

To achieve optimal health at all stages of life for all District residents

DESERT HEALTHCARE DISTRICT BOARD MEETING

Special Meeting of the Board of Directors September 30, 2024 5:30 P.M.

Regional Access Project Foundation Conference Room 103 41550 Eclectic Street Palm Desert, CA 92211

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=T29iRktDZIRDM3lTbmJDWkFiMnVMdz09

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 <u>ahayles@dhcd.org</u> with your public comment no later than 4 p.m., Monday, 09/30

Director Arthur Shorr will attend via Teleconferencing pursuant to Government Code 54953(b) Director Shorr at 50 Leisure Lee Road, Lee MA 01238

Page(s) AGENDA Item Type

Any item on the agenda may result in Board Action

A. CALL TO ORDER - President PerezGil

Roll Call

Director Rogers, RN____Director De Lara_

Director Zendle, MD____Director Shorr___

Secretary Barraza____ Vice-President Zavala, PsyD___President PerezGil

- **B. PLEDGE OF ALLEGIANCE**
- 1-3 C. APPROVAL OF AGENDA
 - D. PUBLIC COMMENT

At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. **The Board has a policy of limiting speakers to no more than three minutes.** The Board cannot take action on items not listed on the agenda. Public input may be offered on agenda items when they come up for discussion and/or action.



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Directors and will be enacted by one motion. There will be no separate

All Consent Agenda item(s) listed below are considered routine by the Board of

Action

E. CONSENT AGENDA

discussion of items unless a Board member so requests, in which event the item(s) will be considered following approval of the Consent Agenda. 1. BOARD MINUTES a. Special Meeting of the Board of Directors Community Forum – July 11, 5-7 2024 6-11 b. Special Meeting of the Board of Directors Community Forum – July 16, 2024 c. Special Meeting of the Board of Directors Closed Session – July 16, 12-13 14-15 d. Special Meeting of the Board of Directors Closed Session – July 22, 2024 e. Board of Directors Meeting - July 23, 2024 16-22 f. Special Meeting of the Board of Directors Closed Session – July 23-24 25, 2024 g. Special Meeting of the Board of Directors Closed Session – July 25-26 30, 2024 h. Special Meeting of the Board of Directors Community Forum -27-31 August 01, 2024 32-33 i. Special Meeting of the Board of Directors Community Forum – August 06, 2024 2. FINANCIALS a. July & August 2024 Financial Statements – F&A Approved September 34-67 LAS PALMAS MEDICAL PLAZA LEASE AGREEMENTS 68-70 a. Global Premier – Suite 3W-101 – Lease Termination b. Coachella Valley Volunteers in Medicine - Suite 1W-204 - Rent and 71-74 **CAM Fees Waiver** 4. GRANTS 75-81 a. Addendum #1 – Grant #1453 Vision y Compromiso – Cultivando Community Connections Project 5. RESOLUTIONS 82-111 a. Resolution #24-03 – Biennial 2024 Conflict of Interest Code Update **PRESENTATIONS** 1. Feasibility Report – Director of Development, Presentation by Stephanie Information 112-133 Minor, CEO/Founder, Success for Nonprofits and Greg Charleston, Consultant, Success for Nonprofits 2. Bill VanHemert, Director of Institutional Giving, DAP Health, Presentation Information on Update of Grant #1393 – DAP Health Expands Access to Healthcare - \$1,025,778 - Strategic Plan Goal #2



	G.	STRA	TEGIC GRANT FUNDING	Actions
134-162		1.	Grant # 1465 Regents of the University of CA at Riverside (UCR) – Increasing Access to Primary Care for Latinx and Indigenous Latin American Patients in the CV – \$228,863 for a 24-month period – Strategic Plan Goal #2: Access to Primary Care and Specialty Care	
163-186		2.	Grant # 1472 Riverside County Office of Education Alternative Education: Cross County Support: Mental Health Services for CV Students – \$199,874 for a 12-month period – Strategic Plan Goal #3: Access to Behavioral Health Care	
187-212		3.	Recommendation from the Program Committee to the Board for staff to proceed with the full due diligence of the grant application process for Grant #1466 Eisenhower Health: Psychiatric Care Expansion and Psychiatry Residency Program – \$1,989,493 for a 36-month period – Strategic Plan Goal #3: Access to Behavioral Health Care	
	Н.	REPO	PRTS	Information
213		1.	Desert Regional Medical Center CEO Report – Michele Finney, CEO	
214-215		2.	Desert Regional Medical Center Governing Board Meeting August and September Reports – President Evett PerezGil and Director Les Zendle, MD	
		3.	Desert Healthcare District CEO Report - Chris Christensen, CEO	
			a. Healthy Desert, Healthy You Environmental Health Summit	
216-286			 b. South Coast Air Quality Management District (AQMD) 2024 Annual Report for AB 617 Community Emission Reductions Plans (CERP) 	
287-294			 Measure AA Ballot Placement – Desert Healthcare District Lease Purchase Agreement between Desert Regional Medical Center 	
295-298			d. Consideration to approve a Measure AA educational campaign	Action
299-302			 e. November 5, 2024, General District Election – Registrar of Voters Candidate List 	
303-304			 f. Special District Risk Management Authority (SDRMA) President's Special Acknowledgement Award 	
305-308			g. CEO Engagements and District Media Visibility	
		4.	Legal – Jeffrey G. Scott, Esq., Law Offices of Jeffrey G. Scott	
	I.	COM	MITTEE MEETINGS	Information
309-312 313-416 417 418		1.	PROGRAM COMMITTEE - Chair/President Evett PerezGil, Vice- President Carmina Zavala, PsyD, and Director Leticia De Lara a.Draft Meeting Minutes - September 10, 2024 b.Progress and Final Reports Update c. Grant Applications Status Report d.Grants Payment Schedule	

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2. FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE

COMMITTEE – Chair/Treasurer Arthur Shorr, Vice-President Carmina Zavala, PsyD, and Director Leticia De Lara

a. Draft Meeting Minutes – September 11, 2024

419-421

J. OLD BUSINESS

Information

422-427

- Coachella Valley Association of Governments (CVAG) Q2 CV LINK Project Report
- 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 G100, Palm Desert California at least 72 hours prior to the meeting. If you have a disability or require a translator for accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer at ahayles@dhcd.org or call (760) 567-0591 at least 72 hours prior to the meeting.

Andrea S. Hayles

Andrea S. Hayles, Board Relations Officer



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

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order	President PerezGil called the	
	meeting to order at 6:00 p.m.	
Roll Call	The Clerk of the Board called	
	the roll with all directors	
	present.	
B. Pledge of Allegiance	Jeff Scott, Legal Counsel,	
	provided an overview and	
	history of the pledge of	
	alliance, followed by leading	
	the pledge.	
C. Approval of Agenda	President PerezGil asked for a	#24-48 MOTION WAS MADE by
	motion to approve the agenda.	Vice-President Zavala and
		seconded by Director Rogers to
	· ·	approve the agenda.
		Motion passed unanimously.
		AYES – 7 President PerezGil,
		Vice-President Zavala, Secretary
		Barraza, Director Shorr, Director
		Zendle, Director De Lara,
		Director Rogers
		NOES – 0
		ABSENT – 0



	July 11, 2024	
D. Public Comment	There were no public comment	
	for items not listed on the	
	agenda.	
E. Informational Community		
Forum on the Hospital		
Lease Terms Agreement		
1. Presentation of the	President PerezGil presented	
hospital lease	opening remarks and	
agreement terms –	welcomed the public.	
Jeff Scott, Legal	·	
Counsel (A copy of	Jeff Scott, Legal Counsel,	
the draft Lease	provided a detailed	
Purchase Agreement	presentation of the hospital	
is available on the	lease agreement terms of the	
District's website at	purchase agreement available	
http://www.dhcd.org	on the District's website.	
2. Public input and	Public Comments:	
comments		
	Paul Lopez, Director of	
	Radiology, JFK Memorial	
	Hospital, Indio Resident	
	Steve Sanchez, Councilmember	
	City of La Quinta, Riverside	
	County LAFCO Commissioner	
	Andrew Kassinove, MD, JFK	
	Memorial Hospital	
	Bob Marra, Business	
	Consultant, News Publisher,	
	Prior CEO, Desert Healthcare	
	District	
	Ezra Kaufman, Palm Desert	
	Resident	
	Alan Williamson, MD, Medical	
_	Director, Eisenhower Medical	
	Center	
	Ali Tourkaman, Eisenhower	
	Medical Center, Sr. Vice	
	President, Ancillary Services &	



	July 11) 202 1	
	Chief Construction Executive, Rancho Mirage Resident	
	Isaiah Hagerman, City Manager, City of Rancho Mirage	
3. Board discussion	Steve Hollis, Consultant described the standard features of a transaction with a non-compete clause, and the ongoing dialogue with Tenet. The board thanked the public and the staff for moving matters forward as the ad hoc committee continues to engage the issue of the non-compete clause.	
F. Adjournment	President PerezGil adjourned the meeting at 7:31 p.m.	Audio recording available on the website at
		http://dhcd.org/Agendas-and- Documents

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

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



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

AGENDA ITEMS	DISCUSSION	ACTION
	Counsel Scott provided the	
	Report After Closed Session,	
	stating that the board met to	
	discuss a matter related to	
	significant exposure to	
	litigation and took no action.	
	The Board would reconvene to	
	closed session after the open	
	session meeting.	
A. Call to Order	President PerezGil called the	
	meeting to order at 6:07 p.m.	
	The clerk of the board	
	provided remarks on behalf of	
	Director Zendle for his	
	absence due to a long-planned	
	conflicting event.	
Roll Call	The Clerk of the Board called	
	the roll with all directors	
	present except Director Shorr	
	and Director Zendle.	
B. Pledge of Allegiance	President PerezGil led the	
	pledge of allegiance.	



July 16, 2024

	July 16, 2024	
C. Approval of Agenda	President PerezGil asked for a motion to approve the agenda.	#24-51 MOTION WAS MADE by Director De Lara and seconded by Vice-President Zavala to approve the agenda. Motion passed unanimously. AYES – 5 President PerezGil, Vice-President Zavala, Secretary Barraza, Director De Lara, Director Rogers NOES – 0 ABSENT – 2 Director Shorr and Director Zendle
D. Public Comment		
E. Informational Community Forum on the Hospital Lease Terms Agreement		
1. Presentation of the hospital lease agreement terms – Jeff Scott, Legal Counsel (A copy of the draft Lease Purchase Agreement is available on the District's website at http://www.dhcd.org)	President PerezGil presented opening remarks and welcomed the public. Jeff Scott, Legal Counsel, provided a thorough presentation of the lease purchase agreement, including the non-competition clause, which is available on the District's website at dhcd.org.	
2. Public input and comments	Public Comments: Chad Becker, MD, Desert Regional Medical Center Steve Brown, prior staff member of the Desert Healthcare District Gary Gardner, City Councilmember Desert Hot Springs Amy Cuen, Government Relations and Public Policy	



	July 16, 2024	
	Advisor, Office of Supervisor Perez	
	Debra Gruszecki-Brown, Desert Regional Medical Center	
	Ali Tourkaman, Eisenhower Medical Center Employee, 30- year Coachella Valley Resident	
	Chauncey Thompson, Indio Resident	
	Russell Betts, Councilmember, Desert Hot Springs	
	Angie Hoyt, Palm Desert Resident, Employee, Desert Regional Medical Center	
	Steve Downs, Mayor, City of Rancho Mirage	
	Isaiah Hagerman, City Manager, City of Rancho Mirage	
	Jan Harnik, Mayor Pro Tem, City of Palm Desert	
	Alan Williamson, MD, Chief Medical Officer, Eisenhower Medical Center	
	Michel Finney, CEO, Desert Regional Medical Center, Desert Care Network	
3. Board discussion	The Board discussed the concerns with the noncompete provisions, decision-making for the future, identifying dates for likely additional special meetings, and thanked the public and residents.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents
F. Adjournment	President PerezGil adjourned the meeting at 7:35 p.m. and reconvened to the closed	



ession of the board of	
irectors at 7:50 p.m.	
he board convened to open	
ession at 8:42 p.m. Counsel	
cott reported that the board	
econvened to closed session	
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xposure to litigation and took	
o action.	
he board adjourned the	
neeting at 8:42 p.m.	
i	rectors at 7:50 p.m. ne board convened to open ession at 8:42 p.m. Counsel cott reported that the board econvened to closed session and discussed significant exposure to litigation and took of action.

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

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



Directors Present	District Staff Present	Absent
President Evett PerezGil	Chris Christensen, Chief Executive	Treasurer
Vice-President Carmina Zavala, PsyD	Officer	Arthur Shorr
Kimberly Barraza, Secretary	Jeff Scott, Legal Counsel	Director Les
Director Leticia De Lara, MPA		Zendle, MD
Director Carole Rogers, RN – Virtual		
Participation		

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order/Roll Call	President PerezGil called the meeting to order at 5:32 p.m. with all Directors present except Director Shorr and Director Zendle.	
B. Approval of Agenda	President PerezGil asked for a motion to approve the agenda.	#24-49 MOTION WAS MADE by Director De Lara and seconded by Director Barraza to approve the agenda. Motion passed unanimously. AYES – 5 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Rogers, and Director De Lara NOES – 0 ABSENT – 2 Direct Shorr and Director Zendle
C. Convene to Closed Session of the Desert Healthcare District Board of Directors Meeting		
1. Conference with Legal Counsel – Significant Exposure to Litigation [Authority: Government Code 54956.9(d)(2)]	President PerezGil asked for a motion to convene to closed session of the Desert Healthcare District Board of Directors meeting. Counsel Scott stated the Board was meeting in accordance with the government code section related to significant exposure to litigation.	#24-50 MOTION WAS MADE by Director De Lara and seconded by Director Rogers to approve the agenda. Motion passed unanimously. AYES – 5 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Rogers, and Director De Lara NOES – 0



		ABSENT – 2 Direct Shorr and
		Director Zendle
E. Reconvened to Open	President PerezGil reconvened	
Session of the Desert	to open session of the Desert	
Healthcare District Board	Healthcare District Board of	
of Directors Meeting	Directors meeting at 5:50 p.m.	
F. Report After Closed	Counsel Scott reported after	
Session	closed session that the board	
	met related to significant	
	exposure to litigation, took no	
	action, and will continue the	
	closed session discussion	
	following the open special	
	meeting of the board.	
G. Adjournment	President PerezGil adjourned	
	the meeting at 5:50 p.m.	

ATTEST:		
	Kimberly Barraza, Secretary, Board of Directors	
	Desert Healthcare District and Foundation	

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



Directors Present	District Staff Present	Absent
President Evett PerezGil	Chris Christensen, Chief Executive	
Vice-President Carmina Zavala, PsyD	Officer	
Kimberly Barraza, Secretary	Jeff Scott, Legal Counsel	
Treasurer Arthur Shorr – Virtual		
Participation		
Director Les Zendle, MD		
Director Leticia De Lara, MPA		
Director Carole Rogers, RN – Virtual		
Participation		

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order/Roll Call	President PerezGil called the	
	meeting to order at 5:30 p.m.	
	with all Directors present.	
B. Approval of Agenda	President PerezGil asked for a	#24-51 MOTION WAS MADE by
	motion to approve the agenda.	Director De Lara and seconded
		by Director Zendle to approve
		the agenda.
		Motion passed unanimously.
		AYES – 7 President PerezGil,
		Vice-President Zavala, Secretary
		Barraza, Director Shorr, Director
		Rogers, Director Zendle, and
		Director De Lara NOES – 0
		ABSENT – 0
C. Convene to Closed		ABSENT - 0
Session of the Desert		
Healthcare District Board		
of Directors Meeting		
or birectors wheeting		
1. Conference with	President PerezGil asked for a	#24-52 MOTION WAS MADE by
Legal Counsel –	motion to convene to closed	Director De Lara and seconded
Significant Exposure	session pursuant to significant	by Director Zendle to approve
to Litigation	exposure to litigation and trade	the agenda.
[Authority:	secrets.	Motion passed unanimously.
Government Code		AYES – 7 President PerezGil,
54956.9(d)(2)]		Vice-President Zavala, Secretary
		Barraza, Director Shorr, Director
2. Pursuant to		Rogers, Director Zendle, and
Government Code		Director De Lara



	July 22, 2024	
32106 involving		NOES – 0
trade secrets		ABSENT – 0
pursuant to health &		
safety code 32106		
report will concern		
proposed new		
program, facility,		
and service		
(discussion only, no		
action will be taken)		
E. Reconvened to Open	President PerezGil reconvened	
Session of the Desert	to open session of the Desert	
Healthcare District Board	Healthcare District Board of	
of Directors Meeting	Directors meeting at 8:41 p.m.	
F. Report After Closed	Counsel Scott provided the	
Session	Report After Closed Session.	
	Mr. Scott stated that the Board	
	met related to significant	
	exposure to litigation and	
	discussed trade secrets	
	pursuant to health & safety	
	code 32106 and took no action.	
G. Adjournment	President PerezGil adjourned	
	the meeting at 8:41 p.m.	

ATTEST:		
	Kimberly Barraza, Secretary, Board of Directors	
	Desert Healthcare District and Foundation	

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



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

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order	President PerezGil called the meeting to order at 5:31 p.m.	
Roll Call	The Clerk of the Board called the roll with all directors present except Director Shorr	
B. Pledge of Allegiance	President PerezGil led the pledge of allegiance.	
C. Approval of Agenda	President PerezGil asked for a motion to approve the agenda.	#24-53 MOTION WAS MADE by Director De Lara and seconded by Director Zendle to approve the agenda. Motion passed unanimously. AYES – 6 President PerezGil, Vice- President Zavala, Secretary Barraza, Director Rogers, Director Zendle, and Director De Lara NOES – 0 ABSENT – 1 Director Shorr
D. Public Comment	Glenn Miller, Councilmember, City of Indio Mitch Blumberg, Former	
	Chair, Desert Regional	



July 23, 2024

	July 23, 2024	
	Medical Center Governing Board Gary Gardner, City Council,	
	City of Desert Hot Springs	
E. Consent Agenda		
 BOARD MINUTES a. Board of Directors Meeting – June 25, 2024 FINANCIALS a. June 2024 Preliminary Financial Statements – F&A Approved July 10, 2024 LAS PALMAS MEDICAL PLAZA 	President PerezGil asked for a motion to approve the consent agenda.	#24-54 MOTION WAS MADE by Director Zavala and seconded by Director Barraza to approve the consent agenda. Motion passed unanimously. AYES – 6 President PerezGil, Vice- President Zavala, Secretary Barraza, Director Rogers, Director
LEASE AGREEMENT a. Las Palmas Medical Plaza – Lease – FCPP – Suite 1W-201 – 5 years b. Las Palmas Medical Plaza – Lease Termination – Suite 1W-201		Zendle, and Director De Lara NOES – 0 ABSENT – 1 Director Shorr
4. 2021 – 2026 STRATEGIC PLAN a. Goal 6 — High Priority Strategies 6.1 and 6.2 — play a role in raising awareness and "addressing" the impact of air and water quality		
F. Presentations	Shayra Hernandez, Director of Stakeholder Engagement with the office of Congressman Raul Ruiz, M.D., presented Donna Craig, Chief Program Officer, with a Congressional Certificate of Recognition for her 20 years of employment and service to the Desert Healthcare District & Foundation.	



July 23, 2024		
1. Lift to Rise – Grant #1391	Donna Craig, Chief Program	
Progress Report – Driving	Officer, provided an overview	
Regional Economic Stability	of the Lift to Rise grant,	
Through Collective Impact,	Driving Regional Economic	
Heather Vaikona, President	Stability Through Collective	
and CEO, Lift to Rise	Impact, introducing Ian	
	Gabriel, Director of Collective	
	Impact, and Arianna	
	Rodriguez, Resident Outreach	
	Manager with Lift to Rise. Mr.	
	Gabriel presented the grant	
	progress report on one-, two,	
	and three-year milestones,	
	including the challenges.	
	Heather Vaikona, President	
	and CEO of Lift to Rise,	
	answered questions from the	
	board.	
2. Health Career Connections	Donna Craig Chiof Brogram	
Summer 2024 – 8 Week	Donna Craig, Chief Program Officer, provided an overview	
Internship Project Overview,	of the Health Career	
Chloe Vartanian, UC Berkley	Connections summer	
Graduate, University of South	internship program, and	
Hampton (UK) MSc Genomics	Chloe Vartanian's pre-	
2026 Candidate	recorded summer project	
2020 Carrarate	video presentation.	
	video presentation.	
	The board discussed analyzing	
	the data for the strategic plan	
	healthcare workforce,	
	suggesting a Spanish	
	translation of the video for	
	various students and their	
	parents, and incorporating	
	the residency programs in the	
	presentation.	
G. Reports		
4 Book Book 199 19 19	Add to the first of the control of t	
1. Desert Regional Medical Center	Michele Finney, CEO, Desert	
CEO Report – Michele Finney,	Care Network, Desert	
CEO	Regional Medical Center,	
	provided a brief overview of	
	the periodic interruptions of	



		July 23, 2024	
		the Crowdstike global crash, reassuring the board of processes for downtime procedures. Mrs. Finney also described events, new hires, residents, and a pilot RFI program.	
2.	Dark in July – Desert Regional Medical Center Governing Board Meeting – President Evett PerezGil and Director Les Zendle, MD	The Governing Board did convene in July.	
3.	Desert Healthcare District CEO Report – Chris Christensen, CEO		
	a. Eric Taylor, CPA, Promotion to Chief Administration Officer	Chris Christensen, CEO, acknowledged Eric Taylor's promotion from accounting manager to CAO and recruitment for the vacant accounting manager position. Mr. Christensen also acknowledged the board relations officer for her recent educational accomplishments and enhanced job duties.	
	b. Letter of engagement with Hanson Bridgett LLP to provide advice and counsel on a proposed covenant not to compete	Mr. Christensen, CEO, outlined the letter of engagement with Hanson Bridgett, LLP, to provide advice and legal counsel on the lease purchase agreement's non-compete covenant.	
	c. Local Area Formation Commission (LAFCO) –	Mr. Christensen, CEO, provided background on the	

LAFO special district selection

committee run-off election

and the results of Bruce Underwood winning the run-

Special District Selection

Committee Run-Off

Election Results



July 23, 2024			
	off by one vote to represent the Eastern region.		
	the Editern regions		
d. November 5, 2024, General District Election – Candidate Nomination Period July 15, 2024, through August 9, 2024	Mr. Christensen, CEO, described the general election candidate nomination period through August 9.		
e. Palm Springs Youth Violence Project	Alejandro Espinoza, Chief of Community Engagement, provided an overview of the gang violence in portions of Desert Highland Gateway Estates and the San Rafael Drive communities, including the Palm Springs Youth Violence Project. The board suggested providing the alignment of the specific strategic goal when presenting to the Program Committee.		
f. CEO Engagements and District Media Visibility	Mr. Christensen, CEO, described and highlighted aspects of the CEO engagements and media visibility.		
4. Legal – Jeffrey G. Scott, Esq.,	Jeff Scott, Legal Counsel, did		
Law Offices of Jeffrey G. Scott	not provide a legal report.		
H. Committee Meetings			
H.1. Strategic Planning Committee			
 a. Draft Meeting Minutes – July 09, 2024 b. FY2021-2026 Strategic Plan i. Environmental Health Initiative RFP: Mitigating Air 	President PerezGil inquired about any questions concerning items a. and b. of the Strategic Planning Committee.		



Quality Related Health		
Conditions – Strategic Plan		
Goal 6 – High Priority		
Strategy 6.1		

ii. Environmental Health **Summit Overview September** 20 and 21, 2024 - High **Priority Strategy 6.1 and High Priority Strategy 6.2**

Mr. Christensen provided an update on the Healthy Desert, Healthy You Environmental **Health Summit sponsorships** and speakers at the request of the board.

H.2. Program Committee

- a. Draft Meeting Minutes July 09, 2024
- b. Progress and Final Reports Update
- c. Grant Applications Status Report
- d. Grant Payment Schedule
- H.3. Finance, Legal, Administration, and Real Estate Committee
 - a. Draft Meeting Minutes July 09, 2024

President PerezGil inquired about any questions concerning items a. – d. of the Program Committee meeting.

There were no questions or comments.

President PerezGil inquired about any questions concerning the July F&A Committee meeting minutes.

There were no questions or comments.

H.4. Hospital Lease Oversight Committee

- a. Draft Meeting Minutes July 15, 2024
- b. Quarterly 2024-2025 **Inspection Schedule**
- c. Q1 Block 1 February 1, 2023, Reinspection Facilities Report Inspected on November 17, 2022, Dale Barnhart, Consultant
- d. Q1 Block 2 May 11, 2023, **Inspection Facilities Report –** Reinspected on March 22, 2024

President PerezGil inquired about any questions concerning items a. – j. of the Hospital Lease Oversight Committee meeting.

There were no questions or comments.



h. Q2 – Block 4 – July 09, 2024, Reinspection		
i. Q3 – Block 5 – July 09, 2024, Inspection		
j. Leapfrog Hospital Safety		
Grade, Christine Lagenwalter,		
MSN, RNC, CENP, Chief Quality		
Officer, Desert Regional		
Medical Center		
I. Board Member Comments	There were no board member	
	comments.	
J. Adjournment	comments. President PerezGil adjourned	Audio recording available on the
		Audio recording available on the website at
	President PerezGil adjourned	

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

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



Directors Present	District Staff Present	Absent
President Evett PerezGil	Chris Christensen, Chief Executive	
Vice-President Carmina Zavala, PsyD	Officer	
Kimberly Barraza, Secretary	Jeff Scott, Legal Counsel	
Treasurer Arthur Shorr – Virtual		
Participation		
Director Les Zendle, MD		
Director Leticia De Lara, MPA		
Director Carole Rogers, RN – Virtual		
Participation		

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order/Roll Call	President PerezGil called the	
	meeting to order at 5:32 p.m.	
	with all Directors present.	
B. Approval of Agenda	President PerezGil asked for a	#24-55 MOTION WAS MADE by
	motion to approve the agenda.	Director Zendle and seconded by
		Director De Lara to approve the
		agenda.
		Motion passed unanimously.
		AYES – 7 President PerezGil, Vice-President Zavala, Secretary
		Barraza, Director Shorr, Director
		Rogers, Director Zendle, and
		Director De Lara
		NOES – 0
		ABSENT – 0
C. Convene to Closed		
Session of the Desert		
Healthcare District Board		
of Directors Meeting		
		_
1. Conference with	President PerezGil asked for a	#24-56 MOTION WAS MADE by
Legal Counsel –	motion to convene to closed	Director Shorr and seconded by
Significant Exposure	session pursuant to significant	Director Zendle to approve the
to Litigation [Authority:	exposure to litigation.	agenda. Motion passed unanimously.
Government Code		AYES – 7 President PerezGil,
54956.9(d)(2)]		Vice-President Zavala, Secretary
2.353.3(4)(2)1		Barraza, Director Shorr, Director
		Rogers, Director Zendle, and
		Director De Lara



	•	NOES – 0
		ABSENT – 0
E. Reconvened to Open	President PerezGil reconvened	
Session of the Desert	to open session of the Desert	
Healthcare District Board	Healthcare District Board of	
of Directors Meeting	Directors meeting at 8:17 p.m.	
F. Report After Closed	Counsel Scott provided the	
Session	Report After Closed Session.	
	Mr. Scott stated that the board	
	met related to significant	
	exposure to litigation and took	
	no action.	
G. Adjournment	President PerezGil adjourned	
	the meeting at 8:17 p.m.	

ATTEST: _			
	Kimberly Barraza, Secretary, Board	d of Directors	
	Desert Healthcare District and Fou	undation	

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



Directors Present	District Staff Present	Absent
President Evett PerezGil	Chris Christensen, Chief Executive	
Vice-President Carmina Zavala, PsyD	Officer	
Kimberly Barraza, Secretary	Jeff Scott, Legal Counsel	
Treasurer Arthur Shorr – Virtual		
Participation		
Director Les Zendle, MD		
Director Leticia De Lara, MPA		
Director Carole Rogers, RN – Virtual		
Participation		

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order/Roll Call	President PerezGil called the	
	meeting to order at 5:36 p.m.	
	with all Directors present.	#24 FF 140 FF 140 FF 1
B. Approval of Agenda	President PerezGil asked for a	#24-57 MOTION WAS MADE by
	motion to approve the agenda.	Director Zendle and seconded by Director De Lara to approve the
		agenda.
		Motion passed unanimously.
		AYES – 7 President PerezGil,
		Vice-President Zavala, Secretary
		Barraza, Director Shorr, Director
		Rogers, Director Zendle, and
		Director De Lara
		NOES – 0
		ABSENT – 0
C. Convene to Closed		
Session of the Desert		
Healthcare District Board		
of Directors Meeting		
1. Conference with	President PerezGil asked for a	#24-58 MOTION WAS MADE by
Legal Counsel –	motion to convene to closed	Director Zendle and seconded by
Significant Exposure	session pursuant to significant	Director Shorr to approve the
to Litigation	exposure to litigation.	agenda.
[Authority:	, 3	Motion passed unanimously.
Government Code		AYES – 7 President PerezGil,
54956.9(d)(2)]		Vice-President Zavala, Secretary
		Barraza, Director Shorr, Director
		Rogers, Director Zendle, and
		Director De Lara



		NOES – 0
		ABSENT – 0
E. Reconvened to Open	President PerezGil reconvened	
Session of the Desert	to open session of the Desert	
Healthcare District Board	Healthcare District Board of	
of Directors Meeting	Directors meeting at 8:04 p.m.	
F. Report After Closed	Counsel Scott provided the	
Session	Report After Closed Session.	
	Mr. Scott stated that the board	
	met related to significant	
	exposure to litigation and took	
	no action.	
G. Adjournment	President PerezGil adjourned	
	the meeting at 8:04 p.m.	

ATTEST:				
	Kimberly Barraza, Se	cretary, Board	of Directors	
	Desert Healthcare Di	strict and Four	ndation	

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



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

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order	President PerezGil called the meeting to order at 6:00 p.m.	
Roll Call	The Clerk of the Board called the roll with all directors present except Director Zavala.	
B. Pledge of Allegiance	President PerezGil led the pledge of allegiance.	
C. Approval of Agenda	President PerezGil asked for a motion to approve the agenda.	#24-55 MOTION WAS MADE by Director De Lara and seconded by Director Zendle to approve the agenda. Motion passed unanimously. AYES – 7 President PerezGil, Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, Director Rogers NOES – 0 ABSENT – 1 Vice-President Zavala
D. Public Comment	Brad Anderson, Rancho Mirage Resident provided public comments for items not listed on the agenda.	



August 01, 2024										
E. Informational Community Forum on the Hospital Lease Agreement										
1. Presentation of the hospital lease agreement terms – Jeff Scott, Legal Counsel (A copy of the draft Lease Purchase Agreement is available on the District's website at http://www.dhcd.org	Jeff Scott, Legal Counsel, provided a detailed presentation of the hospital lease purchase agreement terms available on the District's website for the public's review.									
2. Public input and comments	Public Comments: Mike Maloney, Executive Vice- President, Corporate Development, Tenet Health Misty Evans, Board President, Morongo Basin Healthcare District Angela Hoyt read a letter of behalf of Denise Perez, RN, Desert Regional Medical Center Michelle Liberino, Group Chief Strategy Officer, Desert Care Network Isela Murillo, JFK Employee Brad Anderson, Rancho Mirage Resident Jim Kelley, Chief Human Resources Officer, Desert Regional Medical Center Gary Gardner, Councilmember, Desert Hot Springs Todd Fuller, Interim Director, 5 Sinatra, read a letter on behalf Dr. Phyllis Ritchie, Founder, PS Test									



August 01, 2024 Megan Barajas, Regional Vice-President, Hospital Association of Southern California John Maldonado, Commissioner of Friday Nights Football League Dr. Emily Rekuc, Chief of Staff at JFK Memorial Hospital Heather Corte-Real, Chief Nursing and Operating Officer, JFK Memorial Hospital, read a letter on behalf of patient Scott Sear Lisa Wilson, Chief Strategy Officer, JFK Memorial Hospital, read a letter on behalf of Paula Simmons, CEO, Desert Family **YMCA** Karen Faulis, CEO, JFK Memorial Hospital Mike Ditoro, COO, Desert Regional Medical Center and **Desert Care Network** Ali Tourkaman, 30-year resident of the Coachella Valley and Senior Vice President, Ancillary and **Support and Services** Dr. Amir Lavaf, Radiation Oncologist, Comprehensive Cancer Center at Desert Regional Medical Center Amy Kaufman, Senior Advisor, Talent Pipeline Development, OneFuture Coachella Valley, spoke on behalf of Sheila Thorton, President, OneFuture Coachella Valley Dr. Joel Trambley, Physician, **Desert Regional Medical**

Center



August 01, 2024									
	Brandon Marley, COO, Greater Coachella Valley Chamber of Commerce Robin Boardman, Hospital Liaison Nurse, JFK Memorial Hospital, read a letter on behalf of Dr. Ron Hare, Board Chairman, Volunteers in Medicine Evelin Milsap, Director of ER and Family Services, JFK Memorial Hospital, read a letter on behalf of Kelly								
	Mourchin Michele Finney, CEO, Desert Regional Medical Center, Desert Care Network								
3. Board discussion and possible action directing staff to call for a Special Meeting for Tuesday, August 6, 2024, to consider a Resolution requesting the Riverside Board of Supervisors place a measure related to the approval of the Lease Purchase Agreement	After reading a statement related to the background of the lease negotiations, Director Rogers motioned, and Director Shorr seconded to direct staff to call for a special meeting on Tuesday, August 6, 2024, to consider a resolution requesting the Riverside Board of Supervisors place a measure related to the approval of the lease purchase agreement. Directors Shorr, De Lara, Zendle, and Barraza also provided remarks.	#24-56 MOTION WAS MADE by Director Rogers and seconded by Director Shorr to approve directing staff to call for a Special Meeting for Tuesday, August 6, 2024, to consider a Resolution requesting the Riverside Board of Supervisors place a measure related to the approval of the Lease Purchase Agreement. Motion passed unanimously. AYES – 6 President PerezGil, Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, Director Rogers NOES – 0 ABSENT – 1 Vice-President Zavala							
F. Adjournment	President PerezGil adjourned the meeting at 8:05 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents							



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

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



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

A. Call to Order President PerezGil called the meeting to order at 5:37 p.m. Roll Call The Clerk of the Board called the roll with all directors present. B. Pledge of Allegiance President PerezGil led the Pledge of Allegiance. C. Approval of Agenda President PerezGil asked for a motion to approve the agenda. President PerezGil asked for a motion to approve the agenda. Motion passed unanimously. AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, Director Rogers NOES – 0 ABSENT – 0 D. Public Comment There were no public comments for matters not listed on the agenda. E. Hospital Lease Purchase Agreement	AGENDA ITEMS	DISCUSSION	ACTION
Roll Call The Clerk of the Board called the roll with all directors present. B. Pledge of Allegiance President PerezGil led the Pledge of Allegiance. President PerezGil asked for a motion to approve the agenda. President PerezGil asked for a motion to approve the agenda. Motion passed unanimously. AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director De Lara, Director De Lara, Director Rogers NOES – 0 ABSENT – 0 D. Public Comment There were no public comments for matters not listed on the agenda.	A. Call to Order	President PerezGil called the	
the roll with all directors present. B. Pledge of Allegiance President PerezGil led the Pledge of Allegiance. C. Approval of Agenda President PerezGil asked for a motion to approve the agenda. Director Zendle and seconded by Director De Lara to approve the agenda. Motion passed unanimously. AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, Director Rogers NOES – 0 ABSENT – 0 D. Public Comment There were no public comments for matters not listed on the agenda.		meeting to order at 5:37 p.m.	
the roll with all directors present. B. Pledge of Allegiance President PerezGil led the Pledge of Allegiance. C. Approval of Agenda President PerezGil asked for a motion to approve the agenda. Director Zendle and seconded by Director De Lara to approve the agenda. Motion passed unanimously. AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, Director Rogers NOES – 0 ABSENT – 0 D. Public Comment There were no public comments for matters not listed on the agenda.			
B. Pledge of Allegiance President PerezGil led the Pledge of Allegiance. C. Approval of Agenda President PerezGil asked for a motion to approve the agenda. Director Zendle and seconded by Director De Lara to approve the agenda. Motion passed unanimously. AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, Director Rogers NOES – 0 ABSENT – 0 D. Public Comment There were no public comments for matters not listed on the agenda.	Roll Call		
B. Pledge of Allegiance President PerezGil led the Pledge of Allegiance. President PerezGil asked for a motion to approve the agenda. President PerezGil asked for a motion to approve the agenda. Motion passed unanimously. AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, Director Rogers NOES – 0 ABSENT – 0 D. Public Comment There were no public comments for matters not listed on the agenda. E. Hospital Lease Purchase		the roll with all directors	
Pledge of Allegiance. C. Approval of Agenda President PerezGil asked for a motion to approve the agenda. Motion passed unanimously. AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director De Lara, Director Shorr, Director Zendle, Director De Lara, Director Rogers NOES – 0 ABSENT – 0 D. Public Comment There were no public comments for matters not listed on the agenda. E. Hospital Lease Purchase			
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motion to approve the agenda. Director Zendle and seconded by Director De Lara to approve the agenda. Motion passed unanimously. AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, Director Rogers NOES – 0 ABSENT – 0 D. Public Comment There were no public comments for matters not listed on the agenda.			
Director De Lara to approve the agenda. Motion passed unanimously. AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, Director Rogers NOES – 0 ABSENT – 0 D. Public Comment There were no public comments for matters not listed on the agenda. E. Hospital Lease Purchase	C. Approval of Agenda	President PerezGil asked for a	-
agenda. Motion passed unanimously. AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, Director Rogers NOES – 0 ABSENT – 0 D. Public Comment There were no public comments for matters not listed on the agenda. E. Hospital Lease Purchase		motion to approve the agenda.	Director Zendle and seconded by
Motion passed unanimously. AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, Director Rogers NOES – 0 ABSENT – 0 D. Public Comment There were no public comments for matters not listed on the agenda. E. Hospital Lease Purchase			Director De Lara to approve the
AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, Director Rogers NOES – 0 ABSENT – 0 D. Public Comment There were no public comments for matters not listed on the agenda. E. Hospital Lease Purchase			· ·
Vice-President Zavala, Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, Director Rogers NOES – 0 ABSENT – 0 D. Public Comment There were no public comments for matters not listed on the agenda. E. Hospital Lease Purchase			-
Barraza, Director Shorr, Director Zendle, Director De Lara, Director Rogers NOES – 0 ABSENT – 0 D. Public Comment There were no public comments for matters not listed on the agenda. E. Hospital Lease Purchase			•
Zendle, Director De Lara, Director Rogers NOES – 0 ABSENT – 0 D. Public Comment There were no public comments for matters not listed on the agenda. E. Hospital Lease Purchase			•
Director Rogers NOES – 0 ABSENT – 0 D. Public Comment There were no public comments for matters not listed on the agenda. E. Hospital Lease Purchase			
D. Public Comment There were no public comments for matters not listed on the agenda. E. Hospital Lease Purchase			-
D. Public Comment There were no public comments for matters not listed on the agenda. E. Hospital Lease Purchase			
D. Public Comment There were no public comments for matters not listed on the agenda. E. Hospital Lease Purchase			
comments for matters not listed on the agenda. E. Hospital Lease Purchase			ABSENT – 0
listed on the agenda. E. Hospital Lease Purchase	D. Public Comment	•	
E. Hospital Lease Purchase			
		listed on the agenda.	
Agreement	E. Hospital Lease Purchase		
	Agreement		



	7148451 00, 2021	
1. Delivery of Fairness Opinion from VMG Health relating to the August 1, 2024, Lease Purchase Agreement		
2. Consideration of Approval of Resolution No. 24-02 approving the Lease Purchase Agreement dated August 1, 2024, and ordering a measure relating to the agreement placed on the November 5, 2024, ballot. The Resolution and Lease Purchase Agreement are attached and on the District website at http://www.dhcd.org	Jeff Scott, Legal Counsel, provided an overview of the resolution approving the lease purchase agreement, and at the request of the Board, described the details of section 12.1.1. and 12.2.2., including the provisions. The Board requested Spanish translation of the resolution and lease agreement for the Spanish-speaking community. The Board thanked the public and after a lengthy discussion voted to pass Resolution No. 24-02 approving the Lease Purchase Agreement dated August 1, 2024, and ordering a measure relating to the	#24-58 MOTION WAS MADE by Director Rogers and seconded by Director Shorr to approve Resolution No. 24-02 approving the Lease Purchase Agreement dated August 1, 2024, and ordering a measure relating to the agreement placed on the November 5, 2024, ballot. Motion passed 6-1. AYES – 6 President PerezGil, Vice-President Zavala, Director Shorr, Director Zendle, Director De Lara, Director Rogers NOES – 1 Secretary Barraza ABSENT – 0
	agreement placed on the November 5, 2024, ballot.	
F. Adjournment	President PerezGil adjourned the meeting at 8:05 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST:		
	Kimberly Barraza, 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

September 11, 2024

Fiscal Year 2023-2024 Audit:

The fiscal year 2023-2024 audit is nearing completion. We anticipate presenting the audit reports during the October Finance & Administration Committee meeting.

Las Palmas Medical Plaza - Property Management:

Occupancy:

See attached unit rental status report.

97.9% currently occupied –

Total annual rent including CAM fees is \$1,552,788.

Leasing Activity:

One suite (1W-104) remains vacant and is available for lease through our broker, Rob Wenthold.

Two tenants have requested changes to their lease, which will be presented during this month's Committee meeting:

- 1. Global Premier (3W-101) has requested to terminate their lease effective September 30, 2024.
- 2. Coachella Valley Volunteers in Medicine (1W-104) has requested that their rent be waived for the remainder of their lease.

						Las Pa	Imas Medica	al Plaza						
							it Rental Sta							
						As of	September '	1, 2024						
Unit	Tenant Nan	ne	Deposit		e Dates	Term	Unit	Percent	Monthly	Annual	Rent Per	Monthly	Total Monthly	Total Annual
				From	То		Sq Feet	of Total	Rent	Rent	Sq Foot	CAM	Rent Inclg CAM	Rent Inclg CAM
												\$ 0.86		
1W, 104	Vacant						1,024	2.07%						
Total - Vaca	ncies						1,024	2.07%						
Total Suites	- 32 - 30 Suit	tes Occupied	\$59,912.84				49,356	97.93%	\$ 87,836.90	\$1,054,042.80	\$ 1.82	\$ 41,562.08	\$ 129,398.98	\$ 1,552,787.76
			Summary	- All Units										
			Occupied	48,332	97.93%									
			Vacant	1,024	2.07%									
			Pending	0	0.00%									
			Total	49,356	100%									

DESERT HEALTHCARE DISTRICT JULY/AUGUST 2024 FINANCIAL STATEMENTS INDEX

Year to Date Variance Analysis

Cumulative Profit & Loss Budget vs Actual - Summary

Cumulative Profit & Loss Budget vs Actual - District Including LPMP

Cumulative Profit & Loss Budget vs Actual - LPMP

Balance Sheet - Condensed View

Balance Sheet - Expanded View

Accounts Receivable Aging

Deposit Detail - District

Property Tax Receipts - YTD

Deposit Detail - LPMP

Check Register - District

Credit Card Expenditures

Check Register - LPMP

CEO Discretionary Fund

Retirement Protection Plan Update

Grants Schedule

DESERT HEALTHCARE DISTRICT YEAR TO DATE VARIANCE ANALYSIS ACTUAL VS BUDGET

TWO MONTHS ENDED AUGUST 31, 2024

Scope: \$25,000 Variance per State	ement	of Operation	ns Sı	ummary			
		Y ⁻	TD		O۱	er(Under)	
Account		Actual		Budget		Budget	Explanation
4000 - Income	\$	1,229,634	\$	156,668	\$	1,072,966	Higher interest income and market fluctuations (net) from FRF investments \$998k; higher property tax revenues \$75k
4501 - Misc. Income	\$	56,000	\$	89,000	\$	(33,000)	Lower revenue from Environmental Health Summit sponsorships \$33k
5000 - Direct Expenses	\$	295,666	\$	390,975	\$	(95,309)	Lower wages expense \$67k; lower education expense \$12k; lower health insurance expense \$10k; lower board expenses \$4k; lower misc \$2k
6445 - LPMP Expense	\$	168,532	\$	226,276	\$	(57,744)	Lower depreciation expenses \$26k; lower interior building expense \$8k; lower plumbing expense \$4k; lower deferred maintenance expense \$4k; lower landscaping expense \$3k; lower marketing expense \$3k; lower extermination expense \$2k; lower misc expense \$8k
7000 - Grants Expense	\$	15,581	\$	833,334	\$	(817,753)	As of August 31, 2024, there are \$4,980,000 remaining in the fiscal year grant budget, with a total of \$310,358 in carry over and unexpended grant funds.
Las Palmas Medical Plaza - Net	\$	79,976	\$	23,296	\$	56,680	LPMP expenses lower \$58k; LPMP revenue lower \$1k

Desert Healthcare District Profit & Loss Budget vs. Actual July through August 2024

		MONTH			MONTH			TOTAL	
	Jul 24	Budget	\$ Over Budget	Aug 24	Budget	\$ Over Budget	Jul - Aug 24	Budget	\$ Over Budget
Income									
4000 · Income	743,433	78,334	665,099	486,201	78,334	407,867	1,229,634	156,668	1,072,966
4500 · LPMP Income	124,147	124,786	(639)	124,361	124,786	(425)	248,508	249,572	(1,064)
4501 · Miscellaneous Income	26,000	44,500	(18,500)	30,000	44,500	(14,500)	56,000	89,000	(33,000)
Total Income	893,580	247,620	645,960	640,562	247,620	392,942	1,534,142	495,240	1,038,902
Expense									
5000 · Direct Expenses	120,197	164,932	(44,735)	175,469	226,043	(50,574)	295,666	390,975	(95,309)
6000 · General & Administrative Exp	62,511	58,805	3,706	44,390	58,805	(14,415)	106,901	117,610	(10,709)
6325 · CEO Discretionary Fund	2,000	4,167	(2,167)	19,500	4,167	15,333	21,500	8,334	13,166
6445 · LPMP Expenses	85,655	113,138	(27,483)	82,877	113,138	(30,261)	168,532	226,276	(57,744)
6500 · Professional Fees Expense	234,264	174,959	59,305	131,597	174,959	(43,362)	365,861	349,918	15,943
6600 · Mobile Medical Unit	0	417	(417)	0	417	(417)	0	834	(834)
6700 · Trust Expenses	5,488	6,056	(568)	5,488	6,056	(568)	10,976	12,112	(1,136)
Total Expense Before Grants	510,115	522,474	(12,359)	459,321	583,585	(124,264)	969,436	1,106,059	(136,623)
7000 · Grants Expense	(4,419)	416,667	(421,086)	20,000	416,667	(396,667)	15,581	833,334	(817,753)
Net Income	387,884	(691,521)	1,079,405	161,241	(752,632)	913,873	549,125	(1,444,153)	1,993,278

Desert Healthcare District Profit & Loss Budget vs. Actual July through August 2024

			MONTH			MONTH			TOTAL	
		Jul 24	Budget	\$ Over Budget	Aug 24	Budget	\$ Over Budget	Jul - Aug 24	Budget	\$ Over Budget
Income										
400	00 · Income									
	4010 · Property Tax Revenues	75,427	0	75,427	12	0	12	75,439	0	75,439
	4200 · Interest Income									
	4220 · Interest Income (FRF)	137,125	106,667	30,458	88,385	106,667	(18,282)	225,510	213,334	12,176
	9999-1 · Unrealized gain(loss) on invest	528,881	(30,333)	559,214	395,706	(30,333)	426,039	924,587	(60,666)	985,253
	Total 4200 · Interest Income	666,006	76,334	589,672	484,091	76,334	407,757	1,150,097	152,668	997,429
	4300 · DHC Recoveries	2,000	2,000	0	2,098	2,000	98	4,098	4,000	98
Tot	tal 4000 · Income	743,433	78,334	665,099	486,201	78,334	407,867	1,229,634	156,668	1,072,966
450	00 · LPMP Income	124,147	124,786	(639)	124,361	124,786	(425)	248,508	249,572	(1,064)
450	01 · Miscellaneous Income	26,000	44,500	(18,500)	30,000	44,500	(14,500)	56,000	89,000	(33,000)
Total Ir	ncome	893,580	247,620	645,960	640,562	247,620	392,942	1,534,142	495,240	1,038,902
Expens	se									
500	00 Direct Expenses									
	5100 · Administration Expense									
	5110 · Wages Expense	67,064	107,221	(40,157)	133,205	168,332	(35,127)	200,269	275,553	(75,284)
	5111 · Allocation to LPMP - Payroll	(6,428)	(7,139)	711	(6,428)	(7,139)	711	(12,856)	(14,278)	1,422
	5112 · Vacation/Sick/Holiday Expense	21,272	15,000	6,272	15,330	15,000	330	36,602	30,000	6,602
	5114 · Allocation to Foundation	(16,403)	(17,692)	1,289	(16,403)	(17,692)	1,289	(32,806)	(35,384)	2,578
	5119 · Allocation-FED FUNDS/CVHIP-DHCF	(974)	0	(974)	(1,137)	0	(1,137)	(2,111)	0	(2,111)
	5120 · Payroll Tax Expense	8,606	10,333	(1,727)	11,500	10,333	1,167	20,106	20,666	(560)
	5130 · Health Insurance Expense									
	5131 · Premiums Expense	19,561	23,553	(3,992)	18,896	23,553	(4,657)	38,457	47,106	(8,649)
	5135 · Reimb./Co-Payments Expense	1,856	1,800	56	363	1,800	(1,437)	2,219	3,600	(1,381)
	Total 5130 · Health Insurance Expense	21,417	25,353	(3,936)	19,259	25,353	(6,094)	40,676	50,706	(10,030)
	5140 · Workers Comp. Expense	438	572	(134)	438	572	(134)	876	1,144	(268)
	5145 · Retirement Plan Expense	7,904	11,154	(3,250)	11,947	11,154	793	19,851	22,308	(2,457)
	5160 · Education Expense	3,185	7,417	(4,232)	(40)	7,417	(7,457)	3,145	14,834	(11,689)
	Total 5100 · Administration Expense	106,081	152,219	(46,138)	167,671	213,330	(45,659)	273,752	365,549	(91,797)
	5200 · Board Expenses									
	5210 · Healthcare Benefits Expense	1,914	4,109	(2,195)	1,689	4,109	(2,420)	3,603	8,218	(4,615)
	5230 · Meeting Expense	7,444	3,708	3,736	4,853	3,708	1,145	12,297	7,416	4,881
	5235 · Director Stipend Expense	3,473	3,646	(173)	695	3,646	(2,951)	4,168	7,292	(3,124)
	5240 · Catering Expense	1,153	1,000	153	524	1,000	(476)	1,677	2,000	(323)
	5250 · Mileage Reimbursement Expense	132	250	(118)	37	250	(213)	169	500	(331)
	Total 5200 · Board Expenses	14,116	12,713	1,403	7,798	12,713	(4,915)	21,914	25,426	(3,512)
Tot	tal 5000 · Direct Expenses	120,197	164,932	(44,735)	175,469	226,043	(50,574)	295,666	390,975	(95,309)

Desert Healthcare District Profit & Loss Budget vs. Actual July through August 2024

			MONTH			MONTH			TOTAL	
		Jul 24	Budget	\$ Over Budget	Aug 24	Budget	\$ Over Budget	Jul - Aug 24	Budget	\$ Over Budget
600	00 · General & Administrative Exp									
	6110 · Payroll fees Expense	218	208	10	260	208	52	478	416	62
	6120 ⋅ Bank and Investment Fees Exp	5,227	5,200	27	6,186	5,200	986	11,413	10,400	1,013
	6125 · Depreciation Expense	2,150	2,500	(350)	2,165	2,500	(335)	4,315	5,000	(685)
	6126 · Depreciation-Solar Parking lot	15,072	15,072	0	15,072	15,072	0	30,144	30,144	0
	6127 · Depreciation - Autos	6,409	6,409	0	6,409	6,409	0	12,818	12,818	0
	6130 · Dues and Membership Expense	1,663	5,429	(3,766)	2,139	5,429	(3,290)	3,802	10,858	(7,056)
	6200 · Insurance Expense	4,625	4,692	(67)	4,625	4,692	(67)	9,250	9,384	(134)
	6300 · Minor Equipment Expense	0	42	(42)	0	42	(42)	0	84	(84)
	6305 · Auto Allowance & Mileage Exp	554	500	54	831	500	331	1,385	1,000	385
	6306 · Staff- Auto Mileage reimb	307	625	(318)	125	625	(500)	432	1,250	(818)
	6309 · Personnel Expense	501	375	126	0	375	(375)	501	750	(249)
	6310 · Miscellaneous Expense	0	42	(42)	0	42	(42)	0	84	(84)
	6311 · Cell Phone Expense	729	1,000	(271)	786	1,000	(214)	1,515	2,000	(485)
	6312 · Wellness Park Expenses	0	83	(83)	0	83	(83)	0	166	(166)
	6315 · Security Monitoring Expense	108	50	58	0	50	(50)	108	100	8
	6340 · Postage Expense	228	333	(105)	0	333	(333)	228	666	(438)
	6350 · Copier Rental/Fees Expense	507	500	7	0	500	(500)	507	1,000	(493)
	6351 · Travel Expense	0	2,500	(2,500)	155	2,500	(2,345)	155	5,000	(4,845)
	6352 · Meals & Entertainment Exp	0	2,833	(2,833)	57	2,833	(2,776)	57	5,666	(5,609)
	6355 · Computer Services Expense	18,941	5,322	13,619	2,768	5,322	(2,554)	21,709	10,644	11,065
	6360 · Supplies Expense	2,162	2,167	(5)	319	2,167	(1,848)	2,481	4,334	(1,853)
	6380 · LAFCO Assessment Expense	171	208	(37)	171	208	(37)	342	416	(74)
	6400 · East Valley Office	2,939	2,715	224	2,322	2,715	(393)	5,261	5,430	(169)
	al 6000 · General & Administrative Exp	62,511	58,805	3,706	44,390	58,805	(14,415)	106,901	117,610	(10,709)
	25 · CEO Discretionary Fund	2,000	4,167	(2,167)	19,500	4,167	15,333	21,500	8,334	13,166
	5 · LPMP Expenses	85,655	113,138	(27,483)	82,877	113,138	(30,261)	168,532	226,276	(57,744)
650	0 · Professional Fees Expense									
	6516 · Professional Services Expense	203,408	124,167	79,241	38,481	124,167	(85,686)	241,889	248,334	(6,445)
	6520 · Annual Audit Fee Expense	1,484	1,500	(16)	1,484	1,500	(16)	2,968	3,000	(32)
	6530 · PR/Communications/Website	16,872	34,292	(17,420)	30,660	34,292	(3,632)	47,532	68,584	(21,052)
	6560 · Legal Expense	12,500	15,000	(2,500)	60,972	15,000	45,972	73,472	30,000	43,472
	al 6500 · Professional Fees Expense	234,264	174,959	59,305	131,597	174,959	(43,362)	365,861	349,918	15,943
660	0 · Mobile Medical Unit									
	6605 · Mobile Medical Unit Expense	0	417	(417)	0	417	(417)	0	834	(834)
670	0 · Trust Expenses									
	6720 · Pension Plans Expense									
	6721 · Legal Expense	0	167	(167)	0	167	(167)	0	334	(334)
	6725 · RPP Pension Expense	5,000	5,000	0	5,000	5,000	0	10,000	10,000	0
	6728 · Pension Audit Fee Expense	488	889	(401)	488	889	(401)	976	1,778	(802)
	al 6700 · Trust Expenses	5,488	6,056	(568)	5,488	6,056	(568)	10,976	12,112	(1,136)
Total E	xpense Before Grants	510,115	522,474	(12,359)	459,321	583,585	(124,264)	969,436	1,106,059	(136,623)
7000 - 0	Grants Expense									
701	0 · Major Grant Awards Expense	(4,419)	416,667	(421,086)	20,000	416,667	(396,667)	15,581	833,334	(817,753)
Net Inc	ome	387,884	(691,521)	1,079,405	161,241	(752,632)	913,873	549,125	(1,444,153)	1,993,278

Las Palmas Medical Plaza Profit & Loss Budget vs. Actual July through August 2024

		MONTH		MONTH				TOTAL	
	Jul 24	Budget	\$ Over Budget	Aug 24	Budget	\$ Over Budget	Jul - Aug 24	Budget	\$ Over Budget
Income									
4500 · LPMP Income									
4505 · Rental Income	84,355	86,753	(2,398)	84,569	86,753	(2,184)	168,924	173,506	(4,582)
4510 · CAM Income	39,792	37,950	1,842	39,792	37,950	1,842	79,584	75,900	3,684
4513 · Misc. Income	0	83	(83)	0	83	(83)	0	166	(166)
Total 4500 · LPMP Income	124,147	124,786	(639)	124,361	124,786	(425)	248,508	249,572	(1,064)
Expense									
6445 · LPMP Expenses									
6420 · Insurance Expense	6,229	6,255	(26)	6,229	6,255	(26)	12,458	12,510	(52)
6425 · Building - Depreciation Expense	28,165	28,668	(503)	28,257	28,668	(411)	56,422	57,336	(914)
6426 - Tenant Improvements -Dep Exp	4,850	17,630	(12,780)	5,103	17,630	(12,527)	9,953	35,260	(25,307)
6427 · HVAC Maintenance Expense	1,786	1,333	453	0	1,333	(1,333)	1,786	2,666	(880)
6428 · Roof Repairs Expense	0	208	(208)	0	208	(208)	0	416	(416)
6431 · Building -Interior Expense	0	4,167	(4,167)	0	4,167	(4,167)	0	8,334	(8,334)
6432 · Plumbing -Interior Expense	180	1,667	(1,487)	0	1,667	(1,667)	180	3,334	(3,154)
6433 · Plumbing -Exterior Expense	0	208	(208)	0	208	(208)	0	416	(416)
6434 · Allocation Internal Prop. Mgmt	6,428	7,139	(711)	6,428	7,139	(711)	12,856	14,278	(1,422)
6435 · Bank Charges	40	42	(2)	31	42	(11)	71	84	(13)
6437 · Utilities -Vacant Units Expense	5	150	(145)	19	150	(131)	24	300	(276)
6439 · Deferred Maintenance Repairs Ex	0	2,083	(2,083)	0	2,083	(2,083)	0	4,166	(4,166)
6440 · Professional Fees Expense	11,830	11,830	0	11,830	11,830	0	23,660	23,660	0
6441 · Legal Expense	0	83	(83)	0	83	(83)	0	166	(166)
6458 · Elevators - R & M Expense	1,842	1,083	759	283	1,083	(800)	2,125	2,166	(41)
6460 · Exterminating Service Expense	275	1,250	(975)	275	1,250	(975)	550	2,500	(1,950)
6463 · Landscaping Expense	0	1,250	(1,250)	0	1,250	(1,250)	0	2,500	(2,500)
6467 · Lighting Expense	0	417	(417)	0	417	(417)	0	834	(834)
6468 · General Maintenance Expense	0	83	(83)	0	83	(83)	0	166	(166)
6471 · Marketing-Advertising	0	1,250	(1,250)	0	1,250	(1,250)	0	2,500	(2,500)
6475 · Property Taxes Expense	6,650	6,650	0	6,650	6,650	0	13,300	13,300	0
6476 · Signage Expense	422	417	5	0	417	(417)	422	834	(412)
6480 · Rubbish Removal Medical Waste E	1,326	1,417	(91)	1,319	1,417	(98)	2,645	2,834	(189)
6481 · Rubbish Removal Expense	2,232	2,900	(668)	2,232	2,900	(668)	4,464	5,800	(1,336)
6482 · Utilities/Electricity/Exterior	96	875	(779)	979	875	104	1,075	1,750	(675)
6484 · Utilities - Water (Exterior)	594	750	(156)	1,287	750	537	1,881	1,500	381
6485 · Security Expenses	12,405	12,500	(95)	11,955	12,500	(545)	24,360	25,000	(640)
6490 · Miscellaneous Expense	300	833	(533)	0	833	(833)	300	1,666	(1,366)
Total 6445 · LPMP Expenses	85,655	113,138	(27,483)	82,877	113,138	(30,261)	168,532	226,276	(57,744)
Net Income	38,492	11,648	26,844	41,484	11,648	29,836	79,976	23,296	56,680

		Aug 31, 24	Aug 31, 23	
ASSETS				
Current Assets				
Checking/Savings				
	1000 - CHECKING CASH ACCOUNTS		1,108,822	
1100 - INVESTMENT ACC	DUNTS	67,583,213	65,301,167	
Total Checking/Savings		71,244,584	66,409,989	
Total Accounts Receivable		87,128	82,578	
Other Current Assets				
1204.1 - Rent Receivable-l		9,153	32,434	
1270 - Prepaid Insurance	-Ongoing	108,539	97,010	
1279 · Pre-Paid Fees		39,233	39,005	
1295 · Property Tax Recei	vable	27,304	0	
Total Other Current Assets		184,229	168,449	
Total Current Assets		71,515,941	66,661,016	
Fixed Assets				
1300 · FIXED ASSETS		5,310,398	5,258,141	
1335-00 - ACC DEPR		(2,949,405)	(2,656,630)	
1400 - LPMP Assets		6,455,569	6,805,157	
Total Fixed Assets		8,816,562	9,406,668	
Other Assets				
1600 - RIGHT TO USE ASSETS	3	216,235	216,235	
1611 - RTU Accumulated Amo	rtization	(22,178)	(22,178)	
1700 - OTHER ASSETS		3,668,380	3,728,380	
1800 - OTHER RECEIVABLES		3,048,911	3,048,911	
Total Other Assets		6,911,348	6,971,348	
TOTAL ASSETS		87,243,851	83,039,032	

	Aug 31, 24	Aug 31, 23
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 · Accounts Payable	158,837	82,666
2001 · LPMP Accounts Payable	25,071	3,760
Total Accounts Payable	183,908	86,426
Other Current Liabilities		
2002 · LPMP Property Taxes	13,300	13,300
2003 · Prepaid Rents	21,562	1,664
2131 · Grant Awards Payable	4,435,495	4,952,549
2133 · Accrued Accounts Payable	52,232	179,550
2141 · Accrued Vacation Time	80,129	101,352
2188 · Current Portion - LTD	0	1,234
2190 · Investment Fees Payable	23,339	9,048
Total Other Current Liabilities	4,626,057	5,258,697
Total Current Liabilities	4,809,965	5,345,123
Long Term Liabilities		
2171 · RPP-Deferred Inflows-Resources	564,584	564,584
2172 · Lease - Deferred Inflows	2,982,703	2,982,703
2281 - Grants Payable - Long-term	1,138,781	2,475,000
2285 · Lease Payable	196,798	196,798
2290 · LPMP Security Deposits	57,493	57,493
Total Long Term Liabilities	4,940,359	6,276,578
Total Liabilities	9,750,324	11,621,701
Equity		
3900 · *Retained Earnings	76,944,404	71,020,500
Net Income	549,125	396,836
Total Equity	77,493,529	71,417,336
TOTAL LIABILITIES & EQUITY	87,243,851	83,039,032

	Aug 31, 24	Aug 31, 23
ASSETS		
Current Assets		
Checking/Savings		
1000 - CHECKING CASH ACCOUNTS		
1016 · US Bank Operating - 5018	3,310,478	810,650
1017 · US Bank Operating - 7455	102,173	0
1044 - Las Palmas Medical Plaza - 1241	248,220	297,672
1047 · Petty Cash	500	500
Total 1000 · CHECKING CASH ACCOUNTS	3,661,371	1,108,822
1100 · INVESTMENT ACCOUNTS		
1130 · Facility Replacement Fund	67,154,910	67,505,224
1135 · Unrealized Gain(Loss) FRF	428,303	(2,204,057)
Total 1100 · INVESTMENT ACCOUNTS	67,583,213	65,301,167
Total Checking/Savings	71,244,584	66,409,989
Total Accounts Receivable	87,128	82,578
Other Current Assets		
1204.1 · Rent Receivable-Deferred COVID	9,153	32,434
1270 · Prepaid Insurance -Ongoing	108,539	97,010
1279 · Pre-Paid Fees	39,233	39,005
1295 - Property Tax Receivable	27,304	0
Total Other Current Assets	184,229	168,449
Total Current Assets	71,515,941	66,661,016
Fixed Assets		
1300 · FIXED ASSETS		
1310 · Computer Equipment	114,150	96,917
1320 · Furniture and Fixtures	64,580	55,099
1321 - Mobile Medical Unit	381,768	356,225
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
Total 1300 · FIXED ASSETS	5,310,398	5,258,141
1335-00 · ACC DEPR		
1335 - Accumulated Depreciation	(262,952)	(237,313)
1337 - Accum Deprec- Solar Parking Lot	(2,351,404)	(2,170,540
1338 - Accum Deprec - LPMP Parking Lot	(238,648)	(216,099
1339 - Accum Deprec - Autos	(96,401)	(32,678
Total 1335-00 · ACC DEPR	(2,949,405)	(2,656,630

		Aug 31, 24	Aug 31, 23
1400 · LPMP Assets			
1401 - Building		8,705,680	8,705,680
1402 · Land		2,165,300	2,165,300
1403 · Tenant Improv		2,335,572	2,309,146
1404 · Tenant Improv		0	129,550
1406 - Building Impro			
	place Parking Lot	676,484	676,484
	Improvements-CIP	52,426	544,458
1406 - Building In	nprovements - Other	2,776,742	2,155,288
Total 1406 · Building		3,505,652	3,376,230
1407 - Building Equip		488,880	444,268
1409 - Accumulated D	•		
1410 - Accum. De		(8,499,383)	(8,190,329)
1412 - T I Accum		(2,246,132)	(2,134,688)
Total 1409 - Accumul	ated Depreciation	(10,745,515)	(10,325,017)
Total 1400 - LPMP Assets	i	6,455,569	6,805,157
Total Fixed Assets		8,816,562	9,406,668
Other Assets			
1600 · RIGHT TO USE AS	SETS		
1610 - Right to Use A	sset	216,235	216,235
1611 - RTU Accumulated	Amortization	(22,178)	(22,178)
1700 · OTHER ASSETS			
1731 · Wellness Park		1,693,800	1,693,800
1740 · RPP-Deferred (Outflows-Resources	587,440	587,440
1742 - RPP - Net Pens	sion Asset	1,387,140	1,447,140
Total 1700 · OTHER ASSE	ETS	3,668,380	3,728,380
1800 - OTHER RECEIVAB	LES		
1810 - Lease Receiva	ble	3,048,911	3,048,911
Total Other Assets		6,911,348	6,971,348
TOTAL ASSETS		87,243,851	83,039,032

	Aug 31, 24	Aug 31, 23
IABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 · Accounts Payable	158,837	82,666
2001 · LPMP Accounts Payable	25,071	3,760
Total Accounts Payable	183,908	86,426
Other Current Liabilities		
2002 · LPMP Property Taxes	13,300	13,300
2003 · Prepaid Rents	21,562	1,664
2131 · Grant Awards Payable	4,435,495	4,952,549
2133 · Accrued Accounts Payable	52,232	179,550
2141 · Accrued Vacation Time	80,129	101,352
2188 · Current Portion - LTD	0	1,234
2190 · Investment Fees Payable	23,339	9,048
Total Other Current Liabilities	4,626,057	5,258,697
Total Current Liabilities	4,809,965	5,345,123
Long Term Liabilities		
2171 · RPP-Deferred Inflows-Resources	564,584	564,584
2172 - Lease - Deferred Inflows	2,982,703	2,982,703
2281 - Grants Payable - Long-term	1,138,781	2,475,000
2285 - Lease Payable	196,798	196,798
2290 · LPMP Security Deposits	57,493	57,493
Total Long Term Liabilities	4,940,359	6,276,578
Total Liabilities	9,750,324	11,621,701
Equity		
3900 · *Retained Earnings	76,944,404	71,020,500
Net Income	549,125	396,836
Total Equity	77,493,529	71,417,336
TOTAL LIABILITIES & EQUITY	87,243,851	83,039,032

Desert Healthcare District A/R Aging Summary

As of August 31, 2024

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL	COMMENT
Desert Care Network	0	0	25,000	0	0	25,000	Environmental Summit Sponsorship
Desert Healthcare Foundation-	17,540	0	17,152	(2,253)	0	32,439	Due from Foundation
First 5 Riverside	0	20,000	0	0	0	20,000	Environmental Summit Sponsorship
Global Premier Fertility	0	4,689	0	0	0	4,689	Slow Pay
University of California, Riverside	0	5,000	0	0	0	5,000	Environmental Summit Sponsorship
TOTAL	17,540	29,689	42,152	(2,253)	0	87,128	

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Desert Healthcare District Deposit Detail

Туре	Date	Name	Amount
Deposit	07/08/2024		319
		Principal Financial Group	(319)
TOTAL		- morpar manoral croup	(319)
Deposit	07/19/2024		39,421
		Riverside County Treasurer - Property Tax	(39,421)
TOTAL			(39,421)
Deposit	07/25/2024		8,209
		Riverside County Treasurer - Property Tax	(8,209)
TOTAL			(8,209)
Deposit	07/26/2024		7,537
		Riverside County Treasurer - Property Tax	(7,537)
TOTAL			(7,537)
Deposit	07/29/2024		20,257
		Riverside County Treasurer - Property Tax	(20,257)
TOTAL			(20,257)
Deposit	07/30/2024		3
		Riverside County Treasurer - Property Tax	(3)
TOTAL			(3)
Deposit	08/01/2024		26,042
		Riverside County Treasurer - Property Tax	(26,042)
TOTAL			(26,042)

Desert Healthcare District Deposit Detail

Туре	Date	Name	Amount
Deposit	08/02/2024		2,000
2 ороси	00,02,202		
		T-Mobile - Cell Tower Lease	(2,000)
TOTAL			(2,000)
Deposit	08/05/2024		8,845
		Riverside County Treasurer - Property Tax	(8,891)
		Riverside County Treasurer - Property Tax	46
TOTAL			(8,845)
Deposit	08/09/2024		57
		Riverside County Treasurer - Property Tax	(57)
TOTAL			(57)
Deposit	08/13/2024		6,000
Payment	08/13/2024	Palm Springs Disposal Services - Environmental Health Summit	(1,000)
Payment	08/13/2024	Grace Helen Spearman Charitable Fdn - Environmental Health Summit	(5,000)
TOTAL			(6,000)
Deposit	08/15/2024		104,450
		Riverside County Treasurer - Property Tax	(104,450)
TOTAL			(104,450)
Deposit	08/16/2024		27
		California Business Bureau, Inc.	(27)
TOTAL			(27)
Deposit	08/22/2024		71
		California Business Bureau, Inc.	(71)
TOTAL			(71)

Desert Healthcare District Deposit Detail

Туре	Date	Name	Amount
Deposit	08/28/2024		5,000
Payment	08/28/2024	IEHP - Environmental Health Summit	(5,000)
TOTAL			(5,000)
Deposit	08/29/2024		140
		Eric Taylor - Return of Expense Reimbursement	(140)
TOTAL			(140)
		TOTAL	228,378

DESERT HEALTHCARE DISTRICT PROPERTY TAX RECEIPTS FY 2024 - 2025 **RECEIPTS - TWO MONTHS ENDED AUGUST 31, 2024** FY 2023-2024 Projected/Actual FY 2024-2025 Projected/Actual Budget \$ Budget \$ Actual Receipts Actual Receipts Budget % Act % Variance Budget % Act % Variance 0.0% \$ 0.8% \$ 70,152 0.0% \$ 0.7% \$ 75,427 \$ July \$ 70,152 75,427 2.0% \$ 180,642 \$ 0.0% \$ 1.4% \$ 139,395 \$ Aug 0.0% \$ 180,642 139,395 \$ 0.0% \$ 0.0% \$ 0.0% \$ 0.0% Sep 2.8% \$ 2.6% \$ 229,840 248,614 \$ 18,774 2.6% \$ 0.0% Oct 264,426 0.4% \$ 0.1% \$ 0.4% \$ 0.0% Nov 35,360 10,535 \$ (24,825)40,681 19.2% \$ 1,493,960 16.9% \$ Dec 16.9% \$ 1,696,170 \$ 202,210 1,718,771 0.0% 31.9% \$ 2,819,960 42.1% \$ 3,720,800 3,244,308 \$ 31.9% \$ Jan 900,840 0.0% 0.0% \$ 1.0% \$ 0.0% \$ Feb 85,677 \$ 85,677 0.0% 0.4% \$ 0.3% \$ 31,158 0.3% \$ 0.0% Mar 26,520 \$ 4,638 30,511 5.5% \$ 486,200 6.0% \$ 529,212 \$ 43,012 5.5% \$ 559,363 0.0% Apr 19.9% \$ 1,759,160 20.6% \$ 2,023,879 1,821,441 \$ 62,281 19.9% \$ 0.0% May 22.5% \$ 1,989,000 30.0% \$ 2,655,964 \$ 666,964 22.5% \$ 2,288,305 0.0% June

