | | Total | \$ 7,992,261 |
| Matching external grant contributions | | | \$ - | | | | \$ 0 |
| Balance available for Grants/Programs | | | \$ 4,707,297 | | | | |

* 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: November 22, 2022
To: Board of Directors
Subject: Recommendation to approve a consulting services agreement with Larry L. Simon, MAI to provide an appraisal of the Park Imperial Condominium Land Lease – NTE \$6,500

Recommendation:

Consideration to approve a consulting services agreement with Larry L. Simon, MAI to provide an appraisal of the Park Imperial Condominium Land Lease – NTE \$6,500

Background:

- The Meiselman Trust and Land Lease, created in 1959, is a 98-year Master Land Lease on Park Imperial Condominium property located at the corner of Vista Chino and Via Miraleste. The lease expires in 2057.
- The District was the beneficiary of the deed to the land and land lease in 1995 when Mr. Meiselman passed away.
- The land lease, paid by the homeowners, is \$15,000 per year. The lease was assigned to Brad Yochum in 2002. Of the \$15,000, the District receives \$9,000.
- The District has been approached by the Park Imperial Condominium Association (PICA) expressing interest in acquiring the land from the District.
- PICA will be providing an offer to purchase the property.
- As a due-diligence process, the District is interested in engaging the completion of the appraisal with a Certified General Appraiser.
- A Certified General Appraiser (CGA) is required due to the complexities of valuation of the land and the land lease.
- After an extensive search, as CGAs are not common in the area, staff has made contact with Larry L. Simon, MAI, who is a CGA.
- The proposed cost to complete the appraisal is \$6,500. Staff confirmed with the District's legal counsel and others that this is a reasonable price due to the complexities of this type of appraisal.
- Included in the packet for your review is the Consulting Services Agreement and the proposal with the scope of work.
- At the November 16, 2022, Finance & Administration Committee meeting, the Committee recommended forwarding the agreement for consideration of approval by the full Board.

- Staff recommends approval of the consulting services agreement with Larry L. Simon, MAI, to provide an appraisal of the Park Imperial Condominium Land Lease – NTE \$6,500

Fiscal Impact:

- \$6,500 expense not included in the FY23 budget.

CONSULTING SERVICES AGREEMENT

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

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

1. District would like to retain the professional services of Consultant to provide an appraisal valuation of the Park Imperial Condominium land lease for consideration of sale to the Park Imperial Condominium Association.
2. Consultant is a Certified General Appraiser and possesses extensive experience with real estate appraisals, including land lease appraisals, and is qualified and possesses the knowledge, skill, expertise, necessary to provide the professional services (“Services”) as more specifically outlined in the attached Exhibit “A” (“Consultant Proposal”).

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

1. CONSULTANT’S SERVICES.

- 1.1 Services. Consultant shall provide all labor, materials, equipment, and incidentals necessary to fully and adequately provide the District with the professional services described in the Consultant Proposal. All Services shall be performed by Consultant to the reasonable satisfaction of the District.
- 1.2 Compliance with Laws. In performing the Services, Consultant shall, at all times comply with all applicable laws, rules, regulations, codes, ordinances, and orders of every kind whatsoever issued, adopted, or enacted by any federal, state, or local governmental body having jurisdiction over the Services.
- 1.3 Performance Standard. Consultant shall perform the Services with efficiency and diligence and shall execute the Services in accordance with the standards of Consultant’s profession, generally described as that degree of skill and care ordinarily exercised by professionals providing similar services as Consultant practicing in California.
- 1.4 District and Foundation’s Representative. For purposes of this Agreement, the District and Foundation’s Representative shall be District’s Chief Executive Officer Conrado Barzaga, located at 1140 North Indian Canyon Drive, Palm Springs, CA 92262. All amendments to this Agreement shall be approved by the District Board.

2. FEES AND PAYMENTS.

2.1 Compensation for Services. For the full and satisfactory performance of the Services, District shall compensate Consultant a Not To Exceed amount of \$6,500, plus customary expenses.

2.2 Payment. The District shall remit payment of \$3,250 (50% retainer), with the balance due, prior to delivery of the appraisal report. The parties shall expeditiously resolve the subject of any disputed amounts by way of negotiation or, if necessary, mediation. Any such dispute shall not relieve Consultant of its obligation to continue diligently performing the Services.

3. TERM; TERMINATION.

3.1 Term. The term of this Agreement shall run from the date this Agreement is fully executed until completion of the appraisal report, estimated to be January 2023, subject to Section 1.3 above or the District's right to terminate sooner for convenience.

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

4. INDEPENDENT CONTRACTOR.

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

5. OWNERSHIP OF DOCUMENTS.

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

6. INDEMNIFICATION.

Consultant agrees to indemnify and hold the District and Foundation, its governing body, officers, employees, representatives, agents, successors and assigns (collectively the

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

7. NOTICE.

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

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

To: Consultant
Larry L. Simon, MAI
75-153 Spyglass Drive
Indian Wells, CA 92210

8. MISCELLANEOUS PROVISIONS.

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

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

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

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

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

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

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

“District”:

Desert Healthcare District

By: _____
Conrado Barzaga, CEO

Date: _____

“Consultant”:

Larry L. Simon, MAI

By: _____
Larry L. Simon

Date: _____

LARRY L. SIMON, MAI
Commercial Real Estate Appraiser and Consultant
Member Appraisal Institute

75-153 Spyglass Drive • Indian Wells, CA 92210
O: 760.610.1820 • C: 949.322.6121 • E: simon.appraiser@gmail.com

November 9, 2022

Via email

cchristensen@dhcd.org

Chris Christensen, CPA
Chief Administration Officer
Desert Healthcare District & Foundation
1140 N. Indian Canyon Drive
Palm Springs, CA 92262

Re: Appraisal Services Proposal/Agreement
Valuation of a Leased Fee Interest of an Approximate 4.39 Net Acre Site
East Side of N. Via Miraleste bordered by Louise Drive to the North
and Vista Chino to the South
Palm Springs, CA 92262
(Assessor's Parcel Nos. 501-150-001 through 053, Riverside County)

Dear Mr. Christensen:

This proposal is submitted to provide real property appraisal services concerning the above-referenced property. It is my understanding that the scope of work is to develop a current market value opinion of the leased fee interest in the remaining lease term of a long-term master lease.

The appraisal will be prepared for Chris Christensen (the "Client"). The intended users of the appraisal are the Client and respective parties. The intended use of the appraisal is for a possible sale of the leased fee interest. The use of the appraisal by anyone other than the stated intended users and for any other use than the stated intended use is prohibited. Further, there is no accountability, obligation, or liability to any third party.

The appraisal, presented in a narrative format, will be prepared in conformity with the requirements of the Uniform Standards of Professional Appraisal Practice (USPAP) and Code of Professional Ethics & Standards of Professional Appraisal Practice of the Appraisal Institute.

The appraisal performed under this Agreement will be subject to all statements, extraordinary and general assumptions, and hypothetical and limiting conditions and other conditions (collectively, "Appraisal Conditions") set forth in the appraisal report. Client agrees that Client will review the Appraisal Conditions upon receipt of the report and that Client's use of the appraisal will constitute acceptance of the Appraisal Conditions. The Appraisal Conditions shall be considered as being incorporated into and forming part of this Agreement with respect to the appraisal in which they are contained and to the services relating to the appraisal.

Any use of or reliance on the appraisal by any party, regardless of whether the use or reliance is authorized or known by Appraiser, constitutes acceptance of, and is subject to, all appraisal statements, limiting conditions and assumptions stated in the appraisal report.

In respect to Limitations of Liability, in no event whatsoever shall either party's liability to the other for damages under this Agreement or any other damages whatsoever taken together exceed ten thousand dollars (\$10,000.00).

The estimated completion date is January 2023. An electronic copy in PDF format will be provided.

The appraisal fee for this assignment is \$6,500.00 payable \$3,250.00 (50% retainer) and the balance due, prior to delivery, of the appraisal report. The appraisal fee pertains only to the completion of the appraisal report. Additional services after the completion of the appraisal report, if needed, relating to updating the value opinion, consultation, expert testimony, travel time, etc., will be billed at the rate of \$250.00 per hour.

It is understood that my compensation for completing this assignment is not contingent upon the development or reporting a predetermined value or direction in value that favors the cause of the Client, the amount of the value opinion, the attainment of stipulated results, or the occurrence of a subsequent event related to the intended use of the appraisals.

The following information is required for completion of the assignment:

- Environmental Site Assessment, if available.
- Letter setting forth the current master ground lease rent being received, i.e., no amendments, and commissions being paid by master ground lessor (Item 17) vs. letter dated 8/21/1995 (page 3).
- Any other information that may bear upon the value of the property.

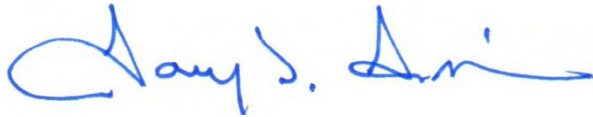
If this proposal meets with your approval, the return of an executed copy of this agreement and a check in the amount of \$3,250.00 will represent my authorization to proceed with the assignment.

Page 3
Chris Christensen
November 9, 2022

This proposal is valid until November 23, 2022.

Thank you for the opportunity to provide this proposal. Should you have any questions concerning this proposal or the subject matter thereto, I may be contacted at (760) 610-1820.

Respectfully submitted,



Larry L. Simon, MAI

Approved By: _____ Date: _____

Name: _____

Phone No.: _____

E-Mail Address: _____

Attachment:

- Professional Qualifications

LARRY L. SIMON, MAI
Commercial Real Estate Appraiser and Consultant
Member Appraisal Institute

75-153 Spyglass Drive • Indian Wells, CA 92210
O: 760.610.1820 • C: 949.322.6121 • E: simon.appraiser@gmail.com

PROFESSIONAL QUALIFICATIONS

Commercial Real Estate Appraiser and Consultant providing a wide range of valuation and consulting services to law firms, accounting firms, financial institutions, private mortgage lenders, municipalities, educational institutions, developers, and private entities throughout Southern California since 1976.

Services

- Current Market Value Opinions
- Retrospective Value Opinions
- Prospective Value Opinions
- Real Estate Damage Value Opinions
- Appraisal Reviews
- Rental Surveys
- Expert Witness
- Litigation Support (Fact Witness /Consulting Expert)

Specialization

- Automobile Dealerships (Existing, Proposed and Remodel)

Professional Membership and License

- MAI Designated Member of the Appraisal Institute – Certificate No. 7217
Southern California Chapter, 1985
- Certified General Real Estate Appraiser, State of California
License No. AG 004310

Education

- California State Polytechnic University, Pomona
Bachelor of Science with a major in Finance, Insurance and Real Estate, 1972

Appraisal Experience

- **Special Purpose:** Automobile Dealerships, Restaurants (Quick Serve and Sit-Down), Bowling Centers, Religious Facilities, Private Schools, Charter Schools, Funeral Homes, Tennis/Fitness/Swim Clubs and Private Clubs.
- **Commercial:** Office (Low to High Rise, Single-and Multi-Tenant), Medical Office, Office Condominiums, Shopping Centers (Neighborhood and Community), Retail (Strip and Free-Standing), Auto Care Centers, Bank Branches, Motels, Hotels, Bed & Breakfast Facilities, Leasehold Interests and Land.
- **Industrial:** Business Parks, Industrial (Single- and Multi-Tenant), Manufacturing, Warehouses, Distribution, Research & Development, Self-Storage Facilities, Truck Terminals, Leasehold Interests and Land.
- **Residential:** Single-Family Homes, Condominium Units, Subdivisions, Condominium/Planned Unit Developments, Apartment Complexes, Manufactured Housing Communities, Mobile Home Parks, RV Parks and Land.
- **Agricultural:** Date and Citrus Orchards, Vineyards, and Row Crop Farmland.

Deposition and Expert Testimony

- Superior Court of California – County of Los Angeles
- Superior Court of California – County of Orange
- Superior Court of California – County of San Diego
- Arbitration – County of Orange

Service Area

- Southern California 10 County Region



Date: November 22, 2022

To: Board of Directors

Subject: Addendum #1 (time extension to December 31, 2024) to the Consulting Services Agreement, Dale E. Barnhart, Facilities Inspector – Hospital Safety and Compliance Inspections

Staff Recommendation: Consideration to approve Addendum #1 (time extension to December 31, 2024) to the Consulting Services Agreement, Dale E. Barnhart, Facilities Inspector – Hospital Safety and Compliance Inspections.

Background:

- At the October 18, 2018, Hospital Lease Oversight Committee meeting, the committee directed Staff to establish an inspection schedule to engage the services of an engineer to conduct quarterly inspections of the Desert Regional Medical Center (DRMC) facilities.
- In January 2019, Staff executed a consulting services agreement through December 2020 between the Desert Healthcare District (DHCD) and Dale Barnhart, the retired Administrative Director of Facilities Management, DRMC, to conduct the quarterly hospital inspections with DRMC personnel, the DHCD Hospital Lease Oversight Committee, and Staff at the billing rate of \$100/hr.
- The current service agreement expires December 31, 2022.
- At the November 16, 2022, Finance & Administration Committee meeting, the Committee recommended forwarding Addendum #1 for consideration of approval by the full Board.
- Staff recommends approval of Addendum #1 extending the termination date to December 31, 2024.

Fiscal Impact:

\$100/hr. – estimated 8 hours per quarter at \$3,200 per year.

**CONSULTING SERVICES AGREEMENT
ADDENDUM #1**

This Professional Services Agreement (“Agreement”) was entered into on June 25, 2021 by and between Desert Healthcare District(Foundation) (“District”), a public agency organized and operating pursuant to California Health and Safety Code section 32000 et seq., and Dale E. Barnhart, (“Consultant”) as follows:

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

1. This Addendum extends and revises the termination date in Section 3.1 from December 31, 2022 to December 31, 2024.

2. All other terms and conditions of the original service agreement remain unchanged.

“District”:

Desert Healthcare District

“Consultant”:

Dale E. Barnhart

By: _____
Conrado Barzaga, CEO

By: _____
Dale E. Barnhart

Date: _____

Date: _____

CONSULTING SERVICES AGREEMENT

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

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

1. District would like to retain the professional services of Consultant to conduct ongoing quarterly inspections of Desert Regional Medical Center with the District Hospital Governance Oversight Committee Chair and applicable hospital personnel as detailed in a 2-year quarterly inspection schedule and provide comprehensive findings/outcomes reports of the quarterly inspections.

2. Consultant has more than 20 years in hospital facility management and inspections and is qualified and possesses the knowledge, skill, expertise, necessary to provide the professional services (“Services”) as outlined in recital 1.

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

1. CONSULTANT’S SERVICES.

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

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

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

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

2. FEES AND PAYMENTS.

2.1 Compensation for Services. For the full and satisfactory performance of the Services, District shall compensate Consultant an amount of \$100 per hour, plus customary expenses.

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

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

3. TERM & TERMINATION.

3.1 Term. The term of this Agreement shall run from the date this Agreement is fully executed until December 31, 2022, subject to Section 1.3 above or the District's right to terminate sooner for convenience. Service agreement may be extended with written agreement of both District and Consultant.

3.2 Termination for Convenience. District may, at any time in the exercise of its sole discretion, terminate this Agreement in whole or in part, with or without cause, by providing thirty (30) days notice to Consultant of its intention to terminate the Agreement for convenience. Consultant may, at any time in the exercise of its sole discretion, terminate this Agreement in whole or in part, with or without cause, by providing thirty (30) days notice to District of its intention to terminate the Agreement for convenience. So long as Consultant is not in default under this Agreement at the time of such termination, District shall pay Consultant for all Services incurred upto and including the date of termination.

4. INDEPENDENT CONTRACTOR.

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

5. OWNERSHIP OF DOCUMENTS.

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

6. INDEMNIFICATION.

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

7. NOTICE.

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

To: District
Desert Healthcare District
Attention: Chris Christensen, Chief Administration Officer
1140 N. Indian Canyon Drive
Palm Springs, California 92262

To: Consultant
Dale E. Barnhart
78586 Gorham Lane
Palm Desert, CA 92211

8. MISCELLANEOUS PROVISIONS.

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

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

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

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

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

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

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

“District”:

“Consultant”:

Desert Healthcare District

Dale E. Barnhart

By: DocuSigned by:
Leticia De Lara
6F6AF73938F14C4
Leticia De Lara, Board President

By: DocuSigned by:
Dale Barnhart
D8B8CD90C22E4FE
Dale E. Barnhart

Date: 5/26/2021

Date: 6/25/2021



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 22, 2022
To: Board of Directors
Subject: Consideration to approve a Consulting Services Engagement Letter for Mr. Steve Hollis to provide services related the Desert Regional Medical Center Lease – \$750/hour

Recommendation:

Consideration to approve a Consulting Services Engagement Letter for Mr. Steve Hollis to provide services related the Desert Regional Medical Center Lease – \$750/hour

Background:

- Since 2017, the District has been engaged with Kaufman Hall to guide the District through the planning of the future of the Desert Regional Medical Center lease.
- Mr. Steve Hollis was the lead consultant for Kaufman Hall, facilitating the work with the District and Tenet until the COVID-19 pandemic in early 2020, when the work was put on hold.
- In November 2021, the District reengaged with Kaufman Hall to continue the work.
- Mr. Hollis had retired prior to the renewed engagement.
- District staff and legal counsel believe that Mr. Hollis' expertise and years of experience with hospital transactions, would be beneficial to enhance the guidance with the District through an important time in the process of the hospital lease.
- The engagement with Kaufman Hall will be put on hold, so the District will not incur the costs of Kaufman Hall during this time.
- At the November 16, 2022, Finance & Administration Committee meeting, the Committee recommended forwarding the agreement for consideration of approval by the full Board.
- Staff recommends approval of the Consulting Services Engagement Letter for Mr. Steve Hollis to provide services related the Desert Regional Medical Center Lease – \$750/hour

Fiscal Impact:

- \$750/hour expense included in the FY23 Professional Services budget.

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

Dear Conrado,

Thank you very much for the opportunity to assist the Desert Healthcare District (“The District”) as it evaluates how best to meet the healthcare needs of the Coachella Valley in the coming years. The purpose of this letter is to describe the services I will provide to the District and the terms of the engagement.

