



**DESERT HEALTHCARE DISTRICT**  
**BOARD MEETING**  
**Board of Directors**  
**February 27, 2024**  
**5:30 P.M.**

Desert Healthcare District and Foundation  
 Jerry Stergios Building ,2<sup>nd</sup> Floor  
 Arthur H. "Red" Motley Boardroom  
 1140 N. Indian Canyon Drive  
 Palm Springs, CA 92262

*This meeting is handicapped-accessible*

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

<https://us02web.zoom.us/j/88671987917?pwd=T29iRktDZIRDM3ITbmJDWkFiMnVMdz09>

**Password: 355860**

Members of the public can also participate by telephone, using the following dial in information:

**(669) 900-6833 or Toll Free (833) 548-0282**

**Webinar ID: 886 7198 7917**

**Password: 355860**

You may also email [ahayles@dhcd.org](mailto:ahayles@dhcd.org) with your public comment no later than 4 p.m., Tuesday, 02/27

<i>Page(s)</i>	<b>AGENDA</b> <i>Any item on the agenda may result in Board Action</i>	<i>Item Type</i>
	<b>A. CALL TO ORDER – President PerezGil</b> Roll Call Director Rogers, RN____Director De Lara____ Director Zendle, MD____Director Shorr____ Secretary Barraza____ Vice-President Zavala, PsyD____President PerezGil	
	<b>B. PLEDGE OF ALLEGIANCE</b>	
1-4	<b>C. APPROVAL OF AGENDA</b>	<b>Action</b>
	<b>D. PUBLIC COMMENT</b> 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. <b>The Board has a policy of limiting speakers to no more than three minutes.</b> 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.	
	<b>E. CONSENT AGENDA</b> All Consent Agenda item(s) listed below are considered routine by the Board 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>	<b>Action</b>



<p>5-8 9-16 17-18</p>	<p>1. BOARD MINUTES a. Special Meeting of the Board – January 22, 2024 b. Board of Directors Meeting – January 23, 2024 c. Board of Directors Meeting – Revised December 20, 2023</p>	
<p>19-45</p>	<p>2. FINANCIALS a. Approval of the January 2024 Financial Statements – F&amp;A Approved February 14, 2024</p>	
<p>46-55</p>	<p>3. AGREEMENTS a. Coachella Valley Economic Partnership (CVEP)/Desert Healthcare District Study Consulting Services Agreement – The Regional Economic Impacts of DHCD’s Community and Clinical Social Needs Goals and Implementation for Recommendations – NTE \$80,000</p>	
<p>56-57</p>	<p>b. Consideration of Board Consent to Desert Regional Medical Center’s Funding of Elevator Modernization Project – \$3,055,900</p>	
<p>58-66 67-74 75</p>	<p>4. POLICIES a. Policy #BOD-02 – Elections and Appointment of Board Officers b. Policy #BOD-15 – Conflict of Interest c. Revised Grantmaking Flow Chart – Supplement to Policy #OP- 05 – Grantmaking Policy</p>	
<p>76-79 80-83 84-87</p>	<p>d. Policy #OP-16 – CEO Discretionary Fund e. Policy #FIN-01 – Financial Operations f. Policy #FIN-04 – Budget Policy</p>	
<p>88-105</p>	<p><b>F. PRESENTATIONS</b> 1. Carmela Meyer, MBA, EdD and Christine Redovan, MBA, MLIS, GME Consultants, Partners in Medical Education, Inc. – GME Feasibility Analysis in the Coachella Valley</p>	<p>Information</p>
<p>106-135</p>	<p><b>G. STRATEGIC GRANT FUNDING</b> 1. Grant #1429 - Desert Cancer Foundation – Patient Assistance (PA) Program and Community Outreach: \$163,750 – Goal #2 Proactively expand community access to primary and specialty care services/Strategy #2.7 and Goal #3 Proactively expand community access to behavioral/mental health/Strategy 3.6 – HIGH PRIORITY GOALS</p>	<p><b>Action</b></p>
<p>136</p>	<p><b>H. REPORTS</b> 1. Desert Regional Medical Center CEO Report – Michele Finney, CEO</p>	<p>Information</p>
<p>137</p>	<p>2. Desert Regional Medical Center Governing Board Meeting – President Evett PerezGil and Director Les Zendle, MD</p>	<p>Information</p>
<p>138-139</p>	<p>3. Desert Healthcare District CEO Report – Chris Christensen, Interim CEO a. Hospital Lease negotiations informational status meetings – 5 public forums throughout the Valley i. Op-ed submission to the Desert Sun in response to the Editorial Board’s January 14, 2024, article.</p>	<p>Information</p>



140-146	b. Consideration to approve Gibbins Advisors' proposal to determine the implications of reassuming operational responsibility for the hospital.	<b>Action</b>
147-152	c. Ballots – Local Area Formation Commission (LAFCO) Eastern County Special District Member	Information
153-158	d. CEO Engagements and District Media Visibility	Information
	4. Legal – Jeffrey G. Scott, Esq., Law Offices of Jeffrey G. Scott	Information

**I. COMMITTEE MEETINGS**

159-161 162-180	<p><b>1. STRATEGIC PLANNING COMMITTEE</b> – Chair/Director Leticia De Lara, Secretary Kimberly Barraza, and Director Les Zendle, MD</p> <p>a. Draft Meeting Minutes – February 8, 2024</p> <p>b. FY2021-2026 Strategic Plan – Updates and Developing Grants Allocated to the Strategic Plan Goals</p>	Information
181-183	<p><b>2. BOARD AND STAFF COMMUNICATIONS AND POLICIES COMMITTEE</b> – Chair/Director Leticia De Lara, President Evett PerezGil, and Director Les Zendle, MD</p> <p>a. Draft Meeting Minutes – February 12, 2024</p>	Information
184-188 189	<p><b>3. PROGRAM COMMITTEE</b> – Chair/President Evett PerezGil, Vice-President Carmina Zavala, PsyD, and Director Leticia De Lara</p> <p>a. Draft Meeting Minutes – February 13, 2024</p> <p>b. Health Career Connections (HCC) Summer Intern Project – Hosting an intern for a 10-week period in the Summer 2024 – NTE \$9,100 program fee.</p>	Information
190-256 257-258  259	<p>c. Progress and Final Reports Update</p> <p>d. Grant Applications and RFP Proposals Submitted and Under Review</p> <p>e. Grant Payment Schedule</p>	
260-262	<p><b>4. FINANCE, LEGAL, ADMINISTRATION &amp; REAL ESTATE COMMITTEE</b> – Chair/Treasurer Arthur Shorr, Vice-President Carmina Zavala, PsyD, and Director Leticia De Lara</p> <p>a. Draft Meeting Minutes – January 10, 2024</p>	Information

263-266	<p><b>J. OLD BUSINESS</b></p> <p>1. Coachella Valley Association of Governments (CVAG) CV Link Q4 Project Report</p>	Information
---------	--	-------------

**K. BOARD MEMBER 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 or require a translator or 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](mailto:ahayles@dhcd.org) or call (760) 567-0591 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  
January 22, 2024**

Directors Present	District Staff Present	Absent
President Evett PerezGil Vice-President Carmina Zavala, PsyD Kimberly Barraza, Secretary Treasurer Arthur Shorr Director Les Zendle, MD – Virtual Participation Director Leticia De Lara, MPA Director Carole Rogers, RN	Chris Christensen, CPA, Interim CEO Andrea S. Hayles, MBA, Board Relations Officer Will Dean, Director of Communications and Marketing Jeff Scott, Legal Counsel	

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>  <b>Roll Call</b>	President PerezGil called the meeting to order at 5:32 p.m.  The Clerk of the Board called the roll with all directors present.	
<b>B. Pledge of Allegiance</b>	President PerezGil led the Pledge of Allegiances.	
<b>C. Approval of Agenda</b>	President PerezGil asked for a motion to approve the agenda.	<b>#24-01 MOTION WAS MADE by Director Rogers and seconded by Director Barraza to approve the agenda.</b> <b>Motion passed unanimously.</b> <b>AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, Director Rogers</b> <b>NOES – 0</b> <b>ABSENT – 0</b>
<b>D. Public Comment</b>	The following individuals provided public comments: Luke Holliday, RN Kevin Bohan, NP Lonnie D., RN Lori Ruggiero, RN Cyd Greenhorn, RN Ruth Hill, RN Stephanie Salter, RN	



**DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
January 22, 2024**

	<p>Ezra Kaufman, Palm Desert Resident Carlotta Ricky, Retired MD Paula Sofal, Coachella Valley Resident Tom Tocai, Coachella Valley Resident, retired hospital administrator</p>	
<p><b>E. Revised Tenet Proposal for a 30-Year Lease Extension with the Option to Purchase</b></p> <p><b>1. Background and presentation of Tenet response to Board concerns raised on December 6, 2023, Special Board meeting - Steve Hollis, District Consultant</b></p>	<p>Steve Hollis, consultant, provided an overview of his presentation on Tenet’s response to the Board’s concerns regarding their proposal.</p> <p>The Board encouraged the public to provide complaints to the California Department of Public Health (CDPH), described various options with the negotiations, ensuring the public’s participation, exploring a study session on the grant program, concerns about hospital operations with the transfer of management, and the seismic completion by 2030.</p> <p>The following individuals provided public comments: Stephanie Salters, RN, Tom Tocai, Coachella Valley Resident, retired hospital administrator Deborah Edwards, RN Carlotta Ricky, Retired MD Ezra Kaufman, Palm Desert Resident</p>	



**DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
January 22, 2024**

<p><b>2. Ad Hoc Committee report and recommendations</b></p>		
<p><b>3. Consideration of a contract with Probolsky Research to conduct public opinion study – Chris Christensen, Interim CEO</b></p>	<p>On behalf of the ad hoc committee Director Rogers recommended an opinion study to determine the public’s viewpoint on the hospital and motioned to consider the Probolsky Research contract.</p>	<p><b>#24-02 MOTION WAS MADE by Director Rogers and seconded by Director De Lara to approve the contract with Probolsky Research to conduct public opinion study. Motion passed unanimously. AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Zende, Director De Lara, Director Rogers NOES – 0 ABSENT – 0</b></p>
<p><b>4. Update on the process of retaining a consultant to advise the Board on the process and costs of assuming operational responsibility of the hospital in the event the Tenet Lease is not extended – Chris Christensen, Interim CEO</b></p>	<p>Chris Christensen, Interim CEO, described an update on option B for the District to assume operational responsibility of the hospital and provide a consulting firm contract at the February Board of Directors meeting.</p> <p>Michele Finney, CEO, DRMC, DCN, read a recent positive review of Desert Regional Medical Center and thanked the Board for their thoughtful consideration for the best interest of the community and</p>	



**DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
January 22, 2024**

	their work towards finalizing the lease.	
<b>F. Adjournment</b>	President PerezGil adjourned the meeting at 7:17 p.m.	<b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b>

ATTEST: \_\_\_\_\_  
Kimberly Barraza, Secretary, Board of Directors  
Desert Healthcare District Board of Directors

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

DRAFT





**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
January 23, 2024**

Directors Present	District Staff Present	Absent
President Evett PerezGil Vice-President Carmina Zavala, PsyD Secretary Kimberly Barraza Treasurer Arthur Shorr Director Les Zendle, MD – Virtual Participation Director Leticia De Lara, MPA Director Carole Rogers, RN	Chris Christensen, CPA, Interim CEO Donna Craig, Chief Program Officer – Virtual Alejandro Espinoza, MPH, Chief of Community Engagement – Virtual Jana Trew, Senior Program Officer Will Dean, Marketing and Communications Director Andrea S. Hayles, MBA, Board Relations Officer  <u>Legal Counsel</u> Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>	President PerezGil called the meeting to order at 5:31 p.m.	
<b>Roll Call</b>	The Clerk of the Board called the roll with all directors present.	
<b>B. Pledge of Allegiance</b>	President PerezGil led the pledge of allegiance.	
<b>C. Approval of Agenda</b>	President PerezGil asked for a motion to approve the agenda.	<b>#24-03 MOTION WAS MADE by Director De Lara and seconded by Director Rogers to approve the agenda.</b> <b>Motion passed unanimously.</b> <b>AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, and Director Rogers</b> <b>NOES – 0</b> <b>ABSENT – 0</b>
<b>D. Public Comment</b>		
<b>E. Consent Agenda</b>		
<b>1. BOARD MINUTES</b>		

DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
January 23, 2024

<p>a. Special Meeting of the Board – December 06, 2023</p> <p>b. Board of Directors Meeting – December 19, 2023</p> <p>c. Special Meeting of the Board – December 20, 2023</p> <p>2. FINANCIALS</p> <p>a. Approval of the December 2023 Financial Statements– F&amp;A Approved January 10, 2024</p> <p>3. AGREEMENTS</p> <p>a. Amendment #2 – Property Management/Maintenance Agreement with INPRO Construction, Inc. – Name Change Only</p>	<p>President PerezGil asked for a motion to approve the consent agenda with a correction to the December 06, meeting minutes.</p>	<p><b>#24-04 MOTION WAS MADE by Director De Lara and seconded by Director Rogers to approve the consent agenda with changes to the December 06 meeting minutes.</b></p> <p><b>Motion passed unanimously.</b></p> <p><b>AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, and Director Rogers</b></p> <p><b>NOES – 0</b></p> <p><b>ABSENT – 0</b></p>
<p><b>F. Coachella Valley Equity Collaborative</b></p> <p>1. Recognition and Acknowledgement of the Coachella Valley Equity Collaborative Partners and Providers</p>	<p>Alejandro Espinoza, Chief of Community Engagement, provided an overview of the onset of COVID in 2020, acknowledging the prior CEO, Dr. Conrado Barzaga, illustrating the cultural aspects to ensure access to information, the Promotoras’ role in the Coachella Valley Equity Collaborative, while commending the Board for recognizing the community providers and partners.</p> <p>Mr. Espinoza introduced Shayra Hernandez, Director of Stakeholder Engagement, Office of Congressman Ruiz, MD, and Secretary Barraza, representing the Office of Assemblymember Garcia, who provided remarks</p>	



**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
January 23, 2024**

	acknowledging the partnering agencies and presenting each with proclamations and certificates of recognition.	
<p><b>G. Reports</b></p> <p><b>1. Desert Regional Medical Center CEO Report – Michele Finney, CEO</b></p> <p><b>2. Desert Regional Medical Center Governing Board Meeting – President Evett PerezGil and Director Les Zendle, MD</b></p> <p><b>3. Desert Healthcare District CEO Report – Chris Christensen, Interim CEO</b></p> <p style="padding-left: 20px;"><b>a. 2024 Board of Directors Committee Assignments</b></p> <p style="padding-left: 20px;"><b>b. 2023-2024 Annual Report</b></p>	<p>Michele Finney, CEO, DRMC, DCN, also acknowledged the Coachella Valley Equity Collaborative and the community partners for their efforts, further providing an overview of her report detailing the flu increase, People/Quality, Services/Events, and Capital &amp; Construction Projects in progress. (see attached report)</p> <p>Evett PerezGil, President, described the most recent Governing Board meeting discussing the California Department of Public Health (CDPH) reports, accreditations, peer reviews, quality measures, and emergency management training for various disasters.</p> <p>Chris Christensen, Interim CEO, described the committee assignments that remain the same for 2024 with the addition of a governance ad hoc committee.</p> <p>Mr. Christensen, Interim CEO, described the 2023-2024</p>	

**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
January 23, 2024**

<p><b>c. September 2024 Environmental Health Summit</b></p> <p><b>d. Candid 2024 Gold Transparency Seal</b></p> <p><b>e. Local Area Formation Commission (LAFCO) Call for Nominations Eastern County Special District Member</b></p> <p><b>f. Palm Springs Health Run &amp; Wellness Festival – \$35k Presenting Sponsor – January 27, 2024</b></p> <p><b>g. Community Engagements and District Media Visibility</b></p> <p><b>4. Legal – Jeffrey G. Scott, Esq., Law Offices of Jeffrey G. Scott</b></p>	<p>annual report to coincide with the fiscal year after June 30th, comprising 18 months.</p> <p>Mr. Christensen, Interim CEO, described re-evaluating the environmental health summit and moving the date to September.</p> <p>Mr. Christensen, Interim CEO, described the completion of Candid’s demographic survey for transparency and sharing with other nonprofits and donors.</p> <p>Mr. Christensen, Interim CEO, described the LAFCO special district nomination and Board members to communicate their interest with President PerezGil.</p> <p>Mr. Christensen, Interim CEO, described the upcoming Health Run &amp; Wellness Festival and awards ceremony, inviting the directors to provide acknowledgments and remarks.</p> <p>Mr. Christensen, Interim CEO, described the monthly community engagements and District media visibility report.</p> <p>Jeff Scott, Legal Counsel, did not provide a legislative report.</p>	
<p><b>H. Committee Meetings –</b></p>		



**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
January 23, 2024**

<p><b>H.1. Program Committee</b></p> <p>a. The Program Committee did not convene in January.</p> <p><b>H.1.2. Finance, Legal, Administration, &amp; Real Estate Committee</b></p> <p>a. <b>Draft Meeting Minutes – January 10, 2024</b></p> <p>b. <b>Inland Empire Health Plan (IEHP) Connect IE Project Services – Professional Services Agreement – \$71,040 Recipient</b></p>	<p>President PerezGil inquired about any questions concerning the January 10 F&amp;A Committee meeting minutes.</p> <p>There were no questions or comments.</p> <p>President PerezGil and Vice-President Zavala recused themselves from the discussion.</p> <p>Chris Christensen, Interim CEO, described the prior work with IEHP Connect IE that previously included the CVHIP website for organizational searches of services and recipients of \$71k to continue the project.</p> <p>Alejandro Espinoza, Chief of Community Engagement, described ensuring HIPPA compliance, the current challenges, Inland Empire Health collaborating with healthcare providers, and the</p>	<p><b>#24-05 MOTION WAS MADE by Director De Lara and seconded by Director Rogers to approve the Inland Empire Health Plan (IEHP) Connect IE Project Services – Professional Services Agreement. Motion passed unanimously. AYES – 5 Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, and Director Rogers NOES – 0 RECUSED – 2 President PerezGil and Vice-President Zavala</b></p>
--	---	---



**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
January 23, 2024**

	<p>District’s responsibility to enroll organizations in the database in response to the Board’s inquiry about incorporating referrals into the platform.</p>	
<p><b>I. Board Member Comments</b></p>	<p>Director Rogers described the homelessness seminar hosted by Assemblymember Garcia.</p> <p>Director De Lara outlined the productive January 22 special meeting on the hospital negotiations and viewpoints from the public and the Board.</p> <p>In response to Stephanie Salters's public comment at the January 22 special meeting, Director Zindle stated that he has under no circumstances accepted monies or received a bribe from Tenet; however, he does attend charitable events as a member of the governing board.</p> <p>Director Shorr described other media opportunities, such as radio, and evaluating additional opportunities.</p> <p>Director De Lara described the consideration of a Valley Voice column submission to the Desert Sun from President PerezGil and interviewing the Promotoras’ for a story on where they are now.</p> <p>Director Barraza invited the Board and Staff to Riverside County's President’s Day Parade in downtown Indio.</p>	



DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
January 23, 2024

<b>J. Adjournment</b>	President PerezGil adjourned the meeting at 6:54 p.m.	<b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b>
-----------------------	---	--

ATTEST: \_\_\_\_\_  
Kimberly Barraza, Secretary, Board of Directors  
Desert Healthcare District Board of Directors

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

DRAFT

Date: January 23, 2024  
To: Desert Healthcare District and Foundation Board  
From: Michele Finney, CEO  
Re: **DRMC CEO - District Board Meeting Report January 2024**

---

I'm pleased to provide this monthly report to the District Board to share highlights about Desert Regional Medical Center for the month of January.

**People/Quality:**

- American College of Surgeons Trauma Level 1 Re-Accreditation: Nov 2024
- Baby Friendly Hospital Re-Designation: Another five years
- RN Recruitment & Retention: Year end for 2023 resulted in hiring:
  - 327 RNs & annualized turnover rate of 7.82%
  - 406 Ancillary staff & annualized total employee turnover rate of 9.63%.
  - JFK hired 72 nurses & annualized turnover rate of 9.63% RN and 8.4% all employee
- Good faith bargaining continues through January with SEIU-UHW.

**Services/Events:**

- DRMC hospital staff and volunteers collected and provided items for our annual "Senior Drive", which provided personal items and winter clothing for residents at two local nursing homes; one in Palm Springs & one in Indio.
- DRMC also provided a large donation of holiday pies and cookies to FIND Food Bank as part of our annual employee holiday appreciation celebration.
- DRMC and DCN participated in a number of community events to foster education and wellness and support local non-profit charities. These events have been focused in areas such as blood donation at all three hospitals, Medi-Cal redetermination, Chamber State of the City's, non-profit fundraiser events, and clinical services outreach to the unhoused and those most vulnerable throughout our community.
- In this conference room, earlier this morning, DRMC hosted a "Stop the Bleed" class for the Coachella Valley Disaster Preparedness network. This is one of many classes that we offer throughout the community, including to service groups and city employees.

**Capital & Construction Projects Underway:**

- Seismic: NPC evaluation and inventory of equipment, operating plans for critical and non-critical areas, and construction roadmap was submitted to HCAI as required. Signage, as required by law, has been posted in each of the hospital 20 buildings. We remain on track for compliance with all seismic deadlines.
- JFK – MRI construction still underway.
- OR Light, Video Integration and LIM project in OR 2, 3, 4, and 8 is complete. All 4 rooms will also receive additional electrical outlets. There are 5 OR's remaining. Room 5 is next in line.
- Chiller project feeding the lab and parts of the east building is being placed in service this week, thereafter the roof repairs adjacent the project will begin.
- Cath Lab 1 Replacement is underway. Expected completion by end of February 2024.
- ICU Isolation Room Project: Two out of four rooms have been completed. Room 3109 to be completed by end of January.
- El Mirador Cooling Tower replacement is complete.
- Elevator Replacement: We are to submit the elevator modernization of 8 elevators to the Finance Committee in February. Contract timeline is 16 weeks with each elevator taken out of service for 4 to 8 weeks. Elevators that are part of the project are E.1, E2, E3, S6, S7, W1, W2 and W3. The project cost estimate is \$3.1million.
- Early January two boilers were replaced. This required a disruption in hot water service for approximately 12 hours.
- Additionally, due to complaints from staff, we are in the process of replacing all infrared sensors that govern the hot water at some of the sinks in the critical care units. This will eliminate delay in the sensor triggering the production of hot water.





**DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
December 20, 2023**

Directors Present	District Staff Present	Absent
President Evett PerezGil Vice-President Carmina Zavala, PsyD Carole Rogers, RN, Secretary Treasurer Arthur Shorr Director Les Zendle, MD Director Leticia De Lara, MPA Director Kimberly Barraza	Chris Christensen, Interim CEO Andrea S. Hayles, Board Relations Officer  Jeff Scott, Legal Counsel	

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>  <b>Roll Call</b>	President PerezGil called the meeting to order at 5:37 p.m.  The Clerk of the Board called the roll with all directors present except Director De Lara and Director Barraza joining the meeting at 5:41 p.m.	
<b>B. Pledge of Allegiance</b>	President PerezGil led the Pledge of Allegiances.	
<b>C. Approval of Agenda</b>	President PerezGil asked for a motion to approve the agenda.	<b>#23-97 MOTION WAS MADE by Director Shorr and seconded by Director Rogers to approve the agenda.</b> <b>Motion passed unanimously.</b> <b>AYES – 7 President PerezGil, Vice-President Zavala, Secretary Rogers, Director Shorr, Director Zendle,</b> <b>NOES – 0</b> <b>ABSENT – 0</b>
<b>D. Public Comment</b>	There were no public comments on matters not listed on the agenda.	
<b>E. Workshop on Improving Board Governance Practices</b>  <b>1. Facilitated Workshop discussion on Governance Development - Larry Walker,</b>	Larry Walker, President, The Walker Company, provided an overview of his prior session	



**DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
December 20, 2023**

<p><b>President, The Walker Company</b></p>	<p>and the role of the CEO and Board.</p> <p>After a lengthy discussion on governance best practices, at the recommendation of Mr. Walker, and with consensus, the Board developed a governance taskforce ad hoc committee consisting of President PerezGil, Secretary Barraza, and Director Rogers.</p>	
<p><b>F. Adjournment</b></p>	<p>President PerezGil adjourned the meeting at 7:55 p.m.</p>	<p><i>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></i></p>

ATTEST: \_\_\_\_\_  
 Carole Rogers, RN, Secretary, Board of Directors  
 Desert Healthcare District Board of Directors

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



## **Chief Administration Officer's Report**

**February 14, 2024**

### **Las Palmas Medical Plaza - Property Management:**

#### **Occupancy:**

See attached unit rental status report.

**94.1%** currently occupied –

Total annual rent including CAM fees is **\$1,444,254**.

#### **Leasing Activity:**

2 suites (1W-104, & 2W-103/104) are now vacant and available for lease. Rob Wenthold, our broker, will be showing the suites to prospective tenants.

**Las Palmas Medical Plaza**

**Unit Rental Status**

**As of January 1, 2024**

Unit	Tenant Name	Deposit	Lease Dates		Term	Unit Sq Feet	Percent of Total	Monthly Rent	Annual Rent	Rent Per Sq Foot	Monthly	Total Monthly Rent Inclg CAM	Total Annual Rent Inclg CAM
			From	To							CAM		
											\$ 0.80		
1W, 104	Vacant					1,024	2.07%						
2W, 103-104	Vacant					1,878	3.81%						
<b>Total - Vacancies</b>						<b>2,902</b>	<b>5.88%</b>						
<b>Total Suites - 32 - 30 Suites Occupied</b>		\$57,492.84				49,356	94.1%	\$ 83,194.46	\$ 998,333.52	\$ 1.79	\$ 37,160.00	\$ 120,354.46	\$ 1,444,253.52
<b>Summary - All Units</b>													
			<b>Occupied</b>	46,454	94.1%								
			<b>Vacant</b>	2,902	5.9%								
			<b>Pending</b>	0	0.0%								
			<b>Total</b>	49,356	100%								

<b>DESERT HEALTHCARE DISTRICT</b>
<b>JANUARY 2024 FINANCIAL STATEMENTS</b>
<b>INDEX</b>
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
CEO Discretionary Fund
Retirement Protection Plan Update
Grants Schedule

**DESERT HEALTHCARE DISTRICT  
YEAR TO DATE VARIANCE ANALYSIS  
ACTUAL VS BUDGET  
SEVEN MONTHS ENDED JANUARY 31, 2024**

<b>Scope: \$25,000 Variance per Statement of Operations Summary</b>				
	YTD		Over(Under)	
Account	Actual	Budget	Budget	Explanation
4000 - Income	\$ 7,981,395	\$ 4,604,789	\$ 3,376,606	Higher interest income and market fluctuations (net) from FRF investments \$2,180k; higher property tax revenues \$1,197k
4501 - Misc Income	\$ 144,500	\$ 5,250	\$ 139,250	Higher misc income \$140k from Coachella Valley Resource Conservation District for 2nd Mobile Medical Unit
5000 - Direct Expenses	\$ 1,041,860	\$ 1,094,506	\$ (52,646)	Lower education expense \$41k; lower health insurance expense \$24k; higher wage related expenses \$14k; lower retirement expenses \$5k; higher board expenses \$2k; higher misc \$1k
6500 - Professional Fees Expense	\$ 478,620	\$ 966,266	\$ (487,646)	Lower Professional Services expense \$415k; lower PR/Communications expense \$78k; higher payroll preparation fees \$3k; higher legal expense \$2k
7000 - Grants Expense	\$ 2,918,367	\$ 2,333,331	\$ 585,036	Budget of \$4 Million for fiscal year is amortized straight-line over 12-month fiscal year. As of January 31, 2024, there is \$1,081,633 remaining in the fiscal year grant budget, with a total of \$338,600 in unexpended grant funds.

**Desert Healthcare District**  
**Profit & Loss Budget vs. Actual**  
July 2023 through January 2024

	MONTH			TOTAL		
	Jan 24	Budget	\$ Over Budget	Jul '23 - Jan 24	Budget	\$ Over Budget
<b>Income</b>						
4000 · Income	3,999,651	2,823,627	1,176,024	7,981,395	4,604,789	3,376,606
4500 · LPMP Income	120,142	116,723	3,419	826,529	817,061	9,468
4501 · Miscellaneous Income	0	750	(750)	144,500	5,250	139,250
<b>Total Income</b>	<b>4,119,793</b>	<b>2,941,100</b>	<b>1,178,693</b>	<b>8,952,424</b>	<b>5,427,100</b>	<b>3,525,324</b>
<b>Expense</b>						
5000 · Direct Expenses	151,818	156,358	(4,540)	1,041,860	1,094,506	(52,646)
6000 · General & Administrative Exp	60,038	52,110	7,928	371,801	364,770	7,031
6325 · CEO Discretionary Fund	4,179	4,167	12	46,377	29,169	17,208
6445 · LPMP Expenses	104,610	104,163	447	706,735	729,141	(22,406)
6500 · Professional Fees Expense	50,718	138,038	(87,320)	478,620	966,266	(487,646)
6600 · Mobile Medical Unit	0	0	0	2,073	0	2,073
6700 · Trust Expenses	5,458	6,542	(1,084)	50,006	45,794	4,212
<b>Total Expense Before Grants</b>	<b>376,821</b>	<b>461,378</b>	<b>(84,557)</b>	<b>2,697,464</b>	<b>3,229,658</b>	<b>(532,194)</b>
9000 · Other Income <expenses>	(1,878)	0	(1,878)	(2,843)	0	(2,843)
7000 · Grants Expense	2,000	333,333	(331,333)	2,918,367	2,333,331	585,036
<b>Net Income</b>	<b>3,739,094</b>	<b>2,146,389</b>	<b>1,592,705</b>	<b>3,333,750</b>	<b>(135,889)</b>	<b>3,469,639</b>

**Desert Healthcare District**  
**Profit & Loss Budget vs. Actual**  
July 2023 through January 2024

	MONTH			TOTAL		
	Jan 24	Budget	\$ Over Budget	Jul '23 - Jan 24	Budget	\$ Over Budget
<b>Income</b>						
<b>4000 · Income</b>						
4010 · Property Tax Revenues	3,720,800	2,819,960	900,840	5,776,037	4,579,120	1,196,917
<b>4200 · Interest Income</b>						
4220 · Interest Income (FRF)	148,569	85,000	63,569	717,466	595,000	122,466
9999-1 · Unrealized gain(loss) on invest	128,282	(83,333)	211,615	1,473,892	(583,331)	2,057,223
<b>Total 4200 · Interest Income</b>	<b>276,851</b>	<b>1,667</b>	<b>275,184</b>	<b>2,191,358</b>	<b>11,669</b>	<b>2,179,689</b>
4300 · DHC Recoveries	2,000	2,000	0	14,000	14,000	0
<b>Total 4000 · Income</b>	<b>3,999,651</b>	<b>2,823,627</b>	<b>1,176,024</b>	<b>7,981,395</b>	<b>4,604,789</b>	<b>3,376,606</b>
<b>4500 · LPMP Income</b>						
4501 · Miscellaneous Income	0	750	(750)	144,500	5,250	139,250
<b>Total Income</b>	<b>4,119,793</b>	<b>2,941,100</b>	<b>1,178,693</b>	<b>8,952,424</b>	<b>5,427,100</b>	<b>3,525,324</b>
<b>Expense</b>						
<b>5000 · Direct Expenses</b>						
<b>5100 · Administration Expense</b>						
5110 · Wages Expense	88,338	131,159	(42,821)	914,116	918,113	(3,997)
5111 · Allocation to LPMP - Payroll	(6,539)	(6,539)	0	(45,773)	(45,773)	0
5112 · Vacation/Sick/Holiday Expense	24,172	15,000	9,172	125,476	105,000	20,476
5114 · Allocation to Foundation	(33,148)	(33,148)	0	(232,036)	(232,036)	0
5119 · Allocation-FED FUNDS/CVHIP-DHCF	(3,110)	(17,071)	13,961	(112,612)	(119,497)	6,885
5120 · Payroll Tax Expense	10,687	10,578	109	64,506	74,046	(9,540)
<b>5130 · Health Insurance Expense</b>						
5131 · Premiums Expense	19,843	22,456	(2,613)	142,917	157,192	(14,275)
5135 · Reimb./Co-Payments Expense	1,320	1,950	(630)	4,157	13,650	(9,493)
<b>Total 5130 · Health Insurance Expense</b>	<b>21,163</b>	<b>24,406</b>	<b>(3,243)</b>	<b>147,074</b>	<b>170,842</b>	<b>(23,768)</b>
5140 · Workers Comp. Expense	438	585	(147)	4,328	4,095	233
5145 · Retirement Plan Expense	10,104	10,486	(382)	68,602	73,402	(4,800)
5160 · Education Expense	0	8,333	(8,333)	17,719	58,331	(40,612)
<b>Total 5100 · Administration Expense</b>	<b>112,105</b>	<b>143,789</b>	<b>(31,684)</b>	<b>951,400</b>	<b>1,006,523</b>	<b>(55,123)</b>
<b>5200 · Board Expenses</b>						
5210 · Healthcare Benefits Expense	31,813	4,188	27,625	43,998	29,316	14,682
5230 · Meeting Expense	0	3,708	(3,708)	18,970	25,956	(6,986)
5235 · Director Stipend Expense	6,560	3,465	3,095	23,429	24,255	(826)
5240 · Catering Expense	1,340	1,000	340	3,083	7,000	(3,917)
5250 · Mileage Reimbursement Expense	0	208	(208)	980	1,456	(476)
<b>Total 5200 · Board Expenses</b>	<b>39,713</b>	<b>12,569</b>	<b>27,144</b>	<b>90,460</b>	<b>87,983</b>	<b>2,477</b>
<b>Total 5000 · Direct Expenses</b>	<b>151,818</b>	<b>156,358</b>	<b>(4,540)</b>	<b>1,041,860</b>	<b>1,094,506</b>	<b>(52,646)</b>



**Desert Healthcare District**  
**Profit & Loss Budget vs. Actual**  
July 2023 through January 2024

	MONTH			TOTAL		
	Jan 24	Budget	\$ Over Budget	Jul '23 - Jan 24	Budget	\$ Over Budget
<b>6000 · General &amp; Administrative Exp</b>						
6110 · Payroll fees Expense	222	208	14	1,510	1,456	54
6120 · Bank and Investment Fees Exp	5,664	5,200	464	39,343	36,400	2,943
6125 · Depreciation Expense	2,039	2,000	39	13,737	14,000	(263)
6126 · Depreciation-Solar Parking lot	15,072	15,072	0	105,504	105,504	0
6127 · Depreciation - Autos	6,409	3,287	3,122	28,527	23,009	5,518
6130 · Dues and Membership Expense	6,221	5,385	836	19,701	37,695	(17,994)
6200 · Insurance Expense	4,183	4,950	(767)	29,505	34,650	(5,145)
6300 · Minor Equipment Expense	0	42	(42)	0	294	(294)
6305 · Auto Allowance & Mileage Exp	0	500	(500)	2,001	3,500	(1,499)
6306 · Staff- Auto Mileage reimb	244	625	(381)	3,494	4,375	(881)
6309 · Personnel Expense	0	375	(375)	0	2,625	(2,625)
6310 · Miscellaneous Expense	0	42	(42)	4,460	294	4,166
6311 · Cell Phone Expense	1,392	900	492	4,992	6,300	(1,308)
6312 · Wellness Park Expenses	0	83	(83)	689	581	108
6315 · Security Monitoring Expense	108	50	58	503	350	153
6340 · Postage Expense	228	333	(105)	1,456	2,331	(875)
6350 · Copier Rental/Fees Expense	377	500	(123)	2,754	3,500	(746)
6351 · Travel Expense	3,459	2,500	959	34,326	17,500	16,826
6352 · Meals & Entertainment Exp	4,295	2,417	1,878	10,510	16,919	(6,409)
6355 · Computer Services Expense	3,066	3,083	(17)	39,227	21,581	17,646
6360 · Supplies Expense	4,222	1,833	2,389	10,246	12,831	(2,585)
6380 · LAFCO Assessment Expense	180	208	(28)	1,260	1,456	(196)
6400 · East Valley Office	2,657	2,517	140	18,056	17,619	437
<b>Total 6000 · General &amp; Administrative Exp</b>	<b>60,038</b>	<b>52,110</b>	<b>7,928</b>	<b>371,801</b>	<b>364,770</b>	<b>7,031</b>
6325 · CEO Discretionary Fund	4,179	4,167	12	46,377	29,169	17,208
6445 · LPMP Expenses	104,610	104,163	447	706,735	729,141	(22,406)
<b>6500 · Professional Fees Expense</b>						
6516 · Professional Services Expense	36,888	103,038	(66,150)	306,744	721,266	(414,522)
6520 · Annual Audit Fee Expense	1,441	1,458	(17)	10,087	10,206	(119)
6530 · PR/Communications/Website	8,551	20,542	(11,991)	65,566	143,794	(78,228)
6560 · Legal Expense	3,838	13,000	(9,162)	92,996	91,000	1,996
6561 · Payroll Preparation Fees	0	0	0	3,227	0	3,227
<b>Total 6500 · Professional Fees Expense</b>	<b>50,718</b>	<b>138,038</b>	<b>(87,320)</b>	<b>478,620</b>	<b>966,266</b>	<b>(487,646)</b>

**Desert Healthcare District**  
**Profit & Loss Budget vs. Actual**  
July 2023 through January 2024

	MONTH			TOTAL		
	Jan 24	Budget	\$ Over Budget	Jul '23 - Jan 24	Budget	\$ Over Budget
<b>6600 · Mobile Medical Unit</b>						
<b>6605 · Mobile Medical Unit Expense</b>	0	0	0	2,073	0	2,073
<b>6700 · Trust Expenses</b>						
<b>6720 · Pension Plans Expense</b>						
<b>6721 · Legal Expense</b>	0	167	(167)	0	1,169	(1,169)
<b>6725 · RPP Pension Expense</b>	5,000	5,000	0	35,000	35,000	0
<b>6728 · Pension Audit Fee Expense</b>	458	1,375	(917)	15,006	9,625	5,381
<b>Total 6700 · Trust Expenses</b>	5,458	6,542	(1,084)	50,006	45,794	4,212
<b>Total Expense Before Grants</b>	376,821	461,378	(84,557)	2,697,464	3,229,658	(532,194)
<b>9000 · Other Income &lt;expenses&gt;</b>	(1,878)	0	(1,878)	(2,843)	0	(2,843)
<b>7000 · Grants Expense</b>						
<b>7010 · Major Grant Awards Expense</b>	2,000	333,333	(331,333)	2,918,367	2,333,331	585,036
<b>Net Income</b>	<b>3,739,094</b>	<b>2,146,389</b>	<b>1,592,705</b>	<b>3,333,750</b>	<b>(135,889)</b>	<b>3,469,639</b>

**Las Palmas Medical Plaza**  
**Profit & Loss Budget vs. Actual**  
July 2023 through January 2024

	MONTH			TOTAL		
	Jan 24	Budget	\$ Over Budget	Jul '23 - Jan 24	Budget	\$ Over Budget
<b>Income</b>						
<b>4500 · LPMP Income</b>						
<b>4505 · Rental Income</b>	82,982	93,600	(10,618)	569,430	655,200	(85,770)
<b>4510 · CAM Income</b>	37,160	23,040	14,120	257,099	161,280	95,819
<b>4513 · Misc. Income</b>	0	83	(83)	0	581	(581)
<b>Total 4500 · LPMP Income</b>	120,142	116,723	3,419	826,529	817,061	9,468
<b>Expense</b>						
<b>6445 · LPMP Expenses</b>						
<b>6420 · Insurance Expense</b>	5,568	4,050	1,518	38,976	28,350	10,626
<b>6425 · Building - Depreciation Expense</b>	28,271	27,441	830	185,964	192,087	(6,123)
<b>6426 · Tenant Improvements -Dep Exp</b>	19,540	17,917	1,623	84,314	125,419	(41,105)
<b>6427 · HVAC Maintenance Expense</b>	724	1,333	(609)	8,898	9,331	(433)
<b>6428 · Roof Repairs Expense</b>	0	208	(208)	0	1,456	(1,456)
<b>6431 · Building -Interior Expense</b>	3,200	625	2,575	34,500	4,375	30,125
<b>6432 · Plumbing -Interior Expense</b>	2,200	833	1,367	9,925	5,831	4,094
<b>6433 · Plumbing -Exterior Expense</b>	0	208	(208)	435	1,456	(1,021)
<b>6434 · Allocation Internal Prop. Mgmt</b>	6,539	6,539	0	45,773	45,773	0
<b>6435 · Bank Charges</b>	25	42	(17)	164	294	(130)
<b>6437 · Utilities -Vacant Units Expense</b>	80	183	(103)	158	1,281	(1,123)
<b>6439 · Deferred Maintenance Repairs Ex</b>	0	1,833	(1,833)	16,820	12,831	3,989
<b>6440 · Professional Fees Expense</b>	11,485	11,485	0	80,395	80,395	0
<b>6441 · Legal Expense</b>	0	83	(83)	0	581	(581)
<b>6458 · Elevators - R &amp; M Expense</b>	2,292	1,083	1,209	9,134	7,581	1,553
<b>6460 · Exterminating Service Expense</b>	275	1,000	(725)	1,925	7,000	(5,075)
<b>6463 · Landscaping Expense</b>	0	917	(917)	9,833	6,419	3,414
<b>6467 · Lighting Expense</b>	0	417	(417)	0	2,919	(2,919)
<b>6468 · General Maintenance Expense</b>	0	83	(83)	0	581	(581)
<b>6471 · Marketing-Advertising</b>	0	1,250	(1,250)	842	8,750	(7,908)
<b>6475 · Property Taxes Expense</b>	6,167	6,650	(483)	45,161	46,550	(1,389)
<b>6476 · Signage Expense</b>	401	625	(224)	401	4,375	(3,974)
<b>6480 · Rubbish Removal Medical Waste E</b>	1,142	1,500	(358)	8,718	10,500	(1,782)
<b>6481 · Rubbish Removal Expense</b>	2,695	2,900	(205)	20,415	20,300	115
<b>6482 · Utilities/Electricity/Exterior</b>	1,064	625	439	6,151	4,375	1,776
<b>6484 · Utilities - Water (Exterior)</b>	537	833	(296)	4,545	5,831	(1,286)
<b>6485 · Security Expenses</b>	12,405	13,333	(928)	85,035	93,331	(8,296)
<b>6490 · Miscellaneous Expense</b>	0	167	(167)	8,253	1,169	7,084
<b>Total 6445 · LPMP Expenses</b>	104,610	104,163	447	706,735	729,141	(22,406)
<b>Net Income</b>	<b>15,532</b>	<b>12,560</b>	<b>2,972</b>	<b>119,794</b>	<b>87,920</b>	<b>31,874</b>

**Desert Healthcare District**  
**Balance Sheet Previous Year Comparison**  
As of January 31, 2024

		Jan 31, 24	Jan 31, 23
<b>ASSETS</b>			
<b>Current Assets</b>			
<b>Checking/Savings</b>			
	1000 · CHECKING CASH ACCOUNTS	4,900,751	5,285,201
	1100 · INVESTMENT ACCOUNTS	65,723,468	61,147,662
	<b>Total Checking/Savings</b>	70,624,219	66,432,863
	<b>Total Accounts Receivable</b>	198,293	48,876
<b>Other Current Assets</b>			
	1204.1 · Rent Receivable-Deferred COVID	16,097	61,620
	1270 · Prepaid Insurance -Ongoing	48,505	44,968
	1279 · Pre-Paid Fees	36,997	25,804
	<b>Total Other Current Assets</b>	101,599	132,392
	<b>Total Current Assets</b>	70,924,111	66,614,131
<b>Fixed Assets</b>			
	1300 · FIXED ASSETS	5,292,597	5,094,488
	1335-00 · ACC DEPR	(2,770,168)	(2,501,954)
	1400 · LPMP Assets	6,702,095	6,942,028
	<b>Total Fixed Assets</b>	9,224,524	9,534,562
<b>Other Assets</b>			
	1600 · RIGHT TO USE ASSETS	216,235	0
	1611 · RTU Accumulated Amortization	(22,178)	0
	1700 · OTHER ASSETS	3,703,380	3,504,745
	1800 · OTHER RECEIVABLES	3,048,911	0
	<b>Total Other Assets</b>	6,946,348	3,504,745
<b>TOTAL ASSETS</b>		<b>87,094,983</b>	<b>79,653,438</b>

**Desert Healthcare District**  
**Balance Sheet Previous Year Comparison**  
As of January 31, 2024

				Jan 31, 24	Jan 31, 23
<b>LIABILITIES &amp; EQUITY</b>					
<b>Liabilities</b>					
<b>Current Liabilities</b>					
<b>Accounts Payable</b>					
			<b>2000 · Accounts Payable</b>	28,712	40,168
			<b>2001 · LPMP Accounts Payable</b>	26,536	3,964
			<b>Total Accounts Payable</b>	55,248	44,132
<b>Other Current Liabilities</b>					
			<b>2002 · LPMP Property Taxes</b>	8,432	5,720
			<b>2003 · Prepaid Rents</b>	21,113	0
			<b>2101 · *Payroll Liabilities</b>	3,227	0
			<b>2131 · Grant Awards Payable</b>	6,032,638	4,498,210
			<b>2133 · Accrued Accounts Payable</b>	249,550	189,550
			<b>2141 · Accrued Vacation Time</b>	92,345	101,726
			<b>2188 · Current Portion - LTD</b>	0	6,168
			<b>2190 · Investment Fees Payable</b>	1,595	4,386
			<b>Total Other Current Liabilities</b>	6,408,900	4,805,760
			<b>Total Current Liabilities</b>	6,464,148	4,849,892
<b>Long Term Liabilities</b>					
			<b>2171 · RPP-Deferred Inflows-Resources</b>	564,584	492,802
			<b>2172 · Lease - Deferred Inflows</b>	2,982,703	0
			<b>2280 · Long-Term Disability</b>	0	2,981
			<b>2281 · Grants Payable - Long-term</b>	2,475,000	3,520,000
			<b>2285 · Lease Payable</b>	196,798	0
			<b>2290 · LPMP Security Deposits</b>	57,493	64,960
			<b>Total Long Term Liabilities</b>	6,276,578	4,080,743
			<b>Total Liabilities</b>	12,740,726	8,930,635
<b>Equity</b>					
			<b>3900 · *Retained Earnings</b>	71,020,500	67,758,461
			<b>Net Income</b>	3,333,750	2,964,344
			<b>Total Equity</b>	74,354,250	70,722,805
<b>TOTAL LIABILITIES &amp; EQUITY</b>				<b>87,094,983</b>	<b>79,653,438</b>

**Desert Healthcare District**  
**Balance Sheet Previous Year Comparison**  
As of January 31, 2024

			Jan 31, 24	Jan 31, 23
<b>ASSETS</b>				
<b>Current Assets</b>				
<b>Checking/Savings</b>				
<b>1000 · CHECKING CASH ACCOUNTS</b>				
		1012 · Union Bank Operating - 9356	0	5,015,081
		1016 · US Bank Operating - 5018	4,573,897	0
		1044 · Las Palmas Medical Plaza - 1241	326,354	0
		1046 · Las Palmas Medical Plaza	0	269,620
		1047 · Petty Cash	500	500
		<b>Total 1000 · CHECKING CASH ACCOUNTS</b>	<b>4,900,751</b>	<b>5,285,201</b>
<b>1100 · INVESTMENT ACCOUNTS</b>				
		1130 · Facility Replacement Fund	66,574,015	63,422,674
		1135 · Unrealized Gain(Loss) FRF	(850,547)	(2,275,012)
		<b>Total 1100 · INVESTMENT ACCOUNTS</b>	<b>65,723,468</b>	<b>61,147,662</b>
		<b>Total Checking/Savings</b>	<b>70,624,219</b>	<b>66,432,863</b>
		<b>Total Accounts Receivable</b>	<b>198,293</b>	<b>48,876</b>
<b>Other Current Assets</b>				
		1204.1 · Rent Receivable-Deferred COVID	16,097	61,620
		1270 · Prepaid Insurance -Ongoing	48,505	44,968
		1279 · Pre-Paid Fees	36,997	25,804
		<b>Total Other Current Assets</b>	<b>101,599</b>	<b>132,392</b>
		<b>Total Current Assets</b>	<b>70,924,111</b>	<b>66,614,131</b>
<b>Fixed Assets</b>				
<b>1300 · FIXED ASSETS</b>				
		1310 · Computer Equipment	105,830	96,528
		1320 · Furniture and Fixtures	55,099	50,846
		1321 · Mobile Medical Unit	381,768	197,214
		1322 · Tenant Improvement - RAP #G100	32,794	32,794
		1325 · Offsite Improvements	300,849	300,849
		1331 · DRMC - Parking lot	4,416,257	4,416,257
		<b>Total 1300 · FIXED ASSETS</b>	<b>5,292,597</b>	<b>5,094,488</b>
<b>1335-00 · ACC DEPR</b>				
		1335 · Accumulated Depreciation	(247,239)	(227,400)
		1337 · Accum Deprec- Solar Parking Lot	(2,245,900)	(2,065,035)
		1338 · Accum Deprec - LPMP Parking Lot	(225,494)	(202,945)
		1339 · Accum Deprec - Autos	(51,535)	(6,574)
		<b>Total 1335-00 · ACC DEPR</b>	<b>(2,770,168)</b>	<b>(2,501,954)</b>

**Desert Healthcare District**  
**Balance Sheet Previous Year Comparison**  
As of January 31, 2024

		Jan 31, 24	Jan 31, 23
	<b>1400 · LPMP Assets</b>		
	1401 · Building	8,705,680	8,705,680
	1402 · Land	2,165,300	2,165,300
	1403 · Tenant Improvements -New	2,309,146	2,271,406
	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	20,528	459,999
	1406 · Building Improvements - Other	2,769,182	2,153,527
	<b>Total 1406 · Building Improvements</b>	<b>3,466,194</b>	<b>3,290,010</b>
	1407 · Building Equipment Improvements	445,553	444,268
	1409 · Accumulated Depreciation		
	1410 · Accum. Depreciation	(8,318,126)	(8,032,439)
	1412 · T I Accumulated Dep.-New	(2,201,202)	(2,031,747)
	<b>Total 1409 · Accumulated Depreciation</b>	<b>(10,519,328)</b>	<b>(10,064,186)</b>
	<b>Total 1400 · LPMP Assets</b>	<b>6,702,095</b>	<b>6,942,028</b>
	<b>Total Fixed Assets</b>	<b>9,224,524</b>	<b>9,534,562</b>
	<b>Other Assets</b>		
	<b>1600 · RIGHT TO USE ASSETS</b>		
	1610 · Right to Use Asset	216,235	0
	1611 · RTU Accumulated Amortization	(22,178)	0
	<b>1700 · OTHER ASSETS</b>		
	1731 · Wellness Park	1,693,800	1,693,800
	1740 · RPP-Deferred Outflows-Resources	587,440	836,699
	1742 · RPP - Net Pension Asset	1,422,140	974,246
	<b>Total 1700 · OTHER ASSETS</b>	<b>3,703,380</b>	<b>3,504,745</b>
	<b>1800 · OTHER RECEIVABLES</b>		
	1810 · Lease Receivable	3,048,911	0
	<b>Total Other Assets</b>	<b>6,946,348</b>	<b>3,504,745</b>
	<b>TOTAL ASSETS</b>	<b>87,094,983</b>	<b>79,653,438</b>

**Desert Healthcare District**  
**Balance Sheet Previous Year Comparison**  
As of January 31, 2024

			Jan 31, 24	Jan 31, 23
<b>LIABILITIES &amp; EQUITY</b>				
<b>Liabilities</b>				
<b>Current Liabilities</b>				
<b>Accounts Payable</b>				
		2000 · Accounts Payable	28,712	40,168
		2001 · LPMP Accounts Payable	26,536	3,964
		<b>Total Accounts Payable</b>	<b>55,248</b>	<b>44,132</b>
<b>Other Current Liabilities</b>				
		2002 · LPMP Property Taxes	8,432	5,720
		2003 · Prepaid Rents	21,113	0
		2101 · *Payroll Liabilities	3,227	0
		2131 · Grant Awards Payable	6,032,638	4,498,210
		2133 · Accrued Accounts Payable	249,550	189,550
		2141 · Accrued Vacation Time	92,345	101,726
		2188 · Current Portion - LTD	0	6,168
		2190 · Investment Fees Payable	1,595	4,386
		<b>Total Other Current Liabilities</b>	<b>6,408,900</b>	<b>4,805,760</b>
		<b>Total Current Liabilities</b>	<b>6,464,148</b>	<b>4,849,892</b>
<b>Long Term Liabilities</b>				
		2171 · RPP-Deferred Inflows-Resources	564,584	492,802
		2172 · Lease - Deferred Inflows	2,982,703	0
		2280 · Long-Term Disability	0	2,981
		2281 · Grants Payable - Long-term	2,475,000	3,520,000
		2285 · Lease Payable	196,798	0
		2290 · LPMP Security Deposits	57,493	64,960
		<b>Total Long Term Liabilities</b>	<b>6,276,578</b>	<b>4,080,743</b>
		<b>Total Liabilities</b>	<b>12,740,726</b>	<b>8,930,635</b>
<b>Equity</b>				
		3900 · *Retained Earnings	71,020,500	67,758,461
		Net Income	3,333,750	2,964,344
		<b>Total Equity</b>	<b>74,354,250</b>	<b>70,722,805</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>			<b>87,094,983</b>	<b>79,653,438</b>



