



**DESERT HEALTHCARE DISTRICT  
BOARD MEETING  
Board of Directors  
September 25, 2018  
6:00 P.M.**

University of California Riverside  
Building B – Room B114/117  
75080 Frank Sinatra Drive, Palm Desert, California 92211  
***This meeting is handicapped-accessible***

<b>Page(s)</b>	<b>AGENDA</b>	<b>Item Type</b>
	<i>Any item on the agenda may result in Board Action</i>	
	<b>A. CALL TO ORDER – President Zendle, MD</b> Roll Call ____ Vice-President/Secretary Rogers, RN ____ Director/Treasurer Matthews ____ Director Hazen ____ Director Wortham, DrPH ____ President Zendle	
	<b>B. PLEDGE OF ALLEGIANCE</b>	
	<b>C. APPROVAL OF AGENDA</b>	<b>Action</b>
	<b>D. PUBLIC COMMENT</b> At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. <b>The Board has a policy of limiting speakers to no more than three minutes.</b> The Board cannot take action on items not listed on the agenda. Public input may be offered on agenda items when they come up for discussion and/or action.	
	<b>E. CONSENT AGENDA</b> All Consent Agenda item(s) listed below are considered to be routine by the Board of Directors and will be enacted by one motion. <u>There will be no separate discussion of items unless a Board member so requests, in which event the item(s) will be considered following approval of the Consent Agenda.</u> 1. BOARD MINUTES a. Special Meeting of the Board of Directors - Closed Session - July 24, 2018 b. Special Meeting of the Board Study Session - July 24, 2018 c. Board of Directors Meeting - July 24, 2018 2. FINANCE AND ADMINISTRATION a. Approval of July and August 2018 Financial Statements - F&A Approved September 11, 2018	<b>Action</b>



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| <p><b>F. RESOURCES AND PHILANTHROPY</b></p> <ol style="list-style-type: none"> <li>1. Progress and Final Reports on Current Grants</li> <li>2. Proposed New Grant Structure</li> <li>3. Consideration to Approve Grant #974 - Health Assessment and Research for Communities (HARC): 2019 Coachella Valley Community Health Survey – \$399,979 with contingencies over a maximum of three (3) years to cover the costs of developing the triennial survey.</li> <li>4. Ready Set Swim to Desert Recreation District Update</li> </ol>  | <p>Information<br/><b>Action</b><br/><b>Action</b></p> <p><b>Discussion/<br/>Action</b></p>                    |
| <p><b>G. DESERT HEALTHCARE DISTRICT CEO REPORT</b><br/>– Chris Christensen, Interim CEO</p> <ol style="list-style-type: none"> <li>1. Priorities-Milestones-Progress Measures Update</li> <li>2. November 27 and December 18 Holiday Schedules</li> </ol>  | <p>Information<br/>Information</p>   |
| <p><b>H. DESERT REGIONAL MEDICAL CENTER CEO REPORT</b><br/>– Michele Finney, CEO</p>   | <p>Information</p>   |
| <p><b>I. DESERT REGIONAL MEDICAL CENTER GOVERNING BOARD OF DIRECTORS’ REPORT –</b><br/>President Les Zendle, MD and Vice-President/Secretary Carole Rogers, RN</p>   | <p>Information</p>   |
| <p><b>J. 1. FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE –</b> Chair/Director Mark Matthews and Director Jennifer Wortham, DrPH</p> <ol style="list-style-type: none"> <li>a. CFO Report &amp; Las Palmas Leasing Update</li> <li>b. District and Desert Hospital Retirement Plan (RPP) Investment Report 2Q18</li> <li>c. Retirement Protection Plan Actuarial Valuation Report - 06/30/18</li> <li>d. Kaufman Hall Service Agreement Addendum #2</li> <li>e. Auditor Firm 5 Year Consideration for RFP</li> <li>f. Proposed Desert Healthcare District Hours of Operation</li> </ol> | <p>Information<br/>Information</p> <p>Information</p> <p><b>Action</b><br/><b>Action</b><br/><b>Action</b></p> |



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- 2. HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE** – Chair/Vice-President Carole Rogers, RN and President Les Zendle, MD
  - a. Desert Regional Medical Center 2017-2018 Annual Report Information
  
- 3. NEW PROVIDERS, FACILITIES, PROGRAMS, AND SERVICES AD HOC COMMITTEE** – Chair/Treasurer Mark Matthews and President Les Zendle
  - 1. Phase 0 Seismic Results Presentation & Phase 1 Update – Kevin S. Moore, Senior Principal, Simpson, Gumpertz & Heger (SGH). Information & Discussion
  
- 4. BOARD AND STAFF COMMUNICATIONS AD HOC COMMITTEE** – Chair/Director Hazen and Director Wortham
  
- K. NEW BUSINESS**
  - 1. Chief Executive Officer Recruitment Process Action
  - 2. Board Meeting Schedule Action
  
- L. OLD BUSINESS**
  - 1. Communications and Marketing Plan Action
  - 2. Policy Manual/Bylaws Timeline Information
  
- M. LEGAL COMMENTS & REPORT**
  
- N. DIRECTORS' COMMENTS, REPORTS, & STAFF DIRECTION AND GUIDANCE**
  - 1. Association of California Healthcare Districts (ACHD) Wellness Summit – Vice-President Rogers, RN Information
  - 2. Association of California Healthcare Districts (ACHD) 66<sup>th</sup> Annual Meeting – President Zendle, MD & Vice-President Rogers, RN Information
  
- O. ADJOURNMENT**



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Directors Present	District Staff Present	Guests
President Zendle, MD Vice-President/Secretary Carole Rogers, RN Director Jennifer Wortham, DrPH	<u>Legal Counsel</u> Jeff Scott	Treasurer Mark Matthews Director Kay Hazen

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>  <b>Roll Call</b>	President Zendle called the meeting to order at 4:00 p.m.  The Clerk of the Board called the roll with President Zendle, Vice President Rogers, and Director Wortham present.	
<b>B. Approval of Agenda</b>	President Zendle asked for a motion to approve the agenda.	<b>#18-89 MOTION WAS MADE by Director Wortham and seconded by Vice-President Rogers to approve the agenda. Motion passed unanimously. AYES – 3 Director Wortham, Vice-President Rogers, President Zendle NOES – 0 ABSENT – Director Matthews, Director Hazen ABSTAIN – 0</b>
<b>C. Public Comment</b>	None	
<b>D. Convene to Closed Session of the Desert Healthcare District Board of Directors Meeting</b>	1. PURSUANT TO GOVERNMENT CODE SECTION Public Employee Evaluation pursuant to Government Code 54957 Title: Chief Executive Officer	
<b>E. Reconvene to Open Session of the Desert Healthcare District Board of Directors</b>		
<b>F. Report After Closed Session</b>	The Board in closed session directed that counsel take	



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	appropriate action to finalize an agreement with the Chief Executive Officer.	
<b>G. Adjournment</b>	President Zendle adjourned the meeting at 4:52 p.m.	

ATTEST: \_\_\_\_\_

Carole Rogers, Vice-President/Secretary  
 Desert Healthcare District Board of Directors

*Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board*

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Directors Present	District Staff Present	Absent
President Zendle, MD Vice-President/Secretary Carole Rogers, RN Director Jennifer Wortham, DrPH	Chris Christensen, Interim CEO, CFO Lisa Houston, COO Donna Craig, Senior Program Officer Alejandro Espinoza, Program Officer and Outreach Director Will Dean, Communications and Marketing Director Meghan Kane, Community Health Analyst Annalisa Wurm, Health Policy Analyst Andrea S. Hayles, Clerk of the Board  <u>Legal Counsel</u> Jeff Scott	Director Kay Hazen Treasurer Mark Matthews

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>  <b>Roll Call</b>	President Zendle called the meeting to order at 5:02 p.m.  The Clerk of the Board called the roll with President Zendle, Vice-President Rogers, and Director Wortham present.	
<b>C. Approval of Agenda</b>	President Zendle asked for a motion to approve the agenda.	<b>#18-90 MOTION WAS MADE by Director Wortham and seconded by Vice-President Rogers to approve the agenda. Motion passed unanimously.</b>
<b>D. Public Comment</b>	None	
<b>E. Special Study Session – District Expansion Initiative</b>  <b>a. Focus Groups and Polling Results, Presentation, Lake Research</b>	David Mermin, Lake Research Partners, introduced himself and provided an overview of his presentation. Mr. Mermin outlined the demographics of the likely voters in the potentially expanded District; key finding; support for the ballot measure; and positive and negative messaging. Concerns about	



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<p><b>b. Ballot Language and Board of Supervisor's Resolution</b></p>	<p>healthcare in the expanded area were outlined, including the favorability ratings based on age, gender, and political party.</p> <p>Mr. Mermin also detailed the Focus Groups transcript model and the guide explaining the background and fundamentals of the questions.</p> <p>Chris Christensen, Interim CEO, CFO explained the lengthy legislative process from September 2016 to date, including the LAFCO application submission, funding sources, Board of Supervisors final approval of the District Expansion, LAFCO Hearings, and Public Forums. Mr. Christensen described the Board of Supervisors Resolution passage on July 17 authorizing the adoption of the draft language for impartial analysis.</p> <p>Greg Rodriguez, Government Relations and Public Policy Advisor, Supervisor V. Manuel Perez explained that County Counsel is currently reviewing the impartial analysis and language provided from the District. Counsel will attempt to present any edits to the District by the end of July.</p> <p>Mr. Rodriguez also explained that all cons or rebuttals of the measure should be submitted right away, he will check on the process as it is similar to a candidate statement that requires filing with the Registrar of Voters, and Mr. Rodriguez will communicate his findings to Chris Christensen.</p>	
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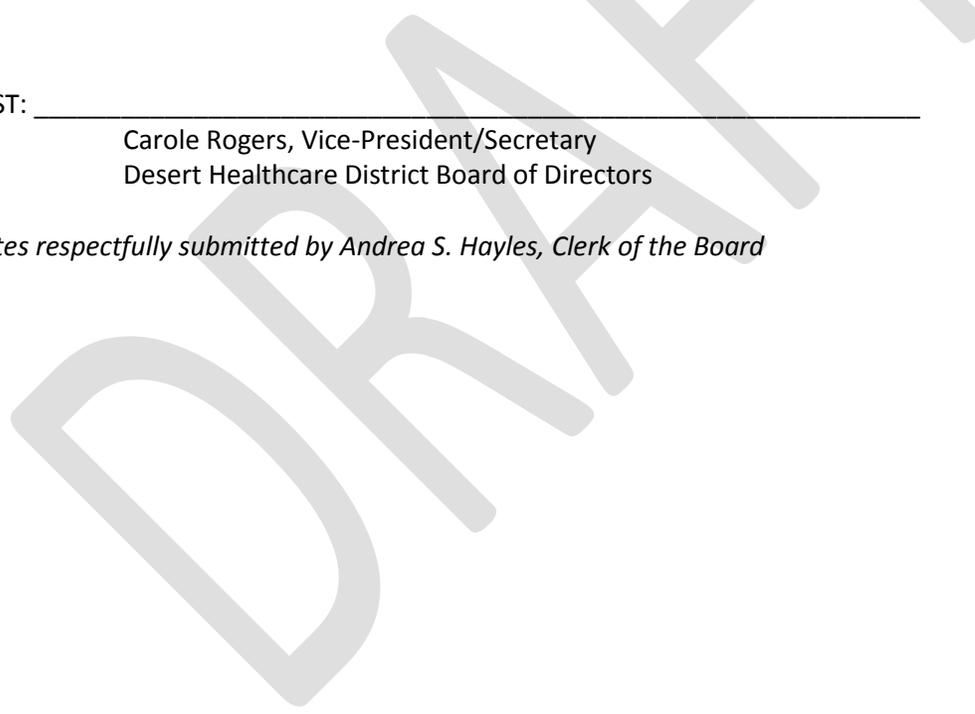


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<p><b>c. Board and Staff Activities through November 6</b></p>	<p>Jeff Scott, Legal Counsel, explained the concerns on public policy and that public agencies should not influence elections. The Ballot Measures Activities and Public Resources were outlined as provided in the Packet of materials, and no public funds, time, or other resources will be used for the ballot measure. Attorney Scott also explained the necessity to separate work from political campaigning.</p>	
<p><b>F. Adjournment</b></p>	<p>President Zendle adjourned the meeting at 5:52 p.m.</p>	<p><b>Audio recording available on the website at</b>  <a href="http://dhcd.org/Agenda-Board-of-Directors">http://dhcd.org/Agenda-Board-of-Directors</a></p>

ATTEST: \_\_\_\_\_  
 Carole Rogers, Vice-President/Secretary  
 Desert Healthcare District Board of Directors

*Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board*





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Directors Present	District Staff Present	Absent
President Zendle, MD Vice-President/Secretary Carole Rogers, RN Treasurer Mark Matthews - <i>Telephonic</i> Director Jennifer Wortham, DrPH	Chris Christensen, Interim CEO, CFO Lisa Houston, COO Donna Craig, Senior Program Officer Alejandro Espinoza, Program Officer and Outreach Director Will Dean, Communications and Marketing Director Andrea S. Hayles, Clerk of the Board  <u>Legal Counsel</u> Jeff Scott	Director Kay Hazen

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>  <b>Roll Call</b>	President Zendle called the meeting to order at 6:01 p.m.  The Clerk of the Board called the roll. President Zendle, Vice-President Rogers, and Director Wortham were present with Director Matthews participating telephonically.	
<b>B. Pledge of Allegiance</b>	President Zendle asked Cathedral City Councilman Shelley Kaplan to lead the Pledge of Alliance.	
<b>C. Approval of Agenda</b>	President Zendle asked for a motion to approve the agenda and move Items M. 1-3 and N. 1. immediately following the Consent Agenda.	<b>#18-90 MOTION WAS MADE by President Zendle and seconded by Vice-President Rogers to approve the agenda. Motion passed unanimously. AYES – 4 Director Wortham, Director Matthews, Vice-President Rogers, President Zendle NOES – 0 ABSENT – 1 Director Hazen ABSTAIN – 0</b>
<b>D. Public Comment</b>	Laura Bruce, RN, Desert Regional Medical Center, District Resident, explained her request to ensure nurses have appropriate meal and rest breaks. Ms. Bruce detailed the long hours the nurses work,	



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	<p>including twelve-hour shifts without breaks. Further, the nurses have a plan for breaks and caring for patients by hiring and utilizing a break relief position solely dedicated to caring for patients. Attached is Ms. Bruce’s public comment in its entirety.</p> <p>Brianna Morales, RN, Desert Regional Medical Center, described NICU concerns and requested the continuation of a California Department of Public Health (CDPH) flex program with the inclusion of two patients per nurse with the support of the District Board of Directors. Attached is Ms. Morales’ public comment in its entirety.</p>	
<p><b>E. Consent Agenda</b>  <b>E.1. Board Minutes</b>              <b>a. Board of Directors Meeting June 26, 2018</b>              <b>b. Special Meeting of the Board of Directors June 27, 2018</b>  <b>E.2. a. Approval of June 2018 Financial Statements F&amp;A Approved July 10, 2018</b></p>	<p>President Zendle asked for a motion to approve the consent agenda.</p>	<p><b>#18-91 MOTION WAS MADE by Director Wortham and seconded by Director Matthews to approve the Consent Agenda.</b>  <b>Motion passed unanimously.</b>  <b>AYES – 4 Director Wortham, Director Matthews, Vice-President Rogers, President Zendle</b>  <b>NOES – 0</b>  <b>ABSENT – 1 Director Hazen</b>  <b>ABSTAIN – 0</b></p>
<p><b>F. Desert Healthcare District CEO Report</b>               <b>1. Priorities-Milestones-Progress Measures Update</b>               <b>2. Board/Staff Communication Update</b></p>	<p>Chris Christensen, Interim CEO, CFO, described the Priorities, Milestones, Progress, and Measures update stating that the items are advancing. President Zendle requested that Staff provide the color-coded chart to communicate the developments.</p> <p>Chris Christensen, Interim CEO, CFO, provided an overview of the current process for updating the District’s</p>	



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	<p>Board Policy Manual, and the development of a Board and Staff Communications Policy. A sample policy from the California Special Districts Association (CSDA) to ensure transparency, clarity, and guidelines from Directors to Staff was summarized as a basis for the development of the policy. President Zendle explained that an Ad Hoc Committee on Board and Staff policy issues and concerns were assigned to Directors Hazen and Wortham that will be eventually incorporated into the policies and procedures. The Ad Hoc Committee will work with the Interim CEO and COO to accomplish its tasks.</p>	
<p><b>G. Desert Regional Medical Center CEO Report</b></p>	<p>Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center, explained the transition to a new high-end security service. Retired law enforcement and specially trained guards are armed as necessary for gang members and other detriments to patients, staff, and the community. Mrs. Finney explained that Beverly Fick, Chief Nursing Officer, relocated back to Northern California and will continue employment at Tenet Healthcare’s Doctors Hospital of Manteca. A temporary licensed Chief of Nursing, Kathy Doll with 20 years’ experience is currently operating as Chief Nursing Officer. An overview of purchases throughout the hospital, details of the new hires, and an update on the Sinatra elevator was provided noting that the fire inspection is scheduled for the first week of August.</p>	



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<p><b>H. Desert Regional Medical Center Governing Board of Directors' Report</b></p>	<p>President Zendle provided an update on the most recent meeting describing the open and closed cases from the California Department of Public Health (CDPH) and compliance issues. The Leapfrog C Grade has improved to a B and plans for a North Palm Springs vacant two-building fire station for continuing care for the homeless was presented to the Governing Board.</p>	
<p><b>I. Finance, Administration, Real Estate, and Legal Committee</b></p> <p><b>a. Draft Minutes of July 10, 2018</b></p> <p><b>b. CFO Report &amp; Las Palmas Leasing Update</b></p> <p><b>c. LPMP Lease – Addendum #2 – Eyecare Services Partners</b></p> <p><b>d. LPMP Lease – Dr. Awad – Suite 3W-105</b></p>	<p>Director Matthews described the Draft Minutes of the July 10 meeting, the CFO Report, and the Las Palmas Leasing Update as outlined in the Board Packet.</p> <p>Chris Christensen, Interim CEO, CFO, detailed the long-term tenancy of Eyecare Services Partners and the aspects of the lease addendum that includes fire sprinkler system installation. Tenant is requesting a rent abatement during the period of installation and will add a 1 month extension to the lease</p> <p>Chris Christensen, Interim CEO, CFO, explained the longstanding tenancy of Dr. Award, the current three-year lease and the tenants request for a larger suite. Mr. Christensen outlined the Tenant Improvements (TI) and the 90-day notice for termination of the lease.</p>	<p><b>#18-92 MOTION WAS MADE by Director Matthews and seconded by Director Wortham to approve the LPMP Lease Addendum #2 – Eyecare Services Partners. Motion passed unanimously. AYES – 4 Director Wortham, Director Matthews, Vice-President Rogers, President Zendle NOES – 0 ABSENT – 1 Director Hazen ABSTAIN – 0</b></p> <p><b>#18-93 MOTION WAS MADE by Director Matthews and seconded by Director Wortham to approve LPMP Lease – Dr. Awad – Suite 3W-105. Motion passed unanimously. AYES – 4 Director Wortham, Director Matthews, Vice-President Rogers, President Zendle</b></p>



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<p><b>e. DHCD Retirement Plan (457b &amp; 401a) New Service Provider</b></p>	<p>Chris Christensen, Interim CEO, CFO explained the changes to the current plan with Principal and the necessity of a new retirement plan third party administrator. After reviewing the options, staff recommends moving forward with Vanguard.</p>	<p><b>NOES – 0</b>  <b>ABSENT – Director Hazen</b>  <b>ABSTAIN – 0</b></p> <p><b>#18-94 MOTION WAS MADE by Director Matthews and seconded by Director Wortham to approve the Desert Healthcare District’s new Retirement Plan Provider Vanguard.</b>  <b>Motion passed unanimously.</b>  <b>AYES – 4 Director Wortham, Director Matthews, Vice-President Rogers, President Zendle</b>  <b>NOES – 0</b>  <b>ABSENT – 1 Director Hazen</b>  <b>ABSTAIN – 0</b></p>
<p><b>J. 2. Hospital Governance and Oversight Committee</b></p> <p><b>a. Draft Minutes of July 19, 2018</b></p>	<p>Vice-President Rogers, Committee Chair, described the robust discussions of the most recent meeting and the need for more outreach and public participation. Mrs. Rogers explained the Emergency Department expansion project and the Urgent Care Center openings throughout the Valley presented by Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center.</p>	
<p><b>K. New Providers, Facilities, Programs, and Services Ad Hoc Committee</b></p>	<p>President Zendle explained that Phase 0 of the seismic study is complete, and Phase 1 is currently underway. The results of Phase 0 will be presented at the September Board Meeting. Phase 1 is a 5-month process with the results presented later in the year.</p>	
<p><b>L. Resources and Philanthropy</b></p> <p><b>1. Health Assessment Research for Communities (HARC) – New Grant Request Update</b></p>	<p>Lisa Houston, COO, outlined Health Assessment Research for Communities’ (HARC) grant request explaining the process of the new grant structure. The grant was</p>	



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<p><b>2. Well in the Desert – Grant Request Update</b></p>	<p>initially approved in 2015 contingent on specific outcomes; data use in the community and partnerships with nonprofits for public data accessibility; however, there were concerns about data ownership. Currently, Staff has identified what will be monitored and what is publicly available– ensuring there is no duplication of data, including other ways to evolve the grant that supports both agencies strategic objectives.</p> <p>Jenna LeComte-Hinely, Ph.D., CEO, HARC, explained the comparability, the shift, and extended outreach to the Latino community within the current political climate. The 2019 survey would provide updates to measure the District’s impact such as the Affordable Care Act (ACA) enrollment and Emergency Room visits since the ACA implementation.</p> <p>President Zendle encouraged HARC to continue to work with Staff on the presented concerns and the data explaining that the Board looks forward to a final recommendation.</p> <p>Lisa Houston, COO, explained the City of Palm Springs’ request for Well in the Desert’s extended hours at the Cooling Center in the summer months. Since that time, Well in the Desert requested that the District not contribute, the city provides the full amount, and the District use other funding for more larger projects at Well in the Desert. In summary, Staff recommends no</p>	
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<p><b>3. Existing Grant Status Update</b></p>	<p>amendment of the current grant, allow the current grant to close, and determine if the City of Palm Springs would amend the existing MOU for another approach to the city’s Homelessness Initiative.</p> <p>Lisa Houston, COO, described the new grant structure and Donna Craig, Senior Program Officer, provided an update on the Letters of Intent, grant applications to date, and the Staff’s work in a proactive manner to support the Strategic Plan Priorities.</p>	
<p><b>M. New Business</b></p> <p><b>1. Zone Mapping – Estimated Costs &amp; Process for Potential Expanded District</b></p> <p><b>2. Consideration for Interim Chief Executive Officer (CEO) Compensation</b></p>	<p>Chris Christensen, Interim CEO, CFO, explained the zoning and mapping process in the current District boundaries and the process for National Demographics Corporation (NDC) to begin the demographics of the expanded District. The Board inquired on the process of the zoning in the expanded District, and Director Matthews suggested that NDC examine the zones pending the outcome of the election. President Zendle proposed that Staff provide a timeline for the appointment of additional board members, and the process for expansion to seven zones.</p> <p>President Zendle proposed a 20% increase from \$135k to \$165k, which follows the prior guidelines during his Interim position.</p>	<p><b>#18-95 MOTION WAS MADE by President Zendle and seconded by Vice-President Rogers to approve the Interim CEO’s Yearly Compensation of \$165k per year. Motion passed unanimously.</b></p>



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<p><b>3. Review Date &amp; Time of Board of Directors Meetings</b></p>	<p>President Zendle explained that unless there is a public forum or public hearing, the 6 p.m. meetings are not conducive to all Board Members or public participants. Director Wortham requested that any Special Meetings of the Board are scheduled before the Board Members. President Zendle explained that the meetings would remain the same given that the September and October meetings are in the evenings for the educational Public Forums, and the board will revisit the matter and bylaws during the September or October meetings.</p>	<p><b>AYES – 4 Director Wortham, Director Matthews, Vice-President Rogers, President Zendle</b>  <b>NOES – 0</b>  <b>ABSENT – 1 Director Hazen</b>  <b>ABSTAIN – 0</b></p>
<p><b>Public Comment</b></p>	<p>Linda Evans, Chief Strategy Officer, Desert Care Network, Desert Regional Hospital explained that the 6 p.m. evening Board meetings had not generated additional attendance other than the public forums.</p> <p>Ezra Kaufman, District Resident, explained that for public participants that work, holding the meetings earlier may be a concern.</p> <p>Brett Klein, Marketing Specialist, Eisenhower Medical Center inquired if the 6 p.m. meetings have been held long enough to take in account the snowbirds and publicity outreach.</p>	



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	<p>Mitch Blumberg, Governing Board, Desert Regional Medical Center, explained that the entire community has social events in the evenings and the meetings interfere with other community events.</p>	
<p><b>N. Old Business</b></p> <p><b>1. Policy for Director’s Stipend</b></p> <p><b>2. Communications and Marketing – Social Media Update</b></p>	<p>Chris Christensen, Interim CEO, CFO, explained the approval of the stipends for compensation at the May Board Meeting. Mr. Christensen provided an overview of the compensation guidelines. President Zendle proposed a change to include ethics or sexual harassment trainings (required training) and reconsider events in the future.</p> <p>Will Dean, Director of Communications and Marketing, explained the social media emphasis and described the presentation of the entire Communications and Marketing Plan at the September meeting. The social media plan is a relaunch of the current social media accounts, engaging with the District residents to connect residents to program and services, including targeted audiences such as media and elected officials. Mr. Dean explained the Non-Profit of the week through written and video format that will be featured on the website once complete.</p> <p>Lisa Houston, COO, described the District’s website and the upcoming changes to the website with completion anticipated in November.</p>	<p><b>#18-96 MOTION WAS MADE by Director Wortham and seconded by Vice-President Rogers to approve the Policy for Director’s Stipend to include all required trainings. Motion passed unanimously. AYES – 4 Director Wortham, Director Matthews, Vice-President Rogers, President Zendle NOES – 0 ABSENT – 1 Director Hazen ABSTAIN – 0</b></p>



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<p><b>3. Policy Manual Update</b></p>	<p>Lisa Houston, COO, provided an overview of the bylaws and policies to ensure compliance, accreditation with Special District Associations, HR documents, and the creation of corresponding timelines for the process. President Zendle explained that the bylaws call for a Standing Committee on Strategic Planning with the possibility of changing to a Standing Committee on Strategic Planning and Policies. Board members assigned to the Committee could meet quarterly to ensure that the policies reflect the Strategic Plan, and everyone is kept up-to-date on activities - further explaining that the policies reflect the actions made by the board.</p>	
<p><b>4. CV Link Quarterly Reports</b></p>	<p>Chris Christensen, Interim CEO, CFO, outlined the quarterly reports of CV Link and the intent for CVAG to provide a presentation with updates CV Link at a future date.</p>	
<p><b>O. Legal Comments and Report</b></p>	<p>Jeff Scott, Legal Counsel, distributed a legislative update on AB 2019 (Aguiar-Curry). The bill is most likely to pass for signage by Governor Brown. Attorney Scott explained that AB 2019 is a result of the 2017 Little Hoover Commission hearings and reinforces the District's grant process.</p>	
<p><b>O. Directors' Comments and Reports</b></p>	<p>Vice-President Rogers described the Homelessness Consultant, Barbara Poppe's role for data gathering and consulting and the formation of a task force.</p> <p>Director Matthews acknowledged and thanked the Staff, stating that the atmosphere has changed, also thanking the Board for</p>	



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**MEETING MINUTES**  
**July 24, 2018**

	accommodating his schedule. President Zendle requested an effective date of August 1 for the Board's stipend compensation.	
<b>P. Adjournment</b>	President Zendle adjourned the meeting at 7:47 p.m.	<b>Audio recording available on the website at <a href="http://dhcd.org/Agenda-Board-of-Directors">http://dhcd.org/Agenda-Board-of-Directors</a></b>

ATTEST: \_\_\_\_\_  
 Carole Rogers, Vice-President/Secretary  
 Desert Healthcare District Board of Directors

*Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board*

DRAFT

<b>DESERT HEALTHCARE DISTRICT</b>
<b>JULY &amp; AUGUST 2018 FINANCIAL STATEMENTS</b>
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DESERT HEALTHCARE DISTRICT  
YEAR TO DATE VARIANCE ANALYSIS  
ACTUAL VS BUDGET  
TWO MONTHS ENDED AUGUST 31, 2018

**Scope: \$25,000 Variance per Statement of Operations Summary**

Account	YTD		Over(Under)	Explanation
	Actual	Budget	Budget	
4000 - Income	\$ 1,337,774	\$ 1,126,862	\$ 210,912	Interest income (net) from FRF investments 220k; lower NEOPB Grant Income 10k.
5000 - Direct Expenses	\$ 315,099	\$ 246,724	\$ 68,375	CEO Severance expense of 72k; lower fringe benefit expenses 4k
6500 - Professional Fees Expense	\$ 41,535	\$ 147,166	\$ (105,631)	Lower Communications & Marketing expense 32k; Pro fee expense lower than expected 77k; increased legal exp of 4k
7000 - Grants Expense	\$ 7,825	\$ 598,334	\$ (590,509)	Budget of \$3.5 Million for fiscal year is amortized straight-line over 12-month fiscal year.

