



DESERT HEALTHCARE
DISTRICT & FOUNDATION

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

DESERT HEALTHCARE DISTRICT
BOARD MEETING

Board of Directors Meeting

November 26, 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=T29iRktDZIRDM3ITbmJDWkFiMnVMdz09>
Password: 355860

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

(669) 900-6833 or Toll Free (833) 548-0282
Webinar ID: 886 7198 7917
Password: 355860

You may also email ahayles@dhcd.org with your public comment no later than 3 p.m., Monday, 11/26

Director Carole Rogers will attend via Teleconferencing pursuant to Government Code 54953(b) at 2076 Pulsar Avenue, Livermore, CA 94550

Page(s)

REVISED 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

1-4 C. APPROVAL OF AGENDA

D. PUBLIC COMMENT

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

E. CONSENT AGENDA

Action



DESERT HEALTHCARE
DISTRICT & FOUNDATION

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All Consent Agenda item(s) listed below are considered routine by the B Directors and will be enacted by one motion. There will be no separate discussion of items unless a Board member so requests, in which event item(s) will be considered following approval of the Consent Agenda.

- 5-12 1. BOARD MINUTES
 - a. Board of Directors Meeting – October 22, 2024
- 13-39 2. FINANCIALS
 - a. October 2024 Financial Statements – F&A Approved November 13, 2024
- 40-41 3. LAS PALMAS MEDICAL PLAZA
 - a. Cohen, Musch, & Thomas Medical Group – Suite 3E-101 – Lease Addendum #2 – Expiration May 31, 2025
- 42-43 b. Desert Oasis Healthcare – Suite 2W-107 – Lease Extension Addendum #2
- 44-46 c. Brad A. Wolfson, MD – Suite 2W-101 – Lease transfer to Inland Urology PC, LLC
- 47-54 4. AGREEMENTS
 - a. Inland Empire Health Plan (IEHP) Connect IE Project Services – Professional Services Agreement Amendment #1 – NTE Recipient Amount of \$71,040 for 2025
- 55-61 5. POLICIES
 - a. Policy BOD-21 – Meeting & Insurance Compensation – FY 24-25 – \$3,250 increase from \$13,000 to \$16,250
- 62 6. OFFICE CLOSURE
 - a. Annual Holiday Office Closure – December 26-31, 2024

F. REMARKS FOR OUTGOING BOARD MEMBERS

Information

G. REPORTS

Information

- 63 1. Desert Regional Medical Center CEO Report – Michele Finney, CEO
- 64-65 2. Desert Regional Medical Center Governing Board Meeting – President Evett PerezGil and Director Les Zendle, MD
- 3. Desert Healthcare District CEO Report – Chris Christensen, CEO
 - a. Sponsorships
 - 66 i. Consideration to approve a \$10,000 sponsorship for the 2025 Palm Springs Health Run – January 25, 2025
 - 67-72 ii. Consideration to approve a \$5,000 sponsorship to Brothers of the Desert Sixth Annual Wellness Summit – “The Power of Authenticity “– March 22, 2025
 - 73 iii. Consideration to approve a \$5,000 sponsorship for Jewish Family Services of the Desert (JFS) 22nd Annual Patron Party – December 8, 2024
 - 74-75 iv. Consideration to approve a \$5,000 sponsorship for Alianza Coachella Valley’s “Celebrando Nuestro Impacto” Event – January 30, 2025
 - 76 b. Annual Holiday Board & Staff Dinner – NTE \$5,000

Actions

Action



DESERT HEALTHCARE
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- 77 c. Annual Employee Holiday Gift Card Purchase – NTE \$2,500 **Action**
- d. Annual Holiday Staff Team-Building Luncheon Information
- 78 e. Stepping Out for COD – Citizens of Distinction Gala – Information
- f. January 16, 2025
- f. Temporary Employee – Belen Navarro Information
- 79-80 g. Existing and Future Strategic Planning Information
- 81-82 h. CEO Engagements and District Media Visibility Information
- 83-84 4. Legal – Jeffrey G. Scott, Esq., Law Offices of Jeffrey G. Scott Information
- a. 2024 Brown Act Legislation
 - i. AB 2302 (Addis)
 - ii. AB 2715 (Boerner)
- 85 b. Consideration of filing a Validation Action related to the **Action**
Lease Purchase Agreement

H. COMMITTEE MEETINGS

Information

1. PROGRAM COMMITTEE – Chair/President Evett PerezGil, Vice-President Carmina Zavala, PsyD, and Director Leticia De Lara

- 86-89 a. Draft Meeting Minutes – November 12, 2024
- 90-130 b. Progress Reports Update
- 131-167 c. Final Reports Update
- 168-169 d. Grant Applications Status Report
- 170 e. Grant Payment Schedule
- 171-187 f. Update on the Regional Access Project Foundation/Desert Healthcare District 2022-2023 Mental Health Funding Partnership
- 188-215 g. Recommendation from the Program Committee to Continue **Action**
the Due Diligence Process – Grant #1466 Eisenhower Health – \$1,989,493 – 3 years to support Psychiatric Care Expansion and Psychiatry Residency Program

2. FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE COMMITTEE – Chair/Treasurer Arthur Shorr, Vice-President Carmina Zavala, PsyD, and Director Leticia De Lara

- 216-220 a. Draft Meeting Minutes – November 13, 2024
- 221-223 b. Mitrastech - Trakstar Performance Management Platform – 3-year agreement
- 224-301 c. District Portfolio Investments Review - Keith Stribling, CFA, Senior Portfolio Manager, PFM Asset Management LLC – Q2 & Q3 2024

I. OLD BUSINESS

- 302-307 1. Coachella Valley Association of Governments (CVAG) CV Link Project Q3 – July 1, 2024 - September 30, 2024, Report Information

J. BOARD MEMBER COMMENTS

K. ADJOURNMENT



DESERT HEALTHCARE
DISTRICT & FOUNDATION

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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 Desert 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 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) 567-0298 at least 72 hours prior to the meeting.

Andrea S. Hayles

Andrea S. Hayles, Board Relations Officer



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

Directors Present	District Staff Present	Absent
President Evett PerezGil Vice-President Carmina Zavala, PsyD Secretary Kimberly Barraza Director Arthur Shorr Director Les Zendle, MD Director Leticia De Lara, MPA Director Carole Rogers, RN	Chris Christensen, CPA, Chief Executive Officer Eric Taylor, CPA, Chief Administration Officer Donna Craig, Chief Program Officer 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 Roll Call	President PerezGil called the meeting to order at 5:30 p.m. The Clerk of the Board called the roll with all directors present.	
B. Pledge of Allegiance	President PerezGil led the pledge of allegiance.	
C. Approval of Agenda	President PerezGil asked for a motion to approve the agenda. Director Zendle motioned to remove item G.2. from the agenda, as the Desert Regional Medical Center Governing Board meets following the Board Meeting on October 24.	#24-65 MOTION WAS MADE by Director Zendle and seconded by Director Shorr to approve the agenda removing item G.2. 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
D. Public Comment	The Board Relations Officer read a letter from Stephanie Salter, RN, attached to the meeting minutes.	

DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
October 22, 2024

<p>E. Consent Agenda</p> <ol style="list-style-type: none"> 1. BOARD MINUTES <ol style="list-style-type: none"> a. Board of Directors Meeting – September 30, 2024 2. FINANCIALS <ol style="list-style-type: none"> a. September 2024 Financial Statements – F&A Approved October 09, 2024 3. AGREEMENTS <ol style="list-style-type: none"> a. Consulting Services Agreement – Deveau Burr Group, LLC – Addendum #1 – Cost Decrease from \$9,500 to \$4,500 per month and a revised term of November 1, 2024 – April 30, 2025 b. Consulting Services Agreement – NPO Centric – Addendum #4 – Extending the term to February 28, 2025, and increasing the cost NTE \$12,000 	<p>President PerezGil asked for a motion to approve the consent agenda.</p> <p>Director De Lara pulled item 3.b. from the consent agenda, recused herself from the vote, and motioned to move the remaining consent agenda items forward.</p>	<p>#24-66 MOTION WAS MADE by Director De Lara and seconded by Director Rogers to approve the consent agenda without item 3.b. Motion passed unanimously. AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Rogers, Director Zendle, and Director De Lara</p> <p>NOES – 0</p> <p>ABSENT – 0</p> <p>#24-67 MOTION WAS MADE by Director Zendle and seconded by Director Rogers to approve item 3.b. – Consulting Services Agreement – NPO Centric – Addendum #4 – Extending the term to February 28, 2025, and increasing the cost NTE \$12,000 Motion passed unanimously. AYES – 6 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Rogers, and Director Zendle</p> <p>NOES – 0</p> <p>RECUSAL – 1 Director De Lara</p>
<p>F. Presentations</p> <ol style="list-style-type: none"> 1. Bin Zeng, Principle, Moss Levy & Hartzheim, Presentation of the FY 2024 Audit Reports – District & Retirement Protection Plan (RPP) <ol style="list-style-type: none"> a. Management Letter, Communication Letter, Internal Controls Report – b. District Audit Report c. RPP Audit Report 	<p>Bin Zeng, Principle, Moss Levy & Hartzheim, provided an overview of the audited financials answering questions of the board, with Chris Christensen, CEO, detailing an additional summary to the board.</p>	<p>#24-68 MOTION WAS MADE by Director Shorr and seconded by Director Rogers to approve the FY 2024 District and Retirement Protection Plan Audit Reports. Motion passed unanimously. AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Rogers, Director Zendle, and Director De Lara</p>



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

<p>d. Foundation Audit Report – Consideration for Approval During the Foundation Board of Directors Meeting</p>		<p>NOES – 0 ABSENT – 0</p>
<p>G. Reports</p>		
<p>1. Desert Regional Medical Center CEO Report – Michele Finney, CEO</p> <p>2. Desert Regional Medical Center Governing Board Meeting – October 24 – President Evett PerezGil and Director Les Zendle, MD</p> <p>3. Desert Healthcare District CEO Report – Chris Christensen, CEO</p> <p>a. Hospital Lease Purchase Agreement Fact Sheet & Frequently Asked Questions (FAQs) – English & Spanish Descriptions</p>	<p>Michele Finney, CEO of Desert Regional Medical Center and the Desert Care Network, highlighted several updates, including the stroke programs reaccreditation, the Comprehensive Cancer Center review completion with excellent results, the minimum wage law for healthcare workers is effective at \$23 per hour, and a progress update on the cardiothoracic surgery program.</p> <p>The governing board item was removed from the agenda as it does not meet until October 24.</p> <p>At last month’s meeting, Chris Christensen, CEO described the board’s request for the fact sheet and FAQ regarding the lease purchase agreement, which has been published on the website in both English and Spanish.</p>	

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

<p>b. New Hire Jorge Rodriguez, Accounting Manager</p> <p>c. CEO Engagements and District Media Visibility</p> <p>4. Legal – Jeffrey G. Scott, Esq., Law Offices of Jeffrey G. Scott</p>	<p>Mr. Christensen welcomed new hire Jorge Rodriguez as Accounting Manager, replacing Eric Taylor, who has transitioned to his new role as CAO.</p> <p>Mr. Christensen inquired about any questions concerning the CEO engagements and District media visibility.</p> <p>The board engaged in a lengthy discussion about additional funding support to organizations for sponsorships and requesting additional funding for the CEO Discretionary Fund when necessary.</p> <p>Jeff Scott, Legal Counsel, reminded the board of the governor’s veto of SB 1432 – Health facilities: seismic standards and the signing of AB 869 Hospitals: Seismic Safety Compliance.</p>	
<p>H. Committee Meetings</p> <p>H.1. Program Committee</p> <p>a. The Program Committee did not convene in October.</p> <p>H.2. Finance, Legal, Administration, and Real Estate Committee</p> <p>a. Draft Meeting Minutes – October 09, 2024</p>	<p>The Program Committee did not convene in October.</p> <p>President PerezGil inquired about any questions concerning items F&A Committee meeting minutes.</p> <p>There were no questions or comments.</p>	

DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
October 22, 2024

<p>I. New Business</p> <p>1. Consideration to approve Ordinance 24-01– 5% Increase to the Director’s monthly meeting stipend from \$115.76 to \$121.55 effective January 01, 2025</p> <p>2. Consideration to approve Resolution 24-04 – 5% Increase to the Director’s monthly meeting stipend from \$115.76 to \$121.55 effective January 01, 2025</p>	<p>Mr. Christensen provided an overview of the 5% increase to the directors’ stipends effective January 01, 2025.</p> <p>Public Comment: Ezra Kaufman, Palm Desert, Resident</p> <p>Mr. Christesen described the resolution to accompany the 5% increase to the directors’ stipends for up to 6 meetings.</p>	<p>#24-69 MOTION WAS MADE by Director Rogers and seconded by Director Shorr to approve Ordinance 24-01– 5% Increase to the Director’s monthly meeting stipend from \$115.76 to \$121.55 effective January 01, 2025. 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</p> <p>#24-70 MOTION WAS MADE by Director Shorr and seconded by Director Rogers to approve Resolution 24-04 – 5% Increase to the Director’s monthly meeting stipend from \$115.76 to \$121.55 effective January 01, 2025. 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</p>
<p>J. Board Member Comments</p>	<p>Director Zendle asked for the board's consensus on having staff prepare items to discuss potential actions related to the November agenda regarding freezing the grant budget depending on the outcome of Measure AA. After a board discussion, a consensus on the next steps is to convene a study session</p>	



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

	after the election on November 5th.	
L. Adjournment	President PerezGil adjourned the meeting at 6:43 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 and Foundation

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

DRAFT

From: [Stephanie Salter](#)
To: [Andrea Hayles](#)
Subject: SAVING DESERT REGIONAL MEDICAL CENTER FROM TENET VOTING NO ON AA
Date: Monday, October 21, 2024 2:31:17 PM

October 21, 2024

Dear Desert Hospital District Board,

Crisis at our Hospital. There is no longer an Open Heart Program there at evidenced by the lack of In House Surgeons. The Hospital is using "Locum" Heart Surgeons, on call from Irvine causing confusion and lack of adequate care. Trauma ONE Center mandates that the Doctors are IN House at all times. The time spent post op depends on the Surgeon. It has been reported that Dr Millikan leaves no matter how critical his patient may be. Some Surgeons say to text, not call.

California State Law states that a Community Hospital such as Desert Hospital, MUST have, in the Open Heart Surgical Room, the Heart Surgeon and one other Surgeon which can be a general Surgeon. The PA does NOT qualify for a Surgeon. I reported long ago that our Heart Surgeon at that time was operating alone and he and Desert Hospital was sanctioned.

There are not enough Certified Open Heart Nurses. The one Nurse was alone the other night and although the other RN was a Heart Nurse, was not Certified in our Hospital so that one RN had NO one to cover for breaks, bathroom, meal and worked straight for 13 hours.

The Catheter Lab; I am informed that the Heart Surgeons are "on call" for the Angiograms and Angioplasty procedures. Problem with this is if the Cardiologist tears and Artery seconds matter to save life by getting to the Operating Room for Open Heart Surgery. ON CALL Doctors are

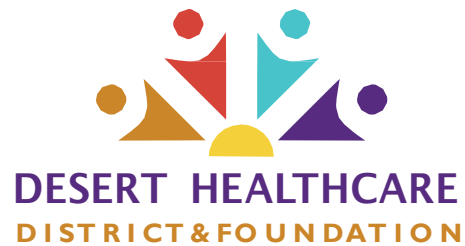
not going to save anyone's life. Again, we have NO Open Heart Surgery Unit at Desert Hospital.

Lastly, I have been informed that the CARDIOLOGISTS are "Locum" as well. Locum tenens means in place of. Coming from a Greek word, meaning a person who temporarily takes over the duties of another typically in the same profession.

I am one of the 6 Founding RNs of the Open Heart ICU. We trained at Cedars Sinai. To see the fruits of or immense labor destroyed is beyond heart breaking since we know the outcomes of inadequate care.

In Unity for saving lives and VOTING TENET OUT -- NO ON AA

Stephanie Salter RN



Chief Administration Officer's Report

November 13, 2024

Las Palmas Medical Plaza - Property Management:

Occupancy:

See attached unit rental status report.

94.6% currently occupied –

Total annual rent including CAM fees is **\$1,457,231**.

Leasing Activity:

There are several lease items being presented later in the agenda.

Two suites (1W-104 & 3W-101) remain vacant and are available for lease through our broker, Rob Wenthold.

Las Palmas Medical Plaza

Unit Rental Status

As of November 1, 2024

Unit	Tenant Name	Deposit	Lease Dates		Term	Unit Sq Feet	Percent of Total	Monthly Rent	Annual Rent	Rent Per Sq Foot	Monthly CAM	Total Monthly Rent Inclg CAM	Total Annual Rent Inclg CAM
			From	To									
											\$ 0.86		
1W, 104	Vacant					1,024	2.07%						
3W, 101	Vacant					1,656	3.36%						
Total - Vacancies						2,680	5.43%						
Total Suites - 32 - 30 Suites Occupied		\$53,732.40				49,356	94.57%	\$ 82,398.78	\$ 988,785.36	\$ 1.77	\$ 39,037.12	\$ 121,435.90	\$ 1,457,230.80
Summary - All Units													
			Occupied	46,676	94.57%								
			Vacant	2,680	5.43%								
			Pending	0	0.00%								
			Total	49,356	100%								

DESERT HEALTHCARE DISTRICT
OCTOBER 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
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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
FOUR MONTHS ENDED OCTOBER 31, 2024

Scope: \$25,000 Variance per Statement of Operations Summary				
Account	YTD		Over(Under)	Explanation
	Actual	Budget	Budget	
	4000 - Income	\$ 1,573,618	\$ 577,762	
4501 - Misc. Income	\$ 71,500	\$ 178,000	\$ (106,500)	Lower revenue from Environmental Health Summit sponsorships \$104k; lower misc \$3k
5000 - Direct Expenses	\$ 558,989	\$ 729,300	\$ (170,311)	Lower wages expense \$110k; lower education expense \$24k; lower health insurance expense \$21k; lower board expenses \$10k; lower retirement expense \$8k; higher workers comp \$3k
6445 - LPMP Expense	\$ 346,582	\$ 452,552	\$ (105,970)	Lower depreciation expenses \$52k; lower interior building expense \$12k; lower plumbing expense \$7k; lower internal property management allocation \$6k; lower deferred maintenance expense \$5k; lower landscaping expense \$5k; lower marketing expense \$5k; lower extermination expense \$4k; lower rubbish removal expense \$2k; lower lighting expense \$2k; lower misc expense \$6k
6500 - Professional Fees Expense	\$ 630,197	\$ 699,836	\$ (69,639)	Lower professional services expense \$190k; higher legal expense \$93k; higher PR/Communications expense \$27k
7000 - Grants Expense	\$ 111,628	\$ 1,666,668	\$ (1,555,040)	As of October 31, 2024, there are \$4,857,202 remaining in the fiscal year grant budget, with a total of \$31,170 in carry over and unexpended grant funds.
Las Palmas Medical Plaza - Net	\$ 147,663	\$ 46,592	\$ 101,071	LPMP expenses lower \$106k; LPMP revenue lower \$5k

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

	MONTH			TOTAL		
	Oct 24	Budget	\$ Over Budget	Jul - Oct 24	Budget	\$ Over Budget
Income						
4000 · Income	(236,821)	342,760	(579,581)	1,573,618	577,762	995,856
4500 · LPMP Income	121,339	124,786	(3,447)	494,245	499,144	(4,899)
4501 · Miscellaneous Income	0	44,500	(44,500)	71,500	178,000	(106,500)
Total Income	(115,482)	512,046	(627,528)	2,139,364	1,254,906	884,458
Expense						
5000 · Direct Expenses	133,744	173,393	(39,649)	558,989	729,300	(170,311)
6000 · General & Administrative Exp	52,368	58,805	(6,437)	215,423	235,220	(19,797)
6325 · CEO Discretionary Fund	7,000	4,167	2,833	28,500	16,668	11,832
6445 · LPMP Expenses	94,330	113,138	(18,808)	346,582	452,552	(105,970)
6500 · Professional Fees Expense	73,899	174,959	(101,060)	630,197	699,836	(69,639)
6600 · Mobile Medical Unit	0	417	(417)	0	1,668	(1,668)
6700 · Trust Expenses	488	6,055	(5,567)	1,952	24,220	(22,268)
Total Expense Before Grants	361,829	530,934	(169,105)	1,781,646	2,159,466	(377,820)
7000 · Grants Expense	(305,939)	416,667	(722,606)	111,628	1,666,668	(1,555,040)
Net Income	(171,372)	(435,555)	264,183	246,090	(2,571,228)	2,817,318

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

	MONTH			TOTAL		
	Oct 24	Budget	\$ Over Budget	Jul - Oct 24	Budget	\$ Over Budget
Income						
4000 · Income						
4010 · Property Tax Revenues	244,908	264,426	(19,518)	320,347	264,426	55,921
4200 · Interest Income						
4220 · Interest Income (FRF)	37,437	106,667	(69,230)	503,707	426,668	77,039
9999-1 · Unrealized gain(loss) on invest	(519,166)	(30,333)	(488,833)	741,391	(121,332)	862,723
Total 4200 · Interest Income	(481,729)	76,334	(558,063)	1,245,098	305,336	939,762
4300 · DHC Recoveries	0	2,000	(2,000)	8,173	8,000	173
Total 4000 · Income	(236,821)	342,760	(579,581)	1,573,618	577,762	995,856
4500 · LPMP Income	121,339	124,786	(3,447)	494,245	499,144	(4,899)
4501 · Miscellaneous Income	0	44,500	(44,500)	71,500	178,000	(106,500)
Total Income	(115,482)	512,046	(627,528)	2,139,364	1,254,906	884,458
Expense						
5000 · Direct Expenses						
5100 · Administration Expense						
5110 · Wages Expense	106,820	115,682	(8,862)	404,613	498,456	(93,843)
5111 · Allocation to LPMP - Payroll	(3,325)	(7,139)	3,814	(22,609)	(28,556)	5,947
5112 · Vacation/Sick/Holiday Expense	7,197	15,000	(7,803)	56,936	60,000	(3,064)
5114 · Allocation to Foundation	(17,258)	(17,692)	434	(66,467)	(70,768)	4,301
5119 · Allocation-FED FUNDS/CVHIP-DHCF	(9,894)	0	(9,894)	(16,011)	0	(16,011)
5120 · Payroll Tax Expense	7,062	10,333	(3,271)	33,856	41,332	(7,476)
5130 · Health Insurance Expense						
5131 · Premiums Expense	18,482	23,553	(5,071)	76,485	94,212	(17,727)
5135 · Reimb./Co-Payments Expense	1,079	1,800	(721)	4,373	7,200	(2,827)
Total 5130 · Health Insurance Expense	19,561	25,353	(5,792)	80,858	101,412	(20,554)
5140 · Workers Comp. Expense	1,216	572	644	4,993	2,288	2,705
5145 · Retirement Plan Expense	9,266	11,154	(1,888)	36,571	44,616	(8,045)
5160 · Education Expense	579	7,417	(6,838)	5,689	29,668	(23,979)
Total 5100 · Administration Expense	121,224	160,680	(39,456)	518,429	678,448	(160,019)
5200 · Board Expenses						
5210 · Healthcare Benefits Expense	2,560	4,109	(1,549)	9,276	16,436	(7,160)
5230 · Meeting Expense	3,797	3,708	89	17,299	14,832	2,467
5235 · Director Stipend Expense	5,209	3,646	1,563	10,535	14,584	(4,049)
5240 · Catering Expense	911	1,000	(89)	3,065	4,000	(935)
5250 · Mileage Reimbursement Expense	43	250	(207)	385	1,000	(615)
Total 5200 · Board Expenses	12,520	12,713	(193)	40,560	50,852	(10,292)
Total 5000 · Direct Expenses	133,744	173,393	(39,649)	558,989	729,300	(170,311)

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

	MONTH			TOTAL		
	Oct 24	Budget	\$ Over Budget	Jul - Oct 24	Budget	\$ Over Budget
6000 · General & Administrative Exp						
6110 · Payroll fees Expense	218	208	10	901	832	69
6120 · Bank and Investment Fees Exp	6,000	5,200	800	23,349	20,800	2,549
6125 · Depreciation Expense	2,165	2,500	(335)	8,645	10,000	(1,355)
6126 · Depreciation-Solar Parking lot	15,072	15,072	0	60,288	60,288	0
6127 · Depreciation - Autos	6,409	6,409	0	25,636	25,636	0
6130 · Dues and Membership Expense	1,663	5,429	(3,766)	7,827	21,716	(13,889)
6200 · Insurance Expense	4,725	4,692	33	18,600	18,768	(168)
6300 · Minor Equipment Expense	0	42	(42)	0	168	(168)
6305 · Auto Allowance & Mileage Exp	554	500	54	2,493	2,000	493
6306 · Staff- Auto Mileage reimb	639	625	14	1,769	2,500	(731)
6309 · Personnel Expense	107	375	(268)	926	1,500	(574)
6310 · Miscellaneous Expense	0	42	(42)	0	168	(168)
6311 · Cell Phone Expense	720	1,000	(280)	2,954	4,000	(1,046)
6312 · Wellness Park Expenses	0	83	(83)	0	332	(332)
6315 · Security Monitoring Expense	108	50	58	216	200	16
6340 · Postage Expense	228	333	(105)	656	1,332	(676)
6350 · Copier Rental/Fees Expense	370	500	(130)	1,247	2,000	(753)
6351 · Travel Expense	913	2,500	(1,587)	9,222	10,000	(778)
6352 · Meals & Entertainment Exp	708	2,833	(2,125)	765	11,332	(10,567)
6355 · Computer Services Expense	7,267	5,322	1,945	33,914	21,288	12,626
6360 · Supplies Expense	1,501	2,167	(666)	4,589	8,668	(4,079)
6380 · LAFCO Assessment Expense	171	208	(37)	684	832	(148)
6400 · East Valley Office	2,830	2,715	115	10,742	10,860	(118)
Total 6000 · General & Administrative Exp	52,368	58,805	(6,437)	215,423	235,220	(19,797)
6325 · CEO Discretionary Fund	7,000	4,167	2,833	28,500	16,668	11,832
6445 · LPMP Expenses	94,330	113,138	(18,808)	346,582	452,552	(105,970)
6500 · Professional Fees Expense						
6516 · Professional Services Expense	30,578	124,167	(93,589)	306,678	496,668	(189,990)
6520 · Annual Audit Fee Expense	1,484	1,500	(16)	5,936	6,000	(64)
6530 · PR/Communications/Website	2,687	34,292	(31,605)	164,607	137,168	27,439
6560 · Legal Expense	39,150	15,000	24,150	152,976	60,000	92,976
Total 6500 · Professional Fees Expense	73,899	174,959	(101,060)	630,197	699,836	(69,639)

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

	MONTH			TOTAL		
	Oct 24	Budget	\$ Over Budget	Jul - Oct 24	Budget	\$ Over Budget
6600 · Mobile Medical Unit	0	417	(417)	0	1,668	(1,668)
6700 · Trust Expenses						
6720 · Pension Plans Expense	488	6,055	(5,567)	1,952	24,220	(22,268)
Total Expense Before Grants	361,829	530,934	(169,105)	1,781,646	2,159,466	(377,820)
7000 · Grants Expense						
7010 · Major Grant Awards Expense	(305,939)	416,667	(722,606)	111,628	1,666,668	(1,555,040)
Net Income	(171,372)	(435,555)	264,183	246,090	(2,571,228)	2,817,318

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

	MONTH			TOTAL		
	Oct 24	Budget	\$ Over Budget	Jul - Oct 24	Budget	\$ Over Budget
Income						
4500 · LPMP Income						
4505 · Rental Income	82,302	86,753	(4,451)	336,635	347,012	(10,377)
4510 · CAM Income	39,037	37,950	1,087	157,610	151,800	5,810
4513 · Misc. Income	0	83	(83)	0	332	(332)
Total 4500 · LPMP Income	121,339	124,786	(3,447)	494,245	499,144	(4,899)
Expense						
6445 · LPMP Expenses						
6420 · Insurance Expense	6,229	6,255	(26)	24,916	25,020	(104)
6425 · Building - Depreciation Expense	28,257	28,668	(411)	112,936	114,672	(1,736)
6426 · Tenant Improvements -Dep Exp	5,103	17,630	(12,527)	20,159	70,520	(50,361)
6427 · HVAC Maintenance Expense	3,736	1,333	2,403	5,522	5,332	190
6428 · Roof Repairs Expense	0	208	(208)	0	832	(832)
6431 · Building -Interior Expense	5,150	4,167	983	5,150	16,668	(11,518)
6432 · Plumbing -Interior Expense	0	1,667	(1,667)	180	6,668	(6,488)
6433 · Plumbing -Exterior Expense	0	208	(208)	0	832	(832)
6434 · Allocation Internal Prop. Mgmt	3,325	7,139	(3,814)	22,609	28,556	(5,947)
6435 · Bank Charges	34	42	(8)	139	168	(29)
6437 · Utilities -Vacant Units Expense	(60)	150	(210)	(16)	600	(616)
6439 · Deferred Maintenance Repairs Ex	3,340	2,083	1,257	3,340	8,332	(4,992)
6440 · Professional Fees Expense	11,830	11,830	0	47,320	47,320	0
6441 · Legal Expense	0	83	(83)	0	332	(332)
6458 · Elevators - R & M Expense	1,891	1,083	808	4,331	4,332	(1)
6460 · Exterminating Service Expense	275	1,250	(975)	1,100	5,000	(3,900)
6463 · Landscaping Expense	0	1,250	(1,250)	0	5,000	(5,000)
6467 · Lighting Expense	0	417	(417)	0	1,668	(1,668)
6468 · General Maintenance Expense	0	83	(83)	0	332	(332)
6471 · Marketing-Advertising	0	1,250	(1,250)	0	5,000	(5,000)
6475 · Property Taxes Expense	6,650	6,650	0	26,600	26,600	0
6476 · Signage Expense	665	417	248	1,087	1,668	(581)
6480 · Rubbish Removal Medical Waste E	1,469	1,417	52	5,440	5,668	(228)
6481 · Rubbish Removal Expense	2,342	2,900	(558)	9,368	11,600	(2,232)
6482 · Utilities/Electricity/Exterior	678	875	(197)	2,743	3,500	(757)
6484 · Utilities - Water (Exterior)	1,011	750	261	4,638	3,000	1,638
6485 · Security Expenses	12,405	12,500	(95)	48,720	50,000	(1,280)
6490 · Miscellaneous Expense	0	833	(833)	300	3,332	(3,032)
Total 6445 · LPMP Expenses	94,330	113,138	(18,808)	346,582	452,552	(105,970)
Net Income	27,009	11,648	15,361	147,663	46,592	101,071

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

		Oct 31, 24	Oct 31, 23
ASSETS			
Current Assets			
Checking/Savings			
	1000 · CHECKING CASH ACCOUNTS	3,073,930	1,421,845
	1100 · INVESTMENT ACCOUNTS	67,660,859	64,128,713
	Total Checking/Savings	70,734,789	65,550,558
	Accounts Receivable	109,763	26,881
Other Current Assets			
	1204.1 · Rent Receivable-Deferred COVID	7,433	24,753
	1270 · Prepaid Insurance -Ongoing	86,831	77,608
	1279 · Pre-Paid Fees	38,624	51,876
	Total Other Current Assets	132,888	154,237
	Total Current Assets	70,977,440	65,731,676
Fixed Assets			
	1300 · FIXED ASSETS	5,312,106	5,282,860
	1335-00 · ACC DEPR	(3,000,455)	(2,706,309)
	1400 · LPMP Assets	6,376,606	6,796,774
	Total Fixed Assets	8,688,257	9,373,325
Other Assets			
	1600 · RIGHT TO USE ASSETS	216,235	216,235
	1611 · RTU Accumulated Amortization	(44,356)	(22,178)
	1700 · OTHER ASSETS	3,784,179	3,718,380
	1800 · OTHER RECEIVABLES	3,439,433	3,048,911
	Total Other Assets	7,395,491	6,961,348
	TOTAL ASSETS	87,061,188	82,066,349

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

				Oct 31, 24	Oct 31, 23
LIABILITIES & EQUITY					
Liabilities					
Current Liabilities					
Accounts Payable					
			2000 · Accounts Payable	111,522	9,829
			2001 · LPMP Accounts Payable	2,585	3,427
			Total Accounts Payable	114,107	13,256
Other Current Liabilities					
			2002 · LPMP Property Taxes	26,600	26,600
			2003 · Prepaid Rents	21,938	0
			2131 · Grant Awards Payable	4,151,768	6,782,124
			2133 · Accrued Accounts Payable	37,500	219,550
			2141 · Accrued Vacation Time	91,793	80,715
			2152 · 457B/401A Liability	(60)	0
			2190 · Investment Fees Payable	16,307	2,773
			Total Other Current Liabilities	4,345,846	7,111,762
			Total Current Liabilities	4,459,953	7,125,018
Long Term Liabilities					
			2171 · RPP-Deferred Inflows-Resources	397,911	564,584
			2172 · Lease - Deferred Inflows	3,268,842	2,982,703
			2281 · Grants Payable - Long-term	1,138,781	2,475,000
			2285 · Lease Payable	175,612	196,798
			2290 · LPMP Security Deposits	53,732	57,493
			Total Long Term Liabilities	5,034,878	6,276,578
			Total Liabilities	9,494,831	13,401,596
Equity					
			3900 · *Retained Earnings	77,320,267	71,020,500
			Net Income	246,090	(2,355,745)
			Total Equity	77,566,357	68,664,755
TOTAL LIABILITIES & EQUITY				87,061,188	82,066,349

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

			Oct 31, 24	Oct 31, 23
ASSETS				
Current Assets				
Checking/Savings				
1000 · CHECKING CASH ACCOUNTS				
1016 · US Bank Operating - 5018			1,372,279	1,281,015
1017 · US Bank Operating - 7455			1,288,722	0
1044 · Las Palmas Medical Plaza - 1241			412,429	140,330
1047 · Petty Cash			500	500
Total 1000 · CHECKING CASH ACCOUNTS			3,073,930	1,421,845
1100 · INVESTMENT ACCOUNTS				
1130 · Facility Replacement Fund			67,433,838	66,365,707
1135 · Unrealized Gain(Loss) FRF			227,021	(2,236,994)
Total 1100 · INVESTMENT ACCOUNTS			67,660,859	64,128,713
Total Checking/Savings			70,734,789	65,550,558
Accounts Receivable				
1201 · Accounts Receivable				
1204 · LPMP Accounts Receivable			155	(22,078)
1211 · A-R Foundation - Exp Allocation			79,608	48,959
1201 · Accounts Receivable - Other			30,000	0
Total Accounts Receivable			109,763	26,881
Other Current Assets				
1204.1 · Rent Receivable-Deferred COVID			7,433	24,753
1270 · Prepaid Insurance -Ongoing			86,831	77,608
1279 · Pre-Paid Fees			38,624	51,876
Total Other Current Assets			132,888	154,237
Total Current Assets			70,977,440	65,731,676
Fixed Assets				
1300 · FIXED ASSETS				
1310 · Computer Equipment			115,857	104,588
1320 · Furniture and Fixtures			64,580	55,099
1321 · Mobile Medical Unit			381,768	373,273
1322 · Tenant Improvement - RAP #G100			32,795	32,794
1325 · Offsite Improvements			300,849	300,849
1331 · DRMC - Parking lot			4,416,257	4,416,257
Total 1300 · FIXED ASSETS			5,312,106	5,282,860
1335-00 · ACC DEPR				
1335 · Accumulated Depreciation			(267,282)	(241,122)
1337 · Accum Deprec- Solar Parking Lot			(2,381,548)	(2,200,684)
1338 · Accum Deprec - LPMP Parking Lot			(242,406)	(219,857)
1339 · Accum Deprec - Autos			(109,219)	(44,646)
Total 1335-00 · ACC DEPR			(3,000,455)	(2,706,309)

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

		Oct 31, 24	Oct 31, 23
	1400 · LPMP Assets		
	1401 · Building	8,705,680	8,705,680
	1402 · Land	2,165,300	2,165,300
	1403 · Tenant Improvements -New	2,319,572	2,309,146
	1404 · Tenant Improvements - CIP	0	129,550
	1406 · Building Improvements		
	1406.1 · LPMP-Replace Parking Lot	676,484	676,484
	1406.2 · Building Improvements-CIP	52,426	0
	1406 · Building Improvements - Other	2,776,742	2,757,972
	Total 1406 · Building Improvements	3,505,652	3,434,456
	1407 · Building Equipment Improvements	488,880	444,268
	1409 · Accumulated Depreciation		
	1410 · Accum. Depreciation	(8,552,139)	(8,239,139)
	1412 · T I Accumulated Dep.-New	(2,256,339)	(2,152,487)
	Total 1409 · Accumulated Depreciation	(10,808,478)	(10,391,626)
	Total 1400 · LPMP Assets	6,376,606	6,796,774
	Total Fixed Assets	8,688,257	9,373,325
	Other Assets		
	1600 · RIGHT TO USE ASSETS		
	1610 · Right to Use Asset	216,235	216,235
	1611 · RTU Accumulated Amortization	(44,356)	(22,178)
	1700 · OTHER ASSETS		
	1731 · Wellness Park	1,693,800	1,693,800
	1740 · RPP-Deferred Outflows-Resources	362,042	587,440
	1742 · RPP - Net Pension Asset	1,728,337	1,437,140
	Total 1700 · OTHER ASSETS	3,784,179	3,718,380
	1800 · OTHER RECEIVABLES		
	1810 · Lease Receivable	3,439,433	3,048,911
	Total Other Assets	7,395,491	6,961,348
	TOTAL ASSETS	87,061,188	82,066,349

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

			Oct 31, 24	Oct 31, 23
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
		2000 - Accounts Payable	111,522	9,829
		2001 - LPMP Accounts Payable	2,585	3,427
		Total Accounts Payable	114,107	13,256
Other Current Liabilities				
		2002 - LPMP Property Taxes	26,600	26,600
		2003 - Prepaid Rents	21,938	0
		2131 - Grant Awards Payable	4,151,768	6,782,124
		2133 - Accrued Accounts Payable	37,500	219,550
		2141 - Accrued Vacation Time	91,793	80,715
		2152 - 457B/401A Liability	(60)	0
		2190 - Investment Fees Payable	16,307	2,773
		Total Other Current Liabilities	4,345,846	7,111,762
		Total Current Liabilities	4,459,953	7,125,018
Long Term Liabilities				
		2171 - RPP-Deferred Inflows-Resources	397,911	564,584
		2172 - Lease - Deferred Inflows	3,268,842	2,982,703
		2281 - Grants Payable - Long-term	1,138,781	2,475,000
		2285 - Lease Payable	175,612	196,798
		2290 - LPMP Security Deposits	53,732	57,493
		Total Long Term Liabilities	5,034,878	6,276,578
		Total Liabilities	9,494,831	13,401,596
Equity				
		3900 - *Retained Earnings	77,320,267	71,020,500
		Net Income	246,090	(2,355,745)
		Total Equity	77,566,357	68,664,755
TOTAL LIABILITIES & EQUITY			87,061,188	82,066,349

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

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL	COMMENT
Desert Healthcare Foundation-	26,759	0	20,409	17,540	14,899	79,607	Due from Foundation
First 5 Riverside	0	0	0	20,000	0	20,000	Received in November
South Coast AQMD	0	0	5,000	0	0	5,000	Environmental Summit Sponsorship
Tenet HealthSystem Desert, Inc	0	0	155	0	0	155	Slow Pay
University of California, Riverside	0	0	0	5,000	0	5,000	Environmental Summit Sponsorship
TOTAL	26,759	0	25,564	42,540	14,899	109,762	

Desert Healthcare District
Deposit Detail
 October 2024

Type	Date	Name	Amount
Deposit	10/08/2024		3,386
		Principal Financial Group - Dividends September 2024	(323)
Payment	10/08/2024	Vision y Compromiso - Reimbursement of unused grant funds for Grant #1325	(3,063)
TOTAL			(3,386)
Deposit	10/08/2024		5,000
Payment	10/08/2024	Molina Health - Environmental Health Summit Sponsorship	(5,000)
TOTAL			(5,000)
Deposit	10/23/2024		25,000
Payment	10/23/2024	Desert Care Network - Environmental Health Summit Sponsorship	(25,000)
TOTAL			(25,000)
Deposit	10/28/2024		272,212
		Riverside County Treasurer- Property Tax Payment	(272,212)
TOTAL			(272,212)
		TOTAL	305,598

DESERT HEALTHCARE DISTRICT										
PROPERTY TAX RECEIPTS FY 2024 - 2025										
RECEIPTS - FOUR MONTHS ENDED OCTOBER 31, 2024										
FY 2023-2024 Projected/Actual						FY 2024-2025 Projected/Actual				
	Budget %	Budget \$	Act %	Actual Receipts	Variance	Budget %	Budget \$	Act %	Actual Receipts	Variance
July	0.0%	\$ -	0.8%	\$ 70,152	\$ 70,152	0.0%	\$ -	0.7%	\$ 75,427	\$ 75,427
Aug	0.0%	\$ -	2.0%	\$ 180,642	\$ 180,642	0.0%	\$ -	1.4%	\$ 139,395	\$ 139,395
Sep	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -
Oct	2.6%	\$ 229,840	2.8%	\$ 248,614	\$ 18,774	2.6%	\$ 264,426	2.7%	\$ 272,212	\$ 7,785
Nov	0.4%	\$ 35,360	0.1%	\$ 10,535	\$ (24,825)	0.4%	\$ 40,681	0.0%		
Dec	16.9%	\$ 1,493,960	19.2%	\$ 1,696,170	\$ 202,210	16.9%	\$ 1,718,771	0.0%		
Jan	31.9%	\$ 2,819,960	42.1%	\$ 3,720,800	\$ 900,840	31.9%	\$ 3,244,308	0.0%		
Feb	0.0%	\$ -	1.0%	\$ 85,677	\$ 85,677	0.0%	\$ -	0.0%		
Mar	0.3%	\$ 26,520	0.4%	\$ 31,158	\$ 4,638	0.3%	\$ 30,511	0.0%		
Apr	5.5%	\$ 486,200	6.0%	\$ 529,212	\$ 43,012	5.5%	\$ 559,363	0.0%		
May	19.9%	\$ 1,759,160	20.6%	\$ 1,821,441	\$ 62,281	19.9%	\$ 2,023,879	0.0%		
June	22.5%	\$ 1,989,000	30.0%	\$ 2,655,964	\$ 666,964	22.5%	\$ 2,288,305	0.0%		
Total	100%	\$ 8,840,000	125.0%	\$ 11,050,366	\$ 2,210,366	100.00%	\$ 10,170,245	4.8%	\$ 487,034	\$ 222,607

Las Palmas Medical Plaza
Deposit Detail - LPMP
October 2024

Type	Date	Name	Amount
Deposit	10/03/2024		7,198
Payment	10/03/2024	DPMG	(2,297)
Payment	10/03/2024	DPMG	(4,902)
TOTAL			(7,199)
Deposit	10/04/2024		7,719
Payment	10/02/2024	Desert Family Medical Center	(4,233)
Payment	10/02/2024	Cure Cardiovascular Consultants	(3,486)
TOTAL			(7,719)
Deposit	10/08/2024		26,465
Payment	10/08/2024	EyeCare Services Partners Management LLC	(7,364)
Payment	10/08/2024	Ramy Awad, M.D.	(4,042)
Payment	10/08/2024	Howard Aaron Aronow, M.D.	(1,737)
Payment	10/08/2024	Quest Diagnostics Incorporated	(4,714)
Payment	10/08/2024	Desert Oasis Healthcare	(2,843)
Payment	10/08/2024	Laboratory Corporation of America	(5,764)
TOTAL			(26,464)
Deposit	10/08/2024		2,779
Payment	10/08/2024	Pathway Pharmaceuticals, Inc.	(2,779)
TOTAL			(2,779)
Deposit	10/08/2024		17,416
Payment	10/07/2024	Brad A. Wolfson, M.D.	(4,092)
Payment	10/07/2024	Cohen Musch Thomas Medical Group	(5,361)
Payment	10/07/2024	Palmtree Clinical Research	(7,962)
TOTAL			(17,415)

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

Type	Date	Name	Amount
Deposit	10/23/2024		51,795
		F CPP	(3,461)
Payment	10/23/2024	Desert Regional Medical Center	(6,318)
Payment	10/23/2024	Tenet HealthSystem Desert, Inc	(7,663)
Payment	10/23/2024	Tenet HealthSystem Desert, Inc.	(34,353)
TOTAL			(51,795)
Deposit	10/24/2024		3,397
		Aijaz Hashmi, MD	(3,397)
TOTAL			(3,397)
Deposit	10/24/2024		16,000
		Global Premier Fertility	(16,000)
TOTAL			(16,000)
Deposit	10/29/2024		15,080
		Steven Gundry, M.D.	(6,376)
		Desert Oasis Healthcare	(2,843)
		Laboratory Corporation of America	(5,861)
TOTAL			(15,080)
		TOTAL	147,849

Desert Healthcare District
Check Register
As of October 31, 2024

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1016 - US Bank Operating - 5018				
Liability Check	10/11/2024		QuickBooks Payroll Service	(51,722)
Check	10/15/2024		Bank Service Charge	(1,000)
Liability Check	10/25/2024		QuickBooks Payroll Service	(54,417)
Total 1016 - US Bank Operating - 5018				(107,139)
1017 - US Bank Operating - 7455				
Check	10/08/2024	Auto Pay	Calif. Public Employees'Retirement System	(16,105)
Bill Pmt -Check	10/09/2024	5608	Alejandro Espinoza Santacruz - Expense Reimbursement	(293)
Bill Pmt -Check	10/09/2024	5609	Andrea S. Hayles - Expense Reimbursement	(119)
Bill Pmt -Check	10/09/2024	5610	Boyd & Associates	(108)
Bill Pmt -Check	10/09/2024	5611	Graphtek Hosting	(300)
Bill Pmt -Check	10/09/2024	5612	Leticia De Lara - Expense Reimbursement & Stipend	(867)
Bill Pmt -Check	10/09/2024	5613	LoopUp LLC	(24)
Bill Pmt -Check	10/09/2024	5614	Magdalena Cleaning Services	(200)
Bill Pmt -Check	10/09/2024	5615	NPO Centric	(18,000)
Bill Pmt -Check	10/09/2024	5616	Ready Refresh	(55)
Bill Pmt -Check	10/09/2024	5617	Sergio Rodriguez - Expense Reimbursement	(70)
Bill Pmt -Check	10/09/2024	5618	So.Cal Computer Shop	(2,937)
Bill Pmt -Check	10/09/2024	5619	Staples	(378)
Bill Pmt -Check	10/09/2024	5620	Underground Service Alert of Southern Cal	(10)
Bill Pmt -Check	10/09/2024	5621	Xerox Financial Services	(370)
Bill Pmt -Check	10/09/2024	5622	Zendle, Les - Expense Reimbursement & Stipend	(253)
Bill Pmt -Check	10/09/2024	5623	Palms to Pines Printing	(225)
Bill Pmt -Check	10/09/2024	5624	State Compensation Insurance Fund	(1,216)
Bill Pmt -Check	10/09/2024	5625	U.S. Bank	(5,070)
Bill Pmt -Check	10/09/2024	5626	Will Dean - Expense Reimbursement	(615)
Bill Pmt -Check	10/17/2024	5627	AMS Tax Service, Inc.	(500)
Bill Pmt -Check	10/17/2024	5628	Dale Barnhart - Hospital Inspection Services	(500)
Bill Pmt -Check	10/17/2024	5629	Regents of the University of CA, Riverside - Grant Payment	(51,494)
Bill Pmt -Check	10/22/2024	5630	Alejandro Espinoza Santacruz - Expense Reimbursement	(580)
Bill Pmt -Check	10/22/2024	5631	Carmina Zavala - Stipend	(926)
Bill Pmt -Check	10/22/2024	5632	CoPower Employers' Benefits Alliance	(1,910)
Bill Pmt -Check	10/22/2024	5633 - VOID	Law Offices of Scott & Jackson	0
Bill Pmt -Check	10/22/2024	5634	Pitney Bowes Global Financial Services	(228)
Bill Pmt -Check	10/22/2024	5635	Regional Access Project Foundation	(325)
Bill Pmt -Check	10/22/2024	5636	Riverside County Office of Education	(89,943)
Bill Pmt -Check	10/22/2024	5637	Spectrum (Time Warner)	(405)
Bill Pmt -Check	10/22/2024	5638	Carmina Zavala - Health Premium Reimbursement	(1,036)

Desert Healthcare District
Check Register
As of October 31, 2024

Type	Date	Num	Name	Amount
Bill Pmt -Check	10/22/2024	5639	Principal Life Insurance Co.	(1,825)
Bill Pmt -Check	10/22/2024	5640	Evet PerezGil - Health Premium Reimbursement & Stipend	(579)
Bill Pmt -Check	10/22/2024	5641	Regional Government Services Authority	(2,035)
Bill Pmt -Check	10/23/2024	ACH 102424	Law Offices of Scott & Jackson	(39,150)
Bill Pmt -Check	10/24/2024	5642	California Special Districts Association	(9,495)
Bill Pmt -Check	10/24/2024	5643	Codex Creation Committee (RWLM) - Sponsorship	(2,000)
Bill Pmt -Check	10/24/2024	5644	Leticia De Lara - Stipend	(347)
Bill Pmt -Check	10/24/2024	5645	Visual Edge IT (Image Source)	(823)
Bill Pmt -Check	10/24/2024	5646 - VOID	ABC Recovery Center, Inc.	0
Bill Pmt -Check	10/24/2024	5647 - VOID	Cove Communities Senior Association	0
Bill Pmt -Check	10/24/2024	5648	ABC Recovery Center, Inc. - Sponsorship	(2,500)
Bill Pmt -Check	10/24/2024	5649	Cove Communities Senior Association - Sponsorship	(2,500)
Check	10/24/2024	Auto Pay	Principal Financial Group-	(1,197)
Check	10/24/2024	Auto Pay	Principal Financial Group-	(575)
Bill Pmt -Check	10/28/2024	5650	SDRMA	(100)
Bill Pmt -Check	10/28/2024	5651	Zendle, Les - Expense Reimbursement & Stipend	(253)
Bill Pmt -Check	10/28/2024	5652	U.S. Bank	(5,556)
Bill Pmt -Check	10/29/2024	5653	Verizon Wireless	(821)
Total 1017 · US Bank Operating - 7455				(264,818)
TOTAL				(371,957)

Desert Healthcare District							
Details for Credit Card Expenditures							
Credit Card Purchases - October 2024 - Paid October 2024							
Number of Credit Cards Held by District Personnel -3							
Credit Card Limit - \$75,000							
Credit Card Holders:							
Chris Christensen - Chief Executive Officer							
Eric Taylor - Chief Administration Officer							
Alejandro Espinoza Santacruz - Chief of Community Engagement							
Routine types of charges:							
Office supplies, dues for membership, computer supplies, meals, travel including airlines and hotels, catering, supplies for BOD meetings, CEO Discretionary for small grant & gift items							
Statement							
Month		Total		Expense			
Year	Charged	Charges	Type	Amount	Purpose	Description	
		\$ 5,555.50					
Monthly Statement CalCard:							
2024	October	\$ 5,324.21	Chris Christensen				
			GL	Dollar	Description		
			6352	\$ 379.56	Delta King Hotel - food for ACHD - Vice-President Zavala +1, Secretary Barraza, Director Rogers, Chris Christensen, Will Dean, Andrea Hayles		
			6351	\$ (853.86)	Embassy Suites - credit for hotel for ACHD - 72nd Annual Meeting - September 25-27, 2024 - Sacramento, CA - Director Zendle		
			6352	\$ 174.91	Bear & Crown British Pub - food for ACHD - Secretary Barraza, Director Rogers, Chris Christensen, Alejandro Espinoza Santacruz, Will Dean, Andrea Hayles		
			6351	\$ 182.01	Southwest Airlines - return flight for ACHD - 72nd Annual Meeting - September 27, 2024 - Sacramento, CA - Secretary Barraza		
			6352	\$ 41.80	Embassy Suites Marketplace café - food for ACHD - Chris Christensen		
			5240	\$ 295.24	Chipotle - food for September 30, 2024 BOD meeting		
			5230	\$ 138.00	GCVCC - Desert Hot Springs State of the City - Director Rogers +1		
			5230	\$ 3,375.00	CVVIM - 2024 Vimy Awards - December 12, 2024 - President PerezGil +1, Secretary Barraza, Director Rogers +1, Director De Lara +1, Director Zendle +1		
			5160	\$ 375.00	CVVIM - 2024 Vimy Awards - December 12, 2024 - Donna Craig		
			6352	\$ 34.33	Kitchen 86 meeting - Chris Christensen, Kristal Granados		
			6351	\$ (284.62)	Credit for Embassy Suites - hotel for ACHD - 72nd Annual Meeting - September 27, 2024 - Sacramento, CA - Alejandro Espinoza Santacruz		
			6351	\$ (284.62)	Credit for Embassy Suites - hotel for ACHD - 72nd Annual Meeting - September 27, 2024 - Sacramento, CA - Director Rogers		
			5240	\$ 131.27	Aspen Mills - food for October 7, 2024 meeting with President PerezGil, Director Rogers, Chris Christensen + Donna Craig, Eric Taylor, Andrea Hayles, Jorge Rodriguez		
			5230	\$ 65.00	Palm Springs State of the City 2024 - October 30, 2024 - Director Zendle		
			5240	\$ 240.09	Panera - food for October 9, 2024 meeting with Chris Christensen, Donna Craig, Gracie Montano, RUHS, JFS, OneFuture + Eric Taylor, Andrea Hayles, Jorge Rodriguez		
			5230	\$ 69.00	Coachella State of the City & Business Awards 2024 - October 23, 2024 - Secretary Barraza		
			5160	\$ 69.00	Coachella State of the City & Business Awards 2024 - October 23, 2024 - Chris Christensen		
			5160	\$ 75.00	Indio State of the Business Community - November 7, 2024 - Chris Christensen		
			5230	\$ 75.00	Indio State of the Business Community - November 7, 2024 - Director De Lara		
			5230	\$ 75.00	Indio State of the Business Community - November 7, 2024 - Secretary Barraza		
			6355	\$ 254.94	Zoom webinar/audio conference expense		
			6530	\$ 57.98	Amazon - 3-year protection plan for podcast microphones		
			6530	\$ 415.04	Amazon - podcast microphones		
			5240	\$ 224.14	ezCater - food for October 22, 2024, BOD meeting		
		\$ 5,324.21					

Desert Healthcare District

Details for Credit Card Expenditures

Credit Card Purchases - October 2024 - Paid October 2024

Number of Credit Cards Held by District Personnel -3							
Credit Card Limit - \$75,000							
Credit Card Holders:							
Chris Christensen - Chief Executive Officer							
Eric Taylor - Chief Administration Officer							
Alejandro Espinoza Santacruz - Chief of Community Engagement							
Routine types of charges:							
Office supplies, dues for membership, computer supplies, meals, travel including airlines and hotels, catering, supplies for BOD meetings, CEO Discretionary for small grant & gift items							
		Statement					
Year	Month Charged	Total Charges	Expense Type	Amount	Purpose	Description	
			Eric Taylor				
			GL	Dollar	Description		
			6309	\$ 106.94	Checkr - Background check services		
			6530	\$ 16.99	Desert Sun subscription - marketing		
			6355	\$ 107.36	Dropbox - annual subscription for new Accounting Manager		
				\$ 231.29			
			Alejandro Espinoza Santacruz				
			GL	Dollar	Description		
				\$ -			

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

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1044 - Las Palmas Medical Plaza - 1241				
Bill Pmt -Check	10/09/2024	10968	Amtech Elevator Services	(1,559)
Bill Pmt -Check	10/09/2024	10969	Desert Air Conditioning Inc.	(975)
Bill Pmt -Check	10/09/2024	10970	Palm Springs Disposal Services Inc	(2,342)
Bill Pmt -Check	10/09/2024	10971	Pye Barker (Comtron Systems, Inc.)	(450)
Bill Pmt -Check	10/09/2024	10972	Best Signs, Inc.	(665)
Bill Pmt -Check	10/14/2024	10973	INPRO Construction Inc.	(5,150)
Bill Pmt -Check	10/14/2024	10974	INPRO Construction Inc.	(3,340)
Bill Pmt -Check	10/17/2024	10975	Desert Air Conditioning Inc.	(2,518)
Bill Pmt -Check	10/17/2024	10976	Frazier Pest Control, Inc.	(275)
Bill Pmt -Check	10/17/2024	10977	Southern California Edison	(551)
Bill Pmt -Check	10/22/2024	10978	Frontier Communications	(332)
Bill Pmt -Check	10/24/2024	10979	Stericycle, Inc.	(1,469)
Check	10/24/2024		Bank Service Charge	(511)
Check		10980-VOID		0
Bill Pmt -Check	10/28/2024	10981-VOID	Desert Water Agency	0
Bill Pmt -Check	10/28/2024	10982-VOID	Green Security Solutions	0
Bill Pmt -Check	10/28/2024	10983-VOID	INPRO Construction Inc.	0
Bill Pmt -Check	10/28/2024	10984	Desert Water Agency	(1,011)
Bill Pmt -Check	10/28/2024	10985	Green Security Solutions	(11,955)
Bill Pmt -Check	10/28/2024	10986	INPRO Construction Inc.	(11,830)
Bill Pmt -Check	10/28/2024	10987	Peter Jamieson, MD - Lease Deposit Refund	(2,057)
Bill Pmt -Check	10/29/2024	10988	LabCorp	(144)
TOTAL				(47,134)

Desert Healthcare District
CEO Discretionary Fund Detail
July through October 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 Lift 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
10/23/2024	Codex Creation Committee (RWLM)	2024 Run With Los Muertos Community Sponsorship - Addendum Payment #2	2,000
10/23/2024	ABC Recovery Center, Inc.	ABC Recovery Center Bronze Sponsor \$2,500 Oasis of Hope Gala November 1, 2024	2,500
10/23/2024	Cove Communities Senior Association	Cody Sponsor - Season Kickoff Cocktail Reception Fundraiser November 1, 2024	2,500
TOTAL			28,500



MEMORANDUM

DATE: November 13, 2024
 TO: Finance & Administration Committee
 RE: Retirement Protection Plan (RPP)

Current number of participants in Plan:

	<u>September</u>	<u>October</u>
Active – still employed by hospital	59	59
Vested – no longer employed by hospital	47	46
Former employees receiving annuity	<u>6</u>	<u>6</u>
Total	<u>112</u>	<u>111</u>

The outstanding liability for the RPP is approximately **\$2.6M** (Actives - \$1.4M and Vested - \$1.2M). US Bank investment account balance \$4.4M. Per the June 30, 2024, Actuarial Valuation, the RPP has an Overfunded Pension Asset of approximately **\$1.7M**.