Proposed Services

Pursuant to this engagement, I will:

- Work with District management and legal advisers to gain a good understanding of the District’s current strategic, operational and financial situation
- Review any recent community needs assessments that the District may have conducted
- Review any current appraisal of the Desert Regional Medical Center (“DRMC”) that the District may have commissioned
- Review any documents provided to the District by Tenet Healthcare, the current lessee of DRMC, describing Tenet’s strategic vision for DRMC and the Coachella Valley
- Provide comment and advice, as requested by District management, on these strategic and financial documents
- Assist the District in designing a process that will inform the Board’s deliberations on the role of the District within the healthcare system of the Coachella Valley
- Conduct other related activities as requested and agreed

Compensation

My fee for providing the above services will be \$750 per hour of work. I will provide an invoice monthly, detailing hours worked on the engagement the prior month. Given the broad nature of the engagement, it is difficult to give a meaningful estimate of hours that the engagement will require. However, I will provide notice to the District if my time exceeds 10 hours in any week. The District or I may terminate this engagement at any time for any reason. Upon the termination of the engagement, I will deliver a final invoice for any hours of work since the invoice date prior to termination.

I do not anticipate that the engagement will require significant travel. However, the District may require my attendance at meetings in Palm Springs from time to time. Any travel time shall be billed at \$375 per hour and all my out-of-pocket travel expenses, including air, hotel and meals shall be reimbursed by the District. Beyond any such travel expense, I anticipate that I will incur very few out of pocket expenses in delivering the above services. However, I will bill any such expenses on a monthly basis, and will provide receipts, if requested. Furthermore, I will not incur expenses exceeding \$250 in any month without the prior approval of the District.

Thank You,

Steven Hollis
10 Mesa Avenue
Piedmont, CA 94611

Signed and accepted on behalf of Desert Healthcare District

Conrado E. Bárzaga, MD
Chief Executive Officer

Date



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 22, 2022
To: Board of Directors
Subject: Recommendation to approve a consulting services agreement with Huron Consulting Group to complete a Coachella Valley Health Assessment – NTE \$95,000

Recommendation:

Consideration to approve a consulting services agreement with Huron Consulting Group to complete a Coachella Valley Health Assessment – NTE \$95,000

Background:

- DHCD’s Strategic Plan highlights the need for a strategic valley-wide understanding of healthcare infrastructure demands. The Plan catalogs this as Goal 1 Strategy 1. *“Develop a healthcare delivery system vision for the Coachella Valley”*
- Staff has met with various consultants and explored an approach that is consistent with the District’s needs at this time.
- Huron Consulting Group offers a cost-effective proposal to the District, utilizing a predictive analytics suite of solutions to understand current and future healthcare demands for the Coachella Valley population, including demand fluctuations due to seasonal residential patterns.
- The proposed work will provide the District with a clear understanding of our healthcare needs; an analysis of the currently available health assets to district residents to identify critical gaps between community demand for services and health district supply; and consolidate short-and long-term recommended initiatives for gap closure, measures of success, and timelines into an actionable strategic plan to spur district development.
- The proposal (see copy enclosed) has been assessed by District staff, District consultants Kaufman-Hall, and District’s Legal Counsel.
- At the November 16, 2022, Finance & Administration Committee meeting, the Committee recommended forwarding the agreement for consideration of approval by the full Board.
- Staff recommends approval of the consulting services agreement with Huron Consulting Group to complete a Coachella Valley Health Assessment Not to Exceed \$95,000.

Fiscal Impact:

- \$95,000 expense not included in the FY23 budget.

Professional Services Agreement

This Professional Services Agreement (“Agreement”) is entered into between Huron Consulting Services LLC, located at 550 W. Van Buren St., Chicago, IL 60607 (“Service Provider”) and the Desert Healthcare District, a California Healthcare District and public agency located at 1140 N. Indian Canyon Road Palm Springs, CA 92262 (“Client”) as of December 1, 2022 (“Effective Date”). The parties agree as follows:

1. Services. (a) Service Provider will provide the services, software, materials, and other items that are outlined in one or more Statements of Work (collectively, “SOWs” or each a “SOW”) incorporating this Agreement by reference, as may be entered into from time to time by the parties named above and their Affiliates (collectively, “Services”). The term “Affiliates” will mean any entity under control of, controlling, or under common control with a party to this Agreement. The term “Statement of Work” will also include any project arrangement letters or engagement letters that incorporate this Agreement by reference.

(b) Service Provider will not perform any Services that may be considered the practice of medicine or nursing or provision of patient care under any applicable laws or regulations. To the extent Services include clinical process recommendations, Client will provide medically appropriate standards that may be referenced by the Service Provider in such recommendations.

(c) To the extent Service Provider assists in the preparation of a financial analysis, such analysis is solely for use by Client management for internal purposes. Services are not designed, nor should they be relied upon, to disclose weaknesses in internal controls, financial statement errors, irregularities, illegal acts, or disclosure deficiencies. Any financial or other model that Service Provider creates as part of the Services will be unique to this engagement, based on specific circumstances and assumptions, and may not be appropriate for use when those circumstances and assumptions change. Financial analyses and similar Service Provider Materials may not be shared with any third party without Service Provider’s prior written consent and may be used only for those purposes expressly described in the corresponding SOW.

(d) Service Provider is not responsible for identifying Client’s violations of laws or regulations.

(e) Service Provider is not a law firm and is not authorized to provide legal advice or counseling in any jurisdiction. Services are not designed, nor should they be relied upon, to provide legal recommendations. The information provided by Service Provider is not substitute for the advice of legal, human resources, or other applicable professionals.

2. Intellectual Property Rights. (a) By providing Service Provider copies of or access to Client Data in connection with a SOW, Client grants Service Provider the right to use and reproduce such Client Data for the sole, limited purpose of performing the Services under this Agreement; *provided*, that Client retains all ownership rights to such Client Data. For purposes of this Agreement, “Client Data” is broadly defined to include all proprietary data, content, or Confidential Information about Client that is provided to Service Provider for purposes of performing the Services under a particular SOW.

(b) By providing Client copies of or access to Service Provider Materials in connection with a SOW, Service Provider grants Client the right to use such Service Provider Materials for Client’s own internal use for the purposes for which such Service Provider Materials are provided, subject to any scope limitations identified in the corresponding SOW; *provided*, that as between Client and Service Provider, Service Provider retains all ownership rights to such Service Provider Materials. Nothing herein prohibits Service Provider from incorporating third party rights in software or other intellectual property into the Service Provider Materials. For purposes of this Agreement, the term “Service Provider Materials” is broadly defined to include anything Client receives from Service Provider or its agents in performance of the Services, including without limitation Service Provider’s proprietary intellectual property and materials (whether or not registerable as a copyright, trademark, or patent), know-how, software (and any modifications, configurations, or enhancements thereof), and trade secrets, but specifically excluding any Client Data to the extent incorporated in the Service Provider Materials.

(c) The rights of use granted under this Section 2 specifically include the right to create derivative works; *provided*, that such derivative works are subject to the same ownership rights, limitations on scope and permitted purposes as applicable to the original work.

(d) Except as otherwise provided under Sections 11(d) and 12(b)(iv), the rights granted under this Section 2 will survive expiration or termination of the corresponding SOW.

3. Fees. (a) Client will pay Service Provider the fees and allowable incurred expenses within 30 days of receipt of an invoice. Such payment will be made via ACH, EHT, or check, in accordance with the terms of the applicable SOW. All amounts that are past due will be subject to a monthly charge of one and one-half percent (1.5%) per month or the maximum rate permitted by the law, whichever is less.

(b) Client will pay all applicable sales, use, excise, value added, services, consumption and other taxes and duties associated with Client's receipt of the Services and Service Provider Materials, excluding taxes on Service Provider's income generally. Client will provide Service Provider with a copy of Client's certificate of tax /exemption, if applicable.

(c) In the event Client requires Service Provider personnel to be physically located on site for a "long-term basis," as defined by the IRS, Client will pay an incremental additional fee in the amount required to gross up such personnel's income to ensure tax neutrality, or at Client's request, the parties can agree to substitute personnel as necessary and available.

(d) If Client requires Service Provider to contract with a third-party vendor to facilitate performance of this Agreement, Client will be responsible for all costs associated with such vendors, unless otherwise agreed by the parties in the corresponding SOW.

(e) Client and Service Provider have determined the fees set forth in this Section 3 (the "Fees") are consistent with the fair market value of Service Provider's services and intended to comply with all applicable Law. Client and Service Provider agree that Service Provider is not in the position to generate patient referrals to Client. For avoidance of doubt, payment of the Fees is not conditioned upon a requirement that the Service Provider make referrals to, be in a position to make or influence referrals to, or otherwise generate business for the Client or any of its Affiliates or a requirement that the Service Provider or any of its Affiliates make referrals to, be in a position to make or influence referrals to, or otherwise generate business for the Client.

4. Client Responsibilities. (a) In order for Service Provider to perform the Services and provide the Service Provider Materials, Client is responsible for the following: (i) accommodating Service Provider with appropriate work space and customary facilities as needed for on-site Services; (ii) ensuring relevant personnel provide full and active support to Service Provider; (iii) providing accurate and complete information upon which Service Provider will rely; (iv) performing Client's own independent review of any third party vendors, services, products, and proposals; and (v) fulfilling such other responsibilities as may be set forth in the particular SOW.

(b) The activities, conclusions, strategies, suggestions, and recommendations that Service Provider develops and implements represent Service Provider's experienced judgment based on the information provided to Service Provider. Client acknowledges that Services are consultative in nature and are offered as suggestions subject to Client's approval. Client is responsible for, without limitation: (a) vetting any third party vendor introduced by Service Provider; Service Provider makes no endorsement of such vendor's services or products, (b) reviewing and approving all work suggested, provided, or undertaken by Service Provider, (c) verifying and determining whether to act on Service Provider's suggestions regarding Client's employees or contactors, and (d) using all Services provided by Service Provider in a manner consistent with all applicable requirements, rules, regulations and laws, including, if applicable, all payer requirements. Client will indemnify and hold harmless Service Provider for any third party claim relating to Client's responsibilities above. When making recommendations under this Agreement, Service Provider will take into account Client's compliance policies and procedures, to the extent provided to Service Provider.

5. Warranty. (a) Service Provider warrants that the Services will be performed with reasonable care in a diligent and competent manner consistent with industry standards. Should the Services not conform to this warranty,

Client must notify Service Provider in writing, within ten (10) days after the Services are performed, specifying the non-conformance in detail. Service Provider will have a reasonable amount of time to correct the non-conformance based on its severity or complexity.

(b) If applicable to the Client receiving Services pursuant to a SOW, Service Provider warrants that neither it nor its personnel providing Services is excluded from any federally funded healthcare programs as provided in Sections 1128 and 1128A of the Social Security Act (42 U.S.C. 1320a-7a), including Medicare and Medicaid. Service Provider will notify Client promptly in the event Service Provider, or any of its personnel or agents performing Services for Client, becomes excluded from any federally funded healthcare programs.

(c) THE WARRANTY SET FORTH IN THIS SECTION IS SERVICE PROVIDER'S ONLY WARRANTY CONCERNING THE SERVICES AND ANY SERVICE PROVIDER MATERIALS AND IS MADE EXPRESSLY IN LIEU OF ALL OTHER WARRANTIES AND REPRESENTATIONS, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY, NON-INFRINGEMENT, OR FITNESS FOR A PARTICULAR PURPOSE, OR OTHERWISE, ALL OF WHICH ARE HEREBY DISCLAIMED. SERVICE PROVIDER DOES NOT WARRANT AND IS NOT RESPONSIBLE FOR ANY THIRD-PARTY PRODUCTS OR SERVICES THAT MAY BE OFFERED IN CONJUNCTION WITH THIS AGREEMENT. CLIENT'S SOLE AND EXCLUSIVE RIGHTS AND REMEDIES WITH RESPECT TO ANY THIRD-PARTY PRODUCTS OR SERVICES ARE AGAINST THE THIRD PARTY AND NOT AGAINST SERVICE PROVIDER.

6. Confidentiality. (a) To fulfill the obligations hereunder or in connection with discussions between the parties regarding potential business arrangements, each party may have access to the other party's information and materials that are confidential and proprietary or should reasonably be considered confidential based on subject matter or circumstances of disclosure ("Confidential Information"). The parties agree that Confidential Information will be protected in a reasonable and appropriate manner and used only for the purposes it was provided or as otherwise permitted by the disclosing party.

(b) Service Provider may obtain Confidential Information of third parties in connection with Client's contracts with suppliers, manufacturers and other vendors. Service Provider will maintain the confidentiality of all third-party Confidential Information, use it in a reasonable and appropriate manner, and only to the extent necessary to perform its obligations in this Agreement.

(c) Confidential Information will only be disclosed to the parties' personnel with a need to know and will not be disclosed to third parties except in the event Service Provider engages a subcontractor to assist in performance of the Services and then only to the extent subcontractor agrees in writing to protect Confidential Information.

(d) All Confidential Information, whether original or subsequent copies, made available to one another must be returned or destroyed at the request of the disclosing party. However, the receiving party may retain one archival copy for recordkeeping or quality assurance purposes and will make no unauthorized use of such copy.

(e) The obligations in this Section will not apply to information to the extent it is: (i) publicly known; (ii) already known to the receiving party; (iii) lawfully disclosed by a third party; or (iv) independently acquired or developed without use of Confidential Information of the other party.

(f) Notwithstanding anything to the contrary above, if any judicial, legislative or administrative body or taxing authority requests or threatens to compel disclosure of Confidential Information, then unless otherwise legally prohibited, the receiving party will promptly notify the disclosing party and will comply with reasonable requests of the disclosing party (at disclosing party's expense) to assist disclosing party in obtaining a protective order and to prevent or minimize the disclosure of any Confidential Information. The receiving party may then disclose Confidential Information only if, and to the extent, required by law or applicable regulation.

(g) Neither party will be deemed in violation of the obligations in this Section to the extent disclosing Confidential Information in connection with potential disclosures under subsection (f) above, to representatives or advisors, who are subject to obligations of confidentiality.

7. Personally Identifiable Information. (a) To the extent Service Provider has access to personally identifiable information, Service Provider agrees to use such information only for the purpose of this Agreement and as Client directs.

(b) Client and Service Provider will comply with all applicable laws relating to privacy and the protection of personally identifiable information.

8. Protected Health Information. To the extent Service Provider is deemed a “Business Associate” of Client in accordance with the Health Insurance Portability and Accountability Act (“HIPAA”), a Business Associate Agreement will set out the terms and conditions of the use and disclosure of such protected health information.

9. Access to Billing Books and Records. If applicable, each party will comply with the requirement of Section 1861(v)(1)(I) of the Social Security Act, as amended, and any written regulations pursuant thereto, governing the maintenance of documentation to verify the cost of Services rendered as follows: (i) Until the expiration of four (4) years after the furnishing of Services, Service Provider agrees to make available, upon written request of the Secretary of the U.S. Department of Health and Human Services, the U.S. Comptroller General, or to any of their duly authorized representatives, this Agreement, and our books, documents and records that are necessary to support the nature and extent of the costs incurred by Client in purchasing Services under this Agreement; (ii) if Service Provider subcontracts any duties arising from this Agreement with a value or cost of \$10,000 or more with a related party, such subcontract will contain a clause to the effect of the foregoing sentence; (iii) as used herein, “related party” includes any party employed or controlled by Service Provider, any party by whom Service Provider is employed or controlled, and any party with whom Service Provider develops a close association or affiliation. Service Provider will notify Client promptly of any requests received for access to information described in this Section and will consult with Client regarding the response to be made.

10. Term and Termination. (a) This Agreement will remain in effect until terminated as permitted by this Section 10 (“Term”).

(b) A party may terminate this Agreement or a particular SOW early without cause upon thirty (30) days’ advance written notice to the other party, or earlier if agreed by the parties.

(c) A party may terminate this Agreement or a particular SOW for cause if the other party materially breaches the terms of this Agreement and fails to cure such breach within thirty (30) days of receiving written notification of such breach, or as otherwise agreed by the parties.

(d) The termination becomes effective on the last day of the advance notice period required above, or such other date as agreed by the parties (the “Termination Date”).

11. Effect of Termination. (a) The terms of this Agreement will continue to govern any existing SOW(s) until such SOW terminates or expires.

(b) If a SOW is terminated for convenience by either party, Client will pay Service Provider for all Services rendered, Service Provider Materials provided, expenses incurred, contingent fees earned (if applicable), termination fees (if applicable), or commitments made by Service Provider through the Termination Date in accordance with the SOW.

(c) If a SOW is terminated for cause by Client, Client will pay Service Provider for all conforming Services rendered, Service Provider Materials provided, and reasonable expenses incurred through the Termination Date in accordance with the SOW.

(d) If a SOW is terminated for cause by Service Provider, all rights granted to Client in such SOW for continued use of the Services and the Service Provider Materials under Section 2 will terminate as of the Termination Date.

(e) If a SOW expires or is terminated for any reason, all license rights or other rights granted to Client in such SOW for access to software or online resources will be extinguished contemporaneously with the termination unless other valid terms exist between Client and Service Provider governing such rights.

(f) The following rights and obligations expressly survive termination of this Agreement: (i) payment for Services rendered, (ii) confidentiality, (iii) indemnification, and (iv) any other provision intended by its express terms or by its nature and context to survive the Term of this Agreement.

12. Indemnification. (a) To the extent permitted by law, each party (each, an “Indemnifying Party”) will hold harmless and indemnify the other, its parent and affiliated companies and their respective officers, directors, employees, contractors, and agents (each, an “Indemnified Party”) against any and all direct loss, liability, damage, or expense (“Claim”), including actual attorneys’ fees reasonably incurred, for breach of confidentiality, injury or death of any person, and damage to real or tangible personal property of the Indemnified Party arising out of or in connection with willful misconduct or negligent acts or omissions of the Indemnifying Party’s employees, contractors, or agents, regarding the performance of, receipt of, and use of, the Services provided. However, neither party will be indemnified for any Claim to the extent resulting from its negligence or willful misconduct. The Indemnifying Party will have the right to participate in the defense of any Claim at its own expense.

(b) To the extent permitted by law, each party will defend, indemnify, and hold harmless the Indemnified Party against any third-party claim arising from the Indemnifying Party’s violation of any U.S. copyright, trademark, patent or other U.S. intellectual property rights, so long as the Indemnified Party gives the Indemnifying Party prompt written notice of such a claim. Client agrees to promptly notify Service Provider of any intellectual property rights infringement claim and, as Service Provider requests, Client will cooperate in the defense of such claim. For any claim that Service Provider Materials infringe a third party’s U.S. intellectual property right, Service Provider may, at its option, (i) modify such Service Provider Materials to cure the intellectual property right infringement; (ii) procure for Client the right to continue using the Service Provider Materials pursuant to this Agreement; (iii) provide an alternative means of offering the Service Provider Materials; or (iv) terminate access to the infringing Service Provider Materials until such claim is resolved.