Desert Healthcare District  
**Cumulative Profit & Loss Budget vs. Actual**  
 July through August 2018

	MONTH						TOTAL		
	Jul 18	Budget	\$ Over Budget	Aug 18	Budget	\$ Over Budget	Jul - Aug 18	Budget	\$ Over Budget
<b>Income</b>									
4000 · Income	578,378	563,432	14,946	759,396	563,432	195,964	1,337,774	1,126,864	210,910
4500 · LPMP Income	99,102	99,089	13	99,177	99,088	89	198,279	198,177	102
4501 · Miscellaneous Income	750	950	(200)	750	950	(200)	1,500	1,900	(400)
<b>Total Income</b>	<b>678,230</b>	<b>663,471</b>	<b>14,759</b>	<b>859,323</b>	<b>663,470</b>	<b>195,853</b>	<b>1,537,553</b>	<b>1,326,941</b>	<b>210,612</b>
<b>Expense</b>									
5000 · Direct Expenses	86,725	123,362	(36,637)	228,374	123,362	105,012	315,099	246,724	68,375
6000 · General & Administrative Exp	38,473	42,918	(4,445)	33,512	42,918	(9,406)	71,985	85,836	(13,851)
6325 · CEO Discretionary Fund		417	(417)		417	(417)		834	(834)
6445 · LPMP Expenses	75,996	82,970	(6,974)	82,237	82,970	(733)	158,233	165,940	(7,707)
6500 · Professional Fees Expense	22,454	73,582	(51,128)	19,080	73,583	(54,503)	41,534	147,165	(105,631)
6700 · Trust Expenses	10,418	21,124	(10,706)	10,418	21,124	(10,706)	20,836	42,248	(21,412)
<b>Total Expense Before Grants</b>	<b>234,066</b>	<b>344,373</b>	<b>(110,307)</b>	<b>373,621</b>	<b>344,374</b>	<b>29,247</b>	<b>607,687</b>	<b>688,747</b>	<b>(81,060)</b>
7000 · Grants Expense		299,167	(299,167)	7,825	299,167	(291,342)	7,825	598,334	(590,509)
<b>Net Income</b>	<b>444,164</b>	<b>19,931</b>	<b>424,233</b>	<b>477,877</b>	<b>19,929</b>	<b>457,948</b>	<b>922,040</b>	<b>39,860</b>	<b>882,180</b>

Desert Healthcare District  
**Cumulative Profit & Loss Budget vs. Actual**  
 July through August 2018

	MONTH						TOTAL		
	Jul 18	Budget	\$ Over Budget	Aug 18	Budget	\$ Over Budget	Jul - Aug 18	Budget	\$ Over Budget
<b>Income</b>									
4000 · Income									
4010 · Property Tax Revenues	550,348	550,348	-	550,348	550,348	-	1,100,696	1,100,696	-
4200 · Interest Income									
4220 · Interest Income (FRF)	163,907	104,000	59,907	91,698	104,000	(12,302)	255,605	208,000	47,605
9999-1 · Unrealized (gain)/loss on invest	(137,626)	(100,000)	(37,626)	110,776	(100,000)	210,776	(26,850)	(200,000)	173,150
<b>Total 4200 · Interest Income</b>	<b>26,281</b>	<b>4,000</b>	<b>22,281</b>	<b>202,474</b>	<b>4,000</b>	<b>198,474</b>	<b>228,755</b>	<b>8,000</b>	<b>220,755</b>
4300 · DHC Recoveries									
4350 · Rental - Airways	1,749	1,583	166	1,749	1,583	166	3,498	3,166	332
<b>Total 4300 · DHC Recoveries</b>	<b>1,749</b>	<b>1,583</b>	<b>166</b>	<b>1,749</b>	<b>1,583</b>	<b>166</b>	<b>3,498</b>	<b>3,166</b>	<b>332</b>
4400 · Grant Income									
4405 · Grant - NEOPB		7,500	(7,500)	4,825	7,500	(2,675)	4,825	15,000	(10,175)
<b>Total 4400 · Grant Income</b>		<b>7,500</b>	<b>(7,500)</b>	<b>4,825</b>	<b>7,500</b>	<b>(2,675)</b>	<b>4,825</b>	<b>15,000</b>	<b>(10,175)</b>
<b>Total 4000 · Income</b>	<b>578,378</b>	<b>563,431</b>	<b>14,947</b>	<b>759,396</b>	<b>563,431</b>	<b>195,965</b>	<b>1,337,774</b>	<b>1,126,862</b>	<b>210,912</b>
4500 · LPMP Income									
4505 · Rental Income	70,872	70,775	97	70,948	70,775	173	141,820	141,550	270
4510 · CAM Income	28,230	28,230	-	28,230	28,230	-	56,460	56,460	-
4513 · Misc. Income		83	(83)		83	(83)		166	(166)
<b>Total 4500 · LPMP Income</b>	<b>99,102</b>	<b>99,088</b>	<b>14</b>	<b>99,178</b>	<b>99,088</b>	<b>90</b>	<b>198,280</b>	<b>198,176</b>	<b>104</b>
4501 · Miscellaneous Income	750	950	(200)	750	950	(200)	1,500	1,900	(400)
<b>Total Income</b>	<b>678,230</b>	<b>663,469</b>	<b>14,761</b>	<b>859,324</b>	<b>663,469</b>	<b>195,855</b>	<b>1,537,554</b>	<b>1,326,938</b>	<b>210,616</b>
<b>Expense</b>									
5000 · Direct Expenses									
5100 · Administration Expense									
5110 · Wages Expense	68,646	82,047	(13,401)	180,393	82,047	98,346	249,039	164,094	84,945
5111 · Allocation to LPMP - Payroll	(4,420)	(4,420)		(4,420)	(4,420)		(8,840)	(8,840)	
5112 · Vacation/Sick/Holiday Expense	(9,750)	6,923	(16,673)	19,886	6,923	12,963	10,136	13,846	(3,710)
5114 · Allocation to Foundation	(17,668)	(17,668)	-	(17,668)	(17,668)	-	(35,336)	(35,336)	-
5115 · Allocation to NEOPB		(7,797)	7,797	(3,920)	(7,797)	3,877	(3,920)	(15,594)	11,674
5119 · Allocation to RSS/CVHIP-DHCF	(1,889)		(1,889)	(2,614)		(2,614)	(4,503)		(4,503)
5120 · Payroll Tax Expense	6,002	6,277	(275)	7,467	6,277	1,190	13,469	12,554	915
5130 · Health Insurance Expense									
5131 · Premiums Expense	7,825	11,435	(3,610)	11,930	11,435	495	19,755	22,870	(3,115)
5135 · Reimb./Co-Payments Expense		2,500	(2,500)		2,500	(2,500)		5,000	(5,000)
<b>Total 5130 · Health Insurance Expense</b>	<b>7,825</b>	<b>13,935</b>	<b>(6,110)</b>	<b>11,930</b>	<b>13,935</b>	<b>(2,005)</b>	<b>19,755</b>	<b>27,870</b>	<b>(8,115)</b>
5140 · Workers Comp. Expense		861	(861)		861	(861)		1,722	(1,722)
5145 · Retirement Plan Expense	4,535	5,301	(766)	3,941	5,301	(1,360)	8,476	10,602	(2,126)
5160 · Education Expense	169	625	(456)		625	(625)	169	1,250	(1,081)
<b>Total 5100 · Administration Expense</b>	<b>53,450</b>	<b>86,084</b>	<b>(32,634)</b>	<b>194,995</b>	<b>86,084</b>	<b>108,911</b>	<b>248,445</b>	<b>172,168</b>	<b>76,277</b>
5200 · Board Expenses									
5210 · Healthcare Benefits Expense									
5211 · Health Insurance Expense	3,272	6,665	(3,393)	3,269	6,665	(3,396)	6,541	13,330	(6,789)
5224 · Retired Board - Medical Expense	1,237	1,237		1,310	1,237	73	2,547	2,474	73
<b>Total 5210 · Healthcare Benefits Expense</b>	<b>4,509</b>	<b>7,902</b>	<b>(3,393)</b>	<b>4,579</b>	<b>7,902</b>	<b>(3,323)</b>	<b>9,088</b>	<b>15,804</b>	<b>(6,716)</b>
5230 · Meeting Expense		667	(667)	64	667	(603)	64	1,334	(1,270)
5235 · Director Stipend Expense				400			400		
5240 · Catering Expense	433	333	100		333	(333)	433	666	(233)
5250 · Mileage Reimbursement Expense		42	(42)		42	(42)		84	(84)
5270 · Election Fees Expense	28,333	28,333	-	28,333	28,333	-	56,666	56,666	-
<b>Total 5200 · Board Expenses</b>	<b>33,275</b>	<b>37,277</b>	<b>(4,002)</b>	<b>33,376</b>	<b>37,277</b>	<b>(3,901)</b>	<b>66,651</b>	<b>74,554</b>	<b>(7,903)</b>
<b>Total 5000 · Direct Expenses</b>	<b>86,725</b>	<b>123,361</b>	<b>(36,636)</b>	<b>228,371</b>	<b>123,361</b>	<b>105,010</b>	<b>315,096</b>	<b>246,722</b>	<b>68,374</b>
6000 · General & Administrative Exp									
6110 · Payroll fees Expense	253	292	(39)	63	292	(229)	316	584	(268)
6120 · Bank and Investment Fees Exp	9,617	9,833	(216)	9,457	9,833	(376)	19,074	19,666	(592)

Desert Healthcare District  
**Cumulative Profit & Loss Budget vs. Actual**  
 July through August 2018

	MONTH						TOTAL		
	Jul 18	Budget	\$ Over Budget	Aug 18	Budget	\$ Over Budget	Jul - Aug 18	Budget	\$ Over Budget
6125 · Depreciation Expense	1,149	1,181	(32)	1,149	1,181	(32)	2,298	2,362	(64)
6126 · Depreciation-Solar Parking lot	15,072	15,072		15,072	15,072		30,144	30,144	
6130 · Dues and Membership Expense	1,966	2,275	(309)	1,216	2,275	(1,059)	3,182	4,550	(1,368)
6200 · Insurance Expense	1,412	917	495	1,412	917	495	2,824	1,834	990
6300 · Minor Equipment Expense		42	(42)		42	(42)		84	(84)
6305 · Auto Allowance & Mileage Exp	938	1,017	(79)	385	1,017	(632)	1,323	2,034	(711)
6306 · Staff- Auto Mileage reimb	276	313	(37)	438	313	125	714	626	88
6309 · Personnel Expense	53	104	(51)		104	(104)	53	208	(155)
6310 · Miscellaneous Expense		42	(42)		42	(42)		84	(84)
6311 · Cell Phone Expense	650	777	(127)	650	777	(127)	1,300	1,554	(254)
6312 · Wellness Park Expenses		167	(167)		167	(167)		334	(334)
6315 · Security Monitoring Expense		36	(36)	29	36	(7)	29	72	(43)
6340 · Postage Expense	280	542	(262)		542	(542)	280	1,084	(804)
6350 · Copier Rental/Fees Expense	430	458	(28)		458	(458)	430	916	(486)
6351 · Travel Expense	(162)	917	(1,079)	74	917	(843)	(88)	1,834	(1,922)
6352 · Meals & Entertainment Exp	319	417	(98)	351	417	(66)	670	834	(164)
6355 · Computer Services Expense	1,313	3,352	(2,039)	1,092	3,352	(2,260)	2,405	6,704	(4,299)
6360 · Supplies Expense	3,423	1,833	1,590	640	1,833	(1,193)	4,063	3,666	397
6380 · LAFCO Assessment Expense	1,484	3,333	(1,849)	1,484	3,333	(1,849)	2,968	6,666	(3,698)
<b>Total 6000 · General &amp; Administrative Exp</b>	<b>38,473</b>	<b>42,920</b>	<b>(4,447)</b>	<b>33,512</b>	<b>42,920</b>	<b>(9,408)</b>	<b>71,985</b>	<b>85,840</b>	<b>(13,855)</b>
6325 · CEO Discretionary Fund		417	(417)		417	(417)		834	(834)
6445 · LPMP Expenses	75,996	82,968	(6,972)	82,238	82,968	(730)	158,234	165,936	(7,702)
6500 · Professional Fees Expense									
6516 · Professional Services Expense	605	39,167	(38,562)	505	39,167	(38,662)	1,110	78,334	(77,224)
6520 · Annual Audit Fee Expense	1,492	1,499	(7)	1,492	1,499	(7)	2,984	2,998	(14)
6530 · PR/Communications/Website	1,738	17,917	(16,179)	1,663	17,917	(16,254)	3,401	35,834	(32,433)
6560 · Legal Expense	18,620	15,000	3,620	15,420	15,000	420	34,040	30,000	4,040
<b>Total 6500 · Professional Fees Expense</b>	<b>22,455</b>	<b>73,583</b>	<b>(51,128)</b>	<b>19,080</b>	<b>73,583</b>	<b>(54,503)</b>	<b>41,535</b>	<b>147,166</b>	<b>(105,631)</b>
6700 · Trust Expenses									
6711 · Disability Admin. Fee Expense		537	(537)		537	(537)		1,074	(1,074)
6720 · Pension Plans Expense									
6721 · Legal Expense		167	(167)		167	(167)		334	(334)
6725 · RPP Pension Expense	10,000	20,000	(10,000)	10,000	20,000	(10,000)	20,000	40,000	(20,000)
6728 · Pension Audit Fee Expense	418	420	(2)	418	420	(2)	836	840	(4)
<b>Total 6720 · Pension Plans Expense</b>	<b>10,418</b>	<b>20,587</b>	<b>(10,169)</b>	<b>10,418</b>	<b>20,587</b>	<b>(10,169)</b>	<b>20,836</b>	<b>41,174</b>	<b>(20,338)</b>
<b>Total 6700 · Trust Expenses</b>	<b>10,418</b>	<b>21,124</b>	<b>(10,706)</b>	<b>10,418</b>	<b>21,124</b>	<b>(10,706)</b>	<b>20,836</b>	<b>42,248</b>	<b>(21,412)</b>
<b>Total Expense Before Grants</b>	<b>234,067</b>	<b>344,373</b>	<b>(110,306)</b>	<b>373,619</b>	<b>344,373</b>	<b>29,246</b>	<b>607,686</b>	<b>688,746</b>	<b>(81,060)</b>
7000 · Grants Expense									
7010 · Major Grant Awards Expense		291,667	(291,667)	3,000	291,667	(288,667)	3,000	583,334	(580,334)
7027 · Grant Exp - NEOPB		7,500	(7,500)	4,825	7,500	(2,675)	4,825	15,000	(10,175)
<b>Total 7000 · Grants Expense</b>		<b>299,167</b>	<b>(299,167)</b>	<b>7,825</b>	<b>299,167</b>	<b>(291,342)</b>	<b>7,825</b>	<b>598,334</b>	<b>(590,509)</b>
<b>Net Income</b>	<b>444,163</b>	<b>19,929</b>	<b>424,234</b>	<b>477,880</b>	<b>19,929</b>	<b>457,951</b>	<b>922,040</b>	<b>39,858</b>	<b>882,182</b>

Las Palmas Medical Plaza  
**Cumulative Profit & Loss Budget vs. Actual**  
 July through August 2018

	MONTH						TOTAL		
	Jul 18	Budget	\$ Over Budget	Aug 18	Budget	\$ Over Budget	Jul - Aug 18	Budget	\$ Over Budget
<b>Income</b>									
4500 · LPMP Income									
4505 · Rental Income	70,872	70,775	97	70,948	70,775	173	141,820	141,550	270
4510 · CAM Income	28,230	28,230	-	28,230	28,230	-	56,460	56,460	-
4513 · Misc. Income		83	(83)		83	(83)		166	(166)
<b>Total 4500 · LPMP Income</b>	<b>99,102</b>	<b>99,088</b>	<b>14</b>	<b>99,178</b>	<b>99,088</b>	<b>90</b>	<b>198,280</b>	<b>198,176</b>	<b>104</b>
<b>Expense</b>									
6445 · LPMP Expenses									
6420 · Insurance Expense	1,283	1,083	200	1,283	1,083	200	2,566	2,166	400
6425 · Building - Depreciation Expense	20,834	22,019	(1,185)	20,834	22,019	(1,185)	41,668	44,038	(2,370)
6426 · Tenant Improvements -Dep Exp	17,850	14,853	2,997	17,850	14,853	2,997	35,700	29,706	5,994
6427 · HVAC Maintenance Expense	154	1,333	(1,179)	202	1,333	(1,131)	356	2,666	(2,310)
6428 · Roof Repairs Expense		208	(208)		208	(208)		416	(416)
6431 · Building -Interior Expense	859	208	651		208	(208)	859	416	443
6432 · Plumbing -Interior Expense	525	208	317	2,269	208	2,061	2,794	416	2,378
6433 · Plumbing -Exterior Expense		208	(208)		208	(208)		416	(416)
6434 · Allocation Internal Prop. Mgmt	4,420	4,420		4,420	4,420		8,840	8,840	
6435 · Bank Charges	1,025	917	108	1,028	917	111	2,053	1,834	219
6437 · Utilities -Vacant Units Expense	254	208	46		208	(208)	254	416	(162)
6439 · Deferred Maintenance Repairs Ex		1,000	(1,000)	844	1,000	(156)	844	2,000	(1,156)
6440 · Professional Fees Expense	10,117	10,472	(355)	10,117	10,472	(355)	20,234	20,944	(710)
6441 · Legal Expense		83	(83)		83	(83)		166	(166)
6458 · Elevators - R & M Expense	1,491	1,000	491	212	1,000	(788)	1,703	2,000	(297)
6460 · Exterminating Service Expense	180	417	(237)		417	(417)	180	834	(654)
6463 · Landscaping Expense		2,250	(2,250)	8,014	2,250	5,764	8,014	4,500	3,514
6467 · Lighting Expense		2,917	(2,917)		2,917	(2,917)		5,834	(5,834)
6468 · General Maintenance Expense		83	(83)		83	(83)		166	(166)
6471 · Marketing-Advertising		1,458	(1,458)		1,458	(1,458)		2,916	(2,916)
6475 · Property Taxes Expense	6,000	6,000		6,000	6,000		12,000	12,000	
6476 · Signage Expense		250	(250)		250	(250)		500	(500)
6480 · Rubbish Removal Medical Waste E	1,388	1,442	(54)		1,442	(1,442)	1,388	2,884	(1,496)
6481 · Rubbish Removal Expense	2,123	2,123	-	2,123	2,123	-	4,246	4,246	-
6482 · Utilities/Electricity/Exterior	570	708	(138)		708	(708)	570	1,416	(846)
6484 · Utilities - Water (Exterior)	911	583	328	1,047	583	464	1,958	1,166	792
6485 · Security Expenses	6,012	6,417	(405)	5,865	6,417	(552)	11,877	12,834	(957)
6490 · Miscellaneous Expense		100	(100)	130	100	30	130	200	(70)
<b>6445 · LPMP Expenses</b>	<b>75,996</b>	<b>82,968</b>	<b>(6,972)</b>	<b>82,238</b>	<b>82,968</b>	<b>(730)</b>	<b>158,234</b>	<b>165,936</b>	<b>(7,702)</b>
<b>Net Income</b>	<b>23,106</b>	<b>16,120</b>	<b>6,986</b>	<b>16,940</b>	<b>16,120</b>	<b>820</b>	<b>40,043</b>	<b>32,240</b>	<b>7,803</b>

**Desert Healthcare District**  
**Balance Sheet**  
As of August 31, 2018

		Aug 31, 18
<b>ASSETS</b>		
<b>Current Assets</b>		
<b>Checking/Savings</b>		
	1000 · CHECKING CASH ACCOUNTS	409,195
	1100 · INVESTMENT ACCOUNTS	54,295,855
	<b>Total Checking/Savings</b>	54,705,050
	<b>Accounts Receivable</b>	(712)
<b>Other Current Assets</b>		
	1270 · Prepaid Insurance -Ongoing	29,836
	1279 · Pre-Paid Fees	38,679
	1281 · NEOPB Receivable	25,191
	1295 · Property Tax Receivable	1,065,654
	<b>Total Other Current Assets</b>	1,159,360
	<b>Total Current Assets</b>	55,863,698
<b>Fixed Assets</b>		
	1300 · FIXED ASSETS	4,893,652
	1335-00 · ACC DEPR	(1,632,741)
	1400 · LPMP Assets	7,317,643
	<b>Total Fixed Assets</b>	10,578,554
	<b>Other Assets</b>	2,751,642
	<b>TOTAL ASSETS</b>	<b>69,193,894</b>
<b>LIABILITIES &amp; EQUITY</b>		
<b>Liabilities</b>		
<b>Current Liabilities</b>		
<b>Accounts Payable</b>		
	2000 · Accounts Payable	101,913
	2001 · LPMP Accounts Payable	7,952
	<b>Total Accounts Payable</b>	109,865
<b>Other Current Liabilities</b>		
	2002 · LPMP Property Taxes	12,000
	2131 · Grant Awards Payable	967,951
	2133 · Accrued Accounts Payable	310,730
	2141 · Accrued Vacation Time	21,933
	2186 · Retired BOD Medical - Current	17,607
	2188 · Current Portion - LTD	14,803
	2190 · Investment Fees Payable	18,000
	<b>Total Other Current Liabilities</b>	1,363,024
	<b>Total Current Liabilities</b>	1,472,889

**Desert Healthcare District**  
**Balance Sheet**  
As of August 31, 2018

		Aug 31, 18
<b>Long Term Liabilities</b>		
	2170 · RPP - Pension Liability	3,297,793
	2171 · RPP-Deferred Inflows-Resources	2,222,190
	2280 · Long-Term Disability	49,276
	2281 · Grants Payable - Long-term	10,147,646
	2286 · Retirement BOD Medical Liabilit	68,696
	2290 · LPMP Security Deposits	58,517
<b>Total Long Term Liabilities</b>		<b>15,844,118</b>
<b>Total Liabilities</b>		<b>17,317,007</b>
<b>Equity</b>		
	3900 · *Retained Earnings	50,954,846
	Net Income	922,040
<b>Total Equity</b>		<b>51,876,887</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>		<b>69,193,894</b>

**Desert Healthcare District**  
**Balance Sheet**  
As of August 31, 2018

		Aug 31, 18
<b>ASSETS</b>		
<b>Current Assets</b>		
<b>Checking/Savings</b>		
<b>1000 · CHECKING CASH ACCOUNTS</b>		
	1010 · Union Bank - Checking	288,158
	1046 · Las Palmas Medical Plaza	120,537
	1047 · Petty Cash	500
	<b>Total 1000 · CHECKING CASH ACCOUNTS</b>	<b>409,195</b>
<b>1100 · INVESTMENT ACCOUNTS</b>		
	1130 · Facility Replacement Fund	55,359,587
	1135 · Unrealized Gain(Loss) FRF	(1,063,732)
	<b>Total 1100 · INVESTMENT ACCOUNTS</b>	<b>54,295,855</b>
	<b>Total Checking/Savings</b>	<b>54,705,050</b>
<b>Accounts Receivable</b>		
	1201 · Accounts Receivable	
	1204 · LPMP Accounts Receivable	(47,529)
	1205 · Misc. Accounts Receivable	46,817
	<b>Total Accounts Receivable</b>	<b>(712)</b>
<b>Other Current Assets</b>		
	1270 · Prepaid Insurance -Ongoing	29,836
	1279 · Pre-Paid Fees	38,679
	1281 · NEOPB Receivable	25,191
	1295 · Property Tax Receivable	1,065,654
	<b>Total Other Current Assets</b>	<b>1,159,360</b>
	<b>Total Current Assets</b>	<b>55,863,698</b>
<b>Fixed Assets</b>		
<b>1300 · FIXED ASSETS</b>		
	1310 · Computer Equipment	80,692
	1315 · Computer Software	68,770
	1320 · Furniture and Fixtures	27,085
	1325 · Offsite Improvements	300,849
	1331 · DRMC - Parking lot	4,416,257
	<b>Total 1300 · FIXED ASSETS</b>	<b>4,893,652</b>
<b>1335-00 · ACC DEPR</b>		
	1335 · Accumulated Depreciation	(195,054)
	1336 · Acc. Software Depreciation	(68,116)
	1337 · Accum Deprec- Solar Parking Lot	(1,266,219)
	1338 · Accum Deprec - LPMP Parking Lot	(103,352)

**Desert Healthcare District**  
**Balance Sheet**  
As of August 31, 2018

		Aug 31, 18
<b>Total 1335-00 · ACC DEPR</b>		(1,632,741)
<b>1400 · LPMP Assets</b>		
	1401 · Building	8,705,680
	1402 · Land	2,165,300
	1403 · Tenant Improvements -New	2,141,711
	1404 · Tenant Improvements - CIP	129,550
	<b>1406 · Building Improvements</b>	
	1406.1 · LPMP-Replace Parking Lot	676,484
	1406 · Building Improvements - Other	1,364,337
	<b>Total 1406 · Building Improvements</b>	2,040,821
	1407 · Building Equipment Improvements	350,663
	<b>1409 · Accumulated Depreciation</b>	
	1410 · Accum. Depreciation	(6,980,909)
	1412 · T I Accumulated Dep.-New	(1,235,174)
	<b>Total 1409 · Accumulated Depreciation</b>	(8,216,083)
	<b>Total 1400 · LPMP Assets</b>	7,317,643
<b>Total Fixed Assets</b>		10,578,554
<b>Other Assets</b>		
	<b>1700 · OTHER ASSETS</b>	
	1731 · Wellness Park	1,693,800
	1740 · RPP-Deferred Outflows-Resources	1,057,842
	<b>Total Other Assets</b>	2,751,642
<b>TOTAL ASSETS</b>		<b>69,193,894</b>
<b>LIABILITIES &amp; EQUITY</b>		
<b>Liabilities</b>		
<b>Current Liabilities</b>		
	<b>Accounts Payable</b>	
	2000 · Accounts Payable	101,913
	2001 · LPMP Accounts Payable	7,952
	<b>Total Accounts Payable</b>	109,865
	<b>Other Current Liabilities</b>	
	2002 · LPMP Property Taxes	12,000
	2131 · Grant Awards Payable	967,951
	2133 · Accrued Accounts Payable	310,730
	2141 · Accrued Vacation Time	21,933
	2186 · Retired BOD Medical - Current	17,607
	2188 · Current Portion - LTD	14,803
	2190 · Investment Fees Payable	18,000

**Desert Healthcare District**  
**Balance Sheet**  
As of August 31, 2018

		Aug 31, 18
	<b>Total Other Current Liabilities</b>	1,363,024
	<b>Total Current Liabilities</b>	1,472,889
	<b>Long Term Liabilities</b>	
	2170 · RPP - Pension Liability	3,297,793
	2171 · RPP-Deferred Inflows-Resources	2,222,190
	2280 · Long-Term Disability	49,276
	2281 · Grants Payable - Long-term	10,147,646
	2286 · Retirement BOD Medical Liabilit	68,696
	2290 · LPMP Security Deposits	58,517
	<b>Total Long Term Liabilities</b>	15,844,118
	<b>Total Liabilities</b>	17,317,007
	<b>Equity</b>	
	3900 · *Retained Earnings	50,954,846
	Net Income	922,040
	<b>Total Equity</b>	51,876,887
	<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>69,193,894</b>