The payouts, excluding monthly annuity payments, made from the Plan for the four months ended October 31, 2024, totaled approximately **\$66K**. Monthly annuity payments (6 participants) total **\$903** per month.

DESERT HEALTHCARE DISTRICT								
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE								
October 31, 2024								
TWELVE MONTHS ENDING JUNE 30, 2025								
Grant ID Nos.	Name	Approved	6/30/2024	Current Yr	Total Paid Prior Yrs	Total Paid Current Yr	Open	
		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	
2022-1325-BOD-06-28-22	Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs.	\$ 150,000	\$ 15,000		\$ (3,063)		\$ 18,063	
	Unexpended funds Grant #1325						\$ (18,063)	
2022-1327-BOD-06-28-22	Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs.	\$ 50,000	\$ 5,000		\$ 332		\$ 4,668	
	Unexpended funds Grant #1327						\$ (4,668)	
2022-1328-BOD-06-28-22	El Sol - Expanding Access to Educational Resources for Promotoras - 2 Yrs.	\$ 150,000	\$ 15,000		\$ 12,032		\$ 2,968	
	Unexpended funds Grant #1328						\$ (2,968)	
2022-1331-BOD-06-28-22	Pueblo Unido - Improving Access to Behavioral Health Education & Prevention Services - 2 Yrs.	\$ 50,000	\$ 5,000		\$ 5,000		\$ -	
2022-1324-BOD-07-26-22	Gallilee 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		\$ 39,304		\$ 213,154	
2022-1358-BOD-10-25-22	Foundation for Palm Springs Unified School District - School-Based Wellness Center Project - 1 Yr.	\$ 110,000	\$ 60,500		\$ -		\$ 60,500	
2022-1362-BOD-10-25-22	Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 Yrs.	\$ 160,000	\$ 16,000		\$ -		\$ 16,000	
2022-1326-BOD-12-20-22	TODEC - TODEC's Equity Program - 2 Yrs.	\$ 100,000	\$ 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						\$ (4,419)	
2023-1391-BOD-05-23-23	Lift To Rise - Driving Regional Economic Stability Through Collective Impact - 3 Yrs.	\$ 900,000	\$ 630,000		\$ 135,000		\$ 495,000	
2023-1392-BOD-05-23-23	Gallilee Center - Gallilee 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/LOS 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		\$ 6,290		\$ 1,052	
	Unexpended funds Grant #1394						\$ (1,052)	
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.	\$ 120,852	\$ 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		\$ 58,436		\$ 818,186	
2023-1403-BOD-12-19-23	Vision To Learn - Palm Desert & Coachella Valley VTL Program - 1 Yr.	\$ 50,000	\$ 27,500		\$ 22,500		\$ 5,000	
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		\$ 16,514		\$ 3,669	
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		\$ 73,687		\$ 16,376	
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	\$ -	
2024-1465-BOD-09-30-24	UCR - Increasing Access to Primary Care for Latinx and Indigenous Latin American Patients in the CV - 2 Yrs.			\$ 228,863		\$ 51,494	\$ 177,369	
2024-1472-BOD-09-30-24	Riverside County Office of Education Alternative Education - Cross County Support: Mental Health for CV Students - 1 Yr.			\$ 199,874		\$ 89,943	\$ 109,931	
						\$ -	\$ -	
TOTAL GRANTS		\$ 19,318,115	\$ 6,198,521	\$ 448,737	\$ 1,164,101	\$ 161,437	\$ 5,290,549	
Amts available/remaining for Grant/Programs - FY 2024-25:								
Amount budgeted 2024-2025			\$ 5,000,000					10/31/2024
Amount granted YTD:			\$ (448,737)					
Financial Audits of Non-Profits: Organizational Assessments:			\$ -			2131	\$ 4,151,768	
Net adj - Grants not used:	FY 2023-2024 Carry Over Funds; 1325; 1327; 1328; 1363; 1394		\$ 337,109			2281	\$ 1,138,781	
Matching external grant contributions			\$ -					
Balance available for Grants/Programs			\$ 4,888,372			Total	\$ 5,290,549	(0)



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 26, 2024
To: Board of Directors
Subject: Lease Addendum #2 – Cohen, Musch, & Thomas Medical Group 1W 105-106

Staff Recommendation: Consideration to approve Lease Addendum #2 to the lease agreement for Cohen, Musch, & Thomas Medical Group at the Las Palmas Medical Plaza.

Background:

- Cohen, Musch, & Thomas Medical Group has been a long-standing tenant of the Las Palmas Medical Plaza.
- The current lease expires on November 30, 2024.
- Tenant has requested a 6-month extension to provide time to identify another physician to add to their practice.
- The proposed extension term would include a rent increase of approximately 5.75%, up to \$1.88 sq/ft.
- Once an additional physician is added, the tenant would like to negotiate a new long-term lease for the suite.
- At the November 13, 2024, Finance & Administration Committee meeting, the Committee recommended forwarding Addendum #2 for approval by the full board.
- Staff recommends approval of Addendum #2.
- Draft lease agreement is attached for review.

Fiscal Impact:

Estimated revenue from Rent and CAMs for duration of extension term- \$31,565

ADDENDUM #2

Addendum to that certain Office Building Lease dated October 1, 2019, by and between Desert Healthcare District doing business as the Las Palmas Medical Plaza, as Landlord and Cohen, Musch, & Thomas Medical Group, as Tenant for the property commonly known as Las Palmas Medical Plaza located 555 E. Tachevah Drive, Palm Springs, California 92262.

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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.

- 2. Expiration Date: **May 31, 2025**
- 3. Rent Schedule:

12/01/2019 – 11/30/2020	\$2,918.40	
12/01/2020 – 11/30/2021	\$3,005.95	Greater of 3% or CPI
12/01/2021 – 11/30/2022	\$3,096.13	Greater of 3% or CPI
12/01/2022 – 11/30/2023	\$3,250.94	Greater of 3% or CPI
12/01/2023 – 11/30/2024	\$3,410.24	Greater of 3% or CPI
12/01/2024 – 05/31/2025	\$3,609.60	

All other terms and conditions remain unchanged.

The foregoing is hereby agreed to and accepted:

Date: _____

Date: _____

Landlord: Desert Healthcare District
dba: Las Palmas Medical Plaza

Tenant: Cohen Musch Thomas Medical Group

By: Chris Christensen

By: Sean Thomas, MD

Signature: _____

Signature: _____

Title: CEO

Title: Managing Partner



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 26, 2024
To: Board of Directors
Subject: Lease Addendum #2 – Desert Medical Group, Inc. (d.b.a. Desert Oasis Healthcare Medical Group) 2W-107

Staff Recommendation: Consideration to approve Lease Addendum #2 to the lease agreement for Desert Medical Group, Inc. (d.b.a. Desert Oasis Healthcare Medical Group) at the Las Palmas Medical Plaza.

Background:

- Desert Oasis Healthcare (DOHC) has been a long-standing tenant in various suites at the Las Palmas Medical Plaza
- DOHC has requested to exercise the option term included in their original lease.
- The option term will include 2.5% annual increases.
- At the November 13, 2024, Finance and Administration Committee meeting, the Committee recommended forwarding Addendum #2 to the full board for approval.
- Staff recommends approval of Addendum #2.
- A draft of Addendum #2 is attached for review.

Fiscal Impact:

Estimated Revenue from Rent and CAMs for life of the base lease - \$105,945

ADDENDUM #2

Addendum to that certain Office Building Lease dated September 1, 2021, by and between Desert Healthcare District doing business as the Las Palmas Medical Plaza, as Landlord, and Desert Medical Group, Inc. doing business as Desert Oasis Healthcare Medical Group, as Tenant for the property commonly known as Las Palmas Medical Plaza located 555 E. Tachevah Drive, Palm Springs, CA 92262.

Page 1

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

- 1. Commencement Date of 3-year Option Term: January 1, 2025
- 2. Expiration Date: December 31, 2027
- 3. Rent Schedule:

1/1/2025 – 12/31/2025	\$2,011.57	
1/1/2026 – 12/31/2026	\$2,061.86	2.5%
1/1/2027 – 12/31/2027	\$2,113.41	2.5%
- 4. CAMs: Currently \$.86 per square foot.
- 5. Security Deposit: Carryover of current deposit of \$2,457.60.

All other terms and conditions remain unchanged.

The foregoing is hereby agreed to and accepted:

Date: _____

Date: _____

Landlord: Desert Healthcare District

Tenant: Desert Medical Group, Inc.

dba: Las Palmas Medical Plaza

dba Desert Oasis Healthcare Medical Group

By: Chris Christensen

By: _____

Signature: _____

Signature: _____

Title: CEO

Title: _____



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 26, 2024
To: Board of Directors
Subject: Assignment and Assumption Agreement – Dr. Brad A Wolfson, 2W-101

Staff Recommendation: Consideration to approve the Assignment and Assumption Agreement for Dr. Brad A Wolfson at the Las Palmas Medical Plaza.

Background:

- Dr. Wolfson has been a long-standing tenant of the Las Palmas Medical Plaza.
- Dr. Wolfson’s current lease expires July 31, 2025.
- Dr. Wolfson is selling his practice to Inland Urology PC, LLC.
- Inland Urology PC, LLC is a new practice put together by Dr. Madhumitha Reddy and will continue providing the same types of services as Dr. Wolfson.
- The transfer will be contingent upon a successful sale from Dr. Wolfson to Inland Urology, PC and would have an effective date of January 1, 2025.
- District’s legal counsel has reviewed the Assignment and Assumption agreement.
- At the November 13, 2024, Finance & Administration Committee meeting, the Committee recommended forwarding the agreement to the full board for approval.
- Staff recommends approval of the Assignment and Assumption agreement.
- Draft agreement is attached for review.

Fiscal Impact:

There is no fiscal impact as the sale will involve transfer of the existing lease.

ASSIGNMENT AND ASSUMPTION AGREEMENT

THIS ASSIGNMENT AND ASSUMPTION AGREEMENT (“Assignment”) is made and effective as of January 1, 2025, (the “Effective Date”), between Brad A. Wolfson, M.D., (“Assignor”), and Inland Urology PC, LLC (“Assignee”).

W I T N E S S E T H

WHEREAS, Desert Healthcare District, d.b.a. Las Palmas Medical Plaza (the “Landlord”), is the landlord under the Lease (hereinafter described) for real property and improvements thereon known generally as 555 E. Tachevah Drive, Building 2 West, Suite 101, Palm Springs, California 92262; and

WHEREAS, Assignor is the tenant under that certain Commercial Lease dated as of August 1, 2022 (the “Original Lease”), which is attached hereto as Exhibit “A”; and

WHEREAS, pursuant to the terms and conditions of the Purchase Agreement (the “Purchase Agreement”), by and among Assignor, Assignee and the other parties thereto, Assignor has agreed to assign to Assignee all of its right, title and interest in, to and under the Lease upon the terms and conditions hereof; and

WHEREAS, Assignee desires to assume all of Assignor’s obligations under the Lease arising on and after the Effective Date upon the terms and conditions hereof;

NOW, THEREFORE, the mutual covenants and agreements hereinafter set forth and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

1. Assignor hereby assigns, transfers and sets over to Assignee all of its right, title and interest in, to and under the Lease upon the terms and conditions herein set forth, to have and to hold the same unto Assignee, its successors and assigns, forever, subject to all of the terms, covenants and conditions of the Lease.

2. Assignee hereby accepts the assignment of Assignor’s right, title and interest in, to and under the Original Lease upon the terms and conditions herein set forth and hereby assumes and shall fully punctually pay and perform and observe all of the terms, covenants and conditions of the Lease arising from and after the Effective Date.

3. Assignor shall indemnify and hold harmless Assignee from and against any and all claims, liabilities, obligations, costs and expenses, including, without limitation, reasonable attorneys’ fees, which arise out of the Lease and relate to the period prior to the Effective Date. Assignee shall indemnify and hold harmless Assignor from and against any and all claims, liabilities, obligations, costs and expenses, including, without limitation, reasonable attorneys, fees, which arise out of the Original Lease with respect to the Assumed Land and relate to the period on or after the Effective Date.

5. This Assignment shall be binding upon and inure to the benefit of Assignor and Assignee and their respective successors and assigns.

6. This Assignment may be executed in two or more counterparts, all of which shall be considered one and the same Assignment.

7. This Assignment shall be governed and construed in accordance with the laws of the State of California, without regard to any applicable principles of conflicts of laws.

IN WITNESS WHEREOF, the parties hereto have caused this Assignment to be signed by their respective officers thereunto duly authorized as of the date first written above.

ASSIGNOR:

BRAD A. WOLFSON, M.D.

By: _____
Name: _____
Title: _____

ASSIGNEE:

INLAND UROLOGY PC, LLC, a limited liability company

By: _____
Name: _____
Title: _____



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 26, 2024
To: Board of Directors
Subject: Inland Empire Health Plan (IEHP) – Connect IE Contract Amendment - \$71,040

Staff Recommendation:

Approve the Connect IE contract amendment with the Inland Empire Health Plan (IEHP) for the 2025 calendar year.

Background:

In 2020, the Desert Healthcare District entered into a partnership with IEHP to continue to grow the utilization and onboarding of qualified organizations into the Connect IE platform. As part of this partnership, IEHP provides resources to the Desert Healthcare District to support the execution of the metrics described in the contract.

Fiscal Impact:

\$71,040 services contract with IEHP (Revenue). Increases total to \$142,080 for 2024 and 2025.

**FIRST AMENDMENT
TO THE PROFESSIONAL SERVICES AGREEMENT
FOR CONNECT IE PROJECT SERVICES**

**BETWEEN
INLAND EMPIRE HEALTH PLAN
AND
DESERT HEALTHCARE DISTRICT AND FOUNDATION**

WHEREAS, Inland Empire Health Plan (“IEHP”), a local public entity of the State of California, and Desert Healthcare District and Foundation, (“CONTRACTOR”), agree to amend the Professional Services Agreement, DESE-PSA-05317, (the “Agreement”) between them dated February 7, 2024:

NOW THEREFORE, the parties agree as follows:

- A. Paragraph D of Section 2, (COMPENSATION), is hereby deleted in its entirety and replaced with the following:

“The total compensation payable under this Agreement shall not exceed One Hundred Forty Thousand Eighty Dollars and Zero Cents (\$142,080.00). In no event shall compensation exceed this amount without a written amendment to this Agreement authorizing such increase in total compensation payable to CONTRACTOR. CONTRACTOR agrees to monitor its costs at all times and provide IEHP forty-five (45) days’ written notice if CONTRACTOR becomes aware that it may exceed the total compensation authorized pursuant to this Section.”

- B. Paragraph A of Section 4 (TERM AND TERMINATION), is hereby amended to add the following at the end of the existing Section:

“An additional term of this Agreement shall commence on January 1, 2025 and shall continue in effect through December 31, 2025, unless terminated as stated above, as specified in Paragraph B of Section 4 (TERMINATION) or in the event the maximum amount of this Agreement is exceeded, as set forth in Paragraph D of Section 2 (COMPENSATION).”

- C. ATTACHMENT A (SCOPE OF SERVICES) is hereby deleted in its entirety and replaced with ATTACHMENT A (SCOPE OF SERVICES), dated October 31, 2024, added as attached hereto.
- D. ATTACHMENT B (SCHEDULE OF FEES) is hereby deleted in its entirety and replaced with ATTACHMENT B (SCHEDULE OF FEES), dated October 31, 2024 added as attached hereto.
- E. Notwithstanding the date of execution, unless otherwise referenced, this First Amendment shall be effective January 1, 2025.
- F. Except as amended hereby, all of the other terms and conditions of the Agreement are to remain in full force and effect.
- G. CONTRACTOR certifies that the individual signing below has the authority to execute this First Amendment on behalf of CONTRACTOR, and may legally bind CONTRACTOR to the terms and conditions of this First Amendment, and any attachments hereto.

(SIGNATURE PAGE TO FOLLOW)

IN WITNESS WHEREOF, the parties hereto have signed this First Amendment to the Professional Services Agreement as set forth below.

**DESERT HEALTHCARE DISTRICT
AND FOUNDATION:**

INLAND EMPIRE HEALTH PLAN:

By: _____
Chris Christensen
Chief Executive Officer

By: _____
Jarrod McNaughton, MBA, FACHE
Chief Executive Officer

Date: _____

Date: _____

By: _____
Chair, IEHP Governing Board

Date: _____

Attest: _____
Secretary, IEHP Governing Board

Date: _____

Approved as to Form:

By: _____
Anna W. Wang
Vice President, General Counsel
Inland Empire Health Plan

Date: _____

ATTACHMENT A

SCOPE OF SERVICES

DESERT HEALTHCARE DISTRICT AND FOUNDATION

CONTRACTOR RESPONSIBILITIES:

CONTRACTOR will work on the promotion and service provider adoption of the Connect IE Project for a crowd-sourced human service database, housing well-organized, accessible program information throughout all of Coachella Valley in California.

- A. CONTRACTOR will promote the Connect IE program to community-based organizations (CBOs) throughout all of Coachella Valley in California by engaging service providers to contribute their information and participate in Connect IE.
- B. CONTRACTOR will submit a Monthly Metric Summary Report. IEHP's Independent Living and Diversity Services (ILDS) department holds weekly and monthly meetings with Connect IE stakeholders and metrics are discussed and verified during those meetings. The monthly metric summary report will include the breakdown of each metric met.

DELIVERABLES:

CONTRACTOR will complete the following activities for the Low Desert Region in Coachella Valley on a monthly basis for the duration of the contract:

- A. Deliver 3-4 presentations each month to local community-based organizations (CBO's), medical providers, school districts, churches, and government agencies, totaling no fewer than 46 presentations annually.
- B. Conduct two feedback sessions with a minimum of five (5) CBOs, one by the end of the second quarter and one by the end of the fourth quarter of 2025. These sessions will address:
 - 1. Barriers to CBOs utilization of Connect IE
 - 2. Suggestions for making the platform more user friendly
 - 3. Areas for improvement
 - 4. Concerns regarding increased demand for services due to connect IE usage
 - 5. Familiarity with Connect IE's specific capabilities and services

- C. Onboard one local CBO, medical provider, school district, church, or government agency per month (12 annually) to utilize Connect IE.
- D. Post four times per month (48 annually) on CONTRACTOR and Connect IE social media accounts, highlighting a local organization or service.
- E. Participate in three community events per quarter (12 annually), such as health fairs, to promote the Connect IE platform.
- F. Achieve a minimum of 10 CIN enrollments per month (120) annually) at community events.

Coachella Valley Deliverables Table			
Deliverables	Monthly Quota	Quarterly Quota	Annual Quota
Presentations/Virtual Meetings	3-4	12	46
CBO Feedback sessions	1	1	2
Onboard Agencies to Utilize Connect IE	1	3	12
Social Media Posts	4	12	48
Participation in Community Events/ Health Fairs	1	3	12
CIN Enrollments	10	30	120

Subcontractor Name	Function Performed	Physical Address where Subcontracted work is performed
Not Applicable		

ATTACHMENT B

SCHEDULE OF FEES

DESERT HEALTHCARE DISTRICT AND FOUNDATION

1. CONTRACTOR shall invoice IEHP electronically for Connect IE Project Services fees to IEHP’s Accounts Payable Office at apinvoices@iehp.org. Each invoice shall cite the CONTRACTOR’s name, address, and remit to address, IEHP Purchase Order number, description of the work performed, the time period covered by the invoice, and the amount of payment requested.
 - A. Invoices shall be paid electronically by IEHP to the banking institution/account numbers provided by the CONTRACTOR. In the event of a change in banking institution and/or account numbers, CONTRACTOR shall provide IEHP thirty (30) days prior written notice. IEHP will assume no liability for payments made to banking institutions and/or accounts that are due to CONTRACTOR’S failure to provide the correct information.
2. CONTRACTOR requests for payments and reimbursements must comply with the requirements set forth in Attachment A.
3. Requests for services shall be on an as needed basis. CONTRACTOR’s rates are as follows.

Total Deliverables	2024 Program Deliverables	Fee Amount
48	Connect IE presentations to local CBO’s, medical providers, school districts, churches, and government agencies (\$870).	\$41,760
12	Onboarded local CBO’s, medical providers, school districts, churches, and government agencies to utilize Connect IE (\$870).	\$10,440
12	Participate in 3 quarterly (12 Annual) Community events such as health fairs to promote the Connect IE platform (\$870).	\$10,440
120	Enroll in a minimum of 10 CIN enrollments a month (120 annual) at community events (\$30).	\$3,600

48	Connect IE post on CONTRACTOR and Connect IE social media accounts highlighting a local organization and /or service (\$100).	\$4,800
TOTAL NOT TO EXCEED AMOUNT FOR 2024		\$71,040.00

Total Deliverables QTY	2025 Program Deliverables	Fee Amount
46	Connect IE presentations to local CBO's, medical providers, school districts, churches, and government agencies (\$870 each)	\$40,020
2	Conduct Feedback session with Community Based Organizations (\$870 each)	\$1,740
12	Onboarded local CBO's, medical providers, school districts, churches, and government agencies to utilize Connect IE (\$870 each).	\$10,440
12	Participate in 3 quarterly (12 Annual) Community events such as health fairs to promote the Connect IE platform (\$870 each)	\$10,440
120	Enroll in a minimum of 10 CIN enrollments a month (120 annual) at community events (\$30 each)	\$3,600
48	Connect IE post on CONTRACTOR and Connect IE social media accounts highlighting a local organization and /or service (\$100 each).	\$4,800
TOTAL NOT TO EXCEED AMOUNT FOR 2025		\$71,040.00

TOTAL NOT TO EXCEED AGREEMENT AMOUNT	\$142,080
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4. All travel related expenses will be included in the total compensation value of the Agreement.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 26, 2024
To: Board of Directors
Subject: Consideration to Approve Policy # BOD-21 to include an increase to the insurance premium allowance of up to \$16,250 per year.

Staff Recommendation: Consideration to approve the revised Policy #BOD-21 to include an increase from 13,000 to \$16,250 per year.

Background:

The District provides health, dental, and vision insurance to eligible employees and directors. The current health plan provided is the PERS Platinum plan through CalPERS. Recent notification has been made of an approximate 11% increase to the health plan premiums starting January 1, 2025, as noted below.

PERS Platinum Health Plan	Subscriber	Subscriber + 1 Dependent	Subscriber + 2 or More Dependents
Current Monthly Premium	\$1,131.47	\$2,262.94	\$2,941.82
Premium as of 01/01/2025	\$1,263.73	\$2,527.46	\$3,285.70

Due to the increase in premiums, a revision to Policy #BOD-21 is presented to increase the annual limit for each Director to \$16,250.

At the November 13, 2024, Finance & Administration Committee meeting, the Committee recommended forwarding the policy for approval by the full board.

Fiscal Impact:

The policy limit increase could exceed the budget by approximately \$10-20k, since all directors typically do not utilize the full allowance.



POLICY TITLE: MEETING & INSURANCE COMPENSATION POLICY

POLICY NUMBER: BOD-21

COMMITTEE APPROVAL: 11-13-2024

BOARD APPROVAL: 11-26-2024

POLICY #BOD-21: Meeting & Insurance Compensation Guidelines for the Desert Healthcare District (“District”) Board of Directors (“Board”).

A) Board Members may receive a stipend for attendance at up to 6 meetings per month, provided the meetings have a healthcare nexus or are related to the District’s operations, mission, and vision, and include the following:

1. District Board and Board committee meetings, including agenda review meetings.
2. Meetings for which a District Board member serves on the Desert Regional Medical Center’s Board of Directors or its committees.
3. Attendance at ethics or other required training.
4. Conferences and seminars held by organizations in which the District is a member, and for which the conference/seminar has a clear health care related nexus. Board members shall receive one stipend per conference or seminar.
5. Community meetings and events within the District, when attendance is requested or approved by the Board, the Board President, or the Chief Executive Officer (“CEO”), for which the meeting/event has a clear health care nexus, including the following:
 - a) Board, policy committee, and formal business meetings of organizations in which the District is a member.
 - b) Meetings with other government agencies or officials in which the subject involves health care or District business (e.g., State and local legislative officials, County Health & Human Services).
 - c) Formal Meetings requested, necessitated, or approved by the CEO.

B) Non-compensable meetings shall include the following:



DESERT HEALTHCARE
DISTRICT & FOUNDATION

1. Informal meetings with other Board members or with District staff members, regardless of the topic(s) addressed.
2. Meetings of a political nature, whether partisan or non-partisan, regardless of the topic(s) addressed.
3. Meetings for which payment of a stipend or honorarium is provided by the host organization.
4. Meetings of other public bodies, unless invited as a participant by the host body or sent as a delegate by the District Board.
5. Meetings of organizations in which the member holds an individual membership or the primary purpose of which is to receive continuing professional educational credits.
6. Charity fundraising events.

Board members shall have an opportunity to report on meetings attended at the next regularly scheduled Board meeting following the meeting for which a stipend is received. Any questions regarding interpretations of these guidelines should be addressed to the District's General Counsel.

If more than one Board meeting is held in succession on the same calendar day, they collectively shall count as a single meeting for the payment of a stipend. Such classification applies only to regular, special, closed and executive sessions and shall not apply to successive Committee meetings in which a Director may be a member.

- C) Board members shall receive compensation of insurance premiums up to \$16,250 per fiscal year (July 1 to June 30), which reflects the annual cost of District provided insurance for a Board member. Insurance premiums (coverage may be applied to the Board member, their spouse or registered domestic partner, and eligible dependent children) include medical, dental, and vision and include any combination of the following.
1. Board members may receive insurance coverage through the District. Board members shall be responsible for reimbursing the District for premiums exceeding \$16,250 per fiscal year.
 2. Reimburse Medicare premiums.
 3. Reimburse supplemental insurance premiums.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

4. Reimburse the portion of insurance premiums withheld from Board member's payroll.
5. Reimbursement does not apply to COBRA insurance premiums when Board member leaves office.

AUTHORITIES

Desert Healthcare District Bylaws Article IV, section 4.6
Desert Healthcare District Resolution No. 19-08

DOCUMENT HISTORY

Revised	11-26-2024
Revised	06-25-2024
Revised	06-28-2022
Revised	02-23-2021
Revised	04-23-2019
Approved	07-24-2018



DESERT HEALTHCARE
DISTRICT & FOUNDATION

POLICY TITLE: MEETING & INSURANCE COMPENSATION POLICY

POLICY NUMBER: BOD-21

COMMITTEE APPROVAL: ~~11-1306-11-~~2024

BOARD APPROVAL: ~~11-2606-25-~~2024

POLICY #BOD-21: Meeting & Insurance Compensation Guidelines for the Desert Healthcare District (“District”) Board of Directors (“Board”).

A) Board Members may receive a stipend for attendance at up to 6 meetings per month, provided the meetings have a healthcare nexus or are related to the District’s operations, mission, and vision, and include the following:

1. District Board and Board committee meetings, including agenda review meetings.
2. Meetings for which a District Board member serves on the Desert Regional Medical Center’s Board of Directors or its committees.
3. Attendance at ethics or other required training.
4. Conferences and seminars held by organizations in which the District is a member, and for which the conference/seminar has a clear health care related nexus. Board members shall receive one stipend per conference or seminar.
5. Community meetings and events within the District, when attendance is requested or approved by the Board, the Board President, or the Chief Executive Officer (“CEO”), for which the meeting/event has a clear health care nexus, including the following:
 - a) Board, policy committee, and formal business meetings of organizations in which the District is a member.
 - b) Meetings with other government agencies or officials in which the subject involves health care or District business (e.g., State and local legislative officials, County Health & Human Services).
 - c) Formal Meetings requested, necessitated, or approved by the CEO.

B) Non-compensable meetings shall include the following:



DESERT HEALTHCARE
DISTRICT & FOUNDATION

1. Informal meetings with other Board members or with District staff members, regardless of the topic(s) addressed.
2. Meetings of a political nature, whether partisan or non-partisan, regardless of the topic(s) addressed.
3. Meetings for which payment of a stipend or honorarium is provided by the host organization.
4. Meetings of other public bodies, unless invited as a participant by the host body or sent as a delegate by the District Board.
5. Meetings of organizations in which the member holds an individual membership or the primary purpose of which is to receive continuing professional educational credits.
6. Charity fundraising events.

Board members shall have an opportunity to report on meetings attended at the next regularly scheduled Board meeting following the meeting for which a stipend is received. Any questions regarding interpretations of these guidelines should be addressed to the District's General Counsel.

If more than one Board meeting is held in succession on the same calendar day, they collectively shall count as a single meeting for the payment of a stipend. Such classification applies only to regular, special, closed and executive sessions and shall not apply to successive Committee meetings in which a Director may be a member.

C) Board members shall receive compensation of insurance premiums up to ~~\$16,2503,000~~ per fiscal year (July 1 to June 30), which reflects the annual cost of District provided insurance for a Board member. Insurance premiums (coverage may be applied to the Board member, their spouse or registered domestic partner, and eligible dependent children) include medical, dental, and vision and include any combination of the following.

1. Board members may receive insurance coverage through the District. Board members shall be responsible for reimbursing the District for premiums exceeding ~~\$16,2503,000~~ per fiscal year.
2. Reimburse Medicare premiums.
3. Reimburse supplemental insurance premiums.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

4. Reimburse the portion of insurance premiums withheld from Board member's payroll.
5. Reimbursement does not apply to COBRA insurance premiums when Board member leaves office.

AUTHORITIES

Desert Healthcare District Bylaws Article IV, section 4.6
Desert Healthcare District Resolution No. 19-08

DOCUMENT HISTORY

<u>Revised</u>	11-26-2024
Revised	06-25-2024
Revised	06-28-2022
Revised	02-23-2021
Revised	04-23-2019
Approved	07-24-2018



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 26, 2024
To: Board of Directors
Subject: Consideration to Approve Closing District Office for Business between Christmas and New Year's Day.

Staff Recommendation: Consideration to approve closing District offices between Christmas and New Year's Day.

Background:

- A national trend continues to close offices of entities or businesses that do not provide essential products or services during some holidays, especially around Christmas and New Year's Day.
- This is in response to many observed benefits, which include:
 - Higher employee morale = a productivity boost.
 - Holiday slowdown.
 - Creating a culture of self-care amongst employees.
- Staff's recommendation is consistent with this national trend and consistent with observed practices of similar organizations, including the Association of Healthcare Districts (ACHD), and various health foundations.
- Observed holidays –
 - Tuesday, December 24, 2024, for Christmas Eve.
 - Wednesday, December 25, 2024, for Christmas.
 - Wednesday, January 1, 2025, for New Year's Day.
- At the November 13, 2024, Finance & Administration Committee meeting, the Committee recommended forwarding the request to the full Board for approval.
- Staff recommends authorizing closing the District's offices for business between Christmas and New Year's Day from December 26-31, 2024.

Date: November 26, 2024
To: Desert Healthcare District and Foundation Board
From: Michele Finney, CEO
Re: **DRMC CEO - District Board Meeting Report November 2024**

I am pleased to provide this monthly report to the District Board for the months of October and November.

Quality/People:

- Comprehensive Cancer Accreditation by the American College of Surgeons Commission on Cancer occurred in late September with outstanding results.
- Licensing resurvey on our advance directive action plan occurred in October with no deficiencies.
- DNV Stroke Survey was held September 19 -20. We received excellent results and will continue as the only Comprehensive Stroke Center in our area.
- Policy Center for Maternal Mental Health survey occurred and Desert Regional was successfully designated a “Whole Mom Hospital”. This designation demonstrates DRMC’s compliance and commitment to safeguarding and improving women’s mental health during the prenatal and postpartum periods.

Services/Events:

- October provided additional promotion and awareness of the importance of mammograms through Mammo Mondays and extended hours and services.
- Desert Care and DAP Health celebrated the ribbon cutting of a new affordable housing development and recognized our \$2.5M donation as part of the press conference.
- As a designated Healthcare Equality Index Leader, we had extensive participation in PRIDE week in Palm Springs again this year, recognizing the LGBTQ+ community and the need for inclusivity.
- With the addition of a new DaVinci 5 robot, the first of this new model in the Inland Empire, Desert Regional held “Robot Days” for nearly 150 health academy students from PSUSD high schools. This was combined with a Career Day and demos.
- DRMC and DCN participated in a number of community events to foster education and wellness and support local non-profit charities. These events are focused in areas such as blood donation at all three hospitals, fall prevention sessions, Chamber State of the City’s, non-profit fundraiser events, and clinical services outreach to the unhoused and those most vulnerable throughout our community.
- Desert Care experts were requested in various news segments to discuss topics about air quality, new robotic technology, desert survival series related to heat, and flu season impacts on children.

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:

- Measure AA - The ballot measure to allow Tenet to continue operations of DRMC appears to have successfully passed with the voters. The voter approval is currently at 72%.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

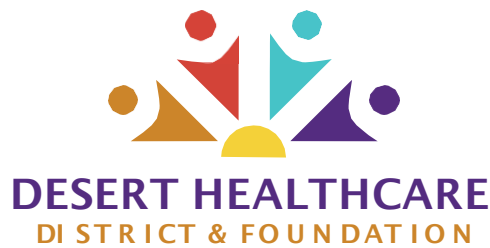
Date: November 26, 2024
To: Board of Directors
From: Evett PerezGil, President, Board of Directors,
Subject: Report from the DRMC Governing Board Meeting – 10/24/24

Background:

The Desert Regional Medical Center Board of Governors is responsible for financial and professional oversight of Desert Care Network. Its members guide Desert Care Network in the delivery of high-quality healthcare to the Coachella Valley.

Highlights of the governing board meeting:

- The board reviewed the monthly credentialing and privileging approvals for medical and allied health professionals, along with updates on hospital operations.
- A presentation on the semi-annual compliance review was also given to the board, highlighting the favorable scores received.
- The board discussed the nationwide IV shortage due to the natural disasters in the east.
- Michele Finney, the CEO, provided her monthly report, which included additional details during the October District Board of Directors meeting.



Date: November 26, 2024
To: Board of Directors
From: Les Zendle, MD, Director
Subject: Report of the DRMC Governing Board Meeting of 11/21/24

1. DRMC CEO Report given by Michele Finney:
 - a. An update was provided on the open and closed cases from the California Department of Public Health (CDPH) and the Centers for Medicare & Medicaid Services (CMS).
 - b. Work has commenced to meet the January 1, 2026, deadline for submitting architectural drawings to the California Department of Health Care Access and Information (HCAI) for DRMC seismic compliance, which is due by 2030.
 - c. Plans are in progress for the JFK Memorial Hospital Emergency Room expansion.
2. Credentialing and Privileging Report
 - a. Todd Swenning, M.D., DRMC Chief of Medical Staff, provided the report on the credentialing and privileging of medical and allied professional staff, as well as Peer Review by the Medical Executive Committee. Both were approved by the Governing Board.
3. Quality Report
 - a. Chris Langenwaller, MSN RNC CENP, Chief Quality Officer, presented a summary and discussion of the October Leapfrog results, which received a B Grade. Ongoing efforts are in place to improve this score to an A.
4. Financial Overview
 - a. Jimmy Fish, CFO, provided an overview of the October 2024 Financial Reports.
5. Policies and Procedures
 - a. The Governing Board reviewed and approved the Policies and Procedures listed on the Consent Agenda.



Date: November 26, 2024

To: Board of Directors

Subject: Desert Healthcare District and Foundation Sponsorship of the
2025 Palm Springs Health Run and Wellness Festival

Staff Recommendation: Consideration to approve a \$10,000 sponsorship for the 2025 annual Palm Springs Health Run and Wellness Festival.

Background:

- In 2024, the District and Foundation sponsored the Palm Springs Health Run and Wellness Festival, which is an established, well-known, community-focused Palm Springs event.
- The annual event is attended by community partners and hundreds of local residents of all ages and backgrounds. It includes a 10K and 5K run (or walk), informational booths, programming from the stage, food and drink, and more for participants.
- The sponsorship would allow the District and Foundation to have a booth/exhibit space that would include the mobile medical clinics to provide screenings and/or services (if available). The logo would be featured on all promotional items.
- The festival is scheduled for January 25, 2025, at Ruth Hardy Park in Palm Springs.
- At the November 13, 2024, Finance & Administration Committee meeting, the Committee recommended forwarding the sponsorship request to the full board for approval.
- Staff recommends approval of a \$10,000 sponsorship for the Palm Springs Health Run and Wellness Festival.

Fiscal Impact:

\$10,000 sponsorship as part of the marketing budget.



Saturday, 22 March 2025

9:00 am - 4:00 pm

YOU'RE INVITED

6th Annual **WELLNESS SUMMIT**

The Power ⚡ of Authenticity



SPONSORSHIP OPPORTUNITIES

at Riviera Resort and Spa
Palm Springs (formerly
Margaritaville)



Empowering Black Gay Men and Allies in the Coachella Valley

www.brothersofthedesert.org





BACKGROUND

OUR STORY

Brothers of the Desert (BOD) is a non-profit organization with a mission to nurture and support Black gay men and allies through education, advocacy, social networking, volunteerism, philanthropy, and mentorship. Our purpose is to change the dynamics that produce isolation, disconnection, and inequities among Black gay men.

The seeds of our group were planted in 2017 in response to these feelings of isolation and disconnection among a group of Black gay men in the Coachella Valley – both Black gay desert pioneers and Black gay desert newcomers. The founding group hosted a progressive dinner party on New Year’s Eve 2017 and in 2018 began discussing the need to intentionally support the Black gay community in a strategic and meaningful way.

We began by assessing who was in the valley by reaching out to personal contacts; we asked each other about the needs and dreams of the community in facilitated focus groups; and we learned about the experiences of long-standing Black gay residents and prior organizing efforts. Brothers of the Desert was formally incorporated as a 501 (c) (3) non-profit organization in 2020.

BOARD OF DIRECTORS OFFICERS

Tim Vincent
President

Eric Davis
Vice President

Tony Lanier
Secretary

Raymond Johnson
Treasurer



ABOUT US

OUR ACCOMPLISHMENTS

Since we organized, we have dedicated more than \$ 20,000 in scholarships to Black and LGBTQ+ students in the Coachella Valley. We produce an annual Wellness Summit, which emphasizes holistic health and community engagement that attracts over 200 people each year. BOD also connects with the community through advocacy work on rights and education in Black communities, a quarterly social event called, Brothers Got Talent, a monthly newsletter called Drumbeat, and a speaker series on topics relevant to our communities. We have created a member support fund to help our brothers in need of financial assistance and a monthly discussion group series, called Barbershop, for Black gay men over 50 to support our mental health.

We hold an annual gala commemorating our history and to raise funds to continue these programs and services each New Year's Eve. Regular programming is enhanced by special events for dates such as Martin Luther King Day, Black History month and Juneteenth.

For our efforts we have received the Palm Springs Human Rights Commission Community Service Award in 2020, the 2021 Community Service Award from the Palm Springs Black Chamber of Commerce, the 2022 Community Service award from the Desert Business Association, the 2023 Spirit of Stonewall Organization of the Year and the 2024 Trailblazer Award from the Palm Springs Black History Committee.

For more information about our organization please visit our website:

www.brothersofthedesert.org



ABOUT THE SUMMIT

Brothers of the Desert Sixth Annual Wellness Summit

“The Power of Authenticity“

Brothers of the Desert is conducting our 6th annual wellness summit focusing on Black gay men and our allies in the Coachella Valley and beyond in-person on Saturday, March 22nd, 2025, at the new Riviera Resort Hotel and Spa in Palm Springs from 8:30 AM-4:30 PM.

Living authentically and being confident in expressing yourself is tied to overall health and well-being and can be challenged and supported by several factors. It is important for us in this moment to reflect on how to find and live in our truth. “The Power of Authenticity” is the theme of our summit. Join us as we offer the opportunity to learn from a diverse group of health and wellness experts. The one-day event features inspiring keynote presentations and innovative workshops on a range of topics, such as spirituality, relationships, mental health, aging considerations, racism, physical health, intergenerational communication, healthy sex, and creative expression as a means of healing. Everyone is welcome to attend.

The summit begins with a meet-and-greet at 8:30 AM and the program will start promptly at 9:00 AM. Participants will be able to choose to attend concurrent workshops at three different times during the day and meet and connect with new people. Lunch will be provided, along with raffle prizes and entertainment. Space is limited, and registration is required. A donation of \$25 is suggested and any amount given will be appreciated.

The speaker line-up for 2025 will be revealed in the coming months. Past speakers have included Representative Malcolm Kenyatta, public health expert, Greg Millett, Bishop Yvette Flunder, film director, Nathan-Hale Williams, author Dante King, physician, Dr Leo Moore, psychiatrist Dr. Curley Bonds, and creative artists including Alton Fitzgerald White, Nhojj and Lorenzo Taylor.

Go to <https://www.brothersofthedesert.org/wellness-summit> to see videos and photos from our previous summit.



SPONSORSHIP

\$10,000

Title Sponsor

- Tickets for (10) guests
- Title Logo placement in official program guide/book
- Title Logo placement Social Media/Rack Cards/Posters/Print
- Sign displaying your name/logo in exhibit hall
- Acknowledgement during program and in printed materials
- Logo and hyperlink placement on the Brothers of the Desert website for 1 yr
- Logo displayed in the Brothers of the Desert Drumbeat Newsletter

\$5000

Organization Champion

- Tickets for (5) guests
- Premium Logo placement in official program guide/book
- Premium Logo placement Social Media/Rack Cards/Posters/Print
- Logo and hyperlink placement on the Brothers of the Desert website for 1 yr
- Logo displayed in the Brothers of the Desert Drumbeat Newsletter
- Premium Naming Rights to Speaker
- Table for presenting at the event

\$2500

Business/ Community Ally Sponsor

- Secondary Logo Placement Marketing Material and Program Guide/Book
- Table for presenting materials at the event
- 5 tickets to the event

\$1000

Ally/Partner

- Name/Business Listed in Official Program Guide/Book
- 2 tickets to the event



SPONSORSHIP

Program Guide/Book Advertising

- Readers Digest Format/Artwork Deadline February 28th, 2025
- Full Page Ad \$250.00 (Specs 5.75 by 8.75) 300 dpi full color
- Half Page Ad \$125.00 (Specs 4.75 by 3.75) 300 dpi full color
- Quarter Page Ad \$75.00 (Specs 2.25 by 3.75) 300 dpi full color

We would appreciate it if you could send us your reply by February 28th, 2025.

Contact:

Tim Vincent at president@brothersofthedesert.org

Eric Davis at vicepresident@brothersofthedesert.org

SAVE THE DATE

SUNDAY, DECEMBER 8, 2024 6:00 TO 8:00 PM



**A UNIQUE TROPICAL OASIS
Palm Desert, California**

**PLEASE JOIN JEWISH FAMILY SERVICE OF THE DESERT (JFS)
AT THEIR ELEGANT 22nd ANNUAL PATRON PARTY
OUR MOST EXCITING PATRON PARTY TO DATE!**

**MIX AND MINGLE AND ENJOY THE RENOWNED FARE OF WILLIE
RHINE'S EIGHT4NINE RESTAURANT WITH LIKE-MINDED DONORS
SUPPORTING THE JFS MISSION**



Jewish Family Service of the Desert has been supporting the social service needs of the Jewish and general community in the Coachella Valley for over 41 years! JFS currently provides over 10,000 in-person and telecare services a year in Mental Health, Case Management, Emergency Assistance, Camp Scholarships, Reducing Senior Isolation, Food Support, and special programming for the community. Jewish Family Service of the Desert's commitment is to promote the well-being of people of all ages, incomes, and lifestyles. Today, JFS has evolved into an organization of professionals and volunteers providing a broad range of support and services to Valley residents each year, including our Holocaust survivors.

**PATRON LEVEL SPONSORSHIPS STARTING AT \$1,200
ALL THE WAY UP TO \$25,000**

**RSVP to Cheryl Scarlett at 760-325-4088 ext. 107 or visit
www.jfsdesert.org/events-page**

Patron Party Media Sponsors:

Desert Sun.



- Presenting Newspaper & Digital Media Sponsor



- Exclusive TV Media Sponsor



- Exclusive Radio Media Sponsor





PO Box 38
Coachella, CA 92236
Office: (760) 972-4628
www.alianzacv.org

“Celebrando Nuestro Impacto”

January 30, 2025

Acrisure Arena

6pm-9pm

Join Alianza Coachella Valley as we celebrate our collaborative impact! By becoming a sponsor for our “Celebrando Nuestro Impacto” event you are supporting Alianza’s mission to transform the socio-economic conditions of the Coachella Valley and the Salton Sea region so that people in all communities have opportunities to prosper.

SPONSORSHIP OPPORTUNITIES

Main Event Sponsor (\$10,000)

- Exclusive recognition in all event promotional materials, event sponsors signage to be displayed on the day of the event and Alianza’s newsletter.
- Opportunity to make welcoming remarks at the event.
- Opportunity to provide a party favor for all attendees.
- 5 complimentary event tickets.

Awards Sponsor (\$5,000)

- Acknowledgement as an award sponsor from the podium and event sponsors signage to be displayed on the day of the event.
- Acknowledgement as a sponsor in Alianza’s newsletter.
- Participation in the presentation of the awards.
- 3 complimentary event tickets.

Event Sponsor (\$2,500)

- Acknowledgement as an event sponsor via the sponsors signage to be displayed on the day of the event and Alianza’s newsletter.
- 2 complimentary event tickets.



PO Box 38
Coachella, CA 92236
Office: (760) 972-4628
www.alianzacv.org

SPONSOR FORM

We are pleased to support Alianza Coachella Valley at the level indicated below.

Sponsor Information

Sponsoring Company/Organization/Individual(s): _____

Contact Name: _____

Address: _____

Phone Number: _____

Email: _____

Please indicate the sponsorship level below:

MAIN EVENT SPONSOR: \$10,000 AWARDS SPONSOR: \$5,000 EVENT SPONSOR: \$2,500 Other Amount

Please choose the form of payment or support:

Check Cash Electronic Payment

\$ _____

All donations are tax-deductible. Please see below for our Tax Identification Number:

EIN: 84-1966709

Please make checks payable to:

Alianza Coachella Valley

Memo-Celebrando Nuestro Impacto Event

P.O. Box 38

Coachella, CA. 92236

For more information contact Director of Development and External Relations Patricia S. Carrillo at patriciacarrillo@alianzacv.org or (760) 534-6696. We are also available to pick up your donation.

Thank you in advance for your partnership and support!



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 26, 2024
To: Board of Directors
Subject: Consideration to Approve the Annual Holiday Board & Staff Dinner on December 13, 2024– NTE \$5,000

Staff Recommendation: Consideration to Approve the Annual Holiday Board & Staff Dinner on December 13, 2024 - NTE \$5,000.

Background:

- The holiday season is upon us.
- A holiday dinner is an appropriate opportunity to come together as Board members and staff to celebrate the holidays.
- Staff has reserved the evening of December 13, 2024, at Enzo’s Bistro & Bar Rancho Mirage for the District’s 2024 holiday dinner.
- At the November 13, 2024, Finance & Administration Committee meeting, the Committee recommended forwarding the request for approval by the full board.
- Staff recommends approval of a District holiday dinner expense with a cost not to exceed \$5,000.

Fiscal Impact:

NTE \$5,000



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 26, 2024
To: Board of Directors
Subject: Consideration to Approve Purchasing Holiday Gift Cards for Staff – NTE \$2,500

Staff Recommendation: Consideration to approve the purchase of \$2,500 (NTE) in gift cards for staff

Background:

- The District and Foundation has typically provided a gift card for each staff member during the holidays as a thank you for their hard work throughout the year.
- The thank you gift provided boosts morale, which in turn increases productivity.
- Staff’s recommendation is to continue providing each staff member with a holiday gift card for 2024.
 - \$200 would be provided to each full-time staff member and \$100 for each temporary staff member for a total expense of \$2,500.
- At the November 13, 2024, Finance & Administration Committee meeting, the Committee voted 2-1 to decline approval and recommended forwarding the request to the full board for consideration.
- Staff recommends authorizing a purchase of \$2,500 for holiday gift cards for each staff member.

Fiscal Impact:

Expense of up to \$2,500.



October 18, 2024

Dear Desert Healthcare Coalition, Mr. Christensen,

CONGRATULATIONS on being selected to receive our prestigious Presidents' Award during our **Stepping Out for COD - Citizens of Distinction Gala**. Our awards celebration will be held on January 16, 2025, at Agua Caliente Rancho Mirage.

You were nominated by the Chair of the Board of Trustees, Bonnie Stefan, the Chair of the Foundation of the Board, Diane Rubin and the Interim Superintendent/President Laura Hope, who thought the Desert Healthcare Roundtable were the most deserving group for this prestigious recognition. We are further pleased to announce the Desert Healthcare Roundtable is the inaugural honoree of this very distinguished award.

More information about the evening of **Stepping Out for College of the Desert, Citizens of Distinction Gala**.

- Approximately 400 guests who share a passion for education and College of the Desert will be there to celebrate you.
- The event is the Foundation's primary annual fundraiser and this is the first time we are hosting a gala.
- Each organization representing the Roundtable will receive two (2) complimentary tickets to the event. Names will be at will call/check in when you arrive.
- Additional tickets/sponsorships are available for purchase. Please feel free to contact COD Foundation Director of Development, Eddie Hernandez at 760-773-2538.
- It is very important to us that you know how valued you are and that the evening is memorable.

We will need a few items from you in order to complete your recognition. Please provide them as soon as possible, but no later than **January 3, 2025**.

- One (1) professional color portrait (in JPEG or PNG format if possible).
- A short statement about how receiving this award makes you feel and why your organization wanted to be a part of this industry led coalition to solve our nursing shortage.
- Please be prepared for short remarks during the evening of the event. We want to ensure the Desert Healthcare Roundtable is given the opportunity to shine!

We look forward to honoring you and will contact you with additional details as we approach the event. In the meantime, please feel free to contact me should you have any question. Once again, congratulations on this well-deserved recognition!

Sincerely,

A handwritten signature in black ink that reads "Catherine Abbott". The signature is fluid and cursive.

Catherine Abbott
Executive Director
College of the Desert Foundation

A handwritten word "Congratulations!" in black ink. The letters are large and stylized, with a long tail on the 't'.

College of the Desert Foundation • 43500 Monterey Ave, Palm Desert, CA 92260 • www.codfoundation.org
760.773.2561 • Fed Tax ID: 95-3829219



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 26, 2024
To: Board of Directors
Subject: Measure AA and Beyond

Staff Recommendation: Information and direction

Background:

- The District has spent several months negotiating a new 30-year lease/purchase agreement (LPA) for Desert Regional Medical Center.
- On August 6, 2024, the Board approved a resolution to include the LPA on the November 5, 2024, ballot to allow district residents to place their vote.
- Measure AA has received 72% of the votes to date and is highly expected to pass when the election is certified in early December.
- The passing of Measure AA and the LPA execution allows the District Board to consider options to plan for the future of the District and Foundation.
- The District possesses the following existing resources:
 - Annual Property Tax Revenue - presently \$10M+ per year with anticipated annual increases of 4%+.
 - Investment fund of approximately \$68M restricted for seismic retrofit needs.
- The passing of the lease measure provides the following resources:
 - The investment fund (\$68M) will now become unrestricted, allowing the District to utilize the funds to further enhance the work of the District and Foundation.
 - The terms of the LPA provide lease payments totaling approximately \$550M over the first 20 years of the lease. The beginning payment of \$100M in 2027. A final payment in 2057 of \$100M will transfer the ownership of DRMC to Tenet.
- The task before the Board and Staff is to plan the future of how the District not only manages these resources into perpetuity, but how the District utilizes the resources to enhance the access to healthcare to achieve optimal health at all stages of life for all District residents.
- Staff recommends the following options:

Option 1:

- a) Continue with the remainder of the 21-26 Strategic Plan and high priority goals through 2026. This will allow the continued momentum and

development of grant and program funding to provide measurable results on the high priority goals 2, 3, and 6.

- b) Increase the accessible grant and program funding from \$5M to \$10M per year utilizing the available funds from the District's \$68M Reserve Fund (formally known as the Facilities Replacement Fund).
- c) Work with the Strategic Planning Committee and Board to begin planning and developing a new Strategic Plan for the years 2027-2031. This will include community input and consultant facilitated workshops. The planning would include how to guide the future resources committed to connecting District residents to health and wellness services and programs through philanthropy, health facilities, information and community education, and public policy.
- d) Create a communications plan to inform the District residents.

Option 2:

- a) District hosted consultant facilitated Board workshop in February or March to allow the Board to brainstorm and develop a new plan.
 - b) Create a communications plan to inform the District residents.
- Staff recommends **Option 1**, as it allows the continued momentum on the current strategic plan for the remaining 2 years of the plan, while undergoing planning and development for future funding for grants, programs and health facilities (Strategic Plan 2027-2031). This will include consideration of the following, but not all inclusive:
 - New or continued goals.
 - Planning of health facilities.
 - Planning for how the Foundation can leverage funding resources.
 - Investment planning.

Fiscal Impact:

N/A



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 26, 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 10/22/24 – 11/20/24

- CV Strategies Weekly Meetings
- DAP Health Ribbon Cutting Ceremony of New Affordable Housing Complex – Vista Sunrise II
- Coachella State of the City and Business Awards
- Ricardo Loretta, Rotary Club of Palm Desert Foundation
- Bruce Underwood, PhD, LAFCO Special District Member, Eastern Region
- Brian Rix, Principal, Burke | Rix Communications
- Indio State of the Business Community, Expo and Business Awards
- Coachella - 20th Annual Greater Palm Springs Summit
- Webinar – California Endowment - Meet Our New President and CEO: Brenda Solórzano
- Peace Officer & Public Safety Luncheon
- Association of California Healthcare Districts (ACHD) CEO Roundtable
- Staff representation on the CEO’s behalf – DRMC Pride Flag Unfurling

CEO Discretionary Fund - July 2024 through October 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 Lift 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
10/23/2024	Codex Creation Committee (RWLM)	2024 Run With Los Muertos Community Sponsorship - Addendum Payment #2	2,000
10/23/2024	ABC Recovery Center, Inc.	ABC Recovery Center Bronze Sponsor \$2,500 Oasis of Hope Gala November 1, 2024	2,500
10/23/2024	Cove Communities Senior Association	Cody Sponsor - Season Kickoff Cocktail Reception Fundraiser November 1, 2024	2,500
TOTAL			28,500



Date: November 26, 2024

To: Desert Healthcare District and Foundation Board Meeting

Subject: Media Visibility

Below are highlights of the District and Foundation’s media coverage during the past month, with descriptions and links to reports as available.