2,210,366

100.00% \$ 10,170,245

Total

100% \$

8,840,000

125.0% \$

11,050,366

214,822 \$

214,822

2.1% \$

Type	Date	Name	Amount
Deposit	07/01/2024		64
Payment	07/01/2024	Pathway Pharmaceuticals,Inc.	(64)
TOTAL			(64)
Deposit	07/02/2024		4,233
	07/00/0004		(4.000)
Payment TOTAL	07/02/2024	Desert Family Medical Center	(4,233) (4,233)
TOTAL			(4,233)
Deposit	07/03/2024		5,714
Payment	07/01/2024	Cure Cardiovascular Consultants	(2.417)
Payment	07/01/2024	DPMG	(3,417)
TOTAL	0170172021		(5,714)
Deposit	07/05/2024		3,451
	07/00/0004		(0.454)
Payment TOTAL	07/03/2024	Coachella Valley Volunteers in Medicine-	(3,451)
TOTAL			(3,451)
Deposit	07/08/2024		13,781
		Howard Aaron Aronow, M.D.	(20)
Payment	07/08/2024	Howard Aaron Aronow, M.D.	(1,682)
Payment	07/08/2024	EyeCare Services Partners Management LLC	(7,364)
Payment	07/08/2024	Quest Diagnostics Incorporated	(4,714)
TOTAL			(13,780)
Deposit	07/09/2024		17,330
	07/00/005		(4.855)
Payment	07/08/2024	Brad A. Wolfson, M.D.	(4,006)
Payment Payment	07/08/2024 07/08/2024	Cohen Musch Thomas Medical Group Palmtree Clinical Research	(5,361) (7,962)
TOTAL	01/00/2024	I annuee Cillical Nesedicil	(17,329)

July through August 2024

Type	Date	Name	Amount
Deposit	07/11/2024		3,397
Payment	07/09/2024	Aijaz Hashmi, M.D., Inc.	(3,397)
TOTAL			(3,397)
Deposit	07/15/2024		3,963
Payment	07/15/2024	Ramy Awad, M.D.	(3,963)
TOTAL			(3,963)
Deposit	07/18/2024		3,799
Payment	07/18/2024	Peter Jamieson, M.D.	(3,799)
TOTAL			(3,799)
Deposit	07/22/2024		6,176
		Aijaz Hashmi, M.D., Inc.	(3,397)
Payment	07/17/2024	Pathway Pharmaceuticals,Inc.	(2,779)
TOTAL			(6,176)
Deposit	07/25/2024		4,689
Payment	07/25/2024	Global Premier Fertility	(4,689)
TOTAL			(4,689)

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Туре	Date	Name	Amount
Deposit	07/31/2024		76,344
Бороон	0170172024		70,044
		Laboratory Corporation of America	(5,632)
		Desert Oasis Healthcare	(2,843)
		Steven Gundry, M.D.	(6,376)
		Quest Diagnostics Incorporated	(4,714)
		Howard Aaron Aronow, M.D.	(1,702)
		EyeCare Services Partners Management LLC	(7,364)
Payment	07/31/2024	Desert Regional Medical Center	(6,318)
Payment	07/31/2024	Tenet HealthSystem Desert, Inc	(7,041)
Payment	07/31/2024	Tenet HealthSystem Desert, Inc.	(34,353)
TOTAL			(76,343)
Deposit	08/05/2024		2,297
Payment	08/01/2024	DPMG	(2,297)
TOTAL			(2,297)
Deposit	08/05/2024		3,451
Payment	08/02/2024	Coachella Valley Volunteers in Medicine-	(3,451)
TOTAL	33,32,232	Countries value va	(3,451)
Deposit	08/07/2024		20,833
•			,
Payment	08/05/2024	Cure Cardiovascular Consultants	(3,417)
Payment	08/06/2024	Brad A. Wolfson, M.D.	(4,092)
Payment	08/06/2024	Cohen Musch Thomas Medical Group	(5,361)
Payment	08/06/2024	Palmtree Clinical Research	(7,962)
TOTAL			(20,832)
Deposit	08/09/2024		4,233
Payment	08/07/2024	Desert Family Medical Center	(4,233)
TOTAL		,	(4,233)

July through August 2024

Туре	Date	Name	Amount
Deposit	08/12/2024		6,742
Payment	08/12/2024	Pathway Pharmaceuticals,Inc.	(2,779)
Payment	08/12/2024	Ramy Awad, M.D.	(3,963)
TOTAL	00/12/2021	rany maa, m.s.	(6,742)
Deposit	08/16/2024		10,132
Payment	08/16/2024	Peter Jamieson, M.D.	(3,699)
Payment	08/16/2024	Peter Jamieson, M.D.	(116)
Payment	08/16/2024	Desert Regional Medical Center	(6,318)
TOTAL			(10,133)
Deposit	08/22/2024		42,055
		Laboratory Corporation of America	(144)
Payment	08/22/2024	Tenet HealthSystem Desert, Inc	(7,041)
Payment	08/22/2024	Tenet HealthSystem Desert, Inc.	(34,353)
Payment	08/22/2024	Laboratory Corporation of America	(516)
TOTAL			(42,054)
Deposit	08/23/2024		3,397
		Aijaz Hashmi, M.D., Inc.	(3,397)
TOTAL			(3,397)
Deposit	08/28/2024		18,020
		Steven Gundry, M.D.	(6,376)
		FCPP	(5,881)
		Laboratory Corporation of America	(5,764)
TOTAL			(18,021)
		TOTAL	254,101

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Туре	Date	Num	Name	Amount
1000 · CHECKING CA	SH ACCOUNTS			
1016 · US Bank Opera	ating - 5018			
Bill Pmt -Check	07/01/2024	3323	Andrea S. Hayles - Expense Reimbursement	(159)
Bill Pmt -Check	07/01/2024	3324	Carmina Zavala - Stipend	(695)
Bill Pmt -Check	07/01/2024	3325	CV Strategies	(14,045)
Bill Pmt -Check	07/01/2024	3326	Deveau Burr Group, LLC	(9,500)
Bill Pmt -Check	07/01/2024	3327	Diligent Corporation	(16,274)
Bill Pmt -Check	07/01/2024	3328	Donna Den Bleyker - Expense Reimbursement	(204)
Bill Pmt -Check	07/01/2024	3329	Leticia De Lara - Stipend	(463)
Bill Pmt -Check	07/01/2024	3330	Lift To Rise - Grant Payment	(67,500)
Bill Pmt -Check	07/01/2024	3331	NPO Centric	(500)
Bill Pmt -Check	07/01/2024	3332	Regional Access Project Foundation	(2,000)
Bill Pmt -Check	07/01/2024	3333	SDRMA	(130,247)
Bill Pmt -Check	07/01/2024	3334	So.Cal Computer Shop	(1,620)
Bill Pmt -Check	07/01/2024	3335	Southern California Grantmakers	(5,000)
Bill Pmt -Check	07/01/2024	3336	Staples	(594)
Bill Pmt -Check	07/01/2024	3337	Top Shop	(81)
Bill Pmt -Check	07/01/2024	3338	Visual Edge IT (Image Source)	(343)
Bill Pmt -Check	07/01/2024	3339	Uken Report	(400)
Bill Pmt -Check	07/02/2024	3340	Shred-It	(136)
Liability Check	07/05/2024		QuickBooks Payroll Service	(53,224)
Liability Check	07/05/2024		QuickBooks Payroll Service	(1,498)
Check	07/08/2024	Auto Pay	Calif. Public Employees'Retirement System	(14,983)
Bill Pmt -Check	07/10/2024	3341	Coachella Valley Economic Partnership	(12,000)
Bill Pmt -Check	07/10/2024	3342	Eric Taylor - Expense Reimbursement	(15)
Bill Pmt -Check	07/10/2024	3343	LoopUp LLC	(24)
Bill Pmt -Check	07/10/2024	3344	Ready Refresh	(55)
Bill Pmt -Check	07/10/2024	3345	State Compensation Insurance Fund	(438)
Bill Pmt -Check	07/10/2024	3346	Step Up on Second Street, Inc Grant Payment	(28,980)
Bill Pmt -Check	07/10/2024	3347	Verizon Wireless	(1,471)
Bill Pmt -Check	07/10/2024	3348	Xerox Financial Services	(377)
Bill Pmt -Check	07/10/2024	3349	Alejandro Espinoza Santacruz - Expense Reimbursement	(241)
Bill Pmt -Check	07/10/2024	3350	County of Riverside Auditor-Controller	(2,047)
Bill Pmt -Check	07/10/2024	3351	Boyd & Associates	(108)
Bill Pmt -Check	07/10/2024	3352	Ernest Enterprises	(68)
Bill Pmt -Check	07/10/2024	3353	Rogers, Carole - Stipend & Expense Reimbursement	(1,191)
Bill Pmt -Check	07/10/2024	3354	U.S. Bank	(5,844)
Bill Pmt -Check	07/16/2024	3355	AMS Tax Service, Inc.	(500)
Bill Pmt -Check	07/16/2024	3356	Andrea S. Hayles - Expense Reimbursement	(113)

Туре	Date	Num	Name	Amount
Bill Pmt -Check	07/16/2024	3357	CoPower Employers' Benefits Alliance	(1,445)
Bill Pmt -Check	07/16/2024	3358	DPMG Health - Grant Payment	(14,765)
Bill Pmt -Check	07/16/2024	3359	Erica Huskey - Health Premium Reimbursement	(1,022)
Bill Pmt -Check	07/16/2024	3360	Galilee Center - Grant Payment	(26,834)
Bill Pmt -Check	07/16/2024	3361	NPO Centric	(25,000)
Bill Pmt -Check	07/16/2024	3362	Pitney Bowes Global Financial Services	(228)
Bill Pmt -Check	07/16/2024	3363	Uken Report	(400)
Liability Check	07/19/2024		QuickBooks Payroll Service	(55,138)
Bill Pmt -Check	07/23/2024	3364	DPMG Health - Grant Payment	(15,991)
Bill Pmt -Check	07/23/2024	3365	Evett PerezGil - Stipend	(695)
Bill Pmt -Check	07/23/2024	3366	Magdalena Cleaning Services	(200)
Bill Pmt -Check	07/23/2024	3367	Principal Life Insurance Co.	(1,721)
Bill Pmt -Check	07/23/2024	3368	Regional Access Project Foundation	(639)
Bill Pmt -Check	07/23/2024	3369	Regional Government Services Authority	(713)
Bill Pmt -Check	07/23/2024	3370	Spectrum (Time Warner)	(405)
Bill Pmt -Check	07/23/2024	3371	Verizon Wireless	(841)
Bill Pmt -Check	07/23/2024	3372	Kimberly Barraza - Stipend	(1,042)
Check	07/23/2024	Auto Pay	Principal Financial Group-	(575)
Check	07/23/2024	Auto Pay	Principal Financial Group-	(1,197)
Bill Pmt -Check	07/30/2024	3373	Andrea S. Hayles - Expense Reimbursement	(486)
Bill Pmt -Check	07/30/2024	3374	Carmina Zavala - Stipend	(695)
Bill Pmt -Check	07/30/2024	3375	Evett PerezGil - Health Premium Reimbursement	(331)
Bill Pmt -Check	07/30/2024	3376	Frazier Pest Control, Inc.	(33)
Bill Pmt -Check	07/30/2024	3377	Hocker Productions	(10,000)
Bill Pmt -Check	07/30/2024	3378	Leticia De Lara - Stipend	(695)
Bill Pmt -Check	07/30/2024	3379	Magdalena Cleaning Services	(200)
Bill Pmt -Check	07/30/2024	3380	Pegasus Riding Academy - Grant Payment	(1,593)
Bill Pmt -Check	07/30/2024	3381	The Westin Rancho Mirage	(6,055)
Bill Pmt -Check	07/30/2024	3382	Visual Edge IT (Image Source)	(338)
Bill Pmt -Check	07/30/2024	3383	Will Dean - Expense Reimbursement	(105)
Bill Pmt -Check	07/30/2024	3384	Codex Creation Committee (RWLM)	(1,000)
Bill Pmt -Check	07/30/2024	3385	Sergio Rodriguez - Expense Reimbursement	(43)
Bill Pmt -Check	07/30/2024	3386	Transgender Health and Wellness Center	(1,000)
Liability Check	08/02/2024		QuickBooks Payroll Service	(56,733)
Check	08/14/2024		Bank Service Charge	(1,186)
Liability Check	08/16/2024		QuickBooks Payroll Service	(54,777)
Liability Check	08/30/2024		QuickBooks Payroll Service	(50,176)
Total 1016 · US Bank C	perating - 5018			(707,235)

Туре	Date	Num	Name	Amount
1017 · US Bank Opera	nting - 7455			
Bill Pmt -Check	08/01/2024	5501	Deveau Burr Group, LLC	(9,500)
Bill Pmt -Check	08/01/2024	5502	DPMG Health - Grant Payment	(34,438)
Bill Pmt -Check	08/01/2024	5503	Palm Springs Chamber of Commerce	(350)
Bill Pmt -Check	08/01/2024	5504 - VOID	Peace is Loud, Inc.	0
Bill Pmt -Check	08/01/2024	5505	Regional Access Project Foundation	(2,000)
Bill Pmt -Check	08/01/2024	5506	So.Cal Computer Shop	(810)
Bill Pmt -Check	08/01/2024	5507	The Bridges 2 Hope - Grant Payment	(10,000)
Bill Pmt -Check	08/01/2024	5508	U.S. Bank	(2,427)
Bill Pmt -Check	08/01/2024	5509	Underground Service Alert of Southern Cal	(10)
Bill Pmt -Check	08/01/2024	5510	VMG Health	(122,282)
Bill Pmt -Check	08/01/2024	5511	Zendle, Les - Stipend & Expense Reimbursement	(826)
Bill Pmt -Check	08/01/2024	5512	Peace is Loud, Inc.	(5,000)
Check	08/07/2024	Auto Pay	Calif. Public Employees'Retirement System	(17,240)
Bill Pmt -Check	08/13/2024	5524	Chris Christensen - Expense Reimbursement	(127)
Bill Pmt -Check	08/13/2024	5513	Desert Arc Shredding & Recycling	(25)
Bill Pmt -Check	08/13/2024	5514	LoopUp LLC	(24)
Bill Pmt -Check	08/13/2024	5515	Ready Refresh	(55)
Bill Pmt -Check	08/13/2024	5516	Rogers, Carole - Stipend	(695)
Bill Pmt -Check	08/13/2024	5517	So.Cal Computer Shop	(1,181)
Bill Pmt -Check	08/13/2024	5518	Staples	(2,811)
Bill Pmt -Check	08/13/2024	5519	State Compensation Insurance Fund	(438)
Bill Pmt -Check	08/13/2024	5520	Steven Hollis - Consulting Services	(58,688)
Bill Pmt -Check	08/13/2024	5521	UC Riverside Foundation	(2,500)
Bill Pmt -Check	08/13/2024	5522	Xerox Financial Services	0
Bill Pmt -Check	08/13/2024	5523	Xerox Financial Services	(130)
Bill Pmt -Check	08/13/2024	5525	Lift To Rise	(2,500)
Bill Pmt -Check	08/22/2024	5526	AMS Tax Service, Inc.	(500)
Bill Pmt -Check	08/22/2024	5527	Coachella Valley Economic Partnership	(5,000)
Bill Pmt -Check	08/22/2024	5528	CoPower Employers' Benefits Alliance	(1,360)
Bill Pmt -Check	08/22/2024	5529	DAP Health - Grant Payment	(102,578)
Bill Pmt -Check	08/22/2024	5530	Evett PerezGil - Stipend & Health Premium Reimbursement	(678)
Bill Pmt -Check	08/22/2024	5531	Inland Coalition on Aging	(500)
Bill Pmt -Check	08/22/2024	5532	Moss, Levy & Hartzheim LLP	(13,000)
Bill Pmt -Check	08/22/2024	5533	Olive Crest Treatment Center, Inc Grant Payment	(80,908)
Bill Pmt -Check	08/22/2024	5534	OneFuture Coachella Valley - Grant Payment	(68,063)
Bill Pmt -Check	08/22/2024	5535	Principal Life Insurance Co.	(1,655)
Bill Pmt -Check	08/22/2024	5536	Pueblo Unido CDC - Grant Payment	(5,000)
Bill Pmt -Check	08/22/2024	5537	Regional Access Project Foundation	(634)

As of August 31, 2024

Туре	Date	Num	Name	Amount
Bill Pmt -Check	08/22/2024	5538	The LGBTQ Community Center	(5,000)
Bill Pmt -Check	08/22/2024	5539	Theresa A. Mike Scholarship Foundation - Grant Payment	(10,000)
Bill Pmt -Check	08/22/2024	5540	U.S. Bank	(9,893)
Bill Pmt -Check	08/22/2024	5541	Zendle, Les - Stipend & Expense Reimbursement	(384)
Bill Pmt -Check	08/22/2024	5542	Hocker Productions	(20,035)
Bill Pmt -Check	08/28/2024	5543	Andrea S. Hayles - Expense Reimbursement	(165)
Bill Pmt -Check	08/28/2024	5544	Boo2Bullying	(1,000)
Bill Pmt -Check	08/28/2024	5545	Coachella Valley Economic Partnership	(20,000)
Bill Pmt -Check	08/28/2024	5546	Desert Arc - Grant Payment	(65,536)
Bill Pmt -Check	08/28/2024	5547	Frazier Pest Control, Inc.	(33)
Bill Pmt -Check	08/28/2024	5548	Regional Government Services Authority	(406)
Bill Pmt -Check	08/28/2024	5549	Spectrum (Time Warner)	(532)
Bill Pmt -Check	08/28/2024	5550	U.S. Bank	(5,648)
Bill Pmt -Check	08/29/2024	5551	Riverside County Physician's Memorial Fdn	(3,000)
Bill Pmt -Check	08/29/2024	5552	Steven Hollis - Consulting Services	(8,438)
Bill Pmt -Check	08/29/2024	5553	Hanson Bridgett LLP	(19,249)
Bill Pmt -Check	08/30/2024	ACH 090424	Law Offices of Scott & Jackson	(35,033)
Total 1017 · US Bank	Operating - 7455			(758,285)
TOTAL				(1,465,520)

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						Depart Harlibarra District	
						Desert Healthcare District	
						Details for Credit Card Expenditures	
					Г	Credit Card Purchases - June 2024 - Paid July 2024	
	<u> </u>						
		eld by District Pe	rsoni	nel -1			
Credit Card L		0 - Chris					
Credit Card F							
Chris Chr	istensen - CE	<u> </u>					
Routine type:							
Office supplie	es, dues for r	nembership, com	pute	r supplies, mea	als, travel incl	iding airlines and hotels, catering, supplies for BOD	
meetings, CE	O Discretion	ary for small grar	nt & g	jift items			
		Statement					
	Month	Total		Expense			
Year	Charged	Charges		Туре	Amount	Purpose	Description
1001	Onar gou	\$ 5,844.30		1,750	Amount	r urpose	Bescription
Chris' Statem	ent:	Ψ 3,044.30					
Ciliis Statell							
2024	luma.	\$ 5.844.30		District			
2024	June	\$ 5,844.30		District	D-II-	Description .	
				GL	Dollar	Description	
				6325	\$ 1,000.00	GCVCC 2024 Annual Installation and Business Awards Dinner sponsorship - June 20, 2024 - Vice-President Zavala, Secretary Barraza,	CEO Discretionary Fund
				0500	(40.00	Chris Christensen, Donna Craig, Will Dean, Andrea Hayles	
				6530		The Desert Sun - marketing subscription	
				5160		CSDA - Workplace Violence Prevention Plans webinar & Overview of Special District Laws virtual workshop - Andrea Hayles	
				6360		Amazon - iPhone case	
				6360		Amazon - iPhone screen protector	
				6360		Nespresso - coffee for RAP Office	
				5230		CHA 2024 Behavioral Health Care Symposium - December 4-5, 2024 - President PerezGil	
				5230		CVAG 2024 General Assembly - June 24, 2024 - President PerezGil, Secretary Barraza	
				5160		CVAG 2024 General Assembly - June 24, 2024 - Chris Christensen	
				6355		Zoom webinar/audio conference expense	
				5230		UCR Palm Desert - facility use fee for July 16, 2024 Special BOD meeting	
				5240		Panera - food for June 20, 2024 Environmental Health Summit Committee meeting	
				6360		Crown Awards - 20 year service award for Donna Craig	
				5230		CVAG 2024 General Assembly - June 24, 2024 - Vice-President Zavala +1	
				6325		ACT for Multiple Sclerosis donation in lieu of flower for the passing of Leone Zendle, Director Zendle's mother	CEO Discretionary Fund
				5240	\$ 248.26	EzCater - food for June 26, 2024 BOD meeting	
						Enzo's - 20 years of service recognition dinner for Donna Craig - President PerezGil, Vice-President Zavala, Secretary Barraza, Director De	
				6352	\$ 732.72	Lara, Chris Christensen, Donna Craig, Alejandro Espinoza Santacruz, Will Dean, Andrea Hayles, Gracie Montano, Erica Huskey, Eric	
				<u> </u>		Taylor, Sergio Rodriguez, Consuelo Marquez, Steve Brown	
				6360	\$ 100.00	Amazon - gift card for intern Chloe Vartanian	
				6309	\$ 165.00	indeed - advertising for Chief Administration Officer position June 2024	
					\$ 5,844.30		

					Desert Healthcare District	
					Desert Healthcare District Details for Credit Card Expenditures	
					Credit Card Purchases - July 2024 - Paid August 2024	
					Credit Card Furchases - July 2024 - Fald August 2024	
Number of Cr	redit Cards Held	d by District Per	sonnel -3			
	imit - \$75,000	a by Biotifice i ci	00111101 0			
Credit Card F						
		Executive Office	er			
		istration Office				
			Community Enga	gement		
Routine types			, ,	1		
		mbership, com	puter supplies, m	eals, travel incl	uding airlines and hotels, catering, supplies for BOD	
		y for small gran				
		-				
	St	atement				
	Month	Total	Expense			
Year	Charged	Charges	Туре	Amount	Purpose	Description
		\$ 2,426.75				
Monthly State	ement CalCard:					
2024	July	\$ 2,426.75	Chris Christ			
			GL	Dollar	Description	
					ACHD 72nd Annual Meeting - September 25 - 27, 2024 - Sacramento, CA - Alejandro Espinoza Santacruz, Will Dean	
					Panera - food for July 18, 2024 Environmental Health Summit Committee meeting	
ļ			524		Chipotle - food for July 22, 2024 BOD Meeting	
 				\$ 2,426.75	<u>J</u>	
			F.:. T.: '			
			Eric Taylor	Dellas	Description	
			GL	Dollar	Description	
				•		
				\$ -		
			Alaiandra	nineza Cantas	1	
			GL	spinoza Santacr Dollar	Description	
			GL	Dollar	Description	
 				\$ -		
				ъ -	<u>J</u>	

					Desert Healthcare District	
					Details for Credit Card Expenditures	
					Credit Card Purchases - July 2024 - Paid August 2024	
Number of	Credit Cards Hel	d by District Per	sonnel -1			
	Limit - \$20,000					
Credit Card	Holders:					
Chris C	hristensen - CEC					
Routine typ	es of charges:					
Office supp	lies, dues for me	embership, com	puter supplies, mea	als, travel inclu	ding airlines and hotels, catering, supplies for BOD	
meetings, 0	CEO Discretional	ry for small gran	t & gift items			
		ĺ				
	S	tatement				
	Month	Total	Expense			
Year	Charged	Charges	Туре	Amount	Purpose	Description
		\$ 9,893.38			·	·
Chris' State	ment:					
20:	24 July	\$ 9,893.38	District			
	1		GL	Dollar	Description	
			5160	\$ (40.00)	ACHD - credit for unapplied Early Bird discount for 72nd Annual Meeting Registration	
			5230		ACHD - credit for unapplied Early Bird discount for 72nd Annual Meeting Registration	
			5140		Fantasy Springs - credit for fee applied on 7/12/24	
			6530	\$ 16.99	The Desert Sun - marketing subscription	
			5230	\$ 25.00	GCVCC - Legislative Breakfast: Assemblymember Wallis - July 12, 2024 - Indian Wells, CA - Director De Lara	
			5230	\$ 1,000.00	ACHD - 72nd Annual Meeting - September 25-27, 2024 - Sacramento, CA - Director Zendle	
			5230		ACHD - 72nd Annual Meeting - September 25-27, 2024 - Sacramento, CA - President PerezGil, Vice-President Zavala, Secretary Barraza, I	Director Rogers
			5160		ACHD - 72nd Annual Meeting - September 25-27, 2024 - Sacramento, CA - Chris Christensen	
			5230		Fantasy Springs - facility & catering fees for July 11, 2024 Special BOD meeting	
			5230		UCR Palm Desert - facility use fee for July 16, 2024 Closed Session	
			6355	•	Zoom webinar/audio conference expense	
			5240	•	Panera - food for July 16, 2024 Special BOD meeting	
			5240	•	Doordash - food for July 30, 2024 Special BOD meeting	
			5240	•	Doordash - food for July 30, 2024 Special BOD meeting	
			6309		Indeed - advertising for Accounting Manager position July 2024	
			6120		Late fee for delayed mailing time of June payment	
			6120	\$ 178.22	Interest fees applied for late receipt of payment	
				\$ 9,893.38		

					Depart Health ages District	
					Desert Healthcare District Details for Credit Card Expenditures	
					Credit Card Purchases - August 2024 - Paid August 2024	
					Orean Sura Horizotto - August 2027 - Faid August 2027	
Number of C	Credit Cards Hel	d by District Pe	rsonnel -3			
	Limit - \$75,000					
Credit Card						
Chris Ch	ristensen - Chie	f Executive Offi	cer			
Eric Tayl	or - Chief Admir	istration Office	er			
		acruz - Chief of	Community Engage	ement		
	es of charges:					
				als, travel inclu	ding airlines and hotels, catering, supplies for BOD	
meetings, C	EO Discretionar	y for small grar	nt & gift items			
		atement				
	Month	Total	Expense			
Year	Charged	Charges	Туре	Amount	Purpose	Description
		\$ 5,648.26				
Monthly Sta	tement CalCard					
202	24 August	\$ 5,648.26	Chris Christer			
			GL	Dollar	Description	
			5240 5240		Jensen's - food for July 30, 2024, Special BOD meeting Aspen Mills - food for August 1, 2024, Special BOD meeting	
			5240		UCR Palm Desert - facility use fee for August 1, 2024, Special BOD Meeting	
			5230		UCR Palm Desert - facility use fee for August 6, 2024, Special BOD Meeting	
			5230		GCVCC - 2024 All Valley Mayors and Tribal Chairpersons Luncheon - September 13, 2024 - Indian Wells, CA - Director De Lara	
			5160		GCVCC - 2024 All Valley Mayors and Tribal Chairpersons Luncheon - September 13, 2024 - Indian Wells, CA - Chris Christensen	
			5240		Aspen Mills - food for August 6, 2024, Special BOD meeting	
			6352		Yard House meeting - August 6, 2024 - Director De Lara, Chris Christensen	
			6351		Southwest - travel for ACHD - 72nd Annual Meeting - September 25-27, 2024 - Sacramento, CA - Vice-President Zavala	
			5230	\$ 75.00	Inland Coalition on Aging - Master Plan for Aging - September 27, 2024 - Rancho Cucamonga, CA - Director De Lara	
			5230	\$ 860.00	CSDA - 2024 Annual Conference - September 9-12, 2024 - Indian Wells, CA - Director De Lara	
				\$ 5,648.26		
			Eric Taylor			
			GL	Dollar	Description	
				\$ -		
				inoza Santacri	T	
			GL	Dollar	Description	
				_		
				\$ -	<u>J</u>	

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

Туре	Date	Num	Name	Amount
1000 - CHECKING CAS	SH ACCOUNTS			
1044 · Las Palmas Med	dical Plaza - 1241			
Bill Pmt -Check	07/01/2024	10927	Amtech Elevator Services	(1,559)
Bill Pmt -Check	07/01/2024	10928	Desert Air Conditioning Inc.	(446)
Bill Pmt -Check	07/01/2024	10929	Omar Rojas Garden Service	(4,875)
Bill Pmt -Check	07/01/2024	10930	Green Security Solutions	(11,955)
Bill Pmt -Check	07/01/2024	10931	INPRO Construction Inc.	(11,830)
Bill Pmt -Check	07/01/2024	10932	INPRO Construction Inc.	(2,325)
Bill Pmt -Check	07/01/2024	10933	INPRO Construction Inc.	(1,025)
Bill Pmt -Check	07/10/2024	10934	Desert Water Agency	(630)
Bill Pmt -Check	07/10/2024	10935	Frazier Pest Control, Inc.	(275)
Bill Pmt -Check	07/10/2024	10936	Palm Springs Disposal Services Inc	(2,234)
Bill Pmt -Check	07/16/2024	10937	Frontier Communications	(283)
Check	07/22/2024		Bank Service Charge	(517)
Bill Pmt -Check	07/23/2024	10938	Stericycle, Inc.	(1,326)
Bill Pmt -Check	07/23/2024	10939	Aijaz Hashmi, MD - Expense Reimbursement	(480)
Bill Pmt -Check	07/23/2024	10940	Southern California Edison	(514)
Bill Pmt -Check	07/23/2024	10941	Desert Air Conditioning Inc.	(196)
Bill Pmt -Check	07/30/2024	10942	Desert Air Conditioning Inc.	(11,107)
Bill Pmt -Check	07/30/2024	10943	Desert Water Agency	(594)
Bill Pmt -Check	07/30/2024	10944	Howard Aaron Aronow, M.D Overpayment Refund	(20)
Bill Pmt -Check	08/13/2024	10945	Best Signs, Inc.	(422)
Bill Pmt -Check	08/13/2024	10946	Desert Air Conditioning Inc.	(11,805)
Bill Pmt -Check	08/13/2024	10947	Green Security Solutions	(11,955)
Bill Pmt -Check	08/13/2024	10948	INPRO Construction Inc.	(11,830)
Bill Pmt -Check	08/13/2024	10949	Palm Springs Disposal Services Inc	(2,232)
Bill Pmt -Check	08/13/2024	10950	Pye Barker (Comtron Systems, Inc.)	(450)
Bill Pmt -Check	08/13/2024	10951	Frazier Pest Control, Inc.	(275)
Bill Pmt -Check	08/22/2024	10952	Desert Family Medical Center - Tenant Improvement Allowance	(13,406)
Bill Pmt -Check	08/22/2024	10953	Frontier Communications	(283)
Bill Pmt -Check	08/22/2024	10954	Southern California Edison	(919)
Bill Pmt -Check	08/22/2024	10955	Stericycle, Inc.	(1,319)
Bill Pmt -Check	08/22/2024	10956	Desert Air Conditioning Inc.	(11,446)
Check	08/23/2024		Bank Service Charge	(511)
TOTAL				(119,044)

Desert Healthcare District CEO Discretionary Fund Detail July through August 2024

Date	Name	Memo	Amount
6325 · CEO Discretionary Fund			
07/30/2024	Codex Creation Committee (RWLM)	2024 Run With Los Muertos Community Sponsorship	1,000
07/30/2024	Transgender Health and Wellness Center	Silver Flame Sponsorship for Transgender Day of Remembrance - November 20, 2024	1,000
08/06/2024	Riverside County Physician's Memorial Fdn	Silver Sponsorship for 14th Annual Caring for Our Future Medical Scholarship Fundraiser - October 30, 2024 - Approved by Board President	3,000
08/12/2024	The LGBTQ Community Center	Patron Sponsor for 2024 Center Stage Event - October 19, 2024 - Board President approved	5,000
08/13/2024	UC Riverside Foundation	UCR SOM 2024 Celebration of Medical Education Gala - Friend Sponsor	2,500
08/13/2024	Lift To Rise	\$2,500 sponsorship for Llft To Rise's 2nd annual Community Investment Awards	2,500
08/15/2024	Coachella Valley Economic Partnership	Silver Sponsorship for CVEP 2024 Greater Palm Springs Summit - November 19, 2024 - Board President approved	5,000
08/22/2024	Inland Coalition on Aging	Silver Sponsorship for Inland Coalition on Aging Conference - September 27, 2024	500
08/28/2024	Boo2Bullying	Silver Sponsorship for 2nd Annual Kick Bullying To The Curb event - September 28, 2024	1,000
TOTAL			21,500



MEMORANDUM

DATE: September 11, 2024

TO: F&A Committee

RE: Retirement Protection Plan (RPP)

Current number of participants in Plan:

	<u>June</u>	<u>August</u>
Active – still employed by hospital	61	61
Vested – no longer employed by hospital	46	46
Former employees receiving annuity	<u>6</u>	<u>6</u>
Total	113	113

The outstanding liability for the RPP is approximately **\$2.6M** (Actives - \$1.4M 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 **\$1.4M**.

The payouts, excluding monthly annuity payments, made from the Plan for the two months ended August 31, 2024, totaled **\$0K.** Monthly annuity payments (6 participants) total **\$903** per month.

DESERT HEALTHCARE DISTRICT **OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE** August 31, 2024 TWELVE MONTHS ENDING JUNE 30, 2025 Approved 6/30/2024 **Current Yr Total Paid Prior Yrs Total Paid Current Yr** Open Grant ID Nos. Name Grants - Prior Yrs Bal Fwd 2024-2025 July-June July-June BALANCE 2014-MOU-BOD-11/21/13 Memo of Understanding CVAG CV Link Support 10,000,000 1,650,000 1,650,000 Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs. 2022-1325-BOD-06-28-22 150.000 15.000 15.000 2022-1327-BOD-06-28-22 Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs. 50,000 \$ 5,000 5,000 \$ 2022-1328-BOD-06-28-22 El Sol - Expanding Access to Educational Resources for Promotoras - 2 Yrs. \$ 150,000 \$ 15,000 15,000 2022-1331-BOD-06-28-22 Pueblo Unido - Improving Access to Behavioral Health Education & Prevention Services - 2 Yrs. 50,000 \$ 5,000 2022-1324-BOD-07-26-22 Galilee Center - Our Lady of Guadalupe Shelter - 2 Yrs. 100 000 10.000 10.000 2022-1332-BOD-07-26-22 Alianza CV - Expanding & Advancing Outreach Through Increasing Capacity Development - 2 Yrs. 100,000 10,000 10,000 \$ 2022-1329-BOD-09-27-22 DPMG - Mobile Medical Unit - 3 Yrs. 500,000 252,458 221,702 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 16,000 2022-1362-BOD-10-25-22 Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 Yrs. 160,000 16,000 2022-1326-BOD-12-20-22 100,000 55,000 55,000 TODEC - TODEC's Equity Program - 2 Yrs. \$ 2022-1330-BOD-12-20-22 196,625 68,063 OneFuture Coachella Valley - Building a Healthcare Workforce Pipeline - 2 Yrs. 605,000 128,563 Organizacion en California de Lideres Campesinas - Healthcare Equity for ECV Farmworker Women - 2 Yrs. 2023-1333-BOD-01-24-23 150,000 48,750 \$ 48.750 Pegasus Riding Academy - Pegasus Equine Assisted Therapy - 1 Yr. 1.593 2023-1363-BOD-01-24-23 \$ 60,092 6,012 4.419 Unexpended funds Grant #1363 (4.419 2023-1391-BOD-05-23-23 Lift To Rise - Driving Regional Economic Stability Through Collective Impact - 3 Yrs. \$ 900,000 630,000 67.500 \$ 562,500 2023-1392-BOD-05-23-23 Galilee Center - Galilee Center Extended Shelter - 1 Yr. 268,342 \$ 26,834 26,834 2023-1393-BOD-06-27-23 DAP Health - DAP Health Expands Access to Healthcare - 1 Yr. \$ 1,025,778 \$ 102,578 102 578 \$ 2023-1389-BOD-07-25-23 Step Up on Second Street - Step Up's ECM/ILOS Programs in the Coachella Valley - 1 Yr. 64,401 \$ 35,421 28.980 \$ 6,441 2023-1394-BOD-07-25-23 CSU San Bernardino Palm Desert Campus Nursing Street Medicine Program - 1 Yr. 73,422 \$ 7,342 7,342 \$ 2023-1400-BOD-09-26-23 Desert Arc - Desert Arc Health Care Program - 1 Yr. 291,271 \$ 94,663 65,536 29,127 2023-1404-BOD-09-26-23 Martha's Village and Kitchen - Homeless Housing & Wrap-Around Services Expansion - 2 Yrs. 369,730 \$ 203 352 203.352 120,852 12,086 12,086 2023-1405-BOD-09-26-23 Variety Children's Charities of the Desert - Expansion of Core Programs & Services - 1Yr. \$ 2023-1408-BOD-10-24-23 Coachella Valley Volunteers In Medicine - Ensuring Access to Healthcare - 1 Yr. 478.400 155,480 47.840 107.640 2023-1410-BOD-10-24-23 Alianza Nacional de Campesinas, Inc. - Coachella Valley Farmworkers Food Distribution - 1 Yr. 57.499 \$ 5.749 5.749 2023-1413-BOD-10-24-23 Voices for Children - Court Appointed Special Advocate Program - 1 Yr. \$ 81,055 8,107 8,107 34,438 842.184 2023-1412-BOD-10-24-23 DPMG - DPMG Health Community Medicine - 2 Yrs. 1.057.396 876.622 \$ 2023-1403-BOD-12-19-23 Vision To Learn - Palm Desert & Coachella Valley VTL Program - 1 Yr. 50,000 27,500 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 57,558 57,558 2023-1420-BOD-12-19-23 Braille Institute of America - Low Vision Telehealth Services - 1Yr. 36,697 20,183 20,183 80.908 197,778 2023-1421-BOD-12-19-23 Olive Crest - General Support for Counseling & Mental Health Services to Vulnerable Children & Families - 2 Yrs. 359,594 278 686 2024-1429-BOD-02-27-24 163,750 90,063 Desert Cancer Foundation - Patience Assistance Program & Community Outreach - 1 Yr. \$ \$ 90,063 2024-1432-BOD-04-23-24 Variety Children's Charities of the Desert - Outreach & Future Program Expansion - 2Yrs. 102,949 79,786 79,786 2024-1437-BOD-04-23-24 Youth Leadership Institute - Community Advocates for Resilient Emotional Safety - 2 Yrs. \$ 100.000 \$ 77.500 77.500 2024-1441-BOD-04-23-24 DAP Health - DAP Health Community Health Workers Build Community Connections - 2 Yrs. \$ 125,000 \$ 96,875 96,875 2024-1443-BOD-04-23-24 Voices for Children - Court Appointed Special Advocate Program - 2 Yrs. 60.000 \$ 46.500 \$ 46.500 2024-1445-BOD-04-23-24 The Joslyn Center - Increasing Behavioral Health Access & Social Connectedness - 2 Yrs. 200,000 \$ 155,000 155,000 \$ 2024-1452-BOD-04-23-24 El Sol - Coachella Valley Community Assistance, Resources, & Empowerment Services - 2 Yrs. 200,000 \$ 155,000 155,000 2024-1453-BOD-04-23-24 199,914 \$ 154,934 154,934 Vision y Compromiso - Cultivando Community Connections - 2 Yrs. 2024-1455-BOD-04-23-24 Angel View - Outreach Program to Reduce Social Isolation & Loneliness - 2 Yrs. 86 250 66.844 66 844 82.574 2024-1460-BOD-05-28-24 ABC Recovery Center - Nursing Care and Prescription Medications - 1 Yr. 150,134 82 574 2024-BOD-06-25-24 Carry over of remaining Fiscal Year 2023/2024 Funds* 305,939 305,939 305,939 2024-1469-MINI-08-01-24 The Bridges 2 Hope - Mini-Grant - 1 Yr. 10,000 2024-1473-MINI-08-14-24 Theresa A. Mike Scholarship Foundation - Mini-Grant - 1 Yr. 10,000 10,000 TOTAL GRANTS 19,318,115 \$ 6,198,521 \$ 20,000 \$ 619,825 \$ 20,000 \$ 5,574,277 Amts available/remaining for Grant/Programs - FY 2024-25: Amount budgeted 2024-2025 5.000.000 G/L Balance 8/31/2024 Amount granted YTD: 2131 4,435,495 (20.000 Financial Audits of Non-Profits; Organizational Assessments; Net adj - Grants not used: FY 2023-2024 Carry Over Funds, 1363 2281 1,138,781 310,358 Matching external grant contributions Total 5,574,277 alance available for Grants/Progran



Date: September 23, 2024

To: Board of Directors

Subject: Lease Termination with Global Premier Fertility LLC, Suite 3W-101

Staff Recommendation: Consideration to approve the termination of the lease with Global Premier Fertility LLC as of September 30, 2024.

Background:

- The District entered into a lease agreement with Global Premier Fertility LLC ("GPF") beginning on August 1, 2021, and ending on December 31, 2026.
- A Tenant Improvement allowance reimbursement of \$40,000 was paid in January of 2022 for improvements to the suite.
- Due to a key physician at the Palm Springs location leaving the organization, GPF ceased operations and was preparing to sublease the suite in August 2023. After Tropical Storm Hilary caused some flooding in the suite, the subleasing efforts were suspended as repairs began.
- The District addressed the immediate repairs but had informed GPF that some additional repairs would be necessary. After discussions, the District agreed to address the additional repairs but had not received confirmation from GPF on the direction they would like to take after multiple attempts to make contact.
- In July 2024, GPF requested to terminate the lease as of September 30, 2024.
- After discussion with District's legal counsel, it was determined to be in the best interest of both parties to terminate the lease and move forward with releasing the suite.
- The proposed lease termination agreement is attached for the Board's review.
- At the September 11, 2024, Finance & Administration Committee meeting, the Committee recommended forwarding the agreement to the full Board for approval.
- Due to the prime location of the suite, staff anticipates being able to lease the suite relatively quickly after the necessary repairs are applied.

Fiscal Impact:

The District will receive a payment of \$16,000 as partial reimbursement of the Tenant Improvement allowance, payment of \$4,688.58 for outstanding August 2024 rent, and retain the security deposit held of \$4,123.44.

LEASE TERMINATION AGREEMENT

THIS LEASE TERMINATION AGREEMENT is made and entered into as of September 30, 2024 (the "Effective Date"), by and between **DESERT HEALTHCARE DISTRICT**, a political subdivision of the State of California ("District"), and **GLOBAL PREMIER FERTILITY LLC** ("Tenant"), with reference to the following facts:

- A. The District and Tenant are parties to that certain Office Building Lease (Building 3W Suite 101) in the Las Palmas Medical Plaza, Palm Springs, California, dated August 1, 2021 ("Lease"), with an expiration date of December 31, 2026.
- B. The Tenant has discontinued their practice and requested to terminate the Lease effective September 30, 2024.
- C. The Tenant has provided notice that they have vacated the premises in a letter dated August 27, 2024.
- D. The District has determined that it would serve the best interests of Tenant and the District to enter into a Lease Termination Agreement on the following terms and conditions.
- **NOW, THEREFORE,** in consideration of the foregoing recitals and the agreements herein contained, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:
- 1. <u>Lease Termination</u>. Effective September 30, 2024, the Lease is hereby terminated subject to the following terms:
 - a. <u>Security Deposit</u> the security deposit held by the District in the amount of \$4,123.44 shall be forfeited to District to compensate for loss of revenue due to the early termination of the lease;
 - b. **Rent** a payment of \$4,688.58 for August 2024 rent shall be paid and received by the District no later than 5pm on September 30, 2024. No rent payment shall be due for the month of September 2024;
 - c. Tenant Improvement Allowance Reimbursement a payment of \$16,000.00 shall be paid and received by the District no later than 5pm on September 30, 2024, as a partial reimbursement of the Tenant Improvement Allowance of \$40,000.00 previously paid to Tenant by District. All leasehold improvements shall become the property of the District;
 - d. <u>Access to Premises</u> District shall have access immediate to the premises to allow premises to be prepared for marketing the suite to new tenants.

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

"District":	DESERT HEALTHCARE DISTRICT	
	By:	
	Name: Chris Christensen	
	Title: Chief Executive Officer	
"Tenant":		
	GLOBAL PREMIER FERTILITY LLC	



Date: September 23, 2024

To: Board of Directors

Subject: Lease - Coachella Valley Volunteers in Medicine (CVVIM) – Rent and Cam

Abatement - \$49,154

<u>Staff Recommendation:</u> Consideration to approve abatement of rent and CAM payments for the remainder of the lease at the Las Palmas Medical Plaza.

Background:

- The District entered into a lease agreement with CVVIM commencing June 1, 2022, with lease expiration November 30, 2025.
- CVVIM's presence in the west valley, in addition to their east valley location,
 provides no-cost medical services to low-income residents.
- Staff was contacted by CVVIM to express their inability to continue long-term with the current lease payments.
- Additional details are included in the packet from CVVIM's Executive Director.
- The remaining payments during the lease term include \$33,743 of rent and \$15,411 of CAMs.
- In order to maintain these important no-cost services to the residents of the west valley, staff recommends providing an abatement of the remaining payments totaling \$49,154.
- At the September 11, 2024, Finance & Administration Committee meeting, the Committee recommended forwarding the request to the full Board for approval.
- Addendum #2 is attached for review.

Fiscal Impact:

Reduction of rent and CAM revenue of \$49,154.

From: <u>Doug Morin</u>

To: <u>Donna Craig; Chris Christensen</u>
Subject: Volunteers in Medicine

Date: Thursday, August 29, 2024 2:18:46 PM

Hello, and thank you both for meeting with Dr. Hare and me last Thursday.

In 2022, our Board of Directors recognized an opportunity for VIM to further increase access to affordable care by opening a second clinic in western Coachella Valley. Our research indicated roughly 14,000 uninsured adults lived in Cathedral City, Palm Springs, and Desert Hot Springs (2020 US Census Estimates). We developed a marketing and outreach plan to increase awareness of our patient services and volunteer and financial support needs. In June of 2022, we entered into a lease agreement with the Healthcare District to lease medical office space in the Las Palmas Medical Plaza. VIM remains the only no-charge provider of primary medical care and related healthcare services to low-income adult residents; FQHC clinics may charge a sliding fee scale, and we know patients are frequently placed on payment plans and experience delays in obtaining follow-up or additional care until the balance of their bill has been paid.

We have expended \$226,000 since then (\$76,000+ on lease payments only) and despite donor and foundation development and solicitations, we have had less than \$20,000 in support restricted to the Palm Springs clinic (rent). (We currently have a grant with the District for outreach and patient care; it does not include facility expenses for either of our two clinics.) As we begin to prepare our 2025 budget, we are faced with making tough decisions around the Palm Springs clinic and respectfully request consideration for the abatement of lease payments for the remaining lease term. Additionally, in response to your comments about long-term sustainability, we intend to address facility costs in future grant requests to DHCD, other foundations, and donor solicitations.

Since opening the Palm Springs clinic, we have provided more than 900 primary care visits to 335 unduplicated patients, with no patient billing. Other services were also provided, such as social determinants of health assessments, behavioral health screenings/assessments/crisis referrals, individual and group education, and health navigator referrals. We hope to continue to provide all of these services and more; we will continue our awareness and fund development activities to support the Palm Springs clinic with patients and necessary funding. However, that process can be lengthy, and now, we need additional support for our most expensive cost, rent.

Thank you for considering this request. We appreciate the support you have provided us and continue to provide. Please let me know if you need any further information.

P.S. Have a relaxing Labor Day weekend!

Doug J. Morin Executive Director

Direct: (760) 625-0760

Email: doug.morin@cvvim.org



Mail Address: PO Box 10090 | Indio, Ca | 92202

Facility Address: 82915 Avenue 48 | Indio, Ca | 92201

Have you considered leaving a gift to CVVIM in your estate plan? Contact us to learn more today.

ADDENDUM #2

Addendum to that certain Office Building Lease dated June 1, 2022, by and between Desert Healthcare District doing business as the Las Palmas Medical Plaza, as Landlord and Coachella Valley Volunteers in Medicine, doing business as CVVIM, as Tenant for the property commonly known as Las Palmas Medical Plaza located 555 E. Tachevah Drive, Palm Springs, California 92262.

Page !	l
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In the event of any inconsistency between the Addendum #2 language and the body of the Lease, the Addendum #2 language shall prevail.

3. Rent S	chedule:	06/01/2022 - 11/30/20 12/01/2022 - 11/30/20 12/01/2023 - 09/30/2 10/01/2024 - 11/30/20)23 \$2,24 024 \$2,34	40.00 40.00 49.76 0	Greater of 3% or CPI
4. CAMs: CAM fees will not Initial Lease term 6				r 1, 2024, through the end of the 2025.	
5. Option	Term:	Term shall be at "Man of September 1, 2024,	ket Rate", which (\$2,349.76), plu	ch shall r is the gre	t for the first year of the Option not be less than the rent in effect as eater of a three percent (3%) or CPI t (3%) or CPI annual increases
	rms and conditions	remain unchanged.			
The foregoing i	is hereby agreed to and	иссертси.			
Date:			Date:		
Landlord:	Desert Health	eare District	Tenant:	Coac	hella Valley Volunteers in Medicine
	dba: Las Palma	s Medical Plaza		dba: (CVVIM
Ву:	Chris Christens	sen	Ву:	<u>Doug</u>	J. Morin
Signature:			Signature:		
Title:	CEO		Title:	Exec	utive Director



Date: September 23, 2024

To: Board of Directors

Subject:

Grant # 1453 Vision y Compromiso – request to remove the term "east" from the grant deliverables

<u>Staff recommendation</u>: To approve Vision y Compromiso's request to remove the term "east" from the grant deliverables. This adjustment will enable Vision y Compromiso to expand their services to additional cities within the Coachella Valley.

Background: On April 23, 2024, the Desert Healthcare District Board of Directors awarded a \$199,914 grant to Vision y Compromiso, for the "Cultivando Community Connections" project. The term of the grant is from May 1, 2024 to April 30, 2026.

<u>Current</u>: Per the letter (attached), Shakira Alicea, Grants and Contracts Manager, requests to remove the term "east" from the deliverables to enable Vision y Compromiso to expand their services to additional Coachella Valley cities beyond those originally listed in their application.

Fiscal Impact: none

DESERT HEALTHCARE DISTRICT GRANT AGREEMENT

#1453 Vision y Compromiso

ADDENDUM #1

This Grant Agreement ("Agreement") was entered into on May 8, 2024 by and between Desert Healthcare District ("DISTRICT"), a California health care district organized and operating pursuant to Health and Safety Code section 32000 et seq., and Vision y Compromiso ("RECIPIENT") a California nonprofit 501(c)3, as follows:

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

1. This Addendum revises the grant deliverable service area (see Attachment 1 – Addendum Exhibit B).

"Recipient".

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

"District".

District.	recipient.
Desert Healthcare District	Vision y Compromiso
By:	By:
Chris Christensen	Maria Lemus
Chief Executive Officer	Executive Director
Date:	Date:

Attachment 1

ADDENDUM EXHIBIT B - Grant # 1453

PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES

(revised to reflect an expansion of the grant deliverable service area)

<u>Project Title</u> Cultivando Community Connections <u>Start/End</u> 5/01/2024 4/30/2026

PAYMENTS:

(4) Payments: \$44,980.10% Retention: \$19,994.

Total request amount: \$ 199,914.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
5/01/2024	Signed Agreement submitted & accepted.	Advance of \$44,980.
		for time period
		5/01/2024 - 10/31/2024
12/01/2024	1st six-month (5/01/2024 - 10/31/2024)	Advance of \$44,980.
	progress report, budget reports and receipts	for time period
	submitted & accepted	11/01/2024 - 4/30/2025
6/01/2025	2nd six-month (11/01/2024 - 4/30/2025)	Advance of \$44,980.
	progress report, budget reports and receipts	for time period
	submitted & accepted	5/01/2025 - 10/31/2025
12/01/2025	3rd six-month (5/01/2025 - 10/31/2025)	Advance of \$44,980.
	progress report, budget reports and receipts	for time period
	submitted & accepted	11/01/2025 - 4/30/2026
6/01/2026	4th six-month (11/01/2025 - 4/30/2026)	\$0
	progress report, budget reports and receipts	
	submitted & accepted	
6/15/2026	Final report (5/01/2024 - 4/30/2026) and	\$19,994.
	final budget report submitted & accepted	(10% retention)

TOTAL GRANT AMOUNT: \$ 199,914.

DELIVERABLES:

Project Deliverables and Evaluation

Deliverable #1:

By 3/31/2026 (or the end of the project period), 2 Community Navigators will be retained and 25 Community Navigators (promotoras, CHWs, parent leaders) complete training and increase their knowledge and skills to deliver family-centered health and wellness activities and reduce isolation and loneliness and increase community connectedness in East the Coachella Valley.

Evaluation #1:

- At least 25 Community Navigators complete training; measured by registrations/sign-in sheets
- At least 20% of Community Navigators (5) hired into paid or volunteer roles; measured by follow up surveys with training participants
- At least 2 Community Navigator positions retained by 3/31/26; measured by follow up surveys with Community Navigators

Deliverable #2:

By 3/31/2026 (or the end of the project period), 16,032 people participate in 684 educational workshops, outreach at community and cultural events delivered by VyC's Community Navigators resulting in increased awareness about behavioral and mental health resources, including treatment services, and opportunities to become more connected to other residents in East the Coachella Valley.

Evaluation #2:

- 6,912 people participate in educational workshops and increase their awareness of and access to behavioral and mental health resources.
- 7,680 people reached through peer to peer outreach and tabling at small businesses, parks, libraires, etc.
- 1,440 people reached through participation in community/cultural events
- At least 10% of people reached (1,603) will receive referrals, navigation assistance, and/or a warm handoff to connect them to local community resources such as health and wellness programs, treatment services, or other activities in their community

Deliverable #3:

By 3/31/2026 (or the end of the project period), 3,206 people (average of 72 people per month) are connected to family-centered health and wellness activities,

Evaluation #3:

• 3,206 people reached with health and wellness activities delivered by Community Navigators

parent leadership groups, support networks, physical activities (walking groups, bailoterapia) in E. the Coachella Valley resulting in reduced isolation and/or loneliness, increased access to trusted sources of information and practical/emotional support, stronger social support networks, and improved community connectedness.

Deliverable #4:

By 3/31/2026 (or end of the project period), at least 75% of respondents to a follow up survey (360) report reduced social isolation and improved community connectedness as a result of improved access to community supports.

Evaluation #4:

 2,405 people participated in the whole-person care survey developed by VyC to indicate improved access to community resources and learn about community recommendations; VyC disseminated survey via telephone and/or electronic survey after completion of educational workshops

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.

RFP Building Connected Communities Goal/Strategies

Strategy 1: Increase the number of community navigators serving Coachella Valley residents.

You have selected Strategy 1.

Your project deliverables need to capture the following performance measures.

- # of Community Navigators trained
- # of Community Navigator positions retained

Strategy 2: Increase awareness and access to behavioral/mental health resources.

You have selected Strategy 2.

Your project deliverables need to capture the following performance measures.

- # of clients provided service in their native language
- # of cultural competency resources disseminated

- # of community engagement/awareness activities
- # of clients/potential clients reached through awareness efforts
- # of clients who were directly connected to behavioral/mental health services

Strategy 3: Improve access to community support services through systems and environments that build connectedness

You have selected Strategy 3.

Your project deliverables need to capture the following performance measures.

- # of clients reached
- # of clients connected to community groups/organizations for practical and emotional support
- # of clients who report reduced levels of isolation and/or loneliness as a result of improved access to supportive services
- % of clients who report reduced levels of isolation and/or loneliness as a result of improved access to supportive services

Shakira Alicea, MPA (She,her,hers)

Grants & Contracts Manager

shakira@visionycompromiso.org

Mobile: 919-634-7453

My work hours may not be your work hours, please do not feel obligated to respond until your normal hours.

----- Forwarded message -----

From: Shakira Alicea < shakira@visionycompromiso.org>

Date: Fri, Aug 23, 2024 at 7:47 AM

Subject: Request for Amendment to Grant #1453

To: Donna Craig < dcraig@dhcd.org >

Cc: Melinda Cordero-Barzaga < melinda@visionycompromiso.org >, Marisela Blancas

<marisela@visionycompromiso.org>

Hi Donna,

I hope you're doing well.

I am reaching out to you to formally request an amendment to our current contract Grant #1453 (Exhibit B). Specifically, we are seeking to remove the term "east" from the deliverables. This adjustment will enable us to expand our services to additional Central Valley Coachella Valley cities beyond those originally listed in our application.

As you mentioned, we understand that this amendment will go to the Board at the September meeting, and it will be placed on the consent calendar for approval. Once the Board approves the amendment, we'll be ready to initiate services in the newly included areas.

Please let me know if you require any additional details or if there's anything further I need to do.

Thank you for your continued support and assistance.

Shakira Alicea, MPA (She,her,hers)

LAW OFFICES OF JEFFREY G. SCOTT

16935 WEST BERNARDO DRIVE, SUITE 170 SAN DIEGO, CA 92127

(858) 675-9896 FAX (858) 675-9897

JEFFREY G. SCOTT

<u>Of Counsel</u> JAMES R. DODSON

DATE: September 18, 2024

TO: Board of Directors

Chris Christensen, Chief Executive Officer

FROM: Jeffrey G. Scott, General Counsel

RE: Biennial Conflict of Interest Code Update 2024

State law requires that in every even number year the District's Conflict of Interest Code is reviewed and updated if necessary. The District adheres to the State model Conflict of Interest Code as provided in the California Code of Regulations. This year's code has been reviewed and the changes are reflected in the redline version attached.

The recommended changes are in the attached redline version and include:

- Revisions to the Board Approval date
- Inclusion of the Regulations of the Fair Political Practices Commission, Title 2, Division 6, California Code of Regulations—§ 18730 Provisions of Conflict of Interest Codes
- Also, for the Board's information, the prohibition on Gifts in section 8.1 of the State model code has been raised from \$520 to \$590

It is requested that the Board adopt Resolution# 24-03 approving the 2024 Amended Code.



Deleted: 02-12-2024

Deleted: 02-27-2024

POLICY TITLE: CONFLICT-OF-INTEREST CODE

POLICY NUMBER: BOD-15

COMMITTEE APPROVAL: N/A

BOARD APPROVAL: <u>09-23-24</u>

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 Conflictof-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, 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 14



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:

Designated Positions	Disclosure Categories
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

POLICY #BOD-15 Page 2 of 14



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.

<u>Category 1</u>: 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.

<u>Category 2</u>: 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. <u>Category 3</u>: 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.

<u>Category 4:</u> 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.

<u>Category 5:</u> 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

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

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

Regulations of the Fair Political Practices Commission, Title 2, Division 6, California Code of Regulations § 18730 **Provisions of Conflict of Interest Codes** Incorporation by reference of the terms of this regulation along with the designation of employees and the formulation of disclosure categories in the Guidelines referred to above constitute the adoption and promulgation of a conflict of interest code within the meaning of Section 87300 or the amendment of a conflict of interest code within the meaning of Section 87306 if the terms of this regulation are substituted for terms of a conflict of interest code already in effect. A code so amended or adopted and promulgated requires the reporting of reportable items in a manner substantially equivalent to the requirements of Article 2 of Chapter 7 of the Political Reform Act, Sections 81000, et seq. The requirements of a conflict of interest code are in addition to other requirements of the Political Reform Act, such as the general prohibition against conflicts of interest contained in Section 87100, and to other state or local laws pertaining to conflicts of interest. The terms of a conflict of interest code amended or adopted and promulgated pursuant to this regulation are as follows: Definitions. The definitions contained in the Political Reform Act of 1974, regulations of the Fair Political Practices Commission (Regulations, §§ 18110, et seq.), and any amendments to the Act or regulations, are incorporated by reference into this conflict of interest code. Designated Employees.

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The persons holding positions listed in the Appendix are designated
employees. It has been determined that these persons make or participate in the making
of decisions which may foreseeably have a material effect on economic interests.
(3) Disclosure Categories.
This code does not establish any disclosure obligation for those
designated employees who are also specified in Section 87200 if they are designated in
this code in that same capacity or if the geographical jurisdiction of this agency is the same
as or is wholly included within the jurisdiction in which those persons must report their
economic interests pursuant to article 2 of chapter 7 of the Political Reform Act, Sections
87200, et seq.
<u></u>
In addition, this code does not establish any disclosure obligation for
any designated employees who are designated in a conflict of interest code for another
agency, if all of the following apply:
======================================
(A) The geographical jurisdiction of this agency is the same as or is
wholly included within the jurisdiction of the other agency;
(B) The disclosure assigned in the code of the other agency is the
same as that required under article 2 of chapter 7 of the Political Reform Act, Section
87200; and
<u> </u>
(C) The filing officer is the same for both agencies. (1)
Such persons are covered by this code for disqualification purposes
only. With respect to all other designated employees, the disclosure categories set forth in
the Appendix specify which kinds of economic interests are reportable. Such a designated
employee shall disclose in his or her statement of economic interests those economic
interests he or she has which are of the kind described in the disclosure categories to
which he or she is assigned in the Appendix. It has been determined that the economic
interests set forth in a designated employee's disclosure categories are the kinds of
economic interests which he or she foreseeably can affect materially through the conduct
of his or her office.
of this of their office.
(4) Statements of Economic Interests: Place of Filing.
(4) Statements of Economic Interests. I face of Filling.
The code reviewing body shall instruct all designated employees
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within its code to file statements of economic interests with the agency or with the code
within its code to file statements of economic interests with the agency or with the code reviewing body, as provided by the code reviewing body in the agency's conflict of interest
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within its code to file statements of economic interests with the agency or with the code reviewing body, as provided by the code reviewing body in the agency's conflict of interest code.(2)
within its code to file statements of economic interests with the agency or with the code reviewing body, as provided by the code reviewing body in the agency's conflict of interest
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(A) Initial Statements. All designated employees employed by the
agency on the effective date of this code, as originally adopted, promulgated and approved
by the code reviewing body, shall file statements within 30 days after the effective date of
this code. Thereafter, each person already in a position when it is designated by an
amendment to this code shall file an initial statement within 30 days after the effective date
of the amendment.
of the amendment.
(P) Accuming Office Statements All paragraphs accuming designated
(B) Assuming Office Statements. All persons assuming designated
positions after the effective date of this code shall file statements within 30 days after
assuming the designated positions, or if subject to State Senate confirmation, 30 days
after being nominated or appointed.
(C) Annual Statements. All designated employees shall file
statements no later than April 1. If a person reports for military service as defined in the
Servicemember's Civil Relief Act, the deadline for the annual statement of economic
interests is 30 days following his or her return to office, provided the person, or someone
authorized to represent the person's interests, notifies the filing officer in writing prior to the
applicable filing deadline that he or she is subject to that federal statute and is unable to
meet the applicable deadline, and provides the filing officer verification of his or her military
status.
siatus.
(D) Leaving Office Statements, All paragraphy also leave designated
(D) Leaving Office Statements. All persons who leave designated
positions shall file statements within 30 days after leaving office.
(5.5) Obstance to the Bernard When Berline Britante Accounting Office
(5.5) Statements for Persons Who Resign Prior to Assuming Office.
Any person who resigns within 12 months of initial appointment, or
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(6) Contents of and Period Covered by Statements of Economic
Interests.
(A) Contents of Initial Statements. Initial statements shall disclose any reportable investments, interests in real property and business positions held on the effective date of the code and income received during the 12 months prior to the effective date of the code.
(B) Contents of Assuming Office Statements. Assuming office statements shall disclose any reportable investments, interests in real property and business positions held on the date of assuming office or, if subject to State Senate confirmation or appointment, on the date of nomination, and income received during the 12 months prior to the date of assuming office or the date of being appointed or nominated, respectively.
(C) Contents of Annual Statements. Annual statements shall disclose any reportable investments, interests in real property, income and business positions held or received during the previous calendar year provided, however, that the period covered by an employee's first annual statement shall begin on the effective date of the code or the date of assuming office whichever is later, or for a board or commission member subject to Section 87302.6, the day after the closing date of the most recent statement filed by the member pursuant to Regulation 18754.
(D) Contents of Leaving Office Statements. Leaving office statements shall disclose reportable investments, interests in real property, income and business positions held or received during the period between the closing date of the last statement filed and the date of leaving office.
(7) Manner of Reporting.
Statements of economic interests shall be made on forms prescribed by the Fair Political Practices Commission and supplied by the agency, and shall contain the following information:
(A) Investment and Real Property Disclosure. When an investment or an interest in real property(3) is required to be reported,(4) the statement shall contain the following:
1. A statement of the nature of the investment or interest; 2. The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged; 3. The address or other precise location of the real property: 4. A statement whether the fair market value of the investment or interest in real property equals or exceeds \$2,000, exceeds \$10,000, exceeds \$100,000, or exceeds \$1,000,000.

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(B) Personal Income Disclosure. When personal income is required
to be reported,(5) the statement shall contain:
The name and address of each source of income aggregating
\$590 or more in value, or \$50 or more in value if the income was a gift, and a general
description of the business activity, if any, of each source;
2. A statement whether the aggregate value of income from each
source, or in the case of a loan, the highest amount owed to each source, was \$1,000 or
less, greater than \$1,000, greater than \$10,000, or greater than \$100,000;
3. A description of the consideration, if any, for which the income was
received;
4. In the case of a gift, the name, address and business activity of the
donor and any intermediary through which the gift was made; a description of the gift; the
amount or value of the gift; and the date on which the gift was received;
5. In the case of a loan, the annual interest rate and the security, if
any, given for the loan and the term of the loan.
(C) Business Entity Income Disclosure. When income of a
business entity, including income of a sole proprietorship, is required to be reported,(6) the
statement shall contain:
1. The name, address, and a general description of the
business activity of the business entity;
2. The name of every person from whom the business entity
received payments if the filer's pro rata share of gross receipts from such person was
equal to or greater than \$10,000.
(D) Business Position Disclosure. When business positions
are required to be reported, a designated employee shall list the name and address of
each business entity in which he or she is a director, officer, partner, trustee, employee, or
in which he or she holds any position of management, a description of the business activity
in which the business entity is engaged, and the designated employee's position with the
business entity.
(E) Acquisition or Disposal During Reporting Period. In the
case of an annual or leaving office statement, if an investment or an interest in real
property was partially or wholly acquired or disposed of during the period covered by the
statement, the statement shall contain the date of acquisition or disposal.
(8) Prohibition on Receipt of Honoraria.
(A) No member of a state board or commission, and no designated
employee of a state or local government agency, shall accept any honorarium from any
source, if the member or employee would be required to report the receipt of income or

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gifts from that source on his or her statement of	economic interests.		
(B) This section shall not governing board of any public institution of highe elected official.	apply to any part-time member of the reducation, unless the member is also an		
(C) Subdivisions (a), (b), prohibitions in this section.	and (c) of Section 89501 shall apply to the		
(D) This section shall not reimbursements for travel and related lodging an 89506.	limit or prohibit payments, advances, or d subsistence authorized by Section		
(8.1) Prohibition on Receipt of Gif	ts in Excess of \$590.		Deleted: 520
(A) No member of a state employee of a state or local government agency more than \$590 in a calendar year from any sing		ı	Deleted: 520
would be required to report the receipt of income statement of economic interests.			Deleted: 520
	apply to any part-time member of the reducation, unless the member is also an		
(C) Subdivisions (e), (f), a prohibitions in this section.	and (g) of Section 89503 shall apply to the		
(8.2) Section 8.2. Loans to	Public Officials.		
(A) No elected officer of a from the date of his or her election to office throuse receive a personal loan from any officer, employed local government agency in which the elected officer's agency has direction and control.	ee, member, or consultant of the state or		
(B) No public official who system pursuant to subdivisions (c), (d), (e), (f), a Constitution shall, while he or she holds office, re employee, member, or consultant of the state or public official holds office or over which the public control. This subdivision shall not apply to loans solely secretarial, clerical, or manual.	eceive a personal loan from any officer, local government agency in which the c official's agency has direction and		
(C) No elected officer of a	a state or local government agency shall,		
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from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status. No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual. This section shall not apply to the following: 1. Loans made to the campaign committee of an elected officer or candidate for elective office. 2. Loans made by a public official's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such persons, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section. Deleted: 520 3. Loans from a person which, in the aggregate, do not exceed \$590 at any given time. 4. Loans made, or offered in writing, before January 1, 1998. (8.3) Loan Terms. Except as set forth in subdivision (B), no elected officer of a state or local government agency shall, from the date of his or her election to office through the date he or she vacates office, receive a personal loan of \$590 or more, except Deleted: 520 when the loan is in writing and clearly states the terms of the loan, including the parties to the loan agreement, date of the loan, amount of the loan, term of the loan, date or dates when payments shall be due on the loan and the amount of the payments, and the rate of interest paid on the loan. This section shall not apply to the following types of loans:

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Loans made to the campaign committee of the elected officer.
Loans made to the elected officer by his or her spouse, child,
parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law,
nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person, provided that
the person making the loan is not acting as an agent or intermediary for any person not
otherwise exempted under this section. 3. Loans made, or offered in writing, before January 1, 1998.
5. Loans made, or offered in writing, before bandary 1, 1990.
(C) Nothing in this section shall exempt any person from any other
provision of Title 9 of the Government Code.
(8.4) Personal Loans.
(A) Except as set forth in subdivision (B), a personal loan received
by any designated employee shall become a gift to the designated employee for the
purposes of this section in the following circumstances:
1. If the loan has a defined date or dates for repayment, when the
statute of limitations for filing an action for default has expired.
2. If the loan has no defined date or dates for repayment, when one
year has elapsed from the later of the following:
a. The date the loan was made.
b. The date the last payment of \$100 or more was made on the loan.
c. The date upon which the debtor has made payments on the loan
aggregating to less than \$250 during the previous 12 months.
(D) This section shall not such to the following types of leaves
(B) This section shall not apply to the following types of loans:
1. A loan made to the campaign committee of an elected officer or a
candidate for elective office.
2. A loan that would otherwise not be a gift as defined in this title.
3. A loan that would otherwise be a gift as set forth under subdivision
(A), but on which the creditor has taken reasonable action to collect the balance due.
4. A loan that would otherwise be a gift as set forth under subdivision
(A), but on which the creditor, based on reasonable business considerations, has not
undertaken collection action. Except in a criminal action, a creditor who claims that a loan
is not a gift on the basis of this paragraph has the burden of proving that the decision for
not taking collection action was based on reasonable business considerations. 5. A loan made to a debtor who has filed for bankruptcy and the loan
is ultimately discharged in bankruptcy.
is ultimately discharged in bankruptcy.
(C) Nothing in this section shall exempt any person from any other
provisions of Title 9 of the Government Code.

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(9)	Disqualification.	
decision which he material financial e	No designated employee shall make, participate in making, or in any his or her official position to influence the making of any governmental or she knows or has reason to know will have a reasonably foreseeable effect, distinguishable from its effect on the public generally, on the er of his or her immediate family or on:	
direct or indirect in	(A) Any business entity in which the designated employee has a vestment worth \$2,000 or more;	
direct or indirect in	(B) Any real property in which the designated employee has a terest worth \$2,000 or more;	
	(C) Any source of income, other than gifts and other than loans by ing institution in the regular course of business on terms available to the	(
	ard to official status, aggregating \$590 or more in value provided to, mised to the designated employee within 12 months prior to the time	Deleted: 520
when the decision	is made;	
director, officer, pa	(D) Any business entity in which the designated employee is a rtner, trustee, employee, or holds any position of management; or	
	(E) Any donor of, or any intermediary or agent for a donor of, a gift	
	g \$590 or more provided to, received by, or promised to the designated 2 months prior to the time when the decision is made.	Deleted: 520
	(9.3) Legally Required Participation.	
	No designated employee shall be prevented from making or	
	making of any decision to the extent his or her participation is legally cision to be made. The fact that the vote of a designated employee who	
is on a voting body	is needed to break a tie does not make his or her participation legally	
required for purpos	ses of this section.	
	(9.5) Disqualification of State Officers and Employees.	
etate administrativ	In addition to the general disqualification provisions of section 9, no e official shall make, participate in making, or use his or her official	
	e any governmental decision directly relating to any contract where the	
	e official knows or has reason to know that any party to the contract is a	
	the state administrative official, or any member of his or her immediate 2 months prior to the time when the official action is to be taken:	
	(A) Engaged in a business transaction or transactions on terms not	



available to members of the public, regarding any investment or interest in real property;					
or,					
(B) Engaged in a business transaction or transactions on terms not					
available to members of the public regarding the rendering of goods or services totaling in					
value \$1,000 or more.					
(10) Disclosure of Disqualifying Interest.					
When a designated employee determines that he or she should not					
make a governmental decision because he or she has a disqualifying interest in it, the					
determination not to act may be accompanied by disclosure of the disqualifying interest.					
(11) Assistance of the Commission and Counsel.					
Any designated employee who is unsure of his or her duties under this					
code may request assistance from the Fair Political Practices Commission pursuant to					
Section 83114 and Regulations 18329 and 18329.5 or from the attorney for his or her					
agency, provided that nothing in this section requires the attorney for the agency to issue					
any formal or informal opinion.					
					
(12) Violations.					
This code has the force and effect of law. Designated employees					
violating any provision of this code are subject to the administrative, criminal and civil					
sanctions provided in the Political Reform Act, Sections 81000-91014. In addition, a					
decision in relation to which a violation of the disqualification provisions of this code or of					
Section 87100 or 87450 has occurred may be set aside as void pursuant to Section					
91003.					
(1) Designated employees who are required to file statements of economic interests under any other agency's conflict of					
interest code, or under article 2 for a different jurisdiction, may expand their statement of economic interests to cover					
reportable interests in both jurisdictions, and file copies of this expanded statement with both entities in lieu of filing					
separate and distinct statements, provided that each copy of such expanded statement filed in place of an original is					
signed and verified by the designated employee as if it were an original. See Government Code Section 81004.					
(2) See Section 81010 and Regulation 18115 for the duties of filing officers and persons in agencies who make and					
retain copies of statements and forward the originals to the filling officer.					
(3) For the purpose of disclosure only (not disqualification), an interest in real property does not include the principal residence of the filer.					
(4) Investments and interests in real property which have a fair market value of less than \$2,000 are not investments and interests in real property within the meaning of the Political Reform Act. However, investments or interests in real					
property of an individual include those held by the individual's spouse and dependent children as well as a pro rata share					
of any investment or interest in real property of any business entity or trust in which the individual, spouse and dependen					
children own, in the aggregate, a direct, indirect or beneficial interest of 10 percent or greater.					
(5) A designated employee's income includes his or her community property interest in the income of his or her spouse					
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but does not include salary or reimbursement for expenses received from a state, local or federal government agency.

(6) Income of a business entity is reportable if the direct, indirect or beneficial interest of the filer and the filer's spouse in the business entity aggregates a 10 percent or greater interest. In addition, the disclosure of persons who are clients or customers of a business entity is required only if the clients or customers are within one of the disclosure categories of the filer.