**Desert Healthcare District**  
**A/R Aging Summary**  
As of January 31, 2024

	<b>Current</b>	<b>1 - 30</b>	<b>31 - 60</b>	<b>61 - 90</b>	<b>&gt; 90</b>	<b>TOTAL</b>	<b>COMMENT</b>
<b>Desert Healthcare Foundation-</b>	36,258	(505)	51,175	51,483	48,959	187,369	Due from Foundation
<b>Desert Oasis Healthcare</b>	-	81	-	-	-	81	Slow Pay
<b>Desert Regional Medical Center</b>	-	6,177	-	-	-	6,177	Slow Pay
<b>Global Premier Fertility</b>	-	4,589	-	-	-	4,589	Slow Pay
<b>Pathway Pharmaceuticals, Inc.</b>	-	77	-	-	-	77	Slow Pay
<b>TOTAL</b>	<b>36,258</b>	<b>10,419</b>	<b>51,175</b>	<b>51,483</b>	<b>48,959</b>	<b>198,293</b>	

**Desert Healthcare District**  
**Deposit Detail**  
January 2024

Type	Date	Name	Amount
<b>Deposit</b>	<b>01/03/2024</b>		<b>2,000</b>
		T-Mobile - Cell Tower Lease	(2,000)
TOTAL			(2,000)
<b>Deposit</b>	<b>01/09/2024</b>		<b>301</b>
		Principal Financial Group - Dividend	(301)
TOTAL			(301)
<b>Deposit</b>	<b>01/09/2024</b>		<b>2,261,766</b>
		Riverside County Treasurer - Property Tax	(2,261,766)
TOTAL			(2,261,766)
<b>Deposit</b>	<b>01/16/2024</b>		<b>70,763</b>
		Riverside County Treasurer - Property Tax	(70,763)
TOTAL			(70,763)
<b>Deposit</b>	<b>01/23/2024</b>		<b>72,333</b>
		Riverside County Treasurer - Property Tax	(72,333)
TOTAL			(72,333)
<b>Deposit</b>	<b>01/24/2024</b>		<b>4,500</b>
Payment	01/24/2024	PICA - Land Lease	(4,500)
TOTAL			(4,500)
<b>Deposit</b>	<b>01/26/2024</b>		<b>1,244,888</b>
		Riverside County Treasurer - Property Tax	(1,244,888)
TOTAL			(1,244,888)

**Desert Healthcare District**  
**Deposit Detail**  
 January 2024

Type	Date	Name	Amount
<b>Deposit</b>	<b>01/31/2024</b>		<b>71,052</b>
		Riverside County Treasurer - Property Tax	(71,052)
<b>TOTAL</b>			<b>(71,052)</b>
		<b>TOTAL</b>	<b>3,727,603</b>

DESERT HEALTHCARE DISTRICT										
PROPERTY TAX RECEIPTS FY 2023 - 2024										
RECEIPTS - SEVEN MONTHS ENDED JANUARY 31, 2024										
	FY 2022-2023 Projected/Actual					FY 2023-2024 Projected/Actual				
	Budget %	Budget \$	Act %	Actual Receipts	Variance	Budget %	Budget \$	Act %	Actual Receipts	Variance
July	0.0%	\$ -	0.0%	\$ 3,676	\$ 3,676	0.0%	\$ -	0.8%	\$ 70,152	\$ 70,152
Aug	0.0%	\$ -	2.2%	\$ 175,271	\$ 175,271	0.0%	\$ -	2.0%	\$ 180,642	\$ 180,642
Sep	0.0%	\$ -	0.0%	\$ 3,382	\$ 3,382	0.0%	\$ -	0.0%	\$ -	\$ -
Oct	2.6%	\$ 208,624	0.0%	\$ -	\$ (208,624)	2.6%	\$ 229,840	2.8%	\$ 248,614	\$ 18,774
Nov	0.4%	\$ 32,096	2.5%	\$ 198,217	\$ 166,121	0.4%	\$ 35,360	0.1%	\$ 10,535	\$ (24,825)
Dec	16.9%	\$ 1,356,056	18.2%	\$ 1,458,481	\$ 102,425	16.9%	\$ 1,493,960	19.2%	\$ 1,696,170	\$ 202,210
Jan	31.9%	\$ 2,559,656	40.6%	\$ 3,259,483	\$ 699,827	31.9%	\$ 2,819,960	42.1%	\$ 3,720,800	\$ 900,840
Feb	0.0%	\$ -	0.6%	\$ 46,002	\$ 46,002	0.0%	\$ -	0.0%		
Mar	0.3%	\$ 24,072	1.1%	\$ 84,592	\$ 60,520	0.3%	\$ 26,520	0.0%		
Apr	5.5%	\$ 441,320	6.4%	\$ 510,192	\$ 68,872	5.5%	\$ 486,200	0.0%		
May	19.9%	\$ 1,596,776	48.4%	\$ 3,883,733	\$ 2,286,957	19.9%	\$ 1,759,160	0.0%		
June	22.5%	\$ 1,805,400	0.1%	\$ 5,841	\$ (1,799,559)	22.5%	\$ 1,989,000	0.0%		
<b>Total</b>	<b>100%</b>	<b>\$ 8,024,000</b>	<b>120.0%</b>	<b>\$ 9,628,870</b>	<b>\$ 1,604,870</b>	<b>100.00%</b>	<b>\$ 8,840,000</b>	<b>67.0%</b>	<b>\$ 5,926,914</b>	<b>\$ 1,347,794</b>

**Las Palmas Medical Plaza**  
**Deposit Detail - LPMP**  
January 2024

Type	Date	Name	Amount
<b>Deposit</b>	<b>01/04/2024</b>		<b>2,244</b>
Payment	01/04/2024	DPMG	(2,244)
TOTAL			(2,244)
<b>Deposit</b>	<b>01/08/2024</b>		<b>20,163</b>
Payment	01/05/2024	Brad A. Wolfson, M.D.	(3,927)
Payment	01/05/2024	Cohen Musch Thomas Medical Group	(5,243)
Payment	01/05/2024	Cure Cardiovascular Consultants	(3,435)
Payment	01/05/2024	Palmtree Clinical Research	(7,558)
TOTAL			(20,163)
<b>Deposit</b>	<b>01/09/2024</b>		<b>65,451</b>
Payment	01/09/2024	Howard Aaron Aronow, M.D.	(1,664)
Payment	01/09/2024	EyeCare Services Partners Management LLC	(7,053)
Payment	01/09/2024	Steven Gundry, M.D.	(6,113)
Payment	01/09/2024	Desert Oasis Healthcare	(2,701)
Payment	01/09/2024	Tenet HealthSystem Desert, Inc.	(35,778)
Payment	01/09/2024	Laboratory Corporation of America	(5,632)
Payment	01/09/2024	Pathway Pharmaceuticals, Inc.	(2,639)
Payment	01/09/2024	Ramy Awad, M.D.	(3,871)
TOTAL			(65,451)
<b>Deposit</b>	<b>01/12/2024</b>		<b>4,144</b>
Payment	01/12/2024	Desert Family Medical Center	(4,144)
TOTAL			(4,144)
<b>Deposit</b>	<b>01/16/2024</b>		<b>3,626</b>
Payment	01/16/2024	Peter Jamieson, M.D.	(3,626)
TOTAL			(3,626)

**Las Palmas Medical Plaza  
Deposit Detail - LPMP  
January 2024**

Type	Date	Name	Amount
<b>Deposit</b>	<b>01/24/2024</b>		<b>38,545</b>
		LabCorp	(5,632)
Payment	01/24/2024	Tenet HealthSystem Desert, Inc.	(32,913)
<b>TOTAL</b>			<b>(38,545)</b>
<b>Deposit</b>	<b>01/25/2024</b>		<b>3,226</b>
		Aijaz Hashmi, M.D., Inc.	(3,226)
<b>TOTAL</b>			<b>(3,226)</b>
<b>Deposit</b>	<b>01/26/2024</b>		<b>4,478</b>
		Quest Diagnostics Incorporated	(4,478)
<b>TOTAL</b>			<b>(4,478)</b>
<b>Deposit</b>	<b>01/31/2024</b>		<b>14,685</b>
		Steven Gundry, M.D.	(6,113)
		Howard Aaron Aronow, M.D.	(1,664)
Payment	01/31/2024	Tenet HealthSystem Desert, Inc	(6,908)
<b>TOTAL</b>			<b>(14,685)</b>
		<b>TOTAL</b>	<b>156,562</b>

**Desert Healthcare District**  
**Check Register**  
As of January 31, 2024

Type	Date	Num	Name	Amount
<b>1000 - CHECKING CASH ACCOUNTS</b>				
<b>1016 - US Bank Operating - 5018</b>				
Bill Pmt -Check	01/03/2024	2089	Boyd & Associates	(108)
Bill Pmt -Check	01/03/2024	2090	CoPower Employers' Benefits Alliance	(1,439)
Bill Pmt -Check	01/03/2024	2091	Donna Den Bleyker - Expense Reimbursement	(334)
Bill Pmt -Check	01/03/2024	2092	Frazier Pest Control, Inc.	(33)
Bill Pmt -Check	01/03/2024	2093	Jana Trew - Expense Reimbursement	(119)
Bill Pmt -Check	01/03/2024	2094	Leticia De Lara - Stipend	(695)
Bill Pmt -Check	01/03/2024	2095	Mariela Magana Ceballos - Expense Reimbursement	(321)
Bill Pmt -Check	01/03/2024	2096	NPO Centric	(10,673)
Bill Pmt -Check	01/03/2024	2097	Purchase Power	(338)
Bill Pmt -Check	01/03/2024	2098	Regional Access Project Foundation	(2,000)
Bill Pmt -Check	01/03/2024	2099	Sergio Rodriguez - Expense Reimbursement	(72)
Bill Pmt -Check	01/03/2024	2100	So.Cal Computer Shop	(2,519)
Bill Pmt -Check	01/03/2024	2101	Staples	(301)
Bill Pmt -Check	01/03/2024	2102	ABC Recovery Center, Inc. - Grant Payment	(74,826)
Bill Pmt -Check	01/04/2024	3000	Carmina Zavala - Health Premium Reimbursement	(179)
Bill Pmt -Check	01/04/2024	3001	Deveau Burr Group, LLC	(9,500)
Bill Pmt -Check	01/04/2024	3002	Olive Crest Treatment Center, Inc. - Grant Payment	(80,908)
Bill Pmt -Check	01/04/2024	3003	Visual Edge IT (Image Source)	(610)
Bill Pmt -Check	01/04/2024	ACH010424.1	Intuit Inc.	(159)
Bill Pmt -Check	01/04/2024	ACH010424.2	Intuit Inc.	(307)
Bill Pmt -Check	01/04/2024	ACH010424.3	Intuit Inc.	(554)
Liability Check	01/05/2024		QuickBooks Payroll Service	(955)
Liability Check	01/05/2024		QuickBooks Payroll Service	(54,214)
Bill Pmt -Check	01/05/2024	ACH010524.1	Intuit Inc.	(142)
Bill Pmt -Check	01/05/2024	ACH010524.2	Intuit Inc.	(429)
Check	01/08/2024	Auto Pay	Calif. Public Employees'Retirement System	(17,253)
Bill Pmt -Check	01/10/2024	3004	Blood Bank of San Bernardino - Grant Payment	(47,092)
Bill Pmt -Check	01/10/2024	3005	Braille Institute of America - Grant Payment	(16,514)
Bill Pmt -Check	01/10/2024	3006	California Consulting	(4,250)
Bill Pmt -Check	01/10/2024	3007	KUNA-FM	(4,000)
Bill Pmt -Check	01/10/2024	3008	LoopUp LLC	(24)
Bill Pmt -Check	01/10/2024	3009	Rogers, Carole - Stipend	(695)
Bill Pmt -Check	01/10/2024	3010	State Compensation Insurance Fund	(438)
Bill Pmt -Check	01/10/2024	3011	Steven Hollis - Consulting Services	(9,455)
Bill Pmt -Check	01/10/2024	3012	TWC Consulting LLC	(8,401)
Bill Pmt -Check	01/10/2024	3013	Uken Report	(400)
Bill Pmt -Check	01/10/2024	3014	Verizon Wireless	(812)

**Desert Healthcare District**  
**Check Register**  
As of January 31, 2024

Type	Date	Num	Name	Amount
Bill Pmt -Check	01/10/2024	3015	Vision To Learn - Grant Payment	(22,500)
Bill Pmt -Check	01/10/2024	3016	Xerox Financial Services	(377)
Check	01/16/2024		Bank Service Charge	(616)
Bill Pmt -Check	01/17/2024	3017	Ernest Enterprises	(32)
Bill Pmt -Check	01/17/2024	3018	CoPower Employers' Benefits Alliance	(1,459)
Bill Pmt -Check	01/17/2024	3019	Pitney Bowes Global Financial Services	(228)
Bill Pmt -Check	01/17/2024	ACH 011924	Law Offices of Scott & Jackson	(8,843)
Liability Check	01/19/2024		QuickBooks Payroll Service	(1,043)
Liability Check	01/19/2024		QuickBooks Payroll Service	(53,751)
Bill Pmt -Check	01/22/2024	ACH 012424	Law Offices of Scott & Jackson	(4,995)
Bill Pmt -Check	01/23/2024	3020	AMS Tax Service, Inc.	(500)
Bill Pmt -Check	01/23/2024	3021	Galilee Center - Grant Payment	(60,377)
Bill Pmt -Check	01/23/2024	3022	Principal Life Insurance Co.	(1,858)
Bill Pmt -Check	01/23/2024	3023	Purchase Power	(10)
Bill Pmt -Check	01/23/2024	3024	Regional Access Project Foundation	(2,149)
Bill Pmt -Check	01/23/2024	3025	SDRMA	(50)
Bill Pmt -Check	01/23/2024	3026	Erica Huskey - Health Premium Reimbursement	(652)
Bill Pmt -Check	01/23/2024	3027	Gannett California LocalIQ	(207)
Bill Pmt -Check	01/23/2024	3028 - VOID	Rogers, Carole	0
Bill Pmt -Check	01/23/2024	3029	Rogers, Carole - Health Premium Reimbursement	(10,249)
Check	01/30/2024	Auto Pay	Principal Financial Group-	(726)
Check	01/30/2024	Auto Pay	Principal Financial Group-	(1,054)
Bill Pmt -Check	01/31/2024	3030	ABC Recovery Center, Inc. - Grant Payment	(33,257)
Bill Pmt -Check	01/31/2024	3031	Arthur Shorr - Stipend	(2,971)
Bill Pmt -Check	01/31/2024	3032	Clear Impact	(3,763)
Bill Pmt -Check	01/31/2024	3033	DAP Health - Grant Payment	(230,800)
Bill Pmt -Check	01/31/2024	3034	Evet PerezGil - Health Premium Reimbursement & Stipend	(1,026)
Bill Pmt -Check	01/31/2024	3035	Leticia De Lara - Stipend	(695)
Bill Pmt -Check	01/31/2024	3036	Verizon Wireless	(785)
Bill Pmt -Check	01/31/2024	3037	Vision y Compromiso - Grant Payment	(33,750)
Bill Pmt -Check	01/31/2024	3038	Visual Edge IT (Image Source)	(275)
Bill Pmt -Check	01/31/2024	3039	Zendle, Les - Health Premium & Expense Reimbursement	(10,740)
Bill Pmt -Check	01/31/2024	3040	Ernest Enterprises	(63)
Bill Pmt -Check	01/31/2024	3041	Spectrum (Time Warner)	(438)
Bill Pmt -Check	01/31/2024	3042	Carmina Zavala - Health Premium Reimbursement & Stipend	(708)
Bill Pmt -Check	01/31/2024	3043	DPMG Health - Financial Audit Reimbursement	(2,000)
Bill Pmt -Check	01/31/2024	3044	Zendle, Les - Stipend	(232)
Bill Pmt -Check	01/31/2024	3045	Palms to Pines Printing	(3,944)
<b>TOTAL</b>				<b>(848,192)</b>



**Desert Healthcare District**

**Details for Credit Card Expenditures**

**Credit card purchases - December 2023 - Paid January 2024**

Number of credit cards held by District personnel -1						
Credit Card Limit - \$20,000 - Chris						
Credit Card Holders:						
Chris Christensen - Interim CEO/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 Charged	Total Charges	Expense Type	Amount	Purpose	Description
		\$ -				
Chris' Statement:						
2023	December	\$ (6,717.81)	District			
			GL	Dollar	Description	
			6516	\$ (19,249.68)	Electronic payment applied due to late receipt of mailed check payment	
			6351	\$ 385.88	Kimpton Sawyer Hotel - CHA Behavioral Health Symposium - Sacramento, CA - December 11, 2023 - Jana Trew	
			6351	\$ 385.88	Kimpton Sawyer Hotel - CHA Behavioral Health Symposium - Sacramento, CA - December 11, 2023 - Vice-President Zavala	
			6351	\$ 385.88	Kimpton Sawyer Hotel - CHA Behavioral Health Symposium - Sacramento, CA - December 11, 2023 - President PerezGil	
			6360	\$ 232.33	Intuit - Envelopes for printed checks	
			5240	\$ 258.33	Panera - food for 12/07/23 Community Health Symposium Meeting	
			6360	\$ 15.00	Postal Palm Springs - Notary services for SAM Administration letter	
			5240	\$ 407.52	Subway - food for 12/06/23 Special BOD meeting	
			6360	\$ 184.68	Intuit - 1099 kits for 2023	
			6360	\$ 13.04	Target - holiday cards for staff	
			6352	\$ 2,200.00	Trader Joe's - holiday cards for staff (\$200 each for 11 staff)	
			6355	\$ 156.56	Adobe - Acrobat Pro subscription	
			6351	\$ 605.97	Kimpton Sawyer Hotel - CHA Behavioral Health Symposium - Sacramento, CA - December 12-13, 2023 - Jana Trew	
			6352	\$ 49.81	Kimpton Sawyer Hotel - food for CHA Behavioral Health Symposium - Sacramento, CA - Vice-President Zavala	
			6352	\$ 36.76	Kimpton Sawyer Hotel - food for CHA Behavioral Health Symposium - Sacramento, CA - Vice-President Zavala	
			6352	\$ 51.11	Kimpton Sawyer Hotel - food for CHA Behavioral Health Symposium - Sacramento, CA - Vice-President Zavala	
			6351	\$ 500.91	Kimpton Sawyer Hotel - CHA Behavioral Health Symposium - Sacramento, CA - December 12-13, 2023 - Vice-President Zavala	
			6352	\$ 47.86	Kimpton Sawyer Hotel - food for CHA Behavioral Health Symposium - Sacramento, CA - Jana Trew	
			6352	\$ 1,905.12	Enzo's - holiday dinner for Board & staff	
			6355	\$ 254.94	Zoom webinar/audio conference expense	
			6130	\$ 795.00	Modern Healthcare subscription - Vice-President Zavala, Director Rogers, Chris Christensen, Will Dean, Andrea Hayles	
			5240	\$ 241.37	Pueblo Viejo Grill - food for 12/18/23 Special BOD meeting	
			6360	\$ 410.22	Staples - Presentation easel	
			5240	\$ 174.49	Panda Express - food for 12/20/23 Special BOD meeting	
			5240	\$ 258.60	Sherman's Deli - food for 12/18/23 Special BOD meeting	
			6325	\$ 2,574.61	OneFuture - The Future Is Ours - February 28, 2024 - Empowering Students Sponsor	
				\$ (6,717.81)	Credit to be applied on future statement	

**Las Palmas Medical Plaza  
Check Register - LPMP  
As of January 31, 2024**

Type	Date	Num	Name	Amount
<b>1000 - CHECKING CASH ACCOUNTS</b>				
<b>1044 - Las Palmas Medical Plaza - 1241</b>				
Bill Pmt -Check	01/03/2024	10844	Amtech Elevator Services	(1,559)
Bill Pmt -Check	01/03/2024	10845	Desert Water Agency	(445)
Bill Pmt -Check	01/03/2024	10846	Palm Springs Disposal Services Inc	(2,845)
Bill Pmt -Check	01/04/2024	10847	INPRO Construction Inc.	(32,110)
Bill Pmt -Check	01/10/2024	10848	Frazier Pest Control, Inc.	(275)
Bill Pmt -Check	01/17/2024	10849	Department of Industrial Relations	(450)
Bill Pmt -Check	01/17/2024	10850	Stericycle, Inc.	(1,142)
Bill Pmt -Check	01/17/2024	10851	Comtron Systems, Inc.	(450)
Bill Pmt -Check	01/17/2024	10852	Frontier Communications	(282)
Bill Pmt -Check	01/17/2024	10853	Southern California Edison	(1,079)
Bill Pmt -Check	01/23/2024	10854	Desert Air Conditioning Inc.	(724)
Bill Pmt -Check	01/23/2024	10855	INPRO Construction Inc.	(5,028)
Check	01/25/2024		Bank Service Charge	(580)
Bill Pmt -Check	01/31/2024	10856	Desert Water Agency	(537)
<b>TOTAL</b>				<b>(47,506)</b>

**Desert Healthcare District**  
**CEO Discretionary Fund Detail**  
July 2023 through January 2024

Date	Name	Memo	Amount
<b>6325 - CEO Discretionary Fund</b>			
07/01/2023	California Forward	Knowledge level sponsorship for 2023 Economic Summit	5,000
08/04/2023	U.S. Bank	Planned Parenthood contribution to 60th Anniversary Cocktail Reception - September 23, 2023	5,000
08/11/2023	Blood Bank of San Bernardino	2023 Thanks4Giving Gala Table Sponsorship - Saturday November 11, 2023	3,500
08/15/2023	Coachella Valley Volunteers in Medicine	2023 VIMY Awards - Bronze Sponsorship	5,000
08/17/2023	UC Riverside Foundation	UCR SOM 2023 Gala and Education Building II Grand Opening - Silver Sponsorship	10,000
08/30/2023	Regional Access Project Foundation	Desert Fast Pitch 2023 Sponsorship	5,000
09/06/2023	Cathedral City Senior Center	Table Sponsor at November 13, 2023 Gala	5,000
10/10/2023	Alianza Nacional De Campesinas Inc.	Storm assistance to help Alianza Nacional de Campesinas purchase and distribute food & water after Tropical Storm Hillary	3,698
01/04/2024	U.S. Bank	OneFuture - The Future Is Ours - February 28, 2024 - Empowering Students Sponsor	2,575
01/31/2024	Alejandro Espinoza Santacruz - Expense Reimbursement	Purchased items for refugee children	1,604
<b>TOTAL</b>			<b>46,377</b>



**MEMORANDUM**

DATE: February 14, 2024  
 TO: F&A Committee  
 RE: Retirement Protection Plan (RPP)

---



---

Current number of participants in Plan:

	<u>December</u>	<u>January</u>
Active – still employed by hospital	63	62
Vested – no longer employed by hospital	48	46
Former employees receiving annuity	<u>7</u>	<u>7</u>
Total	<u>118</u>	<u>115</u>

The outstanding liability for the RPP is approximately **\$2.7M** (Actives - \$1.5M and Vested - \$1.2M). US Bank investment account balance \$4.5M. Per the June 30, 2023, Actuarial Valuation, the RPP has an Overfunded Pension Asset of approximately **\$1.45M**.

The payouts, excluding monthly annuity payments, made from the Plan for the seven (7) months ended January 31, 2024, totaled **\$377K**. Monthly annuity payments (7 participants) total **\$1.0K** per month.

DESERT HEALTHCARE DISTRICT							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
January 31, 2024							
TWELVE MONTHS ENDING JUNE 30, 2024							
Grant ID Nos.	Name	Approved	6/30/2023	Current Yr	Total Paid Prior Yrs	Total Paid Current Yr	Open
		Grants - Prior Yrs	Bal Fwd	2023-2024	July-June	July-June	BALANCE
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000	\$ 3,320,000		\$ -		\$ 3,320,000
2022-1301-BOD-01-25-22	UCR Regents - Community Based Interventions to Mitigate Psychological Trauma - 1 Yr.	\$ 113,514	\$ 11,352		\$ 5,747		\$ 5,605
	Unexpended funds Grant #1301						\$ (5,605)
2022-1311-BOD-04-26-22	Desert Arc - Healthcare for Adults with Disabilities Project Employment of Nurses - 1 Yr.	\$ 102,741	\$ 10,275		\$ 10,275		\$ -
2022-1313-BOD-04-26-22	Angel View - Improving Access to Primary and Specialty Care Services for Children With Disabilities 1 Yr.	\$ 76,790	\$ 7,680		\$ 7,680		\$ -
2022-1314-BOD-05-24-22	Voices for Children - Court Appointed Special Advocate Program - 1 Yr.	\$ 60,000	\$ 6,000		\$ 6,000		\$ -
2022-1325-BOD-06-28-22	Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs.	\$ 150,000	\$ 82,500		\$ 33,750		\$ 48,750
2022-1327-BOD-06-28-22	Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs.	\$ 50,000	\$ 27,500		\$ 11,250		\$ 16,250
2022-1328-BOD-06-28-22	El Sol - Expanding Access to Educational Resources for Promotoras - 2 Yrs.	\$ 150,000	\$ 82,500		\$ 33,750		\$ 48,750
2022-1331-BOD-06-28-22	Pueblo Unido - Improving Access to Behavioral Health Education and Prevention Services - 2 Yrs.	\$ 50,000	\$ 27,500		\$ 11,250		\$ 16,250
2022-1324-BOD-07-26-22	Galilee Center - Our Lady of Guadalupe Shelter - 2 Yr.	\$ 100,000	\$ 55,000		\$ 22,500		\$ 32,500
2022-1332-BOD-07-26-22	Alianza CV - Expanding and Advancing Outreach Through Increasing Capacity Development - 2 Yrs.	\$ 100,000	\$ 55,000		\$ -		\$ 55,000
2022-1329-BOD-09-27-22	DPMG - Mobile Medical Unit - 3 Yrs.	\$ 500,000	\$ 450,000		\$ 111,572		\$ 338,428
2022-1350-BOD-09-27-22	JFK Memorial Foundation - Behavioral Health Awareness and Education Program - 1 Yr.	\$ 57,541	\$ 5,755		\$ 5,755		\$ (0)
2022-1355-BOD-09-27-22	Joslyn Center - The Joslyn Wellness Center - 1 Yr.	\$ 85,000	\$ 8,500		\$ 8,500		\$ 0
2022-1361-BOD-09-27-22	DAP Health - DAP Health Monkeypox Virus Response - 1 Yr.	\$ 586,727	\$ 340,654		\$ 7,659		\$ 332,995
	Unexpended funds Grant #1361						\$ (332,995)
2022-1356-BOD-10-25-22	Blood Bank of San Bernardino/Riverside Counties - Coachella Valley Therapeutic Apheresis Program - 1 Yr.	\$ 140,000	\$ 77,000		\$ 63,000		\$ 14,000
2022-1358-BOD-10-25-22	Foundation for Palm Springs Unified School District - School-Based Wellness Center Project - 1 Yr.	\$ 110,000	\$ 60,500		\$ -		\$ 60,500
2022-1362-BOD-10-25-22	Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 Yrs.	\$ 160,000	\$ 124,000		\$ 72,000		\$ 52,000
2022-1326-BOD-12-20-22	TODEC - TODEC's Equity Program - 2 Yrs.	\$ 100,000	\$ 77,500		\$ 22,500		\$ 55,000
2022-1330-BOD-12-20-22	OneFuture Coachella Valley - Building a Healthcare Workforce Pipeline - 2 Yrs.	\$ 605,000	\$ 468,874		\$ 136,124		\$ 332,750
2022-1369-BOD-12-20-22	ABC Recovery Center - Cost of Caring Fund Project - 1 Yr.	\$ 332,561	\$ 257,735		\$ 257,735		\$ -
2023-1333-BOD-01-24-23	Organizacion en California de Lideres Campesinas - Healthcare Equity for ECV Farmworker Women - 2 Yrs.	\$ 150,000	\$ 116,250		\$ 33,750		\$ 82,500
2023-1363-BOD-01-24-23	Pegasus Riding Academy - Pegasus Equine Assisted Therapy - 1 Yr.	\$ 60,092	\$ 33,052		\$ 27,040		\$ 6,012
2023-1372-BOD-02-28-23	Reynaldo J. Carreon MD Foundation - Dr. Carreon Scholarship Program - 1 Yr.	\$ 50,000	\$ 27,500		\$ 22,500		\$ 5,000
2023-1391-BOD-05-23-23	Lift To Rise - Driving Regional Economic Stability Through Collective Impact - 3 Yrs.	\$ 900,000	\$ 832,500		\$ 67,500		\$ 765,000
2023-1392-BOD-05-23-23	Galilee Center - Galilee Center Extended Shelter - 1 Yr.	\$ 268,342	\$ 207,965		\$ 120,754		\$ 87,211
2023-1393-BOD-06-27-23	DAP Health - DAP Health Expands Access to Healthcare - 1 Yr.	\$ 1,025,778	\$ 1,025,778		\$ 692,400		\$ 333,378
2023-1398-BOD-06-27-23	Desert Healthcare Foundation - Core Operating Support - 1 Yr.	\$ 750,000	\$ 750,000		\$ 750,000		\$ -
2023-BOD-06-27-23	Carry over of remaining Fiscal Year 2022/2023 Funds for Mobile Medical Unit Program	\$ 395,524	\$ 395,524		\$ -		\$ 395,524
2023-1399-Mini-07-06-23	Theresa A. Mike Scholarship Foundation - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1401-Mini-07-07-23	Word of Life Fellowship Center - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1396-Mini-07-25-23	Boys & Girls Club of Coachella Valley - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1389-BOD-07-25-23	Step Up on Second Street - Step Up's ECM/LOS Programs in the Coachella Valley - 1 Yr.			\$ 64,401		\$ 28,980	\$ 35,421
2023-1394-BOD-07-25-23	CSU San Bernardino Palm Desert Campus Nursing Street Medicine Program - 1 Yr.			\$ 73,422		\$ 33,040	\$ 40,382
2023-1397-Mini-08-23-23	Well In The Desert - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1402-Mini-09-05-23	Ronnie's House for Hope - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1414-Mini-09-14-23	Desert Access and Mobility, Inc. - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1400-BOD-09-26-23	Desert Arc - Desert Arc Health Care Program - 1 Yr.			\$ 291,271		\$ 65,536	\$ 225,735
2023-1404-BOD-09-26-23	Martha's Village and Kitchen - Homeless Housing and Wrap-Around Services Expansion - 2 Yrs.			\$ 369,730		\$ 83,189	\$ 286,541
2023-1405-BOD-09-26-23	Variety Children's Charities of the Desert - Expansion of Core Programs and Services - 1Yr.			\$ 120,852		\$ 54,383	\$ 66,469
2023-1408-BOD-10-24-23	Coachella Valley Volunteers in Medicine - Ensuring Access to Healthcare - 1 Yr.			\$ 478,400		\$ 107,640	\$ 370,760
2023-1410-BOD-10-24-23	Alianza Nacional de Campesinas, Inc. - Coachella Valley Farmworkers Food Distribution - 1 Yr.			\$ 57,499		\$ 25,875	\$ 31,624
2023-1413-BOD-10-24-23	Voices for Children - Court Appointed Special Advocate Program - 1 Yr.			\$ 81,055		\$ 36,474	\$ 44,581
2023-1412-BOD-10-24-23	DPMG - DPMG Health Community Medicine - 2 Yrs.			\$ 1,057,396		\$ 100,000	\$ 957,396
2023-MOU-BOD-11-04-23	TODEC - Outreach and Linkage to Supportive Mental Health Services - Tropical Storm Hilary - 3 Mos.			\$ 40,000		\$ 40,000	\$ -
2023-MOU-BOD-11-04-23	Chance Initiative, Inc. - Outreach and Linkage to Supportive Services - Tropical Storm Hilary - 3 Mos.			\$ 10,000		\$ 10,000	\$ -
2023-1403-BOD-12-19-23	Vision To Learn - Palm Desert and Coachella Valley VTL Program - 1 Yr.			\$ 50,000		\$ 22,500	\$ 27,500
2023-1419-BOD-12-19-23	Blood Bank of San Bernardino/Riverside Counties - LifeStream's Attracting New Donors Initiative - 1 Yr.			\$ 104,650		\$ 47,092	\$ 57,558
2023-1420-BOD-12-19-23	Braille Institute of America - Low Vision Telehealth Services - 1Yr.			\$ 36,697		\$ 16,514	\$ 20,183
2023-1421-BOD-12-19-23	Olive Crest - General Support for Counseling and Mental Health Services to Vulnerable Children and Families - 2 Yrs.			\$ 359,594		\$ 80,908	\$ 278,686
<b>TOTAL GRANTS</b>		<b>\$ 17,229,610</b>	<b>\$ 8,944,395</b>	<b>\$ 3,254,967</b>	<b>\$ 2,540,992</b>	<b>\$ 812,131</b>	<b>\$ 8,507,638</b>
<b>Amts available/remaining for Grant/Programs - FY 2023-24:</b>							
<b>Amount budgeted 2023-2024</b>			\$ 4,000,000				1/31/2024
<b>Amount granted YTD:</b>			\$ (3,254,967)				G/L Balance:
Financial Audits of Non-Profits; Organizational Assessments			\$ (2,000)			2131	\$ 6,032,638
Net adj - Grants not used: 1361; 1301			\$ 338,600			2281	\$ 2,475,000
Matching external grant contributions			\$ -			<b>Total</b>	<b>\$ 8,507,639</b>
<b>Balance available for Grants/Programs</b>			<b>\$ 1,081,633</b>				<b>\$ (0)</b>



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

Date: February 27, 2024  
To: Board of Directors  
Subject: Coachella Valley Economic Partnership/Desert Healthcare District Study:  
Consulting Services Agreement: The Regional Economic Impacts of  
DHCD's Community and Clinical Social Needs Goals and  
Recommendations Implementation

---

**Background:**

- In 2022, the Desert Healthcare District engaged the Huron Consulting Group to produce a Community Clinical and Social Needs Assessment.
- In March 2023 the final report was presented to the Board of Directors and outlined the District population's current healthcare challenges and identified gaps between community healthcare demand and currently available health assets.
- The final report presented goals and recommendations to address these gaps.
- Staff reviewed the goals and recommendations and focused on a key statement in the Huron Report: the first stated goal in the recommendations is to "craft (a) business case to provide targeted (services)."
- Coachella Valley Economic Partnership (CVEP), with its extensive experience and expertise in socioeconomic landscape analyzes of the Coachella Valley, submitted a proposal that aimed to demonstrate the business case value of implementing the Huron study recommendations and expanding the healthcare workforce in the Coachella Valley.
- In December 2023, the proposal was brought forward to the Finance and Administrative Committee, the Program Committee, the Strategic Planning Committee, and to the Board of Director's meeting. After thorough review, the Board directed staff to work with CVEP on revising components of the proposal related to the landscape of the future healthcare expansion in the Valley, incorporation of healthcare professionals outside of the Huron report (I.E. nurses and supportive healthcare staff), and the removal of data analysis around CV residents seeking care outside of the Valley.

**Information:**

- As a result of the Strategic Planning committee feedback, Staff worked with CVEP to incorporate the recommendations and updated the proposal.
- This proposal would drive the high priority 2021-2026 Strategic Plan goals 2 and 3. Specifically, the expansion of the local healthcare workforce.
- The proposal includes nine phases with the following timeline:
  - Phase 1-6: March 1, 2024 – May 31, 2024 (3 months)
  - Phase 6-9: June 1, 2024 – August 31, 2024 (3 months)

- Staff presented the updated proposal to the February Strategic Planning Committee, Program Committee, and the Finance and Administrative Committee and they recommended forwarding the proposal to the Board.

**Fiscal Impact:**

- NTE \$80,000. Funds to be allocated from the FY 2023/2024 grant 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 Coachella Valley Economic Partnership (CVEP), (“Consultant”) as follows:

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

1. District would like to retain the professional services of Consultant to produce a Community Clinical and Social Needs Assessment to estimate the economic impact of increasing the healthcare professionals workforce and facilities in the District as defined by the Huron report.
2. Consultant is qualified and possesses the knowledge, skill, expertise, necessary to provide the professional services (“Services”) as more specifically outlined in the attached Exhibit “A” (“Consultant Proposal”).

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

#### **1. CONSULTANT’S SERVICES.**

1.1 Services. Consultant shall provide all labor, materials, equipment, and incidentals necessary to fully and adequately provide the District with the professional services described in the Consultant Proposal attached hereto as Exhibit “A” and incorporated herein. 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 Interim Chief Executive Officer Chris Christensen, 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 \$80,000.

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, 2024, 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 all work papers, work-in-progress, designs, documents, data, ledgers, journals and reports prepared by Consultant as a part of Consultant's Services shall belong to and be subject to the sole ownership and use of the District. The provisions of this Paragraph 5 shall survive any termination of this Agreement.

**6. INDEMNIFICATION.**

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

**7. NOTICE.**

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

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

To: Consultant  
Coachella Valley Economic Partnership  
Attention: Joe Wallace, CEO  
3111 E Tahquitz Canyon Way  
Palm Springs, CA 92262

**8. MISCELLANEOUS PROVISIONS.**

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

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

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

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

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

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

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

“District”:

Desert Healthcare District

“Consultant”:

Coachella Valley Economic Partnership

By: \_\_\_\_\_  
Chris Christensen, Interim CEO

By: \_\_\_\_\_  
Joe Wallace, CEO

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**CVEP/Desert Healthcare District Study: The Regional Economic Impacts of DHCD’s Community and Clinical Social Needs Goals and Recommendations Implementation**



**PROPOSAL:**

**Problems and Needs:**

Last year, the Desert Healthcare District engaged the Huron Consulting Group to produce a *Community Clinical and Social Needs Assessment*. The Final Report, presented in March 2023, outlined the district population’s current healthcare challenges. The report identified gaps between community healthcare demand and currently available health assets. And most importantly, it presented goals and recommendations to address these gaps.

The study outlined in this proposal focuses on a key statement found in the report. The first stated goal in the recommendations is to *“craft (a) business case to provide targeted (services).”* By estimating and quantifying the economic benefits of the study goals, this proposal aims to demonstrate the business case value of addressing healthcare gaps in the District’s jurisdiction.

This proposal concentrates on estimating two central economic benefits to the regional economy in implementing the study goals. First, attracting a significant number of additional healthcare professionals to our valley, as the study urges, bolsters the local economy. The study recommends adding a minimum of 40 new health professionals to address resident healthcare needs. This highly paid cohort brings with it increased consumer spending and demand for goods in the local economy. It increases local tax revenue to enhance the public good. The report concentrates on increasing local access to high-value care in pediatrics, internal/family medicine, cardiology, and general surgery. This proposal will estimate the benefits to our economy of both building new capacity and the increased local spending on healthcare that new capacity brings. Moreover, increased healthcare spending is year-round, helping to tamp the seasonality of our local economy.

Second, the report recommendations will help reinforce a healthier and more productive workforce. The district has a disproportionate level of high-risk communities, with higher rates of residents living below the poverty level or households making less than \$50,000/year. The population has higher rates of cardiovascular risks, asthma, and opioid-related adverse drug events. Gaps in local preventative care result in a high rate of avoidable, and costly, emergency department visits. Providing local solutions to these costly healthcare gaps and reducing emergency room visits saves money for residents and the region’s healthcare system. There will be less workforce absenteeism and more productivity. This proposal will estimate the economic advantages of a healthier workforce.

**Proposed Solution**

- **Estimate the economic benefits to the local economy** of attracting highly paid healthcare professionals and building local capacity needed to fill vital healthcare gaps in the district.
  - **Quantify the ancillary economic benefits** of healthcare facility expansion, (e.g., utilizing local contractors, local tax revenue, etc.)



- **Propose accommodations to the challenge of housing availability and affordability** in recruiting health professionals
- **Quantify the additional support staff, nurses, and infrastructure** to support the proposed increase in physicians and other health professionals
- **Compare the economics of currently relying disproportionately on travel nurses** with establishing a permanent population of nurses
- **Estimate the economic effects of a healthier workforce for residents** of the valley. What are the economic impacts on individuals and families that improved healthcare access affords?
- **Estimate the savings to the local economy and businesses** coming from a healthier workforce, such as less absenteeism and more productivity
- **Outlining the return on investment in healthcare expansion for the valley.**
  - Build a business case for implementing the Huron Report recommendations
  - Outline methods for involving more stakeholders
  - Make a business case for a thriving year-round healthcare system that underpins the efforts to build a more stable, year-round economy for the region

### Methodology and timeline

- **Phase 1 – Exploratory analysis**
  - Review of existing reports, initiatives, and methodology on this topic
  - Review of the District’s recent studies and reports
  - District will assist the CVEP team in a thorough understanding of the current health provider landscape in the valley
  - The CVEP team will survey this landscape to ascertain current plans for healthcare expansion and compare them to the Huron report recommendations
  - The CVEP team will be responsible for gathering socio-economic and other pertinent data to inform the report. CVEP will utilize Esri Business Analyst and US Census data, as well as the Huron Report findings, to quantify the socioeconomic magnitude of the healthcare gaps the Huron Report identifies and to fully understand
  - Study the reliance on travel nurses in the valley
- **Phase 2 – Exploratory analysis review with Desert Healthcare District**
  - 1 to 2 meetings to:
    - Review the current healthcare landscape and outline the collective plans for future healthcare expansion in the valley
    - Conduct additional needed research established in from this review stage
    - Agreement on final “model” of healthcare expansion as basis for economic costs analysis
- **Phase 3 – Economic estimation**
  - Establish quantification methodology
  - Create preliminary metrics for modelled healthcare expansion
    - Ancillary benefits – construction, expanded tax base, etc.
    - Benefits to local economy for healthier workforce
    - Benefits to local families and individuals
- **Phase 4 – Economic review with Desert Healthcare District**
  - 2 to 3 meetings with District to review economic quantification



- Updates to economic quantification
- **Phase 5 – Create business case for expansion**
  - Study best practices for recruiting and retaining healthcare professionals
  - Research other regions that have addressed the challenges of attracting new healthcare professionals with spouses who have limited employment opportunities when relocating
  - Propose how the local business community can become partners in healthcare expansion
  - Make a business case for the economic advantages of a healthier workforce
- **Phase 6 – Review business case**
  - 1 meeting to discuss proposed business case
  - business case revisions
- **Phase 7 – Write preliminary report**
- **Phase 8 – Review preliminary report**
  - District to review the preliminary
  - 1 meeting to discuss review
  - Report edits
  - District to review final report
- **Phase 9 – Report delivery**

### **Expected Outcomes**

- A comprehensive quantification of the economic impacts of implementing modelled healthcare expansion
- Quantifying the economic benefits to residents and their families of improved access to healthcare.
- Building a business case for the community to invest in improved healthcare. Recommendations for appealing to the business community the need for improved healthcare in the valley.

### **Deliverables**

- Written report
- Executive Summary report for community leaders
- Presentation to Board
- Presentation of findings at CVEP’s Economic Summit in the Fall of 2024.

### **Project Team**

- David Robinson, CVEP – Director of Analytic Services
  - David is a Geographic Information Systems specialist. He studies and analyzes the local socioeconomic landscape of the Coachella Valley through mapping and geographic analysis. As the Director of Analytic Services at CVEP, he uses GIS to ascertain the local specifics of our complex economy, using geographic analysis to aggregate important economic and demographic data that is often found at the county or MSA level. For ten years at CVEP, he has authored many reports on the local economy and presents a blog, David’s Data Digest, on focused economic and geosocial topics about the valley.
- Dr. Manfred Keil, Professor of Economics, Claremont McKenna College



- Dr. Keil is CVEP’s chief economist and leads the team for our annual Summit Economic report. Professor Keil received his Ph. D. in Economics from the London School of Economics and has been working at Claremont McKenna College since 1995. He specializes in Macroeconomics, Statistics, and Econometrics. Prof. Keil also is the Associate Director of the Lowe Institute for Political Economy and leads a relatively large research staff of student RAs to provide forecasting analysis for the Inland Empire.
- <https://www.cmc.edu/academic/faculty/profile/manfred-keil>
- Dr. Robert Kleinhenz, Principal Economist and Founder, Kleinhenz Economics
  - Dr. Kleinhenz is the Principal Economist and Founder of the firm Kleinhenz Economics. A leading voice on the economy, Dr. Kleinhenz taps over 30 years of experience to present his outlook for the economy and its leading industries, and to offer his perspectives on leading policy issues. He previously served as the Chief Economist for the Los Angeles County Economic Development Corporation (LAEDC) and Deputy Chief Economist with the California Association of Realtors. He is currently on the faculty at Cal State Long Beach and Associate Director of the University’s Office of Economic Research. Dr. Kleinhenz is known for his extensive knowledge of the economy and economic policy.
  - <https://www.kleinhenzassociates.com/>

#### Compensation

- Phases 1 -6: **Not to exceed \$36,000**
  - Estimated time to complete – 3 months
  - Monthly billing
- Phases 6-9: **Not to exceed \$44,000**
  - Estimated time to complete – 3 months
  - Monthly billing
- **Total Not to Exceed: \$80,000**



February 5, 2024

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

Dear District Board Members:

The attached capital expenditure request is 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 this project 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 this project 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 Termination Assets at the net book value. Please let us know if you approve this project 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: Elevator Modernization Initiative

### Project Description:

This project is for the modernization of eight (8) elevators. The elevators included in this project include E1, E2, E3, S6, S7, W1, W2 and W3. This will be the first phase of a multi-phased elevator modernization. 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 \$3,055,900

Elevator Modernization	Total
Professional Fees	214,200
Permits	50,000
Construction	2,389,800
Equipment/Furniture	-
Tests and Inspections	74,000
Real Estate Administration	100,000
Capitalized Interest	227,900
<b>Total Project Cost Estimate:</b>	<b>\$ 3,055,900</b>

### Project Rationale:

Due to declining performance and challenges with maintenance, a comprehensive campus wide elevator assessment was conducted by Lerch Bates. Key findings from the assessment include: the elevators were installed between 1968 and 1993. Elevators S6, S7, W1, W2 and W3 are hydraulic elevators, and elevators E1, E2 and E3 are traction elevators. The general lifespan of a hydraulic elevator is 20 years, and the general lifespan of a traction elevator is 25 years. Much of the equipment is obsolete and needs to be upgraded / modernized. The general condition of the door equipment is below average, and the overall performance of the door equipment is below average. The controller and tank units and traction machines are generally considered to be obsolete.

### Project Process:

Currently, the Architectural and Engineering Assessment is underway. Upon completion, the project will be submitted to HCAI for approval. Procurement lead times are estimated at 16-18 weeks, and construction times are estimated at 6-8 weeks per elevator. Anticipated start time of the project is Q3 2024

**Anticipated Book Value at Termination of current DRMC Lease (May 2027): \$2,477,005 (est.)**



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

Date: February 27, 2024  
To: Board of Directors  
Subject: Consideration to Approve Policies

---

**Staff Recommendation:** Consideration to approve revised policies.

**Background:**

At the February 12, 2024, Board and Staff Communications & Policies Committee meeting, the Committee recommended forwarding the following policies for consideration of approval by the Board:

- Policy #BOD-02 – Elections and Appointment of Board Officers – Minor Revisions
- Policy #BOD-15 – Conflict of Interest – Review Only
- Policy #FIN-01 - Financial Operations – Review Only
- Policy #FIN-04 – Budget Policy – Review Only
- Policy #OP-16 – CEO Discretionary Fund – Revisions
- Grantmaking Flow Chart – Supplemental to Policy #OP-05 Grantmaking Policy – Revised per the updated Strategic Plan

**Fiscal Impact:**

None



**POLICY TITLE:** ELECTION & APPOINTMENT AND DUTIES OF BOARD OFFICERS

**POLICY NUMBER:** BOD-02

**COMMITTEE APPROVAL:** 02-12-2024

**BOARD APPROVAL:** 02-27-2024

---

**POLICY #BOD-02:** It is the policy of the Desert Healthcare District (“District”) to establish the rules for appointment of Board officers and sets forth the election process and the duties of the officers. Further, the roles and responsibilities of said officers are as described in this policy.

**GUIDELINES:**

1. Appointment and Term of Board Officers

There shall be four Board officers: President, Vice-President, Secretary, and Treasurer. It shall be the policy of the Board that there will be no mandatory rotation of officers; however, the Board shall customarily retain the President for two (2) consecutive one (1) year terms (if eligible). After the first term, the Board shall vote on the matter of whether the President shall serve a second term. The President shall be limited to two (2) consecutive terms. The Vice Presidency will provide an opportunity to train a Director to possibly ascend to the Presidency when that position becomes vacant. The Vice-President, Secretary, and Treasurer will be elected for one (1) year terms, and there shall be no term limits. The Board shall retain the authority to remove and replace any board officer at any time and for any reason with a majority vote.

Process for the Election of Board Officers

The officers of the Board shall be chosen by the Board as the first agenda item at the first regular board meeting in December. Legal Counsel will call for nominations for the position of Board President. No vote shall be taken until all nominations have been made. Once all nominations are made, nominations shall be closed and a vote shall be taken. The process will continue for the office of Vice-President, the office of Secretary, and the office of Treasurer.



## **2. Board President**

The Board shall elect one of its members as President in accordance with Section 1 above. The President shall serve as chairperson at all Board meetings and shall have the same rights as the other Board Members in voting; introducing motions, resolutions; and participating in discussions. The President assures the integrity of the Board's process and, secondarily, occasionally represents the Board to outside parties. In public meetings, the Board President adheres to and implements the rules of order as approved by the Board. The President behaves consistently with District policies and those legitimately imposed upon it from outside the organization. In the absence of the President, the Vice-President shall serve as chairperson. If both the President and Vice-President are absent, the Secretary shall act as chairperson.

In addition, the duties of the President include:

**2.1** The President shall execute Board documents on behalf of the Board unless such authority has been delegated to the Chief Executive Officer under specific circumstances.

**2.2** The President is empowered to chair Board meetings with all the commonly accepted authorities of that position (e.g., ruling, recognizing, keeping order, changing the order of announced agenda items).

**2.3** The President shall appoint Board committee members and committee's chair position.

**2.4** The President has no authority to supervise or direct the Chief Executive Officer. The President has no more authority than any other Board members.

**2.5** The President shall work with the Chief Executive Officer in monitoring and planning the agenda forecast.

**2.6** The President may represent the Board to outside parties in announcing and presenting of the Board after formal Board action has been taken.

**2.7** The President may determine, in concert with the Chief Executive Officer as necessary, whether to place on an agenda consideration of documents of support or recognition (e.g., resolutions, commendations, certificates of appreciation, etc.) for individuals, organizations or efforts in the community by evaluating whether the individual, organization or effort has a clear nexus to issues relevant to the District.

**2.8** The President may also sign such certificates established in 2.7 upon successful approval of the Board.

**2.9** The President may make and second motions and vote in the same manner as other Board members.

**2.10** Agenda items may be added by the President or at the request of two board



members.

**2.11** There is no veto power from the President.

**3. Board Vice-President**

The Board shall elect one of its members as Vice President in accordance with Section 1 above.

**3.1** In the absence of the President, the Vice-President shall perform the duties of the President.

**4. Board Secretary**

The Board shall elect a Secretary in accordance with Section 1 above.

**4.1** The Secretary shall be charged with the safekeeping of the minutes of all meetings of the Board and Committees in accordance with the adopted rules of the Board and shall sign the minutes in a ministerial capacity, following their approval of the Board.

**4.2** The Secretary shall give or cause to be given appropriate notices in accordance with the policies and bylaws or as required by law and shall act as custodian of District records and reports.

**4.3** The Secretary may delegate Board Secretary duties to a District Staff member and not a member of the Board of Directors.

**5. Board Treasurer**

The Board shall elect a Treasurer in accordance with Section 1 above.

**5.1** The Treasurer shall be charged with the safekeeping and disbursement of the funds in the treasury of the District.

**5.2** The Treasurer will serve as chair of the Finance, Legal, Administration, & Real Estate Committee.

**5.3** The Treasurer may delegate Board Treasurer duties to a District Staff member and not a member of the Board of Directors.



**AUTHORITIES**

Desert Healthcare District Bylaws Article VII

**DOCUMENT HISTORY**

Revised	02-27-2024
Revised	03-22-2022
Revised	06-23-2020
Approved	12-15-2015

DRAFT



**POLICY TITLE:** ELECTION & APPOINTMENT AND DUTIES OF BOARD OFFICERS

**POLICY NUMBER:** BOD-02

**COMMITTEE APPROVAL:** ~~02-12-2024~~~~03-15-2022~~

**BOARD APPROVAL:** ~~02-27-2024~~~~03-22-2022~~

---

**POLICY #BOD-02:** It is the policy of the Desert Healthcare District (“District”) to establish the rules for appointment of Board officers and sets forth the election process and the duties of the officers. Further, the roles and responsibilities of said officers are as described in this policy.

**GUIDELINES:**

1. Appointment and Term of Board Officers

There shall be four Board officers: President, Vice-President, Secretary, and Treasurer. -It shall be the policy of the Board that there will be no mandatory rotation of officers; however, the Board shall customarily retain the President for two (2) consecutive one (1) year terms (if eligible). -After the first term, the Board shall vote on the matter of whether the President shall serve a second term. -The President shall be limited to two (2) consecutive terms. -The Vice Presidency will provide an opportunity to train ~~at~~ the Director to possibly ascend to the Presidency when that position becomes vacant. -The Vice-President, Secretary, and Treasurer will be elected for one (1) year terms, and there shall be no term limits. -The Board shall retain the authority to remove and replace any board officer at any time and for any reason with a majority vote.

Process for the Election of Board Officers

The officers of the Board shall be chosen by the Board as the first agenda item at the first regular board meeting in December. -Legal Counsel will call for nominations for the position of Board President. -No vote shall be taken until all nominations have been made. -Once all nominations are made, nominations shall be closed and a vote shall be taken. -The process will continue for the office of Vice-President, the office of Secretary, and -the office of Treasurer.