**Desert Healthcare District**  
**A/R Aging Summary**  
As of August 31, 2018

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL	Comments
Desert Family Medical Center	-	(3,500)	-	-	-	(3,500)	Prepaid
Desert Healthcare Foundation-	20,282	-	19,557	2,924	(2,924)	39,839	Due from Foundation
Desert Oasis Healthcare Medical Group	-	(1,993)	-	-	-	(1,993)	Prepaid
Desert Regional Medical Center	-	-	(4,802)	-	-	(4,802)	Prepaid
Kay Hazen-	779	-	779	779	3,893	6,228	Director Insurance Accrual
Laboratory Corporation of America	-	(4,620)	-	154	132	(4,334)	Prepaid
Sovereign	750	-	-	-	-	750	Slow Pay
Tenet HealthSystem Desert, Inc	-	-	(5,429)	-	-	(5,429)	Prepaid
Tenet HealthSystem Desert, Inc.	-	(27,472)	-	-	-	(27,472)	Prepaid
<b>TOTAL</b>	<b>21,810</b>	<b>(37,584)</b>	<b>10,105</b>	<b>3,857</b>	<b>1,100</b>	<b>(712)</b>	

**Desert Healthcare District**  
**Deposit Detail**  
**July through August 2018**

Type	Date	Name	Amount
<b>Deposit</b>	<b>07/03/2018</b>		<b>1,749</b>
		T-Mobile	(1,749)
TOTAL			(1,749)
<b>Deposit</b>	<b>07/08/2018</b>		<b>3,233</b>
		Principal Financial Group	(233)
Payment	07/08/2018	Sovereign	(3,000)
TOTAL			(3,233)
<b>Deposit</b>	<b>07/26/2018</b>		<b>16,069</b>
		Riverside County Treasurer-	(16,069)
TOTAL			(16,069)
<b>Deposit</b>	<b>07/26/2018</b>		<b>32,616</b>
		Riverside County Treasurer-	(32,616)
TOTAL			(32,616)
<b>Deposit</b>	<b>07/27/2018</b>		<b>8,712</b>
		Riverside County Treasurer-	(8,712)
TOTAL			(8,712)
<b>Deposit</b>	<b>07/27/2018</b>		<b>6,980</b>
		Riverside County Treasurer-	(6,980)
TOTAL			(6,980)
<b>Deposit</b>	<b>07/30/2018</b>		<b>283</b>
Payment	07/30/2018	Herb K. Schultz - District Reimbursement	(283)
TOTAL			(283)
<b>Deposit</b>	<b>07/31/2018</b>		<b>612</b>

**Desert Healthcare District**  
**Deposit Detail**  
 July through August 2018

Type	Date	Name	Amount
		Riverside County Treasurer-	(612)
TOTAL			(612)
<b>Deposit</b>	<b>07/31/2018</b>		<b>1,912</b>
		Riverside County Treasurer-	(1,912)
TOTAL			(1,912)
<b>Deposit</b>	<b>07/31/2018</b>		<b>20,206</b>
		Riverside County Treasurer-	(20,206)
TOTAL			(20,206)
<b>Deposit</b>	<b>08/02/2018</b>		<b>88,674</b>
		Riverside County Treasurer-	(88,674)
TOTAL			(88,674)
<b>Deposit</b>	<b>08/02/2018</b>		<b>1,749</b>
		T-Mobile	(1,749)
TOTAL			(1,749)
<b>Deposit</b>	<b>08/08/2018</b>		<b>3,000</b>
Payment	08/08/2018	Sovereign	(3,000)
TOTAL			(3,000)
<b>Deposit</b>	<b>08/14/2018</b>		<b>15,959</b>
		Riverside County Treasurer-	(7,605)
		Riverside County Treasurer-	(8,354)
TOTAL			(15,959)
		<b>Totals</b>	<b>201,754</b>

**DESERT HEALTHCARE DISTRICT**  
**PROPERTY TAX RECEIPTS FY 2018 - 2019**  
**RECEIPTS - TWELVE MONTHS ENDED JUNE 30, 2019**

	FY 2016-2017 Projected/Actual					FY 2017-2018 Projected/Actual				
	Budget %	Budget \$	Act %	Actual Receipts	Variance	Budget %	Budget \$	Act %	Actual Receipts	Variance
<b>July</b>	2.5%	\$ 157,242	1.3%	\$ 107,591	\$ (49,652)	2.5%	\$ 165,105	1.3%	\$ 87,106	\$ (77,998)
<b>Aug</b>	1.6%	\$ 100,635	1.7%	\$ 76,625	\$ (24,010)	1.6%	\$ 105,667	1.6%	\$ 104,633	\$ (1,034)
<b>Sep</b>	2.6%	\$ 163,532	2.4%	\$ 149,702	\$ (13,830)	2.6%	\$ 171,709	0.0%		\$ (171,709)
<b>Oct</b>	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%		\$ -
<b>Nov</b>	0.4%	\$ 25,159	0.0%	\$ 47,069	\$ 21,910	0.4%	\$ 26,417	0.0%		\$ (26,417)
<b>Dec</b>	16.9%	\$ 1,062,958	17.6%	\$ 1,121,658	\$ 58,700	16.9%	\$ 1,116,106	0.0%		\$ (1,116,106)
<b>Jan</b>	31.9%	\$ 2,006,413	33.0%	\$ 2,097,033	\$ 90,621	31.9%	\$ 2,106,733	0.0%		\$ (2,106,733)
<b>Feb</b>	0.0%	\$ -	0.8%	\$ 50,855	\$ 50,855	0.0%	\$ -	0.0%		\$ -
<b>Mar</b>	0.3%	\$ 18,869	0.2%	\$ 14,782	\$ (4,087)	0.3%	\$ 19,813	0.0%		\$ (19,813)
<b>Apr</b>	5.5%	\$ 345,933	5.8%	\$ 371,495	\$ 25,562	5.5%	\$ 363,230	0.0%		\$ (363,230)
<b>May</b>	19.9%	\$ 1,251,649	19.9%	\$ 1,258,864	\$ 7,215	19.9%	\$ 1,314,232	0.0%		\$ (1,314,232)
<b>June</b>	18.4%	\$ 1,157,304	16.8%	\$ 1,319,289	\$ 161,985	18.4%	\$ 1,215,169	0.0%		\$ (1,215,169)
<b>Total</b>	<b>100%</b>	<b>\$ 6,289,695</b>	<b>99.6%</b>	<b>\$ 6,614,963</b>	<b>\$ 325,268</b>	<b>100.00%</b>	<b>\$ 6,604,180</b>	<b>2.9%</b>	<b>\$ 191,739</b>	<b>\$ (6,412,441)</b>

**Las Palmas Medical Plaza  
Deposit Detail - LPMP  
July through August 2018**

Type	Date	Name	Memo	Amount
<b>Deposit</b>	<b>07/05/2018</b>		<b>Deposit</b>	<b>16,671</b>
Payment	07/05/2018	Desert Family Medical Center		(3,500)
Payment	07/05/2018	Steven Gundry, M.D.		(5,235)
Payment	07/05/2018	EyeCare Services Partners Management LLC		(6,030)
Payment	07/05/2018	West Pacific Medical Laboratory		(1,906)
<b>TOTAL</b>				<b>(16,671)</b>
<b>Deposit</b>	<b>07/05/2018</b>		<b>Deposit</b>	<b>37,703</b>
Payment	07/05/2018	Tenet HealthSystem Desert, Inc.		(27,472)
Payment	07/05/2018	Tenet HealthSystem Desert, Inc		(5,429)
Payment	07/05/2018	Desert Regional Medical Center		(4,802)
<b>TOTAL</b>				<b>(37,703)</b>
<b>Deposit</b>	<b>07/08/2018</b>		<b>Deposit</b>	<b>22,903</b>
Payment	07/08/2018	Derakhsh Fozouni, M.D.		(5,716)
Payment	07/08/2018	Palmtree Clinical Research		(6,086)
Payment	07/08/2018	Aijaz Hashmi, M.D., Inc.		(2,688)
Payment	07/08/2018	Brad A. Wolfson, M.D.		(3,311)
Payment	07/08/2018	Cure Cardiovascular Consultants		(2,778)
Payment	07/08/2018	Ramy Awad, M.D.		(2,324)
<b>TOTAL</b>				<b>(22,903)</b>
<b>Deposit</b>	<b>07/08/2018</b>		<b>Deposit</b>	<b>2,932</b>
Payment	07/08/2018	Peter Jamieson, M.D.		(2,932)
<b>TOTAL</b>				<b>(2,932)</b>
<b>Deposit</b>	<b>07/23/2018</b>		<b>Deposit</b>	<b>4,620</b>
Payment	07/23/2018	Laboratory Corporation of America		(4,620)
<b>TOTAL</b>				<b>(4,620)</b>
<b>Deposit</b>	<b>07/27/2018</b>		<b>Deposit</b>	<b>4,884</b>
Payment	07/27/2018	Dennis Spurgin, D.C.		(2,682)

**Las Palmas Medical Plaza  
Deposit Detail - LPMP  
July through August 2018**

Type	Date	Name	Memo	Amount
Payment	07/27/2018	Pathway Pharmaceuticals, Inc.		(2,202)
TOTAL				(4,884)
<b>Deposit</b>	<b>07/30/2018</b>		<b>Deposit</b>	<b>5,492</b>
Payment	07/30/2018	Desert Oasis Healthcare Medical Group		(1,993)
Payment	07/30/2018	Desert Family Medical Center		(3,500)
TOTAL				(5,492)
<b>Deposit</b>	<b>07/31/2018</b>		<b>Deposit</b>	<b>10,231</b>
Payment	07/31/2018	Tenet HealthSystem Desert, Inc		(5,429)
Payment	07/31/2018	Desert Regional Medical Center		(4,802)
TOTAL				(10,231)
<b>Deposit</b>	<b>08/01/2018</b>		<b>Deposit</b>	<b>3,772</b>
Payment	08/01/2018	Quest Diagnostics Incorporated		(3,772)
TOTAL				(3,772)
<b>Deposit</b>	<b>08/03/2018</b>		<b>Deposit</b>	<b>10,611</b>
Payment	08/03/2018	Cohen Musch Thomas Medical Group		(3,470)
Payment	08/03/2018	Steven Gundry, M.D.		(5,235)
Payment	08/03/2018	West Pacific Medical Laboratory		(1,906)
TOTAL				(10,611)
<b>Deposit</b>	<b>08/06/2018</b>		<b>Deposit</b>	<b>38,636</b>
Payment	08/06/2018	Pathway Pharmaceuticals, Inc.		(2,202)
Payment	08/06/2018	Peter Jamieson, M.D.		(2,932)
Payment	08/06/2018	EyeCare Services Partners Management LLC		(6,030)
Payment	08/06/2018	Tenet HealthSystem Desert, Inc.		(27,472)
TOTAL				(38,636)
<b>Deposit</b>	<b>08/09/2018</b>		<b>Deposit</b>	<b>11,802</b>
Payment	08/09/2018	Derakhsh Fozouni, M.D.		(5,716)

**Las Palmas Medical Plaza**  
**Deposit Detail - LPMP**  
 July through August 2018

Type	Date	Name	Memo	Amount
Payment	08/09/2018	Palmtree Clinical Research		(6,086)
TOTAL				(11,802)
<b>Deposit</b>	<b>08/09/2018</b>		<b>Deposit</b>	<b>11,177</b>
Payment	08/09/2018	Ramy Awad, M.D.		(2,324)
Payment	08/09/2018	Aijaz Hashmi, M.D., Inc.		(2,688)
Payment	08/09/2018	Brad A. Wolfson, M.D.		(3,387)
Payment	08/09/2018	Cure Cardiovascular Consultants		(2,778)
TOTAL				(11,177)
<b>Deposit</b>	<b>08/15/2018</b>		<b>Deposit</b>	<b>2,682</b>
Payment	08/15/2018	Dennis Spurgin, D.C.		(2,682)
TOTAL				(2,682)
<b>Deposit</b>	<b>08/22/2018</b>		<b>Deposit</b>	<b>2,932</b>
Payment	08/22/2018	Peter Jamieson, M.D.		(2,932)
TOTAL				(2,932)
<b>Deposit</b>	<b>08/24/2018</b>		<b>Deposit</b>	<b>4,928</b>
Payment	08/24/2018	Laboratory Corporation of America		(4,928)
TOTAL				(4,928)
<b>Deposit</b>	<b>08/27/2018</b>		<b>Deposit</b>	<b>3,500</b>
Payment	08/27/2018	Desert Family Medical Center		(3,500)
TOTAL				(3,500)
<b>Deposit</b>	<b>08/29/2018</b>		<b>Deposit</b>	<b>1,993</b>
Payment	08/29/2018	Desert Oasis Healthcare Medical Group		(1,993)
TOTAL				(1,993)
		<b>Total Deposits</b>		<b>197,468</b>

**Desert Healthcare District**  
**Check Register**  
July through August, 2018

Type	Date	Num	Name	Amount
<b>1000 · CHECKING CASH ACCOUNTS</b>				
<b>1010 · Union Bank - Checking</b>				
Check	07/05/2018	Auto Pay	Calif. Public Employees'Retirement System	(11,109)
Liability Check	07/06/2018		QuickBooks Payroll Service	(111)
Liability Check	07/06/2018		QuickBooks Payroll Service	(2)
Liability Check	07/06/2018		QuickBooks Payroll Service	(254)
Bill Pmt -Check	07/06/2018	15017	ACHD	(11,590)
Bill Pmt -Check	07/06/2018	15018	County of Riverside Auditor-Controller	(17,810)
Bill Pmt -Check	07/06/2018	15019	So.Cal Computer Shop	(730)
Bill Pmt -Check	07/08/2018	15021	Alejandro Espinoza-	(285)
Bill Pmt -Check	07/08/2018	15022	Felicia Mantz-	(34)
Bill Pmt -Check	07/08/2018	15023	Greene & Roberts LLP	(21,328)
Bill Pmt -Check	07/08/2018	15024	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	07/08/2018	15025	Staples Credit Plan	(1,532)
Bill Pmt -Check	07/08/2018	15026	City of Desert Hot Springs	(27,000)
Bill Pmt -Check	07/10/2018	15027	Frazier Pest Control, Inc.	(30)
Bill Pmt -Check	07/10/2018	15028	Law Offices of Scott & Jackson	(34,605)
Bill Pmt -Check	07/10/2018	15029	SDRMA	(150)
Bill Pmt -Check	07/10/2018	15030	Simpson, Gumpertz & Heger	(46,694)
Liability Check	07/12/2018		QuickBooks Payroll Service	(35,039)
Bill Pmt -Check	07/12/2018	15031	Desert Healthcare Foundation	(1,000,000)
General Journal	07/13/2018	01-01	401a payment - 7/13/18 payroll	(1,928)
General Journal	07/13/2018	01-01	457b payment - 7/13/18 payroll	(2,889)
General Journal	07/13/2018	01-01	457b loan payment - 7/13/18 payroll	(446)
General Journal	07/18/2018	01-02	July 2018 LTD Payment - Jena Marie Van Earl	(1,234)
Bill Pmt -Check	07/18/2018	15032	Coachella Valley Workforce Excellence Inc	(6,583)
Bill Pmt -Check	07/18/2018	15033	CoPower Employers' Benefits Alliance	(2,073)
Bill Pmt -Check	07/18/2018	15034	Ernest Enterprises	(27)
Bill Pmt -Check	07/18/2018	15035	Pitney Bowes Global Financial Services	(280)
Bill Pmt -Check	07/18/2018	15036	Uline	(122)
Bill Pmt -Check	07/23/2018	15037	Shenkman & Hughes, PC	(30,000)
Bill Pmt -Check	07/24/2018	15038	First Bankcard (Union Bank) (VOID)	-
Bill Pmt -Check	07/24/2018	15039	KaufmanHall (VOID)	-
Bill Pmt -Check	07/24/2018	15040	Maria Cristina Mendez (VOID)	-
Bill Pmt -Check	07/24/2018	15041	New World Language Services (VOID)	-
Bill Pmt -Check	07/24/2018	15042	Shred-It (VOID)	-
Bill Pmt -Check	07/24/2018	15043	The Desert Sun (VOID)	-
Bill Pmt -Check	07/24/2018	15044	Vanessa Smith- (VOID)	-
Bill Pmt -Check	07/24/2018	15045	Xerox Financial Services (VOID)	-
Bill Pmt -Check	07/24/2018	15046	New World Language Services (VOID)	-
Bill Pmt -Check	07/24/2018	15047	Shred-It (VOID)	-

**Desert Healthcare District**  
**Check Register**  
**July through August, 2018**

Type	Date	Num	Name	Amount
Bill Pmt -Check	07/24/2018	15048	Vanessa Smith- (VOID)	-
Bill Pmt -Check	07/24/2018	15049	First Bankcard (Union Bank)	(689)
Bill Pmt -Check	07/24/2018	15050	First Bankcard (Union Bank)	(940)
Bill Pmt -Check	07/24/2018	15051	KaufmanHall	(77,761)
Bill Pmt -Check	07/24/2018	15052	Maria Cristina Mendez	(400)
Bill Pmt -Check	07/24/2018	15053	New World Language Services	(293)
Bill Pmt -Check	07/24/2018	15054	Shred-It	(88)
Bill Pmt -Check	07/24/2018	15055	The Desert Sun	(3,255)
Bill Pmt -Check	07/24/2018	15056	Vanessa Smith-	(379)
Bill Pmt -Check	07/24/2018	15057	Xerox Financial Services	(394)
Liability Check	07/26/2018		QuickBooks Payroll Service	(38,291)
General Journal	07/27/2018	01-03	401a payment - 7/27/18 payroll	(1,928)
General Journal	07/27/2018	01-03	457b payment - 7/27/18 payroll	(2,889)
General Journal	07/27/2018	01-03	457b loan payment - 7/27/18 payroll	(446)
Bill Pmt -Check	07/27/2018	15058	Chris Christensen	(169)
Bill Pmt -Check	07/27/2018	15059	Graphtek Interactive	(113)
Bill Pmt -Check	07/27/2018	15060	Jewish Family Service of the Desert	(58,500)
Bill Pmt -Check	07/27/2018	15061	Safehouse of the Desert	(101,904)
Bill Pmt -Check	07/27/2018	15062	The LGBT Community Center	(18,000)
Liability Check	07/31/2018		QuickBooks Payroll Service	(18,023)
Check	07/31/2018		Service Charge	(308)
Check	07/31/2018	Auto Pay	Principal Financial Group-	(679)
Bill Pmt -Check	07/31/2018	15064	Find Food Bank, Inc.	(87,090)
Bill Pmt -Check	07/31/2018	15065	Gilda's Club Desert Cities	(14,200)
Bill Pmt -Check	07/31/2018	15066	Palms to Pines Printing	(1,738)
Bill Pmt -Check	07/31/2018	15067	Time Warner Cable	(221)
Liability Check	08/01/2018		QuickBooks Payroll Service	(62,432)
Check	08/01/2018	Auto Pay	Principal Financial Group-	(1,014)
Bill Pmt -Check	08/02/2018	15068	Christopher Cardona	(100)
Bill Pmt -Check	08/02/2018	15069	Image Source	(1,258)
Bill Pmt -Check	08/02/2018	15070	Ready Refresh	(48)
Bill Pmt -Check	08/02/2018	15071	So. Cal Computer Shop	(730)
Bill Pmt -Check	08/02/2018	15072	Stephen Huyck-	(70)
Bill Pmt -Check	08/02/2018	15073	Underground Service Alert of Southern Cal	(5)
Bill Pmt -Check	08/02/2018	15074	Verizon Wireless	(792)
Bill Pmt -Check	08/06/2018	15075	IntelliCorp Records, Inc.	(53)
Bill Pmt -Check	08/06/2018	15076	Pink, Inc. (VOID)	-
Bill Pmt -Check	08/06/2018	15077	Law Offices of Scott & Jackson	(18,620)
Bill Pmt -Check	08/06/2018	15078	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	08/06/2018	15079	Moss, Levy & Hartzheim LLP	(9,000)
Bill Pmt -Check	08/06/2018	15080	Palm Springs Chamber of Commerce	(250)

**Desert Healthcare District**  
**Check Register**  
 July through August, 2018

Type	Date	Num	Name	Amount
Bill Pmt -Check	08/06/2018	15081	Principal Life Insurance Co.	(1,159)
Check	08/07/2018	Auto Pay	Calif. Public Employees' Retirement System	(12,499)
Liability Check	08/09/2018		QuickBooks Payroll Service	(33,180)
Liability Check	08/09/2018		QuickBooks Payroll Service	(304)
General Journal	08/10/2018	02-01	401a payment - 8/10/18 payroll	(1,575)
General Journal	08/10/2018	02-01	457b payment - 8/10/18 payroll	(2,916)
Bill Pmt -Check	08/14/2018	15082	First Bankcard (Union Bank)	(29)
Bill Pmt -Check	08/14/2018	15083	Angel View Inc.	(12,411)
Bill Pmt -Check	08/14/2018	15084	Arrowhead Neuroscience Foundation Inc.	(84,047)
Bill Pmt -Check	08/14/2018	15085	Bendani Publishing	(146)
Bill Pmt -Check	08/14/2018	15086	Coachella Valley Rescue Mission	(45,000)
Bill Pmt -Check	08/14/2018	15087	First Bankcard (Union Bank)	(2,052)
Bill Pmt -Check	08/14/2018	15088	Image Source	(399)
Bill Pmt -Check	08/14/2018	15089	Martha's Village & Kitchen	(83,768)
Bill Pmt -Check	08/14/2018	15090	Palms to Pines Printing	(1,292)
Bill Pmt -Check	08/14/2018	15091	Paws & Hearts	(3,000)
Bill Pmt -Check	08/14/2018	15092	Staples Credit Plan	(1,180)
Bill Pmt -Check	08/14/2018	15093	Xerox Financial Services	(430)
General Journal	08/17/2018	02-02	Aug 2018 LTD Payment - Jena Marie Van Earl	(1,234)
Bill Pmt -Check	08/20/2018	15094	CoPower Employers' Benefits Alliance	(2,390)
Bill Pmt -Check	08/20/2018	15095	Kayla Bentley-	(167)
Bill Pmt -Check	08/20/2018	15096	Vanessa Smith-	(297)
Liability Check	08/23/2018		QuickBooks Payroll Service	(32,494)
Bill Pmt -Check	08/23/2018	15097	Rogers, Carole	(1,158)
General Journal	08/24/2018	02-03	401a payment - 8/24/18 payroll	(1,352)
General Journal	08/24/2018	02-03	457b payment - 8/24/18 payroll	(1,023)
Bill Pmt -Check	08/28/2018	15098	Palm Springs Alarm	(29)
Bill Pmt -Check	08/28/2018	15099	Principal Life Insurance Co.	(1,234)
Bill Pmt -Check	08/28/2018	15100	Time Warner Cable	(221)
Bill Pmt -Check	08/30/2018	15101	Andrea S. Hayles-	(64)
Bill Pmt -Check	08/30/2018	15102	Image Source	(507)
Bill Pmt -Check	08/30/2018	15103	Kay Hazen	(100)
Bill Pmt -Check	08/30/2018	15104	Verizon Wireless	(792)
Bill Pmt -Check	08/30/2018	15105	Zendle, Les	(218)
Check	08/31/2018		Service Charge	(457)
General Journal	08/31/2018	02-08	Record Medical Reimb - August 2018	(73)
<b>TOTAL</b>				<b>(2,107,456)</b>

Desert Healthcare District								
Details for credit card Expenditures								
Credit card purchases - June 2018 - Paid July 2018								
Number of credit cards held by District personnel -2								
Credit Card Limit - \$5,000								
Credit Card Holders:								
Herb Schultz - Chief Executive Officer								
Chris Christensen - Chief Financial Officer								
Routine types of charges:								
Office Supplies, Dues for membership, Computer Supplies, Meals, Travel including airlines and Hotels, Catering, Supplies for BOD meetings, CEO Discretionary for small grant & gift items								
Statement								
Year	Month	Total Charges	Expense Type	Amount	Purpose	Description	Participants	
		\$ 1,629.07						
Chris' Statement:								
2018	June	\$ 689.39	District					
				6360	\$ 15.42	Conference call expense		
				6360	\$ 21.63	Conference call expense		
				6360	\$ 27.73	Conference call expense		
				6360	\$ 41.23	Conference call expense		
				6360	\$ 28.80	Conference call expense		
				6360	\$ 17.33	Conference call expense		
				6360	\$ 42.67	Conference call expense		
				6360	\$ 22.47	Conference call expense		
				6360	\$ 19.36	Conference call expense		
				6360	\$ 66.92	Conference call expense		
				6309	\$ 202.52	May 2018 Advertisting Indeed		
				6352	\$ 36.12	CEO/CFO lunch meeting		
				6352	\$ 68.68	Staff lunch		
				6309	\$ 33.80	Accounting Manager Candidate Lunch		
				6309	\$ 44.71	Accounting Manager Candidate Lunch		
					\$ 689.39			
Herb's Statement:								
2018	June	\$ 939.68	District					
				5160	\$ (649.00)	Grant Makers Refund		
				6352	\$ 28.64	CEO/CFO lunch meeting		
				6530	\$ 350.00	Laprensa Hispana Newspaper		
				5160	\$ 140.00	CV Assoc of Governments		
				6352	\$ 269.85	Ad Hoc Committee		
				6360	\$ 169.60	Capitol Enquiry		
				6352	\$ 27.67	CEO/CFO lunch meeting		
				6352	\$ 5.30	CEO/CFO lunch meeting		
				6352	\$ 40.21	CEO/CFO lunch meeting		
				6352	\$ 11.72	CEO/CFO lunch meeting		
				6352	\$ 62.09	CEO/CFO lunch meeting		
				5160	\$ 70.00	CV Assoc of Governments		
				6352	\$ 50.26	Birthday cake for CFO		
				6352	\$ 225.39	Staff lunch		
				6352	\$ 105.84	CEO/CFO lunch meeting		
				6352	\$ 32.11	CEO/CFO lunch meeting		
					\$ 939.68			

**Desert Healthcare District**  
**Details for credit card Expenditures**  
**Credit card purchases - July 2018 - Paid Aug 2018**

Number of credit cards held by District personnel -2

Credit Card Limit - \$5,000

Credit Card Holders:

Herb Schultz - Chief Executive Officer

Chris Christensen - Chief Financial Officer

Routine types of charges:

Office Supplies, Dues for membership, Computer Supplies, Meals, Travel including airlines and Hotels, Catering, Supplies for BOD meetings, CEO Discretionary for small grant & gift items

		Statement							
Year	Month Charged	Total Charges	Expense Type	Amount	Purpose	Description	Participants		
		\$ 2,081.80							
<b>Chris' Statement:</b>									
2018	July	\$ 2,052.42	District GL	Dollar	Descr				
			6352	\$ 58.50		Lunch Meeting - Les, Lisa, Chris			
			6360	\$ 46.01		Conference call expense			
			6360	\$ 76.46		AC Adapter for Laptop			
			6130	\$ 1,000.00		Dropbox (will be partially refunded)			
			5240	\$ 433.29		BOD - Special Session Catering			
			6360	\$ 26.89		Conference call expense			
			6352	\$ 184.96		Homelessness Meeting Meal			
			6352	\$ 195.66		Staff lunch			
			6360	\$ 13.78		Late Fee			
			6360	\$ 16.87		Interest Charge on CC			
				<b>\$ 2,052.42</b>					
<b>Herb's Statement:</b>									
2018	July	\$ 29.38	District						
			6360	\$ 18.79		Late Fee			
			6360	\$ 10.59		Interest Charge on CC			
				<b>\$ 29.38</b>					

**Las Palmas Medical Plaza**  
**Check Register**  
July through August, 2018

Type	Date	Num	Name	Amount
<b>1000 · CHECKING CASH ACCOUNTS</b>				
<b>1046 · Las Palmas Medical Plaza</b>				
Bill Pmt -Check	07/06/2018	9860	Imperial Security	(1,466)
Bill Pmt -Check	07/06/2018	9861	Palm Springs Disposal Services Inc	(2,123)
Bill Pmt -Check	07/08/2018	9862	Aijaz Hashmi, MD	(500)
Bill Pmt -Check	07/08/2018	9863	Desert Air Conditioning Inc.	(252)
Bill Pmt -Check	07/10/2018	9864	All Desert Plumbing, Heating & Air	(750)
Bill Pmt -Check	07/10/2018	9865	Imperial Security	(1,613)
Bill Pmt -Check	07/10/2018	9866	Southern California Edison	(1,059)
Bill Pmt -Check	07/10/2018	9867	Stericycle, Inc.	(1,389)
Bill Pmt -Check	07/18/2018	9868	Frontier Communications	(212)
Bill Pmt -Check	07/18/2018	9869	Imperial Security	(1,466)
Bill Pmt -Check	07/18/2018	9870	INPRO-EMS Construction	(409)
Bill Pmt -Check	07/24/2018	9871	Frazier Pest Control, Inc.	(180)
Bill Pmt -Check	07/24/2018	9872	Masters Environmental	(450)
Bill Pmt -Check	07/27/2018	9873	INPRO-EMS Construction	(10,117)
Bill Pmt -Check	07/31/2018	9874	Imperial Security	(1,466)
Check	07/31/2018		Service Charge	(1,025)
Bill Pmt -Check	08/02/2018	9875	Desert Water Agency	(911)
Bill Pmt -Check	08/02/2018	9876	Imperial Security	(2,933)
Bill Pmt -Check	08/06/2018	9877	Pink, Inc. (VOID)	-
Bill Pmt -Check	08/06/2018	9878	Imperial Security	(1,466)
Bill Pmt -Check	08/06/2018	9879	Palm Springs Disposal Services Inc	(2,123)
Bill Pmt -Check	08/06/2018	9880	Southern California Edison	(824)
Bill Pmt -Check	08/06/2018	9881	Stericycle, Inc.	(1,388)
Bill Pmt -Check	08/14/2018	9882	Desert Air Conditioning Inc.	(154)
Bill Pmt -Check	08/14/2018	9883	Frazier Pest Control, Inc.	(180)
Bill Pmt -Check	08/14/2018	9884	Locks Around The Clock	(130)
Bill Pmt -Check	08/14/2018	9885	Roto-Rooter Plumbers	(525)
Bill Pmt -Check	08/20/2018	9886	Frontier Communications	(212)
Bill Pmt -Check	08/20/2018	9887	Imperial Security	(1,466)
Bill Pmt -Check	08/20/2018	9888	Pink, Inc.	(8,014)
Bill Pmt -Check	08/23/2018	9889	Imperial Security	(1,466)
Bill Pmt -Check	08/30/2018	9890	INPRO-EMS Construction	(10,117)
Check	08/31/2018		Service Charge	(1,028)
<b>TOTAL</b>				<b>(57,414)</b>



## MEMORANDUM

DATE: September 11, 2018

TO: F&A Committee

RE: Retirement Protection Plan (RPP)

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Current number of participants in Plan:

Active – still employed by hospital	123
Vested – no longer employed by hospital	61
Former employees receiving annuity	<u>10</u>
Total	<u><b>194</b></u>

The outstanding liability for the RPP is approximately **\$4.5M** (Actives - \$3.2M and Vested - \$1.3M). US Bank investment account balance \$5.2M. Per the June 30, 2018 Actuarial Valuation, the RPP has an Unfunded Pension Liability of approximately **\$3.3M**. A monthly accrual of \$20K is being recorded each month as an estimate for FY2019.