(c) The parties acknowledge and agree that from time to time the parties may be subject to subpoenas or other legal requests for production as a result of the relationship created by this Agreement, including requests made in connection with litigation or other dispute, governmental hearings, investigation or other administrative actions (the “Proceedings”). In such event, the party subject to such Proceedings shall indemnify, defend, and hold harmless the other with respect to all costs incurred and claims resulting from the Indemnified Party’s response to or compliance with any such subpoena, document request, or similar order.

13. Limitation of Liability. a. NEITHER PARTY SHALL BE LIABLE TO THE OTHER FOR ANY TYPE OF DAMAGES FOR ANY AND ALL CLAIMS, IN AGGREGATE, IN EXCESS OF THE AMOUNT OF SERVICE PROVIDER’S FEES UNDER THE APPLICABLE SOW FROM WHICH THE CAUSE OF ACTION AROSE.

b. NEITHER PARTY SHALL BE LIABLE TO THE OTHER FOR ANY PUNITIVE OR EXEMPLARY DAMAGES OR LOSS, OR ANY LOST PROFITS, SAVINGS OR BUSINESS OPPORTUNITY, SPECIAL, CONSEQUENTIAL, INCIDENTAL, OR INDIRECT DAMAGES.

14. Equitable Relief. Service Provider is entitled to equitable relief, including without limitation, injunctive relief and specific performance, in the event of a breach or threatened breach of the confidentiality obligations and licenses granted to Client in this Agreement and its attachments or SOWs. Service Provider may seek equitable relief in addition to all other remedies available at law or in equity without the requirement to prove actual damages.

15. Force Majeure. (a) Neither party shall be liable hereunder by reason of any failure or delay in the performance of its obligations hereunder (except for payment obligations) on account of strikes, shortages, riots, insurrection, fires, flood, storm, explosions, acts of God, war, governmental action, labor conditions, earthquakes, material shortages or any other cause that is beyond the reasonable control of such party (“Force Majeure Event”).

(b) Upon occurrence of a Force Majeure Event, the non-performing party shall promptly notify the other party of occurrence of that Force Majeure Event, its effect on performance, and how long that party expects it to last.

During a Force Majeure Event, the nonperforming party will use reasonable efforts to limit damages to the performing party and to resume its performance under this Agreement.

16. Suspension. Service Provider reserves the right to suspend Services in the event of non-payment, breach of rights to use Service Provider Materials or confidentiality obligation, or other material breach. In the event of suspension, Service Provider will not be liable for any resulting loss, damage, or expense connected with such suspension. Service Provider will continue to comply with the applicable Business Associate Agreement during any suspension.

17. Non-Solicitation. Because of Service Provider's significant investment in its highly skilled workforce, during the term of the corresponding SOW, and for a period of one year following its expiration or termination, Client will not directly or indirectly solicit, employ, or otherwise engage a person who participated in the Services on behalf of Service Provider; provided, that this restriction shall not apply to any general solicitation for employees (including through the use of employment agencies) not specifically directed at any such persons, and Client shall not be restricted in hiring any such person who responds to any such general solicitation.

18. No Relationship, Limited Authority. (a) Nothing in this Agreement creates any special relationship between the parties, such as a partnership, joint venture, franchise, or employee/employer relationship.

(b) Neither party will have the authority to, and will not, act as agent for or on behalf of the other party or represent or bind the other party in any manner. However, if it is appropriate in the provision of Services that Service Provider review and analyze confidential information of a third party related to contracts between Client and its suppliers, manufacturers or other vendors, Client hereby designates Service Provider as its representative and agent as necessary for such limited purpose.

19. Client Policies. If Service Provider personnel are required to comply with Client policies, and Service Provider's policies conflict with Client policies, the parties will work to determine an appropriate solution to ensure that Service Provider's personnel will not be subject to conflicting policies.

20. Personnel. Service Provider retains the right to assign and reassign its personnel, as appropriate, to perform the Services.

21. Reference. Client agrees that Service Provider may refer to Client as a recipient of the Services.

22. Foreign Taxes. (a) If Client is required by the laws of any foreign tax jurisdiction to withhold income or profit taxes from payment to Service Provider, then the amount payable by Client upon which the withholding is based, will be paid to Service Provider net of such withholding. Client will pay any such withholding to the applicable tax authority.

(b) However, if after 120 days of the withholding, Client does not provide Service Provider with official tax certificates documenting remittance of the taxes, Client will pay Service Provider an amount equal to the withholding. The tax certificates must be in a form sufficient to document qualification of the taxes for the foreign tax credit allowable against Service Provider's corporation income tax.

23. Assignment. Each party may, without the prior written consent of the other party, assign this Agreement to a successor-in-interest or to an entity that acquires all or substantially all of such party's assets in connection with a merger, consolidation, or acquisition, provided however, that the scope of any SOW will remain limited to the facilities, usage limits, affiliates or number of users, as applicable, identified in such SOW and will not be expanded due to any assignment of this Agreement as described above. Notwithstanding the foregoing, Service Provider may require successors for the Client to provide written affirmation to Service Provider of Client's obligations under this Agreement and any SOWs.

24. Waiver. No waiver of any breach of any provision of this Agreement shall constitute a waiver of any prior, concurrent or subsequent breach of the same or any other provisions hereof. No term of this Agreement will be deemed waived, and no breach of this Agreement excused, unless the waiver or consent is in writing signed by the party granting such waiver or consent.

25. Modification. This Agreement supersedes all prior oral and written communications between the parties with respect to the subject matter of this Agreement, and may be amended, modified or changed only in a writing signed by both parties.

26. Dispute Resolution. (a) This Agreement is governed by and construed in accordance with the laws of the State of Illinois without giving effect to conflicts of law rules.

(b) Any controversy or claim arising out of or relating to this Agreement or any breach thereof will be settled by binding arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules. Any arbitration will be conducted in Riverside County, California. Any arbitration award may be entered in and enforced by any court having jurisdiction thereof, and each party consents and commits itself to the jurisdiction of the federal and state courts located within the State of Illinois for purposes of enforcement of any arbitration award. Except as may be required by law, neither party nor an arbitrator may disclose the existence, content, or results of any arbitration hereunder without the prior written consent of both parties. Each party will bear its own costs for any dispute, including attorneys' fees.

(c) Notwithstanding the foregoing, the parties will in good faith and for thirty (30) days attempt to resolve any dispute or disagreement arising out of or relating to this Agreement by face-to-face negotiations between an authorized representative of each party. Neither party, however, will be required to pursue this informal dispute resolution process in the event of a dispute regarding an alleged payment, a breach of confidentiality obligations or a violation of intellectual property rights if the party has reason to believe that the delay caused by the informal dispute resolution process would materially harm it.

27. Notice. All notices or demands required hereunder shall be in writing and will be served by nationally recognized overnight courier service and will be deemed delivered on the date that the overnight shipping company registers delivery to the appropriate party at the address stated in the SOW, his or her successor, or other designee or officer of the party with a copy to: General Counsel, Huron Consulting Services LLC, 550 West Van Buren St., 17th floor, Chicago, IL 60607.

28. Counterparts. Provided that the parties execute a copy of the Agreement, the Agreement may be executed in counterparts, each of which will be deemed an original and all of which together will constitute one and the same instrument. Execution and delivery by electronic means will be deemed legal, valid and binding.

29. Entire Agreement, Binding Effect. This Agreement, together with the applicable SOW, constitutes the entire understanding between the parties and is intended as the complete and exclusive statement of the agreement between the parties with respect to the Services. Except as set forth in this Agreement, this Agreement supersedes all other understandings, agreements, and documents with respect to the subject matter hereof, including any preprinted terms and conditions on any acknowledgment, price quote, quote receipt confirmation, purchase order, invoice or other document. Any additional or different terms in Client's documents are hereby deemed to be material alterations and notice of objection to and rejection of them is hereby given.

(b) If the terms of this Agreement are inconsistent with the terms of any particular SOW, the terms of such SOW will control.

(c) If any portion of this Agreement is held invalid, such invalidity will not affect the validity of the remaining portions of the Agreement and the parties will substitute for any such invalid portion, a provision that best approximates the effect and intent of the invalid provision.

(d) The provisions of this Agreement will be binding upon and inure to the benefit of the respective successors and permitted assigns of the parties.

Signature Page Follows.

HURON CONSULTING SERVICES LLC

DESERT HEALTHCARE DISTRICT

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

DRAFT



PROFESSIONAL SERVICES STATEMENT OF WORK

This is a Professional Services Statement of Work (“SOW”) to the Professional Services Agreement dated **TBD**, (“Agreement”) between Huron Consulting Services LLC, a Delaware limited liability company with an office located at 550 West Van Buren Street, Chicago, IL 60607 (“Service Provider”, “we”, “us”, “our”) and the Client identified in the box below (“Client”, “you”, “your”).

This SOW is entered into as of **TBD** (the “Effective Date”). This SOW and the Professional Services Agreement (collectively, the “Agreement”), sets forth the Services to be provided by Service Provider to Client for the fees set forth herein. By signing this SOW, Client agrees to be bound by this Agreement. Any capitalized terms used but not defined herein shall have the meaning given in the Professional Services Agreement. Any capitalized terms used herein shall have the meaning given in this Professional Services Agreement.

In consideration of the mutual promises set forth in this SOW, the parties agree as follows:

| | |
|--|--|
| Name of Client: Desert Healthcare District | Contact Name: Dr. Conrado Barzaga |
| Address: 1140 N Indian Canyon Drive, Palm Springs, CA 92262 | Contact Phone and Email Address: |

Objectives and Scope

The objective of the project is to provide the Desert Healthcare District detailed insights into their market including population health trends, gaps in care, patient migration patterns, and overall community health needs.

Services

Service Provider will provide data extracts and insights based on the following parameters:

The study group of patients as identified within the Palm Springs, California CBSA (Core Based Statistical Area). We will provide a one year Share of Care report for patients within the identified market. Additionally, we will analyze patient migration patterns to see all subsequent visits for next site of care after they receive clinical services within the Healthcare District (Patient Track Report). The data will be provided by Unique Patients, Total Visits, and Charges for each output format.

Due to the unique population shifts driven by temporary residents in the winter months, data will be segmented further by calendar date as needed to compare care patterns of full-time residents against care needs of the seasonal residents.

Deliverables

Service Provider will provide the following deliverables in support of the overall project objectives:

1. Report on overall community physician needs, based on the service area population compared to blended national benchmarks
 - a. Report will be broken out by provider service lines (e.g., primary care, medicine, surgery)
 - b. Report will identify gaps in local healthcare supply as compared to blended benchmarks based on current service area resources

2. Report on the overall market share and position of Desert Healthcare District clinical providers and facilities.
 - a. The client will provide relevant information to inform report parameters including service area zip codes, provider/organization NPI numbers, and specialty or service line definitions to insure report relevance
 - b. Report will compare top service lines of Healthcare District clinical resources compared to local competitors, trended over time as needed
3. Report on patient migration patterns for patients seeking subsequent care after a clinical encounter within the Desert Healthcare District.
 - a. Results will track patient migration to other local or out of town health systems to determine out of market movement
 - b. Results will be segmented by key markets, organizations, providers, and specialties
 - c. Results will be segmented by calendar date to account for seasonal population shifts
 - d. Results will be presented by number of patients, visits, or charges as necessary
4. Consumer Segmentation Analysis
 - a. Report will identify local consumer segments based on zip code and census block
 - b. Report will focus on both demographic and psychographic profiles on key consumer segments and market locations, based on proximity to Desert Healthcare District resources and relevance to the overall district mission
5. Roadmap Forward
 - a. Service Provider will deliver a comprehensive roadmap based on all the data extracts, related findings, and working/vetting sessions with the client
 - b. Roadmap will include recommended initiatives and related sequencing to act on the insights generated from the analysis described above

Client Responsibilities

In connection with this engagement, Client will perform the tasks, furnish the personnel, provide the resources, and undertake the responsibilities specified below:

- Client will designate an employee or employees within its senior management who will make or obtain all management decisions with respect to this engagement on a timely basis.
- Client will provide Service Provider with further information, as needed, to ensure the assumptions stated herein are accurate and complete.
- Client will cause all levels of its employees and contractors to cooperate fully and timely with Service Provider. Service Provider will be entitled to rely on all of Client's decisions and approvals and Service Provider will not be obligated to evaluate, advise on, confirm, or reject such decisions and approvals.
- To maximize the value of Service Provider's work and to keep the project moving on schedule, Client agrees to comply with all of Service Provider's reasonable requests and to provide Service Provider timely access to all information and locations reasonably necessary to perform the services.

The successful delivery of services, and the fees charged, are dependent on (i) Client's timely and effective completion of its responsibilities, (ii) the accuracy and completeness of any assumptions, and (iii) timely decisions and approvals by Client's management. Client will be responsible for any delays, additional costs, or other liabilities caused by any deficiencies in the assumptions or in carrying out Client's responsibilities.



Professional Services and Fees. (Note these are estimated fees based upon previous discussions and are subject to change based on scoping decisions made by the Client)

| Professional Services | Fees |
|--|--------------------------|
| Claims Based Market Analysis Extracts | \$25,000 |
| Market Clinical Need & Consumer Segmentation Extracts | \$20,000 |
| Insight Generation & Consulting Support | \$50,000 |
| Additional Ad-Hoc Data Requests | \$250.00 Per Hour |

Service Provider will invoice Client within 30 days of the Effective Date. All invoices are due 30 days from the date of invoice.

Desert Healthcare District

Comprehensive Assessment & Strategic Plan



Contents

1. Our Understanding
2. About Huron
3. Our Approach

Understanding &
About Us



Our Understanding

Background and key areas of focus for the Desert Healthcare District

1. We understand the Desert Healthcare District is looking to **assess the healthcare needs of your residents**, focused on identifying key disease states, patient migration trends, and provider outcomes and referral patterns to help triangulate and **prioritize actionable interventions**.
2. In addition to understanding community healthcare needs, the combined analyses should incorporate the detailed insights **focused on current district medical services** including hospital capacity, specialty beds, and available sites of care.
3. This analysis will be leveraged to **identify current gaps in the care** available to district residents, map high opportunity healthcare assets (i.e., clinics or healthcare providers), and will be used as the basis for recommendations and strategic plan development to ensure district residents have convenient access to comprehensive care options.

Why Huron



Huron's proprietary **Perception Health market intelligence platform, the premier healthcare insights tool**, leverages data from more than 30 billion healthcare claims to inform decisions and actions that improve patient care and outcomes, helping to quantify the value of the recommended changes to both the county and the market.

We are the only healthcare-focused management consulting firm that offers **depth and breadth across all facets of operations** – from revenue cycle, to cost, to technology, to strategy – and are uniquely positioned to bring our capabilities together in a customized way.



With our proven assessment and implementation methodology, we have **helped our clients save more than \$3.5B** to reinvest in their future over the past three years.

We are grounded by our values in everything we do



Collaboration



Excellence



Humility



Impact



Inclusion

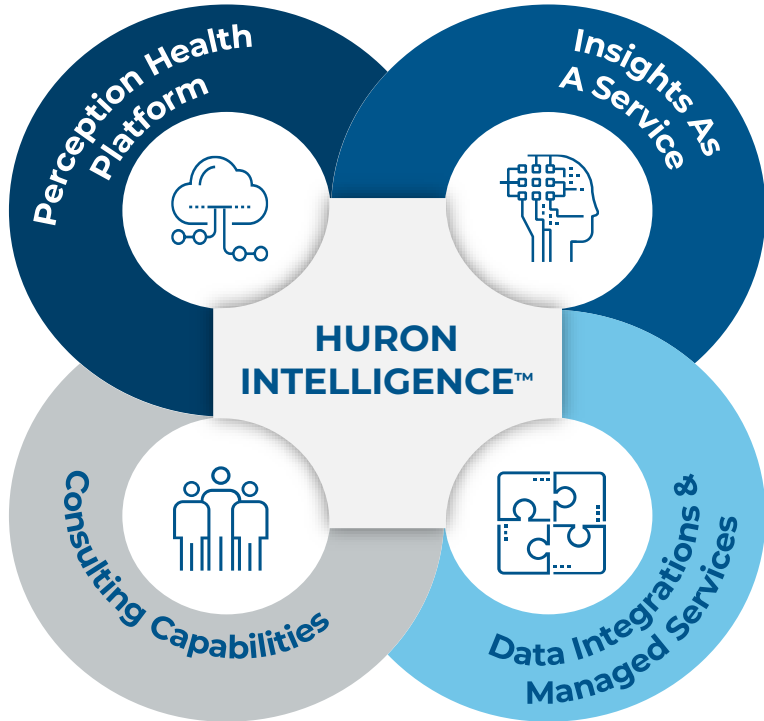


Integrity



Intellectual
Curiosity

Perception Health & HURON INTELLIGENCE™



Problems We Solve For



Referral Management



Managing Chronic Conditions in At Risk Populations



Retaining Share of Care



Service Line Profitability



Understanding Health Equity and SDoH



Amplified Consumerism



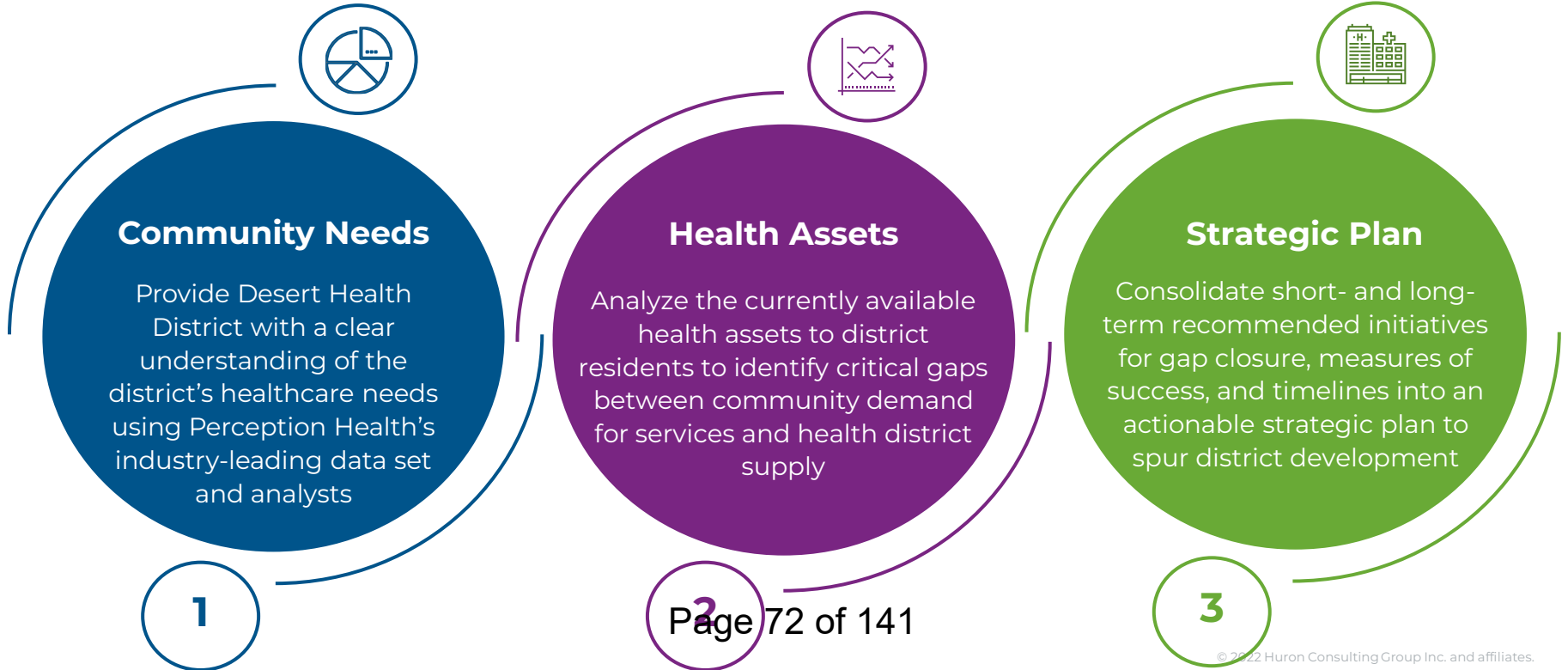
Shifting Care Environments



Staff Burn Out

How Huron Can Help

We are proposing three workstreams to meet your objectives:



2

Our Data & Proposed Activities



The Data in the Platform

- Over **30 billion** healthcare claims
 - **6.2 million** providers
 - **290 million** unique patient lives
 - **8 million** claims added nightly from Claims Clearinghouses
 - **100%** of Medicare claims four months after the close of each quarter
- Spans the continuum of care
 - Includes but not limited to hospitals, clinics, physician offices, home health, skilled nursing facilities, rehab, lab, imaging, telehealth, home, ambulatory surgical centers, urgent care, hospice, durable medical equipment

- ✓ Data is captured at the claim line-level
- ✓ Data is not modeled or synthetically generated
- ✓ Data contains a unique, de-identified patient ID to create a secure longitudinal record of care across providers, networks and payors
- ✓ Data provides claims coverage spanning Commercial, Medicare/Medicaid Advantage, and Medicare

Key Use Cases



Reduce Network Leakage

Easily visualize physician referral patterns, assess the volume and revenue impact of splitters and prioritize physician engagement for business development and executive outreach.