## **2. Board President**

The Board shall elect one of its members as President in accordance with Section 1 above. The President shall serve as chairperson at all Board meetings and shall have the same rights as the other Board Members in voting; introducing motions, resolutions; and participating in discussions. -The President assures the integrity of the Board's process and, secondarily, occasionally represents the Board to outside parties. -In public meetings, the Board President adheres to and implements the rules of order as approved by the Board. -The President behaves consistently with District policies and those legitimately imposed upon it from outside the organization. -In the absence of the President, the Vice-President shall serve as chairperson. -If both the President and Vice-President are absent, the Secretary shall act as chairperson.

In addition, the duties of the President include:

**2.1** The President shall execute Board documents on behalf of the Board unless such authority has been delegated to the Chief Executive Officer under specific circumstances.

**2.2** The President is empowered to chair Board meetings with all the commonly accepted authorities of that position (e.g., ruling, recognizing, keeping order, changing the order of announced agenda items).

**2.3** The President shall appoint Board committee members and committee's chair position.

**2.4** The President has no authority to supervise or direct the Chief Executive Officer. -The President has no more authority than any other **B**oard members.

**2.5** The President shall work with the Chief Executive Officer in monitoring and planning the agenda forecast.

**2.6** The President may represent the Board to outside parties in announcing and presenting of the Board after formal Board action has been taken.

**2.7** The President may determine, in concert with the Chief Executive Officer as necessary, whether to place on an agenda consideration of documents of support or recognition (e.g., resolutions, commendations, certificates of appreciation, etc.) for individuals, organizations or efforts in the community by evaluating whether the individual, organization or effort has a clear nexus to issues relevant to the District.

**2.8** The President may also sign such certificates established in 2.7 upon successful approval of the Board.

**2.9** The President may make and second motions and vote in the same manner as other Board members.

**2.10** Agenda items may be added by the President or at the request of two board





members.

**2.11** There is no veto power from the President.

**3. Board Vice-President**

The Board shall elect one of its members as Vice President in accordance with Section 1 above.

**3.1** In the absence of the President, the Vice-President shall perform the duties of the President.

**4. Board Secretary**

The Board shall elect a Secretary in accordance with Section 1 above.

**4.1** The Secretary shall be charged with the safekeeping of the minutes of all meetings of the Board -and Committees in accordance with the adopted rules of the Board and shall sign the minutes in a ministerial capacity, following their approval of the Board.

**4.2** The Secretary shall give or cause to be given appropriate notices in accordance with the policies and bylaws or as required by law and shall act as custodian of District records and reports.

**4.3** The Secretary may delegate Board Secretary duties to a District Staff member and not a member of the Board of Directors.

**5. Board Treasurer**

The Board shall elect a Treasurer in accordance with Section 1 above.

**5.1** The Treasurer shall be charged with the safekeeping and disbursement of the funds in the treasury of the District.

**5.2** The Treasurer will serve as chair of the Finance, Legal, Administration, & Real Estate Committee.

**5.3** The Treasurer may delegate Board Treasurer duties to a District Staff member and not a member of the Board of Directors.



**AUTHORITIES**

Desert Healthcare District Bylaws Article VII

**DOCUMENT HISTORY**

<u>Revised</u>	<u>02-27-2024</u>
Revised	03-22-2022
Revised	06-23-2020
Approved	12-15-2015

DRAFT



<b>POLICY TITLE:</b>	<b>CONFLICT-OF-INTEREST CODE</b>
<b>POLICY NUMBER:</b>	BOD-15
<b>COMMITTEE APPROVAL:</b>	02-12-2024
<b>BOARD APPROVAL:</b>	02-27-2024

---

**POLICY #BOD-15:** It is the policy of the Desert Healthcare District (“District”) to ensure complete transparency and follow The Political Reform Act which requires all public agencies to adopt and maintain a conflict-of-interest code establishing the rules for disclosure of personal assets and the disqualification from making or participating in the making of any decisions that may affect any personal asset. The California Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730, hereinafter “Regulation”) which contains the terms of a standard Conflict-of-Interest Code which can be incorporated by reference and may be amended by the Fair Political Practices Commission (“FPPC”) after public notice and hearings to conform to amendments in the Political Reform Act. The Regulation further provides that incorporation of its terms by reference along with the designation of employees and the formulation of disclosure categories by the District shall constitute the adoption and promulgation of a conflict-of-interest code within the meaning of Government Code Section 87300 or the amendment of a conflict-of-interest code within the meaning of Government Code Section 87307. Therefore, the terms of the Regulation and any amendments to it, duly adopted by the Fair Political Practices Commission, are hereby incorporated by reference, as augmented herein, as the Conflict-of-Interest Code of the District.

A public official at any level of state or local government has a prohibited conflict-of-interest and may not make, participate in making, or in any way use or attempt to use their official position to influence a governmental decision when they know or have reason to know they have a disqualifying financial interest. A financial interest can exist when the decision impacts the official’s personal financial interests or the financial interests of a source of income to the official. A financial interest can also exist when the decision impacts an asset or investment of the public official’s, or a business entity in which the public official is associated by ownership, officer status, or employment.

It is the responsibility of each Board member and officer of the District to identify any conflicts of interest, actual or potential, that they may have in a decision to be made or an

POLICY #BOD-15 Page 1 of 4



action to be taken by the District. If a Board member or officer becomes aware of an actual or potential conflict-of-interest, they shall promptly disclose the conflict or potential conflict to the Board President and/or the District Chief Executive Officer (“CEO”) and seek legal counsel’s advice if a perceived conflict may be present. The Board member shall not participate in the subject matter of the conflict, or shall have the matter assessed by legal counsel, or shall seek the advice of the FPPC.

**GUIDELINES:**

1. The Board of Directors are mandated to file the California Fair Political Practices Commission Form 700 disclosure statements (Form 700) under Government Code Section 87200 et seq. (Regulations 18730(b)(3).
2. The following designated staff positions and committee members are governed by the Conflict-of-Interest Code (Resolutions #20-04) and must file the Form 700 designated categories as listed for each position:

<u>Designated Positions</u>	<u>Disclosure Categories</u>
Chief Executive Officer	1, 2
Chief Administration Officer	1, 2
Chief Program Officer	1, 2
Senior Program Officer	4, 5
Senior Development Officer	4, 5
Chief of Community Engagement	4, 5
General Counsel	1, 2
Members of Board Committees & Consultants	
Program Committee & Finance Committee	5
Consultants and New Positions	See *

\*Individuals providing services as a Consultant defined in Regulation 18701 or in a new position created since this Code was last approved that makes or participates in making decisions shall disclose pursuant to the broadest disclosure category in this Code subject to the following limitation:

The Chief Executive Officer may determine that, due to the range of duties or contractual obligations, it is more appropriate to assign a limited disclosure requirement. A clear explanation of the duties and a statement of the extent of the



disclosure requirements must be in a written document. (Gov. Code Sec. 82019; FPPC Regulations 18219 and 18734.) The Chief Executive Officer's determination is a public record and shall be retained for public inspection in the same manner and location as this Conflict-of-Interest Code. (Gov. Code Sec. 81008.)

**2.1** The disclosure categories listed below identify the types of economic interests that the designated position must disclose for each disclosure category to which they are assigned. Such economic interests are reportable if they are either located in or doing business in the jurisdiction, are planning to do business in the jurisdiction, or have done business during the previous two (2) years in the jurisdiction of the District.

Category 1: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that are located in, that do business in or own real property within the jurisdiction of the District.

Category 2: All interests in real property which is located in whole or in part within, or not more than two (2) miles outside, the jurisdiction of the District.

Category 3: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that provide services, products, materials, machinery, vehicles, or equipment of a type purchased or leased by the District.

Category 4: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that provide services, products, materials, machinery, vehicles, or equipment of a type purchased or leased by the designated position's department, unit or division.

Category 5: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, or income from a nonprofit organization if the source is of the type to receive grants or other monies from or through the District.

**2.2** The Conflict-of-Interest Code does not require the reporting of gifts from outside the agency's jurisdiction if the source does not have some connection with or bearing upon the functions or duties of the position.

**3.** All officials and designated positions required to submit a statement of economic



interests shall file their statements with the Special Assistant to the CEO/Board Relations Officer as the District's Filing Officer. The Special Assistant to the CEO/Board Relations Officer shall make and retain a copy of all statements filed by members of the Board of Directors and the Chief Executive Officer and forward the originals of such statements to the Clerk of the Board of Supervisors of the County of Riverside. The Special Assistant to the CEO/Board Relations Officer shall retain the originals of the statements filed by all other officials and designated positions and make all statements available for public inspection and reproduction during regular business hours.

4. The Conflict-of-Interest Code will be amended when necessitated by changed circumstances which include the need to designate new positions or revise disclosure categories.

#### **AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6  
Desert Healthcare District Resolution No. 20-04

#### **DOCUMENT HISTORY**

Revised	02-27-2024
Revised	03-22-2022
Revised	08-25-2020
Revised	01-23-2018
Approved	03-28-2017



**POLICY TITLE:** **CONFLICT-OF-INTEREST CODE**

**POLICY NUMBER:** BOD-15

**COMMITTEE APPROVAL:** 02-12-2024~~03-15-2022~~

**BOARD APPROVAL:** 02-27-2024~~03-22-2022~~

---

**POLICY #BOD-15:** It is the policy of the Desert Healthcare District (“District”) to ensure complete transparency and follow The Political Reform Act which requires all public agencies to adopt and maintain a conflict-of-interest code establishing the rules for disclosure of personal assets and the disqualification from making or participating in the making of any decisions that may affect any personal asset. The California Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730, hereinafter “Regulation”) which contains the terms of a standard Conflict-of-Interest Code which can be incorporated by reference and may be amended by the Fair Political Practices Commission (“FPPC”) after public notice and hearings to conform to amendments in the Political Reform Act. The Regulation further provides that incorporation of its terms by reference along with the designation of employees and the formulation of disclosure categories by the District shall constitute the adoption and promulgation of a conflict-of-interest code within the meaning of Government Code Section 87300 or the amendment of a conflict-of-interest code within the meaning of Government Code Section 87307. Therefore, the terms of the Regulation and any amendments to it, duly adopted by the Fair Political Practices Commission, are hereby incorporated by reference, as augmented herein, as the Conflict-of-Interest Code of the District.

A public official at any level of state or local government has a prohibited conflict-of-interest and may not make, participate in making, or in any way use or attempt to use their official position to influence a governmental decision when they know or have reason to know they have a disqualifying financial interest. A financial interest can exist when the decision impacts the official’s personal financial interests or the financial interests of a source of income to the official. A financial interest can also exist when the decision impacts an asset or investment of the public official’s, or a business entity in which the public official is associated by ownership, officer status, or employment.

It is the responsibility of each Board member and officer of the District to identify any conflicts of interest, actual or potential, that they may have in a decision to be made or an

POLICY #BOD-15 Page 1 of 4



action to be taken by the District. If a Board member or officer becomes aware of an actual or potential conflict-of-interest, they shall promptly disclose the conflict or potential conflict to the Board President and/or the District Chief Executive Officer (“CEO”) and seek legal counsel’s advice if a perceived conflict may be present. The Board member shall not participate in the subject matter of the conflict, or shall have the matter assessed by legal counsel, or shall seek the advice of the FPPC.

**GUIDELINES:**

1. The Board of Directors are mandated to file the California Fair Political Practices Commission Form 700 disclosure statements (Form 700) under Government Code Section 87200 et seq. (Regulations 18730(b)(3).
2. The following designated staff positions and committee members are governed by the Conflict-of-Interest Code (Resolutions #20-04) and must file the Form 700 designated categories as listed for each position:

<u>Designated Positions</u>	<u>Disclosure Categories</u>
Chief Executive Officer	1, 2
Chief Administration Officer	1, 2
Chief Program Officer	1, 2
Senior Program Officer	4, 5
Senior Development Officer	4, 5
Chief of Community Engagement	4, 5
General Counsel	1, 2
Members of Board Committees & Consultants	
Program Committee & Finance Committee	5
Consultants and New Positions	See *

\*Individuals providing services as a Consultant defined in Regulation 18701 or in a new position created since this Code was last approved that makes or participates in making decisions shall disclose pursuant to the broadest disclosure category in this Code subject to the following limitation:

The Chief Executive Officer may determine that, due to the range of duties or contractual obligations, it is more appropriate to assign a limited disclosure requirement. A clear explanation of the duties and a statement of the extent of the





disclosure requirements must be in a written document. (Gov. Code Sec. 82019; FPPC Regulations 18219 and 18734.) The Chief Executive Officer's determination is a public record and shall be retained for public inspection in the same manner and location as this Conflict-of-Interest Code. (Gov. Code Sec. 81008.)

**2.1** The disclosure categories listed below identify the types of economic interests that the designated position must disclose for each disclosure category to which they are assigned. Such economic interests are reportable if they are either located in or doing business in the jurisdiction, are planning to do business in the jurisdiction, or have done business during the previous two (2) years in the jurisdiction of the District.

Category 1: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that are located in, that do business in or own real property within the jurisdiction of the District.

Category 2: All interests in real property which is located in whole or in part within, or not more than two (2) miles outside, the jurisdiction of the District.

Category 3: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that provide services, products, materials, machinery, vehicles, or equipment of a type purchased or leased by the District.

Category 4: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that provide services, products, materials, machinery, vehicles, or equipment of a type purchased or leased by the designated position's department, unit or division.

Category 5: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, or income from a nonprofit organization if the source is of the type to receive grants or other monies from or through the District.

**2.2** The Conflict-of-Interest Code does not require the reporting of gifts from outside the agency's jurisdiction if the source does not have some connection with or bearing upon the functions or duties of the position.

**3.** All officials and designated positions required to submit a statement of economic



interests shall file their statements with the Special Assistant to the CEO/Board Relations Officer as the District's Filing Officer. The Special Assistant to the CEO/Board Relations Officer shall make and retain a copy of all statements filed by members of the Board of Directors and the Chief Executive Officer and forward the originals of such statements to the Clerk of the Board of Supervisors of the County of Riverside. The Special Assistant to the CEO/Board Relations Officer shall retain the originals of the statements filed by all other officials and designated positions and make all statements available for public inspection and reproduction during regular business hours.

4. The Conflict-of-Interest Code will be amended when necessitated by changed circumstances which include the need to designate new positions or revise disclosure categories.

#### **AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6  
Desert Healthcare District Resolution No. 20-04

#### **DOCUMENT HISTORY**

<u>Revised</u>	<u>02-27-2024</u>
Revised	03-22-2022
Revised	08-25-2020
Revised	01-23-2018
Approved	03-28-2017

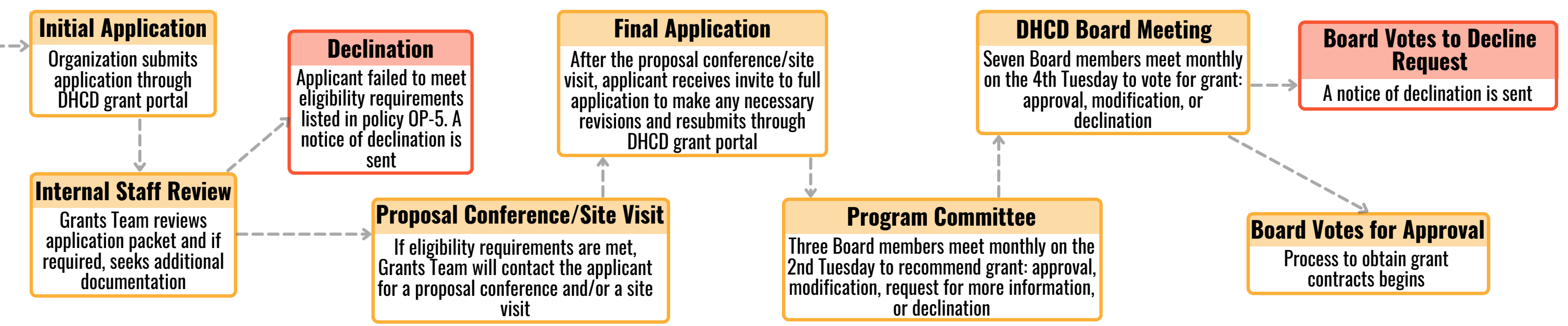
# 2021-26 Desert Healthcare District Strategic Plan Grantmaking Process - Full Grants (Application requests that exceed \$10,000)\*

**High Priority Strategic Plan Goals**

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

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

**Goal 6:** Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area (only strategies 6.1 & 6.2)

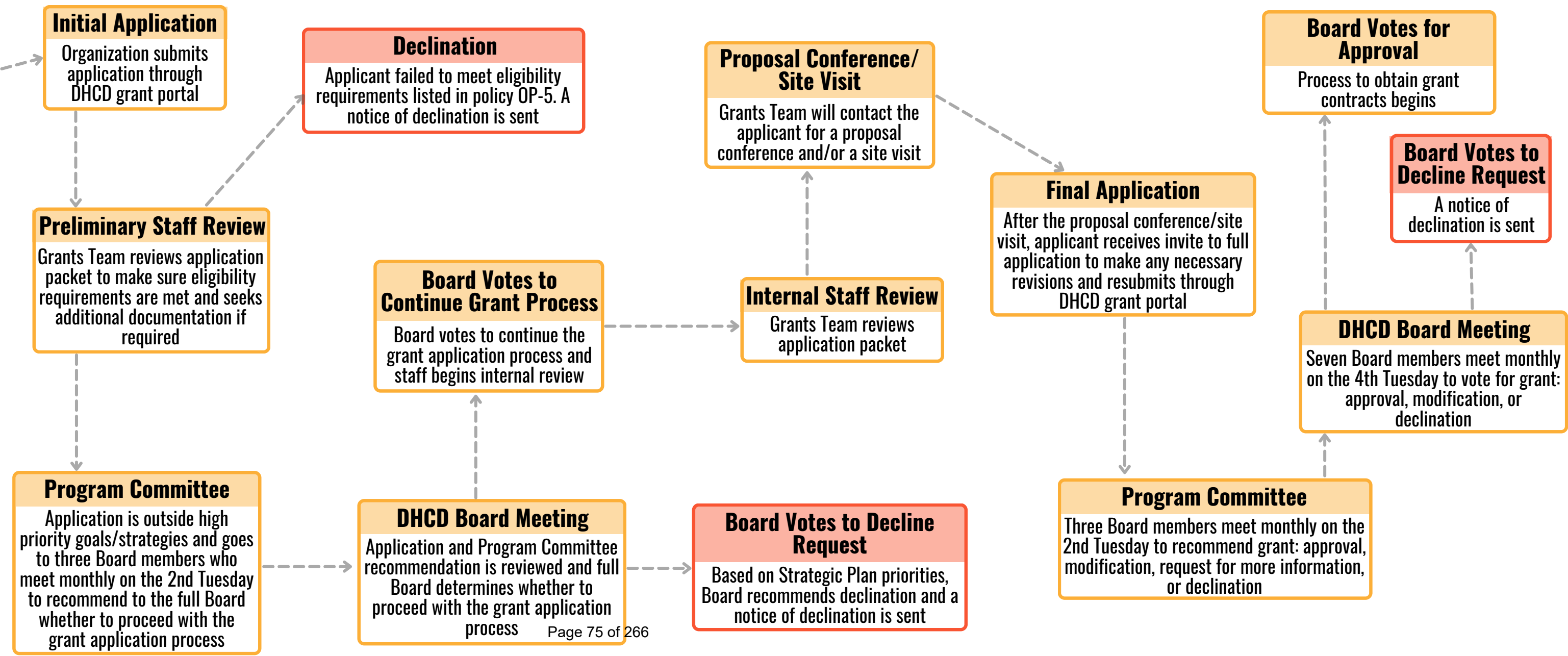


**Non-Priority Strategic Plan Goals**

**Goal 5:** Be responsive and supportive of selected community initiatives that enhance the economic stability of District's residents

**Goal 6:** Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area (strategy 6.3)

**Goal 7:** Be responsive and supportive of selected community initiatives that enhance the general health education of District's residents



\*Goal 1 and Goal 4 are operational, internal Strategic Plan Goals and do not follow the grantmaking process



**POLICY TITLE:** CEO DISCRETIONARY FUND

**POLICY NUMBER:** OP-16

**COMMITTEE APPROVAL:** 02-12-2024

**BOARD APPROVAL:** 02-27-2024

---

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

Discretionary Funds operate under the following guidelines:

1. The CEO Discretionary Fund is structured as a restricted account in the fiscal year awarded. The budget is established at \$50,000 per year.
2. The CEO Discretionary Fund cannot operate with a deficit balance.
3. Expenses greater than \$2,500.00 shall require notification to and approval by the Board President prior to incurring the expense.
4. Legitimate Business Purpose – The CEO must ensure expenses charged to Discretionary Fund are for legitimate business purposes as defined under IRS regulations and District policies. Examples of eligible expenditures are:
  1. Travel to meetings of professional associations or for research activities (subject to approval per Policy #OP-14)
  2. Temporary positions (consultants)
  3. Subscriptions to professional periodicals, memberships in professional organizations, reference books
  4. Sponsorship of events, conferences, and donations to local organizations
  5. Business-related meals and beverages, or hosted professional functions
5. Expenses Not Eligible – Personal expenses of any kind are not eligible for use of discretionary Fund. Examples of items not allowable include:
  1. Home office costs such as furniture and equipment, maintenance expenses, and supplies
  2. Political contributions under any circumstances
  3. Postage for personal correspondence
  4. Office phone sets, or ordinary line charges
  5. Memberships in social clubs or airline travel clubs



6. Donations to organizations currently supported by District/Foundation grants are capped at \$5,000

Monthly, the cumulative CEO Discretionary report shall be included in the financials presented to the Finance & Administration Committee. A detailed explanation of new charges shall also be presented by the CEO during the monthly CEO report.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Revised	02-27-2024
Revised	03-28-2023
Approved	02-22-2022



**POLICY TITLE:** CEO DISCRETIONARY FUND

**POLICY NUMBER:** OP-16

**COMMITTEE APPROVAL:** 02-12-2024~~03-07-2023~~

**BOARD APPROVAL:** 02-27-2024~~03-28-2023~~

---

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

Discretionary Funds operate under the following guidelines:

1. The CEO Discretionary Fund is structured as a restricted account in the fiscal year awarded. The budget is established at \$50,000 per year.
2. The CEO Discretionary Fund cannot operate with a deficit balance.
3. Expenses greater than \$2,500.00 shall require notification to and approval by the Board President prior to incurring the expense.
- 3.4. Legitimate Business Purpose – The CEO must ensure expenses charged to Discretionary Fund are for legitimate business purposes as defined under IRS regulations and District policies. Examples of eligible expenditures are:
  1. Travel to meetings of professional associations or for research activities (subject to approval per Policy #OP-14)
  2. Temporary positions (consultants)
  3. Subscriptions to professional periodicals, memberships in professional organizations, reference books
  4. Sponsorship of events, conferences, and donations to local organizations
  5. Business-related meals and beverages, or hosted professional functions
- 4.5. Expenses Not Eligible – Personal expenses of any kind are not eligible for use of discretionary Fund. Examples of items not allowable include:
  1. Home office costs such as furniture and equipment, maintenance expenses, and supplies
  2. Political contributions under any circumstances
  3. Postage for personal correspondence
  4. Office phone sets, or ordinary line charges
  5. Memberships in social clubs or airline travel clubs



6. Donations to organizations currently supported by District/Foundation grants are capped at \$5,000.

Monthly, the cumulative CEO Discretionary report shall be included in the financials presented to the Finance & Administration Committee. A detailed explanation of new charges shall also be presented by the CEO during the monthly CEO report.

### **AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

### **DOCUMENT HISTORY**

<u>Revised</u>	<u>02-27-2024</u>
Revised	03-28-2023
Approved	02-22-2022



**POLICY TITLE:** FINANCIAL OPERATIONS

**POLICY NUMBER:** FIN-01

**COMMITTEE APPROVAL:** 02-12-2024

**BOARD APPROVAL:** 02-27-2024

---

**POLICY #FIN-01:** It is the policy of the Desert Healthcare District (“District”) to comply fully with the financial statutes of the State of California as they relate to Healthcare Districts.

**GUIDELINES:**

1. The ultimate responsibility for the District’s financial position and direction rests with the Board of Directors of the Desert Healthcare District (“Board”). Issues such as strategic planning, investment guidelines, funding of projects, major purchases or expenditures and operating budget are to be authorized at the Board level.
2. The Board has established a Finance, Legal, Administration, & Real Estate Committee to provide advice and insight to the Board of Directors, Board Treasurer and District staff. The Treasurer chairs the Committee. The Committee is comprised of two (2) additional Board members.
3. The Chief Executive Officer is given the authority and responsibility for conducting the District’s business within the framework of the Board’s policies and governance. The Chief Executive Officer shall be held accountable to the Board for the financial performance of the District.





**AUTHORITY**

Desert Healthcare District Bylaws Article IV, section 4.1

**DOCUMENT HISTORY**

Reviewed	02-27-2024
Revised	03-22-2022
Revised	06-23-2020
Approved	06-28-2016

DRAFT



**POLICY TITLE:** FINANCIAL OPERATIONS

**POLICY NUMBER:** FIN-01

**COMMITTEE APPROVAL:** 02-12-2024~~03-15-2022~~

**BOARD APPROVAL:** 02-27-2024~~03-22-2022~~

---

**POLICY #FIN-01:** It is the policy of the Desert Healthcare District (“District”) to comply fully with the financial statutes of the State of California as they relate to Healthcare Districts.

**GUIDELINES:**

1. The ultimate responsibility for the District’s financial position and direction rests with the Board of Directors of the Desert Healthcare District (“Board”). Issues such as strategic planning, investment guidelines, funding of projects, major purchases or expenditures and operating budget are to be authorized at the Board level.
2. The Board has established a Finance, Legal, Administration, & Real Estate Committee to provide advice and insight to the Board of Directors, Board Treasurer and District staff. The Treasurer chairs the Committee. The Committee is comprised of two (2) additional Board members.
3. The Chief Executive Officer is given the authority and responsibility for conducting the District’s business within the framework of the Board’s policies and governance. The Chief Executive Officer shall be held accountable to the Board for the financial performance of the District.



**AUTHORITY**

Desert Healthcare District Bylaws Article IV, section 4.1

**DOCUMENT HISTORY**

<u>Reviewed</u>	02-27-2024
Revised	03-22-2022
Revised	06-23-2020
Approved	06-28-2016

DRAFT



**POLICY TITLE:** BUDGET PREPARATION

**POLICY NUMBER:** FIN-04

**COMMITTEE APPROVAL:** 02-12-2024

**BOARD APPROVAL:** 02-27-2024

---

**POLICY# FIN-04:** It is the policy of the Desert Healthcare District (“District”) Board of Directors (“Board”) to maintain Board-level oversight of District expenditures through budgetary controls.

**GUIDELINES:**

1. An annual budget proposal shall be prepared with the process directed and coordinated by the Chief Administration Officer and the Chief Executive Officer. Monthly controls and financial reporting are to be put in place for each line-item budget.

2. Prior to review by the Board of Directors, the Board's Finance, Legal, Administration, and Real Estate Committee will review and discuss the annual budget proposal, in a meeting open to the public, subject to the Brown Act.

3. The proposed annual budget as recommended by the Finance, Legal, Administration, and Real Estate Committee shall be reviewed by the Board at one of its meetings during the last quarter of every year prior to the Fiscal year commencing July 1st, unless otherwise scheduled by the Board, also in a meeting open to the public, subject to the Brown Act.

4. The proposed annual budget, as amended by the Board during its review, shall be adopted by the Board during the last quarter of every year prior to the Fiscal year commencing July 1st, unless otherwise scheduled by the Board, in a meeting open to the public, subject to the Brown Act.



**AUTHORITY**

Desert Healthcare District Bylaws Article IV, section 4.1

**DOCUMENT HISTORY**

Reviewed	02-27-2024
Reviewed	03-22-2022
Revised	06-23-2020
Approved	06-28-2016

DRAFT



**POLICY TITLE:** BUDGET PREPARATION

**POLICY NUMBER:** FIN-04

**COMMITTEE APPROVAL:** ~~02-12-2024~~~~03-15-2022~~

**BOARD APPROVAL:** ~~02-27-2024~~~~03-22-2022~~

---

**POLICY# FIN-04:** It is the policy of the Desert Healthcare District (“District”) Board of Directors (“Board”) to maintain Board-level oversight of District expenditures through budgetary controls.

**GUIDELINES:**

1. An annual budget proposal shall be prepared with the process directed and coordinated by the Chief Administration Officer and the Chief Executive Officer. Monthly controls and financial reporting are to be put in place for each line-item budget.

2. Prior to review by the Board of Directors, the Board's Finance, Legal, Administration, and Real Estate Committee will review and discuss the annual budget proposal, in a meeting open to the public, subject to the Brown Act.

3. The proposed annual budget as recommended by the Finance, Legal, Administration, and Real Estate Committee shall be reviewed by the Board at one of its meetings during the last quarter of every year prior to the Fiscal year commencing July 1st, unless otherwise scheduled by the Board, also in a meeting open to the public, subject to the Brown Act.

4. The proposed annual budget, as amended by the Board during its review, shall be adopted by the Board during the last quarter of every year prior to the Fiscal year commencing July 1st, unless otherwise scheduled by the Board, in a meeting open to the public, subject to the Brown Act.



**AUTHORITY**

Desert Healthcare District Bylaws Article IV, section 4.1

**DOCUMENT HISTORY**

<u>Reviewed</u>	<u>02-27-2024</u>
Reviewed	03-22-2022
Revised	06-23-2020
Approved	06-28-2016

DRAFT



# GME Feasibility Analysis

Carmela Meyer, MBA, EdD  
Christine Redovan, MBA, MLIS





**Community need  
and GME impact:**

## Teaching hospitals have improved physician recruitment efforts

- Residents tend to stay in area of residency training, in CA 77.7% of residents that completed training in CA are practicing in CA (AAMC, 2008-2017 data)
- DRMC has a near 100% retention
- Hospitals save approximately \$100,000 in recruitment costs for every resident they hire (Pugno,P.A., et.al., 2010)

## GME expands the capacity of the current healthcare workforce in a health system.

- On average, NPs salary in California is \$151,830 compared to a resident at \$70,000 to \$80,000 (AAMC Resident Salary Survey, 2023)

## Teaching hospitals tend to have better outcomes than non-teaching hospitals

- Mortality improvement, and improved patient outcomes (Burke, L.G. et. al., 2017)
- Indirect impact on the entire health system includes improved access to a safe, efficient and appropriate medical care
- Medicare admissions in 15 medical & 6 surgical conditions are lower in teaching hospitals than non-teaching hospitals, with a linear inverse relationship between volume and mortality (Alweis,R, et.al., 2021)
- Press Ganey Patient Satisfaction scores tend to increase with GME.

## GME tends to elevate the profile of the system through scholarly work and quality improvement activities.

- Improves resident recruitment
- Increases the health system's focus on patient safety and social determinants of health
- Community hospital systems have a vast array of clinical expertise and potential quality improvement projects

# GME impact on Communities/Health Systems

About 40 percent of physician trainees plan to have a child during their graduate medical education training, according to a study in the July 2023 issue of Academic Medicine.

Residents and their families will require housing, utilities, food, and spend money on other living expenses.

Residents and their families will utilize healthcare, school systems, religious venues, retail and other community services.



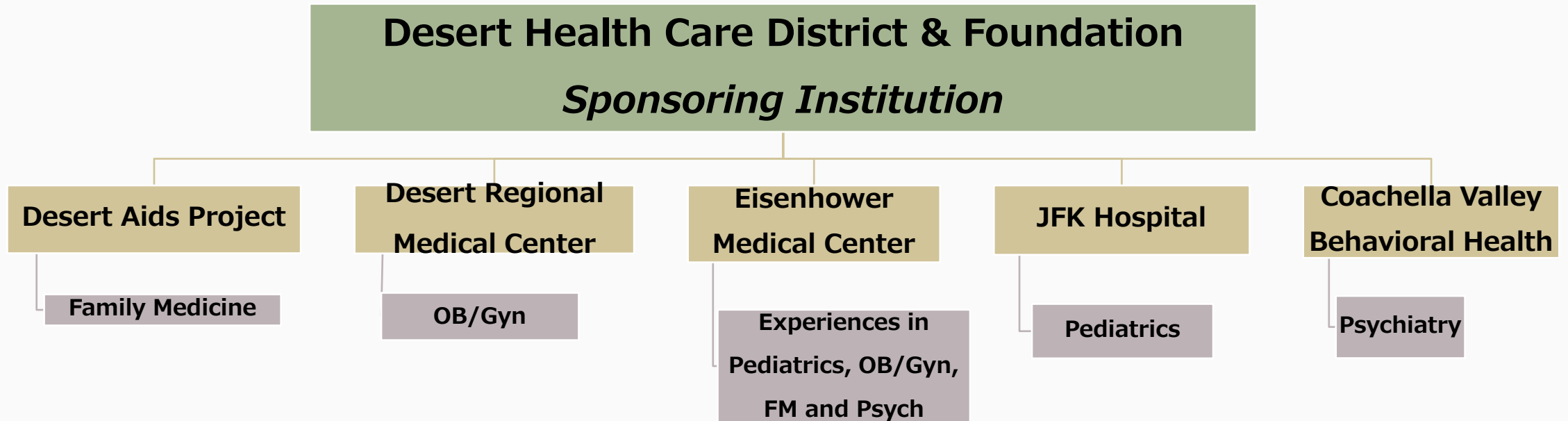
## Economic Impact of the Residents on the Community



# Analyzing the Programs

The Clinical Learning Environment

# Organizational Structure: Coachella Valley GME Alliance



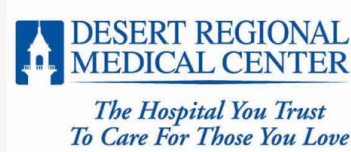
# Sponsoring Institution: Coachella Valley GME Alliance

## Strengths

- GME infrastructure supported through the Alliance.
- Experienced GME programs to support the Alliance
- Synergy to address the community needs of the Coachella Valley
  - *Maximizes the strengths of each institution and minimizes the impact of areas of concern*

## Challenges

- Multiple system priorities can interfere with the GME priorities
  - *Strong GMEC oversight*
  - *Need support from the C-Suite of each member of the Alliance*



**CONSULTANTS' RECOMMENDATIONS  
FOR  
RESIDENCY PROGRAM  
DEVELOPMENT**

**FM: 2026-2028: 8+8+0**

**2028+: 12+12+12=36**

**Pediatrics: 4+4+4=12**

**OB/Gyn: 8+8+8+8=32**

**Psychiatry: 3+3+3+3=12**

**Initiate the Alliance GMEC as soon as  
a decision to move forward is made**

**The continuation of a strong  
collaboration with other members of  
the Alliance will be key to meeting all  
clinical requirements**

**Developing ambulatory faculty  
scholarship immediately  
(partnerships with DRMC & Eisenhower)**

**Ambulatory faculty may need  
Faculty Development regarding  
supervision, protected time, and  
work hour requirements**

**Consider a Transitional Year  
Program in Year 3/4 as a place  
holder for additional slots through  
CMS**



# Timeline & Resident Completion



Program	Submission Date	Agenda Close Date	Review Date	Residents Start
SI <i>No Site Visit</i>	6/15/2024	6/16/2024	9/10/2024	
FM	9/15/2024	2/7/2025	4/2025	7/2026
Peds	1/2025	7/2025	9/2025	7/2026
OBGyn	7/2025	2/2026	4/2026	7/2027
Psych	9/15/2024	1/2025	4/2025	7/2026

## Timeline:

**This is an aggressive, but doable timeline.  
Requires starting the GMEC immediately.**

**SI must receive initial accreditation prior to submitting program applications.**

# Resident Completion Rate

	2029	2030	2031	2032	2033	Estimated 5-year retention 60%
FM grads FM retention	8 4.5	8 4.5	12 7.2	12 7.2	12 7.2	30.6
Psych grads Psych retention	0	0	4 1.6	4 1.6	4 1.6	4.8
Peds grads Peds retention	0	4 1.6	4 1.6	4 1.6	4 1.6	6.4
OB/Gyn grads OB/Gyn retention	0	8 4.5	8 4.5	8 4.5	8 4.5	18



# Financial Analysis

# Grant Opportunities: Funds Psych and DAP

## Teaching Health Center GME (THCGME) grants

**Planning and Development Grants:** provide funds to support the development of new programs (\$500,000 for 2 years)

- Application opens October to December
- Awards are in April
- Funds can be used for consultant services

**THCGME Grants:** The purpose of the THCGME Program is to support the training of residents in primary care residency training programs in community-based ambulatory patient care centers.

- Application: July to Sept
- Award date: July

## Song-Brown

Funds institutions that train primary care health professionals to provide health care in California's medically underserved areas.

Eligible programs may apply for Existing, Expansion, THC, or New Program funding.

- Application Cycle: opens July (ish),
- Early review Sept
- Final review Sept

Funds primary care and FNP training programs

## CaIMedForce

Committed to growing a diverse physician workforce by supporting and expanding GME in California.

Eligibility criteria:

- **Accredited** by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) Council on Postdoctoral Training
- Serve medically underserved populations
- Application Cycle: August – September

# Estimated Revenue and Expense Report

			Residents start	Caps start				Cap-building ends
			FM Peds					
			Psych	OB				
	2024- 2025	2025- 2026	2026- 2027	2027- 2028	2028- 2029	2029- 2030	2030- 2031	2031- 2032
Administrative fees from DRMC/Eisenhower/JFK			\$348,361	\$870,904	\$1,915,988	\$2,612,711	\$3,135,253	\$3,483,867
Song-Brown: FM		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Song-Brown: Peds		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Song-Brown: OB		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Song-Brown: Psych			\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
THCGME planning/development (funding for 2 years @\$500,000)		\$750,000	\$1,000,000	\$250,000				
THCGME - FM ambu timeonly (funds for training years)			\$464,500	\$532,875	\$655,850	\$743,225	\$808,100	\$842,700
THCGME - Peds ambu timeonly (funds for training years)			\$264,500	\$332,875	\$455,850	\$543,225	\$608,100	\$642,700
THCGME - OBGyn ambu timeonly (funds for training years)				\$332,875	\$455,850	\$543,225	\$608,100	\$642,700
THCGME - Psych (funds for training years)			\$864,500	\$932,875	\$1,055,850	\$1,143,225	\$1,208,100	\$1,242,700
CalMed			\$1,125,000	\$2,250,000	\$1,125,000	\$1,125,000	\$1,125,000	\$1,125,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,750,000</b>	<b>\$8,066,861</b>	<b>\$9,502,404</b>	<b>\$9,664,388</b>	<b>\$10,710,611</b>	<b>\$11,492,653</b>	<b>\$11,979,667</b>
Funds to DAP from THCGME grants - FM			\$325,150	\$373,013	\$459,095	\$520,258	\$565,670	\$589,890
Funds to DAP from THCGME grants - Peds			\$185,150	\$233,013	\$319,095	\$380,258	\$425,670	\$449,890
Funds to DAP from THCGME grants - OB/Gyn				\$233,013	\$319,095	\$380,258	\$425,670	\$449,890
Funds to DAP from THCGME grants -Psych			\$172,900	\$186,575	\$211,170	\$228,645	\$241,620	\$248,540
Funds to CV Behavioral Health			\$518,700	\$559,725	\$633,510	\$685,935	\$724,860	\$745,620
Song-Brown Matching funds		\$1,500,000	\$500,000					
Funds to DAP and CV Behavioral Health from Song Brown		\$2,100,000	\$2,800,000	\$2,800,000	\$2,800,000	\$2,800,000	\$2,800,000	\$2,800,000
Admin Salary/Benefit	\$103,350	\$103,350	\$103,350	\$247,650	\$247,650	\$247,650	\$247,650	\$247,650
Resident Salary/Benefit:	\$0	\$0	\$743,080	\$2,178,745	\$4,644,250	\$6,409,065	\$7,523,685	\$8,545,420
Administrative cost	\$6,200	\$19,200	\$64,500	\$132,875	\$255,850	\$343,225	\$408,100	\$442,700
Consulting Fees	\$20,500							
<b>Total Expenses</b>	<b>\$130,050</b>	<b>\$3,722,550</b>	<b>\$5,412,830</b>	<b>\$6,944,608</b>	<b>\$9,889,715</b>	<b>\$11,995,293</b>	<b>\$13,362,925</b>	<b>\$14,519,600</b>
<b>Profit/Loss</b>	<b>\$130,050</b>	<b>\$27,450</b>	<b>\$2,654,031</b>	<b>\$2,557,796</b>	<b>\$225,327</b>	<b>\$1,284,682</b>	<b>\$1,870,272</b>	<b>\$2,539,933</b>



# Conclusions

Need to identify DIO and Institutional Coordinator as soon as possible.

Initiate the GMEC as soon as a decision to move forward is made. It is imperative to document decisions.

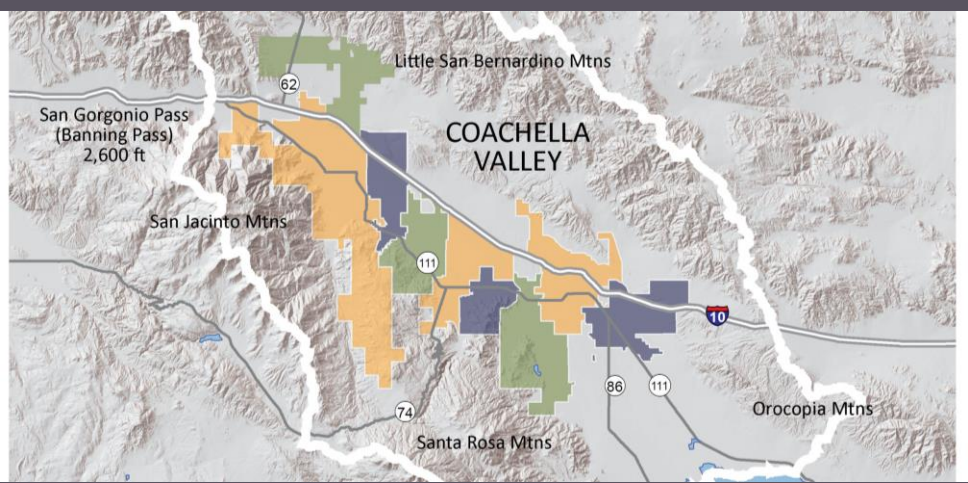
JFK Medical Center programs will start their cap.

Coachella Valley Behavioral Health should fund GME through HRSA to maximize the amount of funding.

With the availability of inpatient services and significant ambulatory care, fellowships should be considered.

PDs are challenging to recruit. Have a plan to identify the PDs as soon as possible.





What questions can we answer for you?

# Coachella Valley Wildflower Festival



## Resources

- AAMC: Data & Reports. (2021). Table C6: Physician Retention in State of Residency Training, by State. <https://www.aamc.org/data-reports/students-residents/data/table-c6-physician-retention-state-residency-training-state#:~:text=Selected%20Finding%3A%20Overall%2C%2054.2%25,Wyoming%20to%2077.7%25%20in%20California.>
- Alweis, R., Donato, A., Terry, R., Goodermote, C., Qadri, F., & Mayo, R. (2021). Benefits of developing graduate medical education programs in community health systems. *Journal of Community Hospital Internal Medicine Perspectives*, 11(5), 569-575. [https://doi.org/10.1080/20009666.2021.1961381.](https://doi.org/10.1080/20009666.2021.1961381)
- Federal Register, Volume 69, Number 219, Pages 66954-66956
- Federal Register, Volume 70, Number 156, Pages 47928-47930
- Pugno, P. A., Gillanders, W. R., & Kozakowski, S. M. (2010). The direct, indirect, and intangible benefits of graduate medical education programs to their sponsoring institutions and communities. *Journal of Graduate Medical Education*, 2(2), 154-159.



# THANK YOU

Carmela Meyer, MBA, EdD  
915-270-0700

Christine Redovan, MBA, MLIS  
440-487-5109



**Partners**<sup>®</sup>  
in Medical Education Inc.

**Full Accreditation.  
Excellent Outcomes. Innovative GME.  
Customized Solutions to get you there.**





**Date:** 2/27/2024

**To:** Board of Directors

**Subject:** Grant # 1429 Desert Cancer Foundation

---

**Grant Request:** Patience Assistance (PA) Program & Community Outreach

**Amount Requested:** \$163,750.00

**Project Period:** 03/01/2024 to 02/28/2025

**Project Description and Use of District Funds:**

Desert Cancer Foundation (DCF) is a nonprofit organization dedicated to helping pay for cancer care for local valley residents in need of financial assistance. DCF remains the only nonprofit organization that makes direct payments to local medical providers, on behalf of residents who otherwise could not afford or access vital care. For over 29 years, DCF has met the demands of certain gaps in healthcare coverage. Since inception, they have served over 8,800 residents, covering over \$11.2 million in cancer screening, diagnosis, and treatment; this is valued at a billed amount of over \$115 million. Annually, Desert Cancer Foundation serves approximately 150-175 residents and covers over \$350,000 in healthcare costs (over 2,000 medical services). Through strong partnerships, DCF leverages funding dollars for a 1/10 ratio, where every \$1 raised translates to \$10 in care.

DCF's Patient Assistance (PA) Program is an ongoing program that provides financial assistance for residents to help pay for cancer screening, diagnosis, and treatment. The PA program serves residents of the Coachella Valley and surrounding communities, who are uninsured/underinsured, or lack sufficient funds to pay for treatment of cancer and allied diseases. Specifically, the PA program serves adults 18 years and older (mainly 25-64 and 65+), with a family household income below 300% of the Federal Poverty Guidelines. Individuals served must demonstrate a need for financial assistance for cancer screening, diagnosis, and treatment. The program makes direct payments on behalf of the patient, covering the cost of insurance premiums, deductibles, co-pays/co-insurance, prescription medication, including chemo and radiation therapies, and Medi-Cal Share of Cost.

Desert Healthcare District funds will be utilized to provide direct financial assistance to cover co-pay, co-insurance, deductibles, insurance premiums, prescriptions, etc. on



behalf of the DCF clients. Additionally, District funds will be used to support a portion of three programmatic staff that administer the Patient Assistance Program direct provider payments and the patient navigation program component.

**Strategic Plan Alignment:**

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

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

**Strategy 2.7** - Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley (Priority: High)

**Strategy 3.6** Increase awareness of behavioral/mental health resources for residents in Coachella Valley (Priority: High)

**Geographic Area(s) To Be Served:**

All areas

**Action by Program Committee: (Please select one)**

✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$163,750.00 be approved.

Recommendation with modifications

Request for more information

Decline



## **Grant Application Summary**

### **Desert Cancer Foundation, Grant # 1429**

#### **About the Organization**

Desert Cancer Foundation  
42600 Cook Street  
Palm Desert, CA 92211  
760-773-6554

[www.desertcancerfoundation.org](http://www.desertcancerfoundation.org)

**Tax ID #:** 33-0648823

#### **Primary Contact:**

Mark Scheibach, Executive Director  
760-773-6554  
[mark@desertcancerfoundation.org](mailto:mark@desertcancerfoundation.org)

### **Organization's Mission Statement and History**

#### **MISSION & HISTORY**

Desert Cancer Foundation (DCF) is a nonprofit organization dedicated to helping pay for cancer care for local valley residents in need of financial assistance.

Founded in 1994 by valley Oncologist, Dr. Sebastian George, along with Art and Cory Teichner, with the vision that no one should forgo life-saving treatment due to their inability to pay, DCF remains the only nonprofit organization that makes direct payments to local medical providers, on behalf of residents who otherwise could not afford or access vital care.

#### **IMPACT**

For over 29 years, DCF has met the demands of certain gaps in healthcare coverage. Since inception, we have served over 8,800 residents, covered over \$11.2million in cancer screening, diagnosis, and treatment; this is valued at a billed amount of over \$115million. Annually, Desert Cancer Foundation serves approximately 150-175 residents and covers over \$350,000 in healthcare costs (over 2,000 medical services).

### **30TH ANNIVERSARY IN 2024**

In 2024, Desert Cancer Foundation will be celebrating its' 30th Anniversary and we have many special events and community outreach programming planned for the year!

**Organization Annual Budget:** \$918,200.00

### **Project Information**

**Project Title:** 1429 Patience Assistance (PA) Program & Community Outreach

**Start Date:** 03/01/2024    **End Date:** 02/28/2025

**Total Project Budget:** \$565,400.00

**Requested Amount:** \$163,750.00

### **Community Need for this Project in the Coachella Valley:**

DCF's Patient Assistance (PA) Program is an ongoing program that provides financial assistance for residents to help pay for cancer screening, diagnosis, and treatment. The PA program serves residents of the Coachella Valley and surrounding communities, who are uninsured/underinsured, or lack sufficient funds to pay for treatment of cancer and allied diseases. The program makes direct payments on behalf of the patient, covering the cost of insurance premiums, deductibles, co-pays/co-insurance, prescription medication, including chemo and radiation therapies, and Medi-Cal Share of Cost.

Desert Cancer Foundation works closely with our local hospitals - Eisenhower Lucy Curci Cancer Center and Desert Regional Comprehensive Cancer Center to ensure the availability of our program, and leverage existing health programs and available resources. A cancer diagnosis is that much more devastating for individuals from a marginalized, lower income population. The diagnosis comes with a great deal of fear, uncertainty, and financial worry. DCF helps to alleviate the financial burden, so the patient can opt for treatment, focus on healing, and ensure the wellbeing of the entire family. With our support, a patient has the best possible health outcome, while the family can maintain some normalcy in a time of great need and distress.

The DHCD grant funds will directly support our Patient Assistance program. DCF will make direct payments to the healthcare providers, on behalf of the clients to cover the cost of cancer screening, diagnosis, and treatment of cancer and allied diseases. The funds, under the PA program, will cover insurance premiums and deductibles, co-pays/co-insurance, Medi-Cal Share of Cost, prescription medications, including IV

infusions, chemo and radiation therapies for the clients in our program.

The PA program serves adults 18 years and older (mainly 25-64 and 65+), with a family household income below 300% of the Federal Poverty Guidelines. Individuals served must demonstrate a need for financial assistance for cancer screening, diagnosis, and treatment. In a 12-month period, DCF estimates to serve approximately 150-200 unduplicated District residents.

Desert Cancer Foundation's core values, along with those of our staff members, Board of Directors, and committee members are inclusive. Our organization culture fosters diversity, equity, and inclusion in all areas of work. We provide support for individuals who meet the financial eligibility criteria; DCF does not discriminate based on age, gender, ethnicity, religion, sexual identity or orientation. DCF has been serving the local community for over 29 years. People have come to rely on our services, and in turn, we rely on the support of many grantors and partners to uphold our mission and work. We are honored to align with the DHCD's mission and work together to foster healthier communities.

### **Project Description and Use of District funds:**

As previously mentioned, DCF's Patient Assistance (PA) Program is an ongoing program that provides financial assistance for residents to help pay for cancer screening, diagnosis, and treatment. The PA program serves residents of the Coachella Valley and surrounding communities, who are uninsured/underinsured, or lack sufficient funds to pay for treatment of cancer and allied diseases. The program makes direct payments on behalf of the patient, covering the cost of insurance premiums, deductibles, co-pays/co-insurance, prescription medication, including chemo and radiation therapies, and Medi-Cal Share of Cost.

DCF's Patient Assistance Program aligns with the DHCD Strategic Plan Goals of (Goal #2) "Proactively expand community access to primary and speciality care services" and in a new, limited manner, (Goal #3) "Proactively expand community access to behavioral / mental health services".

A cancer diagnosis is much more devastating for underserved individuals who lack insurance, resources, or funds to pay for life-saving treatment. DCF stands in the gap to provide care for individuals who otherwise would not have it. We alleviate the financial burden, so that a patient can focus on healing, providing for their family, and have the best chance for a positive outcome.

Simply put, we help save lives! The fact that an estimated 12% of the population will be diagnosed with cancer in their lifetime (Cancer.org), combined with the statistic that Coachella Valley residents have higher poverty rates than other areas in Riverside

County (HARC Community Survey), means we have a very vulnerable population in need of support when diagnosed with cancer. The funds will be used, under the Patient Assistance Program, to cover insurance premiums and deductibles, co-pays/co-insurance, Medi-Cal Share of Cost, x-rays, diagnostic scans, biopsies, and prescription medications (including IV infusions, chemotherapy and radiation therapy). We will assist marginalized Coachella Valley residents, living at or below 300% of the Federal Poverty Level (FPL), in a time of their greatest need.

In the past seven months, under the direction of a new Executive Director, we have taken numerous steps to upgrade the PA Program internally. After an exhaustive search, we hired a new PA Coordinator with added Community Engagement responsibilities. This was done to better connect DCF to the community and have the PA Coordinator act more as an advocate than ever before - helping our clients navigate the system and guiding them to additional support dedicated to those with specific, life-altering conditions. This emphasis on securing the best coverage options and leveraging existing health systems and programs available to patients is incredibly important. A portion of the funds will also cover staff wages to run the PA program.

In addition, we have partnered with Jewish Family Service of the Desert with the sole purposes of the MOU (attached) to "facilitate the provision of no-cost tele care and the extent available, in-person, individual or group mental health counseling to DCF clients by JFS supervised interns". It is a "win-win" partnership as we continue to look for additional areas where we can assist those in their cancer journey.

We plan to continue developing partnerships with the local healthcare community, provide additional programming, and enhance our valley-wide outreach to inform and teach; all in order to provide additional access and services to the residents we serve.