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AUTHORITIES

Desert Healthcare District Bylaws Article V, section 5.6 Desert Healthcare District Resolution No. <u>24-03</u>

DOCUMENT HISTORY

Revised	09-23-2024
Revised	02-27-2024
Revised	03-22-2022
Revised	08-25-2020
Revised	01-23-2018
Approved	03-28-2017

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RESOLUTION NO. 24-03

RESOLUTION OF THE BOARD OF DIRECTORS OF THE DESERT HEALTHCARE DISTRICT AMENDING THE CONFLICT OF INTEREST CODE PURSUANT TO THE POLITICAL REFORM ACT OF 1974

WHEREAS, the State of California enacted the Political Reform Act of 1974, Government Code Section 81000 et seq. (the "Act"), which contains provisions relating to conflicts of interest that potentially affect all officers, employees, and consultants of the Desert Healthcare District ("District") and requires all public agencies to adopt and promulgate a conflict of interest code; and

WHEREAS, the Board of Directors of the District adopted a Conflict of Interest Code (the "Code") which was amended on September 23, 2024, in compliance with the Act; and

WHEREAS, subsequent changed circumstances within the District have made it advisable and necessary pursuant to Sections 87306 and 87307 of the Act to amend and update the District's Code; and

WHEREAS, notice of the time and place of a public meeting on, and of consideration by the Board of Directors of, the proposed amended Code was provided each affected designated employee and publicly posted for review at the offices of the District; and

WHEREAS, a public meeting was held upon the proposed amended Code at a regular meeting of the Board of Directors on September 23, 2024, at which all present were given an opportunity to be heard on the proposed amended Code.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Desert Healthcare District that the Board of Directors does hereby adopt the proposed amended Conflict of Interest Code, a copy of which is attached hereto and shall be on file with the Board Relations Officer and available to the public for inspection and copying during regular business hours;

BE IT FURTHER RESOLVED that the said amended Code shall be submitted to the Board of Supervisors of the County of Riverside for approval and said

Code shall become effective immediately after the Board of Supervisors approves the proposed amended Code as submitted.

PASSED, ADOPTED, AND APPROVED by the Board of Directors of the DESERT HEALTHCARE DISTRICT at a regular meeting held on September 23, 2024, by the following vote:

AYES:	Directors	
NOES:	Directors	
ABSTAIN:	Directors	
ABSENT:	Directors	
		EVETT PEREZGIL, President
		Board of Directors
ATTEST:		
KIMBERLY BARF	RAZA, Secretary	-
Board of Directors	·	

STATE OF CALIFORNIA)		
COUNTY OF RIVERSIDE)ss.)		
I, KIMBERLY BARI DISTRICT, DO HEREBY CEI	•		
24-03, adopted by the Board of			•
a special meeting of the Board of			•
is a part of the official records of	of the DESERT HE	EALTHCARE DIS	TRICT.
Dated:			
	KIMBEI	RLY BARRAZA,	Secretary



Regulations of the Fair Political Practices Commission, Title 2, Division 6, California Code of Regulations

§ 18730 Provisions of Conflict of Interest Codes

- (a) Incorporation by reference of the terms of this regulation along with the designation of employees and the formulation of disclosure categories in the Guidelines referred to above constitute the adoption and promulgation of a conflict of interest code within the meaning of Section 87300 or the amendment of a conflict of interest code within the meaning of Section 87306 if the terms of this regulation are substituted for terms of a conflict of interest code already in effect. A code so amended or adopted and promulgated requires the reporting of reportable items in a manner substantially equivalent to the requirements of Article 2 of Chapter 7 of the Political Reform Act, Sections 81000, et seq. The requirements of a conflict of interest code are in addition to other requirements of the Political Reform Act, such as the general prohibition against conflicts of interest contained in Section 87100, and to other state or local laws pertaining to conflicts of interest.
- (b) The terms of a conflict of interest code amended or adopted and promulgated pursuant to this regulation are as follows:

(1) Definitions.

The definitions contained in the Political Reform Act of 1974, regulations of the Fair Political Practices Commission (Regulations, §§ 18110, et seq.), and any amendments to the Act or regulations, are incorporated by reference into this conflict of interest code.

(2) Designated Employees.

The persons holding positions listed in the Appendix are designated employees. It has been determined that these persons make or participate in the making of decisions which may foreseeably have a material effect on economic interests.

(3) Disclosure Categories.

This code does not establish any disclosure obligation for those designated employees who are also specified in Section 87200 if they are designated in this code in that same capacity or if the geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction in which those persons must report their economic interests pursuant to article 2 of chapter 7 of the Political Reform Act, Sections 87200, et seq.

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In addition, this code does not establish any disclosure obligation for any designated employees who are designated in a conflict of interest code for another agency, if all of the following apply:

- (A) The geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction of the other agency;
- (B) The disclosure assigned in the code of the other agency is the same as that required under article 2 of chapter 7 of the Political Reform Act, Section 87200; and
 - (C) The filing officer is the same for both agencies. (1)

Such persons are covered by this code for disqualification purposes only. With respect to all other designated employees, the disclosure categories set forth in the Appendix specify which kinds of economic interests are reportable. Such a designated employee shall disclose in his or her statement of economic interests those economic interests he or she has which are of the kind described in the disclosure categories to which he or she is assigned in the Appendix. It has been determined that the economic interests set forth in a designated employee's disclosure categories are the kinds of economic interests which he or she foreseeably can affect materially through the conduct of his or her office.

(4) Statements of Economic Interests: Place of Filing.

The code reviewing body shall instruct all designated employees within its code to file statements of economic interests with the agency or with the code reviewing body, as provided by the code reviewing body in the agency's conflict of interest code.⁽²⁾

- (5) Statements of Economic Interests: Time of Filing.
- (A) Initial Statements. All designated employees employed by the agency on the effective date of this code, as originally adopted, promulgated and approved by the code reviewing body, shall file statements within 30 days after the effective date of this code. Thereafter, each person already in a position when it is designated by an amendment to this code shall file an initial statement within 30 days after the effective date of the amendment.
- (B) Assuming Office Statements. All persons assuming designated positions after the effective date of this code shall file statements



within 30 days after assuming the designated positions, or if subject to State Senate confirmation, 30 days after being nominated or appointed.

- (C) Annual Statements. All designated employees shall file statements no later than April 1. If a person reports for military service as defined in the Servicemember's Civil Relief Act, the deadline for the annual statement of economic interests is 30 days following his or her return to office, provided the person, or someone authorized to represent the person's interests, notifies the filing officer in writing prior to the applicable filing deadline that he or she is subject to that federal statute and is unable to meet the applicable deadline, and provides the filing officer verification of his or her military status.
- (D) Leaving Office Statements. All persons who leave designated positions shall file statements within 30 days after leaving office.
- (5.5) Statements for Persons Who Resign Prior to Assuming Office.

Any person who resigns within 12 months of initial appointment, or within 30 days of the date of notice provided by the filing officer to file an assuming office statement, is not deemed to have assumed office or left office, provided he or she did not make or participate in the making of, or use his or her position to influence any decision and did not receive or become entitled to receive any form of payment as a result of his or her appointment. Such persons shall not file either an assuming or leaving office statement.

- (A) Any person who resigns a position within 30 days of the date of a notice from the filing officer shall do both of the following:
 - (1) File a written resignation with the appointing power; and
 - (2) File a written statement with the filing officer declaring under penalty of perjury that during the period between appointment and resignation he or she did not make, participate in the making, or use the position to influence any decision of the agency or receive, or become entitled to receive, any form of payment by virtue of being appointed to the position.
- (6) Contents of and Period Covered by Statements of Economic Interests.
- (A) Contents of Initial Statements. Initial statements shall disclose any reportable investments, interests in real property and business positions held on the effective date of the code and income received during the 12 months prior to the effective date of the code.

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- (B) Contents of Assuming Office Statements. Assuming office statements shall disclose any reportable investments, interests in real property and business positions held on the date of assuming office or, if subject to State Senate confirmation or appointment, on the date of nomination, and income received during the 12 months prior to the date of assuming office or the date of being appointed or nominated, respectively.
- (C) Contents of Annual Statements. Annual statements shall disclose any reportable investments, interests in real property, income and business positions held or received during the previous calendar year provided, however, that the period covered by an employee's first annual statement shall begin on the effective date of the code or the date of assuming office whichever is later, or for a board or commission member subject to Section 87302.6, the day after the closing date of the most recent statement filed by the member pursuant to Regulation 18754.
- (D) Contents of Leaving Office Statements. Leaving office statements shall disclose reportable investments, interests in real property, income and business positions held or received during the period between the closing date of the last statement filed and the date of leaving office.

(7) Manner of Reporting.

Statements of economic interests shall be made on forms prescribed by the Fair Political Practices Commission and supplied by the agency, and shall contain the following information:

- (A) Investment and Real Property Disclosure. When an investment or an interest in real property⁽³⁾ is required to be reported,⁽⁴⁾ the statement shall contain the following:
 - 1. A statement of the nature of the investment or interest;
 - 2. The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged;
 - 3. The address or other precise location of the real property;
 - 4. A statement whether the fair market value of the investment or interest in real property equals or exceeds \$2,000, exceeds \$10,000, exceeds \$1,000,000.
- (B) Personal Income Disclosure. When personal income is required to be reported, (5) the statement shall contain:



- 1. The name and address of each source of income aggregating \$590 or more in value, or \$50 or more in value if the income was a gift, and a general description of the business activity, if any, of each source;
- 2. A statement whether the aggregate value of income from each source, or in the case of a loan, the highest amount owed to each source, was \$1,000 or less, greater than \$1,000, greater than \$10,000, or greater than \$100,000;
- 3. A description of the consideration, if any, for which the income was received:
- 4. In the case of a gift, the name, address and business activity of the donor and any intermediary through which the gift was made; a description of the gift; the amount or value of the gift; and the date on which the gift was received;
- 5. In the case of a loan, the annual interest rate and the security, if any, given for the loan and the term of the loan.
- (C) Business Entity Income Disclosure. When income of a business entity, including income of a sole proprietorship, is required to be reported, (6) the statement shall contain:
 - 1. The name, address, and a general description of the business activity of the business entity;
 - 2. The name of every person from whom the business entity received payments if the filer's pro rata share of gross receipts from such person was equal to or greater than \$10,000.
- (D) Business Position Disclosure. When business positions are required to be reported, a designated employee shall list the name and address of each business entity in which he or she is a director, officer, partner, trustee, employee, or in which he or she holds any position of management, a description of the business activity in which the business entity is engaged, and the designated employee's position with the business entity.
- (E) Acquisition or Disposal During Reporting Period. In the case of an annual or leaving office statement, if an investment or an interest in real property was partially or wholly acquired or disposed of during the period covered by the statement, the statement shall contain the date of acquisition or disposal.



(8) Prohibition on Receipt of Honoraria.

- (A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept any honorarium from any source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests.
- (B) This section shall not apply to any part-time member of the governing board of any public institution of higher education, unless the member is also an elected official.
- (C) Subdivisions (a), (b), and (c) of Section 89501 shall apply to the prohibitions in this section.
- (D) This section shall not limit or prohibit payments, advances, or reimbursements for travel and related lodging and subsistence authorized by Section 89506.
- (8.1) Prohibition on Receipt of Gifts in Excess of \$590.
- (A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept gifts with a total value of more than \$590 in a calendar year from any single source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests.
- (B) This section shall not apply to any part-time member of the governing board of any public institution of higher education, unless the member is also an elected official.
- (C) Subdivisions (e), (f), and (g) of Section 89503 shall apply to the prohibitions in this section.
- (8.2) Section 8.2. Loans to Public Officials.
- (A) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the elected officer holds office or over which the elected officer's agency has direction and control.

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- (B) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the public official holds office or over which the public official's agency has direction and control. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.
- (C) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status.
- (D) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.
 - (E) This section shall not apply to the following:
 - 1. Loans made to the campaign committee of an elected officer or candidate for elective office.
 - 2. Loans made by a public official's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such persons, provided that the person making the



loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.

- 3. Loans from a person which, in the aggregate, do not exceed \$590 at any given time.
 - 4. Loans made, or offered in writing, before January 1, 1998.

(8.3) Loan Terms.

- (A) Except as set forth in subdivision (B), no elected officer of a state or local government agency shall, from the date of his or her election to office through the date he or she vacates office, receive a personal loan of \$590 or more, except when the loan is in writing and clearly states the terms of the loan, including the parties to the loan agreement, date of the loan, amount of the loan, term of the loan, date or dates when payments shall be due on the loan and the amount of the payments, and the rate of interest paid on the loan.
 - (B) This section shall not apply to the following types of loans:
 - 1. Loans made to the campaign committee of the elected officer.
 - 2. Loans made to the elected officer by his or her spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.
 - 3. Loans made, or offered in writing, before January 1, 1998.
- (C) Nothing in this section shall exempt any person from any other provision of Title 9 of the Government Code.

(8.4) Personal Loans.

- (A) Except as set forth in subdivision (B), a personal loan received by any designated employee shall become a gift to the designated employee for the purposes of this section in the following circumstances:
 - 1. If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.
 - 2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:
 - a. The date the loan was made.



- b. The date the last payment of \$100 or more was made on the loan.
- c. The date upon which the debtor has made payments on the loan aggregating to less than \$250 during the previous 12 months.
- (B) This section shall not apply to the following types of loans:
- 1. A loan made to the campaign committee of an elected officer or a candidate for elective office.
- 2. A loan that would otherwise not be a gift as defined in this title.
- 3. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor has taken reasonable action to collect the balance due.
- 4. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor, based on reasonable business considerations, has not undertaken collection action. Except in a criminal action, a creditor who claims that a loan is not a gift on the basis of this paragraph has the burden of proving that the decision for not taking collection action was based on reasonable business considerations.
- 5. A loan made to a debtor who has filed for bankruptcy and the loan is ultimately discharged in bankruptcy.
- (C) Nothing in this section shall exempt any person from any other provisions of Title 9 of the Government Code.

(9) Disqualification.

No designated employee shall make, participate in making, or in any way attempt to use his or her official position to influence the making of any governmental decision which he or she knows or has reason to know will have a reasonably foreseeable material financial effect, distinguishable from its effect on the public generally, on the official or a member of his or her immediate family or on:

- (A) Any business entity in which the designated employee has a direct or indirect investment worth \$2,000 or more;
- (B) Any real property in which the designated employee has a direct or indirect interest worth \$2,000 or more;



- (C) Any source of income, other than gifts and other than loans by a commercial lending institution in the regular course of business on terms available to the public without regard to official status, aggregating \$590 or more in value provided to, received by or promised to the designated employee within 12 months prior to the time when the decision is made;
- (D) Any business entity in which the designated employee is a director, officer, partner, trustee, employee, or holds any position of management; or
- (E) Any donor of, or any intermediary or agent for a donor of, a gift or gifts aggregating \$590 or more provided to, received by, or promised to the designated employee within 12 months prior to the time when the decision is made.

(9.3) Legally Required Participation.

No designated employee shall be prevented from making or participating in the making of any decision to the extent his or her participation is legally required for the decision to be made. The fact that the vote of a designated employee who is on a voting body is needed to break a tie does not make his or her participation legally required for purposes of this section.

(9.5) Disqualification of State Officers and Employees.

In addition to the general disqualification provisions of section 9, no state administrative official shall make, participate in making, or use his or her official position to influence any governmental decision directly relating to any contract where the state administrative official knows or has reason to know that any party to the contract is a person with whom the state administrative official, or any member of his or her immediate family has, within 12 months prior to the time when the official action is to be taken:

- (A) Engaged in a business transaction or transactions on terms not available to members of the public, regarding any investment or interest in real property; or,
- (B) Engaged in a business transaction or transactions on terms not available to members of the public regarding the rendering of goods or services totaling in value \$1,000 or more.



(10) Disclosure of Disqualifying Interest.

When a designated employee determines that he or she should not make a governmental decision because he or she has a disqualifying interest in it, the determination not to act may be accompanied by disclosure of the disqualifying interest.

(11) Assistance of the Commission and Counsel.

Any designated employee who is unsure of his or her duties under this code may request assistance from the Fair Political Practices Commission pursuant to Section 83114 and Regulations 18329 and 18329.5 or from the attorney for his or her agency, provided that nothing in this section requires the attorney for the agency to issue any formal or informal opinion.

(12) Violations.

This code has the force and effect of law. Designated employees violating any provision of this code are subject to the administrative, criminal and civil sanctions provided in the Political Reform Act, Sections 81000-91014. In addition, a decision in relation to which a violation of the disqualification provisions of this code or of Section 87100 or 87450 has occurred may be set aside as void pursuant to Section 91003.

Policy #BOD-15

⁽¹⁾ Designated employees who are required to file statements of economic interests under any other agency's conflict of interest code, or under article 2 for a different jurisdiction, may expand their statement of economic interests to cover reportable interests in both jurisdictions, and file copies of this expanded statement with both entities in lieu of filing separate and distinct statements, provided that each copy of such expanded statement filed in place of an original is signed and verified by the designated employee as if it were an original. See Government Code Section 81004.

⁽²⁾ See Section 81010 and Regulation 18115 for the duties of filing officers and persons in agencies who make and retain copies of statements and forward the originals to the filing officer.

⁽³⁾ For the purpose of disclosure only (not disqualification), an interest in real property does not include the principal residence of the filer.

⁽⁴⁾ Investments and interests in real property which have a fair market value of less than \$2,000 are not investments and interests in real property within the meaning of the Political Reform Act. However, investments or interests in real property of an individual include those held by the individual's spouse and dependent children as well as a pro rata share of any investment or interest in real property of any business entity or trust in which the individual, spouse and dependent children own, in the aggregate, a direct, indirect or beneficial interest of 10 percent or greater.

⁽⁵⁾ A designated employee's income includes his or her community property interest in the income of his or her spouse but does not include salary or reimbursement for expenses received from a state, local or federal government agency.



(6) Income of a business entity is reportable if the direct, indirect or beneficial interest of the filer and the filer's spouse in the business entity aggregates a 10 percent or greater interest. In addition, the disclosure of persons who are clients or customers of a business entity is required only if the clients or customers are within one of the disclosure categories of the filer.



Date: September 23, 2024

To: Board of Directors

Subject: Feasibility Study Report - Development Director presentation – Success for

Nonprofits

Recommendation: Presentation

Background:

• The Desert Healthcare District board of directors approved its five-year strategic plan in October 2021 with seven goals and accompanying strategies.

- Goal #1 is to Proactively increase the financial resources DHCD/F can apply to support community health needs. Low Priority
- All of the relevant six strategies were developed to meet this goal.
- Included in the strategies is strategy 1.6: Evaluate the potential to conduct community-based fund raising (Foundations, individuals, corporations) Hire a development director explore planned giving programs.
- In April 2024, the Board approved a consulting services agreement to complete a feasibility study with Success for Nonprofits.
- Stephanie Minor and Greg Charleston will present the results of the feasibility study.









To evaluate the viability of hiring a full-time development position for Desert Healthcare District and Foundation (DHCD), including research, analysis of current internal and external factors, and synthesis of interviews with DHCD staff and board leadership.

Executive Summary

In analyzing the issue of hiring a development position for DHCD, we looked at research and best practices from other hospitals and healthcare districts locally and nationally. We interviewed all Board members and chief staff of DHCD. The main issues discussed in the interviews are organized by key subjects: fundraising goals and planning, potential fundraising needs, visibility and communication, priorities, and alternative ideas.

The research and interviews occurred from May through July 2024 and led to a number of options for next steps, including: deferring the hiring of development staff, focusing on visibility and marketing, preparing a Fund Development plan, and collaborating with other funders on unique community-wide initiatives, among others.

As an update since the interviews, the negotiations to lease/purchase Desert Regional Medical Center and Network have culminated in Measure AA being placed on the ballot for the November 2024 election. Many of the terms have been accepted by both the District and Tenet Health Systems and the voters will decide the outcome in November.

If Measure AA passes, the District has opportunity to consider developing plans for the \$60 million in the Facility Replacement Fund (FRF), which has been reserved for hospital related expenses, in addition to the approximately \$650 million of future lease payments beginning in 2027.



DESERT HEALTHCARE DISTRICT & FOUNDATION











Advancing community wellness

in the Coachella Valley

Introduction

As background, the topic of fundraising for a hospital or healthcare facility largely hinges on the organization's status: forprofit, not-for-profit, and public. All three types of facilities have the goal to serve patients, and payment for medical services represents the primary source of revenue. All types of healthcare facilities have boards, and they are all regulated by the same authorities and have the same requirements. Their funding base and/or the perception of their funding largely affects their development efforts.



Public hospitals receive funding from local, state, and/or federal governments, and because of that, they are often most challenged by fundraising efforts.

Nonprofit hospitals must use profits and fundraising to further organizational purposes and missions. They typically have large fundraising and development efforts. Nonprofit healthcare operations generally use one of two structures to raise money: a separately incorporated 501(c)3 nonprofit charitable foundation with its own independent board of directors to provide community leadership and governance; or an internal department of the hospital.

For-profit hospitals come in many sizes, ranging from small, physician-owned institutions to large, publicly traded for-profit hospital chains. For-profit hospitals are more likely to provide profitable medical services and less likely to provide medical services that are unprofitable. Because of the nature of their funding base, they are also challenged by perceptions in fundraising efforts.

For-profit healthcare systems typically have separate philanthropic foundations, usually under the direction of their own boards to ensure compliance. These governing board members typically "give and get" funds themselves as they nurture gift-giving relationships with individual and corporate donors.

Like all boards, the board members of healthcare foundations lead by example for prospective donors and should "give and get" by giving financially to the institution and helping to fundraise.

The CEO is the most important symbol and representative of the hospital or healthcare facility, and their presence and visibility are of vital importance in advancing philanthropy. Meeting with current and potential major donors is typically in their job description.

The right infrastructure, staffing, and logistical tools for the "toolbox" (like a database or Customer Relationship Management - CRM -- system or software to house data, which must ensure privacy and compliance with all healthcare regulations and law) is essential to a healthcare institution's ability to increase capacity, improve operations, and drive better outcomes.

The toolbox should also include marketing and a unified messaging strategy requiring collateral, i.e., brochures, posters, newsletters, online blog, social media presence, and press releases.

The average operating margin of all U.S. hospitals is .2%, which means nearly all a hospital's annual revenue is accounted for and spent. As a result, many healthcare facilities turn to fundraising for growth and to give them a competitive edge.



Healthcare Districts





Special districts are a form of local government created by a community to meet a specific need. Healthcare Districts are a type of special district and are public entities that provide community-based health care services to residents. When it comes to fundraising, healthcare districts have unique challenges (as identified later in this report).

Voters have created 76 Healthcare Districts in California, with 54 located in rural areas.

The Desert Healthcare District (DHCD) was formed as a local government agency in 1948 and the Desert Healthcare Foundation was formed in 1967. The District includes more than 400,000 residents and encompasses the entire Coachella Valley. Together, the District and Foundation are one of the largest funders in the valley. Funds are used to assist residents - especially the underserved — in accessing needed resources, such as primary and behavioral healthcare.

While each of the Healthcare Districts is unique, they all provide access to essential health services, which may include a hospital, clinic, skilled nursing facility, or emergency medical services, as well as education and wellness programs. Each of California's Healthcare Districts is governed by a locally elected board of trustees who are directly accountable to the communities they serve.

The Healthcare Districts typically have a Foundation organized for charitable purposes of promoting and supporting the healthcare facility(ies) and the district. Many of the primary activities of Foundations include raising funds through donations, grants, and special events.

The **Desert Healthcare Foundation** was initially formed in 1967 to support the activities of Desert Regional Medical Center (a nonprofit hospital at that time). When the Center was leased to Tenet Health Systems in 1997, the hospital became for-profit and the Foundation no longer was its fundraising arm.

The Foundation operated several community programs, such as The Smile Factory (a free mobile dental clinic for elementary schoolchildren), the Desert Health Car (free door-to-door transportation service for health appointments), and The Suzanne Jackson Breast Cancer Fund (for uninsured individuals or those who could not pay for screenings and services).

In 2003, the DHCD Board assumed responsibility for the Foundation and its programs either became new nonprofits or became programs of existing nonprofits. Today, the DHCD Foundation is a fiscal sponsor and incubator of new collaborative projects.

Examples of some of the fundraising activities of nearby Healthcare District Foundations:

- Grossmont Healthcare District serves East County residents (east of San Diego). Similar to DHCD, the Grossmont District owns the Sharp Grossmont Hospital, and has a 30-year lease agreement with Sharp HealthCare to manage the hospital's daily operations and maintenance. District voters authorized \$247 million in General Obligation (GO) Bonds to be used for specific improvements at the hospital. The District annually awards \$1.5 million in grants.
- The San Gorgonio Memorial Foundation in Banning has over 1,200 donors and has raised over \$8 million since 1996.
- The Big Bear Valley Community Healthcare District Foundation is an ongoing source of funding and public relations for the District. The Foundation provided \$90,000 in support to the local hospital in 2023, including monies for the purchase of dialysis machines. The Foundation is currently raising funds for a Mobile MRI unit. The Foundation's annual fundraising events include a golf outing and a tree lighting ceremony (where donors can purchase lights in honor of a loved one).
- The Hi-Desert Memorial Health Care District Foundation serves as the fundraising arm for the Morongo Basin Health Care District in Yucca Valley. The Foundation identifies specific fundraising opportunities to partner with government agencies, service organizations and individual citizens.
- The Palo Verde Hospital Foundation in Blythe accepts all types of donations, largely from individuals, and supports the local hospital.

Healthcare Fundraising

Healthcare fundraising consists of revenue-generating activities beyond receiving payment for patient services. This involves seeking donations, creating community outreach campaigns, identifying potential major donors, hosting events, applying for grant funding, and building partnerships with sponsors (which might include naming rights).

Specifically, development efforts often include:

- Annual giving campaigns
- **Event fundraising**
- Grateful patient programs (donations from discharged patients or gifts in memory of a lost loved one)
- Capital campaigns (buildings, wings, units)
- · Major gifts
- Planned giving
- Solicitation of assets or equipment
- Lobby renovations, public artwork installations, gardens
- Funding for related charitable enterprises, such as for another organization that provides research, education, or support services in an area the hospital specializes in or collaborates with



Development Staffing

To develop, grow, and sustain fundraising relationships to generate and retain donors, healthcare facilities and foundations hire staff to manage donors, funders, sponsors, partners, campaigns, and events, to work in conjunction with existing marketing and communications staffing. These are typically Directors of Development, but often also include multiple staffing positions or departments, including staffing to handle Major Gifts, Planned Giving, Grant writing, Sponsorships and Events.



Qualifications for a Director of Development or a Senior Development Manager typically require a minimum of a bachelor's degree in business or nonprofit or public administration, with at least 5+ years of nonprofit development, grant writing, and/or fundraising experience. Acquiring a master's degree is often strongly encouraged, as are professionals with Certified Fund Raising Executive (CFRE) credentials.

Healthcare operations often specify a preference for experience in working in the healthcare industry. Some even hire formerly trained medical professionals with experience serving patients directly. If they can combine the experience of fundraising with patient care, they are often successful at raising funds for healthcare facilities.

Specifically, a development director implements and manages an organization's fundraising efforts. This typically includes:

- developing an annual fundraising strategy or plan
- forming key relationships with constituencies
- · identifying funding opportunities through grants, foundations, and government agencies
- applying for and reporting on grants (in conjunction with grant writers or other team members, as appropriate)
- identifying prospects and soliciting donations from individual donors, which may include major donors and gifts, planned giving (bequests), and other types of solicitations
- · reporting fundraising results and evaluating programmatic activities



Often, Directors of Development or Senior Development Managers have primary responsibility areas, including Fundraising Strategies and Planning, Gifts Cultivation (including planned giving and major gifts), Grant writing, and Special Events/Sponsorships. The position usually reports to the Executive Director and coordinates all activities and messaging with a Marketing and Public Relations or Communications Director or team.

According to a May 2024 national salary survey, a Senior Director of Development in the state of California earns an average of \$153,653. Salaries range from \$117,222 to \$182,452 in the state, according to latest data. Directors of Development nationally earn from \$97,525 to \$231,123.

The median Development Officer staff member's salary (non-director position) in California is \$100,001, while Development Officers' salaries range from \$73,000 (entry level) to \$150,000 nationally, depending on location and experience.

Competitor healthcare facilities locally (Eisenhower Medical Center) paid its Senior Vice President for Planned Giving and Major Gifts \$278,848 for 2022 (the last filed 990 report), with over \$43,000 in additional compensation (bonus, perks, etc.). An additional Senior Vice President for Major Gifts earned \$273,809 in 2022, while the Vice President of Planned and Major Gifts earned \$188,184 for 2022.

These positions work together with the Vice President for Marketing and Communications, who earned \$239,701 in 2022, plus over \$40,000 in additional compensation.

DHCD Interviews

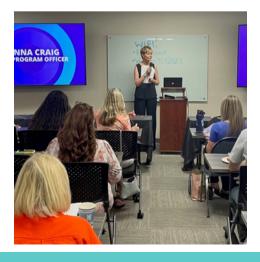
DHCD's Board Directors and key staff leadership were interviewed for this report to discuss the pros and cons of a full-time development position, and to share ideas regarding the District's potential fundraising efforts. Several comments were reiterated by a number of the interviewees.

The following is a summary of remarks, organized by key subject area:

- 1. Fundraising Goals and Planning
- 2. Potential Fundraising Needs
- 3. Visibility and Communications
- 4. Priorities
- 5. Alternative Ideas

1. Fundraising Goals and Planning

- Before undertaking a large fundraising effort, DHCD needs to get a sense of the "big picture" and establish a vision for what it needs.
- DHCD needs to make sure goals are set for a development position, so it can evaluate the effectiveness of bringing new monies in. Fundraising may be a bigger challenge for a public agency like the District than a private nonprofit as other nonprofits don't have tax funds coming in or other sources of revenue as DHCD does.









- Hospitals have Directors of Development because that is how capital equipment and needs are taken care of. The District needs access to the wealth in our community and visibility through more community relations or expanded customer relationships.
- Hire a dedicated staff member to attend nonprofit fundraisers and provide support to board members, including working on long-term vision and strategic planning and collaboration among stakeholders.
- The development position shouldn't focus so much on raising funds and taking resources away from DHCD grantees as creating collaborations with other funders to provide more resources for the community.
- DHCD board and leadership should be focused on growing the organization. The strategic planning process needs to be more robust, more idea-generated, and more forward thinking about strategic growth.

2. Potential Fundraising Needs

- Fundraising needs could include such approaches as building a new ambulatory care center or an urgent care center in the East Valley, hiring more pediatricians or more mental health care workers, building a community health center to serve mental health needs or expanding office space for additional health care providers.
- A development director could pursue other public funding sources that health care districts are eligible for, such as GO (General Obligation) Bonds (require public vote) and tax-free Municipal Bonds (don't require voter approval).
- If DHCD raises funds, monies should be used for education in the valley.
- Some of the District's strategic goals, such as environmental health and behavioral health care, could be used as initiatives to raise funds for through the Foundation in the future. DHCD could leverage its existing resources with resources from external partners in those areas.
- The District needs more of a community presence. Implementing a "grateful patient" program" (a solicitation to discharged patients) develops those relationships and many hospitals have these types of fundraising programs.





3. Visibility and Communications

- DHCD needs more visibility in the community and needs more publicity about all the good work that it does.
- DHCD needs more marketing, especially promotion of its health care providers. Radio and TV stations throughout the valley are promoting doctors from other health care facilities.
- DHCD needs to address some of its ongoing communications issues. Most people who live here have no idea who the District is and what it does. It's difficult to explain how the District is funded through property taxes, how the board is selected, how the healthcare facility is leased, how the District funds other organizations, and so forth. It needs to be a priority to share the good news about what the District does and make connections in the community.
- A new staff member should be brought in to help with the District's visibility and perhaps grant writing.
- The District needs to be out more in the community, with the CEO meeting people and figuring out where to put DHCD's money, and how to offer support so that the District is not duplicating efforts.
- DHCD needs to increase visibility by having the CEO and Board members speak at events, rotaries and chambers, and be invited by elected officials to attend meetings.
- With the District's grants programs, there is a need to expand community outreach.

4. Priorities

- Hiring a development position is not the biggest priority, as DHCD has other priorities now, such as negotiating the lease, working on getting the tax revenues, electing new or reelecting board members, and so forth. It would be better to wait until the new board members are in place and the lease renewal takes effect (2027), so that the District's strategic direction is clear, and leadership can set the focus and goals for a development person.
- Defer the fundraising position and focus on developing a more positive image and more marketing and visibility in the community. The visibility will lead to fundraising down the line.
- With the lease and voter approval in November, the District should put this on the back burner until after at least November.
- If DHCD moves forward with active fundraising, the development staff member or team will need a lot of support and it will take years for the District to be effective.
- The large amount of money coming into the District through the lease and tax revenues will negatively impact fundraising efforts as people may not want to donate funds because of the other monies.
- DHCD will have \$600+ million coming in and a plan for how to spend it has not been developed yet. It is difficult to ask people for money when there is no specific purpose for that money. The District needs to identify what we would be raising money for.



- Fundraising programs for hospitals work when they are nonprofit hospitals and people love the care they receive or want to memorialize lost loved ones. They give because they want to support the work of the hospital and their gifts are tax-deductible. (This works for nonprofit hospitals like Eisenhower because they barely net any income from their operating budget, and they rely on donations especially for capital expenditures.) Desert Regional is a for-profit hospital run by a for-profit company, so other hospital fundraising efforts are irrelevant to DHCD's situation.
- The fundraising perception will be difficult because grantees will believe that the District is taking money away from the organizations it supports.
- The District must carefully think through balancing its resources (\$100 million in 2027, \$20 million annually until 2057, and \$60 million in reserves not needed to take over the operation of the hospital) with what outside financial resources it needs and how it will use them.
- If DHCD moves forward with fundraising, we need a small team, at least two or three people.





5. Alternative Ideas

- DHCD could have someone working on fundraising, especially grant writing, that is not an employee, but a consultant or an outside contractor. Many nonprofits successfully raise funds by hiring independent grant writers.
- DHCD doesn't provide direct services or care; the District provides funding to other organizations to provide the care and services for the community. It would be a great model to collaborate with other funders to combine monies, perhaps with state and federal monies, and to combine expertise to use it for outreach or other collaborative efforts that funders can help solve together (similar to what DHCD did with the vaccine outreach program).
- Instead of asking the public for money, a staff person could be dedicated to seeking collaborative funding opportunities in the community from other funders, foundations, and philanthropic organizations. This could be a collaborative effort that might even involve Eisenhower Medical Center as well, such as attracting residents or more doctors to the Coachella Valley.
- One idea for a collaborative funding program would be to help bring more doctors to the Coachella Valley to do their residencies or to practice for a period of time. This would help build our physician workforce.

Challenges





As identified through the leadership interviews and independent research, DHCD faces a number of unique challenges in fundraising:

- Potential donors have to overcome the organizational structure that the District is a voter-approved public entity funded by taxpayers and give to the Foundation in order to support special initiatives that are not publicly funded.
- If the 30-year lease purchase agreement of the hospital/healthcare operations of Desert Regional Medical Center and Network is approved, the District would be receiving substantial lease revenue (\$600+ million) that will make identifying the "need" for funding challenging.
- The lease of the healthcare operations to a forprofit entity makes it essential that clear messaging to potential donors should be focused on gifts to the Foundation in support of specific charitable activities to benefit the community.
- Past and potential future negative publicity impacts the positive image that inspires donors to support nonprofits like the District.
- DHCD is a major funder of nonprofits in the Coachella Valley. When grantors also fundraise in a community, the perception to grantees is that the funders are in competition with them and potentially taking away money in the community from the organizations they support. This can be overcome with specific fundraising initiatives or collaborative funding ventures that benefit the entire community.
- There are no clearly identified fundraising needs that have been presented to the community which would lay the foundation for seeking contributions.

Options for Next Steps

Based on the interviews with key Board and staff leadership and an analysis of current internal and external factors and challenges, the following options are identified for next steps:

- Defer hiring development or fundraising staff.
- Focus on visibility and marketing for DHCD. Generating increased positive visibility will generate goodwill for future fundraising efforts. Increased visibility could include more stories in local media, a larger, active social media presence, profiles of healthcare providers, CEO and board director presentations at rotaries and chamber meetings, a comprehensive marketing or PR campaign, PSAs, profiles of grantees, and so forth.
- Contract with an independent grant writer to seek grant funding for several identified community initiatives.





- Expand the Marketing/Communications team to help generate increased visibility, develop partnerships and expand networks, and coordinate messaging.
- Identify two or three key initiatives based on the District's focus priorities that would benefit the community. Seek grant funding for those initiatives over the next one to three years, either through existing staff or a contracted grant writer.
- Identify several funders to collaborate with on specific and unique funding initiatives that would benefit the community and not duplicate efforts. Promote these largerscale, community-wide funding collaborations to generate increased visibility, positive community benefit, and collaborative work within the valley.
- Prepare a development plan which outlines DHCD fundraising goals and activities over the next 3 years that the staff and board can be involved in together. This will also lay the foundation for development staff and fundraising efforts to begin later.
- Explore options for the future of the Foundation, including strategic planning or program development. DHCD might consider separating the Foundation into its own entity to focus specifically on fundraising, collaborations, and grant making.

Appendix

List of Interviewees

Board of Directors

Evett PerezGil Carmina Zavala, PsvD, MA Kimberly Barraza Arthur Shorr Carole Rogers, RN, MPH Les Zendle, MD Leticia De Lara, MPA



Chris Christensen Donna Craig



Consultants who completed this study and report: Stephanie Minor and Greg Charleston.

Stephanie Minor, founder and CEO of Success for Nonprofits, advances nonprofit organizations through capacity building and technical assistance. Stephanie is an award-winning veteran fundraising professional, nonprofit executive, and strategic development coach whose proven fundraising strategies have won big grants and gifts for important and impactful nonprofit causes. She was awarded the 2023 "Outstanding Fundraising Professional" by the Association of Fundraising Professionals (AFP) Desert Communities Chapter.

Greg Charleston, executive consultant with Success for Nonprofits, has more than 30 years' experience working with nonprofits, including as a nonprofit executive, management consultant, educator, and communications professional. Greg has led numerous workshops in Fundraising, Grant Writing, Marketing, and Board and Leadership Development, as well as coached organizations in strategic planning, grant writing, and development. A nationally published writer, Greg was President and CEO of the Arts Council of Indianapolis. He has served on numerous boards and national committees, and currently serves on grant review panels across the U.S.









Date: September 23, 2024

To: Board of Directors

Subject: Grant # 1465 University of California Riverside School of Medicine

Grant Request: Increasing Access to Primary Care for Latinx and Indigenous Latin

American Patients in the Coachella Valley

Amount Requested: \$228,863.00

Project Period: 10/01/2024 to 09/30/2025

Project Description and Use of District Funds:

This project aims to improve access to primary care for Latinx and Indigenous Mexican immigrants in the ECV. District funds will support training healthcare professionals, hosting clinics, establishing a patient referral system, and distributing public health education materials.

Led by Dr. Ann Cheney, Dr. Jennifer Zamora, and Maria Pozar, the two-year initiative will involve medical, nursing, and undergraduate students, along with community healthcare workers (CHWs)/promotoras, in providing care and referrals at the Coachella Valley Free Clinic (CVFC).

Healthcare professionals volunteering at the clinic will undergo a three-part training series on:

- 1. Healthcare needs of Latino and Indigenous Mexican immigrants in the ECV.
- SDOH and chronic disease burden.
- Barriers to accessing healthcare services and ways to increase equitable access to care.

All trainings will be framed around increasing cultural competency and structural competency (e.g., inequities in health) in healthcare for this patient population. The training will be available in English and Spanish.



CHWs/promotoras will promote the clinic, assist with MediCal enrollment, and help patients navigate follow-up care.

Strategic Plan Alignment:

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

Strategy 2.2 - Increase the number of clinical sites and the days and hours of operation for primary and specialty care services that support Coachella Valley residents

Strategy 2.5 - Collaborate/Partner with culturally competent training programs to expand primary care residency and nursing programs

Strategy 2.7 - Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley

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 \$228,863.00 be approved.

Recommendation with modifications

Request for more information

Decline



Grant Application Summary

Regents Of The University Of California At Riverside, Grant # 1465

About the Organization

Regents Of The University Of California At Riverside 900 University Ave.
Riverside, CA 92521
951-827-5535
https://www.ucr.edu/

Tax ID #: 95-6006142

Primary Contact:

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Organization's Mission Statement and History

The University of California, Riverside (UCR), a designated Hispanic-serving Institute (HSI), is a public research university ranked among the most ethnically and economically diverse schools in the United States (US). The UCR School of Medicine (SOM) founded in 2012, is a community-based medical school serving the rapidly growing Inland Southern California area by training a much-needed physician workforce and catalyzing innovations in research, education, and healthcare delivery. The proposed work builds on the mission of the SOM and current efforts of the community academic team, Unidas por Salud, led by Dr. Ann Cheney and Ms. Maria Pozar. Unidas por Salud is a women-led collaborative that builds the capacity of students and community health workers (CHWs)/promotores to partner with community organizations and healthcare systems to address health disparities in underserved Latinx and Indigenous Mexican communities in the rural desert region of Inland Southern California. Since 2018, Unidas por Salud has increased access to primary care services for underserved Coachella Valley residents by establishing and helping to build the Coachella Valley Free Clinic (CVFC). CVFC, established in 2019, is a student-led and community engaged monthly clinic in Mecca that provides in-language primary care and co-located mental healthcare services to a primarily Latinx Spanish-speaking patient population in the Eastern Coachella Valley (ECV). Over 95% of patients speak Spanish and most are farmworkers. The clinic is held on the second Saturday of the month from

2:00 to 5:30 pm and serves approximately 50-75 patients per clinic. The clinic also offers acupuncture, chiropractic care, clothing and food donations, and educational activities for children. Community partners provide access to MediCal and CalFresh signup and partnering healthcare systems provide follow up and referral to specialty care.

Organization Annual Budget: \$47,000,000,000.00

Project Information

Project Title: 1465 Increasing Access to Primary Care for Latinx and Indigenous Latin

American Patients in the Coachella Valley

Start Date: 10/01/2024 **End Date:** 09/30/2026

Total Project Budget: \$272,443.00

Requested Amount: \$228,863.00

Community Need for this Project in the Coachella Valley:

Latinx and Indigenous Mexican immigrants in the rural desert region of Inland Southern California (i.e., the Eastern Coachella Valley) experience significant barriers to accessing primary care and preventive healthcare services. Our research indicates that lack of primary care services, access to healthcare services in Spanish or Purépecha, the primary languages of the patient population in the region, and fear of disclosing immigrant status create significant barriers to healthcare access (Cheney et al., 2018). Our work has also shown that limited access to primary care services during evening and weekend hours when the patient population (primarily farmworkers or low-wage earners) does not work prompts many to access emergency room services (Tulimiero et al., 2022). Latinos and Indigenous Mexicans in the ECV experience high rates of chronic disease burden, especially obesity and type II diabetes (Cheney et al., 2023). The Center for Disease Control and Prevention (CDC) 2021 surveillance data indicates that 9.8% of adults 20 years + in Riverside County were diagnosed with diabetes. Local data from 2017 to 2019 from a federally qualified healthcare center serving the Latinx patient population in Coachella and Mecca found that 18% of their patients in Coachella and 11% in Mecca had diabetes HgA1C ≥ 6.5 %) or prediabetes (HgA1c between 5.7%-6.4%) (Borrego Health Foundation Research Statistics, 2020). This project addresses this community health need by increasing access to primary care services for this patient population to help manage health and wellbeing, prevent chronic disease like diabetes, and refer to specialty care when needed.

Local data:

1. Cheney, A. M., Newkirk, C., Rodriguez, K., & Montez, A. (2018). Inequality and health among foreign-born latinos in rural borderland communities. *Social science & medicine (1982)*, 215, 115–122.

- Center for Disease Control and Prevention. (2021). Diagnosed Diabetes Total, Adults Aged 20+ Years, Age-Adjusted Percentage, Riverside County, California. Available from: https://gis.cdc.gov/grasp/diabetes/diabetesatlas-surveillance.html#
- 3. Cheney, A. M., McCarthy, W. J., Pozar, M., Reaves, C., Ortiz, G., Lopez, D., Saldivar, P. A., & Gelberg, L. (2023). "Ancestral recipes": a mixed-methods analysis of MyPlate-based recipe dissemination for Latinos in rural communities. *BMC public health*, 23(1), 216.
- 4. Tulimiero, M., Garcia, M., Rodriguez, M., & Cheney, A. M. (2021). Overcoming Barriers to Health Care Access in Rural Latino Communities: An Innovative Model in the Eastern Coachella Valley. *The Journal of rural health: official journal of the American Rural Health Association and the National Rural Health Care Association*, 37(3), 635–644.

Project Description and Use of District funds:

This project proposes to increase access to primary care services for Latinx and Indigenous Mexican immigrants in the ECV. District funds will be used to train healthcare professionals, hold primary care clinics, establish a patient navigation and referral system, and disseminate public health education and prevention material. The proposed project aligns with **Strategic Goal 2** "[to] proactively expand community access to primary and specialty care services." Project activity directly aligns with **Strategy 2.5** by collaborating and partnering with culturally competent training programs to expand primary care residency and nursing programs; **Strategy 2.2.** by increasing the "sites and the days and hours of operation for primary care" by offering services on a Saturday afternoon as well as **Strategy 2.7.** by increasing "equitable access" to primary care services for low-income, immigrant Latinos and Indigenous Mexicans in underserved communities in the eastern part of the Coachella Valley. This project will move forward the DHCD/F mission to "achieve optimal health" for District residents in the most historically underserved area of the valley.

Dr. Ann Cheney, PhD, faculty in the UCR School of Medicine Department of Social Medicine Population and Public Health (SMPPH), and Dr. Jennifer Zamora, DHSc, PAC, clinical faculty in the UCR SOM and Director of Interprofessional Education, along with Maria Pozar, founder, Conchita Servicios de la Comunidad, will lead this project. The proposed project is two years and will engage doctors in training (medical students), undergrad students, nursing students, and community healthcare workers (CHWs)/promotoras in the delivery of primary care services and referral to specialty care when needed for patients accessing the CVFC. The CVFC is held the second Saturday of the month at Our Lady of Guadalupe in Mecca.

Healthcare trainings. Dr. Cheney and Ms. Pozar will hold a three-part training series

on culturally competent care and equity in healthcare for underserved patient populations in the ECV. Dr. Cheney holds expertise in cultural competency and health inequities among the patient population via their public health work in the Coachella Valley, and Ms. Pozar holds expertise as a community member, former farm worker, and community investigator for Unidas por Salud. All premedical, medical, and nursing student volunteers and CHWs/promotoras will be required to attend this training series. Practicing healthcare professionals who volunteer at the clinic will be highly encouraged to attend and will receive continuing medical education (CME) credits for their participation in the series. Dr. Cheney will work with the Office of Faculty Development in the UCR School of Medicine to have the training series eligible for CME credits, which will encourage volunteer healthcare providers to attend the trainings. This series will be held virtually during the first three months of each award year and offered in English and Spanish. Each training will be held at least twice to accommodate the needs of volunteer staff members and partnering healthcare providers. The training will focus on social determinants of health (SDOH) that shape disease burden among residents in the eastern part of the valley and barriers to accessing primary care and specialty care services for this patient population. The series will introduce attendees to the unique healthcare needs of Latino immigrant populations in the eastern part of the valley, SDOH, and barriers to healthcare access and its effect on chronic disease burden. Training topics will include: 1) healthcare needs of Latino and Indigenous Mexican immigrants in the ECV, 2) SDOH and chronic disease burden, and 3) barriers to accessing healthcare services and ways to increase equitable access to care. All trainings will be framed around increasing cultural competency and structural competency (e.g., inequities in health) in healthcare for this patient population.

Primary care clinics. Dr. Cheney will oversee the organization of clinics and its volunteer staff as well as oversee the implementation of in-language services. This will involve convening a language translation committee that will ensure all patient material is available in Spanish and that Spanish-speaking undergraduate and medical students hold sufficient skills to communicate effectively with patients during primary care clinics. Dr. Cheney, who is the director of the UCR Medical Spanish program, will ensure that students have access to language resources and support as they develop materials and prepare for encounters with Spanish-speaking patients. She will also work with the committee to train Purépecha-speaking translators and work with the translators and medical students on how to communicate with patients while using a translator.

Patient navigation and referrals. CHWs/promotoras will promote the clinic and engage the patient population in clinic services, MediCal sign up, and follow-up care with local healthcare systems. The CHWs/promotoras are trusted members of their community and will serve as patient navigators; their role is critical to building trust in healthcare and helping them understand benefits, how to navigate follow-up care, obtain prescriptions, among other healthcare seeking behaviors.

Public health education. A key component of primary care services is the delivery of health education and promotion material and counseling on diet and lifestyle choices for health maintenance and chronic disease prevention. Doctors in training (medical students) will provide patients with a cookbook aimed to reduce chronic disease burden and provide counseling on the importance of healthy eating and exercise.

CHWs/promotoras will also provide each patient with a cookbook, Ancestral Recipes: From My Grandma's Kitchen to Yours, which was developed by residents of the Coachella Valley and includes USDA MyPlate-based recipes that have been reviewed and approved by a primary care physician, health educator, and registered dietician. In addition to the cookbook, the CHWs/promotoras will also instruct them on how to access cooking demonstrations of the recipes in the cookbook via YouTube. We anticipate printing off and passing out about 1,100 cookbooks to promote health education and chronic disease management.

Strategic Plan Alignment:

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

Strategy 2.2 - Increase the number of clinical sites and the days and hours of operation for primary and specialty care services that support Coachella Valley residents (Priority: High)

Strategy 2.5 - Collaborate/Partner with culturally competent training programs to expand primary care residency and nursing programs (Priority: High)

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

Project Deliverables and Evaluation

Deliverable #1: Healthcare trainings:

 By December 2025, approximately 145 clinic volunteer staff will be trained on how to provide culturally competent primary care services to underserved patient populations in communities in the eastern part of Coachella Valley. This will include approximately 120 healthcare

Evaluation #1:

To evaluate Project Deliverable 1, we will track volunteer participation in the training series and collect pretest and posttest surveys to assess knowledge and skill development over time. The tracking data will document attendance at trainings and determine the rates of completion of the training series. The pretest and posttest surveys will be collected eat each training to assess knowledge and skill development over time. Surveys will be brief, approximately 5 to 7 questions and will measure knowledge about the topic before the training and immediately after the

professionals in training (premedical, medical, nursing students), 15 healthcare providers, seven CHWs/promotoras, and three administrative staff.

 By January 2026, PowerPoints and video recordings of each training will be available for use and accessible online. training. The surveys will measure perceived ability to treat underserved patient populations in the Coachella Valley. This information will allow us to assess how well we address **Strategies**2.5. (culturally competent training programs) and 2.7. (equitable access).

Deliverable #2: Primary care clinics:

 By August 31, 2026, a total of 20 clinics will be held in Mecca during non-business days and hours offering services in Spanish and Purépecha to at least 1,100 valley residents.
 Among these residents, 480 patients will access medical services, 120 co-located mental healthcare services, 200 acupuncture, 180 chiropractic care, and 120 legal services.

Evaluation #2:

To evaluate Project Deliverable 2, we will use tracking data to document the total number of clinics held per year of the project as well as the day and time clinics are held. This information will allow us to determine how well we have addressed Strategy 2.2. (diversity in clinical sites, days, hours of operation) for Coachella Valley residents. Using entries in the clinic's electronic medical record system, we will document the total number of new and returning patients to the clinic and the types of services patients access. By documenting repeat visits to the clinic, we will determine why patients return and the services they use upon repeat visits to the clinic. We will also document the total number of health care and community partners at each clinic and any new partnership. We will use process evaluation data to determine how many patients accessed the different services at the clinic and how many received primary care resources and material (e.g., pamphlets, presentations, videos) developed in Spanish or Purépecha. Last, we will document patients' preferred language (e.g., Spanish, Purépecha) and whether we provided the requested service in their language. This evaluation data will allow us to determine how well we have addressed Strategy **2.7.** regarding equitable access to primary care services for underserved communities in the Coachella Valley.

Deliverable #3: Patient navigation and referrals:

- By June 30, 2026, the CHWs/promotoras will assist 80 patients accessing primary care services at the CVFC with signing up for MediCal.
- By June 30, 2026 the CHWs/promotoras will assist 120 patients accessing primary care services at the CVFC with scheduling a follow-up appointments with nearby healthcare systems. The CHWs/promotoras will use the ConnectIE to identify local medical services and contact information of established healthcare systems, including Coachella Valley Volunteers in Medicine, Innercare (Mecca and Coachella locations), and Desert Aids Project: Centro Médico Oasis.

Evaluation #3:

To evaluate **Deliverable 3**, we will use tracking data. Each project year, the CHWs/promotoras will track the total number of patients who they assisted with signing up for MediCal and scheduling follow-up appointments with nearby medical services documenting the specific location of scheduled follow up care (for example, Coachella Valley Volunteers in Medicine, Innercare Mecca, Centro Médico Oasis) and whether information was obtained via using the ConnectIE platform. The CHWs/promotoras will track whether patients accessed follow up care, for which medical conditions, and the location of follow-up care.

Deliverable #4: Public health education:

 By June 30, 2026, medical students will have counseled 480 patients accessing primary care services on diet and lifestyle choices for health maintenance and chronic disease prevention.

Evaluation #4:

To evaluate Deliverable 4, we will track the total number of patients who receive counseling on dietary and lifestyle change from doctors in training (medical students). The CHWs/promotoras will document the total number of cookbooks distributed to patients accessing the clinic. We will also use social media metrics to determine the frequency with which the cooking demonstrations that align with the cookbook recipes are accessed. This information will allow us to determine how well we have addressed **Strategy 2.7** regarding equitable access to primary care services and resources, specifically public health education and

prevention, for Latino and Indigenous Mexican
patients in the Coachella Valley.

Project Demographic Information

Target Geographic Area(s) To Be Served:

Coachella, Indio, Mecca, North Shore, Oasis, Thermal

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)

Target Population Race:

Some other race

Additional Target Population Information:

Latinx and Indigenous Mexican immigrants in farm working communities in the ECV will benefit most from the proposed project. The work will focus on increasing access to primary care services for underserved Coachella Valley residents in the communities of Mecca, North Shore, Oasis, and Thermal but will also reach those in Coachella and Indio. A significant portion of this patient population is foreign-born, Latino, and monolingual Spanish- or Puépecha-speaking as this area is also home to the largest community of Purépecha, an indigenous population from the Mexican state of Michoacán. This patient population experiences significant barriers to healthcare access due to their employment as farm laborers with little or no sick leave, limited English proficiency, and legal statuses. Thus, Latinx and Purépecha immigrant farmworkers and their families will benefit most from project activity.

Capacity, Sustainability, and Partnerships

Organizational Capacity

The project leadership team has the expertise and experience needed to carry out the proposed project. This project will be led by Drs. Cheney and Zamora in collaboration with Ms. Pozar with institutional support from the UCR SOM. Under this leadership team, the clinic has grown substantially in terms of their volunteer base, patient population, and services offered. The clinic was established in 2019 by Drs. Cheney and Zamora and Ms. Pozar. During that time, each clinic had a volunteer staff of approximately 15 students (undergraduate, medical students), 1 preceptor (MD, DO), and 3 CHWs/promotoras who served 10 to 15 patients. Today, five years after the clinic was established, we have a volunteer staff of approximately 40 per clinic who serve anywhere from 50-70 patients. This growth has required additional supervision and time of the leadership team as well as coordination of the clinic's community and healthcare service partners (e.g., FIND Food Bank, RUHS Public Health, Border Kindness, JFK).

The leadership team does have the capacity to meet the demands of this project. Dr. Cheney has a PhD in anthropology and conducts community engaged health services and public health research with a focus on barriers to healthcare and public health programs for rural Latinx and Indigenous Mexicans in underserved communities in the ECV. She is faculty in SMPPH in the UCR SOM, is a bilingual English-Spanish speaker, and faculty director of the CVFC and founded and directs, HABLAMoS (Hispanic And Bilingual Ambulatory Medical Studies), a 4-year Medical Spanish language curriculum. Dr. Cheney will allocate time to oversee the implementation of all project activity, supervise clinic staff, and ensure project activity is completed and evaluated. She will also lead the trainings to build capacity of volunteers to provide equitable and culturally and structurally competent access to healthcare services for underserved residents in the Coachella Valley. Dr. Zamora, DHSc, PA-C, is a Physician Assistant and holds a Doctorate of Health Science. She is clinical faculty and Director of Interprofessional Education in the UCR SOM and currently serves as faculty preceptor at the CVFC. Dr. Zamora is committed to improving access to primary care services for underserved populations in the valley. She will allocate time to oversee the undergraduate and medical student volunteers, serve as preceptor to medical students, and engage additional healthcare providers in primary care healthcare service delivery. Ms. Pozar, a bilingual Purépecha-Spanish speaker, is founder of Conchita Servicios de la Comunidad and serves as the engagement lead of CVFC. She oversees a team of seven CHWs/promotoras who support the infrastructure of the clinic. This team of CHWs/promotoras disseminate information about clinic services, help patients navigate registration and intake, assist with referrals to follow up and specialty care, provide public health education, and assist with translation. Ms. Pozar and her team of CHWs/promotoras are seen as trusted leaders among the patient population and are critical to increasing access to primary care services as their presence reduces key barriers to care including fear of disclosing immigration status and fear of not being able to communicate with clinic staff and providers. Ms. Pozar will allocate time to coordinate and organize her team in the engagement of patients in the clinic. Jacqueline Moreira holds a BS in biology and minor in Spanish. She is a graduate of UCR and former undergraduate clinic manager of the CVFC. Ms. Moreira will serve as project coordinator and perform administrative tasks and the coordination of students, healthcare providers, CHWs/promotoras, and community partners on clinic activity.

Organizational Sustainability:

The proposed project will be sustained by aligning with the mission and vision of our organizational structures, which can increase access to expertise, resources, and institutional support. For example, project activity aligns with the mission of the UCR SOM, "to improve the health of the people of California and, especially, to serve Inland Southern California by training a diverse workforce of physicians and by developing innovative research and health care delivery programs that will improve the health of the medically underserved in the region and become models to be emulated throughout the state and nation." This project will increase access to primary care services for

underserved residents in the eastern part of Coachella Valley, specifically foreign-born Latinx and Indigenous Mexicans living in poverty with limited access to primary and specialty healthcare services. Second, the project creates opportunities for workforce development for doctors in training (medical students) who will learn about the unique needs of these underserved Coachella Valley residents, the social factors that contribute to health disparities in this patient population. Third, this project aligns with the mission of Unidas por Salud that aims to bring together students and CHWs/promotores to collaborate to collectively address the healthcare needs of vulnerable patient populations in the Coachella Valley serving as a pipeline for underrepresented students to enter the healthcare field. The proposed project moves forward long-term goals of both the SOM and Unidas por Salud by increasing access to primary care services for residents of the valley while also building the capacity of our future healthcare workforce that already has ties to the region (UCR community and commitment to underserved, rural Latinx immigrant populations).

Partnerships/Collaborations:

- Inland Vineyard Medical Missions. The CVFC is held in collaboration with Inland Vineyard Medical Missions. They provide the electronic medical system, medications, and medical supplies.
- Coachella Valley Volunteers in Medicine. The CVFC is held in collaboration with Coachella Valley Volunteers in Medicine (CVVIM) who has a presence at each clinic by having volunteer healthcare providers serve as preceptors for medical students and their outreach coordinator be present to schedule follow up care, if needed, with CVVIM. At least 1 non-physician practitioner (e.g., nurse practitioner, physician assistant) attends each clinic. The estimated amount of their volunteer contribution is \$8,418. This estimate is based on talent.com salary for nurse practitioners in Palm Springs California. (\$59.15 per hour x 6 hours per clinic x 20 clinics). Additionally, a bilingual CVVIM outreach coordinator attends each clinic to assist with follow-up care. The estimated amount of their contribution is \$3,134.40. This estimate is based on talent.com salary for outreach specialists in California. (\$26.12 per hour x 6 hours per clinic x 20 clinics)
- **Border Kindness**. This non-profit organization provides donations, food, resources for pregnant and breastfeeding mothers, and legal services to patients accessing the clinic. Two staff members from Border Kindness attend each clinic. The amount of their estimated contribution is \$6,268.80. This estimate is based on talent.com salary for outreach specialists in California. (\$26.12 per hour x 6 hours per clinic x 20 clinics per year) Furthermore, a bilingual lawyer specializing in immigration, asylum seeking, and refugee status attends each clinic. The estimated amount of their contribution is \$10,384.80. This estimate is based on

- talent.com salary for lawyers in California. (\$43.27 per hour x 6 hours per clinic x 20 clinics)
- **Acupuncture**. An acupuncturist attends each clinic. The estimated amount of their contribution is \$4,500. This estimate is based on talent.com salary for a licensed acupuncture in California. (\$37.50 per hour x 6 hours x 20 clinics)
- Chiropractor. A chiropractor attends, in person, each clinic. The estimated amount of their contribution is \$5,134.80. This estimate is based on talent.com salary for chiropractors in California. (\$42.79 per hour x 6 hours per clinic x 20 clinics)
- UCR School of Medicine. UCR School of Medicine (SOM) faculty and staff serve as preceptors and supervisors of medical student leaders and volunteers. The SOM also provides transportation for students. A UCR SOM attending physician (MD, DO) attends each clinic. The estimated amount of their contribution is \$10,095.60. This estimate is based on talent.com salary for medical doctors in California. (\$84.13 per hour x 6 hours per clinic x 20 clinics)
- UCR SOM Department of Psychiatry. The Department of Psychiatry provides co-located mental healthcare services to patients at the clinic. A bilingual licensed clinical social worker (LCSW) attends each clinic. The estimated amount of their contribution is \$6,004.80. This estimate is based on talent.com salary for LCSWs in California. (\$50.04 per hour x 6 hours x 20 clinics)
- Riverside University Health System. Representatives from RUHS Department of Public Social Services provide immediate access to MediCal sign up for eligible patients. Two staff members from RUHS Department of Public Social Services attend each clinic. The amount of their estimated contribution is \$6,268.80. This estimate is based on talent.com salary for outreach specialists in California. (\$26.12 per hour x 6 hours per clinic x 20 clinics x 2 ppl)
- Inland Empire Health Plan (IEHP). IEHP provides health education, donations, and benefits information to patients. Two staff members from IEHP attend at least five clinics per year. The amount of their estimated contribution is \$3,124.40. This estimate is based on talent.com salary for outreach specialists in California. (\$26.12 per hour x 6 hours per clinic x 10 clinics x 2 ppl)
- California State University San Bernardino (CSUSB). Nursing students from the CSUSB San Bernardino and Palm Desert Campuses, under the direction of Dr. Diane Vines, participate in the clinic offering foot soaks to patients as well as taking patients' vitals (blood pressure, body mass index, blood glucose levels), which becomes part of patients' medical histories.

- **FIND Food Bank**. A chapter of Feeding America, this organization provides food donations to all of the clinics for approximately 50-75 families.
- Our Lady of Guadalupe. The CVFC is held at this church in Mecca, California. The priest donates space at his facility to hold the monthly clinic. The church donates the space which is estimated at \$6,000 (\$50 per hour x 6 hours x 20 clinics) and the covers the cost of utilities estimated at \$3,000 (\$25 per hour x 6 hours x 20 clinics).

Diversity, Equity, and Inclusion (DEI)

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

The UCR SOM addresses diversity, equity, and inclusion (DEI) in many ways. First, the SOM endeavors to remove barriers to the recruitment, retention, and advancement of talented students, faculty and staff from historically excluded populations who are currently underrepresented in medical education and the practice of medicine. Recruitment efforts and resources align with the goal to recruit individuals from groups underrepresented in medicine into faculty positions, recognizing that faculty serve as role models to attract a diverse student body. Given the mission of the UCR School of Medicine and the desire to see the faculty, as well as the student body, reflect the cultural, socioeconomic, and ethnic diversity of the region that we serve, searches will endeavor to recruit faculty with these diverse characteristics. Second, the SOM seeks to enroll and train more doctors from racial and ethnic backgrounds that are underrepresented in medicine in part through a unique admissions process that emphasizes four specific attributes: socio-economic or educational disadvantage, non-native English speaking, ties to the Inland Southern California region such as having completed high school in Inland Southern California, and/or the first-in-family to complete a bachelor's degree. The medical school also offers full tuition scholarships to students who agree to practice in the Inland Empire, an area with the fewest health providers per capita in California. Third, the SOM Board of Advisors, which includes 15 trustees, includes representations from federally qualified health centers (i.e., Altamed), AIDS Healthcare Foundation, Integrated care communities, and Digital Health, and the Haider Spine Center among others offering diverse perspectives. Last, Unidas por Salud, is a woman established and minority-led collaborative that builds the capacity of Latina and Indigenous Mexican women as well as students invested in the health and wellbeing of Latino immigrant communities. An important part of our work is to increase representation of women and minorities in medicine and the healthcare field more generally.

What barriers does your organization face when addressing DEI?

UCR is a Hispanic-serving institute. 38% of our undergraduate student body identify as Latino/Hispanic and 37% of our medical students are from an underrepresented minority group. The UCR SOM ranked No. 4 for diversity in US News & World Report's 2023-2024 Best Grad School rankings. While we actively address DEI through student recruitment, UCR in general and the SOM in particular experiences barriers to increasing women and minority scholars, specifically Latinos, in our professoriate. Part of this is the limited financial resources to invest in the development of medical students

interested in research to prepare them to become clinical scientists. Also, despite being a Hispanic-serving Institute, there are only a handful of Latinos as tenure-track faculty on the UCR professorate and even less in the SOM. Such faculty serve as important role models for medical, graduate, and undergraduate students. The proposed project aims to address this challenge by using Desert Foundation funds for salary coverage for a Latina scholar (Jennifer Zamora, DHSc, PA-C) who has worked closely with undergraduate and medical students on implementing services for CVFC patients, including primary care services. Dr. Zamora has served as a role model for Latino undergraduate, graduate, and medical students involved in the clinic. Furthermore, the clinic itself serves as a pathway program for undergraduate students interested in medicine and the healthcare field as students gain important clinical experience needed to apply to graduate and medical programs. Over 60% of the 30 undergraduate students involved in the clinic are bilingual English-Spanish speakers and the majority are from underrepresented groups in medicine (e.g., first-generation college student, Latino, Black), moving forward the DEI efforts of Unidas por Salud, the SOM, and UCR more generally.

Grant Budget

	Section 1 - Operational	_					
	Project Grant B	udç	get				
Applicant	Regents of The University of California at Riverside	Incre	easing Access		Primary Care f	or La	tinx and In
	OPERATIONAL EXPENSES	Тс	otal Project Budget	-	unds From her Sources Detail On Section 3	R	Amount Requested om DHCD/F
	fing Expenses Detail on Section 2	\$	175,391.60	\$	-	\$	175,391.6
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3				\$	-		
4				\$			
Supplies ((itemize)	ļ		Ψ		<u> </u>	
1	Materials	\$	3,600.00	\$	-	\$	3,600.0
2	Supplies	\$	3,000.00	\$	3,000.00		
3				\$	-		
4				\$	-		
	Duplication	\$	6,480.00	\$	480.00	\$	6,000.0
Mailing / F		\$	300.00	\$	300.00	Φ.	0.040.0
	use current Federal mileage rate) n / Training	\$	9,219.20	\$		\$	9,219.2
	ect Project Expenses Not Described Above (itemize)			Ψ	<u>-</u>	Ь	
1	Hot spots and data	\$	4,800.00	\$	-	\$	4,800.0
2	Cost of food for donations	\$	25,000.00	\$	25,000.00	Ė	,
3	Van rental and gas	\$	4,800.00	\$	4,800.00	\$	-
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			penses		
	Staff Salary Expenses	Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
	Position/Title	Τ.			
1	Year 1: Dr. Ann Cheney	\$ 180,440.00	10%	18,044.00	\$ 18,044.00
2	Year 1: Jacqueline Moreira, Project Coordinator	\$ 49,920.00	15%	7,488.00	\$ 7,488.00
3 4	Van 2. Dr. Arr Charac	¢ 407.050.00	400/	18,765.80	\$ - \$ 18,765.80
5	Year 2: Dr. Ann Cheney Year 2: Jacqueline Moreira, Project Coordinator	\$ 187,658.00 \$ 51,418.00	10%	7,712.70	\$ 7,712.70
6	Tear 2. Gaoquelli e Morella, i Toject Goordinator	ψ	1070	7,712.70	\$ -
7	Year 1: Administrative assistants x 2 ppl	\$ 16,896.00	100%	16,896.00	\$ 16,896.00
8	Year 2: Administrative assistants x 2 ppl	\$ 16,896.00	100%	16,896.00	\$ 16,896.00
9		,		-	\$ -
	al Employee Benefits / Employer Taxes % (Proportiona /Or Employer Taxes Based On % Of Time Allocated To	-	22.32%	19,149.10	19,149.10
	Total Will Populate In Total Staffing Expenses Section		Total >		\$ 104,951.60
	TBD, two administrative assistants will assist with coordinating the work of the six undergraduate committees, the work of medical students, and the implementation of any ongoing projects in the clinic. The administrative assistants will dedicate 8 hours per week or 44 weeks to clinic activity, totaling \$17,366 in years 1 and 2.				
Budget Narrative -	published rates. Fringe benefits are based on a percentage of the employee's sa benefits are charged at the composite benefit rate agreed upon Project Coordinator and Admin Assistants at 2.78%. Sional Services / Consultant Expenses				
Company a	and Staff Title				
1	Clinic Community Health Worker	\$ 28.00	10 hours x 10 weeks, 2 years	\$ 5,600.00	\$ 5,600.00
2	Clinic Community Health Worker	\$ 28.00	10 hours x 10 weeks, 2 years	\$ 5,600.00	\$ 5,600.00
3	Clinic Community Health Worker	\$ 28.00	10 hours x 10 weeks, 2 years	\$ 5,600.00	\$ 5,600.00
4	Clinic Community Health Worker	<u> </u>	10 hours x 10 weeks, 2 years	\$ 5,600.00	\$ 5,600.00
5	Clinic Community Health Worker		10 hours x 10 weeks, 2 years	\$ 5,600.00	\$ 5,600.00
6	Clinic Community Health Worker	\$ 28.00	10 hours x 10 weeks, 2 years	\$ 5,600.00	\$ 5,600.00
7	Clinic Community Health Worker		10 hours x 10 weeks, 2 years	\$ 5,600.00	\$ 5,600.00
8 9	Consultant: Maria Pozar, Community Partner	 	4 hours, 44 weeks, 2 years	\$ 14,080.00 \$ 17,160.00	\$ 14,080.00 \$ 17,160.00
ו פ	Consultant, Dr. Jennifer Zamora, DHSc, PA-C		3 hours, 44 weeks, 2 years	,	
	Total Will Populate in Total Staffing Expenses Section 1 Total > \$ 70,440.00 \$				
-	7 Community Health Workers, Clinic: We request \$10 600/year		Vs to assist with nationt ongagement o	nd clinic activity	

Section 3 - Other Funding Funds From Other Sources (Actual Or Projected) SPECIFIC To This Project "Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed **Amount** Value Listed In Section 1 for "Funds from Other Sources". Fees **Donations Grants (List Organizations)** Goldenvoice (pending) 18,750.00 50,000.00 2 National Institute of Health 8 Fundraising (Describe Nature Of Fundraiser) 2 3 8 Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize) 1 3 4 5 6 7 8 Total Funding In Addition To DHCD/F Request 68,750.00 Goldenvoice. A request for support for laboratory services, patient lab fees, and glucose monitors of \$18,750 is pending with Goldenvoice. **Budget Narrative** National Institutes of Health. Conchita Servicios de la Comunidad is a subawardee of an NIH grant that will provide \$50,000 (\$25,000/year) to build the capacity of CHWs/promotoras and other clinic staff to address the health and social care needs of underserved patients accessing the CVFC.



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 Organization: Number:		ization:	Project Title:	Funding Request:	
1465	1465 Regents of The University of California at Riverside		Increasing Access to Primary Care for Latinx and Indigenous Latin American Patients in the Coachella Valley	\$228,863.00	
		Pro	grammatic Scoring Review		
Community Need for the Project in Coachella Valley (5 points) 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 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 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 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 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 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 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.					
Reviewer 1 - Score: 4 Reviewer 1 - Score Explanation: The proposal highlights the healthcare disparities faced by Latinx and Indigenous Mexican immigrants in the Eastern Coachella Valley. However, while it does cite relevant data, emphasizing the urgent need for primary care services, culturally competent care, and ext clinic hours to address high chronic disease burdens in the region, the proposal could benefic to make the proposal could benefice the proposal could benefice the proposal could be proposal coul			data, e, and extended ould benefit		
Reviewer 2 - Score: 3 Reviewer 2 - Score Explanation: The grant proposal makes a case for the need of medical services in the eastern Coachella Val targeting a specific population. The grant proposal does not describe where the patients received.			•		

	their medical care during the days and summer months when the clinic is not active, especially those with chronic diseases that require frequent medical care.
Reviewer 3 - Score: 5	Reviewer 3 - Score Explanation: The applicant addresses the community health need for the targeted audience of Latinx and Indegenous Mexican immigants in the rural desert region i.e eastern Coachella Valley by footnoting and citing local data.
Project Description and Use of Funds (5 points)	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.
Reviewer 1 - Score:	Reviewer 1 - Score Explanation: The project is well-defined with clear objectives and a detailed plan for the use of district funds.
Reviewer 2 - Score:	Reviewer 2 - Score Explanation: The grant proposal provided a detailed project description on the utilization and use of grant funds, which included the connection between the DHCD mission and the current strategic plan.
Reviewer 3 - Score: 4	Reviewer 3 - Score Explanation: District funds will be used to train healthcare professionals, hold primary care clinics, establish a patient navigation and referral system, and disseminate pubic health education and prevention materials over the next 24 months.
Alignment to District Goals, Strategies, and Performance Measures (5 points)	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.
Reviewer 1 - Score: 5	Reviewer 1 - Score Explanation: The deliverables are specific, measurable, and align with the District's goals. The evaluation plan includes detailed metrics for assessing the effectiveness of each deliverable, such as tracking volunteer participation, clinic operations, patient demographics, and public health education outreach. The use of surveys to measure knowledge and skill development, as well as tracking patient outcomes, shows commitment to continuous improvement.
Reviewer 2 - Score: 5	Reviewer 2 - Score Explanation: The grant proposal aligns with the DHCD Strategic Plan goals and strategies, which are goal 2, along with strategies 2.2, 2.5, and 2.7.