Personalize Screening

Compare the historical healthcare claims of people in your community to 50+ disease prediction models to identify those at risk of a diagnosis in the next 12 months.



Strategically Model Growth

Identify trends in volume and charges across local providers while assessing the risk of disease diagnoses in a population to assess fee-for-service, bundled payment and risk-based contract opportunity.



Network Design and Monitoring

Providers success in treating diseases by their performance in 5 key dimensions: Volume, Outcomes, Charges, Access and Loyalty to create the optimal care pathway for patients.



Site Selection / M&A

Identify prime locations to build, acquire or partner for services based on the current and future needs of the population.

Key Activities

Huron and Perception Health will analyze Desert Health District's healthcare needs through the following key activities:

- **District Supply Baseline:** Review of local healthcare capacity. Review to include outpatient clinics, inpatient beds, and provider counts by service line.
- **Community Clinical Needs Assessment:** Assessment of district clinical needs including total number of physicians by service line and inpatient hospital beds requirements.
- **Community Profile Development:** Detailed analysis of Desert Health District community including proximity and access to existing healthcare sites, key consumer demographic and psychographic profiles, and overall community clinical and social care gaps.
- **Site Capacity & Service Mix Recommendations:** Combine the documented community needs and existing resource analysis to create recommendations for closing existing care gaps within the district, as well as specific capacity targets and future state service line mix recommendations

Estimated Timeline: Dependent on desired level of detail and client provision of key data inputs, we estimate these activities can be completed in approximately **8-12 weeks**.

Key Activity #1: Healthcare Supply

Baseline total healthcare resources currently available to the residents of Desert Healthcare District and identify common patient journeys that highlight unmet care needs (e.g., patients leaving the area for specialized care)

Current Facility Sizes, Occupancy, Growth Rates, Bed Types

| Hospital | Beds | Occupancy | Leakage | Annual Growth | |
|-------------|------------------------------|-----------|-------------|---------------|------------------|
| Facility 1 | 66 | 59.9% | 0.0% | 1.0% | |
| Facility 2 | 58 | 55.0% | 94.1% | 1.2% | |
| Facility 3 | BED TYPE | | NUMBER BEDS | TOTAL DAYS | UTILIZATION RATE |
| | Routine Service | | 281 | 73,963 | 72.1 % |
| Facility 4 | Intensive Care Unit | | 44 | 9,167 | 57.1 % |
| | Surgical Intensive Care Unit | | 7 | 1,922 | 75.2 % |
| Total Acute | | 332 | 90,694 | 69.8 % | |

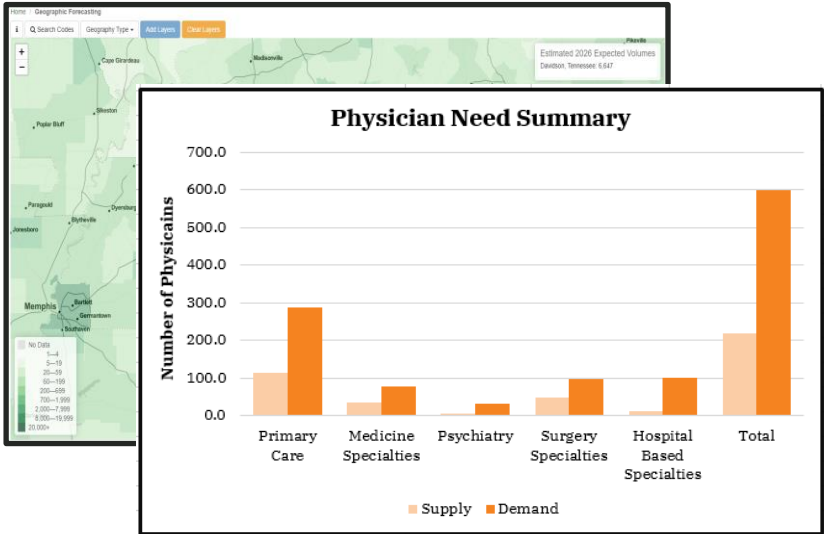
Mapping Patient Journeys, Across Health Systems and Specialties



Key Activity #2: Community Needs

Assess total care (i.e., clinical and social) needs of district residents

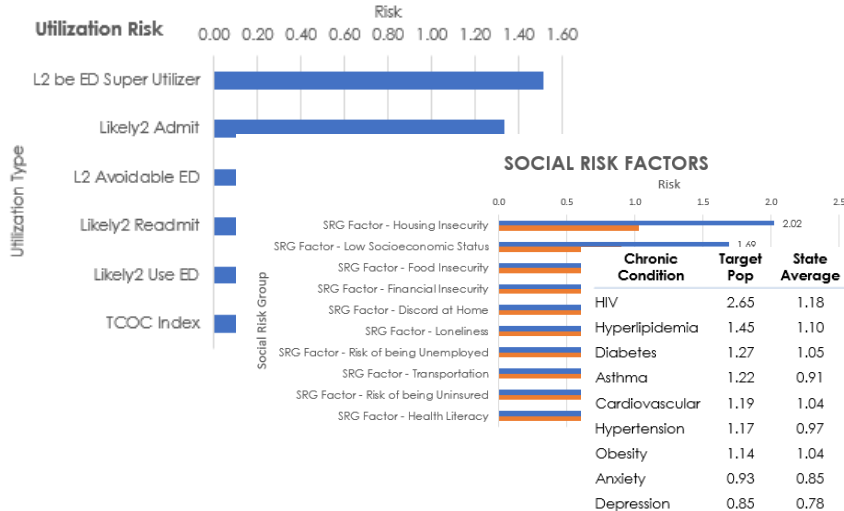
Clinical Needs



We can provide a forecasting analysis by utilizing the procedure code search function to find five-year projections for the relevant procedure codes within any geographical location within the continental U.S.

We can combine this forecast along with current state physician needs and bed capacity summaries compare what resources exist today against what will be needed tomorrow

Social Risks

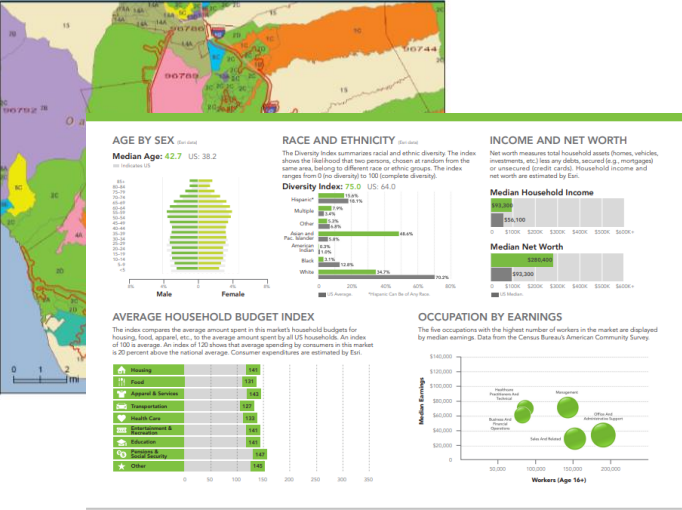


We can also score the social risks of a target population and present the greatest social risks in the market alongside the most prevalent chronic conditions and use of high cost/high acuity health resources (e.g., Emergency Departments) to demonstrate the impact of unaddressed social determinants of health.

Key Activity #3: Local Community Profile

Perform a localized analysis of the surrounding community within a 15 minute* drive of key healthcare locations

Consumer Demographic & Psychographic Profiles (15-minute radius)



Clinical Services and Social Risk Summary (15-minute radius)

Top Service Lines – 15 Minute Drive Time

The table below shows the top service lines, based on procedure codes, being performed by billing providers in the 15 minute drive time.

| Service Line | Procedures | Charges |
|--------------------------------------|------------|--------------|
| Evaluation and Management | 164,696 | \$42,576,853 |
| Pathology and Laboratory | 158,971 | \$22,203,387 |
| Physical Medicine and Rehabilitation | 61,432 | \$4,423,982 |

AT RISK POPULATION PROFILE

91-2141 Fort Weaver Rd, Ewa Beach, Hawaii, 96706
 Drive Time: 15 minute radius

| Service Line | Population | Households | Avg Size Household | Median Age | Median Household Income | Median Home Value | Health Index | Housing Affordability | Diversity Index |
|---------------|------------|------------|--------------------|------------|-------------------------|-------------------|--------------|-----------------------|-----------------|
| Radiology | 232,298 | 66,425 | 3.46 | 37.4 | \$100,863 | \$687,291 | 136 | 91 | 79 |
| Cardiology | 17,746 | 37,469 | 3,187 | | | | | | |
| Ophthalmology | | | | | | | | | |
| Dermatology | | | | | | | | | |
| Injections | | | | | | | | | |
| Dialysis | | | | | | | | | |

*Note: Drive time radius can be adjusted based on population density and desired reach of the new facility

Key Activity #4: District Recommendations

Combine the results of Key Activities 1 – 3 to provide detailed recommendations for the next evolution of local healthcare services

The final deliverable of the engagement will leverage the findings from the other workstreams to provide clear guidance on:

- **Future state hospital capacity**, including number of beds by type (e.g., med/surg, ICU, psych)
- **Future state service line mix** – Which services/specialties most closely align with the needs of the surrounding community?
- **Growth opportunities** – Which current facilities/providers should the Desert Healthcare district partner with to drive growth and utilization within the district?
- **Key Disease States** – Which disease states is the county population trending towards based on their historic care pathways and care consumption?

RESOLUTION NO. 22-27

**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 November 22, 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



Date: October 26, 2022

DHCD Progress Report #2022-3 for reporting period July 1, 2022 to September 30, 2022

Grantee: Coachella Valley Association of Governments (CVAG)

Project Title: CV Link Project

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

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

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

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

2. Summarize work completed during reporting period.

Construction progress continued throughout the third quarter in multiple cities along the project route. As depicted in the following photos, a primary focus in the cities of Indio and La Quinta has been on establishing the project's undercrossings, including Fred Waring, Monroe, Jackson, and Miles. This work involves a significant amount of dirt moving, grading and slope protection. Work also continues at Promontory Point – a major access point with a bridge connecting La Quinta and Indio – as well as grading and pouring the adjacent path segments.

In the City of Palm Springs, work is progressing along the Tahquitz Creek segment, which broke ground in March 2022. This work connects seamlessly to a nearly mile-long stretch of CV Link



that was already completed along the Tahquitz Creek Golf Course. Additional work is underway at the Palm Springs Visitors Center, where a CV Link access point is being constructed. Residents and visitors may have noticed the installation of barriers along Mesquite Avenue and improvements at the intersection of El Cielo and Mesquite. Work is also underway to install the signature elements of the project, most notably the shade structures and color markings.

Below are some photos of the progress, which is part of the nearly \$53 million construction contract that has been awarded to Ames Construction.











CV Link and its construction progress were recently featured by League of California Cities in a story headlined “Coachella Valley residents and local officials team up to create a valleywide biking and walking oasis” (<https://www.calcities.org/news/post/2022/10/12/coachella-valley-residents-and-local-officials-team-up-to-create-a-valleywide-biking-and-walking-oasis>)

As noted in previous reports, this construction is largely funded by the \$29.447 million in funds from the Active Transportation Program and State Transportation Improvement Program, which the California Transportation Commission (CTC) green lighted in 2020. CVAG is also drawing down its funding commitments, including those from the Desert Healthcare District/ Foundation and South Coast Air Quality Management District. The Congressional Budget Office has estimated that every dollar spent on infrastructure produced an economic benefit of up to \$2.20, and the U.S. Council of Economic Advisers has calculated that \$1 billion of transportation infrastructure investment supports 13,000 jobs for a year. Based on these calculations, the \$52.7 million investment will produce an economic benefit of over \$116 million, and support more than 685 jobs for a year.

In addition to the construction progress, CVAG staff has been working with its partners at Caltrans to prepare the next segment of work. It was noted in a previous report that CVAG had expected a right of way certification to be received in the third quarter. CVAG still is waiting for Caltrans to process this request, which will lead to another nearly four miles of CV Link across the tribal lands of the Cabazon Band of Cahuilla Indians and the Twenty-Nine Palms Band of Mission Indians.

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

CVAG staff had noted in its last progress report that they anticipated releasing a request for construction bids on the next segment of CV Link in order to build the nearly four mile stretch across tribal lands. However, Caltrans – a longstanding partner on this project – has taken longer than expected. Construction of that segment is not likely to move ahead until early 2023.

Construction always brings surprises, and CVAG has also been working through unexpected discoveries of unmarked utilities. At the same time, CVAG staff is coordinating CV Link construction with the Coachella Valley Water District and the timing of CVWD projects along the stormwater channel.

One of the greatest opportunities for CV Link is improved connectivity. While it was actually announced in the fourth quarter, CVAG staff was thrilled to learn that one of the major CV Link connections – the Arts and Music Line – has been recommended to receive \$36.483 million in active transportation funding from the State of California. This is the largest single award announced for the Coachella Valley in the history of the state’s competitive Active Transportation Program. The Arts and Music Line will reinvent how cyclists and pedestrians travel along Avenue 48 in the Cities of La Quinta, Indio and Coachella. The 15-mile project embraces the use of bold



color schemes, innovative lighting and artwork to create not only a safe and inviting route but also a destination in and of itself. It includes two connections to CV Link and a connection to the polo grounds, which is home to the world-renowned Coachella and Stagecoach art and music festivals.

4. Is your project on schedule?

Yes. The progress overall is on schedule. Certain segments have taken longer than expected, including the work in Palm Springs that will now continue into 2023. But CVAG continues to adjust the timing of building various parts of the project, in large part to maximize the time that sub-contractors are deployed on the project. CVAG also is also in constant coordination with the Coachella Valley Water District regarding the timing of work along the stormwater channel.

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

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

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

6. Work planned for next reporting period:

In the fourth quarter of 2022, CVAG anticipates achieving the following milestones:

- Continue construction along the project route, primarily in the cities of Palm Springs, La Quinta and Indio. This includes:
 - Promontory Point access point, where a bridge connects the Cities of La Quinta and Indio, and the nearby pathway segments along the Coachella Valley Stormwater Channel.
 - Various undercrossings, namely Monroe, Jackson, Miles and Fred Waring,
 - On-street segments in the City of Palm Springs, primarily along the Tahquitz Creek route.



- Work with the City of La Quinta on construction of the Dune Palm Bridge project. The City awarded a construction contract for the project on October 18, and CVAG will reimburse the City as it builds improvements related to CV Link, which will go under the new bridge.
- Work with Caltrans to finalize a right of way certification, which is needed to release a request for construction bids on the next segment of CV Link.

Looking ahead, CVAG anticipates additional groundbreaking in the Cities of Coachella and Palm Desert as part of the approved \$53 million contract with Ames. CVAG will keep the District Board and staff aware of any planned events. CVAG appreciates the continued support of this project. As always, CVAG welcomes input on any of these issues, as your feedback as a participatory partner in the project is important to our progress and the finalization of the right of way and construction of CV Link.