**Strategic Plan Alignment:**

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

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

**Strategy 2.7** - Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley (Priority: High)

**Strategy 3.6** Increase awareness of behavioral/mental health resources for residents in Coachella Valley (Priority: High)

## Project Deliverables and Evaluation

### **Deliverable #1:**

From March 1, 2024 thru February 28, 2025, DCF will have provided a minimum of 150 individuals - who are uninsured, underinsured, or lack funds to pay for treatment - with financial assistance while undergoing cancer care. In 2023, we provided financial assistance to 156 individuals (see Patient Assistance Summary Sheet with other demographic information). We have seen an increase in applications over the past months due to the community engagement and outreach activities we have instituted under new management and staff and we expect that to continue in 2024 and beyond.

### **Evaluation #1:**

DCF's Patient Assistance (PA) programs goal is to process all incoming applications, provide coverage and access to healthcare. All data is gathered into a database and reconciled bi-monthly. Progress of the PA program (patients served, services rendered, location, age,, type of cancer, dollar amount paid vs. billed) is provided and monitored monthly by the Executive Director (ED), Patient Assistance Committee and DCF's Board of Directors. There is also ongoing collaboration that ensures the program is being executed efficiently, as follows: -

- A dedicated PA Coordinator works closely with local healthcare partners to receive and process all patient applications.
- Patient applications are reviewed twice monthly by a PA Committee – comprised of social workers, nurses, oncologists, radiologists, pharmacists, and insurance brokers, as well as the PA Coordinator and ED – to ensure eligibility guidelines are met, review medical coverage, treatment plan, and leverage all available resources to meet the patient needs.
- Patients approved into our PA program are entered into a database, with demographics information including age, gender, ethnicity, zip code, and household income.



	<ul style="list-style-type: none"> <li>• DCF’s Accounting Clerk will process insurance premiums and all medical bills, rendering payments directly to the providers.</li> <li>• All billing and payment data is entered into a recently upgraded tracking system with patient numbers to allow for reporting.</li> <li>• The ED oversees program, and final billing is approved by a PA Committee Chair, President and Treasurer of the Board of Directors.</li> </ul>
<p><b>Deliverable #2:</b> Patient Navigation to ensure all available resources for the patient, including providing additional resources to those we serve.</p> <p>From March 1, 2024 to February 28, 2025; Desert Cancer Foundation will provide patient navigation for cancer care services and treatment, for an estimated 150+ patients residing in the District zones. Through ongoing communication, collaboration, and outreach efforts with our local healthcare community, DCF will ensure the availability of our Patient Assistance program, as well as offer patient navigation (especially for newly diagnosed patients), to provide cancer-related screening, diagnosis, and access to services and vital treatment.</p> <p>The Patient Assistance Coordinator works with social workers and patient navigators to ensure we leverage all available and existing resources to meet the patient’s needs. We are placing an added emphasis on financial navigation – such as Medicare supplemental plans, Medi-Cal and other low-</p>	<p><b>Evaluation #2:</b> DCF’s Patient Assistance program is regularly monitored by the Patient Assistance Coordinator, Executive Director, and the PA Committee. We work closely with community social workers, financial counselors, doctors, nurses, and pharmacists, to ensure a smooth process for patient navigation and support. There is ongoing collaborative work to access or leverage available resources to further alleviate the financial burden to our patients - subsidized funding or coverage options such as Covered California, Medi-Cal, Medicare supplemental plans, or Pharma Drug Assistance Programs. Patient navigation is further ensured with the following:</p> <ul style="list-style-type: none"> <li>• A dedicated PA Coordinator who receives and reviews the applications, communicates with the patient, and prepares the summary for committee review.</li> <li>• Our PA Coordinator also works alongside the healthcare community -</li> </ul>

<p>income subsidy programs. In a recent article from the Journal of Clinical Oncology, numerous studies have documented the impact of the high cost of cancer care in the United States. For example, a 2022 study showed that people with cancer were 2.5 times more likely to file for bankruptcy than people not being treated for the disease. In another article, a study showed that the high cost of cancer care causes many people to delay or skip treatments or miss appointments. The study goes on to show that these difficult decisions translate into higher rates of psychological stress and often depression and anxiety. We can not allow this to happen.</p>	<p>social workers, financial counselors, and pharmacists - to ensure that a client can access existing resources and support services, especially early in their cancer journey.</p> <ul style="list-style-type: none"> <li>• Hosting bi-monthly PA Committee meetings to review and approve patient applications. DCF staff, along with social workers, doctors, and insurance brokers also provide patient navigation and discusses the most suitable resources for the patient.</li> <li>• For patients approved into our PA program, there is ongoing oversight of their coverage, treatment plan, services rendered, and ensuring that billing is reviewed and paid. Successful patient navigation helps the patient maximize their support, while Desert Cancer Foundation leverages funds allowing us to serve more residents.</li> </ul>
<p><b>Deliverable #3:</b> From March 1, 2024 to February 28, 2025, Desert Cancer Foundation will provide patient navigation for behavioral/mental health services/resources for approximately 25% of our clients. Based on an estimated 150-175 clients during the grant period, we expect to assist 35-45 individuals.</p> <p>As our tagline says - WE PAY FOR CANCER CARE! A cancer diagnosis often affects the emotional health of patients, families, and caregivers. According to the American Cancer Society, "common feelings during this life-changing experience include</p>	<p><b>Evaluation #3:</b> In the end, DCF's goal is to be the ultimate resource for our clients throughout their entire cancer journey in order to give them the best chance for a positive outcome. Our referrals, as described above, will include five programming partnerships with various organizations/support groups to enhance the behavioral and cognizant health of DCF clients. In addition, as DCF's valley-wide development reach increases through our community engagement and outreach activities, we can guide other cancer patients, who do not qualify financially for assistance, to get the support they</p>

anxiety, distress, and depression. Roles at home, school, and work can be affected. It's important to recognize these changes and get help when needed". In addition to paying for cancer care, a huge priority in the coming grant cycle will be to assist social workers, other patient navigators, and the local healthcare community in the navigation process of every DCF client we serve! Through our Patient Assistance Coordinator, Patient Assistance Committee and our DCF volunteers, we will provide additional support services in behavioral and mental health, to include, but not limited to: mental health counseling and resources, nutritional counseling and resources, volunteer support groups and resources, transportation services, art therapy, etc. DCF will use existing programs for referrals (for example: Jewish Family Services, Comprehensive Cancer Center, Lucy Curci Cancer Center, Old Town Artisan Studios to name a few) to facilitate the needs of our clients in their respective areas of need. Other programs may be added as they become available or if we get additional requests/referrals from the local cancer community and outreach support groups.

It is our intention to provide the same support services to the families, children and caregivers of our clients, if necessary and available through our partners. A recent study by Mental Health America found the following:

- 1/3 of people treated for cancer in hospitals have a common mental health condition.
- Rates of major depressive disorder are thought to up 3 x higher than in the general population.

desire. Data will be collected on all incoming requests and outgoing referrals with follow-up to each respective organization/support group.

<ul style="list-style-type: none"> <li>• 8%-24% of people with cancer are living with depression.</li> </ul> <p>Cancer does not just affect a person's body, it can also affect their mind! We want to play a role in our clients' mental health!</p>	
---	--

**Project Demographic Information**

**Target Geographic Area(s) To Be Served:**

All areas

**Target Population Age Group:**

18 to 24, 25 to 39, 40 to 54, 55 to 64, 65+

**Target Population Ethnicity:**

Hispanic/Latino (of any race), Not Hispanic or Latino (of any race)

**Target Population Race:**

American Indian and Alaska Native, Asian, Black or African American, Native Hawaiian and other Pacific Islander, White, Some other race

**Additional Target Population Information:**

Currently we have 25 different area codes and have recently added 2 additional areas to service, Pioneertown and Salton City.

**Capacity, Sustainability, and Partnerships**

**Organizational Capacity**

Desert Cancer Foundation is beginning a new era! We currently employ four staff members, and each has an important role in the Patient Assistance program.

1. Patient Assistance & Community Outreach Coordinator works alongside hospital staff members to receive, review, and process the application for financial assistance. This role also provides patient navigation to ensure the patient's needs are met.
2. Accounting Clerk manages and processes all the medical billing and insurance premiums. This role also tracks the data on billing to provide the monthly PA financial report.
3. Special Events & Sponsorship Coordinator is community focused to focus on the brand positioning of the organization while assisting the Existing Director with related fundraising activities and special event programming to create awareness of DCF. This individual also works with the clients on marketing and social media to explain the benefits of the DCF services.

4. Executive Director oversees all aspects of the organization, including the PA program. This includes review of applications and attending the PA meetings, insurance overview, billing and approval, and communication with hospital staff and PA committee chairs as necessary. In addition, the ED works through the Board of Directors to determine items (eligibility guidelines, contract agreements, billing issues, etc.) that need input from the PA Committee for possible review and amendments.

#### PA COMMITTEE & BOARD OF DIRECTORS

The PA Committee is an all-volunteer committee, comprised of professionals who donate their time and expertise to support the Patient Assistance program. Desert Cancer Foundation is also managed by an all-volunteer Board of Directors, with a minimum of two individuals who are insurance brokers and serve on the PA Committee to help navigate the insurance aspect to healthcare coverage.

#### **Organizational Sustainability:**

Desert Cancer Foundation (DCF) has been serving Coachella Valley residents for over 29 years and we have incredible plans for our 30th Anniversary in 2024 to take the organization to greater heights. We are still the only nonprofit in the valley that makes direct payments to healthcare providers on behalf of individuals who cannot afford cancer care and treatment. Since 1994, DCF has served more than 8,800 residents, paid over \$11.2 million in care, valued at over \$115 million.

DCF is comprised of an all-volunteer Board (including doctors, pharmacists, nurses, oncologists, hospital administrators, and community leaders) who understand the need to fulfill this vital service for marginalized individuals and who remain committed to the organization's mission. The Board of Directors meets monthly to review operations, fundraising plans and efforts, oversee the Patient Assistance program, and monitor the budget.

With longstanding strategic partnerships in place with Lucy Curci Cancer Center & Comprehensive Cancer Center, DCF can leverage funds and resources, to ensure the availability of our program, serve as many residents as possible, and maintain the organization's sustainability. In addition to grant funding, DCF hosts three major fundraising events, and works closely to ensure ongoing community support with donations and third-party events to benefit our work.

Recently, a new Executive Director was hired after serving on the Board for 9 years. In addition, we expanded the role of the PA Coordinator to include Community Outreach and hired a Special Events & Sponsorship Coordinator to assist with all marketing, social media, branding and fundraising activities.

An Annual Strategic Plan is created to ensure the organization is working towards the mission of the Foundation and meeting the goals as set forth.

**Partnerships/Collaborations:**

Desert Cancer Foundation Partners with Desert Regional Comprehensive Cancer Center and Eisenhower Lucy Curci Cancer Center, local pharmacies, and additional oncologists in the valley. These strategic partnerships are critical in our ability to serve our client and ensure they receive proper and timely care. DCF has contractual rates with our two hospitals cancer centers, allowing for negotiated rates for uninsured patients. For insured clients, we pay the patient portion of cancer services and treatment. In certain cases, there is some flexibility to negotiate a "large" bill. This is how DCF leverages funding dollars for a 1/10 ratio, where every \$1 raised translates to \$10 in care. Our two cancer center partners are truly committed to our success and sustainability. Both partners, the Comprehensive and Lucy Curci Cancer Centers are always supportive of our fundraising events via participation and sponsorships.

In addition, we have partnered with Jewish Family Service of the Desert with the sole purposes of the MOU (attached) to "facilitate the provision of no-cost tele care and the extent available, in-person, individual or group mental health counseling to DCF clients by JFS supervised interns". It is a "win-win" partnership as we continue to look for additional areas where we can assist those in their cancer journey.

**Diversity, Equity, Inclusion, and Belonging (DEI)**

**How does your organization address DEI in your policies, strategic plan, board and staff, etc.?**

At our recent Strategic Planning Meeting, DEI was a major topic that is a focus for the entire organization as we strive to make a bigger impact in our community on our 30th Anniversary in 2024. The major goals include, but are not limited to, the following:

- Continue to increase diversity and equity on the Board of Directors
- Continue to recruit, hire and develop a team that reflects the communities we serve
- Develop compelling messages to see the importance of DEI to the success of the organization
- Remain consistent in everything we do

As for the individuals we service in our PA program, DEI is alive and well and we never waver!

**What barriers does your organization face when addressing DEI?**

NONE! It is our commitment and we are embarking on the process already!

## Grant Budget

Project Grant Budget				
<b>Applicant:</b>		<b>Desert Cancer Foundation</b>		<b>Pat. Assist. Program &amp; CO</b>
OPERATIONAL EXPENSES		Total Project Budget	Funds From Other Sources <small>Detail On Section 3</small>	Amount Requested From DHCD/F
<b>Total Staffing Expenses <small>Detail on Section 2</small></b>		\$ 113,000.00	\$ 66,750.00	\$ 46,250.00
<b>Equipment (itemize)</b>				
1	Office Equipment	\$ 2,300.00	\$ 2,300.00	\$ -
2			\$ -	
3			\$ -	
4			\$ -	
<b>Supplies (itemize)</b>				
1	Office Supplies	\$ 2,500.00	\$ 2,500.00	\$ -
2			\$ -	
3			\$ -	
4			\$ -	
<b>Printing / Duplication</b>		\$ 2,200.00	\$ 2,200.00	\$ -
<b>Mailing / Postage</b>		\$ 1,000.00	\$ 1,000.00	\$ -
<b>Mileage (use current Federal mileage rate)</b>			\$ -	
<b>Education / Training</b>		\$ 1,000.00	\$ 1,000.00	\$ -
<b>Other Direct Project Expenses Not Described Above (itemize)</b>				
1	<b>Patient Assistance Billing</b>	\$ 375,000.00	\$ 257,500.00	\$ 117,500.00
2			\$ -	
3			\$ -	
4			\$ -	
<b>* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.</b>				
<b>Office / Rent / Mortgage*</b>		\$ 32,000.00	\$ 32,000.00	\$ -
<b>Telephone / Fax / Internet*</b>		\$ 1,200.00	\$ 1,200.00	\$ -
<b>Utilities*</b>			\$ -	\$ -
<b>Insurance*</b>		\$ 35,200.00	\$ 35,200.00	\$ -
<b>Indirect Rate</b>	<input type="checkbox"/> Check Box To Utilize Indirect Rate Up To 15%			
<b>Total Project Budget (Rounded up to nearest dollar)</b>				
		<b>\$ 565,400</b>	<b>\$ 401,650</b>	<b>\$ 163,750</b>
<b>Budget Narrative</b>	<p style="color: red; font-size: small;">We are requesting \$47,500 for labor costs to assist with the administration and navigation of our Patient Assistance Program. We have recently spent considerable time in the hiring process and furthermore, internal training with our healthcare partners/Patient Assistance Committee. Our PA Coordinator provides direct service to the clients throughout their cancer journey. In addition, as shown on our Patient Assistance Program Summary previously submitted, we served 25 different zip codes in 2023, most all of them in the DHCD geographic area. The remaining \$117,500 requested is for the direct financial assistance for the Patient Assistance Program to provide financial assistance for underinsured/uninsured residents within the DHCD zone. These funds will be used to pay for cancer care services direct to the provider! The following are types of services that the funds will be used for: cancer screening, chemotherapy, radiation, biopsies, MRI and ultrasounds. We will pay for the co-pay, co-insurance, deductibles, insurance premiums, prescriptions, etc. on behalf of the DCF clients. We also assist clients with finding the best suited healthcare and insurance programming.</p>			

Version 07.07.23 Please see instructions tab for additional information

Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
<b>Employee Position/Title</b>					
1	Executive Director	\$ 125,000.00	20%	25,000.00	\$ 5,000.00
2	Patient Assistance Coordinator	\$ 55,000.00	80%	44,000.00	\$ 22,000.00
3	Accounting Coordinator	\$ 55,000.00	70%	38,500.00	\$ 19,250.00
4	Events & Sponsorship Coordinator	\$ 55,000.00	10%	5,500.00	\$ -
5				-	
6				-	
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)			0.00%	-	-
<b>Total Will Populate In Total Staffing Expenses Section 1</b>			<b>Total &gt;</b>	<b>\$ 113,000.00</b>	<b>\$ 46,250.00</b>
Budget Narrative - Scope of Work	Patient Assistance Coordinator and Accounting Coordinator spend the majority of their time specifically related to the PA Program previously described. This includes patient communication, application, processing, navigation and all bill payments. The Executive Director reviews all applications, communicates directly with the Patient Assistance Committee and signs off on all payments.				
Budget Narrative - Employee Benefits	N/A				
Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
<b>Company and Staff Title</b>					
1					
2					
3					
4					
<b>Total Will Populate in Total Staffing Expenses Section 1</b>			<b>Total &gt;</b>	<b>\$ -</b>	<b>\$ -</b>
Budget Narrative - Scope of Work	N/A				



<b>Funds From Other Sources (Actual Or Projected) SPECIFIC To This Project</b>		
<b>"Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources".</b>		<b>Amount</b>
<b>Fees</b>		
<b>Donations</b>		\$ 340,000.00
<b>Grants (List Organizations)</b>		
1	Houston Family Foundation (current)	\$ 65,000.00
2	Stater Brothers Charities (current)	\$ 30,000.00
3	Grail - Galleri Classic (current)	\$ 25,000.00
4	Berger Foundation (current)	\$ 25,000.00
5	Albertsons Foundation (current)	\$ 10,000.00
<b>Fundraising (Describe Nature Of Fundraiser)</b>		
1	DCF Events (Dr. George Car Show, Paint el Paseo Pink) - projected	\$ 60,000.00
2	Third Party Fundraising Events - projected	\$ 60,000.00
3		
8		
<b>Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)</b>		
1		
2		
3		
8		
<b>Total Funding In Addition To DHCD/F Request</b>		<b>\$ 615,000.00</b>
<b>Budget Narrative</b>	We host (2) events annually. The donations come from numerous Third Party events and annual end of the year contributions from supporters.	

Version 07.07.23 Please see instructions tab for additional information

**PATIENT ASSISTANCE PROGRAM  
JAN 1 - DEC 31, 2023**

JAN 2023 - DEC 2023		ETHNICITY					GENDER	
		White	Hispanic	African Am.	Asian	Other	Male	Female
CURRENT / ACTIVE	116	55	41	4	11	5	50	66
DECEASED	14	5	9	0	0	0	9	5
INACTIVE	26	7	14	3	1	1	6	20
<b>TOTALS</b>	<b>156</b>	<b>67</b>	<b>64</b>	<b>7</b>	<b>12</b>	<b>6</b>	<b>65</b>	<b>91</b>

LOCATION	ZIP CODE	CURRENT	DECEASED	INACTIVE
Beaumont/Banning	92223	2	0	0
Bermuda Dunes	92203	5	0	1
Blythe	92225, 92226	3	0	0
Cathedral City	92234	13	1	3
Coachella	92236	4	2	2
Desert Hot Springs	92240	7	1	2
Idylwild	92549	1	0	0
Indio	92201, 92203	19	2	8
Landers	92285	1	0	0
La Quinta	92253	5	1	1
Morongo Valley	92256	3	0	0
Palm Desert	92211, 92260	22	4	2
Palm Springs	92262, 92264	15	2	3
Palo Verde	92266	3	0	0
Pioneertown	92268	1	0	0
Rancho Mirage	92270	2	0	1
Salton City	92275	1	0	0
Thermal	92274	1	1	0
Thousand Palms	92276	5	0	0
Whitewater	92282	1	0	0
Yucca Valley	92284	2	0	3

AGE	CURRENT	DECEASED	INACTIVE
50 & under	26	1	3
51-60	25	1	8
61-70	33	6	10
71-80	19	5	3
81-90	10	1	2
91+	3	0	0

TYPE	CURRENT	DECEASED	INACTIVE
Breast Cancer	30	0	8
Colon	6	1	0
Lung	13	3	5
Lymph	11	0	3
Mtpl Myeloma	6	0	0
Prostate	11	1	1
Other	39	9	9

CLAIMS THROUGH	BILLED AMOUNT	PAID	NUMBER OF CLAIMS
DEC 2023	\$5,731,057.03	\$370,442.65	1,883



## Full Grant Application Scoring



### SCORING PARAMETERS

0 TO 1 POINTS	Does Not Meet Expectations
2 TO 3 POINTS	Needs Improvement
4 TO 5 POINTS	Meets or Exceeds Expectations

**Total Points Possible = 50 points**

Grant Information			
Grant Number:	Organization:	Project Title:	Funding Request:
<b>1429</b>	<b>Desert Cancer Foundation</b>	<b>Patience Assistance (PA) Program and Community Outreach</b>	<b>\$163,750.00</b>
Programmatic Scoring Review			
<b>Community Need for the Project in Coachella Valley (5 points)</b>	The applicant identifies and describes a specific need(s) for the project within the Coachella Valley by providing relevant, valid data that highlights the full scope of the need. The applicant clearly connects the community need to the project’s targeted population.		
<b><u>Reviewer 1 - Score:</u></b> 4	<b><u>Reviewer 1 - Score Explanation:</u></b> The Desert Cancer Foundation Patient Assistance Program and Community grant proposal provided a detailed explanation of the community need, additional data on the actual need of cancer supportive services in the Coachella Valley would have offered a better insight into the community need they are trying to address through this grant proposal.		
<b><u>Reviewer 2 - Score:</u></b> 3.5	<b><u>Reviewer 2 - Score Explanation:</u></b> Applicant highlights the benefits and focus of the program as it connects to the target population; however, they do not indicate the extent of the need within the Coachella Valley.		
<b><u>Reviewer 3 - Score:</u></b> 5	<b><u>Reviewer 3 - Score Explanation:</u></b> The costs associated with cancer treatment are extensive. Desert Cancer Foundation has identified resolving this need area as a priority initiative for their organization. Those who are		

	<p>uninsured or underinsured suffer greatly when they lack the ability to pay for the treatment that is necessary to address their cancer diagnosis. Any available support to assist families to pay co-payments, deductibles or prescription medication costs can remove some of the burden they experience as they navigate this significant treatment process.</p>
<p><b>Reviewer 4 - Score:</b> 5</p>	<p><b>Reviewer 4 - Score Explanation:</b> The specific need addressed is those community members that cannot pay for cancer screenings diagnosis and treatments. DCF provides that financial support and expects that 150-200 unduplicated District residents will be served in a 12 month period.</p>
<p><b>Project Description and Use of Funds</b> (5 points)</p>	<p>The applicant describes the scope of the project and how the organization will utilize the Desert Healthcare District's funding. The applicant clearly states the approach they are going to take to meet the community's need and specifies how the success of this project directly relates to the District's mission and current Strategic Plan.</p>
<p><b>Reviewer 1 - Score:</b> 5</p>	<p><b>Reviewer 1 - Score Explanation:</b> The grant proposal provided a very detailed project description and use of grant funds, which included the connection the DHCD mission and current strategic plan.</p>
<p><b>Reviewer 2 - Score:</b> 4.5</p>	<p><b>Reviewer 2 - Score Explanation:</b> Details explain how District funds will be utilized to serve a vulnerable population. Applicant also details out their continued focus on making their program more efficient through new partnerships, new hires, and streamlined programming.</p>
<p><b>Reviewer 3 - Score:</b> 4</p>	<p><b>Reviewer 3 - Score Explanation:</b> Desert Cancer Foundation (DCF) will utilize District funds to coordinate support to families through their connectivity to local hospitals in the Coachella Valley that provide cancer treatment care. This support will include their Patient Assistance Program which will disseminate funds directly to medical providers to cover insurance premiums, co-payments, prescription medications and chemo/radiation treatments. This type of assistance will reduce the stress caused by a cancer diagnosis and the financial burden that comes with it.</p>
<p><b>Reviewer 4 - Score:</b> 5</p>	<p><b>Reviewer 4 - Score Explanation:</b> DCF's Patient Assistance program will utilize the District's funds by making direct payments to the healthcare providers, on behalf of the clients to cover the cost of cancer screening, diagnosis, and treatment of cancer and allied diseases (insurance premiums &amp; deductibles; copays/co-insurance; Medi-Cal Share of Cost; prescription medications, including IV infusions, chemo and radiation therapies)</p>

<p><b>Alignment to District Goals, Strategies, and Performance Measures</b> (5 points)</p>	<p>The applicant effectively describes the alignment of the project to the Desert Healthcare District and Foundation 2021-2026 Strategic Plan goals, strategies and performance measures.</p>
<p><b>Reviewer 1 - Score:</b> 5</p>	<p><b>Reviewer 1 - Score Explanation:</b> The grant proposal aligns with a couple of DHCD Strategic Plan goals and strategies, which are goals 2 &amp; 3, along with strategies 2.7 &amp; 3.6.</p>
<p><b>Reviewer 2 - Score:</b> 5</p>	<p><b>Reviewer 2 - Score Explanation:</b> Applicant demonstrates the connection to both specialty care and behavioral health serves through their direct provider payments and patient navigation program.</p>
<p><b>Reviewer 3 - Score:</b> 5</p>	<p><b>Reviewer 3 - Score Explanation:</b> DCF Patient Assistance Program services align with District Strategic Plan Goal 2 (Proactively expand community access to primary and specialty care services) Strategy 2.7 (Utilize an equity lens to expand services and resources to underserved communities) and Strategic Plan Goal 3 (Proactively expand community access to behavioral/mental health services) Strategy 3.6 (Educate community residents on available behavioral/mental health resources).</p>
<p><b>Reviewer 4 - Score:</b> 4</p>	<p><b>Reviewer 4 - Score Explanation:</b> The Patient Assistance Program aligns with Strategic plan goals #2 and #3.</p>
<p><b>Project Deliverables and Evaluation</b> (5 points)</p>	<p>The applicant provides project deliverables that are specific, measurable, attainable, and time-bound. Project deliverables must align with at least one of the Desert Healthcare District and Foundation’s 2021-2026 Strategic Plan goals and a related strategy/strategies. Additionally, applicant clearly demonstrates the alignment of their project deliverables to the appropriate performance measures, as outlined in the application instructions.</p> <p>Each evaluation corresponds to a project deliverable. The evaluation accurately measures the project’s effectiveness, impact and includes appropriate qualitative and/or quantitative tracking methods. The evaluation section includes well-defined data reporting mechanisms and/or a clear and transparent narrative.</p> <ul style="list-style-type: none"> <li>• Evaluation measures and methods are clear; the applicant defines how they envision success.</li> <li>• Evaluation is in alignment with the deliverables of the project.</li> <li>• Evaluation is in alignment with identified Desert Healthcare District and Foundation’s 2021-2026 Strategic Plan goal(s), strategies, and performance measure(s).</li> </ul>

	<ul style="list-style-type: none"> <li>An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding.</li> </ul>
<p><b><u>Reviewer 1 - Score:</u></b> 4</p>	<p><b><u>Reviewer 1 - Score Explanation:</u></b> The project deliverables and evaluation of the project were detailed and met the requirements for this section, however, it failed to describe how the data collected would be used in the future.</p>
<p><b><u>Reviewer 2 - Score:</u></b> 4.5</p>	<p><b><u>Reviewer 2 - Score Explanation:</u></b> Deliverables state the impact of the District’s funding to the community while highlighting how they we track and keep themselves programmatically accountable.</p>
<p><b><u>Reviewer 3 - Score:</u></b> 4</p>	<p><b><u>Reviewer 3 - Score Explanation:</u></b> Deliverable #1 of the Patient Assistance Program will provide support funding for medical treatment costs to 150 patients over the program term who are underinsured or cannot pay for the services being rendered. These services will be evaluated through the involvement of the Patient Assistance Coordinator who will track progress throughout the patient’s course of treatment in a database that will include demographic information. Deliverable #2 includes support to patients as they navigate their treatment process. This will involve an estimated 150+ patients and will also include support navigating Medicare/Medi-Cal supplement plan processing. This deliverable will also be overseen by the Patient Assistance Coordinator and social workers who are assigned to the patients. Deliverable #3 will focus on the linkage to behavioral health supports for the patient, their families and children as they navigate this course of treatment (35-45 patients). Data will track the incoming and outgoing requests for behavioral health referrals and follow up status.</p>
<p><b><u>Reviewer 4 - Score:</u></b> 4</p>	<p><b><u>Reviewer 4 - Score Explanation:</u></b> There are 3 deliverables that are specific measurable attainable and time-bound. From March 1, 2024 – February 28, 2025 DCF will provide financial assistance while undergoing cancer care (a minimum of 150 who are uninsured, underinsured, or lack funds to pay for treatment); DCF will provide patient navigation for cancer care services and treatment to an estimated 150+ patients; and DCF will provide patient navigation for behavioral/mental health services/resources for an anticipated 35-45 individuals (or 25% of the 150-175 patient base). Evaluation methods are in alignment with these 3 deliverables and strategic plan goals #2 and #3.</p>

<p><b>Organizational Capacity</b> (5 points)</p>	<p>The applicant details their organization’s capacity to meet the demands of this project including allocated staff time, internal expertise, organizational structure, etc. Applicant includes examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant demonstrates reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support).</p>
<p><b>Reviewer 1 - Score:</b> 5</p>	<p><b>Reviewer 1 - Score Explanation:</b> Desert Cancer Foundation has a proven track record and has the organizational capacity, especially with new leadership streamlining and improving internal processes to improve performance and impact.</p>
<p><b>Reviewer 2 - Score:</b> 4.5</p>	<p><b>Reviewer 2 - Score Explanation:</b> Personnel and how they contribute to the program is highlighted.</p>
<p><b>Reviewer 3 - Score:</b> 4</p>	<p><b>Reviewer 3 - Score Explanation:</b> DCF Patient Assistance Program will allocate staffing resources to an appropriate level to support the implementation of this project including the Patient Assistance Coordinator who will oversee the implementation of project deliverables and tracking of project progress.</p>
<p><b>Reviewer 4 - Score:</b> 4</p>	<p><b>Reviewer 4 - Score Explanation:</b> DCF has the capacity to carry out this program as this is an ongoing program for the past 29 years.</p>
<p><b>Organization Sustainability</b> (5 Points)</p>	<p>The application highlights their organization’s sustainability strategies around funding, staff recruitment/retention, effective collaboration and partnerships, thoughtful long-term planning, etc.</p>
<p><b>Reviewer 1 - Score:</b> 5</p>	<p><b>Reviewer 1 - Score Explanation:</b> Desert Cancer Foundation has been advocating and assisting District residents battling cancer for over 30 years and have a diverse funding strategy and partnerships to ensure they continue making an impact.</p>
<p><b>Reviewer 2 - Score:</b> 4.5</p>	<p><b>Reviewer 2 - Score Explanation:</b> The organization is advancing their mission through the hiring of a new Executive Director, the expansion of their PA Coordinator to include community outreach, and the hiring of a Special Events Coordinator to focus on marketing. These new/expanded positions will contribute to the long-term sustainability of the program.</p>
<p><b>Reviewer 3 - Score:</b> 5</p>	<p><b>Reviewer 3 - Score Explanation:</b> DCF has been a provider of cancer related support services to Coachella Valley community members for over 29 years. During that time, support has been provided to over 8,800</p>

	residents. DCF works collaboratively with local organizations, hospitals and healthcare providers to insure a supported path for those suffering from cancer who cannot afford to cover the costs of care.
<b><u>Reviewer 4 - Score:</u></b> 5	<b><u>Reviewer 4 - Score Explanation:</u></b> DCF has longstanding strategic partnerships in place with Lucy Curci Cancer Center and DRMC's Comprehensive Cancer Center. DCF leverages funds and resources and leverages funding dollars for a 1/10 ration – every \$1 raised translates to \$10 in care.
<b>Partnerships/Collaborations</b> (5 Points)	The application demonstrates a collaborative process that includes multiple community partners involved in planning and implementation. Organizational partners are listed and each of their roles in the project are outlined. Letters of support and/or memorandums of understanding are included, as appropriate.
<b><u>Reviewer 1 - Score:</u></b> 4	<b><u>Reviewer 1 - Score Explanation:</u></b> Desert Cancer Foundation has established partnerships and collaborations with the local cancer centers to help them achieve their mission and successfully implement this project, however, a more diverse group of collaborators and partners might increase their visibility and outreach.
<b><u>Reviewer 2 - Score:</u></b> 4.5	<b><u>Reviewer 2 - Score Explanation:</u></b> DCF has strong partnerships that allow them to leverage their funding dollars so that every \$1 raised translates to \$10 in care.
<b><u>Reviewer 3 - Score:</u></b> 4	<b><u>Reviewer 3 - Score Explanation:</u></b> DCF partnerships include working closely with Desert Regional Comprehensive Cancer Center, Eisenhower Lucy Curci Cancer Center and local providers of medications, oncologists and behavioral health providers. These partnerships allow for the seamless navigation pathways for those suffering from cancer and the impact on their mental and physical health.
<b><u>Reviewer 4 - Score:</u></b> 5	<b><u>Reviewer 4 - Score Explanation:</u></b> Very strong and longstanding partnerships with the two hospitals and their respective cancer centers and a new partnerships with Jewish Family Service of the Desert to provide in person, individual or group MENTAL HEALTH counseling to DCF clients by supervised interns.



<p><b>Budget</b> (5 points)</p>	<p>The budget is specific and reasonable, and all items align with the described project. The proposed budget is accurate, cost-effective, and linked to activities and deliverables.</p> <ul style="list-style-type: none"> <li>• There are no unexplained amounts.</li> <li>• The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable.</li> <li>• All line items are identified clearly in the budget narrative.</li> <li>• The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project.</li> </ul>
<p><b>Reviewer 1 - Score:</b> 5</p>	<p><b>Reviewer 1 - Score Explanation:</b> The grant proposal budget is adequate and in line with the proposed deliverables.</p>
<p><b>Reviewer 2 - Score:</b> 4.5</p>	<p><b>Reviewer 2 - Score Explanation:</b> The labor costs narrative is higher than the actual line item in the budget otherwise all other line items are clear.</p>
<p><b>Reviewer 3 - Score:</b> 4</p>	<p><b>Reviewer 3 - Score Explanation:</b> The budget for this project clearly displays the cost of the total project, the funds being requested from the district and the source of the remaining funding necessary to implement the project.</p>
<p><b>Reviewer 4 - Score:</b> 5</p>	<p><b>Reviewer 4 - Score Explanation:</b> The budget covers 2 line item categories, staff and patient assistance billing. The budget is alignment with the program. DCF did not take advantage of the 15% indirect rate, of which is allowable by the Desert Healthcare District. DCF has a strong commitment from other sources.</p>
<p><b>Fiscal Scoring Review</b></p>	
<p><b>Fiduciary Compliance</b> (5 Points)</p>	<p>The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financial statements produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, and the Board reviews financial statements regularly.</p>
<p><b>Reviewer 1 - Score:</b> 4.5</p>	<p><b>Reviewer 1 - Score Explanation:</b> The FY 12/31/22 audit report is unmodified. The Board of Directors accepted the audit report. Audit report Current Ratio is strong (11:1), which represents the grantee's ability to pay its short-term liabilities.</p> <p>The Net Assets increased by \$10k as of 12/31/22, with Total Net Assets of \$1.2M. Internal financial statements, as of 11/30/23, demonstrates an increase of \$111k. The Balance Sheet is in good order.</p>

<b>Reviewer 2 - Score:</b> 4.5	<b>Reviewer 2 - Score Explanation:</b> Unmodified audited financial statements submitted to and approved by Board. Assets are sufficient to address liabilities. Positive cash flow noted on financial statements for most recent period of calendar year 2022.
<b>Financial Stability</b> (5 Points)	Funding sources for operations and programs are from multiple sources and are driven by a strategic plan for stability for both short- and long-term growth. If a strategic plan does not exist, other documentation is presented to identify future sources of funding. The requested grant amount is reasonable in comparison to the overall organizational budget.
<b>Reviewer 1 - Score:</b> 4.5	<b>Reviewer 1 - Score Explanation:</b> Grantee demonstrates a sound financial position and is supported by a strategic plan. Grantee has additional resources for this project of approximately \$565k. The District's grant of \$164k is well supported by potential other resources.
<b>Reviewer 2 - Score:</b> 4.5	<b>Reviewer 2 - Score Explanation:</b> Funding is noted from multiple sources. Strategic planning notes were submitted. Notes did not include much detail on future growth but did identify areas which could be addressed to better align their collective efforts as an organization. Grant budget is reasonable in relation to organizational budget.

TOTAL SCORES - PROGRAMMATIC		TOTAL SCORES - FISCAL	
REVIEWER 1	37/40 POINTS = 92.5%	REVIEWER 1	9/10 POINTS = 90%
REVIEWER 2	35.5/40 POINTS = 88.75%	REVIEWER 2	9/10 POINTS = 90%
REVIEWER 3	35/40 POINTS = 87.5%	<b>AVERAGE</b>	9 POINTS = 90%
REVIEWER 4	37/40 POINTS = 92.5%		
<b>AVERAGE</b>	36 POINTS = 90%		

Average Total Score: 45 / 50 = 90%

**EXHIBIT B**

**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
Patience Assistance (PA) Program & Community Outreach	3/01/2024 2/28/2025

**PAYMENTS:**

(2) Payments: \$73,687  
 10% Retention: \$16,376

**Total request amount:** \$ 163,750.

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Grant Requirements for Payment	Payment
3/01/2024	Signed Agreement submitted & accepted.	Advance of \$73,687 for time period 3/01/2024 - 8/31/2024
10/01/2024	1st six-month (3/01/2024 - 8/31/2024) progress report, budget reports and receipts submitted & accepted	Advance of \$73,687 for time period 9/01/2024 - 2/28/2025
3/01/2025	2nd six-month (9/01/2024 - 2/28/2025) progress report, budget reports and receipts submitted & accepted	\$0
3/15/2025	Final report (3/01/2024 - 2/28/2025) and final budget report submitted & accepted	\$16,376 (10% retention)

**TOTAL GRANT AMOUNT:** \$ 163,750.

DELIVERABLES:

Project Deliverables and Evaluation

<p><b>Deliverable #1:</b> From March 1, 2024 thru February 28, 2025, DCF will have provided a minimum of 150 individuals - who are uninsured, underinsured, or lack funds to pay for treatment - with financial assistance while undergoing cancer care. In 2023, we provided financial assistance to 156 individuals (see Patient Assistance Summary Sheet with other demographic information). We have seen an increase in applications over the past months due to the community engagement and outreach activities we have instituted under new management and staff and we expect that to continue in 2024 and beyond.</p>	<p><b>Evaluation #1:</b> DCF's Patient Assistance (PA) programs goal is to process all incoming applications, provide coverage and access to healthcare. All data is gathered into a database and reconciled bi-monthly. Progress of the PA program (patients served, services rendered, location, age,, type of cancer, dollar amount paid vs. billed) is provided and monitored monthly by the Executive Director (ED), Patient Assistance Committee and DCF's Board of Directors. There is also ongoing collaboration that ensures the program is being executed efficiently, as follows: -</p> <ul style="list-style-type: none"><li>• A dedicated PA Coordinator works closely with local healthcare partners to receive and process all patient applications.</li><li>• Patient applications are reviewed twice monthly by a PA Committee – comprised of social workers, nurses, oncologists, radiologists, pharmacists, and insurance brokers, as well as the PA Coordinator and ED - to ensure eligibility guidelines are met, review medical coverage, treatment plan, and leverage all available resources to meet the patient needs.</li><li>• Patients approved into our PA program are entered into a database, with demographics information including age, gender, ethnicity, zip code, and household income.</li><li>• DCF's Accounting Clerk will process insurance premiums and all medical bills, rendering payments directly to the providers.</li><li>• All billing and payment data is entered into a recently upgraded tracking system with patient numbers to allow for reporting.</li><li>• The ED oversees program, and final billing is approved by a PA Committee Chair, President</li></ul>
---	--

	and Treasurer of the Board of Directors.
<p><b>Deliverable #2:</b> Patient Navigation to ensure all available resources for the patient, including providing additional resources to those we serve.</p> <p>From March 1, 2024 to February 28, 2025; Desert Cancer Foundation will provide patient navigation for cancer care services and treatment, for an estimated 150+ patients residing in the District zones. Through ongoing communication, collaboration, and outreach efforts with our local healthcare community, DCF will ensure the availability of our Patient Assistance program, as well as offer patient navigation (especially for newly diagnosed patients), to provide cancer-related screening, diagnosis, and access to services and vital treatment.</p> <p>The Patient Assistance Coordinator works with social workers and patient navigators to ensure we leverage all available and existing resources to meet the patient’s needs. We are placing an added emphasis on financial navigation – such as Medicare supplemental plans, Medi-Cal and other low-income subsidy programs. In a recent article from the Journal of Clinical Oncology, numerous studies have documented the impact of the high cost of cancer care in the United States. For example, a 2022 study showed that people with cancer were 2.5 times more likely to file for bankruptcy than people not being treated for the disease. In another article, a study showed that the high cost of cancer care causes many people to delay or skip treatments or miss appointments. The study goes on to show that these difficult decisions translate into higher rates of psychological stress and often depression and anxiety. We can not allow this to happen.</p>	<p><b>Evaluation #2:</b> DCF’s Patient Assistance program is regularly monitored by the Patient Assistance Coordinator, Executive Director, and the PA Committee. We work closely with community social workers, financial counselors, doctors, nurses, and pharmacists, to ensure a smooth process for patient navigation and support. There is ongoing collaborative work to access or leverage available resources to further alleviate the financial burden to our patients - subsidized funding or coverage options such as Covered California, Medi-Cal, Medicare supplemental plans, or Pharma Drug Assistance Programs. Patient navigation is further ensured with the following:</p> <ul style="list-style-type: none"> <li>• A dedicated PA Coordinator who receives and reviews the applications, communicates with the patient, and prepares the summary for committee review.</li> <li>• Our PA Coordinator also works alongside the healthcare community - social workers, financial counselors, and pharmacists - to ensure that a client can access existing resources and support services, especially early in their cancer journey.</li> <li>• Hosting bi-monthly PA Committee meetings to review and approve patient applications. DCF staff, along with social workers, doctors, and insurance brokers also provide patient navigation and discusses the most suitable resources for the patient.</li> <li>• For patients approved into our PA program, there is ongoing oversight of their coverage, treatment plan, services rendered, and ensuring that billing is reviewed and paid. Successful patient navigation helps the patient maximize their support, while Desert Cancer Foundation leverages funds allowing us to serve more residents.</li> </ul>

**Deliverable #3:**

From March 1, 2024 to February 28, 2025, Desert Cancer Foundation will provide patient navigation for behavioral/mental health services/resources for approximately 25% of our clients. Based on an estimated 150-175 clients during the grant period, we expect to assist 35-45 individuals.

As our tagline says - WE PAY FOR CANCER CARE! A cancer diagnosis often affects the emotional health of patients, families, and caregivers. According to the American Cancer Society, "common feelings during this life-changing experience include anxiety, distress, and depression. Roles at home, school, and work can be affected. It's important to recognize these changes and get help when needed". In addition to paying for cancer care, a huge priority in the coming grant cycle will be to assist social workers, other patient navigators, and the local healthcare community in the navigation process of every DCF client we serve! Through our Patient Assistance Coordinator, Patient Assistance Committee and our DCF volunteers, we will provide additional support services in behavioral and mental health, to include, but not limited to: mental health counseling and resources, nutritional counseling and resources, volunteer support groups and resources, transportation services, art therapy, etc. DCF will use existing programs for referrals (for example: Jewish Family Services, Comprehensive Cancer Center, Lucy Curci Cancer Center, Old Town Artisan Studios to name a few) to facilitate the needs of our clients in their respective areas of need. Other programs may be added as they become available or if we get additional requests/referrals from the local cancer community and outreach support groups.

It is our intention to provide the same support services to the families, children and caregivers of our clients, if necessary and available

**Evaluation #3:**

In the end, DCF's goal is to be the ultimate resource for our clients throughout their entire cancer journey in order to give them the best chance for a positive outcome. Our referrals, as described above, will include five programming partnerships with various organizations/support groups to enhance the behavioral and cognizant health of DCF clients. In addition, as DCF's valley-wide development reach increases through our community engagement and outreach activities, we can guide other cancer patients, who do not qualify financially for assistance, to get the support they desire. Data will be collected on all incoming requests and outgoing referrals with follow-up to each respective organization/support group.

<p>through our partners. A recent study by Mental Health America found the following:</p> <ul style="list-style-type: none"> <li>• 1/3 of people treated for cancer in hospitals have a common mental health condition.</li> <li>• Rates of major depressive disorder are thought to up 3 x higher than in the general population.</li> <li>• 8%-24% of people with cancer are living with depression.</li> </ul> <p>Cancer does not just affect a person's body, it can also affect their mind! We want to play a role in our clients' mental health!</p>	
--	--

The Desert Healthcare District has implemented Results-Based Accountability (RBA) into their grantmaking process to streamline reporting and offer a straightforward approach to effectively measuring program-level performance.

**Strategic Plan Alignment:**

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

**Strategy 2.7:** Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley (Priority: High)

*You have selected Strategy 2.7.*

Your project deliverables need to capture the following performance measures.

- # of clients who were directly connected to a primary or specialty care service provider
- # of clients who were connected to primary and specialty care via supportive healthcare services such as transportation assistance, insurance enrollment, etc.

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

**Strategy 3.6:** Increase awareness of behavioral/mental health resources for residents in Coachella Valley (Priority: High)

*You have selected Strategy 3.6.*

Your project deliverables need to capture the following performance measures.

- # of clients who were directly connected to behavioral/mental health services

Date: February 22, 2024  
To: Desert Healthcare District and Foundation Board  
From: Michele Finney, CEO  
Re: **DRMC CEO - District Board Meeting Report February 2024**

---

I'm pleased to provide this monthly report to the District Board to share highlights about Desert Regional Medical Center for the month of February.

**Services/Events:**

- February's Heart Month has included additional opportunities throughout the community to demonstrate and teach "Hands Only CPR"
- DCN will participate again this year in the Black History Month Parade in Palm Springs (2/24)
- DRMC and DCN continues to participate in a number of community events to foster education and wellness and support local non-profit charities. These events are focused in areas for seniors, blood donation drives at all three hospitals, Medi-Cal redetermination, Chamber State of the City's, non-profit fundraiser events, and clinical services outreach to the unhoused and those most vulnerable throughout our community.
- We have received notification of three designations however the information is embargoed.

**Operations:**

- 2023 Year-end recap: Admissions growth of 2.9%; Surgical growth of 7.5%; Deliveries decline of 2%

**People/Quality:**

- Good faith bargaining continues with SEIU-UHW.

**Capital & Construction Projects Underway:**

- Seismic: We remain on track for compliance with all seismic deadlines.
- OR Light, Video Integration and LIM project in OR 2, 3, 4, and 8 is complete. There are 5 OR's remaining. Instead of Room 5, we are moving to Room 9 next. – beginning March 6<sup>th</sup>.
- Chiller project feeding the lab and parts of the east building is now in service. The roof repairs adjacent the project will begin once HCAI signs off on the project.
- Cath Lab 1 Replacement is underway. Expected completion by end of February 2024. This is also pending HCAI final inspection/signoff prior to being placed in service.
- ICU Isolation Room Project: Three out of four rooms have been completed. We are ready to proceed to the final room for upgrading in the Med/Surg ICU.
- Elevator Replacement: We submitted the elevator modernization of 8 elevators to the District Finance Committee. Contract timeline is 16 weeks with each elevator taken out of service for 4 to 8 weeks. Elevators that are part of the project are E.1, E2, E3, S6, S7, W1, W2 and W3. The project cost estimate is \$3.1million.
- Two new EV charging stations were installed at DRMC.
- JFK – MRI construction still underway.





**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: February 27, 2024  
To: Board of Directors  
From: Director Les Zendle, MD  
Subject: Report of DRMC Governing Board Meeting of 2/22/2024

---

President PerezGil and I attended the DRMC Governing Board Meeting of 2/22/2024. Highlights from the meeting included the following:

1. An extensive update by DCN Group Director of Marketing Rich Ramhoff
2. CEO Report by CEO Michele Finney — most of which will be covered in her report to the DHCD Board, but I'd like to highlight a few points:
  - Hospital Occupancy is up from 2022 (71%)
  - Top service lines by volume are Cardiology, Obstetrics, Neurosurgery/Neurology, Infectious Diseases and Musculoskeletal.
  - Transfers from outlying hospitals have increased including those from San Geronio, Blythe, El Centro and 29 Palms
  - DRMC Physician Post-graduate's positions: 71 (2023) to 84 (July 2024)
  - DCN Other students (2023): Nursing: 368, Med: 14, Ancillary: 112
  - Community Benefit:
    - Charity Care - \$30.7m; Discounts to uninsured: \$76.7m
    - Direct & indirect donations - \$2.0m
    - 60% of Medi-Cal patients in CV receive care through DCN
    - Inpatient & ER care provided to 2000 Behavioral health patients and 5030 unhoused patients
3. Credentialing and privileging of medical and allied professional staff
4. Quality Report:
  - Significant improvement in many quality measures in 2023
  - Focus on translation services (use of translation tablets by staff)
  - Review of improved times for myocardial infarction and stroke intervention times
  - Review of bariatric surgery program: 370 procedures, 400-500 clinic visits/mo.
5. Financial Report
6. Policies and Procedures for Governing Board Approval

## OP-ED for Desert Sun

Seven of your neighbors elected to serve as Directors of the Desert HealthCare District are grappling with a momentous decision: whether or not to accept a proposal from Tenet Health, the current Desert Regional Medical Center operator. The deal, which arrived in September last year after several years of talks, would extend Tenet's current lease from 2027 to 2057. Any deal that the District negotiates with Tenet would come to the voters for approval before going into effect.

The Directors are aware that their decision will have far-reaching consequences for healthcare in the Coachella Valley, far beyond the walls of the hospital.

Under the deal as it presently stands, Tenet would pay the District the full fair market value of the hospital, as determined by an independent appraisal. In round numbers, the appraisal establishes the price to be paid to the District in today's dollars at approximately \$475 million.

Tenet proposes to pay the \$475 million to the District in two ways. First: by assuming responsibility for the seismic upgrade of the hospital, as required by state law by 2030. The cost of this upgrade is estimated by the District at \$185 Million. Tenet would pay the balance of the price in a series of installment payments over 15 years. Those installments would total about \$290 million in today's dollars. But the offer comes with a wrinkle: despite our best efforts to negotiate the provision out of the deal, Tenet is requiring an option to buy the hospital at the end of the new lease for approximately \$10 million in today's dollars. This forces the District Board to face the prospect of giving up public oversight of the hospital in 2057.

If the District does the deal, the seismic problem will be solved and \$300 million would be available to address well-documented shortfalls in healthcare access within our local communities. Over the past 25 years, the District has invested \$100 million supporting community healthcare. The \$300 million from Tenet would definitively expand that effort.

If the District decides to refocus its mission on the hospital, it could reject Tenet's proposal. But the timing of some existing lease provisions makes things difficult: Tenet is not required to cooperate with the District in finding a new hospital operator until 2026. That would give the District 12-months before the lease ends: not enough time for a new partner to do what is necessary to prepare to manage the hospital and for the District to conduct the required election approving the transaction. Even if that was possible, the new operator would not have enough time to plan, finance and construct the seismic upgrades by 2030.

Instead, the District would need to assume responsibility for hospital operations. The District and its taxpayers would need to pay \$185 million for seismic work and the District would miss out on \$300 million to support community health.

The Board prefers a 30-year lease without the option to purchase. Meanwhile, we are asking advisors to identify what it would cost to assume responsibility for hospital operations, including seismic upgrades.

We ask for your patience as we untangle these issues and complete negotiations. We urge you to learn more at our upcoming community and Board meetings. It will be your vote that decides the future of our hospital.



Date: February 27, 2024  
To: Board of Directors  
Subject: Hospital Lease Negotiations Informational Public Forums

---

**Background:**

- On September 18, 2023, at a Special Meeting of the Board, Tenet Healthcare CEO Saum Sutaria, M.D., presented the District with a proposal of the 30-year lease extension with the option to purchase Desert Regional Medical Center at the end of the terms of the lease.
- The Board assured the public at the September 18, 2023, meeting that their feedback would be essential before establishing a final decision for voter engagement, and the Board voted to consider Tenet’s proposal with further discussion at a future Board meeting.
- On December 6, 2023, at a Special Meeting of the Board, consultant Steve Hollis provided a progress report on Tenet’s proposal for a 30-year lease extension with the option to purchase, communicating the community’s role and the final decision by the voters.
- The Board approved at the December 6, 2023, meeting to submit a response to Tenet’s letter requesting data necessary to analyze all the available options and directed staff to present a consultant at a future meeting to determine the process to reassume hospital operations if the lease is not extended.
- On January 22, 2024, at a Special of the Board, the public received updated information on the lease negotiations and the Board’s concerns with Tenet’s proposal.
- The Board approved, at the January 22, 2024, meeting, a contract with Probolsky Research to conduct a public opinion study and determine the public’s viewpoint on the hospital.

**Informational Public Forums:**

- As communicated to the public in the ongoing Special Meetings of the Board, and at the direction of President PerezGil and the Hospital Lease Ad Hoc Committee, staff has established the following cities and dates for public informational hospital lease status updates:
  - Desert Hot Springs – Tuesday, March 5
  - Mecca and Thermal area – Tuesday, March 19
  - Cathedral City, Rancho Mirage, and Palm Springs area – Tuesday, April 02
  - Indio and Coachella area – Tuesday, April 16
  - Palm Desert and Indian Wells area – Tuesday, April 30



Date: February 27, 2023

To: Board of Directors Meeting

Subject: Engagement Letter with Gibbins Advisors to advise the Board of Directors on the process and costs of assuming operational responsibility of DRMC in the event the Tenet lease is not extended – NTE \$125,000

---

**Recommendation:**

Consideration to approve an Engagement Letter with Gibbins Advisors to advise the Board of Directors on the process and costs of assuming operational responsibility of DRMC – NTE \$125,000.