- “Desert Healthcare District outlines next steps following Measure AA passage” (The Desert Sun, Nov. 11)
<https://www.desertsun.com/story/news/politics/elections/2024/11/11/next-steps-for-desert-healthcare-tenet-after-measure-aa-passes/76133563007/>
- “Voters OK Desert Healthcare District, Tenet lease; 6 things to know” (Becker’s Hospital Review, Nov. 7) <https://www.beckershospitalreview.com/hospital-transactions-and-valuation/voters-ok-desert-healthcare-district-tenet-lease-6-things-to-know.html>
- “Election results: Yes on Measure AA in Desert Healthcare District leads big” (The Desert Sun, Nov. 5)
<https://www.desertsun.com/story/news/politics/elections/2024/11/05/election-results-measure-aa-and-desert-healthcare-district/75705696007/>
- “What happens with Desert Regional if Measure AA doesn’t pass? District CEO talks options” (The Desert Sun, Oct. 29)
<https://www.desertsun.com/story/news/health/2024/10/29/what-happens-with-palm-springs-desert-regional-if-measure-aa-doesnt-pass/75893859007/>
- “Season brings essential vaccines [sponsored]” (The Uken Report, Oct. 23)
<https://ukenreport.com/season-brings-essential-vaccines-sponsored/>
- “In-Depth Report: Valley Healthcare Vote and the Arguments for and against Measure AA” (KESQ-TV, Oct. 14) <https://kesq.com/news/2024/10/14/in-depth-report-valley-healthcare-vote-and-the-arguments-for-and-against-measure-aa/>

Fiscal Impact:

None

LAW OFFICES
JEFFREY G. SCOTT

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

JEFFREY G. SCOTT

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

Of Counsel
JAMES R. DODSON

Date: November 20, 2024
To: Board of Directors, Desert Healthcare District
Chris Christensen, CEO
From: Jeffrey G. Scott, General Counsel
Re: 2024 Brown Act Legislation of Interest

AB 2302 (Addis)

In 2022, the Brown Act was amended to allow for less than a majority of a legislative body to attend Board meetings via teleconference (including Zoom) when a majority of the Board meets in person from a single location within the District. The 2022 Amendments prescribed the restrictions on remote participation by a Board member including establishing limits on the number of meetings a Board member may participate remotely for “just cause” and “emergency circumstances” **without noticing their teleconference location on the Agenda or making that location accessible to public.** “Just cause” is defined as the need to provide care to a child or close relation, having a contagious illness, or needs related to a physical or mental disability or being on official travel for the agency. “Emergency circumstances” is defined to include physical or family emergencies that prevent the Board member from attending the meeting. Under the 2022 Statute, a Board member is prohibited from participating by teleconference for a period of **more than 3 consecutive months or twenty 20% of the regular meetings within a calendar year.**

AB 2302 revises those limits, instead prohibiting such participation for more than a specified number of meetings per year, based on how frequently the Board regularly meets. Specifically, a Board member will be limited to remotely participating in the following number of meetings:

- **Two (2) meetings per year if the Board meets one (1) time per month or less.** This restriction would apply to the District.
- Five (5) meetings per year if the Board meets two (2) times per month; or
- Seven (7) meetings per year if the Board meets (3) or more times per month.

Therefore, a Board member may not use the “just cause” or emergency circumstances exceptions for more than two meetings per calendar year. It is also important to note, the “just cause” and “emergency circumstances” exceptions are **in addition to the traditional remote teleconference rules that require that the teleconference location be published on the Agenda, the Agenda be posted at the teleconference location, and the teleconference location be opened to the public.**

AB 2715 (Boerner)

AB 2715 adds language to Section 54957 of the Brown Act to clarify that a public entity may hold a closed session to discuss threats “to critical infrastructure controls or critical infrastructure information relating to cybersecurity.” Subsection (a)(2)(A) defines “critical infrastructure control” to include the computer networks and systems so critical that their incapacity or destruction would have a “debilitating impact on public health, safety, economic security, or a combination thereof.” Section (a)(2)(B) defines the “critical infrastructure information” to mean any actual, potential, or threatened interference with or incapacitation of the critical infrastructure through a physical or computer-based attack.

AB 2715 explicitly permits a public entity to have private conversations with technological and security experts before a cyberattack occurs. Specifically, the public entity can keep private the hardware and software it employs to prevent an attack. The new law also allows a public entity to work with those experts in private on a strategy to restore critical infrastructure after a ransomware attack. A private session permits a public entity to discuss openly the infrastructure impacted and the process to restore that infrastructure without fear of disclosure to the very threat actors who caused the disruption.

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FAX (858) 675-9897

Of Counsel
JAMES R. DODSON

Date: November 20, 2024

To: Board of Directors, Desert Healthcare District
Chris Christensen, CEO

From: Jeffrey G. Scott, General Counsel

Re: Lease Purchase Agreement - Authorization to File a Validation Proceeding

This item is a request for the Board to direct staff and legal counsel to take appropriate action to file a validation action to legally confirm the validity of the Lease Purchase Agreement (“LPA”) between the District and Tenet.

Validation procedures have a long history in California and enable public entities to confirm the legality of actions taken by public agencies and include the approval of contractual agreements. It will avoid uncertainty and future litigation. To validate these actions the public entity, in effect, sues all persons deemed to be interested in the matter. At the heart of a validation action is a court determination that the action taken by the public agency is allowable under the law and, thus, valid.

Filing a validation action will provide private citizens as well as other public entities with the opportunity to challenge the legality of the LPA between the District and Tenet that was approved by the voters on November 5, 2024. A validation proceeding will provide a substantial benefit to the District and the public in general by eliminating uncertainty and potential future litigation by obtaining a judicial determination of the transaction based on the existing law.

Validation actions are commonly used by California Healthcare Districts in validating lease transactions similar to the LPA. We used the validation procedures to validate the 2014 extended lease transaction between Grossmont Healthcare District and Sharp Healthcare, and also the 1997 lease transaction between Fallbrook Healthcare District and Community Health Systems.

It is respectfully requested that the Board approve this agenda item and direct staff and legal counsel to take appropriate action to confirm the validity of the LPA.



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
November 12, 2024**

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
President Evett PerezGil Vice-President Carmina Zavala, PsyD Director Leticia De Lara, MPA	Chris Christensen, Chief Executive Officer, CPA Eric Taylor, CPA Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Meghan Kane, MPH, Senior Program Officer, Public Health Gracie Montano, Program Associate Erica Huskey, Grants Manager Andrea S. Hayles, MBA, Board Relations Officer	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 5:01 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	Moved and seconded by Director De Lara and Vice-President Zavala and to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. September 10, 2024	Chair PerezGil asked for a motion to approve the September 10, 2024, meeting minutes.	Moved and seconded by Vice-President Zavala and Director De Lara to approve the September 10, 2024, meeting minutes. Motion passed unanimously.
IV. Public Comment	There were no public comments.	
V. Program Updates 1. Progress Reports Update 2. Final Reports Update	President PerezGil inquired about any questions from the committee concerning the updates on the Progress Reports. There were no questions or comments. The committee inquired about future funding detailed in the final grant report from the CSUSB Philanthropic Foundation	

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
November 12, 2024**

	<p>for faculty salaries, supplies, and services. The CSUSB Philanthropic Foundation is encouraged to submit a future application.</p>	
<p>3. Grant Applications Status Report</p>	<p>President PerezGil inquired about any questions on the Grant Applications Status Report.</p> <p>There were no questions or comments.</p>	
<p>4. Grant Payment Schedule</p>	<p>President PerezGil inquired about any questions from the committee concerning the updates on the Grant Payment Schedule.</p> <p>There were no questions or comments.</p>	
<p>5. Update on RAP/DHCD MH funding partnership 2022-2023</p>	<p>Director De Lara recused herself from the RAP/DHCD 2022-2023 mental health funding partnership discussion.</p> <p>Gracie Montano, Program Associate, presented an overview of the grant description, grant focus areas and funding details, strategy, outcomes, analysis and reporting, clients served, and an overall summary.</p> <p>The committee inquired about the number of clients served by Queer Works, especially considering the current media issues. Despite the committee’s concerns, Chris Christensen,</p>	

DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
November 12, 2024

	CEO, thoroughly reviewed the financials of all grant-funded organizations.	
<p>VI. Grant Funding</p> <p>Review and determination for forwarding to the Board for consideration:</p> <p>1. Grant #1466 Eisenhower Health - \$1,989,493 – 3 years to support Psychiatric Care Expansion and Psychiatry Residency Program</p>	<p>Chris Christensen, the CEO, provided an overview of the three-part Eisenhower Health grant request and the board-approved decision to proceed with the due diligence of the grant process.</p> <p>Jeff Scott, Legal Counsel, described the alternative funding options to supporting the grant request, including proceeding with the due diligence of the grant application.</p> <p>The committee expressed their expectation of receiving Tenet’s written response regarding the lease conflict, as requested by Mr. Christensen. However, Chair PerezGil expressed her concerns about continuing the due diligence process for the grant application due to the breach of the hospital lease agreement.</p>	<p>Moved and seconded by Director De Lara and Vice-President Zavala to approve continuing with the due diligence of completing the due diligence process of Grant #1466 Eisenhower Health - \$1,989,493 – 3 years to support Psychiatric Care Expansion and Psychiatry Residency Program and forwarding the recommendation to the Board for approval.</p> <p>Motion passed 2-1 (Chair PerezGil).</p>
VII. Committee Members Comments	There were no committee member comments.	
VIII. Adjournment	Chair PerezGil adjourned the meeting at 5:40 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
November 12, 2024**

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

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

DRAFT



Date: November 12, 2024

To: Program Committee – District

Subject: Progress Grant Reports 9/1/2024 – 10/31/2024

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

Braille Institute of America # 1420

Grant term: 1/1/2024 – 12/31/2024

Original Approved Amount: \$36,697.

Progress Report covering the time period from: 1/1/2024 – 6/30/2024

Lift To Rise # 1391

Grant term: 6/1/2023 – 5/31/2026

Original Approved Amount: \$900,000.

Progress Report covering the time period from: 6/1/2024 – 8/31/2024

CSUSB Philanthropic Foundation # 1394

Grant term: 8/1/2023 – 7/31/2024

Original Approved Amount: \$73,422.

Progress Report covering the time period from: 2/1/2024 – 7/31/2024

Vision To Learn # 1403

Grant term: 1/1/2024 – 12/31/2024

Original Approved Amount: \$50,000.

Progress Report covering the time period from: 1/1/2024 – 6/30/2024

Desert Cancer Foundation # 1429

Grant term: 3/1/2024 – 2/28/2025

Original Approved Amount: \$163,750.

Progress Report covering the time period from: 3/1/2024 – 8/31/2024

Youth Leadership Institute # 1327

Grant term: 7/1/2022 – 6/30/2024

Original Approved Amount: \$50,000.

Progress Report covering the time period from: 1/1/2024 – 6/30/2024

Galilee Center, Inc. # 1324

Grant term: 8/1/2022 – 7/31/2024

Original Approved Amount: \$100,000.

Progress Report covering the time period from: 2/1/2024 – 7/31/2024

El Sol Neighborhood Educational Center # 1328

Grant term: 7/1/2022 – 6/30/2024

Original Approved Amount: \$150,000.

Progress Report covering the time period from: 1/1/2024 – 6/30/2024

Vision y Compromiso # 1325

Grant term: 7/1/2022 – 6/30/2024

Original Approved Amount: \$150,000.

Progress Report covering the time period from: 1/1/2024 – 6/30/2024

GRANT PROGRESS REPORT

Braille Institute of America, Grant # 1420

ABOUT THE ORGANIZATION

Braille Institute of America
741 N. Vermont
Los Angeles, CA 90029
760-321-1111

Progress Report Contact:
Amy Borton, Grants Manager
ahborton@brailleinstitute.org

PROJECT INFORMATION

Project Title: 1420 Low Vision Telehealth Services, Braille Institute Coachella Valley

Grant Term: 01/01/2024 - 12/31/2024

Total Grant Amount Awarded: \$36,697.00

Reporting Period: 01/01/2024 - 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 service

Strategy 2.4: Improve accessibility of primary and specialty care services by increasing available telehealth services 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:

During Calendar Year 2024 (January 1 – December 31), Braille Institute Coachella Valley will provide low vision telehealth services to 250 clients in the Coachella Valley region.

Progress towards Deliverable #1:

During the first half (Jan 1 - Jun 30, 2024) of Calendar Year 2024, Braille Institute Coachella Valley provided 169 telehealth sessions in reporting period.

About 36% of the program is funded by DHCD so I calculated 36% of 169 to find that 61 consultations were made possible by DHCD funding. This same percentage was applied to the total clients served during this period: 125 clients, both new and returning, were served, with DHCD directly responsible for 36% of those, calculated to be 45 clients. Of the 125 clients served, 106 lived in the cities included in the Desert Healthcare District; the remaining clients served live in cities that are not represented by DHCD, including the cities of Beaumont, Blythe, Earp, Imperial, Joshua Tree, Landers, Morongo Valley, Twentynine Palms, Whitewater, and Yucca Valley. We anticipate meeting our goal of providing low vision telehealth services to 250 Coachella Valley clients by end of the term.

Project Deliverable #2:

During Calendar Year 2024, 186 of the 250 Low Vision telehealth clients we plan to serve will demonstrate an increase in score on the Revised Self-Report Assessment of Functional Visual Performance (R-SRAFVP) by three points or higher from initial appointment to discharge. (View the R-SRAFVP at <https://www.rsrafvp.com/>) This improvement will be due to the vision rehabilitation telehealth services we provide, which include training in optical and digital magnification devices, assistive technology, glare control with therapeutic filters, and contrast enhancement to maximize the client’s use of their remaining vision.

Progress towards Deliverable #2:

During the first half (Jan 1 - Jun 30, 2024) of Calendar Year 2024, 23 Low Vision Telehealth clients completed their personal goals and demonstrated a 3+ point increase in their self-assessment. While this number seems low, the timeline for goals completion is often longer than 6 months, so most of our clients are still in progress on their personal goals. We expect to meet our goal by the end of the term.

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:

61

PM 2.3: # of clients served as a result of additional telehealth access:

45

PM 2.4: % increase in services delivered:

36

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period:

106

Geographic Area(s) Served During This Reporting Period:

Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, Rancho Mirage, 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.

A challenge we have encountered with the telehealth program was created as a result of its success. Compared to in-person sessions, telehealth sessions take an average of about 10-20% less of our Occupational Therapist's time, primarily due to a lack of travel time, less set up needed, and fewer distractions. The ability to conduct telehealth consultations has increased our capacity at a higher rate than we have appointments scheduled. This has given Desiree Lanford, BICV's Low Vision Specialist and Occupational Therapist, more downtime.

As a course correction, we are increasing our outreach efforts to promote telehealth services and schedule additional consultations. In the meantime, Desiree is taking advantage of this silver lining by using the extra time to study for her upcoming accreditation as a Certified Low Vision Therapist through the Academy for Certification of Vision Rehabilitation & Education Professionals.

Please share any success stories highlighting the impact that your project had on the community during this reporting period.

██████████ is an engineer and ADA representative for the ██████████. ██████████ experienced trauma-induced vision loss and was temporarily unable to work. Due to his medical status, he was unable to come for in-person services. He utilized a number of our programs, but primarily participated in low vision telehealth sessions with Desiree. He is now back at work remotely, equipped with devices and training provided by Desiree, and has volunteered to promote our services and provide peer support in his region.

Is there anything the Desert Healthcare District staff can do to assist you in achieving the deliverables of your project?

We always welcome help with spreading the word about BICV! With our increased capacity, we would love to connect with more people in need of our free telehealth services. We have really appreciated the assistance your team has already provided -- particularly through the ConnectIE program as well as a consultation with Alejandro Espinoza to strategize how to better connect with more of the local Latinx/Hispanic population.

Grant Progress Report

Organization Name: Lift to Rise

Grant #: 1391

Project Title: Driving Regional Economic Stability Through Collective Impact

Contact Information:

Contact Name: Heather Vaikona

Phone: 760-601-5578

Email: heather@lifttorise.org

Grant Information

Total Grant Amount Awarded: \$900,000.00

Grant Term (example 7/1/22 – 6/30/23): 6/1/23 – 5/31/26

Reporting Period (example 7/1/22 – 10/31/22): 6/1/24 – 8/31/24

Desert Healthcare District Strategic Plan Alignment

Goal: 5

Strategy: 5.1, 5.2, 5.3, 5.4

Progress This Reporting Period

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

Progress of Goal #1: (Goal from grant proposal in black, progress in green)

Identify 3,000 units/year that meet criteria for the affordable housing pipeline (with an emphasis on colocation with healthcare and childcare facilities) and move 50% of pipeline projects to development:

- Identify 3,000 new units for pipeline by 12/31/2023 and another 3,000 by 12/31/2024
 - During the reporting period, approximately 100 additional affordable units have been added to the pipeline, bringing the total to nearly 7,600 units.
- Review local housing elements and creatively activate or re-purpose vacant land in partnership with county and municipal governments, school districts, utilities and others

- We have continued our progress on identifying land for affordable housing, with an additional 5 parcels under assessment for potential development. The housing elements for the City of Coachella and Indian Wells remain uncertified, but we continue to map potential sites for future activation. During the upcoming reporting period, Lift to Rise will be mobilizing the Resident Leadership Table and Housing CAN groups to put pressure on the City of La Quinta to release RFPs for several parcels of land that they have been holding for affordable housing development.
- Develop criteria for health and Early Childcare and Education co-location, and develop healthcare and childcare plans to be connected to housing
 - Lift to Rise continued to collaborate with Build Up Riverside, refining the criteria for ECE co-location, which now includes more detailed specifications for ECE facility sizes and operational requirements. We are actively working with affordable housing developer Abode Communities to include an ECE center in their upcoming project in the City of Indio and are assisting them in finding an ECE provider for that center. We have also made progress in securing partnerships with healthcare providers for potential co-location projects, as indicated by Lift to Rise joining Riverside University Health Systems' (RUHS) Riverside County Health Coalition as a key housing partner.
- Identify 3-4 infrastructure plays that could accelerate development.
 - During the reporting period, Lift to Rise has had several meetings with Housing CAN and affordable housing developer partners including the Pacific Companies and Coachella Valley Housing Coalition about challenges with the Imperial Irrigation District (IID) and their provision of electricity to developments in much of the Coachella Valley. In the upcoming reporting period, Lift to Rise will be working with Housing CAN partners on a strategy to attend the IID board meetings to advocate for improvements to the electricity provision process including expedited timelines, upfront transparency about capacity, and lower costs.

Evaluation Plan for Goal #1: (Plan from grant proposal in black, metrics from reporting period in green)

- Monitor and track the # of units identified (100 during reporting period) as well as the # of units that move from planned to under development in the "Development Status" field within our Affordable Housing Pipeline Portal (~45 during reporting period).
- Monitor and track the # of sites within each city's Housing Element Update sites inventory that are being considered for affordable housing development via an RFP process issued by a city or negotiations with an affordable housing developer (0 during reporting period across cities with compliant housing elements).
- Monitor and track the # of projects that have an ECE facility either co-located within the development or associated with the development (2 during reporting period).

period); monitor and track the # of projects that have health facility either co-located within the development or associated with the development (1 during reporting period).

- Monitor and track the # of catalytic infrastructure investments made and the \$ amount of those investments (0 during reporting period); monitor and track the # of affordable units unlocked via such investments (0 during reporting period).

Progress of Goal #2: (Goal from grant proposal in black, progress in green)

Grow We Lift: the Coachella Valley's Housing Catalyst Fund's lending pool to more than \$60 million that will be invested in moving projects to development

- Raise \$30 million in grants for We Lift's loan loss pool, which will be matched by \$30 million in CDFI and other funds to support predevelopment costs, helping developers secure land and permanent financing to move to construction
 - During the reporting period, Lift to Rise confirmed with SCAG that we would finally be receiving our \$5 million award from the REAP 2.0 NOFA program. Lift to Rise is now working out the Scope of Work, MOU, and other details required by SCAG to release the funds to the Catalyst Fund. This will amount to an additional \$10 million in loan capital available to meet demand for loans in the ecosystem.
- Raise \$10 million in grant dollars to support housing connected to health and ECE outcomes
 - During the reporting period, no funds were raised to support housing connected to health and ECE outcomes – fundraising for these efforts will occur in subsequent reporting periods during the three-year grant term.
- Deploy We Lift loans to at least four projects per year
 - During the reporting, Lift to Rise did not deploy any loans or sign new term sheets. Several loan closings are anticipated for the next reporting period.
- NOTE – Lift to Rise is not proposing that District funds be allocated into the We Lift fund – the funds will be used as organizational operating support, which includes administering the We Lift fund and building the local market for affordable housing investment.

Evaluation Plan for Goal #2: (Plan from grant proposal in black, metrics from reporting period in green)

- Track the \$ amount of funding secured for the We Lift fund (\$5 million during reporting period)
- Track the \$ amount of funding leveraged to support housing connect to health and ECE outcomes (\$0 during reporting period)
- Track the # of loans deployed to projects (0 during reporting period)
- Track the # of units catalyzed through deployed loans (0 during reporting period)

Progress of Goal #3: (Goal from grant proposal in black, progress in green)

Advocate for changes in federal and state regulations for affordable housing programs that remove barriers for our region and align our local jurisdictions in establishing pro-housing policies that support development.

- Federal focus: Seek opportunities for the region to access CDFI Capital Magnet Fund and HUD and USDA housing programs.
 - Continued discussions with federal housing agencies around improving access to HUD and USDA housing programs have moved forward. A formal proposal for regulatory changes is in progress, with expected submission in the next quarter.
- State focus: Re-orient climate and density goals to fit inland California regions in the guidelines and regulations of state funding programs.
 - During the reporting period, Lift to Rise co-hosted a meeting and Coachella Valley tour for Governor Newsom's cabinet member Secretary Tomiquia Moss and Deputy Secretary Sasha Kergan of the CA Department of Business, Consumer Services, and Housing. Roughly 10 other officials from Governor Newsom's administration were also present, alongside another dozen local partners from the Housing CAN. At the meeting, Lift to Rise led the conversation around three key challenges for building affordable housing in the Coachella Valley and offered concrete solutions to those challenges. These included calling for changes to the scoring criteria for the CA Tax Credit Allocation Committee (TCAC), which oversees the disbursement of Low-Income Housing Tax Credits to affordable housing projects statewide, and changes to how HCD releases its funds for construction to affordable developers. In the upcoming reporting period, Lift to Rise and partners will present the Secretary and Deputy Secretary with a polished set of policy recommendations to take back to Sacramento.
 - During the reporting period, Lift to Rise continued to engage (and was ultimately successful) in statewide advocacy efforts to preserve funding for key affordable housing programs like REAP 2.0, the Multifamily Housing Program, and the State Low Income Housing Tax Credit program, that the Governor proposed fully or partially cutting in his May revised budget.
- County focus: Work with health and childcare agencies to support affordable housing tied to health and ECE, and unlock new funding for development
 - During the reporting period, Lift to Rise participated in three monthly meetings with Build Up Riverside, a coalition of partners working on improving early childcare and education (ECE) access in Riverside County. During these meetings, Lift to Rise and the coalition partners are continuing to develop criteria for ECE co-location with affordable housing.
- City focus: Support all nine Coachella Valley cities to earn the HCD Pro-Housing Designation and with emphasize by right development and streamlined entitlement.
 - During the reporting period, Lift to Rise made formal asks of all the local cities to pursue the HCD pro-housing designation.

Evaluation Plan for Goal #3: (Plan from grant proposal in black, metrics from reporting period in green)

- Monitor and track # of affordable housing / infrastructure-related NOFAs and funding opportunities made available via Federal agencies that apply to local governments or community based organizations in our region (3 during reporting period).
- Monitor and track the # of public comments for bills and regulations at the State level that Lift to Rise and partners submitted (6 during reporting period); # of bills and regulations updated as a result of our shared advocacy (1 during reporting period).
- Monitor and track the # of local jurisdictions, including Riverside County, who have applied for the Pro-housing Designation (0 during reporting period); monitor and track the # of local jurisdictions, including Riverside County, who have received the Pro-housing Designation (0 during reporting period).
- Monitor and track the # of healthcare and ECE agencies engaged around collaborative efforts to co-locate affordable housing with health and ECE infrastructure (3 during reporting period).

Progress of Goal #4: (Goal from grant proposal in black, progress in green)

Educate and activate resident leaders, partners, and public officials to advocate for affordable housing in the region.

- Build a compelling case for affordable housing and support media and materials through work with The Case Made and Swell Creative Group.
 - During the reporting period, Lift to Rise continued promoting the 2024-2026 Action Plan, focusing on sharing public comment videos from city council meetings across social media platforms. The strategic communication campaign around affordable housing awareness saw increased engagement from local residents and public officials.
- Identify other housing advocates in the region and build partnerships around shared agenda interests:
 - Lift to Rise deepened its partnerships with several organizations, including new collaborations with the Coachella Valley Economic Partnership (CVEP) and the Rancho Mirage Chamber of Commerce, building momentum for a shared affordable housing agenda. We also engaged local healthcare providers such as IEHP and RUHS, expanding our coalition to support housing with health connections.
- Activate the Resident Leadership Table to educate residents and increase civic engagement through attendance at public meetings, letters of support, and other

activities:

- Three meetings were held with the Resident Leadership Table during the reporting period, continuing to mobilize residents to provide public comments at city council meetings. Approximately 30 residents participated, focusing on supporting housing projects in the cities of Indio, Coachella, and Desert Hot Springs.
- Mobilize CAN members and their networks to support affordable housing proposals:
 - Lift to Rise held two meetings with the Housing CAN during the reporting period, successfully mobilizing members to give public comment on key city housing policy discussions, including policy changes in Indio and Cathedral City. The members' coordinated efforts contributed to favorable city council outcomes for pro-housing policies.
- Design and deliver curricula to educate public officials and community members who wish to advocate for affordable housing:
 - The educational toolkit developed last period was distributed to all city council members and key public officials in cities across the Coachella Valley. This toolkit provides detailed insights into housing affordability challenges and potential solutions tailored to each city. The curricula were also introduced to community members during CAN meetings, helping to bolster their advocacy efforts.
- Develop materials and work with partners to equip elected and appointed public officials with data and arguments in support of affordable housing:
 - Ongoing efforts to provide public officials with compelling data and visuals continued. These materials were shared with local city councils during the Action Plan presentations and will be used in future advocacy campaigns.

Evaluation Plan for Goal #4: (Plan from grant proposal in black, metrics from reporting period in green)

- Monitor and track the # of community residents actively participating in the Resident Leadership Table (12 during reporting period).
- Monitor and track the # of community residents attending Lift 101 and Lift to Rise Townhall events (35 during reporting period).
- Monitor and track the # of community residents mobilized in support of affordable housing projects at local city council and planning commission public meetings (30 during reporting period).
- Monitor and track # of local elected officials engaged around an affordable housing education campaign / curriculum targeted at local elected officials (10 during reporting period).

Progress of Goal #5: (Goal from grant proposal in black, progress in green)

Build and sustain the capacity of Lift to Rise to serve as backbone organization for the Housing CAN, provide thought leadership in the region around affordable housing and its fundamental relationship with health and economic dignity, and administer We Lift: the Coachella Valley's Housing Catalyst Fund.

- During the reporting period, Lift to Rise has provided several professional and leadership development opportunities for staff and for Housing CAN partners.

Evaluation Plan for Goal #5: (Plan from grant proposal in black, metrics from reporting period in green)

- Monitor and track the # of employees hired by Lift to Rise and the length of time they stay at the organization (0 during reporting period)
- Monitor and track the # of professional development trainings/resources accessed by Lift to Rise employees (4 during reporting period).

Progress on the Number of District Residents Served

Number of Unduplicated District Residents Directly Served During This Reporting Period: 600

Number of Unduplicated District Residents Indirectly Served During This Reporting Period: 1,000

Please answer the following questions:

- Is the project on track in meeting its goals? Yes, the project is on track to meeting its goals.
- Please describe any specific issues/barriers in meeting the project goals. At this moment, we have not experienced specific barriers to meeting project goals.
- If the project is not on track, what is the course correction? N/A
- Describe any unexpected successes during this reporting period other than those originally planned. N/A

GRANT PROGRESS REPORT #2

CSUSB Philanthropic Foundation, Grant # 1394

ABOUT THE ORGANIZATION

CSUSB Philanthropic Foundation
5500 University Parkway
San Bernardino, CA 92407
909-537-4469

Progress Report Contact:

Michelle Skiljan and Diane Vines, Senior Director, CFR and CSUSB NSMP PI
mskiljan@csusb.edu

PROJECT INFORMATION

Project Title: 1394 PDC Nursing Street Medicine Program

Grant Term: 08/01/2023 - 07/31/2024

Total Grant Amount Awarded: \$73,422.00

Reporting Period: 02/01/2024 - 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 2.5: 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)

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, the NSMP will provide healthcare services to 425 individuals and 850 contacts (contacts may be duplicated individuals) through nurse and medical clinics

serving the homeless, unsheltered, and vulnerable populations in the Coachella Valley, additionally providing continued assistance with COVID-19 testing, education, and immunization services, and assist in the diversion of using the ER for primary care and non-urgent issues. Each individual served completes an intake/contact form with demographic information, the reason for being seen, whether they use the emergency room for primary care, diagnosis and services provided, and referrals with the reason for referral. These forms are completed before a provider sees the person, although the participant has the right to refuse to provide information. Data collection will assess, to the extent possible, the number of times the program can divert patients from the emergency room and hospital visits. The analysis will also include some process evaluation that would track the number of individuals served, the extent to which participants were referred to other social services, and the reason for the referral.

Progress towards Deliverable #1:

From February 1 to July 31, 2024, the NSMP provided healthcare services to 385 individuals and 772 contacts (contacts may be duplicated individuals) through nurse and medical clinics serving the homeless, unsheltered, and vulnerable populations in the Coachella Valley, additionally providing continued assistance with COVID-19 testing, education, and immunization services, and assist in the diversion of using the ER for primary care and non-urgent issues.

Age (contacts): 6-17 yrs.: 7, 18-24 yrs.: 12, 25-64 yrs.: 490, 65+ yrs.: 196, unknown or declined to state: 67.

Gender (contacts): Female: 229, Male: 459, Non-binary: 3, Trans female: 1, unknown or declined to state: 80.

Race/ethnicity (contacts): American Indian/Alaskan Native: 21, Hispanic/Latino: 314, Black/African American: 71, Caucasian: 215, Native Hawaiian & Pacific Islander: 0, Asian: 13, Mixed-race: 24, Other: 22, Unknown or declined to state: 92.

Veteran status (contacts): 33

Insurance status (contacts): Medi-Cal/Medicare: 529, Private: 46, Uninsured: 75, Don't know: 29, Military/Tricare/VA: 8, Unknown or declined to state: 85.

Use ER for care: 276 contacts.

Services provided (contacts): Vitals: 889, Foot soaks: 350, Wound Care: 38, Care packs: 837. Referrals: 47: 38 to residents on-site, 6 to PCP, 3 to UC/ER, 4 other community referrals

Vaccinations: 0

Project Deliverable #2:

To develop regional nursing capacity through engaging and building empathy for vulnerable populations, thirty-two (32) CSUSB PDC BSN nursing students and six (6) CSUSB PDC BSN nursing student assistants will engage in NSMP activities for course credit or volunteer hours by June 30, 2024.

Progress towards Deliverable #2:

To develop regional nursing capacity, the CSUSB PDC Nursing Street Medicine Program engaged 33 BSN students, comprised of 12 volunteers and 21 clinical rotations, through July 31, 2024. The program also engaged 1 CSUSB nursing graduate

student. Additionally, 18 COD nursing students and 4 community members volunteered with the CSUSB PDC Nursing Street Medicine Program. A total of 6 students were paid.

Project Deliverable #3:

NSMP will monitor and track Street Medicine's progress toward developing additional collaborative partnerships and efforts to replicate the program reporting the new partner names and MOU agreements for new partnerships by June 30, 2024.

Progress towards Deliverable #3:

Partners included Laundry Love, Eisenhower Health mobile medical unit, Spirit-Filled Church, Abundant Life Church, Hope through Housing, Cathedral Palms, College of the Desert nursing program.

Presentations

World Nursing Forum Global Virtual Conference on Nursing Education, 2/12/24
Nursing Trends 2024, 7/20-26/24, Berlin, Germany
Odyssey 2024, Date TBD, San Diego
CSUSB Associates, 3/12/24, CSUSB PDC
Southwest Church Overflow Unit event, March 16, 2024
SMART Recovery National Conference, April 6, 2024
Vanderbilt University Alumni Association Homecoming event
Coachella Valley Street Outreach Collaborative meeting, June 11, 2024

Project Deliverable #4:

NSMP will hire a minimum of six nursing student assistants to work with the Street Medicine teams in homeless outreach settings in the Coachella Valley. The program will provide information on the students and report on the total number of hours worked by the nursing assistants.

Progress towards Deliverable #4:

PDC CSUSB's NSMP employed 5 existing and 1 new nursing student assistants who worked 584.25 hours from February 1 until July 31, 2024.

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 2.5: # of collaborations:

7

Story Behind the Number:

PM 2.5: # of service providers who received cultural competency training:

0

Story Behind the Number:

PM 2.5: # of primary care residency student positions:

0

Story Behind the Number:

PM 2.5: # of nursing student positions:

52

PM 2.7: # of Community Navigators trained:

0

Story Behind the Number:

PM 2.7: # of Community Navigators hired:

0

Story Behind the Number:

PM 2.7: # of clients who increased their knowledge of primary and specialty care resources/services:

385

Story Behind the Number:

PM 2.7: # of clients who were directly connected to a primary and specialty care service provider:

385

Story Behind the Number:

PM 2.7: # of clients who connected to primary and specialty care via supportive healthcare services such as transportation assistance, insurance enrollment, etc:

385

Story Behind the Number:

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period:

385

Geographic Area(s) Served During This Reporting Period:

Bermuda Dunes, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, Indio Hills, La Quinta, Mecca, Oasis, Palm Desert, Rancho Mirage, Thermal, Thousand

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.

One challenge that continues for the NSMP is the need for Spanish language providers to serve the vulnerable populations we work with appropriately. CSUSB is designated as a Hispanic Serving Institution by the U.S. Department of Education. Because the Palm Desert Campus serves mostly Coachella Valley residents, about one-third of the students speak Spanish. We also worked with the UCR School of Medicine program Promotores when serving the East Valley migrant population. To serve the Spanish-language population even better, we have partnered with the College of the Desert nursing program to conduct nurse clinics and foot soaks. The COD students are even more likely to speak fluent Spanish, making this a great addition to the Program.

Another challenge is that many CSUSB students are mature students with families and often first-generation collegegoers with low family income and a challenging curriculum; most students work full-time and have families, so enticing participation can be difficult. For this reason, we rely heavily on students who are receiving college credit for clinical coursework. We continue to be able to provide more nursing scholarship funds so we can provide scholarships for students in need who perform 30 hours of service as volunteers in the program. Also, we just secured a raise for our nursing student assistants to a competitive wage so we can attract the brightest and most committed students to serve in the Program.

An ongoing challenge is that we need warm water for the foot soak program, which is only sometimes available in the field. Occasionally, we partner with the two shower units for the warm water. We have submitted a proposal for an EV van that could be stored and charged on campus. The van would be air-conditioned and have a water source that could be used in the field. The acquisition of a van would solve another challenge for the Program. We planned to work with HIPPA-compliant Zoom with a medication prescriber online. The team would conduct behavioral health assessments and connect the prescriber online. The prescriber would interview the guest and prescribe common psychiatric medications that could be carried in the van and dispensed in the field. The unhoused guest would be more likely to obtain and accept the medicines from their trusted team in a convenient manner. We could not find a pharmacy van that could go with us on a scheduled basis when our faculty and students were available so that this modest van could carry the medications onboard.

One of the challenges we face is the increasing demand for partnerships. The NSMP has more requests to partner with us than we can currently serve. However, this is a testament to the growth and potential of the Program. Partnering with the much larger

College of the Desert nursing program has provided an additional group of culturally and linguistically capable students to serve in the Program. Despite these challenges, the NSMP has engaged nursing students and faculty to support healthcare services for homeless and unsheltered people in the Coachella Valley and increased their empathic care and understanding of these vulnerable populations. The Program fulfills a human service need in the community for those identified as medically underserved; services benefit the sheltered and unsheltered homeless populations, migrant workers, and their families in the Coachella Valley, including Veterans, seniors, mentally ill people, substance users, uninsured and underinsured, persons of color, and bilingual people. NSMP treats all persons in need, is compassionate in giving care, delivers services with our partners throughout the Coachella Valley, and encourages partnerships and collaborations with multiple organizations with similar goals.

Please share any success stories highlighting the impact that your project had on the community during this reporting period.

We have received national and, recently, international interest in replicating our foot soak program. We have been invited to speak at national and international conferences, and replications around the country have been initiated. Local churches and service organizations, including the Altrusa club and local Rotary clubs, have invited presentations and donated to the Program. We produced a video of the history and development of the Program, services provided, partners, and interviews with partners, faculty, students, guests, and donors. We believe this will help us spread the word about the need for such services, the empathy for the unhoused guests we serve, and donations of funds and supplies. The team was nominated for a staff team award from the campus President for the teamwork and dedication to serving the vulnerable populations.

Is there anything the Desert Healthcare District staff can do to assist you in achieving the deliverables of your project?

GRANT PROGRESS REPORT #1

Vision To Learn, Grant # 1403

ABOUT THE ORGANIZATION

Vision To Learn
12100 Wilshire Blvd.
Los Angeles, CA 90025
800-410-5273

Progress Report Contact:
Damian Carroll, National Director
damian@visiontolearn.org

PROJECT INFORMATION

Project Title: 1403 Palm Desert and Coachella Valley VTL program

Grant Term: 01/01/2024 - 12/31/2024

Total Grant Amount Awarded: \$50,000.00

Reporting Period: 01/01/2024 - 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

Strategy 2.3 Improve accessibility of primary and specialty care services by increasing available mobile health services 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 end of December 2024, a total of 1,000 students attending three schools in Coachella, Palm Springs and/or Desert Sands school districts would have received a vision screening.

Progress towards Deliverable #1:

Vision To Learn has worked with Rotary club members to provide the following vision screenings in the region relative to this grant:

Coachella Valley Unified School District

- Las Palmitas Elementary: 529
- NOVA Academy-Coachella: 193
- Mecca Elementary: 645

Desert Sands Unified School District

- Benjamin Franklin Elementary: 579
- Harry S. Truman Elementary: 518

Palm Springs Unified School District

- Cabot Yerxa Elementary: 571

Project Deliverable #2:

- By end of December 2024, a total of 333 students attending three schools in Coachella, Palm Springs, and/or Desert Sands school districts would have received an eye exam, following a failed vision screening.

Progress towards Deliverable #2:

In the grant period to-date, Vision To Learn has provided the following eye exams:

Coachella Valley Unified School District

- Las Palmitas Elementary: 41
- Mecca Elementary: 274
- NOVA Academy-Coachella: 92

Desert Sands Unified School District

- Benjamin Franklin Elementary: 35
- Harry S. Truman Elementary: 186

Palm Springs Unified School District

- Cabot Yerxa Elementary: 248

Grand Total: 876

150 of these exams were funded with our DHCD grant.

Project Deliverable #3:

- By end of December 2024, a total of 266 students attending three schools in Coachella, Palm Springs, and/or Desert Sands school districts would have received new glasses, as prescribed through their eye exam.

Progress towards Deliverable #3:

In the grant period to-date, Vision To Learn has provided the following glasses:

Coachella Valley Unified School District

- Las Palmitas Elementary: 30
- Mecca Elementary: 198
- NOVA Academy-Coachella: 91

Desert Sands Unified School District

- Benjamin Franklin Elementary: 32

- Harry S. Truman Elementary: 147
- Palm Springs Unified School District:
- Cabot Yerxa Elementary: 200

Grand total: 698

120 of these glasses were funded with our DHCD grant.

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 2.3: # of clients served by mobile health services access:
3035

PM 2.3: % of clients served by mobile health services access:
100

Story Behind the Number/Percent:

3,035 students served - those provided vision screenings - were District funded. During the grant period, ~7,500 total students were vision screened in Riverside county. with an additional 2,500 screened in San Bernardino County.

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period:
3035

Story Behind the Number:

3,035 students served - those provided vision screenings - were District funded. During the grant period, ~7,500 total students were vision screened in Riverside county. with an additional 2,500 screened in San Bernardino County.

January through May 2024 recorded Depreciation total for Inland Empire region was \$22,953.80. The total number of exams completed in that region for that period was 2,389. The total number of exams covered in this report was 256. $256 / 2389 = 10.71\%$. $\$22,953.80 * 10.71\% = \$2,458.35$.

Erin's Milage Reimbursement: Erin was reimbursed for 4 days of travel, March 1st, March 8th, March 15th, and March 22nd. Each of the days she was reimbursed for 54 miles totaling \$35.37 per day. $\$35.37 * 4 = \141.48 . Attached is Erin's milage report.

Geographic Area(s) Served During This Reporting Period:
Coachella, La Quinta, 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.

Vision To Learn has had a successful semester in the desert cities, with our mobile clinic visiting schools 4 days/week (Tues - Fri). We are seeking an optometrist to work Mondays so that we can help even more students.

Please share any success stories highlighting the impact that your project had on the community during this reporting period.

"Joaquin" (not his real name) attends Mecca Elementary. Vision To Learn provided him with a free set of prescriptions glasses at no cost to the family. Since Joaquin has a very high prescription (spherical and cylinder), he was in need of glasses to be able to see clearly. He has high astigmatism, which is causing him to see very blurry, especially at nighttime with lights. But, with his new glasses that we provided him with, he will be able to see clear and crisp. He will no longer need to squint anymore and will not need to strain his eyes with the overwork of trying to make out what he is trying to see.

Is there anything the Desert Healthcare District staff can do to assist you in achieving the deliverables of your project?

Not at this time, but thank you!

GRANT PROGRESS REPORT #1

Desert Cancer Foundation, Grant # 1429

ABOUT THE ORGANIZATION

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

Progress Report Contact:

Mark Scheibach, Executive Director
mark@desertcancerfoundation.org

PROJECT INFORMATION

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

Grant Term: 03/01/2024 - 02/28/2025

Total Grant Amount Awarded: \$163,750.00

Reporting Period: 03/01/2024 - 08/31/2024

Report Due Date: 10/01/2024

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: 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:

From March 1, 2024 thru February 28, 2025, DCF will have provided a minimum of 150 individuals - who are uninsured, underinsured, or lack funds to pay for treatment - with financial assistance while undergoing cancer care. In 2023, we provided financial

assistance to 156 individuals (see Patient Assistance Summary Sheet with other demographic information). We have seen an increase in applications over the past months due to the community engagement and outreach activities we have instituted under new management and staff and we expect that to continue in 2024 and beyond.

Progress towards Deliverable #1:

From March 1, 2024 thru August 31, 2024, DCF has provided patient assistance to a total of **104 individuals** in the DHCD zone.

The breakdown is as follows:

Ethnicity - White (41), Hispanic (42), African American (7), Asian (7) and Other (7).

Gender - Male (47), Female (57).

Location - Bermuda Dunes (3), Cathedral City (9), Coachella (8), Desert Hot Springs (10), Indio (17), La Quinta (6), Mecca (2), Palm Desert (20), Palm Springs (15), Rancho Mirage (3), Salton City (1), Thermal (6), Thousand Palms (4).

Our Patient Assistance (PA) Program has made direct payments to various healthcare providers on behalf of our clients for cancer screening, diagnosis, and costly cancer treatment for those in need of financial assistance. We have covered insurance premiums, deductibles, co-pays/co-insurance, and prescription medications, including chemo and radiation therapies.

Project Deliverable #2:

Patient Navigation to ensure all available resources for the patient, including providing additional resources to those we serve.

From March 1, 2024 to February 28, 2025; Desert Cancer Foundation will provide patient navigation for cancer care services and treatment, for an estimated 150+ patients residing in the District zones. Through ongoing communication, collaboration, and outreach efforts with our local healthcare community, DCF will ensure the availability of our Patient Assistance program, as well as offer patient navigation (especially for newly diagnosed patients), to provide cancer-related screening, diagnosis, and access to services and vital treatment.

The Patient Assistance Coordinator works with social workers and patient navigators to ensure we leverage all available and existing resources to meet the patient's needs. We are placing an added emphasis on financial navigation – such as Medicare supplemental plans, Medi-Cal and other low-income subsidy programs. In a recent article from the Journal of Clinical Oncology, numerous studies have documented the impact of the high cost of cancer care in the United States. For example, a 2022 study showed that people with cancer were 2.5 times more likely to file for bankruptcy than people not being treated for the disease. In another article, a study showed that the high cost of cancer care causes many people to delay or skip treatments or miss

appointments. The study goes on to show that these difficult decisions translate into higher rates of psychological stress and often depression and anxiety. We can not allow this to happen.

Progress towards Deliverable #2:

The entire Desert Cancer Foundation staff is involved daily in the patient navigation process, led by our Patient Assistance Coordinator. The focus of the navigation process is mainly through the social workers at our main two hospital partners, Eisenhower's Lucy Curci Cancer Center and Desert Regional's Comprehensive Cancer Center. Other oncology centers have patient navigators, but not licensed social workers.

During the March 1, 2024 - August 31, 2024 cycle, we have provided 104 individuals with patient navigation services directly or through social workers and other healthcare personnel, depending on the specific individual needs of the client. With DCF being a staff of only 4 people, with one individual dedicated solely to the patient Assistance Program, we use a number of different resources to assist with our navigation services.

In addition, our Patient Assistance Coordinator is not a licensed social worker. We use licensed social workers at both Lucy Curci Cancer Center and Comprehensive Cancer Center for example. Other cancer centers, for example, Desert Hematology & Oncology, also do not have licensed social workers and use "patient navigators" (also known as "other healthcare personnel/professionals") in the same fashion as DCF.

Whether the individual is a licensed social worker, patient assistance coordinator or patient navigator, our goal is get the individual fighting cancer the help and the support they need. As the American Cancer Society states, "a person with cancer may have one navigator or may work with several, based on their needs". This is how DCF operates, we use every avenue and relationship possible to support our clientele.

These services have included:

** Financial Needs - WE PAY FOR CANCER CARE. But we do much more than that, including assistance with insurance navigation and follow-up.

** Resource Connection - We connect our clients to community resources and support groups.

** Appointment Coordination - We assist with scheduling appointments and suring our clients have all of the necessary paperwork as proof of their DCF relationship.

** Emotional Support - We provide a compassionate ear, helping our clients cope with the emotional and psychological aspects of their cancer journey.

In addition, DCF works as a bridge to other healthcare professionals for educational resources about treatments and coping strategies and in advocacy for our clients needs and preferences within the local cancer community.

Project Deliverable #3:

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

expect to assist 35-45 individuals.

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

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

- 1/3 of people treated for cancer in hospitals have a common mental health condition.
- Rates of major depressive disorder are thought to be up to 3 x higher than in the general population.
- 8%-24% of people with cancer are living with depression.

Cancer does not just affect a person's body, it can also affect their mind! We want to play a role in our clients' mental health!

Progress towards Deliverable #3:

Admittedly, we have placed greater emphasis on the behavioral and mental health of our clients and their families since March 1, 2024 **specifically because of our relationship with DHCD** and this grant cycle. Thanks to the on-going support from the DHCD, and our strong partnerships with oncology mental health professionals throughout the Coachella Valley (most notably at Lucy Curci Cancer Center and Comprehensive Cancer Center), we are gaining momentum and confident the Desert Cancer Foundation is providing mental health care and support for the clients we serve.

But the process has just begun!

We have learned that the first and most important source our clients go to when they seek mental and behavioral health support is their own oncologist. The patient / Dr. relationship is paramount and the oncologist have their own referral base of mental

health professionals experienced with working with cancer patients.

DCF has become more proactive as a referral base for our clients.

We have made a total of 35 different mental health related referrals to various outside groups, foundations, and service providers in the Coachella valley since March 1. The following are some of the additional support services provided:

1. Lucy Curci Cancer Center Support Groups (using social workers on staff who can provide emotional support, counseling and additional resources).
2. Comprehensive Cancer Center Support Groups (using social workers on staff who can provide emotional support, counseling and additional resources).
3. Pendleton Foundation for gas cards, groceries, utility bills, etc.
4. Jewish Family Services of the Desert - mental health counseling.
5. Bighorn Bam Transportation
6. American Cancer Society Transportation Services
7. Holistic Practitioners incorporating mindfulness, yoga, etc.
8. Telehealth Services - online platforms, offering flexibility and accessibility to mental health professionals
9. Dental Needs as a result of their cancer procedures. We have a great relationship with a number of dental groups for this service.
10. Medical Supplies
11. Nutrition & Sleep
12. Wig Donations

All of the above are basic referrals we have made and helped navigate related to behavioral and mental health. It is a work in process but one in which we take very seriously and appreciate the support of the DHCD in making a positive impact!

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:

35

Story Behind the Number:

As discussed previously, we have made 35 documented referrals to a primary and speciality care service provider. Pendleton Foundation (4), Jewish Family Services for mental health counseling (3), Bighorn Bam Transportation Services (2), American Cancer Society Transportation Services (8), Funeral Director (1), Holistic Care (2), Dental Care (5), Wig Donations (2), Home Healthcare/Hospice (6), Medical Supplies (2).

PM 2.7: # of clients who connected to primary and specialty care via supportive healthcare services such as transportation assistance, insurance enrollment, etc:
26

Story Behind the Number:

Other 26 clients who were connected to a specialty care service, 16 individuals were connected to an insurance specialist, 2 individuals were connected to Bighorn Bam Transportation Service and 8 individuals were connected to American Cancer Society Transportation Service.

PM 3.6: # of clients who were directly connected to behavioral/mental health services:
35

Story Behind the Number:

As stated previously, we have learned that the first and most important source our clients go to when they seek mental and behavioral health support is their own oncologist. The patient / Dr. relationship is paramount and the oncologist have their own referral base of mental health professionals experienced with working with cancer patients.

DCF has become more proactive as a referral base for our clients.

We have made a total of 35 different mental health related referrals to various outside groups, foundations, and service providers in the Coachella valley since March 1. The following are some of the additional support services provided:

Lucy Curci Cancer Center Support Groups (using social workers on staff who can provide emotional support, counseling and additional resources).

Comprehensive Cancer Center Support Groups (using social workers on staff who can provide emotional support, counseling and additional resources).

Pendleton Foundation for gas cards, groceries, utility bills, etc.

Jewish Family Services of the Desert - mental health counseling.

Bighorn Bam Transportation

American Cancer Society Transportation Services

Holistic Practitioners incorporating mindfulness, yoga, etc.

Telehealth Services - online platforms, offering flexibility and accessibility to mental health professionals

Dental Needs as a result of their cancer procedures. We have a great relationship with a number of dental groups for this service.

Medical Supplies

Nutrition & Sleep

Wig Donations

All of the above are basic referrals we have made and helped navigate related to behavioral and mental health. It is a work in process but one in which we take very seriously and appreciate the support of the DHCD in making a positive impact!

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period:

104

Story Behind the Number:

From March 1, 2024 thru August 31, 2024, DCF has provided patient assistance to a total of 104 individuals in the DHCD zone.

The breakdown is as follows:

Ethnicity - White (41), Hispanic (42), African American (7), Asian (7) and Other (7).

Gender - Male (47), Female (57).

Location - Bermuda Dunes (3), Cathedral City (9), Coachella (8), Desert Hot Springs (10), Indio (17), La Quinta (6), Mecca (2), Palm Desert (20), Palm Springs (15), Rancho Mirage (3), Salton City (1), Thermal (6), Thousand Palms (4).

Geographic Area(s) Served During This Reporting Period:

Bermuda Dunes, Cathedral City, Coachella, Desert Hot Springs, Indio, La Quinta, Mecca, Palm Desert, Palm Springs, Rancho Mirage, Thermal

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 only challenge we have encountered has happened just recently when our Patient Assistance Coordinator became ill and has now been forced out on medical leave. We have hired an interim staff member, part-time and the Executive Director / Accounting staff have taken more of a lead on the day-to-day of the Patient Assistance program.

Please share any success stories highlighting the impact that your project had on the community during this reporting period.

As previously detailed, the biggest success story as an organization is the emphasis we have placed on the behavioral and mental health of our clients. While we wish we could play a more direct role in the process, we have made a positive impact by informing our clients on a monthly basis of the various opportunities available to them - a more proactive approach. Addressing mental health immediately helps our clients build resilience and cope better with their diagnosis and treatment. All cancer research shows that good mental health can positively impact physical health outcomes! We are making a difference.

Grant Progress Report

Organization Name: Youth Leadership Institute (yli)

Grant #: 1327

Project Title: Youth Voice in Mental Health

Contact Information:

Contact Name: Katy Torres

Phone: (760) 972-8113

Email: ktorres@yli.org

Grant Information

Total Grant Amount Awarded: \$50,000

Grant Term: 7/1/2022-6/30/2024

Reporting Period: 1/1/2024 to 6/30/2024

Desert Healthcare District Strategic Plan Alignment

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

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

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

Progress This Reporting Period

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

Progress of Goal #1: Continue the Riverside Youth Taskforce and build leadership skills in youth leadership, youth-led action research, youth-led campaigns, and storytelling throughout July 2022 to June 2024.

This Spring 2024, youth continued to participate in 15-weekly meetings starting February 2024 - June 2024. jQM! presented their findings and recommendations from research to the CVUSD school board. Other elected officials were not accessible returning to office at the end of August 2024 including Coachella City Councilmember Dr. Figueroa and Assemblymember Eduardo Garcia, yli is committed to coordinating these meetings in the Fall of 2024.

Progress of Goal #2: Initiate a community-led adult coalition that centers mental health stories, issues, and solutions in Riverside County by Fall 2022 and continue meetings throughout 2023 to June 2024.

yli integrated the Thriving Youth study meetings into our coalition. Additionally, the Alianza Community Justice space was utilized to meet with parents and other adults, part of partnership included inviting youth and parents to participate in Mental Health First Aid training. yli also partnered with RUHS to host mental health trainings for youth and adults including Suicide Prevention, Know the Signs. We also partnered with Safehouse of the Desert to host training around the subjects of coping, trauma and substance use in youth. In addition, yli connected with the Riverside Behavioral Health Committee and Children's Committee to learn more about efforts across the county

Progress of Goal #3: Utilize digital organizing methods to engage people in reaching resources in their community and finding ways to get involved throughout July 2022 to June 2024.

yli coordinated meetings with CVUSD leaders and district staff in Spring 2024 once the MOU had been established to strengthen our presence on school sites and grow our database.

Progress of Goal #4: Utilize storytelling methods as a strategy for community change efforts throughout July 2022 to June 2024.

This crucial step in our learning journey about animation development set the stage for our Spring 2024 programming. In the spring, the talent from youth used for the videos and zine was gathered in this spring cohort, focusing on finalizing these programs. This is also when attendance significantly increased and our cohort was much stronger than in the previous years when we were virtual and then adjusting into hybrid/back in person.

Goal #5: Engage elected and decision makers in implementing findings and recommendations from youth and adult coalition from July 2022 to June 2024.

Progress of Goal #5: Engage elected and decision makers in implementing findings and recommendations from youth and adult coalition from July 2022 to June 2024.

We have presented our research outcomes at pivotal moments, including CVUSD School Board meetings on June 13th, 2024 and June 27th, 2024 during the Local Control and Accountability Plan (LCAP) approval process. These efforts strategically positioned us to influence policy and advocate for improved mental health resources and safe spaces for youth across the Eastern Coachella Valley. These engagements not only raised awareness about the urgent mental health needs among students but also sparked meaningful dialogue and action towards creating more inclusive and supportive school environments

Progress on the Number of District Residents Served

Number of Unduplicated District Residents Directly Served During This Reporting Period: 100

Number of Unduplicated District Residents Indirectly Served During This Reporting Period: 5,000

Please answer the following questions:

- **Is the project on track in meeting its goals?**
 - Yes, this project is on track in meeting all of our goals.
- **Please describe any specific issues/barriers in meeting the project goals.**
 - Change in cohorts and meeting locations as we pivoted from virtual to in-person delayed the video production aspect
 - Delays in executing an MOU with district up until Spring of 2024 negatively impacted our ability to recruit and host meetings on school sites
 - Issues with confirming meeting times and days with the Riverside Behavioral Health Committee due to summer schedules
- **If the project is not on track, what is the course correction?**
 - Delays in meeting with local elected officials and upcoming meetings in late August are being communicated with the offices of Assemblymember Eduardo Garcia, Councilmember Dr. Figueroa and Congressman Raul Ruiz
- **Describe any unexpected successes during this reporting period other than those originally planned.**
 - Surprised by ongoing youth engagement even during high heat summer months
 - Over the past year our partnership with the Palm Springs Art Museum has been an unexpected space for connecting with the community and using art to discuss mental health, this has also expanded our reach to the west end of the Coachella Valley. This partnership has also helped us build other relationships with artists, activists and other non-profits that we expect to strengthen our efforts in the coming year.

Partnership with Prof. Terriquez and UCLA through Thriving Youth Study has also expanded YPAR efforts

Grant Progress Report

Organization Name: Galilee Center

Grant #: 1324

Project Title: Our Lady of Guadalupe Center

Contact Information:

Contact Name: Claudia Castorena

Email: ccastorena@galileecenter.org

Grant Information

Total Grant Amount Awarded: \$ 100,000.00

Grant Term (example 7/1/22 – 6/30/23): 08/01/2022-07/31/2024

Reporting Period (example 7/1/22 – 10/31/22): 02/01/2024-07/31/2024

Desert Healthcare District Strategic Plan Alignment

Goal: 5

Strategy: 5.3

Progress This Reporting Period

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

For the six months, 02/01/2024 to 07/31/2024, the Galilee Center's Our Lady of Guadalupe Shelter accomplished its goals by helping 24 unduplicated farm workers and 1,271 unduplicated asylum-seeking people. All guests received shelter, hot meals, showers, access to our laundry facility, hygiene supplies, and other basics. In addition, the GC intake workers assisted all asylum-seeking people in communicating with their sponsors in the USA and helped coordinate all travel arrangements.

The migrant farm workers arrived between February and July 2024 and stayed for an average of 40 days. The asylum-seeking families stayed an average of 24 hours before moving to their destination in the U.S.

Progress of Goal #1:

During the reporting period, the Our Lady of Guadalupe Center provided shelter to 24 farm workers and 1,271 asylum-seeking people (95 children, 815 women, and 361 men). The people had access to restroom facilities, sleeping areas, private shower stalls, hot and cold water, lockers, a laundry facility, and a relaxing community room.