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Reviewer 3 - Score:	Reviewer 3 - Score Explanation:
5	This project succinctly aligns with Goal # 2 – access to primary care and speciality care with
	project activity directly aligning with strateiges 2.2, 2.5 and 2.7
	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.
	Each evaluation corresponds to a project deliverable. The evaluation accurately measures the
Project Deliverables and	project's effectiveness, impact and includes appropriate qualitative and/or quantitative tracking
Evaluation	methods. The evaluation section includes well-defined data reporting mechanisms and/or a
(5 points)	clear and transparent narrative.
(с реше)	 Evaluation measures and methods are clear; the applicant defines how they envision
	success.
	 Evaluation is in alignment with the deliverables of the project.
	 Evaluation is in alignment with identified Desert Healthcare District and Foundation's
	2021-2026 Strategic Plan goal(s), strategies, and performance measure(s).
	 An explanation is provided on how the data collected from the project will be utilized for
	future programming, partnerships, and/or funding.
Da in and Casa	
Reviewer 1 - Score:	Reviewer 1 - Score Explanation:
5	The deliverables are specific, measurable, and align with the District's goals. The evaluation plan
	includes detailed metrics for assessing the effectiveness of each deliverable, such as tracking
	volunteer participation, clinic operations, patient demographics, and public health education
	outreach. The use of surveys to measure knowledge and skill development, as well as tracking
	patient outcomes, shows commitment to continuous improvement.
Reviewer 2 - Score:	Reviewer 2 - Score Explanation:
4	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 to address the barriers to access faced by the target population.
Reviewer 3 - Score:	Reviewer 3 - Score Explanation:
4	The deliverables are measurable with anticipated outcomes that will directly affect the targeted
	population.
	• • •

Organizational Capacity (5 points)	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).
Reviewer 1 - Score:	Reviewer 1 - Score Explanation:
5	The leadership team's experience is strong, with relevant expertise in community health
	initiatives, and the partnerships are well-chosen. The organization's previous successes in other
	projects suggest a high capacity to execute this initiative effectively.
Reviewer 2 - Score:	Reviewer 2 - Score Explanation:
5	The UCR students, staff, Promotoras, and medical personnel have the expersise, cultural
	competence, and trust of the target population to carry out this project successfully.
Reviewer 3 - Score:	Reviewer 3 - Score Explanation:
4	The organization has the human resource allocation to address the community need and fulfill
	the goals and deliverables of the project.
Organization Sustainability	The application highlights their organization's sustainability strategies around funding, staff
(5 Points)	recruitment/retention, effective collaboration and partnerships, thoughtful long-term planning,
(3 Polits)	etc.
Reviewer 1 - Score:	Reviewer 1 - Score Explanation:
3	The proposal could be more specific about potential challenges to sustainability, such as funding
	beyond the grant period, and how these will be addressed. The proposal lacks a detailed long-
	term sustainability plan or evidence of diversified funding sources, which raises concerns about
	the project's longevity once initial funding is exhausted.
Reviewer 2 - Score:	Reviewer 2 - Score Explanation:
3	The grant proposal failed to provide information on how the medical clinic will be sustained and
	funded after the grant period.
Reviewer 3 - Score:	Reviewer 3 - Score Explanation:
3	The applicant does highlight effective collaboration and partnerships and demonstrates a robust
	medical student/mentor program; however, long term planning and funding are not fully
	addressed.

Partnerships/Collaborations (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.
Reviewer 1 - Score: 5	Reviewer 1 - Score Explanation: The proposal highlights strong and well-established partnerships with organizations that contribute both financial and in-kind support. The roles and responsibilities of each partner are clearly defined, showcasing a well-coordinated approach that strengthens the project's capacity and impact.
Reviewer 2 - Score: 4	Reviewer 2 - Score Explanation: The grant proposal listed numerous community partners that will provide additional supportive services to the patients, however, missing from the partner list are medical providers in the region to assist with referrals and follow-up care.
Reviewer 3 - Score:	Reviewer 3 - Score Explanation: The applicant engages many partners and collaborators with a list of 12 (most likely more) outlined in the application to successfully add to the free clinic in Mecca.
Budget (5 points)	 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. There are no unexplained amounts. The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable. All line items are identified clearly in the budget narrative. The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project.
Reviewer 1 - Score: 5	Reviewer 1 - Score Explanation: This budget effectively supports project objectives through well-allocated funds for staffing, consultants, and essential operational costs, with clear justifications for each expenditure.
Reviewer 2 - Score:	Reviewer 2 - Score Explanation: The grant proposal budget is adequate and in line with the proposed deliverables. The only concern is that DHCD grant funds will cover 84% of the total project budget.
Reviewer 3 - Score:	Reviewer 3 - Score Explanation: The budget line itmes support/match the grant narrative. While the budget shows funding from other sources for this project, UCR SOM is contributing in-kind vs actual dollars to the project.

	Fiscal Scoring Review
Fiduciary Compliance (5 Points)	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.
Reviewer 1 - Score:	Reviewer 1 - Score Explanation: The FY 06/30/23 audit report is unmodified. The Board of Directors accepted the audit report. Audit report Current Ratio is strong (1.3:1), which represents the grantee's ability to pay its short-term liabilities. The Net Assets decreased by \$491M as of 6/30/23, with Total Net Assets of \$-29M. Internal interim financial statements were not provided.
Reviewer 2 - Score:	Reviewer 2 - Score Explanation: Financial statements for entire UC system provided for fiscal year ending June 30, 2023. 2-years of Cash flow presented with negative cash flow for 2023 and positive cash flow for 2022. Overall minor negative net position, with current assets sufficient to address current liabilities. Letter provided by Controller regarding acceptance of audited financials.
Financial Stability (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.
Reviewer 1 - Score:	Reviewer 1 - Score Explanation: Grantee demonstrates a moderate financial position and is supported by a strategic plan. Grantee has additional resources for this project of approximately \$272k. The District's grant of \$229k is supported by other resources.
Reviewer 2 - Score: 4	Reviewer 2 - Score Explanation: Funding sources are listed from multiple sources with future growth addressed in provided strategic plan. Grant amount is reasonable in comparison to overall UC operating budget, although not broken down to the campus level. DHCD request is high in comparison to overall grant budget, but additional funding not available at campus level to address community need.

TOTAL SCORES - PROGRAMMATIC		TOTAL SO	CORES - FISCAL
REVIEWER 1	36/40 POINTS = 90%	REVIEWER 1	8/10 POINTS = 80%
REVIEWER 2	31/40 POINTS = 77.5%	REVIEWER 2	8/10 POINTS = 80%
REVIEWER 3	33/40 POINTS = 82.5%	AVERAGE	8 POINTS = 80%
AVERAGE	33 POINTS = 83%		

Average Total Score: <u>41</u> / 50 = 82 %

EXHIBIT B

PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES

Project TitleStart/EndIncreasing Access to Primary Care for Latinx and Indigenous10/01/2024Latin American Patients in the Coachella Valley9/30/2026

PAYMENTS:

(4) Payments: \$51,494. 10% Retention: \$22,887.

Total request amount: \$ 228,863.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
10/01/2024	Signed Agreement submitted & accepted.	Advance of \$51,494.
		for time period
		10/01/2024 - 3/31/2025
5/01/2025	1st six-month (10/01/2024 - 3/31/2025)	Advance of \$51,494.
	progress report, budget reports and receipts	for time period
	submitted & accepted	4/01/2025 - 9/30/2025
11/01/2025	2nd six-month (4/01/2025 - 9/30/2025)	Advance of \$51,494.
	progress report, budget reports and receipts	for time period
	submitted & accepted	10/01/2025 - 3/31/2026
5/01/2026	3rd six-month (10/01/2025 - 3/31/2026)	Advance of \$51,494.
	progress report, budget reports and receipts	for time period
	submitted & accepted	4/01/2026 - 9/30/2026
11/01/2026	4th six-month (4/01/2026 - 9/30/2026)	\$0
	progress report, budget reports and receipts	
	submitted & accepted	
11/15/2026	Final report (10/01/2024 - 9/30/2026)	\$22,887.
	and final budget report submitted &	(10% retention)
	accepted	

TOTAL GRANT AMOUNT: \$ 228,863.

DELIVERABLES:

Project Deliverables and Evaluation

Deliverable #1: Healthcare trainings:

- By December 2025, approximately 145 clinic volunteer staff will be trained on how to provide culturally competent primary care services to underserved patient populations in communities in the eastern part of Coachella Valley. This will include approximately 120 healthcare professionals in training (premedical, medical, nursing students), 15 healthcare providers, seven CHWs/promotoras, and three administrative staff.
- By January 2026, PowerPoints and video recordings of each training will be available for use and accessible online.

Evaluation #1:

To evaluate Project Deliverable 1, we will track volunteer participation in the training series and collect pretest and posttest surveys to assess knowledge and skill development over time. The tracking data will document attendance at trainings and determine the rates of completion of the training series. The pretest and posttest surveys will be collected eat each training to assess knowledge and skill development over time. Surveys will be brief, approximately 5 to 7 questions and will measure knowledge about the topic before the training and immediately after the training. The surveys will measure perceived ability to treat underserved patient populations in the Coachella Valley. This information will allow us to assess how well we address Strategies

2.5. (culturally competent training programs) and **2.7.** (equitable access).

Deliverable #2: Primary care clinics:

By August 31, 2026, a total of 20 clinics will be held in Mecca during non-business days and hours offering services in Spanish and Purépecha to at least 1,100 valley residents. Among these residents, 480 patients will access medical services, 120 co-located mental healthcare services, 200 acupuncture, 180 chiropractic care, and 120 legal services.

Evaluation #2:

To evaluate Project Deliverable 2, we will use tracking data to document the total number of clinics held per year of the project as well as the day and time clinics are held. This information will allow us to determine how well we have addressed Strategy 2.2. (diversity in clinical sites, days, hours of operation) for Coachella Valley residents. Using entries in the clinic's electronic medical record system, we will document the total number of new and returning patients to the clinic and the types of services patients access. By documenting repeat visits to the clinic, we will determine why patients return and the services they use upon repeat visits to the clinic. We will also document the total number of health care and community partners at each clinic and any new partnership. We will use process evaluation data to determine how many patients accessed the different services at the clinic

and how many received primary care resources and material (e.g., pamphlets, presentations, videos) developed in Spanish or Purépecha. Last, we will document patients' preferred language (e.g., Spanish, Purépecha) and whether we provided the requested service in their language. This evaluation data will allow us to determine how well we have addressed **Strategy 2.7.** regarding equitable access to primary care services for underserved communities in the Coachella Valley.

Deliverable #3:

Patient navigation and referrals:

- By June 30, 2026, the CHWs/promotoras will assist 80 patients accessing primary care services at the CVFC with signing up for MediCal.
- By June 30, 2026 the
 CHWs/promotoras will assist 120
 patients accessing primary care services at
 the CVFC with scheduling a follow-up
 appointments with nearby healthcare
 systems. The CHWs/promotoras will use
 the ConnectIE to identify local medical
 services and contact information of
 established healthcare systems, including
 Coachella Valley Volunteers in
 Medicine, Innercare (Mecca and
 Coachella locations), and Desert Aids
 Project: Centro Médico Oasis.

Evaluation #3:

To evaluate **Deliverable 3**, we will use tracking data. Each project year, the CHWs/promotoras will track the total number of patients who they assisted with signing up for MediCal and scheduling follow-up appointments with nearby medical services documenting the specific location of scheduled follow up care (for example, Coachella Valley Volunteers in Medicine, Innercare Mecca, Centro Médico Oasis) and whether information was obtained via using the ConnectIE platform. The CHWs/promotoras will track whether patients accessed follow up care, for which medical conditions, and the location of follow-up care.

Deliverable #4: Public health education:

 By June 30, 2026, medical students will have counseled 480 patients accessing primary care services on diet and lifestyle choices for health maintenance and chronic disease prevention.

Evaluation #4:

To evaluate Deliverable 4, we will track the total number of patients who receive counseling on dietary and lifestyle change from doctors in training (medical students). The CHWs/promotoras will document the total number of cookbooks distributed to patients accessing the clinic. We will also use social media metrics to determine the frequency with which the

cooking demonstrations that align with the cookbook recipes are accessed. This information will allow us to determine how well we have addressed **Strategy 2.7** regarding equitable access to primary care services and resources, specifically public health education and prevention, for Latino and Indigenous Mexican patients in the Coachella Valley.

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

You have selected Strategy 2.2: Increase the number of clinical sites and the days and hours of operation for primary and specialty care services that support Coachella Valley residents

Your project deliverables need to capture the following performance measures.

- # of clients served as a result of the increased days and hours of operation
- % increase in services delivered

You have selected Strategy 2.5: Collaborate/Partner with culturally competent training programs to expand primary care residency and nursing programs

Your project deliverables need to capture the following performance measures.

- # of collaborations
- # of service providers who received cultural competency training
- # of primary care residency student positions
- # of nursing student positions

You have selected Strategy 2.7: Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley

Your project deliverables need to capture the following performance measures.

- # of Community Navigators trained
- # of Community Navigators hired
- # of clients who increased their knowledge of primary and specialty care resources
- # 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.



Date: September 23, 2024

To: Board of Directors

Subject: Grant # 1472 Riverside County Office of Education, Alternative Education

Grant Request:

Cross County Support: Mental Health Services for Coachella Valley Students

Amount Requested: \$199,874.00

Project Period: 10/01/2024 to 09/30/2025

Project Description and Use of District Funds:

By continuing support, the Behavioral Health Therapist in Alternative Education will continue supporting student's rehabilitation plan requirements to return to their home district and increase access to mental health services. These services will include individual counseling, family counseling, group counseling, crisis counseling, social and emotional learning screenings and interventions, classroom presentations, parent workshops, and community resources and support for our students in Alternative Education.

In total, there are six Alternative Education school sites in the Coachella Valley that the therapist would continue to serve (Courage to Build Knowledge Charter School - Desert Hot Springs, Indio, Mecca, Palm Springs; Community School - Indio, Palm Springs).

The Desert HealthCare District (DHCD) grant will be allocated to cover the therapist's salary and fringe benefits for their work within the Coachella Valley. This funding will eliminate the cost of Behavioral Health services for families, thereby increasing access and reducing the financial barriers that often prevent students and families from receiving needed care. Consequently, individuals without insurance will have the opportunity to receive support from a licensed therapist, both in person and through telehealth services.

Since grant funding is temporary, the Behavioral Health Therapist's position will be sustained through California's fee schedule. Riverside County Office of Education's Behavioral Health Team has been selected for Cohort 1, allowing them to begin billing



for services ahead of the statewide rollout. Although Cohort 1 districts were initially scheduled to start the billing cycle on January 1st, 2024, state-level delays have postponed the process. As a result, the requested funds from Desert Healthcare District will serve as interim "gap" funding until billing is fully operational.

The project aligns with the following DHCD Goal 3 strategies:

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

- **Strategy 3.1:** Increase the number of behavioral/mental health professionals to support Coachella Valley residents
- **Strategy 3.4**: Improve accessibility of behavioral/mental health services by increasing available telehealth services
- **Strategy 3.6:** Increase awareness of behavioral/mental health resources for residents in Coachella Valley
- Strategy 3.7: Support cultural competency of service providers/organizations and the reduction of language/stigma/cultural barriers to service access for clients

Together, these efforts will significantly impact low-income and BIPOC students and families by increasing their access to essential mental health services.

Action by Program Committee: (Please select one)

Decline

✓	Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$199,874.00 be approved.
	Recommendation with modifications
	Request for more information



Grant Application Summary

Riverside County Office of Education Alternative Education, Grant # 1472

About the Organization

Riverside County Office of Education Alternative Education 3939 13th St.
Riverside, CA 92501 760-863-3009 www.rcoe.us

Tax ID #: 33-0830818

Primary Contact:

Dr. Lexi Backstrom, Administrator of Behavioral Health Kaela Bonafede, Behavioral Health Therapist 7603683009 kbonafede@rcoe.us

Organization's Mission Statement and History

RCOE's Mission

The mission of the Riverside County Office of Education (RCOE) is to ensure the success of all student's through extraordinary service, support, and partnerships.

At RCOE, our goal is for every employee in our organization to be diligently engaged in efforts to ensure the success of all students in the county. This is coordinated through "extra" ordinary service, support and partnerships to students, families, schools, and school districts countywide.

What makes a service, support or partnership "extra ordinary"? We believe the answer to this is in "extra effort" that is put forth by our employees in the right way, at the right time, with the right attitude. It also includes identifying highly effective services, programs, and supports that are not currently being provided and bringing them into the organization so they can be evaluated, piloted, and assessed for potential benefit to those we serve and support in the context of student success.

RCOE's Vision

The vision of the Riverside County Office of Education (RCOE) is to be a collaborative organization characterized by the highest quality employees providing leadership, programs, and services to school districts, schools, and students countywide.

As a "collaborative" organization our aim is to listen to, share with, participate in and work together with other educational agencies, professional organizations, community and civic groups, businesses, parents and students, and governmental entities. Public education has many stakeholders and we strive to work cooperatively with all of them in order to ensure that all students succeed.

The term "characterized by" in our vision denotes RCOE's single most distinguishing feature—our "highest quality employees." Highest quality in this sense is synonymous with extraordinary, and it takes extraordinary employees in order to realize our vision. The word extraordinary imposes a comparison between the average and something extra—something that rises above and beyond average. At RCOE, we believe that something "extra" is the extra effort put forth by each employee in the right way, at the right time, with the right attitude.

RCOE's Core Values

The work we are engaged in at the Riverside County Office of Education (RCOE) demands total and complete cooperation among all of us. It requires open and honest professional communication between each of us. It requires us to use important interpersonal skills for self-reflection and self-correction, and observing more closely the reaction of others when we say or do things. Building that type of relationship takes time, it comes through experience and choosing to build it. That's why our administrative council has carefully and thoughtfully identified three bedrock values which we believe are at the very core of all that we do here at RCOE:

- Building relationships that promote trust
- Engaging in open and honest communication
- Focusing on the needs of students and children

Student Programs and Services

Student Programs and Services (SPS) division provides specific student populations educational programs and related services through which students develop the competencies needed to expand their potentials for success.

The division programs include Alternative Education, Career Technical Education, Special Education, Translation and Interpretation Services, Supporting Inclusive Practices Project. Alternative Education (Alt. Ed.) is a unit within the Student Programs and Services Division. Alt. Ed. provides a comprehensive program, which includes

behavioral health services, to students who are referred to community school (Riverside, Perris, San Jacinto, Murrieta, Palm Springs, Indio, and Blythe) either through district or probation. Students can also include those who are attending court school (juvenile hall) and Courage to Build Knowledge (CBK) Charter School.

Behavioral Health Team

To support the mental health and social-emotional needs of our students, we have five Behavioral Health Therapists (BHTs). BHTs are full time LMFT/LCSW who provide direct services to our students and families. Services include individual counseling, group counseling, family counseling, crisis counseling, social-emotional learning interventions, community service, classroom presentations, staff training, parent workshops, community resources, and more. As a result, student's behavioral health needs are being met throughout the BHT program.

Annual Budget

RCOE's Annual Budget is \$500 Million

RCOE Alternative Education Annual Budget is \$8 Million

RCOE Alternative Education's Behavioral Health Team's Budget is \$1.4 Million

Organization Annual Budget: \$500,000,000.00

Project Information

Project Title:

1472 Cross County Support: Mental Health Services for Coachella Valley Students

Start Date: 10/01/2024 **End Date:** 09/30/2025

Total Project Budget: \$264,660.00

Requested Amount: \$199,874.00

Community Need for this Project in the Coachella Valley:

Within the Coachella Valley, there were approximately 33.7% of local adults (one in five) who have experienced mental health concerns within the past year including stress, anxiety, or depression (HARC, 2022). Of these individuals, over half of them felt the problem was severe needing professional attention; however, 16.6% of individuals were unable to receive mental health care and 9.5% were unable to receive medication management. Of this, 3.3% of individuals seriously considered ending their life in the past year. In addition to adults, 24.5% of children three and up experienced difficulties with emotions, concentration, behaviors and/or getting along with others (one in four). Of the children who have received a mental health diagnosis (24.8%), approximately 61.6% did not receive treatment. Of the children in the Coachella Valley, 29% have experienced one or more of the three aversive childhood experiences (i.e., abuse, neglect, violence, instability) which has a direct influence on a child's mental

health (Gu, et al., 2022).

Given the large proportion of individuals who experience mental health issues, it has been evaluated by HARC (2022) that 10.2% of Coachella Valley children do not have health insurance coverage. Compared to Riverside County and California as a whole, Coachella Valley children are more likely to be uninsured. As a result, increasing access to mental health services is imperative to meet the mental health needs within the Coachella Valley.

Overall, mental health is pervasive within the Coachella Valley and access to care is difficult for many. The grant aims to address the critical need for mental health and related services in the Coachella Valley, particularly for low-income, BIPOC families, and those lacking access to healthcare. With this funding, our students in Alternative Education within the Coachella Valley will have access to a licensed therapist in person and/or via telehealth to support their goals, mental health related concerns, and serve as a protective factor for future mental health issues.

Project Description and Use of District funds:

The program proposal is for the Behavioral Health Therapist within Alternative Education to continue providing mental health and related services to our students at the Alternative Education school sites. These services will include individual counseling, family counseling, group counseling, crisis counseling, social and emotional learning screenings and interventions, classroom presentations, parent workshops, and community resources and support for our students in Alternative Education.

In total, there are six Alternative Education school sites in the Coachella Valley that the therapist would continue to serve (Courage to Build Knowledge Charter School - Desert Hot Springs, Indio, Mecca, Palm Springs; Community School - Indio, Palm Springs). Across these six Alternative Education School Sites, we had 332 students enrolled during the 2023/2024 academic year. Of those students, 280 or 84% identified as low income and 303 or 91% identified as BIPOC. By continuing support, the Behavioral Health Therapist in Alternative Education will continue supporting student's rehabilitation plan requirements to return to their home district and increase access to mental health services.

The Desert HealthCare District (DHCD) grant will be allocated to cover the therapist's salary and fringe benefits for their work within the Coachella Valley. This funding will eliminate the cost of Behavioral Health services for families, thereby increasing access and reducing the financial barriers that often prevent students and families from receiving needed care. Consequently, individuals without insurance will have the opportunity to receive support from a licensed therapist, both in person and through telehealth services. This project aligns with the DHCD's mission to "achieve optimal health at all stages of life," recognizing the critical importance of mental health to overall

wellbeing. Specifically, the project supports DHCD's goal 3: "proactively expand community access to behavioral/mental health services."

The project aligns with several of DHCD's strategies in Goal 3:

- Strategy 3.1: Providing funding to increase the number of behavioral/mental health professionals by employing a Behavioral Health Therapist (BHT) dedicated to the Coachella Valley.
- Strategy 3.4: Supporting community-based organizations offering telebehavioral/mental health services, with the BHT delivering services both in-person and via telehealth to meet student needs and enhance service accessibility.
- Strategy 3.6: Educating the community about available behavioral/mental health resources. The BHT will conduct parent workshops on ROCE mental health resources and provide external referrals for higher levels of care when necessary.

Together, these efforts will significantly impact low-income and BIPOC students and families by increasing their access to essential mental health services.

Strategic Plan Alignment:

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

Strategy 3.1: Increase the number of behavioral/mental health professionals to support Coachella Valley residents

Strategy 3.4: Improve accessibility of behavioral/mental health services by increasing available telehealth services

Strategy 3.6: Increase awareness of behavioral/mental health resources for residents in Coachella Valley

Strategy 3.7: Support cultural competency of service providers/organizations and the reduction of language/stigma/cultural barriers to service access for clients

Project Deliverables and Evaluation

Deliverable #1:

By September 30th, 2025, at least 30 students will be provided with in person and/or telehealth services, at least 15 families will be provided with parent support services, and approximately 400 services will be provided.

Evaluation #1:

Specific data will be collected for the goal listed above. Services will be documented in Aeries (i.e., student information system), SpedCare (i.e., electronic health record), and queried into an excel report.

Deliverable #2:

By September 30th, 2025, at least 90% of students will report positive outcomes related to improved access to mental health services.

Evaluation #2:

Specific data will be collected for the goal listed above. Positive outcomes will be gathered through student self reporting and documented on a google sheet.

Deliverable #3:

By September 30th, 2025, there will be at least 15 student engagement events/activities and 2 parent engagement activities (i.e., one per semester) that occur on campus.

Evaluation #3:

Specific data will be collected for the goal listed above. Activities will be documented in a google doc to track all engagement activities and number of participants.

Deliverable #4:

By September 30th, 2025, of those eligible for reinstatement, 90% of those students will return to their home district.

Evaluation #4:

Specific data will be collected for the goal listed above. Reinstatement rates will be documented in a google sheet to track students eligible for reinstatement.

Project Demographic Information

Target Geographic Area(s) To Be Served:

Bermuda Dunes, Cathedral City, Coachella, Desert Edge, Desert Hot Springs, Desert Palms, Garnet, Indian Wells, Indio, Indio Hills, La Quinta, Mecca, North Shore, Oasis, Palm Desert, Palm Springs, Rancho Mirage, Sky Valley, Thermal, Thousand Palms, Vista Santa Rosa, All areas

Target Population Age Group:

6 to 17, 18 to 24

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:

Describe your organization's capacity to meet the demands of this project (i.e. allocated staff time, internal expertise, organizational structure, history of similar work, etc.). The primary beneficiaries of this program and funding are students in Alternative Education, most of whom are male, BIPOC and come from low-income backgrounds.

Since RCOE's Alternative Education students are spread across various geographical areas, the therapist will be able to support those residing within the Coachella Valley.

Capacity, Sustainability, and Partnerships

Organizational Capacity

RCOE's Alternative Education program currently employs a dedicated Licensed Marriage and Family Therapist (LMFT) to address the mental health needs of students in the Coachella Valley. This therapist has extensive experience supporting children, adolescents, adults, and families from diverse cultural and economic backgrounds.

For the 2024/2025 academic year, our LMFT, a lifelong resident of the Coachella Valley, brings a deep understanding of the community we serve. During the 2023/2024 academic year, she provided classroom presentations on critical topics such as suicide prevention, substance use and abuse, growth mindset, healthy relationships, goal setting, emotional regulation, mental health awareness, and bullying prevention. She also created and led activities aimed at destigmatizing mental health and raising awareness of mental health issues.

Individual mental health support for students has greatly improved due to the LMFT's presence on campus. She is able to respond quickly to crises and meet students' immediate needs. Students frequently seek out her office as a safe space to discuss their thoughts, feelings, and emotions. The LMFT supports students in achieving their rehabilitation plans, mental health, and career goals, and she also serves as a valuable resource for parents, holding meetings and sessions to address family-related mental health concerns.

The LMFT has significantly impacted the school culture by increasing the availability of mental health services. Her presence has led to greater mental health awareness among students, who are now more comfortable using positive mental health language.

With continued funding from DHCD, RCOE's Alternative Education will be able to maintain these essential services for our students until California's fee schedule is implemented.

Organizational Sustainability:

Currently, all Behavioral Health Therapists in Alternative Education are funded by grants, allowing them to provide free services to students. The therapist supported by this project is already employed and is a Licensed Marriage and Family Therapist. This therapist is committed to continuing their work in Alternative Education and has successfully reached students across the region.

The Children and Youth Behavioral Health Initiative (CYBHI) is a five-year, \$4.7 billion program aimed at providing mental health support to children, youth, and families

across California. CYBHI will enable school districts to access a statewide multi-payer fee schedule for service reimbursement, enhancing the sustainability of Behavioral Health Therapists and school-based services at RCOE's Alternative Education sites in the Coachella Valley.

RCOE Alternative Education's Behavioral Health Team has been selected as part of CYBHI's Cohort 1, offering an early opportunity to implement the fee schedule ahead of the statewide rollout. However, since the reimbursement process has yet to commence, "gap funding" from DHCD is critical to ensuring that the Behavioral Health Therapist can continue offering services at Alternative Education sites within the Coachella Valley. As there continues to be delays in the district's ability to implement the fee schedule due to DHCS and Carelon, DHCD funding remains vital for sustaining these essential services for RCOE students.

Partnerships/Collaborations:

RCOE is partnering with 23 public schools across Riverside County to receive student referrals, including 6 schools located in the Coachella Valley.

Diversity, Equity, and Inclusion (DEI)

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

One of the key initiatives of RCOE's Superintendent is the promotion of equity and inclusive practices within the public school system. This initiative aims to integrate concepts of access and equity into policies and practices through professional development opportunities for educators. By valuing the diverse cultural backgrounds, languages, and orientations of students and staff, RCOE is fostering an environment of inclusivity and respect.

The initiative supports and expands existing anti-racism, equity, and inclusive efforts across the 23 schools in Riverside County. RCOE has established the "Equity and Inclusion" unit to further these goals. This team provides year-round professional learning opportunities and resources to sustain ongoing conversations about equity and inclusion. Their overarching aim is to "create and sustain strong equitable systems that lead to clear pathways to success for all students and enduring equitable practices for adult learners."

RCOE's Instructional Services unit has identified the need to eliminate disparities in educational outcomes for students from marginalized populations. To support this, educators are encouraged to sign an Equity Pledge, which includes acknowledging disparities, taking actionable steps, and creating accountability within RCOE.

RCOE's board policy 0415 underscores the importance of equity and diversity among staff, students, parents/guardians, and community members. This policy aligns with the County Office of Education's vision, mission, and goals, recognizing the necessity of fostering an inclusive and equitable educational environment.

What barriers does your organization face when addressing DEI?

RCOE's student population primarily consists of underserved, low-income, and BIPOC students. Committed to best practices, RCOE promotes diversity, equity, and inclusion both in and out of the classroom. However, students often face disparities and obstacles that hinder their ability to access available resources and services, presenting a significant barrier to DEI efforts. Despite this challenge, RCOE continuously adapts and seeks innovative ways to ensure that students and their families can access the resources needed to enhance their education and overall wellbeing.

Grant Budget

	Project Gran	t Bu	ıdget				
Applicant:	ENTER PROJECT TITLE HERE						
	OPERATIONAL EXPENSES	Te	otal Project Budget		unds From her Sources Detail On Section 3	R	Amount lequested om DHCD/F
	fing Expenses Detail on Section 2	\$	197,853.60	\$	19,785.36	\$	178,068.24
Equipmen	t (itemize)						
1	N/A			\$			
2				\$	-		
3		\top		\$	-		
4		\top		\$	-		
Supplies (itemize)						
	Therapeutic Items	\$	1,000.00	\$	1,000.00		
	Office Furniture & Comfy Seating	\$	37,000.00	\$	37,000.00		
	Office Supplies	\$	1,000.00	\$	1,000.00		
	Technology	\$	6,000.00	\$	6,000.00		
	Duplication	\$	-	\$	-		
Mailing / P	•	\$	-	\$	-		
	se current Federal mileage rate)	\$	7,000.00	\$	-	\$	7,000.00
Education		1 \$	-	\$	-		•
	ect Project Expenses Not Described Above (it	emiz	e)				
1	N/A		-,	\$	-		
2		+		\$	-		
3		+		\$	-		
4		+		\$	-		
funds, the	ted below are included for calculation of the see line items would be included in the allowa	ble 1					DHCD/F
	ent / Mortgage*	\$	-	\$	-	\$	-
Telephone	e / Fax / Internet*	\$	-	\$	-	\$	-
Utilities*		\$	-	\$	-	\$	-
	Insurance*			\$	-	\$	-
Indirect Rate		E	Inter Rate		8.00%	\$	14,805.46
Total Pro	Total Project Budget (Rounded up to nearest dollar)		264,660	\$	64,786	\$	199,874
The primary cost in this grant is the salary for a full-time licensed Behavioral Health Therapist. This position is essential for providing direct mental health services to students, including individual, group, and family therapy, crisis intervention, and preventative mental health education (e.g., classroom presentations, wellness activities). The salary is based on Riverside County Office of Education's salary schedule, and fringe benefits are calculated at 40% of the therapist's salary							

These benefits include health insurance, dental benefits, vision benefits, life insurance, retirement contributions, Employee Assistance Program, Medicare, and other employee benefits.

The Behavioral Health Therapist travels throughout Riverside County as part of their job duties; therefore, mileage reimbursement is requested. The Behavioral Health Therapist provides therapy in Blythe, which is outside the Desert Healthcare District's service area. As a result, the remainder (i.e., 10%) of the Behavioral Health Therapist's salary will be funded through the Student Behavioral Health Initiative Program along with the Therapist's mileage to Blythe.

Additional supplies (e.g., therapeutic items, office furniture, comfortable seating, office supplies, technology) necessary for the Behavioral Health Therapist to provide services will be funded through the Student Behavioral Health Initiative Program and the Elementary and Secondary School Emergency Relief funding documented in section three of the budaet.

Since grant funding is temporary, the Behavioral Health Therapist's position will be sustained through California's fee schedule. Riverside County Office of Education's Behavioral Health Team has been selected for Cohort 1, allowing them to begin billing for services ahead of the statewide rollout. Although Cohort 1 districts were initially scheduled to start the billing cycle on January 1st, 2024, state-level delays have postponed the process. As a result, the requested funds from Desert Healthcare District will serve as interim "gap" funding until billing is fully operational.

Budget Narrative

Version 07.07.23 Please see instructions tab for additional information

St	taff Salary Expenses	Annual Salary		Total Project Salary	Amount Requested from DHCD/F
Employee	Position/Title				
	Behavioral Health Therapist - Kaela				
	A. Bonafede, Licensed Marriage				
1	and Family Therapist	\$ 141,324.00	90%	141,324.00	127,191.60
2	, ,	Ψ 141,024.00	0070	141,024.00	\$ -
3				_	\$ -
4				_	\$ -
5				_	\$ -
6				-	Ψ -
	tal Employee Benefits / Employer Taxes ts and/Or Employer Taxes Based On % To Project)	•	40.00%	56,529.60	50,876.64
Tota	I Will Populate In Total Staffing Expens	ses Section 1	Total >	\$ 197,853.60	\$ 178,068.2
Budget N	assessments and implements necessary interventions to support student safety, and participates as a member of the Benavioral Health Crisis Response Team. The Behavioral Health Therapist additionally administers, scores, and interprets mental health screeners, collaborates with school staff, school districts, probation, and other community partners to collaborate and connect students and families to linkages and resources based on their needs, provides community service opportunities and resources, and supports student transitions into new educational environments (i.e., home district). The salary is based on the Riverside County Office of Education's salary schedule and fringe benefits are calculated at 40% of the				
therapist's salary and include health insurance, dental benefits, vision benefits, life insurance, retirement contributions, Employee Assistance Program, Medicare, and other employee benefits. As an organization, Riverside County Office of Education covers Classified Management Employee's benefits as part of their dedication to the district.					
Professi	onal Services / Consultant Expenses	Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
Company a	nd Staff Title				
1	N/A				
2					
3					
3 4					
4	 Will Populate in Total Staffing Expens	ses Section 1	Total >	\$ -	\$

Funds From Other Sources (Actual Or Projected) SPECIFIC To This Project				
"Total Fu	unding In Addition To DHCD/F Request" Below Should Match Or Exceed	Amount		
Гооо	Value Listed In Section 1 for "Funds from Other Sources".	Φ.		
Fees		\$ - \$ -		
Donation:		ъ -		
	ist Organizations)			
1	Student Behavioral Health Incentive Program (SBHIP)	\$ 63,786.00		
2	ESSER Therapeutic Items	\$1,000		
3				
8				
Fundraisi	ng (Describe Nature Of Fundraiser)			
1	N/A			
2				
3				
8				
	ome, e.g., Bequests, Membership Dues, In-Kind Services, Investment Inco er Agencies, Etc. (Itemize)	ome, Fees		
1	N/A			
2				
3				
8				
Total Fun	ding In Addition To DHCD/F Request	\$ 64,786.00		
Budget Narrative	The Student Behavioral Health Initiative Program grant will be used to fund 10% of the Behavior Therapist's salary which is dedicated to their time supporting Blythe Community School and Blyt Build Knowledge Charter School. This grant will additionally fund all supplies, furniture, and com the Behavioral Health Therapist to perform her job duties. All therapeutic items were purchased Elementary and Secondary School Emergency Relief funding. No additional supplies are needed Health Therapist to provide services to Riverside County Office of Education students.	he's Courage to fortable seating for through the		

Version 07.07.23 Please see instructions tab for additional information



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:	
1472	72 Riverside County Office of Education,		Cross County Support: Mental Health	\$199.874.00	
	Alternative Education		Services for Coachella Valley Students		
	Programmatic Scoring Review				
Community Ne	ed for the	The applicant identifies and descri	ribes a specific need(s) for the project withir	n the Coachella	
Project in Coachella Valley		Valley by providing relevant, valid data that highlights the full scope of the need. The applicant			
(5 points)		clearly connects the community need to the project's targeted population.			
Reviewer 1 - Scor	re:	Reviewer 1 - Score Explanation:			
5		The Alternative Education program is committed to supporting students in our community by			
		assisting those facing emotional and mental challenges brought on by various social factors.			
		Through personalized rehabilitation plans and guidance, the program helps these students			
		navigate their difficulties while staying on track with their academic progress, fostering growth			
	and resilience.				
Reviewer 2 - Score Explanation:			_		
5 The grant proposal provided a detailed explanation of the need for me		tailed explanation of the need for mental he	ealth services for		
		both adults and youth. The utilization of local data from HARC provided additional insight into			
		the need for the proposed service	es here in the Coachella Valley.		

Reviewer 3 - Score:	Reviewer 3 - Score Explanation:
5	The applicant addresses and describes the need for mental health services for students and their
3	
Project Description and Use of Funds (5 points)	families attending alternative schools in the CV. 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.
Reviewer 1 - Score:	Reviewer 1 - Score Explanation:
5	The program strongly aligns with DHCD's mission and strategies 3.1, 3.4, 3.6, and 3.7 by: • Strategy 3.1: Providing funding to increase the number of behavioral/mental health professionals by employing a Behavioral Health Therapist (BHT) dedicated to the Coachella Valley.
	 Strategy 3.4: Supporting community-based organizations offering telebehavioral/mental health services, with the BHT delivering services both in-person and via telehealth to meet student needs and enhance service accessibility. Strategy 3.6: Educating the community about available behavioral/mental health
	resources. The BHT will conduct parent workshops on ROCE mental health resources and provide external referrals for higher levels of care when necessary.
	• Strategy 3.7: Supporting students in achieving their rehabilitation plan goals and concerns, and providing a safe space to discuss thoughts, feelings, and emotions.
Reviewer 2 - Score:	Reviewer 2 - Score Explanation:
4	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 goals and strategies. Additional information on the referral process would have improved this section.
Reviewer 3 - Score:	Reviewer 3 - Score Explanation:
4	District funds will cover the behavioral Health Therapist's position within the Alternative
	Education program to continue providing mental health and related services to students and their families at alternative education school sites (6 sites)
Alignment to District Goals, Strategies, and Performance Measures (5 points)	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.

Reviewer 1 - Score:	Reviewer 1 - Score Explanation:
5	The program strongly aligns with DHCD's mission and strategies 3.1, 3.4, 3.6, and 3.7 by:
	Strategy 3.1: Providing funding to increase the number of behavioral/mental health
	professionals by employing a Behavioral Health Therapist (BHT) dedicated to the
	Coachella Valley.
	Strategy 3.4: Supporting community-based organizations offering telebehavioral/mental
	health services, with the BHT delivering services both in-person and via telehealth to
	meet student needs and enhance service accessibility.
	Strategy 3.6: Educating the community about available behavioral/mental health
	resources. The BHT will conduct parent workshops on ROCE mental health resources and
	provide external referrals for higher levels of care when necessary.
	Strategy 3.7: Supporting students in achieving their rehabilitation plan goals and
	concerns, and providing a safe space to discuss thoughts, feelings, and emotions.
Reviewer 2 - Score:	Reviewer 2 - Score Explanation:
5	The grant proposal aligns with several of the DHCD Strategic Plan goals and strategies, which
	were described in the previous section.
Reviewer 3 - Score:	Reviewer 3 - Score Explanation:
5	This project is in alignment with Strategic Plan Goal #3 – Access to behavioral health/mental
	health services.
	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.
	Forth and office account data and data and data are the state of the s
Project Deliverables and	Each evaluation corresponds to a project deliverable. The evaluation accurately measures the
Evaluation	project's effectiveness, impact and includes appropriate qualitative and/or quantitative tracking
(5 points)	methods. The evaluation section includes well-defined data reporting mechanisms and/or a
	clear and transparent narrative.
	 Evaluation measures and methods are clear; the applicant defines how they envision success.
	 Evaluation is in alignment with the deliverables of the project.
	2021-2026 Strategic Plan goal(s), strategies, and performance measure(s).

	 An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding.
Reviewer 1 - Score: 5	 Reviewer 1 - Score Explanation: Evaluation measures and methods are clearly defined, detailing how success is envisioned. Evaluations are aligned with the project's deliverables. Evaluations are in alignment with the identified Strategic Plan goals, strategies, and performance measures.
Reviewer 2 - Score:	Reviewer 2 - Score Explanation:
4	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.
Reviewer 3 - Score:	Reviewer 3 - Score Explanation:
4	The deliverables are in alignment with Strategic Plan goal #3, along with their corresponding evaluation measures and outcomes.
Organizational Capacity (5 points)	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).
Reviewer 1 - Score:	Reviewer 1 - Score Explanation:
5	RCOE's Alternative Education program has clearly identified what they can successfully accomplish with the available funding and their capacity. They have set realistic and achievable goals based on their resources, ensuring that the program's objectives will be met effectively.
Reviewer 2 - Score:	Reviewer 2 - Score Explanation:
4	The grant proposal highlighted Riverside County Office of Education Alternative Education capacity in the Caochella Valley, however, it failed to describe the administrative support and structure from the organization to carry out this grant successfully.
Reviewer 3 - Score:	Reviewer 3 - Score Explanation:
4	RCOE's Alternative Education program employs a dedicated Licensed Marriage and Family Therapist, ensuring a high success rate of students being returned to their District school after completing their rehabilitation plan.

Organization Sustainability (5 Points)	The application highlights their organization's sustainability strategies around funding, staff recruitment/retention, effective collaboration and partnerships, thoughtful long-term planning, etc.
Reviewer 1 - Score:	Reviewer 1 - Score Explanation:
5	RCOE has a solid plan to keep the Alternative Education program going even after District
	funding ends. This plan ensures the program will continue to support students and achieve
	meaningful results for the community long after the grant term is over.
Reviewer 2 - Score:	Reviewer 2 - Score Explanation:
4	The grant proposal highlighted future funding stream from the Children and Youth Behavioral
	Health Initiative, which will assist in the sustainability of this program in future years.
	Information wasn't provided on the sustainability of the program if the additional funding
	resources were not secured.
Reviewer 3 - Score:	Reviewer 3 - Score Explanation:
5	This position will be sustained through California's fee schedule as the RCOE BH team has been
	selected for Cohort 1, allowing them to begin billing for servies ahead of the statewide rollout
	The application demonstrates a collaborative process that includes multiple community partners
Partnerships/Collaborations	involved in planning and implementation. Organizational partners are listed and each of their
(5 Points)	roles in the project are outlined. Letters of support and/or memorandums of understanding are
	included, as appropriate.
Reviewer 1 - Score:	Reviewer 1 - Score Explanation:
5	RCOE has partnered with 23 different schools within the Riverside County, 6 of which they are
	partnering in the Coachella Valley. This partnership supports the work of their program greatly
	by providing referrals to the Alternative Education program for all students in the schools.
Reviewer 2 - Score:	Reviewer 2 - Score Explanation:
5	The grant application listed several schools in the Coachella Valley as partnerships /
	collaborations, who provide student referrals who are in need of the proposed program detailed
	in the grant proposal.
Reviewer 3 - Score:	Reviewer 3 - Score Explanation:
5	RCOE is partnering with 23 public schools across Riverside County to receive student referrals,
	including 6 schools located in the Coachella Valley.

Budget (5 points)	 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. There are no unexplained amounts. The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable. All line items are identified clearly in the budget narrative. The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project.
Reviewer 1 - Score:	Reviewer 1 - Score Explanation:
5	The budget for the Alternative Education program is clear and aligns with the District's requirements. It effectively outlines how funds will be allocated to meet project goals and ensure compliance with the District's financial guidelines.
Reviewer 2 - Score:	Reviewer 2 - Score Explanation:
5	The grant proposal budget is adequate and in line with the proposed deliverables and scope of work.
Reviewer 3 - Score:	Reviewer 3 - Score Explanation:
5	The budget aligns with the grant narrative and there are no unexplained amounts in the budget narrative.
	Fiscal Scoring Review
Fiduciary Compliance (5 Points)	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.
Reviewer 1 - Score:	Reviewer 1 - Score Explanation:
5	Audited financial statements for fiscal year ending June 30, 2023, presented with current assets
	sufficient to address current liabilities. Fund balances show a positive increase over the course of the audited year. Board minutes noted for receipt of audited financials.
Reviewer 2 - Score:	Reviewer 2 - Score Explanation:
4.5	The FY 06/30/23 audit report is unmodified. The Board of Directors accepted the audit report.
	Audit report Current Ratio is strong (4.2:1), which represents the grantee's ability to pay its short-term liabilities.

	The Net Assets increased by \$33M as of 06/30/23, with Total Net Assets of \$235M. Due to the over strength of the UCR organization, internal interim financial statements were not provided. The Balance Sheet is in good order.
Financial Stability (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.
Reviewer 1 - Score:	Reviewer 1 - Score Explanation:
4	Superintendent's Initiatives document provided which includes goals but doesn't detail timelines or financial elements for growth. Grant amount is reasonable compared to organizational budget, which includes funding from multiple sources. Although the DHCD portion of project is high compared to total project budget, applicant has provided information regarding program sustainability after grant period to continue to address community need.
Reviewer 2 - Score:	Reviewer 2 - Score Explanation:
4.5	Grantee demonstrates a sound financial position. Grantee has additional resources for this project of approximately \$264k. The District's grant of \$200k is supported by other resources.

TOTAL SCO	RES - PROGRAMMATIC	TOTAL SCORES - FISCAL			
REVIEWER 1	40/40 POINTS = 100%	REVIEWER 1	9/10 POINTS = 90%		
REVIEWER 2	36/40 POINTS = 90%	REVIEWER 2	9/10 POINTS = 90%		
REVIEWER 3	37/40 POINTS = 92.5%	AVERAGE	9 POINTS = 90%		
AVERAGE	37 POINTS = 94%				

Average Total Score: <u>46</u> / 50 = 92 %

EXHIBIT B

PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES

Project TitleStart/EndCross County Support: Mental Health Services for Coachella10/01/2024Valley Students9/30/2025

PAYMENTS:

(2) Payments: \$89,943 10% Retention: \$19,988

Total request amount: \$ 199,874.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
10/01/2024	Signed Agreement submitted & accepted.	Advance of \$89,943 for time period 10/01/2024 - 3/31/2025
5/01/2025	1st six-month (10/01/2024 - 3/31/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$89,943 for time period 4/01/2024 - 9/30/2025
11/01/2025	2nd six-month (4/01/2025 - 9/30/2025) progress report, budget reports and receipts submitted & accepted	\$0
11/15/2025	Final report (10/01/2024 - 9/30/2025) and final budget report submitted & accepted	\$19,988 (10% retention)

TOTAL GRANT AMOUNT: \$ 199,874.

DELIVERABLES:

Project Deliverables and Evaluation

Deliverable #1: By September 30th, 2025, at least 30 students will be provided with in person and/or telehealth services, at least 15 families will be provided with parent support services, and approximately 400 services will be provided.	Evaluation #1: Specific data will be collected for the goal listed above. Services will be documented in Aeries (i.e., student information system), SpedCare (i.e., electronic health record), and queried into an excel report.
Deliverable #2: By September 30th, 2025, at least 90% of students will report positive outcomes related to improved access to mental health services.	Evaluation #2: Specific data will be collected for the goal listed above. Positive outcomes will be gathered through student self reporting and documented on a google sheet.
Deliverable #3: By September 30th, 2025, there will be at least 15 student engagement events/activities and 2 parent engagement activities (i.e., one per semester) that occur on campus.	Evaluation #3: Specific data will be collected for the goal listed above. Activities will be documented in a google doc to track all engagement activities and number of participants.
Deliverable #4: By September 30th, 2025, of those eligible for reinstatement, 90% of those students will return to their home district.	Evaluation #4: Specific data will be collected for the goal listed above. Reinstatement rates will be documented in a google sheet to track students eligible for reinstatement.

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

You have selected Strategy 3.1: Increase the number of behavioral/mental health professionals to support Coachella Valley residents

Your project deliverables need to capture the following performance measures.

- # of behavioral/mental health professionals trained
- # of behavioral/mental health professionals hired

You have selected Strategy 3.4: Improve accessibility of behavioral/mental health services by increasing available telehealth services

Your project deliverables need to capture the following performance measures.

- # of telehealth visits
- # of clients served via telehealth

You have selected Strategy 3.6: Increase awareness of behavioral/mental health resources for residents in Coachella Valley

Your project deliverables need to capture the following performance measures.

- # of community engagement/awareness activities
- # of clients reached through community engagement/awareness efforts
- # of clients who were directly connected to behavioral/mental health services
- # of clients who increased their knowledge of behavioral/mental health resources/services

You have selected Strategy 3.7: Support cultural competency of service providers/organizations and the reduction of language/stigma/cultural barriers to service access for clients

Your project deliverables need to capture the following performance measures.

• # of clients provided service in their native language



Date: September 23, 2024

To: Board of Directors

Subject: Review, discuss, and give direction/action on a grant application that although aligns with Strategic Plan goal 3 – Access to Behavioral Health/Mental Health Services – the current lease between the Desert Healthcare District and Tenet Health Systems Article VIII ADDITIONAL COVENANT OF LESSOR – states that the District or Foundation cannot provide financial support to **ANOTHER ACUTE-CARE HOSPITAL WITHIN THE DISTRICT'S BOUNDARIES OR ACT AS A PROVIDER OF HEALTH CARE SERVICES THEMSELVES.**

Additionally, the District would need Tenet's approval if the healthcare activity is being conducted by another-acute care hospital within the District or approval if the District or Foundation were a provider of Health care services themselves

Background:

- In 1997, the Desert Healthcare District and Tenet Health Systems entered into a 30-year lease agreement.
- Within that agreement, under Article VIII ADDITIONAL COVENANT OF LESSOR it is stated that the District or Foundation cannot provide financial support to another acute-care hospital within the District's boundaries or act as a provider of health care services themselves.
- Eisenhower Health/Eisenhower Medical Center is an acute-care hospital located in Rancho Mirage, CA within the District's boundaries.
- Eisenhower Health has submitted a grant application requesting \$1,989,493 to support its Psychiatric Care Expansion and Psychiatry Residency Program for a 36-month period.
- The application aligns with the high priority Strategic Plan Goal #3: Access to Behavioral Health Care.

Project Description (a three-part request)

- Expansion of Psychiatric Services recruiting and onboarding 3 additional full-time board-certified psychiatrists
- Enhancing Telehealth and Mobile Health Capabilities deploy targeted hubs to increase access to psychiatric care via mobile health technology and tele-behavioral health services
- Establishing a Psychiatry Residency Program Psychiatric Graduate Medical Education (GME) program the first in this region dedicated to the Coachella Valley



To date:

- Grant #1468 was submitted through the District's grant portal in May and was reviewed by District staff.
- Because this grant application involves a request from an acute-care hospital within the
 District boundaries, per the lease agreement, the District would need Tenet's approval if
 the healthcare activity is being conducted by another-acute care hospital within the
 District or approval if the District or Foundation were a provider of Health care services
 themselves.
- On June 28, 2024 the District's CEO reached out, via email, to the CEO of Desert Care Network (Tenet Healthcare) highlighting Eisenhower's funding request and project description and "requested a ruling from Tenet regarding the lease and requested a response". The CEO also requested "consideration for consent for this very important program that could provide access to behavioral/mental health professions for the residents both [DRMC and Eisenhower] both serve."
- There has been no written response from Tenet/Desert Care Network
- On July 8, 2024 District staff (the CEO and Chief Program Officer) along with Board Director Les Zendle met with Eisenhower staff (the CMO; the CAO, GME and the medical doctor who oversees the residency program) regarding the grant request and possible options.
- On July 10, 2024, the District CEO received an email from Eisenhower's CEO, Marty Massiello, acknowledging the meeting and stressed that Eisenhower would require the full funding amount requested to accomplish the core aspects of their plan (please refer to the Project Description above)
- At this point in time, the District will need to provide Eisenhower written confirmation of the District's final disposition of Eisenhower's grant application.
- On September 10, 2024, the District staff requested the Program Committee to review and give recommendation to the full board on whether to proceed with the grant application review process for #1468 Eisenhower Health.

Program Committee Review and Recommendation:

The directors of the Program Committee approved a motion to forward to the full board to direct staff to proceed with the full due diligence application review process.

Action required:

Board of Directors will review and give direction to staff on whether to proceed with the full due diligence application review process for #1468 Eisenhower Health.

Fiscal Impact: FY 2024-2025 grant budget



Grant Application Summary

Eisenhower Health, Grant # 1466

About the Organization

Eisenhower Health 39000 Bob Hope Drive, AHSB, Ste 201 Rancho Mirage, CA 92270 760-834-3782

https://eisenhowerhealth.org/

Tax ID #: 95-6030458

Primary Contact:

Sandra Gonzales, Chief Administrative Officer, Graduate Medical Education 760-834-3782 SGonzales@eisenhowerhealth.org

Organization's Mission Statement and History

Eisenhower has been a leader in health care for the Coachella Valley since opening our medical center in 1971. As we've been growing steadily, adding services, capabilities and facilities to anticipate and meet the needs of our expanding area. Today, the Eisenhower name extends far beyond the state-of-the-art care we deliver at the hospital. With primary care, urgent care centers, multi-specialty health centers, and specialized programs across the valley, we now offer comprehensive health care support, from education and prevention to diagnosis, treatment and rehabilitation. We provide customized care in Men's Health, Women's Health, LGBTQ services, HIV care, and much more. And we've added physicians, online access, and community events to enhance convenience and access for all. We are pleased to be a trusted name renowned for advanced care, individualized service, and an exceptional patient experience. It's all part of our ongoing effort to be a care partner for our communities, in sickness and in health. Our name reflects this focus, along with our commitment to serving you well, today, and in the years to come.

Mission: Eisenhower Health, a not-for-profit organization, exists to serve the changing healthcare needs of our region by providing excellence in patient care with supportive education and research.

Organization Annual Budget: \$2,242,645.00

Project Information

Project Title: 1466 Psychiatric Care Expansion and Psychiatry Residency Program

Start Date: 09/01/2024 **End Date:** 08/31/2027

Total Project Budget: \$9,993,712.20

Requested Amount: \$1,989,493.00

Community Need for this Project in the Coachella Valley:

The Coachella Valley (CV) is facing a severe shortage of mental health services. exacerbated by unique demographic and socio-economic challenges. Community Health Needs Assessments (CHNA) conducted by the Health Assessment Resource Center (HARC) and commissioned by Desert Healthcare District (DHCD) and Eisenhower Health (2022) indicate that mental health needs in the Coachella Valley exceed those of Riverside County, CA, and the United States with a ratio of one mental health provider per 2.500 residents compared to the national average of one per 500 residents. This lack of access to care leaves most residents without necessary treatment, impacting long-term health outcomes. In 2019, DHCD partnered with EVALCORP to gather stakeholder insights, analyze data, and develop recommendations based on a needs assessment. The findings highlighted significant regional mental health issues, including substance use, depression, anxiety, and a high rate of suicidal ideation. These disparities underscore the need for expanded psychiatric services and the establishment of a psychiatry residency program to address diverse mental health issues, including socio-economic factors, youth and adolescent mental health, geriatric mental health, substance abuse, co-occurring disorders, and limited access to services. The Coachella Valley's diverse population of approximately 450,000 includes significant Hispanic (50.6%) and elderly (20.1% aged 65 and over) communities. Over a third of residents in areas like Desert Hot Springs, Mecca, and Thermal live-in poverty, making them particularly vulnerable to mental health issues due to socio-economic stress, linguistic barriers, and cultural stigmas (DHCD CHNA Report, 2020). The HARC report (2022) shows that 17.2% of adults in the CV experience frequent mental distress, but many do not receive needed care. Economic hardship significantly contributes to mental health issues in the CV, with 18.3% of residents living below the federal poverty level, leading to higher emergency department visits and hospitalizations for chronic conditions. Persistent unemployment further exacerbates stress and anxiety. The United Way of the Desert's Community Indicators Report (2022) indicates that 30% of families struggle to meet basic needs, correlating with increased depression and anxiety rates. Youth mental health is a growing concern, with 41% of children experiencing adverse childhood experiences (ACEs) such as food and housing insecurity, impacting their mental well-being. The DHCD CHNA (2020) and the California Healthy Kids Survey (2022) reveal high rates of chronic sadness,

hopelessness, and suicide consideration among high school students, exceeding state and national averages. The CV's elderly population also faces unique mental health challenges, including isolation, chronic illness, and loss of social support. The HARC Report (2022) found that 22% of seniors have been diagnosed with depression, but many lack access to appropriate care due to mobility issues and limited geriatric services. Substance abuse is a critical issue, with a 25% increase in opioid-related emergencies over five years. Many individuals with substance use disorders also suffer from co-occurring mental health conditions, highlighting the need for integrated services. Despite these needs, access to mental health services is severely limited. Among adults with mental health diagnoses, 13.1% could not access needed care, reflecting a significant service gap. The region has few psychiatrists, psychologists, and psychiatric nurse practitioners, with long wait times for appointments and significant travel distances for care. The Huron Consulting Group Report (2023) identifies a gap of at least 37 psychiatrists within the district. Eisenhower Health's plan to expand psychiatric services and establish a psychiatry residency program aligns with DHCD's Strategic Plan to enhance mental health services in the Valley. This project addresses DHCD's Strategic Goal 3: "proactively expand community access to behavioral/mental health services." By increasing the number of trained professionals, the initiative aims to reduce wait times, expand access to care, and address the mental health challenges of diverse populations, including low-income individuals, Latinx/Hispanic communities, youth, adolescents, the elderly, and those with substance use disorders. The Coachella Valley's mental health crisis requires urgent intervention. Eisenhower Health's initiative to strengthen local healthcare infrastructure by expanding psychiatric services and establishing a psychiatry residency program is crucial. By leveraging local data, partnering with nonprofit organizations, and targeting vulnerable populations, this project promises to significantly improve the CV's mental health landscape, ensuring residents have access to quality care. Hence, we seek DHCD's support and funding to realize these objectives and create lasting positive change in the region.

Project Description and Use of District funds:

Eisenhower Health plans to address the mental health crisis in the Coachella Valley by implementing a comprehensive project that includes expanding psychiatric services, enhancing telehealth capabilities, and establishing a psychiatry residency program. This dual approach aims to significantly enhance the availability and quality of mental health care in the region, directly addressing the community's pressing needs and directly aligns with DHCD's mission "to achieve optimal health at all stages of life for all district residents" and directly targets Strategic Goal 3: "proactively expand community access to behavioral mental health services." The project will be executed through several key initiatives:

1. **Expansion of Psychiatric Services:** The proposed initiative involves recruiting additional psychiatrists to address the growing need for mental health services in our

community. Expanding our team can reduce wait times for psychiatric evaluations and treatments, offer more specialized services, and increase our capacity to serve a larger population. This expansion is crucial in ensuring that individuals suffering from mental health issues receive timely and effective care, which is essential for their overall wellbeing and recovery. Objective: To recruit and onboard 3 additional full-time boardcertified psychiatrists within the next 6-9 months to expand psychiatric services at Eisenhower Health. This recruitment will be pivotal in building and expanding our Graduate Medical Education (GME) psychiatric program, which will train the next generation of psychiatrists to serve the Coachella Valley. Additionally, it will enhance community education and foster increased collaboration. These combined efforts will significantly boost our service capacity and reduce patient wait times. Project Plan: Develop and post job descriptions on relevant platforms, partner with medical recruitment agencies to identify qualified candidates, ensure adequate office space and facilities, implement a marketing campaign to inform the community about expanded services, and collaborate with local healthcare providers to streamline referrals. Impact: The successful execution of this project will result in reduced wait times, increased service capacity, enhanced quality of care, and improved community well-being. Alignment with DHCD Strategy: Directly supports strategies 3.1, 3.2, and 3.3 by increasing the number of professionals, extending service hours, and expanding the geographic reach of mental health services.

- 2. Enhancing Telehealth and Mobile Health Capabilities: To extend the reach of mental health services, the project will set up telehealth infrastructure, train staff, and promote these services within the community, especially targeting remote and underserved populations. Objective: Deploy targeted hubs to increase access to psychiatric care via mobile health technology and tele-behavioral health services. Project Plan: Establish telehealth infrastructure in targeted locations, integrate mobile health technology, train staff in tele-behavioral health service delivery, and promote telehealth services to the community. Impact: Extend the reach of mental health resources to remote and underserved populations in the Coachella Valley. Expanding the mental health workforce and utilizing telehealth services will provide immediate relief to residents facing long wait times and lack of access to care. Alignment with DHCD Strategy: Provides tele-behavioral health services and expands service locations, directly supporting strategies 3.4 and 3.3.
- 3. **Establishing a Psychiatry Residency Program:** This initiative aims to establish a Psychiatric Graduate Medical Education (GME) program (the first in this region dedicated to the Coachella Valley). The project will develop a curriculum, secure accreditation, and partner with local schools, community organizations, and health agencies to provide residents with diverse clinical experiences and to foster community engagement. **Objective:** Train and retain a new generation of psychiatrists to serve the Coachella Valley, with a focus on underserved areas, to increase the availability of mental health services. Project Plan: Develop a curriculum and secure accreditation,

partner with local organizations, and provide training focusing on community-based mental health practices. Annually recruit additional psychiatry residents, collaborate with community-based organizations (CBOs) to extend service hours and locations, and implement co-location strategies with other health services for integrated care. Impact: Establishing a psychiatry residency program will build a sustainable pathway of mental health professionals trained to meet the specific needs of the Coachella Valley's diverse population. Alignment with DHCD Strategy: Directly supports strategies 3.1, 3.2, and 3.3 by increasing the number of professionals, extending service hours, and expanding the geographic reach of mental health services.

Utilization of Desert Healthcare District Funding: Eisenhower Health will utilize the funding from the Desert Healthcare District to support the following key areas: 1. Recruitment and Hiring: Funding will be allocated to recruit and hire additional mental health professionals, ensuring that services are available to meet the growing demand. 2. Telehealth and mobile behavior health Infrastructure: Strengthening local healthcare infrastructure by partnering with other nonprofit organizations, thus expanding access to mental health services to traditionally underserved communities where they live. 3. Residency Program Development: Establishing the psychiatry residency program, including curriculum design, faculty recruitment, and partnerships with educational institutions.

Alignment with Desert Healthcare District's Mission and Strategic Goals The success of this project is directly aligned with the Desert Healthcare District's mission "to achieve optimal health at all stages of life for all district residents" by expanding psychiatric services and establishing a residency program. Eisenhower Health ensures that residents of all ages, from youth to the elderly, will have access to high-quality mental health care. The project targets Strategic Goal 3: "Proactively expand community access to behavioral/mental health services" by increasing the mental health workforce and utilizing telehealth to address the critical shortage of mental health services, making care more accessible to all residents, particularly those in underserved areas. Additionally, the project targets low-income families, minority communities, youth, the elderly, and individuals with substance use disorders. By providing culturally competent and comprehensive care, the project directly addresses the specific needs of these vulnerable populations.

Strategic Plan Alignment:

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

Project Deliverables and Evaluation

Deliverable #1:

Eisenhower Health will start recruiting three additional full-time equivalent (FTE) psychiatrists by September 1, 2024. By May 2025, Eisenhower Health will have successfully recruited and onboarded three additional fulltime board-certified psychiatrists, equipped with the necessary medical and IT resources, and launched a comprehensive community outreach and marketing campaign to inform and engage the public about the expanded psychiatric services with projection to serve 5,000 patients.

Evaluation #1:

To ensure the success of the project deliverable, we will implement a comprehensive evaluation plan that focuses on both quantitative and qualitative metrics. The evaluation will be conducted in several phases, each aligned with specific milestones in the project timeline.

- 1. Recruitment and Onboarding Evaluation: Timeline: By May 2025 Metrics: Number of Psychiatrists Recruited: Confirm that three additional full-time board-certified psychiatrists have been recruited and onboarded. Credentialing and Training Completion: Verify that all newly recruited psychiatrists have completed credentialing and initial training. Data Collection Methods: Recruitment records, HR onboarding reports
- 2. Infrastructure and Resource Enhancement Evaluation: Timeline: Within 3 months post-recruitment Metrics: Facility Readiness: Ensure that office spaces and necessary medical and IT resources are fully operational for the new staff. Resource Utilization: Track the usage and adequacy of new medical equipment and IT systems. Data Collection Methods: Facilities management reports, IT system usage logs
- 3. Service Capacity and Community Outreach Evaluation: Timeline: Ongoing, with a major review at 6 months post-recruitment Metrics: Patient Wait Times: Measure the reduction in patient wait times for psychiatric evaluations and treatments. Service Utilization: Track the number of new patients served and the increase in service capacity. Community Engagement: Assess the reach and impact of the marketing campaign and community outreach initiatives. Data Collection Methods: Patient scheduling and service utilization records, marketing and outreach analytics, feedback from community workshops and events
- 4. Quality of Care and Patient Satisfaction Evaluation:

Timeline: Ongoing, with major reviews at 6 months and 12 months post-recruitment Metrics: Patient Satisfaction: Conduct surveys to measure patient satisfaction with the expanded services. Quality of Care: Evaluate clinical outcomes and quality of care provided by the new psychiatrists. Data Collection Methods: Patient satisfaction surveys, Clinical performance reviews, Feedback from staff and patients

5. Continuous Improvement: Timeline: Ongoing Metrics: Feedback Integration: Collect and analyze feedback from patients and staff to identify areas for improvement. Performance Adjustments: Implement changes based on evaluation findings to continuously enhance service quality and efficiency. Data Collection Methods: Regular feedback sessions, Performance review meetings Final Evaluation Report: At the end of the 12-month period, a comprehensive evaluation report will be compiled, summarizing the project's achievements, challenges, and overall impact. This report will include detailed analysis of all collected data, insights from stakeholders, and recommendations for future improvements.

Deliverable #2:

By June 2025, Eisenhower Health will have established the first graduate medical education psychiatry residency program dedicated to the Coachella Valley. The program will have a developed curriculum, secured accreditation, and formalized partnerships with educational institutions and community organizations with projection to serve 7,500 patients in year 2.

Evaluation #2:

To ensure the success of establishing the first psychiatry residency program dedicated to the Coachella Valley, the project evaluation will be comprehensive, involving multiple phases aligned with specific milestones. This evaluation plan will focus on both quantitative and qualitative metrics to measure the residency program's development, implementation, and impact of the residency program.

1. Curriculum Development Evaluation: Timeline: By December 2024 Metrics: Curriculum Completion: Confirm that a comprehensive psychiatry residency curriculum has been developed in line with accreditation standards. Curriculum Approval: Ensure the curriculum has been reviewed and approved by relevant academic and medical boards. Data

Collection Methods: Curriculum development documentation

- 2. Accreditation Securing Evaluation: Timeline: By March 2025 Metrics: Accreditation Submission: Confirm that all necessary documentation for accreditation has been submitted to the accrediting bodies. Accreditation Achievement: Verify that the program has received official accreditation from the accredited bodies. Data Collection Methods: Accreditation submission records, Accreditation certificates, and official correspondence
- 3. Partnership Development Evaluation: Timeline: By June 2025 Metrics: Partnership Agreements: Secure formal partnership agreements with educational institutions such as medical schools and relevant community organizations. Collaboration Initiatives: Develop and initiate collaborative programs and activities with partners. Data Collection Methods: Signed partnership agreements, Records of collaborative program activities
- 4. Recruitment of Faculty and Residents Evaluation: Timeline: By June 2025 Metrics: Faculty Recruitment: Successfully recruit qualified faculty members to support the residency program. Resident Enrollment: Enroll the first cohort of psychiatry residents. Data Collection Methods: Recruitment records, Enrollment records
- 5. Implementation and Operational Evaluation:
 Timeline: Ongoing, with major reviews at 6 months and 12 months post-launch Metrics: Program
 Implementation: Track the successful implementation of the residency program, including operational logistics and day-to-day management. Resident Performance: Monitor the performance and progress of residents through regular evaluations and feedback. Data Collection Methods: Program implementation reports, Resident performance evaluations, and feedback
- 6. Quality of Education and Training Evaluation: Timeline: Ongoing, with major reviews at 6 months and 12 months post-launch Metrics: Educational Outcomes: Assess the effectiveness of the curriculum and training methods through resident exam results

and competency evaluations. Resident Satisfaction: Conduct surveys to measure resident satisfaction with the program. Data Collection Methods: Exam results and competency assessments, Resident satisfaction surveys

7. Community Impact Evaluation: Timeline: Ongoing, with a major review at 12 months post-launch Metrics: Community Engagement: Evaluate the level of engagement and collaboration between the residency program and community organizations. Service Impact: Measure the residency program's impact on the availability and quality of psychiatric services in the Coachella Valley. Data Collection Methods: Community engagement records, Service utilization, and impact reports Final Evaluation Report: At the end of the first year, a comprehensive evaluation report will summarize the project's achievements, challenges, and overall impact. This report will include a detailed analysis of all collected data, insights from stakeholders, and recommendations for future improvements.

Deliverable #3:

By September 1, 2025, Eisenhower Health will have established a robust telehealth and mobile health infrastructure in partnership with local nonprofit organizations, trained staff on the use of telehealth technologies, and launched a targeted promotional campaign to extend mental health services to remote and underserved populations. With this expansion of psychiatric services and the establishment of the residency program it is projected to serve 10,000 patients in year 3.

Evaluation #3:

To ensure the success of the telehealth initiative, the project evaluation will be comprehensive, involving multiple phases aligned with specific milestones. This evaluation plan will focus on both quantitative and qualitative metrics to measure the effectiveness and impact of the telehealth services.

- 1. Telehealth Infrastructure Setup Evaluation:
 Timeline: By September 2025 Metrics: Infrastructure
 Completion: Confirm that the telehealth infrastructure,
 including necessary software, hardware, and secure
 communication channels, is fully established and
 operational. System Functionality: Test and verify the
 functionality and reliability of the telehealth system.
 Data Collection Methods: IT infrastructure setup
 reports, System testing logs and performance
 reviews
- 2. Staff Training Evaluation: Timeline: By September 2025 Metrics: Training Completion Rate: Ensure that 100% of relevant staff have completed telehealth

- training programs. Competency Assessment:
 Evaluate staff competency and confidence in using telehealth technologies through pre- and post-training assessments. Data Collection Methods: Training attendance records, pre-and post-training assessment results, Staff feedback surveys
- 3. Service Promotion and Community Outreach Evaluation: Timeline: Ongoing, with a major review at 6 months post-launch Metrics: Awareness Campaign Reach: Measure the promotional campaign's reach and engagement through metrics such as website traffic, social media engagement, and attendance at community events. Community Feedback: Collect feedback from community members, particularly from remote and underserved populations, regarding their awareness and perceptions of the telehealth services. Data Collection Methods: Marketing analytics (e.g., website visits, social media metrics), Attendance records from community events, Community surveys, and feedback forms
- 4. Service Utilization and Accessibility Evaluation:
 Timeline: Ongoing, with a major review at 6 months
 and 12 months post-launch Metrics: Utilization Rates:
 Track the number of telehealth consultations
 conducted and the demographics of patients served,
 with a focus on remote and underserved populations.
 Accessibility Improvements: Measure reductions in
 barriers to accessing mental health services, such as
 travel time and costs for patients. Data Collection
 Methods: Telehealth service utilization records,
 Patient demographic data, Patient surveys on
 accessibility and convenience.
- 5. Quality of Care and Patient Satisfaction Evaluation: Timeline: Ongoing, with major reviews at 6 months and 12 months post-launch Metrics: Patient Satisfaction: Conduct surveys to measure patient satisfaction with telehealth services. Clinical Outcomes: Evaluate clinical outcomes to ensure the quality of care provided through telehealth is on par with in-person services. Data Collection Methods: Patient satisfaction surveys, Clinical performance reviews and outcome analysis
- 6. Continuous Improvement: Timeline: Ongoing

Deliverable #4:	Evaluation #4:
	Metrics: Feedback Integration: Collect and analyze feedback from patients and staff to identify areas for improvement in telehealth services. Performance Adjustments: Implement changes based on evaluation findings to continuously enhance service quality and efficiency. Data Collection Methods: Regular feedback sessions, Performance review meetings Final Evaluation Report: At the end of the 12-month period, a comprehensive evaluation report will be compiled, summarizing the project's achievements, challenges, and overall impact. This report will include detailed analysis of all collected data, insights from stakeholders, and recommendations for future improvements.