The payouts, excluding monthly annuity payments, made from the Plan for the Two (2) months ended August 31, 2019 totaled **\$146K**. Monthly annuity payments (10 participants) total **\$1.2K** per month.

**DESERT HEALTHCARE DISTRICT**  
**OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE**  
**As of 08/31/18**  
**TWELVE MONTHS ENDED JUNE 30, 2019**

Grant ID Nos.	Name	Approved Grants - Prior Yrs	Current Yr 2018-2019	6/30/2018 Bal Fwd/New	Total Paid July-June	Open BALANCE
2013-759-BOD-02/26/13	Desert Hot Springs Wellness FDN - Oversampling - HARC -3yr	\$ 30,000		\$ 15,000	\$ -	\$ 15,000
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000		\$ 10,000,000	\$ -	\$ 10,000,000
2015-866-BOD-4-28-15	The LGBT Center of PS - Desert Low-Cost Counseling Clinic - 3 yr	\$ 140,000		\$ 32,000	\$ 18,000	\$ 14,000
2015-875-BOD-6-23-15	Desert AIDS Project - Sexually Transmitted Infection Clinic - 3 Yr	\$ 800,000		\$ 17,500	\$ -	\$ 17,500
2015-876-BOD-6-23-15	Arrowhead Neuroscience Fndtn-NeuroInterventional & NeuroCritical Care Fellowship 2 Yr	\$ 373,540		\$ 121,401	\$ 84,047	\$ 37,354
2016-886-BOD-9-22-15	B&G Club of Cathedral City - Main Club House Capital Improvements - 1 Yr	\$ 150,000		\$ 15,000	\$ -	\$ 15,000
2016-887-BOD-9-22-15	CVEP - Mental Health College & Career Pathways Development Initiative - 2 Yr-ext 9/18	\$ 737,900		\$ 73,790	\$ -	\$ 73,790
2016-889-BOD-10-27-15	HARC - 2016 Community Health Monitor - 3 Yr	\$ 499,955		\$ 49,996	\$ -	\$ 49,996
2016-891-BOD-11-17-15	Jewish Family Services of the Desert - Mental Health Outpatient Treatment - 3 Yr	\$ 570,000		\$ 131,089	\$ 58,500	\$ 72,589
	Unexpended funds from Year 1 of Grant #891			\$ (75,792)		\$ (75,792)
2016-908-BOD-06-28-16	Angel View Support for the Outreach Stabilization Program - 2 Yr	\$ 144,600		\$ 14,460	\$ 12,411	\$ 2,049
2016-920-BOD-10-25-16	LifeStream Blood Bank - Support Protate Cancer Treatment Program	\$ 60,000		\$ 6,000	\$ -	\$ 6,000
2016-927-BOD-12-20-16	SafeHouse of the Desert - "What's Up" Crisis Texting Application - 3 Yr	\$ 679,357		\$ 373,646	\$ 101,904	\$ 271,743
2017-929-BOD-05-23-17	Gilda's Club Desert Cities: HeLP - Healthy Living Program - 1 Yr	\$ 142,000		\$ 14,200	\$ 14,200	\$ -
2017-934-BOD-07-25-17	Well in the Desert - New Vans for Client Pickup & Deliveries	\$ 84,798		\$ 8,480	\$ -	\$ 8,480
2017-936-BOD-07-25-17	Hidden Harvest - Senior Markets & Healthy Fairs	\$ 95,000		\$ 9,500	\$ -	\$ 9,500
2017-938-BOD-07-25-17	Mizell Senior Center - A Matter of Balance Phase 2 - 2 Yr	\$ 400,300		\$ 220,165	\$ -	\$ 220,165
2017-939-BOD-07-25-17	Loma Linda University - Dream Homes Initiative - 16 months	\$ 178,016		\$ 57,855	\$ -	\$ 57,855
2017-947-BOD-09-26-17	Coachella Valley Volunteers in Medicine - Primary Healthcare & Support Services - 1 Yr	\$ 121,500		\$ 12,150	\$ -	\$ 12,150
2017-948-BOD-09-26-17	Pegasus Hippo Therapy - Equine Therapy for District Residents - 1 Yr	\$ 93,829		\$ 9,383	\$ -	\$ 9,383
2017-953-BOD-11-28-17	FIND Food Bank - Project Produce - 1 Yr	\$ 387,068		\$ 212,887	\$ 87,090	\$ 125,797
2017-954-BOD-11-28-17	CVRM - Emergency Food, Shelter with Wrap Around Services for West CV Homeless 1Yr	\$ 100,000		\$ 55,000	\$ 45,000	\$ 10,000
2017-955-BOD-11-28-17	Martha's Village & Kitchen - Health in Housing: Emergency Housing With Wrap Around 1Yr	\$ 186,150		\$ 102,383	\$ 83,768	\$ 18,615
2018-960-BOD-02-27-18	Desert Cancer Foundation - Patient Assistance and Suzanne Jackson Breast Cancer	\$ 200,000		\$ 110,000	\$ -	\$ 110,000
2018-962-BOD-03-27-18	EMC - CV Collaborative Program-Antibiotic Resistance Prevention Partnership(3yr w/ 1st yr fur	\$ 55,805		\$ 30,693	\$ -	\$ 30,693
2018-967-BOD-05-22-18	The City of DHS-Public Safety Emergency Response Program - Purchase AEDs	\$ 30,000		\$ 30,000	\$ 27,000	\$ 3,000
2018-968-BOD-05-22-18	One Future Coachella Valley - Health Career Connection Summer Intern at DHCD/F	\$ 7,314		\$ 7,314	\$ 6,583	\$ 731
<b>TOTAL GRANTS</b>		<b>\$ 16,267,132</b>	<b>\$ -</b>	<b>\$ 11,654,099</b>	<b>\$ 538,501</b>	<b>\$ 11,115,597</b>
<b>Amts available/remaining for Grant/Programs - FY 2018-19:</b>						
<b>Amount budgeted 2018-2019</b>			\$ 3,500,000		G/L Balance:	8/31/2018
<b>Amount granted through June 30, 2019:</b>			\$ -		2131	\$ 967,951
Mini Grants:	972		\$ (3,000)		2281	\$ 10,147,646
Net adj - Grants not used:					<b>Total</b>	<b>\$ 11,115,597</b>
<b>Balance available for Grants/Programs</b>			<b>\$ 3,497,000</b>		<b>Difference - Rdg</b>	<b>\$ (0)</b>



Date: September 25, 2018  
To: BOARD OF DIRECTORS  
Subject: Resources and Philanthropy

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**Staff recommendation:**

Information only of status update of new and existing grants.

**Background:**

To date we have received the following Letters of Interest (LOI) and Grant Applications that staff is working in a proactive manner to perform all due diligence and align requests with Strategic Priorities and Phased in Grant structure.

**APPLICATIONS:**

**GOING FORWARD TO BOARD FOR REVIEW/DISCUSSION/POTENTIAL APPROVAL**

**HARC** – Health Assessment & Research for Communities: *2019 Coachella Valley Community Health Survey*: \$399,979 with contingencies (see grant application in board packet) over a maximum of three (3) years to cover the costs of developing the triennial survey: 2019 Community Health Monitor. Under the Quality, Safety, Accountability and Transparency Health Focus Area – Proactive Category

**PENDING and/or ON HOLD and/or FURTHER DISCUSSION NEEDED:**

**DIGICOM** – \$150,000 over 2 years for student film project focusing on behavioral health – Community Focus Area: Access to Primary and Behavioral Health Care – Proactive Category – staff suggests a coordinated effort of inclusion with the Mindfully Resilient project in Desert Hot Springs High School –

Background: Grant Application was sent on 12/31/17 – have not received actual application for staff review as they were waiting to get their audited financials together. Received audited financials end of May 2018. DHCD CFO reviewed and stated Digicom is in good shape. Staff has put forth several requests to meet and waiting from Digicom for a firm date for a future meeting to continue the dialogue.

**UCR SCHOOL OF MEDICINE** – Grant Application – \$536,157 (approximate) mobile medical unit through expansion of the Residents Street Medicine Program – UCR is very much interested in developing the mobile unit concept as a strategy in collaboration with other community partners & service providers. Staff is waiting for UCR to find dates so that all

parties can attend to work on a strategy– Community Focus Area(s): Homelessness & Behavioral Health Care Initiatives – Leverage Category

**JOSLYN CENTER** – Grant Application - \$103,000 (approximate) for Wellness Center healthy lifestyle programs; behavioral health workforce development; and senior case management services through a contracted LSCW– Community Focus Area: Healthy Eating/Active Living – Prescriptive Category. Staff has reviewed and worked with Joslyn to finalize the grant request. This request is planned to be placed on the October 23<sup>rd</sup> Board of Directors meeting.

## **LETTERS OF INTEREST:**

**PALM SPRINGS UNIFIED SCHOOL DISTRICT** – A proposed project of a school district/multi-city collaborative substance abuse education, in particular marijuana, and support program in an effort to provide education and counseling to change behaviors of students and ultimately improve their academics and overall mental health and social-emotional wellbeing. This will be under the new focus of Drug Education and the tie to Substance Abuse Suspension/Expulsion Data. The school district is looking to offer more effective intervention programs and the addition of prevention programs focused on youth and parents. Staff will continue to work with the School District over the next several months as they complete their analysis of the current programs and the new curriculum they have invested in.

**DESERT ARC** - \$125,000 for two LVNs (licensed vocational nurses) & behavior consultant for the Adult Day Center Health Care Program. Staff will be setting up a meeting with the Executive Director to glean more information about the program and suggestions for partnerships with other healthcare service providers to possibly assist with program safety and sustainability.

**CANCER PARTNERS** (formerly known as Gilda’s Club) - \$130,000 for expansion of a pilot program now at Desert Sands School District - “Youth Grief & Loss Support Program” – Community Focus Area: Access to Primary Care and Behavioral Health – Health Career Connection Intern Kayla Bentley completed the map of Mental Health/Behavioral Health School Support Services in all schools within the 3 school districts. In conversations with PSUSD Mental Health and Student Support Services staff, it was suggested that the Cancer Partners program could fill the gap left by Mourning Star’s closing a few years ago. Staff is continuing to perform due diligence for specifics on the potential of numbers of students that would be served by this program. – Prescriptive Category

**ALLIANCE FOR A HEALTHIER GENERATION** - \$459,105 over 3 years for “Healthy Out of School Time Implementation Plan” and Healthy Schools Program Sustainability Model Implementation Plan” – Community Focus Area: Healthy Eating/Active Living – Staff is setting up a phone meeting with the CEO. – Leverage Category

**EL SOL NEIGHBORHOOD EDUCATION CENTERS** - \$400,000 over 3 years for Diabetes Education using the Promotoras model – Community Focus Area: Healthy Eating/Active Living – Leverage Category- staff has some concerns about the request and further doing due diligence.

## EXISTING GRANTS STATUS UPDATE – Progress and Final reports received:

### Progress reports:

#### **ARROWHEAD NEUROSCIENCE FOUNDATION: GRANT #876: *NeuroInterventional & NeuroCritical Care Fellowship Program***

6<sup>th</sup> Progress report covering the time period from 1/1/18 through 6/30/18

- ❖ Grant deliverables 1) establishment of TIA clinic; 2) development of nationally-accredited Comprehensive Stroke Center certification; 3) recruitment of new neurology and neurosurgery residents into our fellow program after completion of their training. The grant is on track in meeting their six-month grant projections.
- ❖ Significant Progress: Stroke program is ongoing and on track. Comprehensive Stroke Center accreditation was achieved, and renewal visit is expected by accreditation body in October 2018.
- ❖ Dr. Jerry Noel was graduated from the fellowship on 6/30/18, 3 months early. He met all requirements for the training and moved on to further subspecialty training at UCLA on 7/1/18 (while he is on leave of absence from DRMC medical staff). Dr. Emilio Tayag continues as a fellow in good standing.

#### **MARTHA'S VILLAGE & KITCHEN:**

Grant# 955 – *Health In Housing: Emergency Housing with Wrap Around Services*. 1<sup>st</sup> progress report covering the time period from 1/1/18 through 6/30/18. The grant is on track in meeting their six-month grant projections.

*Progress this period:*

- ❖ Martha's Village & Kitchen Emergency Shelter Program provided a total of 9,927 bed nights with full Wrap Around Services to clients from within the Desert Health Care District boundaries. Out of the 9,927 bed nights only 5,430 nights were billable to the DHCD contract. MVK provided an additional 4,497 non-billable bed nights to clients from within the DHCD boundaries, which truly validates the need for Emergency Housing Services for the Homeless in the District's boundaries. MVK served a total of 138 clients who originated from within the District's boundaries, and of which 45% were Children. \*\*\*A daily average of 25 clients over the contracted 30 clients from within the District's boundaries were served.
- ❖ 100% of the program participants had their basic needs such as food, clothing and clean, safe and stable housing environment.
- ❖ 100% of program participants completed the HMIS enrollment and assessment process.

#### **COACHELLA VALLEY RESCUE MISSION:**

Grant #954: *Emergency Food with Wrap Around Services for West Coachella Valley Homeless*. 1<sup>st</sup> progress report covering the time period from 12/01/17 through 5/31/18. The grant is on track in meeting their six-month grant projections.

*Progress this period:*

- ❖ The average number of clients sheltered is over 300 each evening. During the reporting period, CVRM provided emergency shelter to 3826 individuals including 1241 people from the District. All services are provided free of charge. Additionally, the following was provided to District homeless not sheltering with us:
  - Over 100 showers every day

- An average of 75 sets of clothing daily
- 25-75 case management interactions daily
- ❖ Since CVRM has no access to HARC evaluation data with respect to the CVAG sponsored West Valley Navigation System, we are unable to comment with respect to its effectiveness. We can report that demand for our shelter services continues to increase. 32% originate from District cities.
  - Meal service has swelled to over 1000 meals / day.
- ❖ Given our 37% increase in demand since 6/17 with 15% of that occurring during the reporting period, we are convinced of the urgent need for a West Valley “Brick and Mortar” shelter located near Social Services and bus lines. This would help alleviate the enormous strain on CVRM resources. A West Valley emergency shelter would also likely attract homeless who are either unable or reluctant to come to the East Valley for services

### **COACHELLA VALLEY ECONOMIC PARTNERSHIP (ONE FUTURE CV)**

Grant #887 *DHCD Mental Health College and Career Pathways Development Initiative*. 5<sup>th</sup> progress report covering the time period from 10/1/17 through 6/30/18. The grant is on track in meeting their grant projections.

Progress this period:

- ❖ In 2015, DHCD and CVEP’s Workforce Excellence Division (now a standalone non-profit called OneFuture Coachella Valley) partnered to award a total of thirty-three (33) Mental and Behavioral Health scholarships to DHCD district residents enrolled in their junior or senior year in college. In total, twenty-seven (27) undergraduate students and six (6) graduate students were selected.
- ❖ Track placement in graduate programs and/or workforce placement:
  - OFCV is excited to report that twelve of the eighteen (18) undergraduate students that have graduated to date have found employment. Following is a list of the students that are currently employed:
- ❖ Among the student support and professional development services offered to DHCD scholars were:
  - Student Leadership Conference: Attendance to our Annual Student Leadership Conference where local business, and education partners come together to speak, mentor and network with our scholars. Among the conference workshop sessions offered are career exposure, mental health topics, college transitions, financial literacy, resume and cover letter development, and personal nutrition.
  - Counseling & Advising: Scholars were provided one-on-one academic, professional and personal mission statement guidance by OFCV college and career counselors.
  - Peer and Business Partner Networking: Students had the opportunity to attend our annual midyear networking event that is focused on professional development. This past year, Dr. Anthony Silard, CSUSB Faculty and CEO for Global Leadership Institute, guided students through a session focused on developing Emotional Intelligence.
  - Tracking and Reporting: All scholars received academic tracking to gauge scholar progress and growth to ensure college retention and completion.
  - Financial Aid Advising: Each scholar received financial aid advising to ensure all possible financial aid opportunities were maximized. Since 2016, DHCD undergraduate scholar accessed more than \$360,000 in state and federal financial aid to cover their financial need gaps for college.

- ❖ A Financial Incentive Strategy: Behavioral Health Workforce, Coachella Valley was detailed by the BH A-Team and is ready for implementation. This three-phase strategy recognizes that student loans are not the only financial burden that students endure in order to become Behavioral Health professionals, and that there are many ways to create attractive financial incentives that meet the needs of prospective and current Behavioral Health students and employees. The three-part strategy includes:
  - Phase 1: C2Nav Behavioral Health Careers Resource Point, online portal outlet for behavioral health student resources including research on state and federal loan repayment programs to be vetted with the Behavioral Health A-Team; OFCV counselor training on tuition reimbursement and other financial incentives offer by Behavioral Health employers and agencies;
  - Phase 2: Assess and Refine BH Resource Point: this phase will assess for changes in the field, including loan repayment programs, employer scholarships, tuition reimbursement, licensure support resources and other attraction and retention strategies, and more fully align the C2N with these programs to connect more students with resources;
  - Phase 3: Financial Incentive Strategy Program: The FIF implementation of a local Financial Incentive Strategy program, to include loan repayment, scholarships, tuition reimbursement and other financial incentives the promote local post-graduate students studying in Behavioral Health careers to live and work in the Coachella Valley.
- ❖ Health Career Connection Summer 2018 Internship Program:
  - Six undergraduate behavioral health students participated in the Health Career Connection Summer Internship program
- ❖ BH Faculty Externship, June 2018:
  - 30 K-16 educators and 13 Behavioral Health professionals participated in a two-day faculty externship, June 19-20.

**MIZELL SENIOR CENTER** – Grant #938: *A Matter of Balance Senior Falls Prevention Program* – 2<sup>nd</sup> progress report covering the time period from 2/1/18 through 7/31/18. The grant is on track in meeting their six-month grant projections:

- ❖ A CV Falls Prevention Collaborative was created, and they meet on a quarterly basis
  - The Collaborative is engaged in developing a 12-month sustainability plan to implement in year four
- ❖ Facebook & Twitter accounts for AMOB were created to further enhance the visibility of the program, proving social media has been beneficial for the AMOB participants and their families
- ❖ Continue to engage the coaches with one-on-one evaluations and overall mentoring
- ❖ During this period 9 host sites completed 13 courses, with 93 graduating, bringing the one-year total to 28 courses completed, with 219 graduates
- ❖ Completed 44 home safety assessments with 30 safety changes made (include 12 sets of grab bars were installed to underserved participants
  - Over one year, 77 home safety assessments have been completed, 45 safety changes and 24 set of grab bars distributed

## Final reports:

**ANGEL VIEW- Grant #908: *AV Outreach Family Stabilization Program***: a two-year grant to help stabilize 50 District children with disabilities and their families with comprehensive case management and wrap around services – grant on-track and ended June 30, 2018.

- **THE BOARD-APPROVED USE OF DISTRICT FUNDS (\$144,600 over 2 years):**  
For Angel View to help stabilize the families of 50 children with disabilities through intensive outreach/education, in-depth outreach/education services will be time consuming. In order for Angel View's two outreach specialists to be able to devote more time to clients who enroll in the family stabilization component of the program, an additional staff member will need to be hired. The new employee will free up some of their time by helping with the administrative end of the program and participating in community outreach events.

All expected results from this grant were met or exceeded, as follows:

- ❖ AV worked with families of 50 unduplicated children with disabilities, all District residents, on a broad range of issues, and helped them meet individualized goals they set in meetings with our case managers. Goals included learning to calendar appointments, schedule transportation, plan for contingencies, budgeting, healthy food choices, sharing time/attention with all children in the household, strengthening family relationships through shared activities.
- ❖ The case management services proved so beneficial to families within the District, before the end of the first year, AV sought additional grant funds to offer the same service in the East Valley. As a result of offering family stabilization throughout the valley, their program has transitioned from providing limited help to 450-500 children with disabilities a year valley-wide to providing more intensive help to 275-300 children with disabilities. But because AV now assist whole families, including parents and siblings, the total number of people served has likely increased.
- ❖ *List five things to be done differently if this project/program were to be implemented again:* If we were designing the program now, from the outset, we would:
  1. Be flexible re meeting times and places; after hours meetings proved very helpful, as did nontraditional meeting places.
  2. Include participating in IEP meetings as an offered service.
  3. Be more flexible regarding how often to contact clients; it proved to be more individualized than expected.

Note: Because the program was designed to be flexible, though, and incorporate learning from the field, they are doing all three of those things now.

**GILDA'S CLUB** – now known as Cancer Partners Grant #929 *HeLP (Healthy Living Program)*

- **THE BOARD-APPROVED USE OF DISTRICT FUNDS (\$142,000 over one year):**  
GCDC requests \$142,000 for HeLP program instructors (including a nutritionist, professional chef and exercise instructors); marketing and outreach; and materials, supplies and equipment.

All of our outcome measurement results also exceeded our initial expectations, validating the program's value and impact. All expected results from this grant were exceeded, as follows:

- ❖ Over the full one-year term, the HeLP program provided 156 educational sessions and 167 mind-body fitness sessions serving a total of 1,400 participants (with 177

- regularly attending both).
- ❖ The measurable outcomes for the grant term showed that 96.5% of participants indicated that the classes increased their knowledge on the role of wellness and nutrition, 95.5% increased their physical activity levels on a daily and weekly basis, 87% changed their eating behaviors to be healthier, 93% felt stronger, and 100% confirmed improved overall health.
- ❖ Due to the success of the program and greater than anticipated demand by our clients, the actual number of nutrition education sessions held over the full one-year grant term was 212% higher than originally planned and the actual number of mind-body fitness sessions held was 234% higher.
- ❖ *List five things to be done differently if this project/program were to be implemented again:*

1) Last year, we had difficulty in beginning the program (both in securing staff and recruiting participants) during the summer months due to the reduced population of the Coachella Valley at that time of year. In hindsight, we would have begun the program's activities in the fall. Moving forward, we will concentrate the program's activities from September through May to maximize its impact and attract a greater number of participants.

2) We would have included two nutritionists as program staff members to achieve better coverage and flexibility in scheduling educational sessions. We plan to accomplish this in the new program year.

3) We would have included additional funds for advertising to better reach the broader Coachella Valley population and build stronger awareness of and participation in the HeLP program.

4) We would have expanded our outcome measurements to include more specific assessments of the program's benefits regarding participant knowledge and benefits. We are interested in determining participants' individual perceptions and experiences, and we plan to conduct one-on-one interviews with a sampling of participants to better understand the factors that contributed to their understanding and long-term commitment to better nutrition and exercise.

5) We would have included a part-time Program Manager position as part of the HeLP program budget to coordinate activities and conduct data management tasks. These functions were performed by CancerPartners' Program Director, who has responsibility for all of the organization's direct services.

#### **COACHELLA VALLEY ECONOMIC PARTNERSHIP (ONE FUTURE CV):**

Grant #887 *DHCD Mental Health College and Career Pathways Development Initiative*

- **THE DHCD BOARD-APPROVED USE OF DISTRICT FUNDS (\$737,900 over 2 years with a one year no-cost grant extension):** to launch a regional, aligned effort to build a pipeline to produce a top-quality mental health workforce from within our own student population (2 years of staffing and consulting fees to oversee and implement development of a Mental Health Career workforce pipeline; summer career conference; paid undergraduate internships; scholarships; and planning for a loan repayment program)

All expected results from this grant were met or exceeded, as follows:

- ❖ A Mental Health Workgroup (the Behavioral Health Workforce Alignment Team) comprised of local employers who rely on a continuous supply of mental health workers was established and is actively engaged in a collective impact approach to develop their workforce. The BH A-Team established an initial tactical plan, and has

advanced their objectives, accomplishing the following to date:

- o Created an educational algorithm linking degrees to behavioral health careers/jobs.
- o Connected fourteen K-16 pathway programs to behavioral health professionals, raising awareness of behavioral health careers, and service resources.
- o Created a job matrix of behavioral health jobs in the Coachella Valley to develop unified language around job titles and job descriptions. The initial matrix is being updated Summer 2018.
- o Created an online behavioral health hub on the College to Career Navigator portal, connecting students to resources specific to behavioral health careers, and education funding resources.
- o Included six behavioral health professionals in the EHP Career Showcase
- o Increased from two to six, high school career academy programs with a behavioral health strand.
- o Tracked progress of OneFuture DHCD student scholar cohort through post-secondary education and into the workforce.
- ❖ Mental health career pathways supports and programs are available to all eight high school career academies through career explorations, job shadows, internships and career conferences. In addition, the public safety academies at Desert Hot Springs High School and Coachella Valley High School and the education academy at Desert Hot Springs High School have been connected to the BH A-Team, and the Health Academy Lead Teacher group to support their behavioral health pathway program development.
- ❖ A 2016 Tactical Plan for mental health workforce development was adopted, activities accomplished, and updated in March 2017.
- ❖ A Financial Incentive Strategy: Behavioral Health Workforce, Coachella Valley was detailed by the BH A-Team and is ready for implementation. This three-phase strategy recognizes that student loans are not the only financial burden that students endure in order to become Behavioral Health professionals, and that there are many ways to create attractive financial incentives that meet the needs of prospective and current Behavioral Health students and employees.
- ❖ 250 high school academy students participated in the Emerging Health Professionals Career Showcase and were provided information and resources on mental health careers.
- ❖ 34 (Grant goal: minimum 15) teachers, counselors, and administrators from elementary health pathway programs, middle school health pathway programs, high school health, education and public safety pathway programs and community college completed Faculty Externships in the behavioral health industry.
- ❖ 16 undergraduate students (Grant goal: minimum of 10) completed the OFCV-Health Career Connection summer internship in a behavioral health-related setting.
- ❖ 33 total college students, 27 undergraduate and 6 graduates, majoring in mental health pathways received scholarship funding. (Grant goal: 30 junior and senior college undergraduate students. OFCV received permission in the no-cost grant extension period to augment the scholar pool to include post-graduate behavioral health students)
- ❖ All mental health scholars participated in the student leadership development workshops, mental-health themed workshops, the HCC summer internship program (Grant Goal: minimum of 5 / Actual: 16) and completed a personal mission statement for college integrating pathway goals.
- ❖ The end goal is to increase the number of students in the Coachella Valley who pursue and successfully complete college degree programs in behavioral healthcare related

fields. OFCV Behavioral Health scholars are the initial baseline for this measurement. The BH A-Team will continue to explore ways to expand that tracking base.