Progress of Goal #2:

During the reporting period, the Our Lady of Guadalupe Center welcomed migrant farm workers and asylum-seeking families. It provided a clean, safe, and healthy environment to ensure a pleasant and dignified stay.

Services	Farm/Migrant Farm Workers	Asylum Seekers
Nights of Shelter	807	2,721
Hot Meals	853	5,189
Showers	815	1,840
Laundry	159	1,255
Infant Service	0	23

The staff also assisted farm workers with medical referrals, filling out unemployment forms, and other basic needs. In addition, all asylum-seeking people received other essentials such as new undergarments, clothing, hygiene supplies, and backpacks. 23 babies received baby diapers, formula, and food.

The intake/caseworkers assisted all families in connecting with their sponsors and coordinated travel arrangements and transportation. The families that did not have a sponsor to receive them were referred to the GC extended stay shelter in Indio.

Progress on the Number of District Residents Served

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

1,295

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

1,367

Please answer the following questions:

- **Is the project on track in meeting its goals? Yes**
- **Please describe any specific issues/barriers in meeting the project goals.**
There are no issues/barriers in meeting the project goals.
- **If the project is not on track, what is the course correction? N/A**
- **Describe any unexpected successes during this reporting period other than those originally planned.**

The number of asylum-seeking people assisted to date has surpassed the goal established for the two-year period.



Grant Progress Report

Organization Name: El Sol Neighborhood Educational Center

Grant #: 1325

Project Title: CHCD HUB

Contact Information:

Contact Name: Alex Fajardo
Phone: 909-884-3735
Email: alexfajardo@elsolnec.org

Grant Information

Total Grant Amount Awarded: \$ 150,000.00

Grant Term (7/1/22 – 6/30/24):

Reporting Period (1/1/24 – 6/30/2024):

Desert Healthcare District Strategic Plan Alignment

Goal 2: Proactively expand access to primary and specialty care services, Goal 3: Proactively expand community access to behavioral/mental health services, and Goal 7: Be response to and supportive of selected community initiatives that enhance the general education of the district's residents.

Strategy: This project seeks to address the following strategies: Goal 2, Strategy 2.7 Utilize an equity lens to expand services and resources to underserved communities; Goal 3, Strategy 3.6 Educate community residents on available behavioral and mental health resources; and Goal 7, Strategy 7.1 Play a role in raising awareness of the impact of general health education on the health of community residents and be a catalyst for community organizations to act in implementing solutions.

Progress This Reporting Period

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

Progress of Goal #1: The project will increase knowledge on health education, equity and policy advocacy among residents in the Coachella Valley, especially among Latinos and other minority groups, by the end of the project period

The curriculum was finalized with a total of 4 modules for 8 hours of training. The training was provided during the month of May.

Curriculum Overview

- Module 1: Getting Started:
 - Equity and Advocacy
 - Socioecological Model/Spectrum of Presentation
 - The role of CHW/P in equity and policy
- Module 2: Identifying Issues
 - What is a healthy Community
 - Awareness of race, gender and Power Dynamics
- Module 3: Getting the Win
 - Strategies for Change
 - How Government Works
 - Policy, Coalitions, and Allies
 - How to Define Goals
- Module 4: Action Plan
 - Tactics
 - Advocacy and Community Engagement
 - Pathways to power

Progress of Goal #2: The project will increase knowledge on mental health education and support for residents in the Coachella Valley, especially among Latinos and other minority groups, and provide enhanced support to 32 promotores by the end of the project period

This goal was completed in past reporting periods

Progress of Goal #3 The project will increase access to health education materials for other organizations, especially low-resourced, local organizations, by creating a virtual resource hub by the end of the project period

The team continued working on the Learning HUB Materials such as Mental Health, Diabetes and Nutrition and in addition the engineers kept working on the backend of the HUB.

Progress on the Number of District Residents Served

Number of Unduplicated District Residents Directly Served During This Reporting Period: 18

Number of Unduplicated District Residents Indirectly Served During This Reporting Period: 638

Please answer the following questions:

- **Is the project on track in meeting its goals?**
Yes, Project is on track.
- **Please describe any specific issues/barriers in meeting the project goals.**
The architecture of the HUB was needed to be changed after talking with the Promotores.
- **If the project is not on track, what is the course correction?**

n/a
- **Describe any unexpected successes during this reporting period other than those originally planned.**
The feedback from Promotores on the materials developed were well received



Grant Progress Report

Organization Name: Vision y Compromiso

Grant #: 1325

Project Title: Support Leadership Training and Network capacity in Coachella Valley to expand Health Equity

Contact Information:

Contact Name: Maria Lemus

Phone: (510)303-3444

Email: maria@visionycompromiso.org

Grant Information

Total Grant Amount Awarded: \$150,000.00

Grant Term (example 7/1/22 – 6/30/23): 7/1/22-6/30/24

Reporting Period (example 7/1/22 – 10/31/22): 1/1/24-06/30/24

Desert Healthcare District Strategic Plan Alignment

Goal: 2

Strategy: 2.7: Utilize an equity lens to expand services and resources to underserved communities: Increase the number of promotoras/CHWs.

Progress This Reporting Period

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

Progress of Goal #1:

By June 30, 2024, Vision y Compromiso will provide diverse training and workforce development pathways to increase leadership and economic self-sufficiency among at least 30 promotoras, natural leaders in the Coachella Valley, each year (30 promotoras x 2 years= 60 promotoras).

Vision y Compromiso held a series of 9 workshops focused on mental health via Zoom for 30 promotores and other community health workers from the Coachella Valley. These sessions were held between February 15, 2024 and April 18 2024.

Vision y Compromiso completed a training for 32 local leaders that culminated their over 70 hours of training in January 2024 with a beautiful closing ceremony. This group represented the faith community through a local program, *Prevencion y Rescate* or Prevention and Rescue in English with presence in several Coachella Valley cities. While this was not directly funded by the Desert Healthcare District it is worthy of mentioning that our commitment to the region and strengthening the local leadership of residents is core to our mission and will continue beyond our funding cycle.

Progress of Goal #2:

By June 30, 2024, Vision y Compromiso will schedule and complete a minimum of 2 activities to raise awareness about the promotora model and leverage relationships with a minimum of 10 new workforce partners each year (10 partners x 2 years= 20 partners) and promote equitable employment opportunities for Coachella Valley residents.

On June 5th and 6th 2024, we hosted an organizational readiness training in Palm Desert for 17 organizations represented by 23 key leaders from diverse sectors in the Coachella Valley, including the hospital system, clinic system, community-based organizations, the recreation district and the county.

The two days were filled with content to help the group how to integrate the promotora model into their service delivery and to understand the value the model adds to their work and the communities they serve. Topics included:

1. Introduction to the Community Transformational Model
2. Hiring Practices and Process
3. Effective supervision of a promotora team
4. Documenting activities and responsibilities of a promotora
5. Initial training and ongoing professional development of promotoras
6. Planning and sustainability of the model in your organization

These two days were filled with much thought about how employment opportunities could be created and the topic of fundraising for this model and sustainability arose. We invited one of our staff who is a

content expert on CalAim and is leading our own effort to participate in the CHW Benefit to discuss with the group the opportunities that currently exist and they can leverage in order to integrate the model and develop their workforce to service the Coachella Valley.

In addition to this successful training, we conducted a training for 30 promotores in the Coachella Valley on June 27, 2024 focused on strengthening their skills as workers already employed with organizations. The topic focused on workforce ethics as promotores and through interactive activities our trainer led a half day training, creating a space for reflection about the role promotores play in the health of the community and the responsibilities that this role entails.

Progress of Goal #3

N/A

Progress of Goal #4:

N/A

Progress of Goal #5:

N/A

Progress on the Number of District Residents Served

Number of Unduplicated District Residents Directly Served During This Reporting Period:
83 district residents. This number does not include the training that was not funded by DHCD.

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

N/A

Please answer the following questions:

- **Is the project on track in meeting its goals? Yes.**
- **Please describe any specific issues/barriers in meeting the project goals.**

None at this time.

- **If the project is not on track, what is the course correction?**

N/A

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

There is great potential to continue partnering with the organizations who attended our Organizational Readiness training in order to support the integration of the promotora model into their service delivery. The CHW Benefit in California will support and finance this workforce which provides one source of funding to support a consistent provision of services to those most in need. Some of the attendees demonstrated interest in exploring this option, especially those that already have a billing system for Medi-Cal.



Date: November 12, 2024

To: Program Committee – District

Subject: Final Grant Reports 9/1/2024 – 10/31/2024 **HIGHLIGHTS**

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

Vision y Compromiso # 1325

Grant term: 7/1/2022 – 6/30/2024

Original Approved Amount: \$150,000.

Final Report covering the time period from: 7/1/2022 – 6/30/2024

- **Final report highlights:** Vision y Compromiso conducted 26 training sessions for Promotoras, focusing on topics to enhance professional development and economic opportunities. Additionally, they hosted two major events: the Serving from the Heart Symposium and Organizational Readiness Training, engaging 103 key leaders from public and private organizations.

Youth Leadership Institute # 1327

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

- **Final report highlights:** YLI recruited 20 youth and conducted weekly meetings, engaging 75 parents, youth, and community leaders through one-on-one interactions. The organization hosted four hybrid quarterly meetings and organized a power mapping session to select a policy campaign topic aimed at increasing mental health resources in Riverside County. YLI also launched a texting hotline to collect stories for a mental health zine, which features a resource guide with input from coalition and community partners, and created a recruitment video to improve access to mental health resources in the community.

El Sol Neighborhood Educational Center # 1328

Grant term: 7/1/2022 – 6/30/2024

Original Approved Amount: \$150,000.

Final Report covering the time period from: 7/1/2022 – 6/30/2024

- **Final report highlights:** A total of 25 individuals participated in training on equity and advocacy. Three Community Resiliency and Recovery sessions were hosted creating 2,067 points of contact with community members. At least 455 individuals participated in one session, 330 in two sessions, and 1,282 completed all three sessions, receiving a full participation certificate. Additionally, a virtual resource hub was created by the end of the project period.

Galilee Center, Inc. # 1324

Grant term: 8/1/2022 – 7/31/2024

Original Approved Amount: \$100,000.

Final Report covering the time period from: 8/1/2022 – 7/31/2024

- **Final report highlights:** Our Lady of Guadalupe Center was able to assist a total of 135 unduplicated farm/migrant farm workers and 5,132 unduplicated asylum seekers

CSUSB Philanthropic Foundation # 1394

Grant term: 8/1/2023 – 7/31/2024

Original Approved Amount: \$73,422.

Final Report covering the time period from: 8/1/2023 – 7/31/2024

- **Final report highlights:** The Program provided healthcare services to 834 individuals, resulting in 1,439 contacts through nurse and medical clinics serving the homeless, unsheltered, and vulnerable populations in the Coachella Valley. To enhance regional nursing capacity, the program engaged 85 BSN students—32 as volunteers and 53 through clinical rotations—along with 3 graduate nursing students from CSUSB. Additionally, 38 nursing students from COD volunteered with the program. Additionally, the program employed 8 existing nursing student assistants and 1 new assistant, who collectively worked 1,010.83 hours

Word of Life Fellowship Center # 1401 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

- **Final report highlights:** The once-a-month Medical Health Van was the motivation for getting the city involved as the Van was on the city's new Hub overnight shelter property. The Bridge to Better Volunteers took the lead in partnership with the Desert HealthCare Van organizers to invite other agencies to have tables and participate. Besides just providing 150 meals 5 times a week. Bridge to Better was able to do intake on 207 total folks who came to the Medical Health Van and provided lunches, clothes, showers, barbers, outreach, counseling, and referral services. We developed an intake form and data base to analyze the clients' needs and referred them to the agencies who were either in attendance or by phone. We were able to follow up during the week when we

delivered their lunches. The Riverside County of Social Services, DAP Medical Van, Jewish Community Services, and CVRM attended.

GRANT FINAL REPORT

Organization Name: Vision y Compromiso

Grant #: 1325

Project Title: Support Leadership Training and Network Capacity In Coachella Valley to Expand Health Equity

Desert Healthcare District Strategic Plan Alignment

Goal: 2

Strategy: 2.7

Grant Information

Total Grant Amount Awarded: \$150,000.00

Grant Term (example 7/1/22 – 6/30/23): 7/1/22-6/30/24

Reporting Period (example 7/1/22 – 10/31/22): 7/1/22-6/30/24

Contact Information:

Contact Name: Maria Lemus

Phone: (510)303-3444

Email: Maria@visionycompromiso.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 June 30, 2024, Vision y Compromiso will provide diverse training and workforce development pathways to increase leadership and economic self-sufficiency among at least 30 promotoras, natural leaders in the Coachella Valley, each year (30 promotoras x 2 years= 60 promotoras).

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Final Progress of Goal #1:

Vision y Compromiso is proud to have been able to provide 26 trainings during the two year grant period to promotoras throughout the Coachella Valley on diverse topics to support their professional development and increase their eligibility for economic opportunities. We have seen their advancement anecdotally as they secure employment with entities in the region and can offer their families a solid and sustainable future.

Final Evaluation of Goal #1:

There is great interest in continued learning by the promotoras in the Coachella Valley and willingness by leaders not connected to community health work to connect to this work. There is an opportunity to grow this workforce in the Coachella Valley and continue to strengthen our systems of care with culturally and linguistically competent individuals.

How many promotoras were trained during the grant term? 629

Goal #2: By June 30, 2024, Vision y Compromiso will schedule and complete a minimum of 2 activities to raise awareness about the promotora model and leverage relationships with a minimum of 10 new workforce partners each year (10 partners x 2 years= 20 partners) and promote equitable employment opportunities for Coachella Valley residents.

Final Progress of Goal #2:

Vision y Compromiso held two activities, our Serving from the Heart Symposium and our Organizational Readiness Training for 103 key leaders representative of diverse public and private organizations in the Coachella Valley.

Final Evaluation of Goal #2:

As a result of the activities, Vision y Compromiso will develop a plan to continue strengthening partnerships with the organizations that have expressed interest in and readiness for the integration of the promotora model.

1. How many community/workforce partners were added during the grant term: 55
2. Where were the 2 activities held? Thousand Palms Community Center in the City of Thousand Palms & RAP Foundation in Palm Desert

Final Number of District Residents Served:

Proposed number of District residents to be directly served: 80

Final number of District residents directly served during the entire grant term: 629

Final Report

Proposed number of District residents to be indirectly served: 0

Final number of District residents Indirectly served during the entire grant term: 0

Please answer the following questions

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

We did not experience any barriers.

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

An incredible amount of interest from organizations to learn about the promotoras model and will to integrate it into their service delivery for the populations they serve.

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

The work proposed is central to Vision y Compromiso's mission and will continue with the support of training contracts and/or private foundations.

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

1. Plan for additional training. We accomplished much more than what was originally proposed.
2. Plan for follow up with organizational representatives that participated in the organizational readiness training to support the integration of the promotoras model in their service delivery. Tailor specific training to support their onboarding of the model.
3. Plan for ongoing support for promotores entering the workforce through job coaching and mentoring that could support their continued education, job search and connections to employment, networking opportunities, and more.
4. Build the network between employers and promotoras in search of employment in the Coachella Valley.
5. Increase support for the program among local decision makers.

Final Report

Organization Name: Youth Leadership Institute (yli)

Grant #: 1327

Project Title: Youth Voice in Mental Health

Desert Healthcare District Strategic Plan Alignment

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

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

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

Grant Information

Total Grant Amount Awarded: \$50,000

Grant Term: 7/1/2022-6/30/2024

Reporting Period: 7/1/2022-6/30/2024

Contact Information:

Contact Name: Katy Torres

Phone: (760) 972-8113

Email: ktorres@yli.org

Final Progress:

Final Outcomes on Goals and Evaluation

Project's final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.

Over the past year, our office has been able to exceed some of our proposed goals. One aspect has been with engaging program participants, while participant numbers dipped in the fall of 2023 by spring of 2024 increase to a total of 35 youth participants and expect this number to continue increasing as we strengthen our relationship with the school district. We were also able to produce 2 videos with our young people regarding mental health and well being and will produce more as our youth continue to build their skills in video and audio editing.

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Goal #1: Continue the Riverside Youth Taskforce and build leadership skills in youth leadership, youth-led action research, youth-led campaigns, and storytelling throughout July 2022 to June 2024.

Final Progress of Goal #1:

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

YLI ECV's ¡QM! held 15 weekly meetings as part of their Fall 2022 programming in August 2022 - December 2022. In total, 23 youth were a part of the Fall 2022 cohort. The Fall 2022 cohort has supported the Youth-led participatory research project by supporting the mental health journal narrative collection project. This cohort has also continued to engage with other youth, community members and organizations to further discuss mental health issues in our communities. In Spring 2023, YLI ECV ¡QM! also held 15 weekly meetings as part of their Spring 2023 programming from February - May 2023. In total, ¡Que Madre! was able to engage 25 different youth from the ECV. The Spring 2023 cohort continued to support the youth-led participatory research projects by analyzing the report findings and further developing strategies through power mapping and ongoing discussions. Overall, young people agree that there needs to be increased efforts in ensuring young people are aware and have access to local mental health resources.

For Fall 2023 programming, ¡QM! continued to strengthen their policy and advocacy skills. In total, 10-15 youth were part of our 15-weekly meeting cohort. A core group of 5-7 youth from the ¡QM! cohort participated in statewide monthly calls to engage in youth-led mental health conversations to learn more about mental health resources and active policy and initiatives concerning mental health. This Spring 2024, youth continued to participate in 15-weekly meetings starting February 2024 - June 2024. On May 28th, and June 13th, 2024, ¡QM! presented their findings and recommendations from research to the CVUSD school board. Other elected officials were not accessible returning to office at the end of August 2024 including Coachella City Councilmember Dr. Figueroa and Assemblymember Eduardo Garcia, YLI is committed to coordinating these meetings in the Fall of 2024.

Final Evaluation of Goal #1:

- Recruited 20 youth from July 2022-August 2022
- Held weekly meetings starting September 2022

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- Youth engaged in a Youth-Led Participatory Action Research project to narrow down mental health issues and opportunities.
- Youth presented findings and recommendations from research to CVUSD School Board

Goal #2: Initiate a community-led adult coalition that centers mental health stories, issues, and solutions in Riverside County by Fall 2022 and continue meetings throughout 2023 to June 2024.

Final Progress of Goal #2:

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

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

Throughout coalition meetings, youth and partners actively shared their experiences and insights, emphasizing the need to prioritize increasing awareness for local mental health resources available. Their stories resonated with the broader community, fostering a deeper understanding of the challenges faced by young individuals in the Eastern Coachella Valley. By engaging with community organizations, leaders, and parents, we created a platform for open dialogue, helping to break down stigmas surrounding mental health. The coalition's efforts not only aim to address immediate concerns but also lay the foundation for sustained advocacy and support for mental health issues in Riverside County. Looking ahead, we are committed to expanding our outreach and collaboration to ensure that mental health remains a central focus in our community-building initiatives.

Final Evaluation of Goal #2:

- Meet 1-1 with 75 parents, youth, community organizations, and leaders to join the first meeting in September 2022.

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- Held 4 hybrid quarterly meetings (September 2022, December 2022, March 2023, and June 2023)

- Held one power mapping session in Fall 2022 inviting all important partners to select a topic for a policy campaign aimed to increase mental health resources in Riverside County.

Goal #3: Utilize digital organizing methods to engage people in reaching resources in their community and finding ways to get involved throughout July 2022 to June 2024.

Final Progress of Goal #3:

Our goal to utilize digital organizing methods to engage people in reaching resources in their community and finding ways to get involved from July 2022 to June 2024 has seen significant progress. Leveraging platforms such as SimpleTexting and Remind App, YLI ECV's ¡QM! has been proactive in communicating opportunities for youth engagement in mental health programming, statewide mental health coalition meetings, and connecting them with local opportunities.

Furthermore, ¡QM! has established a comprehensive database that includes community members, organizations, and leaders, with over 500 youth, 20 community organizations, and 4 community leaders currently in the network. The continuous growth of this database is a result of strategic outreach efforts and active engagement with local community organizations and leaders. As we move forward, our commitment to expanding this network remains steadfast, demonstrated by recent meetings with additional partners in Summer 2023, Fall 2023 and coordinated meetings with CVUSD leaders and district staff in Spring 2024 once the MOU had been established to strengthen our presence on school sites. This database is dynamic, reflecting our ongoing participation in outreach activities and ensuring the sustained growth of our mental health initiatives.

Final Evaluation of Goal #3:

- Developed a database of community residents to reach out to for campaign efforts and messaging about resources in the community (ongoing).

- Developed a texting hotline (simpletext) that was utilized as digital space to connect community members to existing mental health resources near their home or place of work by December 2022.

Goal #4: Utilize storytelling methods as a strategy for community change efforts throughout July 2022 to June 2024.

Final Progress of Goal #4:

YLI ECV's ¡QM! launched their Spring 2023 programming in February, focusing on a 15-week project to create a mental health zine. This bilingual zine production, led by youth, aims to include a mental health resource guide, stories from community members, and content generated by ¡QM! youth.

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Due to scheduling conflicts and a change in program meeting locations, the project timelines for the zine and video were extended. In Spring 2023, youth successfully developed a video outline and script, as well as a draft of the zine outline. Youth also had the unique opportunity to closely collaborate with YLI's Communications Coordinator to delve into the backend of animation video basics. This crucial step in our learning journey about animation development set the stage for our Spring 2024 programming. In the spring, the talent from youth used for the videos and zine was gathered in this spring cohort, focusing on finalizing video/zine storytelling projects. This is when attendance significantly increased and our cohort was much stronger than in the previous years when we were virtual and then adjusting into hybrid/back in person.

- [Video Project Link in mp4 format](#) (mp4 file linked to email)
- **zine set to be launched August 20th 2024** [Link to Our Community-Mental Health Matters Zine](#) (PDF linked to email)

Final Evaluation of Goal #4:

- Gather stories to create one mental health zine that includes a mental health resource guide by June 2023. Youth and adult coalition partners and community partners were invited to submit stories and resources that were published in this zine.

- Created a video that can be used for recruitment, base-building, and a resource in the community to access mental health resources by August 2022.

Goal #5: Engage elected and decision makers in implementing findings and recommendations from youth and adult coalition from July 2022 to June 2024.

Final Progress of Goal #5:

YLI ECV's ¡QM! has met with several elected and decision makers including 3 school board members, 6 wellness center group staff, CVUSD Superintendent Dr. Frances Esparza . We've also met with staff from Congressman Raul Ruiz office and Assemblymember Eduardo Garcia's office. In addition, we've met with about 20 community organizations that serve the ECV. Our advocacy efforts have been instrumental in translating our research findings into actionable recommendations. We have presented our research outcomes at pivotal moments, including CVUSD School Board meetings on June 13th, 2024 and June 27th, 2024 during the Local Control and Accountability Plan (LCAP) approval process. These efforts strategically positioned us to influence policy and advocate for improved mental health resources and safe spaces for youth across the Eastern Coachella Valley. These engagements not only raised awareness about the urgent mental health needs among students but also sparked meaningful dialogue and action towards creating more inclusive and supportive school environments. Moreover, as active members of the Social Justice Ad Hoc staff, we have shared these findings in this space as well to inform and shape the City of Coachella's goals. This collaborative approach ensures that our advocacy extends beyond educational settings to community-wide initiatives, addressing systemic barriers and enhancing mental health support across all sectors.

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Final Evaluation of Goal #5:

- Meet with 10 decision makers (School Board Members, County Supervisors, Riverside County Mental Health Commission, etc) by March 2023.

- Presented at 2 public meetings on findings and recommendations (School Board Meeting, County Supervisors Meeting, Riverside County Mental Health Commission Meeting etc) by June 2024.

Final Number of District Residents Served:

Proposed number of District residents to be directly served: 100

Final number of District residents directly served during the entire grant term: 100

Proposed number of District residents to be indirectly served: 15,000

Final number of District residents Indirectly served during the entire grant term: 15,000

Please answer the following questions

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

One key barrier to the project was the limited availability of local electeds conflicting with the availability of our youth participants in presenting our findings. The second key barrier was finding avenues to join statewide spaces, for example the Riverside County Behavioral Health Advisory Board that meets during our participants' school hours and is not in session during the summer months. With regards to the mental health video, creating an animated one has been a lengthy process that has made this item that lengthiest and most labor intensive point of the project.

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

One unexpected success has been our inclusion in the Social Justice Ad Hoc Committee, where our efforts to advocate for mental health resources and safe spaces for youth have been significantly amplified. This platform has provided us with a broader reach and deeper engagement with community leaders, allowing us to influence policy and initiatives beyond our initial scope. Our participation in this committee has not only enhanced our advocacy impact but also strengthened collaborations aimed at addressing systemic barriers and promoting equitable outcomes across the City of Coachella.

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

This project has created the foundation for yli to be seen as a trusted community resource, creating eligibility through new opportunities such as our partnership with Office of Community Partnerships and Strategic Communications and shifting our work

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with DHCD in building the capacity of youth and young adults to serve as community health navigators through the ECV CARES project. yli is a financially stable organization, with a budget built on diverse revenue sources that practices strong fiscal oversight. In addition yli remains committed to our partnership with the California Endowment, an foundation that has been committed to resourcing our youth storytelling and media hub in the EVC.

yli has a strong Development Department that is consistently exploring and procuring resource and funding opportunities. In partnership with our ECV yli program team, we will continue to look for funding to sustain and scale our work with the goal of providing more opportunity to youth and community across the ECV.

As a statewide organization with seven offices across California and a budget of over \$9M annually, yli manages more than 35 government contracts each year and more than 60 contracts with private foundations and organizations.

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

1. Potentially outsourcing labor intensive filming process to an outside contractor who can deliver the video production utilizing youth input
2. Begin the LCAP youth and community engagement process earlier in the year to prepare materials, statements and gather support.
3. Implement the research component over a longer period of time or over multiple years to get a better understanding of mental health trends amongst youth in our programs and in the ECV.
4. Also for our research, repeating the mental health journals with both Que Madre participants and other youth from across CVUSD to compare results.
5. For most of this grant period, we did not have an MOU with CVUSD which prevented us from being more present on school sites. The challenges were on the institution's end as yli staff consistently were advocating to put the MOU in place. Now that this agreement has been fully executed, we can host more events, workshops and general outreach on school sites that will help boost our presence and connection in the community.

Final Report

Organization Name: El Sol Neighborhood Educational Center

Grant #: 1325

Project Title: DHCD HUB

Desert Healthcare District Strategic Plan Alignment

Goal: Goal 2: Proactively expand access to primary and specialty care services, Goal 3: Proactively expand community access to behavioral/mental health services, and Goal 7: Be responsive to and supportive of selected community initiatives that enhance the general education of the District's residents.

Strategy: This project seeks to address the following strategies: Goal 2, Strategy 2.7 Utilize an equity lens to expand services and resources to underserved communities; Goal 3, Strategy 3.6 Educate community residents on available behavioral and mental health resources; and Goal 7, Strategy 7.1 Play a role in raising awareness of the impact of general health education on the health of community residents and be a catalyst for community organizations to act in implementing solutions.

Grant Information

Total Grant Amount Awarded: \$ 150,000.00

Grant Term (7/1/22 – 6/30/24):

Reporting Period (7/1/22 – 6/30/24):

Contact Information:

Contact Name: Alexander Fajardo
Phone: 909-884-3735
Email: alexfahardo@elsolnec.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:

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

This goal will be evaluated by reaching the following outputs:

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

Final Progress of Goal #1:

The curriculum was finalized with a total of 4 modules for 8 hours of training. The training was provided during the month of May.

Curriculum Overview Module

1: Getting Started:

Equity and Advocacy
Socioecological Model/Spectrum of Presentation The
role of CHW/P in equity and policy

Module 2: Identifying Issues

What is a healthy Community
Awareness of race, gender and Power Dynamics

Module 3: Getting the Win

Strategies for Change
How Government Works
Policy, Coalitions, and Allies
How to Define Goals

Module 4: Action Plan

Tactics
Advocacy and Community Engagement Pathways to
power

Final Evaluation of Goal #1:

A total of 25 individuals participated in the training. Of these, 23 were female and 2 Male.

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

Goal #2:

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

This goal will be evaluated by reaching the following outputs:

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

Promotores will reach 2,000 residents with support information on mental health by the end of the two year project

Final Progress of Goal #2:

Curriculum, Training and Delivery were successfully completed

Final Evaluation of Goal #2:

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

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

Race/Ethnicity. The majority of participants identified themselves as Latino (n29). **Primary Language.** Most participants speak Spanish as their primary language (68%).

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

Training Feedback.

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

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

Usefulness of training. Participants were asked to rate how useful the training

was; 90% strongly agreed that it was useful, and 10% agreed to the usefulness of the training.

Content Delivery. The delivery of the training was evaluated by asking participants to rate different areas of delivery including the facilitator's commitment to the training, how clear the content was presented, and if the training had a clear structure. Most participants (97%) strongly agreed that the facilitator demonstrated commitment to the training by presenting content very clearly. In addition, all participants rated the structure of the content as clear.

Perceived Self-Efficacy: capacity to deliver Wellbeing and Resiliency content to the community. At the end of the training, participants were asked to rate how convinced they were that they could deliver the Wellbeing and Resiliency content to their community. Most participants strongly agreed or agreed to their perceived self-efficacy to do so successfully.

Perceived Capacity Building: capacity to continuously learn and be capable to address community needs. Participants were asked to rate their perceived capacity to continue to learn with time, and assist with the needs of their community.

Self-Esteem. In addition to perceived capacity to deliver the training content to the community and ability to grow in knowledge and skills, participants were asked to rate their self-esteem in regard to being a good Community Health Worker/Promotor for their community's wellbeing. Also, participants were asked to rate their agreement on having many positive qualities as a Community Health Worker/Promotor. With the exception of a very few, most participants rated their self-esteem positively, with most strongly agreeing or agreeing to being a good CHW/P for their community, and having positive CHW/P qualities.

Additional training. Participants were asked if they planned to participate in additional training in community Wellbeing and Resiliency; 60% indicated that they do plan to continue learning in this area to further impact their community's wellbeing.

Qualitative feedback: what was liked the most. Participants had the opportunity to share what they enjoyed the most about the training with an open-ended question. The feedback highlighted the open interaction during the training as the most beneficial and most enjoyable. In addition, the following was given as having impacted the learning experience positively:

- Popular education approach: open dynamic/activities
- How it was taught using popular education methods for delivering the content to the community
- How thorough and complete the information was
- Understanding very clearly every step of wellbeing and resiliency

- Being able to build capacity in this particular area
- Group interaction and dynamics
- Very prepared and knowledgeable facilitators
- Popular education approach: art therapy
- Open space to learn from other CHW/Ps and their experience

Qualitative feedback: suggestions for improvement. When asked about suggestions for improvement of the training, most participants seemed to agree that they would have enjoyed having additional time for each module. Other suggestions included:

- Simulation of a crisis event and how to respond
- Additional content on family care, not just individual
- Additional time for individual activities

Content Delivery. The *delivery* of the training was evaluated by asking participants to rate different areas of delivery including the facilitator's commitment to the training, how clear the content was presented, and if the training had a clear structure. Most participants (97%) strongly agreed that the facilitator demonstrated commitment to the training by presenting content very clearly. In addition, all participants rated the structure of the content as clear.

Translated:

- *Translated: The way in which the information was presented. Excellent facilitator and the activities [were] of much help. La manera en que se nos presentó la información. Excelente la presentadora y las dinámicas de mucha ayuda.*
- *:Translated It was completely dynamic and the facilitator presented the topics very clearly. Fue completamente dinámico y la presentadora facilitó los temas muy claramente.*
- *Translated: The clear explanation in every step to be effective in facilitating with success the relevant content of Wellbeing and Resiliency. La explicación en detalle de cada paso para ser efectivo en enseñar con éxito el contenido relevante de Bienestar y Resiliencia.*

Perceived Self-Efficacy: capacity to deliver Wellbeing and Resiliency content to the community. At the end of the training, participants were asked to rate how convinced they were that they could deliver the Wellbeing and Resiliency content to their community. Most participants strongly agreed or agreed to their perceived self-efficacy to do so successfully.

Evaluation Question: How many group sessions have been delivered to the community? How many community members (participants) have been reached? Were participants linked to mental and/or social services and if so, which services specifically?

The Community Resiliency and Recovery sessions began on September 09, 2022. At the end of the program, 2,067 points of contact were made with community members, whether participating in one given session, or all three.

At least 455 community members participated in one session; 330 in two sessions; and a total of 1,282 community participants completed all three sessions, receiving a full participation certificate

Goal #3:

The project will increase access to health education materials for other organizations, especially low-resourced, local organizations, by creating a virtual resource hub by the end of the project period.

Evaluation #3:

This goal will be evaluated by reaching the following outputs:

1. EI Sol will hire a part-time web developer to design the resource hub by the end of month 3.
2. EI Sol will design the virtual resource hub and upload at least 10 training resources by the end of the first year.

Final Progress of Goal #3:

EI Sol conducted a qualitative study to discuss and analyze the CHWs/Ps need to be personally, professionally, and technically successful. To gather qualitative data outside of the EI Sol CHWs/Ps network, EI Sol conducted focus groups and key informant interviews with CHWs/Ps and CHWs/Ps employers. A total of seven questions were asked in the focus groups and eleven questions were asked to the key informants. In addition to the qualitative data EI Sol did a comprehensive literature review to see what resources already exist to support CHWs/Ps success.

The interviews assessed the needs and the existing resources for CHWs/Ps and the barriers that impede them from personal and professional growth. It was found that CHWs/Ps want 1) a central place to find tools and resources developed by them, with and for them, 2) to cultivate sincere and intentional connections with their colleagues and 3) to have a central place for their career advancement with a history of their trainings, certificates obtain, assessments, and reports etc.

The EI Sol team proposed to develop a CHW/P Learning HUB to address this need. The CHW/P Learning HUB is a website that will contain a wide-range of information and tools on various topics related to the work of CHWs/Ps. It is a unique website that gives the users access to information and education on many topics, tools such as printable sheets, homework materials, assessments, videos, games, blogs, and forums, as well as a dashboard that will report their learning progress, trends, and

more. In addition, this Learning HUB will also be used to support CBOs and employers with technical assistance, and they will have access to resources and training on how to incorporate the CHW/P into their operation.

The CHW/P Learning HUB is a place where CHWs will have a professional home with a large quantity of resources in a creative, engaging format such as videos, games, infographics, tipsheets, etc as well as a platform where they can interact with other CHWs in addition to keeping track of their own advancement history with access to their certificates, assessments, etc.

The team has developed tools that have been reviewed by CHWs, in addition software experts have developed a website prototype diligently to make it easy to navigate

Final Evaluation of Goal #3:

Goal 3 has been completed



Final Number of District Residents Served:

Proposed number of District residents to be directly served: 32

Final number of District residents directly served during the entire grant term: 38

Proposed number of District residents to be indirectly served: 2000

Final number of District residents Indirectly served during the entire grant term:

2067

Please answer the following questions

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

Goal 3: The development of the HUB was more complex than initially planned and during the development CHWs requested to be more community friendly which delayed the planning.

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

Goal 2: The Mental Health intervention in the community was a success and there is a lot impact data and testimonies

- 3. After the initial investment by the DHCD how will the project be financially sustained?**

The integration of CHWs into CalAIM and CHWs Benefit is one of the strategies will be one of the best sustainable ways to receive reimbursement for CHWs interventions. El Sol aims to incorporate alternative payment structures designed to enhance overall utilization and elevate the quality of care. CHWs are a key component of CalAIM initiative which is a multi-year approach to transform the Medi-Cal Program to better meet the needs of the its beneficiaries and CHWs play a crucial toles in this initiative by providing culturally and linguistically appropriate support particularly those with complex health and social needs.

- 4. List five things to be done differently if this project were to be implemented and/or funded again.**

1. Work more closely with IT in the development of a CHW/P Platform
2. Include Incentives for participants
3. Request CHW/P involvement on the evaluation methodology since the beginning of the project
4. Develop a communication plan
5. Coordinate with other Mental Health Providers for referrals.

Organization Name: Galilee Center, Inc.

Grant #: 1324

Project Title: Our lady of Guadalupe Center

Desert Healthcare District Strategic Plan Alignment

Goal 5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents (on a situational basis)

Strategy 5.3: Reduce the negative impacts of social determinants of health on poverty in Coachella Valley

Grant Information

Total Grant Amount Awarded: \$100,000

Grant Term (example 7/1/22 – 6/30/23): 08/01/2022-07/31/2024

Reporting Period (example 7/1/22 – 10/31/22): 08/01/2022-07/31/2024

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.

All guests received shelter, hot meals, showers, laundry, and babies received infant services. 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 June 30, 2024, the Our Lady of Guadalupe Center will provide services annually for 150 unduplicated farm/migrant farm workers and 1,156 unduplicated asylum seekers. The services available 24 hours a day include women's and men's restroom facilities (ADA accessible) and separate sleeping areas. Private shower stalls,*

sinks, hot and cold water, lockers, and laundry facility with washers, dryers, and supplies. A community room will be available, offering room for relaxation and other social and enrichment programs.

Final Progress of Goal #1: By June 30,2024 Our Lady of Guadalupe Center was able to assist a total of 135 unduplicated farm/migrant farm workers and 5,132 unduplicated asylum seekers.

Final Evaluation of Goal #1: The agency records all activities relating to Our Lady of Guadalupe Center 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 #2: *The Our Lady of Guadalupe Center will provide wrap-around services annually to farm /migrant farm workers and asylum seekers to provide a healthy and pleasant stay. Services include shelter, hot meals, snacks, showers, laundry, and travel arrangements when needed for asylum seekers. By June 30,2024, the Our Lady of Guadalupe Center will provide sleeping accommodations (night of shelter) for 2,398 duplicated farm/migrant farm workers and 2,894 duplicated asylum seekers annually. Daily meals will provide 4,796 meals annually for farm/migrant workers and 15,250 for asylum seekers. The shower facility will provide annually 2,200 showers for farm/migrant farm workers and 3,426 showers for asylum seekers. Annually,604 farm/migrant farm workers and 2,112 asylum seekers will use the laundry facility.*

Final Progress of Goal #2: From 08/01/2022-07/31/2024, Our Lady of Guadalupe Center provided the following wrap-around services farm/migrant farm workers and asylum seekers.

Services	Farm/Migrant Farm Workers	Asylum Seekers
Nights of Shelter	3,498	9,250
Hot Meals	5,966	16,439
Showers	3,577	6,573
Laundry	844	4,285
Infant Service	0	267

Final Evaluation of Goal #2: The agency records all activities relating to Our Lady of Guadalupe Center 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.

Final Number of District Residents Served:

Proposed number of District residents to be directly served: 1,306

**Final number of District residents directly served during the entire grant term:
5,267**

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 Lady of Guadalupe Center 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.

- a. We would use a new client database to better collect data and create better service reports.
- b. We would set up educational activities for the children to keep them occupied and learning while they are staying at the Shelter.
- c. We would look to collaborate with a medical agency to bring in a mobile clinic to offer medical check-ups to our guests.
- d. We would bring new resources for our guests that offer living skills training, from skills as simple as how to maintain good daily cleanliness to workshops on Know your Rights or from how to do a household budget to getting an ID.

FINAL GRANT REPORT

CSUSB Philanthropic Foundation, Grant # 1394

ABOUT THE ORGANIZATION

CSUSB Philanthropic Foundation
5500 University Parkway
San Bernardino, CA 92407
909-537-4469

Final Report Contact:

Michelle Skiljan Senior Director, CFR and Diane Vines, Executive Director, CSUSB
Nursing Street Medicine Program
mskiljan@csusb.edu

PROJECT INFORMATION

Project Title: 1394 PDC Nursing Street Medicine Program

Grant Term: 08/01/2023 - 07/31/2024

Total Grant Amount Awarded: \$73,422.00

Reporting Period: 08/01/2023 - 07/31/2024

Report Due Date: 09/15/2024

DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT

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

Strategy 2.5 Collaborate/partner with culturally competent training programs to expand primary care residency and nursing program with required retention initiatives

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 June 30, 2024, the NSMP will provide healthcare services to 425 individuals and 850 contacts (contacts may be duplicated individuals) through nurse and medical clinics serving the homeless, unsheltered, and vulnerable populations in the Coachella Valley, additionally providing continued assistance with COVID-19 testing, education, and immunization services, and assist in the diversion of using the ER for primary care and non-urgent issues. Each individual served completes an intake/contact form with demographic information, the reason for being seen, whether they use the emergency room for primary care, diagnosis and services provided, and referrals with the reason for referral. These forms are completed before a provider sees the person, although the participant has the right to refuse to provide information. Data collection will assess, to the extent possible, the number of times the program can divert patients from the emergency room and hospital visits. The analysis will also include some process evaluation that would track the number of individuals served, the extent to which participants were referred to other social services, and the reason for the referral.

Final Outcomes towards Deliverable #1:

The PDC Nursing Street Medicine Program provided healthcare services from August 1, 2023, to July 31, 2024, to 834 individuals and 1439 contacts (contacts may be duplicated individuals) through nurse and medical clinics serving the homeless, unsheltered, and vulnerable populations in the Coachella Valley, additionally providing continued assistance with COVID-19 testing, education, and immunization services, and assist in the diversion of using the ER for primary care and non-urgent issues.

Age (contacts): 6-17 yrs.: 14, 18-24 yrs.: 33, 25-64 yrs.: 908, 65+ yrs.: 364, unknown or declined to state: 121.

Gender (contacts): Female: 441, Male: 890, Non-binary: 6, unknown or declined to state: 111.

Race/ethnicity (contacts): American Indian/Alaskan Native: 47, Hispanic/Latino: 545, Black/African American: 140, Caucasian: 447, Native Hawaiian & Pacific Islander: 0, Asian: 33, Mixed-race: 43, Other: 33, Unknown or declined to state: 151.

Veteran status (contacts): 66

Insurance status (contacts): Medi-Cal/Medicare: 1041, Private: 70, Uninsured: 130, Don't know: 44, Military/Tricare/VA: 19, Unknown or declined to state: 135.

Use ER for care: 535 contacts.

Services provided (contacts): Vitals: 1439, Foot soaks: 676, Wound Care: 47, Care packs: 1387.

Referrals: 92: 55 to residents on-site, 20 to PCP, 11 to UC/ER, 10 other community referrals

Vaccinations: 10

Project Deliverable #2:

To develop regional nursing capacity through engaging and building empathy for vulnerable populations, thirty-two (32) CSUSB PDC BSN nursing students and six (6) CSUSB PDC BSN nursing student assistants will engage in NSMP activities for course credit or volunteer hours by June 30, 2024.

Final Outcomes towards Deliverable #2:

To develop regional nursing capacity, From August 1, 2023, to July 31, 2024, the CSUSB PDC Nursing Street Medicine Program engaged 85 BSN students, comprising 32 volunteers and 53 clinical rotations. The program also engaged 3 CSUSB nursing graduate students. Additionally, 38 COD nursing students volunteered with the CSUSB PDC Nursing Street Medicine Program. A total of 20 students were paid, an increase of 8 for the year.

Project Deliverable #3:

NSMP will monitor and track Street Medicine's progress toward developing additional collaborative partnerships and efforts to replicate the program reporting the new partner names and MOU agreements for new partnerships by June 30, 2024.

Final Outcomes towards Deliverable #3:

Partnerships: As of July 31, 2024, NSMP developed new collaborative partnerships with the Coachella Valley shower unit, the Southwest Church Overflow shower unit, the DPMG mobile pharmacy van, the Spirit Filled Church in Indio, the Coachella Behavioral Health mental health Acadia facility, Laundry Love, Eisenhower Health mobile medical unit, Abundant Life Church, Hope through Housing/Cathedral Palms, and College of the Desert nursing program.

Presentations on Street Medicine:

American Psychiatric Nursing Association National Conference, 10/5/23, Orlando, FL
Nursing World Conference, 10/17/23, Boston, MA

Odyssey Sigma Theta Tau So. CA conference, 10/5-6/23, San Diego, CA

CSUSB Nursing Department Orientation, 9/17/23, San Bernardino, CA

Unitarian Universalist Church of the Desert, 10/15/23, Rancho Mirage

One Future Economic Summit, 10/11/23, Palm Desert

World Nursing Forum Global Virtual Conference on Nursing Education, 2/12/24

Future presentations on Street Medicine

Nursing Trends 2024, 7/20-26/24, Berlin, Germany

CSUSB Associates, 3/12/24, CSUSB PDC

World Nursing Forum Global Virtual Conference on Nursing Education, 2/12/24

Odyssey 2024, San Diego

Southwest Church Overflow Unit event, March 16, 2024

SMART Recovery National Conference, April 6, 2024

Vanderbilt University Alumni Association Homecoming event

Coachella Valley Street Outreach Collaborative meeting, June 11, 2024

Replications of foot soaks:

New York City Bellevue

Los Angeles

Ft. Lauderdale

UCR School of Medicine

Mayo Clinic

Inland Empire Street Medicine Oregon Health and Science University

Project Deliverable #4:

NSMP will hire a minimum of six nursing student assistants to work with the Street Medicine teams in homeless outreach settings in the Coachella Valley. The program will provide information on the students and report on the total number of hours worked by the nursing assistants.

Final Outcomes towards Deliverable #4:

PDC CSUSB's NSMP employed 8 existing and 1 new nursing student assistant, who worked 1010.83 hours. For the first report, we had hired 7 new permanent nursing student assistants, who worked 292.25 hours, and 7 new temporary nursing student assistants, who worked 116 hours.

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 2.5: # of collaborations:

10

Story Behind the Number:

PI Diane Vines was instrumental in starting the Coachella Valley Street Outreach Collaborative. She continuously seeks collaborative organizations so their events can be placed on the website calendar to achieve efficiencies in outreach efforts.

PM 2.5: # of nursing student positions:

85

Story Behind the Number:

To develop regional nursing capacity, From August 1, 2023, to July 31, 2024, the CSUSB PDC Nursing Street Medicine Program engaged 85 BSN students, comprising 32 volunteers and 53 clinical rotations.

PM 2.7: # of clients who increased their knowledge of primary and specialty care resources:

449

Story Behind the Number:

PM 2.7: # of clients who were directly connected to a primary and specialty care service provider:

92

Story Behind the Number:

Through the Nursing Street Medicine Program 92 referrals comprising 55 to residents on-site, 20 to PCP, 11 to UC/ER, 10 other community referrals have occurred.

PROGRESS ON THE DISTRICT RESIDENTS SERVED:**Total Number of District Residents Served During the Entire Grant Term:**

834

Story Behind the Number:

The PDC Nursing Street Medicine Program provided healthcare services from August 1, 2023, to July 31, 2024, to 834 individuals and 1439 contacts (contacts may be duplicated individuals) through nurse and medical clinics. These clinics are held in collaboration with shelters, free food program locations, homeless encampments, and cooling/warming centers. The CSUSB PDC Department of Nursing students play a crucial role through assisting with vital signs, blood glucose, wound care, triage, medication, chronic disease management, physical and behavioral health assessments, referrals, preventive care and education.

Geographic Area(s) Served During the Entire Grant Term:

Bermuda Dunes, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, Indio Hills, La Quinta, Mecca, Oasis, Palm Desert, Palm Springs, Rancho Mirage, Thermal, Thousand Palms

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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, and/or fiscal budgetary expenses, etc.

We are on track with our activities and have served many more residents of the Valley than we predicted. We are also proud to share the replication of the PDC Street Medicine and foot soak program in New York City, Los Angeles, Ft. Lauderdale, Portland, other campuses and street medicine programs nationwide and internationally through our conference presentations. We have positive results in the survey of the development of empathy and therapeutic communication skills with vulnerable populations. We designed a client satisfaction for the unhoused client population and almost everyone who attended a clinic and had foot soaks said they trusted the program and would return in the future. A challenge that continues for the NSMP is the need for Spanish language providers to serve the vulnerable populations we work with appropriately. CSUSB is designated as a Hispanic Serving Institution by the U.S. Department of Education. Because the Palm Desert Campus serves mostly Coachella Valley residents, about one-third of the students speak Spanish. We also worked with

the UCR School of Medicine program Promotores when serving the East Valley migrant population. To serve the Spanish-language population even better, we have partnered with the College of the Desert nursing program in conducting nurse clinics and foot soaks. The COD students are even more likely to speak fluent Spanish, making this a great addition to the Program.

Another challenge is that many CSUSB students are mature students with families and often first-generation collegegoers with low family income and a challenging curriculum; most students work at least part-time and have families so that enticing participation can be difficult. For this reason, we rely heavily on students who are receiving college credit for clinical coursework. We are happy to report that more nursing scholarship funds have been raised and supplemented by One Future so we can provide scholarships for students in need who perform 30 hours of service as volunteers in the program. We also raised the salaries for the nursing student assistants so we could compete for their time with other opportunities paying a better wage.

A minor ongoing challenge is that we need warm water for the foot soak program, which is only sometimes available in the field. Occasionally, we partner with the two shower units for the warm water. We are partners with Kinesiology and Social Work on a grant proposal for an EV van with water and air conditioning to allow for foot soaks in the field and to protect our equipment from the heat. Also, there is a Federal request for the van.

Another challenge is meeting the varying needs and contingencies of the work; we often must handle unique challenges. We are proud of the ability of our outstanding, creative students who learn to improvise and demonstrate leadership and innovation. For example, at the Well in the Desert free lunch clinics, the students can prepare clients for visits with the visiting medical residents, give them reports, and work with them directly on treating clients. Such an opportunity is unique for nursing students and encourages critical thinking and problem-solving. Nursing students often teach medical and pharmacy residents how to take vital signs and other assessments outside the hospital and its technology. Another challenge is to do behavioral health assessments in the field with the DHCD/DPMG pharmacy van or with the new Eisenhower mobile unit. We are in the planning stage with both options but have not been able to finalize arrangements for times when our students are available.

Despite these challenges, the NSMP has engaged nursing students and faculty to support healthcare services for homeless and unsheltered people in the Coachella Valley and increased their empathic care and understanding of these vulnerable populations. The Program fulfills a human service need in the community for those identified as medically underserved; services benefit the sheltered and unsheltered homeless populations, migrant workers, and their families in the Coachella Valley, including Veterans, seniors, mentally ill people, substance users, uninsured and underinsured, persons of color, and bilingual people. NSMP treats all persons in need, is compassionate in giving care, delivers services with our partners throughout the Coachella Valley, and encourages partnerships and collaborations with multiple organizations with similar goals.

Please list five things to be done differently if this project were to be implemented and/or funded again.

The five things we would do differently in the future are as follows.

- A previous program goal that we would like to finalize is to incorporate behavioral health assessments at all the clinics provided in the psychiatric nursing clinicals. The nursing students are educated on the primary behavioral health assessment tools and administration of the mental status exam and the Mini-Cog assessment to assess for developing dementia. The assessments are used to develop behavioral health verifications for housing applications and to prepare requests for behavioral health medications to the medical residents of the Desert Physicians Medical Group or with the Eisenhower mobile unit once they have the license for the van and the behavioral health medical residents to prescribe medications.
- In the future, we will continue to work to get funding for an EV van with air conditioning and water onboard. These are the reasons for the specific van we want to purchase. They are:
 - EV so it could be stored on campus and charged between times of usage;
 - Air conditioned so we could store equipment without damage from the heat. During late spring and summer, we work in temperatures exceeding 110 degrees Fahrenheit and must bring additional coolers to keep supplies/assessment equipment cool.
 - Water on board so we can do foot soaks in places in the field without available water supply. Some of our clinics are held in rural areas without a water supply; by having an EV with water, we could provide foot soak services to more of our clients.
- We would expand our partnership with the C.O.D. nursing program so we could serve more partner sites. We currently work with their student nurse association and the nursing department for their students to volunteer. We hope to have their faculty and students come to clinics as a group during their psychiatric mental health community hours.
- We would expand our efforts to get street medicine programs nationwide and worldwide to add foot soaks to their outreach efforts.
- We will continue our leadership of the Coachella Valley Street Outreach Collaborative and find a volunteer who will interview the collaborative

organizations so their events can be placed on the calendar on the Collaborative website so the participating agencies can share events and be more efficient in their outreach efforts.

After the initial investment by the Desert Healthcare District and Foundation, how will the project be financially sustained?

The CSUSB faculty and administrators are committed to integrating the Nursing Street Medicine Program into the Department of Nursing curriculum with state support for the faculty teaching clinical courses as part of the requirements for program completion. The nurse clinics and outreach for course credit will continue with state-funded backing. However, the Program will still need funding for the PI, nursing faculty for volunteer clinics, student salaries, services, supplies, and conference travel. CSUSB Philanthropic Foundation (Philanthropic) and University Enterprises Corporation at CSUSB (Governmental) will pursue additional funding by submitting public and private foundation grants to support the NSMP.

Please share any success stories and/or testimonials highlighting the impact that your project had on District residents during the entire grant term.

The community support has been overwhelmingly positive in that the street medicine program provides healthcare services and resources to those in need. It expands educational opportunities to our CSUSB nursing students contributing to this community outreach. We believe we are making a difference with your generous help. Student comments include the following: "Forming relationships with strangers has always been a challenge for me. After the initial "hello," "how are you," and "I'm good too," my mind tends to go 'blank' and I fumble for the words to say next. Going into the Street Medicine Program, I expected only to do vital signs and to care for the immediate physical needs of the underserved population. I thought I would see these clients once, so maybe I did not have to say much to them after all. But when I began to see familiar faces, I started asking questions and genuinely listening to what clients had to say. I ended up learning that nursing is so much more than just caring for people physically-- it's about the relationships that we are able to build."

"Volunteering with the Street Medicine program has been an eye-opening experience with unlimited opportunities to grow as a nursing student."

"The Street Medicine program has allowed me to experience the simultaneous acts of academic focus and volunteerism, something I didn't realize could be done together in a sustainable way."

"I live near a homeless shelter, and my mom was always worried about me walking home from school. She was worried about me volunteering. I do not think about homelessness in the same way anymore."

"These are people just like you and me. I grew up in poverty and have walked in their shoes. They deserve our time and attention just like everybody else." Comments from partner staff and from clients served by the program include:

"Blessed' to have nurses and nursing students here."

"We appreciate your commitment."

"You are all making a difference in these people's lives! God bless you all!:

"When are you coming back!"

"I don't want to see a doctor. They don't know me. I want my nurse!"

"I keep my note card that you gave me in my wallet and show it to my doctor."

"Thank you for listening."

"They know me by my name." "See you next time" We have received national and, recently, international interest in replicating our foot soak program. We have been invited to speak at national and international conferences, and replications around the country have been initiated. Local churches and service organizations, including the Altrusa Club and local Rotary clubs, have

Is there anything else (*not related to the grant funding*) that you feel is important to share with the Desert Healthcare Board and Staff?

MINI GRANT FINAL REPORT

Word of Life Fellowship Center, Grant # 1401

ABOUT THE ORGANIZATION

Word of Life Fellowship Center
64565 Pierson Blvd.
Desert Hot Springs, CA 92240
760-671-5245

Progress Report Contact:
Sally Hedberg, Grant Coordinator
sallyhedberg@gmail.com

PROJECT INFORMATION

Project Title: 1401 The Bridge to Better

Grant Term: 07/01/2023 - 06/30/2024

Total Grant Amount Awarded: \$10,000.00

Reporting Period: 07/01/2023 - 06/30/2024

Report Due Date: 07/30/2024

DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT

Goal 5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents (on a situational basis)

Strategy 5.1: Reduce the negative impacts of social determinants of health on homelessness in Coachella Valley

Project Description and Use of District Funds

*Describe the scope of the project and how your organization will utilize the Desert Healthcare District funding. Clearly state the approach you are going to take to meet the community's need and specify how the success of this project directly aligns to the District's mission and current **Strategic Plan**.*

The WOLFC wants to expand this service.

Using the "Housing First";* model, the project is the first step in providing services to the homeless community in Desert Hot Springs.

The project goals are:

- 1) To provide nutritional meals to the homeless
- 2) To offer information and referral services for housing, health care, mental health services to this population
- 3) To offer showers and hygiene services in conjunction with other providers
- 4) To establish a volunteer bank of residents to assist in meeting the goals of the project
- 5) Offer referrals to vocational resources

1) Nutritional Meals: The DHCD funding will allow the WOLFC to expand the lunch bag dissemination to the homeless encampments to more individuals. We will be able to purchase more nutritious food and drinks. Although we have a good relationship with the Food Now Food bank, their stores of food is diminished because of rising demand. In addition to the lunch bag outreach service, WOLFC will begin to offer a hot meal every Saturday at a central location in downtown Desert Hot Springs

2) I&R Service: Because the WOLFC volunteers are in contact with the homeless, there has not been a concerted effort to utilize online Information & Referral services with the help of trained health care workers or promotores. We see this funding as a first step in referring homeless people to health care services, temporary housing, and mental health counseling. With the addition of a part time paid health/social services worker, using DHCD funding we will be able to provide this service. The Grant requests for the purchase of an iPad Pro and Wifi services to employ in the field to utilize the interactive CVHIP I&R database.

3) Showers/Hygiene: WOLFC would like to utilize the Coachella Valley Rescue mission to bring their shower trailer, along with their trained personnel to provide much needed hygiene and referral services.