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



DESERT HEALTHCARE
DISTRICT & FOUNDATION

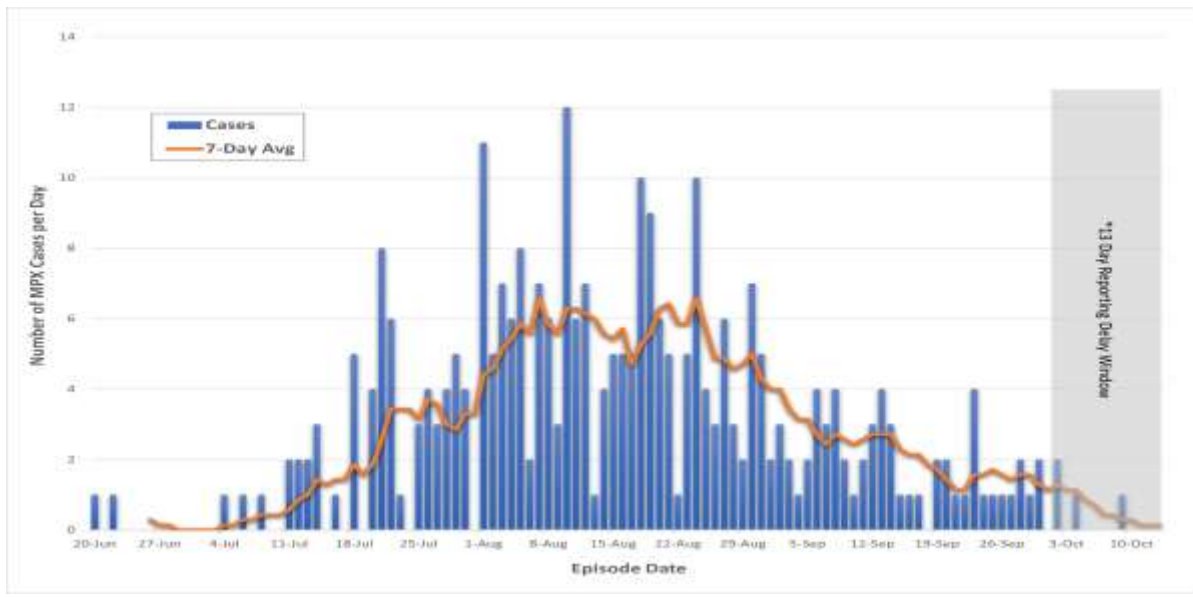
Date: November 22, 2022
To: Board of Directors
Subject: CV Equity Collaborative: Monkeypox Update

Staff Recommendation: Informational item only

Background:

- MPX is a rare disease caused by infection with the MPX virus. The 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 MPX 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:



- Cases have declined significantly as vaccines and therapeutic resources have become more available. More than 36,000 vaccine doses have been delivered to at-risk individuals in our region.
- Since our last report there have only been three (3) new cases of MPX diagnosed in the Coachella Valley.

- It is important, however to highlight that the highest number of cases in Riverside County reside in the Cioachella Valley. See table below:

Top 5 Riverside County MPX Case Count by City/CDP

| City/CDP | Total Cases | % Total Riverside County MPX Cases |
|---------------------------|--------------------|---|
| <i>Palm Springs</i> | 146 | 46.6% |
| <i>Cathedral City</i> | 40 | 12.8% |
| <i>Riverside</i> | 16 | 5.1% |
| <i>Desert Hot Springs</i> | 12 | 3.8% |
| <i>Corona</i> | 11 | 3.5% |



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 22, 2022
To: Board of Directors
Subject: Spitfire Development Workshop – December 8, 2022

Staff Recommendation: Information Only

Background:

- In June 2022, the Board of Directors approved a consulting services agreement with Spitfire Strategies to conduct Board development workshops.
- Spitfire works with organizations to assist with social-change goals and to help bring big ideas to life with smart communication, winning campaigns and learning opportunities to become more powerful changemakers.
- Equity, diversity and inclusion are at the heart of their work.
- Guidance is provided to advance racial, economic and social justice, and to protect the environment.
- Spitfire has developed a schedule of session themes.
- On December 8, 2022, Spitfire will conduct a strategic communications session – Get Inside the Box, to include the following topics:
 - Hospital Lease (remaining terms of the lease)
 - District Expansion Funding
 - Seismic Retrofit Funding
- Future Topics in 2023
 - Q1 – Ethical Storytelling
 - Q2 – Elevator Speech
 - Q3 – Visual Communications Strategy



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 22, 2022
To: Board of Directors
Subject: November 8 General Election Results – Zone 6

Background:

- In preparation for the November 2022 General Election, staff participated in the Riverside County Registrar of Voters candidate filing seminar to coordinate procedures for conducting the election and obtain information on new legislation impacting district elections.
- Between July 11 - August 10, the Registrar of Voters published a Notice of Election in the Desert Sun with the date of the district election, the location to obtain the official Declarations of Candidacy for eligible candidates desiring to file, and the cutoff date and time for accepting Declaration of Candidacy for filing.
- Directors' terms expiring this year are President Karen Borja (Zone 6), Vice-President PerezGil (Zone 4), and Director Carole Rogers (Zone 2), with President Borja not seeking a second term.
- At the September 27 Board of Director meeting, the Board approved Resolutions 22-21 and 22-22 requesting the Board of Supervisors appoint Director PerezGil (Zone 4) and Director Rogers (Zone 2) to terms ending in 2026.
- Two candidates, Kimberly Barraza, health policy advisor, and Chauncey Thompson, CPA firm director, filed Declarations of Candidacy with the Registrar of Voters for the open seat in Zone 6.
- As of November 15, Kimberly Barraza had 78.80% (4,089) of the votes and Chauncey Thompson 21.20% (1,100) of the votes.
- No later than **November 28**, the Registrar of Voters completes its canvass and mails a statement of the results of the election to each district, including a certification of election.
- Elected officers take office at noon on the **first Friday in December (12/02)** following the general election. Before taking office, each elected officer shall take the official oath.


UNIFORM DISTRICT ELECTION LAW ELECTION
NOVEMBER 8, 2022
(E.C. §§ 9300 et seq., 10500 et seq.)

The materials contained in this calendar represent the research and opinions of the staff at the Riverside County Registrar of Voters. The contents of this calendar and any legal interpretations contained herein are not to be relied upon as being correct either factually or as a legal opinion. Reliance on the content without prior submission to and approval of your appropriate public counsel is at the reader's risk.


Please call (951) 486-7200 if you have any questions or comments or visit our website at www.voteinfo.net. Thank you.

| DATE | PERSON RESPONSIBLE | DESCRIPTION |
|--------------------------------|--|---|
| July 4 | Registrar of Voters | <i>INDEPENDENCE DAY (CO. ORD. 358.8)</i> The Registrar of Voters office will be closed. |
| July 6 (125) | District | <i>BOUNDARY CHANGES (E.C. § 12262)</i> Last-day boundary changes may be made for this election. |
| July 6 (125) | District | <i>DELIVER NOTICE OF ELECTION AND MAP OF DISTRICT (E.C. §§ 10502, 10504, 10509, 10522)</i> No later than this date the District Secretary shall deliver a notice containing the elective offices to be filled and whether the district or candidate is to pay for the Candidate's Statement. Said notice shall bear the secretary's signature and the district seal. The District Secretary shall also deliver a map showing the current boundaries of the district and divisions, if any. |
| July 11 – August 10 (120 – 90) | Registrar of Voters / District Secretary | <i>PUBLISH NOTICE OF ELECTION (E.C. §§ 12112, 12113)</i> Between these dates, the Registrar of Voters shall publish a Notice of Election in a newspaper of general circulation in the district. The notice shall contain the date of the general district election, name the offices for which candidates may file, and state the qualifications required by the principal act for each office. The notice shall state the location where official Declarations of Candidacy for eligible candidates desiring to file for any of the elective offices may be obtained, the office in which completed Declarations of Candidacy are required to be filed, and the date and time after which no Declarations of Candidacy may be accepted for filing. The notice shall also contain a statement that appointment to office will be made pursuant to E.C. 10515 if there are insufficient nominees and no petition has been filed requesting the election be held. A copy of the notice shall be delivered to the district secretary and shall be posted in the district office. <i>GENERAL PRESS RELEASE (E.C. § 12112)</i> The press release must include offices to be filled and a telephone number for information regarding filing for the elective office. |
| July 15 (116) | Registrar of Voters | <i>PRECINCTING SECTION TO COMPLETE BOUNDARY CHANGES</i> No later than this date, the precinct section must complete boundary changes. |




UNIFORM DISTRICT ELECTION LAW ELECTION
NOVEMBER 8, 2022
(E.C. §§ 9300 et seq., 10500 et seq.)

| DATE | PERSON RESPONSIBLE | DESCRIPTION |
|--------------------------------|---|--|
| July 18 – August 12 (113 – 88) | Candidates / Registrar of Voters / District Secretary | <p><i>NOMINATION PERIOD (E.C. §§ 10510, 13107 10540, 13307, 13309, 13311, 18351)</i></p> <p>Between these dates a candidate may obtain and file a Declaration of Candidacy with the Registrar of Voters in person, or by mail. If by mail, the Declaration of Candidacy may be returned by certified mail in time to reach the Registrar of Voters by no later than 5 p.m. on the filing deadline date. The Ballot Designation Worksheet must be filed at the same time as the Declaration of Candidacy. Candidates who want to file a Candidate Statement must file it at the same time the Declaration of Candidacy is filed. Candidate Statements are confidential until the deadline for filing has passed. No person shall file nomination documents for more than one district office at the same time.</p> <p>Either the Registrar of Voters or the District Secretary will issue the Declaration of Candidacy.</p> <p>No candidate shall withdraw his or her Declaration of Candidacy after 5 p.m. on the 88th day before the election.</p> |
| July 18 – August 12 (113 – 88) | Candidates / Registrar of Voters / District Secretary | <p><i>CODE OF FAIR CAMPAIGN PRACTICES (E.C. § 20400 et seq.)</i></p> <p>At the time a candidate is issued nomination papers each candidate will be issued a Code of Fair Campaign Practices. Filing it is voluntary and it may be filed with the Registrar of Voters any time before the election. It is available for public inspection until 30 days after the election.</p> |
| July 18 – August 12 (113 – 88) | Candidates / Registrar of Voters | <p><i>STATEMENT OF ECONOMIC INTEREST (G.C. §§ 87200 et seq.)</i></p> <p>A Statement of Economic Interests must be filed for all candidates with the Registrar of Voters by the close of the nomination period.</p> |
| August 12 (88) | Candidates / Registrar of Voters | <p><i>FILE DECLARATION OF CANDIDACY AND / OR WITHDRAW (E.C. §§ 10510, 13307)</i></p> <p>The last day for candidates to file their Declarations of Candidacy and Candidate Statements with the Registrar of Voters. (Candidate Statement is optional). This is also the last day to withdraw your candidacy. The candidate must withdraw before 5 p.m. unless there is an extension of the nomination period.</p> <p> <i>PUBLIC EXAM PERIOD (E.C. § 13313)</i> The 10-day exam period for Candidate Statements will be held from August 13 through August 22. If an extension applies, see the extension period.</p> |
| August 12 (88) | District | <p><i>BALLOT MEASURE (E.C. §§ 9312, 10403, 13247)</i></p> <p>Last day for a resolution calling for a measure to be submitted to the Registrar of Voters. A copy shall be made available to any voter. The statement of all measures submitted to the voters shall be abbreviated on the ballot. The statement shall contain no more than 75 words for each measure to be voted on.</p> |




UNIFORM DISTRICT ELECTION LAW ELECTION
NOVEMBER 8, 2022
(E.C. §§ 9300 et seq., 10500 et seq.)

| DATE | PERSON RESPONSIBLE | DESCRIPTION |
|-------------------|---|--|
| August 12 (88) | Registrar of Voters | <p><i>PUBLISH NOTICE OF ELECTION (E.C. § 12111; G.C. §§ 6060, 6061)</i></p> <p>Publish a notice of election as soon as possible pursuant to section 12111 of the California Elections Code. A synopsis of the measure(s) shall be included in the publication. Government Code 6061 requires the notice to be published once. The last day to submit arguments to the Registrar of Voters should also be included in the notice. A copy of the notice shall be delivered to the district and posted in the district office.</p> |
| August 15 (85) | Candidates / Registrar of Voters | <p><i>LAST DAY TO WITHDRAW CANDIDATE STATEMENT (E.C. § 13307)</i></p> <p>The last day to withdraw candidate statements unless there is an extension of the nomination period. Withdrawal of candidate statements must be in writing</p> |
| August 17 (83) | Candidates / Registrar of Voters / District | <p><i>EXTENSION OF NOMINATION PERIOD (E.C. § 10516)</i></p> <p>If the incumbent does not file by 5 p.m. on the last day of the nomination period, any eligible person, other than the incumbent, shall have until 5 p.m. of the 83rd day before the election to file a Declaration of Candidacy. The nomination extension is not applicable where there is no incumbent to be elected. If this section is applicable, a candidate may withdraw his or her Declaration of Candidacy up until 5:00 p.m. on the 83rd day before the election.</p> <p> <i>PUBLIC EXAM PERIOD (E.C. § 13313)</i> The 10-day exam period for Candidate Statements will be held from August 18 through August 27.</p> |
| August 17 (83) | District | <p><i>LAST DAY TO WITHDRAW MEASURE (E.C. § 9605)</i></p> <p>Whenever a legislative body has ordered that a measure be submitted to the voters of any jurisdiction at an election, the order of election shall not be amended or withdrawn after this date.</p> |
| August 17 (83) | Registrar of Voters / District Secretary | <p><i>INSUFFICIENT NOMINEES-POSSIBLE APPOINTMENT (E.C. § 10515)</i></p> <p>If there are insufficient nominees for the offices to be filled, and a petition requesting the election be held has not been presented to the officer conducting the election, then the election shall not be held.</p> <p>The Registrar of Voters shall request the Board of Supervisors to appoint the qualified candidate(s) to such office. If there are no candidates, the Board shall appoint a qualified person to each office. Persons appointed shall qualify, take office, and serve as if elected.</p> |
| August 18 (82) | Candidates / Registrar of Voters | <p><i>WITHDRAW CANDIDATE STATEMENT (EXTENSION) (E.C. §§ 10516, 13307)</i></p> <p>In the event there is an extension of the nomination period, candidates may have until this date to withdraw their candidate's statement. Withdrawal must be in writing.</p> |

UNIFORM DISTRICT ELECTION LAW ELECTION
NOVEMBER 8, 2022
(E.C. §§ 9300 et seq., 10500 et seq.)

| DATE | PERSON RESPONSIBLE | DESCRIPTION |
|---------------------|------------------------|---|
| August 18 (82) | Secretary of State | <p><i>RANDOMIZED ALPHABET (E.C. § 13112)</i></p> <p>On this date, the Secretary of State shall conduct a drawing of the alphabet for determining the order of candidate's names on the ballot.</p> |
| August 18 (82) | Registrar of Voters | <p><i>SEND LIST OF CANDIDATES TO DISTRICT SECRETARY</i></p> <p>Approximate date to send a list of qualified candidates to District Secretary and other county if it is involved. If an election is not held, inform the district of the procedures that will be followed.</p> |
| August 22 (78) | Registrar of Voters | <p><i>REQUEST BOARD OF SUPERVISORS TO APPOINT (if the election will not be held) (E.C. § 10515)</i></p> <p>Registrar of Voters shall request the Board of Supervisors at a regular or special meeting held before the Monday before the first Friday in December in which the election would have been held, to appoint to such office or offices the qualified candidate(s); or if no candidate(s), the Board shall appoint any qualified person to such office.</p> |
| August 22 (78) | County Counsel | <p><i>LAST DAY TO SUBMIT IMPARTIAL ANALYSIS (E.C. §§ 9313, 9314)</i></p> <p>The last day for County Counsel to submit the impartial analysis to the Registrar of Voters. The analysis shall include a statement indicating whether the measure was placed on the ballot by a petition signed by the requisite number of voters or by the governing body of the district. The analysis shall be printed in the Voter Information Guide section of the Sample Ballot preceding the arguments for or against the measure. The analysis is limited to 500 words.</p> <p> <i>PUBLIC EXAM PERIOD (E.C. § 9380)</i> There will be a 10-day exam period for the Impartial Analysis from August 23 through September 1.</p> |
| August 22 (78) | Proponents / Opponents | <p><i>LAST DAY TO FILE ARGUMENTS (E.C. §§ 9315, 9316, 9600)</i></p> <p>Last day set by the Registrar of Voters to submit arguments in favor or against the measure. Arguments may not exceed 300 words. No more than five signatures shall appear with any arguments. Authors of Argument form shall accompany all arguments.</p> <p> <i>PUBLIC EXAM PERIOD (E.C. § 9380)</i> There will be a 10-day exam period for arguments from August 23 through September 1.</p> |
| September 1 (68) | Proponents / Opponents | <p><i>REBUTTALS (E.C. §§ 9317, 9600)</i></p> <p>Last day for the same authors of the primary argument to file rebuttals with the Registrar of Voters no later than 5:00 p.m. Rebuttals are limited to 250 words. Statement of Authors of Arguments form must be attached to the rebuttal.</p> <p> <i>PUBLIC EXAM PERIOD (E.C. § 9380)</i> There will be a 10-day exam period for Rebuttals from September 2 through September 11.</p> |


UNIFORM DISTRICT ELECTION LAW ELECTION
NOVEMBER 8, 2022
(E.C. §§ 9300 et seq., 10500 et seq.)

| DATE | PERSON RESPONSIBLE | DESCRIPTION |
|---|--|--|
| September 5 | Registrar of Voters | <i>LABOR DAY (CO. ORD. 358.8)</i> The Registrar of Voters office will be closed. |
| September 12 (57) | Candidates / Registrar of Voters | <i>FIRST DAY NOMINATION PAPERS FOR WRITE-IN CANDIDACY WILL BE AVAILABLE (E.C. § 8600 et seq.)</i> Any qualifying person wishing to file as a write-in candidate may pick up nomination papers beginning on this date. Papers must be filed with the Registrar of Voters no later than 14 days before Election Day. Write-in candidates must also file Statement of Economic Interest (if applicable) and campaign disclosure statements. |
| September 13 (56) | Registrar of Voters | <i>ORDER PRINTING OF ELECTION MATERIAL</i> Suggested date to prepare copy for printer and order ballots. |
| September 25 – September 29 (44 – 40) | Candidates / Committees / Registrar of Voters | <i>FILING PERIOD FOR FIRST PRE-ELECTION CAMPAIGN DISCLOSURE STATEMENT (G.C. §§ 84200.5, 84200.8)</i> The filing period for 1 st pre-election campaign statement covers transactions through September 24. Statements must be filed online or sent by personal delivery or first-class mail. |
| September 26 (43) | Registrar of Voters | <i>SATELLITE LOCATION PRESS RELEASE (E.C. § 3018)</i> Notice of satellite locations shall be made by the elections official by the issuance of a general news release, issued not later than 14 days before voting at the satellite location, except that in a county with a declared emergency or disaster, notice shall be made not later than 48 hours before voting at the satellite location. The news release shall set forth the following information: <ul style="list-style-type: none">  The satellite location or locations.  The dates and hours the satellite location or locations will be open.  A telephone number that voters may use to obtain information regarding vote-by-mail ballots and the satellite locations. |
| September 29 – October 29 (40 – 10) | Registrar of Voters | <i>MAIL COUNTY VOTER INFORMATION GUIDES AND OTHER ELECTION MATERIAL TO VOTERS (E.C. §§ 9312, 10540, 13303, 13307)</i> Between these dates, the Registrar of Voters shall mail a County Voter Information Guide to each voter, who is registered at least 29 days before the election. |
| October 10 | Registrar of Voters | <i>COLUMBUS DAY (CO. ORD. 358.8)</i> The Registrar of Voters office will be closed. |