**Background:**

- At the December 6, 2023 Board of Director’s meeting, staff was directed to engage the services of a consultant to advise the Board on the process and costs of assuming operational responsibility of DRMC in the event the Tenet lease is not extended.
- Staff has been working with the District’s legal counsel and hospital lease consultant to identify qualified consultants for this project.
- Gibbins Advisors has provided a proposal to provide a high-level summary report to help guide the Board in the decision-making process of the hospital lease.
- Staff recommends approval of the Engagement Letter with Gibbins Advisors not to exceed \$125,000.

**Fiscal Impact:**

\$125,000 expense

February 22, 2024

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

Dear Mr. Christensen:

This letter agreement (“Agreement”) confirms and sets forth the terms and conditions of the engagement of Gibbins Advisors, LLC (“GA”) by Desert Healthcare District (the “District”), to provide certain advisory services as described below with respect to Desert Regional Medical Center (the “Hospital”). Upon execution of this letter by each of the parties below and receipt of the retainer described below, this letter will constitute an agreement between the District and GA.

(1) Advisory Services.

As described in Exhibit A attached hereto and incorporated herein by reference.

(2) Fees and Expenses.

(a) For services listed in Exhibit A, GA will receive a fixed fee for professional services of **\$125,000** to be paid in two installments as follows:

- \$50,000 upon signing this Agreement
- \$75,000 at delivery of our draft report.

Payment is due upon presentment of the invoice.

(b) Any work requested by the client that is outside the scope of the Exhibit A would be agreed in writing and billed at hourly rates. In that case, GA will receive fees based on the following hourly rates:

<u>GA Professional*</u>	<u>Hourly Rates**</u>
Managing Director / Principal	\$675 – \$810
Director / Senior Director	\$495 – \$635
Associate / Senior Associate	\$360 – \$470
Data Analyst	\$200 – \$305

\* And contractors so designated by GA.

\*\* Such rates adjusted at such times when GA generally adjusts its standard hourly rates.

(c) In addition, GA shall be reimbursed for its reasonable out-of-pocket expenses (which shall be charged at cost) incurred in connection with this engagement, such as travel, lodging, duplicating, research, messenger and telephone charges. In addition, GA shall be reimbursed for the reasonable fees and

expenses of its counsel actually incurred in connection with the preparation, negotiation and enforcement of this Agreement.

- (d) Without limiting its rights or remedies under this Agreement or otherwise, GA shall have the right to terminate this Agreement immediately upon written notice to the District if payment is not timely received as specified in this Agreement.

- (3) Term. The term of GA's engagement hereunder shall commence upon execution of this Agreement and may be terminated without cause at any time by either GA or District upon 10 days' prior written notice to the other party; provided, however, that no such termination shall affect the right of GA to receive any fees and reimbursement of out-of-pocket expenses that have accrued prior to such termination.

- (4) Access to Information / Other Issues. In order for GA to perform the services set forth above, it will be necessary for GA personnel to have access to certain books, records and reports of the District and to have discussions with the District's personnel. To the extent GA is not given the District's cooperation or access to the District's personnel, books and records and other sources of data, GA's ability to provide the services set forth above will be limited.

Because of the limitations in this engagement including the reliance on publicly available information sources, the depth of GA's analysis and verification of the data is limited. It is understood that GA is not being requested to perform an audit and that GA is entitled to rely on the accuracy and validity of the data disclosed to GA, supplied to GA by employees and representatives of the District, or publicly available information such as the Hospital's CMS cost reports. GA is not updating, nor is GA under any obligation to update, data submitted to GA or review any other areas unless specifically requested to do so.

You understand that the services to be rendered will include a review and assessment of projections and other forward-looking statements and that numerous factors can affect the actual results of the Hospital's operations and expected transition expenses, which may materially and adversely differ from those projections and other forward-looking statements. GA makes no representation or guarantee that any business plan or restructuring alternative is the best course of action.

- (5) Attorney Work Product. We understand that aspects of our work will be done to assist counsel to the District in rendering legal advice, and that work performed by us as part of this engagement, including, without limitation, any reports or analysis we may prepare, may be privileged and confidential or deemed to constitute attorney work product in which case we will not disclose the same to any third party (other than the District and their respective attorneys and advisors) except at the direction of counsel to the District or otherwise in accordance with the terms hereof. Written work performed by us for the use and benefit of counsel to the District in connection with its representation of the District, as part of this engagement, including, and without limitation, reports we may prepare, shall be

prominently labelled "Privileged and Confidential Attorney-Client Communication and/or Work Product."

- (6) No Third Party Beneficiary. The District acknowledges that all advice (written or oral) provided by GA to the District in connection with this engagement is intended solely for the benefit and use of the District (limited to its Board and management) in considering the matters to which this engagement relates.

While the GA final report may become public information as part of the District's processes, it may not be relied upon by parties outside the District without GA's express consent. GA assumes no liability whatsoever for third parties relying on the GA report without first obtaining GA's consent.

- (7) Conflicts. GA is not currently aware of any relationship that would create a conflict of interest with the District or those parties-in-interest of which you have made us aware. Because GA is a consulting firm that serves clients on a national basis in numerous cases and other matters, both in and out of court, it is possible that GA may have rendered services to or have business associations with other entities or people which had or have or may have relationships with the District, including creditors of the District. In the event you accept the terms of this engagement, GA will not represent, and GA has not represented, the interests of any such entities or people in connection with this matter.

- (8) Confidential Information. We recognize and acknowledge that certain information and documentation which we may receive in connection with our engagement is proprietary and confidential, including, without limitation, nonpublic financial and business information and documents hereafter furnished to us by the District. By signing this Agreement, we confirm and agree that, without the prior consent of the District, we will not disclose, distribute, publish or release to any third party (the District and their respective attorneys and advisors are not considered third parties) any nonpublic information or documents now or hereafter received or obtained by us in this engagement, except as required by law, subpoena, or other process and as to which we will, if possible, provide the District prior notice. All obligations as to non-disclosure shall cease as to any part of such information to the extent that such information is or becomes public other than as a result of acts by us.

- (9) Defense Costs. In the event any judicial or non-judicial action or proceeding is commenced against us by any person or entity (other than the District) with respect to advice given or services provided by us in the course of this engagement, the District agrees to provide us with legal counsel selected and to be paid by the District, who may also represent the District in such judicial or non-judicial action or proceeding; provided, however, that if we shall reasonably determine that due to the existence of an actual or potential conflict of interest between us and the District such counsel is unable to represent both us and the District, we shall be entitled to retain special counsel selected by us and reasonably acceptable to the District, and the District agrees to pay the reasonable fees and expenses of such counsel promptly upon request. If, as a result of a final order in a

judicial or non-judicial action or proceeding, we are conclusively determined to have been grossly negligent or to have engaged in willful misconduct, upon request by the District, we agree to repay to the District all fees and expenses paid by them in connection with the legal representation of our firm.

(10) Indemnification and Limitations on Liability.

The total aggregate liability of GA under this Agreement to the District and its successors and assigns shall be limited to the actual damages the District or their successors or assigns, respectively. In no event will GA or any of its affiliates be liable to the District, or its successors or assigns for consequential, special or punitive damages, including loss of profit, data, business, goodwill or opportunity cost. Further, in no event shall the total aggregate liability of GA under this Agreement to the District and its successors and assigns exceed the total amount of fees received and retained by GA hereunder.

The District acknowledges that GA 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 District shall indemnify, defend, and hold harmless the other with respect to all costs incurred and claims resulting from GA's response to or compliance with any such subpoena, document request, or similar order.

(11) Non-Solicitation. The District agrees that, until one year subsequent to termination of this engagement, it will not solicit, recruit or hire any employee of GA, while employed by GA, who worked on this engagement ("Solicited Person"); provided that this restriction shall not apply with respect to any general solicitation for new employees which is not targeted at employees of GA. Should the District extend an offer of employment to or otherwise engage any Solicited Person and should such offer be accepted, GA shall be entitled to a fee from the District extending such offer equal to the Solicited Person's hourly client billing rate at the time of the offer multiplied by 500 hours. The fee shall be payable to GA by the party breaching this provision at the time of the Solicited Person's acceptance of employment or engagement.

(12) Miscellaneous. This Agreement (a) shall be governed and construed in accordance with the internal laws of the State of New York, regardless of the laws that might otherwise govern under applicable principles of conflict of laws thereof; (b) incorporates the entire understanding of the parties with respect to the subject matter hereof; and (c) may not be amended or modified except in writing executed by the parties hereto. Each of the parties hereto agrees (a) to waive trial by jury in any action, proceeding or counterclaim brought by or on behalf of the parties hereto with respect to any matter relating to or arising out of the engagement or the performance or non-performance of GA hereunder; (b) that, to the extent permitted by applicable law, any federal court sitting within the Southern District of New York shall have exclusive jurisdiction over any litigation arising out of this Agreement; (c) to submit to the personal jurisdiction of the United States District



Court for the Southern District of New York; and (d) that it hereby waives any and all rights under the law of any jurisdiction to object on any basis (including, without limitation, inconvenience of forum) to jurisdiction or venue within the State of New York for any litigation arising in connection with this Agreement. Notwithstanding anything herein to the contrary, GA may reference or list the District's name and/or a general description of the services in GA's marketing materials, including, without limitation, on GA's website.

Please sign and return a copy of this engagement letter signifying your agreement with the terms and provisions herein.

Very truly yours,  
GIBBINS ADVISORS, LLC

By: \_\_\_\_\_  
Ronald Winters  
Principal

Accepted & Agreed:  
as authorized representative for the  
District

By: \_\_\_\_\_  
Mr. Chris Christensen  
Interim CEO

DESERT HEALTHCARE DISTRICT

**Exhibit A**  
**Scope of Advisory Services**

1. Review the existing lease agreement and confer with District counsel to gain an understanding of its termination provisions: what assets and intangibles will revert to the District upon termination?
2. Review publicly available financial information on the hospital, including the recent appraisal report
3. Assuming full compliance by Tenet with the termination provisions of the lease agreement, define the categories of other assets that the District will need to assemble in order to assume full operating responsibility for the hospital. Examples may include : movable equipment, inventories and supplies
4. Estimate the cost to the District of assembling those assets
5. Estimate the working capital that the District would need to have on hand upon assuming operating responsibility for the hospital
6. Estimate a range of capital reserves that the District should have on hand upon assuming operating responsibility for the hospital
7. Based upon the above and the most recent publicly available financial statements for the hospital, estimate the starting balance sheet of the hospital and compare this to a representative BBB minus healthcare district balance sheet
8. Describe IT (including EMR) related issues that the District should consider prior to assuming responsibility for the hospital and estimate potential costs
9. Describe potential external funding sources available to the District to borrow the required funding to support asset purchases, working capital and capital reserves
10. Describe other issues that the District should address before assuming operational responsibility for the hospital, e.g. employees, physicians, licensing
11. Describe categories of contracts that the District will need to either assume from Tenet or negotiate de novo upon assuming operating responsibility for the hospital
12. Provide an estimated timeline for a potential transition of operating responsibility from Tenet to the District.
13. Describe how entering into a management contract might impact any of the issues described above (eg: cost, timing, complexity)

Deliverable: A high level summary report, preferably in Powerpoint form.

Methodology: Use primarily publicly available information to conduct a desktop exercise to deliver the above scope, utilizing market data and high-level working assumptions.



February 15, 2024

via electronic mail

**2024 BALLOT INSTRUCTIONS FOR SPECIAL DISTRICT SELECTION COMMITTEE- ONE (1) EASTERN REGION REGULAR MEMBER AND ONE (1) COUNTYWIDE ALTERNATE MEMBER OF THE RIVERSIDE LOCAL AGENCY FORMATION COMMISSION**

**To the Special District Selection Committee (Presiding Officers of Independent Special Districts of Riverside County c/o District Clerks):**

**Please read these instructions carefully before completing your ballots.**

As previously announced, a physical meeting of the Special District Selection Committee (SDSC) is not feasible at this time, therefore, the selection proceedings are being conducted by electronic mail or regular USPS mail. A nomination period for the positions in the title above was opened on December 15, 2023, and closed at 5:00 p.m. on February 13, 2024.

Enclosed you will find an official election ballot for each position as follows:

**One (1) LAFCO Regular Special District Member – Eastern Region:** A total of two (2) eligible nominations were received for this position. Although candidates were restricted to the Eastern Region area of the County, all members of the SDSC may cast ballots for this position.

**One (1) LAFCO Alternate Special District Member – Countywide:** A total of five (5) eligible nominations were received for this position. Candidates for the Alternate Special District Member are not restricted to a Region, and all members of the SDSC may cast ballots for this position.

All members of the SDSC may cast a ballot for one (1) Regular member for the Eastern Region, and one (1) for the Alternate member Countywide.

Pursuant to procedures adopted by the Selection Committee in 2016, the election for a LAFCO regular member position will be conducted using Instant Runoff Voting (IRV). IRV eliminates the requirement for the expensive and lengthy process of sending out a second runoff ballot to achieve a majority. An example demonstrating how IRV works is attached.

Please fill out your ballot by ranking each region's nominees in the order of preference, using "1" for your first choice, "2" for your second choice, "3" for your third choice and so on. Please note ranking more than one candidate will not work against your first choice candidate, however, voting for only one candidate is allowed. Do not mark the same number beside more than one candidate and do not skip numbers.

**General Instructions and Information:**

- Completed ballots must be delivered via electronic mail to [rholtzclaw@lafco.org](mailto:rholtzclaw@lafco.org), or by regular mail or hand delivered to the LAFCO office at 6216 Brockton Avenue, Suite 111-B, Riverside CA 92506 **no later than 5:00 p.m. on Monday, April 15, 2024.**
- Only the presiding officer or another board member authorized by your board of directors to vote, may cast the ballots. Board members designated by their district board to vote in place of the presiding officer must provide that authorization (in the form of a resolution or minute order) to LAFCO no later than the time the ballots are cast. District managers or other staff members may not vote.
- The voting member must print his or her name on the ballots as well as sign and date the certification indicating he or she is authorized to vote for the district.
- We must receive each ballot with an original signature. However, if you deliver your ballot via electronic mail, you may return a scanned copy of the signed ballot by email to [rholtzclaw@lafco.org](mailto:rholtzclaw@lafco.org)
- Failure to follow these instructions will invalidate the ballot not meeting these requirements.

Finally, these positions ensure special districts are appropriately represented on the LAFCO Commission. Appointments are only valid if ballots representing a quorum, from 29 of our 55 independent special districts, are returned. Please return your ballots in a timely manner.

If you have any questions, please contact our office at (951) 369-0631.

Sincerely,



Gary Thompson  
Executive Officer

cc: Special District Selection Committee - District Managers

Attachments:

2024 Special District Selection Committee – Official Election Ballots  
Instant Runoff Voting Election Process (IRV)

**SPECIAL DISTRICT SELECTION COMMITTEE  
REGULAR MEMBER  
2024 BALLOT**

**Name of District:** \_\_\_\_\_  
Print District Name Here (required)

**Certification of voting member:**

I, \_\_\_\_\_ hereby certify that I am (check one):  
Print Name Here (required)

- The presiding officer of the above-named district.
- A member of the board of the above-named district authorized by the board to vote in place of the presiding officer. [Authorization  previously transmitted  attached]

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date (required)

**Regular Special District Member of the  
Local Agency Formation Commission – Eastern Region – Riverside County**  
(Term running May 6, 2024 through May 1, 2028)

**Please rank the candidates in preferential order, “1” being the first preference, “2” being the second.**

	<i>Circle rank for each candidate</i>	
<b>BRUCE UNDERWOOD, Coachella Valley Public Cemetery District</b>	<b>1</b>	<b>2</b>
<b>CÁSTULO ESTRADA, Coachella Valley Water District</b>	<b>1</b>	<b>2</b>

*Listed in random drawing order conducted on 2/14/2024 at 9:39 a.m.*

Completed ballots must be delivered via electronic mail to [rholtzclaw@lafco.org](mailto:rholtzclaw@lafco.org), or by regular mail or hand delivered to the LAFCO office at 6216 Brockton Avenue, Suite 111-B, Riverside CA 92506 **no later than 5:00 p.m. on April 15, 2024.**

**SPECIAL DISTRICT SELECTION COMMITTEE  
ALTERNATE MEMBER  
2024 BALLOT**

Name of District: \_\_\_\_\_  
Print District Name Here (required)

**Certification of voting member:**

I, \_\_\_\_\_ hereby certify that I am (check one):  
Print Name Here (required)

- The presiding officer of the above-named district.
- A member of the board of the above-named district authorized by the board to vote in place of the presiding officer. [Authorization  previously transmitted  attached]

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date (required)

**Alternate Special District Member of the  
Local Agency Formation Commission (Countywide)**  
(Term running May 6, 2024 through May 1, 2028)

**Please rank the candidates in preferential order, "1" being the first preference, "2" being the second, etc.:**

	<i>Circle rank for each candidate</i>				
<b>BERNARD MURPHY, Rubidoux Community Services District</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>STEVE PASTOR, Lake Hemet Municipal Water District</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>ANGELA LITTLE, Valley-Wide Recreation &amp; Park District</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>HARVEY RYAN, Elsinore Valley Municipal Water District</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>RICHARD LAWHEAD, Beaumont-Cherry Valley Recreation &amp; Park District</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

*Listed in random drawing order conducted on 2/14/2024 at 9:39 a.m.*

Completed ballots must be delivered via electronic mail to [rholtzclaw@lafco.org](mailto:rholtzclaw@lafco.org), or by regular mail or hand delivered to the LAFCO office at 6216 Brockton Avenue, Suite 111-B, Riverside CA 92506 **no later than 5:00 p.m. on April 15, 2024.**

## **INSTANT RUNOFF VOTING (IRV) ELECTION PROCESS**

### **Introduction**

In 2016, the Special District Selection Committee voted to utilize instant runoff voting (IRV) for all future elections to select members to the Riverside Local Agency Formation Commission (LAFCO). IRV is a method of conducting elections with three or more candidates whereby a majority determines the winner without the need to have a second ballot/runoff proceeding. A separate runoff election could cause a delay of more than 90 days, as well as causing LAFCO additional expense.

The explanation below and example that follows illustrates how the instant runoff voting method will be used for determining the winner in a fictional election for the "Porcupine LAFCO" Special District Commissioner open seat. A process similar to the one explained below will be utilized to determine the Riverside LAFCO Special District Member.

### **Ballot Specifications and Directions to Voters**

The ballot will allow a voter to rank candidates in order of preference. All nominated candidates are listed on the ballot. Voters will vote for candidates by indicating their first-choice candidate, their second-choice candidate, their third-choice candidate, and so on.

The voter will indicate his/her first choice by marking or circling the number "1" beside a candidate's name, the second choice by marking or circling the number "2" by that candidate's name, the third choice by marking the number "3," and so on, for as many choices as the voter wishes.

Voters are free to rank only one candidate, however, doing so does not offer any additional advantage to that candidate, as ranking additional candidates cannot help defeat a voter's first-choice candidate. Voters must not mark the same number beside more than one candidate or skip rank numbers.

### **Ballot Counting**

The ballots cast will be tabulated and the result declared by the official responsible for conducting the election. Votes will be counted for each candidate using the following procedure:

- The first choice marked on each ballot shall be counted. If any candidate receives a majority of the first choices, that candidate shall be declared elected.
- A majority is a number of votes greater than half (50%+1) of the total number of ballots received.
- If no candidate receives a majority of first choices, the candidate who received the fewest first choices shall be eliminated and each vote cast for that candidate shall be transferred to the next-ranked candidate on that voter's ballot. If, after this transfer of votes, any candidate has a number of votes constituting a majority, that candidate shall be declared elected.

- If no candidate receives a majority of votes from the continuing ballots after a candidate has been eliminated and his/her votes have been transferred to the next-ranked candidate, the continuing candidate with the fewest votes from the continuing ballots shall be eliminated. All votes cast for that candidate shall be transferred to the next-ranked continuing candidate on each voter's ballot. This process of eliminating candidates and transferring their votes to the next-ranked continuing candidates shall be repeated until a candidate receives a majority of the votes from the continuing ballots. This candidate shall be declared elected.

**Example:**

Four candidates are running for the Porcupine LAFCO Special District Commissioner open seat: Paul Alto, Mort Bragg, Charlene Newberry, and Samantha Cruz. 60 ballots are cast, therefore a candidate needs a majority of 31 votes to win the election:

- Alto is ranked #1 on 10 ballots
- Bragg is ranked #1 on 25 ballots
- Newberry is ranked #1 on 5 ballots
- Cruz is ranked #1 on 20 ballots

In the first round no one receives the required majority of 31 votes. Newberry, as the candidate receiving the fewest first (#1) choice votes, is eliminated. Those 5 ballots that had Newberry ranked as their first (#1) choice are reviewed for their second (#2) choice. On those 5 ballots:

- Alto is ranked #2 on 3 of those 5 ballots
- Bragg is ranked #2 on 1 of those 5 ballots
- Cruz is ranked #2 on 1 of the 5 ballots.

These second (#2) choice votes, which are now first (#1) choice votes for the succeeding candidates, are added to the results of the first (#1) choice count in round one as follows:

- Alto has 10 plus 3 for a total of 13 votes
- Bragg has 25 plus 1 for a total of 26 votes
- Cruz has 20 plus 1 for a total of 21 votes

Thus, in the second round, no one receives the required majority of 31 votes. Alto, as the candidate receiving the fewest adjusted first (#1) choice votes in this round is eliminated. Those thirteen ballots that had Alto ranked as their adjusted first (#1) choice are reviewed for their second (#2) choice, or (third (#3) choice, if adjusted from the previous round). On those 13 ballots:

- Bragg is ranked #2 (plus one adjusted #1 from the first round) on 8 of those 13 ballots
- Cruz is ranked #2 (plus one adjusted #1 from the first round) on 4 of the 13 ballots.

These second (#2) choice or third (#3) choice votes, are now designated as first (#1) choice votes for the succeeding candidates, and are added to the results of the adjusted first (#1) choice count from the second round as follows:

- Bragg has 26 plus 8 for a total of 34 votes
- Cruz has 21 plus 4 for a total of 25 votes
- One of the ballots did not pick a second or third choice candidate.

Bragg wins with 34 votes (the required majority was 31) and Cruz is second with 25 votes.





**DESERT HEALTHCARE  
DISTRICT & FOUNDATION**

Date: February 27, 2024  
To: Board of Directors  
Subject: Interim CEO Meetings, Engagements, District Media Visibility, and CEO Discretionary Fund

---

**Background:**

- As the District proceeds to hire a permanent CEO, the Interim CEO intends to continue developing the organization's mission and vision.
- The following is brief information regarding the CEO's current meetings and community engagements.
- The report includes District media visibility and the CEO Discretionary Fund expenditures.

**Meetings and Engagements 01/02/24 – 02/22/24**

- Tenet Healthcare, legal counsel, and consultant Steve Hollis meetings on the hospital negotiations.
- Consultants' meetings and proposals review for selecting engagement of resuming hospital operations.
- Adam Probolsky, Probolsky Research – District-wide Voter Survey Overview
- Carmela Myers, MBA, EdD, GME Consultant, Partners in Medical Education – Review of GME Feasibility Analysis
- Live stream of Governor Newsom's California State Budget Proposal
- CV Strategies public relations meetings
- Biweekly check in meetings with the Deveau Burr Group
- Governance updates meetings with Larry Walker, President, The Walker Company
- Association of California Healthcare District (ACHD) CEO Roundtables
- Tom Kirk, Executive Director, Coachella Valley Association of Government (CVAG), Air Quality Endeavors
- The USDA National Equity Summit: A Day of Celebrating the Work of the Equity Commission
- Desert Hot Springs Homelessness Hub Site Visit
- Joslyn Center Wine and All That Jazz

## District Media Visibility

February 06, 2024, [Presentation to the Desert Hot Springs City Council](#) on the DPMG Health Mobile Medical Unit and Word of Life Church Homeless Access Hub Partnership

Greater Coachella Valley Chamber of Commerce Cathedral City Mixer – Certificates of Recognition honoring the Helpers of Hillary – businesses who helped the community during the aftermath of Tropical Storm Hillary.

Eight Coachella Valley Equity Collaborative partners recognized for their COVID efforts (Coachella Valley Times, Feb. 11, 2024) <https://coachellavalleytimes.com/stories/654722190-eight-coachella-valley-equity-collaborative-partners-recognized-for-their-covid-efforts>

Eisenhower Health unveils medical clinic on wheels to reach underserved populations (The Desert Sun, Feb. 12, 2024) <https://www.desertsun.com/story/news/health/2024/02/13/eisenhower-health-palm-springs-area-healthcare-hospital-rancho-mirage-new-mobile-medical-unit/72577482007/>

Promotional highlights of the Palm Springs Health Run & Wellness Festival, which included the Desert Healthcare District and Foundation as presenting sponsor:

- 10th Annual Palm Springs Health Run & Wellness Festival is this Saturday (KESQ-TV, Jan. 24, 2024) <https://kesq.com/news/cv-questions-answered/2024/01/24/10th-annual-palm-springs-health-run-and-wellness-festival-is-this-saturday/>

March Board meeting presentation on the Palm Springs Health and Wellness Festival

- KNEWS, 94.3 FM (Jan. 24, 2024)
- KGAY, 106.5 FM (Jan. 24, 2024)

Desert Healthcare District to seek public input on Tenet hospital lease; presents updates (The Desert Sun, Jan. 23, 2024) <https://www.desertsun.com/story/news/health/2024/01/23/desert-healthcare-district-to-seek-public-input-on-tenet-hospital-lease-palm-springs-area-health/72323803007/>

- This article also appears on Healthleadersmedia.com (Jan. 24, 2024) <https://www.healthleadersmedia.com/strategy/desert-healthcare-district-see-public-input-tenet-hospital-lease-presents-updates>

## CEO Discretionary Fund

Date	Name	Memo	Amount
<b>6325 - CEO Discretionary Fund</b>			
07/01/2023	California Forward	Knowledge level sponsorship for 2023 Economic Summit	5,000
08/04/2023	U.S. Bank	Planned Parenthood contribution to 60th Anniversary Cocktail Reception - September 23, 2023	5,000
08/11/2023	Blood Bank of San Bernardino	2023 Thanks4Giving Gala Table Sponsorship - Saturday November 11, 2023	3,500
08/15/2023	Coachella Valley Volunteers in Medicine	2023 VIMY Awards - Bronze Sponsorship	5,000
08/17/2023	UC Riverside Foundation	UCR SOM 2023 Gala and Education Building II Grand Opening - Silver Sponsorship	10,000
08/30/2023	Regional Access Project Foundation	Desert Fast Pitch 2023 Sponsorship	5,000
09/06/2023	Cathedral City Senior Center	Table Sponsor at November 13, 2023 Gala	5,000
10/10/2023	Alianza Nacional De Campesinas Inc.	Storm assistance to help Alianza Nacional de Campesinas purchase and distribute food & water after Tropical Storm Hillary	3,698
01/04/2024	U.S. Bank	OneFuture - The Future Is Ours - February 28, 2024 - Empowering Students Sponsor	2,575
01/31/2024	Alejandro Espinoza Santacruz - Expense Reimbursement	Purchased items for refugee children	1,604
<b>TOTAL</b>			<b>46,377</b>

# Senate

---

CERTIFICATE OF RECOGNITION

---



*Presented to*

**Will Dean**

*Desert Healthcare District*

*In Recognition of Your Invaluable Contribution to the Recovery of Our Community by Selflessly Dedicating Your Time and Resources to Aid in the Cleanup Efforts Following Hurricane Hilary.*

*Your Unwavering Support and Commitment Have Not Only Restored Our Community But Have Also Showcased the True Spirit Of Unity and Resilience.*

*Kelly Seyarto*

*State Senator Kelly Seyarto*

*32<sup>nd</sup> District*

*Wednesday, February 21, 2024*



# Certificate of Congressional Recognition

*is presented to*

**WILL DEAN**  
DESERT HEALTHCARE DISTRICT

*in celebration of*

Your Greater Coachella Valley Chamber of Commerce Cathedral City Mixer Honoring the Heroes of Hilary. On Behalf of California's 25th Congressional District, your contribution to the cleanup efforts after Tropical Storm Hilary is deeply appreciated. Thank you for your continued commitment to serving our community!

*Presented this 21st day of February, 2024 in Cathedral City, California.*

A handwritten signature in blue ink that reads "Raul Ruiz".

RAUL RUIZ, M.D.

Member of the U.S. House of Representatives  
California Congressional District 25  
118th Congress

CALIFORNIA LEGISLATURE

# Assembly

## CERTIFICATE OF RECOGNITION

*Presented to*

### *Will Dean and Desert Healthcare District*

*On behalf of the California State Assembly and the constituents of the 47<sup>th</sup> Assembly District, it is my pleasure to recognize Will Dean and Desert Healthcare District for their exceptional dedication and hard work in assisting with the cleanup efforts after Tropical Storm Hilary. Will Dean's commitment to the community and his outstanding service during a time of great need are truly commendable. We express our deepest gratitude for their unwavering support and invaluable contributions to the well-being of Cathedral City.*

*February 21, 2024  
Cathedral City, CA*



A handwritten signature in black ink, appearing to read 'Greg Wallis'.

GREG WALLIS  
47<sup>TH</sup> ASSEMBLY DISTRICT  
CALIFORNIA STATE LEGISLATURE

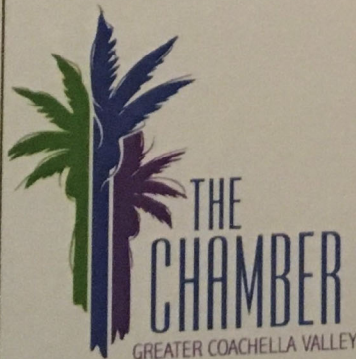
# Certificate of Recognition

The Greater Coachella Valley Chamber of Commerce would like to express their deep appreciation and admiration for the community supporters who generously contributed their time and resources to help the residents and businesses affected by Tropical Storm Hillary. We, along with the Cathedral City Chamber of Commerce recognize and celebrate your outstanding efforts in our Community.

**Desert Healthcare District**

---

We thank you for your unwavering commitment to our community



*Brandon Marley*

**CEO, Brandon Marley**

2/21/2024

**Date**



**DESERT HEALTHCARE DISTRICT  
STRATEGIC PLANNING COMMITTEE  
MEETING MINUTES  
February 08, 2024**

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Director/Chair Leticia De Lara, MPA Secretary Kimberly Barraza Director Les Zendle, MD	Chris Christensen, Interim CEO Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Meghan Kane, Senior Program Officer, Public Health Andrea S. Hayles, Board Relations Officer	

AGENDA ITEMS	DISCUSSION	ACTION
<b>I. Call to Order</b>	Chair De Lara called the meeting to order at 12:00 p.m.	
<b>II. Approval of Agenda</b>	Director Zendle asked for a motion to approve the agenda.	<b>It was moved by Director Zendle and seconded by Director Barraza to approve the agenda. Motion passed unanimously.</b>
<b>III. Approval of the Minutes – December 13, 2023</b>	Chair De Lara asked for a motion to approve the minutes of the December 13, 2023 meeting.	<b>It was moved by Director Barraza and seconded by Director Zendle to approve the December 13, 2023, meeting minutes. Motion passed unanimously.</b>
<b>IV. Public Comment</b>	There was no public comment.	
<b>V. Old Business</b>		
<b>1. Coachella Valley Economic Partnership (CVEP) / Desert Healthcare District Study Consulting Services Agreement</b> <b>a. The Regional Economic Impacts of DHCD's Community and Clinical Social Needs Goals and Implementation for Recommendations – NTE \$80,000</b>	Chris Christensen, Interim CEO, described the committee's recommendations for revisions to the CVEP proposal, which also increased the request to \$80,000.  Dave Robinson, Director of Analytic Services, Coachella Valley Economic Partnership, described the committee's suggested modifications, such as excluding emphasis on data in the healthcare outside the District boundaries associated with the Huron report, more effort on the nursing shortage and increasing healthcare access with new initiatives and professionals to assist with more	<b>It was moved by Director Zendle and seconded by Director Barraza to approve the Coachella Valley Economic Partnership (CVEP) / Desert Healthcare District Study Consulting Services Agreement – The Regional Economic Impacts of DHCD's Community and Clinical Social Needs Goals and Implementation for Recommendations – NTE \$80,000 and forward to the Board for approval. Motion passed unanimously.</b>







**DESERT HEALTHCARE DISTRICT  
STRATEGIC PLANNING COMMITTEE  
MEETING MINUTES  
February 08, 2024**

<p><b>4. FY2021-2026 Strategic Plan</b> <b>a. Updates and Developing Grants Allocated to the Strategic Plan Goals</b></p>	<p>amount during the review process for grantees that meet the requirements and requesting approval from the Program Committee and the Board if the proposals exceed the funding amount.</p> <p>Mr. Christensen, Interim CEO, described the updates from the prior reporting period of the grant allocations, with Donna Craig, Chief Program Officer, further detailing the inclusion of a mini grant. Staff described the RFP release later in the year for environmental health.</p> <p>The committee discussed the seismic upgrade related to the lease and Goal 1.2 as a high priority, potentially missing the 2030 deadline, the risks to the grant program with the hospital negotiations, the stalled seismic legislative bill, additional goals, and sharing the ideas with the hospital lease ad hoc committee.</p>	
<p><b>VII. Committee Member Comments</b></p>	<p>There were no committee member comments.</p>	
<p><b>VIII. Adjournment</b></p>	<p>Chair De Lara adjourned the meeting at 12:46 p.m.</p>	<p><b>Audio recording available on the website at</b> <a href="https://www.dhcd.org/Agendas-and-Documents">https://www.dhcd.org/Agendas-and-Documents</a></p>

ATTEST: \_\_\_\_\_  
Leticia De Lara, Chair/Director, Strategic Planning Committee  
Desert Healthcare District Board of Directors

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

**Strategic Plan Goal 1: Proactively increase the financial resources DHCD/F can apply to support community health needs.**

**Strategy 1.1:** Develop a healthcare delivery system vision for the Coachella Valley (Priority: High)

**Strategy 1.2:** Pursue renegotiation of the hospital lease - Complete seismic retrofit design/planning (Priority: High)

**Strategy 1.3:** Expand capabilities and activities for obtaining new grant funding (Priority: High)

**Strategy 1.4:** Work with Riverside University Health System to continue/expand funds provided to DHCD/F to meet community health needs (Priority: High)

**Strategy 1.5:** Identify opportunities and implement selected joint venture/partnerships with community organizations to jointly support funding of selected community health needs (Priority: Moderate)

**Strategy 1.6:** Evaluate the potential to conduct community-based fund raising (Foundations, individuals, corporations) - Hire a development director - Explore planned giving program (Priority: Low)

<i>Organization</i>	<i>Project Title</i>	<i>Funded Amount</i>	<i>Contract Start Date</i>	<i>Contract End Date</i>	<i>Strategy Alignment</i>	<i>Project Description</i>
Huron Consulting Group	Perception Health (Assessment)	\$95,000	12/1/2022	4/30/2023	1.1	Huron report on the healthcare infrastructure needs of the Coachella Valley completed. It elevated disparities in health outcomes, health needs, and infrastructure demand.
SGH	Seismic Assessment	\$26,800	08/01/2022	12/31/2023	1.2	SGH report updated and presented to the Board. Cost estimates went up to \$200 - \$220 million. Additional work to complete a local hazard mitigation plan.
DHCD Staff	Seismic Funding		On-going		1.2	Staff is pursuing funding opportunities to support seismic retrofit work
Deveau Burr Group	Seismic Legislation		On-going		1.2	AB 869 approved by the Assembly 80/0. Waiting referral to Senate. Contract with S-360 renewed.
California Consulting	Grant-Writing		On-going		1.3	California Consulting has secured grants for \$1.3 million.
Inland Empire Health Plan	Connect IE	\$98,782	1/1/23	12/31/23	1.5	Raise awareness of the Connect IE platform amongst community members and service providers in the Coachella Valley. Identify and onboard qualified service providers onto the Connect IE database and provide training on the administrative functions. Enroll interested organizations into the electronic referral functionality to create a robust inter-agency referral network.

DHCD staff	External Grant Process		On-going		1.3, 1.5	8/30/23 Update: Program Staff (SPO-PH and CPO) have developed an External Grant Process flow chart – under review
Riverside University Health Systems – Public Health	COVID testing, vaccinations  RODA (Riverside Overdose Data to Action)	\$4,415,977 for COVID 19 response since it started.  \$50,000 for Fentanyl response	Ongoing  04/01/23	  08/31/23	1.4	CV Equity Collaborative Collective Impact/Response.  Fentanyl Harm Reduction strategies to address overdoses and mortality in communities with the highest rate – Indio, Cathedral City, Desert Hot Springs
RAP Foundation/NPO Centric Collective Impact Partnership	Behavioral Health RFP  Capacity Building and Technical Assistance	RFP 2022 \$300K RFP 2023 \$500K  \$250K over two years	2022  3/1/2023	2023  3/31/2025	1.5  1.5	DHCD & RAP Foundation have partnered to implement a collective impact funding and have supported large number of grantees, including capacity building and technical assistance – important venues for nonprofit success and sustainability: All funds have been awarded, including funding for technical assistance.  Update: Invitations for agency assessments have gone out to select DHCD grantees
US Aging	Aging and Disability Vaccination Collaborative	\$341,648	9/15/23	4/15/24	1.3,1.5	Provide COVID-19 and flu vaccines, education, and connections to supportive services targeting older adults and individuals with special needs via mobile vaccination clinics throughout the Coachella Valley.

**Strategic Plan Goal 2: Proactively Expand Community Access to Primary and Specialty Care Services**

**Strategy 2.1:** Provide funding to support an increase in the number of primary care and specialty professionals (clinicians, physicians, physician assistants, nurses, nurse practitioners, etc.) (Priority: High)

**Strategy 2.2:** Provide funding to support an increase in the number of clinics and needed programs (FQHCs, community clinics, multi-purpose community centers) in geographically targeted markets and the days and hours that they operate (Priority: High)

**Strategy 2.3:** Provide funding support and evaluation to community organizations providing expanded mobile primary and specialty care services (Priority: High)

**Strategy 2.4:** Provide funding support to community organizations providing primary and specialty care via telehealth (Priority: High)

**Strategy 2.5:** Collaborate/Partner with culturally competent training programs to expand primary care residency and nursing programs with required retention initiatives (Priority: Moderate)

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

**Strategy 2.7:** Utilize an equity lens to expand services and resources to underserved communities (Priority: High)

<i>Organization</i>	<i>Project Title</i>	<i>Funded Amount</i>	<i>Contract Start Date</i>	<i>Contract End Date</i>	<i>Strategy Alignment</i>	<i>Project Description</i>
*ABC Recovery	Cost of Caring Fund Project	\$332,561	1/1/2023	12/31/2023	2.7	Funds will help ABC Recovery reach 428 clients directly for addiction related services and 856 family members indirectly through their family support program.
*Angel View	Improving Access to Primary and Specialty Care Services for Children with Disabilities	\$76,790	7/1/2022	6/30/2023	2.7	Support to provide one-on-one support to children and their families by helping parents find and apply for various safety net services and health insurance.
Blood Bank of San Bernardino and Riverside Counties, Inc.	Coachella Valley Therapeutic Apheresis Program	\$140,000	11/1/2022	10/31/2023	2.3	Fund the creation of their Coachella Valley Therapeutic Apheresis Program. This specialized medical procedure removes harmful components of a patient's blood and replaces the harmful components with either albumin or other blood products.
Borrego Community Health Foundation	Improving Healthcare Access in Desert Highland Gateway Estates	\$575,000	7/1/2021	6/30/2024	Healthcare Infrastructure (Old SP) - Fits under 2.2, 2.3	Help to increase access to healthcare services in Desert Highland Gateway Estates neighborhood via a mobile medical unit. low vision specialists, rehabilitation services include training in optical and digital magnification devices, assistive technology, glare control with therapeutic filters, and contrast enhancement to maximize the client's use of their remaining vision.
Braille Institute of America, Inc.	Low Vision Telehealth Services, Braille Institute Coachella Valley	\$36,697	1/1/2024	12/31/2024	2.4	Fund a Low Vision Specialist to provide free low vision rehabilitation sessions for individuals referred by medical

						professionals who can no longer help them improve their visual acuity.
<b>*Coachella Valley Volunteers in Medicine</b>	<b>Improving access to healthcare services</b>	<b>\$154,094</b>	<b>12/1/2021</b>	<b>11/30/2022</b>	<b>2.4</b>	<b>Target healthcare access by providing no-charge in-person medical care and telehealth medical care while additionally providing telemedicine clinics in remote areas (Mecca and Desert Hot Springs).</b>
Coachella Valley Volunteers in Medicine	Ensuring access to healthcare through awareness and continuation of services delivery	\$478,400	11/1/2023	10/31/2024	2.4, 2.7	Target healthcare access by providing no-charge in-person medical care and telehealth medical care while additionally providing case management to link clients to supportive services.
<b>*CSUSB Philanthropic Foundation</b>	<b>PDC Street Medicine Program</b>	<b>\$54,056</b>	<b>2/1/2022</b>	<b>1/31/2023</b>	<b>2.2</b>	<b>Utilize nursing students to provide healthcare services to vulnerable populations in geographically targeted areas. This program works to reduce the number of persons who are unable to obtain or delay in obtaining necessary medical care and reduce nonurgent emergency department use.</b>
CSUSB Philanthropic Foundation	PDC Nursing Street Medicine Program	\$73,422	8/1/2023	7/31/2024	2.5, 2.7	Provide healthcare services contacts to individuals through nurse and medical clinics serving the homeless, unsheltered, and vulnerable populations in the Coachella Valley. Healthcare services will include assisting with COVID-19 testing, education and immunizations services, and providing care that diverts people from using the ER for primary care and non-urgent issues.
Desert AIDS Project DBA DAP Health	DAP Health Expands Access to Healthcare	\$1,025,778	7/1/2023	6/30/2024	2.2	To protect and maintain access to healthcare for 120,000 Borrego Health patients, DAP formed an alliance with Neighborhood Healthcare and Innercare ensuring patients who currently rely on Borrego for high-quality, culturally competent care will not experience an interruption in their service. District funds fill the expected gaps in operating revenue during the first year of the DAP acquisition.
<b>*Desert AIDS Project DBA DAP Health</b>	<b>DAP Health Monkeypox Virus Response</b>	<b>\$586,727</b>	<b>7/1/2022</b>	<b>6/30/2023</b>	<b>2.3, 2.6, 2.7</b>	<b>Prevent the spread of MPX infection among the high-risk MSM population in the Coachella Valley region.</b>
<b>*Desert Arc</b>	<b>Desert Arc Healthcare for Adults with Disabilities Project Employment of</b>	<b>\$102,741</b>	<b>5/1/2022</b>	<b>4/30/2023</b>	<b>2.7</b>	<b>Support the annual salaries of two Licensed Vocational Nurses. The LVN's primary responsibility are to provide</b>

	<b>Licensed Vocational Nurses</b>					<b>medical services to adults with severe disabilities who participate in the Adult Day Program.</b>
Desert Arc	Desert Arc Health Care Program	\$291,271	10/1/2023	9/30/2024	2.7, 3.6	Equip Desert Arc's vehicles with AEDs, provide medical care through Licensed Vocational Nurses, and provide access to behavioral health assessments through a Behavioral Analyst.
<b>*Desert Cancer Foundation</b>	<b>Patient Assistance Program</b>	<b>\$150,000</b>	<b>1/1/2022</b>	<b>12/31/2022</b>	<b>2.7</b>	<b>Directly support their Patient Assistance Program. The Patient Assistance Program provides financial relief to patients and a supportive, trusting environment where patients and families can turn to for assistance and resource navigation.</b>
DPMG Health	DPMG Health Street Medicine	\$500,000	10/1/2022	9/30/2025	2.3	Operates the District's mobile medical unit targeting underserved communities.
DPMG Health	DPMG Health Community Medicine	\$1,057,396	11/1/2023	10/31/2025	2.3, 2.4, 3.4	Operates the District's second mobile medical unit targeting underserved communities incorporating mental health and pharmacy.
Lideres Campesinas	Healthcare Equity for ECV Farmworker Women and Families	\$150,000	2/1/2023	1/31/2025	2.7, 3.6, 3.7	Funds will focus on the education, implementation, and response of Adverse Childhood Experiences tailored care in the community and within the local healthcare and community-based organizations.
<b>*OneFuture Coachella Valley</b>	<b>Coachella Valley Black/African American Healthcare Student Scholarships</b>	<b>\$200,000</b>	<b>3/1/2021</b>	<b>2/28/2023</b>	<b>Healthcare Infrastructure (Old SP) – Fits under 2.1</b>	<b>Funds will be utilized for the planning phase of development for a sustainable structure and the initial launch that addresses disparities and obstacles in college enrollment and attainment and entry into health careers among our region's African American student population.</b>
One Future Coachella Valley	Building a Healthcare Workforce Pipeline	\$605,000	1/1/2023	12/32/2024	2.1, 2.7, 3.1, 3.7	Funds will be utilized to use a proven scholar success model that pairs scholarship awards with wrap-around services and case-management to provide a minimum of 50 students with funding and support services to complete degrees and certificates that lead to in-demand healthcare careers. The scholar success project will serve two groups: 1) Black and African American Health students who are underrepresented in health professions and 2) students in graduate level programs preparing for in-demand clinical professions.
Pegasus Riding Academy	Pegasus Equine Assisted Therapy Program	\$60,092	2/1/2023	1/31/2024	2.7	Funds will be used to expand capacity to provide specialty care addressing client's physical health including improved balance, strengthened muscles, improved coordination,

						increasing range of motion of the joints, and sensory integration.
Reynaldo J Carreon MD Foundation	Dr. Carreon Scholarship Program	\$50,000	3/1/2023	2/29/2024	2.1, 2.7	The funds provide direct scholarships to students pursuing healthcare related fields. This grant focuses on increasing the health professional workforce and ultimately hopes to increase the number of healthcare professionals in Coachella Valley.
US Aging	Aging and Disability Vaccination Collaborative	\$341,648 (pass-through)	9/15/23	4/15/24	2.6, 2.7	Provide COVID-19 and flu vaccines, education, and connections to supportive services targeting older adults and individuals with special needs via mobile vaccination clinics throughout the Coachella Valley.
*Vision to Learn	Vision To Learn – Palm Springs, Desert Sands and Coachella Valley Unified School Districts	\$50,000	2/1/2022	1/31/2023	2.3	Through a mobile clinic at elementary schools in Coachella Valley, Palm Springs and Desert Sands school districts. Every student at each participating school will have their vision screened, eye exams conducted for those referred, and provided glasses for those that need them.
Vision to Learn	Palm Desert and Coachella Valley VTL program	\$50,000	1/1/2024	12/31/2024	2.3	Through a mobile clinic at elementary schools in Coachella Valley, Palm Springs and Desert Sands school districts. Every student at each participating school will have their vision screened, eye exams conducted for those referred, and provided glasses for those that need them.
Vision y Compromiso	CVEC Unrestricted Grant Funds	\$150,000	7/1/2022	6/30/2024	2.7	Provide unrestricted grant funds to support health equity work by developing and strengthening promotoras. VyC will promote diverse pathways for promotoras to express their leadership and build economic self-sufficiency including workforce development as well as volunteer and other community engagement opportunities.
*Voices for Children	Court Appointed Special Advocate (CASA) Program	\$60,000	7/1/2022	6/30/2023	2.7, 3.7	Provide advocacy and support via CASAs to children. CASAs advance the physical and mental health of marginalized children living in foster care by ensuring that their health needs are not overlooked and helping them to consistently access physical and mental/behavioral health services. This individualized advocacy helps judges make the most informed decisions for each child's future.
Voice for Children	Court Appointed Special Advocate (CASA) Program	\$81,055	11/1/2023	10/31/2024	2.7, 3.6	Provide advocacy and support via CASAs to children. CASAs advance the physical and mental health of marginalized children living in foster care by ensuring that their health

						needs are not overlooked and helping them to consistently access physical and mental/behavioral health services. This individualized advocacy helps judges make the most informed decisions for each child's future.
<b>TOTAL FUNDING AWARDED</b>		District Funds Allocated: \$7,091,080 Pass-through Funds: \$341,648				

**Strategic Plan Goal 3: Proactively Expand Community Access to Behavioral/Mental Health Services**

- Strategy 3.1:** Provide funding to support an increase in the number of behavioral/mental health professionals (includes training) (Priority: High)
- Strategy 3.2:** Provide funding to Community-Based Organizations to support an increase in the number of days and hours of operation of behavioral/mental health services (Priority: High)
- Strategy 3.3:** Provide funding to Community-Based Organizations enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services (consider co-location with other health services) (Priority: High)
- Strategy 3.4:** Provide funding support to Community-Based Organizations providing tele-behavioral/mental health services (Priority: High)
- Strategy 3.5:** Work with the new private psychiatric and community hospitals to identify opportunities to collaborate on the delivery of community-based behavioral/mental health services (payer mix) (Priority: Moderate)
- Strategy 3.6:** Educate community residents on available behavioral/mental health resources (Priority: Moderate)
- Strategy 3.7:** Collaborate/Partner with community providers to enhance access to culturally sensitive behavioral/mental health services (Priority: Moderate)

<i>Organization</i>	<i>Project Title</i>	<i>Funded Amount</i>	<i>Contract Start Date</i>	<i>Contract End Date</i>	<i>Strategy Alignment</i>	<i>Project Description</i>
Clinicas De Salud Del Pueblo Inc. (DBA Inercare)	Expansion of Mental Health Services for Children Beyond COVID-19 in the Coachella Valley	\$150,000	8/1/2022	7/31/2024	3.1, 3.4	Support the partnership with the Boys and Girls Club of Coachella Valley to ensure that youth at their Club sites have a direct pathway to behavioral health services with a Licensed Clinical Social Worker.
<b>*Cove Communities Senior Association DBA The Joslyn Center</b>	<b>The Joslyn Wellness Center</b>	<b>\$85,000</b>	<b>10/1/2022</b>	<b>9/30/2023</b>	<b>3.1, 3.2, 3.6, 3.7</b>	<b>Support the Problem-Solving Therapy, Aging Mastery Program, and Brain Boot Camp that all work to optimize mental health and well-being in older adults through a multi-faced approach that combines focus on behavioral health, healthy aging, memory, and exercise.</b>
Desert Sands Unified School District Educational Foundation	Improving Access to Behavioral Health Education and Prevention Services to Children (0-18 years) and their Families.	\$296,194	8/1/2022	7/31/2024	3.1, 3.3, 3.6	Builds on the increasing capacity of the school district's mental health teams to include a mental health nurse and a behavioral health specialist in order to reach more children quicker.



<b>*DHCD/F</b>	<b>RODA (Riverside Overdose Data to Action)</b>	<b>\$50,000 (pass-through)</b>	<b>4/1/2023</b>	<b>8/31/23</b>	<b>3.6</b>	<b>Fentanyl Harm Reduction strategies to address overdoses and mortality in communities with the highest rate – Indio, Cathedral City, Desert Hot Springs</b>
El Sol Neighborhood Educational Center	Expanding Access to Educational Resources for Promotores	\$150,000	7/1/2022	6/30/2024	2.7, 3.6, 7.1	Develop additional training material topics, enhance mental health training for promotores and to develop a resource hub where materials can be accessible to members within the Coachella Valley Equity Collaborative and other community organizations.
<b>*Foundation of Palm Springs Unified School District</b>	<b>School-Based Wellness Center Project</b>	<b>\$110,000</b>	<b>11/1/2022</b>	<b>10/31/2023</b>	<b>3.3</b>	<b>Funds will be used to convert identified spaces at four elementary schools (Bella Vista, Bubbling Wells, Cabot Yerxa, and Two Bunch Palms) into “wellness centers.”</b>
Jewish Family Service of the Desert	Mental Health Counseling Services for Underserved Coachella Valley Residents	\$160,000	11/1/2022	10/31/2024	3.2, 3.4, 3.7	Continue providing mental health counseling services, administering depression scales to all adult counseling clients; and ensuring that all adult counseling clients are aware of case management services, including emergency financial assistance. Also, funds support the “Hole Soul to Whole Soul” support group, which partners with teens and their parents or guardians to educate and address mental health struggles most pertinent to community youth.
<b>*John F Kennedy Memorial Foundation</b>	<b>Behavioral Health Awareness and Education Program</b>	<b>\$57,541.44</b>	<b>10/1/2022</b>	<b>9/30/2023</b>	<b>3.6, 3.7</b>	<b>Provide additional services to families with children/youth 0-18 enrolled in JFK Foundation’s SafeCare In-Home Parent-Training Program and to families recruited by JFK Foundation’s Community Outreach Specialist.</b>
Martha’s Village and Kitchen Inc.	Martha’s Behavioral Health Support for Homeless Children and Families	\$99,853.60	8/1/2022	7/31/2024	3.6	Focus on homeless children and families through tailored outreach, educational materials, and direct assessments with referrals to behavioral health professionals as needed.
<b>*Olive Crest</b>	<b>General Support for Counseling and Mental Health Services to Vulnerable Children and Families in Coachella Valley</b>	<b>\$123,451</b>	<b>3/1/2022</b>	<b>2/28/2023</b>	<b>3.3</b>	<b>Provide a range of counselling services that address the mental, social-emotional, behavioral, and physical health of children through holistic treatment plans that they develop in a child-family-team setting.</b>
Olive Crest	General Support for Counseling and Mental Health Services to	\$359,594	1/1/2024	12/31/2025	3.2, 3.3, 3.6, 3.7	Support Olive Crest’s “wrap” informed counseling and case management, their services to connect children and families to vital financial and community services during treatment

	Vulnerable Children and Families in Coachella Valley					and during after-care to ensure long-term health and reduced recidivism, and their internal trainings ensuring staff trainings for best treatment methods, crisis prevention intervention, and cultural/racial sensitivity.
Riverside County Latino Commission	Healthy Minds Healthy Lives – Mentas Sanas Vidas Sanas	\$605,507	1/1/2023	6/30/2024	3.1, 3.3, 3.4, 3.6, 3.7	In partnership with Vision Y Compromiso, the project will utilize four promotoras who will directly engage residents by providing outreach around available resources, resource and referral navigation through case management, and direct connections to the Latino Commission for mental healthcare services. Additionally, funding will go to expanding the Latino Commission’s capacity to supervise behavioral health graduate students and trainees and ultimately help to retain behavioral health professionals in the valley.
Transgender Health and Wellness Center	Healing Rainbows	\$129,771	8/1/2022	7/31/2024	3.1, 3.4, 3.6, 3.7	Expand the healthcare workforce by bringing in five masters’ level behavioral health interns, expanding the capacity of their telehealth services/case management/crisis intervention line, enhancing education to youth and families, and building on collaborative efforts with the high schools of the three Coachella Valley school districts.
University of California, Riverside	Improving Access to Behavioral Health Education and Prevention Services to Children (0-18 years) and their Families	\$500,000	8/1/2022	7/31/2024	3.1, 3.3, 3.4, 3.6, 3.7	Address mental health needs in the region and to reduce barriers to accessing services by offering on-site and telehealth behavioral health services in Desert Hot Springs schools and at a new CAREspace.
*University of California, Riverside	<b>Community-Based Interventions to Mitigate Psychological Trauma and Mental Health Disparities in Immigrant Communities in the COVID-19 Pandemic</b>	\$113,514	2/1/2022	1/31/2023	3.7	<b>Builds on an existing project, STOP COVID-19 CA, to implement restorative circles—culturally sensitive community-based group sessions facilitated by mental health professionals and promotores —to build capacity to address community mental health disparities in diverse communities in the ECV.</b>
Youth Leadership Institute	Youth Voice in Mental Health	\$50,000	7/1/2022	6/30/2024	3.6, 3.7	Provide training, tools and resources for effective youth advocacy and leverages the experiences of adult allies while sticking to their core values of inclusion, innovation, social justice, and community.