Project Demographic Information

Target Geographic Area(s) To Be Served:

All areas

Target Population Age Group:

6 to 17, 18 to 24, 25 to 39, 40 to 54, 55 to 64, 65+

Target Population Ethnicity:

Hispanic/Latino (of any race)

Target Population Race:

American Indian and Alaska Native, Black or African American

Additional Target Population Information:

Eisenhower Health seeks to address the growing need for mental health services in the Coachella Valley through a comprehensive initiative that includes the recruitment of additional psychiatrists, enhancement of telehealth and mobile health capabilities, and the establishment of a psychiatric Graduate Medical Education (GME) residency program. In order to effectively serve the community, it is crucial to identify and understand the target population demographics that will benefit from these expanded psychiatric services. Below are the key demographics we aim to reach through this initiative:

1. Socioeconomic Status: Low-Income Families: Many residents of the Coachella Valley live below the poverty line and face significant barriers to accessing mental health services. By enhancing telehealth and mobile health capabilities, we aim to provide

- affordable and convenient options for these individuals. Uninsured and Underinsured Populations: There is a high prevalence of individuals without adequate health insurance coverage. The expanded services, particularly through telehealth, will provide critical access to psychiatric care for those who might otherwise forgo treatment due to cost concerns.
- 2. Age Groups: Youth and Adolescents: Mental health issues such as anxiety, depression, and behavioral disorders are increasingly prevalent among young people. Early intervention through accessible services, including telehealth, can significantly improve long-term outcomes. Adults: Working-age adults often face stressors related to employment, family, and finances. Offering flexible telehealth options will help this demographic access mental health services without disrupting their daily responsibilities. Elderly Population: The Coachella Valley has a significant elderly population, many of whom may face mobility issues and chronic health conditions. Telehealth services can provide these individuals with much-needed psychiatric care from the comfort of their homes.
- 3. Gender: Women: Women in the region may experience unique mental health challenges, including postpartum depression, anxiety, and other conditions exacerbated by caregiving responsibilities. Tailored psychiatric services and support groups can address these specific needs. Men: Men are often less likely to seek mental health services due to societal stigma. By promoting mental health awareness and offering discreet telehealth options, we aim to encourage more men to seek necessary care.
- 4. LGBTQIA Community: Members of the LGBTQIA community face discrimination, social stigma, and unique mental challenges. By providing inclusive and LGBTQIA affirming psychiatric services, we aim to create a safe space and supportive environment for individuals of all sexual orientations and gender identities.
- 5. Ethnicity: Hispanic/Latino Community: The Coachella Valley has a large Hispanic/Latino population, many of whom face language barriers and cultural stigmas around mental health. Culturally competent care and bilingual services will be critical in overcoming these barriers. Other Minority Groups: African American, Native American, and Asian communities also reside in the region and often face unique mental health challenges. Outreach and services tailored to these groups will ensure broader community engagement and support.
- 6. Rural Residents: Many parts of the Coachella Valley are rural, with limited access to healthcare facilities. Mobile health units and telehealth services will be essential in reaching these remote areas, providing consistent and reliable psychiatric care.
- 7. Veterans: The veteran population in the Coachella Valley may experience PTSD, depression, and other mental health issues at higher rates. Specialized services and support tailored to veterans can help address their unique needs. 8.. Unhoused (Homeless) Population: Individuals experiencing homelessness often have higher rates of mental illness and substance abuse. Mobile health services can reach this vulnerable population, providing essential psychiatric care and support. By addressing these diverse demographics, Eisenhower Health aims to create a comprehensive and inclusive mental health service expansion that meets the needs of the entire Coachella

Valley community. This initiative will provide immediate psychiatric care and foster long-term mental health and well-being across the region.

Capacity, Sustainability, and Partnerships

Organizational Capacity

Eisenhower Health is uniquely positioned to meet the demands of this project, leveraging our extensive organizational capacity, dedicated staff, and proven history of similar initiatives. Here is an overview of our capacity to successfully execute this project:

1. **Allocated Staff Time**: Our organization is committed to dedicating significant staff time to ensure the success of this initiative. Key personnel from various departments will be involved, including:

Project Management Team: A dedicated team of Eisenhower directors and managers will oversee the implementation, ensuring that milestones are met and resources are appropriately allocated. Psychiatric Department: Existing psychiatrists and mental health professionals will collaborate on recruiting and integrating new psychiatrists. IT and Telehealth Team: Specialists in telehealth technology and infrastructure will lead the enhancement and deployment of telehealth and mobile health services. Training and Development Team: The staff responsible for training and development will facilitate the onboarding of new hires and ensure comprehensive training for all staff involved in telehealth services.

2. **Internal Expertise**: Eisenhower Health boasts a wealth of internal expertise in various critical areas:

Clinical Expertise: Our current psychiatric team deeply understands mental health care and the specific needs of the Coachella Valley community. Telehealth Experience: Our experienced telehealth team has successfully implemented and managed telehealth services in other departments. Residency Program Development: Our organization has a history of developing and managing graduate medical education (GME) programs, which provides a solid foundation for establishing a new psychiatric residency program.

3. **Organizational Structure:** Eisenhower Health's organizational structure is designed to support large-scale projects and initiatives:

Leadership Support: Our executive leadership is fully committed to expanding psychiatric services and has prioritized this project within our strategic plan. Interdepartmental Collaboration: Our organizational culture promotes collaboration across departments, ensuring that various teams can work together seamlessly to achieve project goals. Resource Allocation: We have robust systems for efficiently allocating financial, human, and technological resources to support new initiatives.

4. **History of Similar Work:** Eisenhower Health has a proven track record of successfully executing similar projects:

Expansion of Services: We have previously expanded our healthcare services in response to community needs, such as the successful addition of new specialty clinics, and a medical mobile unit. Telehealth Implementation: Our prior experience with telehealth programs has demonstrated our ability to enhance healthcare delivery through technology. Residency and Fellowship Programs: We have successfully developed and maintained 3 residency programs (Emergency Medicine, Family Medicine, and Internal Medicine) and 7 fellowship programs (Addiction Medicine, Sports Medicine, Geriatric Medicine, Infectious Disease, Pulmonary Disease, Emergency Medicine Education, and Emergency Medicine Ultrasound), providing a solid foundation for the proposed psychiatric residency program. Eisenhower Health is well-equipped to meet the demands of this project, leveraging our dedicated staff, internal expertise, supportive organizational structure, and history of successful similar initiatives. With the support of the Desert Healthcare Foundation grant, we are confident in our ability to expand psychiatric services, enhance telehealth capabilities, and establish a pioneering psychiatric residency program in the Coachella Valley.

Organizational Sustainability:

Eisenhower Health employs a multifaceted approach to ensure the sustainability of its initiatives. Fostering community partnerships based on the principles of sustainability and long-term impact can collectively create systems and initiatives that outlast individual projects. Eisenhower Health aims to strengthen our community's resiliency by focusing on building a stronger behavioral healthcare infrastructure. This collaborative approach will lay the groundwork for sustainable long-term change. Eisenhower Health's collaboration with local nonprofit organizations will serve as a catalyst for positive change and have the potential to address complex challenges that no single organization can overcome alone. By embracing collaboration, we will unlock the power of collective action, shared resources, and diverse perspectives. Our strategies encompass robust funding mechanisms, comprehensive staff recruitment and retention plans, effective collaboration and partnerships, and thoughtful long-term planning. Here is an overview of these strategies:

1. Funding

Diverse Revenue Streams: We utilize a mix of revenue sources, including patient services, CMS, grants, donations, and provider partnerships. This diversification minimizes financial risk and ensures steady funding. Grant Writing and Fundraising: Our dedicated grant writing team continuously seeks funding opportunities from federal, state, and private sources. Additionally, we engage in active fundraising campaigns and cultivate relationships with donors to secure long-term financial support. Cost Efficiency Measures: We implement rigorous budget management practices and cost-efficiency

measures to maximize the impact of available funds. This includes regular financial audits and performance evaluations to ensure funds are used effectively.

2. Staff Recruitment and Retention

Competitive Compensation: To attract and retain top talent, we offer competitive salaries and benefits packages, including health benefits, retirement plans, and professional development opportunities. Professional Development: We provide continuous education and training programs to support career growth and enhance job satisfaction. This includes opportunities for further specialization and leadership training. Work-Life Balance: We promote a healthy work-life balance through flexible scheduling, wellness programs, and mental health support for our staff. This helps to reduce burnout and increase retention rates.

3. Effective Collaboration and Partnerships

Community Partnerships: We collaborate with local organizations, school districts, and community groups to extend our reach and impact. These partnerships help us to identify community needs and deliver tailored services. Academic Institutions: We partner with academic institutions to support research initiatives, clinical training, and the development of residency programs. These partnerships enhance our clinical capabilities and contribute to the broader medical community. Healthcare Networks: We are part of a larger healthcare network that facilitates resource sharing, knowledge exchange, and coordinated care. This network helps us to provide comprehensive and integrated services to our patients.

4. Thoughtful Long-Term Planning

Strategic Planning: Our organization conducts community health needs assessments and regularly completes strategic plans to set long-term goals and objectives. This involves input from all levels of the organization and aligns with our mission and vision. Evaluation and Adaptation: We regularly evaluate the effectiveness of our programs and services through data collection and analysis. This allows us to adapt and improve our strategies to meet evolving community needs and healthcare trends. Eisenhower Health's sustainability strategies are comprehensive and well-integrated into our organizational practices. By ensuring diverse funding, fostering a supportive work environment, building strong partnerships and local capacity, and engaging in thoughtful long-term planning, we are well-positioned to sustain and expand our psychiatric services and other healthcare initiatives.

Partnerships/Collaborations:

For the expansion of psychiatric services at Eisenhower Health, we plan to partner with several key organizations to leverage their expertise, resources, and community reach. Here is a list of these organizations and a description of their roles in the project:

1. Desert Healthcare District & Foundation

Role: Funding and Community Outreach Description: The Desert Healthcare District & Foundation will provide critical funding to support the expansion of psychiatric services, telehealth infrastructure, and the establishment of the psychiatry residency program. Additionally, they will assist in community outreach and awareness campaigns to promote the availability of new mental health services.

University of California, Riverside (UCR) School of Medicine & California University of Science and Medicine (CUSM)

Role: Academic Partnerships and Residency Program Support Description: UCR and CUSM will collaborate with Eisenhower Health to develop and implement the psychiatric residency program. Their medical students will be given opportunities for clinical rotations, research, and training at Eisenhower Health, with the potential to be recruited into the residency program and ensuring a steady pipeline of qualified candidates. These partnerships will facilitate research opportunities and enhance academic resources.

3. Riverside County Department of Mental Health

Role: Service Coordination and Referrals Description: The Riverside County Department of Mental Health will work closely with Eisenhower Health to coordinate mental health services and ensure smooth referrals between our organizations. This partnership will streamline patient care and provide a more integrated mental health care system in the region.

4. Federally Qualified Health Centers (FQHC's)

Role: Collaborative Care and Expanded Services Description: Partnering with additional FQHCs, like Desert AIDS Project (DAP Health) and Innercare will enhance our ability to provide comprehensive, community-based mental health services. These FQHCs will help identify patients in need of psychiatric care, facilitate referrals, and provide ongoing primary and preventive care that complements our mental health services. Their role includes: Referral Networks: Establishing streamlined referral pathways between Eisenhower Health and FQHCs to ensure patients receive timely and coordinated care. Community Outreach: Assisting in community outreach and education efforts to raise awareness about the availability of expanded mental health services. Support Services: Providing ancillary services such as housing support, substance use treatment, and chronic disease management, which are critical for holistic patient care. FQHCs will also serve as community-based training sites where psychiatric residents will complete rotations and provide direct psychiatric care to underserved clients.

5. Riverside County Latino Commission

Role: Cultural Competency and Community Engagement Description: The Riverside County Latino Commission will work with us to ensure that our mental health services are culturally competent and accessible to the Latino community. They will help to engage the Latino community, provide culturally relevant education, and support our efforts to reduce mental health disparities.

6. Other Local Nonprofits and Community Organizations

Role: Outreach and Support Services Description: Local nonprofits and community organizations, such as the Coachella Valley Rescue Mission, Volunteers in Medicine, and FIND Food Bank, will collaborate with us to provide additional support services to our patients. These include housing assistance, food security, and other social services that are essential for comprehensive mental health care. These partnerships will be instrumental in successfully expanding psychiatric services at Eisenhower Health. Each organization brings unique strengths and resources that will enhance the project's overall impact, ensuring that we can effectively meet the mental health needs of the Coachella Valley community. By working together, we can create a more robust and integrated mental health care system that benefits everyone involved.

Diversity, Equity, and Inclusion (DEI)

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

Eisenhower Health is deeply committed to fostering a culture of diversity, equity, and inclusion (DEI) across all levels of our organization. Our DEI efforts are integral to our policies, strategic planning, governance, and staff engagement. Here's an overview of how we address DEI:

1. Policies

Inclusive Hiring Practices: We implement inclusive hiring practices to ensure diversity in our workforce. This includes bias training for hiring managers, diverse candidate slates, and outreach to underrepresented groups. Non-Discrimination Policy: Our non-discrimination policy ensures that all employees and patients are treated with respect and fairness, regardless of race, ethnicity, gender, sexual orientation, religion, age, or disability. Cultural Competency Training: We provide regular cultural competency training for all staff to enhance their understanding and appreciation of diverse cultures and backgrounds, ensuring equitable care for all patients.

2. Strategic Plan

DEI Goals: Our strategic plan includes specific DEI goals aimed at improving diversity and inclusion within the organization. These goals are measurable and tracked regularly to ensure progress. Community Engagement: We actively engage with diverse communities to understand their unique needs and perspectives. This helps us tailor our services and outreach efforts to better serve these populations. Equitable Access: We prioritize equitable access to healthcare services, ensuring that underserved and

marginalized communities have access to the care they need. This includes expanding services in underserved areas and offering sliding scale payment options.

3. Board and Governance

Diverse Board Composition: We strive to maintain a diverse Board of Directors that reflects the community we serve. This diversity ensures a wide range of perspectives in decision-making processes. DEI Committee: Our DEI Committee, comprised of board members and senior leaders, oversees the implementation of DEI initiatives and ensures they align with our organizational goals. Accountability: We hold our leadership accountable for achieving DEI objectives by including DEI metrics in performance evaluations and organizational assessments.

4. Staff Engagement

Justice Equity, Diversity and Inclusion Committee: Our JEDI Committee is composed of faculty, residents, fellows, and staff from diverse backgrounds to connect, share experiences, and advocate for their needs within the organization. Mentorship Programs: Our mentorship programs are designed to support the professional growth of employees from underrepresented groups, helping them advance in their careers. Open Dialogue: We foster an environment where open dialogue about DEI is encouraged. This includes regular town hall meetings, feedback sessions, and anonymous surveys to gather employee input and address concerns.

5. Community Partnerships

Collaborative Efforts: We partner with local organizations that focus on DEI, such as the Riverside County Latino Commission and the FQHC's will enhance our outreach and services to diverse communities. Educational Outreach: We engage in educational outreach programs that promote health equity and address social determinants of health, such as providing scholarships and internships for students from underrepresented backgrounds. Eisenhower Health's commitment to DEI is evident in our policies, strategic planning, board composition, staff engagement, and community partnerships. By embedding DEI principles into every aspect of our organization, we ensure that we provide equitable, inclusive, and culturally competent care to all members of our community.

What barriers does your organization face when addressing DEI?

Eisenhower Health recognizes the importance of addressing diversity, equity, and inclusion (DEI) but also acknowledges the barriers that can impede progress. Some of the key challenges we face include:

1. Recruitment and Retention of Diverse Staff

Limited Candidate Pool: There can be a limited pool of candidates from underrepresented groups in certain medical and administrative fields, making it challenging to achieve diverse staffing.

Retention Challenges: Retaining diverse staff can be challenging if they do not feel

adequately supported or represented within the organization. However, in the past few years, we have made significant strides in our GME program by successfully retaining several resident physicians from underrepresented backgrounds.

2. Implicit Bias

Unconscious Bias: Implicit biases among staff and leadership can affect hiring, promotions, and patient care decisions, even when there is a commitment to DEI. Training Effectiveness: Ensuring that bias training programs are effective and lead to meaningful behavior change can be challenging.

3. Cultural Competency

Varied Patient Needs: The diverse cultural backgrounds of patients require staff to have a broad understanding of different cultural norms and health beliefs, which can be complex and multifaceted. Continuous Learning: Maintaining a high level of cultural competency requires ongoing education and training, which can be resource-intensive.

4. Resource Allocation

Financial Constraints: Implementing DEI initiatives often requires significant financial investment, which can be a barrier, especially during periods of budget constraints.

Competing Priorities: Balancing DEI initiatives with other critical organizational priorities can sometimes result in insufficient focus and resources for DEI efforts. To address this, we recently established a dedicated DEI budget to prioritize and allocate the necessary funds and resources.

5. Community Engagement

Building Trust: Establishing trust with marginalized and underserved communities can be challenging, especially if there is a history of mistrust towards healthcare institutions. Effective Communication: Communicating effectively with diverse communities, particularly those with language barriers or differing health literacy levels, requires tailored strategies and resources.

6. Measuring Impact

Data Collection: Collecting and analyzing data on DEI metrics can be complex and resource-intensive. Ensuring accurate and comprehensive data collection is essential for measuring progress and identifying areas for improvement. Tracking Outcomes: Linking DEI initiatives to specific outcomes and demonstrating their impact on patient care and organizational performance can be challenging.

7. Leadership and Buy-In

Consistent Commitment: Ensuring consistent and sustained commitment to DEI from all levels of leadership is crucial. Changes in leadership or shifts in organizational priorities can sometimes undermine DEI efforts. Creating Accountability: Developing effective

accountability mechanisms to ensure that DEI goals are met and maintained over time can be difficult. While Eisenhower Health is committed to advancing DEI, we recognize that overcoming these barriers requires ongoing effort, dedication, and strategic planning. By acknowledging and addressing these challenges, we can continue to make progress towards a more diverse, equitable, and inclusive organization.

Grant Budget

	Grant Budget Section 1 - Operational Expenses								
	Project Grant Budget								
Annlicant	Applicant: Eisenhower Medical Center Psychiatric Care Expansion and Psychiatry Residency Program								
Applicant	. Liseillower Medical Center	Psychiatric Care Expansion and Psychiatry Residency Program Funds From Other							
OPERATIONAL EXPENSES			roject Budget	ı u.	Sources Detail On Section 3	Amount Requested From DHCD/F			
	fing Expenses Detail on Section 2	\$	1,983,493.20	\$	4,682,820.60	\$ 1,729,993.20			
	nt (itemize)				10.700.00				
1	Telehealth software licenses (3)	\$	13,500.00	\$	13,500.00	\$ -			
2	Telehealth equipment (3)	\$	3,600.00	\$	3,600.00	\$ -			
3	Mobile devices (3)	\$	3,000.00	\$	3,000.00	\$ -			
4		\$	-	\$	-	\$ -			
Supplies	<u>`</u>		4 000 00	Ι φ	4 000 00				
1	Diagnostic tools	\$	4,000.00	\$	4,000.00	\$ -			
2	Educational materials	\$	2,500.00	\$	2,500.00	\$ -			
3	PPE	\$	13,000.00	\$	13,000.00	\$ - \$ -			
A	Dun lie etien	\$	2 000 00	\$	2,000.00				
	Duplication	\$	2,000.00	\$	1,000.00	\$ -			
Mailing / F	-	\$	1,000.00	\$	3,000.00	\$ -			
	use current Federal mileage rate)		3,000.00	φ	3,000.00	\$ -			
	ect Project Expenses Not Described Above (ite			φ.	10,000,00	Φ.			
1	Advertising/ Promotional	\$	10,000.00	\$	10,000.00 10,000.00	-			
2	Community Outreach	\$	10,000.00	\$					
3	Travel: Faculty & Residents conference	\$	32,000.00	\$	32,000.00				
4	Education Stipend for Residents & Faculty	\$	20,000.00	\$	20,000.00	\$ -			
5	External Didactic/Education Costs	\$	60,000.00	\$	60,000.00	\$ -			
6	Housing Stipend (\$500 mo.)	\$	18,000.00	\$	18,000.00	\$ -			
7	Relocation Stipend (3) at \$2,500)	\$	7,500.00	\$	7,500.00	\$ -			
8	ACGME Application Fees	\$	7,400.00	\$	7,400.00	\$ -			
9	Annual Accreditation Fee	\$	5,150.00	\$	5,150.00	\$ -			
10	Professional Society Membership for Residents & Faculty (8) (\$1,500 ea.)	\$	12,000.00	\$	12,000.00	\$ -			
11	Faculty Development & Continuing Education	\$	25,000.00	\$	25,000.00	\$ -			
12	Training expenses for Away Rotations	\$	65,000.00	\$	65,000.00	\$ -			
13	Medical Board Prep & Exam Fees (\$2,500 ea.)	\$	9,000.00	\$	9,000.00	\$ -			
14	Resident Recruitment Fees	\$	3,000.00	\$	3,000.00	•			
15	Retreat & Wellness	\$	10,000.00	\$	10,000.00	\$ -			
16	Weekly Resident Meal Stipend \$126 / \$6,552 annually	\$	6,552.00	\$	6,552.00	\$ -			
17	Uniforms: 3 White Coats (\$100), 3 Scrubs Set (\$100)	\$	1,800.00	\$	1,800.00	\$ -			
18	Faculty Recruitment Fees	\$	10,000.00	\$	10,000.00	\$ -			
19	Housing Resident Rotation /RUHS	\$	27,000.00	\$	27,000.00	\$ -			
20	Systems/Software/Equipment	\$	15,000.00	\$	15,000.00	\$ -			

Grant Budget

			I	
			\$	259,498.98
\$ 235,000.00	\$	235,000.00	\$	-
\$ 16,400.00	\$	16,400.00	\$	-
\$ 23,300.00	\$	23,300.00	\$	-
\$ 124,000.00	\$	124,000.00	\$	-
\$ \$ \$	\$ 23,300.00 \$ 16,400.00	\$ 23,300.00 \$ \$ 16,400.00 \$	\$ 23,300.00 \$ 23,300.00 \$ 16,400.00 \$ 16,400.00	\$ 23,300.00 \$ 23,300.00 \$ \$ 16,400.00 \$ 16,400.00 \$

Telehealth software licenses or subscriptions for video conferencing, secure messaging, and electronic health record (EHR) integration for 3 licenses at \$4,500 annually.

Telehealth equipment such as webcams, headsets, and peripherals for remote patient monitoring for 3 sets at \$3600.

Mobile devices or tablets for patients without access to smartphones or computers for 3 devices at \$1,000 each.

Diagnostic tools and assessment instruments for mental health evaluations at \$4,000.

Educational materials and resources for patient education and self-management.

Personal protective equipment (PPE) for in-person visits during public health emergencies.

Printing and duplication of educational materials, flyers, and brochures promoting the program's services.

Mail services as needed for patient handouts, informational flyers or promotional materials.

Mileage transportation vouchers or stipends for patients with limited mobility or transportation options to access in-person appointments. Advertising and promotional campaigns through digital channels, social media, and community events.

Community outreach activities such as health fairs, workshops, and presentations.

Travel expenses to attend conferences, training sessions, or meetings with partners and stakeholders.

Education stipends for residents and faculty.

External didactic/education costs.

Housing stipends (\$500 monthly).

Relocation stipend (3) at \$2,500 each.

Program fees for accreditation or certification by relevant regulatory bodies or accrediting organizations.

and costs associated with quality improvement initiatives, peer reviews, and clinical audits to ensure compliance with standards of care. Professional memberships (8) at \$1,500 each; faculty development & continuing education, training rotations, medical board prep & exam fees, resident recruitment fees and retreat.

Budget Narrative

Budget Narrative

Weekly Resident Meal Stipend \$126 ea. / \$6,552 annually.

Uniforms: 3 White Coats (\$100), 3 Scrubs Set (\$100) annually.

Faculty Recruitment Fees.

Housing: Resident Inpatient Rotation /RUHS for 6 months (\$4,500 monthly).

Systems/Software/Equipment: Software licenses for electronic health record (EHR) systems or patient management platforms to track patient demographics, appointments, clinical notes, and outcomes.

Data analytics tools for monitoring program performance, patient satisfaction, and clinical outcomes.

In-direct rate at 15%

	Section 2 - Itemized Expenses								
Staff Salary Expenses		Staff Salary Expenses Annual Salary		% of Time Allocated to Project	Total Project Salary		Amount Requested from DHCD/F		
Employe	e Position/Title								
1	Psychiatrists (3) PGY1	\$	233,499.00	0.25	\$	175,124.25	\$	175,124.25	
2	Program Director FTE	\$	275,000.00	0.25	\$	206,250.00	\$	206,250.00	
3	Associate Program Director	\$	225,000.00	0.25	\$	168,750.00	\$	168,750.00	
4	Faculty Members (3)	\$	825,000.00	0.25	\$	618,750.00	\$	618,750.00	
5	Administrative Staff	\$	65,853.00	0.25	\$	49,389.75	\$	49,389.75	
6	Program Coordinator	\$	75,000.00	0.5	\$	112,500.00	\$	112,500.00	
7					\$	-	\$	-	
8					\$	-	\$	-	
11	nter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or mployer Taxes Based On % Of Time Allocated To Project)					399,229.20		399,229.20	
To	tal Will Populate in Total Staffing Expense	es Se	ction 1	Total >	\$	1,729,993.20	\$	1,729,993.20	

Please describe in detail the **scope of work** and duties for each employee on this grant.

Budget Narrative - Scope of Work

Psychiatrists (3) to perform behavioral health assessments providing direct patient care. Program Director will handle oversight of residency program.

Associate Program Director will perform recruitment, accreditation input, educational outreach and collaboration with faculty.

Faculty members (3) will guide residents through rounds, patient engagement and training. Administrative staff will assist with program tracking, scheduling, billing, and documentation.

Program Coordinator will monitor grant budget expenses, grant reporting and compliance.

Budget
Narrative Employee
Benefits

Please describe in detail the *employee benefits* including the percentage and salary used for calculation.

Staff / personnel fringe benefits rate of 30%.

Professional Services / Consultant Expenses		tant Hourly Rate Hours/Week		Total Project Fee		Amount Requested from DHCD/F		
Company and Staff Title								
1	Case Coordinator - DAP	\$	65.00	25	\$	84,500.00	\$	-
2	Case Coordinator - Innercare	\$	65.00	25	\$	84,500.00	\$	-
3	Case Coordinator - Latino Comm	\$	65.00	25	\$	84,500.00	\$	-
4								
To	otal Will Populate in Total Staffing Expense	os Se	ction 1	Total	\$	253 500 00	4	

Please describe in detail the **scope of work** for each professional service/consultant on this grant.

Budget Narrative - Scope of Work

Case Coordinators will be compensated at rate of \$65/hr. for 25 hrs./week for each program year: \$84,500; total of 4 year project cost of all coordinators is \$1,014,000. Each organization case coordinator will handle patient appointments/referrals scheduling and engagement.

	Section 3 - Other Funding						
Funds From Other Sources (Actual Or Projected) SPECIFIC To This Project							
"Total Fu	unding In Addition To DHCD/F Request" Below Should Match Or Exceed		Amount				
Fees	Value Listed In Section 1 for "Funds from Other Sources".		, anount				
Donations							
	st Organizations)						
1							
2							
3							
8	(2 ") (2 ")						
	ng (Describe Nature Of Fundraiser)						
2							
3							
8							
	ome, e.g., Bequests, Membership Dues, In-Kind Services, Investment Inco Etc. (Itemize)	me, F	ees From Other				
1	EH Institutional Support - lines 48 through 51 on Section 1	\$	398,700.00				
2	Faculty- (3) physician professional services \$200hr/4 hrs 4 lectures annually	\$	525,372.75				
3	Psychiatrists (3) PGY1	\$	175,124.25				
4	Program Director FTE	\$	618,750.00				
5	Associate Program Director	\$	506,250.00				
6	Faculty Members (3)	\$	1,856,250.00				
7	Administrative Staff	\$	148,169.25				
8	Program Coordinator	\$	112,500.00				
9	Fringe Benefits	\$	341,704.35				
Total Fund	ding In Addition To DHCD/F Request	\$	4,682,820.60				
Budget Narrative	Above budgeted items supported by Eisenhower Medical Center: Psychiatrists (3) PGY1 salary at .75% for 3 yr program term. Program Director FTE salary at .75% for 3 yr program term. Associate Program Director salary at .75% for 3 yr program term. Faculty Members (3) salary for faculty at .75% for 3 yr program term. Administrative staff salary at .75% FTE for 3 yr program term. Program Coordinator salary for .50% FTE for 3 yr program term. Fringe benefits at 10% (Section 2-Staffing Expenses calculation is 30%). Actual benefit rate is \$	40%					



Date: September 23, 2024

To: Desert Healthcare District and Foundation Board

From: Michele Finney, CEO

Re: DRMC CEO - District Board Meeting Report September 2024

I am pleased to provide this monthly report to the District Board for the month of September.

People/Quality:

- Desert Care Network and Tenet Foundation presented \$1.8 million to OneFuture Coachella Valley to expand nurse training at College of the Desert (COD). The funds will help support an additional 70 students in the COD nursing program doubling the size of the 2024-2025 class. A press conference was held in August with collaborative entities including local health entities, Desert Healthcare District & Foundation, and IEHP.
- The American Heart Association awarded DRMC Get with Guidelines Stroke Gold Plus with target Stroke Honor Roll Elite Plus and Target type 2 Diabetes Honor Role.
- ACGME issued official notification of Initial Accreditation of the Internal Medicine Residency program for 18 residents.
 Residents will start in July 2025.
- DNV Stroke Survey was held September 19 -20. Results will be reported upon receipt.
- We have implemented "Code Airway" as an additional resource to assist staff in their patient care duties. This code mobilizes both anesthesia and trauma surgeons to the bedside.

Services/Events:

- Desert Regional welcomed the arrival of a new DaVinci 5 robot, the first of this new model in the Inland Empire.
- The Adult Rehabilitation Department has expanded its Outpatient Speech-Language Pathology Services due to growing patient demand.
- 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. Of particular popularity was a second session of the Desert Survival Seminars "When the Desert Bites Back". This series starts at DRMC late September and has a waiting list to attend (250+).
- September is Hunger Action Month and Desert Care Network leaders and staff showed their support by packing food at FIND Food Bank. The team packed 10,460 pounds or just over 5 tons of food for the food insecure in our valley.
- Desert Care was also utilized in various news segments where health experts were needed to discuss topics about the heat, cancer survivorship, air quality and food insecurity.
- We were proud to sponsor, support and participate in the District's Environmental Health Summit, addressing both health and environmental impacts in the Coachella Valley.

Capital & Construction Projects Underway:

• Investments continue with capital equipment and construction projects in the areas of surgical services, operating rooms, intensive care unit rooms, imaging equipment, select appliances and elevators.

Other:

- SB1432 (Caballero), the bill that would provide up to five additional time to comply with the 2030 seismic retrofit standards, was vetoed by the Governor.
- AB 869 (Wood), the bill that would extend the 2030 seismic deadline by three years for critical access, rural, and district hospitals, is still pending the Governor's approval.



Date: August 15, 2024

To: Board of Directors

From: Les Zendle, MD, Director

Subject: Report of DRMC Governing Board Meeting of 8/15/2024

1. Presentation #1

Medication Error Reduction Plan: The annual plan is required for preparation by Pharmacy Services on a regular basis for the California Department of Public Health (CDPH). The purpose is to identify actual and potential medication-related errors, as well as concurrent and retrospective review of clinical care. The Plan covers prescribing, ordering, labeling, packaging, compounding, dispensing, distribution, administration, education, monitoring, use, and transition of care.

2. Presentation #2 Human

Resources:

- O Total headcount: 2256 | CNA-RN: 828 | SEIU-UHW: 799 | Non-represented: 529
- O EEOC: White 33.5% | Hispanic/Latino 29% | Asian: 24% | Black 4.4% | Other or multiple races: the balance
- O Gender: Female: 69.5% | Male 30.5%
- O Years of service: < 1 yr 16% | 1-5 yr 40% | 6-10 yr 17% | >21 yrs 11% | 9 people working since 1970's!
- 3. DRMC CEO Report: Update on Clinical Drug Review Program (CDRP)/Centers for Medicare and Medicaid Services (CMS) open and closed cases.
- 4. Reports were given and approved for the credentialing and privileging of medical and allied professional staff, as well as Peer Review by the Medical Executive Committee.
- 5. June and July Financial Reports was provided by CFO, Jimmy Fish
- 6. Policies and Procedures were reviewed and approved by the Governing Board in the Consent Agenda
- 7. Formation of Nominating Committee for 3 DRMC Governing Board openings for 2025 (all must be physicians because of by- laws requiring a minimum number of physicians)



Date: September 23, 2024

To: Board of Directors

From: Les Zendle, MD, Director

Subject: Report of DRMC Governing Board Meeting of 9/19/2024

1. Presentation: Quarterly PPC (Professional Practice Council)
Scott Morey, RN, Chief Nursing Officer, gave an update. The PPC f represented by nurses from various departments to bring issues (staffing, quality improvement, equipment, etc.) to the attention of hospital administration. The issues are discussed, and follow-up is provided at subsequent meetings to ensure that issues are addressed and resolved.

2. DRMC CEO Report:

- a. Updated DRMC Governing Board on the "Yes on AA" Campaign
- b. Update on CDRP/CMS open and closed cases
- c. Update on Service Line and Strategy
- 3. Reports were given and approved for the credentialing and privileging of medical and allied professional staff, as well as Peer Review by the Medical Executive Committee.
- 4. Quality Report was given by CQO Chris Langenwalter. This month's report focused on the highly regarded Comprehensive Stroke Program at DRMC. One area that is being studied is the disparity between certain groups in how quickly patients with stroke symptoms seek care. The use/effectiveness of "clot-busting" drugs is dependent on how quickly patients with stroke symptoms seek care. The causes of the disparity are multifactorial and include cultural, educational, distance, and other factors.
- 5. The August Financial Report was given by CFO Jimmy Fish.
- 6. Policies and Procedures were reviewed and approved by the Governing Board as part of the Consent Agenda.
- 7. The Nominating Committee for 3 open DRMC Governing Board openings for 2025 (all must be physicians because of by-laws requiring a minimum number of physicians) will be reviewing nominations and making a recommendation to the Board at the October 24, 2024, meeting.



Assembly Bill 617 (AB 617) Community
Emission Reductions Plans (CERPs)
Informe de progreso anual del 2024
de los Planes Comunitarios de
Reducción de Emisiones (CERPs) de
la Ley 617 de la Asamblea (AB 617)

All CSC Meeting August 24, 2024 Reunión de todos los CSCs 24 de agosto del 2024

Engagement Guidelines and Expectations & Goals for Today

Pautas de Participación y Expectativas y Metas para Hoy

AB 617 Background

Antecedentes de AB 617

CARB Blueprint 2.0 Overview

Descripción General del Plan Marco 2.0 de CARB

Agenda

Annual Progress Report & CERP Implementation Dashboard Informe de Progreso Anual y Tablero de Implementación del CERP

CSC Members and Cumulative AB 617 Program Accomplishments

Miembros del CSC y Logros Acumulados del Programa de AB 617

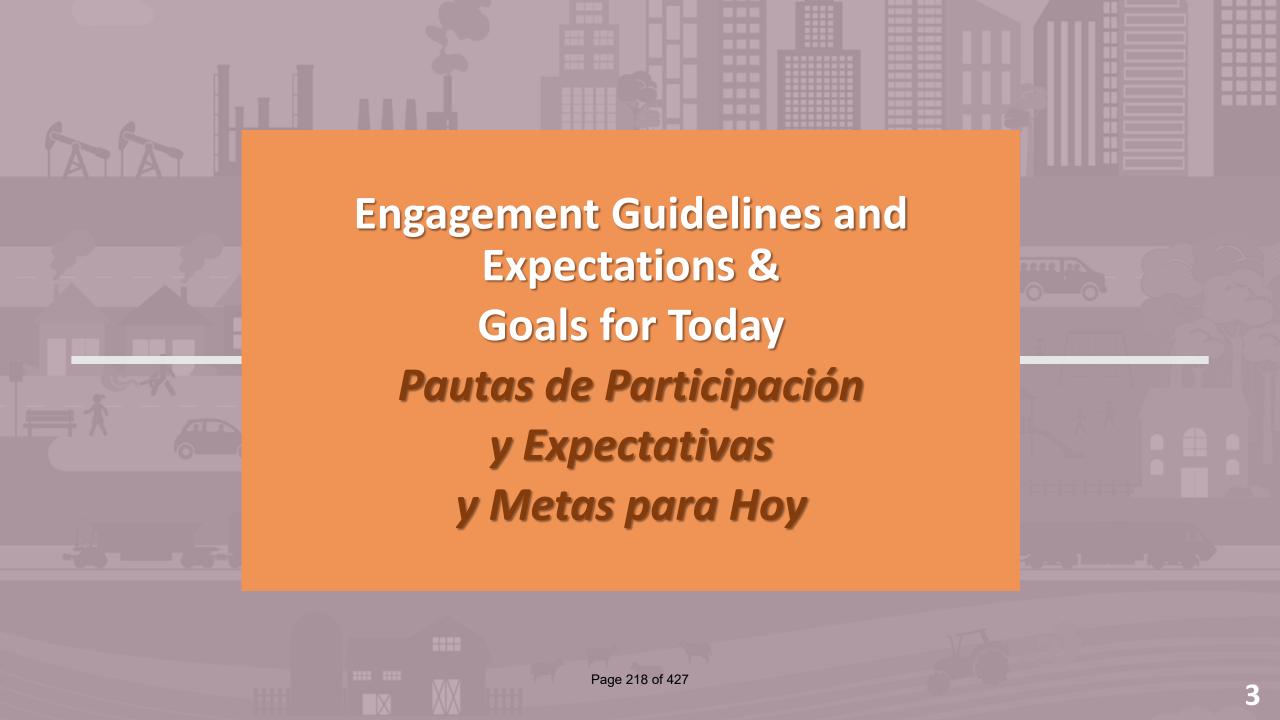
Individual Community Overview, Highlights, & Next Steps

Descripción General de la Comunidad Individual, Aspectos Destacados, y Siguientes Pasos

Breakout Discussions

Discusiones en Grupo Pequeño

Page 217 of 427



Language Justice *Justicia del Idioma*

SLOW DOWN

Facilitators, presenters, trainers, participants... anyone speaking during the event, **speak at a moderate pace**. **Take a breath** after each sentence, **take a pause** after switching speakers and asking questions. Slowing down supports **EVERYONE**, not just interpreters.





SPEAK-UP

Speak loud and clear! Ideally, **using** headphones with a mic. Interpreters need to be able to hear the speaker over the sound of their own voice when doing simultaneous interpretation.

HABLAR DESPACIO

Facilitadorxs, talleristas, presentadorxs, participantes... cualquier persona que participe durante el evento, hable a un ritmo más lento.

Respire al terminar cada frase, pause brevemente al hacer una pregunta o cuando le pase la palabra a alguien más. Hablar más despacio apoya a TODXS, no solamente a lxs intérpretes.





HABLAR EN VOZ ALTA

¡Hable claramente y en voz alta! Use audífonos con micrófono si es posible. Lxs intérpretes tienen que poder escucharle sobre el sonido de su propia voz cuando están haciendo interpretación simultanea.

Language Justice (cont.) Justicia del Idioma (cont.)

SAY YOUR NAME EACH TIME YOU SPEAK

Folks listening to the interpretation might only hear the interpreters voice, so they will not notice when a new person is speaking.





ONE PERSON AT A TIME

Interpreters can only interpret for one person at a time, and they don't want to be put in the position of having to decide which voice to privilege over another.

LANGUAGE IS NOT A BARRIER

To the contrary, when we have multiple languages in a space, we have multiple cosmovisions, and multiple ways of understanding the world. We have the opportunity to expand and deepen our perspective, our imaginations, the possible strategies, tactics, and visions for what is possible.



DECIR SU NOMBRE CADA VEZ QUE PARTICIPE

Es posible que las personas que están escuchando la interpretación solo escuchan a lxs intérpretes, así que no saben en que momento cambio la persona que esta hablando.



UNA PERSONA A LA VEZ

Lxs intérpretes solamente pueden interpretar por una persona a la vez, y no quieren estar en la posición de tener que dar privilegio a una persona sobre otra.

EL LENGUAJE NO ES UNA BARRERA

Es todo lo contrario, cuando hay múltiples idiomas en un espacio, hay múltiples cosmovisiones y varias maneras de entender el mundo. Nos da la oportunidad para expandir y profundizar nuestra perspectiva, nuestras imaginaciones, las posibles estrategias y tácticas, y nuestra Page 220 of 427isión de los que es posible.



Goals for this Session Objetivos para esta Sesión

Provide CERP Implementation Highlights

Proporcionar Aspectos Destacados de la Implementación del CERP

CSC Feedback and Discussion

Comentarios y Discusión del CSC









Of the 19 communities designated statewide, 6 of them are within the South Coast AQMD jurisdiction

De las 19 comunidades designadas en todo el estado, 6 de ellas están dentro de la jurisdicción de South Coast AQMD

South Coast AQMD AB 617 Communities Comunidades de AB 617 de South Coast AQMD

2018-Designated Communities Comunidades designadas en 2018



East Los Angeles, Boyle Heights, West Commerce (ELABHWC)



Wilmington, Carson, West Long Beach (WCWLB)



San Bernardino, Muscoy (SBM)

2019-Designated Communities Comunidades designadas en 2019



Eastern Coachella Valley (ECV)



Southeast Los Angeles Page 224 of 42 (SELA) 2020-Designated Community

Comunidades designadas en 2020



South Los Angeles (SLA)

CERP Overview Descripción general del CERP

CERP Elements Elementos del CERP

CERP Strategies Estrategias del CERP

Air Quality Priorities

Prioridades de calidad del aire

Goals *Metas*

Strategies Estrategias

Objectives Objetivos











Rules and Regulations
Reglas y regulaciones

CARB Blueprint 2.0 Overview Visión General del Plan Marco 2.0 de CARB

CARB Blueprint 2.0 Background

What is the Community Air Protection (CAP) Program Blueprint?

- First Community Air Protection Program Blueprint¹ was approved in September 2018
 - Must be updated every five years
 - Outlines processes for:
 - Identifying impacted communities
 - Statewide strategies to reduce emissions
 - Criteria for community emission reductions programs and community air monitoring plans

What is the Blueprint 2.0?

- Community Air Protection Program Blueprint 2.0 (Blueprint 2.0²) was approved in October 2023
 - Reflects the experiences and lessons learned since the beginning of the Community Air Protection Program (Program)
 - Informed by The People's Blueprint³
 - Recommends an equity-centered approach for Program implementation

AB 617 and CARB's CAP Blueprint both require air districts to prepare annual progress reports summarizing the results of CERP implementation

¹ Community Air Protection Program Blueprint: <u>Community Air Protection BLUEPRINT, October 2018 (ca.gov)</u>
² Community Air Protection Program Blueprint 2.0: <u>Community Air Protection Program Blueprint 2.7</u>.0f(227gov)

³ The People's Blueprint: <u>The People's Blueprint</u> | California Air Resources Board

Antecedentes del Plan Marco 2.0 de CARB

¿Qué es el Plan Marco del Programa de Protección del Aire Comunitario (CAP)?

- El primer Plan Marco del Programa Comunitario de Protección del Aire¹ se aprobó en septiembre del 2018
 - Debe actualizarse cada cinco años
 - Describe los procesos para:
 - Identificación de las comunidades afectadas
 - Estrategias a nivel estatal para reducir las emisiones
 - Criterios para programas de reducción de emisiones comunitarias y planes de supervisión del aire comunitario

¿Qué es el Plan Marco 2.0?

- El Plan Marco 2.0 del Programa Comunitario de Protección del Aire (Plan Marco 2.0²) se aprobó en octubre del 2023
 - Refleja las experiencias y lecciones aprendidas desde el comienzo del Programa de protección del aire comunitario (Programa)
 - Orientado por The People's Blueprint³
 - Recomienda un enfoque centrado en la equidad para la implementación del Programa

AB 617 y el Plan Marco CAP de CARB requieren distritos aéreos para preparar informes de progreso anuales que resuman los resultados de la implementación del CERP

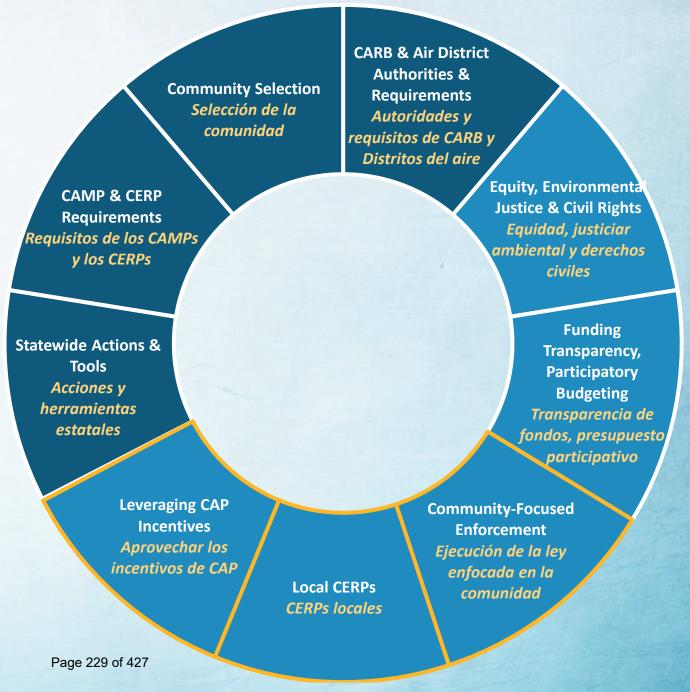
Blueprint 2.0 Plan Marco 2.0

- 1st Program Update
 1^a actualización del programa
- Required every 5 years
 Obligatorio cada 5 años
- Reimagine the Program to identify new ways to support more communities
 Reimaginar el programa para identificar nuevas formas de apoyar a más comunidades

Continue from 2018 Program Blueprint
Continuar a partir del Plan Marco del programa del 2018

New in Blueprint 2.0
Nuevo en el Plan Marco 2.0

Reimagining the Program
Reimaginando el Programa



South Coast AQMD AB 617
Annual Progress Report (APR) & CERP
Implementation Dashboard
Informe de Progreso Anual (APR) y Tablero
de Implementación del CERP

Progression of Annual Progress Reports (APRs) Progresión de los Informes de progreso anual (APR)

Year 2021, 2022 <i>Año 2021, 2022</i>	Year 2023 APR APR del Año 2023	Year 2024 APR APR del Año 2024
 Progress Report (PDF) Informe de progreso (PDF) CARB APR Spreadsheet Template Plantilla de hoja de cálculo del APR de CARB 	 Progress Report (PDF) Informe de progreso (PDF)) South Coast AQMD APR Spreadsheet Hoja de cálculo de la APR de South Coast AQMD 	 Dashboard Reporting Tool Herramienta de informes del Tablero Infographics Sharing Community Highlights Infografías que comparten aspectos destacados de las comunidades
Board Letter as Submission to South Coast AQMD Governing Board Carta de la Junta como presentación a la Junta Directiva de South Coast AQMD	Board Letter as Submission to South Coast AQMD Governing Board Carta de la Junta como presentación a la Junta Directiva de South Coast AQMD	Board Letter as Submission to South Coast AQMD Governing Board Carta de la Junta como presentación a la Junta Directiva de South Coast AQMD

APR Timeline Cronograma del APR

Mid - Late August **Release Updated Dashboard** Mediados-fines de agosto Publicar panel de control actualizado

August 24, 2024 We Are Here **All-CSC Hybrid Meeting** 24 de agosto del 2024 Reunión híbrida de todos los CSCs https://scaqmd.zoom.us/j

/93770877421

 Opportunity for verbal comments Oportunidad de comentarios verbales

iEstamos

aquí!

Mid October 2024 **South Coast AQMD Submits Report to CARB** A mediados de octubre del 2024 South Coast AQMD envía informe a CARB

 CARB may provide comments or suggest revisions CARB puede proporcionar comentarios o sugerir revisiones September 20, 2024 **Stationary Source** Committee

20 de septiembre del 2024 Comité de fuente estacionaria

https://scaqmd.zoom.us/j/ 94141492308

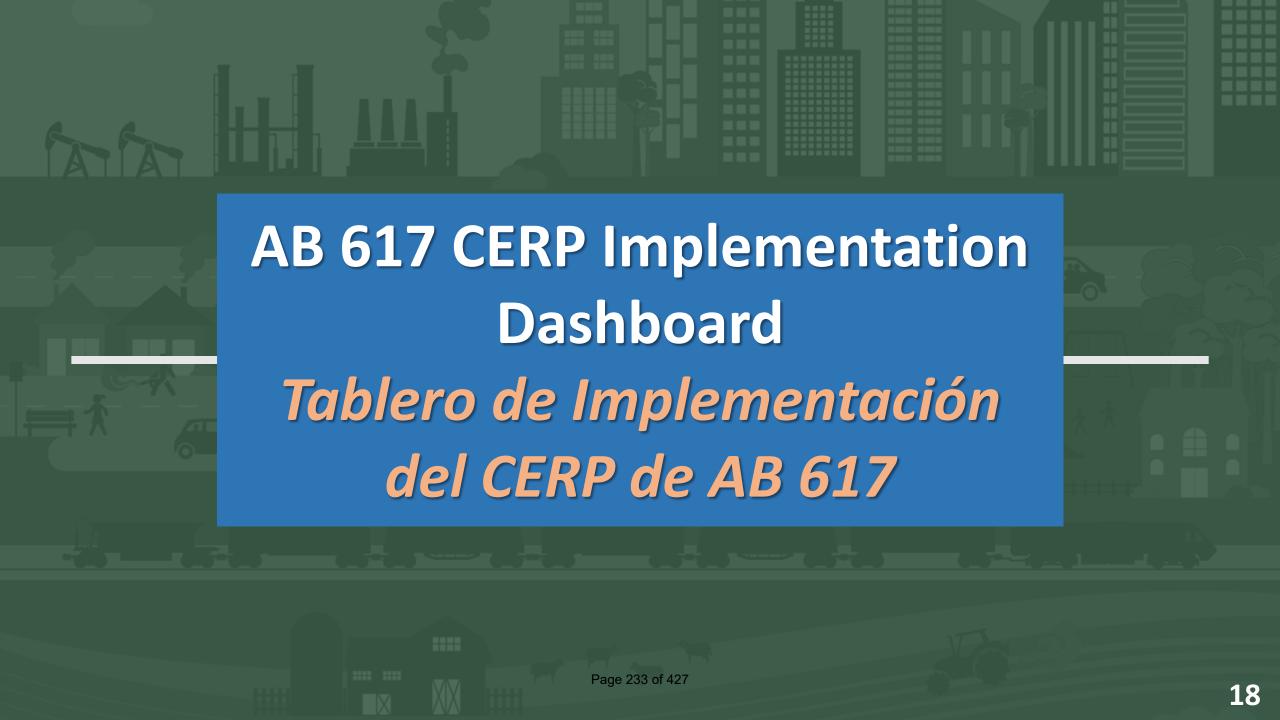
 Opportunity for verbal comments Oportunidad de comentarios verbales

> **CARB Board Meeting*** for APR from **All Air Districts** Reunión de la junta directiva de CARB* para APR desde Todos los distritos de aire

 CARB Board Meeting date is still to be determined La fecha de la reunión de la Junta del CARB aún está por determinarse

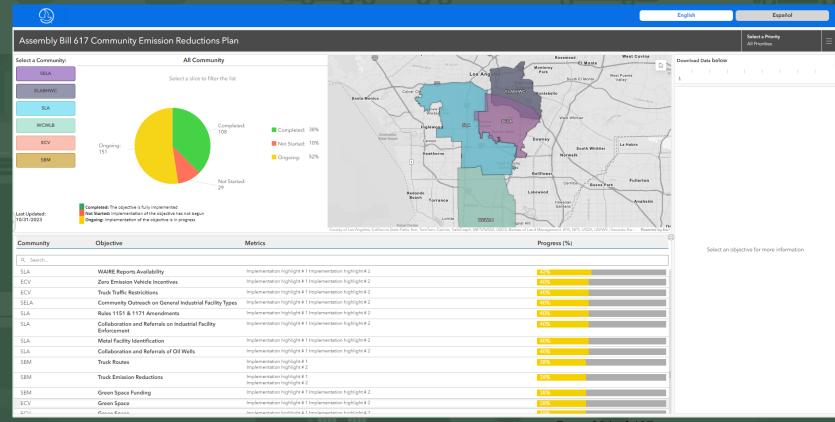
October 04, 2024 **Governing Board Meeting** 4 de octubre del 2024 Reunión de la Junta Directiva https://scaqmd.zoom.us/j/93 128605044

 Opportunity for verbal comments **Oportunidad de comentarios** verbales



AB 617 CERP Implementation Dashboard Tablero de implementación del CERP de AB 617

Updated CERP Implementation Dashboard* Tablero de Implementación del CERP Actualizado*

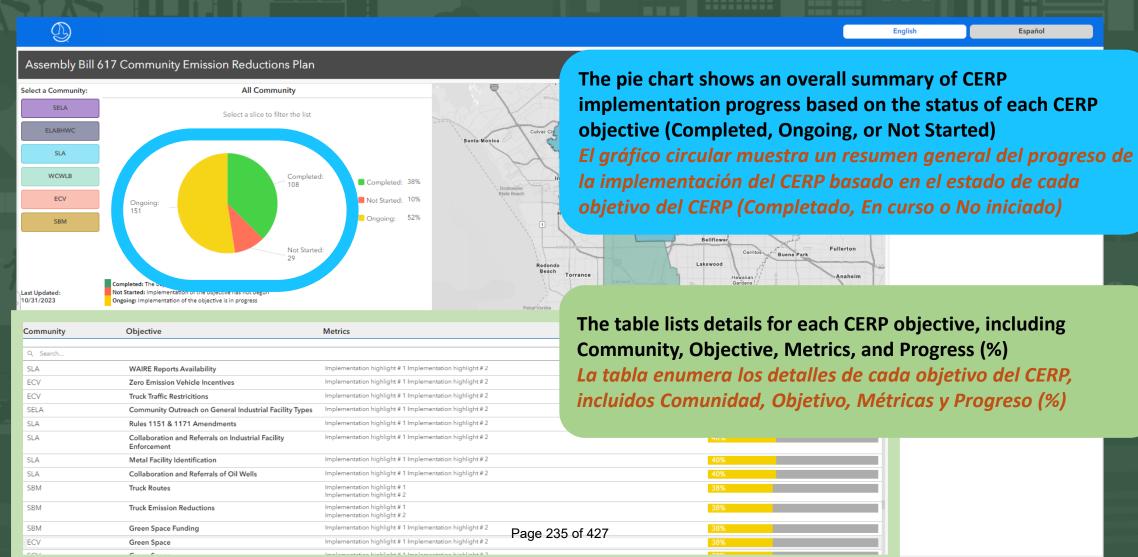


- Community specific Específico de la comunidad
- Interactive visual platform
 Plataforma visual interactiva
- Shows statuses of overall implementation and CERP objectives
 Muestra los estados de la
 - Muestra los estados de la implementación general y los objetivos del CERP
 - Information from APR
 Spreadsheet
 Información de la hoja de cálculo del APR

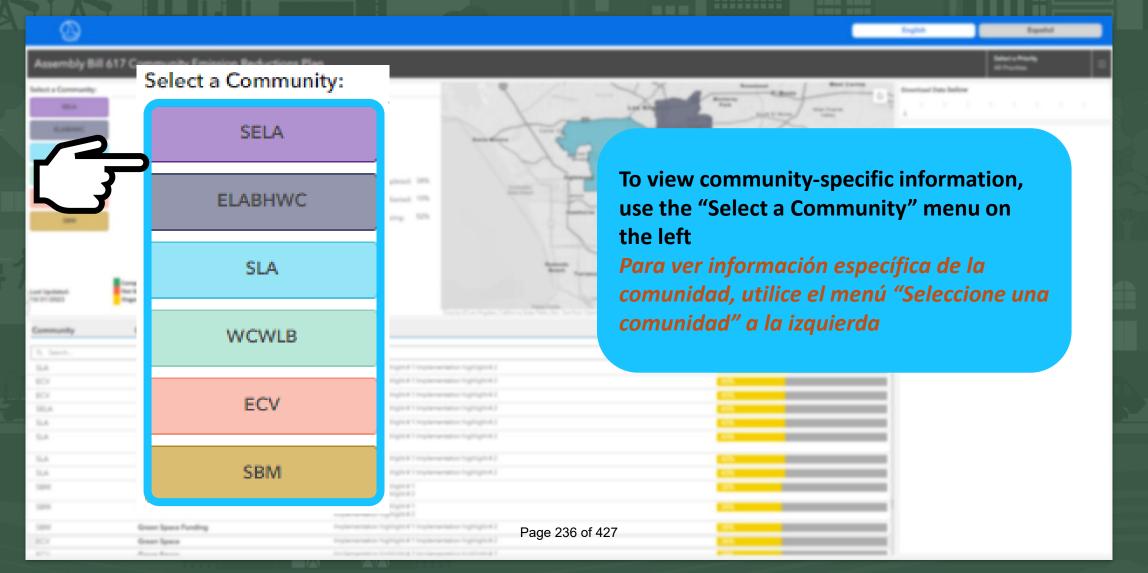
*Dashboard layout may differ in final release

*El diseño del Tablero puede diferir en la versión final

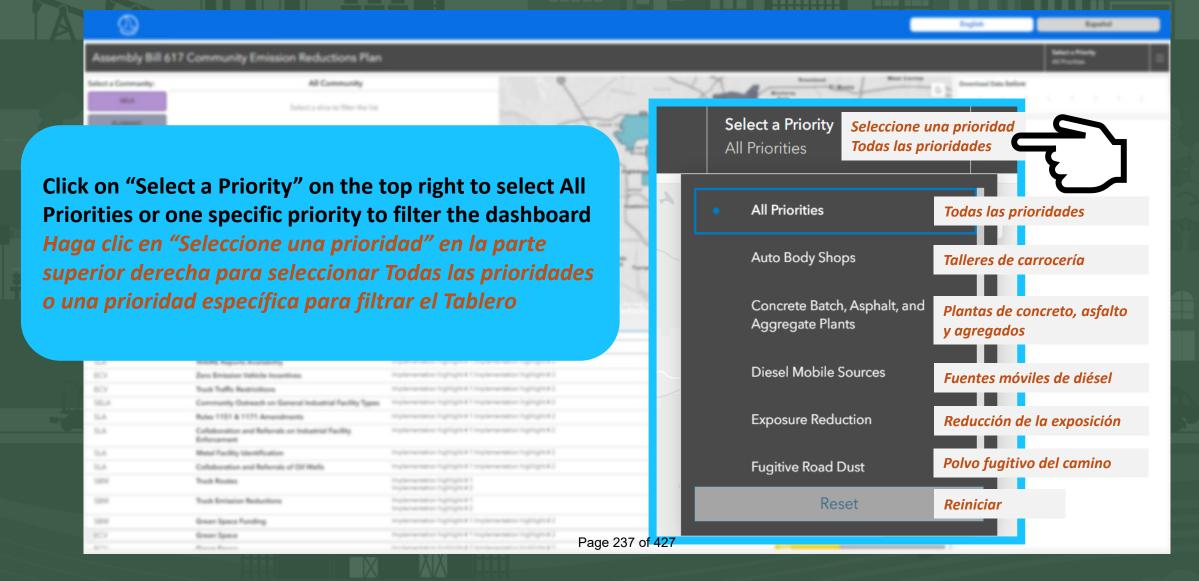
AB 617 CERP Implementation Dashboard (cont.) Tablero de Implementación del CERP de AB 617 (cont.)



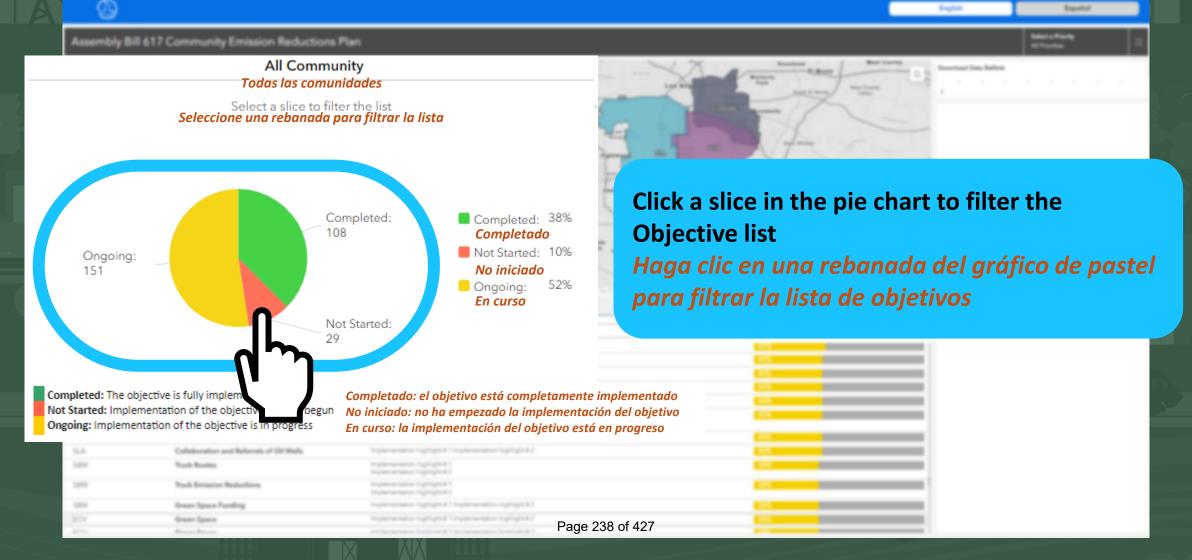
AB 617 CERP Implementation Dashboard (cont.) Tablero de Implementación del CERP de AB 617 (cont.)



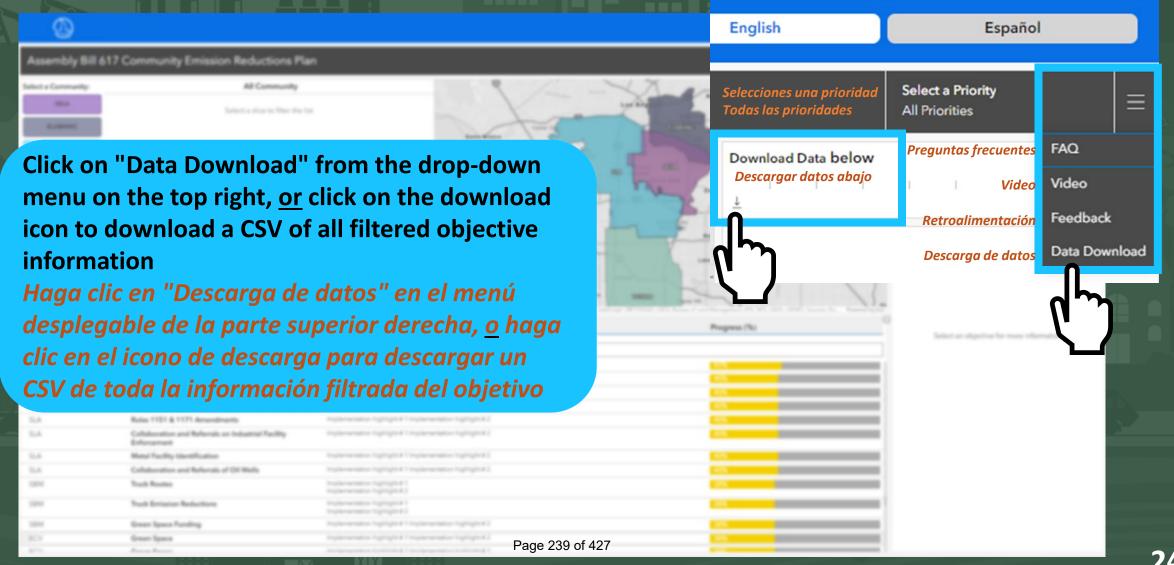
AB 617 CERP Implementation Dashboard (cont.) Tablero de implementación del CERP de AB 617 (cont.)

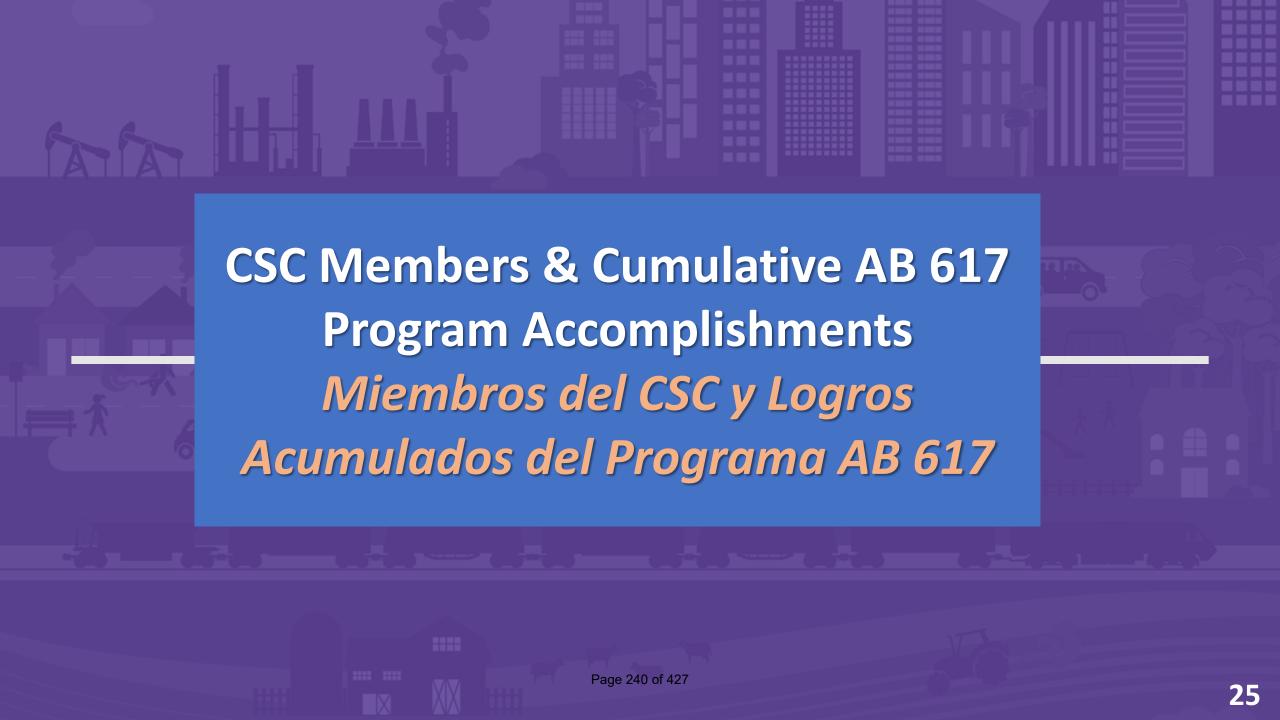


AB 617 CERP Implementation Dashboard (cont.) Tablero de Implementación del CERP de AB 617 (cont.)



AB 617 CERP Implementation Dashboard (cont.) Tablero de Implementación del CERP de AB 617 (cont.)





Thanks to all CSC members! j Gracias a Todos los Miembros del CSC!