❖ *Five things to be done differently if this project/program were to be implemented again?*

1. We underestimated the impact of the transition to a new nonprofit on staff time and distribution of work load. We would work to estimate the work flow more effectively.
2. Expecting a larger number of undergraduate students in the DHCD boundaries would be pursuing mental and behavioral health careers and therefore eligible for scholarships, we concurrently launched the Mental and Behavioral and the scholarship process. It would have been more effective to phase those steps so that the employer and education community was first mobilized and actively engaged in outreach and education to students, then scholarships were made available.
3. We would have structured the faculty externship program differently from the outset to address demands on faculty time and schedule.
4. We would have considered more fully the nuances to this particular workforce area to understand the greatest need is at the post-bac level.
5. We would have attempted to better estimate the timeline for deliverables throughout the grant.

**HIDDEN HARVEST** – Grant #936: *Free, Fresh Produce Markets for Low-Income Seniors and Families.*

- **THE BOARD-APPROVED USE OF DISTRICT FUNDS (\$95,000 for one year):** HH goal to deliver fresh produce to low-income seniors on a scheduled, regular basis for this grant term (one year) was to provide 100 markets that would have brought somewhere between 75,000 – 80,000 pounds of produce to their six locations within the Desert Healthcare District.

HH accomplished that and more – 118 markets, 86,841 pounds of fresh produce to 7 locations.

- ❖ Five things to be done differently if this project/program were to be implemented again?
- This year HH is reviewing their Senior Market locations to make sure there is no duplication of services. Adjustments will be made if duplications are found, such as find alternative locations that have greater need for fresh produce.
  - Produce gleaning challenge is on-going and HH will continue to intensify their efforts to find new sources and farm partners.

**DESERT AIDS PROJECT (The Dock):** Grant #875 *Sexually Transmitted Infection Clinic:* the goal of this model was to increase access to screening and treatment for a broader range of STIs threatening the health of community members who face barriers to seeking and receiving this care in a traditional medical setting.

- **THE DHCD BOARD-APPROVED USE OF DISTRICT FUNDS (\$800,000 over 3 years):**  
The request would provide for the following key expenses and their associated indirect costs:

1. Personnel - for salaries and benefits for staff positions providing direct client services.
2. Supplies – including but not limited to medical supplies; protocol appropriate medications and immunizations; other preventive supplies; and basic exam room stock

3. Facilities – a portion for maintenance expenses of the STI clinic aka The Dock
4. Medical Billing Fees: for outsourced medical billing services
5. Information Systems – computer equipment and other costs for upgrades to current network for additional capacity
6. Promotion & Education Marketing – all communication efforts to promote awareness of the STI Clinic to the highest risk populations

All expected results from this grant were met or exceeded, as follows

- ❖ The DOCK is now open 42.5 hours per week (10 - 6:30, Monday through Friday), or 170 hours per month.
- ❖ During the entire grant period, The DOCK delivered over 6,000 patient visits to over 3,400 unique patients, yielding an average of 1.8 visits per individual. This ratio serves to demonstrate that some patients are returning for additional testing. We expect that the new pricing structure (From the original \$85 for comprehensive STI testing to \$25 for comprehensive STI testing introduced in May 2018) will continue to drive an increase in returning patients who recognize the importance of routine testing if they engage in high-risk behaviors. HIV and Hepatitis C (HCV) testing remain free of charge.
- ❖ There are several additional noteworthy DOCK developments/activities:
  - Patient satisfaction surveys completed by DOCK patients (conducted by Press Ganey since September 2017) clearly indicate a high level of satisfaction with Good or Very Good responses ranging from 88.1% to 99.4%; all considerably above national Federally Qualified Health Center (FQHC) benchmarks.
  - DAP's Community Health Department (CHD) has placed a significant emphasis on pre-exposure prophylaxis (PrEP) for at-risk patients. It is now the agency's strict policy that all DOCK patients who test negative for HIV are offered counseling and assessment for PrEP. Several CHD employees have been trained and certified as PrEP Navigators and provide focused counseling to patients who are determined by caregivers to be at the highest risk.
  - Beginning in March 2017, all patients testing for HIV are also offered, and encouraged to receive, a Hepatitis C test. We continue to emphasize the importance of this test, particularly to baby boomers born between 1945 and 1965.
- ❖ *List five things to be done differently if this project/program were to be implemented again:*
  - Separate administrative and clinical responsibilities from the outset.
  - Accrue/gather/segregate data regarding tests done in The DOCK by healthcare personnel versus CHD personnel.
  - Offer late afternoon into evening hours from the outset.
  - Lower fee scale from the outset.
  - Have all HIV testing at The DOCK be done by DOCK personnel, not CHD personnel.



Date: September 25, 2018  
To: Board of Directors  
Subject: Resources and Philanthropy – Grant Structure

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**Staff recommendation:**

To approve the proposed updated grant structure to support the implementation of the 2017 Board-approved 3-year Strategic Plan.

**Background:**

At the Board of Directors meetings on March 27, 2018 and April 2, 2018, Staff presented:

- A draft of the grant program structure enhancement plan
- A phased-in approach that includes the focus on the District's Strategic Plan – Priority #3 Community Health and Wellness Focus areas
- Proposed grant types: Proactive – Prescriptive – Leveraged – Reactive

Since then, the AB2019 legislation was signed into law by Governor Jerry Brown. Requirements for grant transparency have been incorporated.

**Outline of Structure Enhancements:**

1. Transformation of the program committee – Board member only
2. Move into a quarterly grant cycle
3. Increase proactive grant funding by offering RFPs in both prescriptive and proactive platforms – driven by strategic goals and outcomes
4. AB2019 compliance and scoring structure
5. The requirement of updating the Grant Policy and Program Committee Policy

**Index of Supporting documents attached:**

1. Detailed outline of Grant Structure Enhancement
2. Grant scoring
3. Grant Policy update – **example only**
4. AB2019 language

**Fiscal Impact:** None

## Desert Healthcare District Detailed Grant Structure

### Purpose:

To enable the staff to meet the strategic goals, outlined in the approved three-year Strategic Plan, developing a structure that is predictable, but also has some flexibility is required. It needs to be proactive, transparent, and driven by community and subject matter experts, producing tangible and measurable results. Flexibility allows for opportunity-funding and the development/growth of initiatives.

This document is to set the grant program framework and proposed workflow to:

1. Further build partnerships with other health and social service providers that leverage and build on existing and future initiatives in the community, to build programs and services that address the community health focus areas.
2. To ensure structure, approach and capability of funding to create focused investment and philanthropy that targets critical community health needs.
3. To be impactful and accountable to the Strategic Plan and the District residents.

### Enhancement of Existing Program Structure:

1. Move from a year-round open grant structure to a quarterly grant structure.
2. Program Committee reformatted to no longer include community members or services providers to prevent a conflict of interest.
3. Rotation of Board members on Program Committee – two-year terms – for transparency purposes.
4. Program Committee works with staff to assist with the creation of proposed Outcomes/Goals/Objectives for the Strategic Plan focus areas. This will be based on staff pre-work and recommendations.

### Programs Benefits Considered:

Meeting the needs of our service providers, this plan will allow better planning and growth in partnerships and collaborative initiatives:

1. Predictability of grant programs' open dates – this allows for better cash-flow planning for CBO's and the DHCD/F.
2. Community engagement – this will allow like-kind services to convene and identify ways to work together with a common goal.
3. Process for staff to identify trends and healthcare needs; information is brought forward to Program Committee and then to the full Board for approval.
4. Opportunity to be forthcoming of success and challenges of community programs.
5. Builds out and the stabilization of successful programs.
6. Transparency via a new grant scoring system and application.
7. Meets regulatory requirements of the District.

Benefits to the Board of Directors:

1. On a quarterly basis, the Board will be presented with the proposed program grants to be considered for funding.
2. The Board will be able to proceed with confidence that the grants have been fully observed by the Program Committee prior to the presentation for approval of recommendations.
3. The program grants will have a scoring structure and an allocation formula based on scoring – the Board will have the flexibility to expand past the allocated funds for each initiative – driven by grant application scoring, alongside data and outcomes.

## Desert Healthcare District Detailed Grant Structure

### Benefits to Staff and Operations:

1. The quarterly grant structure will enable staff time for research, community engagement, planning, implementation, and the creation of RFPs.
2. It engages like-kind service providers and allows for co-development of initiatives/programs to move identified data goals.
3. It creates opportunity for existing partnership growth and the creation of partnerships with self-identified joint programs by CBOs supported/driven by scoring system.
4. Allows Staff to identify leverage funding opportunities from outside sources to support key programs funded by the District.

### RFP Purpose and Process:

A request for proposal, or RFP, is a document that describes a project's needs and desired results and asks for proposed solutions from qualified service providers.

### Purpose of the RFP Process:

- **Finding the best-suited to meet the goals of the District – driven by strategic and measurable outcomes.** Casting a wide net and letting the multiple providers compete is an opportunity for all service partners to play a role in meeting the end goals of the District. Sometimes this means well-known and not-so-well-known entities will come to the table and will enable staff and the Program Committee to understand the wider range of programs and services.
- **Accountability and good governance.** Due to its open nature, the standard RFP process encourages fairness and transparency.
- **Needs assessment.** The process of writing an RFP provides an opportunity to interview key stakeholders (community engagement) and bridge the gap between the vague aspirations that launch a project and the concrete, measurable requirements that guide it to successful conclusion.

### Standard Steps in the RFP Process:

1. Establish the project's goals/outcomes.
2. Identify key stakeholders and subject matter experts.
3. Talk to stakeholders and define what potential project needs look like.
4. Write the **RFP** based on the goal of the District and information gathered.
5. Announce and circulate the **RFP**.
6. Staff review of grant responses — scores and formulates recommendations.
7. Present to the Program Committee and finalize with due diligence.
8. Present to the full Board for final approval.

### Next Steps:

1. Software integration.
2. Grantee training/awareness.
3. Application updates.
4. Formation of new Program Committee.

## Desert Healthcare District Detailed Grant Structure

5. Final update of Program Committee Policy.
6. Final update of Grant Policy - including AB 2019's new requirements.

**Timeline:**

Example of 1<sup>st</sup> grant cycle

December 18, 2018 – Board-approved RFP

December 19, 2018 - Release of Homeless RFP

January 16, 2019 - Grant deadline

February 12, 2019 – Program Committee review of first group (assuming multiple grant requests received)

March 13, 2019 – Program Committee review of second group

March 26, 2019 - Present to the Board for approval of recommendations

April 1, 2019 - Grant begins

October 1, 2019 - 6-month report due

October 15, 2019 – Program Committee review reports

November 12, 2019 - Program Committee reviews remaining reports

March 31, 2020 – End of grant period

May 1, 2020 - Final report

May 12, 2020 - Program Committee review

June 9, 2020 - Program Committee review

June 23, 2020 – Full Board package for review

**Example Timeline**

	2019			2019			2019			2019			2020			2020		
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
	X		X	X						X					X	X		X
<b>Open Grant Period</b>																		
Prgram Committee Meetings	X																	
Present to Board			X															
Funding Start Period				X														
1st 6 month Report									X									
Grant Ends															X			
Final Report																X		
Full Board Package																		X



## Application Scoring Rubric

Category	Excellent	Good	Average	Poor
<b>Executive Summary</b> (20 points)	<p>The applicant <b>includes and effectively describes</b> the project’s mission and vision, the specific population the project will serve, the expected benefits to the community, the support for applicant’s project in the community with evidence based proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.</p> <p style="text-align: center;"><i>(16 – 20 points)</i></p>	<p>The applicant <b>includes and describes</b> the project’s mission and vision, the population the project will serve, the expected benefits to the community, the support for applicant’s project in the community with evidence based proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.</p> <p style="text-align: center;"><i>(11 – 15 points)</i></p>	<p>The applicant <b>includes and somewhat describes</b> the project’s mission and vision, the general population the project will serve, the expected benefits to the community, the support for applicant’s project in the community with proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.</p> <p style="text-align: center;"><i>(6 – 10 points)</i></p>	<p>The applicant <b>vaguely describes</b> the project’s mission and vision, the general population the project will serve, the expected benefits to the community, the support for applicant’s project in the community with proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.</p> <p style="text-align: center;"><i>(0 – 5 points)</i></p>

Category	Excellent	Good	Average	Poor
<p><b>Need &amp; Alignment and Demonstrate</b> (15 points)</p>	<p>The applicant <b>explicitly defines a specific</b> need for the project within the identified community and <b>effectively describes</b> the alignment of that need to one of the Community Focus Areas of the District/Foundation’s Strategic Plan by using convincing data, case studies, interviews, focus group results, media attention, etc.</p> <p><i>(12 – 15 points)</i></p>	<p>The applicant <b>identifies</b> a general need within the identified community for the project and <b>describes</b> the alignment of that need to one of the Community Focus Areas of the District/Foundation’s Strategic Plan by using convincing data, case studies, interviews, focus group results, media attention, etc.</p> <p><i>(8 – 11 points)</i></p>	<p>The applicant <b>somewhat describes</b> a need for the project that is generally aligned to one of the Community Focus Areas of the District/Foundation’s Strategic Plan by using convincing data, case studies, interviews, focus group results, media attention, etc.</p> <p><i>(4 – 7 points)</i></p>	<p>The applicant <b>vaguely describes</b> a need for the project that may be loosely aligned to one of the Community Focus Areas of the District/Foundation’s Strategic Plan by using convincing data, case studies, interviews, focus group results, media attention, etc.</p> <p><i>(0 – 3 points)</i></p>
<p><b>Goals</b> (15 points)</p>	<p>The applicant has provided SMART goals with an evaluation plan that is <b>fully developed</b>. The <b>SMART</b> goals are <b>specific, measurable, ambitious, realistic, and time-bound</b>, and the evaluation plan will <b>accurately</b> measure the project’s effectiveness.</p> <p><i>(12 – 15 points)</i></p>	<p>The applicant has provided SMART goals with an evaluation plan that demonstrates <b>some development</b>. The <b>SMART</b> goals are <b>mostly specific, measurable, ambitious, realistic, and time-bound</b>, and the evaluation plan will measure <b>some aspects</b> of the project’s effectiveness.</p> <p><i>(8 – 11 points)</i></p>	<p>The applicant has provided SMART goals and an evaluation plan. The <b>SMART</b> goals are somewhat <b>specific, measurable, ambitious, realistic, and time-bound</b>, and the evaluation plan will <b>somewhat</b> measure the project’s effectiveness.</p> <p><i>(4 – 7 points)</i></p>	<p>The applicant has provided two goals and an evaluation plan. The goals are <b>not</b> specific, measurable, ambitious, realistic, and timebound, and the evaluation plan will weakly measure the project’s effectiveness, OR the section is missing either a second goal or discussion of the evaluation plan.</p> <p><i>(0 – 3 points)</i></p>

Category	Excellent	Good	Average	Poor
<p><b>Proposed Evaluation Plan</b> (20 points)</p>	<p>The applicant describes a <b>specific detailed plan of action for</b> evaluation, that includes both qualitative and quantitative assessment of the project that is well-defined with data reporting mechanisms that are clear and transparent. The plan of action is <b>strongly aligned</b> with the project’s mission and goals as listed in the Executive Summary and Goals sections.</p> <p><i>(16 – 20 points)</i></p>	<p>The applicant describes a <b>detailed</b> plan of action for evaluation that includes both qualitative and quantitative assessment of the project that is well-defined with data reporting mechanisms that are clear and transparent. The plan of action is <b>aligned</b> with the project’s mission and goals as listed in the Executive Summary and Goals.</p> <p><i>(11 – 15 points)</i></p>	<p>The applicant describes a <b>reasonable</b> plan of action that can be completed during the grant period, involves <b>some</b> identified partners appropriately, and <b>might</b> make the project a reality. The plan of action is <b>somewhat aligned</b> with the project’s mission and goals as listed in the Executive Summary and Goals.</p> <p><i>(6 – 10 points)</i></p>	<p>The applicant <b>vaguely</b> describes a plan of action OR the plan of action is <b>unreasonable</b> or <b>unlikely</b> to make the project a reality. The plan of action is <b>not aligned</b> with the Executive Summary or Goals.</p> <p><i>(0 – 5 points)</i></p>
<p><b>Applicant Capacity and Infrastructure to execute proposal</b> (15 points)</p>	<p>The applicant includes concrete examples that <b>strongly demonstrate</b> that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.)</p> <p>The <b>applicant strongly demonstrates</b> credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support)</p> <p><i>(12 – 15 points)</i></p>	<p>The applicant includes concrete examples that <b>demonstrate</b> that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.).</p> <p>The <b>applicant demonstrates</b> credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support)</p> <p><i>(8 – 11 points)</i></p>	<p>The applicant includes examples that <b>somewhat demonstrate</b> the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.).</p> <p>The <b>applicant somewhat demonstrates</b> credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support)</p> <p><i>(4 – 7 points)</i></p>	<p>The applicant includes examples that <b>do not demonstrate</b> the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.).</p> <p>The applicant <b>does not demonstrate</b> credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support)</p> <p><i>(0 – 3 points)</i></p>

Category	Excellent	Good	Average	Poor
<p><b>Organizations Sustainability</b> (10 Points)</p>	<p>The applicant <b>strongly demonstrates that it</b> has a current strategic plan and/or business plan with measurable outcomes. Strong board engagement and governance. The proposed program is <b>identified within</b> the strategic plan.</p> <p><i>(9-10 points)</i></p>	<p>The applicant <b>demonstrates</b> that it has a current strategic plan and/or business plan with measurable outcomes Shows Board engagement and governance. Applicant has clearly identified that the program is <b>supported by</b> the strategic plan</p> <p><i>(6-8 points)</i></p>	<p>The applicant <b>somewhat demonstrates</b> that it has a strategic plan and/or business plan. Applicant has <b>somewhat identified</b> that the program is <b>tied</b> to the strategic plan.</p> <p><i>(3 – 5 points)</i></p>	<p>The applicant has <b>no</b> strategic plan and/or business plan. The program reflects the applicant’s mission.</p> <p><i>(0-2 points)</i></p>
<p><b>Budget</b> (15 points)</p>	<p>The budget is <b>specific</b> and <b>reasonable</b>, and all items <b>strongly align</b> with the described project. The budget <b>strongly demonstrates</b> financial clarity/value and tells the same story as the proposal narrative. There are no unexplained amounts. The overall value of the project (the relationship of benefits and/or participants to costs) is <b>high</b>. Additional leveraged funding sources and in-kind services are included.</p> <p><i>Staff FTE is identified clearly Budget identifies number of XYZ and how this tie to staff time.</i></p> <p><i>(12 – 15 points)</i></p>	<p>The budget is <b>mostly specific</b> and <b>reasonable</b>, and the items <b>align</b> with the described project. The budget <b>demonstrates</b> financial clarity/value and tells the same story as the proposal narrative. There are no unexplained amounts. The overall value of the project (the relationship of benefits and/or participants to costs) is <b>medium</b>. And/or additional funding sources and/or in-kind services are included.</p> <p><i>(8 – 11 points)</i></p>	<p>The budget is <b>somewhat specific</b> and <b>reasonable</b>, and the items are <b>somewhat aligned</b> with the described project. The budget somewhat <b>demonstrates</b> financial clarity. There are no unexplained amounts. The overall value of the project (the relationship of benefits and/or participants to costs) is <b>low</b>.</p> <p><i>(4 – 7 points)</i></p>	<p>The budget is <b>not specific</b> and/or <b>reasonable</b>, and the items listed <b>do not align</b> with the described project. The budget does not clearly tell the same story as the proposal narrative.</p> <p><i>(0 – 3 points)</i></p>

Category	Excellent	Good	Average	Poor
<p><b>% of funding requested – leverage of other funders</b></p>	<p><b>0-50%</b> Budget shows mostly committed funds, in-kind funds for professional services and balance is from proposed funds have been identified and in place</p> <p>(12-15 points)</p>	<p><b>60-70%</b> Budget shows some committed funds, in-kind funds for professional services and proposed funds making up the majority, have been identified and in place</p> <p>(8-11 points)</p>	<p><b>70 - 80%</b> Budget shows limited to no committed funds, balance is made up of mostly identified proposed funds</p> <p>(4-7 points)</p>	<p><b>80-100%</b> Budget shows no committed funds, balance is made up of mostly identified proposed funds or a significant % of program budget is being ask for in the grant</p> <p>(0-3 points)</p>
<p><b>Fiduciary Compliance and Stability</b> (10 Points)</p>	<p>The applicant <b>strongly demonstrates</b> a financial history that shows a continuous cycle of fiduciary responsibility of the board through audited financials with an unmodified opinion, produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, source of funds for operations and programs are coming from multiple sources and the board reviews financials on a regular basis.</p> <p>(9 – 10 points)</p>	<p>The applicant <b>demonstrates</b> a financial history that shows a continuous cycle of fiduciary responsibility of the board through audited financials with an unmodified opinion, produced in a timely fashion, asset ratio meets required debt load, source of funds for operations and programs are coming from multiple sources and the board reviews financials on a regular basis.</p> <p>(6 – 8 points)</p>	<p><b>The applicant demonstrates</b> a financial history that shows a continuous cycle of fiduciary responsibility of the board through audited financials produced. A positive cash flow at the end of each fiscal year is not consistent. Source of funds for operations and programs are coming from limited sources and the board reviews financials on a regular basis.</p> <p>(3 – 5 points)</p>	<p><b>The applicant demonstrates</b> a financial history through audited financials. A positive cash flow at the end of each fiscal year is <b>not</b> consistent. Source of funds for operations and programs are coming from little or no alternative resources.</p> <p>(0 – 2 points)</p>

Category	Excellent	Good	Average	Poor
<b>Key Partners/ Collective Impact/Collaboration</b> (10 points)	The applicant <b>strongly demonstrates</b> solid partnerships and collaborative approach with letters of commitment or an MOU that includes a scope of work.  <i>(9 – 10 points)</i>	The applicant <b>demonstrates</b> partnerships and collaborative approach with letters of commitment.  <i>(6 – 8 points)</i>	The applicant <b>demonstrates</b> partnerships but has not included any letters of commitment.  <i>(3 – 5 points)</i>	The applicant <b>does not demonstrate</b> any partnerships.  <i>(0 – 2 points)</i>
<i>Comments/Notes:</i>				
<b>Past Grant experience</b>	Reporting on a timely fashion/ met goals and or explained challenges to the goals in a clear and concise fashion with identifiable future recommendations. Staff recommended strong grantee  <i>(9-10 point)</i>	<i>(6 – 8 points)</i>	<i>(3-5 points)</i>	Did not send in reports Reports did not answer outcome questions Finances are questionable used.  <i>(0-2 point)</i>

Total Score: \_\_\_\_\_ / 1 = 155 %   
 Excellent: 82% - 100% - Fully Funded   
 Very Good: 70-81 % - Full to Partial  
 Good: 56% - 81% - Partial Funding   
 Average: 29% - 55% - Depending on Funding Allocation /  
 Board Decision   
 Poor: 0% - 28% - Decline



**POLICY TITLE:** Grant & Mini-Grant Policy

**POLICY NUMBER:** OP-5

**COMMITTEE UPDATE:** N/A

**BOARD APPROVAL DATE:** 05/24/2016  
Board Approved Policy Procedure 02/20/2012

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**POLICY: GRANT & MINI-GRANT POLICY**

**Policy #OP-5:**

In accordance with Desert Healthcare District's mission and strategic plan it is the policy of the Desert Healthcare District to provide guidelines for Grants & Mini-Grants to provide health and wellness programs/projects for the benefit of the District residents and in alignment with the California Health and safety code requirements. Each year the Board of Directors will allocate a budget for both grants and mini-grants.

**GUIDELINES:**

1. All grants must align with the Desert Healthcare District's strategic plan. The strategic plan is available on our website, [www.dhcd.org](http://www.dhcd.org),

**2. Description**

2a. Proactive Grant Funding: - Innovative funding opportunities driven by community engagement and District approved measurable outcomes. Addresses and improves access to health and wellness services and create environmental change that support optimal health and a culture of wellness (RFP process with limited guidance as to the programs but driven by the measurable outcomes or open grant cycle)

2b. Prescriptive Grant Funding: - initiative driven, micro driven, comes out of community engagement and driven by Board approved goals and measurable outcomes – these grants are defined in scope to meet critical



community health and wellness services. (either direct solicitation / restricted RFP process)

**2c. Leveraged Grant Funds:** City and County matches, State and Federal Matches, Other Grant funders and collective funds. All grants are in alignment with strategic goals and mission of the DHCD. (These grants will start with an LOI to staff)

**2d. Reactive or Responsive Grant Funds:** - a competitive funding opportunity to support community health and wellness services provided by nonprofits and public agencies in their development and implementation of new programs and services or for limited gap funding for operational support as the result of an unexpected financial challenges. These grants are key services to our community and are in alignment with the mission of the District. (These grants will start with an LOI to staff) Capacity building / Unique service offering

**2e. Multi-Year Grant Requests:** Other than on an exception basis, grants will be approved on a yearly basis. For those that are either pilot/program/initiative driven, these grants will be presented with a budget for the total time frame (multiple years) but approved on a yearly basis. Each renewal year, a simplified grant application will be used that will encompass key information of the specific program year. This will be supported by the original grant request and semiannual reports. These requests will follow the same process as a full grant request, through the program committee and then to the full Board for approval.

**2f. Mini Grants** allow the Desert Healthcare District community to access support for small health initiatives that possibly do not have the capacity for a large program or project. The mini grant application is processed by the administration of DHCD. Consideration is contingent upon the availability of funds, community health priorities, and the ability of the applicant to effectively administer the project. The mini grant provides up to \$5,000 per one request in a fiscal year. The request must be processed through the mini grant form provided by the Chief Grants Officer's office. The request must align with the DHCD strategic goals and objectives

### 3. Grant Guidelines

#### a. Committee

**Deleted:** **A Grant (Responsive)** is a competitive funding opportunity to support community health and wellness services provided by nonprofit community based organizations and public agencies in their development and implementation of new programs and services or for limited gap funding of operational support as the result of an unexpected financial challenge. ¶

¶ **2b. A Program (Sustaining)** (BY INVITATION ONLY) is a contracted defined scope of critical community health and wellness services provided by an established District partner that is a nonprofit community based organization or public agency. A one or two year contract will be executed and will include the defined scope of services and measurable outcomes to be reported on a semi-annual schedule. In partnership with these key organizations, a semi-annual meeting will be held to discuss any on-going program successes and challenges. ¶

¶ **2c. A Project (Proactive)** is a District mission-driven collaboration with one or more outside agencies leveraging financial, intellectual, and technical resources to identify and alleviate healthcare disparities, address and improve access to health and wellness services, and create environmental change that support optimal health and a culture of wellness. This may include infrastructure, policy, advocacy, and system change. Projects would be implemented using feasibility and business plan models and secured through an RFP process, MOU or similar agreement. Projects have been identified by category and will be prioritized by the Board. Some projects are ongoing from previous fiscal years and will continue to have DHCD involvement.



3.a.1 The [Program Committee](#) recommends grant making policy to the Board, guides District grant making functions and program-related activities. The committee meets at the District office at 10 a.m. on the second Tuesday of every other month.

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#### b. Eligibility/Criteria

3.b.1 The District awards grants only to organizations exempt from federal taxation under Section 501(c) (3) of the Internal Revenue Code or equivalent exemption; such as a public/governmental agency, program or institution.

3.b.2 Organizations must directly serve residents of the Desert Healthcare District. Agencies physically located outside [District boundaries](#) may be eligible for funds upon demonstration that the residents of the District will be proportionately served.