4) Volunteer Bank: WOLFC will establish a database of volunteers, which will hopefully include student nurses from College of the Desert and Cal State Riverside. If feasible, the DHCD/ Desert Physicians Medical Group mobile medical van may be utilized.

5) Economic Stability- Vocational evaluations and work referrals utilizing the Social Services and Dept. of Rehabilitation.

Project Impact

Reported data should reflect project numbers that resulted from the Desert Healthcare District and Foundation grant award.

The Desert Healthcare District Grant made a huge impact on our homeless project and the entire city of Desert Hot Springs. The once a month Medical Health Van was the motivation for getting the city involved as the Van was on the city's new Hub overnight shelter property. The Bridge to Better Volunteers took the lead in partnership with the Desert HealthCare Van organizers to invite other agencies to have tables and

participate. Beside just providing 150 meals 5 times a week. Bridge to Better was able to do intake on 207 total folks who came to the Medical Health Van and provided lunches, clothes, showers, barbers, outreach, counseling, and referral services. We developed an intake form and data base to analyze the clients needs and referred them to the agencies who were either in attendance or by phone. We were able to follow up during the week when we delivered their lunches. The Riverside County of Social Services, DAP Medical Van, Jewish Community Services, and CVRM attended.

Outcomes of Mini Grant Strategies

Please report on the performance measure outcomes as they align with your project.

Mini Grant Strategy 1: # of individuals that received resource information

Number of individuals that received resource information (I.E. flyer, kits, brochures, etc.)

500

Mini Grant Strategy 1: # of individuals connected or referred to a community resource or service

207

Mini Grant Strategy 4: # of basic necessities (items or units) distributed

500

Mini Grant Strategy 4: # of individuals that received basic necessities

207

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Served During the Entire Grant Term:

207

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Please share any challenges and course corrections you may have experienced during the grant term such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.

The biggest challenges we encountered was placement in programs and especially housing. In the last 10 months we did intake on 127 men and 80 women. All were unhoused except for 3 people. All the but 10 wanted housing. 19 were clients of Jewish Family Services, two were CVRM clients, 2 were Martha's clients. Several have been living for months at the Hub run by Martha's Village. Eight of those staying at the Hub have jobs. In June we noticed an influx of 22 new homeless folks in DHS who attended the Medical Health Van. The shelter problem is only getting worse. The Bridge to Better

has a good relationship with the City officials and our addressing the problem of housing and possibly finding derelict property where we can provide transitional housing. We are planning to reach out to more church organizations who provide services to the homeless and coordinate resources. We are proud of our food program and the Medical Health Van resources that reach out to all the homeless in DHS.

Please share any success stories highlighting the impact that your project had on the community during the grant term.

██████ is a homeless woman who had a stroke. She showed up at the Medical Health Van, could barely walk and suffered malnutrition. The Medical staff was able to get her health care and therapy. The Bridge to Better helped by getting her to a designated place to get the transportation through Jewish Family Services. ██████ has recovered her speech and we see her weekly. ██████ is a 58 year old who lives in a garage and has been homeless most of his adult life. He has been our liaison volunteer and a peer counselor to our clients. He is taking online classes in Social Work and has a resume. Eight of our folks have jobs. We helped ██████ get reunited with his mother in Florida. He had his foot amputated and was put back on the street after his operation. We found him and contacted his mother, paid for his flight and got him to the airport the next morning. He's in drug rehab in Florida and doing well. Eight homeless clients are employed.



**DESERT HEALTHCARE
DISTRICT & FOUNDATION**

Date: November 12, 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 # 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
2. Grant#1468 Eisenhower Health - \$1,989,493 for 3 years to support psychiatric care expansion and development of a psychiatry residency program
 - a. Status: Staff is completing full due diligence of the application process as directed by the District board. Staff has met with Eisenhower medical staff on November 5th to gather more information and will continue to meet regarding application revisions around deliverables, timelines, and budget.
3. Grant # 1478 St. John's Community Health - \$600,000 for 12 months to support initial core staffing costs for the Indio clinic ramp up that is scheduled to open by December 2025.
 - a. Status: Pending application and budget review by Grants Team which will be based on site visit to the clinic on November 7th.
4. Grant #1485 One Future Coachella Valley - \$673,200 (approximate) for 2 years to support the RN Expansion pilot program, an initiative of the Healthcare Workforce Leadership Roundtable in partnership with Eisenhower Medical Center, Tenet Healthcare Foundation, and IEHP.
 - a. Status: Pending application review and revisions to application and budget
5. Grant # 1468 UCR - \$500,000 for 2 years to support expanding mental health services at the CARE space in Desert Hot Springs and in Mecca at the CV Free Clinic.
 - a. Pending application review and review of closure of Grant #1334
6. Grant #1476 Desert ARC -\$205,118 for support of HVAC replacement unites, in addition to other core operating support for the organization's Health Care Program.
7. Mitigating Air Quality-Related Health Conditions RFP – application closed 10/25.

Seven (7) applications received, totaling \$1,272,080. Grants team meeting on 11/7 to review all 7. The organizations are:

- a. DAP Health
- b. Youth Leadership Institute
- c. Desert Recreation District
- d. Desert ARC
- e. Regional Access Project Foundation
- f. Vision Y Compromiso
- g. Asthma and Allergy Foundation

Recently Board-approved GRANTS/MOU:

1. Grant #1465 UCR School of Medicine - \$228,863 for two years for operating support of the free Mecca medical student-run clinic
2. Grant # 1472 Riverside County Office of Education, Alternative Education - \$199,874.00 - to cover the therapist's salary and fringe benefits for their work within the Coachella Valley at 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).

Recently Staff-approved MINI GRANTS: None at this time

Recently declined MINI GRANTS: None at this time.

Recently declined GRANTS: None at this time

DESERT HEALTHCARE DISTRICT								
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE								
October 31, 2024								
TWELVE MONTHS ENDING JUNE 30, 2025								
Grant ID Nos.	Name	Approved	6/30/2024	Current Yr	Total Paid Prior Yrs	Total Paid Current Yr	Open	
		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	
2022-1325-BOD-06-28-22	Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs.	\$ 150,000	\$ 15,000		\$ (3,063)		\$ 18,063	
	Unexpended funds Grant #1325						\$ (18,063)	
2022-1327-BOD-06-28-22	Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs.	\$ 50,000	\$ 5,000		\$ 332		\$ 4,668	
	Unexpended funds Grant #1327						\$ (4,668)	
2022-1328-BOD-06-28-22	El Sol - Expanding Access to Educational Resources for Promotoras - 2 Yrs.	\$ 150,000	\$ 15,000		\$ 12,032		\$ 2,968	
	Unexpended funds Grant #1328						\$ (2,968)	
2022-1331-BOD-06-28-22	Pueblo Unido - Improving Access to Behavioral Health Education & Prevention Services - 2 Yrs.	\$ 50,000	\$ 5,000		\$ 5,000		\$ -	
2022-1324-BOD-07-26-22	Gallilee 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		\$ 39,304		\$ 213,154	
2022-1358-BOD-10-25-22	Foundation for Palm Springs Unified School District - School-Based Wellness Center Project - 1 Yr.	\$ 110,000	\$ 60,500		\$ -		\$ 60,500	
2022-1362-BOD-10-25-22	Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 Yrs.	\$ 160,000	\$ 16,000		\$ -		\$ 16,000	
2022-1326-BOD-12-20-22	TODEC - TODEC's Equity Program - 2 Yrs.	\$ 100,000	\$ 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						\$ (4,419)	
2023-1391-BOD-05-23-23	Lift To Rise - Driving Regional Economic Stability Through Collective Impact - 3 Yrs.	\$ 900,000	\$ 630,000		\$ 135,000		\$ 495,000	
2023-1392-BOD-05-23-23	Gallilee Center - Gallilee 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/LOS 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		\$ 6,290		\$ 1,052	
	Unexpended funds Grant #1394						\$ (1,052)	
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.	\$ 120,852	\$ 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		\$ 58,436		\$ 818,186	
2023-1403-BOD-12-19-23	Vision To Learn - Palm Desert & Coachella Valley VTL Program - 1 Yr.	\$ 50,000	\$ 27,500		\$ 22,500		\$ 5,000	
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		\$ 16,514		\$ 3,669	
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		\$ 73,687		\$ 16,376	
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	\$ -	
2024-1465-BOD-09-30-24	UCR - Increasing Access to Primary Care for Latinx and Indigenous Latin American Patients in the CV - 2 Yrs.			\$ 228,863		\$ 51,494	\$ 177,369	
2024-1472-BOD-09-30-24	Riverside County Office of Education Alternative Education - Cross County Support: Mental Health for CV Students - 1 Yr.			\$ 199,874		\$ 89,943	\$ 109,931	
						\$ -	\$ -	
TOTAL GRANTS		\$ 19,318,115	\$ 6,198,521	\$ 448,737	\$ 1,164,101	\$ 161,437	\$ 5,290,549	
Amts available/remaining for Grant/Programs - FY 2024-25:								
Amount budgeted 2024-2025		\$ 5,000,000						
Amount granted YTD:		\$ (448,737)					G/L Balance:	10/31/2024
Financial Audits of Non-Profits: Organizational Assessments;		\$ -					2131	4,151,765
Net adj - Grants not used: FY 2023-2024 Carry Over Funds; 1325; 1327; 1328; 1363; 1394		\$ 337,109					2281	1,138,781
Matching external grant contributions		\$ -					Total	\$ 5,290,549
Balance available for Grants/Programs		\$ 4,888,372						\$ (0)



DESERT HEALTHCARE
DISTRICT & FOUNDATION



Mental Health Grant

FY 22-23

Grant Description

The RAP Foundation and Desert Healthcare District & Foundation partnered to offer the Mental Health Grant, which was designed to fund programs that advocate for the psychological, emotional, physical, and social well-being of residents in the Coachella Valley and Palo Verde Valley.



Focus Areas

The grant aimed to:

- **Improve the quality of mental health services in remote areas through innovative systems addressing access and delivery channels.**
- **Enhance awareness of mental and emotional health resources.**
- **Support cultural competency among service providers and reduce language, stigma, and cultural barriers to accessing services.**

Funding Details

- **A total of \$1,000,000 was available in cash grants, with an additional \$72,450 allocated for technical assistance.**
- **Funding requests could cover various programmatic costs, including staff time, supplies, and general operations. Organizations that served Palo Verde Valley were supported by RAP Foundation funding.**



Application Process and Criteria Eligibility

Eligibility requirements to apply for the Mental Health Grant included:

- **Being a tax-exempt nonprofit, community-based organization, or collaborative group.**
- **Attending the mandatory Bidders Meeting.**
- **Supporting one or more strategies identified in the Health/Mental Health Strategy Map.**
- **Serving the identified target population: primarily low-income residents in the Coachella Valley and Palo Verde Valley, with an emphasis on BIPOC family units with children.**

Technical Assistance

01

30 hours of consulting services.

02

A Premium Local NPO Centric Membership, offering access to workshops, and resources through the Digital Portal.

03

Participation in these activities was evaluated in a separate report. This additional support was intended to enhance the capacity of grantees to deliver impactful programs.



Strategy Map

Goal:

All ERC residents are mentally and emotionally healthy

Result:

Residents in ERC have equitable access to mental and emotional health resources.

Strategy 1:

Improve quality of mental health services to remote areas through innovative systems that address access and delivery channels.

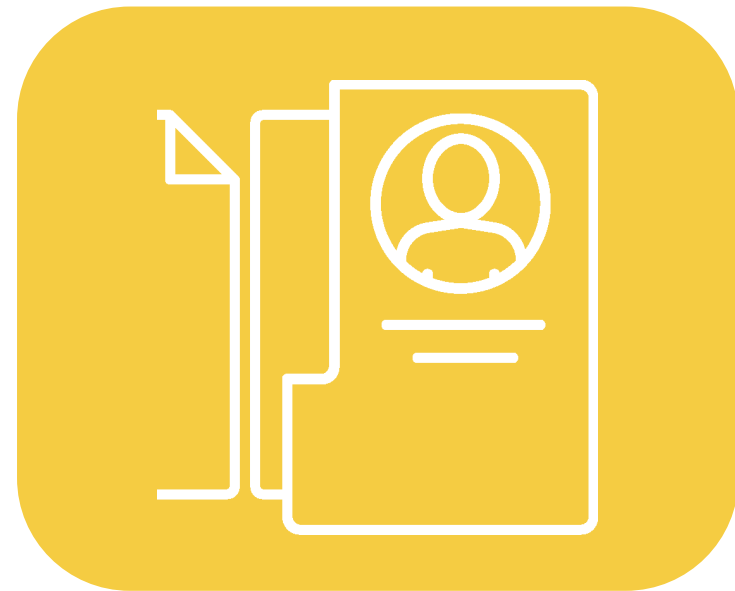
Strategy 2:

Improve awareness of mental and emotional health resource services through systems that address access and delivery channels.

Strategy 3:

Support cultural competency of service providers and reduction of language, stigma, cultural barriers to service access for clients.

Analysis



The RAP Grants Manager collected and entered the data into the Clear Impact Scorecard.



The RAP Grants Manager ensured the grantees were on track to meet their proposed service targets.



Descriptive analysis was conducted to assess the impact and outcomes of the funded programs.

Project Outcomes

23

unique nonprofit organizations were funded, serving the Coachella Valley and Palo Verde Valley.



FY22-23 Mental Health Grantees:

- ABC Recovery Center, Inc.
- About Families
- Angel View
- Barbara Sinatra Children's Center
- Cathedral City Senior Center
- Coachella Valley Volunteers in Medicine
- COFEM
- Hope through Housing Foundation
- Innercare
- Jewish Family Service of the Desert
- Martha's Village and Kitchen, Inc.
- Oak Grove Institute
- Olive Crest
- Queer Works
- Riverside County Office of Education
- Shelter From the Storm, Inc.
- Soroptimist House of Hope, Inc.
- Sycamores
- Joslyn Center
- United Cerebral Palsy of Inland Empire
- Vision y Compromiso
- Voices for Children

Project Outcomes

These organizations served a total of

70,909

people (including possible duplicates).

Project Outcomes

713

Staff members of the 23 organizations that were awarded funding received cultural competency training.

Further Analysis & Reporting

Strategy 1: Improve quality of mental health services to remote areas through innovative systems that address access and delivery channels.

PM Number of clients served in remote areas: 13,589

PM Number of clients served by non-traditional service delivery options: 10,548

Strategy 2: Improve awareness of mental and emotional health resource services through systems that address access and delivery channels.

PM Number of community engagement/awareness activities: 688

PM Number of clients reached through awareness activities: 17,302

PM Number of clients who increased their knowledge of mental health resources: 12,350

PM Number of clients who were connected to mental health services: 5,842


Strategy 3: Support cultural competency of service providers and reduction of language, stigma, cultural barriers to service access for clients.


PM Number of clients served: 13,490

PM Number of service providers who received cultural competency training: 713



Clients Served By Grantees

 **The most frequently mentioned client groups served with mental health services were children and youth, low-income individuals and families, older adults, different racial/ethnic groups, and generally “underserved” populations.**

 **Other populations that the grantees identified as their clients included survivors of violence or abuse, unemployed individuals, and those with health issues.**

Grantee Reporting



- Grantees reported twice during the grant period using Foundant.
- Grantees were required to complete two grant reports (midterm and final) during the grant period.

Summary



The RAP Foundation and Desert Healthcare District and Foundation's collaboration greatly improved our community by supporting mental health programs that contributed to residents' well-being.



This partnership effectively supported programs and projects that used innovative methods like telehealth services, virtual meetings, and community-based interventions. These approaches have been key in improving timely and culturally sensitive access to behavioral health services.



Date: November 26, 2024

To: Board of Directors

Subject: Continue to review, discuss, and give further direction/action on a grant application submitted by Eisenhower Health 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.
 - 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.
- On September 23, 2024, the District Board of Directors approved the Program Committee’s recommendation to direct staff to proceed with the full due diligence application review process.

Update:

- Staff began the full due diligence process. In review, the process begins with the Grants Team (internal staff) review of the application, financial documents, and other required documentation.
- The financial documents were deemed acceptable by the Finance department.
- All eligibility requirements were met and staff set up a proposal conference (aka Grant Application Consultation) with Eisenhower Health on November 5th.



- Via zoom, the Grants Team met with Dr. Alan Williamson, Chief Medical Officer; Dr. Dakota Carter, Medical Director of Psychiatry and Program Director of the Psychiatric Residency Program; Sandra Gonzales, Chief Administrative Officer, Graduate Medical Education; and Deborah Logan, the Grant Writer.
- During the grant application consultation, the application request and the development of the Psychiatric Care Expansion and Psychiatry Residency Program were discussed at length:
 - General overview of the ACGME site visit (seeking accreditation approval in November)
 - Achievements of recruiting and onboarding the ACGME-required five (5) board-certified psychiatrists of which Eisenhower Health has identified several (4 dedicated to EH; 4 dedicated at Riverside University Health Systems (key partner) and a couple of part time. Not all will be faculty.
 - The timeline for AGME approval of submitted residency, Match Day, Registration of Match and when the residents first start
 - 48-month residency and hoping to eventually have six residents but starting with 3 or 4. It was emphasized that it takes an acute care hospital to get a residency program started.
 - It was also emphasized that the importance of EHS is not focusing on making money but fostering one item: increase the availability of psychiatric/behavioral health services to all, including the uninsured, undocumented, unhoused, LGBTQ, youth and geriatric.
 - The complexities of financing from CMS, the DGM fixed amount cap the variable amount of the IME cap
- District staff offered if EHS would consider the District funding the Case Coordination piece of the budget (\$1,014,000 over three years) in which case coordinators would handle patient appointments/referrals scheduling and engagement through partnership arrangements made with DAP Health, Inncare, and the Latino Commission.
- District staff asked EHS, as previously, if they would reconsider carving out one part of the three-part ask, in particular, the funding of the start up of the psychiatric residency program.
- **Eisenhower Health requested that a decision be made on the proposal as it was submitted.**
- The Program Committee was updated at their November 12th meeting. The Committee members (2 to 1) approved continuing with the due diligence of completing the due diligence process of the grant request and forwarding the recommendation to the Board for approval.
- Moving forward, on November 19th, the grants team met with EHS' grant writer and other identified staff to firm up the deliverables, evaluation, timeline and other needed information. These revisions will be resubmitted through the grant portal.
- Staff will score the application and financial documents.



- The proposal will be placed on the December 10th Program Committee agenda for their review and consideration to bring forward to the December 17th board of directors meeting.



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 well-being and recovery. **Objective:** To recruit and onboard 3 additional full-time board-certified 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 full-time 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:

	<p>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</p> <p>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.</p>
<p>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.</p>	<p>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.</p> <p>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</p>

	<p>Collection Methods: Curriculum development documentation</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p>
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	<p>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</p> <p>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.</p>
<p>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.</p>	<p>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.</p> <p>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</p> <p>2. Staff Training Evaluation: Timeline: By September 2025 Metrics: Training Completion Rate: Ensure that 100% of relevant staff have completed telehealth</p>

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

	<p>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.</p>
Deliverable #4:	Evaluation #4:

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.

2. 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.

Section 1 - Operational Expenses

Project Grant Budget

Applicant: Eisenhower Medical Center

Psychiatric Care Expansion and Psychiatry Residency Program

OPERATIONAL EXPENSES		Project Budget	Funds From Other Sources Detail On Section 3	Amount Requested From DHCD/F
Total Staffing Expenses Detail on Section 2		\$ 1,983,493.20	\$ 4,682,820.60	\$ 1,729,993.20
Equipment (itemize)				
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 (itemize)				
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	\$ -
4		\$ -	\$ -	\$ -
Printing / Duplication		\$ 2,000.00	\$ 2,000.00	\$ -
Mailing / Postage		\$ 1,000.00	\$ 1,000.00	\$ -
Mileage (use current Federal mileage rate)		\$ 3,000.00	\$ 3,000.00	\$ -
Other Direct Project Expenses Not Described Above (itemize)				
1	Advertising/ Promotional	\$ 10,000.00	\$ 10,000.00	\$ -
2	Community Outreach	\$ 10,000.00	\$ 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	\$ -

* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.

Office / Rent / Mortgage*	\$	124,000.00	\$	124,000.00	\$	-
Telephone / Fax / Internet*	\$	23,300.00	\$	23,300.00	\$	-
Utilities*	\$	16,400.00	\$	16,400.00	\$	-
Insurance*	\$	235,000.00	\$	235,000.00	\$	-
Indirect Rate	<input checked="" type="checkbox"/> Check Box To Utilize Indirect Rate Up To 15%				\$	259,498.98
Total Project Budget (Rounded up to nearest dollar)						
	\$	2,782,196	\$	5,481,523	\$	1,989,493

Budget Narrative	<p>Telehealth software licenses or subscriptions for video conferencing, secure messaging, and electronic health record (EHR) integration for 3 licenses at \$4,500 annually.</p> <p>Telehealth equipment such as webcams, headsets, and peripherals for remote patient monitoring for 3 sets at \$3600.</p> <p>Mobile devices or tablets for patients without access to smartphones or computers for 3 devices at \$1,000 each.</p> <p>Diagnostic tools and assessment instruments for mental health evaluations at \$4,000.</p> <p>Educational materials and resources for patient education and self-management.</p> <p>Personal protective equipment (PPE) for in-person visits during public health emergencies.</p> <p>Printing and duplication of educational materials, flyers, and brochures promoting the program's services.</p> <p>Mail services as needed for patient handouts, informational flyers or promotional materials.</p> <p>Mileage transportation vouchers or stipends for patients with limited mobility or transportation options to access in-person appointments.</p> <p>Advertising and promotional campaigns through digital channels, social media, and community events.</p> <p>Community outreach activities such as health fairs, workshops, and presentations.</p> <p>Travel expenses to attend conferences, training sessions, or meetings with partners and stakeholders.</p> <p>Education stipends for residents and faculty.</p> <p>External didactic/education costs.</p> <p>Housing stipends (\$500 monthly).</p> <p>Relocation stipend (3) at \$2,500 each.</p> <p>Program fees for accreditation or certification by relevant regulatory bodies or accrediting organizations.</p> <p>and costs associated with quality improvement initiatives, peer reviews, and clinical audits to ensure compliance with standards of care.</p> <p>Professional memberships (8) at \$1,500 each; faculty development & continuing education, training rotations, medical board prep & exam fees, resident recruitment fees and retreat.</p>
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Budget Narrative	<p>Weekly Resident Meal Stipend \$126 ea. / \$6,552 annually.</p> <p>Uniforms: 3 White Coats (\$100), 3 Scrubs Set (\$100) annually.</p> <p>Faculty Recruitment Fees.</p> <p>Housing: Resident Inpatient Rotation /RUHS for 6 months (\$4,500 monthly).</p> <p>Systems/Software/Equipment: Software licenses for electronic health record (EHR) systems or patient management platforms to track patient demographics, appointments, clinical notes, and outcomes.</p> <p>Data analytics tools for monitoring program performance, patient satisfaction, and clinical outcomes.</p> <p>In-direct rate at 15%</p>
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Section 2 - Itemized Expenses					
Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
Employee 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				\$ -	\$ -
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/OR Employer Taxes Based On % Of Time Allocated To Project)			30.00%	399,229.20	399,229.20
Total Will Populate in Total Staffing Expenses Section 1				Total >	\$ 1,729,993.20 \$ 1,729,993.20
Budget Narrative - Scope of Work	<p>Please describe in detail the scope of work and duties for each employee on this grant.</p> <p>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.</p>				
Budget Narrative - Employee Benefits	<p>Please describe in detail the employee benefits including the percentage and salary used for calculation.</p> <p>Staff / personnel fringe benefits rate of 30%.</p>				
Professional Services / Consultant Expenses		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 - Inncare	\$ 65.00	25	\$ 84,500.00	\$ -
3	Case Coordinator - Latino Comm	\$ 65.00	25	\$ 84,500.00	\$ -
4					
Total Will Populate in Total Staffing Expenses Section 1				Total >	\$ 253,500.00 \$ -
Budget Narrative - Scope of Work	<p>Please describe in detail the scope of work for each professional service/consultant on this grant.</p> <p>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.</p>				

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 Value Listed In Section 1 for "Funds from Other Sources".		Amount
Fees		
Donations		
Grants (List Organizations)		
1		
2		
3		
8		
Fundraising (Describe Nature Of Fundraiser)		
1		
2		
3		
8		
Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)		
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 Funding In Addition To DHCD/F Request		\$ 4,682,820.60
Budget Narrative	<p>Above budgeted items supported by Eisenhower Medical Center:</p> <p>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%</p>	



DESERT HEALTHCARE DISTRICT
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Directors Present via Video Conferencing	District Staff Present via Video Conferencing	Absent
Vice-President Carmina Zavala, PsyD Chair/Treasurer Arthur Shorr Director Leticia De Lara, MPA	Chris Christensen, CPA, Chief Executive Officer Eric Taylor, CPA, Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Jorge Rodriguez, Accounting Manager Andrea S. Hayles, MBA, Board Relations Officer	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Shorr called the meeting to order at 5:04 p.m.	
II. Approval of Agenda	Chair Shorr asked for a motion to approve the agenda.	Moved and seconded by Vice-President Zavala and Director De Lara to approve the agenda. Motion passed unanimously.
III. Public Comment	There was no public comment.	
IV. Approval of Minutes 1. F&A Minutes – Meeting October 09, 2024	Chair Shorr asked for a motion to approve the October 09, 2024, meeting minutes.	Moved and seconded by Director Shorr and Director De Lara and to approve the October 09, 2024, meeting minutes. Motion passed unanimously.
V. Investment Portfolio Presentation 1. District Portfolio Investments Review - Keith Stribling, CFA, Senior Portfolio Manager, PFM Asset Management LLC – Q1, Q2, & Q3 2024	Keith Stribling, CFA, Senior Portfolio Manager, PFM Asset Management LLC, provided an overview of the Q1, Q2, & Q3 2024 reports. Mr. Stribling highlighted the performance of the government bond portfolio, the selected period performance of the retirement protection plans, and the investment outlook for Q4. The committee inquired about the \$68M facility fund and the potential for converting stocks within the reserve fund. Mr.	

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	Stribling explained that while U.S. Treasury bonds can fluctuate with interest rates, they could be sold at any time.	
VI. Chief Executive Officer's Report 1. Temporary Employee – Belen Navarro 2. Annual Holiday Staff Luncheon – December 12th 3. Mitrastech - Trakstar Performance Management Platform – 3-year agreement	<p>Chris Christensen, CEO, described Belen Navarro, a promotora and 6-month temporary employee assisting with vaccination events from the grant award earning \$25/hr. Mr. Christensen also noted that Ms. Navarro is not eligible for benefits due to her status as a temporary employee, as inquired by the committee.</p> <p>Mr. Christensen described the annual holiday staff lunch as a team building gathering to stimulate the development of individual strengths and other team-building principles.</p> <p>Mr. Christensen described Trakstar platform's 3-year renewal previously obtained by the prior CEO while outlining the benefits and transparency of the competencies and goals.</p>	
VII. Chief Administration Officer's Report 1. LPMP Leasing Update	<p>Eric Taylor, CAO, described the 94.6% occupation rate and the two rent ready suites for lease with Rob Wenthold, CBC. Mr. Taylor also outlined the draft lease agreements for approval</p>	

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	at the December committee meeting.	
<p>VIII. Financial Reports</p> <ol style="list-style-type: none"> 1. District and LPMP Financial Statements 2. Accounts Receivable Aging Summary 3. District - Deposits 4. District - Property tax receipts 5. LPMP – Deposits 6. District – Check Register 7. Credit Card – Detail of Expenditures 8. LPMP – Check Register 9. CEO Discretionary Fund 10. Retirement Protection Plan Update 11. Grant Payment Schedule 	<p>Chair Shorr reviewed the financials with the committee. Mr. Taylor addressed questions from the committee regarding the check register for multiple payments made to INPRO Construction, Inc., for several invoices submitted during the same period.</p>	<p>Moved and seconded by Director De Lara and Director Shorr to approve the October 2024 financial reports and forward to the Board for approval. Motion passed unanimously.</p>
<p>IX. Other Matters</p> <ol style="list-style-type: none"> 1. Annual Holiday Office Closure – December 26-31, 2024 2. Annual Employee Holiday Gift Card Purchase – NTE \$2,500 	<p>Chris Christensen, CEO, described the annual request to close the office for the holidays between December 26 – December 31.</p> <p>Mr. Christensen described the committee's request for approval of annual Trader Joe's gift cards for employees NTE \$2,500.</p> <p>After a lengthy discussion, some committee members expressed their disagreement with using public funds for holiday gift cards for employees. Chair Shorr</p>	<p>Moved and seconded by Director De Lara and Director Shorr to approve the Annual Holiday Office Closure – December 26-31, 2024 and forward to the Board for approval. Motion passed unanimously.</p> <p>Moved and seconded by Director De Lara and Vice-President Zavala to decline approval of the Annual Employee Holiday Gift Card Purchase – NTE \$2,500 and forward to the Board for consideration. Motion passed 2-1 (Chair Shorr)</p>

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<p>3. Annual Holiday Board & Staff Dinner – NTE \$5,000</p>	<p>suggested postponing the request until next year to support staff morale.</p> <p>Mr. Christensen described and recommended to the committee the annual holiday board and staff dinner.</p>	<p>Moved and seconded by Director De Lara and Director Shorr to approve the Annual Holiday Board & Staff Dinner – NTE \$5,000 and forward to the Board for approval. Motion passed unanimously.</p>
<p>4. \$10,000 Sponsorship of the 2025 Palm Springs Health Run and Wellness Festival</p>	<p>Eric Taylor, CAO, described the \$10k sponsorship for the 2025 Palm Springs Health Run and Wellness Festival, which the District sponsored last year for its 75th anniversary.</p>	<p>Moved and seconded by Director De Lara and Director Shorr to approve the \$10,000 Sponsorship of the 2025 Palm Springs Health Run and Wellness Festival and forward to the Board for approval. Motion passed unanimously.</p>
<p>5. Cohen, Musch, & Thomas Medical Group – Las Palmas Medical Plaza – Suite 3E-101 – Addendum #2 – Expiration May 31, 2025</p>	<p>Mr. Taylor described the Cohen, Musch, & Thomas Medical Group, a longstanding tenant’s request for a six-month short-term extension while seeking to add another physician to their practice.</p>	<p>Moved and seconded by Director De Lara and Director Shorr to approve Cohen, Musch, & Thomas Medical Group – Las Palmas Medical Plaza – Suite 3E-101 – Addendum #2 – Expiration May 31, 2025, and forward to the Board for approval. Motion passed unanimously.</p>
<p>6. Desert Oasis Healthcare – Las Palmas Medical Plaza – Suite 2W-107 – Addendum #2</p>	<p>Mr. Taylor described the Desert Oasis second addendum to the 3-year lease agreement for a 2.5% annual increase.</p>	<p>Moved and seconded by Director De Lara and Director Shorr to approve Desert Oasis Healthcare – Las Palmas Medical Plaza – Suite 2W-107 – Addendum #2 and forward to the Board for approval. Motion passed unanimously.</p>
<p>7. Dr. Wolfson – Las Palmas Medical Plaza – Suite 2W-101 – Lease transfer to Inland Urology PC LLC</p>	<p>Mr. Taylor discussed the lease expiration set for July 31, 2025, including the assignment and assumption agreement between Dr.</p>	<p>Moved and seconded by Director De Lara and Director Shorr to approve Dr. Wolfson – Las Palmas Medical Plaza – Suite 2W-101 – Lease transfer to Inland Urology PC</p>

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MEETING MINUTES
November 13, 2024**

<p>8. Policy BOD-21 – Meeting & Insurance Compensation – FY 24-25 – \$3,250 increase from \$13,000 to \$16,250</p>	<p>Wolfson and Inland Urology, PC. The agreement transfers the existing lease effective January 1, 2025. There is no fiscal impact since the sale of the organization will transfer to the current lease.</p> <p>Mr. Taylor described the revisions to Policy BOD-21 with an insurance premium increase from \$13k to \$16,250k.</p> <p>The committee proposed modifying the policy next year to remove the specific dollar amount and illustrate the equivalent costs to District employees. However, Mr. Taylor clarified that the health plan for District employees is identical.</p>	<p>LLC and forward to the Board for approval. Motion passed unanimously.</p> <p>Moved and seconded by Director De Lara and Director Shorr to approve Policy BOD-21 – Meeting & Insurance Compensation – FY 24-25 – \$3,250 increase from \$13,000 to \$16,250 and forward to the Board for approval. Motion passed unanimously.</p>
<p>IX. Adjournment</p>	<p>Chair Shorr adjourned the meeting at 6:17 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

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



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 26, 2024
To: Board of Directors
Subject: Trakstar Performance Management Platform – 3-year agreement (2025-2027)- \$16,545.

Staff Recommendation: Information Only.

Background:

- For the previous 3 years, the District has been using the Trakstar Performance Management Platform.
- Trakstar has been a valuable tool to maintain and track employee performance throughout the year.
- The year-end performance reviews are completed within the platform with consistent measurements of competency and goals performance.
- Additionally, with this platform, the performance reviews are maintained in a standard application with archiving abilities of prior performance reviews and allows goal creation for the new performance period.
- Staff has evaluated the benefits of this platform and consider it valuable tool for employee reviews in conjunction with annual merit increases.
- Staff has executed the 3-year agreement, since it is a budget item and within the policy limits.
- The agreement is included in the packet for your review.

Fiscal Impact:

\$16,545 expense over 3 years, included in the annual budget.

General Information

Customer Name

Desert Healthcare District and Foundation

Address

1140 N. Indian Canyon Drive

Palm Springs

CA

92262

Phone Number

760 323 6116

Website

dhcd.org

Contact Information

Primary Customer Contact

Chris Christensen

cchristensen@dhcd.org

Accounts Payable Contact

Eric Taylor

etaylor@dhcd.org

Authorization Information

Customer Signature

Chris Christensen

Customer Title

CEO

Customer Date

11 / 19 / 2024

ATSI Authorized Signature

[Signature]

ATSI Title

General Counsel

ATSI Begin Date

11 / 19 / 2024

Terms

The first year subscription cost, plus tax if applicable, will be invoiced at the agreement "Begin Date". Payment terms are Net 30. Customer will be billed 2nd Year Subscription Cost in advance of the anniversary of the Begin Date. The Initial Term of this Agreement is **three** years from the Begin Date, and will renew in **three** year increments thereafter unless either Client or Company notifies the other of desire to cancel the contract at least sixty (60) days prior to the Begin Date after the initial **three** year term. Completion of this form will authorize ATSI to submit invoice. Implementation of the system, as contracted by the client, will begin at the agreement "Begin Date". All sales are subject to the terms and conditions of ATSI Master Software Agreement at <https://www.trakstar.com/terms/>.

Use of Logo. Customer hereby grants to ATSI the right to use Customer's company logo in marketing, sales, financial, and public relations materials and other communications solely to identify Customer as an ATSI customer. Other than as expressly stated herein, neither party shall use the other party's marks, codes, drawings or specifications without the prior written permission of the other party.

Solution	Total Bid
Trakstar Perform	Seats: 0 - 50 \$16,545
Trakstar Professional Services*	Seats: NA
Content Package*	Seats: NA
Integration*	Seats: NA
TOTAL	\$16,545

Subscription Information

Subscription Term 1
12/21/2024 - 12/21/2025

Billing Period 1 Amount
\$5,250

Subscription Term 2
12/21/2025 - 12/21/2026

Billing Period 2 Amount
\$5,510

Subscription Term 3
12/21/2026 - 12/21/2027

Billing Period 3 Amount
\$5,785

Subscription Term 4
NA

Billing Period 4 Amount

Subscription Term 5
NA

Billing Period 5 Amount

Title	Trakstar Perform - 3 year plan - DHCD
File name	Trakstar_Perform_-_3_year_plan_-_DHCD.pdf
Document ID	99fb9b0c25f7841fd96046896c37e9a3d71ef9dc
Audit trail date format	MM / DD / YYYY
Status	● Signed

Document History



SENT

11 / 19 / 2024
16:19:24 UTC-8

Sent for signature to Chris Christensen (cchristensen@dhcd.org) and Jarrett Dziuk (jarrett.dziuk@mitratech.com) from contracts@trakstar.com
IP: 187.131.135.30



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11 / 19 / 2024
16:21:13 UTC-8

Viewed by Chris Christensen (cchristensen@dhcd.org)
IP: 67.52.166.234



SIGNED

11 / 19 / 2024
16:23:09 UTC-8

Signed by Chris Christensen (cchristensen@dhcd.org)
IP: 67.52.166.234



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11 / 19 / 2024
18:21:21 UTC-8

Viewed by Jarrett Dziuk (jarrett.dziuk@mitratech.com)
IP: 173.173.107.127



SIGNED

11 / 19 / 2024
18:21:34 UTC-8

Signed by Jarrett Dziuk (jarrett.dziuk@mitratech.com)
IP: 173.173.107.127



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11 / 19 / 2024
18:21:34 UTC-8

The document has been completed.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 26, 2024
To: Board of Directors
Subject: Desert Healthcare District & Retirement Protection Plan (RPP) Investment Reports 06/30/24 & 9/30/24

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

Information:

The fixed income portfolio has benefitted from a resetting of interest rates to allow for the portfolio to lengthen duration and capture higher yields in the US Treasury market. The portfolio was up over 4% for the YTD time period and 6.7% for the trailing 12 months ended September.

The retirement plan has had an excellent year rising over 13% for the 9 months ended September and almost 23% for the 1-year period. Longer term returns over the 5-year time period are compounding at 8.6%. The portfolio is benefitting from stimulative monetary policy and easing financial conditions led by a change in Fed policy with a bias toward easing. In the most recent Fed meetings the Fed has lowered the benchmark Fed Funds rate by 50 basis points in September and an additional 25 basis points in November.

The market has seen a post election rally invoking “animal spirits” evidenced by riskier segments of investments rising the most. The new president elect Trump economic policies are believed to be more pro-growth with easing regulatory burdens and tax cuts. Less clear will be the impact of policies around immigration deportations and tariffs which have historically been inflationary.

The portfolio is currently positioned at the strategic asset allocation with geopolitical risks that create uncertainty and overall fundamentals favoring a soft landing.

Fiscal Impact:

Subject to investment performance.



Investment Performance Review For the Quarter Ended September 30, 2024

NOT FDIC INSURED : NO BANK GUARANTEE : MAY LOSE VALUE

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Financial Markets & Investment Strategy Review

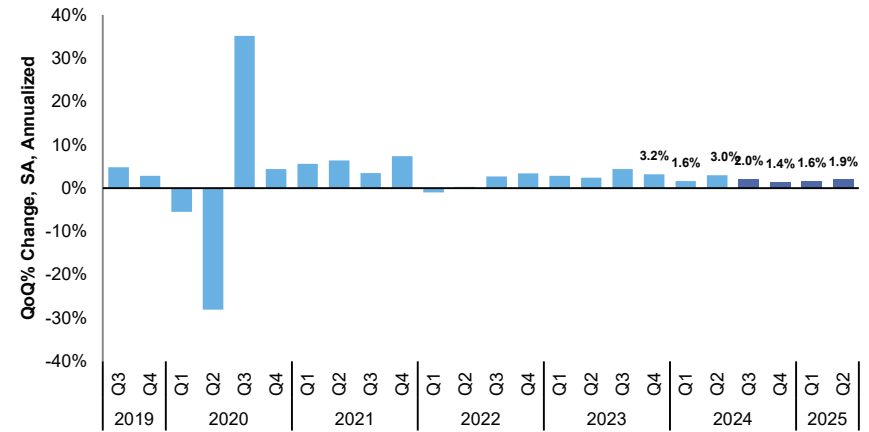
THE ECONOMY

▶ In the second quarter, U.S. gross domestic product (GDP) grew at an annualized rate of 3.0%, nearly double the 1.6% recorded in the first quarter of 2024, pointing to a still resilient economy. Within this reading, we saw domestic demand remain strong at 2.8% growth. The U.S. economy once again outperformed many other developed markets including the United Kingdom, which grew 1.8%; Japan, which grew 2.9%; and the Euro Area, which grew a meager 1.1% in the second quarter.

▶ The U.S. unemployment rate ended the quarter at 4.1%, in line with the end of second quarter, but still relatively higher than the 3.7% low at the beginning of the year. While the labor market appears to be cooling overall, there are several signs pointing to continued health as jobless claims remain firmly below their long-term averages and layoff rates continue to hold very low.

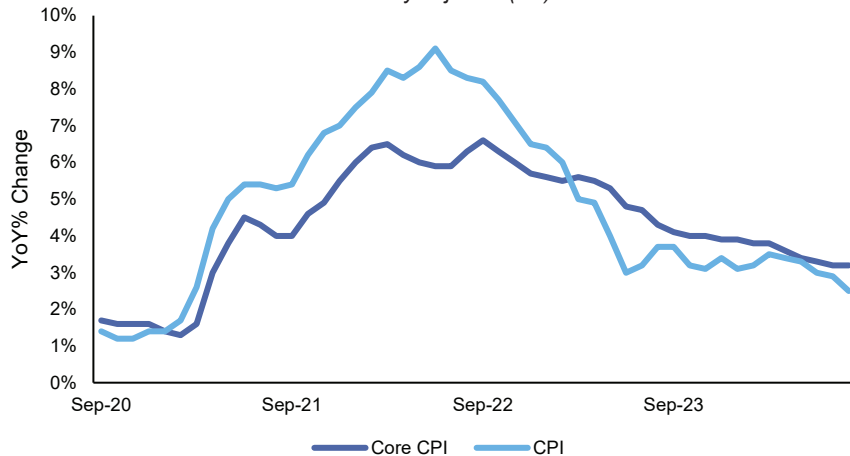
▶ Inflation continued to moderate in the second quarter. Headline inflation (CPI) grew at a year-over-year rate of 2.5% in August, down from the 3.0% growth in June. Core CPI, which excludes volatile food and energy, eased to a three year low of 3.2%. Both mark the lowest readings in more than three years and point to the progress made toward the Federal Reserve's (Fed) inflation target of 2%.

U.S. GDP Growth



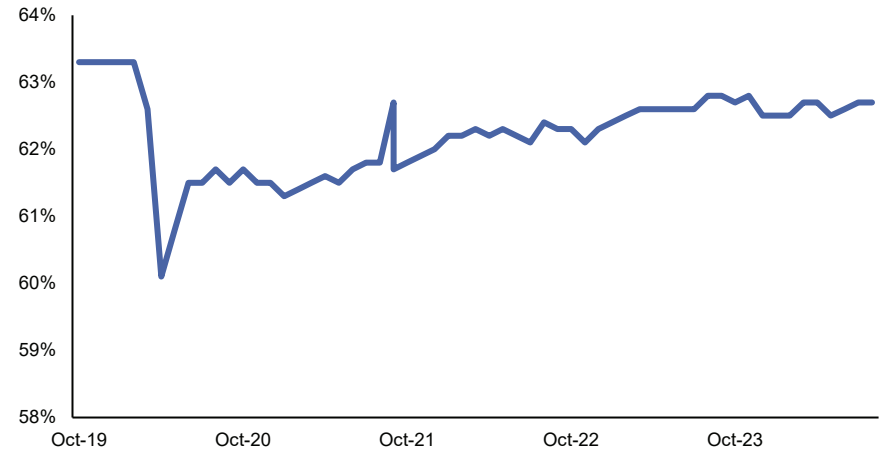
Source: Bloomberg. Light blue bars indicate actual numbers; dark blue bars indicate forecasted estimates.

U.S. Inflation Rate
Seasonally Adjusted (SA)



Source: Bureau of Labor Statistics.

Labor Force Participation Rate
Seasonally Adjusted (SA)



Source: Bureau of Labor Statistics.

DOMESTIC EQUITY

▶ The S&P 500 Index (S&P) posted a 5.9% return for the third quarter of 2024. As of September 30, 2024, the trailing one-year return for the index was 36.2%.

▶ During the quarter, equity performance broadened beyond mega-cap stocks as the S&P 500 equal-weighted index outperformed its capitalization-weighted counterpart. Across market cap segments, value indices outperformed growth indices for the quarter.

▶ Within S&P 500, only one of 11 GICS sectors posted negative returns over the quarter. The worst performing sectors were Energy (-2.3%), Information Technology (1.6%), and Communication Services (1.7%). The best performing sectors were Utilities (19.4%), Real Estate (17.2%), and Industrials (11.6%).

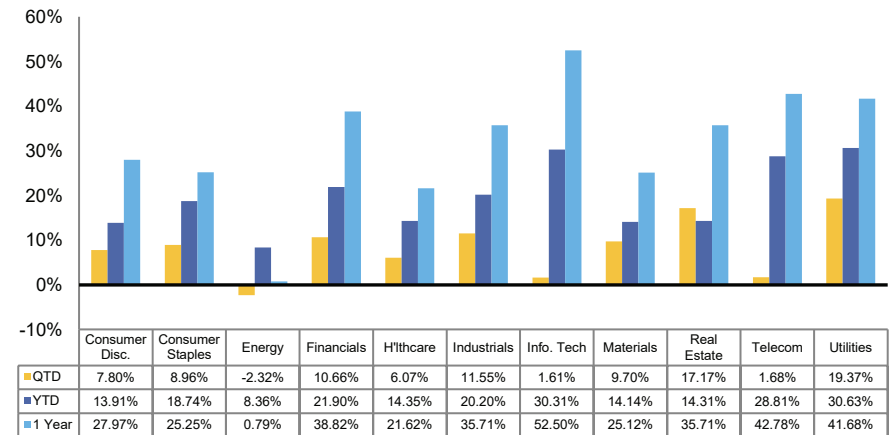
▶ Small-caps, as represented by the Russell 2000 Index, returned 9.3% during the quarter, and outperformed both mid-caps and large-caps. The Russell Midcap and Russell 1000 indices returned 9.2% and 6.1%, respectively.

▶ According to FactSet Earnings Insight (as of September 27, 2024), the expected year-over-year earnings growth rate for the S&P 500 for Q3 2024 was 4.6%, down from the June 30 estimate of 7.8%. At the sector level, Energy (-0.6% to -18.3%) and Materials (7.6% to -1.9%) saw the biggest downward revisions in YoY earnings growth estimates from June 30 to September 27. Conversely, the only sectors revised upward during this period were Information Technology (15.2% to 15.6%) and Communication Services (10.0% to 10.4%).

▶ As of the end of the quarter, the S&P 500 forward P/E (price-to-earnings) ratio was 26.0, above its five-year average of 22.7. By comparison, the Russell 2000 had a forward P/E ratio of 19.9, above its five-year average of 17.8.

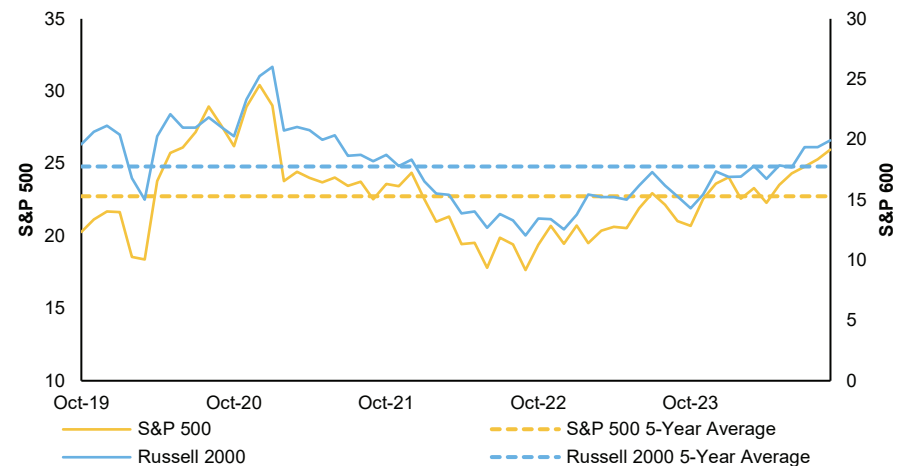
S&P 500 Index Performance by Sector

Periods Ended September 30, 2024



Source: Bloomberg.

P/E Ratios of Major Stock Indices*



Source: Bloomberg.

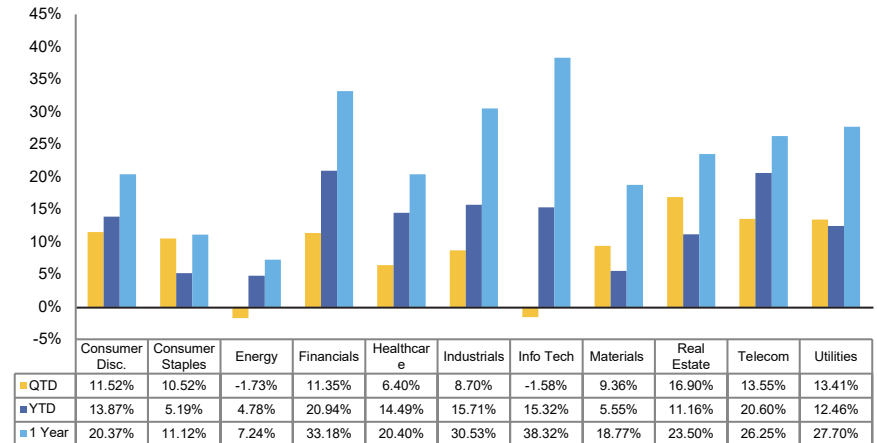
*P/E ratios are calculated based on one-year forward estimates and adjusted to include only positive earnings results for consistency.

NON-U.S. EQUITY

- ▶ Markets outside of the United States, as measured by the MSCI ACWI ex-U.S. Index, significantly outperformed their U.S. counterparts, returning 8.06% for the quarter. The weaker dollar was a tailwind to these returns.
- ▶ Nine of the 11 sectors posted positive returns for the quarter, with Real Estate (16.90%) leading the way, followed by Communication Services (13.55%) and Utilities (13.41%). Energy (-1.73%) and Information Technology (-1.58%) were the worst performers for the quarter.
- ▶ Developed ex-U.S. Markets, as represented by the MSCI EAFE Index, underperformed emerging markets (EM), represented by the MSCI Emerging Market Index, returning 7.26% versus 8.72% for the quarter.
- ▶ MSCI Australia (11.32%) outperformed the MSCI EAFE Index on the back of cooling inflation. Of the five largest-weighted countries in the index, MSCI Japan (5.80%) was the worst performer. The surprise July rate hike and subsequent yen’s appreciation reduced the prospects of higher profits for Japanese exporters.
- ▶ Within EM, EM Asia (9.47%) was the largest contributor to overall returns during the quarter, benefitting from MSCI China’s strong return of 23.49%. Chinese equities experienced a sharp rally in September, powered by the injection of additional stimulus. MSCI Korea on the other hand, declined 5.94% during the quarter as the technology sell-off impacted index heavyweights - Samsung and SK Hynix.
- ▶ Value stocks outperformed growth stocks for the quarter, as represented by the broad benchmark. MSCI AC World ex-USA Value returned 9.26%, while MSCI AC World ex-USA Growth returned 6.92%. Within EM, growth outperformed value, returning 9.26% versus 8.12%.
- ▶ Small-caps, as represented by MSCI ACWI ex-U.S. Small Cap Index, outperformed within the international equity markets, returning 8.90% for the quarter.
- ▶ Valuations of non-U.S. equities have moved closer to their long-term average across international equity markets. As of September 30, MSCI EAFE’s forward P/E stood at 15.77 versus a five-year average of 16.06. MSCI EM ended the quarter with a forward P/E ratio of 14.02, slightly higher than its five-year average of 13.32.

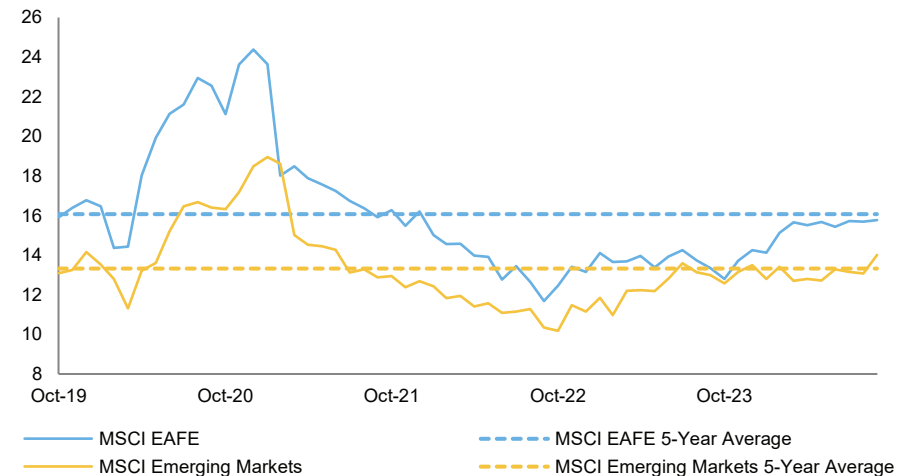
MSCI ACWI ex-U.S. Sectors

Periods Ended September 30, 2024



Source: Bloomberg.

P/E Ratios of MSCI Equity Indices*



Source: Bloomberg.

*P/E ratios are calculated based on one-year forward estimates and adjusted to include only positive earnings results for consistency.

FIXED INCOME

► The U.S. bond market, as represented by the Bloomberg U.S. Aggregate (Aggregate) Index, had a strong third quarter, and ended 5.20% higher. The trailing one-year period return is 11.54%.

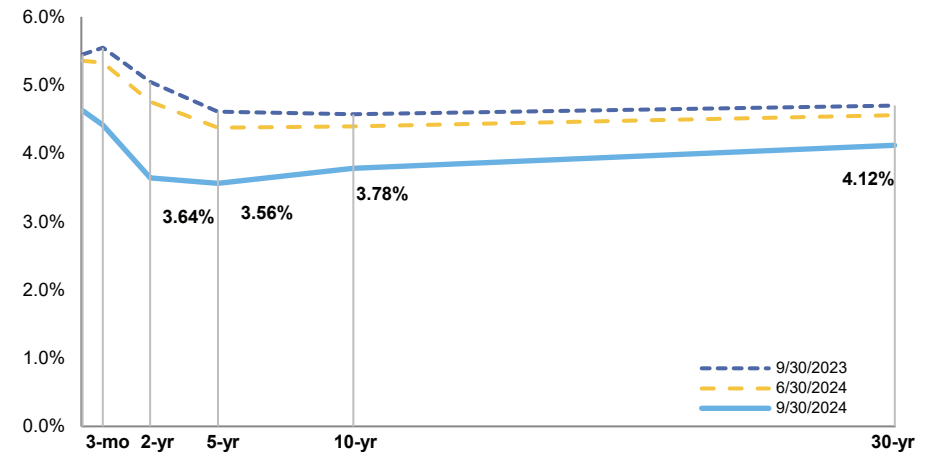
► The Bloomberg U.S. Treasury Index closed the quarter with a gain of 4.74%. During the period, the Federal Open Market Committee (FOMC) initiated its first rate cut of the cycle, lowering the Fed funds Rate by 50 bps. This was more than many market participants had anticipated. Treasury rates beyond the one-year range generally fell during the period. The yield curve steepened during the quarter and dis-inverted for the first time in over two years as the Fed funds rate is targeted at 5.0%. Meanwhile, the 10-year fell to 3.78%, and the 2-year ended at 3.64%.

► Corporate credit had mixed results for the quarter on the falling rates but spots of widening spreads. The investment grade Bloomberg U.S. Corporate (IG Corp) Index gained 5.84% while high yield bonds, as represented by the Bloomberg U.S. Corporate High Yield (HY) Index, gained 1.09%. Spreads tightened in the “CCC” category, but “BB” performed the worst in the high yield category.

► The fixed-rate mortgage market, as measured by the Bloomberg U.S. Mortgage-Backed Securities (MBS) Index, gained 5.53%. On the commercial side, returns were positive, with the Bloomberg U.S. Agency CMBS Index up 4.74%, while the non-agency CMBS index gained 4.55%.

► Emerging market USD sovereign bonds, as represented by the JP Morgan EMBI Global Diversified index, gained 6.15% and were supported by sovereign names. Latin America saw the strongest returns for the quarter.

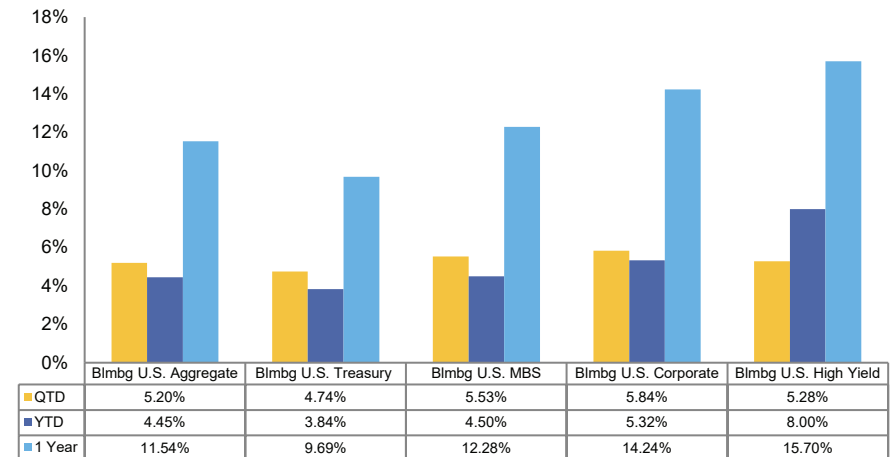
U.S. Treasury Yield Curve



Source: Bloomberg.