RAP Foundation/NPO Centric Collective Impact Partnership	Behavioral Health RFP	RFP 2022 \$300K RFP 2023 \$500K	2022	2023	3.7	DHCD & RAP Foundation have partnered to implement a collective impact funding and have supported large number of grantees, including capacity building and technical assistance – important venues for nonprofit success and sustainability: All funds have been awarded, including funding for technical assistance.
<b>TOTAL FUNDING AWARDED</b>		District Funds Allocated: \$3,790,426 Pass-through Funds: \$50,000				

**Strategic Plan Goal 4: Proactively measure and evaluate the impact of DHCD/F-funded programs and services on the health of community residents**

**Strategy 4.1:** Adopt Clear Impact performance management and Results-Based Accountability platform to track and report impact (Priority: High)

**Strategy 4.2:** Evaluate the potential to offer multi-year grants to organizations (Priority: Moderate)

**Strategy 4.3:** Require, where appropriate, grantees to conduct and report the results of patient satisfaction surveys (Priority: Low)

**Strategy 4.4:** Conduct a CHNA in 5 years (2026) (Priority: Low)

**Strategy 4.5:** Annually report progress of funded programs/services toward meeting identified community health needs (Priority: High)

**Strategy 4.6:** Support local organizations' capacity building efforts (Priority: Low)

Organization	Project Title	Funded Amount	Contract Start Date	Contract End Date	Strategy Alignment	Project Description
NPO Centric	RBA Capacity Building, Action Planning, and Implementation	Start: \$48,000 Proposed additional hours \$27,000 Total: \$75,000	05/01/2022	09/30/2023	4.1	To date, SOW accomplishments to goals include: <ul style="list-style-type: none"> <li>○ a reporting and metrics management;</li> <li>○ Grantee survey development</li> <li>○ Continuation of work with staff on the RBA framework and its elements</li> <li>○ The addition of Compyle software has been purchased and activated to work in conjunction with the Scorecards</li> <li>○ Creation of wording and template</li> </ul>

DHCD Program staff	RBA certification training for two staff – Meghan Kane and Jana Trew		January 2023	Ongoing		<p>for the website for the RBA page for joint scorecards with the RAP Foundation and the 2022 Mental Health RFP partnership</p> <ul style="list-style-type: none"> <li>○ RBA language for the website has been developed and refined as related to all DHCD grant programs.</li> <li>○ The beginning of the creation of the following Clear Impact Scorecards: <ul style="list-style-type: none"> <li>▪ Mini grants</li> <li>▪ Rolling grants (scorecard for each Strategic Plan Goal)</li> <li>▪ RFP</li> </ul> </li> </ul> <p>9/7/23 Update: An RFP is being developed for Social Isolation and Loneliness. Currently data has been collected by staff; a data walk involving community members, grantees, health providers, etc. is scheduled for October 17, 2023. This data walk will allow us to collect important information that will determine the RFP’s goals, strategies, and target population. The RFP plans to be available for funding requests in early November.</p> <p>Once certified and trained, Meghan and Jana will continue to implement RBA in ongoing grant awards and RFP development.</p> <p>Update: Meghan and Jana have passed certification</p>
DHCD staff			Ongoing	Ongoing	4.2	Multi-year grants have been awarded and future multi-year requests continued to be vetted through the Grants Team, Program Committee, and Board of Directors

DCHD staff			Not started		4.3	Potential for “patient” survey to be incorporated in RBA/Clear Impact scorecards in the future
Outside consultant to be named in the future	CHNA		2026		4.4	Community Health Needs Assessment to be followed by a Community Health Improvement Plan (CHIP)
DHCD staff	Annual report 2022		January 2022	December 2022	4.5	Completed; printed; placed on website; community engagement plan to potentially present to local government jurisdictions, businesses, grantees, community members etc. ongoing
DHCD staff	Annual report 2023		January 2023		4.5	To be developed
DHCD in partnership with RAP/NPO Centric	Capacity Building and Technical Assistance	\$250,000/2 years	March 1. 2023	March 31, 2025	4.6	Although this was originally deemed a “low priority”, it has been highlighted in the past few months that CV nonprofits are in dire need for assistance in building their capacity whether it be board governance, strategic planning, audited financial assistance, grant writing, and other important venues needed for nonprofit success and sustainability.

**Strategic Plan Goal 5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents**

**Strategy 5.1:** On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to homelessness of community residents and be a catalyst for community organizations to act in implementing solutions (Priority: Moderate)

**Strategy 5.2:** On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to affordable housing for community residents and be a catalyst for community organizations to act in implementing solutions (Priority: Moderate)

**Strategy 5.3:** On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to poverty among community residents and be a catalyst for community organizations to act in implementing solutions (Priority: Moderate/Low)

**Strategy 5.4:** Promote health action planning and co-location of healthcare services in affordable housing developments (Priority: Moderate)

<i>Organization</i>	<i>Project Title</i>	<i>Funded Amount</i>	<i>Contract Start Date</i>	<i>Contract End Date</i>	<i>Strategy Alignment</i>	<i>Project Description</i>
Alianza Nacional De Campesinas, Inc.	Coachella Valley Farmworkers Food Distribution	\$57,499	11/1/2023	10/31/2024	5.3	Provide food distribution to underserved communities.
Galilee Center	Galilee Center Extended Shelter	\$268,342	6/1/2023	5/31/2024	5.1, 2.7	Provide lodging, basic necessities, and case management services to Asylum Seekers until they reach their final destination.
Lift to Rise	Driving Regional Economic Stability Through Collective Impact	\$900,000	6/1/2023	5/31/2026	5.1, 5.2, 5.3, 5.4	Use District Funds for organizational operating support for its ongoing efforts to drive regional economic stability through collective impact organizing around radically increasing the supply of affordable housing in the Coachella Valley.
Martha's Village and Kitchen	Homeless Housing With Wrap-Around Services Expansion	\$369,730	10/1/2023	9/30/2024	5.1	Provide case management with wrap-around services to include enhancements of Employment Services, English as a Second Language Instruction and Computer Skills Training to homeless or at-risk individuals.
Step on Second Street, Inc.	Step Up's ECM/ILOS programs in the Coachella Valley	\$64,401	8/1/2023	7/31/2024	5.1, 2.7	Step Up will connect approximately individuals to health insurance, a primary care physician, housing, benefits, and other supportive services through Outreach Specialists and Service Coordinators.
TODEC Legal Center	TODEC's Equity Program	\$100,000	1/1/2023	12/31/2024	5.2, 5.3	TODEC's Health Equity program will provide outreach, education, case management, and raise awareness about housing to frontline farmworkers.
<b>TOTAL FUNDING AWARDED</b>		<b>\$1,759,972</b>				

**Strategic Plan Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area**

**Strategy 6.1:** Play a role in raising awareness of the impact of air quality in the East Coachella Valley on the health of community residents and be a catalyst for community organizations to act in implementing solutions (Priority: Moderate)

**Strategy 6.2:** Play a role in raising awareness of the impact of poor water quality in the East Coachella Valley on the health of community residents and be a catalyst for community organizations to act in implementing solutions (Priority: Moderate)

**Strategy 6.3:** Collaborate with and support public organizations in the Coachella Valley to address social determinants of health related to the environment (air quality, water quality and shelter) (Priority: Moderate)

Organization	Project Title	Funded Amount	Contract Start Date	Contract End Date	Strategy Alignment	Project Description
Alianza Coachella Valley	Partnerships for Air Quality Community Training in Rural Communities of the Eastern Coachella Valley (SCAQMD DHCD Air Quality Academy)	\$40,000	7/1/2022	1/31/2024	6.1, 6.2, 6.3	Establish an Air Quality Academy to provide resources and training that will improve environmental literacy and air quality data. The Academy will include 15 community health workers and other community members and provide training on the Air Quality Index, and actions to reduce exposures to indoor and outdoor air pollution, air pollution measurement, and how to get local air quality information. In addition, 15 air monitors will be installed at the homes of the Air Quality Academy participants to collect community-level air quality data.
Alianza Coachella Valley	Expanding and Advancing Outreach Through Increasing Capacity Development	\$100,000	8/1/2022	7/31/2024	3.1, 3.6, 6.1, 6.2, 6.3	Increase internal and external capacity to support their Environmental campaign targeting environmental issues around Salton Sea and their Community Justice campaign targeting alternative disciplinary approach in schools based on restorative justice practices.
*CONCUR, Inc	Air Quality Emergency Communication Plan	\$215,000	3/1/2020	6/30/23	6.1, 6.3	Develop a communication plan to guide emergency management entities at the local, tribal, and county level in their efforts to inform the Eastern Coachella Valley community of the potential hazards and evacuation orders derived from poor air quality. In addition, several preventative, outreach, and educational interventions were identified in the development of the plan.
Galilee Center	Our Lady of Guadalupe Center	\$100,000	8/1/2022	7/31/2024	3.1, 3.6, 6.1, 6.2, 6.3	Increase and advance outreach via monthly in person and virtual community meetings/trainings and quarterly Action Team community meetings. In these meetings and trainings, the community will have the opportunity to receive updates

						on their advocacy work and receive the needed tools and resources to be engaged in the scope of work.
Pueblo Unido CDC	Interim Drinking Water Program (IDWP)	\$50,000	7/1/2022	6/30/2024	6.2	Provide core operating support for their Interim Drinking Water Program, a second phase installation of water filtration units for drinking and cooking and to provide
DHCD/F	Environmental Health Initiative (for consideration to develop)				7.1	Utilize the recommendations derived from the 3 reports specific to Air Quality and Environmental Health (CONCUR, Inc., Public Health Institute, and Alianza CV/South Coast Air Quality Management District), to release an RFP to develop an Environmental Health Initiative to address the concerns raised in the reports and act on the recommendations.
<b>TOTAL FUNDING AWARDED</b>		<b>\$505,000</b>				



**Strategic Plan Goal 7: Be responsive to and supportive of selected community initiatives that enhance the general education of the District's residents**

**Strategy 7.1:** Play a role in raising awareness of the impact of general health education on the health of community residents and be a catalyst for community organizations to act in implementing solutions (Priority: Moderate)

**Strategy 7.2:** Play a role in raising awareness of the impact of school resources on the health of community residents and be a catalyst for community organizations to act in implementing solutions (Priority: Moderate)

<i>Organization</i>	<i>Project Title</i>	<i>Funded Amount</i>	<i>Contract Start Date</i>	<i>Contract End Date</i>	<i>Strategy Alignment</i>	<i>Project Description</i>
Blood Bank of San Bernardino and Riverside Counties (LifeStream Blood Bank)	LifeStream's Attracting New Donors Initiative	\$104,650	1/1/24	12/31/24	7.1	To ensure the success of their Attracting New Donors Initiative, LifeStream will create targeted educational outreach campaigns, hire a bilingual outreach ambassador, and develop strategic partnerships with community organizations, healthcare providers, and businesses to attract new donors from the Hispanic and LGBTQ+ communities.
DHCD/F	Connect IE	\$98,782 (pass-through)	1/1/23	12/31/23	7.1	Raise awareness of the Connect IE platform amongst community members and service providers in the Coachella Valley. Identify and onboard qualified service providers onto the Connect IE database and provide training on the administrative functions. Enroll interested organizations into the electronic referral functionality to create a robust inter-agency referral network.
DHCD/F	Behavioral Health Collective				7.1	A collaborative process looking to advance an equitable behavioral health system with the capacity and infrastructure to provide services and empower Coachella Valley residents. Currently over 60 community partners focusing on 3 areas: Workforce Development; Improved Access; and Policy Development
DHCD/F	Coachella Valley Equity Collaborative	\$4,415,977 (pass-through)	6/1/2020	12/31/23	2.6, 2.7, 7.1 7.2	The Coachella Valley Equity Collaborative (CVEC) was originally established to mitigate the impact of COVID19 on Coachella Valley residents through an equitable and community-based approach to ensure disadvantaged communities and community members have access to culturally and linguistically appropriate educational materials, access to testing, and vaccination clinics. The CVEC is comprised of a group of community-based organizations, governmental entities, faith-based institutions, and healthcare providers brought together with the common

						goal of improving the health and wellness of Coachella Valley residents. At the core of the CVEC are Community Health Workers (Promotoras), who serve as community liaisons, advocates, and trusted messengers for our community.
DHCD/F	Community Health & Wellness Symposium/Summit				7.1	Proposed to be held in March 2024 with the intention to bring together and engage stakeholders – from nonprofit organizations to municipal and thought leaders – to identify and begin to remove the barriers that prevent Valley residents from living an optimally healthy and rewarding life. 9/7/23 Update: 1 <sup>st</sup> Planning Committee meeting was held 8/31/23 to discuss logistics, such as a symposium theme, etc.
DHCD/F; One Future CV; Desert Care Network; Eisenhower Health; IEHP	Healthcare Workforce Leadership Roundtable					Create a regional collaborative executive leadership body to document and advise on issues of recruitment, training, and retention. Continue OneFuture K12 healthcare career pathways, scholar success, scholarships, and financial aid, million-dollar fund, and BH and PA talent pipeline. Develop a regional co-investment structure that significantly increases capacity to enroll and graduate local students into RN programs. Explore alternative financial models to support education and training, including holistic wrap around services to support pathway completion and placement into local workforce Build an efficient regional approach to clinical rotations to increase recruitment and retention 8/30/23 Update: Leadership Roundtable met in August and would like to focus on College of the Desert’s nursing cohort and how those 100 applicants that are eligible but there is no room, COD will draw up an expansion plan (including SIM labs) and a budget.
Variety Childrens Charities Of The Desert	Expansion of Core Programs and Services	\$120,852	10/1/2023	9/30/2024	7.1	Increase access to healthcare services for children aged 0-5 through Caring Connections which offers developmental screenings and educational resources to children and their families at no cost.
<b>TOTAL FUNDING AWARDED</b>		District Funds Allocated: \$225,502 Pass-through Funds: \$4,514,759				

Mini Grants						
Organization	Project Title	Amount	Contract Start Date	Contract End Date	Strategy Alignment	Project Description
*Al Horton Memorial Rotary Foundation	Community Service Financial Assistance	\$5,000	10/29/2022	6/30/2023	7.2	Help sponsor health activities for families and children – Happy Healthy Halloween, DHS Family Triathlon, Annual Community Appreciation Day
*Alianza Nacional De Campesinas, Inc.	Coachella Valley Farmworkers Food Distribution	\$5,000	8/1/2022	11/30/2022	5.1, 5.3	Contribute to the monthly food distribution to the farmworker community.
*Alianza Nacional De Campesinas, Inc.	Coachella Valley Farmworkers Food Distribution	\$10,000	2/1/2023	6/30/2023	5.1, 5.3	Contribute to the monthly food distribution to the farmworker community.
Asthma & Allergy Foundation of America St. Louis Chapter (Pending)	Asthma Newly Diagnosed Kit	\$10,000			6.1	Provide asthma diagnosis kits to 50 Coachella Valley children.
Boys and Girls of Coachella Valley	Healthy Habits	\$10,000	7/1/2023	6/30/2024	7.1	Healthy Habits program identifies unhealthy behaviors and teaches youth how to make informed decisions that will empower them to make healthy lifestyle choices.
*California CareForce	Riverside County Free Healthcare Clinic 2023	\$10,000	2/1/20223	4/30/2023	2.2	Support the Riverside County Free Healthcare Clinic.
Desert Access and Mobility	Mobility/Management Assistance	\$10,000	9/1/2023	8/31/2024	2.7	Increase the availability of transportation by supplementing the services of the local public transit agency.
*Desert Recreation Foundation	Adaptive Program: Inclusion & Education	\$10,000	1/1/2023	12/31/2023	2.7	Funds will be used to expand adaptive programs to reach more individuals with visual impairments.

*Hanson House Foundation, Inc.	Emergent Needs to Clients of Hanson House Foundation	\$5,000	8/1/2022	8/1/2023	2.7	Subsidize lodging for the families of trauma patients, and cancer patients seeking treatment who reside in local counties near the Coachella Valley and are on a fixed income.
*Hidden Harvest	Free fresh produce for those in need	\$5,000	6/1/2022	5/31/2023	5.3	Provide free, fresh produce twice a month at 9 locations through our Senior Markets.
HIV+ Aging Research Project – Palm Springs	The Positive Connections 50+ Virtual Village	\$10,000	2/1/2023	1/31/2024	3.6	Support an on-line platform to reduce isolation, foster support systems, and connect older people living with HIV to needed behavioral health, medical, and supportive services.
Palms to Pines Parasports	Leveling the Playing Field	\$10,000	2/1/2023	1/31/2024	2.7	Create a more-inclusive society by providing competitive and recreational opportunities focusing on people with physical disabilities.
PS Test Inc.	Testing & Treating the Growing Health Crisis	\$10,000	5/1/2023	4/30/2024	2.2	Provide health outreach/education, test/treat for STI(D)s, HIV/HBV/HCV, and link patients to additional services.
Ronnie’s House for Hope	Center	\$10,000	9/1/2023	8/31/2024	3.2, 3.3	Provide capacity to expand their peer support groups.
Rotary Club Of Palm Desert Foundation	Assistance in providing scholarships for students majoring in healthcare	\$10,000	7/1/2023	6/30/2024	2.1, 2.7	Provide scholarships to students pursuing healthcare related degrees.
*Theresa A. Mike Scholarship Foundation	Theresa A. Mike Scholarship Foundation	\$5,000	8/1/2022	1/31/2023	2.1	Provide financial support to students in the Coachella Valley pursuing healthcare degrees.
Theresa A. Mike Scholarship Foundation	Theresa A. Mike Scholarship Foundation	\$10,000	7/1/2023	6/30/2024	2.1	Provide financial support to students in the Coachella Valley pursuing healthcare degrees.
Well in the Desert	Hot Meals Program	\$10,000	9/1/2023	8/31/2024	5.1	Provide meals and food assistance through weekly distribution events.
Word of Life Fellowship Center	The Bridge to Better	\$10,000	7/1/2023	6/30/2024	5.1	Provide nutritional meals to the homeless, offer information and referral services for housing/health care/mental health services, offer showers and hygiene services, establish a volunteer bank of residents to assist in meeting the goals of the project, and offer referrals to vocational resources.
<b>TOTAL FUNDING AWARDED</b>		<b>\$165,000</b>				

\*Inactive Grants

**BOARD AND STAFF COMMUNICATIONS & POLICES COMMITTEE MEETING  
MEETING MINUTES  
February 12, 2024**

<b>Directors Present</b>		<b>District Staff Present</b>		<b>Absent</b>
Chair/Director Leticia De Lara, Chair President Evett PerezGil Director Les Zendle, MD		Chris Christensen, Interim CEO Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Eric Taylor, Accounting Manager Andrea S. Hayles, Board Relations Officer		
<b>AGENDA ITEMS</b>		<b>DISCUSSION</b>		<b>ACTION</b>
<b>I. Call to Order</b>		The meeting was called to order at 5:03 p.m. Director De Lara.		
<b>II. Approval of Agenda</b>		Director De Lara asked for a motion to approve the agenda.		<b>Moved and seconded by President PerezGil and Director Zendle to approve the agenda. Motion passed unanimously.</b>
<b>III. Meeting Minutes</b>		Director De Lara asked for a motion to approve the November 13, 2023, meeting minutes.		<b>Moved and seconded by President PerezGil and Director Zendle to approve the November 13, 2023, meeting minutes. Motion passed unanimously.</b>
<b>IV. Public Comment</b>		There were no public comments.		
<b>V. Old Business</b>				
<b>1. Existing Policy Revisions</b> <b>a. Policy #OP-02 – Elections and Appointment of Board Officers</b>		Chris Christensen, Interim CEO, described the minimal modifications to Policy #OP-02.  There were no questions or comments.		<b>Moved and seconded by Director Zendle and President PerezGil to approve Policy #OP-02 – Elections and Appointment of Board Officers and forward to the Board for approval. Motion passed unanimously.</b>
<b>b. Policy #BOD-15 – Conflict of Interest</b>		Mr. Christensen reviewed Policy #BOD-15 with the committee, inquiring concerning any additional modifications other than the date.  There were no questions or comments.		

**BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE MEETING  
MEETING MINUTES  
February 12, 2024**

<p><b>c. Policy #FIN-01 – Financial Operations</b></p>	<p>Mr. Christensen reviewed Policy #FIN-01 with the committee, inquiring concerning any additional modifications other than the date.</p> <p>There were no questions or comments.</p>	<p><b>Moved and seconded by Director Zendle and President PerezGil to approve Policy #FIN-01 – Financial Operations modifying the date and forwarding to the Board for approval. Motion passed unanimously.</b></p>
<p><b>d. Policy #FIN-04 – Budget Policy</b></p>	<p>Mr. Christensen reviewed Policy #FIN-04 with the committee, inquiring concerning any additional modifications other than the date.</p> <p>There were no questions or comments.</p>	<p><b>Moved and seconded by Director Zendle and President PerezGil to approve Policy #FIN-04 – Budget Policy modifying the date and forwarding to the Board for approval. Motion passed unanimously.</b></p>
<p><b>e. Policy #OP-16 – CEO Discretionary Fund &amp; Sponsorships</b></p>	<p>Mr. Christensen described the revisions to Policy #OP-16 with the addition to item #3 – expenses greater than \$2,500 requiring the Board President’s approval and a description to item #4.1 referencing subject to approval per Policy #OP-14.</p> <p>The committee discussed item #4, requesting removing sponsorships when establishing the Board meeting agenda since the policy references the term.</p>	<p><b>Moved and seconded by Director Zendle and President PerezGil to approve Policy #OP-16 – CEO Discretionary Fund &amp; Sponsorships and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>f. Revised Grantmaking Flow Chart – Supplement to Policy #OP-05 – Grantmaking Policy</b></p>	<p>Mr. Christensen described the modifications to the grantmaking flow chart, which coincides with the recent revisions to the strategic plan.</p>	<p><b>Moved and seconded by President PerezGil and Director Zendle to approve the Revised Grantmaking Flow Chart – Supplement to Policy #OP-05 – Grantmaking Policy and forward to the Board for approval. Motion passed unanimously.</b></p>

**BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE MEETING  
MEETING MINUTES  
February 12, 2024**

<p><b>VI. New Business</b></p> <p><b>1. Community Inclusion</b> <b>a. English-Spanish translation services</b></p>	<p>Mr. Christensen described ensuring community inclusion in the Board meetings for Spanish and English translation with a translator present when necessary. The staff discussed Sergio Rodriguez, the Program Assistant’s, presence at Board meetings, given his translation experience with the Coachella Valley Equity Collaborative.</p> <p>The committee discussed reiterating language or interpreter services to the public and criteria for simultaneous translation with a professional service, such as public forums.</p>	
<p><b>VII. Future Topics &amp; Issues</b></p>	<p>There were no future topics and issues.</p>	
<p><b>VIII. Adjournment</b></p>	<p>Director De Lara adjourned the meeting at 5:33 p.m.</p>	<p><b>Audio recording available on the website at</b> <a href="https://www.dhcd.org/Agendas-and-Documents">https://www.dhcd.org/Agendas-and-Documents</a></p>

ATTEST: \_\_\_\_\_  
Leticia De Lara, Chair/Director  
Board and Staff Communications & Policies Committee

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



**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
February 13, 2024**

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
President Evett PerezGil Vice-President Carmina Zavala, PsyD Director Leticia De Lara, MPA	Chris Christensen, Interim CEO Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Jana Trew, SPO, Senior Program Officer, Behavioral Health Meghan Kane, MPH, Senior Program Officer, Public Health Erica Huskey, Grants Manager Andrea S. Hayles, Board Relations Officer	

AGENDA ITEMS	DISCUSSION	ACTION
<b>I. Call to Order</b>	The meeting was called to order at 5:04 p.m. by Chair PerezGil.	
<b>II. Approval of Agenda</b>	Chair PerezGil asked for a motion to approve the agenda.	<b>Moved and seconded by Vice-President PerezGil and Director De Lara and to approve the agenda. Motion passed unanimously.</b>
<b>III. Meeting Minutes</b> <b>1. December 12, 2023</b>	Chair PerezGil asked for a motion to approve the December 12, 2023, meeting minutes.	<b>Moved and seconded by Vice-President Zavala and Director De Lara to approve the December 12, 2023, meeting minutes. Motion passed unanimously.</b>
<b>IV. Public Comment</b>	There were no public comments.	
<b>V. Old Business</b>  <b>1. Partnership Opportunities – Review and determination for forwarding to the Board for consideration:</b> <b>a. Coachella Valley Economic Partnership (CVEP)/Desert Healthcare District Study Consulting Services Agreement – The Regional Economic</b>	Chris Christensen, Interim CEO, described the suggested strategic planning committee meeting revisions and their requested modifications to the proposal.  Dave Robinson, Director of Analytic Services, Coachella Valley Economic Partnership, described the Huron report related to obtaining health	<b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the Coachella Valley Economic Partnership (CVEP)/Desert Healthcare District Study Consulting Services Agreement – The Regional Economic Impacts of DHCD’s Community and Clinical Social Needs Goals and Implementation for Recommendations – NTE \$80,000 and forward to the Board for approval. Motion passed unanimously.</b>



**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
February 13, 2024**

<p><b>Impacts of DHCD’s Community and Clinical Social Needs Goals and Implementation for Recommendations – NTE \$80,000</b></p>	<p>professionals, the priority and benefits of engaging the business community to assist with the Valley’s healthcare needs, and addressing phases 6 and 8 for meeting with the District staff, and the inclusion of other specifics in the report as requested by the committee, and the preliminary review to phase 8.</p>	
<p><b>VI. New Business</b></p> <p><b>1. Policy #OP-05 Grant Mini Grant Policy – Grant Process Flow Chart</b></p> <p><b>2. Health Career Connections (HCC) Summer Intern Project – consideration to forward to the board for approval to pursue hosting an intern through Health Career Connections during a 10-week period in Summer 2024. The program fee/intern will cost \$9,100.</b></p>	<p>Mr. Christensen described the flow of the grant process related to the revised strategic plan and the strategic planning and policies committees review without changes to the policy, which doesn’t modify the policy but specifically the grant flow chart.</p> <p>Chris Christensen, Interim CEO, and Donna Craig, Chief Program Officer, described the continuation of last year’s work with additional attributes and the District’s engagement with interns since 2015, including the relationship between the District and Health Career Connections and scholarships to grantees.</p> <p>The committee requested that staff explore and inquire with the HCC program about increasing the funding in 2024 for internship placement at other organizations for exposure to the healthcare industry, including the financial benefits</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the Grant Process Flow Chart of Policy #OP-05 Grant Mini Grant Policy and forward to the Board for approval. Motion passed unanimously.</b></p> <p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the Health Career Connections (HCC) Summer Intern Project Health Career Connections (HCC) Summer Intern Project NTE \$9,100 and forward to the Board for approval. Motion passed unanimously.</b></p>

**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
February 13, 2024**

	<p>while remaining within the parameters of AB 2019.</p>	
<p><b>VII. Program Updates</b></p> <p><b>1. Progress and Final Reports Update</b></p>	<p>Chair PerezGil inquired with the committee concerning any questions about the progress and final reports, grant applications and RFP proposals submitted and under review, and the grant payment schedule.</p> <p>The committee discussed several final reports, including the Youth Leadership Institute YLI ECV's ¡Que Madre! (¡QM!) report related to progress goal #4 and the Fall 2023 COVID Mental Health Panel requesting a report on the outcome to the committee, progress goal #5 meetings with various elected officials, and an inquiry if the agency could also report to the Board.</p> <p>The committee inquired about ABC Recovery's expansion of services and the completion process. Staff met with ABC Recovery, and the agency is still pending approval from the state.</p> <p>The committee inquired about DAP Health's Centro Medico clinic with property rental instead of ownership when obtaining Borrego Health, filing forty-one employment vacancies, determining the original number of open positions, and sustainability of</p>	

**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
February 13, 2024**

<p><b>2. Grant Applications and RFP Proposals Submitted and Under Review</b></p> <p><b>3. Grant Payment Schedule</b></p> <p><b>4. Social Isolation and Loneliness “Building Connected Communities” – January 8 Request for Proposals (RFP) Release</b></p>	<p>insurance billing with the upcoming June 2024 deadline.</p> <p>The committee inquired about DPMG Health’s Gojji Telemedicine, which is related to telemedicine visits for monitoring patients' levels of blood pressure and diabetes.</p> <p>There were no questions or comments.</p> <p>There were no questions or comments.</p> <p>Jana Trew, Senior Program Officer, Behavioral Health, described the applications and the upcoming proposals review process, with 29 drafts in progress.</p>	
<p><b>VIII. Grant Funding</b></p> <p><b>1. Grant #1429 - Desert Cancer Foundation – Patient Assistance (PA) Program and Community Outreach: \$163,750 – Goal #2 Proactively expand community access to primary and specialty care services/Strategy #2.7 and Goal #3 Proactively expand community access to</b></p>	<p>Chair PerezGil inquired with the committee concerning any questions about the Desert Cancer Foundation’s – Patient Assistance (PA) Program and Community Outreach \$163,750 grant request.</p> <p>The committee inquired about financial assistance and the requirement based on the ability to pay with means testing, and the budget service areas.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve Grant #1429 - Desert Cancer Foundation – Patient Assistance (PA) Program and Community Outreach: \$163,750 and forward to the Board for approval.</b></p> <p><b>Motion passed unanimously.</b></p>

DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
February 13, 2024

behavioral/mental health/Strategy 3.6 – BOTH HIGH PRIORITY GOALS		
IX. Committee Members Comments	There were no committee member comments.	
IX. Adjournment	Chair PerezGil adjourned the meeting at 5:35 p.m.	<i>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></i>

ATTEST: \_\_\_\_\_  
Evelt PerezGil, Chair/ President, Board of Directors  
Program Committee

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

DRAFT



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: February 27, 2024  
To: Board of Directors  
Subject: Health Career Connections (HCC) Summer Internship: Healthcare Workforce Data

---

**Recommendation:** Informational - Pursue the hosting of a Health Career Connections Intern for summer 2024

**Background:**

- During summer 2023, the Desert Healthcare District hosted a Health Career Connections intern for a 10-week internship. The internship project focused on healthcare workforce data pulling and using that data to create infographics.
- The work that came out of the 10-week internship was disseminated and shared with various stakeholders to help advance the Coachella Valley's work towards expanding the healthcare workforce.

**Information:**

- Desert Healthcare District staff would like to pursue hosting a Health Career Connections Intern for the summer 2024.
- The summer 2024 project would be a continuation of last summer's work with additional project components related to data visualizations for our grantmaking program.
- At the February 13<sup>th</sup> Program Committee meeting, the committee recommended moving forward with pursuing hosting a summer intern and to consider other options for internships.

**Fiscal Impact:**

- \$9,100 to be allocated from the FY 2023/2024 grant budget.



**Date:** February 13, 2024

**To:** Program Committee – District

**Subject:** Progress and Final Grant Reports 12/1/2023 – 1/31/2024

---

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

**TODEC Legal Center # 1326**

Grant term: 1/1/2023 – 12/31/2024

Original Approved Amount: \$100,000.

**Progress Report** covering the time period from: 1/1/2023 – 6/30/2023

**Youth Leadership Institute # 1327**

Grant term: 7/1/2022 – 6/30/2024

Original Approved Amount: \$50,000.

**Progress Report** covering the time period from: 1/1/2023 – 6/30/2023

**El Sol Neighborhood Educational Center # 1328**

Grant term: 7/1/2022 – 6/30/2024

Original Approved Amount: \$150,000.

**Progress Report** covering the time period from: 1/1/2023 – 6/30/2023

**Blood Bank of San Bernardino and Riverside Counties # 1356**

Grant term: 11/1/2022 – 10/31/2023

Original Approved Amount: \$140,000.

**Final Report** covering the time period from: 11/1/2022 – 10/31/2023

**ABC Recovery Center # 1369**

Grant term: 1/1/2023 – 12/31/2023

Original Approved Amount: \$332,561.

**Final Report** covering the time period from: 1/1/2023 – 12/31/2023

**Desert AIDS Project dba DAP Health (DAP) # 1393**

Grant term: 7/1/2023 – 6/30/2024

Original Approved Amount: \$1,025,778.

**Progress Report** covering the time period from: 10/1/2023 – 12/31/2023

**Galilee Center # 1392**

Grant term: 6/1/2023 – 5/31/2024

Original Approved Amount: \$268,342.

**Progress Report** covering the time period from: 9/1/2023 – 11/30/2023

**Vision y Compromiso # 1325**

Grant term: 7/1/2022 – 6/30/2024

Original Approved Amount: \$150,000.

**Progress Report** covering the time period from: 1/1/2023 – 6/30/2023

**Cove Communities Senior Association dba The Joslyn Center # 1355**

Grant term: 10/1/2022 – 9/30/2023

Original Approved Amount: \$85,000.

**Final Report** covering the time period from: 10/1/2022 – 9/30/2023

**Jewish Family Services of the Desert # 1362**

Grant term: 11/1/2022 – 10/31/2024

Original Approved Amount: \$160,000.

**Progress Report** covering the time period from: 5/1/2023 – 10/31/2023

**DPMG Health # 1329**

Grant term: 10/1/2022 – 9/30/2025

Original Approved Amount: up to \$500,000

**Monthly Progress Report** covering the time period from: 11/1/2023 – 11/30/2023

# Grant Progress Report

**Organization Name:** TODEC Legal Center

**Grant #:** 1326

**Project Title:** TODEC's Equity Program

## Contact Information:

Contact Name: Luz Gallegos  
Phone: (951) 443-8458  
Email: luzgallegos@todec.org

## Grant Information

**Total Grant Amount Awarded:** \$100,000

**Grant Term (example 7/1/22 – 6/30/23):** January 1, 2023 through December 31, 2024

**Reporting Period (example 7/1/22 – 10/31/22):** 1/1/2023 – 6/30/2023

## Desert Healthcare District Strategic Plan Alignment

**Goal 5:** Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents.

**Strategy:** 5.2 On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to affordable housing for community residents and be a catalyst for community organizations to act in implementing solutions

**Strategy:** 5.3 On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to poverty among community residents and be a catalyst for community organizations to act in implementing solutions

## Progress This Reporting Period

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

### Goal #1:

By December 31, 2024, provide outreach, education and awareness to 2,000 Latino farm workers about the social determinants of health specific to poverty, and be a catalyst to act in implementing solutions.

### Progress of Goal #1:

During this reporting period, TODEC's Health Equity program has reached 666 unduplicated immigrants and farmworkers in the Coachella Valley via our intentional one-on-one outreach and education and we have achieved our goal to raise awareness about affordable housing and poverty to frontline farm workers. TODEC continues to work with its extensive network of public and nonprofit partners to reach frontline farm and food workers using effective, linguistically and culturally appropriate outreach.



**Goal #2:**

By December 31, 2024, provide outreach, education and awareness to 2,000 Latino farm workers about the social determinants of health specific to affordable housing, and be a catalyst to act in implementing solutions.

**Progress of Goal #2:** We have met this goal by creating awareness via community education and organizing 666 ECV residents to take action by understanding and elevating their realities on the social determinants of health specific to poverty to decision makers to find solutions and address residents inequities.

**Progress on the Number of District Residents Served**

**Number of Unduplicated District Residents Directly Served During This Reporting Period: 666**

**Number of Unduplicated District Residents Indirectly Served During This Reporting Period: 1,998**

**Please answer the following questions:**

- **Is the project on track in meeting its goals?** Yes, we are on track to reach our goals.
- **Please describe any specific issues/barriers in meeting the project goals.**  
We have not experienced any issues or barriers.
- **If the project is not on track, what is the course correction?** *N/A*
- **Describe any unexpected successes during this reporting period other than those originally planned.**  
To date, we have reached and educated 33.3% of the ECV residents of our initial projected goals with one-on-one intentional outreach and education.

## Grant Progress Report

**Organization Name:** Youth Leadership Institute

**Grant #:** 1327

**Project Title:** Youth Voice in Mental Health

**Contact Information:**

Contact Name: Olivia Rodriguez Mendez

Phone: (760) 296 - 9302

Email: orodriguez@yli.org

### Grant Information

**Total Grant Amount Awarded:** \$50,000

**Grant Term (example 7/1/22 – 6/30/23):** 7/1/2022-6/30/2024

**Reporting Period (example 7/1/22 – 10/31/22):** 1/1/2023 – 6/30/2023

### Desert Healthcare District Strategic Plan Alignment

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

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

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

### Progress This Reporting Period

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

**Progress of Goal #1:**

In the Spring of 2022 in partnership with HARC (Health Assessment & Research for Communities) Inc., YLI ECV's ¡Que Madre! Media (¡QM!) youth developed and conducted content and questions for a focus group, surveys and mental health journal narrative prompts to collect quantitative and qualitative data as part of Youth-led participatory research project to identify mental health issues and opportunities in the Eastern Coachella Valley communities. A youth steering committee was formed and engaged to ensure youth were able to have a leadership role in the development of these research collection methods. These efforts have been instrumental in guiding programming, curriculum and strategies for ¡Que Madre! Media's efforts in mental health. By the end of 2023, the focus group was conducted and the mental health journal narrative collection was also completed. In late January 2023, ¡QM! launched a mental health survey to better understand how students feel on school grounds. By Spring 2023, with the support of HARC, all of our qualitative and quantitative data was compiled into a report.

YLI ECV's ¡QM! held 15 weekly meetings as part of their Fall 2022 programming in August 2022 - December 2022. In total, 23 youth were a part of the Fall 2022 cohort. The Fall 2022 cohort has supported the Youth-led participatory research project by supporting the mental

health journal narrative collection project. This cohort has also continued to engage with other youth, community members and organizations to further discuss mental health issues in our communities. In Spring 2023, yli ECV ¡QM! also held 15 weekly meetings as part of their Spring 2023 programming from February - May 2023. In total, ¡Que Madre! was able to engage 25 different youth from the ECV. The Spring 2023 cohort continued to support the youth-led participatory research projects by analyzing the report findings and further developing strategies through power mapping and ongoing discussions. Overall, young people agrees that there needs to be increased efforts in ensuring young people are aware and have access to local mental health resources. For the upcoming Fall 2023 programming, ¡QM! is looking forward to continuing to strengthen our policy and advocacy skills. By June 2024, ¡QM! aims to present findings and recommendations from research to elected and decision makers in Riverside County.

### **Progress of Goal #2:**

In Fall 2022, ¡QM! Worked to identify youth, parents, community organizations and leaders to engage in a community coalition that centers mental health stories, issues and solutions in Riverside County. In total we engaged with 22 youth who attend our regularly scheduled ¡QM! Programming, at least 19 community organizations that serve the ECV which also includes some parents that live in the ECV, and at least 4 leaders, and we have done outreach to 200+ youth in the Eastern Coachella Valley to inform them about our efforts. In Spring 2023, we engaged 25 youth who attend our regular programming. We continue to meet with community partners and adult allies. Overall, we've outreached an additional 200+ youth in 2023.

Yli staff hosted a mental health coalition meeting in September 2022. Due to youth academic calendar scheduling conflicts, holiday breaks we decided to postpone our December 2022 meeting to February 2023 where we engaged our coalition members in a power mapping session. Since our programming shifted from virtual to in-person meetings, yli staff also hosted an additional coalition meeting in May 2023, where new young people were introduced to power mapping and the impact youth-led participatory research can have in local policy and their communities. Due to variability in youth's summer schedules, our next coalition meeting will be scheduled in Fall 2023 once youth are back in school.

### **Progress of Goal #3**

YLI ECV's ¡QM! has created a database that includes community members and organizations and community leaders they have reached out to. They currently have 500+ youth, 20 community organizations and 4 community leaders. ¡QM! has continued to grow that database by planning strategic outreach efforts and engaging with local community organizations and leaders. In Summer 2023, yli staff has met with additional patterns to strengthen our mental health efforts for Fall 2023. Yli staff has upcoming meetings scheduled with local CVUSD leaders.

**¡QM! staff is still developing a texting hotline.**

### **Progress of Goal #4:**

YLI ECV's ¡QM! launched their Spring 2023 programming in February 2023. During their 15 week programming youth worked to create a mental health zine. The bilingual mental health zine production process is being led by youth and will include a mental health resource guide, stories submitted by community members and content created by ¡QM! youth.

Due to scheduling conflicts and a shift in program meeting and location, yli staff extended their project dates for the zine and video. In Spring 2023, youth were able to finalize a video outline and script as well as a draft of a zine outline. During Fall 2023 programming, young people with the support of yli staff will complete both the video and zine. The completion of

both of these projects will align with the yli's Fall event, COVID x Mental Health Panel where we will have the opportunity to showcase both projects to a larger audience.

**Progress of Goal #5:**

YLI ECV's ¡QM! has met with several elected and decision makers including 3 school board members, 6 wellness center group staff, CVUSD Superintendent Dr. Valentino. We've also met with staff from Congressman Raul Ruiz office. In addition, we've met with about 20 community organizations that serve the ECV.

In 2023, we've continued to meet with school leaders and community partners to strengthen our relationship with local stakeholders. This will support strategizing and identifying 2-3 public meetings where young people will be able to present their findings and recommendations pertaining to young people's mental health and wellbeing by 2024.

**Progress on the Number of District Residents Served**

**Number of Unduplicated District Residents Directly Served During This Reporting Period: 75**

**Number of Unduplicated District Residents Indirectly Served During This Reporting Period: 800**

**Please answer the following questions:**

- **Is the project on track in meeting its goals?**  
Yes
- **Please describe any specific issues/barriers in meeting the project goals.**  
As yli transitioned from online to in-person meetings with young people, securing a location that was accessible for participants became an issue. Luckily, we were able to work with local high school teachers to host recurring weekly meetings with young people. Due to availability from teachers, sometimes we needed to shift meeting times or postpone workshops. However, yli was able to extend programming dates to ensure young people were able to attend the scheduled meetings and receive support from yli staff to complete their projects. In addition, several emergency lockdowns took place within this time, so yli staff had to either postpone or pivot scheduled meetings in order to best support young people during those difficult times.

For the upcoming Fall 2023 programming, yli staff has already started reaching out to teachers and school administrators so that we can secure a consistent meeting location space and time. Alternatively, yli staff is also considering community spaces to ensure we can host our meetings for this new program cycle.

- **If the project is not on track, what is the course correction?**
- **Describe any unexpected successes during this reporting period other than those originally planned.**  
Yli has been able to identify new partnerships in alignments with our mission and goals when it comes to our youth-led efforts in local mental health issues. Yli looks forward to collaborating with these identified new partners for our COVID x Menalth Health Panel in Fall 2023.

# Grant Progress Report

**Organization Name:** El Sol Neighborhood Educational Center

**Grant #:** 1328

**Project Title:** DHCD HUB

**Contact Information:**

Contact Name: Alexander Fajardo

Phone: 909-884-3735

Email: [Alexfajardo@elsolnec.org](mailto:Alexfajardo@elsolnec.org)

## Grant Information

**Total Grant Amount Awarded:** \$ 150,000.00

**Grant Term (07/01/22 – 6/30/24):**

**Reporting Period (01/01/23 – 06/31/23):**

### Desert Healthcare District Strategic Plan Alignment

**Goal:**

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

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

Goal 7: Be responsive to and supportive of selected community initiatives that enhance the general education of the District's residents.

**Strategy:** This project seeks to address the following strategies:

Goal 2, Strategy 2.7 Utilize an equity lens to expand services and resources to underserved communities

Goal 3, Strategy 3.6 Educate community residents on available behavioral and mental health resources

Goal 7, Strategy 7.1 Play a role in raising awareness of the impact of general health education on the health of community residents and be a catalyst for community organizations to act in implementing solutions.

## Progress This Reporting Period

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.



Goal # 1 in progress Goal # 2 Completed Goal # 3 in progress

**Goal #1:**

The project will increase knowledge on health education, equity and policy advocacy among residents in the Coachella Valley, especially among Latinos and other minority groups, by the end of the project period.

**Evaluation #1:**

This goal will be evaluated by reaching the following outputs:

1. El Sol will develop two curricula on equity and advocacy by the end of the first six months.
2. 32 promotores will be trained on the two curricula and demonstrate an increase in knowledge gained by the end of month 9.

**Progress of Goal #1:**

The project will increase knowledge on health education, equity and policy advocacy among residents in the Coachella Valley, especially among Latinos and other minority groups, by the end of the project period.

The consultant is finalized the training and the training will be at the end of the year.

**Goal #2:**

The project will increase knowledge on mental health education and support for residents in the Coachella Valley, especially among Latinos and other minority groups, and provide enhanced support to 32 promotores by the end of the project period.

**Evaluation #2:**

This goal will be evaluated by reaching the following outputs:

1. El Sol will hire a licensed mental health worker to conduct a mental health training and support session for 32 promotores by the end of month 3.
2. 32 promotores will be trained on specific mental health topics, available mental health resources in the Coachella Valley, and how to initiate support groups by the end of month 6.
3. Promotores will reach 2,000 residents with support information on mental health by the end of the two year project.

**Progress of Goal #2:**

The project will increase knowledge on mental health education and support for residents in the Coachella Valley, especially among Latinos and other minority

groups, and provide enhanced support to 32 promotores by the end of the project period.

Curriculum as updated and training was delivered to a group of CHW/Ps and other participants to on Mental Health education and to become Resilience Group Facilitators.

**Gender:** Of these, 30 were female, and 1 male.

**Age:** Most of the participants were 26 years old or older (93%). Half of the participants were in the 35-54 years old range (55%); followed by 55–64, and 26- 34 year old range.

**Race/Ethnicity.** The majority of participants identified themselves as Latino (n29).

**Primary Language.** Most participants speak Spanish as their primary language (68%).

**Marital Status.** The majority of participants were married (52%), followed by divorced, and never married.

### **Training Feedback.**

**Meeting expectations.** A total of 31 individuals participated in the training to become Resilience Group Facilitators. Of these, all agreed or strongly agreed that the training met their expectations.

**Content quality.** All participants agreed or strongly agreed that the training content was of good quality, and that it was easy to understand.

**Usefulness of training.** Participants were asked to rate how useful the training was; 90% strongly agreed that it was useful, and 10% agreed to the usefulness of the training.

**Content Delivery.** The delivery of the training was evaluated by asking participants to rate different areas of delivery including the facilitator's commitment to the training, how clear the content was presented, and if the training had a clear structure. Most participants (97%) strongly agreed that the facilitator demonstrated commitment to the training by presenting content very clearly. In addition, all participants rated the structure of the content as clear.

**Perceived Self-Efficacy:** capacity to deliver Wellbeing and Resiliency content to the community. At the end of the training, participants were asked to rate how convinced they were that they could deliver the Wellbeing and Resiliency content to their community. Most participants strongly agreed or agreed to their perceived self-efficacy to do so successfully.

**Perceived Capacity Building:** capacity to continuously learn and be capable to address community needs. Participants were asked to rate their perceived capacity to continue to learn with time, and assist with the needs of their community.

**Self-Esteem.** In addition to perceived capacity to deliver the training content to the community and ability to grow in knowledge and skills, participants were asked to rate their self-esteem in regard to being a good Community Health Worker/Promotor for their community's wellbeing. Also, participants were asked to rate their agreement on having many positive qualities as a Community Health Worker/Promotor. With the exception of a very few, most participants rated their self-esteem positively, with most strongly agreeing or agreeing to being a good CHW/P for their community, and having positive CHW/P qualities.

**Additional training.** Participants were asked if they planned to participate in additional training in community Wellbeing and Resiliency; 60% indicated that they do plan to continue learning in this area to further impact their community's wellbeing.

**Qualitative feedback:** what was liked the most. Participants had the opportunity to share what they enjoyed the most about the training with an open-ended question. The feedback highlighted the open interaction during the training as the most beneficial and most enjoyable. In addition, the following was given as having impacted the learning experience positively:

- Popular education approach: open dynamic/activities
- How it was taught using popular education methods for delivering the content to the community
- How thorough and complete the information was
- Understanding very clearly every step of wellbeing and resiliency
- Being able to build capacity in this particular area
- Group interaction and dynamics
- Very prepared and knowledgeable facilitators
- Popular education approach: art therapy
- Open space to learn from other CHW/Ps and their experience

**Qualitative feedback:** suggestions for improvement. When asked about suggestions for improvement of the training, most participants seemed to agree that they would have enjoyed having additional time for each module. Other suggestions included:

- Simulation of a crisis event and how to respond
- Additional content on family care, not just individual
- Additional time for individual activities



**Goal #3:**

The project will increase access to health education materials for other organizations, especially low-resourced, local organizations, by creating a virtual resource hub by the end of the project period.

**Evaluation #3:**

This goal will be evaluated by reaching the following outputs:

1. El Sol will hire a part-time web developer to design the resource hub by the end of month 3.
2. El Sol will design the virtual resource hub and upload at least 10 training resources by the end of the first year.

El Sol will promote this resource hub within CVEC and other local organizations/collaboratives to encourage knowledge and resource sharing

**Progress of Goal #3**

The project will increase access to health education materials for other organizations, especially low-resourced, local organizations, by creating a virtual resource hub by the end of the project period

El Sol conducted a qualitative study to discuss and analyze the CHWs/Ps need to

be personally, professionally, and technically successful. To gather qualitative data outside of the El Sol CHWs/Ps network, El Sol conducted focus groups and key informant interviews with CHWs/Ps and CHWs/Ps employers. A total of seven questions were asked in the focus groups and eleven questions were asked to the key informants. In addition to the qualitative data El Sol did a comprehensive literature review to see what resources already exist to support CHWs/Ps success.

The interviews assessed the needs and the existing resources for CHWs/Ps and the barriers that impede them from personal and professional growth. It was found that CHWs/Ps want 1) a central place to find tools and resources developed by them, with and for them, 2) to cultivate sincere and intentional connections with their colleagues and 3) to have a central place for their career advancement with a history of their trainings, certificates obtain, assessments, and reports etc.

The El Sol team proposed to develop a CHW/P Learning HUB to address this need. The CHW/P Learning HUB is a website that will contain a wide-range of information and tools on various topics related to the work of CHWs/Ps. It is a unique website that gives the users access to information and education on many topics, tools such as printable sheets, homework materials, assessments, videos, games, blogs, and forums, as well as a dashboard that will report their learning progress, trends, and more. In addition, this Learning HUB will also be used to support CBOs and employers with technical assistance, and they will have access to resources and training on how to incorporate the CHW/P into their operation.

The CHW/P Learning HUB is a place where CHWs will have a professional home with a large quantity of resources in a creative, engaging format such as videos, games, infographics, tipsheets, etc as well as a platform where they can interact with other CHWs in addition to keeping track of their own advancement history with access to their certificates, assessments, etc.

The team has developed tools that has been reviewed by CHWs, in addition software experts has been working on the website diligently to make it easy to navigate.

## **Progress on the Number of District Residents Served**

**Number of Unduplicated District Residents Directly Served During This Reporting Period: 650**

**Number of Unduplicated District Residents Indirectly Served During This Reporting Period: 3200**

## **Please answer the following questions:**

- **Is the project on track in meeting its goals? Yes**
- **Please describe any specific issues/barriers in meeting the project goals.**
- **If the project is not on track, what is the course correction?**
- **Describe any unexpected successes during this reporting period other than those originally planned.**

# Grant Progress Report

**Organization Name:** Blood Bank of San Bernardino and Riverside Counties

**Grant #:** 1356

**Project Title:** Coachella Valley Therapeutic Apheresis Program

## **Desert Healthcare District Strategic Plan Alignment**

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

**Strategy:** 2.3 -- Provide funding support and evaluation to community organizations providing expanded mobile primary and specialty care services (Priority: High)

## **Grant Information**

**Total Grant Amount Awarded:** \$140,000

**Grant Term (example 7/1/22 – 6/30/23):** 11/1/22 – 10/31/23

**Reporting Period (example 7/1/22 – 10/31/22):** 11/1/22 – 10/31/23

## **Contact Information:**

Contact Name: Dan Ballister  
Phone: 909-677-0136  
Email: dballister@lstream.org

## **Final Progress:**

### *Final Outcomes on Goals and Evaluation*

**Project's final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.**

#### **Goal #1:**

Through the use of dedicated equipment purchased with grant funding, based on statistics gathered over the past five years, we expect to provide TA treatment for approximately 25 Coachella Valley patients each year. Patients, on average, require 5 consecutive treatments.