3.b.3 Grants are available to organizations whose activities improve residents' health within one or more focus areas of the District's [strategic plan](#). Through investment of its grant dollars, the District supports programs, organizations and community collaborations with potential for achieving measurable results. [Through the use of a grant scoring structure](#), consideration is given to projects or organizations that:

- Have proven records of success [and capacity](#)
- Have potential to impact the greatest numbers of District residents [in alignment with strategic goals](#)
- Can demonstrate the greatest potential to positively change health-related behaviors
- Are based on research and/or best practices that demonstrate effectiveness
- [Have data available to measure progress, outcomes and relevance](#)
- [Have strong fiscal and operational governance](#)

#### 4. Funding Restrictions

4.1 The District will NOT support the following:

Deleted: generally



- Individuals
- Endowment campaigns
- Retirement of debt
- Annual campaigns, fundraising events
- Programs that proselytize or promote any particular religion or sect, or deny services to potential beneficiaries based upon religious beliefs
- Expenses related to lobbying public officials
- Political campaigns or other partisan political activities
- **Unfunded government mandates**
- Replacement funds to allow funding to be shifted to other programs or budget areas

Deleted: or expenses related to fundraising

4.2 Projects that fall outside the District's guidelines may be reviewed on a case by case basis.

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**5. Process**

- STEP 1: Program committee works with staff to assist with the creation of proposed Outcomes/Goals/Objectives driven by the strategic plan focus areas. This will be based off staff pre-work and recommendations driven by research and community engagement.
- STEP 2: Open Grant cycle – Staff receives LOI, /Application – driven by RFP,
- STEP 3: Staff Review and preliminary due diligence performed on all Proposal/ Application,
- STEP 4:: Staff presents recommendations to the Program Committee
- STEP 5: Program committee brings forward recommendations for Review by the Board of Director/Vote

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## Assembly Bill No. 2019

### CHAPTER 257

An act to add Section 6270.7 to the Government Code, and to amend Section 32139 of, and to add Sections 32132.96 and 32140 to, the Health and Safety Code, relating to health care districts.

[Approved by Governor September 5, 2018. Filed with Secretary of State September 5, 2018.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 2019, Aguiar-Curry. Health care districts.

The Local Health Care District Law provides for local health care districts that govern certain health care facilities. Each health care district has a board of directors with specific duties and powers respecting the creation, administration, and maintenance of the district. Existing law requires the board of directors to establish and maintain an Internet Web site that may include specified information, such as a list of current board members and recipients of grant funding or assistance provided by the district, if any, and to adopt annual policies for providing assistance or grant funding, as specified. Existing law authorizes certain health care districts to use the design-build process when contracting for the construction of a hospital or other buildings in those districts, as specified.

This bill would require the board of directors to include specified information, such as the district's policy for providing assistance or grant funding, on the district's Internet Web site. The bill would require that policy to contain, among other things, the district's plan for distributing grant funds for each fiscal year and a process for providing, accepting, and reviewing grant applications. The bill would also require the board to, upon filing a petition under federal bankruptcy law, provide written notice within 10 business days to the local agency formation commission of the principal county in which the district is located. The bill would require a district that is authorized and elects to use the design-build process, as specified, for the construction of housing to require that at least 20% of the residential units constructed be subject to a recorded affordability restriction for at least 55 years and be affordable to lower income households, very low income households, extremely low income households, and persons and families of low or moderate income, as defined, unless the city, county, or city and county in which the district is predominantly located has adopted a local ordinance that requires a greater percentage of the units be affordable to those groups or unless the construction is for purposes of building workforce housing, health facilities, or retirement facilities, as specified. By increasing the duties of the board of directors, including duties related to disclosure of public records, the bill would impose a state-mandated local program.

Existing law, the California Public Records Act, requires state and local agencies to make their records available for public inspection, unless an exemption from disclosure applies.

This bill would require each health care district, in implementing the California Public Records Act, to maintain an Internet Web site in accordance with the provisions described above. Because the bill would require health care districts to perform additional duties, it would impose a state-mandated local program.

The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

This bill would make legislative findings to that effect.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

*The people of the State of California do enact as follows:*

SECTION 1. Section 6270.7 is added to the Government Code, to read: 6270.7. In implementing this chapter, each health care district shall maintain an Internet Web site in accordance with subdivision (b) of Section 32139 of the Health and Safety Code.

SEC. 2. Section 32132.96 is added to the Health and Safety Code, to read:

32132.96. (a) Except as provided in subdivision (b), (c), or (d), a district that is authorized and elects to use the design-build process described in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code for the construction of housing shall require that at least 20 percent of the residential units constructed be subject to a recorded affordability restriction for at least 55 years and be affordable to all of the following:

- (1) Lower income households, as defined in Section 50079.5.
- (2) Very low income households, as defined in Section 50105.
- (3) Extremely low income households, as defined in Section 50106.
- (4) Persons and families of low or moderate income, as defined in Section 50093.

(b) Subdivision (a) shall not apply if the city, county, or city and county in which the district is predominantly located has adopted a local ordinance that requires a greater percentage of the units be affordable to lower income households, very low income households, extremely low income households, and persons and families of low or moderate income.

(c) Subdivision (a) shall not apply to any district that is authorized and elects to use the design-build process described in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code for the construction of any health facilities or retirement facilities exclusively providing care or supportive services to the elderly, disabled adults, or individuals with dementia, including, but not limited to, residential care facilities for the elderly.

(d) Subdivision (a) shall not apply to any district that is authorized and elects to use the design-build process described in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code for the construction of workforce housing that is otherwise required by local ordinance.

SEC. 3. Section 32139 of the Health and Safety Code is amended to read:

32139. The board of directors shall do all of the following:

(a) Adopt an annual budget in a public meeting, on or before September 1 of each year, that conforms to generally accepted accounting and budgeting procedures for special districts.

(b) Establish and maintain an Internet Web site that lists contact information for the district. The Internet Web site shall also list all of the following:

(1) The adopted budget.

(2) A list of current board members.

(3) Information regarding public meetings required pursuant to Section 32106 or the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code).

(4) A municipal service review or special study conducted by a local agency formation commission pursuant to the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000 (Division 3 (commencing with Section 56000) of Title 5 of the Government Code), if any. The board may comply with this paragraph by posting a link on its Internet Web site to another government Internet Web site that contains the specified information.

(5) Recipients of grant funding or assistance provided by the district, if any.

(6) Audits of the district's accounts and records pursuant to Section 26909 of the Government Code or Section 32133 of this code. The board may comply with this paragraph by posting a link on its Internet Web site to another government Internet Web site that contains the specified information.

(7) Annual financial reports to the Controller, submitted pursuant to Section 53890 of the Government Code. The board may comply with this

paragraph by posting a link on its Internet Web site to another government Internet Web site that contains the specified information.

(8) The district's policy for providing assistance or grant funding described in subdivision (c).

(9) Any other information the board deems relevant.

(c) Adopt annual policies for providing assistance or grant funding, if the district provides assistance or grants pursuant to Section 32126.5 or any other law. This policy shall include all of the following:

(1) A nexus between the allocation of assistance and grant funding with health care and the mission of the district.

(2) A process for the district to ensure allocated grant funding is spent consistently with the grant application and the mission and purpose of the district, including, but not limited to, requirements that a grant recipient must meet, such as grant contract terms and conditions, fiscal and programmatic monitoring by the district, and reporting to the district.

(3) The district's plan for distributing grant funds for each fiscal year.

(4) A process for providing, accepting, and reviewing grant applications.

(5) A prohibition against individual meetings regarding grant applications between a grant applicant and a district board member, officer, or staff outside of the district's established grant awards process. A district's established grant awards process may include the provision of technical assistance to grant applicants, upon request, by district grant program staff.

(6) Beginning January 1, 2020, guidelines for all of the following:

(A) Awarding grants to underserved individuals and communities, and to organizations that meet the needs of underserved individuals and communities.

(B) Considering the circumstances under which grants may be awarded to multiple or single recipients, and exceptions to these circumstances.

(C) Evaluating the financial need of grant applicants.

(D) Considering the types of programs eligible for grant funding, including direct patient care, preventive care, and wellness programs.

(E) Considering the circumstances under which grants may be provided to prior grant recipients, and exceptions to these circumstances.

(F) Considering sponsorships of charitable events.

(G) Funding other government agencies.

(H) Awarding grants to, and limiting funds for, foundations that are sponsored or controlled by, or associated with, a separate grant recipient.

SEC. 4. Section 32140 is added to the Health and Safety Code, to read:

32140. Upon filing a petition under federal bankruptcy law, the board of directors shall provide written notice within 10 business days to the local agency formation commission of the principal county in which it is located.

SEC. 5. The Legislature finds and declares that Section 1 of this act, which adds Section 6270.7 to the Government Code, and Section 2 of this act, which amends Section 32139 of the Health and Safety Code, further, within the meaning of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the purposes of that constitutional section as it relates to the right of public access to the meetings of local public

bodies or the writings of local public officials and local agencies. Pursuant to paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the Legislature makes the following findings:

By requiring health care districts to post specified information on their Internet Web site, this act increases public access to public records, and thereby furthers the purposes of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution.

SEC. 6. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district under this act would result from a legislative mandate that is within the scope of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution.

However, if the Commission on State Mandates determines that this act contains other costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

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**Date:** September 25, 2018

**To:** BOARD OF DIRECTORS

**Re:** Grant # 974 HARC, Inc. (Health Assessment & Research for Communities): *2019 Coachella Valley Community Health Survey*: \$399,979 over a maximum of three (3) years

**Use of District Funds:** over a maximum of three (3) years to cover the costs of developing the triennial survey: 2019 Community Health Monitor

**Background Information:** HARC has a current, open grant (3 years) with the Desert Healthcare District for the 2016 Triennial Health Needs Assessment/Community Health Monitor \$499,955

- Term of grant 11/1/15 through 10/31/18 (we are in Year 3)
- The final report is due 11/30/18 (however, HARC can submit earlier) with a 10% retention of \$49,995.50 to be paid when final report & final budget report is received and accepted

**Sequence of events leading up to this current proposal:**

- Throughout the past few months, preliminary meetings and discussions were held with Board members and HARC staff & HARC board president as District staff analyzed and reviewed HARC's application for funding for the 2019 Monitor.
- At the July 24, 2018 District Board of Directors meeting staff brought forward an update to the new grant request from HARC, resulting in direction for Staff and HARC to continue to work with DHCD Staff on presented concerns and the data (i.e. data ownership from the previous grant; no duplication of data that is already publicly available) stating that the Board looks forward to a final recommendation.

**Staff Final Recommendations for Approval with contingencies (vetted with and agreed by HARC) for this request:**

- \$399,979 (over two years) which includes funding specific for:
  - \$ 151,979 staff salaries + benefits
  - \$ 248,000 Kent State University (data collection)
  - Assuming all conditions are met prior to initial funding payment – date will be adjusted based on release of conditions
    - First payment projected November 1, 2018 \$89,995.25
    - Second payment projected May 2019 \$89,995.25

- Third payment projected November 2019 \$89,995.25
- Fourth payment projected May 2020 \$89,995.25\*
- Final payment to be paid upon completion of the project and all conditions met. \$39,998. (Represents the 10% hold)

This amount of \$399,979 is **contingent** on the following deliverables:

- The master questions are finalized and supporting documentation outlining the perceived community needs from HARC'S 2018 focus groups and individual input. This will include District recommendations of what questions to add and/or potentially delete if the data is not utilized or deemed relevant to their work by direct service providers. IE. Cancer/Women's Health/Chronic Diseases. Proposed completion of condition Year 1 – late October for a November 1, 2018 1<sup>st</sup> payment date – triggers the official start of the grant cycle
- In partnership, trendline data reports **co-created** (HARC/DHCD) using all health monitors including 2019 data and 3<sup>rd</sup> party comparison data – in 4 focus areas: 1. Health insurance coverage and utilization both insured and uninsured. 2. Mental Health. 3. Social Economic Needs. 4. Key Diseases i.e. Asthma and Diabetes. – all data will be broken out by zip code, demographics, race/ethnicity and age (children and adult) -To be started in Year 2 February 2020 and finished by November 2020.
- In 2020 perform 15 trainings/workshops on how to use HARC data in partnership with other public and DHCD data platforms (i.e. how to understand school data, county data, etc.) – Completed by December 2020
- DHCD shall have full access and use of the information and raw data collected by Kent State University which DHCD may share confidentially with third parties and direct service providers to the extent allowed by state or federal law.
- Every six months during the grant period, HARC to show funds committed to the project until fully funded – \*by January 2020 more than 30% matching funds to be committed – Staff will request for a separate report. – If funds not received by January 2020 – HARC Board and HARC Staff to establish a plan of action and this will be presented to the District Board prior to 4<sup>th</sup> payment submitted. May 1, 2020)

All of these contingencies have been outlined in the grant application.

#### **The Contract:**

The Board-approved and Legal counsel-vetted Standard Grant Agreement has been revised, specific to this request, to reflect “intellectual property” etc. – in specific, Sections 11, 13, 15, 21, and 25 (see attached). Legal counsel has reviewed, made an addition to Section 15, and approved the revisions.

# Grant Request Summary

## Health Assessment & Research for Communities, Grant #974

Tel: (760) 404-1945  
 Fax: 760-610-6110  
 41550 Eclectic St  
 Palm Desert, CA 92260  
 www.harcddata.org

**Contact:**

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 jlecomte-hinely@HARCdata.org

**Historical (approved Requests)**

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2006	Health Assessment Resource Center (operational expenses)	\$50,000	Grant	10/24/2006	Grant budget
2007	Capacity-building/sustainability	\$200,000	Grant	10/29/2007	Grant budget
2008	HARC Community Health Monitor 2010	\$600,000	Grant	4/28/2009	
2012	2013 Triennial Health Needs Assessment	\$300,000	Grant	9/25/2012	Grant budget
2012	@LIKE Health Impact Evaluation	\$10,872	Grant	5/28/2013	Grant budget
2013	2013 Triennial Health Needs Assessment	\$128,676	Achievement Building	11/21/2013	Grant budget
2014	Specialized Reports for the Uninsured, Veterans, and Children	\$124,447	Grant	10/28/2014	Grant budget
2015	2016 Community	\$499,955	Grant	10/27/2015	Grant budget

	Health Monitor (CHM)				
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**About the Organization**

*Organization Type:* Direct Service Provider\Medical

*Background:*

History of the Organization and the Triennial Survey

The Coachella Valley is a unique community within Riverside County in Inland Southern California. As such, local organizations found that County-level data, while available, did not adequately tell the story of the health needs of those living in the Coachella Valley. Service providers in the Coachella Valley struggled for years to identify health disparities, inequities, unhealthy behaviors and trends. Under the umbrella of the Desert Healthcare Foundation, and with financial support from the California Wellness Foundation, HARC was formed in 2006 to fill this gap and provide objective, reliable Coachella Valley-specific data.

With the support of the Desert Healthcare Foundation, the California Wellness Foundation, and the Regional Access Project Foundation, HARC was able to conduct the first survey of health in the region, provided by a random-digit-dial telephone survey. This survey provided vital information about health and quality of life in the region, and covered topics such as health care access, utilization, health behaviors, major disease, mental health, and more. The first survey was conducted in 2007, and results were provided to the community in early 2008. It was determined that the survey would be repeated every three years in order to measure progress and provide up-to-date data. As such, the survey is adapted by community stakeholders, revised, and conducted every three years. Results are provided back to the community in the form of a written Executive Report, an online searchable database, and special reports and data briefs on a variety of focused health issues.

The data provided by this Coachella Valley Community Health Survey is used by nonprofits, hospitals, higher education, K-12 education, governmental agencies, and media organizations, among others. These organizations use the data to apply for funding, create presentations/lectures, prioritizing health needs, developing programs to address those needs, writing articles, designing and conducting trainings, and making/changing policy.

Most notable among these is the way in which HARC’s objective, reliable Coachella Valley data has strengthened nonprofits’ requests for funding. In the past five years, over 25 local organizations have used HARC’s data to strengthen their funding requests and have been able to obtain over \$12.8 million for critically needed programs and services. This funding provided the resources for many important services, including free HIV tests, meal delivery for home-bound seniors, transportation for people with disabilities, and much more.

HARC’s Consulting Services

In 2009, HARC branched out from the Coachella Valley Community Health Survey and began to offer customized research and evaluation services for other organizations. Through these services, HARC shares the advanced expertise of their researchers with organizations who otherwise would go without reliable data. These services include program evaluation, needs assessments, data analysis, workplace wellness services, and much more. In 2009, HARC began offering these services with a single client. In 2010, this expanded to 5 clients, and then doubled to 10 in 2011. This expansion continued, such that in the most recently completed calendar year (2017), HARC had 25 clients.

HARC's expertise lies in the social determinants of health; that is, the idea that where you live, work, learn, and play has a strong impact on your well-being and quality of life. The social determinants of health encompass things like economic security, education, safety, community cohesion, neighborhoods and the built environment, and of course, healthcare.

Because of this expertise, HARC's work spans many diverse fields, all with the common theme of improving lives. For example, HARC conducted a community health needs assessment of the LGBT community in the Coachella Valley to identify their needs for programs and services. HARC's evaluation of the Boys & Girls Clubs of Coachella Valley's 'Healthy Habits' program allowed them to demonstrate the success of their program and obtain funding to continue the program. ACT for MS had great data on hand about how their programs help people with multiple sclerosis but did not have the expertise to turn it into actionable information until HARC analyzed it and created a report describing their program's effectiveness. HARC has served clients from coast to coast, assisting with projects big and small.

#### Mission

HARC is dedicated to providing objective, reliable research, analysis and technical services to communities in order to facilitate better decision-making regarding health and quality of life.

#### **Proposal**

*Type of Request:* District initiatives\Obesity

*Strategic Plan Link:* GOAL#2: Facilitate access to and availability of health and wellness services for District Residents

***Project Title:* 2019 Coachella Valley Community Health Survey**

***Total Project Cost:*** \$767,701

***Requested from DHCD:*** \$399,979

***Length of Project:*** 36 months

***Start Date:*** 11/1/2018

***End Date:*** 10/31/2020

#### *Project Description:*

##### Introduction

HARC respectfully requests funding for the 2019 Coachella Valley Community Health Survey. This will be the fifth iteration of the survey, which continues to be driven by community input. Thus, it is a unique hybrid of current program and new program, because HARC is always seeking ways to provide better and more accurate information to the community while maintaining comparability over time. HARC requests \$399,979 from DHCD/F over two years. This would cover the total cost for data collection by Kent State University (\$248,000) and \$151,979 for HARC staff salaries to conduct data collection, analyses, and dissemination (approximately 52% of the total HARC staff time over the two years). The total budget for this project is approximately \$767,701 over three years.

The Coachella Valley Community Health Survey will provide DHCD/F and the entire community with an updated snapshot of health and wellness in the region. This snapshot will help to identify major health issues and provide evidence to outside funders that more revenue is needed in the community to address these issues. The 2019 survey data, when compared to the previous triennial surveys, will help to identify trends and shifts in health indicators in our region that would otherwise be unmeasurable.

## History

Since our founding in 2006 HARC has successfully executed the survey four times: 2007, 2010, 2013, and 2016. The methods are a random-digit-dial telephone survey, conducted in English and Spanish, with adults and adult proxies for children, and a total sample size of more than 2,500. The content of the survey is community driven, meaning that local agencies provide input on what data they need to improve lives in the community that they cannot find elsewhere; the survey is then centered around these invaluable topics.

## About the 2019 Survey

Similar to previous survey cycles, HARC plans to use the random-digit-dial telephone survey to collect data. This approach will allow comparability to previous survey and remains a very highly regarded way to collect data. HARC will continue to contract with Kent State University's Survey Research Lab to conduct more than 80,000 phone calls that are necessary to gather the 2,500 completed interviews. Kent State University has proven to be a valued partner on the Community Health Survey, as they are reliable, responsive, scientific, and provide HARC with significant cost savings because it is a repeat project.

The survey content continues to be shaped by the input of the community, which will include extensive input from DHCD/F. Topics that are no longer relevant are removed, and those that are newly interesting and relevant are added. This survey cycle, in an effort to cut costs and reduce participant burden, HARC will limit the survey length to 22 minutes (the 2016 adult survey varied between 27 and 30 minutes, depending on language, while the child survey varied between 23 and 28 minutes, depending on language). Based on this survey length, and the cost-savings of being a repeat client, Kent State University will complete the project at a cost of \$248,000.

Community outreach efforts are key to the success of the Community Health Survey. The quantity and quality of the survey data is only useful if community members are willing to take the call, answer the survey, and describe their needs in depth. As such, a large part of HARC's work during data collection will be efforts to raise awareness among community members that the survey is taking place, it is legitimate, and it is truly beneficial to the local community.

To convey this message, HARC will engage in paid advertising as well as grassroots community outreach. For the paid advertising, HARC will implement radio, television, newspaper, and social media ads in both English and Spanish. The paid advertising campaign will be overseen by HARC's public relations consultant to ensure that we get the most for our money. HARC has budgeted a generous amount for this campaign, as illustrated in the budget.

HARC is fortunate to have close ties with many community partners. As such, these community partners have committed to helping HARC get the word out about the survey and vouch for HARC among their constituents. Some organizations have promised to post flyers in their facilities, send out e-blasts to their contact lists, post on social media, and/or distribute flyers about the survey to their patients/clients. For example, Riverside University Health System (RUHS) Public Health offered to distribute materials in their WIC offices (Special Supplemental Nutrition Program for Women, Infants, and Children), and Coachella Valley Volunteers in Medicine (CVVIM) offered to allow HARC to post flyers and handouts in their free clinic. Desert Oasis Healthcare has offered to send out e-blasts to their 70,000 local members as well as post flyers and promotional materials in their offices, while the LGBT Community Center of the Desert pledged to put information in their e-newsletter and post on social media, where they have a following of more than 5,600. This grassroots-style outreach will be an invaluable part of our recruitment effort, as people are more likely to trust the survey if it is endorsed by these trusted institutions.

This survey cycle, HARC intends to focus a large portion of this outreach on low-income, Spanish-speaking residents who may be undocumented or living in a mixed-status household. This is because there is a culture of general fear and anxiety among immigrant communities. Many immigrants (or those in mixed-status families, where some members are citizens, but others are not) are fearful of the government, authority, and 'being caught'. As such, they are unlikely to trust enough to take the call, complete the survey, and share their struggles with the interviewer. While this is understandable, it has dire consequences: if those in need don't have their needs documented, the needs are exponentially harder to address. Without data to identify what gaps exist in services, programs are unlikely to be developed to address those gaps, and local health and human services organizations are without the data they need to convince funders to support these important programs. We must ensure that all members of our community feel like they count and feel safe enough to answer the phone and share their story and be represented in our data.

While HARC plans to work with many Hispanic-serving organizations as described above (e.g., Clinicas de Salud del Pueblo, Borrego Health, CVVIM, etc.), we felt that this audience requires an additional effort this year, given the current political climate. Thus, HARC plans to use promotoras-style outreach to reach immigrant communities. This model utilizes individuals from the neighborhood and empowers them to be a community health worker by engaging their neighbors in discussion. Specifically, HARC will contract with Communities for a New California Education Fund (CNCEF), an established organization with local canvassers, to conduct door-to-door outreach in low-income, Hispanic communities where mixed-status families and undocumented people live.

Each month, CNCEF will dispatch a team of 10 local canvassers who will conduct door-to-door outreach. HARC plans to contract with CNCEF for the entire seven months of data collection (January to July 2019). The canvassers will educate the community in person and leave behind informational materials.

HARC is also engaging in several other efforts to boost response rates. For example, for the first time ever, HARC is offering incentives. Each week, one participant will be randomly selected to receive a \$100 Visa card (this fact will be included in all of the publicity materials). Additionally, for the first time, Kent State University will text message the potential cell phone respondents prior to calling them, which is expected to make them more likely to accept the call from the phone number they are not familiar with.

HARC estimates that data collection will span from January 2019 to July 2019, based on shortening of the survey and the significant efforts to publicize the survey. Once all 2,500 completed surveys have been collected, Kent State University's statisticians will work with HARC to weight the data and deliver a clean dataset. HARC's researchers will then clean and analyze the data, produce the Executive Report, update the online searchable database, and share this data with the community at-large by the end of January 2020.

HARC will ensure that DHCD/F has full access and use of the raw data, in its SPSS format or other similar package. DHCD may share the data confidentially with third parties and direct service providers to the extent allowed by state or federal law. When doing so, HARC requests that DHCD/F keep in mind that HARC has historically generated revenue to sustain the survey by charging entities by the hour to conduct customized analyses. Thus, if DHCD/F sees an opportunity for HARC to earn income, HARC requests that DHCD/F share this opportunity/facilitate such a relationship so that HARC does not lose out on revenue streams.

After the data has been shared with the community, HARC will work to ensure that all who could benefit from the information are aware of it and have access to it. To this end, HARC will offer 15 data

trainings/workshops, similar the two conducted in FY 17-18 for the Berger Foundation grant. These trainings will educate people on how to find valuable data, how to access it, and how to use it, including HARC's data as well as other reputable datasets (e.g., Census data, California Department of Education data, etc.).

Additionally, HARC will work with DHCD/F to co-create trendline data reports using HARC's data and other publicly available data. HARC will work with DHCD/F to create four such reports:

1. Health insurance/utilization
2. Mental health
3. Socioeconomic needs
4. Key diseases (asthma, diabetes)

HARC will spend up to 150 staff hours on each of these reports, thereby allowing them to be extremely comprehensive and thorough (i.e., 600 hours over eight months of work on four reports).

#### Benefits of a Repeated Community Health Survey

Many local agencies, including DHCD/F, have undertaken ambitious and sustained efforts to improve health and wellness in the Coachella Valley. Many of these organizations, with targeted evaluations in place, can measure the impact that they had on the people they directly reached. However, if community-level change is being made, HARC's data is necessary to measure that change. Population-level changes in health take time, effort, and the work of many collaborators to accomplish, as well as HARC's triennial survey data to measure those population-level changes.

For example, HARC's data demonstrated that the efforts made to enroll uninsured adults in Covered California during the ACA rollout had a major impact: the rate of uninsured adults ages 18 to 64 dropped from more than 33% in 2013 to less than 14% in 2016. The increase in the percentage of people who are insured is amazing progress, however we cannot stop there. It's not enough to simply insure people, we must also ensure that they receive healthcare, which is no easy feat given the lack of providers in the region. HARC's data demonstrated that we have not yet seen that shift; the percent of local adults who call the ER/hospital their usual source of care did not shift between 2013 and 2016. These changes take time, so perhaps we will see the delayed behavior change in the 2019 survey. Perhaps the new data will show a decrease in the percent who use the ER/hospital as their usual source of care.

HARC's triennial survey provides the baseline data and regular measurements that are needed to measure change in community health indicators. Without the 2019 survey, we would not be able to measure the population-level changes wrought by local organizations' great work. This data provides a systematic, methodologically rigorous way to measure community health and wellness. For some data indicators, it is the only historical measure looking backward, and thus, the only way to measure real change moving forward.

#### How the Survey Will Help Bring Resources to the Coachella Valley

The data provided by the triennial survey will help many entities make their case for funding to outside funders, bringing in resources in response to an objective measure of need. This, in turn, will reduce the burden on DHCD/F to fund all these initiatives. Essentially, the data provided by HARC's triennial survey will help other local organizations leverage outside funding and maximize their results without additional expenditures from DHCD/F.

For example, Jack Newby once explained that when asking outside funders for money to support the local 'Meals on Wheels' program at Mizell Senior Center, they heard 'Palm Springs' and instantly thought of wealthy retirees. HARC's data helped him to tell what he called the 'hidden story' of the

desert: that while, yes, many wealthy retirees live here, there are also thousands of low-income, food-insecure seniors who need their help. The combination of HARC's objective data and his well-thought-out program were compelling, and they raised millions to feed hungry seniors over the last decade.

In our latest stakeholder survey (February 2018), we found that in the year since the data had been released, 17 organizations had used it to apply for grants from agencies other than DHCD/F. Together, the amount awarded was \$1,306,750 from funders other than DHCD/F.

In addition to grants, the survey helps to bring in resources in other ways. For example, Linda Evans, with Tenet Health, uses the data on specific disease (e.g., diabetes prevalence, cardiac issues, etc.) to attract much-needed specialists to the region. In short, having this data has and will continue to help many agencies to bring in the resources we need to be a healthy community.

#### Alignment with DHCD/F Strategic Plan and Focus Areas

HARC's 2019 Coachella Valley Community Health Survey touches on all three of DHCD/F's strategic priorities. Specifically, the data gathered in the 2019 survey will help to identify gaps and needs for services and programs, which will feed into Strategic Priority #1 regarding new providers, facilities, programs, and services. Additionally, local healthcare providers like Tenet Health regularly use HARC's data to attract physicians to the area -something that is desperately needed, given our physician shortage. This also supports Strategic Priority #1.

Because the triennial survey encompasses the entire Coachella Valley, it provides information on the health of all residents, and engages residents across the region, as described in Strategic Priority #2, 'One Coachella Valley'.