Returns for Fixed-Income Segments

Periods Ended September 30, 2024



Source: Bloomberg.

ALTERNATIVES

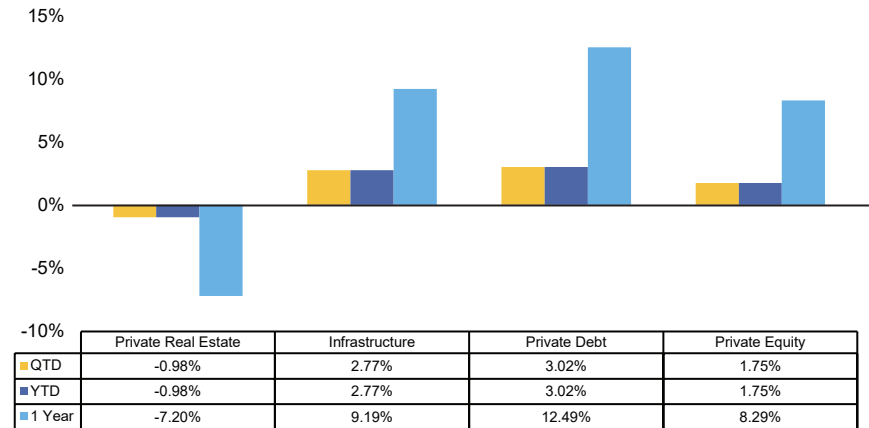
► Public REITs, as measured by the FTSE NAREIT Equity REITs Index, returned 16.09% in the third quarter of 2024, compared to a 0.06% return in the prior quarter. All major sectors saw positive returns. The strong performance can be attributed to expectations of monetary policy easing and falling real interest rates. Private real estate, as measured by the NCREIF Property Index, fell -0.22% in the second quarter of 2024. Weak performance has been driven by property value declines stemming from weak demand and oversupply, primarily within the Office and Apartment sectors. However, value declines are leveling off, and the income component of total returns continues to be positive.

► Listed infrastructure, as measured by the S&P Global Infrastructure Index, gained 13.43% in the third quarter of 2024, compared to a 2.67% increase in the prior quarter. Performance was mostly positive across the major sectors. In the first half of 2024, 25 infrastructure funds raised \$42.24 billion, a modest figure despite the broad slowdown seen in private markets fundraising. The asset class has received increased attention in recent years due to its potential to generate resilient, inflation-sensitive returns. Artificial intelligence and its prospective applications across industries have also contributed to the positive sentiment, especially for data center and utilities. According to PitchBook, infrastructure funds posted a return of 2.77% in Q1 2024. The asset class has generated an annualized return of 10.08% for the five years ended Q1 2024.

► In the first half of 2024, 59 private debt funds raised \$90.77 billion and rebounded from a slow start to the year. The asset class has performed well relative to public fixed income over the long-term. However, competition between private debt managers and a resurgence of the broadly syndicated loan market against the backdrop of a declining rate environment may keep future asset class returns in check. According to the Cliffwater Direct Lending Index, U.S. middle market loans, a proxy for private debt, posted a return of 3.02% in Q1 2024. The asset class has also generated an annualized return of 9.15% for the five years ended Q1 2024.

► In the first half of 2024, 250 private equity funds raised \$295.64 billion, a strong pace despite a challenging macroeconomic environment. Private equity performance has been muted due to high borrowing costs, limited debt availability, and reduced deal flow. Recent trailing performance has lagged public equity indices; however, longer term performance relative to public equities remains strong. According to Cambridge Associates, U.S. private equity posted a return of 1.75% in Q1 2024. The asset class has generated an annualized return of 17.01% for the five years ended Q1 2024.

Returns for Private Capital Assets



Source: NCREIF, PitchBook, Cliffwater, Cambridge Associates.
As of March 31, 2024, the most recent period for which all index data is available.

Private Capital Fundraising & Dry Powder



Sources: Pitchbook.

* Total capital raised in 2024 as of June 30, 2024 - most recent period for which ALL fundraising data is available.

** Cumulative dry powder as of December 31, 2023, unless specified otherwise.

*** Excluding open-end, evergreen fund vehicles.

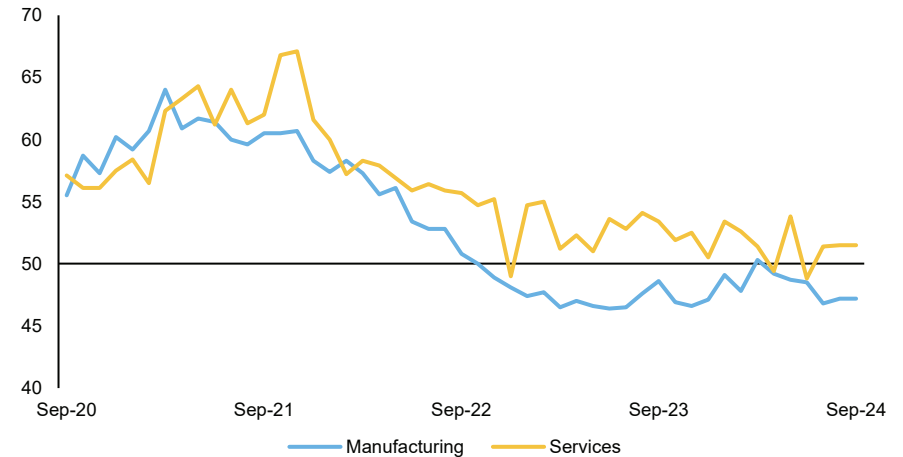
	QTD	YTD	One Year	Three Year	Five Year	Seven Year	Ten Year
DOMESTIC EQUITY							
S&P 500 (TR)	5.89%	22.08%	36.19%	11.88%	15.91%	14.44%	13.33%
Russell 3000	6.23%	20.63%	35.04%	10.26%	15.20%	13.69%	12.78%
Russell 1000 Growth	3.19%	24.55%	42.00%	11.99%	19.66%	18.14%	16.46%
Russell 1000	6.08%	21.18%	35.52%	10.80%	15.58%	14.13%	13.06%
Russell 1000 Value	9.43%	16.68%	27.64%	9.00%	10.65%	9.50%	9.20%
Russell Midcap	9.21%	14.63%	29.20%	5.74%	11.25%	10.44%	10.16%
Russell Midcap Growth	6.54%	12.91%	29.21%	2.31%	11.43%	11.84%	11.26%
Russell Midcap Value	10.08%	15.08%	28.89%	7.37%	10.29%	8.79%	8.90%
Russell 2000 Growth	8.41%	13.22%	27.54%	-0.35%	8.78%	7.57%	8.92%
Russell 2000	9.27%	11.17%	26.65%	1.84%	9.35%	7.34%	8.75%
Russell 2000 Value	10.15%	9.22%	25.77%	3.76%	9.25%	6.58%	8.19%
INTERNATIONAL EQUITY							
MSCI EAFE	7.26%	12.99%	24.66%	5.47%	8.17%	5.97%	5.69%
MSCI AC World	6.61%	18.66%	31.62%	8.07%	12.14%	10.20%	9.35%
MSCI AC World ex-USA	8.06%	14.21%	25.24%	4.13%	7.56%	5.42%	5.20%
MSCI AC World ex-USA Small Cap	8.90%	11.93%	23.15%	1.39%	8.18%	5.18%	6.05%
MSCI EM (Emerging Markets)	8.72%	16.86%	25.94%	0.40%	5.73%	3.64%	4.01%
ALTERNATIVES							
FTSE Nareit/Equity REITs - INV	16.09%	15.93%	34.58%	5.06%	5.43%	6.95%	7.80%
MSCI US REIT INDEX	16.12%	15.84%	34.23%	4.97%	5.45%	6.94%	7.74%
FTSE Global Core Infrastructure 50/50 Index	13.59%	16.20%	28.68%	6.69%	5.22%	6.16%	6.33%
Bloomberg Commodity Index	0.68%	5.86%	0.95%	3.65%	7.76%	4.85%	0.03%
FIXED INCOME							
Bloomberg U.S. Aggregate	5.20%	4.45%	11.52%	-1.38%	0.33%	1.47%	1.84%
Bloomberg U.S. Government/Credit	5.10%	4.39%	11.27%	-1.50%	0.41%	1.63%	1.99%
Bloomberg U.S. Intermediate Government/Credit	4.17%	4.68%	9.41%	0.17%	1.25%	1.89%	1.96%
Bloomberg U.S. Treasury (1-3 Y)	2.91%	4.13%	6.76%	1.26%	1.48%	1.67%	1.40%
ICE BofA U.S. High Yield	5.31%	8.05%	15.62%	3.07%	4.53%	4.55%	4.94%
Bloomberg Global Aggregate ex-USD	8.52%	2.81%	12.23%	-4.40%	-1.85%	-0.80%	-0.50%
CASH EQUIVALENT							
Bloomberg 3 Month T-Bill	1.38%	4.06%	5.48%	3.56%	2.36%	2.25%	1.67%

Source: Investment Metrics. Returns are expressed as percentages. Please refer to the last page of this document for important disclosures relating to this material.

WHAT WE'RE WATCHING

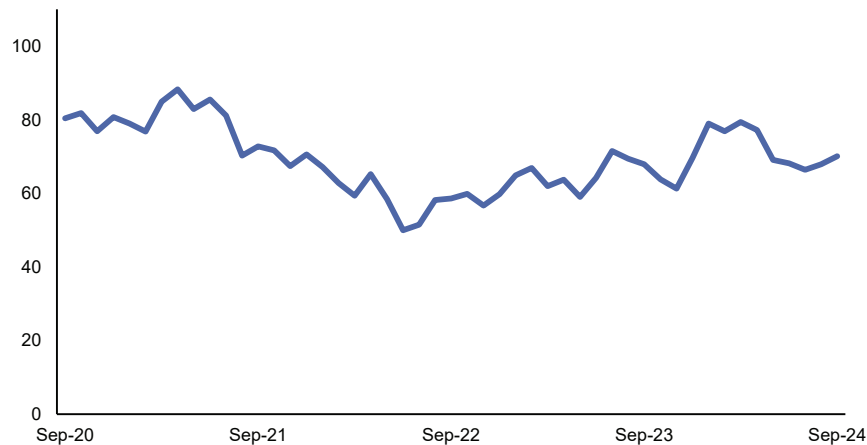
- ▶ The Fed cut the overnight rate by 50 basis points (bps) (0.50%) to a new target range of 4.75% to 5.00% at its September 18 meeting, marking the first rate cut in more than four years. Looking forward, the Fed's updated "dot plot" points to an additional 50 bps of rate cuts by the end of 2024 and 100 bps of cuts in 2025. Outside of the U.S., other major central banks also made rate changes during the quarter, with the European Central Bank (ECB) cutting rates and the Bank of Japan (BOJ) hiking rates for the second time this year.
- ▶ U.S. manufacturing activity dipped back into contraction during the second quarter, with the ISM U.S. Manufacturing PMI reading at 47.2 in September, signaling weak demand. The services sector crept up into expansion territory, with the Services PMI rising to 51.5 in September.
- ▶ Consumer confidence, as measured by the University of Michigan's Consumer Sentiment survey, rose in September after a dip earlier in the quarter, and ended at 70.1, up from the 68.2 reading at the end of the first quarter.
- ▶ In response to the weakness across the economy, China's central bank unveiled several new monetary and fiscal policies to restore consumer confidence and boost growth. They include lowering bank reserve requirements, cutting its key policy rate, and pledging support to relieve local government debt, among other measures.

U.S. ISM Manufacturing & Services PMI



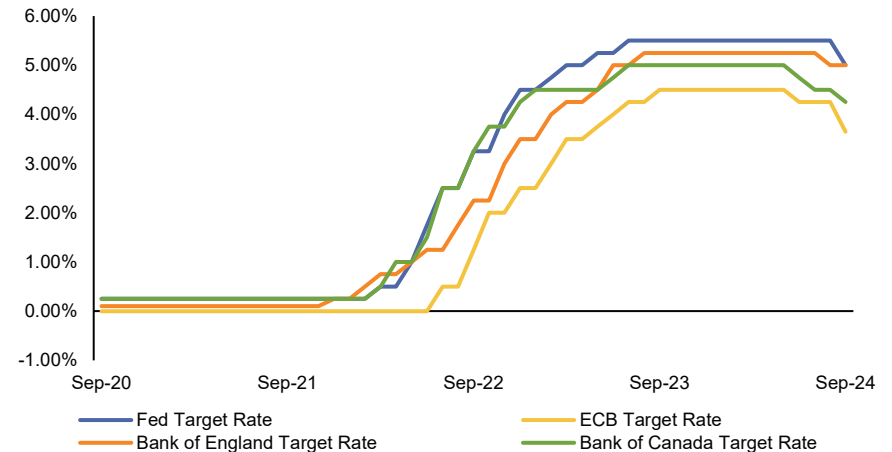
Source: Bloomberg.

University of Michigan Consumer Sentiment



Source: Bloomberg.

Global Central Bank Rates



Source: Bloomberg.

Factors to Consider for 6-12 Months

Monetary Policy (Global):



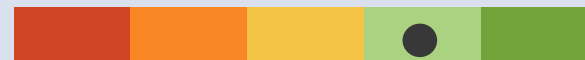
- The Fed has begun its easing cycle with a 50 basis point (bp) cut with expectation of an additional 50 bps in rate cuts by year end.
- The global easing cycle is underway with nearly all major central banks (excluding BoJ) completing multiple rate cuts.

Economic Growth (Global):



- U.S. economic growth remains strong reflecting a consumer who continues to spend at elevated levels.
- Economic growth outside the U.S. remains mixed. China recent stimulus measures are aimed to boost growth, which is conducive to global growth.

Inflation (U.S.):



- Inflation continues its trend lower but has been buoyed by stubborn housing costs. We expect this inflation to further trend lower.
- The broad-based inflation cooling helped fuel the Fed's decision to cut by 50 bps but policy makers note they are not declaring victory on price stability.

Financial Conditions (U.S.):



- The continuation of stable market measures, such as narrow corporate yield spreads, record equity index levels and low volatility, reflect economic confidence.
- We remain focused on the cooling labor market and effects this might have on the consumer as potential catalysts for a broader slow down.

Consumer Spending (U.S.):



- The consumer continues to spend and support economic strength. Upward revisions to the personal savings rate paint the consumer in better light.
- Moderation in the pace of overall spending is expected given slowing wage growth and labor market conditions.

Labor Markets:



- The labor market continues to moderate from extremely strong levels seen in prior quarters. The recent downward revisions to nonfarm payrolls further emphasized the cooling.
- Other labor metrics remain well positioned such as the layoffs and discharge rate pointing towards moderation rather than deterioration.

Corporate Fundamentals:



- Fed rate cuts are a positive for economic growth and corporate earnings, but any tax/tariff changes need to be closely monitored for any impact on profit margins.
- Higher cash levels especially across S&P 500 companies along with broad based earnings growth are positive.

Valuations:



- U.S. equity and credit markets have experienced a run up in valuations. Any negative shock relating to economic growth could lead to sell-off.
- International equities look attractive, but continued economic and geopolitical uncertainty is leading to increased volatility.

Political Risks:



- Geopolitical risks continue to remain elevated. Broadening of middle east conflict, U.S. and China trade and tariff tensions, China's moves in South China Sea and Taiwan Strait further add to risks.
- Policy uncertainty related to US elections outcome is also expected to increase short term volatility.

● Current outlook ○ Outlook one quarter ago

Stance Unfavorable to Risk Assets

Negative

Slightly Negative

Neutral

Slightly Positive

Positive

Stance Favorable to Risk Assets

Statements and opinions expressed about the next 6-12 months were developed based on our independent research with information obtained from Bloomberg and FactSet. The views expressed within this material constitute the perspective and judgment of PFM Asset Management at the time of distribution (9/30/2024) and are subject to change. Information is obtained from sources generally believed to be reliable and available to the public; however, PFM Asset Management cannot guarantee its accuracy, completeness, or suitability.

Asset Class	Our Q4 2024 Investment Outlook	Comments
U.S. Equities		<ul style="list-style-type: none"> Moderate economic growth coupled with Fed easing should result in continued positive performance for US equities. We are concerned about the high valuations, but believe that soft landing economic scenario and earnings growth strength will provide tailwinds. Equity markets experienced a period of volatility during Q3 which we expect to continue amidst slowing growth, geopolitical tensions and election related uncertainty. Small-caps have lagged large caps since the sell off in first week of August pointing to lack of fundamental support to rally in July, but we expect fundamentals to improve as rate cuts take hold. Worries from the Banking Crisis on regional banks seems to be in our rearview mirror.
Large-Caps		
Small-Caps		
Non-U.S. Equities		<ul style="list-style-type: none"> International equities continue to trade at a discount to U.S. and have been recently helped by ECB rate cuts and weakening dollar. BoJ continues to tighten while other central banks are embarking on rate cuts. EM equity performance is reliant on Indian and Chinese equities, which constitute roughly 45% of the MSCI Emerging Market Index. Indian equities are trading at expensive valuations, and we don't expect a sustained recovery in Chinese equities due to stimulus unless there are structural/geopolitical changes addressing debt overhang and geopolitical stability.
Developed Markets		
Emerging Markets		
Fixed Income		<ul style="list-style-type: none"> Slowing inflation and softening labor markets led to Fed cutting by 50 bps at their September meeting. Further rate cuts are expected which is positive for fixed income investors. About \$6.3 trillion is sitting in money market funds which could flow into fixed income as the rates becomes more attractive. Credit markets remain attractive due to strong corporate fundamentals. We remain positive on investment grade but are staying closer to targets on high yield given tighter spreads. We continue to closely watch for signs for any distress in the corporate credit space.
Core Bonds		
Investment Grade Credit		
High Yield Credit		
Diversifying Assets		<ul style="list-style-type: none"> Continued economic growth, falling rates, strengthening fundamentals along with attractive valuations relative to equities are tailwinds to listed real estate performance leading us to overweight the exposure. Transition to renewable energy and increase in AI led data center infrastructure spend are tailwinds for listed infrastructure. Utilities which make up about ~50% of the universe have been performing well recently due to lower rates.
Listed Real Estate		
Listed Global Infrastructure		

● Current outlook ○ Outlook one quarter ago



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It is not possible to invest directly in an index. The index returns shown throughout this material do not represent the results of actual trading of investor assets. Third-party providers maintain the indices shown and calculate the index levels and performance shown or discussed. Index returns do not reflect payment of any sales charges or fees an investor would pay to purchase the securities they represent. The imposition of these fees and charges would cause investment performance to be lower than the performance shown.

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Account Investment Performance Review

Important Notice:

Account information, including market values and performance returns, found on the following pages have been made available by U.S. Bank, as custodian of the account assets.

PFM Asset Management LLC, as investment advisor to the account, will provide market values and performance returns when available. Values may vary from custodian based on a variety of factors, including but not limited to, differences in asset pricing, accruals, and trade/settlement date portfolio accounting methodologies.



DESERT HEALTHCARE DISTRICT

09/30/2024

Selected Period Performance

Selected Period Performance

	Market Value	1 Month	3 Months	Year to Date (9 Months)	1 Year	3 Years	5 Years	Inception to Date 07/01/1998
Total Portfolio Gross of Fees	68,520,820	.73	2.56	4.14	6.70	1.67	1.65	2.92
Total Portfolio Net of Fees	68,520,820	.71	2.54	4.07	6.60	1.55	1.52	2.73
Total Fixed Income	66,900,071	.73	2.57	4.14	6.71			
Taxable Investment Grade	66,900,071	.73	2.57	4.14	6.71			
BBARC 1-5 Year US Government Index		.88	3.41	4.16	7.49	.67	1.24	3.06
ICE BofAML 1-Year US Treasury Note Index		.66	2.03	4.01	5.87	2.48	1.99	2.38
Total Cash Equivalents	1,620,748	.40	1.14	3.68	5.05			
Pending Cash	0	.00	.00	.00	.00			

Portfolio Holdings

Portfolio Holdings

	ID	Units	Unit Cost	Total Cost	Price	Market Value	Accrual	% of Mkt Val	Unrealized Gain/Loss	
Total Fixed Income										
Gov/Agency Bonds										
	U S TREASURY BD 4.375% 7/15/27	91282CKZ3	5,000,000.000	100.44	5,021,875.00	102.094	5,104,700.00	46,365.49	7.5	82,825.00
	U S TREASURY NT 0.250% 5/31/25	912828ZT0	3,000,000.000	97.83	2,934,843.75	97.419	2,922,570.00	2,520.49	4.3	-12,273.75
	U S TREASURY NT 0.250% 6/30/25	912828ZW3	3,000,000.000	97.66	2,929,921.88	97.163	2,914,890.00	1,895.38	4.3	-15,031.88
	U S TREASURY NT 0.375% 4/30/25	912828ZL7	1,500,000.000	99.29	1,489,277.34	97.757	1,466,355.00	2,366.80	2.2	-22,922.34
	U S TREASURY NT 0.500% 3/31/25	912828ZF0	1,500,000.000	99.61	1,494,199.22	98.109	1,471,635.00	20.60	2.2	-22,564.22
	U S TREASURY NT 0.625% 10/15/24	91282CDB4	1,500,000.000	99.36	1,490,390.63	99.837	1,497,555.00	4,328.89	2.2	7,164.37
	U S TREASURY NT 1.125% 2/28/25	912828ZC7	1,000,000.000	100.83	1,008,291.46	98.647	986,470.00	963.40	1.4	-21,821.46
	U S TREASURY NT 1.500% 11/30/24	912828YV6	1,500,000.000	100.40	1,505,937.31	99.458	1,491,870.00	7,581.52	2.2	-14,067.31
	U S TREASURY NT 1.500% 8/15/26	9128282A7	5,000,000.000	94.22	4,710,937.50	96.102	4,805,100.00	9,578.80	7.1	94,162.50
	U S TREASURY NT 1.750% 12/31/24	912828YY0	1,500,000.000	100.02	1,500,313.34	99.281	1,489,215.00	6,633.83	2.2	-11,098.34
	U S TREASURY NT 2.000% 11/15/26	912828U24	1,000,000.000	92.77	927,695.31	96.680	966,800.00	7,554.35	1.4	39,104.69
	U S TREASURY NT 2.125% 5/31/26	9128286X3	2,500,000.000	93.90	2,347,500.00	97.453	2,436,325.00	17,853.48	3.6	88,825.00
	U S TREASURY NT 2.250% 3/31/26	9128286L9	3,000,000.000	93.70	2,811,093.75	97.809	2,934,270.00	185.44	4.3	123,176.25
	U S TREASURY NT 2.500% 1/31/25	9128283V0	2,000,000.000	99.83	1,996,640.63	99.324	1,986,480.00	8,423.91	2.9	-10,160.63
	U S TREASURY NT 2.500% 3/31/27	91282CEF4	2,000,000.000	95.53	1,910,625.00	97.430	1,948,600.00	137.36	2.9	37,975.00
	U S TREASURY NT 2.875% 5/31/25	9128284R8	500,000.000	97.94	489,707.03	99.129	495,645.00	4,830.94	.7	5,937.97
	U S TREASURY NT 2.875% 6/15/25	91282CEU1	3,500,000.000	98.75	3,456,289.07	99.103	3,468,605.00	29,692.62	5.1	12,315.93
	U S TREASURY NT 3.125% 8/15/25	91282CFE6	1,500,000.000	99.30	1,489,570.31	99.202	1,488,030.00	5,986.75	2.2	-1,540.31
	U S TREASURY NT 3.125% 8/31/27	91282CFH9	2,000,000.000	97.26	1,945,195.31	98.762	1,975,240.00	5,352.21	2.9	30,044.69
	U S TREASURY NT 3.250% 6/30/27	91282CEW7	1,000,000.000	99.00	990,000.00	99.156	991,560.00	8,213.32	1.5	1,560.00
	U S TREASURY NT 3.875% 12/31/27	91282CGC9	1,500,000.000	98.24	1,473,632.81	100.953	1,514,295.00	14,689.20	2.2	40,662.19
	U S TREASURY NT 4.000% 12/15/25	91282CGA3	1,000,000.000	100.49	1,004,888.56	100.160	1,001,600.00	11,803.28	1.5	-3,288.56
	U S TREASURY NT 4.000% 2/29/28	91282CGP0	2,000,000.000	98.30	1,965,937.50	101.359	2,027,180.00	6,850.83	3.0	61,242.50
	U S TREASURY NT 4.125% 10/31/27	91282CFU0	1,200,000.000	100.13	1,201,522.92	101.582	1,218,984.00	20,714.67	1.8	17,461.08
	U S TREASURY NT 4.125% 9/30/27	91282CFM8	2,000,000.000	99.43	1,988,593.75	101.606	2,032,120.00	226.65	3.0	43,526.25
	U S TREASURY NT 4.250% 2/28/29	91282CKD2	3,100,000.000	101.91	3,159,078.13	102.777	3,186,087.00	11,282.46	4.7	27,008.87
	U S TREASURY NT 4.375% 8/31/28	91282CHX2	1,500,000.000	100.36	1,505,337.02	102.887	1,543,305.00	5,619.82	2.3	37,967.98
	U S TREASURY NT 4.500% 11/15/25	91282CFW6	500,000.000	100.05	500,257.62	100.641	503,205.00	8,498.64	.7	2,947.38
	U S TREASURY NT 4.500% 7/15/26	91282CHM6	500,000.000	100.07	500,330.10	101.383	506,915.00	4,769.02	.7	6,584.90
	U S TREASURY NT 4.625% 6/30/26	91282CKY6	10,000,000.000	100.24	10,023,828.13	101.539	10,153,900.00	115,625.00	14.9	130,071.87
	Total: Gov/Agency Bonds				65,773,710.38		66,529,506.00	370,565.15	97.9	755,795.62
	Total: Total Fixed Income				65,773,710.38		66,529,506.00	370,565.15	97.9	755,795.62

Portfolio Holdings

Portfolio Holdings

	<u>ID</u>	<u>Units</u>	<u>Unit Cost</u>	<u>Total Cost</u>	<u>Price</u>	<u>Market Value</u>	<u>Accrual</u>	<u>% of Mkt Val</u>	<u>Unrealized Gain/Loss</u>	
Total Cash Equivalents										
Money Market Funds										
	FIDELITY GOVT PORT INST	31607A703	1,615,288.160	1.00	1,615,288.16	1.000	1,615,288.16	5,460.31	2.4	.00
	Total: Money Market Funds				1,615,288.16		1,615,288.16	5,460.31	2.4	.00
	Total: Total Cash Equivalents				1,615,288.16		1,615,288.16	5,460.31	2.4	.00
	Total				67,388,998.54		68,144,794.16	376,025.46	100.0	755,795.62



DESERT HOSPITAL RETIREMENT PLAN

09/30/2024

Selected Period Performance

Selected Period Performance

	Market Value	1 Month	3 Months	Year to Date (9 Months)	1 Year	3 Years	5 Years	Inception to Date 05/01/1998
Total Portfolio Gross of Fees	4,716,302	1.69	6.21	13.02	22.95	5.89	8.62	6.08
Total Portfolio Net of Fees	4,716,302	1.57	6.04	12.48	22.14	5.21	7.92	
Total Equity	2,531,835	1.76	6.09	17.79	31.28	8.80	12.81	7.53
Large Cap U.S. Equity	1,635,261	1.98	5.56	21.50	35.63	11.82	15.61	
S&P 500 Index (Total Return)		2.14	5.89	22.08	36.35	11.91	15.98	8.41
S&P MidCap 400 Index		1.16	6.94	13.54	26.79	7.47	11.78	9.89
Small Cap U.S. Equity	145,388	.65	9.23	11.13	26.76	1.78	9.09	
S&P SmallCap 600 Index		.85	10.13	9.33	25.86	3.99	10.21	8.97
Developed Markets Equity	606,311	.49	6.55	12.34	23.79	5.97	8.35	
MSCI EAFE Index (Net)		.92	7.26	12.99	24.77	5.48	8.20	4.82
Emerging Markets Equity	144,875	5.94	8.05	15.81	24.48	.49	5.62	
MSCI Emerging Markets Index (Net)		6.68	8.72	16.86	26.05	.40	5.75	
Total Fixed Income	1,776,635	1.38	5.26	5.50	11.62	1.10	1.82	3.65
Taxable Investment Grade	1,635,537	1.37	5.33	5.43	11.51	.95	1.70	
BBARC 1-3 Year US Government/Credit Index		.83	2.96	4.38	7.19	1.50	1.70	3.02
BBARC Intermediate US Government/Credit Index		1.08	4.17	4.68	9.45	.17	1.26	3.86
BBARC US Aggregate Bond Index		1.34	5.20	4.45	11.57	-1.39	.33	4.06
High Yield Taxable	141,098	1.47	4.64	6.39	12.35	2.64	3.65	
Total Real Assets	302,291	3.34	15.32	9.55	28.64	1.23	5.80	
Real Estate	152,085	2.62	16.32	13.79	33.62	2.52	6.60	
Dow Jones US Select REIT Index		2.64	15.56	14.92	33.71	4.36	4.41	8.56
Commodities	150,205	4.08	14.33					
Total Cash Equivalents	105,542	.41	1.30	3.95	5.16	3.26	2.10	1.96
FTSE 1 Month Treasury Bill Index		.44	1.36	4.13	5.56	3.57	2.31	1.91
Pending Cash	0	.00	.00	.00	.00	.00	.00	

Account: XXXXXX8600

Holdings Method: Direct

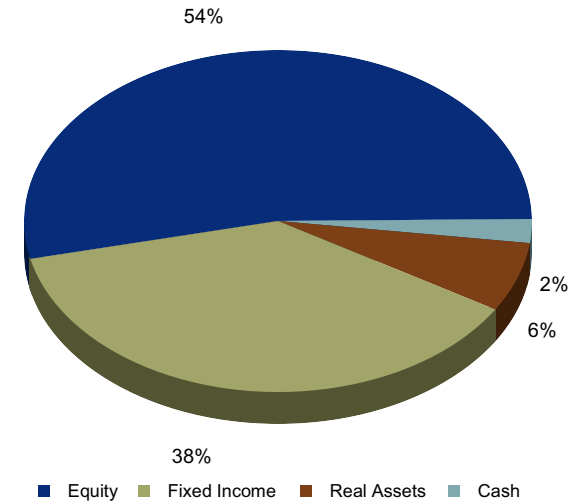
Report Date: 09/30/2024

Portfolio Summary

Inv. Objective	Customer Directed
Total Portfolio Value	\$4,712,397
Net Realized Cap Gains YTD	\$371,722
Annual Income Projected	\$145,913
Current Yield	2.68%
Number of Securities	24
Portfolio Mgr.	Ts Stl Rc #3 - Auto

Portfolio Asset Allocation

Equity	\$2,530,948	53.71%
Fixed Income	\$1,774,653	37.66%
Real Assets	\$301,684	6.40%
Cash	\$105,112	2.23%
Invested Total	\$4,712,397	100.00%



Account: XXXXXX8600

Holdings Method: Direct

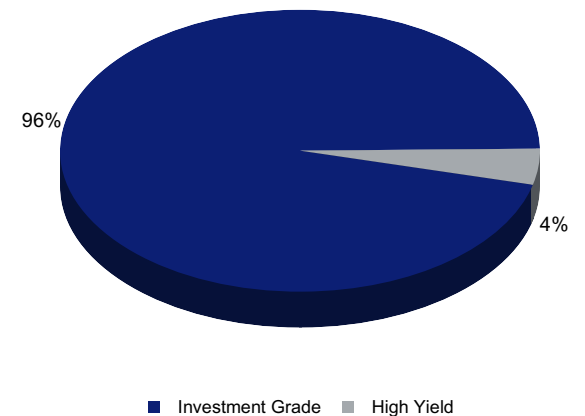
Report Date: 09/30/2024

Fixed Income Summary

Inv. Objective	Customer Directed
Total Fixed Income Value	\$1,774,653
Current Yield	4.08%
Annual Income Projected	\$72,355
Number of Securities	11

Fixed Income Asset Allocation

Investment Grade	\$1,704,258	96.03%
High Yield	\$70,394	3.97%



Portfolio Holdings

Portfolio Holdings

	ID	Units	Unit Cost	Total Cost	Price	Market Value	Accrual	% of Mkt Val	Unrealized Gain/Loss
Total Equity									
Large Cap MF + ETF/ETNs									
DODGE COX STOCK FUND I	256219106	1,031.664	238.94	246,509.33	274.290	282,975.12	.00	6.0	36,465.79
ISHARES S P 500 GROWTH ETF	464287309	2,848.000	46.88	133,527.92	95.750	272,696.00	.00	5.8	139,168.08
SCHWAB U S LARGE CAP ETF	808524201	11,691.000	66.30	775,113.30	67.850	793,234.35	.00	16.8	18,121.05
VANGUARD S P 500 ETF	922908363	541.000	218.88	118,416.45	527.670	285,469.47	886.48	6.1	167,053.02
Total: Large Cap MF + ETF/ETNs				1,273,567.00		1,634,374.94	886.48	34.7	360,807.94
SC MF + ETF/ETNs									
ISHARES RUSSELL 2000 GROWTH ETF	464287648	257.000	168.51	43,308.33	284.000	72,988.00	.00	1.5	29,679.67
ISHARES RUSSELL 2000 VALUE ETF	464287630	434.000	117.63	51,052.76	166.820	72,399.88	.00	1.5	21,347.12
Total: SC MF + ETF/ETNs				94,361.09		145,387.88	.00	3.0	51,026.79
Dev Fgn Equity MF + ETF/ETNs									
FIDELITY INTERNATIONAL INDEX FUND	315911727	7,960.683	51.63	411,000.00	53.400	425,100.47	.00	9.0	14,100.47
GOLDMAN SACHS GQG PTNRS INTL OPPTS IN	38147N293	3,767.267	23.89	90,000.00	23.240	87,551.29	.00	1.9	-2,448.71
ISHARES MSCI EAFE VALUE ETF	464288877	1,628.000	50.60	82,373.84	57.530	93,658.84	.00	2.0	11,285.00
Total: Dev Fgn Equity MF + ETF/ETNs				583,373.84		606,310.60	.00	12.9	22,936.76
Em Fgn Eq MF+ETF/ETN									
FIDELITY EMERGING MARKETS INDEX FUND	316146331	12,500.000	11.20	140,000.00	11.590	144,875.00	.00	3.1	4,875.00
Total: Em Fgn Eq MF+ETF/ETN				140,000.00		144,875.00	.00	3.1	4,875.00
Total: Total Equity				2,091,301.93		2,530,948.42	886.48	53.7	439,646.49
Total Fixed Income									
Invest Gr MF + ETF/ETNs									
BAIRD AGGREGATE BOND FD INSTL	057071854	35,084.380	9.68	339,735.21	10.070	353,299.71	.00	7.5	13,564.50
DODGE COX INCOME	256210105	21,552.712	12.20	262,955.96	12.940	278,892.09	.00	5.9	15,936.13
DOUBLELINE CORE FIX INCOME I	258620301	19,342.271	8.98	173,690.17	9.490	183,558.15	.00	3.9	9,867.98
ISHARES CORE U.S. AGGREGATE BOND ETF	464287226	2,792.000	94.34	263,406.21	101.270	282,745.84	.00	6.0	19,339.63
ISHARES TRUST ISHARES 5 10 YEAR ETF	464288638	2,203.000	50.01	110,172.03	53.720	118,345.16	.00	2.5	8,173.13
ISHARES US TREASURY BOND ETF	46429B267	3,744.000	22.26	83,322.72	23.450	87,796.80	.00	1.9	4,474.08
PGIM TOTAL RETURN BOND CL R6	74440B884	26,775.554	13.77	368,593.87	12.310	329,607.07	1,290.29	7.0	-38,986.80
PIMCO INCOME FUND INS	72201F490	.062	10.48	.65	10.806	.67	.00	.0	.02
VANGUARD SHORT TERM INVT GRADE #539	922031836	.079	10.25	.81	10.506	.83	.00	.0	.02

Portfolio Holdings

Portfolio Holdings

	ID	Units	Unit Cost	Total Cost	Price	Market Value	Accrual	% of Mkt Val	Unrealized Gain/Loss
Total: Invest Gr MF + ETF/ETNs				1,601,877.63		1,634,246.32	1,290.29	34.7	32,368.69
HY Tax MF + ETF/ETNs									
ARTISAN HIGH INCOME FUND	04314H568	7,668.156	8.89	68,193.99	9.180	70,393.67	415.06	1.5	2,199.68
BLACKROCK STRATEGIC INCOME	09260B374	7,255.202	9.90	71,820.00	9.650	70,012.70	276.88	1.5	-1,807.30
Total: HY Tax MF + ETF/ETNs				140,013.99		140,406.37	691.94	3.0	392.38
Total: Total Fixed Income				1,741,891.62		1,774,652.69	1,982.23	37.7	32,761.07
Total Real Assets									
REIT MF ETF/ETNs									
COHEN & STEERS INSTL REALTY SHARES	19247U106	2,880.403	45.49	131,037.72	52.800	152,085.28	.00	3.2	21,047.56
Total: REIT MF ETF/ETNs				131,037.72		152,085.28	.00	3.2	21,047.56
Commodity MF ETF/ETNs									
NYLI CBRE GLOBAL INFRASTRUCTURE FD I	56064L298	10,778.001	12.88	138,792.56	13.880	149,598.65	606.80	3.2	10,806.09
Total: Commodity MF ETF/ETNs				138,792.56		149,598.65	606.80	3.2	10,806.09
Total: Total Real Assets				269,830.28		301,683.93	606.80	6.4	31,853.65
Total Cash Equivalents									
Money Market Funds									
FIRST AM GOVT OB FD CL X	31846V336	105,111.730	1.00	105,111.73	1.000	105,111.73	430.11	2.2	.00
Total: Money Market Funds				105,111.73		105,111.73	430.11	2.2	.00
Total: Total Cash Equivalents				105,111.73		105,111.73	430.11	2.2	.00
Total				4,208,135.56		4,712,396.77	3,905.62	100.0	504,261.21

Important disclosures, definitions of terms and index descriptions

If you have questions regarding this information or wish to receive definitions of any additional terms or indexes used in this report, please contact your Portfolio Manager.

Important disclosures (page 1 of 4)

The information provided here is not intended to replace your account statement. Your account statement is the official record of your account.



Equal Housing Lender. Credit products are offered by U.S. Bank National Association and subject to normal credit approval. Deposit products offered by U.S. Bank National Association. Member FDIC.

For use in one-on-one meetings/presentations.

This information represents the opinion of U.S. Bank. The views are subject to change at any time based on market or other conditions and are current as of the date indicated on the materials. This is not intended to be a forecast of future events or guarantee of future results. The factual information provided has been obtained from sources believed to be reliable but is not guaranteed as to accuracy or completeness.

U.S. Bank and its representatives do not provide tax or legal advice. Your tax and financial situation is unique. You should consult your tax and/or legal advisor for advice and information concerning your particular situation.

Past performance is no guarantee of future results. All performance data, while obtained from sources deemed to be reliable, are not guaranteed for accuracy. Indexes shown are unmanaged and are not available for direct investment, nor are they subject to fees and expenses.

Performance reports included may show performance results gross of fees and expenses. If fees and expenses were included, the performance would be lower. If you have any questions, please speak with your relationship manager for additional information.

Based on our strategic approach to creating diversified portfolios, guidelines are in place concerning the construction of portfolios and how investments should be allocated to specific asset classes based on client goals, objectives and tolerance for risk. Not all recommended asset classes will be suitable for every portfolio. **Diversification and asset allocation do not guarantee returns or protect against losses.**

Important disclosures (page 2 of 4)

Equity securities are subject to stock market fluctuations that occur in response to economic and business developments. **Stocks of small-capitalization companies** involve substantial risk. These stocks historically have experienced greater price volatility than stocks of larger companies and may be expected to do so in the future. **Stocks of mid-capitalization companies** can be expected to be slightly less volatile than those of small-capitalization companies, but still involve substantial risk and may be subject to more abrupt or erratic movements than large-capitalization companies. The value of **large-capitalization stocks** will rise and fall in response to the activities of the company that issued them, general market conditions and/or economic conditions. **Growth investments** focus on stocks of companies whose earnings/profitability are accelerating in the short term or have grown consistently over the long term. Such investments may provide minimal dividends, which could otherwise cushion stock prices in a market decline. Stock value may rise and fall significantly based, in part, on investors' perceptions of the company, rather than on fundamental analysis of the stocks. Investors should carefully consider the additional risks involved in growth investments. **Value investments** focus on stocks of income-producing companies whose price is low relative to one or more valuation factors, such as earnings or book value. Such investments are subject to risks that their intrinsic values may never be realized by the market, or such stocks may turn out not to have been undervalued. Investors should carefully consider the additional risks involved in value investments.

International investing involves special risks, including foreign taxation, currency risks, risks associated with possible differences in financial standards and other risks associated with future political and economic developments. Investing in **emerging markets** may involve greater risks than investing in more developed countries. In addition, concentration of investments in a single region may result in greater volatility.

Investments in **real estate securities** can be subject to fluctuations in the value of the underlying properties, the effect of economic conditions on real estate values, changes in interest rates and risks related to renting properties (such as rental defaults). There are special risks associated with an investment in **commodities**, including market price fluctuations, regulatory changes, interest rate changes, credit risk, economic changes and the impact of adverse political or financial factors.

Investments in **fixed income securities** are subject to various risks, including changes in interest rates, credit quality, market valuations, liquidity, prepayments, early redemption, corporate events, tax ramifications and other factors. Investment in fixed income securities typically decrease in value when interest rates rise. This risk is usually greater for longer-term securities. Investments in lower-rated and non-rated securities present a greater risk of loss to principal and interest than higher-rated securities. Investments in **high yield bonds** offer the potential for high current income and attractive total return, but involve certain risks. Changes in economic conditions or other circumstances may adversely affect a bond issuer's ability to make principal and interest payments.

Important disclosures (page 3 of 4)

The **municipal bond** market is volatile and can be significantly affected by adverse tax, legislative or political changes and the financial condition of the issues of municipal securities. Interest rate increases can cause the price of a bond to decrease. Income on municipal bonds is free from federal taxes, but may be subject to the federal alternative minimum tax (AMT), state and local taxes. **Treasury Inflation-Protected Securities (TIPS)** offer a lower return compared to other similar investments and the principal value may increase or decrease with the rate of inflation. Gains in principal are taxable in that year, even though not paid out until maturity.

Non-financial **specialty assets**, such as real estate, farm, ranch and timber properties, oil, gas and mineral interests or closely-held business interests are complex and involve unique risks specific to each asset type, including the total loss of value. Special risk considerations may include natural events or disasters, complex tax considerations and lack of liquidity. Specialty assets may not be suitable for all investors.

Alternative investments very often use speculative investment and trading strategies. There is no guarantee that the investment program will be successful. Alternative investments are designed only for investors who are able to tolerate the full loss of an investment. These products are not suitable for every investor even if the investor does meet the financial requirements. It is important to consult with your investment professional to determine how these investments might fit your asset allocation, risk profile and tax situation. **Hedge funds** are speculative and involve a high degree of risk. An investment in a hedge fund involves a substantially more complicated set of risk factors than traditional investments in stocks or bonds, including the risks of using derivatives, leverage and short sales, which can magnify potential losses or gains. Restrictions exist on the ability to redeem or transfer interests in a fund. **Exchange-traded funds (ETFs)** are baskets of securities that are traded on an exchange like individual stocks at negotiated prices and are not individually redeemable. ETFs are designed to generally track a market index and shares may trade at a premium or a discount to the net asset value of the underlying securities. **Private equity** investments provide investors and funds the potential to invest directly into private companies or participate in buyouts of public companies that result in a delisting of the public equity. Investors considering an investment in private equity must be fully aware that these investments are illiquid by nature, typically represent a long-term binding commitment and are not readily marketable. The valuation procedures for these holdings are often subjective in nature. **Private debt** investments may be either direct or indirect and are subject to significant risks, including the possibility of default, limited liquidity and the infrequent availability of independent credit ratings for private companies. **Structured products** are subject to market risk and/or principal loss if sold prior to maturity or if the issuer defaults on the security. Investors should request and review copies of Structured Products Pricing Supplements and Prospectuses prior to approving or directing an investment in these securities.

Important disclosures (page 4 of 4)

Mutual fund investing involves risk and principal loss is possible. Investing in certain funds involves special risks, such as those related to investments in small- and mid-capitalization stocks, foreign, debt and high-yield securities and funds that focus their investments in a particular industry. Please refer to the fund prospectus for additional details pertaining to these risks. An investment in **money market funds** is not insured or guaranteed by the Federal Deposit Insurance Corporation (FDIC) or any other government agency. Although these funds seek to preserve the value of an investment at \$1.00 per share, it is possible to lose money by investing in these funds.

Holdings of First American Funds: U.S. Bancorp Asset Management, Inc. is a registered investment advisor and subsidiary of U.S. Bank National Association. U.S. Bank National Association is a separate entity and wholly owned subsidiary of U.S. Bancorp. U.S. Bank is not responsible for and does not guarantee the products, performance or services of U.S. Bancorp Asset Management. U.S. Bancorp Asset Management, Inc. serves as an investment advisor to First American Funds. **Holdings of Nuveen mutual funds:** Firststar Capital Corporation (Firststar Capital), an affiliate of U.S. Bancorp, holds a less-than-10 percent ownership interest in Windy City Investments Holdings, LLC which was formerly the parent of Windy City Investment Inc. and the indirect parent of Nuveen Fund Advisors, LLC which is the investment advisor to the Nuveen Mutual Funds. On October 1, 2014, Windy City Investments, Inc. was sold to Teachers Insurance and Annuity Association of America. As a result of the sale, U.S. Bancorp no longer has an indirect ownership interest in Nuveen Fund Advisors, LLC. Depending on the outcome of certain factors, Firststar Capital might in the future receive an earn-out payment in respect of its interest in Windy City Investment Holdings, LLC, under the terms of the sale. **Non-proprietary mutual funds:** U.S. Bank may enter into agreements with other non-proprietary mutual funds or their service providers whereby U.S. Bank provides shareholder services and/or sub-transfer agency, custodial and other administrative support services and receives compensation for these services. Compensation received by U.S. Bank directly or indirectly from mutual funds does not increase fund fees and expenses beyond what is disclosed in the fund prospectuses. For more information, review the fund prospectus.

Definitions of report and statement terms (page 1 of 5)

Accredited Investor: Private placement securities generally require that investors be accredited due to the additional risks and speculative nature of the securities. For natural persons, the criteria is met by a net worth of more than \$1 million (excluding primary residence) or an income of more than \$200,000 individually (\$300,000 jointly) for the two most recent years and a reasonable expectation for the same in the current year. For other entities, such as corporations, partnerships, trusts and employee benefit plans, the criteria is met with at least \$5 million in assets. See full definition in Rule 501 of Regulation D under the Securities Act of 1933.

Alpha: A measure of risk-adjusted performance. A statistic measuring that portion of a stock, fund or composite's total return attributable to specific or non-market risk. Alpha measures non-market return and indicates how much value has been added or lost. A positive Alpha indicates the fund or composite has performed better than its Beta would predict (i.e., the manager has added value above the benchmark). A negative Alpha indicates a fund or composite has underperformed given the composite's Beta.

Alternative Investments: As used by U.S. Bank, an investment considered to be outside of the traditional asset classes of long-only stocks, bonds and cash. Examples of alternative investments include hedge funds, private equity, options and financial derivatives.

Annualized Excess Return: Shows the difference between the annualized linked returns of a portfolio and the model benchmark. Performance reports provided annualize only periods greater than one year.

Annualized or Annual Rate of Return: Represents the average annual change in the value of an investment over the periods indicated.

Batting Average: Shows how consistently the portfolio return met or beat the market.

Beta: A measure of your portfolio's risk relative to a benchmark. A portfolio with a beta of 1.5, for example, would be expected to return roughly 1.5 times the benchmark's return. A high Beta indicates a riskier portfolio.

Bond Credit Rating: A grade given to bonds by a private independent rating service that indicates their credit quality. Ratings are the opinion of Standard & Poor's or other agencies as noted and not the opinion of U.S. Bank.

Consumer Price Index (CPI): A measure of the average change in prices over time in a market basket of goods and services and is one of the most frequently used statistics for identifying periods of inflation and deflation.

Convexity to Stated Maturity: A measure of the curvature in the relationship between bond prices and bond yields that demonstrates how the duration of a bond changes as the interest rate changes. Convexity is used as a risk-management tool and helps to measure and manage the amount of market risk to which a portfolio of bonds is exposed. This version of convexity measures the rate change in duration of a bond as the yield to (stated) maturity changes.

Definitions of report and statement terms (page 2 of 5)

Cost basis/book value: The original value of an asset at the time it was acquired. This is normally the purchase price or appraised value at the time of acquisition. This data is for information purposes only.

Cumulative Excess Return: Shows the difference between the annualized linked returns of a portfolio and the model benchmark. Performance reports provided use unannualized returns in periods up to one year, but annualized returns for periods exceeding one year.

Downside Capture: The downside capture ratio reflects how a portfolio compares to a benchmark during periods when the benchmark is down. A downside capture ratio of 0.80 (or 80 percent) means the portfolio has historically declined only 80 percent as much as the benchmark during down markets.

Downside Deviation: The deviation of returns that fall below a minimum acceptable return (MAR). Although the numerator includes only returns below the MAR, the denominator includes all returns in the performance period. This risk statistic is similar to the downside standard deviation except the sum is restricted to returns less than the MAR instead of the mean.

Downside Standard Deviation: The deviation of returns that fall below the mean return. Although the numerator includes only returns below the mean, the denominator includes all returns in the performance period. This risk statistic is similar to the downside deviation except the sum is restricted to returns less than the mean instead of the minimum acceptable return (MAR).

Effective Maturity: The date of a bond's most likely redemption, given current market conditions, taking into consideration the optional and mandatory calls, the optional, mandatory and recurring puts, and the stated maturity.

Estimated annual income: The amount of income a particular asset is anticipated to earn over the period indicated. The shares multiplied by the annual income rate.

Gain/loss calculation: If an asset was sold, the difference between the proceeds received from the sale compared to the cost of acquiring the asset. If the value of the proceeds is the higher of the two numbers, then a gain was realized. If the value of the proceeds is the lower of the two numbers, a loss was incurred. This data is for information purposes only.

Gross of Fees: Represents all assets included in the calculation of the portfolio -- before the deduction of trust and asset management fees -- and is inclusive of all applicable third party security fees and expenses. Details of those fees and expenses are provided in the security's prospectus or offering documents.

Information Ratio: The information ratio compares the average excess return of the portfolio over its associated benchmark divided by the tracking error.

M-Squared: The hypothetical return of the portfolio after its risk has been adjusted to match a benchmark.

Definitions of report and statement terms (page 3 of 5)

Market Value: Publicly traded assets are valued using market quotations or valuation methods from financial industry services believed by us to be reliable. Assets, that are not publicly traded, may be reflected at values from other external sources or special valuations prepared by us. Assets for which a current value is not available may be reflected as not valued, at par value, or at a nominal value. Values shown do not necessarily reflect prices at which assets could have been bought or sold. Values are updated based on internal policy and may be updated less frequently than statement generation.

Market Value Over Time: Many factors can impact the portfolio value over time, such as contributions to the account, distributions from the account, the investment of dividends and interest, the deduction of fees and expenses, and market performance.

Modified Duration to Effective Maturity: A formula that expresses the measurable change in the value of a security in response to a change in interest rates. This version of Modified Duration takes into consideration a “horizon date/price” that is, given current conditions, the most likely redemption date/price using the set of calls/puts, as well as stated maturity.

Modified Duration to Stated Maturity: A formula that expresses the measurable change in the value of a security in response to a change in interest rates. This version of Modified Duration uses stated maturity as the “horizon date/price” and ignores any potential call/put/pre-refunding, even if they are mandatory.

Net of Fees: Represents all assets included in the calculation of the portfolio -- after the deduction of trust and asset management fees. Please refer to the client fee schedule for additional information.

Price/Earnings Ratio (P/E): The P/E ratio of a company is calculated by dividing the price of the company’s stock by its trailing 12-month earnings per share. A high P/E usually indicates that the market is paying a premium for current earnings because it believes in the firm’s ability to grow its earnings. A low P/E indicates the market has less confidence that the company’s earnings will increase. Within a portfolio, P/E is the weighted average of the price/earnings ratios of the stocks in the portfolio.

Qualified Purchaser: Some private placement securities require that investors be Qualified Purchasers in addition to being Accredited Investors. For natural persons, the criteria is generally met when the client (individually or jointly) owns at least \$5 million in investments. For other entities, such as corporations, partnerships, trusts and employee benefit plans, the criteria is met with at least \$25 million in investments though there are other eligibility tests that may apply. See full definition in Section 2(a)(51) of the Investment Company Act of 1940.

R-Squared: Measures the portion of the risk in your portfolio that can be attributed to the risk in the benchmark.

Realized and Unrealized Gains/Losses: Are calculated for individual tax lots based on the records we have available. Some data may be incomplete or differ from what you are required to report on your tax return. Some data used in these calculations may have been obtained from outside sources and cannot be verified by U.S. Bank. The data is intended for informational purposes only and should not be used for tax reporting purposes. Please consult with your tax or legal advisor for questions concerning your personal tax or financial situation.

Definitions of report and statement terms (page 4 of 5)

Residual Risk: The amount of risk specific to the assets in a portfolio distinct from the market, represented by a benchmark.

Return: An indication of the past performance of your portfolio.

Sharpe Ratio: Measures of risk-adjusted return that calculates the return per unit of risk, where risk is the Standard Deviation of your portfolio. A high Sharpe ratio indicates that the portfolio is benefiting from taking risk.

Sortino Ratio: Intended to differentiate between good and bad volatility. Similar to the Sharpe ratio, except it uses downside deviation for the denominator instead of standard deviation, the use of which doesn't discriminate between up and down volatility.

Spread: The difference between the yields of two bonds with differing credit ratings (most often, a corporate bond with a certain amount of risk is compared to a standard traditionally lower risk Treasury bond). The bond spread will show the additional yield that could be earned from a bond which has a higher risk.

Standard Deviation: A measure of the volatility and risk of your portfolio. A low standard deviation indicates a portfolio with less volatile returns and therefore less inherent risk.

Time-weighted Return: The method used to calculate performance. Time-weighted return calculates period by period returns that negates the effect of external cash flows. Returns for periods of greater than one year are reported as an annualized (annual) rate of return. Returns of less than one year are reported on a cumulative return basis. Cumulative return is the aggregate amount an investment has gained or lost over time, independent of the period involved.

Tracking Error: A divergence between the price behavior of a position or a portfolio and the price behavior of a benchmark. This is often in the context of a hedge or mutual fund that did not work as effectively as intended, creating an unexpected profit or loss instead.

Traditional Investments: As used by U.S. Bank, an investment made in equity, fixed income or cash securities, mutual funds or exchange-traded funds (ETFs) where the investor buys at a price with the goal that the investment will go up in value.

Top 10 Holdings: The 10 assets with the highest market values in the account.

Total Portfolio Gross of Fees: Represents all assets included in the calculation of the portfolio, before the deduction of trust and asset management fees, and is inclusive of all applicable third-party security fees and expenses. Details of those fees and expenses are provided in the security's prospectus or offering documents.

Definitions of report and statement terms (page 5 of 5)

Total Return: The rate of return that includes the realized and unrealized gains and losses plus income for the measurement period.

Treynor Ratio: Measures the performance of a sector relative to risk by dividing the return of the sector in excess of the risk-free return by the sector's Beta. The higher the Treynor ratio, the better the return relative to risk.

Turnover Percent: Indicates how frequently asset are bought and sold within a portfolio.

Turnover Ratio: The percentage of a mutual fund's or other investment vehicle's holdings that have been "turned over" or replaced with other holdings in a given year.

Unrealized gain (loss) — The difference between the current market value (at the end of the statement period) and the cost to acquire the asset. If the current market value is higher than the cost, a gain is reflected. If the current market value is lower than the cost paid, a loss is reflected. This data is for information purposes only.

Upside Capture: The upside capture ratio reflects how a portfolio compares to the selected model benchmark during periods when the benchmark is up. An upside capture ratio of 1.15 (or 115 percent) means the portfolio has historically beat the benchmark by 15 percent during up markets.

Yield: The annual rate of return on an investment, expressed as a percentage. For bonds, it is the coupon rate divided by the market price. For stocks, it is the annual dividend divided by the market price.

Frequently used indexes (page 1 of 5)

Bloomberg Barclays 1-3 year U.S. Treasury Index: Measures the performance of the U.S. government bond market and includes public obligations of the U.S. Treasury with a maturity between one year and up to (but not including) three years.

Bloomberg Barclays 1-5 year U.S. Treasury Index: Includes all publicly issued, U.S. Treasury securities that have a remaining maturity of greater than or equal to one year and less than five years, are rated investment grade and have \$250 million or more of outstanding face value.

The Bloomberg Barclays 1-5 year Municipal Index: Measures the performance of municipal bonds with time to maturity of more than one year and less than five years.

Bloomberg Barclays 7-year Municipal Index: Includes municipal bonds with a minimum credit rating of Baa that have been issued as part of a transaction of at least \$50 million, have a maturity value of at least \$5 million and a maturity range of four to six years.