East Los Angeles, Boyle Heights, West Commerce (ELABHWC)

San Bernardino, Muscoy (SBM)

Southeast Los Angeles (SELA)

Wilmington, Carson, West Long Beach (WCWLB)

Eastern Coachella Valley (ECV)

- Budget Working Team
 Equipo de trabajo del presupuesto
- Monitoring Working Team
 Equipo de trabajo de monitoreo
- Outreach Working Team Equipo de trabajo de alcance
- CERP Implementation Working Team

Equipo de trabajo de implementación del CERP

South Los Angeles (SLA)

- Community Co-Leads
 Co-líderes comunitarios
- Oil and Gas Working Team
 Equipo de trabajo de petróleo y gas
- Community Air Monitoring Working Team
 - Equipo de trabajo de monitoreo del aire comunitario
- Just Transition Working Team
 Equipo de trabajo de transición justa
- Community Mobility Working Team Equipo de trabajo de movilidad comunitaria
- Participatory Budgeting Committee
 Comité del presupuesto participativo

Page 241 of 427

Incentive Funds and Associated Emission Reductions (All Communities) Fondos de Incentivos y Reducciones de Emisiones Asociadas (Todas las Comunidades)

- Total Incentive Funds
 Approved*:
 Total de fondos de
 incentivos aprobados*:
 - \$246.3 million *\$246.3 milliones*

*Approved by the South Coast AQMD Governing Board, but not all funds have been liquidated

*Aprobado por la Junta Directiva de South Coast AQMD, pero no todos los fondos han sido liquidados Total Emissions Reductions in tons per year (tpy) Reducción total de Emisiones en toneladas por año (tpa)

NOx

DPM

VOC

Nitrogen Oxides *Óxidos de*nitrógeno

Diesel Particulate
Matter
Material
particulado de
diésel

Volatile Organic Compounds Compuestos orgánicos volátiles

662 tpy / tpa

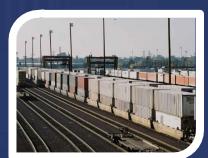
25 tpy / *tpa*

39 tpy / tpa



Cross Community Highlights – Adopted Rules *Aspectos Destacados en Varias Comunidades – Reglas Adoptadas*

Communities Comunidades	Rule Regla
ELABHWC, SBM, SELA, WCWLB	Rule 2305 – Warehouse Indirect Source Rule – Warehouse Actions and Investments to Reduce Emissions (WAIRE) Program (May 2021) Regla 2305 – Reglamentación para fuentes indirectas en almacenes – Programa de acciones e inversiones en almacenes para reducir emisiones (WAIRE) (Mayo del 2021)
SELA, SLA	Rule 1460 – Control of Particulate Emissions From Metal Recycling and Shredding Operations (February 2023) Regla 1460 – Control de emisiones particuladas de operaciones de reciclaje y triturado de metales (Febrero del 2023)
SLA, WCWLB	Rule 1148.2 – Notification and Reporting Requirements for Oil and Gas Wells and Chemical Suppliers (November 2022) Regla 1148.2 – Notificación y requisitos de reporte para pozos de petróleo y gas y proveedores de productos químicos (Noviembre del 2022)
ELABHWC, SBM, SELA, SLA, WCWLB	Rule 2306 – Freight Rail Yards (August 2024) Regla 2306 — Patios ferroviarios de carga (Agosto del 2024)



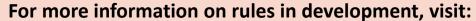




For more information on adopted rules, visit: / Para más información subject para s

Cross Community Highlights – Rules In Development Aspectos Destacados en Varias Comunidades – Reglas en Desarrollo

Communities Comunidades	Rule Regla	
SLA, WCWLB	Proposed Amended Rule (PAR) 1148.1 – Oil and Gas Production Wells (initiated April 2023) Regla propuesta modificada (PAR) 1148.1 – Pozos de producción de petróleo y gas (iniciada en abril del 2023)	
ELABHWC, SLA	Proposed Rule (PR) 1435 – Control of Toxic Air Contaminant Emissions from Metal Heating Operations (initiated May 2019) Regla propuesta (PR) 1435 – Control de emisiones de contaminantes del aire tóxicos de operaciones de tratamiento térmico de metales (iniciada en mayo del 2019)	
ELABHWC, SLA	PR 1445 — Control of Toxic Emissions from Laser and Plasma Arc Metal Cutting (initiated June 2023) PR 1445 — Control de las emisiones tóxicas del corte de metal por arco láser y plasma (iniciada en junio del 2023)	



Para más información sobre las reglas en desarrollo, visite:

https://www.aqmd.gov/home/rules-compliance/rules/scaqmd-rule-book/proposed-rules







Other Cross Community Highlights Otros Aspectos Destacados en Varias Comunidades

- AB 617 Private Schools Air Filtration Program (All Six)
 - AB 617 Programa de filtración de aire de escuelas privadas (Las seis)
 - \$1.1 million in Supplemental Environmental Project (SEP) funds for air filtration systems for 184 eligible private schools and daycares
 - \$1.1 millones en fondos del Proyecto Ambiental Suplementario (SEP) para sistemas de filtración de aire para 184 escuelas privadas y guarderías elegibles
- Clean Technology Truck Loaner Program (ELABHWC, SBM, SELA, WCWLB)

 Programa de préstamo de camiones con tecnología limpia (ELABHWC, SBM, SELA, WCWLB)
 - RFP approved by Board in September 2023
 RFP aprobada por la Junta en septiembre de 2023
 - Applications for zero-emission truck rental services received through December 2023 and vendors selected in June 2024
 Solicitudes de servicios de alquiler de camiones con cero emisiones recibidas hasta diciembre de 2023 y proveedores seleccionados en junio de 2024
- Automated License Plate Reader (ALPR) Pilot Studies (ELABHWC, SBM)

 Estudios piloto de lectores automáticos de placas de vehículos (ALPR) (ELABHWC, SBM)
 - Targeted outreach to truck owners and operators on available incentive programs for heavy-duty trucks

 Alcance dirigido a los propietarios y operadores de camiones sobre los programas de incentivos disponibles para camiones pesados

South Coast AQMD Enforcement Activities Actividades de Ejecución de Leyes de South Coast AQMD

Enforcement activities include:

Las actividades de ejecución de leyes incluyen:

- Truck idling sweeps

 Barridos de camiones que están parados con el motor encendido
- Complaint responses Respuestas a quejas
- Evaluating and addressing notifications from regulated facilities Evaluar y abordar las notificaciones de las instalaciones reguladas
- Facility inspections
 Inspecciones de las instalaciones
- Surveillance operations
 Operaciones de vigilancia
- Follow-up inspections from community air monitoring efforts
 Inspecciones de seguimiento de los esfuerzos de monitoreo del
 aire de la comunidad



Air Monitoring Monitoreo del Aire

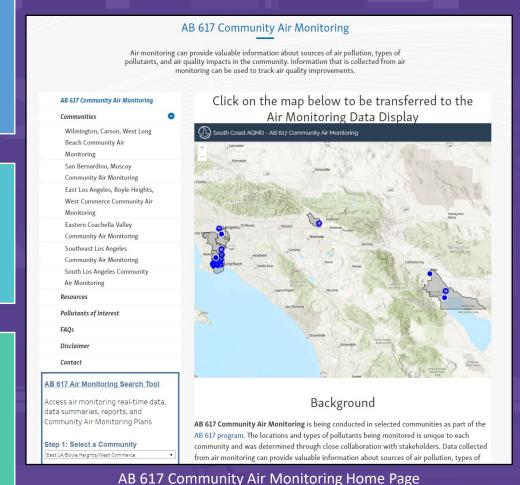
Monitoring activities conducted as outlined in the CAMPs support implementation of the CERPs (e.g., guidance on enforcement activities) Las actividades de monitoreo realizadas como se describe en los CAMP respaldan la implementación de los CERP (p. ej., orientación sobre actividades de ejecución de leyes)

Locations monitored are determined through close collaboration with CSCs

Las ubicaciones monitoreadas se determinan mediante una estrecha colaboración con los CSC

Community-specific air monitoring webpages provide details on monitoring activities and information about pollution sources, and air quality impacts

Las páginas web de monitoreo del aire específicas de la comunidad proporcionan detalles sobre las actividades de monitoreo e información sobre las fuentes de contaminación y los impactos en la calidad del aire



Página web del Monitoreo del aire de comunidades AB 617

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Community Outreach, Relations and Engagement Alcance, Relaciones y Participación Comunitaria



Page 249 of 42

Completed CERP Objectives Overview Descripción General de los Objetivos del CERP Completados



Completed CERP objectives were presented at multiple CSC meetings

Los objetivos del CERP completados se presentaron en varias reuniones del CSC

Community input was gathered for future implementation

Se recopiló información de la comunidad para su implementación futura

- ELABHWC Quarter 2 CSC Meeting: May 23, 2024 Reunión del CSC de ELABHWC del segundo trimestre: 23 de mayo del 2024
- SELA Quarter 2 CSC Meeting: June 6, 2024
 Reunión del CSC de SELA del segundo trimestre:
 6 de junio del 2024
- WCWLB Quarter 2 CSC Meeting: June 13, 2024 Reunión del CSC de WCWLB del segundo trimestre: 13 de junio del 2024

- SBM Quarter 2 CSC Meeting: June 20, 2024 Reunión del CSC de SBM del segundo trimestre: 20 de junio del 2024
- SLA Quarter 2 CSC Meeting: June 27, 2024 Reunión del CSC de SLA del segundo trimestre: 27 de junio del 2024
- ECV CSC Meeting presentation upcoming*

 Presentación de la reunión del CSC de ECV

 próximamente*

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Individual Community
Overview, Highlights, and Next Steps
Descripciones Generales de las
Comunidades Individuales, Aspectos
Destacados, y Siguientes Pasos

CERP Objectives Identifier *Identificador de Objetivos del CERP*

Identifies the community and location of the objective in the CERP. CERP identifiers are labeled as:

Identifica la comunidad y la ubicación del objetivo en el CERP. Los identificadores del CERP se etiquetan como:

Community *Comunidad*

ECV-5a-03A

Objective number *Número de objetivo*

Chapter *Capítulo*

2018-Designated Communities Comunidades Designadas en 2018



East Los Angeles, Boyle Heights, West Commerce (ELABHWC)



San Bernardino, Muscoy (SBM)



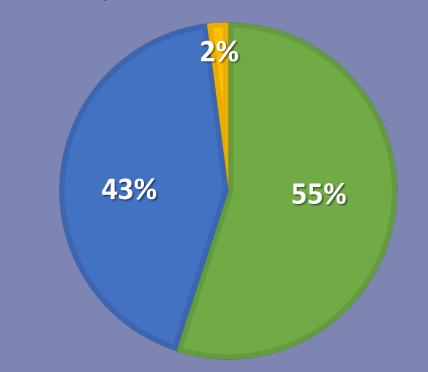
Wilmington, Carson,
West Long Beach
(WCWLB)

ELABHWC CERP Implementation Progress Progreso de la Implementación del CERP

- **Seven Air Quality Priorities:**
 - Siete Prioridades de Calidad del Aire
 - Trucks Camiones
 - Railyards *Ferrocarriles*
 - Metal Processing Facilities Instalaciones de Procesamiento de Metales
 - Rendering Facilities Instalaciones de Renderizado
 - Auto Body Shops Talleres de Carrocería
 - **Exposure Reduction** Reducción de la Exposición
 - General Industrial Facilities *Instalaciones Industriales Generales*
- 42 CERP Objectives 42 Objetivos del CERP

Status of CERP Implementation

From September 6, 2019 to June 30, 2024



Estado de la Implementación del CERP

Desde el 6 de septiembre del 2019 hasta el 30 de junio del 2024



ELABHWC Annual CERP Implementation Highlights Aspectos Destacados Anuales de la Implementación del CERP

- Exposure Reduction, Chapter 5g, Objective 3 (ELAB-5g-03) Reducción de la exposición, Capítulo 5g, Objetivo 3 (ELAB-5g-03)
 - Residential Air Filtration System Program* Programa residencial de filtración del aire
 - 280 applications approved (as of August 8, 2024)** 280 solicitudes aprobadas (al 8 de agosto de 2024)**
 - 260 households receiving 356 units 260 hogares que reciben 356 unidades
- Neighborhood and Freeway Traffic, Chapter 5b, Objective 2 (ELAB-5b-02); Railyards, Chapter 5c, Objective 1 (ELAB-5c-01) Tráfico del vecindario y de autopistas, Capítulo 5b, Objetivo 2 (ELAB-5b-02); Patios de ferrocarril, Capítulo 5c, Objetivo 1 (ELAB-5c-01)
 - \$61.7 million in Community Air Protection Incentives approved by South Coast AQMD for zero-emission infrastructure and locomotives***
 - \$61.7 millones en incentivos de protección del aire comunitario aprobados por South Coast AQMD para infraestructuras y locomotoras de cero emisiones ***







^{*}Data updated as of August 8, 2024 / Datos actualizados al 8 de agosto del 2024

^{**}South Coast AQMD received approximately 1,000 additional applications from the ELABHWC and ECV communities in response to ongoing outreach efforts on the Residential Air Filtration Program, which are currently under review and not reflected on this slide / South Coast AQMD recibió aproximadamente 1000 solicitudes adicionales de las comunidades de ELABHWC y ECV en respuesta a los esfuerzos de alcance en curso sobre el Programa de filtración de aire residencial, que actualmente están bajo revisión y no se reflejan en esta diapositiva Page 255 of 427



Next Steps Siguientes Pasos



Permit Cross-Check System | ELAB-5h-03

Sistema de comprobación cruzada de permisos | ELAB-5h-03

 Review data provided by land-use agencies to identify industrial facilities needing a South Coast AQMD permit

Revisar los datos proporcionados por las agencias de uso del suelo para identificar las instalaciones industriales que necesitan un permiso de South Coast AQMD



Public School Air Filtration Systems | ELAB-5g-02

Sistemas de filtración de aire para escuelas públicas | ELAB-5g-02

- Anticipate opening Public School Air Filtration Program for applications

 Anticipar la apertura del programa de filtración de aire para escuelas públicas para recibir solicitudes
- Outreach to and work with relevant school districts to apply Alcance y trabajo con los distritos escolares pertinentes para presentar la solicitud



Truck Routes | ELAB-5b-03

Rutas de camiones | ELAB-5b-03

- Obtain CSC input on neighborhood streets and corridors of concern for truck traffic
 Obtener información del CSC sobre las calles de los vecindarios y los corredores de interés para el tráfico de camiones
- Encourage agencies to implement truck restrictions per CSC recommendations

 Estimular a las agencias a implement truck restricciones de camiones según las recomendaciones del CSC

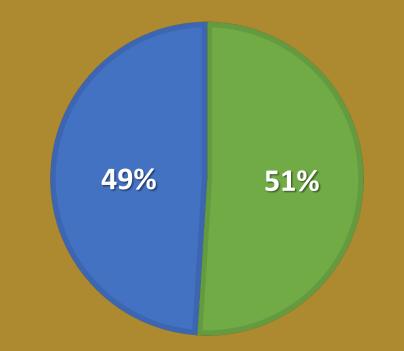
SBM

CERP Implementation Progress Progreso de la Implementación del CERP

- Six Air Quality Priorities
 Seis Prioridades de Calidad del Aire
 - Neighborhood Truck Traffic
 Tráfico de Camiones en el Vecindario
 - Warehouses On-Site Emissions
 Emisiones en Sitio de Almacenes
 - Omnitrans Bus Yard
 Patio de Autobuses de Omnitrans
 - Railyards Ferrocarriles
 - Concrete Batch, Asphalt Batch, and Aggregate Plants
 Lotes de Concreto y Asfalto y Plantas Agregadas
 - Exposure Reduction
 Reducción de la Exposición
- 37 CERP Objectives 37 Objetivos del CERP

Status of CERP Implementation

From September 6, 2019 to June 30, 2024



Estado de la Implementación del CERP

Desde el 6 de septiembre del 2019 hasta el 30 de junio del 2024





Annual CERP Implementation Highlights Aspectos Destacados Anuales de la Implementación del CERP

- Green Spaces, Chapter 5g, Objective 3 (SBM-5g-03)
 Espacios verdes, Capítulo 5g, Objetivo 3 (SBM-5g-03)
 - Provided two grant letters of support for Master Gardeners Se proporcionaron dos cartas de apoyo para los maestros jardineros
 - If awarded, both projects will potentially help plant trees Si se conceden, ambos proyectos podrían ayudar a plantar árboles
- Trucks, Chapter 5b, Objective 3 (SBM-5b-03) Camiones, Capítulo 5b, Objetivo 3 (SBM-5b-03)
 - Targeted outreach to truck owners and operators on available incentive programs for heavy-duty trucks

 Alcance dirigido a los propietarios y operadores de camiones sobre los programas de incentivos disponibles para camiones d trabajo pesado
 - Incentive flyers distributed to 263 truck owners within SBM boundary Volantes de incentivos distribuidos a 263 propietarios de camiones dentro de los límites de SBM



SBM

Next Steps Siguientes Pasos



Truck Routes | SBM-5b-03

Rutas de camiones | SBM-5b-03

- City of San Bernardino completed a Truck Study and plans to use it to establish potential truck routes through the City's General Plan
 La ciudad de San Bernardino completó un estudio sobre camiones y planea utilizarlo para establecer posibles rutas de camiones a través del Plan General de la ciudad
- Encourage agencies to implement truck restrictions per CSC recommendations
 Estimular a las agencias a implementar restricciones de camiones según las recomendaciones del CSC



Green Spaces | SBM-5g-03

Espacios verdes | SBM-5g-03

- Continue to collaborate with green space partners to provide funding for trees

 Continuar collaborando con socios de espacios verdes para proporcionar financiamiento para árboles
- Identify additional opportunities for green spaces, such as residential tree planting
 Identificar oportunidades adicionales para espacios verdes, como la plantación de árboles residenciales



School Air Filtration | SBM-5g-02

Filtración de aire escolar | SBM-5g-02

- Anticipate opening Public School Air Filtration Program for applications

 Anticipar la apertura del programa de filtración de aire para escuelas públicas para recibir solicitudes
- Outreach to and work with relevant school districts to apply Alcance y trabajo con los distritos escolares pertinentes para presentar la solicitud

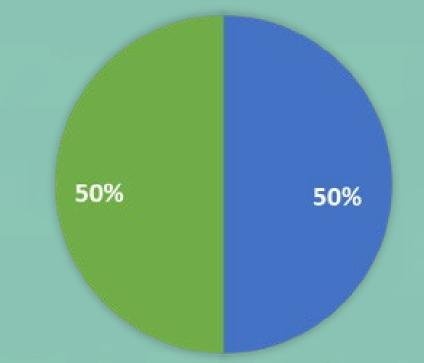
WCWLB

CERP Implementation Progress Progreso de la Implementación del CERP

- Six Air Quality Priorities:
 Seis Prioridades de Calidad del Aire
 - Refineries
 Refinerias
 - PortsPuertos
 - Neighborhood Truck Traffic
 Tráfico de Camiones en el Vecindario
 - Oil Drilling and Production
 Perforación y Producción de Petróleo
 - RailyardsFerrocarriles
 - Exposure Reduction
 Reducción de la Exposición
- 48 CERP Objectives
 48 Objetivos del CERP

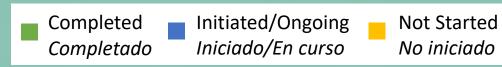
Status of CERP Implementation

From September 6, 2019 to June 30, 2024



Estado de la Implementación del CERP

Desde el 6 de septiembre del 2019 hasta el 30 de junio del 2024





Annual CERP Implementation Highlights Aspectos Destacados Anuales de la Implementación del CERP

 Neighborhood Truck Traffic, Chapter 5d, Objective 2 (WCWLB-5d-02)

Tráfico de camiones en el vecindario, Capítulo 5d, Objetivo 2 (WCWLB-5d-02)

- Participating in Caltrans Technical Advisory Committee to assist in reducing emissions from heavy-duty trucks for the Vincent Thomas Bridge deck replacement project
 - Participación en el Comité Asesor Técnico de Caltrans para ayudar a reducir las emisiones de camiones de trabajo pesado para el proyecto de reemplazo de la cubierta de Vincent Thomas Bridge
- Oil Drilling and Production, Chapter 5e, Objective 2 (WCWLB-5e-02)

Perforación y producción de petróleo, Capítulo 5e, Objetivo 2 (WCWLB-5e-02)

- Collaborated with Los Angeles County Department of Public Health on infographic to reduce exposure to risks from oil drilling and production sites
 - Colaboración con el Departamento de Salud Pública del Condado de Los Ángeles en la infografía para reducir la exposición a los riesgos de los sitios de perforación y producción de petróleo





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Next Steps Siguientes Pasos

Ports | WCWLB-5c-02

Puertos | WCWLB-5c-02



• Anticipated to go to the South Coast Governing Board in September 2024 for approval of South Coast AQMD to travel to China for collaboration on Pacific Rim Initiative for Maritime Emission Reductions (PRIMER) Memorandum of Cooperation

Se prevé que se presente ante la Junta de Gobierno de la Costa Sur en septiembre de 2024 para obtener la aprobación del AQMD de la Costa Sur para viajar a China para colaborar en el Memorando de Cooperación de la Iniciativa de la Cuenca del Pacífico para la Reducción de Emisiones Marítimas (PRIMER)

• Proposed Rule 2304 (PR 2304)¹ anticipated to go to the South Coast Governing Board in December 2024 Se prevé que la regla propuesta 2304 (PR 2304)1 llegue a la Junta de Gobierno de la Costa Sur en diciembre del 2024



Green Spaces | WCWLB-5g-04

Espacios Verdes | WCWLB-5g-04

- Continue to collaborate with CSC and green space partners to provide funding for trees Continuar colaborando con CSC y socios de espacios verdes para proporcionar fondos para árboles
- Identify additional opportunities for green spaces, such as residential tree planting Identificar oportunidades adicionales para espacios verdes, como la plantación de árboles residenciales



Oil Drilling and Production | WCWLB-5e-03

 Perforación y producción de petróleo | WCWLB-5e-03
 Proposed Amended Rule 1173² (PAR 1173) anticipated to go to the South Coast Governing Board in October 2024 Se prevé que la Regla enmendada propuesta 1173² (PAR 1173) llegue a la Junta de Gobierno de la Costa Sur en octubre del 2024

¹ PR 2304 - Commercial Marine Ports - Container Terminals / Puertos marítimos comerciales - Terminales de contenedores, https://www.aqmd.gov/home/rules-compliance/rules/scaqmd-rule-book/proposed-rules/rule-2304

² PAR 1163 – Control of Volatile Organic Compound Leaks and Releases from Components at Petroleum Fac ମିଶ୍ର କେ 20 ବ୍ୟୁ (Plants / Control de fugas y liberaciones de compuestos orgánicos volátiles de componentes en instalaciones petroleras y plantas químicas, https://www.agmd.gov/home/rules-compliance/rules/scagmd-rule-book/proposed-rules/rule-1173

2019-Designated Communities Comunidades Designadas en 2019



Eastern Coachella Valley (ECV)



Southeast Los Angeles (SELA)

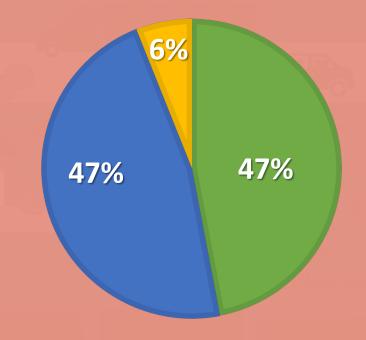
ECV

CERP Implementation Progress Progreso de la Implementación del CERP

- Seven Air Quality Priorities
 - Siete Prioridades de Calidad del Aire
 - Land Use
 Uso del Suelo
 - Salton Sea
 - PesticidesPesticidas
 - Fugitive Road Dust and Off-Roading
 Polvo Fugitivo del la Carretera y Conducción
 Todoterreno
 - Open Burning and Illegal Dumping
 Quemas a Cielo Abierto y Vertidos Ilegales
 - Diesel Mobile Sources
 Fuentes Móviles de Diésel
 - Greenleaf Desert View Power Plant Planta de Energía Greenleaf Desert View
- 74 CERP Objectives 74 Objetivos del CERP

Status of CERP Implementation

From December 4, 2020 to June 30, 2024



Estado de la Implementación del CERP

Desde el 4 de diciembre del 2020 hasta el 30 de junio del 2024





Annual CERP Implementation Highlights Aspectos Destacados Anuales de la Implementación del CERP

• Fugitive Road Dust and Off-Roading, Chapter 5d, Objective 2A (ECV-5d-02A)

Polvo fugitivo de la carretera y conducción todoterreno, Capítulo 5d, Objetivo 2A

- Paving Project Program Announcement closed on March 15, 2024
 Anuncio del Programa de proyectos de pavimentación cerrado el 15 de marzo del 2024
- One application received Se recibió una solicitud
- Paving Project Application Review Panel concluded application review on May 10, 2024

El Panel de revisión de solicitudes de proyectos de pavimentación concluyó la revisión de solicitudes el 10 de mayo del 2024

- Residential Air Filtration Program¹
 - Programa residencial de filtración del aire¹
 - 294 applications approved (as of August 8, 2024)²
 294 solicitudes aprobadas (al 8 de agosto del 2024)²
 - 292 households receiving 378 units 292 hogares que reciben 378 unidades



- ¹ Associated objectives / Objetivos asociados:
 Chapter 5b, Objective 3A / Capítulo 5b, Objetivo 3A (ECV-5b-03A);
 Chapter 5c, Objective 2C / Capítulo 5c, Objetivo 2C (ECV-5c-02C);
 Chapter 5d, Objective 3B / Capítulo 5d, Objetivo 3B (ECV-5d-03B);
 Chapter 5e, Objective 3C / Capítulo 5e, Objetivo 3C (ECV-5e-03C);
 Chapter 5f, Objective 1A / Capítulo 5f, Objetivo 1A (ECV-5f-01A);
 Chapter 5g, Objective 1A / Capítulo 5g, Objetivo 1A (ECV-5g-01A)
- ² South Coast AQMD received approximately 1,000 additional applications from the ELABHWC and ECV communities in response to ongoing outreach efforts on the Residential Air Filtration Program, which are currently under review and not reflected on this slid

South Coast AQMD recibió aproximadamente 1000 solicitudes adicionales de las comunidades de ELABHWC y ECV en respuesta a los esfuerzos de alcance en curso sobre el Programa de filtración de aire residencial, que actualmente están bajo revisión y no se reflejan en esta diapositiva.

ECV

Next Steps Siguientes Pasos



Paving Project / Proyecto de pavimentación ECV-5d-02A

- Develop contract
 Desarrollar contrato
- Initiate paving projects
 Iniciar proyectos de pavimentación



Residential Air Filtration Program / *Programa de filtración del aire residencial* ECV-5b-03A, ECV-5c-02C, ECV-5d-03B, ECV-5e-03C, ECV-5f-01A, ECV-5g-01A

• Continuing outreach and implementation of Residential Air Filtration Program Alcance continuo e implementación del programa de filtración de aire residencial



Tree Planting / Plantación de árboles ECV-5a-03D, ECV-5b-03F, ECV-5g-01A

- Continue to collaborate with green space partners to provide funding for trees Continuar colaborando con socios de espacios verdes para proporcionar financiamiento para árboles
- Identify additional opportunities for green spaces, such as residential tree planting
 Identificar oportunidades adicionales para espacios verdes, como la plantación de árboles
 residenciales

SELA

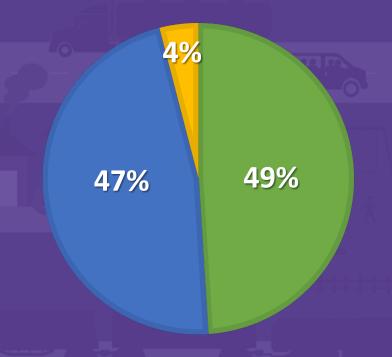
CERP Implementation Progress *Progreso de la Implementación del CERP*

- Six Air Quality Priorities

 Seis Prioridades de Calidad del Aire
 - Trucks Camiones
 - Rendering Facilities
 Instalaciones de Renderizado
 - Green Spaces
 Espacios Verdes
 - Metal Processing Facilities
 Instalaciones de Procesamiento de Metales
 - Railyards and Locomotives Ferrocarriles y Locomotoras
 - General Industrial Facilities
 Instalaciones Industriales Generales
- 43 CERP objectives
 43 objetivos del CERP

Status of CERP Implementation

From December 4, 2020 to June 30, 2024



Estado de la Implementación del CERP

Desde el 4 de diciembre del 2020 hasta el 30 de junio

del 2024





Annual CERP Implementation Highlights Aspectos Destacados Anuales de la Implementación del CERP

- Green Spaces, Chapter 5d, Objectives A, B, and C (SELA-5d-01A, SELA-5d-01B, and SELA-5d-01C)
 Espacios verdes, Capítulo 5d, Objetivos A, B y C (SELA-5d-01A, SELA-5d-01B y SELA-5d-01C)
 - Released the Green Space Program Request for Proposals (RFP; P2024-08)
 Publicación de la solicitud de propuestas del programa Green Space (RFP; P2024-08)
- Trucks, Chapter 5b, Objective D (SELA-5b-01D) Camiones, Capítulo 5b, Objetivo D (SELA-5b-01D)
 - Installation of 37 "No Idling" truck signs in 34 locations identified by the CSC
 Instalación de 37 letreros de camiones "no pararse con el motor encendido" en 34 ubicaciones identificadas por el CSC



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Next Steps Siguientes Pasos



Installing Green Spaces | SELA-5d-01A, SELA-5d-01B, SELA-5d-01C, and SELA-5d-01D Instalación de espacios verdes | SELA-5d-01A, SELA-5d-01B, SELA-5d-01C y SELA-5d-01D

Exploring other options and projects through CSC feedback and by contacting previously engaged organizations and local municipalities

Explorar otras opciones y proyectos a través de los comentarios del CSC y poniéndose en contacto con organizaciones previamente involucradas y municipios locales

- Continue to collaborate with CSC and green space partners to provide funding for trees
 Continuar collaborando con el CSC y socios de espacios verdes para proporcionar financiamiento para árboles
- Identify additional opportunities for green spaces, such as residential tree planting
 Identificar oportunidades adicionales para espacios verdes, como la plantación de árboles
 residenciales



Emissions Sources from Truck Traffic and Freeways | SELA-5b-01I Fuentes de emisiones del tráfico de camiones y autopistas | SELA-5b-01I

 Continue ongoing mobile and fixed-site air monitoring activities to measure diesel exhaust emission markers in areas of the community impacted by heavy-duty truck traffic
 Continuar con las actividades de monitoreo del aire en las instalaciones fijas y móviles para medir los marcadores de emisiones de escape diésel en áreas de la comunidad afectadas por el tráfico de camiones de trabajo pesado

2020-Designated Community Comunidad Designada en 2020



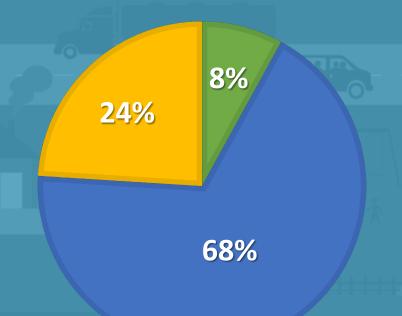


CERP Implementation Progress Progreso de la Implementación del CERP

- Five Air Quality Priorities
 Cinco Prioridades de Calidad del Aire
 - Mobile Sources
 Fuentes Móviles
 - Auto Body Shops
 Talleres de Carrocería
 - General Industrial Facilities
 Instalaciones Industrial Generales
 - Metal Processing Facilities
 Instalaciones de Procesamiento de Metales
 - Oil and Gas Industry
 Industria de Petróleo y Gas
- 53 CERP Objectives 53 objetivos del CERP

Status of CERP Implementation

From June 3, 2022 to June 30, 2024



Estado de la Implementación del CERP

Desde el 3 de junio del 2022 hasta el 30 de junio del 2024





Annual CERP Implementation Highlights Aspectos Destacados Anuales de la Implementación del CERP

- Auto Body Shops, Chapter 5c, Objective G (SLA-5c-01G)

 Talleres de carrocería para automóviles, Capítulo 5c, Objetivo G
 (SLA-5c-01G)
 - PAR 1151¹ and PAR 1171² are undergoing rule development to address CERP objectives and Best Available Retrofit Control Technology (BARCT)
 PAR 1151¹ y PAR 1171² se están sometiendo a un desarrollo de reglas para abordar los objetivos del CERP y La mejor tecnología de control de reacondicionamiento disponible (BARCT)
- Participatory Budgeting (Multiple Air Quality Priorities and Objectives)³
 Presupuesto participativo (múltiples prioridades y objetivos de calidad del aire)³
 - Initiated the Participatory Budgeting process to determine community-identified projects to be funded by \$10 million in Community Air Protection (CAP) Incentives funds Se inició el proceso de elaboración de presupuestos participativos para determinar los proyectos identificados por la comunidad que se financiarán con \$10 millones en fondos de incentivos de Protección del aire comunitario (CAP)









- ¹ PAR 1151 Motor Vehicle and Mobile Equipment Non-Assembly Line Coating Operations / Operaciones de recubrimiento para vehículos de motor y equipo móvil que no son en líneas de ensamblado
- ² PAR 1171 Solvent Cleaning Operations / Operaciones de limpieza con solvente
- ³ The following incentives-related objectives may benefit from the Participatory Budgeting process / Los siguientes objetivos relacionados con incentivos pueden beneficiarse del proceso de presupuestos participativos: SLA-5b-01B, SLA-5b-01D, SLA-5c-01H, SLA-5d-01B,

Page 272 of 497A 5d-01C, SLA-5e-01C, SLA-5f-01F, SLA-5f-01I



Next Steps Siguientes Pasos



Participatory Budgeting

Presupuesto participativo

SLA-5b-01B, SLA-5b-01D, SLA-5c-01H, SLA-5d-01B, SLA 5d-01C, SLA-5e-01C, SLA-5f-01F, SLA-5f-01I

- Finalize prioritized list of community-identified projects and funding allocations

 Finalizar la lista priorizada de proyectos identificados por la comunidad y asignaciones de financiamiento
- Begin implementation of projects
 Iniciar la implementación de proyectos



Working Teams (Just Transition, Community Mobility, Community Air Monitoring, and Oil and Gas) Equipos de trabajo (Transición justa, Movilidad comunitaria, Monitoreo del aire comunitario y Petróleo y gas)

SLA-5b-01F, SLA-5c-01A, SLA-5c-01D, SLA-5c-01G, SLA-5d-01A, SLA-5e-01A, SLA-5e-01F, SLA-5e-01G, SLA-5f-01D, SLA-5f-01E

- Determine opportunities for Working Teams to assist in implementation of CERP objectives
 Determinar oportunidades para que los equipos de trabajo ayuden en la implementación de los objetivos del CERP
- Consider opportunities for other agencies to share information on their programs related to the four Working Teams

Considerar oportunidades para que otras agencias compartan información sobre sus programas relacionados con los cuatro equipos de trabajo

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Prompts for Breakout Groups Temas para grupos pequeños

- 1. What are your overall observations of the AB 617 program since its inception? What worked? What has not? ¿Cuáles son sus observaciones generales del programa AB 617 desde su creación? ¿Qué funcionó? ¿Qué no?
- 2. Moving forward, what would you like the program to incorporate for the upcoming year?

 Conforme avanzamos, ¿qué le gustaría que incorporara el programa para el próximo año?
- 3. Are there any other suggestions that South Coast AQMD should consider? ¿Hay alguna otra sugerencia que South Coast AQMD deba considerar?

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Next Steps Siguientes Pasos

Opportunities to have your voice heard Oportunidades para que se escuche su voz

Stationary Source Committee Meeting: September 20, 2024

Reunión del comité de fuente estacionaria: 20 de septiembre del 2024

Governing Board Meeting: October 4, 2024

Reunión de la Junta Directiva: 4 de octubre del 2024

South Coast AQMD submits Final APR Package to CARB
CARB considers APR at CARB Board Meeting
South Coast AQMD envía el paquete de APR final a CARB
CARB considera el APR en la reunión de la Junta Directiva de CARB

Comments can be provided at the CARB Board Meeting (TBD)

Se pueden proporcionar comentarios en la reunión de la Junta Directiva de CARB (por determinarse)



Email / Correo electrónico: AB617@aqmd.gov Follow Us / Siganos: @SouthCoastAQMD













South Coast AQMD Truck Idling Sweeps Barridos de Camiones en Ralentí de South Coast AQMD

Community Comunidad	Number of Trucks Inspected Número de camiones inspeccionados	Number of Certified Clean Idle Stickers Número de pegatinas Clean Idle certificadas	Number of Notice of Violations Issued Número de avisos de infracciones emitidos
ELABHWC	449	262	4
SBM	151	104	2
WCWLB	1108	721	9
SELA	109	78	3
SLA	61	36	0
Total <i>Totales</i>	1843	1183	20

AB 617 Incentives Funding



ELABHWC: \$88.5M

•MSI*: \$82.9M •CIP**: \$5.6M



WCWLB: \$113.4M

•MSI: \$107.8M

•CIP: \$5.6M

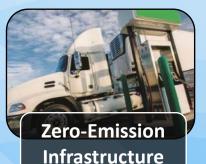


SBM: \$20M

•MSI: \$10M

•CIP: \$10 M















SELA: \$14.3M

•MSI: \$4.3M

•CIP: \$10M



ECV: \$43.9M

•MSI: \$38.3M

•CIP: \$5.6M



SLA: \$14.2M

•MSI: \$4.2M

•CIP: \$10M

Total Incentive Funds Approved: \$246.3M

Total Emissions Reductions in tons per year

* Mobile source incentives (MSI)

** Community-identified projects (CIP)

Nitrogen Oxides:
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662

Diesel Particulate
Matter: 25

Volatile Organic Compounds: 39

Financiamiento de Incentivos de AB 617



ELABHWC: \$88.5M

•MSI*: \$82.9M

•CIP**: \$5.6M



WCWLB: \$113.4M

•MSI: \$107.8M

•CIP: \$5.6M



SBM: \$20M

•MSI: \$10M

•CIP: \$10 M















SELA: \$14.3M

•MSI: \$4.3M

•CIP: \$10M



ECV \$43.9M

•MSI: \$38.3M

•CIP: \$5.6M



SLA \$14.2M

•MSI: \$4.2M

•CIP: \$10M

Total de fondos de incentivos aprobados: \$246.3M

Reducciones totales de emisiones en toneladas por año

South Coast AQMD

*Incentivos para fuentes móviles

**Proyectos identificados por la comunidad

Óxidos de Page 282 of 427 Tiltrogeno: 662 Materia particulada de diésel: 25

Compuestos orgánicos volátiles (COV) 39

South Coast AQMD AB 617 Community Participatory Budgeting Allocations

ELABHWC *\$5.57 M*

Zero-Emission (ZE)
Trucks:

\$1.8 M

Home Air Filtration Systems: \$1.8 M

School Air
Filtration Systems
& Replacement
Filters:
\$1.8 M

WCWLB *\$5.57 M*

Trucks: \$2.785 M

Ships & Harbor Craft: \$2.785 M

\$BM \$10 M

> ZE Trucks: \$5 M

School Air
Filtration Systems
& Replacement
Filters:
\$3 M

Warehouse ZE Equipment & Infrastructure: \$2 M

ECV \$5.57 M \$

Paving Projects: \$4.57 M

Home Air
Filtration Systems
& Purifiers:
\$1 M

SELA *\$10 M*

ZE Trucks:

\$5 M

Green Spaces:

\$2.5 M

School Air Filtration Systems: \$2.5 M SLA *\$10 M*

SLA Community-Identified Projects TBD

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Asignaciones presupuestarias participativas comunitarias de AB 617 South Coast AQMD

ELABHWC *\$5.57 M*

Camiones con cero emisiones (ZE): \$1.8 M

Sistemas de filtración de aire residenciales:

\$1.8 M

Sistemas de filtración de aire escolares y filtros de repuesto:
\$1.8 M

WCWLB *\$5.57 M*

Camiones: \$2.785 M

Barcos y embarcaciones portuarias: \$2.785 M \$BM \$10 M

Camiones ZE: \$5 M

Sistemas de filtración de aire escolares y filtros de repuesto: \$3 M

Equipo de almacén ZE e infraestructura: \$2 M ECV *\$5.57 M*

Proyectos de pavimentación: \$4.57 M

Sistemas de filtración de aire residenciales y purificadores:
\$1 M

SELA \$10 M

Camiones ZE: \$5 M

Espacios verdes: \$2.5 M

Sistemas de filtración de aire escolares: \$2.5 M SLA *\$10 M*

Proyectos identificados por la comunidad de SLA

Por determinarse

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AB 617 CAP Incentives Project Plans

AB 617 Planes de Proyecto de Incentivos CAP

Paving Program (ECV)

Programa de pavimentación (ECV)

- Funds the paving of unpaved roads to reduce emissions of particulate matter
 Financia el pavimento de carreteras sin pavimentar para reducir las emisiones de materia en partículas
- \$4.57M allocated by ECV CSC \$4.57 millones asignados por el CSC de ECV
- Currently working with applicant to develop potential contract
 Actualmente trabajando con el solicitante para desarrollar un posible contrato

Green Space Program (SELA)

Programa de espacio verde (SELA)

- Funds installation of projects to increase or improve green space and recreational opportunities
 Financia la instalación de proyectos para aumentar o mejorar el espacio verde y las oportunidades recreativas
- \$2.5M allocated by SELA CSC
 \$2.5 millones asignados por el CSC de SELA
- RFP received no bids; evaluating next steps in collaboration with the CSC RFP no recibió ofertas; evaluar los siguientes pasos en colaboración con el CSC





AB 617 CAP Incentives Project Plans (cont.)

AB 617 Planes de Proyecto de Incentivos CAP (cont.)

Residential Air Filtration Program (ELABHWC, ECV) Programa de filtración de aire residencial (ELABHWC, ECV)

- Distributes free air purifiers and replacements filters to households to reduce exposure to air pollution Distribuye purificadores de aire gratuitos y filtros de repuesto a los hogares para reducir la exposición a la contaminación del aire
- \$1.86M and \$1M allocated by ELABHWC and ECV CSCs, respectively \$1.86 millones y \$1 millón asignados por los CSCs de ELABHWC y ECV, respectivamente
- Currently accepting applications* Actualmente aceptamos solicitudes*

Truck Loaner Program (ELABHWC, SBM, WCWLB, SELA) Programa de préstamo de camiones con tecnología limpia (ELABHWC, SBM, SELA, WCWLB)

- Provides opportunity for truck fleets in AB 617 communities to build familiarity with medium- and heavy-duty zero-emission trucks
 - Proporciona a las flotas de camiones de las comunidades AB 617 la oportunidad de familiarizarse con los camiones de servicio medio y pesado con cero emisiones
- \$16.6M allocated by CSCs \$16.6 millones asignados por los CSCs
- Currently evaluating proposals from vendors Evaluando actualmente propuestas de proveedores







IMPARTIAL ANALYSIS OF MEASURE "AA"

State law authorizes a health care district to transfer, at fair market value, any part of its assets to one or more corporations to operate and maintain those assets for the benefit of the communities served, for up to thirty (30) years. Before a health care district can complete such a transfer, its elected board must, by resolution, submit to the voters of the district a measure proposing the transfer. If a majority of the voters voting on the measure vote in favor, the transfer is approved.

The Desert Healthcare District ("District") has called for a measure authorizing the District to enter into a lease purchase agreement ("Agreement") with Desert Regional Medical Center, Inc ("Medical Center") to be placed on the ballot of the election to be held within the boundaries of the District. This Agreement will allow for the transfer of 50% or more of assets of the District to the Medical Center at fair market value, for fair and reasonable consideration, as determined by an independent consultant with expertise in methods of appraisal and valuation, and in accordance with applicable governmental and industry standards. The assets to be leased and then transferred generally include certain parcels of land, El Mirador Surgery Center, and Desert Care Network physician clinics. Assets excluded from the transfer generally include Las Palmas Medical Plaza and The Wellness Park. Lists of specific assets included and excluded from the lease purchase agreement are set forth in the full text of Measure "AA" in this voter information pamphlet.

If Measure "AA" is approved, the District will be authorized to enter into the Agreement with Medical Center and will lease specific included assets from District to Medical Center for a period of up to thirty (30) years, commencing in 2027. The lease purchase agreement calls for an initial payment by Medical Center to District, nineteen (19) annual rental payments (including an annual rent escalator), and a final payment in 2057. Upon conclusion of the term, the included assets will be legally transferred from the District to Medical Center. Total anticipated rent and purchase payments is six hundred forty-six million, two hundred thirty-one thousand, seven hundred fifty dollars (\$646,231,750).

A "YES" VOTE MEANS the District $\underline{\it will}$ be authorized to enter into the lease purchase agreement.

A "NO" VOTE MEANS the District <u>will not</u> be authorized to enter into the lease purchase agreement.

By: Minh C. Tran County Counsel

Chris Christensen

09.09.24

ARGUMENT IN FAVOR OF MEASURE "AA"

YES on Measure AA is in the best interest of our community.

Coachella Valley residents depend on the professional management at Desert Regional Medical Center to provide high-quality life-saving healthcare. Measure AA protects the future of the hospital for another 30 years and beyond.

YES on AA saves taxpayers from millions in new taxes.

- -Without AA our local government would likely be forced to take over hospital operations, expensive hospital seismic upgrades and other maintenance
- -This could cost taxpayers over \$400 million costs we cannot afford. -As a result, healthcare services at Desert Regional could face serious disruptions, or even closure.

YES on AA brings an unprecedented investment to our community to improve health care in the Coachella Valley

- -Lease payments of nearly \$650 million for the District to support community organizations and healthcare providers
- -Over \$220 million tor seismic upgrades to the hospital
- -Tens of millions to expand emergency services at JFK Memorial Hospital

YES on AA approved by an independent analysis and appraisal obtained by the Board.

YES on AA protects Coachella Valley patients and continues lifesaving services at Desert Regional

- -Ensures current capacity at Desert Regional is maintained
- -Allows the current operator to continue providing critical services such as Level 1 Trauma and Comprehensive Stroke centers.
- -Continues programs to recruit and train hundreds of doctors and nurses to address Coachella Valley's shortage of medical professionals.

YES on Measure AA approves a nearly \$1 BILLION investment in the future of our community's healthcare - at NO COST TO TAXPAYERS.

Doctors, Nurses, Patients, and Community Organizations agree - YES on MeasureAA will PROTECT taxpayers from paying millions, KEEP Desert Regional open, and SAVE LIVES in our community.

We urge YES on Measure AA - Protect Desert Care.

By: David Brinkman, DAP Health

Mark Scheibach, Executive Director Desert Cancer Foundation

Chauncey Thompson, Director Volunteers in Medicine

Lisa Ford, Development Alzheimers Coachella Valley

Roland D. Reinhart MD, President Desert Doctors

REBUTTAL TO ARGUMENT IN FAVOR OF MEASURE "AA"

Vote No on Measure AA to keep Desert Regional Medical Center a public hospital.

Measure AA is Tenet Healthcare's proposed shakedown disguised as an "investment" in Desert Regional and the Coachella Valley.

AA would let Tenet transfer (or sell) the hospital to another operator after 10 years for a potentially huge profit. Desert Healthcare District would have little or no say in a sale. AA does not guarantee that the hospital will be here in 30 years — AA threatens Desert's future today.

Desert is not in danger of closing.

-Tenet is unlikely to abandon Desert, its most profitable hospital in California in 2023, with more than \$500 million in profits from 2018-2023. AA locks down revenue for Tenet.

AA will NOT save taxpayers money. AA allows the sale of Coachella Valley's most important publicly owned healthcare asset to Tenet, a forprofit corporation whose goal is profits. AA ends local input on Desert's future.

Vote NO on AA. Coachella Valley residents do not need Tenet to manage Desert.

- -The current lease expires in 2027, leaving time to find a new operator.
 -More competent, professional leadership could operate Desert
- without costing taxpayers.
- -Tenet's management of Desert has resulted in vermin infestations, plumbing disasters, and chronic understaffing, all jeopardizing patient care

AA is NOT about saving taxpayers money or providing quality healthcare. It's about maximizing profits for Tenet.

If Tenet cared about Coachella Valley, its proposal would not include a noncompete clause restricting how Desert Healthcare District can invest funds in other healthcare resources.

Vote No on Measure AA.

By: California Nurses Association

ARGUMENT AGAINST MEASURE "AA"

Registered nurses, healthcare workers, patients, and residents of the Coachella Valley are voting NO on Measure AA. Here is why:

Measure AA is a ballot initiative that will destroy the public's control and oversight over Desert Regional Medical Center by selling it to Tenet Healthcare, a for-profit corporation headquartered in Dallas.

Vote NO to keep Desert a public hospital owned by the Coachella Valley community. It is a public asset governed by Desert Healthcare District and currently leased to Tenet Healthcare until 2027.

Desert Healthcare District does not need to sell the hospital to make money. The district can continue leasing the hospital without increasing taxes to residents.

Tenet has made huge profits from Desert: In 2023, the hospital earned Tenet more than \$60 million in income. From 2018 to 2023, Desert earned Tenet \$528 million in profits but Tenet is not reinvesting the funds to make required upgrades or fix chronic infrastructure problems.

Vote NO on Measure AA because a full Tenet takeover would be a disaster for our patients.

Staff nurses say chronic short staffing at Desert jeopardizes patient care and that Tenet has utterly failed to maintain the building, reporting inoperable elevators, sewage leaking into patient rooms, rodents in the intensive care unit, and cockroaches in the emergency room's break room.

On February 27, 2024, the Riverside County Department of Environmental Health shut down one of Desert's kitchens due to "signs of active vermin infestation."

Measure AA would let Tenet continue to put shareholder profits over patient care. Nurses say Tenet prioritizes profits above patient safety and quality nursing care.

Measure AA would let Tenet transfer the lease or sell the hospital after 10 years — with NO restrictions or input from the public.

Measure AA would restrict and prevent the Desert Healthcare District board from spending taxpayer funds within the healthcare district and community.

Vote NO on Measure AA to keep Desert a public hospital.

By: California Nurses Association

REBUTTAL TO ARGUMENT AGAINST MEASURE "AA"

The argument against Measure AA is filled with FALSE and MISLEADING claims - in fact, Nurses at Desert Regional Medical Center and throughout the Valley urge YES on Measure AA

That's because nurses know, IF MEASURE AA FAILS, Desert Regional's lease expires, and the hospital could face serious disruptions to care, and closure. Without Measure AA:

- -Access to lifesaving care at Desert Regional would be disrupted for up to 7 years
- -Taxpayers would be responsible for over \$400 million in hospital operating costs
- -OTHER AREA HOSPITALS COULD BECOME OVERCROWDED WITH PATIENTS SKYROCKETING WAIT TIMES FOR EMERGENCY SERVICES

The Desert Healthcare District put Measure AA on the ballot because they cannot afford to operate the hospital without raising taxes and recognize the importance of keeping Desert Regional PROFESSIONALLY OPERATED - YES on AA means Desert Regional can continue to:

- **-Contribute millions** of dollars to expand access to healthcare in the Valley
- -Provide the **most hospital care to MediCal patients** in the Valley **-Save lives in our community** with state-of-the-art specialty centers and services

YES on MEASURE AA PROTECTS LIFESAVING CARE in the Coachella Valley:

- -Keeps Desert Regional open with oversight from an elected board.
- -Provides nearly \$650 Million to expand healthcare services throughout the Valley.
- -Guarantees state-mandated upgrades at Desert Regional are completed at **NO COST TO TAXPAYERS**

But one Sacramento-based special interest group is opposing Measure AA to advance their own agenda - and is putting our community's healthcare at risk

As nurses in the Coachella Valley, we urge YES on AA, to protect patients, healthcare professionals, and taxpayers. Join nurses throughout the Valley in voting YES on Measure AA.

By: Denise Perez, Nurse Practitioner FNP-C Romualdo D. Ligsay, RN, MSN Sheila Zerr, Registered Nurse Marissa G Ramos, RN, BSN, MBA, MSN Luke Holliday, RN

SPECIAL DISTRICT MEASURE ELECTION NOVEMBER 5, 2024 (E.C. §§ 9300 et seq., 10400 et seq.)

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

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

DATE	PERSON RESPONSIBLE	DESCRIPTION
August 9 (88)	District	BALLOT MEASURE (E.C. §§ 9312, 10403, 13247) Last day for resolution calling a measure to be submitted to the Registrar of Voters. The District Secretary shall deliver a Resolution requesting the County Registrar of Voters to conduct the election. A copy shall be made available to any voter. The statement of all measures submitted to the voters shall be abbreviated on the ballot. The statement shall contain not more than 75 words for each measure to be voted on.
August 9 (88)	District	BOUNDARY CHANGES (E.C. § 12262) Last day boundary changes may be made for this election.
August 9 (88)	Registrar of Voters	PUBLISH NOTICE OF ELECTION (E.C. § 12111; G.C. §§ 6060, 6061) Publish a notice of election as soon as possible pursuant to section 12111 of the California Elections Code. A synopsis of the measure(s) shall be included in the publication. Government Code § 6061 requires the notice to be published once. The last day to submit arguments to the Registrar of Voters should also be included in the notice. A copy of the notice shall be delivered to the district and posted in the district office.
August 14 (83)	District	LAST DAY TO WITHDRAW MEASURE (E.C. § 9605) Whenever a legislative body has ordered that a measure be submitted to the voters of any jurisdiction at an election, the order of election shall not be amended or withdrawn after this date.
August 19 (78)	County Counsel	LAST DAY TO SUBMIT IMPARTIAL ANALYSIS (E.C. §§ 9313, 9314) Last day for County Counsel to submit impartial analysis to Registrar of Voters. The analysis shall include a statement indicating whether the measure was placed on the ballot by a petition signed by the requisite number of voters by the governing body of the district. The analysis shall be printed in the County Voter Information Guide preceding the arguments for or against the measure. The analysis is limited to 500 words. PUBLIC EXAM PERIOD (E.C. § 9380) There will be a 10-day exam period for the Impartial Analysis from August 20 through August 29.

(E.C. §§ 9300 et seq., 10400 et seq.)

DATE	PERSON RESPONSIBLE	DESCRIPTION
		LAST DAY TO FILE ARGUMENTS (E.C. §§ 9315, 9316, 9600)
August 19 (78)	Proponents / Opponents	Last day set by Registrar of Voters to submit arguments in favor or against the measure. Arguments may not exceed 300 words. No more than five signatures shall appear with any arguments. Authors of Argument form shall accompany all arguments. **PUBLIC EXAM PERIOD (E.C. § 9380)* There will be a 10-day exam period for arguments from August
		20 through August 29.
		REBUTTALS (E.C. §§ 9317, 9600)
August 29 (68)	Proponents / Opponents	Last day for the same authors of the primary argument to file rebuttals with the Registrar of Voters no later than 5:00 p.m. Rebuttals are limited to 250 words. Statement of Authors of Arguments form must be attached to the rebuttal.
		PUBLIC EXAM PERIOD (E.C. § 9380) There will be a 10-day exam period for Rebuttals from August 30 through September 8.
September 2	Registrar of Voters	LABOR DAY (CO. ORD. 358.8) The Registrar of Voters office will be closed.
Sontombor 10	Registrar of	ORDER PRINTING OF ELECTION MATERIAL
September 10 (56)	Voters	Suggested date to prepare copy for printer and order ballots.
September 22 –	Committees /	FILING PERIOD FOR FIRST PRE-ELECTION CAMPAIGN DISCLOSURE STATEMENT (G.C. §§ 84200.5, 84200.8)
September 26 (44 – 40)	Registrar of Voters	Filing period for 1 st pre-election campaign statement covers transactions through September 21. Statements must be sent by personal delivery or first class mail.
		SATELLITE LOCATION PRESS RELEASE (E.C. § 3018)
September 23 (43)	Registrar of Voters	Notice of satellite locations shall be made by the elections official by the issuance of a general news release, issued not later than 14 days prior to voting at the satellite location, except that in a county with a declared emergency or disaster, notice shall be made not later than 48 hours prior to voting at the satellite location. The news release shall set forth the following information: The satellite location or locations. The dates and hours the satellite location or locations will be open. A telephone number that voters may use to obtain information regarding vote-by-mail ballots and the satellite locations.

(E.C. §§ 9300 et seq., 10400 et seq.)

DATE	PERSON RESPONSIBLE	DESCRIPTION
September 26 – October 26 (40 – 10)	Registrar of Voters	MAIL COUNTY VOTER INFORMATION GUIDES AND OTHER ELECTION MATERIAL TO VOTERS (E.C. §§ 9312, 9380, 13303) Between these dates the Registrar of Voters shall mail a county voter information guide to each voter, who is registered at least 29 days prior
October 4 (32)	Registrar of Voters	to the election. VOTE-BY-MAIL PROCESSING PUBLIC NOTICE (E.C. § 15104) The elections official shall notify vote-by-mail voter observers and the public at least 48 hours in advance of the dates, times, and places where vote-by-mail ballots will be processed and counted.
October 7 (29)	Registrar of Voters	MAIL VOTE-BY-MAIL BALLOTS (E.C. §§ 3000.5, 3010, 3017, 3018, 3020) Begin mailing each registered voter a Vote-by-Mail ballot and election material. Ballots must be postmarked on or before Election Day and received by the elections official within seven days after Election Day to be counted.
October 7 (29)	Registrar of Voters	PRECINCTS, VOTE CENTERS & ELECTION OFFICERS (E.C. §§ 12280 et seq., 12300 et seq.) Last day for Registrar of Voters to establish vote centers and appoint election officers for this election. Immediately following appointment, the Registrar shall mail appointment notices to election officers.
October 7 – October 26 (29 – 10)	Registrar of Voters	PUBLISH VOTE CENTERS & CENTRAL COUNTING PLACE (E.C. §§ 12105, 12109) Suggested date to publish vote centers. The notice will include the hours that the vote centers will be open and a Notice of Central Counting Place.
October 7 – October 29 (29 – 7)	Registrar of Voters	VOTE-BY-MAIL VOTER BALLOT APPLICATIONS (E.C. §§ 3001, 3003) Applications for Vote-by-Mail ballots may be made in person or by mail during this time frame.
October 14	Registrar of Voters	COLUMBUS DAY (CO. ORD. 358.8) The Registrar of Voters office will be closed.
October 7 (29)	Registrar of Voters	PROCESS BALLOTS (E.C. § 15101 et. seq.) When ballots are to be counted by computer, the Registrar of Voters may begin processing ballots on the 29th day before the election. No count may be made until 8:00 p.m. on Election Day.

(E.C. §§ 9300 et seq., 10400 et seq.)

DATE	PERSON RESPONSIBLE	DESCRIPTION
October 20 – October 24 (16 – 12)	Committees / Registrar of Voters	FILING PERIOD FOR SECOND PRE-ELECTION CAMPAIGN DISCLOSURE STATEMENT (G.C. §§ 84200.5, 84200.8) Filing period for 2 nd pre-election campaign statement covers transactions through October 19. Statements must be sent by personal delivery or guaranteed overnight service.
October 21 (15)	Registrar of Voters	CLOSE OF REGISTRATION (E.C. §§ 2102, 2106) Last day to register or transfer registration for this election.
October 22 – October 29 (14 – 7)	Registrar of Voters	POST ELECTION OFFICERS & VOTE CENTERS (E.C. §12105.5) Not less than one week before the election, the elections official shall post a list of all current vote centers and a list of election officers appointed by the 15 th day before the election. The elections official shall post this list in his or her office and on his or her Web site. The list shall remain posted for 30 days after completion of the canvass.
October 29 (7)	Registrar of Voters	LOGIC AND ACCURACY TESTING (E.C. § 15000) No later than seven days prior to any election, the elections official shall conduct a test or series of tests to ensure that every device used to tabulate ballots accurately records each vote.
November 1 (4)	Registrar of Voters	MANUAL TALLY PUBLIC NOTICE (E.C. § 15360) The manual tally shall be a public process, with the official conducting the election providing at least a five day public notice of the time and place of the manual tally and of the time and place of the selection of the precincts to be tallied prior to conducting the tally and selection.
November 5	VOTE	ELECTION DAY (E.C. § 3020, 4103) Voted ballots must be received by the elections official no later than the close of the polls on election day or be postmarked on or before election day and received no later than seven days after election day to be counted.
November 7 (+2)	Registrar of Voters	CANVASS ELECTION RETURNS (E.C. § 15301 et seq.) Registrar of Voters shall commence the official canvass on this day.
November 7 – December 5 +(2 – 30)	Registrar of Voters	ONE PERCENT MANUAL TALLY (E.C. § 15360) During the Official Canvass the Elections Official shall conduct a public manual tally in 1 percent of the precincts chosen at random by the elections official.

(E.C. §§ 9300 et seq., 10400 et seq.)

DATE	PERSON RESPONSIBLE	DESCRIPTION		
November 11	Registrar of	VETERANS DAY (CO. ORD. 358.8)		
November 11	Voters	The Registrar of Voters office will be closed.		
November 28 –	Registrar of	THANKSGIVING DAY / DAY AFTER THANKSGIVING (CO. ORD. 358.8)		
November 29	Voters	The Registrar of Voters Office will be closed.		
		POST ELECTION OFFICERS & VOTE CENTERS (E.C. § 12105.5)		
December 3 (+28)	Registrar of Voters	Not later than 28 days after the election, the elections official shall post an updated list of vote centers and election officers that actually served on election day. The elections official shall post this list in his or her office and on his or her Web site. The list shall remain posted for 30 days after completion of the canvass.		
December 5 (+30)	Registrar of Voters	As soon as the canvass is completed, no later than this date, the Registrar of Voters shall mail a statement of results of the election to the district. The Statement shall show: The whole number of votes cast in the district. The measures voted upon. The number of votes given at each precinct for and against each measure.		
December 5 (+30)	Registrar of Voters	COST OF ELECTION (E.C. §§ 10002, 10520) Approximate date to send invoice to jurisdiction for cost of election.		
January 1 –	Committees / Registrar of	FILING PERIOD FOR SEMI-ANNUAL CAMPAIGN DISCLOSURE STATEMENT (G.C. § 84200)		
January 31	Voters	Statement covers transactions through December 31. Statements must be sent by personal delivery or first class mail.		

Note: Whenever a date prescribed by law falls on a weekend or holiday, such act may be performed on the next business day (E.C. § 15; G.C. §§ 6700, 6701)



Date: September 23, 2024

To: Board of Directors

Subject: Measure AA – Education Campaign - Estimated cost of \$15,000

Recommendation: Consideration to approve an education campaign for the Measure AA hospital lease/purchase agreement.

Background:

- Following a lengthy negotiation period and several community meetings, on August 6, 2024, Resolution 24-02 approving a lease-purchase agreement and ordering a measure (Measure AA) relating to the approval of the lease purchase agreement for DRMC be placed on the November 5 ballot.
- Measure AA, as of August 9, 2024, is officially on the ballot, which imposes more restrictive guidelines as to how the District, as a public agency, may communicate and expend funds until after the November 5, 2024 election.
- At the time, some directors expressed interest in providing educational information to the public.
- With an education campaign, the District must exercise caution that factual education does not cross over into "advocating" in favor of or against the measure.
- Ballot Measures and Public Agencies guidelines define the following as "Usually Permissible".
 - The governing body of the agency taking a position on a ballot measure in an open and public meeting where all perspectives may be shared.
 - Preparing impartial staff reports and other analyses to assist decision-makers in determining the impact of the measure and what position to take.
 - Responding to inquiries about ballot measures in ways that provide a fair
 presentation of the facts about the measure and the agency's view of the merits
 of a ballot measure including, if applicable, the governing body's position on
 the measure.
 - Accepting invitations to present the agency's views before organizations interested in the ballot measure's effects including, if applicable, the governing body's position on the measure.
- Other considerations must include evaluating the "style, tenor and timing" of activities.
- There is significant misunderstanding and misinformation in the community, especially related to the non-compete covenant.
- As a public agency, the District is entitled to provide educational information when it is able and meets legal requirements.

- Staff has been working on options to provide education to the community. Following are items of consideration:
 - 1. Key Messages would be a 3-4 page document that will list factual key bullet points related to the history of the negotiations, ballot measure, and key elements of the lease-purchase agreement for the Board members and others to use and to place on the District's website. *Estimated cost* \$2,000
 - 2. FAQ sheet would be designed to provide frequently asked questions about details of the lease-purchase agreement. The FAQ sheet would be placed on the District's website and via social media. *Estimated cost* \$2,000
 - 3. 1-2 Community Meetings a power point presentation would be developed to communicate highlighted facts of the Key Messages and FAQ Sheet, more specifically focused on education related to the non-compete covenant. Community meetings would be conducted at venues within the district. This will include print ads and social media to inform the community of the date, time and location of the meetings. Print ad example is included in the packet. *Estimated cost \$11,000*.
 - 4. CEO speaking engagements at organizations or city council meetings, by invitation.
- Staff recommends approval of all items, but at a minimum Items 1 & 2, during the election period.
- It is also important to note that the District will be unrestricted in the education that can be provided following the November 5, 2024 election.

Fiscal Impact:

Expenses not to exceed \$15,000.

DHCD Ballot Measure AA Education Plan

Туре	Description	Budget
Key Messaging	Key Message Plan - will be used to develop Presentation & One Sheet	\$2,000
FAQ Handout	Measure AA One Sheet & FAQs	\$2,000
PPT presentation	Presentation Update	\$2,000
Community Meetings	Presentation	\$4,000
Meeting advertisements	Print Ads and Social Media	\$1,500
Support, as needed	Legal and other	\$3,500
	Total	\$15,000.00

What is Measure AA?

On November 5th, voters will have the opportunity to cast a vote for or against Measure AA - a lease-purchase agreement ballot measure regarding Desert Regional Medical Center

Find out more information by attending a community meeting

DATE

TIME

LOCATION CITY



DESERT HEALTHCAREDISTRICT & FOUNDATION

For detail 29 29 3 42 dhcd.org



ART TINOCO
REGISTRAR OF VOTERS

MATTHEW CEBALLOS
ASSISTANT REGISTRAR OF VOTERS

August 30, 2024

Andrea S. Hayles Desert Healthcare District 1140 N Indian Canyon Drive Palm Springs, CA 92262

SUBJECT: November 5, 2024, General Election

This letter is to update you on the status of your board of directors' election. Since the number of qualified candidates exceeds the number of offices to be filled, your scheduled election will be held in the following Division(s): Zone 1, Zone 3, Zone 5.

Since the number of qualified candidates does not exceed the number of offices to be filled for Zone 7 and a petition requesting that the election be held was not filed by August 14, 2024, there will not be an election held in that Division(s).

The County Board of Supervisors will appoint the qualified candidates to office in lieu of election and they will take office and serve as if they had been elected. Certificates of Appointment in Lieu of Election will be issued after the Board of Supervisors take action.

Please review the enclosed list of qualified candidates. Please destroy any remaining nomination material related to this election.

If you have any questions, please do not hesitate to call Angela Roots at (951) 486-7205 or Leticia Flores at (951) 486-7212.

Sincerely,

ART TINOCORegistrar of Voters

2724 GATEWAY DRIVE RIVERSIDE, CA 92507-0918 MAIN (951) 486-7200 FAX (951) 486-7335 CA RELAY SERVICE (DIAL 711) VOTEINFO.NET



Contest/Candidate Proof List

General Election - 11/5/2024

Contests: 4121 to 4127 - All Contests in Range

Candidates: All Candi	idates							
Contest/District						Vote For	Num Num Cands Qualified	I Status
Non-Partisan DISTF	RICT DESERT HEALTH CARE DIS	TRICT Director, Zo	ne 1					
* 4121 Dir, Des	sert Healthcare, Zone 1		5000HO 11	Docort Hos	alth Care Distric	t Zone 1 1	3 3	ON BALLOT
Shared with: (n	ana)		3000HO-11	Desert nea	iitii Care Distric	L Zone i	3 3	ON BALLOT
Shared with: (n Incumbent(s):	one) Les Zendle	Appointed in Lieu						
, ,		Appointed in Lieu						
Candidate(s):	Greg Rodriguez Deputy Director							
				Business: (7) Home:	60)902-9882	Campaign Phone: Fax:		Qualified Date: 7/18/2024 User Codes:
Re	es: 213 The Riv	Mail: 213 The F	Riv	Fax:		Mobile:		Cand ID: 1
	Palm Springs, CA 92262	Palm Spri	ngs, CA 92262		rFee: \$0.00 regrodriguez4dhcd@	Fees Paid (1) & (2): gmail.com	\$0.00 \$0.00	
	Requirements Status		0: 11: 5:11			5		
	Sigs In Lieu Issued Declaration of Intent Filed		Sigs In Lieu Filed Ballot Designation Worksl	heet	07/18/2024	Declaration of Intent Candidate Statement		07/16/2024
	Printed Candidate Statement Filed	07/18/2024	Electronic Candidate State		0771072021	Candidate Statement		0171072021
	Declaration of Candidacy Issued	07/16/2024	Declaration of Candidacy	Filed	07/18/2024	Code of Fair Campai	gn Practices Filed	07/18/2024
	Robert Piecuch Academic Physician							
Re	es: 11 Silver Cir	<i>Mail:</i> 11 Silver (Dir	Business: (4 Home: Fax:	15)203-6796	Campaign Phone: Fax: Mobile:		Qualified Date: 7/26/2024 User Codes: Cand ID: 2
	Rancho Mirage, CA 92270	Rancho M	irage, CA 92270	-	r Fee: \$0.00 piecuch@yahoo.com	Fees Paid (1) & (2):	\$0.00 \$0.00	
	Requirements Status							
	Sigs In Lieu Issued		Sigs In Lieu Filed Ballot Designation Worksl	hoot	07/26/2024	Declaration of Intent Candidate Statement		07/16/2024
	Declaration of Intent Filed Printed Candidate Statement Filed	07/26/2024	Electronic Candidate State		07/20/2024	Candidate Statement		07/10/2024
	Declaration of Candidacy Issued	07/16/2024	Declaration of Candidacy		07/26/2024	Code of Fair Campai		07/26/2024
	Rick Lykins							
	Construction Manager							
				Business: (9- Home: (9-	49)280-9948 49)280-9948	Campaign Phone: Fax:		Qualified Date: 8/8/2024 User Codes:
Re	es: 69 Sunrise Dr	Mail: 69 Sunrise		Fax:		Mobile:		Cand ID: 3
	Rancho Mirage, CA 92270	Rancho M	lirage, CA 92270		r <i>Fee:</i> \$0.00 ykinsinpro@gmail.co	Fees Paid (1) & (2): om	\$0.00 \$0.00	
	Requirements Status							
	Sigs In Lieu Issued Declaration of Intent Filed		Sigs In Lieu Filed	hoot	00/00/2024	Declaration of Intent		07/25/2024
	Printed Candidate Statement Filed	08/08/2024	Ballot Designation Worksl Electronic Candidate State		08/08/2024	Candidate Statement Candidate Statement		0112312024
	Declaration of Candidacy Issued	07/25/2024	Declaration of Candidacy		08/08/2024	Code of Fair Campai		08/08/2024
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CFMR001 - Contest/Candidate Proof List Print Date and Time: 9/1/2024 8:10:20PM

ontest/District				Num Num Vote For Cands Qualifi	ed Status
n-Partisan DISTF	RICT DESERT HEALTH CARE DIST	RICT Director, Zone 1			
	sert Healthcare, Zone 1 one)			1 3 3	ON BALLOT
n-Partisan DISTF	RICT DESERT HEALTH CARE DIST	RICT Director, Zone 3			
4123 Dir, Des	sert Healthcare, Zone 3	5000HO-	-13 Desert Health Care Distric	t Zone 3 1 2 2	ON BALLOT
Shared with: (no	one)				
Incumbent(s):	Carmina Zavala	Elected			
Candidate(s):	Daniel Logsdon				
oundidate(5).	Physician				
De	·	Maile 70000 Dal Air Da	Business: (765)586-3478 Home:	Campaign Phone: Fax:	Qualified Date: 8/6/20 : User Codes: Cand ID: 1
Re	es: 73068 Bel Air Rd Palm Desert, CA 92260	Mail: 73068 Bel Air Rd Palm Desert, CA 92260	Fax: Filing Fee: \$0.00 Email: dan@logsdoncorp.coi	<i>Mobile:</i> Fees Paid (1) & (2): \$0.00 \$0.00	
	Requirements Status				
	Sigs In Lieu Issued Declaration of Intent Filed Printed Candidate Statement Filed	Sigs In Lieu Filed Ballot Designation Wo 08/06/2024 Electronic Candidate S		Declaration of Intent Issued Candidate Statement Issued Candidate Statement Withdrawn	07/17/2024
	Declaration of Candidacy Issued	07/17/2024 Declaration of Candidate C		Code of Fair Campaign Practices Filed	08/06/2024
	Claudia Galvez				
_	Health Policy Director		Business: (760) 485-2119 Home:	Campaign Phone: Fax:	Qualified Date: 8/7/20 User Codes:
Re	es: 53825 Avenida Bermudas La Quinta, CA 92253	Mail: PO Box 198 La Quinta, CA 92253	Fax: Filing Fee: \$0.00 Email: cfgalvez@icloud.com	Mobile: Fees Paid (1) & (2): \$0.00 \$0.00	Cand ID: 2
	Requirements Status				
	Sigs In Lieu Issued Declaration of Intent Filed Printed Candidate Statement Filed	Sigs In Lieu Filed Ballot Designation Wo 08/07/2024 Electronic Candidate S		Declaration of Intent Issued Candidate Statement Issued Candidate Statement Withdrawn	07/25/2024
	Declaration of Candidacy Issued	07/25/2024 Declaration of Candida		Code of Fair Campaign Practices Filed	08/07/2024
-Partisan DISTF	RICT DESERT HEALTH CARE DIST	RICT Director, Zone 5			
4125 Dir, Des	sert Healthcare, Zone 5	5000HO-	-15 Desert Health Care Distric	t Zone 5 1 2 2	ON BALLOT
Shared with: (ne	one)				
Incumbent(s):	Arthur S Shorr	Appointed in Lieu			
Candidate(s):	Carlos E. Garcia Healthcare Marketing Researcher				
	-		Business: (323)376-3622 Home:	Campaign Phone: Fax:	Qualified Date: 8/6/20 User Codes:
Re	es: 74390 Zeppelin Dr Palm Desert, CA 92211	Mail: 74390 Zeppelin Dr Palm Desert, CA 92211	Fax: Filing Fee: \$0.00 Email: crlos@aol.com	Mobile: Fees Paid (1) & (2): \$0.00 \$0.00	Cand ID: 1
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CFMR001 - Contest/Candidate Proof List
Print Date and Time: 9/1/2024 8:10:21PM

Non-Partisan DI						Vote For Cands	Num Qualifie	d Status
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Shared with:	(nor	'						
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		Declaration of Candidacy Issued	07/24/2024	Declaration of Candidacy File		Code of Fair Campaign Practic		08/06/2024
		Arthur Shorr Incumbent						
	Res:	74121 Kingston Ct E Palm Desert, CA 92211	<i>Mail:</i> 74121 k Palm De		usiness: (818)693-7055 Home: Fax: Filing Fee: \$0.00	Campaign Phone: Fax: Mobile: Fees Paid (1) & (2): \$0.00	\$0.00	Qualified Date: 8/9/2024 User Codes: Cand ID: 2
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		Requirements Status						
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		Declaration of Candidacy Issued	07/30/2024	Declaration of Candidacy File		Code of Fair Campaign Practic		08/09/2024
Non-Partisan DI	STRIC	CT DESERT HEALTH CARE DIS	RICT Director, 2	Cone 7				
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Shared with: Incumbent((nor (s):	ne) Leticia De Lara Leticia De Lara	Appointed in Lie	eu	usiness: (760)861-3231 Home:	Campaign Phone: Fax:	1	Qualified Date: 7/24/2024 User Codes:
Shared with: Incumbent((nor (s): s):	ne) Leticia De Lara Leticia De Lara	Mail: 81879 S	eu Bo	usiness: (760)861-3231	Campaign Phone: Fax: Mobile: Fees Paid (1) & (2): \$0.00	\$0.00	Qualified Date: 7/24/2024
Shared with: Incumbent((nor (s): s):	ne) Leticia De Lara Leticia De Lara Incumbent 81879 Shady Ct	Mail: 81879 S	eu Ba shady Ct	usiness: (760)861-3231 Home: Fax: Filing Fee: \$0.00	Campaign Phone: Fax: Mobile: Fees Paid (1) & (2): \$0.00		Qualified Date: 7/24/2024 User Codes:
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August 28, 2024

Leticia DeLara, Board President Desert Healthcare District 1140 North Indian Canyon Drive Palm Springs California, 92262-4872

Re: President's Special Acknowledgement Award - Property/Liability Program

Dear Leticia,

On behalf of SDRMA Board of Directors and staff, it is my great pleasure to extend our heartfelt congratulations to you, your governing body at Desert Healthcare District, management, and staff on achieving an outstanding milestone of maintaining an impeccable record of zero "paid" claims for the Property/Liability Program years 2019-2024. A "paid" claim for the purposes of this recognition represents the first payment on an open claim during the prior program year and excludes property claims.

As a symbol of our appreciation and acknowledgment of your exceptional performance, we are honored to present Desert Healthcare District with the *President's Special Acknowledgement Award*, representing our admiration for your outstanding achievement and our encouragement to continue your excellent work. In addition to this annual recognition, members with no "paid" claims receive the following, all resulting in a reduction to their annual contribution amount:

- during 2023-24 earned one credit incentive point (CIP)
- for the prior five consecutive program years earned three additional bonus CIPs

This remarkable accomplishment is a testament to your agency's unwavering commitment to risk management excellence and a culture of safety and proactive governance. By consistently prioritizing risk management and fostering an environment where safety and diligence are paramount, your agency has set a standard of excellence that is truly commendable.

The success you have achieved is not by chance, but through the dedication, hard work, and collaboration of your entire team. It reflects the high level of professionalism and care with which you approach your responsibilities and serve your community.

Please accept our sincerest thanks and appreciation for your efforts in making your agency a model of excellence within the special district community. We look forward to continuing our partnership and supporting you in all your future endeavors.

Once again, congratulations on this extraordinary achievement. May your agency continue to thrive, setting an inspiring example for others.

Sincerely,

Sandy A. Seifert-Raffelson, President

Board of Directors

Special District Risk Management Authority



President's Special Heknowledgement Hward

The President of the Special District Risk Management Authority Hereby gives special recognition to

Desert Healthcare District

The President's Special Acknowledgement Award is to recognize members with no "paid" claims during the prior five consecutive program years in the Property/Liability Program. A "paid" claim for the purposes of this recognition represents the first payment on an open claim during that same period and excludes property claims. Congratulations on your excellent claims record!

Sandy A. Seifert-Raffelson, SDRMA Board President

August 28, 2024



Date: September 23, 2024

To: Board of Directors

Subject: CEO Meetings, Engagements, and CEO Discretionary Fund

Background:

• 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 07/24/24 - 09/18/24

- o Ongoing Hospital Lease Ad Hoc Committee Meetings
- o Ongoing Hospital Lease Purchase Agreement Discussions with Consultant Steve Hollis, Legal Counsel Jeff Scott, and Tenet Healthcare Executive Leadership
- o Deveau Burr Group Biweekly Meeting
- CV Strategies Weekly Meetings
- City of Coachella City Council Meeting Resolution Formally Expressing
 Opposition to the District's Proposed Hospital Lease Agreement's "Non-Compete" Provision
- o Marty Massiello, President and CEO, Eisenhower Health
- Assemblymember Eduardo Garcia
- o One Future Coachella Valley Healthcare Workforce Leadership Roundtable
- One Future Coachella Valley Press Conference/Media Coverage RN Pipeline Expansion @ College of the Desert
- o ACHD Webinar Series: Mid-Year Economic Update: Where We Are and Where We're Headed in 2024
- o 2024 All Valley Mayors and Tribal Chairpersons Luncheon
- o Meet and Greet with Assemblymember Greg Wallis
- o Kristal Grandos, Executive Director of Strategy, Inland SoCal United Way
- o Association of California Healthcare Districts (ACHD) CEO Roundtable

CEO Discretionary Fund - July 2023 through August 2024

Date	Name	Memo	Amount
6325 · CEO Discre	tionary Fund		1
07/30/2024	Codex Creation Committee (RWLM)	2024 Run With Los Muertos Community Sponsorship	1,000
07/30/2024	Transgender Health and Wellness Center	Silver Flame Sponsorship for Transgender Day of Remembrance - November 20, 2024	1,000
08/06/2024	Riverside County Physician's Memorial Fdn	Silver Sponsorship for 14th Annual Caring for Our Future Medical Scholarship Fundraiser - October 30, 2024 - Approved by Board President	3,000
08/12/2024	The LGBTQ Community Center	Patron Sponsor for 2024 Center Stage Event - October 19, 2024 - Board President approved	5,000
08/13/2024	UC Riverside Foundation	UCR SOM 2024 Celebration of Medical Education Gala - Friend Sponsor	2,500
08/13/2024	Lift To Rise	\$2,500 sponsorship for Llft To Rise's 2nd annual Community Investment Awards	2,500
08/15/2024	Coachella Valley Economic Partnership	Silver Sponsorship for CVEP 2024 Greater Palm Springs Summit - November 19, 2024 - Board President approved	5,000
08/22/2024	Inland Coalition on Aging	Silver Sponsorship for Inland Coalition on Aging Conference - September 27, 2024	500
08/28/2024	Boo2Bullying	Silver Sponsorship for 2nd Annual Kick Bullying To The Curb event - September 28, 2024	1,000
TOTAL			21,500



Date: September 23, 2024

To: Desert Healthcare District and Foundation Board Meeting

Subject: Media Visibility

Below are highlights of the District and Foundation's media coverage since August 1, with descriptions and links to reports as available.