Finally, HARC's 2019 survey helps to measure population-level change in community health and wellness, something that is necessary to measuring the progress towards Strategic Priority #3.

Additionally, HARC's 2019 survey aligns closely with three of DHCD/F's community health focus areas. In Focus Area #1, Homelessness, HARC's data is simply not designed to survey actual homeless individuals (there are many ways to do research with homeless individuals - our survey is not one of those ways). However, HARC's survey does provide very informative data on a number of relevant indicators that can signify those at-risk of becoming homeless/housing instability. For example, the existing survey measures income, poverty, perceived income adequacy, own vs. rent, number of people in the home, education, employment, and other socioeconomic factors. It assesses whether individuals need rental assistance, utility assistance, and assistance with other housing issues that can easily cause someone to become homeless. This data is important to understand who is suffering from housing instability, and where they are, so that resources can be provided to avoid homeless situations. It is critically important to avoid homelessness, as the upstream approach is more affordable and provides better quality of life than addressing homelessness after it has already occurred.

In Focus Area #2, Primary Care and Behavioral Health Access, the survey captures some critically important data that is not available from any other source. The survey captures not just whether people are uninsured, but where is their usual source of care, what barriers keep them from accessing healthcare, whether they have needed mental healthcare in the past year and were unable to get it, whether they needed mental health medication in the past year and were unable to get it, and many others. This depth of information on primary care and behavioral health access are not available at the population level, at the Coachella Valley level, from any other source.

In Focus Area #3, Healthy Eating, Active Living (HEAL), the survey captures many data points that provide relevant information. Once again, the data is far more in-depth than other sources. For example, in addition to body mass index (BMI), the survey also measures perceptions of weight status (because no one will make an effort to change their weight status if they don't perceive themselves as overweight) and behaviors such as exercise and fast food consumption. This cluster of data points around HEAL variables help provide much-needed context to the issue of obesity, as well as identifying potential intervention points that are more upstream from the actual outcome.

HARC's 2019 survey does not seek to address DHCD/F's fourth Focus Area, that of Quality, Safety, Accountability, and Transparency in health services.

*Number of District individuals with this issue:*  
200,000

*Core know-how as it pertains to this request:*

HARC's staff is extremely well-suited to this endeavor, in terms of education, experience, and expertise. Firstly, staff are extremely well-educated, experienced researchers. For example, HARC's four researchers have nine college degrees between them. Dr. Leier and Dr. LeComte-Hinely have more than 25 years of research experience between them.

Secondly, HARC has been in existence for nearly 12 years now and has a sterling reputation in the Coachella Valley community for credibility and integrity. This is the fifth survey to date, and HARC's current staff have strong institutional knowledge of the Coachella Valley Community Health Survey. Administrative Manager Theresa Sama has been involved in the production of all four prior surveys; CEO Dr. Jenna LeComte-Hinely has been the lead on two (2013 and 2016), and both Dr. Casey Leier and Chris Morin were both involved with the production of the 2016 survey. Thus, the staff are experienced and have a clear understanding about what works and what could be improved upon during this complex process.

Our Board of Directors provides extremely relevant guidance on the survey as well. For example, HARC's Board President, Dr. Janet Collins, is recently retired from the Centers for Disease Control and Prevention, where over the years she was the leader for the Division of Nutrition, Physical Activity, and Obesity (DNPAO) as well as for the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Other Board Members represent local organizations such as Borrego Health, College of the Desert, Desert AIDS Project, Desert Oasis Healthcare, and Planned Parenthood of the Pacific Southwest.

External guidance on the survey does not stop with the staff and board. HARC's triennial survey has always been rooted in the community and continues to be guided by the community to this day. In February 2018, one year after the 2016 data was release on January 31, 2017, HARC conducted a stakeholder survey that asked data users to specify what existing data they use, and what additional data they would like to see added. The purpose of this survey was to once more influence the content of the 2019 survey to ensure that it provides the most valuable information to our data users as possible. A total of 98 data users took the survey. Their feedback provided initial guidance on where to trim the survey, what to add, and how to prioritize questions.

After conducting the stakeholder survey, HARC began to hold in-person meetings with valued stakeholders/data users/funders to discuss the 2019 survey. These discussions included prioritization of which variables must be kept, which could go, and which would be helpful to add. To date, HARC has met with more than 20 key stakeholders to gather their input on the content of the survey, how to

adapt it to better serve their data needs, and to solicit their feedback on how best to reach the entire community in the data collection efforts. These stakeholder organizations include:

1. Alzheimer's Association
2. American Heart Association
3. Borrego Health
4. City of Cathedral City
5. City of Coachella
6. City of Indio
7. City of Palm Desert
8. Coachella Valley Association of Governments (CVAG)
9. First 5 Riverside
10. Inland Empire Health Plan (IEHP)
11. Office of Congressman Raul Ruiz
12. Planned Parenthood of the Pacific Southwest
13. Riverside County Department of Public and Social Services
14. Riverside County Department of Public and Social Services (DPSS)
15. Riverside County Office on Aging
16. RUHS Behavioral Health
17. RUHS Public Health
18. Tenet Healthcare
19. The Community Foundation
20. The LGBT Community Center of the Desert
21. UC Riverside School of Medicine

HARC is well aware that our past successes have been a product of our close collaborations with many community partners, and as such, we continue to value these partnerships and rely on them going forward. In the attachments section of this grant proposal, you can view letters of support from esteemed elected officials who value HARC's data, including Congressman Dr. Raul Ruiz and County Supervisor V. Manuel Perez. We also have attached letters of support and MOUs from key partner organizations who will help us get the word out about the survey and encourage the community to trust us and take the calls. To illustrate this, we have included more than a dozen letters/MOUs to this effect from the following organizations:

1. ACT for MS
2. Borrego Health
3. Cathedral City Senior Center
4. Clinicas de Salud del Pueblo
5. Coachella Valley Volunteers in Medicine
6. Desert AIDS Project
7. Desert Oasis Healthcare
8. HIV+Aging Research Project (HARP-PS)
9. Jewish Family Service of the Desert
10. Joslyn Senior Center
11. Riverside University Health System ' Public Health
12. Tenet Health/Desert Care Network
13. The LGBT Community Center of the Desert
14. University of Riverside School of Medicine

This network of trusted partners is a key component of HARC's ability to do this work and to truly represent the community.

*Past Achievements as they relate to this request:*

Financial Stability

HARC has a demonstrated history of fiduciary responsibility; for the past six years since Dr. LeComte-Hinely came to HARC, there has been a positive cash flow at the end of each fiscal year. Financials are audited each year within four months of the year-end close, and the Board reviews financials on a monthly basis.

Our client services revenues (the most sustainable of HARC's revenue streams) have steadily increased from \$62,409 in FY 15-16 to \$125,946 in 16-17 (an increase of more than 200%), and then again to \$195,630 in FY 17-18 (and increase of more than 150%, year-over-year). Our most recently completed fiscal year (FY 17-18) demonstrated very balanced revenue sources: 24% from contributions, 32% from grants (including our existing DHCD grant), and 42% from client services (plus 2% from interest).

Successful Completion of 2016 Survey

HARC successfully executed the 2016 survey and continues to work to publicize the results and disseminate the information. As illustrated in HARC's progress reports for grant #889, HARC has met and/or exceeded every goal that was outlined in the proposal and the tracking sheet to date. Specifically, HARC successfully revised the survey, programmed the survey into the CATI lab, and successfully conducted data collection. HARC was able to fundraise the amounts necessary to supplement the DHCD funds and fully fund the \$1 million, 3-year project. The data was weighted, cleaned, analyzed, and released to the public on schedule. The Executive Report was produced, formatted, and printed, resulting in a high-quality finished product. Raw data was provided to the USC/C4C team as directed.

Our goal was for 100 people to attend the data release event; actual attendance was at 180. To date, 261 unique individuals have downloaded the PDF version of the report, and more than 1,000 printed reports have been distributed.

Our goal was for at least 100 people to use HARCsearch to look up data; actual usage is 152 unique individuals since the data was released on January 31st, 2017.

We stated that we would conduct at least 15 training events/outreach meetings to date; the goal was to make community groups aware of the resource and teach them how to access it. To date, we have conducted more than 25 training events/outreach meetings. Examples include invited presentations to the UC Riverside School of Medicine medical students, to Leadership Coachella Valley during their 'Health and Human Services' day, and to the Desert Hot Springs Rotary Club.

Our goal was to issue 12 press releases; all 12 have been issued on time and on the topics committed to in our grant proposal.

1. August 2017: National Immunization Awareness Month
2. September 2017: Suicide Prevention Week
3. October 2017: Breast Cancer Awareness Month
4. November 2017: National Diabetes Awareness Month
5. December 2017: World AIDS Day
6. January 2018: Cervical Cancer Awareness Month
7. February 2018: Heart Disease Awareness Month
8. March 2018: Colon Cancer Awareness Month
9. April 2018: Alcohol Awareness Month
10. May 2018: Asthma Awareness Month
11. June 2018: Child Safety for National Safety Month

## 12. August 2018: Breastfeeding for National Breastfeeding Month

Response to these press releases has been positive. For example, HARC's CEO Dr. LeComte-Hinely was a guest speaker on Gene Nichols' 'Community Round Up' show (which airs on six radio stations in the valley) regarding child safety (6/15/18) alcohol awareness (5/27/18), colorectal cancer screening (4/22/18), heart health (2/25/2018), cervical cancer (2/18/18), diabetes (12/10/17), breast cancer (10/29/17), and suicide prevention (10/2/17). Additionally, Dr. LeComte-Hinely was featured on KMIR's 'Your Health Matters' television show with Janet Zappala several times, including on 12/1/17 regarding World AIDS Day and on 9/15/17 regarding suicide prevention week. HARC also received good coverage in the Spanish-language press; HARC's Research Assistant Jerry Quintana was featured on Entravision/Unavision Palm Springs regarding breast cancer awareness (10/15/17), cervical cancer (1/8/18), and in Spanish on KMIR regarding alcohol awareness (4/3/18). Several times the press releases were picked up in print media as well, including a cover story in the Public Record on child safety (6/12/18) and an opinion piece in the Desert Sun on suicide prevention on 9/16/17.

Another goal that we specified in our grant proposal was to be on the radio twice and on television twice. As illustrated above, we far exceeded that goal. The actual data release event was featured on the radio (Bill Feingold Show on KNews 970 AM, 94.3 FM, 2/27/17), television (KESQ on 1/31/17) and newspaper (the Desert Sun on 1/31/17).

HARC gained additional television coverage in August 2018 when we awarded the Coachella Valley Spotlight grant, which included \$20,000 as well as several television features on 'Eye on the Desert' (CBS local 2). These segments featured the availability of CHM data and how others have used it.

In our proposal for grant #889, we committed to doing paid advertising to raise awareness of the data for 16 months (to date). Advertising has been maintained, including in Desert Health News, The Public Record, social media, and Desert Charities News.

We also committed to doing 25 pitches to potential funders for our special reports. Two were funded (by the Auen Foundation and the Grace Helen Spearman Charitable Foundation). Six were rejected (by Borrego Health, Ralph's Community Donations Program, RUHS Behavioral Health, RUHS Public Health, Riverside County Office on Aging, Wells Fargo Foundation); none of the others responded (Betty Ford Center, Molina, IEHP, First 5 Riverside, Desert Oasis Healthcare).

In sum, although we still have a few months left on grant #889, our progress reports illustrate that we have more than met the commitments we made, and it is highly likely that we will do so again for this next survey cycle.

On a related note, in 2016, HARC was recognized as 'Nonprofit of the Year' in the Desert Health Awards, in recognition of the difference HARC's data has made to health and wellness in the Coachella Valley.

*Future Program Sustainability:* HARC is requesting that DHCD/F fund two years of a three-year program. The third year will be supported by contributions and interest, as illustrated in the attached cash flow.

In terms of the 'big picture' (i.e., potential additional triennial surveys beyond the 2019 survey), the truth is the triennial survey will never be truly financially sustainable. If we were to raise our prices on our consulting services to cover the cost of the triennial survey, no one could afford our consulting services, and the revenues would dry up altogether. As such, we will always need to solicit grants and contributions to fund the survey. We are committed to finding ways to fund the triennial Coachella

Valley Community Health Survey, because it is perfectly aligned with our mission (dedicated to providing objective, reliable research, analysis and technical services to communities in order to facilitate better decision-making regarding health and quality of life). It is possible that future iterations of the survey will be fee-for-questions; that is, the content would be driven by what individual funders are willing to pay for, rather than what data the community reports that they need and want. This, among other options, will be explored at the next cycle; HARC welcomes DHCD/F's feedback on the future of the triennial survey. HARC will be undergoing strategic planning in September and October, and this subject will be discussed there as well.

As for the current 2019 survey, HARC is committed to finding new sources of revenue for this project and for potential future iterations (e.g., the 2022 survey, the 2025 survey, etc.). We continue to use GrantStation and the Foundation Directory Online (both services available to us based on our membership with RAP Foundation's Center for Nonprofit Advancement) to explore potential new grantors each quarter.

For example, in FY 16-17, excluding our grant with DHCD/F, HARC submitted \$341,566 worth of grant requests to 18 funders (a rate of more than one proposal per month). We successfully obtained \$94,750 from seven funders, and one additional grant IS still under consideration (\$50,000). That's a 28% success rate in terms of dollars, and a 39% success rate in terms of funders, both of which are very strong. Because this is a survey year, and we have a larger budget and greater needs for funds, HARC staff will be writing a minimum of 24 grant proposals during FY 18-19. If we expect a similar success rate, this will significantly help to support the 2019 survey.

We will also continue to solicit contributions from local agencies who benefit from the data, and who can afford to contribute. Our staff and Board will once again request funding from the hospitals, the County, the cities, First 5 Riverside, IEHP, and many others. Suggestions of additional entities to approach are always welcome, and introductions to those entities are much appreciated.

**Participants:**

*(Description of District Residents who will benefit.)*

<b>Participant Number (District Residents):</b>	200,000
<b>Area to be served:</b>	All District Areas
<b>Participant age group(s):</b>	All Ages
<b>Participant community:</b>	This triennial survey strives to capture the experiences of the entire Coachella Valley: adults and children, from Desert Hot Springs to the Salton Sea. According to the U.S. Census Bureau, this is approximately 414,000 people; 319,000 adults and 95,000 children (American Community Survey Demographic and Housing Estimates 2012 - 2016 5-Year Estimates, for the 9 cities and 7 unincorporated areas in the Coachella Valley). Approximately 52% are Hispanic/Latino. This population includes some of the wealthiest California residents just a few short miles from some of the most impoverished. For example, in the Census-designated place of Mecca, the median household income (in 2016 dollars) is \$26,680, while less than 25 miles away in Indian Wells, it is \$96,961.

The survey will target year-round residents, as well as those who live here at least 30 days or more. This will allow the data to represent migrant farmworkers and snowbirds as well as full-time residents.

Given the fact that it is a telephone survey (utilizing landlines and cell phones), anyone with a telephone within this geographic region has an equal chance of being called to participate in the survey.

All methods have their drawbacks; this methodology does leave out individuals who are homeless and without phones, those who are incarcerated, and those who are in long-term hospital stays. However, these individuals represent a relatively small portion of our community; the Centers for Disease Control and Prevention estimate that about 3.2% of households are phoneless (data as of December 2018). This limitation is not unique to HARC; it is an unfortunate truth that these individuals are left out of all major telephone surveys (e.g., the California Health Interview Survey, the CDC's Behavioral Risk Factor Surveillance Survey, etc.).

*Does this program serve residents outside the District Boundaries? If so, approximately how many and in what Coachella Valley cities?*

Yes, this program serves residents throughout the entire Coachella Valley. It serves residents of all nine cities and the unincorporated areas, from Desert Hot Springs to the Salton Sea.

### **Results:**

*Specific benefits or tangible effects to be achieved:*

HARC's five deliverables for this project are as follows:

1. By November 2018, the survey will be adapted (based on stakeholder input, DHCD/F needs, and the requirement of cutting it down to 22 minutes), programmed into the CATI lab, and ready for beta-testing.
2. By the end of the grant period (October 2020), HARC will have co-created four trendline data reports with DHCD/F (health insurance coverage/utilization, mental health, socioeconomic needs, and key diseases). The reports will include HARC's data and existing data from other sources. All data will be broken out demographically and geographically. HARC will contribute up to 150 staff hours per report over a two-month period, as illustrated in the tracking document (i.e., 600 hours of work over eight months to complete four reports).
3. By the end of the grant period (October 2020), HARC will have offered 15 data trainings/workshops to potential data users in the region. The workshops will cover how to find data, understand data, and use the data, and will include both HARC's own data and valuable secondary data (e.g., Census data, school district data, etc.).
4. Data will be released to the public no later than January 31, 2020, in the form of written reports, the online database, and the data release event. At least 200 people will attend the data release event. DHCD shall have full access and use of the information and data collected by Kent State University which DHCD may share confidentially with third parties and direct service providers to the extent allowed by state or federal law.
5. HARC staff and Board to establish a plan of action to be presented to the District Board prior to 4th payment submitted (May 2020)

### **Project Tracking:**

*Measurements to be used throughout project:*

Ongoing throughout project:

- Contributions sought annually from regular contributors
- Grants applied for regularly; 24 proposals per fiscal year submitted
- HARC is responsive to public inquiries about the data via email, phone calls, etc., and helps data users to gather the data they need and to understand it

#### Pre-Grant Activities: September 2018

- Grant is approved
- HARC revises the survey, based on the feedback from the 20+ partners who have weighed in during meetings and the feedback from 90+ partners on the stakeholder survey

#### Pre-Grant Activities: October 2018

- HARC works with DHCD/F staff to adapt the survey, ensuring that all relevant topics for DHCD/F's work remain on the survey and/or are added to the survey
- HARC works with PR contractor to develop a publicity plan for the survey efforts
- HARC works with community partners to obtain 30 second videos of them urging people to take the call and to trust HARC/the survey
- HARC signs a contract with Kent State University Survey Research Lab (KSU SRL) to conduct the survey

#### Year 1: November 2018

- First payment of \$62,000 due to KSU SRL
- HARC finalizes the survey, delivers to KSU SRL for programming, testing the timing
- If necessary, based on KSU SRL feedback, HARC trims the survey further to fall within the new time constraints
- HARC staff tests the survey programming to ensure all skip logic is correct
- The final survey goes to KSU's Internal Review Board (IRB) for approval
- Signed contract in place with Communities for a New California Education Fund (CNCEF)
- HARC's PR contractor coordinates with media to secure ad space/PSAs, etc.
- HARC creates draft publicity materials for paid advertising campaign (e.g., press releases, PSA text, print advertisements, social media ads, relevant hashtags, etc.) in accordance with the publicity plan
- HARC works with community partners to obtain 30 second videos of them urging people to take the call and to trust HARC/the survey

#### Year 1: December 2018

- Approval received for KSU's IRB
- Beta testing commences, any issues are addressed
- Materials, protocol, and survey questions developed for CNCEF, fine-tuned, finalized
- Publicity materials for community partners (e.g., flyers, posters, rack cards, social media posts, draft e-blasts, their 30-second videos) are developed (by HARC staff and the PR consultant) and ready for distribution
- Contracts for paid publicity campaign are finalized, signed, and ready to go into action in the new year
- Publicity materials for paid publicity campaign are finalized

#### Year 1: January 2019

- Data collection launches in early January 2019
- HARC and KSU SRL in contact weekly for progress updates
- Incentives are distributed weekly
- Paid publicity efforts begin (includes radio, TV, newspaper, and social media)
- CNCEF canvassing begins; efforts are fine-tuned and adapted based on initial feedback
- HARC coordinates with partner agencies to distribute promotional materials, instructions for dissemination, customizes co-branded materials, responds to questions/issues

Year 1: February 2019

- Data collection continues, is approximately 28% complete by the end of February
- HARC and KSU SRL in contact weekly for progress updates
- Incentives are distributed weekly
- Paid publicity efforts continue (includes radio, TV, newspaper, and social media)
- CNCEF canvassing continues
- HARC continues to work with community partners to disseminate the promotional materials
- HARC seeks out new community partners through existing connections (e.g., connections with Planned Parenthood to ICUC to faith leaders) and solicits assistance from new community partners

Year 1: March 2019

- Data collection continues, is approximately 42% complete by the end of March
- HARC and KSU SRL in contact weekly for progress updates
- Incentives are distributed weekly
- Paid publicity efforts continue (includes radio, TV, newspaper, and social media)
- CNCEF canvassing continues
- HARC continues to work with community partners to disseminate the promotional materials
- HARC seeks out new community partners through existing connections (e.g., connections with Planned Parenthood to ICUC to faith leaders) and solicits assistance from new community partners

Year 1: April 2019

- Data collection continues, is approximately 56% complete by the end of April
- HARC and KSU SRL in contact weekly for progress updates
- Incentives are distributed weekly
- Paid publicity efforts continue (includes radio, TV, newspaper, and social media)
- CNCEF canvassing continues
- HARC continues to work with community partners to disseminate the promotional materials
- HARC seeks out new community partners through existing connections (e.g., connections with Planned Parenthood to ICUC to faith leaders) and solicits assistance from new community partners
- HARC begins to re-write the narrative of the Executive Report, including conducting research and gathering data from secondary sources to inform the background sections

Year 1: May 2019

- HARC submits a 6-month progress report to DHCD/F; per usual, it includes updates on progress made as well as funds committed
- Data collection continues, is approximately 70% complete by the end of May
- HARC and KSU SRL in contact weekly for progress updates
- Incentives are distributed weekly
- Paid publicity efforts continue (includes radio, TV, newspaper, and social media)
- CNCEF canvassing continues
- HARC continues to work with community partners to disseminate the promotional materials
- HARC seeks out new community partners through existing connections (e.g., connections with Planned Parenthood to ICUC to faith leaders) and solicits assistance from new community partners
- HARC continues to revise and prepare the narrative of the Executive Report

Year 1: June 2019

- Second payment of \$62,000 due to KSU SRL
- Data collection continues, is approximately 84% complete by the end of June
- HARC and KSU SRL in contact weekly for progress updates
- Incentives are distributed weekly
- Paid publicity efforts continue (includes radio, TV, newspaper, and social media)
- CNCEF canvassing continues
- HARC continues to work with community partners to disseminate the promotional materials
- HARC seeks out new community partners through existing connections (e.g., connections with Planned Parenthood to ICUC to faith leaders) and solicits assistance from new community partners
- HARC finalizes the framework of the Executive Report

Year 1: July 2019

- Data collection is 100% complete by the end of July
- HARC and KSU SRL in contact weekly for progress updates
- Incentives are distributed weekly
- Paid publicity efforts wrap up
- CNCEF canvassing wraps up
- HARC continues to work with community partners to disseminate the promotional materials
- HARC coordinates 'thanks you's' and recognition for all community partners who assisted in the effort
- HARC works with funders to gather 'local features' and 'success stories' to integrate into the Executive Report (brief blurb plus picture in the section of their choice)

Year 1: August 2019

- KSU SRL statisticians clean the data
- HARC curates Census data, provides data for weighting to KSU SRL
- HARC coordinates 'thanks you's and recognition for all community partners who assisted in the effort
- HARC updates existing syntax, prepares for analyses
- HARC works with funders to gather 'local features' and 'success stories' to integrate into the Executive Report (brief blurb plus picture in the section of their choice)

Year 1: September 2019

- Third payment of \$62,000 due to KSU SRL
- KSU SRL statisticians weight the data, provide to HARC for testing
- HARC tests the data, ensures it is weighted appropriately (if not, then back-and-forth with statisticians until it is appropriate)
- HARC receives the final data files from KSU SRL
- HARC cleans the data, creates composite variables
- HARC creates the complex samples analysis plan in SPSS
- HARC works with funders to gather 'local features' and 'success stories' to integrate into the Executive Report (brief blurb plus picture in the section of their choice)
- Online database vendor is alerted to the incoming data, provides a template for the data to be entered by HARC

Year 1: October 2019

- HARC runs data analyses
- HARC works with funders to gather 'local features' and 'success stories' to integrate into the Executive Report (brief blurb plus picture in the section of their choice)
- HARC creates tables, charts, maps, and other graphics to insert into the Executive Report
- HARC secures a date and location for the data release event, begins to publicize the event
- Data for the online database is prepared, put into the vendor's required formatting

Year 2: November 2019

- HARC submits a 6-month progress report to DHCD/F; per usual, it includes updates on progress made as well as funds committed
- HARC works with funders to gather the last of the 'local features' and 'success stories' to integrate into the Executive Report (brief blurb plus picture in the section of their choice)
- All 'local features' and 'success stories' are inserted into the appropriate sections of the Executive Report and formatted properly
- HARC finishes all of the tables, charts, maps, and other graphics for the Executive Report, inserts appropriately, formats properly
- HARC writes the narrative version of the results, referencing visual aids as appropriate, and inserts into the Executive Report
- HARC publicizes the data release event, sends invites to existing data users, stakeholders, etc.
- Data for the online database is prepared, put into the vendor's required formatting

Year 2: December 2019

- Fourth and final payment of \$62,000 due to KSU SRL
- Executive Report is finalized, reviewed by at least three HARC staff
- Executive Report is edited and revised
- Executive Report formatting is finalized
- HARC publicizes the data release event, sends invites to potential data users
- Data for the online database is submitted to the vendor, entered into the system

Year 2: January 2020

- Executive Report is delivered to printers, proof is inspected and approved, print job commences and is completed before the data release event
- HARC continues to publicize the data release event
- HARC plans the data release event details (e.g., ordering the food, booking the photographer, ordering centerpieces, ordering programs, arranging sponsor appreciation efforts, etc.)
- Data release event occurs, once again include live polling to engage the audience; at least 225 people attend and receive copies of the printed report at the event
- Online database is beta-tested by HARC, found to be accurate and satisfactory
- Online database goes live
- PDF version of the Executive Report is available on HARC's website
- HARC provides DHCD with a report on the funding committed. If less than 30% of the funding has not been received, HARC staff will work with DHCD Board to create a plan of action to address the issue.

Year 2: February 2020

- Copies of the Executive Report are provided to all funders, with a personalized thank you, and a reference to their local feature

- Copies of the Executive Report are provided to all community partners who assisted in efforts to raise awareness, with a personalized thank you
- HARC publicizes the data release event on social media and our website (e.g., posting photos, videos, tagging attendees, etc.)
- HARC makes at least one TV appearance, one radio appearance, and one print article about the new data
- HARC and DHCD/F staff begin to work together to co-create trendline data report #1 on healthcare coverage, access, utilization

Year 2: March 2020

- Copies of the Executive Report are mailed out to potential data users (e.g., leaders of nonprofits, healthcare organizations, county agencies, etc.) who did not attend the data release event, with personalized letters (e.g., ‘thought you might be especially interested in the data presented on page X, given your work’)
- HARC develops and distributes a ‘speaker available’ notice, alerting local entities that HARC staff is happy to come give custom presentations about the data to their organizations; these notices are sent out via email and/or regular mail (recipients include rotary clubs, chambers of commerce, nonprofit collaboratives, professional associations, higher education institutions, etc.)
- If invitations to present occur, HARC accepts and presents results to special interest groups (English and Spanish presentations available)
- HARC and DHCD/F staff work together to finish trendline data report #1 on healthcare coverage, access, utilization
- HARC offers one data training/workshop

Year 2: April 2020

- HARC continues to present results at events upon invitation
- HARC and DHCD/F staff begin to work together to co-create trendline data report #2 on mental health
- HARC offers two data trainings/workshops

Year 2: May 2020

- HARC submits a 6-month progress report to DHCD/F; per usual, it includes updates on progress made as well as funds committed
- HARC continues to present results at events upon invitation
- HARC and DHCD/F staff work together to finish trendline data report #2 on mental health
- HARC offers two data trainings/workshops

Year 2: June 2020

- HARC continues to present results at events upon invitation
- HARC and DHCD/F staff begin to work together to co-create trendline data report #3 on socioeconomic needs
- HARC offers two data trainings/workshops

Year 2: July 2020

- HARC continues to present results at events upon invitation
- HARC and DHCD/F staff work together to finish trendline data report #3 on socioeconomic needs
- HARC offers two data trainings/workshops

Year 2: August 2020

- HARC continues to present results at events upon invitation
- HARC and DHCD/F staff begin to work together to co-create trendline data report #4 on key diseases
- HARC offers two data trainings/workshops

Year 2: September 2020

- HARC continues to present results at events upon invitation
- HARC and DHCD/F staff work together to finish trendline data report #4 key diseases
- HARC offers two data trainings/workshops

Year 2: October 2020

- HARC continues to present results at events upon invitation
- HARC offers two data trainings/workshops
- HARC submits a final progress report to DHCD/F; per usual, it includes updates on progress made as well as funds committed; grant is closed

Project Year 3: November 2020 to June 2021 (8 months; no grant with DHCD/F)

- HARC continues to present results at events upon invitation
- 'Find the Data' campaign begins on social media and HARC's email list (inviting individuals to use HARC's online searchable database to find facts not available in the Executive Report, one of the correct answers wins a gift card each month); conducted each month.
- Monthly press releases begin (English and Spanish), are distributed to the media by the PR consultant, follow-up interviews are done by HARC staff (tying HARC's data to national health observances or awareness weeks to make it relevant to the mainstream media)
- In February 2021, one year after the data is released, HARC conducts a stakeholder survey to assess how people have used the data
- HARC pursues funders to subsidize the costs to create special reports on topics of interest; said reports will then be made available to the public courtesy of the funder

*If there are unanticipated costs associated with this service or program, how will they be covered?*

If there are unanticipated costs associated with this project, HARC will continue to fundraise to cover those costs. Specifically, in addition to the funds requested from DHCD/F, HARC writes grant proposals to cover the cost of the project; as described above, it is HARC's goal to submit 24 proposals per fiscal year in 18-19 and 19-20. HARC also requests donations from organizations such as hospitals, cities, county agencies, etc., and will continue to build such relationships.