UNIFORM DISTRICT ELECTION LAW ELECTION
NOVEMBER 8, 2022
(E.C. §§ 9300 et seq., 10500 et seq.)

| DATE | PERSON RESPONSIBLE | DESCRIPTION |
|---|--|--|
| October 10 (29) | Registrar of Voters | <i>MAILED BALLOT PRECINCTS (E.C. §§ 3005, 3010, 3017, 3018, 3020, 4000 et seq.)</i> Approximate date to mail notices to voters in mailed ballot precincts, and send official ballot and election material. Mail ballot precincts have less than 250 voters. Ballots must be postmarked on or before Election Day and received by the elections official within seven days after Election Day to be counted. |
| October 10 (29) | Registrar of Voters | <i>PRECINCTS, VOTE CENTERS & ELECTION OFFICERS (E.C. §§ 12280 et seq., 12300 et seq.)</i> The last day for the Registrar of Voters to establish vote center locations and appoint election officers for this election. Immediately after the following appointment, the Registrar shall mail appointment notices to election officers. |
| October 10 – October 29 (29 – 10) | Registrar of Voters | <i>PUBLISH VOTE CENTERS & CENTRAL COUNTING PLACE (E.C. §§ 12105, 12109)</i> Suggested date to publish vote center locations. The notice will include the hours that the vote centers will be open and a Notice of Central Counting Place. |
| October 10 – November 1 (29 – 7) | Registrar of Voters | <i>VOTE-BY-MAIL BALLOT APPLICATIONS (E.C. §§ 3001, 3006, 3021, 3200)</i> Applications for vote-by-mail ballots may be made in person or by mail during this time frame. |
| October 16 (23) | Registrar of Voters | <i>VOTE-BY-MAIL PROCESSING PUBLIC NOTICE (E.C. § 15104)</i> The elections official shall notify vote-by-mail voter observers and the public at least 48 hours in advance of the dates, times, and places where vote-by-mail ballots will be processed and counted. |
| October 18 | Registrar of Voters | <i>PROCESS BALLOTS (E.C. § 15101 et. seq.)</i> When ballots are to be counted by computer, the Registrar of Voters may begin processing ballots 15 business days before the election. No count may be made until 8:00 p.m. on Election Day. |
| October 23 – October 27 (16 – 12) | Candidates / Committees / Registrar of Voters | <i>FILING PERIOD FOR SECOND PRE-ELECTION CAMPAIGN DISCLOSURE STATEMENT (G.C. §§ 84200.5, 84200.8)</i> The filing period for 2 nd pre-election campaign statement covers transactions through October 22. Statements must be filed online or sent by personal delivery or guaranteed overnight service. |
| October 24 (15) | Registrar of Voters | <i>COLLECTION CENTERS PUBLIC NOTICE (E.C. § 15260)</i> In establishing a collection center, the elections official may designate a group of precincts which the center shall serve, and this designation shall be available for public inspection no later than 15 days before the election. |
| October 24 (15) | Registrar of Voters | <i>CLOSE OF REGISTRATION (E.C. §§ 2102, 2106)</i> The last day to register or transfer registration for this election. |

UNIFORM DISTRICT ELECTION LAW ELECTION
NOVEMBER 8, 2022
(E.C. §§ 9300 et seq., 10500 et seq.)

| DATE | PERSON RESPONSIBLE | DESCRIPTION |
|--|---|--|
| October 25 (14) | Candidates / Registrar of Voters | <i>FILE DECLARATION OF WRITE-IN CANDIDACY (E.C. §§ 8600 et seq., 15340 et seq.)</i> The last day for write-in candidates to submit their write-in nomination documents to the Registrar of Voters. |
| October 25 – November 1 (14 – 7) | Registrar of Voters | <i>POST-ELECTION OFFICERS & POLLING PLACES (E.C. § 12105.5)</i> Not less than one week before the election, the elections official shall post a list of all current polling places and a list of election officers appointed by the 15 th day before the election. The elections official shall post this list in his or her office and on his or her website. The list shall remain posted for 30 days after completion of the canvass. |
| November 1 (7) | Registrar of Voters | <i>LOGIC AND ACCURACY TESTING (E.C. § 15000)</i> No later than seven days before any election, the elections official shall conduct a test or series of tests to ensure that every device used to tabulate ballots accurately records each vote. |
| November 4 (4) | Registrar of Voters | <i>MANUAL TALLY PUBLIC NOTICE (E.C. § 15360)</i> The manual tally shall be a public process, with the official conducting the election providing at least a five-day public notice of the time and place of the manual tally and of the time and place of the selection of the precincts to be tallied before conducting the tally and selection. |
| November 8 |  | <i>ELECTION DAY (E.C. § 3020, 4103)</i> Voted ballots must be received by the elections official no later than the close of the polls on Election Day or be postmarked on or before Election Day and received no later than seven days after Election Day to be counted. |
| November 10 (+2) | Registrar of Voters | <i>CANVASS ELECTION RETURNS (E.C. § 15301 et seq.)</i> Registrar of Voters shall commence the Official Canvass on this day. |
| November 10 – December 8 (+2 – 30) | Registrar of Voters | <i>ONE PERCENT MANUAL TALLY (E.C. § 15360)</i> During the Official Canvass, the elections official shall conduct a public manual tally in 1 percent of the precincts chosen at random by the elections official. |
| November 11 | Registrar of Voters | <i>VETERAN'S DAY (CO. ORD. 358.8)</i> The Registrar of Voters office will be closed. |
| November 24 – November 25 | Registrar of Voters | <i>THANKSGIVING DAY / DAY AFTER THANKSGIVING (CO. ORD. 358.8)</i> The Registrar of Voters Office will be closed. |
| November 28 (+20) | Registrar of Voters | <i>SEND STATEMENT OF RESULTS (E.C. §§ 10550, 10551, 10553, 15372, 15374)</i> As soon as the canvass is completed, no later than this date, the Registrar of Voters shall mail a statement of the results of the election to the district. The Registrar of Voters will also deliver to each person elected a certificate of election. |

UNIFORM DISTRICT ELECTION LAW ELECTION
NOVEMBER 8, 2022
(E.C. §§ 9300 et seq., 10500 et seq.)

| DATE | PERSON RESPONSIBLE | DESCRIPTION |
|---|--|--|
| December 2 (+24) | District | <p><i>OFFICERS TAKE OFFICE (E.C. § 10554)</i></p> <p>Elective officers, elected or appointed, take office at noon on the first Friday in December next following the general district election. Before taking office, each elective officer shall take the official oath and execute any bond required by the principal act.</p> |
| December 8 (+30) | Registrar of Voters | <p><i>COST OF ELECTION</i></p> <p>Approximate date to send an invoice to jurisdiction for the cost of the election. Any refund on Candidate Statements will also be processed by this date.</p> |
| January 1 – January 31 | Candidates / Committees / Registrar of Voters | <p><i>FILING PERIOD FOR SEMI-ANNUAL CAMPAIGN DISCLOSURE STATEMENT (G.C. § 84200)</i></p> <p>The statement covers transactions through December 31. Statements must be sent by personal delivery or first-class mail.</p> |
| <p><i>Note: Whenever a date prescribed by law falls on a weekend or holiday, such act may be performed on the next business day (E.C. 15; G.C. 6700, 6701)</i></p> | | |



Date: November 22, 2022
To: Board of Directors
Subject: CEO Community Engagements and District Media Visibility

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:

- Riverside County MPX Equity Task Force – October 17, 2022
- Meeting with Berger Foundation – October 17, 2022
- Meeting with Transgender Health and Wellness Center – October 27, 2022
- Attended event with US Health and Human Services **Secretary Xavier Becerra**, US Health and Human Services Regional Director Jeffrey Reynoso, and U.S. Congressman Dr. Raul Ruiz at Desert Hot Springs Senior Center – October 28, 2022
- Farmworker Appreciation Lunch – October 28, 2022
- Presented at **Coachella Valley Economic Partnership Economic Summit** – October 31, 2022. Elevated visibility of Social Determinants of Health on the CV population; highlighted the intersection of economic stability and health outcomes; and presented data on income inequality and life expectancy in our region.

- Riverside County MPX Equity Task Force – October 31, 2022
- Meeting with Michele Finney, DRMC CEO – November 1, 2022
- Attended Cathedral City Senior Center’s Gala – November 1, 2022
- Meeting with ABC Recovery Center – November 2, 2022
- Attended DRMC Pride Kick Off/Rainbow Flag Unfurling – November 3, 2022
- Meeting with Huron Consulting Group – November 3, 2022
- Meeting with Strategies360 – November 4, 2022
- Planning meeting with DPMG Health for DHCD Mobile Clinic – November 4, 2022
- Attended the American Public Health Association’s annual meeting with a DHCD Delegation – November 5 – November 10, 2022
- Meeting with Kimberly Saruwatari, RUHS Public Health Director – November 8, 2022
- Attended APHA Public Health Funders Group meeting – November 8, 2022
- Meeting with Frank Goldstin, Momentous CEO – November 11, 2022
- Attended the CV Volunteers in Medicine Award Ceremony with Board Members Evett PerezGil, Carole Rogers, Leticia DeLara, and Carmina Zavala where accepted the **VIMY Award** on behalf of the District – November 11, 2022
- Attended the LifeStream Blood Bank Gala with Board Members Carole Rogers, Leticia DeLara, and Carmina Zavala – November 12, 2022
- ACHD Advocacy Committee Meeting – November 15, 2022
- ACHD Governance Committee Meeting – November 16, 2022

Media Coverage:

The Desert Sun: “Election results: Kimberly Barraza leading for east valley Desert Healthcare District seat,” Nov. 8,

2022. <https://www.desertsun.com/story/news/politics/elections/2022/11/08/election-results-desert-healthcare-district-zone-6-seat/10538936002/>

“Pico de Gallo” episode aired Nov. 5, 2022, including coverage of the Coachella Valley Equity Collaborative: https://www.youtube.com/watch?v=C_JgMG4zHtU&t=1509s

The Palm Springs Post: “18th Annual Greater Palm Springs Economic Summit,” Oct. 31, 2022. <https://thepalmspringspost.com/event/18th-annual-greater-palm-springs-economic-summit/>

The Uken Report: “Mental Health Receives Financial Support,” Oct. 27, 2022. <https://ukenreport.com/mental-health-receives-financial-support/>



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 22, 2022
To: Board of Directors
Subject: Consideration to Approve Closing District Office for Business between Christmas and New Year's.

Staff Recommendation: Consideration to Approve Closing District Offices between Christmas and New Year's.

Background:

- There is a national trend to close offices of entities or businesses that do not provide essential products or services during some holidays, especially around Christmas and New Year's.
- This is in response to many observed benefits, which include:
 - Higher Employee Morale = A Productivity Boost.
 - Holiday Slowdown.
 - Creating a Culture of Self-Care amongst employees.
- Staff recommendation is consistent with this national trend and consistent with observed practices of similar organizations, including the Association of Healthcare Districts (ACHD), and various health foundations
- Observed holidays –
 - Friday, December 23, 2022 for Christmas Eve, which falls on Saturday.
 - Monday, December 26, 2022 for Christmas, which falls on Sunday.
 - Monday, January 2, 2023 for New Year's Day, which falls on Sunday.
- Staff recommends authorizing closing the District's offices for business between Christmas and New Year's. December 27-30, 2022.

Fiscal Impact:

N/A



DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
November 16, 2022

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

| AGENDA ITEMS | DISCUSSION | ACTION |
|--|--|--|
| I. Call to Order | Chair Shorr called the meeting to order at 1:00 p.m. | |
| II. Approval of Agenda | Chair Shorr asked for a motion to approve the agenda and move item 8.1., 8.4., and 8.6. after approval of the October meeting minutes. | Moved and seconded by Director Zendle and Director Shorr to approve the agenda and move items 8.1., 8.4., and 8.6 after approval of the October meeting minutes. Motion passed unanimously. |
| III. Public Comment | There was no public comment. | |
| IV. Approval of Minutes 1. F&A Minutes – Meeting October 11, 2022 | Chair Shorr motioned to approve the October 11, 2022, meeting minutes. | Moved and seconded by Director Zendle and President Borja to approve the October 11, 2022, meeting minutes. Motion passed unanimously. |
| V. CEO Report | There was no CEO Report. | |
| VI. Chief Administration Officer's Report | Chris Christensen, CAO, described the audit reports for final approval as illustrated in the agenda. The Las Palmas Medical Plaza is 100% occupied; however, a lease is expiring in February 2023, and the tenant is not seeking renewal but requesting early termination in December 2022. | |
| VII. Financial Reports | | |



DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
November 16, 2022

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| <ol style="list-style-type: none"> 1. District and LPMP Financial Statements 2. Accounts Receivable Aging Summary 3. District – Deposits 4. District – Property Tax Receipts 5. LPMP Deposits 6. District – Check Register 7. Credit Card – Detail of Expenditures 8. LPMP – Check Register 9. Retirement Protection Plan Update 10. Grant Payment Schedule | <p>Chair Shorr reviewed the October financials with the committee.</p> | <p>Moved and seconded by President Borja and Director Zendle to approve the October 2022 financials – items 1-10 and to forward to the Board for approval. Motion passed unanimously.</p> |
| <p>VIII. Other Matters</p> <ol style="list-style-type: none"> 1. Gary Dack & Andrea Oliveri – Coachella Valley Accounting & Auditing – FY 2022 Audit Reports – District & RPP <ol style="list-style-type: none"> a. Communication Letter & Internal Controls Report b. District Audit Report c. RPP Audit Report d. Desert Healthcare Foundation & A-133 Single Audit (Informational Purposes Only, Approval during the Foundation’s F&A Committee meeting) | <p>Andrea Oliveri, Coachella Valley Accounting & Auditing, described the updated language of the Significant Deficiency finding in the following sections: Effect or Potential Effect and View of Responsible Officials and Planned Corrective Action in the A133-Single Audit discussed at the October committee meeting.</p> <p>Chris Christensen, CAO, provided an overview of the redlined revisions of the Grant Payable and Restricted Net Assets Significant Deficiency from the original audit presented at October committee meeting, also describing the two accounting adjustment issues related to the significant deficiency with no internal impropriety or cash related integrity issues.</p> | <p>Moved and seconded by Director Zendle and President Borja to approve the FY 2022 Audit Reports – District and RPP and to forward to the Board for approval. Motion passed unanimously.</p> |



DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
November 16, 2022

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| <p>2. Consulting Services Agreement for Park Imperial Land Lease Appraisal – Mr. Larry Simons – NTE \$6,500 –</p> | <p>Chris Christensen, CAO, described the 98-year Master Land Lease on the Park Imperial Condominium Association (PICA) property the District received from the Meiselman Trust and Land Lease in 1995. Paid by the homeowners, the lease is \$15k per year, assigned to Brad Yokum in 2022, with the District receiving \$9k of the \$15k per year. The PICA has conveyed an interest in purchasing the land from the District, resulting in the need for an appraisal. Staff is requesting the services of Larry L. Simon, MAI, for the appraisal not to exceed \$6,500.</p> | <p>Moved and seconded by Director Zendle and President Borja to approve the Consulting Services Agreement for Park Imperial Land Lease Appraisal – Mr. Larry Simons – NTE \$6,500 and to forward to the Board for approval. Motion passed unanimously.</p> |
| <p>3. Addendum #1 to Consulting Services Agreement for Hospital Inspections – Dale Barnhart – Time Extension from December 31, 2022 – December 31, 2024</p> | <p>Chris Christensen, CAO, described Dale Barnhart’s retirement from Desert Regional Medical Center as the Administrative Director of Facilities Management. Mr. Barnhart has conducted the quarterly hospital inspections since 2019 for the District, requesting a 2 year extension of the consulting services agreement.</p> | <p>Moved and seconded by Director Zendle and President Borja to approve Addendum #1 to Consulting Services Agreement for Hospital Inspections – Dale Barnhart – Time Extension from December 31, 2022 – December 31, 2024 and to forward to the Board for approval. Motion passed unanimously.</p> |
| <p>4. Consulting Services Agreement for Coachella Valley Health Assessment – Huron Consulting Group – NTE 95,000</p> | <p>Conrado Bárzaga, MD, CEO, described the healthcare infrastructure needs in the Coachella Valley and HURON Consulting Group’s role assisting with a predictive analytic model for data as described in strategic plan goal</p> | <p>Moved and seconded by President Borja and Director Zendle to approve the Consulting Services Agreement for Coachella Valley Health Assessment – Huron Consulting Group – NTE \$95,000 and to forward to the Board for approval.</p> |



DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
November 16, 2022

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| <p>5. Consulting Services Engagement Letter – Steve Hollis – \$750/hr.</p> <p>6. Capital Projects at Desert Regional Medical Center</p> | <p>1.1. As the District enters the phase of the final years of the lease with Tenet Health, Dr. Bárzaga emphasized the needs and demands of the entire Coachella Valley.</p> <p>Martin Bloomenkranz, Senior Director, HURON Consulting Group, described the deliverables to determine the resources for the community needs, with 10-weeks estimated completion of the assessment. Mr. Bloomenkranz answered detailed, extensive questions of the committee to the demographic census tract blocks of population zip codes and capturing resident data emergency calls to the fire department rather than hospitals, and the overall purpose of the assessment.</p> <p>Dr. Bárzaga, CEO, described the brief engagement with Steve Hollis, retired senior managing director Kaufman Hall Associates, to assist the Board with the hospital lease discussions. During the consulting services provided by Mr. Hollis, no fees will be incurred by Kaufman Hall.</p> <p>Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center, described the provision of Section 3.5 of the hospital lease for written</p> | <p>Motion passed unanimously.</p> <p>Moved and seconded by Director Zendle and President Borja to approve Consulting Services Engagement Letter – Steve Hollis – \$750/hr. and to forward to the Board for approval. Motion passed unanimously.</p> |
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DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
November 16, 2022

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| | <p>consent of capital projects in excess of \$1M upon termination of the lease, subject to the Consumer Price Index, which is forecasted at approx. \$2.4M. The District has the option to repurchase the assets upon expiration or termination of the lease. Mrs. Finney provided an overview and expedited request for approval of the capital projects, including replacing two Cardiac Cath Labs and the cooling tower in the El Mirador Medical Office Building.</p> <p>Dr. Bárzaga, CEO, described the need for discussion with the District’s consultants, Kaufman Hall, and legal counsel, which impedes approval at the committee meeting.</p> <p>Chris Christensen, CAO, inquired about replacing the cooling and heating system in the Stergios Building. Mike Ditoro, COO, anticipates replacement in the next year.</p> | |
| <p>IX. Adjournment</p> | <p>Chair Shorr thanked President Borja for her service to the District and the F&A Committee meeting.</p> <p>Chair Shorr adjourned the meeting at 2:10 p.m.</p> | <p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p> |



**DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
November 16, 2022**

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

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

DRAFT



October 26, 2022

Desert Healthcare District
Board of Directors
1140 N Indian Canyon Drive
Palm Springs, CA 92262

Dear District Board Members:

The attached capital expenditure requests are being included pursuant to Sections 3.5 and 15.5(a) of the Lease Agreement (as amended). Pursuant to the terms of the Lease we anticipate that each of the projects will have a net book value greater than \$1,000,000 (subject to CPI adjustments) upon the termination of the Lease. Based upon historical and projected CPI adjustments, the forecasted approval threshold at the termination of the lease is expected to be approximately \$2,400,000.