- "DHCD Gets Immunization Neighborhood Champion Award" (The Uken Report, Sept. 16) https://ukenreport.com/dhcd-gets-immunization-neighborhood-champion-award/
- "Community Voices: The Healthy Desert, Healthy You Summit Will Provide Updates on Air and Water Quality, and Land-Use Challenges" (CV Independent, Sept. 12) https://cvindependent.com/2024/09/community-voices-the-healthy-desert-healthy-you-summit-will-provide-updates-on-air-and-water-quality-and-land-use-challenges/
- "Desert Healthcare District plans summit to spotlight environmental health concerns"
 (The Desert Sun, Aug. 30)
 https://www.desertsun.com/story/life/entertainment/people/2024/08/30/upcoming-summit-to-spotlight-environmental-health-concerns-palm-springs-area/74923062007/
- "College of the Desert Nursing Program Expands with \$2.9 Million Donation" (NBC Palm Springs, Aug. 27) https://www.nbcpalmsprings.com/2024/08/27/college-of-the-desert-nursing-program-expands-with-29-million-donation
- "Meeting the candidates vying for open seats on the Desert Healthcare District board Nov. 5 " (The Desert Sun, Aug. 22)
 https://www.desertsun.com/story/news/health/2024/08/22/candidates-vying-desert-healthcare-district-board-seats-palm-springs-area-hospital-board-election/74861405007/
- "8 residents vie for 4 seats on healthcare board" (The Uken Report, Aug. 22) https://ukenreport.com/8-residents-vie-for-4-seats-on-healthcare-board/
- "Desert Healthcare District Board of Directors votes to put Tenet deal on November ballot" (The Palm Springs Post, Aug. 6) <a href="https://thepalmspringspost.com/desert-healthcare-district-board-of-directors-votes-to-puts-tenet-deal-on-november-ballot/?fbclid=IwY2xjawEgcRtleHRuA2FlbQIxMQABHa70pVVqOHEfCRFFsubTBOSHRSyk5pF5e2GqbMiKZ1ggPt4-npqXot357Q_aem_Zx7wVbAGQUOasTU6Q-vgOA"

- "Desert Healthcare votes to put lease agreement on November ballot; voters to decide fate" (The Desert Sun, Aug. 6)
 https://www.desertsun.com/story/news/health/2024/08/06/desert-healthcare-votes-to-put-lease-agreement-on-november-ballot/74695601007/
- "Desert Healthcare District Board of Directors vote to put billion-dollar Tenet Health lease proposal on November ballot" (KESQ, Aug. 6) https://kesq.com/news/news-healthcare-district-board-of-directors-vote-to-put-1-billion-tenet-lease-proposal-on-november-ballot/
- "Desert Health Care holds special meeting on \$1 billion lease purchase" (NBC Palm Springs, Aug. 6) https://nbcpalmsprings.com/2024/08/06/desert-health-care-district-holds-special-meeting-on-1-billion-lease-purchase/
- "Desert Health Care Board to decide on \$1 billion Tenet lease proposal in upcoming vote" (KESQ, Aug. 1) https://kesq.com/news/2024/08/01/1485052/
- "Desert Healthcare District to hold key vote on Tenet lease Tuesday as election deadline looms" (The Desert Sun, Aug. 1)
 https://www.desertsun.com/story/news/health/2024/08/01/desert-healthcare-tenet-update-non-compete-again-vote-expected-next-week/74631029007/
- "District, Tenet update non-compete language again; reach 'conclusion of negotiations" (The Desert Sun, Aug. 1)
 https://www.desertsun.com/story/news/health/2024/08/01/desert-healthcare-tenet-update-non-compete-again-vote-expected-next-week/74631029007/

Fiscal Impact:

None



Directors Present via Video Conference	District Staff Present via Video Conference	Absent
President Evett PerezGil	Chris Christensen, Chief Executive Officer, CPA	
Vice-President Carmina Zavala, PsyD	Eric Taylor, CPA Chief Administration Officer	
Director Leticia De Lara, MPA	Donna Craig, Chief Program Officer	
	Alejandro Espinoza, MPH, Chief of Community	
	Engagement	
	Gracie Montano, Program Associate	
	Erica Huskey, Grants Manager	
	Andrea S. Hayles, MBA, Board Relations Officer	

AGENDA ITEMS DISCUSSION ACTION

AGEINDA ITEIVIS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order	
	at 5:01 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a	Moved and seconded by Director De
	motion to approve the agenda.	Lara and Vice-President Zavala and to
		approve the agenda.
		Motion passed unanimously.
III. Meeting Minutes	Chair PerezGil asked for a	Moved and seconded by Vice-
1. July 09, 2024	motion to approve the July 09,	President Zavala and Director De Lara
	2024, meeting minutes.	to approve the July 09, 2024, meeting
		minutes.
		Motion passed unanimously.
IV. Public Comment	There were no public comments.	
V. Chief Executive Officer	Chris Christensen, CEO,	
Report	reminded the committee about	
	the Healthy Desert Healthy You	
	Environmental Health Summit	
	September 20-21 and looking	
	forward to the board and staff's	
	participation.	
VI. Program Updates	7	
1. Progress and Final	President PerezGil inquired	
Reports Update	about any questions from the	
	committee concerning the	
	updates on the Progress and	
	Final Reports.	
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	In response to the committee	
	concerning the financial state of	
	PS Test, Donna Craig, Chief	
	Program Officer, described	
	reviewing the final report,	
	miscommunication in the media,	
	the organization's intent to apply	
	for a new mini-grant from the	
	District and other	
	establishments, the District's	
	intent to fund PS Test's audited	
	financials, and their	
	collaboration with NPO Centric	
	on grant writing and support	
	throughout the Coachella Valley	
	while the District monitors the	
	organization.	
2. Grant Applications	President PerezGil inquired	
Status Report	about any questions from the	
	committee concerning the	
	Grants Applications Status	
	Report and the Grant Payment	
3 Grant Dayment	Schedule.	
3. Grant Payment Schedule	There were no questions or	
Scriedule	comments.	
VII. Grant Funding	comments.	
VII. Grant Funding		
Review and determination		
for forwarding to the		
Board for consideration:		
1. Grant #1465 Regents of	Donna Craig, Chief Program	Moved and seconded by Director De
the University of CA at	Officer, provided an overview of	Lara and Vice-President Zavala to
Riverside (UCR) –	the Regents of the University of	approve Grant #1465 Regents of the
Increasing Access to	CA at Riverside (UCR) grant	University of CA at Riverside (UCR) –
Primary Care for Latinx	request describing the free clinic	Increasing Access to Primary Care for
and Indigenous Latin	held in Mecca once a month	Latinx and Indigenous Latin American
American Patients in the	with the mobile clinic	Patients in the CV – \$228,86 for a 24-
CV – \$228,863	collaboration and capacity	month period and forward to the
for a 24-month period.	building grant to support the	Board for approval.
(Strategic Plan Goal #2:	training of the medical students.	Motion passed unanimously.



Access to Primary Care and Specialty Care)

Ann Cheney, PhD, UCR, answered questions from the committee concerning the participant selection in the 3-part training series, including the preceptors, physician assistants, and the 6-year sustainability of the program, collaborations with Coachella Valley Volunteers of Medicine, RUHS Public Social Services, IEHP, CSUSB, Find Food Bank, Eisenhower, and Telepsychiatry services.

2. Grant # 1472 Riverside
County Office of
Education Alternative
Education: Cross County
Support: Mental Health
Services for CV Students
– \$199,874 for a 12month period (Strategic
Plan Goal #3: Access to
Behavioral Health Care)

Donna Craig, Chief Program Officer, provided an overview of the Riverside County Office of **Education Alternative Education** grant request, a successful site visit, and the robust program approved 2 years ago as a joint strategy with the Regional Access Project Foundation. Ms. Craig also highlighted the behavioral health therapist's salary until obtaining the state salaries to sustain the student mental health services. Kaela Bonafede, LMFT, will revise the budget with a notation of her name for the behavioral health therapist, as a licensed MFT for the grant allocation as requested by the committee.

Moved and seconded by Director De Lara and Vice-President Zavala to approve Grant # 1472 Riverside County Office of Education Alternative Education: Cross County Support: Mental Health Services for CV Students – \$199,874 for a 12-month period and forward to the Board for approval.

Motion passed unanimously.

 Grant #1466 Eisenhower Health: Psychiatric Care Expansion and Psychiatry Residency Program – \$1,989,493 for a 36-month period Donna Craig, Chief Program
Officer, provided an overview of
the Eisenhower Health
Psychiatric Care Expansion and
Psychiatry Residency Program
grant request and if the

Moved and seconded by Director De Lara and Vice-President Zavala to recommend to the Board proceeding with a full due diligence application review process for Grant #1466 Eisenhower Health: Psychiatric Care Expansion and Psychiatry Residency



(Strategic Plan Goal #3: Access to Behavioral Health Care)	committee would like to recommend to the Board to proceed with a full due diligence application review process.	Program – \$1,989,493 for a 36-month period Motion passed unanimously.
	After a brief discussion, the committee recommended that the Board proceed with a full due diligence application review process.	
VIII. Committee Members	There were no committee	
Comments	member comments.	
IX. Adjournment	Chair PerezGil adjourned the	Audio recording available on the
	meeting at 5:27 p.m.	website at http://dhcd.org/Agendas-
		<u>and-Documents</u>

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

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



Date: September 10, 2024

To: Program Committee - District

Subject: Progress and Final Grant Reports 7/1/2024 - 8/31/2024

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

Coachella Valley Volunteers In Medicine # 1408

Grant term: 11/1/2023 – 10/31/2024 Original Approved Amount: \$478,400.

Progress Report covering the time period from: 5/1/2024 – 7/31/2024

Pueblo Unido, CDC # 1331

Grant term: 7/1/2022 – 6/30/2024 Original Approved Amount: \$50,000.

Final Report covering the time period from: 7/1/2022 – 6/30/2024

Step Up On Second Street # 1389

Grant term: 8/1/2023 – 7/31/2024 Original Approved Amount: \$64,401.

Progress Report covering the time period from: 8/1/2023 – 1/31/2024

Pegasus Therapeutic Riding Center # 1363

Grant term: 2/1/2023 – 1/31/2024 Original Approved Amount: \$60,092.

Final Report covering the time period from: 2/1/2023 – 1/31/2024

Galilee Center # 1392

Grant term: 6/1/2023 – 5/31/2024 Original Approved Amount: \$268,342.

Final Report covering the time period from: 6/1/2023 – 5/31/2024

Desert Arc # 1400

Grant term: 10/1/2023 – 9/30/2024 Original Approved Amount: \$291,271.

Progress Report covering the time period from: 4/1/2024 – 6/30/2024

Olive Crest # 1421

Grant term: 1/1/2024 – 12/31/2025 Original Approved Amount: \$359,594.

Progress Report covering the time period from: 1/1/2024 – 6/30/2024

OneFuture Coachella Valley # 1330

Grant term: 1/1/2023 – 12/31/2024 Original Approved Amount: \$605,000.

Progress Report covering the time period from: 4/1/2024 – 6/30/2024

Desert AIDS Project dba DAP Health # 1393

Grant term: 7/1/2023 – 6/30/2024 Original Approved Amount: \$1,025,778

Final Report covering the time period from: 7/1/2023 – 6/30/2024

HARP-PS # 1370 mini grant

Grant term: 2/1/2023 – 1/31/2024 Original Approved Amount: \$10,000.

Final Report covering the time period from: 2/1/2023 – 1/31/2024

PS Test Inc. # 1390 mini grant

Grant term: 5/1/2023 – 4/30/2024 Original Approved Amount: \$10,000.

Final Report covering the time period from: 5/1/2023 – 4/30/2024

Palm Desert Rotary Foundation # 1395 mini grant

Grant term: 7/1/2023 – 6/30/2024 Original Approved Amount: \$10,000.

Final Report covering the time period from: 7/1/2023 – 6/30/2024

Theresa A Mike Scholarship Foundation # 1399 mini grant

Grant term: 7/1/2023 – 6/30/2024 Original Approved Amount: \$10,000.

Final Report covering the time period from: 7/1/2023 – 6/30/2024

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: 6/1/2024 – 6/30/2024

DPMG Health # 1412

Grant term: 11/1/2023 - 10/31/2025

Original Approved Amount: up to \$1,057,396.

Monthly Progress Report covering the time period from: 6/1/2024 – 6/30/2024

GRANT PROGRESS REPORT

Coachella Valley Volunteers In Medicine, Grant # 1408

ABOUT THE ORGANIZATION

Coachella Valley Volunteers In Medicine 82915 Avenue 48 Indio, CA 92201 760-342-4414

Progress Report Contact:

Doug Morin, Executive Director doug.morin@cvvim.org

PROJECT INFORMATION

Project Title: 1408 Ensuring access to healthcare through awareness and continuation

of services delivery.

Grant Term: 11/01/2023 - 10/31/2024

Total Grant Amount Awarded: \$478,400.00

Reporting Period: 05/01/2024 - 07/31/2024

Report Due Date: 09/01/2024

DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT

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

Strategy 2.4: Improve accessibility of primary and specialty care services by increasing available telehealth services in Coachella Valley (Priority: High)

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

PROGRESS TOWARDS PROJECT DELIVERABLES

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

Project Deliverable #1:

By October 31, 2024, provide in-person primary medical care services to 1,500 individuals.

Progress towards Deliverable #1:

During this period of 05/30/2024 through 07/31/2024, there were a total of 560 visits to 391 patients. (NOT including telehealth visits.)

Project Deliverable #2:

By October 31, 2024, provider telehealth primary medical care services to 120 individuals.

Progress towards Deliverable #2:

During this period, 19 telehealth visits were provided to 19 patients.

Project Deliverable #3:

Provide various health related services or "encounters" (Health Education; Diabetes and General Case Management; Social Service Interventions; Medical Outreach to Unhoused Persons) to 500 patients based upon their needs as assessed by their medical provider or VIM Social Worker.

Progress towards Deliverable #3:

127 encounters were provided to 106 unique patients. The reason for these encounters were: Behavioral Health Services (15; 1 involved a Crisis Team Response); Case Management (32); Food Security (3); RCRMC referral (31); SDOH (13); Street Medicine (22); Vision services (11).

Project Deliverable #4:

By October 31, 2024, hire a community health worker and contract promotores to increase awareness of VIM services in the community through a minimum of 6 community health fairs and 8 community-based presentations with an expected reach of 600 community members.

Progress towards Deliverable #4:

All six promotoras worked and submitted time sheets during this period for a total of 206 hours. hours paid were 206. A total of 9 community/health fairs were attended by our CHW and promotoras who had meaningful contacts with 275 individuals, 91 of whom were connected to primary care services (referral to VIM). Two community-based presentations were completed.

PROGRESS TOWARDS PERFORMANCE MEASURES

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

PM 2.4: # of additional telehealth visits:

19

PM 2.4: # of clients served as a result of additional telehealth access:

19

PM 2.4: % increase in services delivered:

100

PM 2.7: # of Community Navigators trained:

6

PM 2.7: # of Community Navigators hired:

n

PM 2.7: # of clients who increased their knowledge of primary and specialty care resources:

275

PM 2.7: # of clients who were directly connected to a primary and specialty care service provider:

391

PM 2.7: # of clients who connected to primary and specialty care via supportive healthcare services:

(Number of clients who were connected to primary and specialty care via supportive healthcare services <u>such as transportation assistance</u>, <u>insurance enrollment</u>, <u>etc.</u>) 106

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period: 685

Geographic Area(s) Served During This Reporting Period:

Bermuda Dunes, Cathedral City, Coachella, Desert Edge, Desert Hot Springs, Desert Palms, Garnet, Indian Wells, Indio, Indio Hills, La Quinta, Mecca, North Shore, Oasis, Palm Desert, Palm Springs, Rancho Mirage, Sky Valley, Thermal, Thousand Palms, Vista Santa Rosa

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Please share any challenges and course corrections you may have experienced during this performance period such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.

There were no challenges encountered, and therefore, there were no course corrections. This period generally realizes fewer opportunities to participate in community/health fairs and presentations. Our partnership with UCR Medical School and our joint "Free Clinic" in Mecca ended for the summer in July and won't start up again until September or even possibly October. Clinic visits also tend to decline over the summer months due to vacations by our volunteer medical providers which limits the number of possible appointments; also, our medical residents are able to schedule fewer clinics as one residency wraps up with graduation and another program year begins with new residents who are usually scheduled for orientations and in-hospital rounds.

Please share any success stories highlighting the impact that your project had on the community during this reporting period.

There were no single success stories, however we continue to receive comments from people we met at community/health fair who were unaware of the free services VIM offers. They will usually wait until they come to the clinic for their appointment or have a telehealth visit, but regardless, they frequently let us know how much they appreciate the care and other services we provide at no charge to them. A oft-heard statement is: "We didn't know a place like this existed" which is often followed by "And I won't receive a bill?"

Organization Name: PUEBLO UNIDO CDC

Grant #: 1331

Project Title: INTERIM DRINKING WATER PROGRAM

Grant Information

Total Grant Amount Awarded: \$50,000

Grant Term (example 7/1/22 - 6/30/23): 7/1/22 - 6/30/24

Reporting Period (example 7/1/22 - 10/31/22): 7/1/22 - 6/30/24

Contact Information:

Contact Name: SERGIO CARRANZA Phone: 760-777-7550, X103

Email: SCARRANZA@PUCDC.ORG

Final Progress:

Final Outcomes on Goals and Evaluation

Project's final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.

- Installed 405 point-of-use (POU) water filtration systems
- Installed 1 point-of-entry (POE) water filtration system
- Strengthened community relationships with 32 Polanco Parks
- Established relationship with US EPA
- Established relationship with UCR, Department of Environmental Sciences
- Leveraged funding for rehabilitation of faulty water wells

Goal #1:

By July 2024, PUCDC will provide environmental and public health training and education resources to at least 480 low-income residents of Polanco mobile home parks in the Eastern Coachella Valley through one Health Resources Fair (Spring 2023), three capacity-building training workshops (1st, 2nd and 4th quarters of calendar year 2023); and eight community meetings (2023-2024). This project goal coincides with the following DHCD Strategic Plan performance measures: "# of community awareness activities related to educating the community around behavioral/mental health services and resources"; "# of individuals reached through behavioral/mental healthcare community awareness activities (indirect)"; and "# of individuals who were connected to

behavioral/mental health services and resources (direct)" under strategy 3.6 Educate community residents on available behavioral/mental health resources.

Final Progress of Goal #1:

Due to the sudden and unexpected shift made to accommodate emergency water compliance in specific affected Polanco parks per US EPAs intervention, PUCDC made changes to the workplan to include a larger number of Polanco Parks and wider scope of work. While PUCDC was unable to hold the health fair, we continue to work with SWRCB, US EPA, and other regulatory agencies to ensure residents are receiving the resources and tools needed to regulate their small water systems and comply with water regulations on an on-going basis.

Throughout the reporting period, PUCDC collaborated closely with mobile home/Polanco Park owners, residents, and regulatory agencies to facilitate the dissemination and comprehension of the annual water reports provided by the EPA to all residents. Simultaneously, the PUCDC team consistently delivered educational content on water quality, best practices for POU utilization, and updates on water systems regulations.

Furthermore, arsenic water samples were diligently collected and reported on. The results affirmed the proper functionality of POU units, ensuring the provision of safe drinking water.

PUCDC maintains its commitment to collaborating with the regulatory agencies to equip mobile home park owners with essential information, resources, and support for their individual water systems, ensuring compliance with all drinking water regulations.

Final Evaluation of Goal #1:

Throughout the 2-year grant period, PUCDC installed 405 point-of-use water filtration units in 32 Polanco Parks, directly serving an estimated 2,025 community residents. PUCDC has held 10 public community capacity building/training meetings, of which 6 have been in partnership with the State Water Boards (SWRCB) and US EPA. PUCDC held 24 community meetings specifically with Polanco Park owners and residents to inform on program updates. Finally, PUCDC held other technical assistance meetings on a one-on-one basis and as needed with Polanco Park owners and residents for other program needs such as monitoring, POU maintenance and part replacement, and water sampling.

Summary

Outreached to 32 polanco parks
Directly served an estimated 2,025 community members
Installed 405 point-of-use water filtration units
Public community capacity building/training meetings: 10
Community meetings held: 24

Goal #2:

By July 2024, PUCDC will expand access to safe drinking water by installing 96 under the sink Reverse Osmosis water filtration systems to provide drinkable water and of improved quality for an estimated 480 low-income residents of Polanco mobile home parks in the Eastern Coachella Valley. This project goal coincides with the DHCD Strategic Plan performance measure "# of individuals who received culturally sensitive behavioral/mental health services" under strategy 3.7 Collaborate/partner with community providers to enhance access to culturally-sensitive behavioral/mental health services.

Final Progress of Goal #2:

As of the date of this report, 405 point-of-use reverse osmosis units have been installed in 32 Polanco Parks. Additionally, technical assistance has been provided to Polanco Park owners and residents, including POU maintenance, as well as annual and regular water sampling as required by regulatory agencies. PUCDC has surpassed the goal set under this grant.

Final Evaluation of Goal #2:

In addition to the 405 POU units installed in the 32 Polanco Parks, PUCDC installed one (1) point-of entry (POE) water filtration system which filters the entire home's water. We are currently outreaching to other residents located in remote areas with low probabilities of connecting to municipal services, to learn of their interest in having the POF installed

Final Number of District Residents Served:

<u>Proposed</u> number of District residents to be <u>directly</u> served: 480

<u>Final</u> number of District residents <u>directly</u> served during the entire grant term: 2,025

Please answer the following questions

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

The residents' lack of trust in the regulatory agencies caused setbacks in the monitoring schedule set for each Polanco. Despite this PUCDC was able to strengthen the relationships and work with the families to ensure the units were operating properly and Polanco parks were in compliance with regulatory agencies.

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

PUCDC installed more POU units than planned as a result of our partnership with the SWRCB and US EPA and provided monitoring and service maintenance at no cost to participating households.

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

PUCDC will continue to leverage funding to bring the necessary infrastructure to the communities we serve and will continue to seek to implement alternative short and long-term solutions to community issues in the meantime that the necessary infrastructure is in place.

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

- 1. While PUCDC has established positive working relationships with local, state, and federal regulatory agencies, there is always room for improvement. One thing we'd like to see improved would be the access to education and resources coming directly from these agencies. The need from regulatory agencies to provide technical assistance and education to affected residents regarding the compliance requirements is crucial to spread awareness and ensure compliance.
- 2. The program would benefit from owning at least one vehicle to transport equipment, such as filtration systems, replacement parts, tools, and other supplies needed to support community needs.
- 3. Despite efforts to leverage funding for infrastructure, some remote areas will not be connected to municipal services. Therefore, on-going funding and resources to access advanced technology, for example, as long-term solutions will be beneficial for affected communities.
- 4. The program would benefit from having equipment on inventory for faster and effective service to affected community residents.
- 5. Further build and diversify PUCDC's technical capacity in water quality, regulation and distribution system through trainings or instruction. This would allow us to provide answers to technical questions more efficiently.

GRANT PROGRESS REPORT

Step Up On Second Street Inc, Grant # 1389

ABOUT THE ORGANIZATION

Step Up On Second Street Inc 1460 4th Street, Suite 200 Santa Monica, CA 90401 310-696-4510

Progress Report Contact:

Lynne Elwan, Chief Philanthropy Officer LElwan@stepup.org

PROJECT INFORMATION

Project Title: 1389 Step Up's ECM/ILOS programs in the Coachella Valley

Grant Term: 08/01/2023 - 07/31/2024

Total Grant Amount Awarded: \$64,401.00

Reporting Period: 08/01/2023 - 01/31/2024

Report Due Date: 03/01/2024

DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT

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

Goal 5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents (on a situational basis)

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

Strategy 5.1 Reduce the negative impacts of social determinants of health on homelessness in Coachella Valley (Priority: Moderate)

PROGRESS TOWARDS PROJECT DELIVERABLES

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

Project Deliverable #1:

Enhanced Care Management (ECM)- Through the agency's ECM program, Step Up will coordinate care and services among the physical, behavioral, and social service delivery systems for individuals and families experiencing homelessness in the Coachella Valley. By July 31, 2024, Step Up will connect approximately 75 individuals to health insurance and a primary care physician.

Progress towards Deliverable #1:

Step Up has received 56 referrals for ECM program, but due to backend assignments, 43 were referred back to Step Up from the healthcare agencies while the remaining were connected to other agencies who also provide ECM services. In total, Step Up's ECM program currently serves 43 individuals, of which 36 have been connected to health insurance and a primary care physician. Step Up fully anticipates exceeding the proposed deliverable of 75 individuals by the end of the grant period.

Project Deliverable #2:

Community Supports In Lieu of Services (ILOS) – Through the agency's ILOS program, Step Up will provide ongoing case management and resources for clinical and non-clinical needs, housing navigation services, linkages to mainstream benefits, and connections to vocational training or educational opportunities to individuals and families experiencing homelessness in the Coachella Valley. By July 31, 2024, Step Up will connect approximately 150 individuals to housing, benefits, and other supportive services, including but not limited to linkages back to ECM services.

Progress towards Deliverable #2:

Step Up has received 66 referrals to the agency's ILOS program. Of these, 48 households were connected to mainstream benefits, housing navigation services, and linked back to ECM for connecting with health insurance and a primary care provider. Step Up anticipates surpassing the goal of 150 individuals by the end of this grant period.

PROGRESS TOWARDS PERFORMANCE MEASURES

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

PM 2.7: # of clients who were directly connected to a primary and specialty care service provider:

36

PM 2.7: # of clients who connected to primary and specialty care via supportive healthcare services:

(Number of clients who were connected to primary and specialty care via supportive healthcare

services <u>such as transportation assistance, insurance enrollment, etc.)</u> 36

PM 5.1: # of clients who were directly connected to services: 48

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period: 84

Geographic Area(s) Served During This Reporting Period: Cathedral City, Coachella, Desert Hot Springs, Indio, Palm Desert, Palm Springs

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Please share any challenges and course corrections you may have experienced during this performance period such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.

The primary challenges that the ECM/ILOS programs in the Coachella Valley faced over the last six months centered on the difficulties in hiring Coachella Valley-specific staff and changes to the ECM/ILOS teams management staff. Despite these challenges, the agency was able to hire 3 new full-time staff members to service the Coachella Valley and staff have successfully engaged more than 70 individuals through the ECM/ILOS programs throughout the Coachella Valley.

Please share any success stories highlighting the impact that your project had on the community during this reporting period.

was living in Palm Springs when she	e heard of Step Up for the first time. She			
was on the verge of experiencing homelessne	ess and was facing many barriers to			
service, including not speaking English as a fi	irst language. Through the ECM/ILOS			
programs, Step Up was able to quickly find	a place to live, ensure that she had			
access to hot meals on a regular basis, and connected her to a primary care physician.				
is now happy in her new home and	is progressing toward recovery!			

Is there anything the Desert Healthcare District staff can do to assist you in achieving the deliverables of your project?

DHCD would be a valuable partner in Step Up's strategic planning efforts in the Coachella Valley. Management is building up census and collaborating with providers in the Coachella Valley and surrounding cities and towns, and DHCD's expertise and familiarity with the region could help facilitate building more collaborative relationships with the local municipalities, organizations, and service providers.

Organization Name:

Pegasus Therapeutic Riding Center Grant #: 1363

Project Title: Pegasus Equine Assisted Therapy Program

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. (Priority: High)

Grant Information

Total Grant Amount Awarded: \$60,092.00

Grant Term: 2/01/2023 - 1/31/2024

Reporting Period 2/01/2024 - 2/29/2024

Contact Information:

Contact Name: Jennifer Heggie Phone: (410)409-7619

Email: Jennifer@pegasusridingacademy.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 January 31, 2024, the project will expand access to specialty health services for 200 individuals with disabilities and their families. The project goal coincides with the District and Foundation's Strategic Plan performance measure # of individuals connected to specialty healthcare services in underserved communities under strategy 2.7.

Pegasus Equine Assisted Therapy Program proposal to expand to provide 200 disabled individuals in the district with a life-changing experience is in direct alignment with the

strategic focus area as it increases access to healthcare to an underserved population. The program provides equine therapy to individuals at a minimal to the families. Goals for those in the program are based on medical studies reporting many significant benefits from the program including improvements in physical strength, balance, coordination, mobility, self-confidence, self-control, peer interaction, social skills, and independence. There is an instructor in the arena with 4 to 6 individuals with disabilities, each mounted to a horse. The sessions are scheduled every week for 26 weeks. The horses have been donated or rescued and trained to work with individuals with disabilities. Lesson plans consider the individual's physical, emotional, and mental strengths and limitations. With the combination of a trusted horse, instructor, and group of volunteers, clients become more willing to try new things and attain new goals. DHCD funding will be utilized to increase Pegasus' capacity to serve additional individuals in need. DHCD funding will empower individuals with disabilities to overcome obstacles and allow them to receive the physical, psychological, and emotional benefits from equine assisted therapy. This year of DHCD grant funding will provide Pegasus with the capacity to significantly increase the number of individuals with disabilities served from 165 to 200. Strategy: Pegasus will increase access to healthcare for traditionally underserved populations in the Coachella Valley

Final Progress of Goal #1:

We are pleased to announce the successful completion of our final milestone: achieving our goal of growing from 165 to 200 riders in Eastern Coachella Valley to our program.

Final Evaluation of Goal #1:

Achieving this goal required dedicated effort and perseverance. We diligently expanded our volunteer base by recruiting from various sources such as Volunteer Match, AARP, and Idealist. With a larger pool of volunteers, we successfully integrated Desert Ridge Academy, a Title 1 school, into our program.

Additionally, we created two new spots during the week to accommodate riders from the Eastern Coachella Valley who were not currently enrolled in our program.

On Saturdays the riders are in the arena for 30 minutes at a time between 9 am and noon. Most Saturday riders have received at least 12 to 16 classes per season. School riders receive approximately 7 to 10 rides in the arena a season. We attached a copy of the survey we use for our assessments below, we are not at liberty to share the surveys because the riders information is confidential. We reflected the survey results in the chart attached.

The introduction of Cookie as a petting pony was a significant milestone, enabling us to extend our services to students unable to ride due to weight restrictions or fear. This collective effort has allowed us to broaden our impact and provide equine therapy to even more individuals in need.

Final Number of District Residents Served:

Proposed number of District residents to be <u>directly</u> served: 200

<u>Final</u> number of District residents <u>directly</u> served during the entire grant term: 200

Please answer the following questions

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

After the tropical storm that hit in August of 2023, we had some minor damage at the ranch. A following storm that hit the Thousand Palms area in December of 2023, caused flooding and major damage, including losing our water tank, replenishing the hay supply, and causing a 2-week delay in programming. This was also a huge financial hit to our 2023/2024 budget because our stable manager and horses had to relocate for over a month while we repaired our water supply and allowed the ranch to dry out.

- 2. Please describe any unexpected successes other than those originally planned.
- 3. After the initial investment by the DHCD how will the project be financially sustained?

In 2024, we forged meaningful partnerships with organizations like Keller Williams LaQuinta and The Porsche Club of Palm Springs, in addition to strengthening our internal fundraising efforts. As part of our commitment to sustainability, we introduced a nominal fee of \$10 per ride for non-"District" riders, including homeschoolers and individuals over the age of 20.

When we use the term "District" we are referring to DSUSD, CVUSD and PSUSD students that come to us during their school day. The \$10 charge has been implemented for homeschooled riders on Saturdays. We found that we were getting a high rate of no-shows for rides on Saturdays. Now that we have added this fee, almost all families are showing up for their scheduled appointments.

These strategic initiatives not only enable us to accommodate the additional riders supported by our grant but also ensure the long-term viability of our program by diversifying our revenue sources. Through these collaborations and innovative approaches, we are better positioned to fulfill our mission and continue making a positive impact in the lives of those we serve.

- 4. List five things to be done differently if this project were to be implemented and/or funded again.
 - 1. **Streamlined Administrative Processes:** Invest in technology and systems to streamline administrative processes such as volunteer recruitment, rider registration, and scheduling to improve efficiency and reduce administrative burden.
 - 2. **Increased Diversification of Funding Sources:** Explore and pursue additional funding opportunities beyond grants, such as corporate sponsorships, individual donations, and fundraising events, to diversify revenue streams and reduce dependency on a single funding source.
 - 3. **Expanded Program Offerings:** Consider expanding program offerings to include additional therapeutic activities or services that complement equine therapy, such as counseling sessions, occupational therapy, or educational workshops, to cater to the diverse needs of participants and maximize the program's impact.
 - 4. **Enhanced Outreach Strategy:** Implement a more robust outreach strategy to engage a wider audience, including targeted marketing campaigns, community events, and partnerships with local organizations to increase awareness and participation in the program.
 - 5. **Additional Therapeutic Animals:** Incorporating additional therapeutic animals into our program, such as service dogs, rabbits, and miniature horses, presents an exciting opportunity to expand and enhance our therapeutic services in numerous ways.

Organization Name: Galilee Center, Inc.

Grant #: 1392

Project Title: Galilee Center Extended Shelter

Desert Healthcare District Strategic Plan Alignment

Goal: 2

Strategy: 2.7

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): 06/01/2023-05/31/2024

Contact Information:

Contact Name: Claudia Castorena

Phone: (760) 396-9100

Email: ccastorena@galileecenter.org

Final Progress:

Final Outcomes on Goals and Evaluation

Project's final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.

The original goal of the Extended Shelter Program was to help 620 unduplicated people with lodging, extended shelter, and wrap-around services. The Galilee Center surpassed the number of people by providing shelter to 918 unduplicated asylumseeking people, 298 more than anticipated.

All guests received shelter, clothing, food baskets, baby diapers, and formula. Families also received medical checkups, prescriptions, and transportation to immigration appointments. The families that decided to remain in the Coachella Valley were assisted with enrolling their children in school, finding a permanent place to live, receiving the first month's rent, and being given furniture vouchers.

Goal #1: By May 31, 2024, 620 unduplicated people will be able to stay in a motel shelter with 33 rooms, each with a kitchenette, refrigerator, and microwave.

Final Progress of Goal #1: By May 31st, 2024, Galilee Center provided shelter to 918 unduplicated asylum-seeking people, consisting of 355 children, 236 women, and 327 men. Our caseworker/staff provided orientation and ensured they felt welcome. Families received clothing, food baskets, kitchenware, and utensils to prepare their meals with the food they received. All families and individuals in need of 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.

Final Evaluation of Goal #1: The goal's success is measured by assessing its accomplishments in relation to the objectives established for the program. Quantitatively, the number of people served, and the services received were recorded. Qualitatively, individuals served by the Galilee Center were asked if the services met their needs and what improvements they noted in their daily lives resulting from having the opportunity to receive services. In addition, the intake/case workers visited families who had left the shelter to evaluate their housing status and income stability.

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 (Western Sands Motel) 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.

Final Progress of Goal #2: From 06/01/2023-05/31/2024, Galilee Center Extended Shelter provided the following wrap-around services to all 918 individuals

Nights of Shelter	31,842	Rental Assistance	49 families 7 Singles
Food Baskets	75,020	Furniture Vouchers	44
Clothing	4,271	Women's Support Group	58
Infant Services	652	Children Enrolled in School	137
Medical Care Visits	1,396	Remained in the Coachella Valley	65 families 44 Singles
Immigration Appointments	874		

Final Evaluation of Goal #2: The agency records all activities relating to the Extended Shelter program daily. On an annual basis, it provides data for all reporting needs, including budget development, goal setting, and grant applications, and evaluates the programs' overall success.

The goal's success is measured by assessing its accomplishments in relation to the objectives established for the program. Quantitatively, the number of people served, and the services received were recorded. Qualitatively, individuals served by the Galilee Center were asked if the services met their needs and what improvements they noted in their daily lives resulting from having the opportunity to receive services

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.

Final Progress of Goal #3:

During the reporting period, the case workers coordinated travel plans for 158 families and 78 singles who continued to their destination in the United States. They also assisted 49 families and 7 singles to move into their apartments/houses. Additionally, the intake/case workers visited families who had left the shelter to evaluate their housing status and income stability.

Final Evaluation of Goal #3:

The agency records all activities relating to the Extended Shelter program daily. On an annual basis, it provides data for all reporting needs, including budget development, goal setting, and grant applications, and evaluates the programs' overall success. The goal's success is measured by assessing its accomplishments in relation to the objectives established for the program. Quantitatively, the number of people served, and the services received were recorded. Qualitatively, individuals served by the Galilee Center were asked if the services met their needs and what improvements they noted in their daily lives resulting from having the opportunity to receive services. In addition, the intake/case workers visited families who had left the shelter to evaluate their housing

<u>Final Number of District Residents Served:</u>

<u>Proposed</u> number of District residents to be <u>directly</u> served: 620

<u>Final</u> number of District residents <u>directly</u> served during the entire grant term: 918

Please answer the following questions

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

Language has been a barrier. Our staff is bilingual in English and Spanish. For other languages, we have used Google Translator for people arriving from other parts of the world. Starting last month, we decided to contract a qualified translation service. It is by phone, and translators can be on a call or video call.

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

Our extended shelter staff started helping the families fill out their job permit applications, and they have been successful.

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

Galilee Center will continue to search for grants, partnerships, and private donations that support our programs.

- 4. List five things to be done differently if this project were to be implemented and/or funded again.
 - 1. Continue training staff to fill out Job Permit applications.
 - 2. Include in the budget the cost of the Job Permit applications. Each application costs \$470
 - 3. Include in the budget the cost of new mattresses. These are hard to get and are essential items requested from families moving into their apartments or houses.

GRANT PROGRESS REPORT

Desert Arc, Grant # 1400

ABOUT THE ORGANIZATION

Desert Arc 73255 Country Club Drive Palm Desert, CA 92260 760-346-1611

Progress Report Contact:

Nick Prudhomme, Development Associate nprudhomme@desertarc.org

PROJECT INFORMATION

Project Title: 1400 Desert Arc Health Care Program

Grant Term: 10/01/2023 - 09/30/2024

Total Grant Amount Awarded: \$291,271.00

Reporting Period: 04/01/2024 - 06/30/2024

Report Due Date: 08/01/2024

DESERT HEALTHCARE DISTRICT 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: Moderate)

PROGRESS TOWARDS PROJECT DELIVERABLES

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

Project Deliverable #1:

By June 30, 2024, acquire and install 63 life-saving Automatic External Defibrillators (AEDs) in Desert Arc's buses and vehicles transporting people with disabilities with round-trip, home to program, curb-to-curb service.

Progress towards Deliverable #1:

During the reporting period Desert Arc installed securing brackets to hold the 63 Automated External Defibrillators (AED) in all its vehicles transporting people with disabilities, implemented a comprehensive Check-in/Check-out Standard Operating Procedure (SOP), and installed AED On Board signs to its fleet vehicles. Signs acknowledging the generous funding by DHCD were installed next to the AED On Board signs as well, placed on the rear passenger side of the buses for best visibility (see signage in attachments). All measures were taken to ensure the safe storage and security of the AEDs while on the vehicles as well as when stored overnight at Desert Arc's Transportation Depot and Palm Desert Campus, these measures include itemized storage in secure lockers, documentation of all units and their corresponding overnight lockers, and the Check-in/Check-out SOP under the supervision of the AED vendor. Department heads and staff underwent training on AED Check-in, Check-out, and storage procedures and Desert Arc's Nursing Program Manager/LVN was named as AED Coordinator. AED Coordinator is in charge of unit inspection, usage documentation, and maintenance.

Project Deliverable #2:

By September 30, 2024 an estimated 230 clients will benefit from the on- and off-site medical care of a full-time Licensed Vocational Nurse Monday through Friday.

Progress towards Deliverable #2:

During this reporting period there were 137 unduplicated clients who received medical care from the LVN. There were 1,063 Nursing Visits during the reporting period, including G-Tube Feedings, Physician Ordered Medication Passes, Catheter Care, Vagus Nerve Stimulation, Breathing Treatment (PRN Inhaler), Nasal Sprays, and Epi-Pen administrations. 635 Intervention Services were performed during the reporting period, including First Aid, Post-fall Observations, Seizures, Over the Counter Medications, Covid Tests, Employee TB Screenings and Chest X-rays.

Project Deliverable #3:

By September 30, 2024, a Board Certified Behavior Analyst will conduct Behavior Assessments and create Behavior Support plans for an estimated 70 clients.

Progress towards Deliverable #3:

During this reporting period the Board Certified Behavioral Analyst (BCBA) conducted Behavior Assessments and created Behavior Support Plans for 42 clients. Working in

small groups and one-on-one with clients, the Behavior Plans: 1. Identify Targeted behaviors by outlining the Operational Definition of the behavior, the Behavioral Function, and the behavior's Antecedents 2. Outlines how to Prevent Behavior, Respond to Occurrences of Target Behaviors, and implement Positive Programming 3. Provides Data Collection Procedures.

Project Deliverable #4:

By September 30, 2024, the Board Certified Behavior Analyst will train 32 Desert Arc staff members, Direct Support Professionals-Instructors in Behavioral Programs, on Behavior Concepts and related topics.

Progress towards Deliverable #4:

The Board Certified Behavior Analyst trained 23 staff members (Direct Support Professionals) on Behavior Concepts and related topics. The training identifies clients with specific tendencies in particular environments and curates a training report for our Direct Support Professionals to help them best manage said tendencies. Examples of predictable behaviors are highlighted and addressed with proper Behavioral Concepts and strategies.

PROGRESS TOWARDS PERFORMANCE MEASURES

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

PM 2.7: # of clients who were directly connected to a primary and specialty care service provider:

137

PM 3.6: # of clients who were directly connected to behavioral/mental health services:

42

PM 3.6: # of clients who increased their knowledge of behavioral/mental health resources:

23

PM 3.6: % of clients who increased their knowledge of behavioral/mental health resources:

46

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period: 179

Geographic Area(s) Served During This Reporting Period:

Bermuda Dunes, Cathedral City, Coachella, Desert Edge, Desert Hot Springs, Desert Palms, Indian Wells, Indio, Indio Hills, La Quinta, Mecca, North Shore, Oasis, Palm Desert, Palm Springs, Rancho Mirage, Sky Valley, Thermal, Thousand Palms

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Please share any challenges and course corrections you may have experienced during this performance period such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.

There have been little to no challenges or course corrections during the reporting period.

Please share any success stories highlighting the impact that your project had on the community during this reporting period.

Desert Arc's Press Conference on Monday, May 20, 2024 took place at 10 am in the Conference Room in Building 3 on our Palm Desert Campus. Congressman Raul Ruiz MD headlined a Panel Discussion featuring Chris Christensen - CEO of the Desert Healthcare District & Foundation, Richard Balocco-President/CEO of Desert Arc, Fire Captain Paramedic Ricky Harvey with CAL FIRE, Aaron Hartney of Global Medical Response and Gary Denham, Paramedic Operations Supervisor with American Medical Response (AMR). Desert Arc Board Chair Damian Jenkins welcomed everyone and Rich DeRose of HeartVantages served as Panel Moderator. This media event spotlighted Desert Arc's leadership role in a critical safety initiative for our clients and the larger community with the acquisition of Automated External Defibrillators (AED) lifesaving devices for our entire transportation fleet through a generous grant from the Desert Healthcare District & Foundation. To underscore the value of community emergency medical systems, Dr. Ruiz arrived in a REACH Air Medical Services helicopter ambulance on an FAA approved landing zone on the lot behind Building 3. Area Fire Departments and AMR had ambulances and fire engines parked out in front on static display near Desert Arc's Bus with AED for visitors to view. The livestream video of the Press Conference is housed in Desert Arc's YouTube Library: https://youtu.be/fqe93 o6DAE. News agencies that covered the press conference included NBC Palm Springs TV, KESQ TV, Kunavision TV - Telemundo, El Informador Del Valle, NBC TV Univision, The Desert Sun, Alpha Media Radio, Desert Star Weekly, and CV Weekly.

GRANT PROGRESS REPORT

Olive Crest, Grant # 1421

ABOUT THE ORGANIZATION

Olive Crest 39830 Portola Avenue, Suite A Palm Desert, CA 92260 951-300-9816

Progress Report Contact:

Walter Mueller, Development Director Walter-Mueller@olivecrest.org

PROJECT INFORMATION

Project Title: 1421 General Support for Counseling and Mental Health Services to Vulnerable Children and Families in Coachella Valley

Grant Term: 01/01/2024 - 12/31/2025

Total Grant Amount Awarded: \$359,594.00

Reporting Period: 01/01/2024 - 06/30/2024

Report Due Date: 08/01/2024

DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT

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

Strategy 3.2 Increase the number of days and hours of operation of behavioral/mental health services to support Coachella Valley residents (Priority: High)

Strategy 3.3 Improve quality and accessibility of behavioral/mental health services by increasing the geographic dispersion of sites within Coachella Valley (Priority: High)

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

Strategy 3.7 Support cultural competency of service providers/organizations and the reduction of language/stigma/cultural barriers to service access for clients (Priority: Moderate)

PROGRESS TOWARDS PROJECT DELIVERABLES

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

Project Deliverable #1:

Olive Crest's Wraparound team of Clinicians, Behavioral Health Specialists, Facilitators, and Parent Partners provide rapid response to families whose children are in danger of removal due to abuse and neglect in the home. Through this intense response by our teams, which includes crisis stabilization, safety planning, individual needs assessments, and intensive care coordination, 98% of our clients and families (838) will be risk-free of abuse and neglect each month through December 31, 2025.

Progress towards Deliverable #1:

During the reporting period Olive Crest maintained a 99.8% risk-free rate for 324 children and their families.

Notes for Performance Measures in 3.2

Our Family Preservation program always operates 24/7 with staff available to respond to client needs. Funding from Desert Healthcare District helps sustain these operations that are outside of normal business hours.

The program model for Family Preservation has remained as a 24/7 service through its operation therefore "growth or reduction in services due to hours of operation" are not distinguishable from "growth or reduction in services due to any other factor".

Our data did not track these as it was not in our original grant contract which instead stated the following for PM 3.2:

PM 3.2: # of health care settings offering behavioral/mental healthcare services outside of traditional (8-5pm M-F) business hours (including mobile) = 1

PM 3.2: # of programs addressing barriers to access to behavioral/mental healthcare in geographically targeted markets = 2

PM 3.2: # of individuals who were connected to behavioral mental healthcare = 324

Notes for Performance Measure 3.6

Our community engagement/awareness activity highlighted in our performance measures was our Spanish Speaking Outreach Fair that took place on May 17, 2024 that was attended by 225 individuals from throughout the Coachella Valley. Over 10 organizations throughout the Coachella Valley came on site to our Children and Family Resource Center to provide same-day services to families. Those in attendance received services ranging from food support all the way to medical examinations. The Olive Crest booth gave people information about the various services we provide. Information was given to families about our Counseling Center that provides walk-in access to licensed mental health professionals as well as our Care Hotline where an intake coordinator connects callers to resources unique to their situation ranging from information about available services to enrollment in our hosting programs.

Number of individuals reached through awareness efforts (225) reflects attendees to

this event. Our number of individuals who were directly connected to behavioral/ mental health services (85) refers to unique callers to our Hotline. The percentage of those who increased their knowledge of behavior/mental health resources is in reference to our community awareness efforts (Hotline + Outreach Fair) of which 100% of 310 individuals increased their knowledge of these resources.

For reference, our original grant contract consisted of the following outcomes for PM 3.6 and as such did not track information about "Community Navigators":

PM 3.6: # of community awareness activities related to educating the community around mental health services =1

PM 3.6: # of individuals reached through mental healthcare community awareness activities = 225

PM 3.6: # of individuals who were connected to behavioral/mental health services and resources = 85

Project Deliverable #2:

Through the work of Olive Crest's Wraparound Team of Clinicians, Facilitators, Behavioral Health Specialists, and Parent Partners, our staff will work with 855 children and their families an average of two hours per week in order to establish in-home stability through December 31, 2025.

Progress towards Deliverable #2:

During the reporting period, our Wraparound teams provided an average of 2.55 hours of service to each of our clients.

Project Deliverable #3:

Through the work of our program trainer, 100% (34) of our counseling staff will attain and maintain CPI (Crisis Prevention Intervention) through December 31, 2025. Staff Certification ensures that our program teams are prepared to 1) effectively respond to and de-escalate crises occurrences with our clients and their families in order to ensure safety and 2) appropriately trained in cultural competence in order to manifest at a level that will be meaningful to clients during crisis intervention. Proper training is critical for these individuals as they work with the estimated 855 local children and families through critical services.

Progress towards Deliverable #3:

During the reporting period 6 counseling staff have received training in CPI.

Notes for Performance Measure 3.7

All of our services are provided in our client's preferred language. We are currently working on specific percentages of what language families preferred during the reporting period and can offer a more detailed breakdown if requested.

We left sections of 3.7 empty that were not in our original scope of work outlined in our grant contract as follows for PM 3.7:

PM 3.7: # of individuals who received culturally sensitive behavioral/mental health

services = 324

PM 3.7: # of individuals who were connected to behavioral/mental health services = 324

Project Deliverable #4:

The goal of Olive Crest's Wraparound program in their work with families is to stabilize the family's crisis and ensure that the child(ren) will have long-term success in remaining in the home with their parents. Long term stabilization is achieved by our Clinicians, Facilitators, Behavioral Health Specialists and Parent Partners work skill-building with families on self-sufficient problem solving. Through this targeted work, 90% or more of our children and families (770) who completed Olive Crest's Wraparound program will still be in the home 6 and 12 months after program discharge through December 31, 2025.

Progress towards Deliverable #4:

During the reporting period 95% of clients that have completed our program are still at home both 6 and 12 months after completion.

Note for Performance Measure 3.3

Initially we marked our Child and Family Resource Center and Counseling as the only additional sites. However, as the notes on the section suggest, we agree that family preservations are in themselves an additional site/location. We have updated our counts to reflect how many individual family sites our teams visited, and how many individuals (children and family) were served by our family preservation program (Please note, we are utilizing "individuals" rather than "client" counts).

Our original grant contract outlined the following measures for PM 3.3: PM 3.3: # of healthcare organization creating behavioral/mental healthcare access points in geographically targeted markets = 1 PM 3.3: # of individuals who were connected to behavioral/mental healthcare services = 324

PROGRESS TOWARDS PERFORMANCE MEASURES

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

PM 3.2: # of clients served as a result of the increased days and hours of operation:

324

PM 3.3: # of additional sites:

58

PM 3.3: # of clients served as a result of additional sites:

186

PM 3.6: # of community engagement/awareness activities:

1

PM 3.6: # of clients/potential clients reached through awareness efforts: 225

PM 3.6: # of clients who were directly connected to behavioral/mental health services:

85

PM 3.6: # of clients who increased their knowledge of behavioral/mental health resources:

310

PM 3.6: % of clients who increased their knowledge of behavioral/mental health resources:

100

PM 3.7: # of clients provided service in their native language: 324

PM 3.7: % of clients provided service in their native language:

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period: 324

Geographic Area(s) Served During This Reporting Period:

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

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Please share any challenges and course corrections you may have experienced during this performance period such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.

Currently we are on course to meet the program deliverables we set at the time of initial proposal. We are currently exploring new areas of service such as school wraparound services and adoption assist wraparound in efforts to reach more children and families.

Please share any success stories highlighting the impact that your project had on the community during this reporting period.

Before Wraparound servi his age, often feeling mor	· · · · · · · · · · · · · · · · · · ·		•
seek refuge in the school	office to avoid interacti	, ons wit <u>h class</u> ma	tes. His parents felt
unable to address his bel	J .		•
unsupported at home. Ho			
embraced various method meetings, psychiatry sess			
dynamic. With 1:1 suppor	·	•	
significantly, and he bega skills.		•	•
The transformation in become minimal as parer emotions. The family now additional resources to su	nts learned effective stra r feels confident in advo	ategies to help cating for	manage his 's needs and seeking
own family meetings inde		•	•
maintaining a strong fami		_	
now seeking courses to b	, ,		•
brighter future for	and their entire family.		

Is there anything the Desert Healthcare District staff can do to assist you in achieving the deliverables of your project?

We are working to expand post-adopt and school-based Wraparound services throughout the Coachella Valley. Any referrals or introductions would be greatly appreciated.

OneFuture Coachella Valley Grant #1330 // \$605,000

January 1, 2023 – December 31, 2024 // FINAL Report Due: 2/15/2025

Grant Report Summary

Report #1 - 1/1/23 - 3/31/23	DUE DATE: 5/01/23
Report #2 - 4/01/23 - 6/30/23	DUE DATE: 8/01/23
Report #3 – 7/01/23 – 9/30/23	DUE DATE: 11/01/23
Report #4 - 10/1/23 - 12/31/23	DUE DATE: 2/01/24
Report #5 – 1/1/24 – 3/31/24	DUE DATE: 5/01/24
Report #6 - 4/1/24 - 6/30/24	DUE DATE: 8/01/24
Report #7 - 7/01/24 - 9/30/24	DUE DATE: 11/01/24
Report #8 – 10/1/24 – 12/31/24	DUE DATE: 2/01/25
FINAL REPORT – 1/1/23 – 12/31/24	DUE DATE: 2/15/25

Goal #1: Increase the number of local students who represent the racial and ethnic backgrounds of the community by awarding scholarships to a minimum of 50 students pursuing healthcare degrees and careers. Maximize DCHD scholarship funds to award as many students as possible by applying funds as last dollar in for students' financial aid packages.

Evaluation #1

- 1. On an annual basis, measure the number of applicants to BAA and Graduate Scholarship fund and compare to prior year.
- 2. Track the number of scholarships awarded to students who represent the racial and ethnic backgrounds of the community and are historically underrepresented in health careers.
- 3. Review all student financial aid packages annually to assess capture of available state, federal and institutional aid.
- 4. Track the completion of the scholar information and outreach cycle on an annual basis:

- By May 2023 and for the following 2 years, OneFuture will provide high school counselors across all Coachella Valley with information about scholarships to distribute to all eligible students (Step A)
- By May 2023 and for the following 2 years, OneFuture will confirm that information regarding webinars, workshops, and other communications (social media, radio, TV and flyers) have reached eligible students (Step B)
- By March 15, 2024, OneFuture will repeat Steps A and B for the previous year's scholarship awardees.
- By August 2023 for the first cohort and August 2024 for the second cohort, OneFuture will complete the selection, notification and processing of scholarship awardees.
- By August 2023 and for the following year (August 2024), a minimum of 50 students who mirror underserved residents' ethnic and racial backgrounds will be awarded.

Goal #2: Increase access to resources, mentorship and connections to diverse health professionals and remove barriers for Black and African American students by facilitating the Black and African American Healthcare Scholar Advisory Council. The council is comprised of community members with relevant knowledge and experience to help remove barriers facing Black and African American youth in the Coachella Valley.

Evaluation #2

- 1. On an annual basis measure GPS Mindset (Growth, Purpose and Sense of Belonging) among BAA scholars, utilizing the University of Virginia's Navigate Project Motivation Tool.
- 2. Track the number of new resources accessed by students as a result of the BAA Advisory Committee's support.

Goal #3: Increase the number of local students who are completing Graduate degrees in high demand healthcare professions by providing support services aligned with their identified needs (i.e. tuition assistance, loan debt reduction, test fees, support for internship preceptors.)

Evaluation #3

 Track completion of case management milestones: Student Leadership Conference, Mid-Year Networking Summit, Bridge to Career Series and one-toone counseling sessions to access academic readiness, explore professional development opportunities that support their career path and review financial aid capture to assess need gap and loan deb to determine resources needed.

- 2. Review all student financial aid packages annually to assess capture of available state, federal and institutional aid. Assess reduction in loan debt and capture of available financial aid on an annual basis.
- 3. Measure college and career planning progress by reviewing transcripts, professional resume, and College & Career Plan at beginning of each term.
- 4. Track the number of additional resources accessed by scholars as a result of support they received through OneFuture and its community partners by documenting it in case files and through the use of an annual survey.

Goal #4: 90% of scholars will participate in OneFuture Case Management and Student Support Services and complete college and career milestones. 90% of scholars will persist and complete the academic year or degree as a result of holistic support services and scholarships provided.

Evaluation #4

- 1. Track completion of case management milestones: Student Leadership Conference, Mid-Year Networking Summit, and one-on-one counseling sessions to review academic progress, financial aid capture and career planning progress.
- 2. Measure academic progress, persistence and degree complete rates by reviewing transcripts and College & Career Plan at beginning of each term.
- 3. Milestones:
 - By July 2023:
 - 95% of scholarship awardees have signed their award letters and completed verification of their Financial Aid packages.
 - By August 2023:
 - 100% of scholars complete class schedule and college and career plan verification.
 - By September 2023:
 - Undergo evaluation by a third part to assess program effectiveness through the lens of diversity, equity and inclusion.
 - By January 2024:
 - Assess scholar college enrollment, GPA and first-year persistence rates for the current cohort.
 - By April 2024:
 - Complete interim assessments, ensuring participation in workshops, Leadership Program, experiential learning, and networking with healthcare professionals.
 - Evaluate students receiving financial aid compared to similar student groups.

- Confirm publication of student spotlights/features to communicate the impact of DCHD&F student's progress.
- By June 2024:
 - Evaluate scholar data, 1st and 2nd year persistence rates and number of degree completers
- By July 2024:
 - Repeat the above steps for the 2024-2025 scholar cohort.

Report Narrative – Questions to be answered each report are in blue:

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

Report #6 – 4/1/24 – 6/30/24 -- Due 8/1/24

Black & African American Advisory Committee:

• The Black & African American Advisory (BAA) Committee continued to convene monthly (4/30/24 & 5/28/24) to review the progress on the initiative and find ways to support local students pursuing a healthcare career. Committee members served as scholarship reviewers for the Black and African American Healthcare Initiative which helped OneFuture with identifying and selecting the 2024-26 BAA scholarship cohort. Additionally, the Brothers of the Desert announced a partnership with OneFuture Coachella Valley to increase scholarship outreach and awareness. They have provided a \$5000 grant which will be used for the Fall 2024 College and Career series that will help local Black and African American students and their families with college match & fit, including completion of the financial aid and scholarship applications.

Financial Aid Initiative:

• Due to Free Application for Federal Aid (FAFSA) glitches and data inconsistency, One Future, in partnership with local education partners, made the decision to award every high school senior class a \$500 stipend that could be used toward their senior celebration. In addition, OneFuture, hosted an inaugural Counselors Happy Hour: Superstar Celebration to recognize the efforts of local counselors who supported our students in their FAFSA and CA Dream Act Application (CADAA) completion. OneFuture is currently working with the three (3) school districts to collect and report on the 2024 FAFSA and CADAA completion rates. Due to the FAFSA application glitches this academic year, the U.S. Department of Education and California Student Aid Commission had to extend their application priority deadlines, which in turn resulted timeline shifts among our education partners, along with scholarship providers (e.g. scholarship deadlines were extended and high school counselors had to assist students with their financial aid applications late into the academic year.)

Progress of Goal #1

Report #6 – 4/1/24 – 6/30/24 -- Due 8/1/24

<u>2024 – 26 Black and African American Healthcare Scholarship</u>

• OneFuture is pleased to report that Forty-three (43) scholarship applications were submitted and reviewed. Among these students, eleven (11) have been selected to receive a one or two-year scholarship ranging from \$5000 - \$10,000 based on their academic program and financial need.

2024 – 26 Graduate Healthcare Scholarship:

Fifteen (15) graduate applications were submitted and reviewed, and ten (10) students have been selected for the Graduate Healthcare Scholarship.
 Additionally, one (1) student is pending review of their financial need to confirm their award. OneFuture CV looks forward to providing an update later this year on the final 2024-25AY cohort.

Progress of Goal #2

Report #6 – 4/1/24 – 6/30/24 -- Due 8/1/24

Holistic Support Services

- <u>Bridge to Careers Series Spring 2024 (Virtual & In-Person)</u>: The Spring 2024 Bridge to Careers series helped scholars further develop a professional plan for graduate school, internships and future employment. Sessions focused on LinkedIn/Resume, Professional Etiquette, Alumni Panels and networking.
- OneFuture's Student Leadership Conference was held on June 27th at the
 UCR Palm Desert Campus. One hundred and eighty-eight (188) Coachella
 Valley students from predominantly first-generation and at-promise backgrounds
 attended this full-day event. Students experienced a day of self-reflection and
 empowerment, including networking with speakers, facilitators and presenters
 from similar lived experiences. The conversations, discussions, activities, and
 connections made were key to preparing students for the 2024-25 academic
 year.

Among these presentations was our keynote, Dr. Victor Cisneros. He shared his story of becoming a medical physician and encouraged students to find their own path, seek mentorship and accept that failure is a part of their own journey. He also shared that his lived experiences, commitment to his community and love for

medicine motivate him daily to continually work towards improving the care for vulnerable populations and enhancing the cultural competence of healthcare providers.

His presentation set the stage for the conference workshops and networking sessions offered throughout the day, which focused on mental wellness, mentorship and networking opportunities.

Health Career Connections (HCC) Summer 2024 Internship

OneFuture, in partnership with Health Career Connections (HCC), placed a total
of twenty-four (24) local college students at fifteen (15) host sites in the region.
During the summer internship, students will work with their host sites on a project
that helps improve the health outcomes of valley residents, while providing
students the opportunity to sharpen their research skills and learn from
community leaders and healthcare professionals. At the conclusions of the
internship, students will present their findings at a capstone celebration in
September.

Progress of Goal #3

Report #6 - 4/1/24 - 6/30/24 -- Due 8/1/24

Healthcare Program Test Fee Resources

• The Graduate Healthcare Scholarship program students were reimbursed for costs related to their testing preparation and license fees, in addition to their graduate admission applications. In an effort to accelerate the delivery of support to the students, only students in the Black & African American Healthcare Scholarship and Graduate Healthcare Scholarship programs were invited to participate, since they had already submitted proof of enrollment, academic progress and financial need. This also allowed OneFuture the opportunity to address any process details during the first year of implementation.

Progress of Goal #4

Report #6 <u>- 4/1/24 - 6/30/24 -- Due 8/1/24</u>

2023-25 Black and African American (BAA) Healthcare Scholars: The BAA scholars are currently submitting Spring 2024 transcripts for review. Upon submission,

OneFuture will assess their academic progress and coordinate one-on-one counseling sessions to affirm their academic and career goals.

Scholar Updates:

- Two scholars completed their associate's degree in nursing at College of the Desert and have enrolled at Chamberlain University to complete their Bachelor's in Science Nursing Degree this upcoming year.
 - Carmesha Strange, Associate's Degree in Nursing, Employed at Eisenhower
 - Shaquille Washington, a Associate's Degree in Nursing, Employed at Eisenhower

2023-24 Graduate Healthcare Scholars: Graduate scholars are currently submitting Spring 2024 transcripts for review and to ensure they are making academic progress.

Scholar Updates:

- o Three Graduate Scholars completed their degrees in Spring 2024.
 - Kathia Nunez graduated from University of California, San Diego with Master's Degree in Epidemiology. She is in a postgraduate program that is helping her prepare for medical school.
 - Cristal Salcido graduated from Bastyr University with a Doctor of Naturopathic Medicine and Master of Counseling Psychology. She has secured part-time employment at Live Well Clinic as a Naturopathic Doctor and part-time employment with Latino Commission as an Associate Professional Clinical Counselor (APCC).
 - Adrian Reyes graduated from California Baptist University with a Master's Degree in Social Work. He is currently employed at Olive Crest in the Coachella Valley.

Is the Project on Track to Meeting its Goals?

Yes

Please describe any specific issues/barriers in meeting the project goals.

No issues

<u>Describe any unexpected successes during this reporting period other than those originally planned.</u>

OneFuture is pleased to share that the Healthcare Workforce Leadership Roundtable, which is comprised of executive leaders from Eisenhower, Desert Care Network/Tenet,

Inland Empire Health Plan and Desert Healthcare District, has committed to address the health workforce needs of the Coachella Valley. As a collaborative, they will prioritize activities that have the greatest impact on reducing healthcare workforce shortages. This initiative will support up to seventy (70) College of the Desert (COD) nursing students with completion of their program by 2026 via a co-investment funding structure.

Organization Name: Desert AIDS Project dba DAP Health (DAP)

Grant #: 1393

Project Title: DAP Health Expands Access to Healthcare

Desert Healthcare District Strategic Plan Alignment

Goal: Goals #2 & 3: Proactively expand community access to primary and specialty care services & Proactively expand community access to behavioral/mental health services

Through a court-sanctioned bankruptcy proceeding, DAP Health successfully acquired Borrego Health, ensuring that Borrego's patients continue to receive uninterrupted healthcare services. This acquisition supports the Desert Healthcare District's mission to enhance access to primary, specialty, and behavioral/mental health services in the community.

By acquiring Borrego Health, DAP Health reinforced its commitment to enhancing the overall health infrastructure of the Coachella Valley. The acquisition facilitates a more integrated and comprehensive approach to healthcare delivery, allowing the merged organization to pool resources, share expertise, and ultimately provide a higher standard of care to a broader population. This move underscores the importance of proactive measures in healthcare administration, particularly in regions facing systemic challenges such as clinician shortages and overburdened services.

Strategy: Transfer former Borrego clinics, personnel, and patients to DAP Health. Convert Borrego's electronic health records (EHR) from Greenway Intergy to DAP Health's Epic EHR.

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): 7/1/23-6/30/24

Contact Information:

Contact Name: William VanHemert

Phone: 760-668-8801

Email: wvanhemert@daphealth.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:

To 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.

Final Progress of Goal #1:

For Goal #1, DAP Health successfully transitioned legacy Borrego Health patients to receive care under DAP Health. The legal transition took place a month later than scheduled, on August 1, 2023, due to challenges associated with transferring the clinics to DAP Health through the Health Resources & Services Administration. During the project period, legacy Borrego patient electronic health records were integrated with DAP Health's system, a process that was completed on May 31, 2024. Additionally, renovation plans for certain clinic components have already been implemented, with additional improvements scheduled for the future. Notably, no legacy Borrego clinics were closed during the acquisition.

Final Evaluation of Goal #1:

The final evaluation suggests that DAP Health successfully achieved the primary objectives of Goal #1. The transition maintained patient care continuity, integrated essential systems, and laid the groundwork for future clinic improvements. The slight delay in the legal transition did not appear to negatively impact patient care.

The transition from Intergy to OCHIN Epic EHR marks a significant improvement in patient care coordination and information accessibility. This migration of all patient records enables seamless communication between clinicians through a unified health record system. The Epic platform, anchored in a "one patient, one record" model, allows healthcare providers to access a patient's complete medical history, regardless of whether the visit occurred at a legacy Borrego Health clinic or a legacy DAP Health clinic.

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.

Final Progress of Goal #2:

When DAP Health acquired Borrego Health, there were 45 positions that needed to be

filled within the Coachella Valley. Currently, 6 of these positions remain vacant. Following the acquisition, DAP Health introduced several new roles to ensure efficient operations within the expanded organization. These include four Regional Operations Director positions to oversee operations across different geographical areas. Additionally, DAP Health has reinstated a centralized call center, which will improve communication and appointment scheduling for patients. To manage this call center, a new Call Center Manager position has been created, along with eight Call Center Representatives to staff the facility.

These strategic organizational changes underscore DAP Health's commitment to streamlining operations and improving the overall patient experience in its expanded network of clinics. DAP Health continues to offer signing bonuses to fill positions for Registered Dental Assistants, Providers, and Medical Assistants, and it posts open positions directly on hiring platforms such as Indeed to attract applicants.

Final Evaluation of Goal #2:

Despite the hiring freeze during the transition from Intergy to Epic within the project period, DAP Health achieved a significant milestone by filling the majority of its positions. Out of the original 45 positions, only 6 remain vacant. This success is particularly notable given the challenges typically associated with such a large-scale EHR conversion.

Goal #3:

Achieve sustainability through insurance billing reimbursement for the transferred Borrego clinicians under DAP Health clinician billable services contracts, by the end of the grant year in June 2024.

Final Progress of Goal #3:

DAP Health has made significant progress in credentialing its clinical staff, with only four clinicians remaining uncredentialed during the project period. Since the conclusion of this period, two of these clinicians have successfully completed their applications. The Credentialing Coordinator has initiated the verification process for these two files, aiming to present them for approval at the upcoming Credentialing Committee meeting in August.

Final Evaluation of Goal #3:

DAP Health has demonstrated commendable progress in clinician credentialing efforts. The Credentialing Committee has successfully credentialed the majority of the clinical staff, with only a small number remaining. This high completion rate indicates effective management of the credentialing process and a strong commitment to maintaining quality standards.

The completion of applications by two of the remaining clinicians since the project period ended demonstrates ongoing momentum and focus on this important task.

Final Number of District Residents Served:

Proposed number of District residents to be directly served:

DAP Health proposed to directly serve 39,845 District residents during the project period.

Final number of District residents directly served during the entire grant term:

DAP served over 45,217 unduplicated patients from August 1, 2023 through May 31, 2024. The project data encompasses a 10-month period rather than the initially planned 12 months. This reduction in the data collection time frame was due to two factors. Firstly, the project's commencement was delayed by one month as a result of challenges encountered with HRSA during the acquisition process. Secondly, the final month of June 2024 is not included in the dataset. This omission is attributed to the organization's transition from Intergy to Epic systems, which significantly impaired our capacity to collect comprehensive data during that particular month. Consequently, the available data reflects a slightly shortened project period, impacting the overall scope of the analysis. The number of patients directly served during the project period exceeded the proposed goal by 5,372.

During the 10-month period under review, DAP Health recorded 119,258 patient visits. This figure is particularly noteworthy when considering the projected total of 138,000 visits for a full 12-month period. Despite the data only covering 10 months, there is a strong indication that the organization would have met or potentially exceeded the projected 138,000 visits if data for the complete year had been available. It's important to note that this performance was achieved during a time when DAP Health intentionally scheduled fewer patient visits due to the transition from the Intergy system to Epic. This context suggests that under normal operational circumstances, without the constraints of the system conversion, the actual visit numbers might have been even higher.

Proposed number of District residents to be indirectly served:

DAP Health proposed to indirectly serve 39,845 District residents during the project period. "Indirectly served" refers to individuals who have access to healthcare services but did not utilize them during the project period. This group represents those who potentially benefit from the availability of healthcare resources, even if they did not actively seek care during this specific timeframe.

<u>Final</u> number of District residents <u>Indirectly</u> served during the entire grant term:

DAP indirectly served 45,217 District residents during the project period.

Please answer the following questions

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

The transition of legacy Borrego Health clinics and staff to DAP Health encountered a significant obstacle at the outset of the project, primarily due to administrative delays within the HRSA system. This unforeseen complication resulted in a 30-day setback in the transfer process, impacting the initial timeline and implementation of planned services. The delay in HRSA's internal systems prevented the smooth handover of clinic operations and staff integration, causing a ripple effect on various aspects of the acquisition. This administrative hurdle not only postponed the official start of DAP Health's management of the former Borrego Health facilities but also created challenges in terms of continuity of care, staff onboarding, and the implementation of new operational protocols. Despite this setback, both organizations worked diligently to mitigate the impact on patient care and to ensure a seamless transition once the administrative issues were resolved.

Another significant barrier that hindered DAP Health's ability to achieve its project goals was within the credentialing department. Personnel changes in this department led to difficulties for the new staff, who struggled to determine the status of the credentialing process for the remaining clinicians. In a few instances, credentialing files were in pending status during this period. The new staff discovered that these files had expired, as credentialing applications become invalid if not completed within 180 days of submission, necessitating the entire process to be restarted.

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

During the project period following the acquisition, DAP Health achieved several unexpected successes beyond the original first-year plan. The organization expanded adult dental care services to the Cathedral City clinic, which previously catered only to children. Additionally, DAP Health successfully integrated the EHR system before the end of the 2023-2024 fiscal year, enhancing scheduling efficiency, facilitating referrals between legacy DAP Health and legacy Borrego Health clinics, and standardizing data collection across a unified system. The organization also created a new Chief Transformation Officer position to further advance integration efforts. Initially, this role will focus on collaborating with compliance and operations teams to improve patient access and care quality, including transportation services, optimize in-house pharmacies for increased patient access, and ensure unbooked appointments are addressed to maintain patients on a wellness track while maximizing clinic capacity. Notably, DAP Health has initiated the process of recertifying its clinics as Patient Centered Medical Homes, marking another significant and unanticipated achievement during this period.

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

The project's financial sustainability is linked to the initial investment from the Desert Healthcare District that enabled DAP Health to credential legacy Borrego Health clinicians who transitioned to DAP Health. The credentialing process ensures that the clinicians meet the necessary standards, allowing them to become billable entities. As a result, the clinic is now generating revenue by billing insurance companies, Medicare, and Medicaid for the services provided, which is essential for maintaining operational stability.