Bloomberg Barclays Global Aggregate Index ex-U.S. Index: Measure of global investment grade debt from 24 local currency markets. This multi-currency benchmark includes Treasury, government-related, corporate and securitized fixed-rate bonds from both developed and emerging markets issuers.

Bloomberg Barclays Global Treasury ex-U.S. Index: Includes government bonds issued by investment-grade countries outside the United States, in local currencies, that have a remaining maturity of one year or more and are rated investment grade.

Bloomberg Barclays High Yield Municipal Bond Index: An unmanaged index made up of bonds that are non-investment grade, unrated or below Ba1 bonds.

Bloomberg Barclays Intermediate Aggregate Index: Consists of one- to 10-year governments, one- to 10-year corporate bonds, all mortgages and all asset-backed securities within the Aggregate Index.

Bloomberg Barclays Mortgage-Backed Securities Index: Covers agency mortgage-backed pass-through securities (both fixed-rate and hybrid adjustable-rate mortgages) issued by Ginnie Mae (GNMA), Fannie Mae (FNMA), and Freddie Mac (FHLMC).

Bloomberg Barclays U.S. Aggregate Bond Index: Measures the investment grade, U.S. dollar-denominated, fixed-rate taxable bond market, including Treasuries, government-related and corporate securities, mortgage-backed securities, asset-backed securities and commercial mortgage-backed securities.

Bloomberg Barclays U.S. Corporate Bond Index: Measures the investment grade, fixed-rate, taxable corporate bond market and includes U.S. dollar-denominated securities publicly issued by U.S. and non-U.S. industrial, utility and financial issuers.

Frequently used indexes (page 2 of 5)

Bloomberg Barclays U.S. Corporate High Yield Bond Index: Measures the U.S. dollar denominated, high yield, fixed-rate corporate bond market.

Bloomberg Barclays U.S. Municipal Bond Index: Measures the investment grade, U.S. dollar-denominated, fixed tax-exempt bond market. The index includes state and local general obligation, revenue, insured and pre-refunded bonds.

Bloomberg Barclays U.S. Treasury Index: Measures U.S. dollar-denominated, fixed-rate, nominal debt issued by the U.S. Treasury.

Bloomberg Barclays U.S. Treasury Inflation-Protected Securities (TIPS) Index: An unmanaged index includes all publicly issued, U.S. TIPS that have at least one year remaining to maturity, are rated investment grade, and have \$250 million or more of outstanding face value.

Cambridge U.S. Private Equity Index: This index is based on returns data compiled for U.S. private equity funds (including buyout, growth equity and mezzanine funds) that represent the majority of institutional capital raised by private equity partnerships formed since 1986. Returns may be delayed by up to six months. Quarterly performance is prorated based on the cube root for the months of the quarter.

Citigroup 3-Month Treasury Bills: An unmanaged index and represents monthly return equivalents of yield averages of the last three-month Treasury Bill issues.

Citigroup 6-Month Treasury Bills: An unmanaged index and represents monthly return equivalents of yield averages of the last six-month Treasury Bill issues.

Credit Suisse Leverage Loan Index: Represents tradable, senior-secured, U.S. dollar-denominated non-investment grade loans.

Dow Jones Industrial Average (DJIA): The price-weighted average of 30 significant U.S. stocks traded on the New York Stock Exchange and NASDAQ. The DJIA is the oldest and single most watched index in the world.

Dow Jones Select REIT Index: Measures the performance of publicly traded REITs and REIT-like securities in the U.S. and is a proxy for direct real estate investment, in part by excluding companies whose performance may be driven by factors other than the value of real estate.

HFRI Indices: The Hedge Fund Research, Inc. (HFRI) indexes are a series of benchmarks designed to reflect hedge fund industry performance by constructing composites of constituent funds, as reported by the hedge fund managers listed within the HFR Database.

Frequently used indexes (page 3 of 5)

HFRI Equity Hedge Total Index: Uses the HFR (Hedge Fund Research) database and consists only of equity hedge funds with a minimum of \$50 million assets under management or a 12-month track record and that reported assets in U.S. dollars.

HFRI Relative Value Fixed Income Corporate Index: Uses the HFR (Hedge Fund Research) database and consists of only relative value fixed income corporate funds with a minimum of \$50 million assets under management or a 12-month track record and that reported assets in U.S. dollars.

ICE BofAML 1-3 Year Corporate Index: Tracks U.S. dollar-denominated investment grade public debt issued in the U.S. bond market with maturities of one to three years.

ICE BofAML 1-5 Year Corporate and Government Index: Tracks the performance of short-term U.S. investment grade government and corporate securities with maturities between one and five years.

ICE BofAML U.S. 7-10 Year Index: Tracks the performance of U.S. dollar denominated investment grade rated corporate debt publicly issued in the U.S. domestic market and includes all securities with a remaining term to maturity of greater than or equal to seven years and less than 10 years.

ICE BofAML Global Broad Market Index: Tracks the performance of investment grade public debt issued in the major domestic and Eurobond markets, including global bonds.

ICE BofAML U.S. High Yield Master II Index: Commonly used benchmark index for high yield corporate bonds and measures the broad high yield market.

J.P. Morgan Emerging Markets Bond Index Global (EMBI Global): Tracks total returns for traded external debt instruments in the emerging markets.

London Interbank Offered Rate (LIBOR) 3-months: The interest rate offered by a specific group of London banks for U.S. dollar deposits with a three-month maturity.

London Interbank Offered Rate (LIBOR) 9-months: The interest rate offered by a specific group of London banks for U.S. dollar deposits with a nine-month maturity.

MSCI All Country World Index (ACWI): Designed to measure the equity market performance of developed and emerging markets.

Frequently used indexes (page 4 of 5)

Russell 2000 Value Index: Measures companies in the Russell 2000 Index having lower price-to-book ratios and lower forecasted growth values. The Russell 2000 Index includes the 2,000 firms from the Russell 3000 Index with the smallest market capitalizations.

Russell 3000 Index: Measures the performance of the 3,000 largest U.S. securities based on total market capitalization.

Russell Midcap Index: Measures the 800 smallest companies in the Russell 3000 Index.

Russell Midcap Growth Index: Measures companies in the Russell Midcap Index having higher price-to-book ratios and higher forecasted growth values.

Russell Midcap Value Index: Measures companies in the Russell Midcap Index having lower price-to-book ratios and lower forecasted growth values.

MSCI All County World ex-U.S. Index (ACWI, excluding United States): Tracks the performance of stocks representing developed and emerging markets around the world that collectively comprise most foreign stock markets. U.S. stocks are excluded from the index.

MSCI EAFE Index: Includes approximately 1,000 companies representing the stock markets of 21 countries in Europe, Australasia and the Far East.

MSCI Emerging Markets (EM) Index: Designed to measure equity market performance in global emerging markets.

MSCI World Index: Tracks equity market performance of developed markets through individual country indices.

NAREIT Index: Includes REITs (Real Estate Investment Trusts) listed on the New York Stock Exchange, NASDAQ and American Stock Exchange.

NASDAQ Composite Index: A market capitalization-weighted average of roughly 5,000 stocks that are electronically traded in the NASDAQ market.

NCREIF Property Index (NPI): Measures the investment performance of a very large pool of individual commercial real estate properties acquired in the private market for investment purposes only.

Russell 1000 Index: Measures the performance of the 1,000 largest companies in the Russell 3000 Index and is representative of the U.S. large capitalization securities market.

Frequently used indexes (page 5 of 5)

Russell 1000 Growth Index: Measures companies in the Russell 1000 Index with higher price-to-book ratios and higher forecasted growth values. It includes the largest 1,000 firms in the Russell 3000 Index.

Russell 1000 Value Index: Measures companies in the Russell 1000 Index with lower price-to-book ratios and lower forecasted growth values. It includes the largest 1,000 firms in the Russell 3000 Index.

Russell 2000 Index: Measures the performance of the 2,000 smallest companies in the Russell 3000 Index and is representative of the U.S. small capitalization securities market.

Russell 2000 Growth Index: Measures companies in the Russell 2000 Index having higher price-to-book ratios and higher forecasted growth values, and is representative of U.S. securities exhibiting growth characteristics. The Russell 2000 Index includes the 2,000 firms from the Russell 3000 Index with the smallest market capitalizations.

S&P 500 Index: Consists of 500 widely traded stocks that are considered to represent the performance of the U.S. stock market.

S&P Global ex-U.S. Property Index: Measures the investable universe of publicly traded property companies domiciled in developed and emerging markets excluding the United States. The companies included are engaged in real estate related activities such as property ownership, management, development, rental and investment.

S&P GSCI: A composite index of commodity sector returns, representing an unleveraged, long-only investment in commodity futures that is broadly diversified across the spectrum of commodities.

S&P/Case-Shiller Home Price Indexes: A group of indexes that track changes in home prices throughout the United States. Case-Shiller produces indexes representing certain metropolitan statistical areas (MSA) as well as a national index.

Swiss Re Global Cat Bond Total Return Index: Tracks the aggregate performance of all U.S. dollar-denominated euros and Japanese yen-denominated catastrophe bonds, capturing all ratings, perils and triggers.

U.S. Dollar Index: Indicates the general international value of the U.S. dollar by averaging the exchange rates between the U.S. dollar and six major world currencies.

Wilshire 5000 Index: Composed of more than 6,700 publicly-traded U.S. companies and is designed to track the overall performance of the American stock markets.



Investment Performance Review For the Quarter Ended June 30, 2024

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Financial Markets & Investment Strategy Review

	QTD	YTD	1 Year	3 Years	5 Years	7 Years	10 Years
DOMESTIC EQUITY							
S&P 500	4.28%	15.29%	24.56%	10.01%	15.05%	14.28%	12.86%
Russell 3000 Index	3.22%	13.56%	23.12%	8.05%	14.14%	13.48%	12.15%
Russell 1000 Value Index	-2.17%	6.62%	13.06%	5.52%	9.01%	8.61%	8.23%
Russell 1000 Index	3.57%	14.24%	23.88%	8.74%	14.61%	13.93%	12.51%
Russell 1000 Growth Index	8.33%	20.70%	33.48%	11.28%	19.34%	18.64%	16.33%
Russell Midcap Index	-3.35%	4.96%	12.88%	2.37%	9.46%	9.63%	9.04%
Russell 2000 Value Index	-3.64%	-0.85%	10.90%	-0.53%	7.07%	5.89%	6.23%
Russell 2000 Index	-3.28%	1.73%	10.06%	-2.58%	6.94%	6.85%	7.00%
Russell 2000 Growth Index	-2.92%	4.44%	9.14%	-4.86%	6.17%	7.28%	7.39%
INTERNATIONAL EQUITY							
MSCI EAFE (Net)	-0.42%	5.34%	11.54%	2.89%	6.46%	5.73%	4.33%
MSCI AC World Index (Net)	2.87%	11.30%	19.38%	5.43%	10.76%	10.02%	8.43%
MSCI AC World ex USA (Net)	0.96%	5.69%	11.62%	0.46%	5.55%	5.17%	3.84%
MSCI AC World ex USA Small Cap (Net)	0.66%	2.78%	11.26%	-1.45%	6.13%	4.92%	4.44%
MSCI EM (Net)	5.00%	7.49%	12.55%	-5.07%	3.10%	3.54%	2.79%
ALTERNATIVES							
FTSE NAREIT Equity REIT Index	0.06%	-0.13%	7.79%	0.30%	3.90%	4.86%	5.90%
MSCI US REIT INDEX	-0.22%	-0.84%	6.25%	-0.97%	2.68%	3.59%	4.55%
FTSE Global Core Infrastructure 50/50 Index (Net)	0.73%	2.29%	4.34%	2.18%	3.07%	4.71%	4.79%
Bloomberg Commodity Index Total Return	2.89%	5.14%	5.00%	5.65%	7.25%	5.14%	-1.29%
FIXED INCOME							
Blmbg. U.S. Aggregate	0.07%	-0.71%	2.63%	-3.02%	-0.23%	0.86%	1.35%
Blmbg. U.S. Government/Credit	0.05%	-0.68%	2.74%	-3.11%	-0.07%	1.04%	1.51%
Blmbg. Intermed. U.S. Government/Credit	0.64%	0.49%	4.19%	-1.18%	0.71%	1.39%	1.55%
Blmbg. U.S. Treasury: 1-3 Year	0.91%	1.19%	4.51%	0.33%	1.02%	1.30%	1.12%
ICE BofA U.S. High Yield	1.09%	2.62%	10.45%	1.65%	3.73%	4.10%	4.21%
Blmbg. Global Aggregate Ex USD	-2.11%	-5.26%	-0.66%	-7.48%	-3.56%	-1.61%	-1.86%
JPM EMBI Global Diversified	0.30%	2.34%	9.23%	-2.60%	-0.03%	1.44%	2.60%
CASH EQUIVALENT							
90 Day U.S. Treasury Bill	1.32%	2.63%	5.40%	3.03%	2.16%	2.07%	1.50%

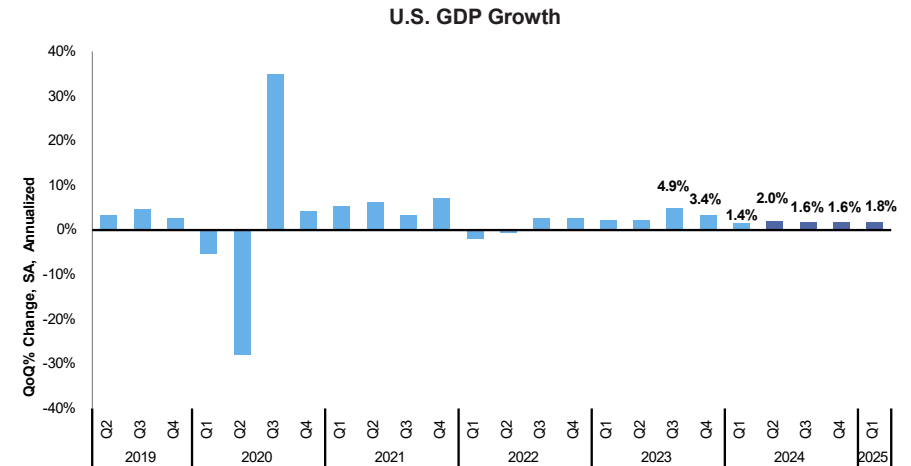
Source: Investment Metrics. Returns are expressed as percentages. Please refer to the last page of this document for important disclosures relating to this material.

THE ECONOMY

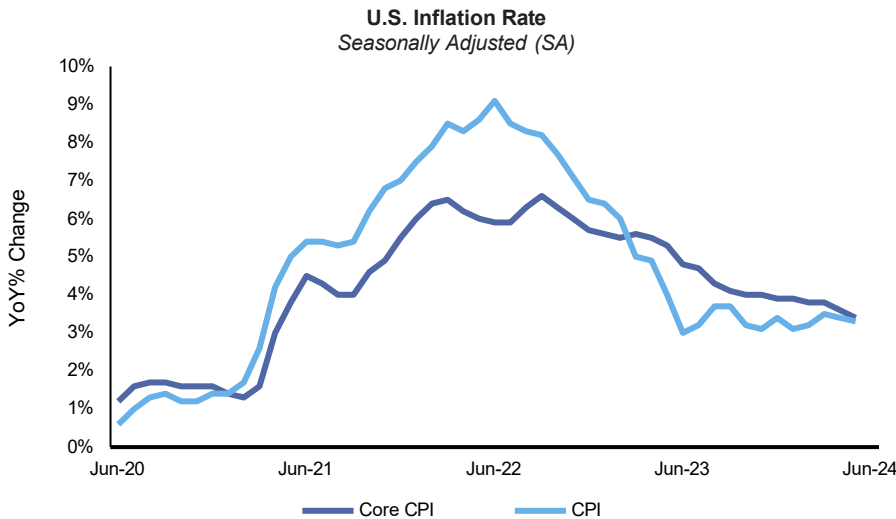
► In the first quarter, U.S. gross domestic product (GDP) grew at an annualized rate of 1.4%, cooling from the outsized gain of 3.4% in the fourth quarter of 2023. Consumer spending remained the main driver of growth, rising 1.5%. Within consumer spending this growth was focused entirely in the services sector as spending on goods fell modestly. While the first quarter’s growth was a significant decline from the end of 2023, the U.S. economy remains significantly stronger than other developed markets such as Japan which shrank 0.5% during the quarter, and the Euro area which barely escaped another quarter of contraction with 0.3% growth.

► The U.S. unemployment rate ticked up slightly ending the quarter at 4.1%. The average hourly earnings year-over-year (YoY) growth cooled to 3.9%. This bodes well for easing wage pressures on inflation without large increases in unemployment as the labor market cools without a marked increase in layoffs.

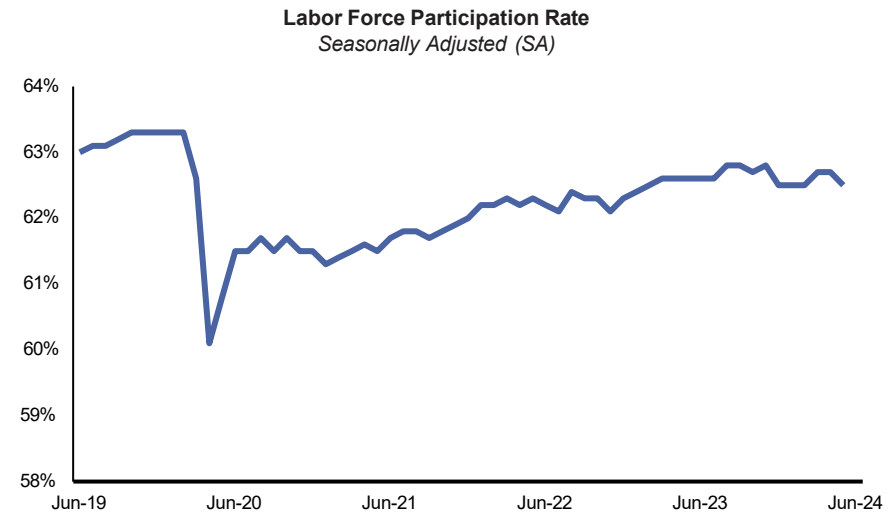
► Inflation moderated from the hot pace experienced in the first quarter. Headline inflation (CPI) grew at a YoY rate of 3.3% in May, down from the 3.5% growth in March. Core CPI which excludes volatile food and energy eased to a three year low of 3.4%. The shelter price growth, which remains a driving force keeping overall inflation elevated, showed some promising deceleration to 5.4%. Both readings remain well above the Federal Reserve (Fed) target of 2%, likely reinforcing the Fed’s wait and see approach to rate cuts.



Source: Bloomberg. Light blue bars indicate actual numbers; dark blue bars indicate forecasted estimates.



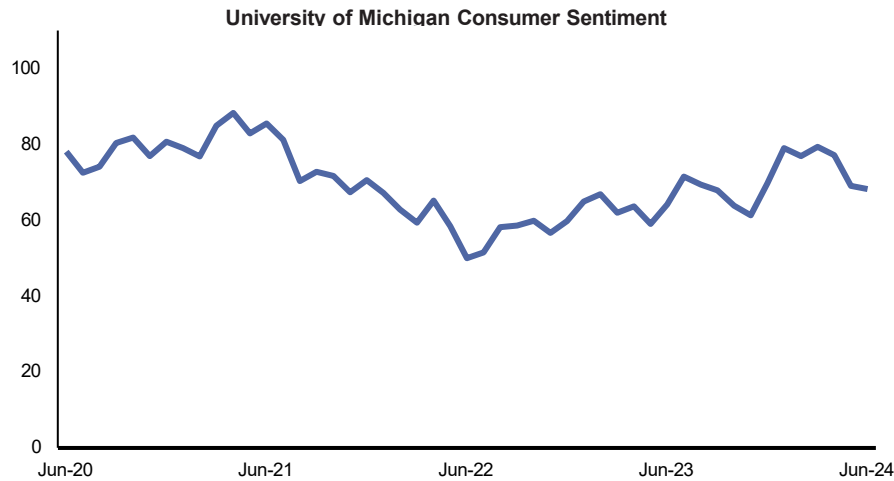
Source: Bureau of Labor Statistics.



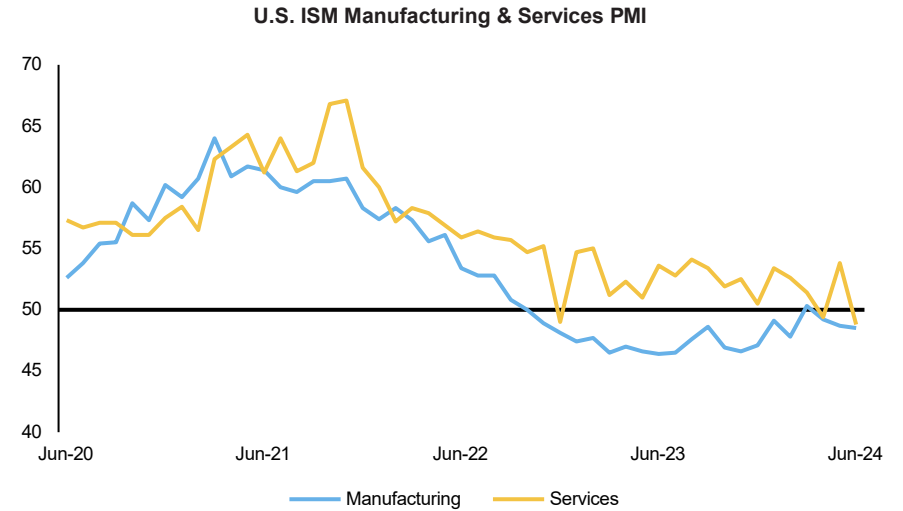
Source: Bureau of Labor Statistics.

WHAT WE'RE WATCHING

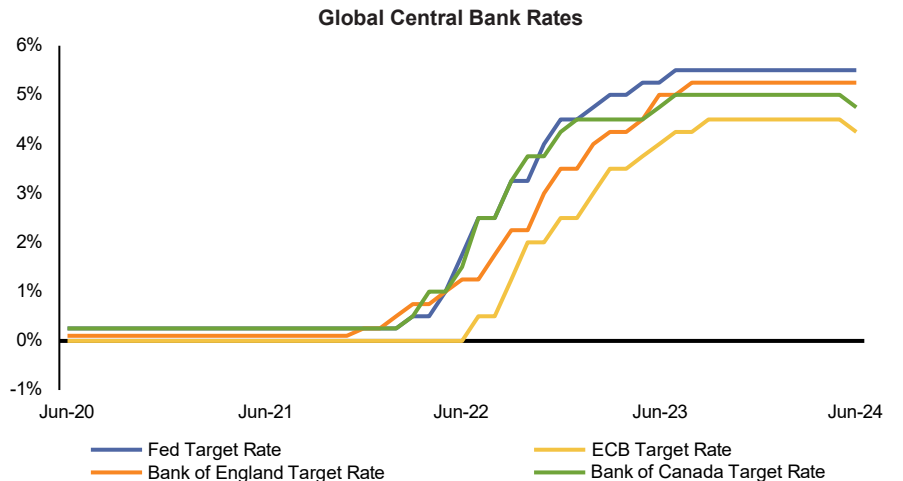
- ▶ The Federal Open Market Committee (FOMC) continued to hold rates steady at 5.50% through the second quarter as Fed officials remain data dependent and are waiting to see signs that inflation is slowing sustainably to 2%. Due to the slower pace of cooling, in their statement of economic projections, the FOMC reduced the expected rate cuts this year down to 25 basis points (bps) from 75 bps. This is in divergence with some of the other major central banks, as the European Central Bank (ECB) and Bank of Canada (BOC) both cut rates in June.
- ▶ U.S. manufacturing activity dipped back into contraction during the second quarter with the ISM U.S. Manufacturing PMI reading at 48.5 in June signaling weak demand. The services sector also fell into contraction with the Services PMI falling to 48.8 in June due to lower business activity and contraction in employment.
- ▶ Consumer confidence, as measured by the University of Michigan's Consumer Sentiment survey, fell during the quarter, posting three consecutive months of decline ending at 68.2 in June down from the 79.4 reading at the end of the first quarter. This decline came as assessments of personal finances dipped, with consumers expressing concerns over the effect of high prices.
- ▶ Looking forward, we continue to watch the evolving geopolitical landscape as countries such as the U.K. and France saw changes in administration following recent elections which may impact domestic economic policy and market returns.



Source: Bloomberg.



Source: Bloomberg.



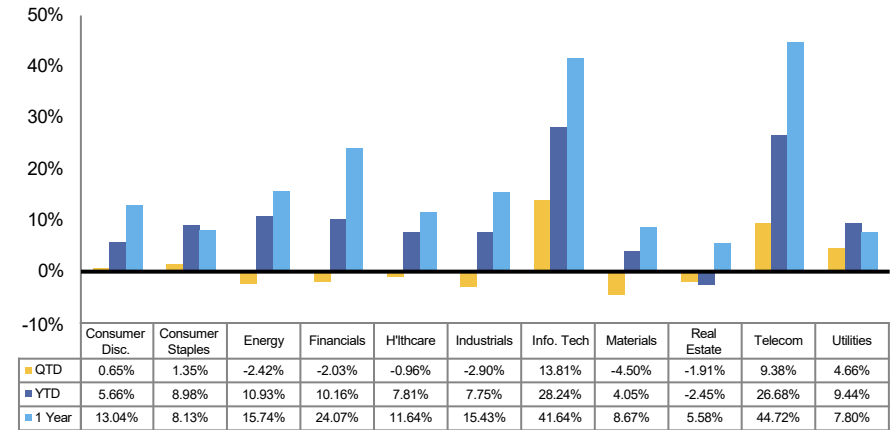
Source: Bloomberg.

DOMESTIC EQUITY

- ▶ The S&P 500 Index (S&P) posted a 4.28% return for the second quarter of 2024. As of June 28, 2024, the trailing 1-year return for the index was 24.56%.
- ▶ The market capitalization-weighted S&P 500 continued its streak of outperformance over the equal-weighted S&P 500 Index. During the quarter, the Magnificent Seven (M7) as a group outperformed, as the index return would have been -0.7% if the M7 were excluded from the benchmark.
- ▶ Within S&P 500, six of eleven GICS sectors posted negative returns over the quarter. The worst performing sectors were Materials (-4.5%), Industrials (-2.9%), and Energy (-2.4%). The best performing sectors were Information Technology (13.8%), Communication Services (9.4%), and Utilities (4.7%).
- ▶ Small-caps, as represented by the Russell 2000 Index, returned -3.3% during the quarter, and slightly outperformed mid-caps but underperformed large-caps. The Russell Midcap and Russell 1000 indices returned -3.4% and 3.6%, respectively.
- ▶ According to FactSet Earnings Insight (as of June 21, 2024), the expected YoY earnings growth rate for S&P 500 for Q2 2024 was 8.8%, slightly down from the March 31 estimate of 9.0%. At the sector level, Energy (11% to 14.7%) and Communication Services (16.3% to 18.5%) saw the best improvement in YoY earnings growth estimates from March 31 and June 21. Conversely, Industrials (0.9% to -3.3%) and Utilities (11.6% to 8.3%) saw the biggest decrease in estimates for this period.
- ▶ As of the end of the quarter, the S&P 500 forward P/E ratio was 24.3, above its 5-year average of 22.4. By comparison, the Russell 2000, which represents small-cap stocks, had a forward P/E ratio of 17.8, above its 5-year average of 17.7.

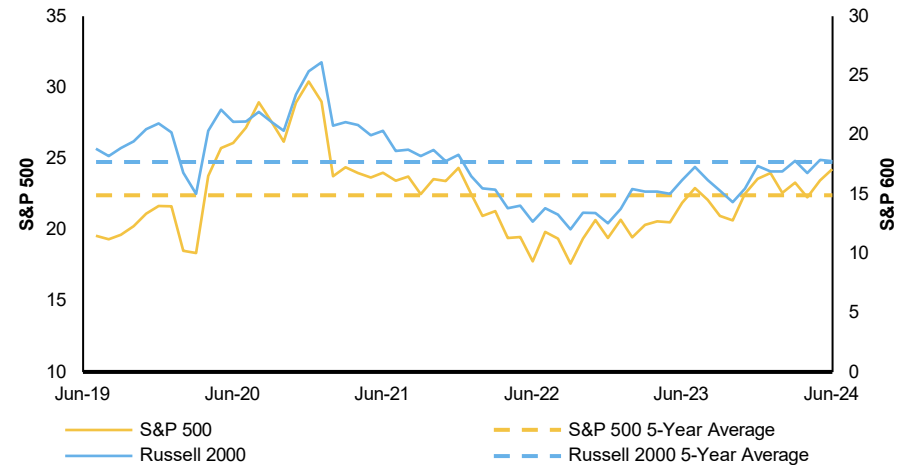
S&P 500 Index Performance by Sector

Periods Ended June 30, 2024



Source: Bloomberg.

P/E Ratios of Major Stock Indices*



Source: Bloomberg.

*P/E ratios are calculated based on one-year forward estimates and adjusted to include only positive earnings results for consistency.

NON-U.S. EQUITY

▶ Markets outside of the United States, as measured by the MSCI ACWI ex-U.S. Index, underperformed their U.S. counterparts, returning 0.96% for the quarter. Six of the 11 sectors posted strong positive returns for the quarter, with Information Technology (5.21%) leading the way, followed by Communication Services (3.99%) and Healthcare (3.78%). Consumer Discretionary (-4.75%) was the worst performer for the quarter.

▶ Developed ex-U.S. Markets, as represented by the MSCI EAFE Index, significantly underperformed emerging markets (EM), represented by the MSCI Emerging Market Index, returning -0.42% versus 5.00% for the quarter.

▶ MSCI UK (3.70%) outperformed the MSCI EAFE Index on the back of a strengthening economy and improving business and manufacturing activity. Of the five largest-weighted countries in the index, France was the worst performer. French equities fell 6.96% as investors priced in fears of political instability and uncertainty surrounding election results.

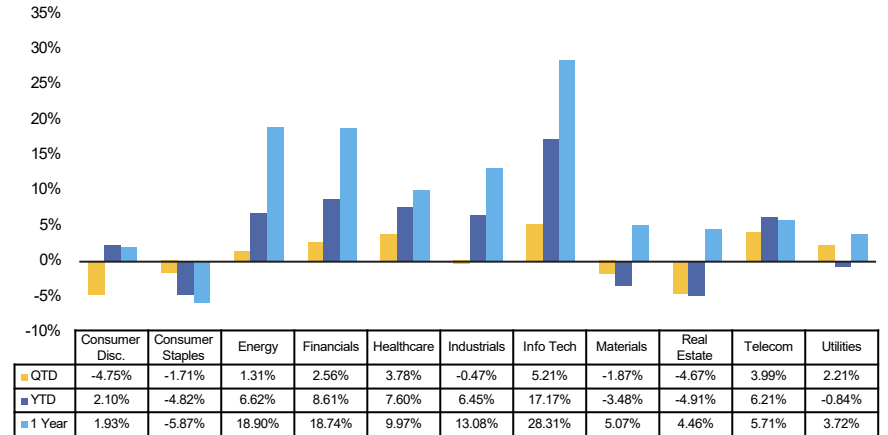
▶ Within emerging markets, EM Asia (7.54%) was the largest contributor to overall returns during the quarter, benefitting from MSCI India and MSCI Taiwan’s strong returns of 10.36% and 15.20%, respectively. MSCI China (7.16%) also fared well, buoyed by additional stimulus measures in the form of lower mortgage rates and lower downpayment for home loans. MSCI Latin America (-12.05%) on the other hand, underperformed the MSCI EM Index, dragged down by sticky inflation in Brazil.

▶ Value stocks outperformed growth stocks across the international equity markets. MSCI AC World ex-USA Value returned 1.26% while MSCI AC World ex-USA Growth returned 0.72%. Small-caps, as represented by MSCI ACWI ex-U.S. Small Cap Index, underperformed within the international equity markets, returning 0.66% for the quarter.

▶ Non-U.S. equities valuations have moved closer to their long-term average across international equity markets. As of June 30, 2024, MSCI EAFE’s forward P/E stood at 15.40 versus a five-year average of 16.02. MSCI EM ended the quarter with a forward P/E ratio of 13.33, slightly higher than its five-year average of 13.29.

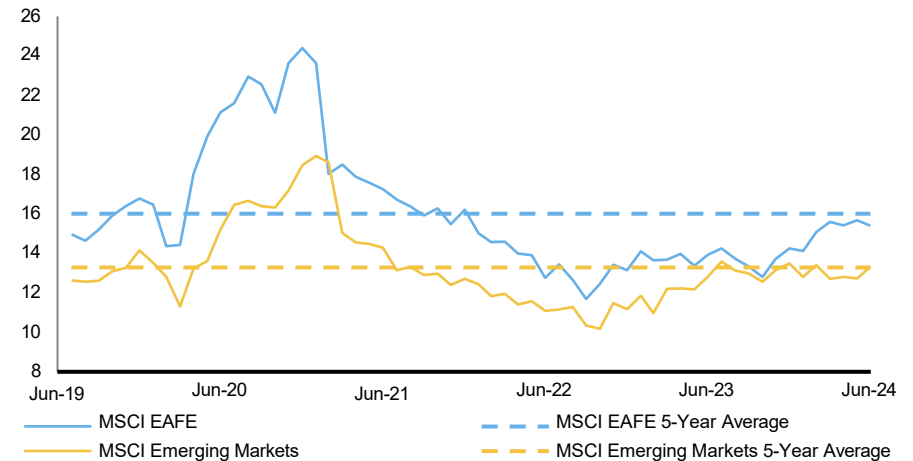
MSCI ACWI ex-U.S. Sectors

Periods Ended June 30, 2024



Source: Bloomberg.

P/E Ratios of MSCI Equity Indices*



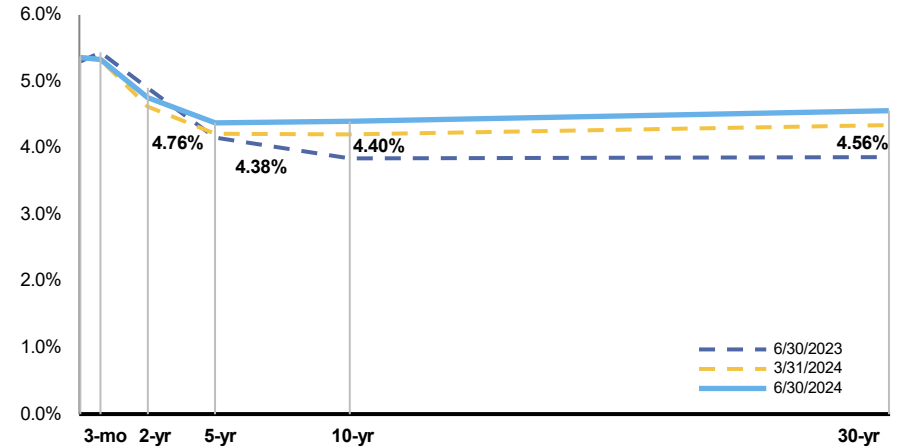
Source: Bloomberg.

*P/E ratios are calculated based on one-year forward estimates and adjusted to include only positive earnings results for consistency.

FIXED INCOME

- ▶ The U.S. bond market represented by the Bloomberg U.S. Aggregate (Aggregate) Index was slightly positive in the second quarter, up 0.07%. The trailing one-year period return is 2.63%.
- ▶ The Bloomberg U.S. Treasury Index closed the quarter with a small gain of 0.09%. During the period, the FOMC maintained Fed funds rate at 5.5% and continued to signal fewer cuts for 2024 than the market originally anticipated. In reaction to lower number of cuts, rates beyond the one-year duration range generally rose higher. At the quarter end, the yield curve remained inverted, with the 10-year yield rising to 4.4%, while the 2-year yield ended at 4.8%.
- ▶ Corporate credit had mixed results for the quarter on the rising rates. The investment-grade (IG) Bloomberg U.S. Corporate (IG Corp) Index lost -0.09% while high yield bonds, as represented by the Bloomberg U.S. Corporate High Yield (HY) Index, gained 1.09%. Spreads widened in the “CCC” category while “BB” rated securities performed the best.
- ▶ The fixed-rate mortgage market, as measured by the Bloomberg U.S. Mortgage-Backed Securities (MBS) Index gained 0.07%. On the commercial side returns were positive with the Bloomberg U.S. Agency CMBS Index up 0.60% while the non-agency CMBS index gained 0.75%.
- ▶ EM USD sovereign bonds, as represented by the JP Morgan EMBI Global Diversified index, gained 0.30% supported by quasi-sovereign names. Venezuela, which recently re-entered the index, had a strong quarter.

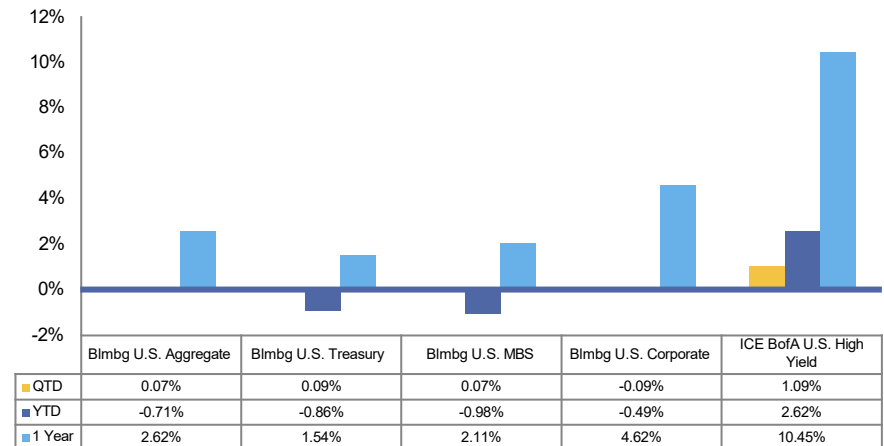
U.S. Treasury Yield Curve



Source: Bloomberg.

Returns for Fixed-Income Segments

Periods Ended June 30, 2024



Source: Bloomberg.

ALTERNATIVES

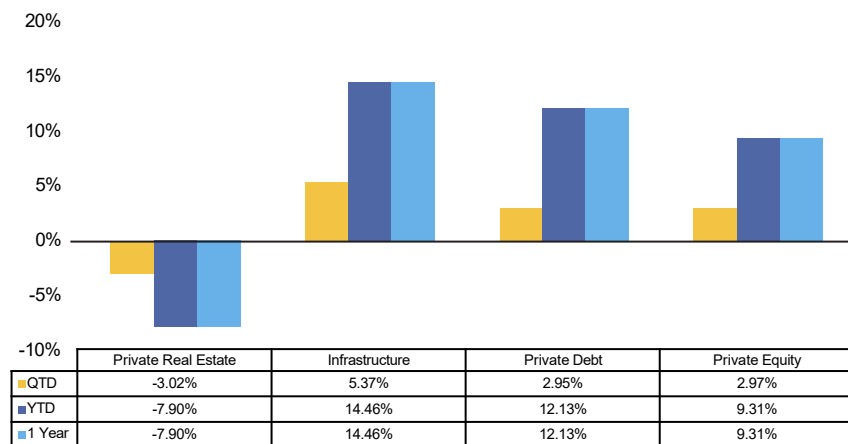
► Public REITs, as measured by the FTSE NAREIT Equity REITs Index, returned 0.06% in the second quarter of 2024, compared to a -0.20% return in the prior quarter. Persistent high interest rates have kept returns in check for the asset class. Private real estate, as measured by the NCREIF Property Index, fell -0.98% in the first quarter of 2024, resulting in a -7.20% return over the twelve-month period ended March 2024. This was the sixth consecutive quarter of negative returns for the index. Weak performance has been driven by property value declines, primarily within the Office and Apartment sectors.

► Listed infrastructure, as measured by the S&P Global Infrastructure Index, gained 2.67% in the second quarter of 2024, compared to a 1.34% increase in the prior quarter. Performance was mixed, but mostly positive across the major sectors. In Q1 2024, 13 private infrastructure funds raised \$25.60 billion, a modest figure despite the broad slowdown seen in private markets fundraising. The asset class has received attention from investors in recent years due to expectations of income-like, countercyclical, and inflation-resistant returns. Long-term trends such as decarbonization, deglobalization, and digitization have also increased demand for the asset class. According to PitchBook, infrastructure funds posted a return of 5.37% in Q4 2023. The asset class has generated an annualized return of 10.81% for the five years ended Q4 2023.

► In Q1 2024, 25 private debt funds raised \$30.42 billion, marking the weakest start to a year since 2016. The asset class has performed well relative to public fixed income over the long-term. While more opportunities may emerge as tight lending standards push banks out of the market, competition between private debt managers and a resurgence of the broadly syndicated loan market may keep future asset class returns in check. According to Cliffwater Direct Lending Index, U.S. middle market loans, a proxy for private debt, posted a return of 3.02% in Q1 2024. The asset class has also generated an annualized return of 9.15% for the five years ended Q1 2024.

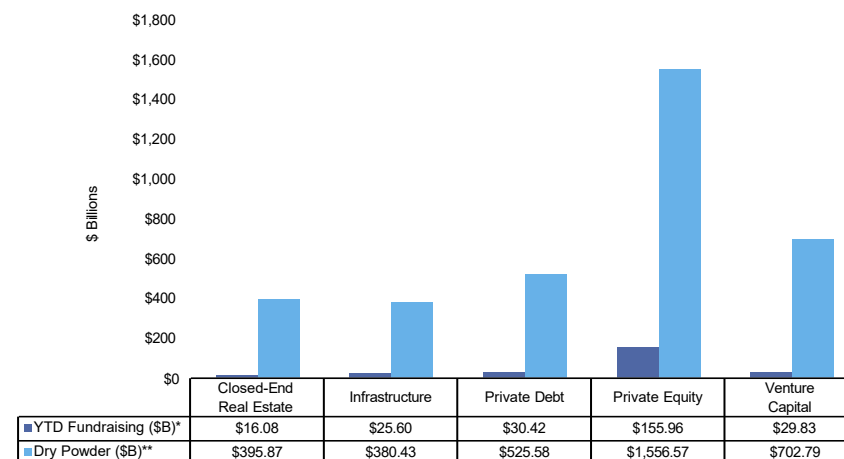
► In Q1 2024, 110 private equity funds raised \$155.96 billion, a strong pace despite the challenging market environment. Recently, private equity performance has been impacted due to high borrowing costs, limited debt availability, and muted deal flow and exit activity. Recent trailing performance has lagged public equity indices; but remains strong longer term. According to Cambridge Associates, U.S. private equity posted a return of 2.97% in Q4 2023. The asset class has generated an annualized return of 17.92% for the five years ended Q4 2023.

Returns for Private Capital Assets



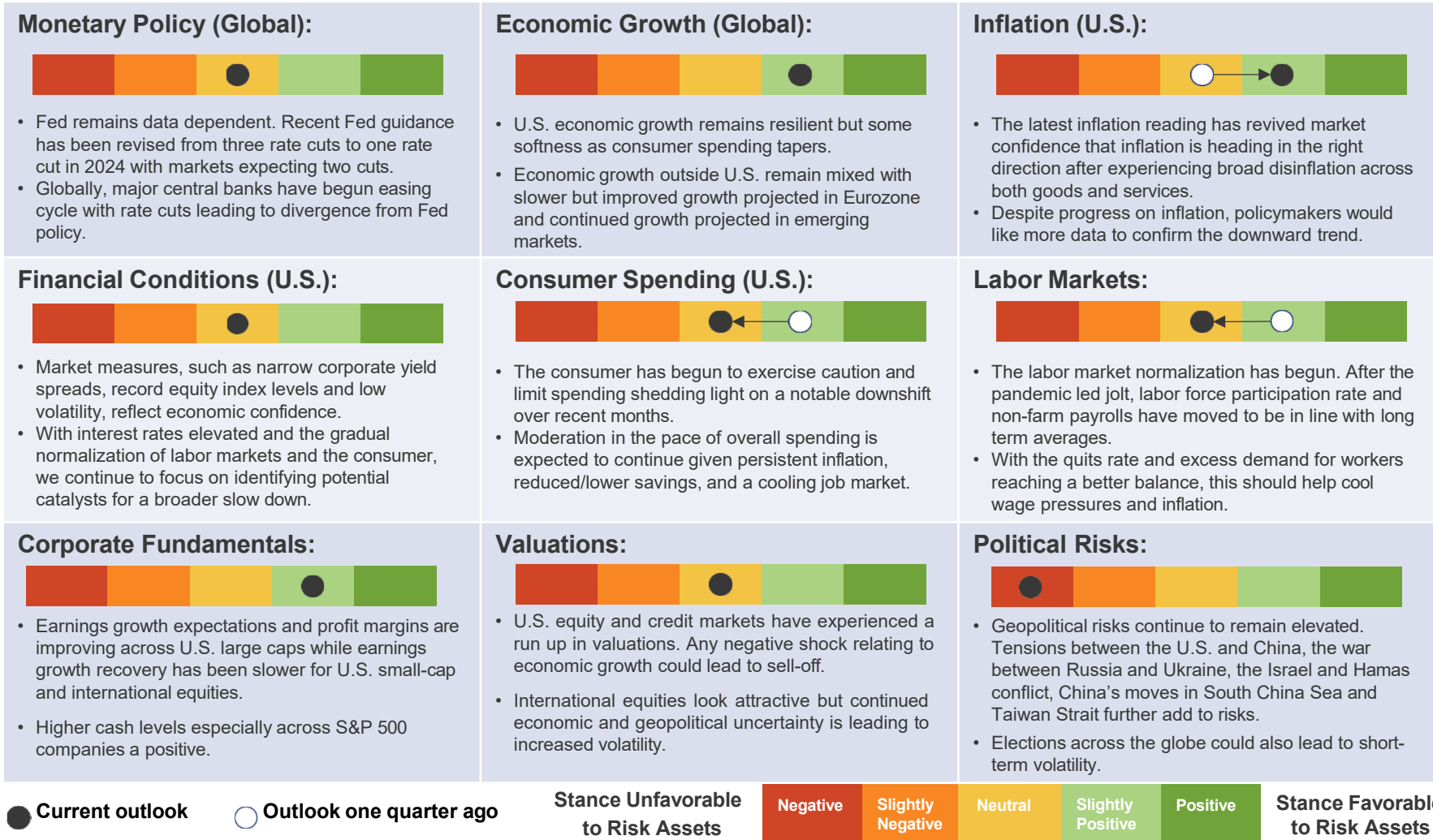
Source: NCREIF, PitchBook, Cliffwater, Cambridge Associates.
As of December 31, 2023, the most recent period for which all index data is available.

Private Capital Fundraising & Dry Powder



Sources: Pitchbook.
* Total capital raised in 2024 as of March 31, 2024 - most recent period for which ALL fundraising data is available.
** Cumulative dry powder as of September 30, 2023, unless specified otherwise.

Factors to Consider Over the Next 6-12 Months



Statements and opinions expressed about the next 6-12 months were developed based on our independent research with information obtained from Bloomberg. The views expressed within this material constitute the perspective and judgment of PFM Asset Management LLC at the time of distribution (June 30, 2024) and are subject to change. Information is obtained from sources generally believed to be reliable and available to the public; however, PFM Asset Management LLC cannot guarantee its accuracy, completeness, or suitability.

Investment Strategy Overview

Asset Class	Our Q3 2024 Investment Outlook	Comments
U.S. Equities		<ul style="list-style-type: none"> Recent earnings strength, fiscal support, and moderating inflation are positives, while rate cut uncertainty, election related volatility, higher valuations and geopolitical turbulence are negatives. The fed continues to be data dependent with recent guidance pointing to one rate cut. Given the rate cut uncertainty, we prefer to remain close to targets currently. Rising valuations for large caps are supported by improving earnings growth expectations but market breadth (measured by performance difference between equal weight and market cap weighted S&P 500) has been lagging in the recent months. Small-cap valuations are attractive and would benefit as investor sentiment/earnings growth expectations improve. Exposure to interest rate sensitive sectors such as regional banks remains a concern.
Large-Caps		
Small-Caps		
Non-U.S. Equities		<ul style="list-style-type: none"> International equities continue to trade at a discount to U.S. equities but stronger dollar and slower growth in Eurozone warrants a neutral stance. Recent ECB rate cuts, the recovery in manufacturing and services activity along with recent recovery in PEs are positive for developed market equities that continue to look attractive, but election related volatility needs to be watched. EM equities trade at attractive valuations relative to developed market equities but strong dollar and China's uncertain growth weigh on outlook.
Developed Markets		
Emerging Markets		
Fixed Income		<ul style="list-style-type: none"> The higher for longer narrative has led to increased volatility and uncertainty around rate cut path. Yields at the short-end of the curve look attractive even as long-term yields fell back from the recent highs. Given the rate cut scenarios, we are maintaining duration close to the benchmark duration and consider ways to close any duration gap over the next few months. Credit markets remain attractive due to strong corporate fundamentals. We remain positive on investment-grade but are scaling down our exposure within high yield given the tighter spreads. We continue to closely watch for signs for any distress in the corporate credit space.
Core Bonds		
Investment Grade Credit		
High Yield Credit		
Diversifying Assets		<ul style="list-style-type: none"> Lower office sector exposure, attractive valuations and possibility of rate cuts this year are positives for listed real estate while higher level of interest rates is a headwind. Transition to renewable energy and increase in AI led data center infrastructure spend are tailwinds for listed infrastructure while higher level of interest rates is a headwind.
Listed Real Estate		
Listed Global Infrastructure		

● Current outlook ○ Outlook one quarter ago



The view expressed within this material constitute the perspective and judgment of PFM Asset Management LLC at the time of distribution (June 30, 2024) and are subject to change.

This material is for general information purposes only and is not intended to provide specific advice or a specific recommendation, as it was prepared without regard to any specific objectives or financial circumstances.

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It is not possible to invest directly in an index. The index returns shown throughout this material do not represent the results of actual trading of investor assets. Third-party providers maintain the indices shown and calculate the index levels and performance shown or discussed. Index returns do not reflect payment of any sales charges or fees an investor would pay to purchase the securities they represent. The imposition of these fees and charges would cause investment performance to be lower than the performance shown.

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Account Investment Performance Review

Important Notice:

Account information, including market values and performance returns, found on the following pages have been made available by U.S. Bank, as custodian of the account assets.

PFM Asset Management LLC, as investment advisor to the account, will provide market values and performance returns when available. Values may vary from custodian based on a variety of factors, including but not limited to, differences in asset pricing, accruals, and trade/settlement date portfolio accounting methodologies.