Given the anticipated net book value we are required to obtain your prior approval in order for each of these projects to be treated as a Termination Asset upon the expiration of the Lease. Upon the expiration or termination of the Lease, Section 15.5(a) provides that the District may repurchase these Termination Assets at the net book value. Please let us know if you approve these projects for purposes of Section 3.5 and Section 15.5(a) of the Lease.

Sincerely,

Michele Finney
Group CEO
Desert Care Network

Accepted and agreed to as of the date set forth above:

DESERT HEALTHCARE DISTRICT

By: _____
Name: _____
Title: _____

Capital Request: Cardiac Cath Lab #1 and Cardiac Cath Lab #3

Project Description:

This request is part of the planned replacement of both Cardiac Cath Labs, inclusive of Cardiac Cath Lab #1 and Cardiac Cath Lab #3. This request is for all major equipment products, minor equipment necessary for contingency operations, all associated construction, and professional fees.

Projected Construction Expense:

Total anticipated project expense of \$4,551,679

| Cath Labs 1 & 3 Replacement | Total |
|-------------------------------------|---------------------|
| Professional Fees | 244,200 |
| Permits | 78,000 |
| Construction | 2,645,073 |
| Equipment/Furniture | 1,347,566 |
| Tests and Inspections | 65,000 |
| Real Estate Administration | 62,901 |
| Capitalized Interest | 108,939 |
| Total Project Cost Estimate: | \$ 4,551,679 |

Project Rationale:

The existing General Electric Innova 3100 Cath Lab was installed more than fourteen years ago in 2008. Over the past few years, the Cardiac Cath lab has been experiencing significant service issues. Additionally, the existing older technology lacks the image resolution and small parts definition for complex cardiac procedures. The limitations of our existing Cardiac Cath Lab imaging systems has further resulted in limited access to cardiac catheterization services to the community. By upgrading the cath labs, we anticipate providing the community with state-of-the-art technology in order to enhance cardiac care delivery.

Project Process:

The equipment age, service history, and limitations in functionality have been reviewed with the DRMC Medical Staff and more specially all Interventional Cardiologists, who have recommended the best course of action to be replacement of Cardiac Cath Lab #1 & #3. The required Architectural and Engineering (A&E) plans have already been completed and are in final stages of approval with The California Department of Health Care Access and Information. Construction is expected to be completed in eleven (11) months of approval.

Anticipated Book Value at Termination of current DRMC Lease (May 2027): \$3,069,902 (est.)

Capital Request: El Mirador Cooling Tower

Project Description:

This request is part of the planned replacement of the cooling tower on the El Mirador Medical Office Building (“MOB”)

Projected Construction Expense:

Total anticipated project expense of \$3,366,889

| El Mirador Cooling Tower | Total |
|-------------------------------------|---------------------|
| Professional Fees | - |
| Permits | - |
| Construction | 3,286,500 |
| Equipment/Furniture | - |
| Tests and Inspections | - |
| Real Estate Administration | 50,000 |
| Capitalized Interest | 30,389 |
| Total Project Cost Estimate: | \$ 3,366,889 |

Project Rationale:

The existing cooling tower supports the cooling for the majority of the El Mirador Medical Office Building. The existing unit has recently had some failures that are not able to be repaired and which has provided interruption in cooling capabilities to the building. This uncertainty has impacted the entire building including the Cancer Center and the ambulatory surgery center.

Project Process:

For this project, we are utilizing the same mechanical contractor (Active Air Control) that completed a previous installation of a new chiller on the same roof at El Mirador. The project is complex and requires one of the largest cranes in Southern California to place the unit. Given their previous experience with the building, we have selected this contractor to complete installation and limit any risks associated with business interruption.

Anticipated Book Value at Termination of current DRMC Lease (May 2027): \$2,776,738 (est.)



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
November 15, 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 | Conrado E. Bárzaga, MD, Chief Executive Officer Chris Christensen, CAO Donna Craig, Chief Program Officer Meghan Kane, Senior Program Officer, Public Health Jana Trew, Senior Program Officer, Behavioral Health Andrea S. Hayles, Board Relations Officer | |

| AGENDA ITEMS | DISCUSSION | ACTION |
|---|--|---|
| I. Call to Order | The meeting was called to order at 5:02 p.m. by Chair PerezGil. | |
| II. Approval of Agenda | Chair PerezGil asked for a motion to approve the agenda. | Moved and seconded by President Borja and Director Zavala to approve the agenda. Motion passed unanimously. |
| III. Meeting Minutes 1. October 11, 2022 | Chair PerezGil asked for a motion to approve the October 11, 2022, meeting minutes. | Moved and seconded by President Borja and Director Zavala to approve the October 11, 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. There were no questions or comments. | |
| VI. Program Updates | | |

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
November 15, 2022**

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| <p>1. Progress and Final Reports Update</p> | <p>Chair PerezGil inquired if the committee had any questions concerning the progress and final reports.</p> <p>President Borja described the troubling extent of alcoholism in the University of California, Riverside (UCR), Community-Based Interventions to Mitigate Psychological Trauma and Mental Health Disparities in Immigrant Communities in the COVID-19 Pandemic grant report and the positive aspects of patient types, data, and testimonies of the patients in the Nurse Street Medicine Program.</p> <p>President Borja also described the program/project tracking grant report challenges of Olive Crest, highlighting the service delivery recruitment and retention of qualified & bi-lingual clinicians. In September, the committee recommended and the Board approved grant awards to hire license clinicians, but demand is still a concern, which may lead the committee to consider other aspects, such as how grantees are promoting the open positions, and the type of applicants applying.</p> | |
| <p>VIII. Committee Members Comments</p> | <p>President Borja inquired on the Grant and Mini Grant Policy presented at the Board meeting with approval for review by the Program Committee meeting. Dr. Bárzaga, CEO, explained that additional time is necessary to make edits due to the feedback</p> | |

DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
November 15, 2022

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| | from the Board meeting, including staff's travel to the America Public Health Association's (APHA) conference that hindered the requested edits. | |
| IX. Adjournment | Chair PerezGil adjourned the meeting at 5:10 p.m. | Audio recording available on the website at http://dhcd.org/Agendas-and-Documents |

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

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

DRAFT

| DESERT HEALTHCARE DISTRICT | | | | | | | |
|--|---|--------------------------------|----------------------|-------------------------|-----------------------------------|------------------------------------|------------------------|
| OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE | | | | | | | |
| October 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 - 1 Yr. | \$ 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 | | \$ 24,325 | | \$ 5,406 |
| 2022-1306-BOD-02-22-22 | Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr. | \$ 123,451 | \$ 67,898 | | \$ 55,553 | | \$ 12,345 |
| 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 | | \$ 11,250 | | \$ 38,750 |
| 2022-1328-BOD-06-28-22 | El Sol - Expanding Access to Educational Resources for Promotoras - 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 | | \$ 1,839,268 | | \$ 727,298 |
| 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 | | \$ 22,500 | \$ 77,500 |
| 2022-1329-BOD-09-27-22 | DPMG - Mobile Medical Unit - 3 Yrs. | | | \$ 500,000 | | \$ 50,000 | \$ 450,000 |
| 2022-1350-BOD-09-27-22 | JFK Memorial Foundation - Behavioral Health Awareness and Education Program - 1 Yr. | | | \$ 57,541 | | \$ 25,893 | \$ 31,648 |
| 2022-1355-BOD-09-27-22 | Joslyn Center - The Joslyn Wellness Center - 1 Yr. | | | \$ 85,000 | | \$ 38,250 | \$ 46,750 |
| 2022-1361-BOD-09-27-22 | DAP Health - DAP Health Monkeypox Virus Response - 1 Yr. | | | \$ 586,727 | | \$ - | \$ 586,727 |
| 2022-1356-BOD-10-25-22 | Blood Bank of San Bernardino/Riverside Counties - Coachella Valley Therapeutic Apheresis Program - 1 Yr. | | | \$ 140,000 | | \$ - | \$ 140,000 |
| 2022-1358-BOD-10-25-22 | Foundation for Palm Springs Unified School District - School-Based Wellness Center Project - 1 yr. | | | \$ 110,000 | | \$ - | \$ 110,000 |
| 2022-1362-BOD-10-25-22 | Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 yrs. | | | \$ 160,000 | | \$ - | \$ 160,000 |
| TOTAL GRANTS | | \$ 16,670,644 | \$ 10,552,067 | \$ 1,839,269 | \$ 4,239,932 | \$ 159,143 | \$ 7,992,261 |
| Amts available/remaining for Grant/Programs - FY 2022-23: | | | | | | | |
| Amount budgeted 2022-2023 | | | \$ 4,000,000 | | | | 10/31/2022 |
| Amount granted through October 31, 2022: | | | \$ (1,839,269) | | | | G/L Balance: 4,472,260 |
| Mini Grants: | 1321; 1322; 1323; 1364 | | \$ (20,000) | | | | 2281 \$ 3,520,000 |
| Financial Audits of Non-Profits; Organizational Assessments | | | \$ - | | | | |
| Net adj - Grants not used: | FY 21-22 Funds | | \$ 2,566,566 | | | Total | \$ 7,992,261 |
| Matching external grant contributions | | | \$ - | | | | \$ 0 |
| Balance available for Grants/Programs | | | \$ 4,707,297 | | | | |

* 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: November 15, 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 or have been approved by the board of directors. Recommendations/suggested decisions will be brought forward to the December Program Committee for possible action:

1. #1318 Riverside County Latino Commission on Alcohol and Drug Abuse Services, Inc. \$618,173 over an 18-month period: *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: Internal DHCD staff continues to work with the applicant on the revisions requested by the Program Committee during the October 2022 meeting. This grant request is scheduled to go before the 12/13/22 Program Committee for review and consideration to award.
2. #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, 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: the grant was approved by the board of directors at their 10/25/22 meeting
3. #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: the grant was approved by the board of directors at their 10/25/22 meeting
4. #1362 Jewish Family Service of the Desert - \$160,000 over a two-year period – *Mental Health Counseling Services for Underserved Coachella Valley Residents* – Use of District Funds - support personnel costs, enabling JFS to continue serving those most in need by providing mental health counseling services and case management services – including in Spanish, if preferred or required,
 - a. Status: the grant was approved by the board of directors at their 10/25/22

- meeting
5. #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 proposal conference and resubmission of mini grant application
 6. #1316 OneFuture Coachella Valley – resubmission of grant application is pending on review of potential revisions by internal DHCD staff for re-review and re-consideration at a future Program Committee meeting
 7. #1363 Pegasus Riding Academy - \$60,092 – *Pegasus Equine Assisted Therapy Program*. Use of District funds: to increase Pegasus’ capacity to serve additional individuals in need, specifically program/services; program staffing; and transportation costs
 - a. Status: pending site visit/proposal conference on 11/18 at the Pegasus Therapeutic Riding Center in Palm Desert
 8. #1365 ABC Recovery Center - \$332,561 – *Cost of Caring Fund Project*. Use of District funds: to support uncompensated personnel costs, prescription medications, and medical supplies when providing addiction and mental health services to uninsured and underinsured District residents.
 - a. Status: Proposal conference conducted on 11/2. Pending grant application resubmission, this grant request is anticipated to go before the 12/13/22 Program Committee for review and consideration of award.
 9. #1368 About Families Incorporated mini grant - \$5,000; *Fall Family Festival*. Event admission is free to families throughout the Coachella Valley. Use of District funds: to provide 250-300 free wristbands to lower-income and predominately Spanish-speaking households for children to participate in child-focused activities in an effort to increase attendance and awareness of available resources.
 - a. Status: pending staff review on 11/17



Date: November 15, 2022

To: Program Committee – District

Subject: Progress and Final Grant Reports 10/1/2022 – 10/31/2022

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

University of California, Riverside #1301

Grant term: 2/1/2022 – 1/31/2023

Original Approved Amount: \$113,514

Progress report covering the time period from: 2/1/2022 – 7/31/2022

CSUSB Philanthropic Foundation #1303

Grant term: 2/1/2022 – 1/31/2023

Original Approved Amount: \$54,056

Progress report covering the time period from: 2/1/2022 – 7/31/2022

Olive Crest Treatment Centers #1306

Grant term: 3/1/2022 – 2/28/2023

Original Approved Amount: \$123,451

Progress report covering the time period from: 3/1/2022 – 8/31/2022

University of California, Riverside, Grant#: 1301

Community-Based Interventions to Mitigate Psychological Trauma and Mental Health Disparities in Immigrant Communities in the COVID-19 Pandemic

Reporting Period: 2/01/2022 – 7/31/2022

Kimberley Lakes

Tel: (949) 579-0193

klakes@medsch.ucr.edu

Grant Information

Grant Amount: \$113,514

Paid to date: \$51,081

Balance: \$62,433

Due Date: 9/01/2022

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (1/31/2023):

Goal #1:

Goal #1 is to build capacity of community health workers (promotores) and medical students, using community approaches to train them in psychological first aid for immigrants, including the signs and symptoms of common mental health conditions. Dr. Vázquez will hold 2, 90-minute Spanish trainings for 18 attendees, including ~12 UCR medical students and 6 promotores. By the end of the trainings the goal is that a total of six promotores in the ECV and 12 medical students will have the capacity to address the unique mental health needs of Latinx immigrant communities in the ECV. This means that they will have a stronger knowledge of common mental health conditions, that includes anxiety and depression, various traumas unique to Latinx immigrant populations, and community psychology and social justice as a way to intervene on community mental health needs.

Goal #2:

Goal #2 is to identify discussion topics for restorative circles. We will identify focused topics for each restorative circle. To identify discussion topics, the promotores will approach community members and ask them to share their thoughts about the most important mental health topics they would like addressed in their communities. Promotores will collect data using a free list activity, which involves a prompt and it is used to obtain shared knowledge about a topic of interest. The topic of interest in this

project is community mental health needs in the COVID-19 pandemic. Promotores will use the following prompt to obtain information: “List all the emotional and psychological health concerns in your community.” The promotores will collect free lists from 20 members of each of the three communities (migrant farmworkers, Purépecha, Oasis mobile home residents), for a total of 60 community members. Free lists from each community will be analyzed separately so as to identify the unique needs of each community. All of the responses from community members will be analyzed to identify core themes; those themes will inform the structure, the length of the restorative circles, and the development of material to be shared with the attendees of restorative circles.

Goal #3:

Goal #3 is to implement and evaluate the effectiveness of restorative circles on addressing community mental health needs. A total of nine restorative circles will be implemented in three communities: migrant farmworkers, the Purépecha, and Oasis mobile home residents. We will hold three restorative circles per community: one will be in person and two held virtually over six months with the implementation of 1-2 circles per month. We expect a total of 15 attendees in each of the nine restorative circles, for a total of 135.

Goal #4:

Goal #4 will focus on engaging restorative circle attendees who would like additional follow up and case management. We anticipate that five attendees per restorative circle will request follow up and case management, for a total of 45. For these attendees, we will connect them to the CVFC for individualized mental healthcare services and link them to a student who will meet with them to identify needed resources and services using IE Connect.

Evaluation Plan:

This project builds on STOP COVID-19 CA to implement restorative circles, which are culturally sensitive community-based group sessions facilitated by mental health professionals and promotores (community health workers). The goal of implementing these circles is to build capacity of trusted members of the community (promotores) to help to address community mental health disparities in diverse communities in the ECV. The project will: 1) Build capacity, using community approaches to train promotores and medical students in psychological first aid for immigrants, 2) Identify discussion topics for restorative circles, and 3) Implement and evaluate restorative circle effectiveness on community mental health.

Drs. Evelyn Vázquez and Ann Cheney, PhD, investigators in the NIH Center for Health Disparities Research, will lead this project with assistance from bilingual UCR graduate and medical students. Dr. Vázquez will be the primary lead. She is a social psychologist with expertise in immigrant mental health and community psychology approaches. Dr. Vázquez holds expertise in the psychological first aid for immigrant communities. She also collaborated with institutions across the state of California to develop, implement, and evaluate restorative circles in underserved and vulnerable communities. Therefore, she holds expertise in immigrant mental health and restorative circles as a method for

collective community healing. Drs. Vázquez and Cheney will draw on their research and evaluation expertise to conduct a mixed-methods evaluation involving quantitative (e.g., pretest and posttest surveys) and qualitative data (focus groups, one-on-one interviews) collection and analysis to evaluate the proposed project. The evaluation will focus on how well restorative circles address diverse Latinx immigrant community mental health needs in the current COVID-19 pandemic.

Proposed number of District residents to be served:

Total: 213

Proposed geographic area(s) served:

Mecca
North Shore
Oasis
Thermal

Progress This Reporting Period

Progress Outcomes:

We are happy to share that your project is moving forward as proposed in our grant proposal. We include the accomplishments and evaluations of our four goals in the following sections.

Progress on the number of District residents served:

Total: 106

Geographic area(s) served during this reporting period:

Coachella
Mecca
North Shore
Oasis

Progress on the Program/Project Goals:

Goal #1:

Goal #1 is to build capacity of community health workers (promotores) and medical students, using community approaches to train them in psychological first aid for immigrants, including the signs and symptoms of common mental health conditions.

We hosted two 90-minute Spanish trainings.

A total of 14 students and 6 promotoras attended our trainings. Most attendees reported in our post-test surveys improvements in their knowledge about anxiety, depression, and depression in Latinx communities.

Goal #2:

Our team of promotoras collected data about the community mental health needs in the COVID-19 pandemic. These needs informed the topics discussed in our restorative circles as well as the information we shared at the end of our circles.