This revenue supports the clinic's day-to-day operations, covering costs such as medical supplies, utilities, and administrative expenses, while also ensuring competitive salaries for both clinicians and support staff. With a self-sustaining financial model in place, the clinic is no longer reliant on external funding to cover operating expenses.

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

1. If DAP Health were to undertake a similar project in the future, the organization would prioritize creating a centralized call center earlier in the process. DAP Health's CEO conducted multiple listening tours at all legacy Borrego clinics following the acquisition to better understand the needs of legacy Borrego staff during the merger. One key insight gained was the importance of a centralized call center, which Borrego Health had previously utilized before disbanding it during the COVID-19 pandemic. This centralized approach streamlined appointment scheduling, as call center employees had access to patient records and were familiar with Borrego Health staff, clinic locations, and services.

DAP Health faced challenges with a disjointed call center system that relied on outsourced vendors employing individuals across the country. These contracted employees lacked investment in DAP Health and had no knowledge of staff, patients, or the organization's mission and vision, leading to quality issues. Legacy Borrego staff provided feedback indicating that the previous centralized call center approach was more efficient and resulted in shorter wait times for patients and smoother overall operations.

Due to existing vendor contracts, DAP Health had to delay the implementation of a centralized call center until these agreements expired. Additionally, it was more practical to launch the call center once all clinics were using the same EHR system. The reinstated centralized call center opened in Escondido in May 2024. Currently, it serves four of the clinics, with plans to expand its services to all legacy Borrego and DAP Health clinics once fully staffed and operational.

- 2. If DAP Health sought funding for a similar project in the future, the organization would allocate a larger unrestricted contingency fund to address unforeseen expenses and operational needs. Several unanticipated items were addressed but were not included in the original acquisition budget. These included upgrading legacy Borrego employees' cellphones to secure devices to enhance communication security, increasing wages for legacy Borrego's support staff to align with DAP Health's wage standards to ensure fair compensation across the organization, and establishing a reserve fund to mitigate cash flow disruptions. The reserve fund was particularly crucial for addressing incidents like the Change Healthcare event in February 2024, which impacted billing processes from the Intergy EHR system while the incident was under investigation.
- 3. Undertaking a similar project in the future, DAP health would likely adopt a more proactive approach with our collaborative network of FQHC partners. This would involve seeking input on best practices and consulting with partners to gather insights from their experiences in similar mergers and acquisitions. By engaging these partners as thought leaders early in the process, DAP Health could leverage their expertise and strategic thinking before making complex acquisition decisions. Open dialogue would enable thorough assessments of both opportunities and risks, providing a comprehensive understanding of potential benefits and challenges. This strategy would help build stronger partnerships and utilize the collective knowledge of all stakeholders, positioning DAP Health to make informed decisions.
- 4. Had DAP Health secured additional funding, the organization would have hired a Change Management Consultant to facilitate the integration process following the acquisition of Borrego Health. With approximately 850 employees now serving under the unified organization, a consultant could have developed strategies to maintain high employee morale and retention. Additionally, a Change Management Consultant would have helped guide both organizations through the merger, ensuring a more seamless integration of operations, cultures, and workflows. While DAP Health successfully completed the acquisition without such a consultant, having one could have potentially streamlined the process and mitigated unforeseen challenges in combining these two distinct healthcare organizations.
- 5. If DAP Health had the capacity and resources, the organization would have accelerated the idea of a unified culture and created a mission and vision statement sooner, launching a new culture together.

In the face of limited resources, DAP Health made the critical decision to prioritize maintaining uninterrupted patient access to care, a choice deemed essential during periods of heightened demand for healthcare services. This focus on keeping doors open for patients had significant implications for the organization. As a result, other important initiatives, such as the development of a cohesive organizational culture, were temporarily deferred. The immediate healthcare needs of the patient population took precedence over long-term cultural integration efforts.

HIV+Aging Research Project-Palm Springs (HARP-PS)

Final Grant Report to Desert Healthcare District

Grant Period 03/1/23 - 02/29/24

In March 2023, Desert Healthcare District awarded HARP-PS a \$10,000 mini-grant to fund the "Positive Connections 50+ Virtual Village," a pilot project that addresses HARP-PS research findings showing that social isolation and depression are the top concerns of both older people living with HIV/AIDS (OPLH) and their medical, mental health, and social service providers. The project is developing an on-line platform to reduce isolation, foster support systems, and connect OPLH to needed behavioral health, medical, and supportive services. The "virtual village" platform is being designed with stakeholder input to specifically meet OPLH's unique needs for a social network of their peers they can safely access online. Participants can create specific interest groups (e.g., hiking, gardening, travel, etc.) facilitating engagement with others with similar interests.

The project was informed by a two-year research collaboration with University of Riverside UCR) School of Medicine to determine what platform features would best serve OPLH as they age. We continue to partner with UCR on the project. The platform is geared towards helping OPLH overcome post-COVID isolation and loneliness by connecting OPLH to their peers in a forum that is affirming, non-judgmental and specific to their unique needs. Based on those results, we chose a user-friendly platform to address people's tech anxieties, with features to list events, polls to generate conversations, and the ability to create separate chat rooms for special interests like playing brain games to preserve cognitive function, form a moviewatching group, etc. We created a separate Spanish language channel for those who prefer to converse with peers in their native-language, and to help them cope with the intersectional stigmas of HIV, being LGBTQ+, and racism. We initially tested a proprietary platform designed for existing virtual villages, with the understanding that they would be adding site features requested by our participants. Because they were unable to do so, and our older less tech-savvy users reported the site not especially user-friendly, we switched to a more user-friendly platform based on that participant feedback. We plan to investigate another website platform to see if it can provide our desired site features, and if so, will migrate it over to that new site.

While we projected that we would serve 150 OPLH during the grant period, we experienced initial challenges in recruitment due to the health issues of our original project coordinator who is himself a 71-year-old long-term HIV survivor. He stepped down from the position in the fall of 2023. He remains a participant in the group and reports that his participation and support from the group has helped him immensely. We then hired a new project manager with extensive web platform experience, but it required time for training and orienting him to the program goals. With the new project coordinator in place by December, participation rose steadily towards end of grant period. We expect participation to increase in both English and Spanish platforms in 2024.

HARP-PS provided programming on the platform tailored to the specific needs of our older HIV population on treatment options and advances for highly treatment-experienced individuals with HIV drug resistance; the impact of aging co-morbidities for OPLH, including osteoporosis, cardiovascular disease, kidney disease, diabetes, and other health issues, and how to aware of and how to screen for them; and psychosocial challenges specific to long-term HIV survivors like depression, loneliness, isolation, survivors'

guilt, and post-traumatic stress syndrome (PTSD), also known as AIDS Survivor Syndrome. We implemented a weekly "Ask the Doctor" segment where users could submit questions for a local HIV clinician to answer. A similar segment was implemented with a licensed mental health clinical to address behavioral health issues. A local chef volunteered to do a cooking show demonstrating how to create an easy, nutritious, and economical meal utilizing the items offered in the weekly food bank distribution. It is broadcast live so viewers can submit questions in real time, and also recorded and archived for later viewing. Because so many long-term survivors are subsisting on fixed incomes, we have also offered financial benefits counselors providing information on rental, mortgage, and utilities assistance to help them age in place in their homes. During the annual open enrollment period for Medicare, health plan specialists offer assistance on how to navigate the ever-changing health insurance landscape to find the coverage best suited to their medication and clinical needs.

Noting the need for in-person socialization, the site promotes existing social programs for OPLH offered by Let's Kick AIDS Survivor Syndrome, DAP Health, HARP-PS, The LGBTQ Center, and others. We also created specific groups to play daily online brain games like Wordle, Mini-Crossword, and others, to help people retain memory & cognitive skills; share cooking ideas and recipes; and book and movie clubs. Our Latinx partner, Amigos, experienced a decline in their membership post-COVID. They agreed to partner with us to migrate their group to a Spanish channel on our platform. Their members found it a useful way to stay connected and interact with their peers in their preferred language. As most group members are bilingual, they also benefited from the other platform offerings as well. For those whose limited income has forced them to move from the Palm Springs area to more affordable places like the high desert and Blythe, they report that the platform has been a lifeline that has kept them engaged with their community and provided useful information to help them manage their HIV and low income, among other challenges.

The one-year grant period was too short to show dramatic increases in health assessments that typically happen on a 2-to-5-year basis. However, the health education provided to participants spurred many to access those screenings or treatments. To assess the program's effectiveness, we surveyed platform users at the end of the grant period using a 5-point Likert scale at the end of the grant period. Users reported improvements in the following domains: Isolation (93%); Ioneliness (87%); resilience (82%); HIV medication adherence (64%); changed HIV regimen due to side effects/resistance/adherence/pill burden (47%); health screenings inquired about/scheduled/completed, included bone mineral density (57%), colorectal cancer screening (49%), HPV/anal cancer screening (54%),sleep assessments (36%), mental health screened/care accessed (78%); overall quality of life (91%); deprescribing (fewer medications for depression, anxiety, sleep meds, high blood pressure, etc.) (74%).

The number of District residents served with District funds over the entire grant term: 101 residents during the course of the grant

PS Test Inc, Grant #1390

Organization

PS Test Inc 140 N Luring Dr., Ste. D Palm Springs, CA

Primary Contact:

Ken Katz kkatz@dc.rr.com Phyllis Ritchie, MD drphyllisritchie@gmail.com

Grant Information

Project Title: Testing & Treating the Growing Health Crisis

Total Grant Amount Awarded: \$10,000

Grant Term (example 7/1/22 - 6/30/23): 5/1/2023 - 4/30/2024

Project Impact

Reported data should reflect <u>project numbers that resulted from the Desert Healthcare District and</u> Foundation grant award.

1. Resulting from the Desert Healthcare District and Foundation grant award, please describe the impact that your project had on the community.

We were able to hire our director of operations: Paul Sandman, RN. He helped patients who were newly diagnosed with HIV in our clinic by talking to them, and he even gave them his private number if they had any other problems, or issues. He is extremely calming, and has had a lot of experience with HIV.

2. Please share any challenges and course corrections you may have experienced during the entire grant term such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.

Main challenges were, and still are wanting to open Fridays. Presently we can only open Mondays through Thursdays 10-4 which for some patients is a challenge to get to our clinic. We don't have funding for the staff for Fridays.

We would love to extend hours and days, but presently financially impossible.

3. Please share any success stories and/or testimonials highlighting the impact that your project had on our community during the entire grant term.

We had one patient in particular that came into our clinic, and his husband had died about a year prior. He wanted to try to find a new relationship, but realized he probably needed to start HIV preventive medication. Paul saw him with Dr Kuldanek, and took time with him as he was understandably very emotional. He was so grateful for our services.

Another case was a woman who found out her husband was unfaithful. She wanted testing done anonymously which was of course done in a discreet anonymous manner. She also was extremely grateful for our services, and again for the time our staff took with her.

This couldn't be done without your help.

Final Number of District Residents Served:

Proposed number of District residents to be directly served: 1,500

Final number of District residents directly served during the entire grant term: 950

Performance Measure Reporting:

Resource Information

- 1. Number of individuals that received resource information (I.E. flyers, kits, brochures, etc.): 950
- 2. Number of individuals connected or referred to a community resource or service: 300

Direct Healthcare Services

1. Number of individuals provided a direct healthcare service: 200

Rotary Club Of Palm Desert Foundation, Grant #1395

Organization

Rotary Club Of Palm Desert Foundation PO Box 10101 Palm Desert, CA http://palmdesertrotary.com

Primary Contact:

Ricardo Loretta Tel: (858) 344-4812 dgtaco1819@gmail.com

Grant Information

Project Title: Assistance in providing scholarships for students majoring in healthcare

Total Grant Amount Awarded: \$10,000

Grant Term: 7/1/2023 - 6/30/2024

Project Impact

Reported data should reflect <u>project numbers that resulted from the Desert Healthcare District and</u>
Foundation grant award.

1. Resulting from the Desert Healthcare District and Foundation grant award, please describe the impact that your project had on the community.

The \$10,000 grant allowed us to significantly enhance the scholarship awards to 5 students from Palm Desert HS who are pursuing careers in healthcare. The details are on the attached spreadsheet which shows names of students, college attended, total award and the award split between the \$10,000 contributed by DHCD and Palm Desert Rotary Club Foundation.

2. Please share any challenges and course corrections you may have experienced during the entire grant term such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.

Because of the excellent guidance we received from DHCD staff, we had no significant problems in structuring our awards.

3.	Please share any success stories and/or testimonials highlighting the impact
	that your project had on our community during the entire grant term.

We are obtaining individual stories/testimonials from awardees.

Final Number of District Residents Served:

Proposed number of District residents to be directly served:

10, with \$1,000 benefit for each awardee.

<u>Final</u> number of District residents <u>directly</u> served during the entire grant term:

5, with \$2,000 benefit for each awardee.

Performance Measure Reporting:

Basic Necessities

1. Number of basic necessities (Items) distributed

We awarded 1 scholarship award for 1 year school costs to 5 students

2. Number of individuals that received basic necessities

5

Theresa A. Mike Scholarship Foundation, Grant #1399

Organization

Theresa A. Mike Scholarship Foundation 46200 Harrison Place Coachella, CA http://www.theresamike.org

Primary Contact:

Makeyli Alvarez info@theresamike.org

Grant Information

Project Title: Theresa A. Mike Scholarship Foundation

Total Grant Amount Awarded: \$10,000

Grant Term (example 7/1/22 - 6/30/23): 7/01/2023 - 6/30/2024

Project Impact

Reported data should reflect <u>project numbers that resulted from the Desert Healthcare District and Foundation grant award.</u>

1. Resulting from the Desert Healthcare District and Foundation grant award, please describe the impact that your project had on the community.

The impact of the partnership between the Theresa A. Mike Scholarship Foundation and the Desert Healthcare District & Foundation on the community has been tremendous. Thanks to the support from Desert Healthcare, our mission to award scholarships has greatly improved. We are now able to award larger amounts to students enrolled in medical fields, whose goal is to become medical professionals serving the Coachella Valley. This aligns with Goal #2 of DHCD's strategic plan, specifically under category 2.1 "Increase the number of primary and specialty care professionals to support Coachella Valley residents".

Through this valuable partnership, four students received awards from the Desert Healthcare District. These students were able to complete their fall semester last year without the stress of high tuition costs, and they have expressed how incredibly beneficial the award has been for them. We have no doubt that within four years, these students will be employed at a local Coachella Valley clinic or hospital, contributing to the community's healthcare needs.

 Please share any challenges and course corrections you may have experienced during the entire grant term such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.

This year, we partnered with One Future Coachella Valley (OFCV), and two of our Desert Healthcare District recipients fell under the partnership match that OFCV and TAMSF established. As a result, we awarded April Martinez and Laisha Navarro a total of \$5,000 each, with \$2,500 from DHCD and \$2,500 from One Future Coachella Valley. One Future Coachella Valley processed the payment for these two recipients and TAMSF issued a check to pay One Future.

3. Please share any success stories and/or testimonials highlighting the impact that your project had on our community during the entire grant term.

Four thank you letters have been added to the link below with each student's updates and accomplishments, along with a copy of the payments and a short testimonial video from Hector Sanchez. Hector's video was featured at our primary fundraiser, the Fashion Show Sale and Dinner, held on June 29th. The event attracted approximately 300 attendees, including tribal members from a few California Tribes, Coachella Valley dignitaries, and residents.

2023 - Partnership Report

Final Number of District Residents Served:

<u>Proposed</u> number of District residents to be <u>directly</u> served:

April Martinez from Desert Hot Springs
Laisha Navarro Flores from Desert Hot Springs
Hector Sanchez Perez from Coachella
Guadalupe Arreola from Coachella

<u>Final</u> number of District residents <u>directly</u> served during the entire grant term:

The Coachella Valley cities of Desert Hot Springs and Coachella, CA

Performance Measure Reporting:

Basic Necessities

- 1. Number of basic necessities (Items) distributed: Four scholarship checks of \$2,500 each for the 2023 fall-semester.
- 2. Number of individuals that received basic necessities: Four students

Dear Desert Healthcare District and Theresa A. Mike Scholarship Foundation,

I would like to express my gratitude to both the Desert Healthcare District and Theresa A. Mike Scholarship Foundation for choosing me as one of the 2023-2024 scholarship recipients. It is an honor to be a recipient of both these amazing foundations.

When applying for scholarships and as a first-generation student, you always hope for the best in order to financially pay for school tuition and necessary items like textbooks and lab coats. Organizations, like the DHCD, who partner with scholarship foundations, just like the TAMSF, provide us local students from the valley great opportunities to go beyond our communities in order to come back to the valley and provide our help in the future. With financial help, I am able to focus on my studies as a Biology major, with a minor in Chicana/Chicano and Central American Studies, without having to place time aside for working to be able to pay for my education. I have been able to keep a 3.5+ GPA this school year, claim a minor, join Peer-Learning sessions (tutoring sessions taught by peers who have taken the course), join UCLA Flying Samaritans (a UCLA club that takes monthly trips to Tijuana, Mexico to provide healthcare, dental care, canned food, hygiene kits, pharmacy needs, and health education to the local, low-income community), stay in UCLA Rotaract (Rotary at the college level), as well as look into possible opportunities to help prepare and provide me experience to get into a Master's program after my four years at UCLA. I am currently looking into joining a research lab for the upcoming 2024-2025 school year. With my higher education, I want to go back to the Coachella Valley and become a College of the Desert professor to give back to the future generation.

College is stressful as it is, but with resources out there willing to provide help for us college students is a weight lifted off our shoulders and allows us to put in our best efforts and time towards our education

I am extremely grateful for this scholarship. Thank you for allowing me the opportunity and privilege to be a chosen recipient! I hold much appreciation for the DHCD and TAMSF and with my education, I hope to give back to our community in the future.

Sincerely, April Martinez Dear Theresa A Mike Scholarship and Desert Healthcare District Foundation,

Thank you for all you do without the help of foundations like yours, students like me would struggle to pay for college. As a first generation student I have had to overcome several obstacles, however financially I have not struggled as much but that was thanks to the help I received from scholarships. These scholarships exists because foundations like yours believe in its students. With your help I do not have to stress as much financially and I am able to focus more in my studies. I cannot wait to come back to my community and help students who are in the same situation as me. Thank you again from the bottom of my heart.

Best, Guadalupe Arreola Leon Dear Theresa A. Mike Scholarship Foundation & Desert Healthcare District,

I am honored to express my heartfelt gratitude as a 2023 scholarship recipient. Your support has been invaluable as a first-year medical student at UC Davis School of Medicine and a participant in the Rural Program in Medical Education (Rural-PRIME). This scholarship has provided much-needed aid as I am an undocumented immigrant from Mexico. Due to my legal status, financial aid opportunities have always been limited throughout my educational trajectory. This scholarship has significantly lightened my financial burden by covering essential educational expenses, such as scrubs, books, and supplies, allowing me to focus more on my studies and less on financial constraints.

As I near the end of my first year, I am amazed by the breadth of knowledge and skills I have acquired in such a short span. From foundational courses in human anatomy and biochemistry to more specialized subjects like pharmacology, immunology, and pathophysiology, my education has been both rigorous and enlightening. I have also learned how to conduct a patient physical exam and an oral presentation that summarizes a patient history, physical exam findings, and an assessment and plan. My favorite subject I have learned in my first year is nephrology where I have learned how our kidneys work and how to diagnose several kidney diseases such as kidney stones, renal failure, and renal cancer. Overall, I am thankful for the opportunity to learn clinical medicine despite it feeling like drinking water from a fire hydrant at times.

Outside of my coursework, my role as a clinic lead and lab manager at the Knights Landing One Health Center (KLOHC) has profoundly shaped my medical school experience. At KLOHC, we serve the rural, predominantly Spanish-speaking migrant farmworkers of Northern California—a community that closely mirrors the demographics of the eastern Coachella Valley. Every time I work with one of our patients, it is like I am working with one of my relatives back home. Similar to communities such as Mecca or Oasis, our clinic is a safety net and one of the only health facilities accessible to these populations. This work not only connects me to my roots but also strengthens my resolve to pursue a career in medicine.

Moreover, my research in orthopaedic surgery has been particularly fulfilling. I am currently involved in a project comparing clinical presentations and outcomes of enchondromas and chondrosarcomas, two types of bone cancer. This research is crucial as it seeks to understand the factors influencing the progression of these tumors, which remains a significant challenge in orthopaedic oncology. Presenting our findings at the UC Davis Musculoskeletal Research Day was an enriching experience, and I am eager to continue exploring this field.

My commitment to medicine extends beyond personal ambition; it is a commitment to service. I envision a future where my skills as a surgeon and my insights into health policy combine to dismantle barriers to surgical care, ensuring it reaches every corner of our society, particularly the underserved and undocumented. Your support through this scholarship plays a crucial role in making this vision a reality. Thank you once again for your continued trust and support. I am eager to uphold the values of the Theresa A. Mike Scholarship Foundation throughout my medical career.

With Warm Regards,

Hector L. Sanchez Perez, MPH

UC Davis School of Medicine - MD Candidate | Class of 2027

Columbia University Mailman School of Public Health | Class of 2019

University of California, Los Angeles | Class of 2017

Laisha Navarro Flores September 10th, 2023

Desert Healthcare District

Dear Desert Healthcare District,

I hope you are all doing well, I am Laisha Navarro Flores! This is my first year being chosen as a recipient of this lovely foundation scholarship. I am very appreciative of this scholarship, these last two years have been tough to get by seeing as I have had trouble paying for my housing bill and with the help of your foundations scholarship it will help alleviate the stress of those expenses away from my family and I. I will now thankfully have a place to study, sleep and overall experience life thanks to you all at the Foundation. A little about me is that I am an Intern for my school's Football team as a Recruitment intern. I am also a part of a Latina Sorority, Lambda Theta Nu Sorority, Inc. for the second year in a row! I am so grateful for this scholarship and the community you all allowed me to join through One Future Coachella Valley. I know that your foundation focuses on advancing the health and wellness for Coachella Valley residents and this means so much to me because I want to become a nurse one day with the help of my bachelor's degree in Ecology, Behavior and Evolution. Then I plan to go to Graduate school for nursing school and to know that I have your foundation's support means everything to me. I would one day like to help the Coachella Valley as well once I become a nurse. Thank you so much for your kindness and for valuing the Coachella Valley the way that you do. Have a nice day!

Sincerely,

food with



DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT RFP - 2022-001 - MONTHLY REPORT

Report Period: 06/01/2024 - 06/30/2024 (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	· ·	, Emergent Issues, Cha ports, indicator results, et	_	ndings, an	d Supp	ortive I	nformat	ion		
Services	By September 30, 2025, increase total annual patient		nd graph below illustrates his reporting period.	the total nu	umber of pa	atient er	ncounte	rs seen s	ince C	October 1,	
	encounters to at least 7,000 per year								Age		
	and provide extended hours and weekend hours at least 1,400 encounters per	Date	Location	# of Patients seen	Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo	Unknown	
	year.										
		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	Jovenes Substance Abuse Recovery	15	2	13	0	14	1	0

	Home							
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
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
		Nove	mber 2023	3				
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
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	Jovenes 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

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT RFP - 2022-001 - MONTHLY REPORT

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
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

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT RFP - 2022-001 - MONTHLY REPORT

		Dece	mber 2023	}				
12/1/23	Our Lady of Guadalupe - Street Medicine	3	0	3	0	3	0	0
12/1/23	Gojji Telemedicine	15	11	4	0	14	1	0
12/4/23	Gojji Telemedicine	16	7	9	0	15	1	0
12/5/23	Galilee Center at Western Sands Motel - Refugee Clinic	16	8	8	2	14	0	0
12/5/23	Our Lady of Soledad	23	14	9	7	14	2	0
12/6/23	R.I.S.E. Access Center	11	1	10	0	7	3	1
12/6/23	Birth Choice of the Desert	2	2	0	1	1	0	0
12/6/23	Gojji Telemedicine	14	5	9	0	12	2	0
12/7/23	James Madison Elementary Vaccine Clinic	18	8	10	18	0	0	0
12/7/23	Gojji Telemedicine	13	10	3	0	13	0	0
12/8/23	Our Lady of Guadalupe - Street Medicine	14	5	9	0	11	3	0
12/8/23	Gojji Telemedicine	10	6	4	0	8	2	0
12/12/23	Galilee Center at Western Sands Motel -	8	6	2	4	4	0	0

	Refugee Clinic							
12/12/23	Gojji Telemedicine	13	8	5	0	9	4	0
12/13/23	R.I.S.E. Access Center	8	1	7	0	7	1	0
12/13/23	Gojji Telemedicine	12	2	10	0	12	0	0
12/14/23	ABC Recovery Home	8	2	6	0	8	0	0
12/14/23	Gojji Telemedicine	14	9	5	0	12	2	0
12/15/23	Our Lady of Guadalupe - Street Medicine	7	1	6	0	6	1	0
12/18/23	Gojji Telemedicine	17	12	5	0	17	0	0
12/19/23	Galilee Center at Western Sands Motel - Refugee Clinic	12	8	4	6	6	0	0
12/20/23	Gene Autry Wash	4	2	2	0	2	2	0
12/20/23	Gojji Telemedicine	9	4	5	0	8	1	0
12/21/23	Desert Hot Springs Unhoused Outreach	40	12	28	0	39	1	0
12/22/23	Our Lady of Guadalupe - Street Medicine	72	19	53	0	61	11	0
12/22/23	Gojji Telemedicine	14	10	4	0	14	0	0
12/26/23	Galilee Center at Western Sands Motel -	22	12	10	8	14	0	0

	Refugee Clinic							
12/26/23	Gojji Telemedicine	12	6	6	0	12	0	0
12/27/23	Gojji Telemedicine	9	5	4	0	7	2	0
12/28/23	Sunrise Park Palm Springs	84	34	50	0	80	3	1
12/29/23	Our Lady of Guadalupe - Street Medicine	15	3	12	0	13	2	0
		Janı	uary 2024					
1/2/24	Galilee Center at Western Sands Motel - Refugee Clinic	7	4	3	5	2	0	0
1/2/24	Gojji Telemedicine	12	2	10	0	12	0	0
1/3/24	Gojji Telemedicine	15	4	11	0	14	1	0
1/4/24	Gojji Telemedicine	14	6	8	0	12	2	0
1/5/24	Our Lady of Guadalupe - Street Medicine	15	1	14	0	14	1	0
1/5/24	Gojji Telemedicine	19	5	14	0	18	1	0
1/8/24	Gojji Telemedicine	15	11	4	0	12	3	0
1/9/24	Galilee Center at Western Sands Motel - Refugee Clinic	25	13	12	12	13	0	0

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT RFP - 2022-001 - MONTHLY REPORT

1/9/24	Gojji Telemedicine	13	6	7	0	13	0	0
1/10/24	Gene Autry Wash	4	0	4	0	3	1	0
1/10/24	Gojji Telemedicine	13	8	5	0	12	1	0
1/11/24	Gojji Telemedicine	13	5	8	0	13	0	0
1/12/24	Our Lady of Guadalupe - Street Medicine	11	2	9	0	10	1	0
1/12/24	Gojji Telemedicine	18	10	8	0	18	0	0
1/15/24	Gojji Telemedicine	14	8	6	0	13	1	0
1/16/24	Galilee Center at Western Sands Motel - Refugee Clinic	18	8	10	8	10	0	0
1/16/24	Gojji Telemedicine	14	10	4	0	13	1	0
1/17/24	Birth Choice of the Desert	3	3	0	0	3	0	0
1/17/24	Gojji Telemedicine	14	5	9	0	14	0	0
1/18/24	Desert Hot Springs Unhoused Outreach	20	10	10	0	18	2	0
1/18/24	Gojji Telemedicine	14	10	4	0	14	0	0
1/19/24	Our Lady of Guadalupe - Street Medicine	9	1	8	0	7	2	0
1/19/24	Gojji Telemedicine	15	7	8	0	12	3	0

1/22/24	Gojji Telemedicine	16	13	3	0	16	0	0
1/23/24	Gojji Telemedicine	15	11	4	1	12	2	0
1/23/24	Galilee Center at Western Sands Motel - Refugee Clinic	17	9	8	9	8	0	0
1/24/24	R.I.S.E. Access Center	6	2	4	0	5	1	0
1/24/24	Birth Choice of the Desert	1	1	0	0	1	0	0
1/24/24	Gojji Telemedicine	14	7	7	0	13	1	0
1/25/24	Gojji Telemedicine	16	5	11	0	13	3	0
1/26/24	Gojji Telemedicine	16	3	13	0	16	0	0
1/26/24	Our Lady of Guadalupe - Street Medicine	5	2	3	0	5	0	0
1/27/24	Palm Springs Health Run & Wellness Festival	78	31	47	0	75	3	0
1/29/24	Coachella Valley Housing Coalition	10	6	4	0	8	2	0
1/29/24	Gojji Telemedicine	16	8	8	0	15	1	0
1/30/24	Galilee Center at Western Sands Motel - Refugee Clinic	30	18	12	10	20	0	0
1/30/24	Gojji Telemedicine	15	6	9	0	12	3	0

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT RFP - 2022-001 - MONTHLY REPORT

1/31/24	R.I.S.E. Access Center	6	0	6	0	5	1	0			
1/31/24	Birth Choice of the Desert	1	1	0	0	1	0	0			
1/31/24	Gojji Telemedicine	18	10	8	0	16	2	0			
	February 2024										
2/1/24	Gojji Telemedicine	18	12	6	0	15	3	0			
2/2/24	Our Lady of Guadalupe - Street Medicine	10	1	9	0	9	1	0			
2/2/24	Gojji Telemedicine	18	13	5	0	18	0	0			
2/5/24	Gojji Telemedicine	11	7	4	0	10	1	0			
2/6/24	Gojji Telemedicine	17	13	4	0	16	1	0			
2/7/24	R.I.S.E. Access Center	7	2	5	0	5	2	0			
2/7/24	Birth Choice of the Desert	3	3	0	0	3	0	0			
2/7/24	Gojji Telemedicine	14	10	4	0	13	1	0			
2/8/24	James Madison Elementary Vaccine Clinic	21	8	13	21	0	0	0			
2/8/24	Gojji Telemedicine	16	13	3	0	14	2	0			
2/9/24	Our Lady of Guadalupe - Street Medicine	13	3	10	0	11	2	0			

2/9/24	Gojji Telemedicine	17	11	6	0	15	2	0
2/12/24	Gojji Telemedicine	18	6	12	0	17	1	0
2/13/24	Galilee Center at Western Sands Motel - Refugee Clinic	26	14	12	13	13	0	0
2/13/24	Gojji Telemedicine	15	8	7	0	15	0	0
2/14/24	R.I.S.E. Access Center	9	2	7	0	6	3	0
2/14/24	Gojji Telemedicine	14	9	5	0	11	3	0
2/15/24	Desert Hot Springs Unhoused Outreach	13	5	8	0	12	1	0
2/15/24	Indio High School Vaccine Clinic	16	5	11	16	0	0	0
2/15/24	Gojji Telemedicine	19	6	13	0	18	1	0
2/16/24	Our Lady of Guadalupe - Street Medicine	10	3	7	0	9	1	0
2/16/24	DSUSD TK Enrollment	15	9	6	15	0	0	0
2/16/24	Gojji Telemedicine	18	8	10	0	17	1	0
2/19/24	ABC Recovery Home	10	0	10	0	9	1	0
2/19/24	Gojji Telemedicine	14	6	8	0	14	0	0
2/20/24	Galilee Center at Western Sands Motel - Refugee Clinic	30	13	17	14	16	0	0

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2/20/24	Gojji Telemedicine	13	7	6	1	11	1	0
2/21/24	R.I.S.E. Access Center	7	0	7	0	4	3	0
2/21/24	Birth Choice of the Desert	5	5	0	0	5	0	0
2/21/24	Gojji Telemedicine	18	9	9	0	15	3	0
2/22/24	Gojji Telemedicine	15	11	4	0	12	3	0
2/23/24	Our Lady of Guadalupe - Street Medicine	9	1	8	0	8	1	0
2/23/24	Gojji Telemedicine	11	3	8	0	9	2	0
2/26/24	Coyote Runs Apartments	3	2	1	0	2	1	0
2/26/24	Gojji Telemedicine	17	7	10	0	16	1	0
2/27/24	Galilee Center at Western Sands Motel - Refugee Clinic	35	22	13	14	21	0	0
2/27/24	Gojji Telemedicine	9	7	2	0	9	0	0
2/28/24	R.I.S.E. Access Center	6	2	4	0	5	1	0
2/28/24	Gojji Telemedicine	16	8	8	0	13	3	0
2/29/24	Gojji Telemedicine	12	7	5	0	10	2	0
		Maı	rch 2024					
3/1/24	Our Lady of	4	1	3	0	4	0	0

	Guadalupe - Street Medicine							
3/1/24	Gojji Telemedicine	16	11	5	0	14	2	0
3/4/24	Gojji Telemedicine	14	11	3	0	14	0	0
3/5/24	Galilee Center at Western Sands Motel - Refugee Clinic	17	10	7	5	12	0	0
3/5/24	Gojji Telemedicine	17	10	7	1	15	1	0
3/6/24	R.I.S.E. Access Center	3	0	3	0	3	0	0
3/6/24	Birth Choice of the Desert	3	3	0	0	3	0	0
3/6/24	Gojji Telemedicine	12	5	7	0	12	0	0
3/7/24	Jovenes Substance Abuse Recovery Home	19	5	14	3	16	0	0
3/7/24	Gojji Telemedicine	16	4	12	0	14	2	0
3/8/24	Our Lady of Guadalupe - Street Medicine	5	1	4	0	5	0	0
3/8/24	Gojji Telemedicine	15	13	2	0	13	2	0
3/9/24	Ranch 51 - Premier Packing Luncheon and Health Fair	20	2	18	0	19	0	1
3/11/24	Gojji Telemedicine	19	5	14	0	18	1	0

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3/12/24	Galilee Center at Western Sands Motel - Refugee Clinic	19	11	8	7	12	0	0
3/12/24	Gojji Telemedicine	16	9	7	0	13	3	0
3/13/24	R.I.S.E. Access Center	7	1	6	0	3	4	0
3/13/24	Gojji Telemedicine	17	15	2	0	14	3	0
3/14/24	James Madison Elementary Vaccine Clinic	28	10	18	28	0	0	0
3/14/24	Gojji Telemedicine	18	12	6	0	14	4	0
3/15/24	Our Lady of Guadalupe - Street Medicine	8	0	8	0	7	1	0
3/15/24	Gojji Telemedicine	17	2	15	0	16	1	0
3/16/24	Mecca Community Center Spirometry Screening	8	5	3	0	7	1	0
3/18/24	Gojji Telemedicine	14	11	3	0	14	0	0
3/19/24	Galilee Center at Western Sands Motel - Refugee Clinic	13	5	8	4	9	0	0
3/19/24	Gojji Telemedicine	14	8	6	1	11	2	0
3/20/24	R.I.S.E. Access Center	3	0	3	0	3	0	0
3/20/24	Birth Choice of the	2	2	0	0	2	0	0

	Desert							
3/20/24	Gojji Telemedicine	17	6	11	0	16	1	0
3/21/24	Desert Hot Springs Unhoused Outreach	20	6	14	0	19	1	0
3/21/24	Gojji Telemedicine	15	9	6	0	13	2	0
3/22/24	Our Lady of Guadalupe - Street Medicine	6	2	4	0	5	1	0
3/22/24	Migrant Education Resource Fair	13	9	4	0	10	3	0
3/22/24	Gojji Telemedicine	18	11	7	0	17	1	0
3/25/24	CVHC Wolff Water Apartments	13	8	5	2	10	1	0
3/25/24	Gojji Telemedicine	15	5	10	0	12	3	0
3/26/24	Galilee Center at Western Sands Motel - Refugee Clinic	17	10	7	3	14	0	0
3/26/24	Gojji Telemedicine	17	8	9	0	16	1	0
3/27/24	R.I.S.E. Access Center	1	1	0	0	0	1	0
3/27/24	Gojji Telemedicine	20	14	6	0	18	2	0
3/28/24	Gojji Telemedicine	14	7	7	0	14	0	0
3/29/24	Our Lady of Guadalupe - Street	13	3	10	0	11	2	0

	Medicine							
3/29/24	Gojji Telemedicine	12	7	5	1	9	2	0
		Ар	ril 2024					
4/1/24	Gojji Telemedicine	18	9	9	0	18	0	0
4/2/24	Galilee Center at Western Sands Motel - Refugee Clinic	24	14	10	7	17	0	0
4/2/24	Gojji Telemedicine	16	11	5	0	16	0	0
4/3/24	Birth Choice of the Desert	2	2	0	0	2	0	0
4/3/24	Gojji Telemedicine	14	12	2	0	14	0	0
4/4/24	Gojji Telemedicine	17	5	12	0	15	2	0
4/5/24	Our Lady of Guadalupe - Street Medicine	10	0	10	0	7	1	2
4/5/24	Gojji Telemedicine	18	11	7	0	18	0	0
4/8/24	Gojji Telemedicine	17	8	9	0	15	2	0
4/9/24	Galilee Center at Western Sands Motel - Refugee Clinic	16	10	6	5	11	0	0
4/9/24	Gojji Telemedicine	15	6	9	0	15	0	0
4/10/24	ABC Recovery Home	5	1	4	0	5	0	0

4/10/24	Gojji Telemedicine	14	13	1	0	13	1	0
4/11/24	Gojji Telemedicine	17	4	13	0	14	3	0
4/12/24	Our Lady of Guadalupe - Street Medicine	17	8	9	0	13	4	0
4/12/24	Gojji Telemedicine	18	7	11	0	15	3	0
4/13/24	Tudor Ranch Wellness Fair	24	13	11	1	21	2	0
4/15/24	Jovenes Substance Abuse Recovery Home	32	7	25	1	31	0	0
4/15/24	Gojji Telemedicine	15	12	3	0	15	0	0
4/16/24	Galilee Center at Western Sands Motel - Refugee Clinic	27	13	14	6	21	0	0
4/16/24	Gojji Telemedicine	16	8	8	1	14	1	0
4/17/24	R.I.S.E	1	1	0	0	1	0	0
4/17/24	Gojji Telemedicine	17	6	11	0	14	3	0
4/18/24	Desert Hot Springs Unhoused Outreach	26	10	16	0	25	0	1
4/18/24	Coral Mountain Academy Tdap Clinic	35	18	17	35	0	0	0
4/18/24	Gojji Telemedicine	17	3	14	0	15	2	0

4/19/24	Our Lady of Guadalupe - Street Medicine	11	2	9	0	9	2	0
4/19/24	Gojji Telemedicine	17	7	10	0	15	2	0
4/22/24	Mecca Elementary School Tdap Clinic	23	10	13	23	0	0	0
4/22/24	Gojji Telemedicine	15	7	8	0	14	1	0
4/23/24	Galilee Center at Western Sands Motel - Refugee Clinic	5	2	3	2	3	0	0
4/23/24	Gojji Telemedicine	18	10	8	0	17	1	0
4/24/24	R.I.S.E.	2	1	1	0	2	0	0
4/24/24	Birth Choice of the Desert	4	4	0	0	4	0	0
4/24/24	Gojji Telemedicine	15	9	6	0	15	0	0
4/25/24	Gojji Telemedicine	12	7	5	0	11	1	0
4/26/24	Our Lady of Guadalupe - Street Medicine	17	8	9	0	11	6	0
4/26/24	Gojji Telemedicine	16	6	10	0	15	1	0
4/29/24	Gojji Telemedicine	17	9	8	0	17	0	0
4/29/24	CVHC St. Anthony's Mobile Home Park	6	6	0	0	1	5	0

4/30/24	Gojji Telemedicine	19	10	9	1	18	0	0
4/30/24	Galilee Center at Western Sands Motel - Refugee Clinic	1	1	0	1	0	0	0
		Ma	ay 2024					
5/1/24	Gojji Telemedicine	15	12	3	0	14	1	0
5/2/24	DSUSD Immunization Clinic	37	17	20	37	0	0	0
5/2/24	Gojji Telemedicine	19	14	5	0	16	3	0
5/3/24	Our Lady of Guadalupe - Street Medicine	10	4	6	0	7	3	0
5/3/24	Gojji Telemedicine	15	11	4	0	15	0	0
5/6/24	Gojji Telemedicine	17	5	12	0	15	2	0
5/7/24	Galilee Center at Western Sands Motel - Refugee Clinic	13	8	5	6	7	0	0
5/7/24	Gojji Telemedicine	16	3	13	0	16	0	0
5/8/24	R.I.S.E.	3	1	2	0	2	0	1
5/8/24	Indio High School Sports Physicals	97	36	61	97	0	0	0
5/8/24	Gojji Telemedicine	15	8	7	0	14	1	0
5/9/24	Palm View Elementary	30	16	14	30	0	0	0

	Tdap Clinic							
5/9/24	Gojji Telemedicine	17	8	9	0	16	1	0
5/10/24	Our Lady of Guadalupe - Street Medicine	6	1	5	0	6	0	0
5/10/24	Gojji Telemedicine	16	6	10	0	16	0	0
5/13/24	Desert Mirage High School Sports Physicals	62	23	39	62	0	0	0
5/13/24	Gojji Telemedicine	17	12	5	0	17	0	0
5/14/24	Galilee Center at Western Sands Motel - Refugee Clinic	21	10	11	10	11	0	0
5/14/24	Gojji Telemedicine	11	8	3	0	11	0	0
5/15/24	Birth Choice of the Desert	3	3	0	1	2	0	0
5/15/24	Gojji Telemedicine	15	5	10	1	12	2	0
5/16/24	Saul Martinez Elementary Tdap Clinic	22	9	13	22	0	0	0
5/16/24	Gojji Telemedicine	17	11	6	0	16	1	0
5/17/24	Our Lady of Guadalupe - Street Medicine	12	2	10	0	12	0	0

5/17/24	Gojji Telemedicine	15	6	9	0	15	0	0
5/20/24	Gojji Telemedicine	14	11	3	0	13	1	0
5/21/24	Galilee Center at Western Sands Motel - Refugee Clinic	30	15	15	19	11	0	0
5/21/24	Gojji Telemedicine	15	7	8	0	14	1	0
5/22/24	Aziz Farms Women's Wellness Event	11	9	2	1	9	1	0
5/22/24	CVHC Fuente De Paz	16	13	3	5	8	1	2
5/22/24	Gojji Telemedicine	12	6	6	0	9	3	0
5/23/24	Desert Hot Springs Unhoused Outreach	12	5	7	0	12	0	0
5/23/24	ABC Recovery Home	2	0	2	0	1	1	0
5/23/24	Gojji Telemedicine	17	8	9	0	17	0	0
5/24/24	Our Lady of Guadalupe - Street Medicine	16	2	14	0	11	0	5
5/24/24	Gojji Telemedicine	17	7	10	0	16	1	0
5/28/24	Galilee Center at Western Sands Motel - Refugee Clinic	17	7	10	3	14	0	0
5/28/24	Gojji Telemedicine	17	9	8	0	17	0	0
5/29/24	Palm Springs High	212	101	111	212	0	0	0

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	School Sports Physicals							
5/29/24	Gojji Telemedicine	15	9	6	0	15	0	0
5/30/24	Gojji Telemedicine	18	9	9	0	17	1	0
5/31/24	Gojji Telemedicine	14	6	8	0	12	2	0
		Ju	ne 2024					
6/3/24	La Quinta High School Sports Physicals	245	74	171	245	0	0	0
6/3/24	Gojji Telemedicine	17	14	3	0	15	2	0
6/4/24	Galilee Center at Western Sands Motel - Refugee Clinic	6	2	4	1	5	0	0
6/4/24	Gojji Telemedicine	15	4	11	0	12	3	0
6/5/24	Birth Choice of the Desert	4	4	0	0	4	0	0
6/5/24	Gojji Telemedicine	12	6	6	0	12	0	0
6/6/24	Gojji Telemedicine	17	2	15	0	14	3	0
6/6/24	West Shores High School Sports Physicals	67	34	33	67	0	0	0
6/7/24	Gojji Telemedicine	18	4	14	0	17	1	0
6/7/24	Our Lady of Guadalupe - Street	8	1	7	0	6	2	0

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	Medicine							
6/10/24	Gojji Telemedicine	15	8	7	0	15	0	0
6/11/24	Galilee Center at Western Sands Motel - Refugee Clinic	19	7	12	0	10	0	0
6/11/24	Gojji Telemedicine	14	7	7	0	13	1	0
6/12/24	Coachella Valley High School Sports Physicals	60	28	32	60	0	0	0
6/12/24	Gojji Telemedicine	14	6	8	1	13	0	0
6/13/24	Jovenes Substance Abuse Recovery Home	12	2	10	0	12	0	0
6/13/24	Gojji Telemedicine	16	10	6	0	15	1	0
6/14/24	Our Lady of Guadalupe - Street Medicine	6	0	6	0	5	1	0
6/14/24	Gojji Telemedicine	14	7	7	0	14	0	0
6/17/24	Gojji Telemedicine	16	8	8	0	14	2	0
6/18/24	Galilee Center at Western Sands Motel - Refugee Clinic	15	8	7	5	10	0	0
6/18/24	Gojji Telemedicine	15	7	8	0	14	1	0
6/20/24	Desert Hot Springs	22	12	10	1	19	2	0

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	Unhoused Outreach							
6/21/24	Our Lady of Guadalupe - Street Medicine	8	2	6	0	8	0	0
6/25/24	Galilee Center at Western Sands Motel - Refugee Clinic	10	5	5	6	4	0	0
6/26/24	Men's Wellness Clinic	8	0	8	0	8	0	0
6/28/24	Our Lady of Guadalupe - Street Medicine	11	3	8	0	10	1	0
Total	Total Since October 2023		2642	3117	1347	4011	383	18

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT Number of Patients Seen



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Goal	Goal/ Objective/ Other Topics		Successes, Emergent Issues, Challenges, Findings, and Supportive Information (Graphs, reports, indicator results, etc.)										
Services	By September 30, 2023, provide primary and		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.										
	specialty care services to 3,000				Gender		Age						
	patients.	Date	Location	# of Patients seen	Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo	Unknown			
		October 2022											
		10/14/22	Our Lady of Guadalupe - Street Medicine	3	1	2	0	2	1	0			
		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			
				Nove	mber 2022	2							
		11/11/22	Our Lady of Guadalupe - Street Medicine	2	0	2	0	2	0	0			
	11/19/	11/19/22	Oasis Thermal - Arsenic Clinic	10	7	3	0	9	1	0			

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December 2022										
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		
January 2023										
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		
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		
		Febr	uary 2023							
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		
March 2023										

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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		
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		
April 2023										
4/4/23	Galilee Center at Western Sands Motel - Refugee Clinic	16	6	10	7	9	0	0		

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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 - Refugee Clinic	41	14	27	11	30	0	0
4/28/23	Our Lady of Guadalupe - Street Medicine	10	3	7	0	6	1	3
		Ma	y 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

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	1							
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
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

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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 - Street Medicine	16	3	13	0	13	3	0
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
		Jui	ne 2023					
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	231	152	79	231	0	0	0

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	Physicals							
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 Western Sands Motel - Refugee Clinic	13	1	12	0	13	0	0
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
		Ju	ly 2023					
7/5/23	Gene Autry Wash	23	6	17	0	23	0	0

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT RFP - 2022-001 - MONTHLY REPORT

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
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

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT RFP - 2022-001 - MONTHLY REPORT

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 Western Sands Motel - Refugee Clinic	28	15	13	13	15	0	0		
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	Jovenes Substance Abuse Recovery Home	33	12	21	3	29	1	0		
7/31/23	Gojji Telemedicine	4	3	1	0	4	0	0		
	August 2023									

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT RFP - 2022-001 - MONTHLY REPORT

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
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

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT RFP - 2022-001 - MONTHLY REPORT

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
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	9	6	3	9	0	0	0

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT RFP - 2022-001 - MONTHLY REPORT

	Middle School Tdap Clinic							
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
8/28/23	Jovenes 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
		Septe	mber 202	3				
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

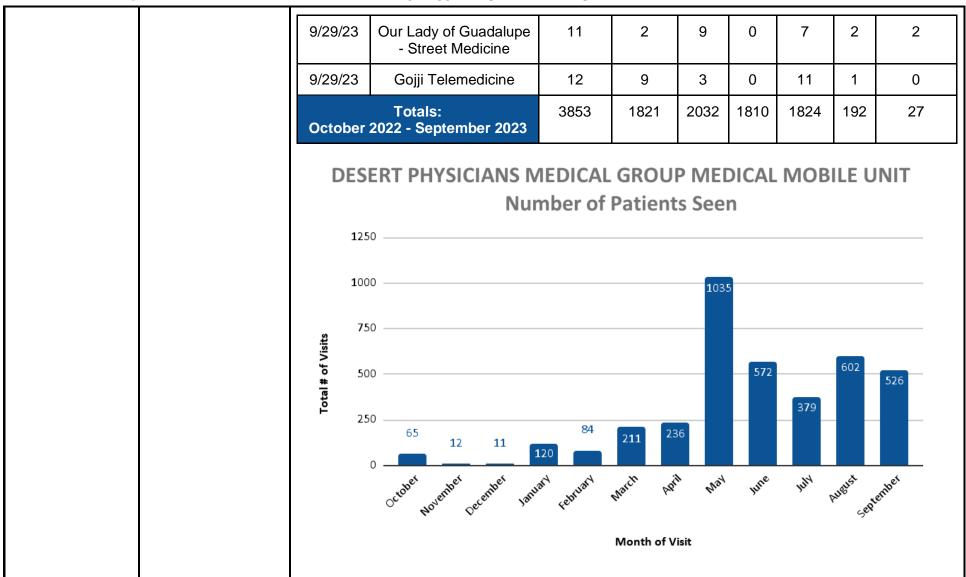
DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT RFP - 2022-001 - MONTHLY REPORT

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
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

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT RFP - 2022-001 - MONTHLY REPORT

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
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

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT RFP - 2022-001 - MONTHLY REPORT





DESERT PHYSICIANS MEDICAL GROUP COMMUNITY MEDICINE RFP - 2022-001 - MONTHLY REPORT

Report Period: 06/01/2024 - 06/30/2024 (Monthly report due the 15th of each month)

Program/Project Information:

Grant # 1412

Project Title: DPMG Health Community Medicine

Start Date: 11/1/2023 **End Date:** 10/31/2025 **Term:** 24 months

Grant Amount: \$1,057,396

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 by October 31, 2025, provide healthcare to at least 9,000 patients via the medical mobile trailer and our clinical hub. We also plan to decrease ER visits, decrease gaps in services provided, and expand preventive services to our community.

Goal	Goal/ Objective/ Other Topics		Successes, Emergent Issues, Challenges, Findings, and Supportive Information (Graphs, reports, indicator results, etc.)									
Services	By October 31, 2025, provide healthcare to at	The table and graph below illustrates the total number of patient encounters seen since June 1, 2024 up to this reporting period.										
via the n mobile u addition this goal plan to d visits, de gaps in s provided expand p services	least 9,000 patients via the medical	Date	te Location		Gender		Age				Type of Service	
	addition to meeting this goal, we also plan to decrease ER visits, decrease gaps in services provided, and expand preventive services with access to			Patient s seen	Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo	Unknown	Offered	
		June 2024										
		6/7/24	DPMG Clinic Hub	3	3	0	0	3	0	0	ОВ	

DESERT PHYSICIANS MEDICAL GROUP COMMUNITY MEDICINE RFP - 2022-001 - MONTHLY REPORT

pulmonary function
tests and
echocardiograms
during school
physicals.
• •

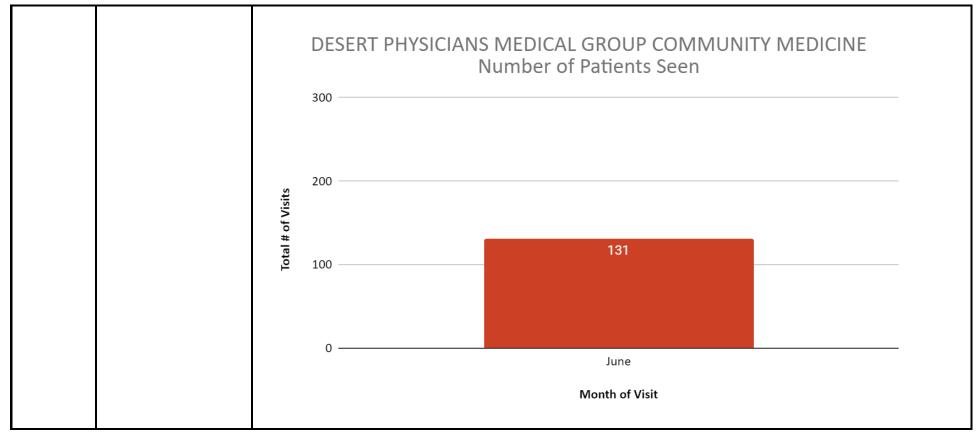
LEGEND Type of Service Offered:

- OB Obstetrics
- PC Primary
 Care / Chronic
 Disease
 Management

 BH Behavioral
- BH Behavioral Health
- Pd Pediatrics

I									
6/10/24	DPMG Clinic Hub	1	0	1	0	1	0	0	ВН
6/18/24	DPMG Clinic Hub	2	2	0	0	2	0	0	ОВ
6/19/24	Gojji Telemedicine	15	9	6	0	13	2	0	PC
6/19/24	DPMG Clinic Hub	2	1	1	0	2	0	0	ВН
6/20/24	Gojji Telemedicine	15	6	9	0	15	0	0	PC
6/21/24	Gojji Telemedicine	15	10	5	0	14	1	0	PC
6/24/24	Gojji Telemedicine	13	9	4	0	13	0	0	PC
6/24/24	DPMG Clinic Hub	3	2	1	0	3	0	0	ВН
6/25/24	Gojji Telemedicine	14	7	7	0	12	2	0	PC
6/26/24	DPMG Clinic Hub	2	2	0	0	2	0	0	ОВ
6/26/24	Gojji Telemedicine	15	9	6	0	14	1	0	PC
6/27/24	Gojji Telemedicine	12	8	4	0	10	2	0	PC
6/27/24	DPMG Clinic Hub	3	2	1	0	2	1	0	ВН
6/28/24	Gojji Telemedicine	15	6	9	0	10	5	0	PC
6/28/24	DPMG Clinic Hub	1	1	0	0	1	0	0	ОВ
Total	Since June 2024	131	77	54	0	117	14	0	

DESERT PHYSICIANS MEDICAL GROUP COMMUNITY MEDICINE RFP - 2022-001 - MONTHLY REPORT





DESERT HEALTHCARE DISTRICT & FOUNDATION

Date: September 10, 2024

To: Program Committee

Subject: Grant Applications Status Report

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. Grant #1465 UCR School of Medicine \$228,863 for two years for operating support of the free Mecca medical student-run clinic
 - a. Status: Request on Program committee agenda for consideration
- 2. Grant # 1463 Ronald McDonald House Charities \$158,797 for support of temporary housing and family support services for Coachella Valley children and their families
 - a. Status: Pending application and budget revisions
- 3. Grant#1468 Eisenhower Health \$1,989,493 for 3 years to support psychiatric care expansion and development of a psychiatry residency program
 - a. Status: Application before Program Committee for recommendation to the Board of Directors for consideration whether to proceed with a full due diligence application review process.

Recently Board-approved GRANTS/MOU: None at this time as the board was dark in August

Recently Staff-approved MINI GRANTS:

- 1. Mini grant #1469 Bridges to Hope \$10,000 for overhead as the organizing body that links the unhoused to health and other essential services.
- 2. Mini grant #1473Theresa A. Mike Scholarship Foundation \$10,000 for four scholarships to outstanding Coachella Valley residents who are pursuing a career in the medical field and intend to serve the local community.

Recently declined MINI GRANTS: None at this time.

Recently declined GRANTS: None at this time

DESERT HEALTHCARE DISTRICT													
		OUTSTANDING GRANTS AND GRANT PAYMENT	SCHED	ULE									
		August 31, 2024 TWELVE MONTHS ENDING JUNE 30, 20	125										
		TWEETE MONTHS ENDING BOILE 50, 21	1	pproved	613	30/2024	Current Yr	Total De	aid Prior Yrs	Total Paid Cur	want Va		Open
Grant ID Nos.		Name		s - Prior Yrs		al Fwd	2024-2025		ly-June	July-Jur			ALANCE
2014-MOU-BOD-11/21/13		Memo of Understanding CVAG CV Link Support	\$			1,650,000		\$				\$	1,650,000
2022-1325-BOD-06-28-22		Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs.	\$			15,000		\$				\$	15,000
2022-1327-BOD-06-28-22		Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs.	\$	50,000		5,000		\$				\$	5,000
2022-1328-BOD-06-28-22		El Sol - Expanding Access to Educational Resources for Promotoras - 2 Yrs.	\$	150,000		15,000		\$	_			\$	15,000
2022-1331-BOD-06-28-22		Pueblo Unido - Improving Access to Behavioral Health Education & Prevention Services - 2 Yrs.	\$	50,000		5,000		S	5.000			\$	-
2022-1324-BOD-07-26-22		Galilee Center - Our Lady of Guadalupe Shelter - 2 Yrs.	\$		\$	10,000		S	-			\$	10,000
2022-1332-BOD-07-26-22		Alianza CV - Expanding & Advancing Outreach Through Increasing Capacity Development - 2 Yrs.	\$			10,000		S	-			\$	10,000
2022-1329-BOD-09-27-22		DPMG - Mobile Medical Unit - 3 Yrs.	\$	500,000	_	252,458		\$	30.756			\$	221,702
2022-1358-BOD-10-25-22		Foundation for Palm Springs Unified School District - School-Based Wellness Center Project - 1 Yr.	\$	110,000		60,500		S	-			\$	60,500
2022-1362-BOD-10-25-22		Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 Yrs.	\$	160,000		16,000		S	-			\$	16,000
2022-1326-BOD-12-20-22		TODEC - TODEC's Equity Program - 2 Yrs.	\$		_	55,000		\$	_			\$	55,000
2022-1330-BOD-12-20-22		OneFuture Coachella Valley - Building a Healthcare Workforce Pipeline - 2 Yrs.	\$	605,000		196,625		\$	68,063			\$	128,563
2023-1333-BOD-01-24-23		Organizacion en California de Lideres Campesinas - Healthcare Equity for ECV Farmworker Women - 2 Yrs.	\$	150,000		48,750		\$				\$	48,750
2023-1363-BOD-01-24-23		Pegasus Riding Academy - Pegasus Equine Assisted Therapy - 1 Yr.	\$	60,092		6,012		\$	1,593			\$	4,419
		Unexpended funds Grant #1363	1	,		-,			,			\$	(4,419)
2023-1391-BOD-05-23-23		Lift To Rise - Driving Regional Economic Stability Through Collective Impact - 3 Yrs.	\$	900,000	\$	630,000		\$	67,500			\$	562,500
2023-1392-BOD-05-23-23		Galilee Center - Galilee Center Extended Shelter - 1 Yr.	\$		\$	26,834		\$	26,834			\$	
2023-1393-BOD-06-27-23		DAP Health - DAP Health Expands Access to Healthcare - 1 Yr.	\$	1,025,778	\$	102,578		\$	102,578			\$	_
2023-1389-BOD-07-25-23		Step Up on Second Street - Step Up's ECM/ILOS Programs in the Coachella Valley - 1 Yr.	\$		\$	35,421		\$	28,980			\$	6,441
2023-1394-BOD-07-25-23		CSU San Bernardino Palm Desert Campus Nursing Street Medicine Program - 1 Yr.	\$	73,422	\$	7,342		\$	-			\$	7,342
2023-1400-BOD-09-26-23		Desert Arc - Desert Arc Health Care Program - 1 Yr.	\$	291,271		94,663		\$	65,536			\$	29,127
2023-1404-BOD-09-26-23		Martha's Village and Kitchen - Homeless Housing & Wrap-Around Services Expansion - 2 Yrs.	\$	369,730	\$	203,352		\$	-			\$	203,352
2023-1405-BOD-09-26-23		Variety Children's Charities of the Desert - Expansion of Core Programs & Services - 1Yr.	\$		\$	12,086		\$	-			\$	12,086
2023-1408-BOD-10-24-23		Coachella Valley Volunteers In Medicine - Ensuring Access to Healthcare - 1 Yr.	\$	478,400	\$	155,480		\$	107,640			\$	47,840
2023-1410-BOD-10-24-23		Alianza Nacional de Campesinas, Inc Coachella Valley Farmworkers Food Distribution - 1 Yr.	\$	57,499	\$	5,749		\$	-			\$	5,749
2023-1413-BOD-10-24-23		Voices for Children - Court Appointed Special Advocate Program - 1 Yr.	\$	81,055	\$	8,107		\$	-			\$	8,107
2023-1412-BOD-10-24-23		DPMG - DPMG Health Community Medicine - 2 Yrs.	\$	1,057,396	\$	876,622		\$	34,438			\$	842,184
2023-1403-BOD-12-19-23		Vision To Learn - Palm Desert & Coachella Valley VTL Program - 1 Yr.	\$	50,000	\$	27,500		\$	-			\$	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	\$	57,558		\$	-			\$	57,558
2023-1420-BOD-12-19-23		Braille Institute of America - Low Vision Telehealth Services - 1Yr.	\$	36,697	\$	20,183		\$	-			\$	20,183
2023-1421-BOD-12-19-23		Olive Crest - General Support for Counseling & Mental Health Services to Vulnerable Children & Families - 2 Yrs.	\$	359,594	\$	278,686		\$	80,908			\$	197,778
2024-1429-BOD-02-27-24		Desert Cancer Foundation - Patience Assistance Program & Community Outreach - 1 Yr.	\$	163,750	\$	90,063		\$	-			\$	90,063
2024-1432-BOD-04-23-24		Variety Children's Charities of the Desert - Outreach & Future Program Expansion - 2Yrs.	\$	102,949	\$	79,786		\$	-			\$	79,786
2024-1437-BOD-04-23-24		Youth Leadership Institute - Community Advocates for Resilient Emotional Safety - 2 Yrs.	\$	100,000	\$	77,500		\$	-			\$	77,500
2024-1441-BOD-04-23-24		DAP Health - DAP Health Community Health Workers Build Community Connections - 2 Yrs.	\$	125,000	\$	96,875		\$	-			\$	96,875
2024-1443-BOD-04-23-24		Voices for Children - Court Appointed Special Advocate Program - 2 Yrs.	\$	60,000	\$	46,500		\$	-			\$	46,500
2024-1445-BOD-04-23-24		The Joslyn Center - Increasing Behavioral Health Access & Social Connectedness - 2 Yrs.	\$	200,000	\$	155,000		\$	-			\$	155,000
2024-1452-BOD-04-23-24		El Sol - Coachella Valley Community Assistance, Resources, & Empowerment Services - 2 Yrs.	\$	200,000	\$	155,000		\$	-			\$	155,000
2024-1453-BOD-04-23-24		Vision y Compromiso - Cultivando Community Connections - 2 Yrs.	\$	199,914	\$	154,934		\$	-			\$	154,934
2024-1455-BOD-04-23-24		Angel View - Outreach Program to Reduce Social Isolation & Loneliness - 2 Yrs.	\$	86,250	\$	66,844		\$	-			\$	66,844
2024-1460-BOD-05-28-24		ABC Recovery Center - Nursing Care and Prescription Medications - 1 Yr.	\$	150,134	\$	82,574		\$				\$	82,574
2024-BOD-06-25-24		Carry over of remaining Fiscal Year 2023/2024 Funds*	\$	305,939	\$	305,939		\$	-			\$	305,939
2024-1469-MINI-08-01-24		The Bridges 2 Hope - Mini-Grant - 1 Yr.					\$ 10,000			\$	10,000	\$	-
2024-1473-MINI-08-14-24		Theresa A. Mike Scholarship Foundation - Mini-Grant - 1 Yr.					\$ 10,000			\$	10,000	\$	-
										\$	-	\$	-
TOTAL GRANTS			\$	19,318,115	\$	6,198,521	\$ 20,000	\$	619,825	\$	20,000	\$	5,574,277
Amto available/remaining		N/Drawana FV 2024 25.											
Amts available/remaining for Amount budgeted 2024-2025		nivriograms - F1 2024-25:	1		¢	5,000,000		1		G/L Balance:			8/31/2024
Amount granted YTD:			1		\$	(20,000)		1		O/L Dalatice.	2131	\$	4,435,495
Financial Audits of Non-Profits	s; Orc	panizational Assessments;			\$	-					2281		1,138,781
Net adj - Grants not used:		anizational Assessments; FY 2023-2024 Carry Over Funds, 1363			\$	310,358						_	
Matching external grant contrib	butio	ns			\$	-				Total		\$	5,574,277
Balance available for Grants	/Pro	grams			\$	5,290,358						\$	(0)



DESERT HEALTHCARE DISTRICT FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE MEETING MINUTES September 11, 2024

Directors Present via Video Conferencing	District Staff Present via Video Conferencing	Absent
Vice-President Carmina Zavala, PsyD	Chris Christensen, CPA, Chief Executive Officer	
Chair/Treasurer Arthur Shorr	Eric Taylor, CPA, Chief Administration Officer	
Director Leticia De Lara, MPA	Donna Craig, Chief Program Officer	
	Alejandro Espinoza, MPH, Chief of Community	
	Engagement	
	Andrea S. Hayles, MBA, Board Relations Officer	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Shorr called the meeting to order at 5:03 p.m.	
II. Approval of Agenda	Chair Shorr asked for a motion to approve the agenda.	Moved and seconded by Director De Lara and Vice-President Zavala to approve the agenda. Motion passed unanimously.
III. Public Comment	There was no public comment.	
IV. Approval of Minutes 1. F&A Minutes – Meeting July 10, 2024	Chair Shorr asked for a motion to approve the July 10, 2024, meeting minutes with a correction to item IV. of the July 10, meeting minutes.	Moved and seconded by Vice- President Zavala and Director De Lara and to approve the July 10, 2024, meeting minutes. Motion passed unanimously.
V. Chief Executive Officer's Report		
Healthy Desert, Healthy You Environmental Health Summit	Chris Christensen, CEO, provided an overview of the Environmental Health Summit actual budget costs of \$180k, describing the \$160k sponsorships with an approximate shortfall under \$19k.	
VI. Chief Administration Officer's Report		
1. Financial Audit	Eric Taylor, CAO, described presenting the FY 2023-2024 audit reports at October F&A Committee meeting.	



DESERT HEALTHCARE DISTRICT FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE MEETING MINUTES September 11, 2024

	3eptember 11, 2024	
2. LPMP Leasing Update	Mr. Taylor described one	
	vacant unit available for lease	
	and provided an overview of	
	the leases in other matters of	
	the agenda for approval.	
VIII. Financial Reports		
1. District and LPMP	Chair Shorr reviewed the	Moved and seconded by Director
Financial Statements	financials with the committee.	De Lara and Vice-President Zavala
2. Accounts Receivable	Mr. Christensen provided an	to approve the July and August
Aging Summary	overview of the recent	2024 financial reports and forward
3. District - Deposits	sponsorships on the CEO	to the Board for approval.
4. District - Property tax receipts	Discretionary Fund.	Motion passed unanimously.
5. LPMP – Deposits		
_		
7. Credit Card – Detail of		
Expenditures		
8. LPMP – Check Register		
9. CEO Discretionary Fund		
10. Retirement Protection		
Plan Update		
11. Grant Payment Schedule		
IX. Other Matters		
1. Global Premier –	Mr. Christensen provided a	Moved and seconded by Director
Suite 3W-101 – Lease		De Lara and Director Shorr to
Termination		approve the Global Premier – Suite
	termination for Global Premier	3W-101 – Lease Termination
	Fertility—a final determination	and forward to the Board for
	by the District's legal counsel	approval.
	terminate the lease and	
	proceed with releasing the	
	suite. The District will receive a	
	partial reimbursement of the	
	tenant improvement	
	allowance and the outstanding	
	August 2024 rent and retain	
	the security deposit.	
i		
 District – Check Register Credit Card – Detail of Expenditures LPMP – Check Register CEO Discretionary Fund Retirement Protection Plan Update Grant Payment Schedule Other Matters 1. Global Premier – Suite 3W-101 – Lease	Fertility—a final determination by the District's legal counsel agreed upon by both parties to terminate the lease and proceed with releasing the suite. The District will receive a partial reimbursement of the tenant improvement allowance and the outstanding August 2024 rent and retain	approve the Global Premier – Suite 3W-101 – Lease Termination and forward to the Board for



DESERT HEALTHCARE DISTRICT FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE MEETING MINUTES September 11, 2024

		•	
2.	Coachella Valley	Mr. Christensen provided an	Moved and seconded by Director
	Volunteers in	overview of Coachella Valley	De Lara and Director Shorr to
	Medicine – Suite 1W-	Volunteers in Medicine	approve the Coachella Valley
	204 - Rent and CAM	(CVVIM) expansion to access	Volunteers in Medicine – Suite 1W-
	Fees Waiver	of services when entering into	204 – Rent and CAM Fees Waiver
		the 2022 lease agreement,	and forward to the Board for
		further describing the	approval.
		organizations challenges with	Motion passed unanimously.
		the rental payments and	
		continuing their long-term	
		services; thus, requesting	
		abatement of the rent and	
		CAM charges through	
		November of 2025, with the	
		grant expiring in October 2024	
		and possibly regranting CVVIM	
		additional support that would	
		include the rental lease.	
		David Marin Franchis	
		Doug Morin, Executive	
		Director, answered questions	
		from the committee	
		concerning the office space	
		and patient care of the suite	
		layout related to the exam	
		rooms and medical providers.	
IX. Adjour	nment	Chair Shorr adjourned the	Audio recording available on the
		meeting at 5:32 p.m.	website at
			http://dhcd.org/Agendas-and-
			<u>Documents</u>

ATTEST:			

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

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

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Date: July 26, 2024

DHCD Progress Report #2024-2 for reporting period April 1, 2024, to June 30, 2024

Grantee: Coachella Valley Association of Governments (CVAG)

Project Title: CV Link Project

Project Manager/Contact: Jonathan Hoy, CVAG Director of Transportation (jhoy@cvag.org) or Murray Quance, Transportation Program Specialist – Transportation (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 second quarter in multiple cities along the project route. Significant concrete path work continues in Coachella from Avenue 52 to 54 and on to



Saw cutting Jointed Plain Concrete Paving; Golf Center to Dillon in Coachella.



Importing borrow, processing, and compacting pathway; Sunrise Way to Gene Autry in Palm

Springs. Page 422 of 427

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Airport Blvd. Work began in Palm Springs with grading and compacting soil between Highway 111 and Vista Chino.



Importing, placing, grading, and compacting subgrade for placement of JPCP; Sunrise Way to Gene Autry in Palm Springs.



Installation of Project Information Signs; North Palm Canyon and Indian Canyon in Palm Springs.

In addition, CV Link pathway construction is taking place from Golf Center Parkway to Dillon Road in Indio. In La Quinta, work commenced on the Jefferson Street undercrossing. This will enable us to connect the path from Washington Street to Promontory Point.



Rough grading at the connector to Sierra Vista Park in Coachella.



Rebar install for anchoring pre-cast barriers continued along Mesquite from Sunrise to Compadre.

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Cyclists begin using the pathway along Mesquite from Sunrise to Compadre in Palm Springs.



Striping placement at the corner of Mesquite and Sunrise in Palm Springs.



Thermoplastic striping placement along Mesquite from Sunrise to Compadre in Palm Springs.



Column lights are installed at Demuth Park Access Point in Palm Springs.



JPCP placement from Ave 54 to Airport in Coachella.



Ames continued waterline work at Jefferson Undercrossing Page 424 of 427

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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



Final grading at Ave 52 Undercrossing.



Completed Lawrence Crossley Road Access Point in Palm Springs.

District and the Desert Healthcare District. The Congressional Budget Office has estimated that every dollar spent on infrastructure produced an economic benefit of up to \$2.20, and the U.S. Council of Economic Advisers has calculated that \$1 billion of transportation infrastructure investment supports 13,000 jobs for a year. Based on these calculations, the \$52.7 million investment will produce an economic benefit of over \$116 million, and support more than 685 jobs for a year.

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

Construction always brings surprises challenges. With a total team effort CVAG entered into a Public Pedestrian Underpass Agreement with the Union Pacific Railroad (UPRR) on April 26th. This undercrossing is near Indio and is part of Segment 6. A pre-construction meeting with UPRR was held on June 13th.

CVAG has received Caltrans approval on the Segment 6 ROW Certification. Advertising for construction bids took place in early March. The CVAG Executive Committee approved the successful bidder on April 29th. This will be primarily on tribal lands in Palm Springs and Cathedral City. In addition, construction will commence on a UPRR undercrossing on Indio Blvd.

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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 will continue to work with Caltrans to finalize the final design for Hwy 111 near the Palm Springs Visitors Center. 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 third guarter of 2024, CVAG anticipates achieving the following milestones:

- Obtain approval from Caltrans on the CV Link/Hwy 111 at the Palm Springs Visitors Center. A Project Specific Maintenance Agreement is required which includes the City of Palm Springs.
- Provide the Notice to Proceed for Segment 6 (Tribal Lands in Palm Springs, Cathedral City and Indio) in July.
- Continue construction on Segment 3/4/5 (North Palm Springs and Indio)
- Commence construction of the UPRR undercrossing in Indio.
- Continue Segment 1 construction along the project route, primarily in the cities of La Quinta, Indio and Coachella. This includes:
 - Various undercrossings, namely Jefferson Street Avenue 52 and Airport Blvd.
 - Pathway, namely Washington to Adams and Adams to Dune Palms.

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Looking ahead, CVAG anticipates groundbreakings with the Cities of Coachella and Indio in Q'4 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 ihoy@cvag.org and Murray Quance Senior Program Assistant – Transportation can be reached at (760) 636-2373 or mquance@cvag.org.