DESERT HEALTHCARE DISTRICT

06/30/2024

Selected Period Performance

Selected Period Performance

	Market Value	1 Month	3 Months	Year to Date (6 Months)	1 Year	3 Years	5 Years	Inception to Date 07/01/1998
Total Portfolio Gross of Fees	66,824,523	.52	1.02	1.54	4.73	.83	1.27	2.85
Total Portfolio Net of Fees	66,824,523	.52	1.00	1.49	4.63	.73	1.14	2.66
Total Fixed Income	66,368,109	.52	1.02	1.53	4.72			
BBARC 1-5 Year US Government Index		.71	.77	.73	4.14	-.44	.72	2.95
ICE BofAML 1-Year US Treasury Note Index		.43	1.11	1.95	5.02	1.80	1.69	2.33
Total Cash Equivalents	456,414	.43	1.32	2.51	4.67			
Pending Cash	0	.00	.00	.00	.00			

Account: XXXXXX0920

Holdings Method: Direct

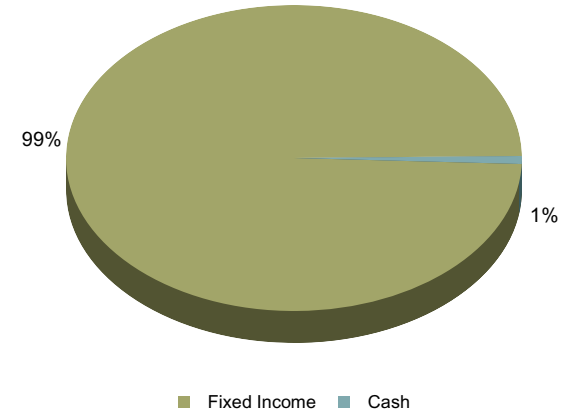
Report Date: 06/28/2024

Portfolio Summary

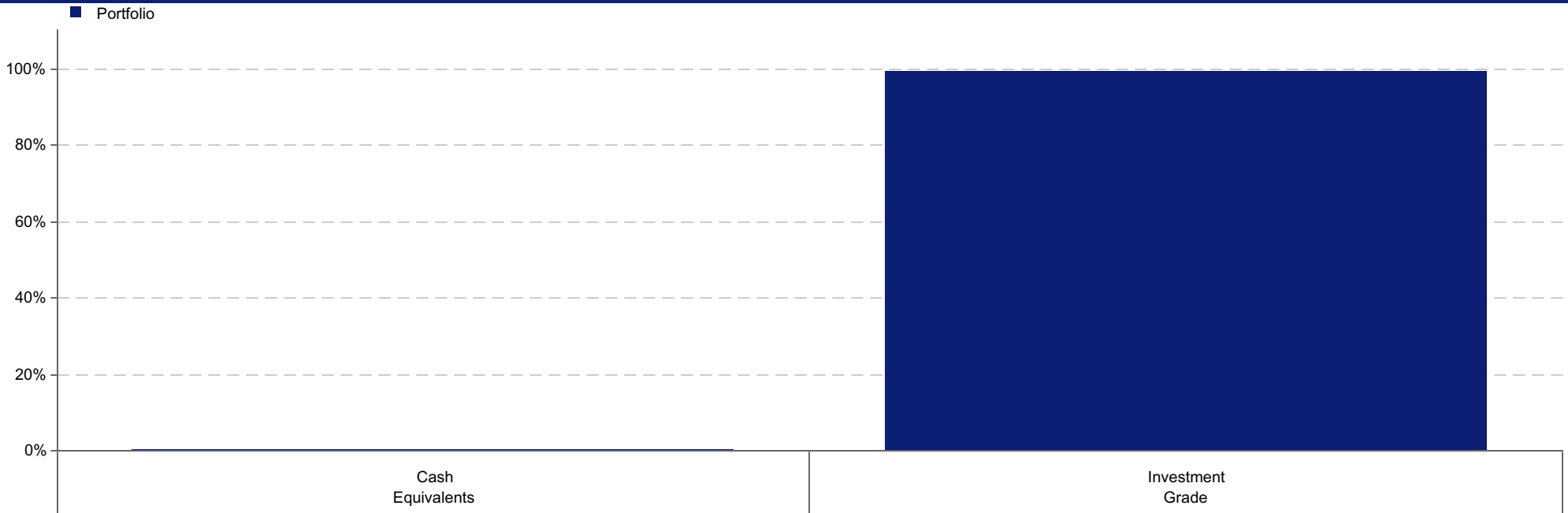
Inv. Objective	Customer Directed
Total Portfolio Value	\$66,435,095
Net Realized Cap Gains YTD	\$0
Annual Income Projected	\$1,413,497
Current Yield	2.13%
Number of Securities	38
Portfolio Mgr.	Ts Stl Rc #3 - Auto

Portfolio Asset Allocation

Fixed Income	\$65,980,477	99.32%
Cash	\$454,618	0.68%
Invested Total	\$66,435,095	100.00%



Portfolio Model Allocation



Account: XXXXXX0920

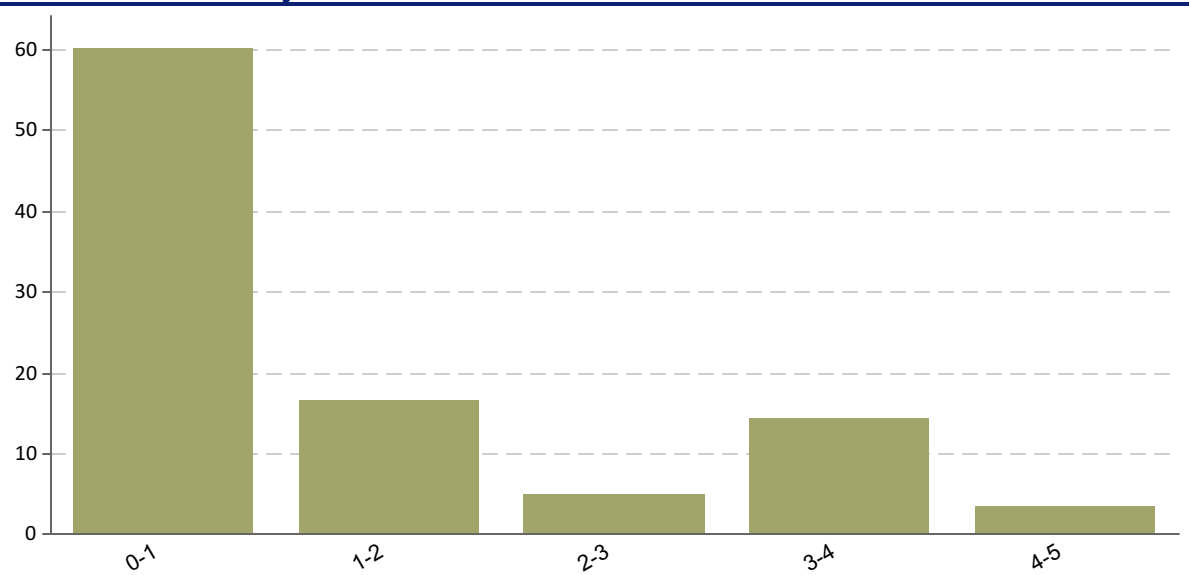
Holdings Method: Direct

Report Date: 06/28/2024

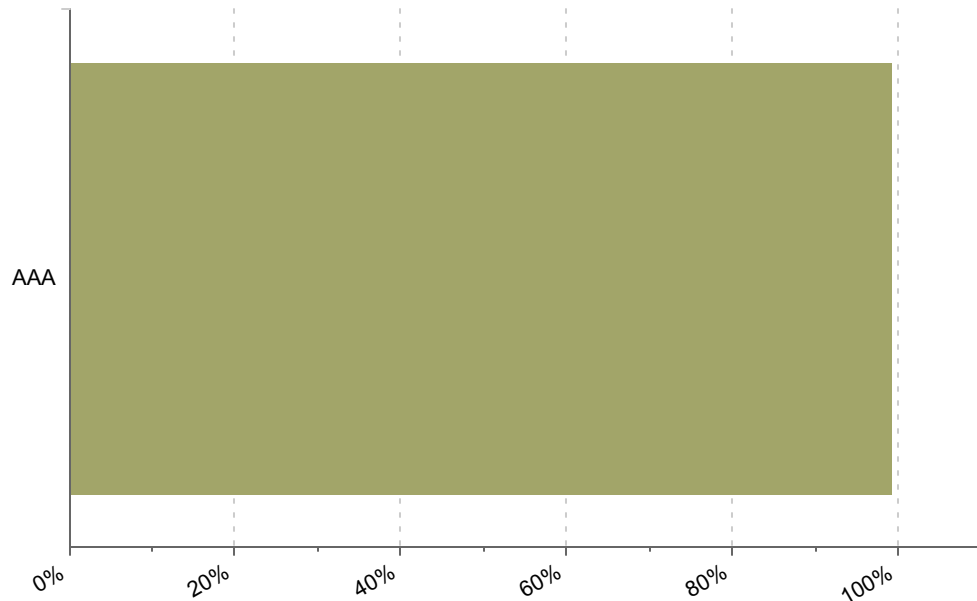
Bond Characteristics

	Portfolio	% Avail
Avg. Coupon (%)	2.06	100
Current Yield	2.11	100
Yield to Maturity (%)	4.99	100
Yield to Worst (%)	4.99	100
Effective Maturity (Yrs)	1.34	100
Effective Duration	1.25	100
Avg. Quality	AAA	100
# of Securities	37	100

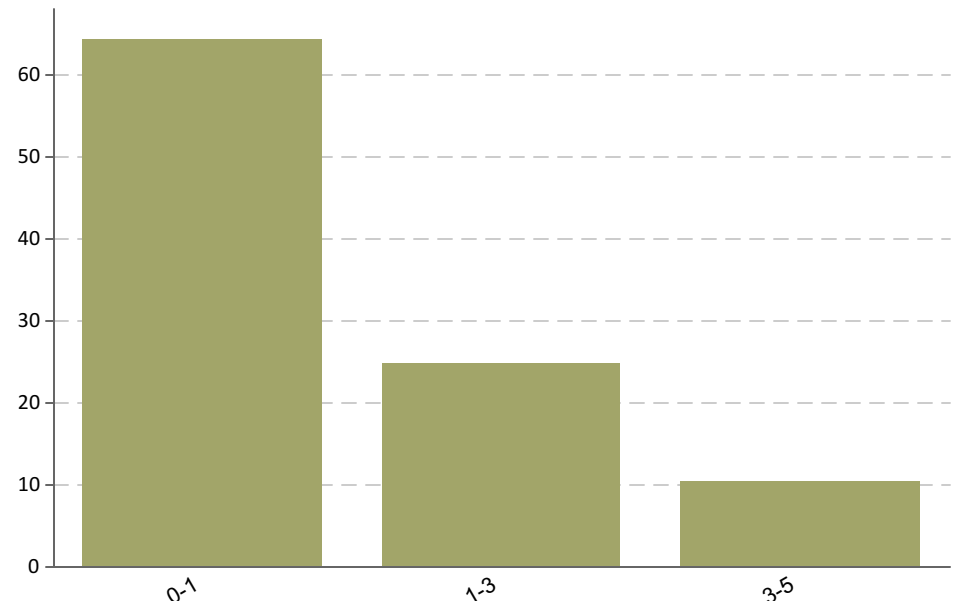
Bond Effective Maturity



Bond Quality Distribution



Bond Duration Distribution



Portfolio Holdings

Portfolio Holdings

	ID	Units	Unit Cost	Total Cost	Price	Market Value	Accrual	% of Mkt Val	Unrealized Gain/Loss	
Total Fixed Income										
Gov/Agency Bonds										
	U S TREASURY NT 0.250% 5/31/25	912828ZT0	3,000,000.000	97.83	2,934,843.75	95.622	2,868,660.00	635.25	4.3	-66,183.75
	U S TREASURY NT 0.250% 6/30/25	912828ZW3	3,000,000.000	97.66	2,929,921.88	95.310	2,859,300.00	3,770.38	4.3	-70,621.88
	U S TREASURY NT 0.375% 4/30/25	912828ZL7	3,000,000.000	99.29	2,978,554.69	96.118	2,883,540.00	1,905.74	4.3	-95,014.69
	U S TREASURY NT 0.375% 7/15/24	91282CCL3	1,000,000.000	99.30	992,968.75	99.808	998,080.00	1,730.77	1.5	5,111.25
	U S TREASURY NT 0.375% 9/15/24	91282CCX7	1,000,000.000	99.15	991,523.44	98.984	989,840.00	1,100.54	1.5	-1,683.44
	U S TREASURY NT 0.500% 3/31/25	912828ZF0	3,000,000.000	99.57	2,986,992.19	96.571	2,897,130.00	3,790.76	4.4	-89,862.19
	U S TREASURY NT 0.625% 10/15/24	91282CDB4	1,500,000.000	99.36	1,490,390.63	98.633	1,479,495.00	1,972.34	2.2	-10,895.63
	U S TREASURY NT 1.125% 2/28/25	912828ZC7	1,000,000.000	100.83	1,008,291.46	97.327	973,270.00	3,760.19	1.5	-35,021.46
	U S TREASURY NT 1.250% 8/31/24	912828YE4	2,500,000.000	100.31	2,507,867.39	99.302	2,482,550.00	10,444.97	3.7	-25,317.39
	U S TREASURY NT 1.375% 1/31/25	912828Z52	2,000,000.000	99.16	1,983,281.25	97.760	1,955,200.00	11,483.52	2.9	-28,081.25
	U S TREASURY NT 1.500% 10/31/24	912828YM6	2,000,000.000	100.60	2,011,975.27	98.716	1,974,320.00	5,054.35	3.0	-37,655.27
	U S TREASURY NT 1.500% 11/30/24	912828YV6	2,500,000.000	101.04	2,525,931.43	98.432	2,460,800.00	3,260.87	3.7	-65,131.43
	U S TREASURY NT 1.500% 2/15/25	91282CDZ1	2,500,000.000	99.34	2,483,593.75	97.661	2,441,525.00	14,114.01	3.7	-42,068.75
	U S TREASURY NT 1.500% 9/30/24	912828YH7	2,000,000.000	99.57	1,991,406.25	99.023	1,980,460.00	7,540.98	3.0	-10,946.25
	U S TREASURY NT 1.750% 12/31/24	912828YY0	2,500,000.000	100.05	2,501,248.19	98.242	2,456,050.00	21,993.89	3.7	-45,198.19
	U S TREASURY NT 2.000% 11/15/26	912828U24	1,000,000.000	92.77	927,695.31	94.102	941,020.00	2,554.35	1.4	13,324.69
	U S TREASURY NT 2.125% 5/31/26	9128286X3	2,500,000.000	93.90	2,347,500.00	95.227	2,380,675.00	4,499.66	3.6	33,175.00
	U S TREASURY NT 2.250% 10/31/24	9128283D0	1,500,000.000	95.84	1,437,539.06	98.966	1,484,490.00	5,686.14	2.2	46,950.94
	U S TREASURY NT 2.250% 3/31/26	9128286L9	3,000,000.000	93.70	2,811,093.75	95.750	2,872,500.00	16,967.21	4.3	61,406.25
	U S TREASURY NT 2.375% 8/15/24	912828D56	2,000,000.000	99.70	1,993,984.38	99.621	1,992,420.00	17,877.75	3.0	-1,564.38
	U S TREASURY NT 2.500% 1/31/25	9128283V0	2,000,000.000	99.83	1,996,640.63	98.393	1,967,860.00	20,879.12	3.0	-28,780.63
	U S TREASURY NT 2.500% 3/31/27	91282CEF4	2,000,000.000	95.53	1,910,625.00	94.785	1,895,700.00	12,568.31	2.9	-14,925.00
	U S TREASURY NT 2.875% 5/31/25	9128284R8	500,000.000	97.94	489,707.03	97.942	489,710.00	1,217.55	.7	2.97
	U S TREASURY NT 2.875% 6/15/25	91282CEU1	3,500,000.000	98.75	3,456,289.07	97.882	3,425,870.00	4,398.91	5.2	-30,419.07
	U S TREASURY NT 3.000% 7/31/24	91282CFA4	1,500,000.000	99.37	1,490,566.41	99.803	1,497,045.00	18,791.21	2.3	6,478.59
	U S TREASURY NT 3.125% 8/15/25	91282CFE6	1,500,000.000	99.30	1,489,570.31	97.902	1,468,530.00	17,642.51	2.2	-21,040.31
	U S TREASURY NT 3.125% 8/31/27	91282CFH9	2,000,000.000	97.26	1,945,195.31	95.938	1,918,760.00	20,889.95	2.9	-26,435.31
	U S TREASURY NT 3.250% 6/30/27	91282CEW7	1,000,000.000	99.00	990,000.00	96.488	964,880.00	16,338.32	1.5	-25,120.00
	U S TREASURY NT 3.875% 12/31/27	91282CGC9	1,500,000.000	98.24	1,473,632.81	98.082	1,471,230.00	29,220.45	2.2	-2,402.81
	U S TREASURY NT 4.000% 12/15/25	91282CGA3	1,000,000.000	100.49	1,004,888.56	98.711	987,110.00	1,748.63	1.5	-17,778.56
	U S TREASURY NT 4.000% 2/29/28	91282CGP0	2,000,000.000	98.30	1,965,937.50	98.477	1,969,540.00	26,739.13	3.0	3,602.50
	U S TREASURY NT 4.125% 10/31/27	91282CFU0	1,200,000.000	100.13	1,201,522.92	98.879	1,186,548.00	8,339.67	1.8	-14,974.92
	U S TREASURY NT 4.125% 9/30/27	91282CFM8	2,000,000.000	99.43	1,988,593.75	98.867	1,977,340.00	20,737.70	3.0	-11,253.75
	U S TREASURY NT 4.250% 2/28/29	91282CKD2	900,000.000	99.77	897,890.63	99.551	895,959.00	12,784.65	1.3	-1,931.63
	U S TREASURY NT 4.375% 8/31/28	91282CHX2	1,500,000.000	100.36	1,505,337.02	99.883	1,498,245.00	21,934.44	2.3	-7,092.02



Portfolio Holdings

Portfolio Holdings

	ID	Units	Unit Cost	Total Cost	Price	Market Value	Accrual	% of Mkt Val	Unrealized Gain/Loss
U S TREASURY NT 4.500% 11/15/25	91282CFW6	500,000.000	100.05	500,257.62	99.395	496,975.00	2,873.64	.7	-3,282.62
U S TREASURY NT 4.500% 7/15/26	91282CHM6	500,000.000	100.07	500,330.10	99.570	497,850.00	10,384.62	.7	-2,480.10
Total: Gov/Agency Bonds				66,643,587.49		65,980,477.00	387,632.48	99.4	-663,110.49
Total: Total Fixed Income				66,643,587.49		65,980,477.00	387,632.48	99.4	-663,110.49

Total Cash Equivalents

Money Market Funds									
FIDELITY GOVT PORT INST	31607A703	454,618.180	1.00	454,618.18	1.000	454,618.18	1,795.41	.7	.00
Total: Money Market Funds				454,618.18		454,618.18	1,795.41	.7	.00
Total: Total Cash Equivalents				454,618.18		454,618.18	1,795.41	.7	.00
Total				67,098,205.67		66,435,095.18	389,427.89	100.0	-663,110.49





DESERT HOSPITAL RETIREMENT PLAN

06/30/2024

Selected Period Performance

Selected Period Performance

	Market Value	1 Month	3 Months	Year to Date (6 Months)	1 Year	3 Years	5 Years	Inception to Date 05/01/1998
Total Portfolio Gross of Fees	4,450,146	1.38	1.37	6.42	12.09	3.61	7.45	5.90
Total Portfolio Net of Fees	4,450,146	1.38	1.20	6.07	11.35	2.93	6.75	
Total Equity	2,440,918	1.96	2.44	11.03	19.17	6.34	11.54	7.36
Domestic Equity	1,792,205	3.10	3.29	13.06	22.17	7.97	13.55	
S&P 500 Index (Total Return)		3.59	4.28	15.29	24.56	10.01	15.05	8.25
S&P MidCap 400 Index		-1.58	-3.45	6.17	13.57	4.47	10.27	9.71
S&P SmallCap 600 Index		-2.28	-3.11	-.72	8.66	-.26	8.06	8.66
Foreign Equity	648,713	-1.03	.88	6.01	11.61	2.13	6.24	
MSCI EAFE Index (Net)		-1.61	-.42	5.34	11.54	2.89	6.46	4.59
MSCI Emerging Markets Index (Net)		3.94	5.00	7.49	12.55	-5.07	3.10	
Total Fixed Income	1,666,248	.97	.36	.23	3.57	-.54	1.04	3.48
BBARC 1-3 Year US Government/Credit Index		.56	.95	1.38	4.87	.55	1.25	2.93
BBARC Intermediate US Government/Credit Index		.80	.64	.49	4.19	-1.18	.71	3.73
BBARC US Aggregate Bond Index		.95	.07	-.71	2.63	-3.02	-.23	3.90
Total Real Assets	235,379	-1.26	-3.76	-5.00	1.96	-3.24	5.10	
Real Estate	121,191	1.49	-.90	-2.18	4.99	-2.29	5.72	
Dow Jones US Select REIT Index		2.74	-.16	-.55	7.15	-.14	2.78	8.04
Commodities	114,188	-4.03						
Total Cash Equivalents	107,601	.43	1.30	2.62	4.96	2.81	1.94	1.93
FTSE 1 Month Treasury Bill Index		.44	1.35	2.73	5.56	3.11	2.15	1.87
Pending Cash	0	.00	.00	.00	.00	.00	.00	

Account: XXXXXX8600

Holdings Method: Direct

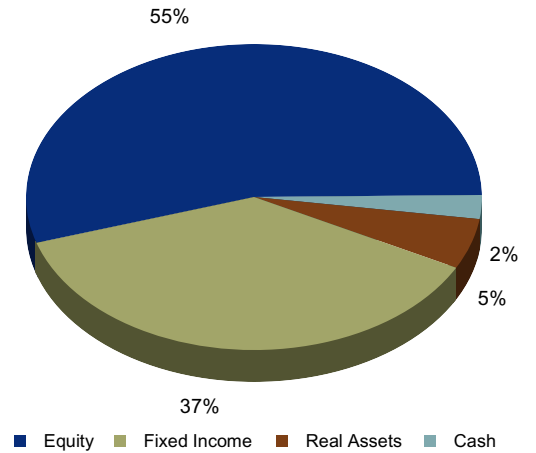
Report Date: 06/28/2024

Portfolio Summary

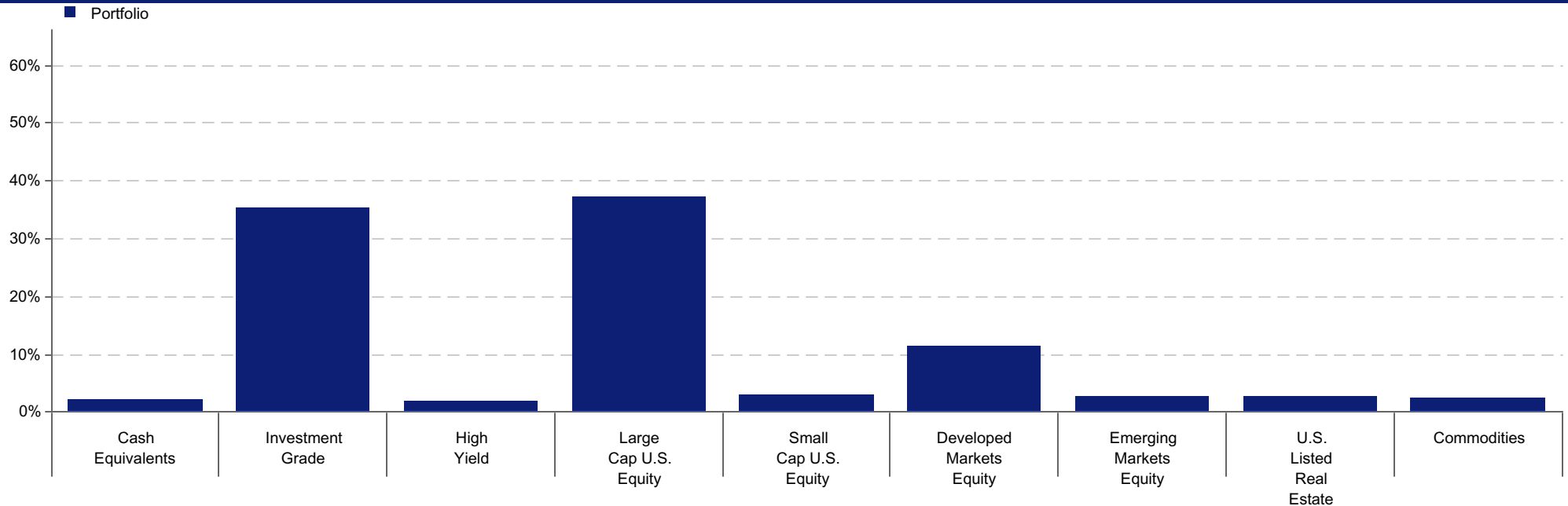
Inv. Objective	Customer Directed
Total Portfolio Value	\$4,445,169
Net Realized Cap Gains YTD	\$307,678
Annual Income Projected	\$122,245
Current Yield	2.75%
Number of Securities	27
Portfolio Mgr.	Ts Stl Rc #3 - Auto

Portfolio Asset Allocation

Equity	\$2,439,953	54.89%
Fixed Income	\$1,663,512	37.42%
Real Assets	\$234,587	5.28%
Cash	\$107,117	2.41%
Invested Total	\$4,445,169	100.00%



Portfolio Model Allocation



Account: XXXXXX8600

Holdings Method: Direct

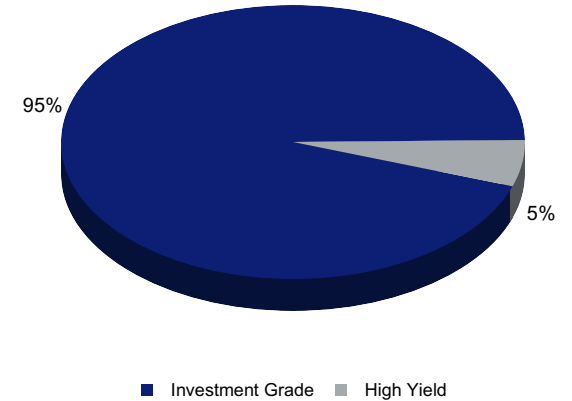
Report Date: 06/28/2024

Fixed Income Summary

Inv. Objective	Customer Directed
Total Fixed Income Value	\$1,663,512
Current Yield	4.23%
Annual Income Projected	\$70,311
Number of Securities	10
Portfolio Mgr.	Ts Stl Rc #3 - Auto

Fixed Income Asset Allocation

Investment Grade	\$1,576,692	94.78%
High Yield	\$86,821	5.22%



Equity Overview

Account: XXXXXX8600

Holdings Method: Direct and Indirect (securities held in mutual funds & ETFs)

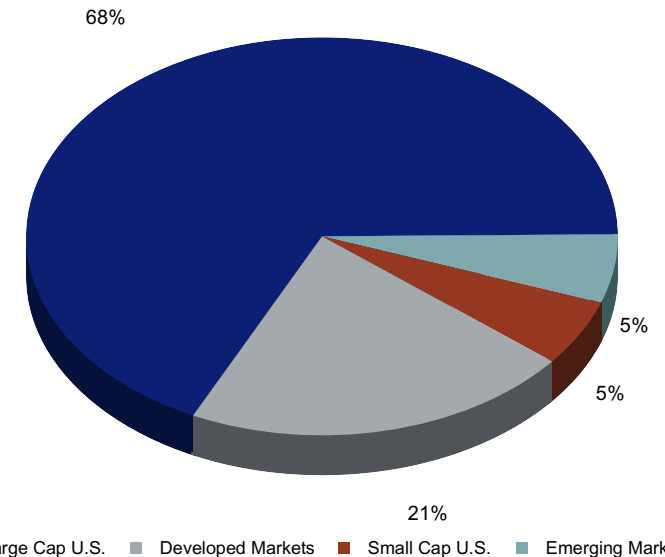
Report Date: 06/28/2024

Equity Summary

Inv. Objective	Customer Directed
Total Equity Value	\$2,439,953
Current Yield	1.62%
Annual Income Projected	\$39,438
Number of Securities	14
Portfolio Mgr.	Ts Stl Rc #3 - Auto

Equity Asset Allocation

Large Cap U.S.	\$1,657,672	67.94%
Developed Markets	\$516,157	21.15%
Small Cap U.S.	\$133,568	5.47%
Emerging Markets	\$132,556	5.43%



Portfolio Valuation

	ID	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
Large Cap MF + ETF/ETNs										
COLUMBIA CONTRARIAN CORE FUND	19766M709	6,039.291	32.72	197,605.59	37.61	227,137.73	5.1	.22	1,310.53	.577
DODGE COX STOCK FUND I	256219106	1,028.074	238.83	245,539.86	256.85	264,060.81	5.9	3.77	3,871.73	1.466
ISHARES S P 500 GROWTH ETF	464287309	5,490.000	46.88	257,397.56	92.54	508,044.60	11.4	.59	3,255.57	.641
ISHARES S P 500 VALUE ETF	464287408	1,119.000	102.90	115,139.52	182.01	203,669.19	4.6	3.32	3,719.56	1.826
VANGUARD GROWTH & INCOME ADM SHS#593	921913208	1,752.681	90.06	157,842.80	105.09	184,189.25	4.1	1.09	1,905.16	1.034
VANGUARD S P 500 ETF	922908363	541.000	218.88	118,416.45	500.13	271,535.20	6.1	6.62	3,581.42	1.324
Total for Large Cap MF + ETF/ETNs				1,091,941.78		1,658,636.78	37.3		17,643.96	1.064
SC MF + ETF/ETNs										
ISHARES RUSSELL 2000 VALUE ETF	464287630	434.000	117.63	51,052.76	152.30	66,098.20	1.5	3.08	1,334.98	2.020
ISHARES RUSSELL 2000 GROWTH ETF	464287648	257.000	168.51	43,308.33	262.53	67,470.21	1.5	1.75	449.75	.667
Total for SC MF + ETF/ETNs				94,361.09		133,568.41	3.0		1,784.73	1.336
Dev Fgn Equity MF + ETF/ETNs										
FIDELITY INTERNATIONAL INDEX FUND	315911727	3,438.843	51.18	176,000.00	49.77	171,151.22	3.8	1.50	5,158.26	3.014
ISHARES MSCI EAFE VALUE ETF	464288877	1,628.000	50.60	82,373.84	53.04	86,349.12	1.9	2.49	4,058.60	4.700
ISHARES MSCI EAFE GROWTH ETF	464288885	869.000	66.43	57,728.81	102.30	88,898.70	2.0	1.55	1,343.47	1.511
VANGUARD FTSE DEVELOPED ETF	921943858	3,435.000	41.79	143,548.65	49.42	169,757.70	3.8	1.67	5,726.15	3.373
Total for Dev Fgn Equity MF + ETF/ETNs				459,651.30		516,156.74	11.6		16,286.49	3.155
Em Fgn Eq MF+ETF/ETN										
ISHARES MSCI EMERGING MARKETS ETF	464287234	1,602.000	38.43	61,566.58	42.59	68,229.18	1.5	1.04	1,662.88	2.437
VANGUARD FTSE EMERGING MARKETS ETF	922042858	1,470.000	42.57	62,580.31	43.76	64,327.20	1.4	1.40	2,059.47	3.202
Total for Em Fgn Eq MF+ETF/ETN				124,146.89		132,556.38	3.0		3,722.35	2.808
Invest Gr MF + ETF/ETNs										
BAIRD AGGREGATE BOND FD INSTL	057071854	23,018.371	9.62	221,440.51	9.66	222,357.46	5.0	.37	8,585.85	3.861
DODGE COX INCOME	256210105	21,335.074	12.19	260,139.73	12.38	264,128.22	5.9	.52	11,094.24	4.200
DOUBLELINE CORE FIX INCOME I	258620301	19,087.331	8.98	171,331.02	9.10	174,495.66	3.9	.47	8,913.78	5.132
ISHARES CORE U.S. AGGREGATE BOND ETF	464287226	2,690.000	94.20	253,387.77	97.07	261,118.30	5.9	3.47	9,342.37	3.578
ISHARES MBS ETF	464288588	1,165.000	92.73	108,031.22	91.81	106,958.65	2.4	3.51	4,084.49	3.819
ISHARES TRUST ISHARES 5 10 YEAR ETF	464288638	2,203.000	50.01	110,172.03	51.26	112,925.78	2.5	2.18	4,802.54	4.253
ISHARES US TREASURY BOND ETF	46429B267	3,744.000	22.26	83,322.72	22.57	84,502.08	1.9	.69	2,583.36	3.057
PIMCO INCOME FUND INS	72201F490	.000	.00	.00	.00	.65	.0	.66	.00	.000
PGIM TOTAL RETURN BOND CL R6	74440B884	22,312.202	14.12	315,066.04	11.84	265,243.88	6.0	.58	12,985.70	4.916

Portfolio Valuation

	ID	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
VANGUARD SHORT TERM INVT GRADE #539	922031836	.000	.00	.00	.00	.81	.0	.40	.00	.000
Total for Invest Gr MF + ETF/ETNs				1,522,891.04		1,491,731.49	33.5		62,392.34	4.188
HY Tax MF + ETF/ETNs										
ARTISAN HIGH INCOME FUND	04314H568	9,733.265	8.89	86,538.73	8.92	87,361.57	2.0	.69	6,677.02	7.691
BLACKROCK STRATEGIC INCOME	09260B374	9,266.808	9.90	91,783.28	9.37	87,154.76	2.0	.45	4,133.00	4.760
Total for HY Tax MF + ETF/ETNs				178,322.01		174,516.33	3.9		10,810.02	6.225
REIT MF ETF/ETNs										
COHEN & STEERS INSTL REALTY SHARES	19247U106	2,647.253	45.33	120,000.00	45.78	121,191.24	2.7	1.44	3,809.40	3.143
Total for REIT MF ETF/ETNs				120,000.00		121,191.24	2.7		3,809.40	3.143
Commodity MF ETF/ETNs										
NYLI CBRE GLOBAL INFRASTRUCTURE FD I	56064L298	9,302.326	12.90	120,000.00	12.19	114,187.91	2.6	.29	2,706.98	2.387
Total for Commodity MF ETF/ETNs				120,000.00		114,187.91	2.6		2,706.98	2.387
Money Market Funds										
FIRST AM GOVT OB FD CL X	31846V336	107,117.020	1.00	107,117.02	1.00	107,601.10	2.4	.05	5,563.12	5.193
Total for Money Market Funds				107,117.02		107,601.10	2.4		5,563.12	5.193
Total				3,818,431.13		4,450,146.38	100.0		124,719.38	2.806

Important disclosures, definitions of terms and index descriptions

If you have questions regarding this information or wish to receive definitions of any additional terms or indexes used in this report, please contact your Portfolio Manager.

Important disclosures (page 1 of 4)

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Performance reports included may show performance results gross of fees and expenses. If fees and expenses were included, the performance would be lower. If you have any questions, please speak with your relationship manager for additional information.

Based on our strategic approach to creating diversified portfolios, guidelines are in place concerning the construction of portfolios and how investments should be allocated to specific asset classes based on client goals, objectives and tolerance for risk. Not all recommended asset classes will be suitable for every portfolio. **Diversification and asset allocation do not guarantee returns or protect against losses.**

Important disclosures (page 2 of 4)

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International investing involves special risks, including foreign taxation, currency risks, risks associated with possible differences in financial standards and other risks associated with future political and economic developments. Investing in **emerging markets** may involve greater risks than investing in more developed countries. In addition, concentration of investments in a single region may result in greater volatility.

Investments in **real estate securities** can be subject to fluctuations in the value of the underlying properties, the effect of economic conditions on real estate values, changes in interest rates and risks related to renting properties (such as rental defaults). There are special risks associated with an investment in **commodities**, including market price fluctuations, regulatory changes, interest rate changes, credit risk, economic changes and the impact of adverse political or financial factors.

Investments in **fixed income securities** are subject to various risks, including changes in interest rates, credit quality, market valuations, liquidity, prepayments, early redemption, corporate events, tax ramifications and other factors. Investment in fixed income securities typically decrease in value when interest rates rise. This risk is usually greater for longer-term securities. Investments in lower-rated and non-rated securities present a greater risk of loss to principal and interest than higher-rated securities. Investments in **high yield bonds** offer the potential for high current income and attractive total return, but involve certain risks. Changes in economic conditions or other circumstances may adversely affect a bond issuer's ability to make principal and interest payments.

Important disclosures (page 3 of 4)

The **municipal bond** market is volatile and can be significantly affected by adverse tax, legislative or political changes and the financial condition of the issues of municipal securities. Interest rate increases can cause the price of a bond to decrease. Income on municipal bonds is free from federal taxes, but may be subject to the federal alternative minimum tax (AMT), state and local taxes. **Treasury Inflation-Protected Securities (TIPS)** offer a lower return compared to other similar investments and the principal value may increase or decrease with the rate of inflation. Gains in principal are taxable in that year, even though not paid out until maturity.

Non-financial **specialty assets**, such as real estate, farm, ranch and timber properties, oil, gas and mineral interests or closely-held business interests are complex and involve unique risks specific to each asset type, including the total loss of value. Special risk considerations may include natural events or disasters, complex tax considerations and lack of liquidity. Specialty assets may not be suitable for all investors.

Alternative investments very often use speculative investment and trading strategies. There is no guarantee that the investment program will be successful. Alternative investments are designed only for investors who are able to tolerate the full loss of an investment. These products are not suitable for every investor even if the investor does meet the financial requirements. It is important to consult with your investment professional to determine how these investments might fit your asset allocation, risk profile and tax situation. **Hedge funds** are speculative and involve a high degree of risk. An investment in a hedge fund involves a substantially more complicated set of risk factors than traditional investments in stocks or bonds, including the risks of using derivatives, leverage and short sales, which can magnify potential losses or gains. Restrictions exist on the ability to redeem or transfer interests in a fund. **Exchange-traded funds (ETFs)** are baskets of securities that are traded on an exchange like individual stocks at negotiated prices and are not individually redeemable. ETFs are designed to generally track a market index and shares may trade at a premium or a discount to the net asset value of the underlying securities. **Private equity** investments provide investors and funds the potential to invest directly into private companies or participate in buyouts of public companies that result in a delisting of the public equity. Investors considering an investment in private equity must be fully aware that these investments are illiquid by nature, typically represent a long-term binding commitment and are not readily marketable. The valuation procedures for these holdings are often subjective in nature. **Private debt** investments may be either direct or indirect and are subject to significant risks, including the possibility of default, limited liquidity and the infrequent availability of independent credit ratings for private companies. **Structured products** are subject to market risk and/or principal loss if sold prior to maturity or if the issuer defaults on the security. Investors should request and review copies of Structured Products Pricing Supplements and Prospectuses prior to approving or directing an investment in these securities.

Important disclosures (page 4 of 4)

Mutual fund investing involves risk and principal loss is possible. Investing in certain funds involves special risks, such as those related to investments in small- and mid-capitalization stocks, foreign, debt and high-yield securities and funds that focus their investments in a particular industry. Please refer to the fund prospectus for additional details pertaining to these risks. An investment in **money market funds** is not insured or guaranteed by the Federal Deposit Insurance Corporation (FDIC) or any other government agency. Although these funds seek to preserve the value of an investment at \$1.00 per share, it is possible to lose money by investing in these funds.

Holdings of First American Funds: U.S. Bancorp Asset Management, Inc. is a registered investment advisor and subsidiary of U.S. Bank National Association. U.S. Bank National Association is a separate entity and wholly owned subsidiary of U.S. Bancorp. U.S. Bank is not responsible for and does not guarantee the products, performance or services of U.S. Bancorp Asset Management. U.S. Bancorp Asset Management, Inc. serves as an investment advisor to First American Funds. **Holdings of Nuveen mutual funds:** Firststar Capital Corporation (Firststar Capital), an affiliate of U.S. Bancorp, holds a less-than-10 percent ownership interest in Windy City Investments Holdings, LLC which was formerly the parent of Windy City Investment Inc. and the indirect parent of Nuveen Fund Advisors, LLC which is the investment advisor to the Nuveen Mutual Funds. On October 1, 2014, Windy City Investments, Inc. was sold to Teachers Insurance and Annuity Association of America. As a result of the sale, U.S. Bancorp no longer has an indirect ownership interest in Nuveen Fund Advisors, LLC. Depending on the outcome of certain factors, Firststar Capital might in the future receive an earn-out payment in respect of its interest in Windy City Investment Holdings, LLC, under the terms of the sale. **Non-proprietary mutual funds:** U.S. Bank may enter into agreements with other non-proprietary mutual funds or their service providers whereby U.S. Bank provides shareholder services and/or sub-transfer agency, custodial and other administrative support services and receives compensation for these services. Compensation received by U.S. Bank directly or indirectly from mutual funds does not increase fund fees and expenses beyond what is disclosed in the fund prospectuses. For more information, review the fund prospectus.

Definitions of report and statement terms (page 1 of 5)

Accredited Investor: Private placement securities generally require that investors be accredited due to the additional risks and speculative nature of the securities. For natural persons, the criteria is met by a net worth of more than \$1 million (excluding primary residence) or an income of more than \$200,000 individually (\$300,000 jointly) for the two most recent years and a reasonable expectation for the same in the current year. For other entities, such as corporations, partnerships, trusts and employee benefit plans, the criteria is met with at least \$5 million in assets. See full definition in Rule 501 of Regulation D under the Securities Act of 1933.

Alpha: A measure of risk-adjusted performance. A statistic measuring that portion of a stock, fund or composite's total return attributable to specific or non-market risk. Alpha measures non-market return and indicates how much value has been added or lost. A positive Alpha indicates the fund or composite has performed better than its Beta would predict (i.e., the manager has added value above the benchmark). A negative Alpha indicates a fund or composite has underperformed given the composite's Beta.

Alternative Investments: As used by U.S. Bank, an investment considered to be outside of the traditional asset classes of long-only stocks, bonds and cash. Examples of alternative investments include hedge funds, private equity, options and financial derivatives.

Annualized Excess Return: Shows the difference between the annualized linked returns of a portfolio and the model benchmark. Performance reports provided annualize only periods greater than one year.

Annualized or Annual Rate of Return: Represents the average annual change in the value of an investment over the periods indicated.

Batting Average: Shows how consistently the portfolio return met or beat the market.

Beta: A measure of your portfolio's risk relative to a benchmark. A portfolio with a beta of 1.5, for example, would be expected to return roughly 1.5 times the benchmark's return. A high Beta indicates a riskier portfolio.

Bond Credit Rating: A grade given to bonds by a private independent rating service that indicates their credit quality. Ratings are the opinion of Standard & Poor's or other agencies as noted and not the opinion of U.S. Bank.

Consumer Price Index (CPI): A measure of the average change in prices over time in a market basket of goods and services and is one of the most frequently used statistics for identifying periods of inflation and deflation.

Convexity to Stated Maturity: A measure of the curvature in the relationship between bond prices and bond yields that demonstrates how the duration of a bond changes as the interest rate changes. Convexity is used as a risk-management tool and helps to measure and manage the amount of market risk to which a portfolio of bonds is exposed. This version of convexity measures the rate change in duration of a bond as the yield to (stated) maturity changes.

Definitions of report and statement terms (page 2 of 5)

Cost basis/book value: The original value of an asset at the time it was acquired. This is normally the purchase price or appraised value at the time of acquisition. This data is for information purposes only.

Cumulative Excess Return: Shows the difference between the annualized linked returns of a portfolio and the model benchmark. Performance reports provided use unannualized returns in periods up to one year, but annualized returns for periods exceeding one year.

Downside Capture: The downside capture ratio reflects how a portfolio compares to a benchmark during periods when the benchmark is down. A downside capture ratio of 0.80 (or 80 percent) means the portfolio has historically declined only 80 percent as much as the benchmark during down markets.

Downside Deviation: The deviation of returns that fall below a minimum acceptable return (MAR). Although the numerator includes only returns below the MAR, the denominator includes all returns in the performance period. This risk statistic is similar to the downside standard deviation except the sum is restricted to returns less than the MAR instead of the mean.

Downside Standard Deviation: The deviation of returns that fall below the mean return. Although the numerator includes only returns below the mean, the denominator includes all returns in the performance period. This risk statistic is similar to the downside deviation except the sum is restricted to returns less than the mean instead of the minimum acceptable return (MAR).

Effective Maturity: The date of a bond's most likely redemption, given current market conditions, taking into consideration the optional and mandatory calls, the optional, mandatory and recurring puts, and the stated maturity.

Estimated annual income: The amount of income a particular asset is anticipated to earn over the period indicated. The shares multiplied by the annual income rate.

Gain/loss calculation: If an asset was sold, the difference between the proceeds received from the sale compared to the cost of acquiring the asset. If the value of the proceeds is the higher of the two numbers, then a gain was realized. If the value of the proceeds is the lower of the two numbers, a loss was incurred. This data is for information purposes only.

Gross of Fees: Represents all assets included in the calculation of the portfolio -- before the deduction of trust and asset management fees -- and is inclusive of all applicable third party security fees and expenses. Details of those fees and expenses are provided in the security's prospectus or offering documents.

Information Ratio: The information ratio compares the average excess return of the portfolio over its associated benchmark divided by the tracking error.

M-Squared: The hypothetical return of the portfolio after its risk has been adjusted to match a benchmark.

Definitions of report and statement terms (page 3 of 5)

Market Value: Publicly traded assets are valued using market quotations or valuation methods from financial industry services believed by us to be reliable. Assets, that are not publicly traded, may be reflected at values from other external sources or special valuations prepared by us. Assets for which a current value is not available may be reflected as not valued, at par value, or at a nominal value. Values shown do not necessarily reflect prices at which assets could have been bought or sold. Values are updated based on internal policy and may be updated less frequently than statement generation.

Market Value Over Time: Many factors can impact the portfolio value over time, such as contributions to the account, distributions from the account, the investment of dividends and interest, the deduction of fees and expenses, and market performance.

Modified Duration to Effective Maturity: A formula that expresses the measurable change in the value of a security in response to a change in interest rates. This version of Modified Duration takes into consideration a “horizon date/price” that is, given current conditions, the most likely redemption date/price using the set of calls/puts, as well as stated maturity.

Modified Duration to Stated Maturity: A formula that expresses the measurable change in the value of a security in response to a change in interest rates. This version of Modified Duration uses stated maturity as the “horizon date/price” and ignores any potential call/put/pre-refunding, even if they are mandatory.

Net of Fees: Represents all assets included in the calculation of the portfolio -- after the deduction of trust and asset management fees. Please refer to the client fee schedule for additional information.

Price/Earnings Ratio (P/E): The P/E ratio of a company is calculated by dividing the price of the company’s stock by its trailing 12-month earnings per share. A high P/E usually indicates that the market is paying a premium for current earnings because it believes in the firm’s ability to grow its earnings. A low P/E indicates the market has less confidence that the company’s earnings will increase. Within a portfolio, P/E is the weighted average of the price/earnings ratios of the stocks in the portfolio.

Qualified Purchaser: Some private placement securities require that investors be Qualified Purchasers in addition to being Accredited Investors. For natural persons, the criteria is generally met when the client (individually or jointly) owns at least \$5 million in investments. For other entities, such as corporations, partnerships, trusts and employee benefit plans, the criteria is met with at least \$25 million in investments though there are other eligibility tests that may apply. See full definition in Section 2(a)(51) of the Investment Company Act of 1940.

R-Squared: Measures the portion of the risk in your portfolio that can be attributed to the risk in the benchmark.

Realized and Unrealized Gains/Losses: Are calculated for individual tax lots based on the records we have available. Some data may be incomplete or differ from what you are required to report on your tax return. Some data used in these calculations may have been obtained from outside sources and cannot be verified by U.S. Bank. The data is intended for informational purposes only and should not be used for tax reporting purposes. Please consult with your tax or legal advisor for questions concerning your personal tax or financial situation.

Definitions of report and statement terms (page 4 of 5)

Residual Risk: The amount of risk specific to the assets in a portfolio distinct from the market, represented by a benchmark.

Return: An indication of the past performance of your portfolio.

Sharpe Ratio: Measures of risk-adjusted return that calculates the return per unit of risk, where risk is the Standard Deviation of your portfolio. A high Sharpe ratio indicates that the portfolio is benefiting from taking risk.

Sortino Ratio: Intended to differentiate between good and bad volatility. Similar to the Sharpe ratio, except it uses downside deviation for the denominator instead of standard deviation, the use of which doesn't discriminate between up and down volatility.

Spread: The difference between the yields of two bonds with differing credit ratings (most often, a corporate bond with a certain amount of risk is compared to a standard traditionally lower risk Treasury bond). The bond spread will show the additional yield that could be earned from a bond which has a higher risk.

Standard Deviation: A measure of the volatility and risk of your portfolio. A low standard deviation indicates a portfolio with less volatile returns and therefore less inherent risk.

Time-weighted Return: The method used to calculate performance. Time-weighted return calculates period by period returns that negates the effect of external cash flows. Returns for periods of greater than one year are reported as an annualized (annual) rate of return. Returns of less than one year are reported on a cumulative return basis. Cumulative return is the aggregate amount an investment has gained or lost over time, independent of the period involved.

Tracking Error: A divergence between the price behavior of a position or a portfolio and the price behavior of a benchmark. This is often in the context of a hedge or mutual fund that did not work as effectively as intended, creating an unexpected profit or loss instead.

Traditional Investments: As used by U.S. Bank, an investment made in equity, fixed income or cash securities, mutual funds or exchange-traded funds (ETFs) where the investor buys at a price with the goal that the investment will go up in value.

Top 10 Holdings: The 10 assets with the highest market values in the account.

Total Portfolio Gross of Fees: Represents all assets included in the calculation of the portfolio, before the deduction of trust and asset management fees, and is inclusive of all applicable third-party security fees and expenses. Details of those fees and expenses are provided in the security's prospectus or offering documents.

Definitions of report and statement terms (page 5 of 5)

Total Return: The rate of return that includes the realized and unrealized gains and losses plus income for the measurement period.

Treynor Ratio: Measures the performance of a sector relative to risk by dividing the return of the sector in excess of the risk-free return by the sector's Beta. The higher the Treynor ratio, the better the return relative to risk.

Turnover Percent: Indicates how frequently asset are bought and sold within a portfolio.

Turnover Ratio: The percentage of a mutual fund's or other investment vehicle's holdings that have been "turned over" or replaced with other holdings in a given year.

Unrealized gain (loss) — The difference between the current market value (at the end of the statement period) and the cost to acquire the asset. If the current market value is higher than the cost, a gain is reflected. If the current market value is lower than the cost paid, a loss is reflected. This data is for information purposes only.

Upside Capture: The upside capture ratio reflects how a portfolio compares to the selected model benchmark during periods when the benchmark is up. An upside capture ratio of 1.15 (or 115 percent) means the portfolio has historically beat the benchmark by 15 percent during up markets.

Yield: The annual rate of return on an investment, expressed as a percentage. For bonds, it is the coupon rate divided by the market price. For stocks, it is the annual dividend divided by the market price.

Frequently used indexes (page 1 of 5)

Bloomberg Barclays 1-3 year U.S. Treasury Index: Measures the performance of the U.S. government bond market and includes public obligations of the U.S. Treasury with a maturity between one year and up to (but not including) three years.

Bloomberg Barclays 1-5 year U.S. Treasury Index: Includes all publicly issued, U.S. Treasury securities that have a remaining maturity of greater than or equal to one year and less than five years, are rated investment grade and have \$250 million or more of outstanding face value.

The Bloomberg Barclays 1-5 year Municipal Index: Measures the performance of municipal bonds with time to maturity of more than one year and less than five years.

Bloomberg Barclays 7-year Municipal Index: Includes municipal bonds with a minimum credit rating of Baa that have been issued as part of a transaction of at least \$50 million, have a maturity value of at least \$5 million and a maturity range of four to six years.

Bloomberg Barclays Global Aggregate Index ex-U.S. Index: Measure of global investment grade debt from 24 local currency markets. This multi-currency benchmark includes Treasury, government-related, corporate and securitized fixed-rate bonds from both developed and emerging markets issuers.

Bloomberg Barclays Global Treasury ex-U.S. Index: Includes government bonds issued by investment-grade countries outside the United States, in local currencies, that have a remaining maturity of one year or more and are rated investment grade.

Bloomberg Barclays High Yield Municipal Bond Index: An unmanaged index made up of bonds that are non-investment grade, unrated or below Ba1 bonds.

Bloomberg Barclays Intermediate Aggregate Index: Consists of one- to 10-year governments, one- to 10-year corporate bonds, all mortgages and all asset-backed securities within the Aggregate Index.

Bloomberg Barclays Mortgage-Backed Securities Index: Covers agency mortgage-backed pass-through securities (both fixed-rate and hybrid adjustable-rate mortgages) issued by Ginnie Mae (GNMA), Fannie Mae (FNMA), and Freddie Mac (FHLMC).

Bloomberg Barclays U.S. Aggregate Bond Index: Measures the investment grade, U.S. dollar-denominated, fixed-rate taxable bond market, including Treasuries, government-related and corporate securities, mortgage-backed securities, asset-backed securities and commercial mortgage-backed securities.

Bloomberg Barclays U.S. Corporate Bond Index: Measures the investment grade, fixed-rate, taxable corporate bond market and includes U.S. dollar-denominated securities publicly issued by U.S. and non-U.S. industrial, utility and financial issuers.

Frequently used indexes (page 2 of 5)

Bloomberg Barclays U.S. Corporate High Yield Bond Index: Measures the U.S. dollar denominated, high yield, fixed-rate corporate bond market.

Bloomberg Barclays U.S. Municipal Bond Index: Measures the investment grade, U.S. dollar-denominated, fixed tax-exempt bond market. The index includes state and local general obligation, revenue, insured and pre-refunded bonds.

Bloomberg Barclays U.S. Treasury Index: Measures U.S. dollar-denominated, fixed-rate, nominal debt issued by the U.S. Treasury.

Bloomberg Barclays U.S. Treasury Inflation-Protected Securities (TIPS) Index: An unmanaged index includes all publicly issued, U.S. TIPS that have at least one year remaining to maturity, are rated investment grade, and have \$250 million or more of outstanding face value.

Cambridge U.S. Private Equity Index: This index is based on returns data compiled for U.S. private equity funds (including buyout, growth equity and mezzanine funds) that represent the majority of institutional capital raised by private equity partnerships formed since 1986. Returns may be delayed by up to six months. Quarterly performance is prorated based on the cube root for the months of the quarter.

Citigroup 3-Month Treasury Bills: An unmanaged index and represents monthly return equivalents of yield averages of the last three-month Treasury Bill issues.

Citigroup 6-Month Treasury Bills: An unmanaged index and represents monthly return equivalents of yield averages of the last six-month Treasury Bill issues.

Credit Suisse Leverage Loan Index: Represents tradable, senior-secured, U.S. dollar-denominated non-investment grade loans.

Dow Jones Industrial Average (DJIA): The price-weighted average of 30 significant U.S. stocks traded on the New York Stock Exchange and NASDAQ. The DJIA is the oldest and single most watched index in the world.

Dow Jones Select REIT Index: Measures the performance of publicly traded REITs and REIT-like securities in the U.S. and is a proxy for direct real estate investment, in part by excluding companies whose performance may be driven by factors other than the value of real estate.

HFRI Indices: The Hedge Fund Research, Inc. (HFRI) indexes are a series of benchmarks designed to reflect hedge fund industry performance by constructing composites of constituent funds, as reported by the hedge fund managers listed within the HFR Database.

Frequently used indexes (page 3 of 5)

HFRI Equity Hedge Total Index: Uses the HFR (Hedge Fund Research) database and consists only of equity hedge funds with a minimum of \$50 million assets under management or a 12-month track record and that reported assets in U.S. dollars.

HFRI Relative Value Fixed Income Corporate Index: Uses the HFR (Hedge Fund Research) database and consists of only relative value fixed income corporate funds with a minimum of \$50 million assets under management or a 12-month track record and that reported assets in U.S. dollars.

ICE BofAML 1-3 Year Corporate Index: Tracks U.S. dollar-denominated investment grade public debt issued in the U.S. bond market with maturities of one to three years.

ICE BofAML 1-5 Year Corporate and Government Index: Tracks the performance of short-term U.S. investment grade government and corporate securities with maturities between one and five years.

ICE BofAML U.S. 7-10 Year Index: Tracks the performance of U.S. dollar denominated investment grade rated corporate debt publicly issued in the U.S. domestic market and includes all securities with a remaining term to maturity of greater than or equal to seven years and less than 10 years.

ICE BofAML Global Broad Market Index: Tracks the performance of investment grade public debt issued in the major domestic and Eurobond markets, including global bonds.

ICE BofAML U.S. High Yield Master II Index: Commonly used benchmark index for high yield corporate bonds and measures the broad high yield market.

J.P. Morgan Emerging Markets Bond Index Global (EMBI Global): Tracks total returns for traded external debt instruments in the emerging markets.

London Interbank Offered Rate (LIBOR) 3-months: The interest rate offered by a specific group of London banks for U.S. dollar deposits with a three-month maturity.

London Interbank Offered Rate (LIBOR) 9-months: The interest rate offered by a specific group of London banks for U.S. dollar deposits with a nine-month maturity.

MSCI All Country World Index (ACWI): Designed to measure the equity market performance of developed and emerging markets.

Frequently used indexes (page 4 of 5)

Russell 2000 Value Index: Measures companies in the Russell 2000 Index having lower price-to-book ratios and lower forecasted growth values. The Russell 2000 Index includes the 2,000 firms from the Russell 3000 Index with the smallest market capitalizations.

Russell 3000 Index: Measures the performance of the 3,000 largest U.S. securities based on total market capitalization.

Russell Midcap Index: Measures the 800 smallest companies in the Russell 3000 Index.

Russell Midcap Growth Index: Measures companies in the Russell Midcap Index having higher price-to-book ratios and higher forecasted growth values.

Russell Midcap Value Index: Measures companies in the Russell Midcap Index having lower price-to-book ratios and lower forecasted growth values.

MSCI All County World ex-U.S. Index (ACWI, excluding United States): Tracks the performance of stocks representing developed and emerging markets around the world that collectively comprise most foreign stock markets. U.S. stocks are excluded from the index.

MSCI EAFE Index: Includes approximately 1,000 companies representing the stock markets of 21 countries in Europe, Australasia and the Far East.

MSCI Emerging Markets (EM) Index: Designed to measure equity market performance in global emerging markets.

MSCI World Index: Tracks equity market performance of developed markets through individual country indices.

NAREIT Index: Includes REITs (Real Estate Investment Trusts) listed on the New York Stock Exchange, NASDAQ and American Stock Exchange.

NASDAQ Composite Index: A market capitalization-weighted average of roughly 5,000 stocks that are electronically traded in the NASDAQ market.

NCREIF Property Index (NPI): Measures the investment performance of a very large pool of individual commercial real estate properties acquired in the private market for investment purposes only.

Russell 1000 Index: Measures the performance of the 1,000 largest companies in the Russell 3000 Index and is representative of the U.S. large capitalization securities market.

Frequently used indexes (page 5 of 5)

Russell 1000 Growth Index: Measures companies in the Russell 1000 Index with higher price-to-book ratios and higher forecasted growth values. It includes the largest 1,000 firms in the Russell 3000 Index.

Russell 1000 Value Index: Measures companies in the Russell 1000 Index with lower price-to-book ratios and lower forecasted growth values. It includes the largest 1,000 firms in the Russell 3000 Index.

Russell 2000 Index: Measures the performance of the 2,000 smallest companies in the Russell 3000 Index and is representative of the U.S. small capitalization securities market.

Russell 2000 Growth Index: Measures companies in the Russell 2000 Index having higher price-to-book ratios and higher forecasted growth values, and is representative of U.S. securities exhibiting growth characteristics. The Russell 2000 Index includes the 2,000 firms from the Russell 3000 Index with the smallest market capitalizations.

S&P 500 Index: Consists of 500 widely traded stocks that are considered to represent the performance of the U.S. stock market.

S&P Global ex-U.S. Property Index: Measures the investable universe of publicly traded property companies domiciled in developed and emerging markets excluding the United States. The companies included are engaged in real estate related activities such as property ownership, management, development, rental and investment.

S&P GSCI: A composite index of commodity sector returns, representing an unleveraged, long-only investment in commodity futures that is broadly diversified across the spectrum of commodities.

S&P/Case-Shiller Home Price Indexes: A group of indexes that track changes in home prices throughout the United States. Case-Shiller produces indexes representing certain metropolitan statistical areas (MSA) as well as a national index.

Swiss Re Global Cat Bond Total Return Index: Tracks the aggregate performance of all U.S. dollar-denominated euros and Japanese yen-denominated catastrophe bonds, capturing all ratings, perils and triggers.

U.S. Dollar Index: Indicates the general international value of the U.S. dollar by averaging the exchange rates between the U.S. dollar and six major world currencies.

Wilshire 5000 Index: Composed of more than 6,700 publicly-traded U.S. companies and is designed to track the overall performance of the American stock markets.



Date: October 28, 2024

.DHCD Progress Report #2024-3 for reporting period July 1, 2024, to September 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 third quarter in multiple cities along the project route. Significant work took place on the Jefferson Street undercrossing. This critical path item will connect the path from Washington Street in La Quinta to Jackson Street in Indio.



RCP extension and compaction at Jefferson UC.



Grading of CSP at Jefferson UC (west).



Grading continued at Jefferson UC.



Grading at Jefferson UC.

In addition, CV Link pathway construction is taking place from Fred Waring to Golf Center Parkway, Sierra Vista Park, and Avenue 56 / Airport Blvd (CV Link Access Point).



Thermo layout at Fred Waring UC.



Thermo layout at Golf Center UC.



Formwork install at Sierra Vista Park Connector in Coachella



Install of shade structure columns at Airport North Access Point in Coachella

In Palm Springs, new contract work took place from N. Palm Canyon to Sunrise Way and down to Gene Autry. This involved importing subgrade material and compacting the path. Final touches were added to the Demuth Park in the Palm Springs and students use the link in Palm Desert.



Grading and compacting for Jointed Plain Concrete Paving; N. Palm Canyon to Gene Autry.



Grading and compacting from N. Palm Canyon to Gene Autry in Palm Springs.



Grading dry side slopes for pathway realignment and grading and compacting for Jointed Plain Concrete Pavement; Sunrise Way to Gene Autry in Palm Springs..



Light columns are installed at the Demuth Park Access Point in Palm Springs.



Light columns guide the way for users along CV Link near the Demuth Park Access Point.



Students use the link to travel between Palm Desert High School to PD Charter Middle and Abraham Lincoln Elementary.

As noted in previous reports, this construction is largely funded by the \$29.447 million in funds from the Active Transportation Program and State Transportation Improvement Program, which the California Transportation Commission (CTC) green lighted in 2020. CVAG is also drawing down its funding commitments, including those from the South Coast Air Quality Management



District 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 surprise challenges. With a total team effort CVAG entered into a Public Pedestrian Underpass Agreement with the Union Pacific Railroad (UPRR). This undercrossing is near Indio and is part of Segment 6.

CVAG has received Caltrans approval on the Segment 6 ROW Certification. The Notice to Proceed for this Segment was signed on September 16th. The contract work will be primarily on tribal lands in Palm Springs and Cathedral City.

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.

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 fourth quarter 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.
- Complete major portions of Segment 6 (Tribal Lands in Palm Springs, Cathedral City and Indio)..
- 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 Street to Adams Street and Adams Street to Dune Palms Road.

Looking ahead, CVAG anticipates a CV Link Grand Opening in the Spring of 2025. CVAG will keep the District Board and staff aware of any other planned events as well. CVAG appreciates the continued support of this project. As always, CVAG welcomes input from the Desert Healthcare District, as your feedback as a participatory partner in the project is important to our progress and the finalization of the right of way and construction of CV Link.

If District staff or Board members have any questions or need additional information about the project, Jonathan Hoy, Transportation Director can best be reached at (760) 238-1540 or at jhoy@cvag.org and Murray Quance Senior Program Assistant – Transportation can be reached at (760) 636-2373 or mquance@cvag.org.