#### **Final Progress of Goal #1:**

The number of patients LifeStream's staff treated during the grant period exceeded our project goal by 16%. We projected treating 25 patients during the grant period. Between 11/1/22 and 10/31/23, we treated 29 patients and performed 82 procedures. Twenty-

one (21) patients were treated at Eisenhower Health and eight (8) patients were treated at Desert Regional Medical Center.

Although there were delays in the delivery of the equipment due to supply chain issues, all equipment was purchased and placed into service by June 2023.

**Final Evaluation of Goal #1:**

Our tracking system monitored all requests for TA services by Desert Regional, Eisenhower Health, and JFK Memorial. Requests for TA treatments from Desert Regional and Eisenhower Health were in line with our projections. Even though no procedures or treatments were requested for patients at JFK Memorial, we do expect to receive requests for TA treatments in the future.

The requests we received from our hospital partners demonstrated the need for this program and ensured that Coachella Valley patients received expeditious therapeutic apheresis procedures to treat their serious illnesses. We expected to perform between 100 and 125 TA procedures throughout the year in Coachella Valley hospitals. The actual number of performed procedures was slightly lower than our original estimate because not all patients required 5 consecutive treatments. With the dedicated equipment and staff in place, we expect to treat an equal or greater number of patients each year through this program for several years.

**Final Number of District Residents Served:**

**Proposed number of District residents to be directly served: 25**

**Final number of District residents directly served during the entire grant term: 29**

**Proposed number of District residents to be indirectly served: 0**

**Final number of District residents indirectly served during the entire grant term: 0**

**Please answer the following questions**

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

The only issue we had initially was that some of the TA equipment was on back order at the manufacturer. Fortunately, we had other TA equipment we were able to “borrow” and deploy to meet the needs of Coachella Valley patients until the majority of new equipment arrived in March.

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

We were pleased to be able to treat four more patients than we originally projected.

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

The equipment that was purchased with DHCD funding is expected to be deployed to Coachella Valley hospitals for several years. LifeStream will continue to pay the salaries and benefits TA staff who will treat the seriously ill Coachella Valley patients.

**4. List five things to be done differently if this project were to be implemented and/or funded again.**

1. We wouldn't do anything differently. Our program and processes are working according to plan.

# Grant Progress Report

**Organization Name:** ABC Recovery Center

**Grant #:** 1369

**Project Title:** Cost of Caring Fund

## **Desert Healthcare District Strategic Plan Alignment**

**Goal:** #2, proactively expand community access to primary and specialty care services.

**Strategy:** 2.7, utilize an equity lens to expand services and resources to underserved communities.

## **Grant Information**

**Total Grant Amount Awarded:** \$332,561

**Grant Term (example 7/1/22 – 6/30/23):** 01/01/2023 – 12/31/2023

**Reporting Period (example 7/1/22 – 10/31/22):** 10/01/2023 – 12/31/2023

## **Contact Information:**

Contact Name: Maureen Girouard

Phone: 760-342-6616 ex 210

Email: mgirouard@abcrecoverycenter.org

## **Final Progress:**

### **Final Outcomes on Goals and Evaluation**

**Project's final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.**

**Goal #1:** By December 31<sup>st</sup>, ABC Recovery Center projected we would directly serve **428** clients for addiction related services based on the data from year 2022. 2022's census may have been depressed from several factors including the end of most Covid restrictions which enables us to more fully utilize our housing and bringing our census back up to where it was pre-Covid.

Other factors include world and economic stress which are instrumental in mental and behavioral health, especially on already fragile populations.

Lastly, there is a greater input of illegal substances into our community and the impact that availability has on addiction services and needs.

**Final Progress of Goal #1:**

In Q4, we add an additional 160 unique clients served, and for the year we have a total of 796 unique Coachella Valley clients served.

Q1 – 275

Q2 – 168

Q3 – 193

Q4 – 160

**Final Evaluation of Goal #1:**

ABC Recovery Center served 398 persons more than our forecasted goal, 30 clients shy of doubling our anticipated goal or 93% over goal.

With the actual number of clients nearly doubling from the number forecasted for the year, the gap funding provided by Desert Healthcare District, touched each client, but couldn't cover the full gap in cost of services rendered with the reimbursements received.

---

**Goal #2:** By December 31<sup>st</sup> 2023, ABC projected we would support 856 people to be served indirectly through our Family Program.

**Final Progress of Goal #2:**

Collectively for the 4 quarters of reporting we have served 713 unique family members through the Family Program's three areas of outreach: Additionally, in Q4 we served families through our Thanksgiving Dinner and our Holiday Party adding another 75+ family members for Thanksgiving and 60 Family members for the Holiday Party.

Please note for the Holiday Party that we are unable to be determined exactly the number of unique family members that were served. The party's clients and their families were not accounted for individually, but the party served approximately 150 people including about 40 client children. We were conservative in estimating how many attendees were unique.

Total unique Family Program members served: 848, just 8 clients shy of the goal.

Breakdown of unique constituents thus far this year:

Q1 – 3 family weekends serving 45 family members participating in the Family Weekend Education Programs

Q2 – 3 family weekends serving 60 family members participating in the Family Weekend Education Programs

Q3 – 3 family weekends serving 54 family members participating in the Family Weekend Education Programs

Q4 – 3 family weekends serving 46 family members participating in the Family Weekend Education Programs

Q1 – conducted 13 webinars serving 42 family members

Q2 – conducted 9 webinars serving 47 family members

Q3 – conducted 14 webinars serving 20 family members

Q4 – conducted 12 webinars serving 26 family members

Q1 – 89 family members participated in collateral calls

Q2 - 103 family members participated in collateral calls

Q3 – 88 family members participated in collateral calls

Q4 - 93 family members participated in collateral calls (inclusive of 13 private therapy sessions)

**Final Evaluation of Goal #2:**

ABC Recovery Center came exceptionally close to meeting our goal and missed it by 8 in direct clients served. The Family Program has restructured it's staffing so that clients have a more preferred weekend schedule with the programming lasting just two days, but with longer programming on both days, eliminating the need for a three-day workshop.

The Family Program has also hired a Spanish speaking member who can best converse and interact with our non/limited English speaking direct and in-direct clients. This makes for a much more meaningful exchange of thoughts and ideas as well as eliminating a significant barrier to wellness.

**Final Number of District Residents Served:**

**Proposed number of District residents to be directly served: 428**



**Final number of District residents directly served during the entire grant term: 796**

**Proposed number of District residents to be indirectly served: 856**

**Final number of District residents Indirectly served during the entire grant term:  
848**

**Please answer the following questions**

4. **Please describe any specific issues/barriers in meeting the proposed project goals:**

None

5. **Please describe any unexpected successes other than those originally planned.**

Having our client census grow so significantly throughout the past year and having the ability to keep up with that growth is an outcome of DHD's impact through your funding. Being able to count on your grant money for the Cost of Caring Fund enabled ABC to be much more nimble when dealing with other necessities that grew from a much fuller census.

6. **After the initial investment by the DHCD how will the project be financially sustained?**

The initial investment has enabled ABC to deploy our resources to other needs of the organization. The support from DHD comes at a critical time for ABC as we ready our facilities for expansion and utilize our funds to make the investments warranted for other significant needs in readying our campus for expansion beyond the dedicated grant funding from Riverside County for the new building(s).

Should ABC not have continued funding, we would need to revert to utilizing other resources to cover the gaps in client care as we did prior to DHD's philanthropic support in 2023.

With our client census continuing to grow to pre-pandemic levels, philanthropic support is crucial in allowing us to provide the very best programming to the majority of our clients who are dual-diagnosis and in need of multi-disciplinary care. With funding that closes the gap in reimbursements and actual costs, we can be assured we are providing the best care possible, while meeting our organizational needs for campus expansion and readying the care that will soon be possible when we eventually have the capacity to serve 2600 people annually. The demand is growing, and our capacity

and services needs to grow with the community's demand.

**7. List five things to be done differently if this project were to be implemented and/or funded again.**

With the additional grant money towards the Cost of Caring Fund, we would be able to explore other opportunities and take steps towards:

1. Expand our services for mental health and physical health resources in the community. Partnerships with Riverside County's Mobile Medical Unit, The Crisis Outreach Unit, and our ongoing collaboration with Riverside County Behavioral Health will assist us in continuing to provide dynamic services for the population served.
2. Increase our bilingual services. While ABC does employ bilingual staff at all levels, increasing the ability to serve Spanish speaking individuals continues to be a priority.
3. Expand outreach into the community to provide family services. We would like to open our Family Program to all families who may be struggling with addiction outside of ABC's current client population and into the greater community.
4. Explore a new level of care, providing services for clients that may have cognitive delays, severe Post Traumatic Stress Disorder, and/or a history of head traumas. We are currently in the process of receiving approval of this level of care from the state and will be expanding our services to this underserved population, increasing the need for additional case management, and mental health collaboration.
5. Pursuing a specialized track for our LGBTQIA clients, and expanding it in the future, to include specialized programming. Most notably, ABC Recovery has prided itself in providing dynamic care for the transgender population, and providing mental and physical health resources and referrals including Desert AIDS Project

## Grant Progress Report

**Organization Name: Desert AIDS Project dba DAP Health (DAP)**

**Grant #: 1393**

**Project Title: DAP Health Expands Access to Healthcare**

### **Contact Information:**

Contact Name: William VanHemert  
Phone: 760-668-8801  
Email: wvanhemert@daphealth.org

### Grant Information

**Total Grant Amount Awarded: \$1,025,778**

**Grant Term (example 7/1/22 – 6/30/23): 7/1/23-6/30/24**

**Reporting Period (example 7/1/22 – 10/31/22): 10/1/23 – 12/31/23**

### Desert Healthcare District Strategic Plan Alignment

**Goals #2 & 3: Proactively expand community access to primary and specialty care services & Proactively expand community access to behavioral/mental health services**

DAP Health's acquisition of Borrego Health is in alignment with the Desert Healthcare District's goals to proactively expand community access to primary, specialty care, and behavioral/mental health services. In 2023, DAP exhibited its dedication to enhancing healthcare accessibility and addressing the requirements of marginalized communities by proactively acquiring Borrego Health and safeguarding healthcare availability to Borrego's patients.

**Strategy:** Transfer former Borrego clinics, personnel, and patients to DAP. Convert Borrego's electronic health records (EHR) from Greenway Intergy to DAP's Epic EHR.

### Progress This Reporting Period

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

## **Progress of Goal #1:**

**Goal #1: Protect and maintain access to healthcare for 120,000 Borrego patients as they transition and become patients of DAP Health, beginning on July 1, 2023.**

Progress towards Goal 1 is proceeding as planned. In the recent reporting period (October 1, 2023 – December 31, 2023), the Director of Facilities at DAP conducted a thorough assessment of the status of all Borrego Health clinics. The assessment has identified numerous clinics that require upgrades to enhance their usability. The next steps involve bringing the clinics that fall short of the required standards to a level where DAP can ensure quality service delivery. An illustrative example is Centro Medico Oasis in Thermal, where the clinic's water source was well water containing elevated levels of arsenic, rendering it non-potable. Last week, DAP disconnected the clinic from the well water and established a connection to city water. A portion of the associated expenses was covered by grant funding. Since DAP doesn't own the majority of the properties, many existing grants and government funding opportunities restrict funding for building improvements if the building is leased.

In addition, DAP has established four positions for regional directors of operations, with three individuals already appointed to assume these roles starting January 2024. The recruitment process is actively underway for the fourth position. These directors, reporting directly to the Chief Operating Officer, will offer on-site support to clinics within their designated regions. The objective is to enhance communication, provide support, and promote collaboration throughout all organizational levels. DAP has also selected two of the four candidates to fill the counterpart roles of regional medical directors; these positions will report to the Chief Medical Officer. DAP is interviewing for the remaining openings.

Fiscal and data reporting reflect October 1, 2023 through December 31, 2023 are attached.

## **Progress of Goal #2:**

**Goal #2: Ensure seamless patient care by both retaining existing Borrego staff and recruiting new personnel to meet the service demands of the 120,000 individuals who rely on us for healthcare.**

Between October 1, 2023 and December 31, 2023, former Borrego clinics within the District provided care to 16,357 patients between the Desert Hot Springs (5,643), Cathedral City (11,524), Martha's Village (706), and Coachella Valley Health Center (1,449) clinics. Of the patients served, 10,510 identified as Female, 8,104 Male; 35 Genderqueer, 125 Transgender Female, 175 Transgender Male, and 78 No Response or Other; 269 Migrant workers, 500 Seasonal workers, and 18,262 Non-Migrant/Seasonal workers, and 216 No response; 14,199 Hispanic, 4,006 Non-Hispanic, and 1,008 No response. Total visits for these clinics in this reporting period is 33,919. The demographic category totals are based on each clinic in the Coachella Valley's data, and with two urgent care clinics included, there is some patient data

overlap. For example, there are patients who visited Centro Medico Cathedral City and Centro Medical Cathedral City Urgent Care during the reporting period and would be duplicated in demographic category totals. The number of patients for all clinics, 16,357, is unduplicated.

DAP has successfully filled 31 vacancies within the former Borrego clinics during the reporting period. Positions filled included: one Medical Provider (MD), one Licensed Vocational Nurse, seven Medical Assistants, four Registered Nurses, and three Medical Providers (Nurse Practitioners).

### **Progress of Goal #3**

**Goal #3: Achieve sustainability through insurance billing reimbursement for the transferred Borrego clinicians under DAP clinician billable services contracts, by the end of the grant year in June 2024.**

The Credentialing Committee continued to meet during this reporting period to vet, review, and recommend the remaining clinicians acquired under the acquisition and all are now credentialed under DAP with the exception of seven clinicians. The committee will continue to work with the seven clinicians yet to be credentialed during the third quarter reporting period.

### **Progress on the Number of District Residents Served**

#### **Number of Unduplicated District Residents Directly Served During This Reporting Period:**

During this reporting period, 16,357 unduplicated residents were directly served on this grant during this reporting period.

#### **Number of Unduplicated District Residents Indirectly Served During This Reporting Period:**

The number indirectly served are those that have access to healthcare, but have not yet availed themselves of the services. As of December 31, 2023, up to 16,349 Borrego patients have not yet received services from a former Borrego clinic. The reported figures for unduplicated patients in this quarter do not incorporate the numbers from the previous reporting period. The year-end numbers will provide an accurate reflection of the unduplicated patient count for the entire year.

### **Please answer the following questions:**

- **Is the project on track in meeting its goals?**  
**The project is on track and meeting its goals.**

The project is on track and is meeting its goals.

- **Please describe any specific issues/barriers in meeting the project goals.**

One issue that DAP is facing is that there are still a number of unfilled medical provider openings. Despite the Coachella Valley being identified as a healthcare shortage area by the Health Resources & Services Administration, this issue extends beyond the local region, impacting the entire nation. The United States is anticipated to confront a projected shortage of physicians ranging from 37,800 to 124,000 within the next 12 years. (Robeznieks, A., "Doctor Shortages Are Here—and They'll Get Worse If We Don't Act Fast," April 13, 2022).

- **If the project is not on track, what is the course correction?**

The project is on track and no course correction is anticipated.

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

There were no unexpected successes during this reporting period.

## **Grant Progress Report**

**Organization Name:** Galilee Center, Inc

**Grant #:** 1392

**Project Title:** Galilee Center Extended Shelter

**Contact Information:**

Contact Name: Claudia Castorena

Phone: (760) 396-9100

Email: ccastorena@galileecenter.org

### **Grant Information**

**Total Grant Amount Awarded:** \$ 268,342

**Grant Term (example 7/1/22 – 6/30/23):** 06/01/2023 – 05/31/2024

**Reporting Period (example 7/1/22 – 10/31/22):** 09/01/2023 – 11/30/2023

### **Desert Healthcare District Strategic Plan Alignment**

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

**Strategy 2.7:** Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley (Priority: High)

### **Progress This Reporting Period**

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

Galilee Center has been working hard to accomplish its goals during the reporting period. Galilee provided extended shelter to 242 unduplicated people seeking asylum. All guests received shelter, clothing, food baskets, baby diapers, and formula. Families also received medical care and transportation to immigration appointments. For the families and singles who decided to remain in the Coachella Valley, Galilee Center assisted them in finding a permanent place to live, paid for the first month's rent, and provided furniture vouchers.

**Goal #1:**

By May 31, 2024, 620 unduplicated people will have lodging in a motel shelter with 33 rooms, each with a kitchenette, refrigerator, and microwave.

**Progress of Goal #1:**

During the reporting period, Galilee Center provided shelter to 242 unduplicated asylum-seeking people, consisting of 98 children, 60 women, and 84 men. Families received clothing and kitchenware during orientation, and our caseworker/staff ensured they felt welcome. All families and singles receive food twice per week to prepare their meals. All families and individuals needing medical services were seen by the mobile medical clinic operated by the Desert Physicians Medical Group (DPMG) Health every Tuesday. Prescriptions were provided to the people as required.

**Goal #2:**

By May 31, 2024, 620 unduplicated people will be provided basic needs and other wrap-around services. Of these, 25 families and 50 individuals will remain in the Coachella, with 45 children enrolled in school. In addition, 23 families will receive rental assistance and furniture vouchers, and 590 people will receive medical care. Volunteer doctors from Desert Physicians Medical Group in Palm Springs will provide a free clinic at the extended shelter facility ( ) every Tuesday from 9:30 am to 4:00 pm. In addition, women in the Extended Shelter Program will participate in a Women's Support Group conducted weekly by a certified counselor who is a member of the DHCD board. Transportation will be provided for 590 people to their immigration appointments.

**Progress of Goal #2:**

From 09/01/2023 to 11/30/2023, Galilee Center Extended Shelter provided wrap-around services to all 242 individuals.

The following services were given:

Nights of Shelter 7,733	Rental Assistance 8 families, 2 Singles
Food Baskets 23,040	Furniture Vouchers 3
Clothing 242	Women's Support Group 0
Infant Services 181	Children enrolled in school 13
Medical Care Visits 290	Remained in the C. V. 18 families, 28 Singles
Immigration Appointments 220	

**Goal #3:**

By May 31, 2024, three full-time Case Workers will be employed to coordinate travel plans for 145 families to their destination when a sponsor becomes available and to assist 25 families with funding needed to relocate to a house or apartment in the local area if a sponsor is not secured.



### **Progress of Goal #3**

Four caseworkers were hired to provide case management and coordinated services to families residing at the extended shelter. During the reporting period, the case workers coordinated travel plans for 67 families who continued to their destination in the United States.

The caseworkers also helped eight families and two singles move into an apartment or house.

### **Progress on the Number of District Residents Served**

Number of Unduplicated District Residents Directly Served During This Reporting Period: 242

Number of Unduplicated District Residents Indirectly Served During This Reporting Period: 242

### **Please answer the following questions:**

**Is the project on track in meeting its goals?**

Yes, the project is on track meeting its goals.

- **Please describe any specific issues/barriers in meeting the project goals.**
- **If the project is not on track, what is the course correction?**
- **Describe any unexpected successes during this reporting period other than those originally planned.**
  - These are some of the unexpected successes during this reporting period.
  - New collaborations to provide additional funding and bus passes for the families to move around the nearby cities.
  - New upgrades of all hotel rooms continued. Upgrades included new kitchen cabinets and stoves, painted rooms, and washed carpets.

## **Grant Progress Report**

**Organization Name:** Vision y Compromiso

**Grant #:** 1325

**Project Title:** Support Leadership Training and Network capacity in Coachella Valley to expand Health Equity

**Contact Information:**

Contact Name: Maria Lemus

Phone: (510)303-3444

Email: [maria@visionycompromiso.org](mailto:maria@visionycompromiso.org)

### **Grant Information**

**Total Grant Amount Awarded:** \$150,000.00

**Grant Term (example 7/1/22 – 6/30/23):** 7/1/22-6/30/24

**Reporting Period (example 7/1/22 – 10/31/22):** 1/1/23-6/30/23

### **Desert Healthcare District Strategic Plan Alignment**

**Goal:** 2

**Strategy:** 2.7: Utilize an equity lens to expand services and resources to underserved communities: Increase the number of promotoras/CHWs.

### **Progress This Reporting Period**

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

**Progress of Goal #1:**

By June 30, 2024, Vision y Compromiso will provide diverse training and workforce development pathways to increase leadership and economic self-sufficiency among at least 30 promotoras, natural leaders in the Coachella Valley, each year (30 promotoras x 2 years= 60 promotoras).

Vision y Compromiso is leading the Coachella Valley Equity Collaborative's Education Sub-Committee's workplan and has been instrumental in ensuring promotores from the region have the skills, knowledge, and resources they need to successfully accomplish their work by providing trainings. Additionally, we have continued to facilitate a networking space for all promotores from the region that allows for continued support for this unique workforce. The following is a list of

trainings completed during the reporting period.

1. **January 25, 2023** ¡Logra lo que quieres, cuando lo quieres! Accomplish what you want when you want it Part 2, reaching 32 promotores.
2. **March 22, 2023:** Reconciliandome con mi ser mujer (mi papel como mujer, como mamá, como hija, como pareja, y como profesionista) Balancing being a woman (my role as a woman, mother, daughter, partner and professional) reaching 49 promotores.
3. **Mayo 3, 2023:** Reconciliandome con mi ser mujer (mi papel como mujer, como mamá, como hija, como pareja, y como profesionista) Balancing being a woman (my role as a woman, mother, daughter, partner and professional) Part 2 reaching 51 promotores.
4. **June 14, 2023:** Aumenta tus habilidades en las redes sociales. Increase your social media skills reaching 23 promotores.

Vision y Compromiso is currently leading a training effort with 32 local leaders that we anticipate will be ready to join the workforce and increase the presence of grassroots leaders in different sectors. Additionally, we completed an advocacy training during the summer with existing promotores that we will report on for the next period.

#### **Progress of Goal #2:**

By June 30, 2024, Vision y Compromiso will schedule and complete a minimum of 2 activities to raise awareness about the promotora model and leverage relationships with a minimum of 10 new workforce partners each year (10 partners x 2 years= 20 partners) and promote equitable employment opportunities for Coachella Valley residents.

Vision y Compromiso convened a symposium called Serving from the Heart focused on increasing awareness about the promotor model and its history throughout the world, in the United States and California to decrease disparities among disadvantaged communities as well as its best practices for integration into the health care and social support delivery systems. Additionally, given the current increased attention on the model statewide, the symposium addressed the future of the workforce regionally.

Over 80 people attended the event held at the Thousand Palms Community Center on March 1, 2023. Representatives from the nonprofit, county, hospital, clinic, university, and political sectors were present and participated on the expert panel, sharing the work they have successfully accomplished by incorporating the promotora model to reach diverse communities in the Coachella Valley. County Supervisor Manuel Perez addressed the emerging trends that can facilitate the integration of the model and his own experience with it and Dr. Conrado Barzaga, CEO the Desert Healthcare District and Foundation spoke about the current landscape in the region that would benefit from this unique workforce bringing an equity lens to the delivery of resources and services to improve health outcomes. The event lent itself to a lively dialogue among the participants about how to uplift and leverage the resources and experience had with such an innovative model in order to grow its presence in the region.

There was great enthusiasm among several sectors and Vision y Compromiso is continuing discussions with local hospitals and other nonprofits wanting to reach the Latino community in the Coachella Valley.

**Progress of Goal #3**

N/A

**Progress of Goal #4:**

N/A

**Progress of Goal #5:**

N/A

**Progress on the Number of District Residents Served**

**Number of Unduplicated District Residents Directly Served During This Reporting Period: 118**

**Number of Unduplicated District Residents Indirectly Served During This Reporting Period: N/A**

**Please answer the following questions:**

- **Is the project on track in meeting its goals? Yes.**
- **Please describe any specific issues/barriers in meeting the project goals.**

None at this time.

- **If the project is not on track, what is the course correction?**

N/A

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

None

# **Final Report**

**Organization Name:** Cove Communities Senior Association dba The Joslyn Center

**Grant #:** #1355

**Project Title:** The Joslyn Wellness Center

## **Desert Healthcare District Strategic Plan Alignment**

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

**Strategy:** 3.1, 3.2, 3.6, & 3.7: support increases in behavioral health professionals and operating hours; educate on available resources; and collaborate to enhance culturally sensitive services.

## **Grant Information**

**Total Grant Amount Awarded:** \$85,000.00

**Grant Term:** 10-1-22 – 9-30-23

**Reporting Period:** 10-1-22 – 9-30-23

## **Contact Information:**

Contact Name: Jack Newby, Executive Director

Phone: 760-340-3220 x106

Email: jackn@joslyncenter.org

## **Final Progress:**

### **Final Outcomes on Goals and Evaluation**

#### **Project's final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.**

In order to support our outreach to the Hispanic/Latino community, the Joslyn Wellness Center hired a full time bilingual Spanish/English counselor beginning on October 2. In addition, we hired a full-time bilingual Spanish/English Intake/Outreach Specialist. This creates continuity and support for Spanish speaking clients wishing to engage in the Problem Solving Strategies counseling. Also, with the addition of two full-time employees in the Wellness Center we have been able to provide continuity to the program which helps the overall program to be more effective. Additionally, we have a part-time bilingual Spanish/English counselor working primarily in the Eastern Coachella Valley focusing on Indio and Coachella. We have strengthened our collaboration with the Braille Institute by expanding the Spanish speaking group to two groups as well as becoming their preferred referral for their Spanish and

# **Final Report**

English speaking clients who have expressed a desire for counseling. We have continued working with the Indio Senior Center with group and individual counseling as well as with the Cathedral City Senior Center. The Mizell Center has been referring their case management clients who express a need for counseling to our program and we are looking to strengthen and expand this collaboration. Overall, the program either met or exceeded its goals in each of the areas in terms of number of clients participating except for the Aging Mastery Program. We have experienced additional enrollments recently, but have come to the realization that we cannot effectively complete more than 7 – 8 class programs per year. We far exceeded our goals of Problem Solving Therapy in both total enrollment and in the percentage of Spanish speaking/Hispanic participants. We were very close to achieving the goals of Spanish speaking/Hispanic participation in other programs, except for Aging Mastery. Overall, we expanded our collaborations, increased the number of clients served dramatically, and strengthened our collaborations and outreach to the Eastern Coachella Valley. Hiring two full-time Spanish speaking employees illustrates our commitment to further strengthen this outreach.

## **Goal #1:**

By June 30, 2023, a minimum of 25 low-income older District residents aged 60 and over, including 20% from the Coachella Valley's Hispanic community, will participate in Problem Solving Therapy and will have received behavioral health assessments by the Joslyn Wellness Center's mental health clinicians to identify behavioral health issues that result in development of a treatment/action plan with specified goals and timeline for goal achievement.

## **Final Progress of Goal #1:**

During this reporting period, we served a total of 115 low-income older District residents age 60 and over in the Problem Solving Therapy program. This exceeded our original projection of 80 total participants by 30%. A total of 48 were Spanish speaking/Hispanic totaling 42% of the overall number of clients served. In order to support our outreach to the Hispanic/Latino community, the Joslyn Wellness Center utilized a full-time bilingual Spanish/English counselor. In addition, we hired a full-time bilingual Spanish/English Intake/Outreach Specialist to ensure that enrollments and necessary demographic information is obtained and maintains data on each of the programs. This creates continuity and support for Spanish speaking clients wishing to engage in the Problem Solving Strategies counseling. Clients are always able to obtain services in their preferred language. Also, with the addition of two full-time employees in the Wellness Center we have been able to provide continuity to the program which helps the overall program to be more effective. Additionally, we have a part-time bilingual Spanish/English counselor working primarily in the Eastern Coachella Valley focusing on Indio and Coachella. We have strengthened our collaboration with the Braille Institute by expanding the Spanish speaking group to two groups as well as becoming their preferred referral for their Spanish and English speaking clients who have expressed a desire for counseling. We have continued working with the Indio Senior Center with group and individual counseling. Because of the demand for counseling in the East Valley, we no longer provide counseling at the Cathedral City Senior Center. The Mizell Center continues to refer their case management clients who express a need for counseling to our program and this collaboration has continued with staffing changes for both programs. We are pleased to report that we have established a collaborative agreement with Coachella Valley Volunteers in Medicine and maintain specific office hours at that location. We are able to see Volunteers in Medicine patients as well as other individuals residing in the Eastern Coachella Valley. The Joslyn Wellness Center also advertises for the program at Volunteers in Medicine in El Informador, the Spanish Language newspaper in the

# Final Report

Coachella Valley.

## **Final Evaluation of Goal #1:**

We are pleased to report that we far exceeded the number of clients originally expected to be seen in this program. This is a result of extended outreach and the addition of a full-time Spanish speaking counselor as well as a Spanish speaking Intake and Outreach Coordinator. The LCSW Supervisor reviewed each client chart and noted that all clients had received an extensive Psycho-social evaluation and a treatment plan was developed based on that evaluation. While some clients dropped out prior to completing the minimum three sessions, this was not unexpected and was not extensive. They are not included in the unduplicated client count. Each client was reviewed in supervision with the LCSW Supervisor to assess progress on the treatment plan and to insure that the PHQ-9 assessment was administered. Additionally, progress on treatment goals was evaluated to assess whether the client was receiving benefit from the counseling. Outreach continued on-site at the Indio senior center with counselors scheduling specific days for counseling and outreach. Additionally a specific day for counseling was also scheduled at the Cathedral City Senior Center. The outreach at the Cathedral City Senior Center ended in June due to a reported low number of clients and increased demand in the Eastern Coachella Valley. Outreach is continuing in the East Valley, and as previously indicated, we have entered into collaboration with Volunteers in Medicine at their offices in Indio where we will be able to see their patients who are interested in counseling as well as clients generated through our own outreach in the East Valley. We are also continuing to see groups and individual clients at the Indio Senior Center and through the Braille Institute. Near the end of this reporting period, we also began speaking with leadership at Sacred Heart Catholic Church in Palm Desert in order to begin providing this program to their English and Spanish speaking parishioners.

## **Goal #2:**

By June 30, 2023, a minimum of 17 low-income older District residents aged 60 and over, including 20% from the Coachella Valley's Hispanic community, who receive Problem Solving Therapy through the program will demonstrate improvement in resolving presenting issue identified in behavioral health treatment plans developed in collaboration with the program's counselors and Licensed Clinical Social Worker Program Director as documented through clinical assessment and/or self-report.

## **Final Progress of Goal #2:**

All of the clients, except for the few that dropped out of treatment reported progress on at least one goal that was outlined in the treatment plan. This progress was noted in the client chart and was evaluated by the LCSW Supervising therapist who reviewed each client chart and maintained a spreadsheet documenting the development of a treatment plan, treatment goals, progress on achieving treatment goals. The assessment regarding progress on treatment goals was based on the counselor's clinical assessment, the client feedback, and was evaluated by the supervising LCSW. An assessment of progress toward reaching treatment goals was documented at the end of each counseling session and also reviewed by the supervising LCSW. Prior to each weekly supervision, the counselor would provide treatment notes to the supervising LCSW for review and assessment. Clients would then be discussed in the supervision session. Utilizing this method, we are confident that our regular monitoring of clients and client goals are being regularly evaluated and documented. As previously indicated, we saw a total of 115 Problem Solving Therapy clients and a total of 48 were Spanish speaking/Hispanic totaling 42% of the overall number of clients served.

# Final Report

## **Final Evaluation of Goal #2:**

All of the clients, except those that dropped out of treatment reported progress on at least one goal that was outlined in the treatment plan. This progress was noted in the client chart and was evaluated by the LCSW Supervising therapist who reviewed each client chart and maintained a spreadsheet outlining progress on achieving treatment goals, the completed treatment plan and progress on achieving treatment goals. The assessment regarding progress on treatment goals was based on the counselor's clinical assessment, the client feedback, and was evaluated by the supervising LCSW. An assessment of progress toward reaching treatment goals was documented at the end of each counseling session and also reviewed by the supervising LCSW. Prior to each weekly supervision, the counselor would provide treatment notes to the supervising LCSW for review and assessment. Clients would then be discussed in the supervision session. This process allows for an ongoing review of client progress and assistance and recommendations by the supervising LCSW to help provide therapy that would bring about progress on treatment goals.

## **Goal #3:**

By June 30, 2023, a minimum of 21 low-income older District residents aged 60 and over, including 20% from the Coachella Valley's Hispanic community, will demonstrate achievement in one or more personal goals upon completion of the Aging Mastery Program.

## **Final Progress of Goal #3:**

At the completion of this reporting period, a total of 33 low-income District residents age 60 and over participated in the Aging Mastery Program. Unfortunately, this fell short of the projected 100 participants. Six (6) were Hispanic, representing 19% of clients participating in the Aging Mastery Program. It should be noted that an additional 13 participants had enrolled in a class starting after the conclusion of this reporting period. Each participant was administered a pre- and post-program survey developed by HARC. 93% of the participants over the one year reporting period rated the program either Excellent or Good. All of the class participants indicated progress in achieving personal goals. There are nine (9) areas where participants can indicate changes or steps they will take following the class. These include a better understanding of aging, more exercise, making good financial choices, making efforts to improve social relationships and improving sleep. Based on a review of the Survey, participants selected a minimum of two (2) personal goals and many selected all nine (9) personal goals to continue their work. Survey comments of various participants were included in Progress Reports 1 and 2.

## **Final Evaluation of Goal #3:**

It should be noted that this course consists of five (5) sessions over a five week program and five (5) courses have been offered since October, 2022. Enrollment decreased during the Summer months, but our outreach did result in larger classes at the end of this reporting period. We did exceed the total number of District residents who participated in the program by approximately 1/3, but fell a bit short of our goal to enroll at least 20% of participants from the Hispanic community. One challenge is that although the National Council on Aging provides course workbooks in Spanish, the course also requires expert speakers in each of the 10 course modules. The National Council on Aging does provide video presentations in English, but not in Spanish. We are continuing to work in recruiting subject matter experts and anticipate that our association with Coachella Valley Volunteers in Medicine will help us recruit experts in sleep, dieticians, exercise and medication management. Despite enrollment challenges and more robust involvement with the Spanish speaking community, a significant percentage



# Final Report

of participants rated the class excellent or good and all participants indicated progress in achieving personal goals by outlining specific changes or actions they would take in achieving those goals.

## **Goal #4:**

By June 30, 2023, a minimum of 26 low-income older District residents aged 60 and older, including 20% from the Coachella Valley's Hispanic community, who receive behavioral health services through the program will demonstrate learning of a minimum of one new technique to improve memory upon completion of the Brain Boot Camp. Participants in the program complete both a pre- and post-program survey in order to document participant progress.

## **Final Progress of Goal #4:**

Brain Boot Camp proved to be a very popular and showed exciting growth. We initially projected an overall total of 120 participants and a total of 214 low income District residents participated in Brain Boot Camp with 24 of the total participants being Hispanic. While this number fell short of our goal of 20%, we did make progress in our ability to increase the number of Hispanic/Spanish speaking participants. The Spanish speaking counselor who was trained in delivering Brain Boot Camp translated the program slides provided by the UCLA Longevity Center. However, before he could begin providing classes, he accumulated his hours to take his licensing exam and was able to secure another position utilizing his licensure. It took several weeks to hire a new Spanish speaking counselor and when hired, we found that the UCLA Longevity Center was not currently offering training classes. The new counselor did observe several of the classes delivered by our most experienced facilitator, however, she did not feel fully confident in providing the class in Spanish without first taking the UCLA training. At the conclusion of the course, 94% of the participants indicated that they learned a minimum of at least one new technique for improving memory. These included the relationship between diet and brain health. In addition, physical activity was viewed as important in maintaining and improving brain health. Other techniques mentioned include paying attention, wanting to remember something as well as techniques on how to remember lists, names, and being aware of surroundings. Improved sleep habits was also an important factor learned by many of the participants. Participants learned that memory utilizes all five senses as well as the 'Big Four' factors in improving memory and brain health. These include: Nutrition, Physical Exercise, Stress Reduction, and Memory Enhancement Exercises. Many of the participants made specific comments about the changes they would make to improve their memory, some of which were outlined in Progress Reports 1 and 2.

Participant responses emphasized many of the core aspects of the course for improving memory such as paying attention, improving diet, regular exercise, socialization, and improving sleep habits.

Another important outcome of the Brain Boot Camp course were the participant responses to questions relating to "learning strategies to live a healthy lifestyle", "learning techniques to improve memory", and "learning the relationships between brain health and physical health and activity." Utilizing a five (5) point Likert Scale ranging from Strongly Agree to Strongly Disagree, 93% of the participants indicated they either Strongly Agreed or Agreed with each of these questions.

## **Final Evaluation of Goal #4:**

Brain Boot Camp proved to be very popular during this time period. Many of the participants enrolled because of our weekly advertising in The Desert Sun and other outreach efforts with brochures, Facebook posts and word of mouth. Of particular interest is that the overwhelming majority of

# **Final Report**

participants not only enjoyed the class, they learned new techniques for improving memory and learned the relationship between nutrition, exercise, socialization, and brain health. Many of the participants were so enthusiastic about the class we had three informal follow-up groups so they could share their progress in achieving goals for improving memory and sharing memory enhancement techniques. Based on the evaluations of the class, we far exceeded our minimum goal of 70% learning a minimum of one technique to improve memory. Over 90% reported this goal of learning at least one technique to improve memory and many learned and adopted new behaviors to improve their brain health.

## **Goal #5:**

By June 30, 2023, a minimum of 23 low-income older District residents aged 60 and older, including 20% from the Coachella Valley's Hispanic community, who participate in Go4Life exercise programs through the Joslyn Wellness Center will self-report improved quality of life and reduced anxiety and depression.

## **Final Progress of Goal #5:**

Over the course of this reporting period, we had a total of 85 low-income older District residents aged 60 and older participate in the Go4Life Program. Overall, 16 reported as Hispanic, totaling 19% of the unduplicated clients in Go4Life. While we had projected 100 unduplicated clients, our records show a total of 85 participating in this program. Our benchmark was that 75% of participants would report improvement in quality of life and reduction in anxiety and depression. At the end of this reporting period, we asked participants to complete a course survey consisting of 10 questions on a 1 – 5 Likert scale ranging from Disappointing to Exceptional. Of those completing the survey, an average of 80% responded that the quality of the program was Exceptional. We did experience a large increase in "Exceptional" rating from the first reporting period to the second reporting period. This could be related to a change in group leader. 87% also responded that their participation in the program had improved the quality of their life. 90% overall responded that participation in the program helped reduce any stress, anxiety or depression they had been experiencing. These numbers far exceed our initial goals of 75%. These responses support the research that underlies this Evidence Based program.

## **Final Evaluation of Goal #5:**

For the most part, we met our goals related to Go4Life. Overall participation fell a little short of projections, but the impact and outcomes were better than expected. One unexpected outcome is that participants tend to socialize following the class in our lobby and engage in conversation and developing friendships. Therefore, this course helps directly impact loneliness and Isolation. Although not funded by this grant, we included this program as a part of the holistic approach by the Wellness Center in addressing issues related to loneliness, isolation, and reduction of stress, anxiety, and depression.

## **Final Number of District Residents Served:**

**Proposed number of District residents to be directly served:** The number of District residents projected to be served by this grant was 61.

# Final Report

**Final number of District residents directly served during the entire grant term:** The total number of District residents/unduplicated clients served was 353.

**Proposed number of District residents to be indirectly served:** 152

**Final number of District residents Indirectly served during the entire grant term:** We estimate that at least 700+ district residents were indirectly served during the term of this grant based on the impact of the classes and counseling on family and social circles.

## Please answer the following questions

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

While one of our goals is to provide the opportunity for Associate Counselors to obtain enough hours for licensure, this process can impact our ability in some cases to meet projected goals. During this reporting period, two of our counselors accumulated enough supervised hours to take their licensure exam and left to study. Both eventually passed their exam and were able to obtain employment commensurate with their licensure. This impacted our ability to deliver classes, especially among many in the Spanish speaking and Hispanic community. It took several weeks for us to replace the full-time Spanish speaking counselor and that impacted our ability to work with Cathedral City as planned. Additionally, the lack of support materials from the National Council on Aging for the delivery of Spanish language Aging Mastery Program in the form of Spanish language “experts” impacted our ability to deliver that course as originally intended. This directly affected the number of clients who enrolled in the program.

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

The Joslyn Wellness Center has been very pleased with the impact of our outreach to the Spanish speaking/Hispanic community. Developing the collaboration with Coachella Valley Volunteers in Medicine was an important success as well as the growth in the collaboration with the Braille Institute. Our new collaboration with Sacred Heart Church in Palm Desert will also start to produce additional clients from both the Spanish and English speaking communities. We have also been fortunate to recruit very capable counselors who are committed to our goals. Also, we remain very careful to recruit native Spanish speaking counselors. All of our interviews for Spanish speaking counselors include a very fluent Spanish speaking member of our staff who can determine if the counselor can provide the level of fluency in Spanish that we believe is necessary to provide effective counseling that helps reduce stigma.

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

The Joslyn Wellness Center has been very fortunate to have several funders and private donors who support this program. The Auen Foundation, Grace Helen Spearman Charitable Foundation,

# Final Report

Regional Access Project Foundation and the Houston Family Foundation, just to name a few have been strong supporters. Our Board of Directors is committed to the success and growth of the Wellness Center and is directing activities toward its sustainability. Additionally, The Joslyn Center is making investments in Solar Power and building our Endowment to provide long-term sustainability by reducing our electric bills by an estimated \$30,000 and provide an Endowment income of between \$30 – 50,000 per year. The impact of continued support by the Desert Healthcare District cannot be underestimated. In order to achieve the goal of providing mental health support services to the East Valley, the commitment by current funders to achieve that goal is critical. Few other local or regional foundations have the resources and commitment to this goal of providing equitable mental health services and it is important that programs continue to receive the support of the Desert Healthcare District.

#### **4. List five things to be done differently if this project were to be implemented and/or funded again.**

1. Focus more on providing counseling services to the Eastern Coachella Valley and look to other sources for funding Brain Boot Camp and Aging Mastery;
2. Further analyze and develop necessary infrastructure to deliver courses such as Brain Boot Camp and Aging Mastery in Spanish;
3. Grow a network of collaboration within the educational community to improve access to well qualified Spanish speaking counselors to improve the ability to recruit counselors to our program;
4. Improve outreach to a wider range of funders to promote the program and the successes it has achieved. This program has been recognized as a Program of Excellency by the National Institute of Senior Centers and National Council on Aging. We should promote the real impact of the program to media and others to get the word out of what is being done by The Joslyn Wellness Center.
5. Continue to build the internal infrastructure and data collection to eventually become electronic records based in order to assist in reporting and evaluation.



## **Grant Progress Report**

**Organization Name:** Jewish Family Services of the Desert

**Grant #:** 1362

**Project Title:** Mental Health Counseling Services for Underserved Coachella Valley Residents

**Contact Information:**

Contact Name: Kraig Johnson, Executive Director

Phone: (760) 325-4088 ext. 101

Email: kjohnson@jfsdesert.org

**Grant Information**

**Total Grant Amount Awarded:** \$160,000.00

**Grant Term (example 7/1/22 – 6/30/23):** 11/01/2022 - 10/31/2024

**Reporting Period (example 7/1/22 – 10/31/22):** 5/01/2023 - 10/31/2023

**Desert Healthcare District Strategic Plan Alignment**

**Goal: Goals #1, #2, #3, #4, and #5**

**Strategy: Strategies 3.2, 3.4, 3.7, 4.1, 4.5, 5.1, and 5.2**

**Progress This Reporting Period**

*Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.*

Jewish Family Service of the Desert (JFS) has achieved several goals during this reporting period. We are pleased to report an increase in new patients after identifying and managing the flow of clinically necessary appointments to accommodate new and current clients. With 31 new clients served in this reporting period, we are confident of reaching our goal of serving 1,344 unduplicated clients annually while building capacity

in our clinical team and resilience in our Coachella Valley Communities.

As current JFS counseling clients continue to stay “engaged” in their treatment, we have met Goal #2, with 78% of clients attending at least three counseling sessions. As clients progress through their treatment plans, we expect the number of adults attending three or more sessions to fluctuate while remaining at or above the 70% target as they experience the positive impact of the sessions. We continue to offer clients the opportunity to seek support in the manner they prefer, whether it is in-person or by telecare, and in the language that best meets their needs. Adding additional Spanish language capacity is an ongoing growth goal for our clinical team.

Recruitment for the second cohort of “Whole Soul” continues. The clinical team incorporated learnings to adjust and improve our content. While we did not engage a cohort over the summer months, we continue our efforts to advertise the group, adjust social media awareness campaigns, work to engage students throughout the region and encourage their participation.

During the school year, JFS offered counseling services to students at the Della Lindley Elementary School, with nine students participating, consistent with the first six months measuring student engagement. Jewish Family Services’ ongoing outreach efforts continue to the three school districts to share agency information and make school officials aware of services and support available to their students.

JFS continues to build capacity in our clinical team with consistent and novel recruiting efforts and engaging emerging professionals who are seeking to establish their credentials and serve our Coachella Valley communities. Four clinical interns are on the JFS Team; all four are providing mental health counseling services and two are classified as ‘Associate Clinicians’, through their Board of Behavioral Sciences registration.. In addition to the offer extended to a new clinical team member in the last reporting cycle, a local candidate is expected to join our team and complete his first year internship in the Case Management Department with a plan for his second year to focus on counseling.. JFS continues to explore ways to increase our clinical team by developing our intern program.

**Progress of Goal #1: [Goal #1: 1,344 counseling clients per fiscal year.](#)**

During this reporting period, JFS has provided 486 Coachella Valley residents of all ages with a total of 3,328 low- or no-cost mental health counseling sessions. This represents 36% of the proposed 1,344 clients per year. As noted in the initial reporting period, the JFS clinical team intentionally slowed new client intake and revised the scheduling process to better manage the flow of existing and new clients, allowing for an appropriate number of available sessions for existing clients. Changes initiated have ensured that existing clients can be scheduled as often as needed and to ensure appropriate follow-up in their treatment. The revised process also allows for the appropriate discharge of those clients who have completed treatment. In addition, the clinical interns have created more available appointments for new, non-insurance

clients. The new scheduling process and revised systems has allowed 31 new clients to be served in this reporting period. Providing mental health services to 1,344 unduplicated clients per year may be attainable, and we work toward that target; the agency's electronic health record (EHR) remains the most reliable means of gathering and reporting on these data.

**Progress of Goal #2:** [Goal #2: 70% of adult clients \(847\) will attend 3 or more sessions.](#)

Current: JFS is committed to ensuring that counseling clients presenting with needs for more acute care receive more periodic scheduling and attend 3 or more sessions with a JFS therapist. We are happy to report that we have surpassed this goal. Out of the 486 clients served in this reporting period, 401 were adult clients, of which 313, or 78%, attended 3 or more sessions. Of the 31 new clients in the scheduling flow, some have not yet been seen for three sessions with respect to when they joined the program. Attending at least three sessions is an important goal for which the use of the EHR will be key in determining agency success, particularly as we assess and schedule new patients and respond to current patient's scheduling needs. The clinical team's ongoing use of the EHR will track this information and is the primary evaluation method for Goal #2.

**Progress of Goal #3:** [Goal #3: 100% of adult clients \(1,210\) will be administered depression screening tools.](#)

JFS therapists administered the adult depression scale to all 401 adult clients who received care during this reporting period, meeting the proposed goal of offering and grading scales for 100% of therapy clients. Depression scales are administered to adult clients at intake and at four and eight weeks after counseling begins, and at the therapist's discretion, to monitor clinical progress. The JFS clinical team realizes the benefit of periodic assessments, and their use of the EHR makes tracking and reviewing past scores more likely.

**Progress of Goal #4:** [Goal #4: 10 local youth will attend the "Whole Soul" group in FY23.](#)

JFS is committed to enrolling ten local youth in our "Whole Soul" program in FY 2023. Our first "Hole Soul to a Whole Soul" group of four local youths (40% of the goal) successfully completed the group curriculum. Recruiting efforts for the next cohort are underway. Our teams continue outreach to Coachella Valley youth by participating in social events like 'Back-to-School' programs and other special events. We expect to repeat the success of the initial recruitment and implementation, with promotional efforts taking place in the first quarter of 2024 and group availability in the second quarter of 2024.

**Progress of Goal #5:** To ensuring that all of our adult clients are aware of the JFS case management services, including emergency financial assistance.

JFS is committed, under Goal #5, to ensure that all of our adult clients are aware of the JFS case management services, including emergency financial assistance. We are confident of achieving this goal consistently; the revised Client Registration Form provides information on case management services which each client must acknowledge receiving. We will continue to provide written information to all counseling clients and JFS therapists will continue to remind their clients of available case management services to help highlight the opportunity and meet client needs. As information is included in clinical notes, progress toward this goal is monitored through ongoing discussions with the clinical team and the agency's Clinical Director, in addition to review of client records.

### **Progress on the Number of District Residents Served**

**Number of Unduplicated District Residents Directly Served During This Reporting Period:** 486

**Number of Unduplicated District Residents Indirectly Served During This Reporting Period:** 2,187

### **Please answer the following questions:**

- **Is the project on track in meeting its goals?**

**Yes**

- **Please describe any specific issues/barriers in meeting the project goals.**

JFS is confident in our ability to meet Goals #2, #3, and #5 by the end of the program period by managing current processes and engaging with new and existing clients as is done currently.

As noted, we have addressed a previously reported potential difficulty in meeting Goal #1 by adjusting new client acceptance to ensure an appropriate number of available sessions for existing clients. Increases in referral rates and our enhanced ability to onboard new clients means the agency has increased new clients in this reporting period. We are now focused on building capacity in our clinical team that



will allow us to increase available counseling sessions, increasing the likelihood of meeting Goal #1. In the 12 month period from 1 November 2022 through 31 October 2023, JFS clinical teams have provided service to 614 unduplicated clients. While the existing Clinical Internship program is a great benefit to the counseling program, we continue efforts to recruit licensed clinicians to meet the ongoing needs of Coachella Valley residents.

JFS is committed to offering counseling services in the fashion requested by clients, whether in-person or via telehealth services, and in the client's preferred language.

We look forward to monitoring new client referrals and intakes and reporting on Goal #1 progress over the next six months.

We believe there is adequate time and interest in the "Whole Soul" group to attain project Goal #4, we expect to increase community marketing in the next quarter, including marketing to area providers of mental health services that do not currently offer a group analogous to "Whole Soul."

- **If the project is not on track, what is the course correction?**

JFS expects to meet all stated program goals. The agency's ongoing efforts to increase clinical bandwidth, accommodate additional referrals, and expand current partnerships while establishing new collaborations will increase our ability to reach each goal.

The ongoing availability to offer telecare services allows us to continue engaging out-of-state therapists. We are pursuing creative ways to increase the size and capacity of our clinical team through approaches like offering a CA-based salary to residents in states with a lesser cost of living.

In addition, JFS has created a clinical training program that offers supervision to paid and unpaid clinical interns in an effort to train additional therapists while hopefully recruiting for the organization and retaining licensed clinical professionals in the Coachella Valley. We are actively pursuing funding to expand this program as we work to close the gap between available therapists and area residents in need of affordable and accessible mental health care. Currently, the clinical team includes four interns, two of whom are paid associates. JFS is limited to adding more interns based on the ability of the current licensed staff to provide the required supervision.

Increasing clinical capacity and referral capacity means reviewing intake, scheduling, and billing procedures to identify opportunities for new efficiencies and

potential pressure points as the program grows. We are committed to a 'client-centric' process to improve service and compliance; success of the program continues to be measured by our ability to provide affordable access to mental health care for all Coachella Valley residents, our clients attending at least three counseling sessions, and experiencing an improvement in symptoms. JFS case management and clinical teams work together to ensure that clients are aware of the services available to them and that they can readily access them.

Working toward greater efficiencies and improved customer service, JFS is in the process of implementing a new, more efficient electronic health record (ERH) that offers improved billing processing, scheduling, and video conferencing. The new ERH will be operational in April 2024. The EHR/client interface will be significantly improved, offering clients the chance to make rescheduling requests directly from an email reminder, a function that is not currently available. This easy option will decrease appointment no-shows and cancellations, optimizing both the care and capacity of the clinical staff.

All of the steps noted above are ongoing.

Recruitment for the next "Whole Soul" cohort will include increased outreach to other providers who might have clients who can benefit from this type of group support and other partners making referrals to JFS. We have adapted program content and literature and are engaging partners across all the communities in our service area.

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

JFS is excited to report that, through the Clinical Internship Program, agreements are now in place with several organizations for client referrals. Referring organizations include:

1. Desert Cancer Foundation
2. DAP Health
3. The Family Health & Support Network's Building Resilience in African-American Families (BRAAF) program

Additional potential partners with whom discussions have ensued include:

1. The Boys and Girls Club of Cathedral City
2. Elder Love USA
3. Braille Institute
4. Neuro Vitality Center

Report Period: 11/01/2023 - 11/30/2023  
(Monthly report due the 15th of each month)

**Program/Project Information:**

**Grant # 1329**  
**Project Title:** DPMG Health Street Medicine  
**Start Date:** 10/1/2022  
**End Date:** 9/30/2025  
**Term:** 36 months  
**Grant Amount:** \$500,000.00  
**Executive Summary:** Desert Physicians Medical Group Health is committed to bridging health and community. We plan to expand access and provide care for those living in the Coachella Valley. This funding will provide support for the medical mobile unit and communities we serve. It is anticipated that 3,000 patient encounters will be conducted via the medical mobile unit by September 30, 2023 with an expansion by September 30, 2025 to increase total annual patient encounters to at least 7,000 per year, including primary and specialty care services.