A total of 40 members of the Eastern Coachella Valley responded to our free lists. Here are some findings from the lists:

Group 1: Farm working community:

Top three topics

- Alcoholism
- Depression
- Anxiety

Group 2: Relocated community

Top three topics:

- 1) Alcoholism, anxiety, and infrastructure
- 2) Anxiety and infrastructure
- 3) Depression, alcoholism, discrimination, and substance use

Group 3: Purepecha community:

- 1) Alcoholism and Anxiety
- 2) Anxiety
- 3) Depression

We developed a Mental Health compilation that included information about these mental health conditions (see Proyecto Círculos Restaurativos: Información sobre Salud Mental). We have shared this material with participants at the end of every restorative circles. We also printed off 100 copies of this booklet and began to pass them out at the student-led Coachella Valley Free Clinic (CVFC) held monthly in Mecca. This material has been updated according to the themes or topics of interests to each of our patient communities included in this project.

Goal #3:

During May and June of 2022, we conducted six virtual restorative circles with Latinx communities in the Eastern Coachella Valley. As listed in our grant proposal we engaged three patient groups: relocated families, farmworkers, and members of the Purépecha community (an Indigenous Latin American community from Michoacan, Mexico). A total of 79 members of these communities attended our restorative circles. An average of 12 participants attended each restorative circle.

Attendees across the three communities included in our project shared interested in understanding more about the diverse mental health conditions, such as depressive symptoms, anxiety, post-traumatic stress disorder (PTSD), substance use and addiction among (including prevention), feelings of loneliness, and postpartum depression. They also discussed the need to know how to talk with their children about school shootings, bullying, drug use, and the importance of mental health. As well as prevention strategies they can use to decrease levels of alcoholism, domestic violence, and loneliness.

Our circles created a collective space for grief and healing, addressed health literacy concerns (we shared resources available), fostered trust in the healthcare systems, and increased support and social connectedness.

We will have the last three restorative circles during the month of October. These focus groups will be virtual, and we will have the presence of both of our mental health experts (our team of promotoras suggested this modality). By taking this approach members of the community will have the opportunity to 1) keep sharing their questions or comments about mental health and 2) have more time to have a one-on-one session with a counselor.

Goal #4:

We have shared information about the health services available at CVFC and facilitated access to both the therapist leading restorative circles in real time as well as to therapy services at the CVFC. We will keep tracking patient use data during the upcoming months.

Program/Project Tracking:

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

One of our biggest issues was to engage members of the Purépecha community for our first restorative circle (during May). For this reason, we recruited another promotora from the Purépecha community. After her inclusion into our study, our new promotora helped us recruiting more members of the Purépecha community in the restorative circles hosted during June.

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

Our project is on track

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

We noticed that members of the community found beneficial the use of private messages via Zoom to share anonymous questions or comments with our team.

Many of them were fearful about disclosing their stressors, such as domestic violence and substance use. Another unexpected success was the one-on-one interactions with our mental health experts. By holding the restorative circles on Zoom, we were able to use the breakout room function to place participants with the therapist in real time. These meetings were brief and were intended to facilitate access to follow up care.

CSUSB Philanthropic Foundation, Grant#: 1303

PDC Street Medicine Program

Reporting Period: 2/1/22 to 7/31/22

Robert Nava
Tel: (909) 537-5004
rjnav@csusb.edu

Grant Information

Grant Amount: \$54,056

Paid to date: \$24,325

Balance: \$29,731

Due Date: 9/1/2022

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (1/31/2023):

Goal #1: To provide healthcare services to 100 individuals and 300 contacts (contacts may be duplicated individuals) through nurse and medical clinics serving the homeless, unsheltered and vulnerable populations in the Coachella Valley, additionally assisting with COVID-19 testing, education and immunizations services, and divert people from using the ER for primary care and non-urgent issues by January 31, 2023.

Goal #2: To build capacity by engaging and building empathy for vulnerable populations in 32 CSUSB PDC BSN nursing students, one nursing graduate student and four nursing student assistants in the Street Medicine Program activities for course credit or volunteer hours by January 31, 2023.

Goal #3: The program will monitor and track Street Medicine progress toward the development of additional collaborative partnerships and efforts to replicate the program reporting the new partner names and MOU agreements of two new partnerships by January 31, 2023.

Evaluation Plan: The Program nursing students complete intake/contact forms on the clients before the person is seen by a provider. Data collection will assess, to the extent possible, the number of times the program is able to divert patients from emergency room and hospital visits. The analysis will also include some process evaluation that would track numbers of individuals served, the extent to which participants were referred to other social services, and the reason for the referral. The Program collects

the forms, de-identifies the information so people are not recognized by name, analyzes the data for use by the partners and for possible future publications, presentations, and funding requests. This proposal would support these activities.

Proposed number of District residents to be served:

Total: 100

Proposed geographic area(s) served:

Cathedral City
Coachella
Desert Hot Springs
Indio
Mecca
Palm Springs
Thermal

Progress This Reporting Period

Progress Outcomes:

The Nursing Street Medicine Program (NSMP) achieved tremendous success in the past six months of the grant term through clinics and outreach to the homeless population in the Coachella Valley. NSMP has reached and surpassed the services to 100 individuals and 300 contacts. Instructors and students work with vulnerable people; students engage and develop empathy for the vulnerable individuals they serve through this program. To assess and measure students' empathy toward vulnerable populations, each student takes a survey at the beginning and end of their nursing coursework. NSMP is working on adding a mental health services component in collaboration with Desert Physicians Medical Group.

Progress on the number of District residents served:

Total: 423

Geographic area(s) served during this reporting period:

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

Progress on the Program/Project Goals:

Goal #1:

The Nursing Street Medicine Program (NSMP) goal is to provide healthcare services to 100 individuals and 300 contacts (contacts may be duplicated individuals) through the nurse and medical clinics serving the homeless, unsheltered, and vulnerable populations in the Coachella Valley, additionally assisting with COVID-19 testing, education, and immunizations services, and divert people from using the ER for primary care and non-urgent issues by January 31, 2023. Services provided to date from February 1 to July 31, 2022:

- # Lunches Given: 4112
- # Contacts seen by Nurses: 330
- # Unique individuals seen by nurses: 210
- # Contacts seen by doctors: 18
- # Wound care: 23
- # Care Packages: 1249
- # Of veterans: 26
- # Who uses ER for PCP: 106
- # Referrals: 60
- # Of referrals to residents on site: 18
- # Of referrals to PCP: 18
- # Of referrals to urgent care / ER: 9
- # Of referrals to "other": 16
- # Female clients: 68
- # Male clients: 258
- # Transgender Clients: 2
- # American Indian / Alaskan Native: 11

- # Hispanic / Latino: 127
- # Black / African American: 18
- # Caucasian: 126
- # Native Hawaiian & Pacific Islander: 0
- # Asian: 11
- # Mixed-race: 19
- # Other: 3
- # Declined to State Race: 13
- # Medi-Cal / Medicare: 258
- # Private Insurance: 10
- # Uninsured: 35
- # Don't Know: 11
- # Military / Tricare / VA: 1
- # Age 6-17: 0
- # Age 18-24: 9
- # Age 25-64: 250
- # Age 65+: 65

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

Goal #2:

To build capacity by engaging and building empathy for vulnerable populations in 32 CSUSB PDC BSN nursing students, one nursing graduate student, and four nursing student assistants in the Street Medicine Program activities for course credit or volunteer hours by January 31, 2023.

Evaluation #2: Quantitative

The program will report on the number of BSN nursing students, the credentials of the graduate student and the four nursing student assistants involved, the dates, locations of service, and whether the student is participating for volunteer hours or course credit.

The program will report on the nursing assistants' total hours worked.

Qualitative

The program will survey nursing students in their sophomore and senior years and compare the results before and after participating in the Street Medicine Program, utilizing the internationally recognized survey tool: Health Professional's Attitude Toward the Homeless Inventory.

During the reporting period, 30 BSN students, two nursing graduate students, and four student assistants participated in the Nursing Street Medicine Program. The graduate students received course credit. Of the participating BSN students, 19 acquired course credit during February, March, April, and May and served at CVRM, CVVIM, Hope through Housing, Jewish Family Services, the Dumerosa Senior Village, Well in the Desert, and the Under the Bridge program. Twenty BSN students volunteered throughout the reporting period and served every other Friday in the nurse clinics at the Well in the Desert free lunch program at Our Lady of Guadalupe; at CVVIM on Tuesday evenings with the outreach team, and at the Indio Shepherd of the Valley United Methodist Church Under the Bridge, free breakfast program under a Highway 86 overpass in Coachella on the last Saturday of each month. The student assistants worked a total of 800 hours.

The COVID vaccinations were provided in partnership with DRMC and the Desert Physicians Medical Group and with the Palm Springs Unified School District and Oasis Healthcare and were administered in the following locations:

- Well, in the Desert
- Cathedral Palms Hanson House
- Rancho Mirage High School
- Cathedral City High School
- Our Lady of Guadalupe Church
- Palm Springs High School
- Dumerosa Senior Village
- Our Lady of St. Paul Church

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

Goal #3:

The program will monitor and track Street Medicine's progress toward developing additional collaborative partnerships and efforts to replicate the program by reporting the new partner names and MOU agreements of two new partnerships by January 31, 2023.

Evaluation #3: Quantitative

The Program will present the programmatic work accomplished by the Street Medicine clinics at one national and two regional conferences by January 31, 2023. The program will report on one replication of the Street Medicine program by January 31, 2023.

Qualitative: The program will include ten testimonials from patients or agencies about the services provided by the nursing faculty and students. The Program will report on the number of faculty involved in the Program. Testimonials follow here:

"I am over 60 years old, and I am still alive thanks to the street medicine team's help. I have seen people around me die, but somehow I am still here."

"Margaret" is a talented artist and sculptor. She has been seen for 6 years, since the start of street medicine at Volunteers in Medicine. She has mobility problems,

living alone on upper freeway embankments. She is incontinent of urine and stool.

Earlier this year, a car lost control and ran her over while she slept, fracturing her pelvis and both femurs. After over 2 months of rehab, she did not choose housing, but

returned un-housed to the east valley. She had her wheelchair stolen, which a team member replaced. "Margaret" cannot tolerate being closed in/indoors.

"I'm grateful that I have been able to get treatment for my injuries."

"Jose" is a Spanish-speaking male who has been seen a few times recently for wound treatment by the street medicine team after multiple injuries. He also was recognized by

Veronica, a student nurse working with VIM under the grant, because he is also seen Under the Bridge. We have several shared patients between the two programs.

From: Daphne Ramirez <daphne4ramirez@gmail.com>

To: Rosa Lucas <rosa_sue@yahoo.com>

Sent: Wednesday, August 17, 2022 at 05:10:06 PM PDT

Subject: Statement for Street Medicine

"I've been homeless for at least 10 years. The doctors in medicine, they are some nice folks. Also, one of the doctors did something for me on my behalf and it is starting to come through now. They don't have to do this but they do it. We need more people like this in the world. Period. More people like this. They come out every Tuesday. They do this out here every Tuesday."

- "Bill"

"The Street Medicine team has helped me in my day-to-day life and has made it easier to eat and sleep."

"Doris" is an older woman, un-housed for over 4 years. She lives near the cannabis fields in a small mobile encampment.

"I lived most of my life in Rancho Mirage. Then, a few years ago, I lost my job and my home . Street Medicine is a source that gives me and my homeless friends hope, knowing that someone is watching over us."

"Rudy" and his few buddies live behind a meat market in the east valley.

Students will attend and present at the following:

The 18th Annual International Street Medicine Symposium on September 22-23, where the topic will be "Implementation of Foot Soaks Program for Coachella Valley Homeless People."

Odyssey presentations

a. Building on the Basics: Street Medicine Innovations Anne Lama

Ava Davari, Katrina Estacio, Dana Hernandez, Steven Sanchez

b. Changing the Attitudes of Nursing Students to Un-housed People Diane Vines

Students: Sarah Harrington, Tatiana Spiegler

c. Spiegler, T. & Kim, Y. (2022, October 14). The effects of a foot soak program on nursing students' attitudes. Podium presentation, Sigma So Cal Odyssey Research Conference 2022, San Diego, CA.

d. Rodriguez, J. J., Padojino, C. L., & Kim, Y. (2022, October 13). Nursing students' experience with homeless through foot soaks, Poster presentation, Sigma So Cal Odyssey Research Conference 2022, San Diego, CA.

- APNA Poster Presentation: Touching the Soles of Those Most in Need: The Impact of Implementing a Foot Soak Program on Nursing Students' Attitudes

Diane Vines; students: Tatiana Spiegler, Sarah Harrington

The Association of Psychiatric Nurses Association Annual Conference October 20-21, where the topic will be "Touching the Soles of Those Most in Need: The Impact of Implementing a Foot Soak Program on Nursing Students' Attitudes."

The replication of the Program in San Bernardino continued to expand and add partners.

Goal #4:

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

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

A service added this year is the foot soak program in which students were oriented on foot conditions and their treatment, how to perform soaks, and improve their communication skills. Guests are made comfortable during the soaks, sit higher than the students to promote empowerment, and are given choices in the products used during the soak. Conversations during soaks are free of medical advice and focused on students' active listening and empathetic responses. Students are encouraged to call the guests by their names throughout the conversation and make eye contact, which is often rare for this population.

The PDC student assistants served over 800 hours from February 1, 2022, to July 31, 2022.

Program/Project Tracking:

- *Is the project/program on track? Yes*
- *Please describe any specific issues/barriers in meeting the desired outcomes:*
 - We are on track to surpass our goals but have learned some important lessons.
 - There is a great need for patient education for medication and chronic disease management.

- It isn't easy to locate appropriate referrals to agencies that will accept these clients, and we had to spend a great deal of time on the phone to get appointments for these clients.
- The need for clothing, shoes, socks, hygiene products, blankets, and sleeping bags is huge, and getting donations of these items is essential.
- It is important to assess for depression, anxiety, and PTSD while providing physical care.
- We refined our process to identify the number of individuals served as well as the total number of patient contacts, this was initiated beginning October 1, 2021.
- *What is the course correction if the project/program is not on track? N/A*
- *Describe any unexpected successes during this reporting period other than those originally planned:*

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

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

We started the funding period in October 2020 with partnerships with Well in the Desert, Coachella Valley Volunteers in Medicine, and the Desert Physicians Medical Group. We developed relationships with Coachella Valley Rescue Mission, Hope through Housing, SAC Health Systems, and two non-profit organizations serving San Bernardino.

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

Olive Crest, Grant#: 1306

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

Reporting Period: 3/1/2022 to 8/31/2022

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

Grant Information

Grant Amount: \$123,451

Paid to date: \$55,553

Balance: \$67,898

Due Date: 10/1/2022

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (2/28/2023):

Goal #1: By February 28, 2023, 99% (396) of children in Olive Crest's care will be determined as risk-free each month as measured by the number of incident reports filed.

Goal #2: By February 28, 2023, 95% (380) of children in our Coachella Valley services will have one or less placement moves while in Olive Crest's care as tracked through case notes and discharge reports.

Goal #3: By February 28, 2023 85% (340) of the children will successfully complete Olive Crest's programs being discharged to a permanent placement, or successfully graduating or transitioning to a lower level of care as evidenced by the total number of client case closures and exit reporting.

Goal #4: By February 28, 2023 80% (320) of clients will show improvement from intake to closure as measured by the percentage of children with improved CAFAS Scores (Child and Adolescent Functional Assessment Scale). CAFAS measures impairment of functioning in the areas of education, relational skills with peers, and social skills within their environment. It also assesses major risk factors.

Goal #5: By February 28, 2023, 80% (320) of clients will show improvement to stable state levels of acuity.

Evaluation Plan: Olive Crest's Health Services Director trains the treatment team on collecting all outcome measurements necessary for evaluating all programs. Olive Crest uses a customized, client data base management, and internal tracking systems to generate reports on the number of children and families trained and served. Regular reporting and oversight ensure that project goals are met, or any challenges addressed. In addition, Olive Crest will also use the Child and Adolescent Functional Assessment Score (CAFAS) to track and assess functional improvement for each child/teen enrolled in these programs.

Proposed number of District residents to be served:

Total: 400

Proposed geographic area(s) served:

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

Progress This Reporting Period

Progress Outcomes:

Overall, Olive Crest has provided counseling and mental health services for 169 children during this progress report period. At the same time, we have been able to support these families through additional resources and referrals.

Progress on the number of District residents served:

Total: 169

Geographic area(s) served during this reporting period:

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

Progress on the Program/Project Goals:

Goal #1:

Goal #1 – By February 28, 2023, 99% (396) of children in Olive Crest’s care will be determined as risk-free each month as measured by the number of incident reports filed.

Outcome: For the grant period, 100% (169) of children in Olive Crest’s care are risk-free each month.

Goal #2:

Goal #2 – By February 28, 2023, 95% (380) of children in our Coachella Valley services will have one or fewer placement moves while in Olive Crest’s care as tracked through case notes and discharge reports. By comparison, the national average for placement stability is 74.5%.

Outcome: For the grant period, 100% (169) of children experienced one or fewer placement moves while in Olive Crest’s care.

Goal #3:

Goal #3 – By February 28, 2023, 85% (340) of the children will successfully complete Olive Crest’s programs by being discharged to permanent placement or successfully graduating or transitioning to a lower level of care, as evidenced by the total number of client case closures and exit reporting. By comparison, the national average for permanency is 72.75%.

Outcome: For the grant period, 89% (150) of children successfully completed Olive Crest’s programs or graduated or transitioned to a lower level of care.

Goal #4:

Goal #4 – By February 28, 2023 – 80% (320) of clients will show improvement from intake to closure as measured by the percentage of children with improved CAFAS scores (Child and Adolescent Functional Assessment Scale).

Outcome: For the grant period, 89% (150) of clients improved their CAFAS scores.

Goal #5:

Goal #5 – By February 28, 2023 – 80% (320) of clients will show improvement to stable state levels of acuity.

Outcome: For the grant period, 86% (145) of clients showed improvement to stable state acuity levels.

Program/Project Tracking:

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

The #1 challenge for service delivery is the recruitment and retention of qualified & bi-lingual clinicians. This continues to be a challenge for all of the Coachella Valley and limits our ability to meet the complete needs of the community (even though we continue to serve more children than ever before).

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

Olive Crest is working to address the gap in qualified, local clinicians through an expanding relationship with Cal Baptist University. This fall, we are hosting CBU instructors for in-person classes at our Palm Desert office for ALL residents who wish to earn their Masters in Social Work.

We hope this partnership can expand into other degrees and cohorts to establish a pipeline for Olive Crest AND other agencies to find top-level employees to address the growing need for counseling and mental health services.

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

We have been pleased with the response to our new Counseling Center operations, and the current staff is operating at full capacity.

Through the clinic, we have also been able to provide referrals for additional services to help the children and families in our care.