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supportive Information (Graphs, reports, indicator results, etc.)																																							
Services	By September 30, 2025, increase total annual patient encounters to at least 7,000 per year and provide extended hours and weekend hours at least 1,400 encounters per year.	<p>The table and graph below illustrates the total number of patient encounters seen since October 1, 2023 up to this reporting period.</p> <table border="1" data-bbox="676 1015 1990 1388"> <thead> <tr> <th rowspan="2">Date</th> <th rowspan="2">Location</th> <th rowspan="2"># of Patients seen</th> <th colspan="2">Gender</th> <th colspan="3">Age</th> <th rowspan="2">Unknown</th> </tr> <tr> <th>Female</th> <th>Male</th> <th>≤ 18 yo</th> <th>19-64 yo</th> <th>≥ 65 yo</th> </tr> </thead> <tbody> <tr style="background-color: #c00000; color: white;"> <td colspan="9" style="text-align: center;">October 2023</td> </tr> <tr> <td>10/2/23</td> <td>Gojji Telemedicine</td> <td>14</td> <td>8</td> <td>6</td> <td>0</td> <td>12</td> <td>2</td> <td>0</td> </tr> </tbody> </table>								Date	Location	# of Patients seen	Gender		Age			Unknown	Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo	October 2023									10/2/23	Gojji Telemedicine	14	8	6	0	12	2	0
Date	Location	# of Patients seen	Gender		Age			Unknown																																	
			Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo																																		
October 2023																																									
10/2/23	Gojji Telemedicine	14	8	6	0	12	2	0																																	

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

		10/3/23	Galilee Center at Western Sands Motel - Refugee Clinic	29	18	11	12	17	0	0
		10/3/23	Gojji Telemedicine	10	5	5	0	10	0	0
		10/4/23	R.I.S.E. Smoke Tree	3	0	3	0	3	0	0
		10/4/23	Gojji Telemedicine	11	7	4	0	9	2	0
		10/4/23	Birth Choice of the Desert	2	2	0	0	2	0	0
		10/5/23	Coyote Run Apartments	40	25	15	9	26	5	0
		10/5/23	Gojji Telemedicine	9	6	3	0	9	0	0
		10/6/23	Our Lady of Guadalupe - Street Medicine	9	1	8	0	8	1	0
		10/6/23	Gojji Telemedicine	10	4	6	0	10	0	0
		10/9/23	Gojji Telemedicine	12	7	5	0	11	1	0
		10/10/23	Galilee Center at Western Sands Motel - Refugee Clinic	35	19	16	14	21	0	0
		10/11/23	Birth Choice of the Desert	2	2	0	0	2	0	0
		10/11/23	Gojji Telemedicine	14	6	8	0	12	2	0
		10/12/23	Substance Abuse Recovery Home	15	2	13	0	14	1	0

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

		10/12/23	Gojji Telemedicine	16	8	8	0	14	2	0
		10/13/23	Our Lady of Guadalupe - Street Medicine	12	3	9	0	9	3	0
		10/13/23	Gojji Telemedicine	15	10	5	0	12	3	0
		10/15/23	Coachella Youth Sport Association	14	8	6	0	13	1	0
		10/16/23	Gojji Telemedicine	13	9	4	0	13	0	0
		10/17/23	Galilee Center at Western Sands Motel - Refugee Clinic	22	15	7	11	11	0	0
		10/17/23	Gojji Telemedicine	11	5	6	0	11	0	0
		10/18/23	Gene Autry Wash	3	0	3	0	3	0	0
		10/18/23	Gojji Telemedicine	12	5	7	0	9	3	0
		10/19/23	Desert Hot Springs Unhoused Outreach	18	8	10	0	17	1	0
		10/19/23	Gojji Telemedicine	14	10	4	0	10	4	0
		10/20/23	Our Lady of Guadalupe - Street Medicine	15	5	10	0	13	1	1
		10/20/23	Gojji Telemedicine	13	10	3	0	11	2	0
		10/23/23	Gojji Telemedicine	14	6	8	0	14	0	0
		10/24/23	Galilee Center at Western Sands Motel - Refugee Clinic	23	9	14	6	17	0	0

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

10/25/23	R.I.S.E. Access Center	11	2	9	0	10	1	0
10/25/23	Gojji Telemedicine	13	6	7	0	13	0	0
10/26/23	Gojji Telemedicine	9	6	3	0	8	1	0
10/27/23	Our Lady of Guadalupe - Street Medicine	10	1	9	0	10	0	0
10/27/23	Gojji Telemedicine	4	2	2	0	4	0	0
10/28/23	DAP Equity Walk	4	1	3	0	3	1	0
10/30/23	Mountain View Estates	31	24	7	17	14	0	0
10/30/23	Gojji Telemedicine	6	4	2	0	5	1	0
<b>November 2023</b>								
11/1/23	R.I.S.E. Access Center	3	0	3	0	3	0	0
11/1/23	Birth Choice of the Desert	2	2	0	0	2	0	0
11/1/23	Gojji Telemedicine	5	4	1	0	3	2	0
11/2/23	Gojji Telemedicine	5	2	3	0	3	2	0
11/3/23	Our Lady of Guadalupe - Street Medicine	12	4	8	0	11	1	0
11/3/23	Gojji Telemedicine	6	4	2	0	4	2	0
11/4/23	Palm Springs Pride	354	127	227	3	296	52	3
11/6/23	Gojji Telemedicine	4	2	2	0	4	0	0

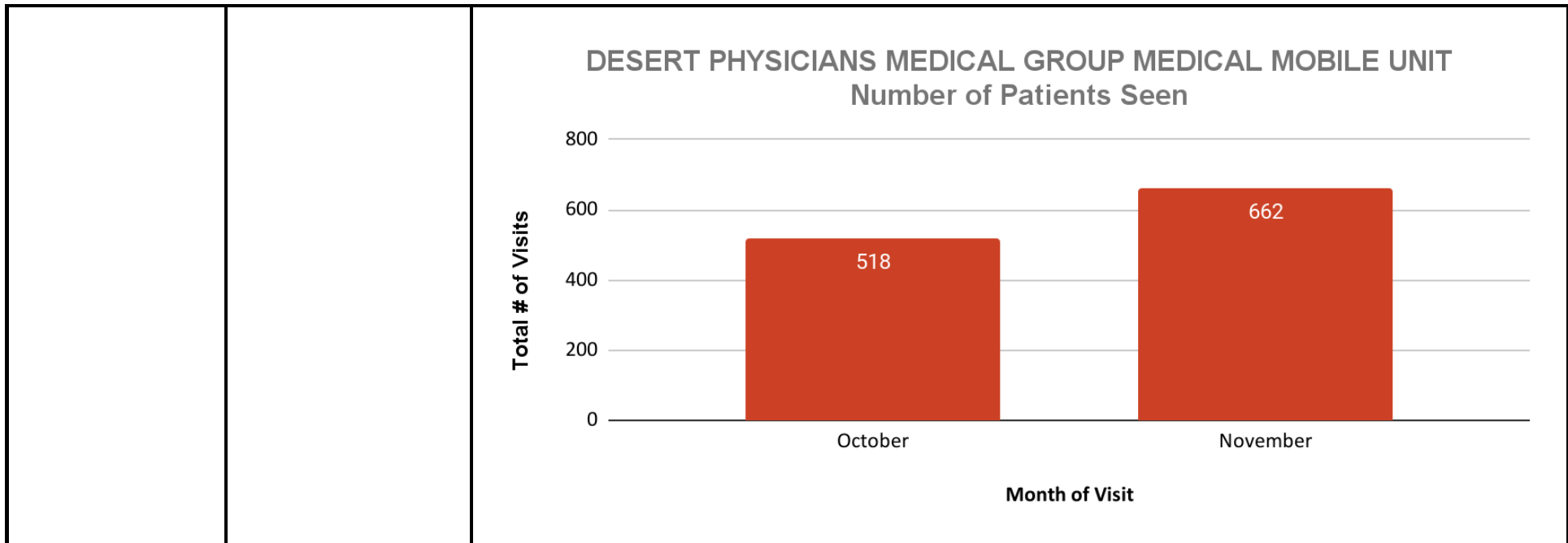
DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

		11/7/23	Galilee Center at Western Sands Motel - Refugee Clinic	13	7	6	7	6	0	0
		11/8/23	R.I.S.E. Access Center	8	1	7	0	6	2	0
		11/8/23	Birth Choice of the Desert	2	2	0	0	2	0	0
		11/8/23	Gojji Telemedicine	3	2	1	0	2	1	0
		11/9/23	Substance Abuse Recovery Home	12	2	10	0	12	0	0
		11/9/23	Gojji Telemedicine	5	3	2	0	3	2	0
		11/10/23	Our Lady of Guadalupe - Street Medicine	10	1	9	0	10	0	0
		11/10/23	Gojji Telemedicine	6	2	4	0	4	2	0
		11/13/23	Gojji Telemedicine	11	8	3	0	10	1	0
		11/14/23	Galilee Center at Western Sands Motel - Refugee Clinic	19	11	8	10	9	0	0
		11/15/23	R.I.S.E. Access Center	3	1	2	0	3	0	0
		11/15/23	Birth Choice of the Desert	1	1	0	0	1	0	0
		11/15/23	Gojji Telemedicine	3	3	0	0	2	1	0
		11/16/23	Desert Hot Springs Unhoused Outreach	16	4	12	0	13	3	0

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

		11/16/23	ABC Recovery Home	24	7	17	0	24	0	0
		11/16/23	Gojji Telemedicine	4	2	2	0	3	1	0
		11/17/23	Gojji Telemedicine	8	5	3	0	8	0	0
		11/20/23	Coachella Valley Housing Coalition	20	13	7	7	10	3	0
		11/20/23	Gojji Telemedicine	7	3	4	0	6	1	0
		11/21/23	Galilee Center at Western Sands Motel - Refugee Clinic	34	17	17	11	23	0	0
		11/22/23	Gojji Telemedicine	5	2	3	0	5	0	0
		11/27/23	Mountain View Estates	20	9	11	8	12	0	0
		11/27/23	Gojji Telemedicine	4	1	3	0	4	0	0
		11/28/23	Galilee Center at Western Sands Motel - Refugee Clinic	24	12	12	8	16	0	0
		11/28/23	Gojji Telemedicine	1	0	1	0	1	0	0
		11/29/23	Gojji Telemedicine	3	1	2	0	2	1	0
		11/30/23	Gojji Telemedicine	5	4	1	0	5	0	0
		<b>Total Since October 2023</b>		1180	538	642	123	938	115	4





<b>Goal</b>	<b>Goal/ Objective/ Other Topics</b>	<b>Successes, Emergent Issues, Challenges, Findings, and Supportive Information</b> (Graphs, reports, indicator results, etc.)
-------------	--------------------------------------	---

<b>Services</b>	<b>By September 30, 2023, provide primary and specialty care services to 3,000 patients.</b>	The table and graph below illustrates the total number of patient encounters seen since the launch of services on October 1, 2022 up to this reporting period.								
		Date	Location	# of Patients seen	Gender		Age			Unknown
					Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo	
<b>October 2022</b>										
10/14/22	Our Lady of Guadalupe	3	1	2	0	2	1	0		

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

		- Street Medicine							
10/15/22		Oasis Thermal - Arsenic Clinic	28	16	12	5	23	0	0
10/22/22		Desert Hot Springs Health & Wellness Center	30	22	8	6	19	5	0
10/28/22		Our Lady of Guadalupe - Street Medicine	4	2	2	0	3	1	0
<b>November 2022</b>									
11/11/22		Our Lady of Guadalupe - Street Medicine	2	0	2	0	2	0	0
11/19/22		Oasis Thermal - Arsenic Clinic	10	7	3	0	9	1	0
<b>December 2022</b>									
12/9/22		Our Lady of Guadalupe - Street Medicine	5	0	5	0	4	1	0
12/23/22		Our Lady of Guadalupe - Street Medicine	6	2	4	0	5	0	1
<b>January 2023</b>									
1/6/23		Our Lady of Guadalupe - Street Medicine	7	2	5	0	5	2	0
1/19/23		Headstart Nursery	30	12	18	0	24	5	1
1/19/23		Tudor Ranch	76	21	55	0	56	16	4

RFP - 2022-001 - Monthly Report Period Date: 11/01/2023 - 11/30/2023

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

1/20/23	Our Lady of Guadalupe - Street Medicine	3	0	3	0	3	0	0
1/25/23	Mobile Van Clinic	1	1	0	0	1	0	0
1/28/23	Palm Springs Health Run & Wellness Festival	3	0	3	0	2	1	0
<b>February 2023</b>								
2/3/23	Our Lady of Guadalupe - Street Medicine	2	1	1	0	2	0	0
2/17/23	Our Lady of Guadalupe - Street Medicine	11	3	8	0	7	2	2
2/22/23	Anthony Vineyards	71	9	62	1	57	12	1
<b>March 2023</b>								
3/3/23	Our Lady of Guadalupe - Street Medicine	9	3	6	0	9	0	0
3/10/23	Our Lady of Guadalupe - Street Medicine	6	2	4	0	4	0	2
3/14/23	Galilee Center at Western Sands Motel - Refugee Clinic	59	33	26	34	24	1	0
3/17/23	Our Lady of Guadalupe - Street Medicine	3	0	3	0	2	1	0
3/19/23	Anthony Vineyards - "Dia de la Familia" Health Fair	46	27	19	6	33	6	1

RFP - 2022-001 - Monthly Report Period Date: 11/01/2023 - 11/30/2023

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

		3/21/23	Galilee Center at Western Sands Motel - Refugee Clinic	40	21	19	17	23	0	0
		3/24/23	Our Lady of Guadalupe - Street Medicine	5	1	4	0	3	2	0
		3/28/23	Galilee Center at Western Sands Motel - Refugee Clinic	37	18	19	20	17	0	0
		3/31/23	Our Lady of Guadalupe - Street Medicine	6	1	5	0	4	1	1
<b>April 2023</b>										
		4/4/23	Galilee Center at Western Sands Motel - Refugee Clinic	16	6	10	7	9	0	0
		4/11/23	Galilee Center at Western Sands Motel - Refugee Clinic	56	23	33	30	26	0	0
		4/14/23	Our Lady of Guadalupe - Street Medicine	11	2	9	0	8	3	0
		4/18/23	Galilee Center at Western Sands Motel - Refugee Clinic	56	26	30	19	37	0	0
		4/21/23	Our Lady of Guadalupe - Street Medicine	15	1	14	0	11	1	3
		4/25/23	Galilee Center at Western Sands Motel -	41	14	27	11	30	0	0

RFP - 2022-001 - Monthly Report Period Date: 11/01/2023 - 11/30/2023

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

		Refugee Clinic							
4/28/23		Our Lady of Guadalupe - Street Medicine	10	3	7	0	6	1	3
May 2023									
5/2/23		Galilee Center at Western Sands Motel - Refugee Clinic	35	15	20	8	26	1	0
5/3/23		Mental Health Awareness Fair	36	25	11	5	31	0	0
5/4/23		John Glenn Middle School Tdap Clinic	12	5	7	11	1	0	0
5/5/23		Our Lady of Guadalupe - Street Medicine	16	5	11	0	10	4	2
5/8/23		Indio Middle School Tdap Clinic	18	10	8	15	3	0	0
5/9/23		Galilee Center at Western Sands Motel - Refugee Clinic	35	19	16	5	30	0	0
5/10/23		Valle Del Sol Elementary Tdap Clinic	35	20	15	34	1	0	0
5/10/23		Saul Martinez Elementary Tdap Clinic	24	7	17	24	0	0	0
5/11/23		Thomas Jefferson Middle School Tdap Clinic	8	3	5	8	0	0	0

RFP - 2022-001 - Monthly Report Period Date: 11/01/2023 - 11/30/2023

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

		5/12/23	Our Lady of Guadalupe - Street Medicine	12	4	8	0	10	2	0
		5/15/23	Colonel Mitchell Paige Middle School Tdap Clinic	2	2	0	2	0	0	0
		5/16/23	Galilee Center at Western Sands Motel - Refugee Clinic	37	19	18	6	31	0	0
		5/17/23	Palm Desert Charter Middle School Tdap Clinic	31	11	20	31	0	0	0
		5/18/23	La Quinta Middle Stem Academy Tdap Clinic	34	12	22	34	0	0	0
		5/19/23	Our Lady of Guadalupe - Street Medicine	5	2	3	0	4	1	0
		5/20/23	CVUSD District Office Tdap/COVID Clinic	31	18	13	29	2	0	0
		5/22/23	Palm Desert High School Sports Physicals	289	135	154	289	0	0	0
		5/23/23	Galilee Center at Western Sands Motel - Refugee Clinic	29	13	16	7	22	0	0
		5/25/23	Sacred Heart Tdap Clinic & Sports Physicals	29	12	17	29	0	0	0
		5/26/23	Our Lady of Guadalupe	16	3	13	0	13	3	0

RFP - 2022-001 - Monthly Report Period Date: 11/01/2023 - 11/30/2023

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

	- Street Medicine							
5/30/23	Galilee Center at Western Sands Motel - Refugee Clinic	44	21	23	19	25	0	0
5/31/23	La Quinta High School Sports Physicals	288	128	160	288	0	0	0
<b>June 2023</b>								
6/1/23	Cathedral City High School Sports Physicals	197	94	103	197	0	0	0
6/2/23	Our Lady of Guadalupe - Street Medicine	13	4	9	0	10	2	1
6/5/23	Palm Springs High School Sports Physicals	231	152	79	231	0	0	0
6/6/23	Galilee Center at Western Sands Motel - Refugee Clinic	25	14	11	10	15	0	0
6/9/23	Our Lady of Guadalupe - Street Medicine	11	2	9	0	9	2	0
6/13/23	Galilee Center at Western Sands Motel - Refugee Clinic	17	7	10	5	12	0	0
6/14/23	Gene Autry Wash	6	2	4	0	6	0	0
6/20/23	Galilee Center at	13	1	12	0	13	0	0

RFP - 2022-001 - Monthly Report Period Date: 11/01/2023 - 11/30/2023

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

	Western Sands Motel - Refugee Clinic							
6/21/23	Gene Autry Wash	12	6	6	0	10	2	0
6/23/23	Our Lady of Guadalupe - Street Medicine	13	3	10	0	10	3	0
6/27/23	Galilee Center at Western Sands Motel - Refugee Clinic	17	7	10	4	13	0	0
6/28/23	Gene Autry Wash	7	2	5	0	6	1	0
6/30/23	Our Lady of Guadalupe - Street Medicine	10	1	9	0	9	0	1
<b>July 2023</b>								
7/5/23	Gene Autry Wash	23	6	17	0	23	0	0
7/5/23	Gojji Telemedicine	8	1	7	0	7	1	0
7/6/23	Gojji Telemedicine	12	7	5	0	11	1	0
7/7/23	Our Lady of Guadalupe - Street Medicine	13	3	10	0	10	3	0
7/7/23	Gojji Telemedicine	4	4	0	0	4	0	0
7/10/23	Gojji Telemedicine	2	1	1	0	2	0	0
7/11/23	Galilee Center at Western Sands Motel - Refugee Clinic	36	20	16	15	21	0	0

RFP - 2022-001 - Monthly Report Period Date: 11/01/2023 - 11/30/2023



DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

		7/11/23	Gojji Telemedicine	2	1	1	0	2	0	0
		7/12/23	Gene Autry Wash	10	3	7	0	8	2	0
		7/12/23	Gojji Telemedicine	2	1	1	0	2	0	0
		7/13/23	Gojji Telemedicine	14	6	8	0	12	2	0
		7/14/23	Our Lady of Guadalupe - Street Medicine	18	10	8	0	17	1	0
		7/14/23	Gojji Telemedicine	5	3	2	0	5	0	0
		7/17/23	Gojji Telemedicine	4	2	2	0	4	0	0
		7/18/23	Galilee Center at Western Sands Motel - Refugee Clinic	39	21	18	17	22	0	0
		7/18/23	Gojji Telemedicine	3	1	2	0	3	0	0
		7/19/23	Gene Autry Wash	11	4	7	0	10	1	0
		7/19/23	Gojji Telemedicine	4	2	2	0	3	1	0
		7/20/23	Coachella Valley Housing Coalition	5	4	1	0	3	2	0
		7/20/23	Gojji Telemedicine	5	2	3	0	4	1	0
		7/21/23	Our Lady of Guadalupe - Street Medicine	17	7	10	0	15	2	0
		7/21/23	Gojji Telemedicine	5	5	0	0	5	0	0
		7/24/23	Gojji Telemedicine	4	1	3	0	4	0	0
		7/25/23	Galilee Center at	28	15	13	13	15	0	0

RFP - 2022-001 - Monthly Report Period Date: 11/01/2023 - 11/30/2023

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

	Western Sands Motel - Refugee Clinic							
7/25/23	Gojji Telemedicine	1	1	0	0	1	0	0
7/26/23	Gene Autry Wash	15	3	12	0	13	1	1
7/26/23	Gojji Telemedicine	5	4	1	0	4	1	0
7/27/23	Gojji Telemedicine	13	6	7	0	13	0	0
7/28/23	Our Lady of Guadalupe - Street Medicine	29	9	20	0	26	2	1
7/28/23	Gojji Telemedicine	5	3	2	0	4	1	0
7/31/23	Substance Abuse Recovery Home	33	12	21	3	29	1	0
7/31/23	Gojji Telemedicine	4	3	1	0	4	0	0
<b>August 2023</b>								
8/1/23	Galilee Center at Western Sands Motel - Refugee Clinic	22	14	8	9	13	0	0
8/1/23	Gojji Telemedicine	2	0	2	0	2	0	0
8/2/23	Gene Autry Wash	6	4	2	0	6	0	0
8/2/23	DSUSD District Tdap Clinic	36	16	20	36	0	0	0
8/2/23	Gojji Telemedicine	6	2	4	0	4	2	0
8/3/23	Gojji Telemedicine	6	3	3	0	4	2	0

RFP - 2022-001 - Monthly Report Period Date: 11/01/2023 - 11/30/2023

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

		8/4/23	Our Lady of Guadalupe - Street Medicine	15	5	10	0	13	2	0
		8/4/23	Gojji Telemedicine	8	5	3	0	8	0	0
		8/7/23	La Quinta Middle School Tdap Clinic	75	38	37	74	1	0	0
		8/7/23	Gojji Telemedicine	5	4	1	0	5	0	0
		8/8/23	Galilee Center at Western Sands Motel - Refugee Clinic	35	20	15	13	22	0	0
		8/9/23	Gene Autry Wash	4	1	3	0	3	1	0
		8/9/23	Gojji Telemedicine	5	4	1	0	5	0	0
		8/10/23	Desert Ridge Academy Vaccine Clinic	48	27	21	47	1	0	0
		8/10/23	Gojji Telemedicine	9	4	5	0	6	3	0
		8/11/23	Our Lady of Guadalupe - Street Medicine	13	6	7	0	10	3	0
		8/11/23	Gojji Telemedicine	8	4	4	0	7	1	0
		8/14/23	Cahuilla Desert Academy Tdap Clinic	46	26	20	46	0	0	0
		8/14/23	Gojji Telemedicine	5	3	2	0	5	0	0
		8/15/23	Galilee Center at Western Sands Motel - Refugee Clinic	15	6	9	4	10	1	0

RFP - 2022-001 - Monthly Report Period Date: 11/01/2023 - 11/30/2023

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

		8/16/23	Gene Autry Wash	6	1	5	0	5	1	0
		8/16/23	Gojji Telemedicine	4	2	2	0	3	1	0
		8/17/23	Gojji Telemedicine	5	1	4	0	4	1	0
		8/17/23	Woodspur Farms	35	25	10	2	33	0	0
		8/18/23	Our Lady of Guadalupe - Street Medicine	9	1	8	0	6	3	0
		8/18/23	Gojji Telemedicine	7	6	1	0	7	0	0
		8/22/23	Galilee Center at Western Sands Motel - Refugee Clinic	22	12	10	6	16	0	0
		8/22/23	Gojji Telemedicine	2	1	1	0	2	0	0
		8/23/23	Toro Canyon Middle School Tdap Clinic	13	11	2	13	0	0	0
		8/23/23	Thomas Jefferson Middle School Tdap Clinic	9	6	3	9	0	0	0
		8/23/23	Gojji Telemedicine	4	1	3	0	4	0	0
		8/24/23	Desert Hot Springs Unhoused Outreach	17	7	10	0	13	4	0
		8/24/23	Gojji Telemedicine	6	3	3	0	6	0	0
		8/25/23	Our Lady of Guadalupe - Street Medicine	7	2	5	0	4	3	0
		8/25/23	Gojji Telemedicine	6	2	4	0	5	1	0

RFP - 2022-001 - Monthly Report Period Date: 11/01/2023 - 11/30/2023

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

		8/28/23	Substance Abuse Recovery Home	20	7	13	2	15	3	0
		8/28/23	Gojji Telemedicine	6	4	2	0	6	0	0
		8/29/23	Galilee Center at Western Sands Motel - Refugee Clinic	40	22	18	21	19	0	0
		8/30/23	Gene Autry Wash	6	2	4	0	6	0	0
		8/30/23	Gojji Telemedicine	6	2	4	0	4	2	0
		8/31/23	Gojji Telemedicine	4	1	3	0	3	1	0
<b>September 2023</b>										
		9/1/23	Our Lady of Guadalupe - Street Medicine	12	4	8	0	9	3	0
		9/1/23	Gojji Telemedicine	17	9	8	0	17	0	0
		9/5/23	Galilee Center at Western Sands Motel - Refugee Clinic	28	12	16	7	21	0	0
		9/5/23	Gojji Telemedicine	14	12	2	0	14	0	0
		9/6/23	Gojji Telemedicine	15	6	9	0	15	0	0
		9/7/23	Gojji Telemedicine	16	9	7	0	14	2	0
		9/8/23	Our Lady of Guadalupe - Street Medicine	15	5	10	0	9	6	0
		9/8/23	Gojji Telemedicine	14	8	6	0	11	3	0

RFP - 2022-001 - Monthly Report Period Date: 11/01/2023 - 11/30/2023

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

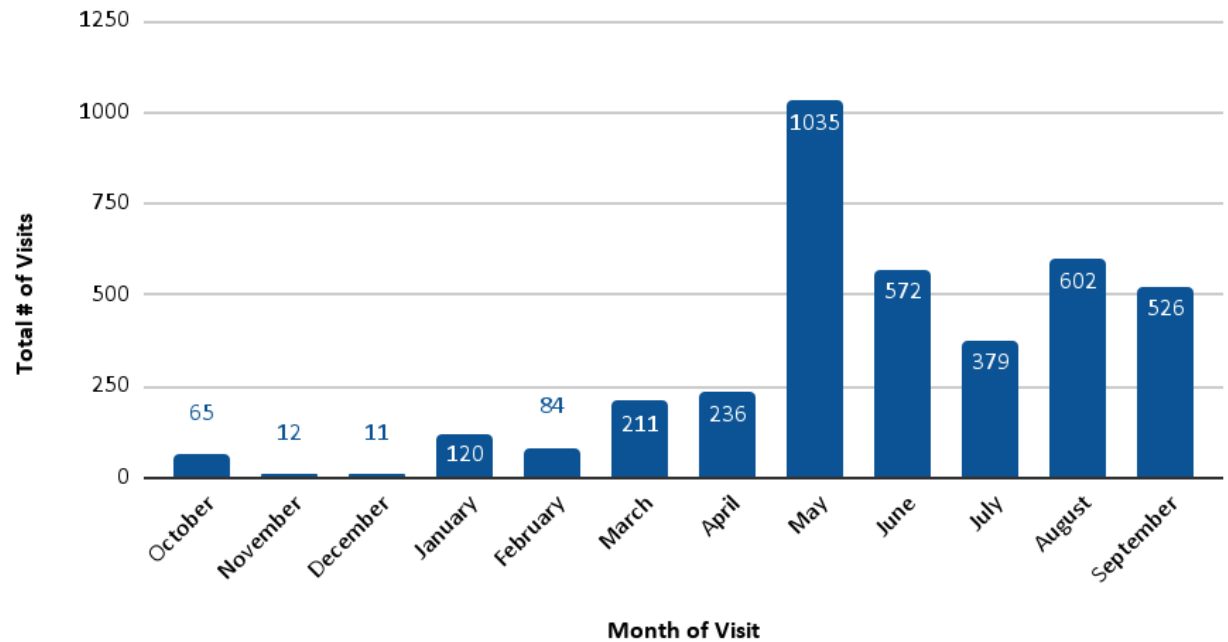
		9/11/23	Mountain View Estates	17	13	4	3	13	1	0
		9/11/23	Gojji Telemedicine	15	6	9	0	13	2	0
		9/12/23	Galilee Center at Western Sands Motel - Refugee Clinic	22	15	7	6	16	0	0
		9/12/23	Gojji Telemedicine	11	8	3	0	11	0	0
		9/13/23	Gene Autry Wash	11	5	6	1	9	1	0
		9/13/23	Gojji Telemedicine	15	10	5	0	15	0	0
		9/14/23	Gojji Telemedicine	14	7	7	0	12	2	0
		9/15/23	Our Lady of Guadalupe - Street Medicine	15	6	9	0	12	3	0
		9/15/23	Gojji Telemedicine	14	9	5	0	14	0	0
		9/18/23	Paseo De Los Heros II	8	6	2	2	6	0	0
		9/18/23	Gojji Telemedicine	19	8	11	0	17	2	0
		9/19/23	Galilee Center at Western Sands Motel - Refugee Clinic	21	9	12	8	13	0	0
		9/19/23	Gojji Telemedicine	11	8	3	0	11	0	0
		9/20/23	Gene Autry Wash	8	3	5	0	7	1	0
		9/20/23	Gojji Telemedicine	15	8	7	0	11	4	0
		9/21/23	Desert Hot Springs Unhoused Outreach	22	9	13	0	18	4	0

RFP - 2022-001 - Monthly Report Period Date: 11/01/2023 - 11/30/2023

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
RFP - 2022-001 - MONTHLY REPORT

9/21/23	Gojji Telemedicine	16	6	10	0	14	2	0
9/22/23	Our Lady of Guadalupe - Street Medicine	12	4	8	0	10	2	0
9/22/23	Gojji Telemedicine	14	10	4	0	14	0	0
9/25/23	Our Lady of Soledad	16	8	8	0	14	2	0
9/25/23	Gojji Telemedicine	14	9	5	0	10	4	0
9/26/23	Galilee Center at Western Sands Motel - Refugee Clinic	23	9	14	6	17	0	0
9/26/23	Gojji Telemedicine	12	7	5	0	12	0	0
9/27/23	Birth Choice of the Desert	2	2	0	0	2	0	0
9/27/23	Gojji Telemedicine	13	8	5	0	11	2	0
9/28/23	Gojji Telemedicine	12	6	6	0	11	1	0
9/29/23	Our Lady of Guadalupe - Street Medicine	11	2	9	0	7	2	2
9/29/23	Gojji Telemedicine	12	9	3	0	11	1	0
<b>Totals: October 2022 - September 2023</b>		3853	1821	2032	1810	1824	192	27

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
Number of Patients Seen







**DESERT HEALTHCARE  
DISTRICT & FOUNDATION**

Date: February 13, 2024  
To: Program Committee  
Subject: Grant Applications, RFPs, and MOUs Submitted and Under Review

---

**Staff Recommendation:** Information only.

**Grant Applications:** The following grant and mini grant applications have been submitted and are under review by the grants team and are pending either proposal conferences and/or a site visit. Recommendations/suggested decisions will be brought forward to the Program Committee for possible action:

1. Mini Grant #1433 GANAS \$10,000: Mission is to improve the quality of life of the Hispanic and Latino special needs community –
  - a. Status: pending a proposal conference.
2. Grant #1428 ABC Recovery Center
  - a. Status: Proposal conference conducted – application withdrawn and to be resubmitted to request 2 years of operating support for behavioral health staff and uncompensated prescription medicines.
3. Mini Grant #1431 Habitat for Humanity - \$10,000 application being revised to reflect program component for the Client Services Coordinator to conduct regular wellness checks ensure clients' health and safety and identify unmet needs and partnering with numerous community-based and government organizations to provide clients with referrals and linkages to vital services.
  - a. Status: application being revised.
4. Grant #1409 UCR School of Medicine - \$475,609 for three years to support and engage doctors in training (medical students) in the screening, diagnosis, and treatment of cardiovascular disease among patients accessing the Coachella Valley Free Clinic in Mecca.
  - a. Status: After site visit to the Mecca clinic on January 16, 2024 grantee is withdrawing application and resubmitting a new application to request 2 year operating support for the free clinic.

**Recently Board-approved grants:**

1. Grant# #1403 Vision to Learn \$50,000
2. Grant #1419 Blood Bank of SB & Riverside Counties aka LifeStream \$104,650
3. Grant #1420 Braille Institute - \$36,697
4. Grant #1421 Olive Crest \$359,594

1. Mini Grant #1430 Asthma & Allergy Foundation of America St. Louis Chapter: \$10,000 for 50 Asthma Newly Diagnosed Kit project to be provided to Coachella Valley families and children newly diagnosed with asthma and follow up of 1-2 additional touchpoints with schools and families, to check in every 6-8 weeks during the school year. In alignment with Strategic Plan Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area/Strategy 6.1: Increase awareness of the health impacts of the air quality in the Coachella Valley (Priority: High)

**Recently declined grants:**

1. Mini Grant #1427 Family Services of the Desert Inc., dba Food Now – requesting funds to support two programs: Children's Weekend Meals Program and Youth Outreach Food Distribution covering staff, food expense, and related expenses including transportation, facility, and utilities. Strategic plan goal #5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of District residents/Strategy 5.3
  - a. Reason for declination: application was outside of the high priority goals #2, #3, and #6 (strategies 6.1 and 6.2) set by the Board of Directors in December 2023

DESERT HEALTHCARE DISTRICT							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
January 31, 2024							
TWELVE MONTHS ENDING JUNE 30, 2024							
Grant ID Nos.	Name	Approved	6/30/2023	Current Yr	Total Paid Prior Yrs	Total Paid Current Yr	Open
		Grants - Prior Yrs	Bal Fwd	2023-2024	July-June	July-June	BALANCE
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000	\$ 3,320,000		\$ -		\$ 3,320,000
2022-1301-BOD-01-25-22	UCR Regents - Community Based Interventions to Mitigate Psychological Trauma - 1 Yr.	\$ 113,514	\$ 11,352		\$ 5,747		\$ 5,605
	Unexpended funds Grant #1301						\$ (5,605)
2022-1311-BOD-04-26-22	Desert Arc - Healthcare for Adults with Disabilities Project Employment of Nurses - 1 Yr.	\$ 102,741	\$ 10,275		\$ 10,275		\$ -
2022-1313-BOD-04-26-22	Angel View - Improving Access to Primary and Specialty Care Services for Children With Disabilities 1 Yr.	\$ 76,790	\$ 7,680		\$ 7,680		\$ -
2022-1314-BOD-05-24-22	Voices for Children - Court Appointed Special Advocate Program - 1 Yr.	\$ 60,000	\$ 6,000		\$ 6,000		\$ -
2022-1325-BOD-06-28-22	Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs.	\$ 150,000	\$ 82,500		\$ 33,750		\$ 48,750
2022-1327-BOD-06-28-22	Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs.	\$ 50,000	\$ 27,500		\$ 11,250		\$ 16,250
2022-1328-BOD-06-28-22	El Sol - Expanding Access to Educational Resources for Promotoras - 2 Yrs.	\$ 150,000	\$ 82,500		\$ 33,750		\$ 48,750
2022-1331-BOD-06-28-22	Pueblo Unido - Improving Access to Behavioral Health Education and Prevention Services - 2 Yrs.	\$ 50,000	\$ 27,500		\$ 11,250		\$ 16,250
2022-1324-BOD-07-26-22	Galilee Center - Our Lady of Guadalupe Shelter - 2 Yr.	\$ 100,000	\$ 55,000		\$ 22,500		\$ 32,500
2022-1332-BOD-07-26-22	Alianza CV - Expanding and Advancing Outreach Through Increasing Capacity Development - 2 Yrs.	\$ 100,000	\$ 55,000		\$ -		\$ 55,000
2022-1329-BOD-09-27-22	DPMG - Mobile Medical Unit - 3 Yrs.	\$ 500,000	\$ 450,000		\$ 111,572		\$ 338,428
2022-1350-BOD-09-27-22	JFK Memorial Foundation - Behavioral Health Awareness and Education Program - 1 Yr.	\$ 57,541	\$ 5,755		\$ 5,755		\$ (0)
2022-1355-BOD-09-27-22	Joslyn Center - The Joslyn Wellness Center - 1 Yr.	\$ 85,000	\$ 8,500		\$ 8,500		\$ 0
2022-1361-BOD-09-27-22	DAP Health - DAP Health Monkeypox Virus Response - 1 Yr.	\$ 586,727	\$ 340,654		\$ 7,659		\$ 332,995
	Unexpended funds Grant #1361						\$ (332,995)
2022-1356-BOD-10-25-22	Blood Bank of San Bernardino/Riverside Counties - Coachella Valley Therapeutic Apheresis Program - 1 Yr.	\$ 140,000	\$ 77,000		\$ 63,000		\$ 14,000
2022-1358-BOD-10-25-22	Foundation for Palm Springs Unified School District - School-Based Wellness Center Project - 1 Yr.	\$ 110,000	\$ 60,500		\$ -		\$ 60,500
2022-1362-BOD-10-25-22	Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 Yrs.	\$ 160,000	\$ 124,000		\$ 72,000		\$ 52,000
2022-1326-BOD-12-20-22	TODEC - TODEC's Equity Program - 2 Yrs.	\$ 100,000	\$ 77,500		\$ 22,500		\$ 55,000
2022-1330-BOD-12-20-22	OneFuture Coachella Valley - Building a Healthcare Workforce Pipeline - 2 Yrs.	\$ 605,000	\$ 468,874		\$ 136,124		\$ 332,750
2022-1369-BOD-12-20-22	ABC Recovery Center - Cost of Caring Fund Project - 1 Yr.	\$ 332,561	\$ 257,735		\$ 257,735		\$ -
2023-1333-BOD-01-24-23	Organizacion en California de Lideres Campesinas - Healthcare Equity for ECV Farmworker Women - 2 Yrs.	\$ 150,000	\$ 116,250		\$ 33,750		\$ 82,500
2023-1363-BOD-01-24-23	Pegasus Riding Academy - Pegasus Equine Assisted Therapy - 1 Yr.	\$ 60,092	\$ 33,052		\$ 27,040		\$ 6,012
2023-1372-BOD-02-28-23	Reynaldo J. Carreon MD Foundation - Dr. Carreon Scholarship Program - 1 Yr.	\$ 50,000	\$ 27,500		\$ 22,500		\$ 5,000
2023-1391-BOD-05-23-23	Lift To Rise - Driving Regional Economic Stability Through Collective Impact - 3 Yrs.	\$ 900,000	\$ 832,500		\$ 67,500		\$ 765,000
2023-1392-BOD-05-23-23	Galilee Center - Galilee Center Extended Shelter - 1 Yr.	\$ 268,342	\$ 207,965		\$ 120,754		\$ 87,211
2023-1393-BOD-06-27-23	DAP Health - DAP Health Expands Access to Healthcare - 1 Yr.	\$ 1,025,778	\$ 1,025,778		\$ 692,400		\$ 333,378
2023-1398-BOD-06-27-23	Desert Healthcare Foundation - Core Operating Support - 1 Yr.	\$ 750,000	\$ 750,000		\$ 750,000		\$ -
2023-BOD-06-27-23	Carry over of remaining Fiscal Year 2022/2023 Funds for Mobile Medical Unit Program	\$ 395,524	\$ 395,524		\$ -		\$ 395,524
2023-1399-Mini-07-06-23	Theresa A. Mike Scholarship Foundation - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1401-Mini-07-07-23	Word of Life Fellowship Center - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1396-Mini-07-25-23	Boys & Girls Club of Coachella Valley - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1389-BOD-07-25-23	Step Up on Second Street - Step Up's ECM/LOS Programs in the Coachella Valley - 1 Yr.			\$ 64,401		\$ 28,980	\$ 35,421
2023-1394-BOD-07-25-23	CSU San Bernardino Palm Desert Campus Nursing Street Medicine Program - 1 Yr.			\$ 73,422		\$ 33,040	\$ 40,382
2023-1397-Mini-08-23-23	Well In The Desert - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1402-Mini-09-05-23	Ronnie's House for Hope - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1414-Mini-09-14-23	Desert Access and Mobility, Inc. - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1400-BOD-09-26-23	Desert Arc - Desert Arc Health Care Program - 1 Yr.			\$ 291,271		\$ 65,536	\$ 225,735
2023-1404-BOD-09-26-23	Martha's Village and Kitchen - Homeless Housing and Wrap-Around Services Expansion - 2 Yrs.			\$ 369,730		\$ 83,189	\$ 286,541
2023-1405-BOD-09-26-23	Variety Children's Charities of the Desert - Expansion of Core Programs and Services - 1Yr.			\$ 120,852		\$ 54,383	\$ 66,469
2023-1408-BOD-10-24-23	Coachella Valley Volunteers In Medicine - Ensuring Access to Healthcare - 1 Yr.			\$ 478,400		\$ 107,640	\$ 370,760
2023-1410-BOD-10-24-23	Alianza Nacional de Campesinas, Inc. - Coachella Valley Farmworkers Food Distribution - 1 Yr.			\$ 57,499		\$ 25,875	\$ 31,624
2023-1413-BOD-10-24-23	Voices for Children - Court Appointed Special Advocate Program - 1 Yr.			\$ 81,055		\$ 36,474	\$ 44,581
2023-1412-BOD-10-24-23	DPMG - DPMG Health Community Medicine - 2 Yrs.			\$ 1,057,396		\$ 100,000	\$ 957,396
2023-MOU-BOD-11-04-23	TODEC - Outreach and Linkage to Supportive Mental Health Services - Tropical Storm Hilary - 3 Mos.			\$ 40,000		\$ 40,000	\$ -
2023-MOU-BOD-11-04-23	Chance Initiative, Inc. - Outreach and Linkage to Supportive Services - Tropical Storm Hilary - 3 Mos.			\$ 10,000		\$ 10,000	\$ -
2023-1403-BOD-12-19-23	Vision To Learn - Palm Desert and Coachella Valley VTL Program - 1 Yr.			\$ 50,000		\$ 22,500	\$ 27,500
2023-1419-BOD-12-19-23	Blood Bank of San Bernardino/Riverside Counties - LifeStream's Attracting New Donors Initiative - 1 Yr.			\$ 104,650		\$ 47,092	\$ 57,558
2023-1420-BOD-12-19-23	Braille Institute of America - Low Vision Telehealth Services - 1Yr.			\$ 36,697		\$ 16,514	\$ 20,183
2023-1421-BOD-12-19-23	Olive Crest - General Support for Counseling and Mental Health Services to Vulnerable Children and Families - 2 Yrs.			\$ 359,594		\$ 80,908	\$ 278,686
<b>TOTAL GRANTS</b>		<b>\$ 17,229,610</b>	<b>\$ 8,944,395</b>	<b>\$ 3,254,967</b>	<b>\$ 2,540,992</b>	<b>\$ 812,131</b>	<b>\$ 8,507,638</b>
<b>Amts available/remaining for Grant/Programs - FY 2023-24:</b>							
<b>Amount budgeted 2023-2024</b>			\$ 4,000,000				1/31/2024
<b>Amount granted YTD:</b>			\$ (3,254,967)			G/L Balance:	
Financial Audits of Non-Profits; Organizational Assessments			\$ (2,000)			2131	\$ 6,032,638
Net adj - Grants not used: 1361; 1301			\$ 338,600			2281	\$ 2,475,000
Matching external grant contributions			\$ -			<b>Total</b>	<b>\$ 8,507,639</b>
<b>Balance available for Grants/Programs</b>			<b>\$ 1,081,633</b>				<b>\$ (0)</b>



**DESERT HEALTHCARE DISTRICT  
FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE  
MEETING MINUTES  
February 14, 2024**

<b>Directors Present via Video Conferencing</b>	<b>District Staff Present via Video Conferencing</b>	<b>Absent</b>
Chair/Treasurer Arthur Shorr Vice-President Carmina Zavala, PsyD Director Leticia De Lara, MPA	Chris Christensen, Interim CEO Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Eric Taylor, Accounting Manager Andrea S. Hayles, Board Relations Officer	

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>I. Call to Order</b>	Chair Shorr called the meeting to order at 5:05 p.m.	
<b>II. Approval of Agenda</b>	Chair Shorr asked for a motion to approve the agenda.	<b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the agenda. Motion passed unanimously.</b>
<b>III. Public Comment</b>	There was no public comment.	
<b>IV. Approval of Minutes</b> 1. <b>F&amp;A Minutes – Meeting January 10, 2024</b>	Chair Shorr motioned to approve the January 10, 2024.	<b>Moved and seconded by Vice-President Zavala and Chair Shorr to approve the January 10, 2024, meeting minutes. Motion passed unanimously.</b>
<b>V. Interim CEO Report</b>	Chris Christensen, Interim CEO, described the negotiations in-progress for renewing the 5-year lease at the Las Palmas Medical Plaza expiring April 30, 2024.	
<b>VI. Chief Administration Officer Report</b> 1. <b>Las Palmas Medical Plaza Leasing Update</b>	Chris Christensen, Interim CEO, described Coldwell Banker’s role in continuing to market the two vacant suites.	
<b>VII. Financial Reports</b>	Chair Shorr reviewed the January financial statements	

**DESERT HEALTHCARE DISTRICT  
FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE  
MEETING MINUTES  
February 14, 2024**

<ol style="list-style-type: none"> <li><b>1. District and LPMP Financial Statements</b></li> <li><b>2. Accounts Receivable Aging Summary</b></li> <li><b>3. District – Deposits</b></li> <li><b>4. District – Property Tax Receipts</b></li> <li><b>5. LPMP Deposits</b></li> <li><b>6. District – Check Register</b></li> <li><b>7. Credit Card – Detail of Expenditures</b></li> <li><b>8. LPMP – Check Register</b></li> <li><b>9. Retirement Protection Plan Update</b></li> <li><b>10. Grant Payment Schedule</b></li> </ol>	<p>with the committee, highlighting the Year-to-Date Variance Analysis and the professional services fees lower than budgeted due to the prior Kaufman Hall &amp; Associates consulting services being considerably more costly than the current consultant, including pending legal bills. The committee reviewed the Profit &amp; Loss Budget vs. Actual, the Balance Sheet Previous Year's Comparison, Property Tax Receipts, Deposit Details, and the Check Register.</p> <p>The committee recommended exploring electronic payments with the auditors related to the segregation of duties, possible Board approval for the staff's holiday gift cards with a notation on the line item for holiday cards, and review by the policies committee to clarify the meal policy related to meals and tips.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the January 2024 financials – items 1-10 and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>VIII. Other Matters</b></p> <ol style="list-style-type: none"> <li><b>1. Coachella Valley Economic Partnership (CVEP) / Desert Healthcare District Study Consulting Services Agreement</b> <ol style="list-style-type: none"> <li><b>a. The Regional Economic Impacts of DHCD's Community and Clinical Social Needs Goals and Implementation for</b></li> </ol> </li> </ol>	<p>Chris Christensen, Interim CEO, described the Program and Strategic Planning Committee's review of the CVEP proposal and the prior recommendations for modification, and the timeline for completion.</p> <p>The committee requested the inclusion in the deliverables</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the Coachella Valley Economic Partnership (CVEP) / Desert Healthcare District Study Consulting Services Agreement and forward to the Board for approval with the inclusion of the months of completion in the deliverables section. Motion passed unanimously.</b></p>

**DESERT HEALTHCARE DISTRICT  
FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE  
MEETING MINUTES  
February 14, 2024**

<p><b>Recommendations – NTE \$80,000</b></p> <p><b>2. Desert Regional Medical Center – Capital Request – Elevator Modernization Initiative Authorization</b></p>	<p>section of the May and June project conclusion dates.</p> <p>Chris Christensen, Interim CEO, described the Desert Regional Medical Center capital expenditures for the elevator modernization initiative, noting that the net book value upon expiration or termination of the lease.</p> <p>Mike Ditoro, Chief Operating Officer of Desert Regional Medical Center, described the bidding process, selecting the current vendor, OTIS.</p> <p>The committee inquired about the update on the pipe leak repairs in the ICU, with Mr. Ditoro describing the affected areas, repairing the piping in all rooms, including those without leaks, for preventative maintenance, remediation, the California Department of Public Health (CDPH) inspection, and repainting and other renovations.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve Desert Regional Medical Center – Capital Request – Elevator Modernization Initiative and forward to the Board for approval.</b></p> <p><b>Motion passed unanimously.</b></p>
<p><b>IX. Adjournment</b></p>	<p>Chair Shorr adjourned the meeting at 5:51 p.m.</p>	<p><b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b></p>

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

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



**Date:** January 23, 2024

**DHCD Progress Report #2023-4** for reporting period October 1, 2023, to December 31, 2023

**Grantee:** Coachella Valley Association of Governments (CVAG)

**Project Title:** CV Link Project

**Project Manager/Contact:** Jonathan Hoy, CVAG Director of Transportation ([jhoy@cvag.org](mailto:jhoy@cvag.org)) or Murray Quance, Transportation Program Specialist – Transportation ([mquance@cvag.org](mailto:mquance@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 authority serving nine cities, the County of Riverside, and four Indian Tribes within the Coachella Valley. Its jurisdiction extends across eastern Riverside County, including the City of Blythe on the California-Arizona border.

CV Link is an alternative transportation corridor running along the Whitewater River levee. It will stretch from Desert Hot Springs in the northwest to the Salton Sea in the southeast, with the core project extending from Palm Springs to Coachella. The approved project spans over 40 miles but does not include Rancho Mirage or Indian Wells. It aims to provide significant environmental, health, and economic benefits to current and future residents and visitors. CV Link will connect users to various facilities such as employment centers, shopping centers, schools, and recreational opportunities. The corridor will have dual paths for bicycles, low-speed electric vehicles, and pedestrians, promoting healthier lifestyles, economic innovation, and making 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 fourth quarter in multiple cities along the project route. In Palm Desert concrete pours took place along the perimeter of Palm Desert High School that connected Cook Street to the Magnesia Falls/Deep Canyon intersection. A connector was constructed between the path and Phyllis Jackson Lane as well.



Concrete placement adjacent to Deep Canyon Dr. in Palm Desert.



Connector at Phyllis Jackson Lane in Palm Desert adjacent to Palm Desert High School.



In La Quinta pathway sections took place with concrete pours from the bridge at Promontory Point heading westbound towards Jefferson Street.



La Quinta path bridge connection (west).



La Quinta path bridge connection (west).

Coachella construction focused on coordination for Avenue 52 sidewalks at the access road. In addition, rebar and concrete pours began on Avenue 52 undercrossing slopes and the west connector.



Avenue 52 undercrossing slope protection in Coachella.



Driveway and landing at Avenue 52 access road in Coachella.





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 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.

Segments 3,4 and 5 will lead to another eight miles of CV Link across the tribal lands of the Cabazon Band of Cahuilla Indians and the Twenty-Nine Palm Band of Mission Indians. This segment will receive partial construction funding from the federal Congestion and Mitigation and Air Quality (CMAQ) program. CVAG received the right of way certification and went out for bid in the Q'4. Ames Construction Inc. was the successful bidder and were approved by the CVAG Executive Committee on December 4th, 2023. The Notice to Proceed for Segments 3, 4 and 5 will be issued the week of January 29<sup>th</sup>, 2024.

Commented [JH1]: Notice to Proceed for Segments 3,4&5 will be issued in the next week.

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

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. CVAG received the approval of the Jefferson Street undercrossing, Avenue 54 and Airport Blvd (Avenue 56). The schedule is currently being established with Ames Construction.

### **4. Is your project on schedule?**

Progress overall is on schedule. Certain segments have taken longer than expected, including the work in Palm Springs. 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 is also in constant coordination with the Coachella Valley Water District regarding the timing of work along the stormwater channel in La Quinta, Indio, and Coachella. CVAG will continue to work with Caltrans to finalize the final design for Hwy 111 near the Palm Springs Visitors Center. At the December 12, 2023 CTC meeting, CVAG was granted a 12-month extension to complete the project, with the new end date being December 12, 2024.



**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:	\$19,125,603
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 first quarter of 2024, CVAG anticipates achieving the following milestones:

- Continue construction along the project route, primarily in the cities of La Quinta and Coachella. This includes:
  - Various undercrossings, namely Avenue 52 and Airport Blvd.
  - Pathway, namely Washington to Adams and Adams to Dune Palms.
- Work with the City of La Quinta on construction of the Dune Palm Bridge project. The City has commenced construction. CVAG will reimburse the City as it builds improvements related to CV Link, which will go under the new bridge.

CVAG has received Caltrans approval on the Segment 6 ROW Certification. We will be advertising for construction bids in early February. This will primarily be on tribal lands in Palm Springs and Cathedral City.

Looking ahead, CVAG anticipates groundbreaking with the Cities of Coachella and Indio in Q3 2024. 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](mailto:jhoy@cvag.org) and Murray Quance Senior Program Assistant – Transportation can be reached at (760) 636-2373 or [mquance@cvag.org](mailto:mquance@cvag.org).