HARC has a relatively small pool of previous donors that can be tapped, should unexpected costs arise. These donors would likely be compelled by an unexpected cost and would respond accordingly.

*Describe any critical changes to the organization, policy or staffing that are required to successfully implement this service or program. Will there be additional staff hired?*

Given that HARC's client services have grown immensely, HARC recently hired one additional staff member to ensure that client services continue to grow and the Community Health Survey continues to be a success. Additionally, we will be hiring several contractors to implement the project.

First, we will contract with Kent State University's Survey Research Lab to make the calls. We maintain a very positive relationship with Kent State University, and Dr. Greg Gibson, who has been the lead on the

survey on their end for the last two cycles, is on board once more to be the lead for the 2019 survey. The cost for this part of the project will be \$248,000 for a 22-minute survey.

Second, we will contract with a PR consultant, as we have in the past, to help us raise awareness about the survey and get the word out. Currently this consultant is Mr. Alan, who is familiar with the survey, and ready to secure advertising for us in appropriate modes of communication. The cost for this is \$1,000/month, and about half of the work is project-specific.

Thirdly, we will contract with Communities for a New California Education Fund (CNCEF) to do door-to-door outreach in Hispanic neighborhoods to raise awareness about the survey and encourage people to trust enough to take the call. This will tentatively include a team of 10 canvassers, 4 days per month, and will reach an estimated 420 people per month. The total cost for this work, as described, is \$29,337 (\$4,191 per month).

*Key partners and their roles:*

Partners are a key aspect of HARC's success. We are very fortunate to be well-connected to many local healthcare organizations, educational institutions, government agencies, and other health and human services agencies. HARC has gathered input from many local partners to adapt and revise the survey, ensuring that it does not become stale but rather reflects the changing needs of our community. This includes more than 90 individuals who provided survey feedback on what topics should be included on the 2019 survey, and more than 20 who provided feedback in face-to-face meetings.

Additionally, as described previously, HARC will rely heavily on key partners to help get the word out about the survey, and educate the community that the survey is local, legitimate, and necessary. These partners are critically important to keeping response rates high, and people are more likely to believe a message from a trusted entity than from everyday advertising. Thus, HARC plans to create co-branded materials to raise awareness and disseminate through these partners extensively. In the attachments portion of this proposal, you will find MOUs from more than a dozen of these partners, including:

To demonstrate that HARC does indeed have the type of community support needed to make this survey successful, we have attached to this proposal letters of support and memorandums of understanding from the following agencies and individuals:

1. ACT for MS (Jennie Rayner, Executive Director)
2. Borrego Health (Dr. Greer Sullivan, Chief of Research)
3. Cathedral City Senior Center (Robert McKechnie, Executive Director)
4. Clinicas de Salud del Pueblo (Yvonne Bell, Chief Executive Officer)
5. Clinton Health Matters Initiative (Alex Chan, Chief Executive Officer)
6. Coachella Valley Volunteers in Medicine (Doug Morin, Executive Director)
7. College of the Desert (Dr. Joel Kinnamon, President)
8. Congressman Dr. Raul Ruiz
9. County Supervisor V. Manuel Perez
10. Desert AIDS Project (David Brinkman, Chief Executive Officer)
11. Desert Care Network (aka Tenet Health, Michelle Finney)
12. Desert Oasis Healthcare (Dr. Teresa Hodgkins, Vice President of Clinical Quality Initiatives)
13. HIV+Aging Research Project (Jeff Taylor, Director)
14. Jewish Family Service of the Desert (Maureen Foreman, Executive Director)
15. Joslyn Center (Jack Newby, Chief Executive Officer)
16. LGBT Community Center of the Desert (Dr. Jill Gover, Clinic Director)
17. Riverside University Health System Public Health (Kim Saruwatari, Director)
18. University of Riverside, School of Medicine (Dr. David Lo, Senior Associate Dean for Research)

**Line Item Budget - Sheet 1 Operational Costs**  
**Years 1, 2, 3: November 2018 to October 2021**

<b>PROGRAM OPERATIONS</b>		<b>Total Program Budget</b>	<b>Funds from Other Sources <b>Detail on sheet 3</b></b>	<b>Amount Requested from DHCD</b>
<b>Total Labor Costs</b>	<b>Detail on sheet 2</b>	\$378,535	\$226,556	\$151,979
<b>Equipment (itemize)</b>				
1	SPSS Licenses	\$675	\$675	\$0
2	Arc GIS License from Esri (nonprofit)	\$300	\$300	\$0
<b>Supplies (itemize)</b>				
1		\$0	\$0	\$0
<b>Printing/Duplication (for project-specific work)</b>		\$15,000	\$15,000	\$0
<b>Mailing/Postage/Delivery (for project-specific work)</b>		\$18,500	\$18,500	\$0
<b>Travel (% annual budget of \$3,000)</b>		\$2,500	\$2,500	\$0
<b>Education/Training</b>		\$3,000	\$0	\$0
<b>Facilities (Detail)</b>				
	Office/Rent/Mortgage (% annual rent of \$14,580)	\$12,400	\$12,400	\$0
	Meeting Room Rental (for data release event)	\$2,000	\$2,000	\$0
	Telephone/Fax/Internet (% annual cost of \$1,500)	\$1,275	\$1,275	\$0
	Utilities (% annual cost of \$3,600)	\$3,060	\$3,060	\$0
	Insurance (% annual cost of \$5,000)	\$4,250	\$4,250	\$0
	Maintenance/Janitorial (% annual contract of \$2,760)	\$2,346	\$2,346	\$0
	Other Facility costs (itemize)			
1		\$0	\$0	\$0
<b>Other Program Costs not described above (itemize)</b>				
1	<b>Kent State University - Data Collection</b>	<b>\$248,000</b>	<b>\$0</b>	<b>\$248,000</b>
2	Advertising to increase response rates	\$42,000	\$42,000	\$0
3	Participant Incentives (\$110 x 30 weeks)	\$3,300	\$3,300	\$0
4	Website to host data and info	\$1,560	\$1,560	\$0
5	Upload data to searchable database	\$26,000	\$26,000	\$0
6	Data release event	\$3,000	\$3,000	\$0
<b>Total Program Budget</b>		<b>\$767,701</b>	<b>\$367,722</b>	<b>\$399,979</b>
<p><b>Summary</b>  HARC requests that DHCD pay for two pieces of this project: \$151,979 in staff salaries and related costs, and \$248,000 for data collection (by Kent State University's Survey Research Lab). All other costs described here will be supported by other funds.</p>				
<p><b>HARC Staff Costs</b>  HARC requests that DHCD cover approximately 52% of the HARC personnel costs for Year 1 and Year 2 (see sheet 2 for narrative and precise costs).</p>				
<p><b>Kent State University – Data Collection</b>  The total cost for Kent State to do data collection is \$248,000 (see attachment with Kent State's proposal). HARC will pay Kent State in four equal payments of \$62,000 each: two in FY 18-19 (November 2018 and June 2019) and two in FY 19-20 (September 2019 and December 2019). Thus, three payments (\$186,000) will fall within Grant Year 1, and \$62,000 will fall within Grant Year 2. HARC requests that DHCD pay for all of this cost.</p>				

**Line Item Budget Sheet 2 - Labor Costs**  
**Years 1, 2, 3: November 2018 to October 2021**

Staff Salaries		Annual Salary (Year 1; 3% raise in Year 2, 3% raise in Year 3)	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
1	Chief Executive Officer	\$98,805	30%, 45%, 10%	\$85,920	\$39,229
2	Director of Research & Eval	\$80,705	30%, 45%, 10%	\$70,180	\$32,040
3	Research Associate	\$50,160	30%, 45%, 10%	\$43,619	\$19,915
4	Research Assistant	\$39,520	30%, 45%, 10%	\$34,367	\$15,690
5	Administrative Manager	\$47,495	30%, 45%, 10%	\$41,302	\$18,854
6	Payroll fees	\$1,900	30%, 45%, 10%	\$1,680	\$764
7	Workers' Compensation	\$4,000	30%, 45%, 10%	\$3,530	\$1,607
8	Employee benefits	\$30,000	30%, 45%, 10%	\$26,800	\$11,940
9	Payroll taxes	\$30,000	30%, 45%, 10%	\$26,800	\$11,940
\$334,198					
<i>Enter this amount in Section 1, Employee Salaries</i>					<b>Total &gt;</b>
\$151,979					
<b>Budget Narrative</b>	<p><b>Year 1</b>  Approximately 30% of HARC's staff time will be spent on the project in Grant Year 1. This includes adapting the survey, programming the survey, testing the survey, responding to queries about the survey, promoting the survey, monitoring survey progress, preparing the syntax for analyses, preparing the background information for the report, fundraising the rest of the funds, etc. HARC requests that DHCD pay for approximately 52% of these costs: \$59,683. Salaries above per HARC's FY 18-19 budget.</p>				
	<p><b>Year 2</b>  HARC anticipates providing staff with a 3% raise in FY 19-20. HARC anticipates other associated costs will also see some inflation, which is reflected above. Approximately 45% of HARC staff time will be spent on the project during FY 19-20. This is up from FY 18-19, as this includes data analysis, reporting, programming the searchable database, co-creating trendline data with DHCD, providing trainings, etc., which take up more time than data collection and promotion. HARC requests that DHCD pay for approximately 52% of this cost, or \$92,296.</p>				
	<p><b>Year 3</b>  HARC anticipates providing staff with a 3% raise in FY 20-21. HARC anticipates other associated costs will also see some inflation, which is reflected above. Approximately 10% of HARC staff time will be spent on the project during Project Year 3. HARC does not request DHCD funding for Year 3 of the project.</p>				
Consultants/Contractors		Hourly Rate	Hours/ Week	Monthly Fee	Amount of Salary Paid by DHCD Grant
Consultant/Contractor Name					
1	Public Relations - 1 year			\$1,000	\$0
2	Promotoras - 7 months			\$4,191	\$0
<i>Enter this amount in Section 1, Professional Services/Consultants</i>					<b>Total &gt;</b>
\$0					

**Line Item Budget - Other Program Funds**  
**Years 1, 2, 3: November 2018 to October 2021**

<b>Funding for this program received from other sources</b>		<b>Amount</b>
Fees		
Donations (\$115,000 received, \$415,000 projected)		\$530,000
Grants (List Organizations)		
1	Doyle Foundation (pending, will know in November 2018)	\$50,000
2	BIGHORN Cares (will know in December 2018)	\$8,382
3	Doheny Foundation (hope to know in December 2018)	\$30,000
4	Joseph H. Stahlberg Foundation (hope to know in Dec. 2018)	\$30,000
5	Auen Foundation	\$10,000
6	Grace Helen Spearman Charitable Foundation	\$10,000
7	Kaiser Permanente Community Benefit	\$24,000
8	BIGHORN Cares (if not funded in Year 1)	\$5,000
9	Other grants	\$100,000
Fundraising (describe nature of fundraiser)		
	2018 Workplace Wellness Awards	\$8,500
	2019 Workplace Wellness Awards	\$10,000
	2020 Workplace Wellness Awards	\$12,000
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)		
1		
<b>Total funding in addition to DHCD request</b>		<b>\$727,882</b>

**DESERT HEALTHCARE DISTRICT GRANT AGREEMENT**

This agreement is entered into by the Desert Healthcare District (“DISTRICT”), a California health care district organized and operating pursuant to Health and Safety Code section 32000 et seq., and HARC Inc (“RECIPIENT”) and is effective upon execution by both parties.

1. **Grant**

Purpose and Use of Grant: 2019 Coachella Valley Community Health Survey – funding is specific to support over two years the total cost for data collection by Kent State University (\$248,000) and \$151,979 for HARC staff salaries to conduct data collection, analyses, and dissemination.

Amount: \$399,979 **contingent** on the five (5) deliverables are met as outlined in Exhibit B.

2. **Term of Agreement**

The term of this agreement is from November 1, 2018 through October 31, 2020, subject, however, to earlier termination as provided in this agreement.

3. **Legal Responsibility/Liability**

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

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

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

DISTRICT may reduce, suspend, or terminate the payment or amount of the grant if the District determines in its sole discretion that RECIPIENT is not using the grant for the intended purposes or meeting the objectives of the grant. RECIPIENT hereby expressly

DISTRICT \_\_\_\_\_ RECIPIENT \_\_\_\_\_

waives any and all claims against DISTRICT for damages that may arise from the termination, suspension, or reduction of the grant funds provided by DISTRICT.

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

5. **Other Funding Sources**

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

6. **Attribution Policy**

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

7. **Payment Schedule**

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

8. **Program Budget**

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

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

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

10. **Evaluation/Outcomes Reporting**

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

DISTRICT \_\_\_\_\_ RECIPIENT \_\_\_\_\_

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

**11. Use of Subcontractors**

RECIPIENT may not subcontract any portion of the duties and obligations required by this agreement without the written consent of the DISTRICT. A copy of the proposed subcontract between RECIPIENT and the subcontractor shall be provided to DISTRICT for review. In the event DISTRICT consents to subcontract, the subcontractor shall be required to execute an agreement assuming all rights and obligations of this agreement, including the DISTRICT'S right to inspect the subcontractor's books and records and the right to monitor and evaluate the effectiveness of the use of the grant funds, and including Agreement to, and acknowledgment of, the co-ownership of the Parties to all intellectual property gathered, used, or created in the course of the Agreement by RECIPIENT or its subcontractor(s). Notwithstanding the forgoing, RECIPIENT shall remain primarily responsible for compliance with all terms and conditions of this agreement.

**12. Use of Funds**

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

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

**13. Independent Contractor Status**

The relationship between DISTRICT and RECIPIENT, and the agents, employees, and subcontractors of RECIPIENT in the performance of this agreement, shall be one of independent contractors, and no agent, employee, or subcontractor of RECIPIENT shall be deemed to be an officer, employee, or agent of DISTRICT. Notwithstanding the foregoing, RECIPIENT'S rights to ownership are dictated by this Agreement and not by the general law of independent contractors.

14. Prevailing Wages

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

15. Intellectual Property Rights

- A. The Parties agree that they will both be owners, pursuant to the Copyright Act of 1976 (17 U.S.C. 101 et seq. as amended) of 100% each of all intellectual property gathered, used, or created in the course of the Agreement by RECIPIENT or its subcontractor(s).
- B. The RECIPIENT warrants that no other person or entity has, nor will be given or assigned, any ownership rights in the intellectual property gathered, used, or created in the course of the Agreement by RECIPIENT or its subcontractor(s), and that any subcontract between RECIPIENT and a subcontractor will so provide and will contain an assignment of all rights of the subcontractor in such intellectual property to RECIPIENT and DISTRICT as co-owners pursuant to Section 15A hereinabove.
- C. The RECIPIENT agrees to allow DISTRICT full access and use of the information and raw data collected by Kent State University which DISTRICT may share confidentially with third parties and direct service providers to the extent allowed by state or federal law.

16. Use of Funds for Lobbying or Political Purposes

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

17. Compliance with Applicable Law and Regulations

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

DISTRICT \_\_\_\_\_ RECIPIENT \_\_\_\_\_

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

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

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

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

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

19. **No-Cost Grant Extensions**

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

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

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

21. **Indemnity and Hold Harmless**

RECIPIENT agrees to indemnify, defend, and hold harmless DISTRICT and its officers, agents, employees, volunteers, and servants from any and all claims and losses accruing or resulting to any and all employees, contractors, subcontractors, laborers, volunteers, and any other person, firm, or corporation furnishing or supplying work, services, materials, or

supplies in connection with the performance of this agreement and from any and all claims and losses of any kind accruing or resulting to any person, firm, or corporation arising out of, or in any way connected with or as a result of, the performance or execution of this agreement, the consummation of the transactions contemplated hereby, or in the expenditure of grant funds provided by DISTRICT, including Intellectual Property claims such as copyright, trademark, or other such claims.

22. **Fiscal/Accounting Principles**

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

23. **Documentation of Revenues and Expenses**

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

24. **Records Retention**

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

25. **Governing Law**

This agreement shall be governed by and construed in accordance with the laws of the State of California. Jurisdiction and venue for any dispute will be in the Riverside Superior Court, Desert Judicial District, California. The prevailing party in any dispute will be awarded reasonable attorney fees and costs incurred in connection with the dispute.

26. **Assignment or Transfer**

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

DISTRICT \_\_\_\_\_ RECIPIENT \_\_\_\_\_

27. Entire Agreement, Amendment

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

28. Notices

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

29. Signatories

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

**RECIPIENT:**  
Health Assessment & Research for Communities  
41550 Eclectic St  
Palm Desert, CA 92260

**Name:** President/Chair of RECIPIENT  
Governing Body

**Name:** Executive Director

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PLEASE PRINT

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PLEASE PRINT

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SIGNATURE

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SIGNATURE

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DATE

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DATE

DISTRICT \_\_\_\_\_ RECIPIENT \_\_\_\_\_

**Authorized Signatory for Desert Healthcare District:**

**Name:** D. Chris Christensen, CPA  
**Title:** Interim Chief Executive Officer

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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

EXHIBIT A

DESERT HEALTHCARE DISTRICT ATTRIBUTION POLICY

1. **Attribution Wording**

Attribution for District-funded programs shall be as follows:

“Made possible by funding from Desert Healthcare District” / “Echo posible por medio de fondos de Desert Healthcare District” **or** “Funded by Desert Healthcare District” / “Fondado por Desert Healthcare District”

2. **Educational Materials**

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

3. **Promotional Materials**

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

4. **Media Materials and Activities**

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

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

5. **Logo Usage**

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

6. **Photograph Consent**

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

DISTRICT \_\_\_\_\_ RECIPIENT \_\_\_\_\_

## EXHIBIT B

## PAYMENT SCHEDULE, REQUIREMENTS &amp; DELIVERABLES

Project Title

2019 Coachella Valley Community Health Survey

Start/End11/1/2018  
10/31/2020**PAYMENTS:**

(4) Payments: \$ 89,995.25

10% Retention: \$39,998.00

Total request amount: \$399,979.00

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS (CONTINGENCIES IN PLACE)**

Scheduled Date	Grant Requirements for Payment	Payment
11/01/2018	Signed Agreement with a copy of the master survey is submitted & accepted	Advance of \$89,995.25 For time period 11/01/2018 - 04/30/2019
05/01/2019	1 <sup>st</sup> six-month (11/01/2018 – 04/30/2019) progress and budget reports submitted & accepted. <b>Report showing funds committed to the project.</b>	Advance of \$89,995.25 For time period 05/01/2019 – 10/31/2019
11/01/2019	2 <sup>nd</sup> six-month (05/01/2019 – 10/31/2019) progress and budget reports submitted & accepted. <b>Report showing funds committed to the project.</b>	Advance of \$89,995.25 For time period 11/01/2019 – 04/30/2020
<b>January 2020</b>	<b>Separate report showing more than 30% matching funds are committed.</b>	
05/01/2020	3 <sup>rd</sup> six-month (11/01/2019 – 04/30/2020) progress and budget reports with <b>confirmation of more than 30% match realized</b> are submitted & accepted	Advance of \$89,995.25 For time period 05/01/2020 – 10/31/2020
11/01/2020	4 <sup>th</sup> six-month (05/01/2020 – 10/31/2020) progress and budget reports submitted & accepted. <b>Report showing funds committed to the project.</b>	\$0
12/31/2020	Final report (11/01/2018 – 10/31/2020) and final budget report submitted & accepted <b>with ALL deliverables have been met.</b>	\$39,998.00 (10 % retention)

TOTAL GRANT AMOUNT: \$ 399,979.00

DISTRICT \_\_\_\_\_ RECIPIENT \_\_\_\_\_

**DELIVERABLES:**

This amount of \$399,979 is **contingent** on the following deliverables:

1. The master questions are finalized and supporting documentation outlining the perceived community needs from HARC'S 2018 focus groups and individual input. This will include District recommendations of what questions to add and/or potentially delete if the data is not utilized or deemed relevant to their work by direct service providers. IE. Cancer/Women's Health/Chronic Diseases. Proposed completion of condition Year 1 – **late October for a November 1, 2018** 1<sup>st</sup> payment date – triggers the official start of the grant cycle
2. In partnership, trendline data reports **co-created** (HARC/DHCD) using all health monitors including 2019 data and 3<sup>rd</sup> party comparison data – in 4 focus areas: 1. Health insurance coverage and utilization both insured and uninsured. 2. Mental Health. 3. Social Economic Needs. 4. Key Diseases i.e. Asthma and Diabetes. – all data will be broken out by zip code, demographics, race/ethnicity and age (children and adult) -To be started in Year 2 **February 2020 and finished by November 2020.**
3. In 2020 perform 15 trainings/workshops on how to use HARC data in partnership with other public and DHCD data platforms (i.e. how to understand school data, county data, etc.) – **Completed by December 2020**
4. DHCD shall have full access and use of the information and raw data collected by Kent State University which DHCD may share confidentially with third parties and direct service providers to the extent allowed by state or federal law.
5. Every six months during the grant period, HARC to show funds committed to the project until fully funded – **\*by January 2020 more than 30% matching funds to be committed** – Staff will request for a separate report. – If funds not received by January 2020 – HARC Board and HARC Staff to establish a plan of action and this will be presented to the District Board prior to 4<sup>th</sup> payment submitted. (May 1, 2020)

**EXHIBIT C**

**PROGRAM BUDGET ATTACHED AS SUPPLEMENTAL PAGE(S)**



Date: September 25, 2018

To: Board of Directors

Subject: Ready, Set, Swim program

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**Background:**

- Since its inception in the 2014/2015 school-year, the Ready, Set, Swim (RSS) program has been funded by a collective fund established in partnership with the City of Palm Springs, which provided partial funding for the program until the end of the 2017/2018 school year.
- Prior to a presentation to the Desert Healthcare Foundation Board about the transition of the program from the Foundation to Desert Recreation District (DRD), Staff from DRD had demonstrated an interest and the capacity to continue the program.
- At the May 22, 2018 DHCF Board meeting, a motion was made and approved to transition the day-to-day operations of the program to the Desert Recreation District with grant support to run the program in the initial years.

**Annual Program Expenses:**

- 2014/2015: \$113,641 (\$77,745.97 to the Desert Recreation District)
  - 2015/2016: \$140,666 (\$91,949.49 to the Desert Recreation District)
  - 2016/2017: \$156,953 (\$97,409.73 to the Desert Recreation District)
  - 2017/2018: \$110,530 (\$81,296.51 to the Desert Recreation District\*)
- \* Lower costs due to the Furbee Aquatic Center closure resulting from inclement weather, which led to a change in the new proposed schedule.

**Information:**

- A grant application and budget were submitted by DRD in the amount of \$144,758, which included a 30% indirect cost fee.
- Staff requested the 30% indirect cost be reduced to government standard in the 10-15% range.
- Due to internal policy, DRD is unable to reduce the indirect cost fee.

**Staff Recommendation:**

1. Staff recommends not providing a grant to Desert Recreation District for the Ready Set Swim program.
2. Staff recommends suspending the program for the 2018/2019 school year allowing DHCD/F staff the opportunity to explore alternate community partners.

**Fiscal Impact:** None.



September 25, 2018

CEO Report - Priorities - Milestones - Progress Measures"

#1 Milestone: Successful Implementation of Strategic Plan"

Staff continues the work and information gleaned from meeting with District Board member Kay Hazen and community input on the grant scoring structure. This informed the proposed Enhance Grant Structure to be consider by the Board for approval at the September 25, 2018 District meeting

#2 Milestone: Up-to-Date Policy Manual and Timely Review"

Proposed timeline has been created and included in the September 25, 2018 Board package for consideration with the request from staff for further direction for the continuation of project i.e. Workshops or presentation to the F&A committee per the current policy.

"Priority: Operations

#3 Milestone: Successful implementation of public relations program highlighting the work of the District and Foundation

Staff will present the update of the Communications and Marketing plan with a focus on key communications projects: Website Redesign, CVHIP, Social Media Campaign, E-Newsletter, and Annual Report. These projects will take place over the next 12 months and will facilitate the strategic plan objectives. The Board will be presented with the Plan to consider for approval at the September 25, 2018 meeting.

"Priority: Operations

#4 Milestone: Successful implementation of Office restructuring with support for both new and continuing employees "

Prior work had been performed by COO and Staff, working with Counsel, to set up Harassment training, a requirement of both staff and Board members. It has been decided with the addition of one new Board member in December and the potential of two more in January 2019, training would be offered in either late February or early March.

Staff will present a timeline to the Board at the September 25, 2018 meeting for policy and Bylaw updates. Once this process and timeline have been approved, staff will then move forward with the additional work of the Employee Handbook, that will also be reflective of Board Policies.

Staff has also been engaged in opportunities for further development through the use of webinars and conferences. This training will be driven by the requirement to meet Certification from ACHD. This is also in support of the Ethics and Harassment Training that will be offered early in the new year.

"Priority: Operations

#5 Milestone: Expanded utilization of cvHIP by both residents and professionals throughout the Coachella Valley"

Staff has prepared a report to the Board for review and discussion at the September 25, 2018 Foundation meeting. It has come to staff's attention that an alternative platform is now being offered throughout the Inland Empire via IEHP. Staff is meeting with IEHP staff and platform provider to understand the direction and intent of this program called "ConnectIE". Currently the system lacks the data base we are working with. However, the ConnectIE platform offers features that staff has recommended in past Board meetings, such as a referral tracking system. It is the intent of staff to bring forward to the October F&A Committee its recommendations on how to proceed with marketing of CVHIP.

"Priority: Operations

#6 Milestone: Complete Association of California Healthcare Districts Certification"

COO is working to meet certification requirements concurrently with the implementation of; Policy Review, Grant Structure, Communications and Marketing (Website redesign), and Strategic Plan Implementation. This is an ongoing process with many moving parts.

"Priority: Strategy and Programs

#7 Milestone: Implementation of Hospital Governance and Oversight Policy with increased focus on quality issues"

Under the District's Lease Compliance Policy, a Hospital Governance and Oversight standing committee was created in January 2017. Monthly meetings have included current updates from Michele Finney, CEO of DRMC, regarding status of any issues, improvements, and developments within the hospital. Additionally, hospital rating scores, such as Leapfrog, CMS and Hospital Compare, have been presented to the Committee and communicated with the Board, including action plans for improving subpar scoring. The Committee continues to bring transparency to hospital governance and oversight issues.

"Priority: Strategy and Programs

#8 Milestone: Continued focus on Homelessness Initiative with CVAG and Coachella Valley local governments (cities and county), as well as appropriate recognition of DHCD/F efforts"

Staff has prepared a full report of the up to date outcomes from our work with Barbara Poppe and Associates. This report is included in the Foundation board package for review and further discussion.

As a result of the focus group meetings and preliminary identified priorities, staff is holding smaller meetings with key service providers and county staff to find funding and to develop opportunities for implementation of the future strategic action plan recommendations.

"Priority: Strategy and Programs

#9 Milestone: Development of a strategy to address behavioral health issues in the Coachella Valley with primary and expedited focus on inpatient psychiatric resources"

Staff continues to work with Subject Matter Specialists and continue our work with Green Ribbon Committee to help identify strategies and concepts for both programs, funding and legislation.

Staff has been reviewing and holding conversations with front line staff to understand the story behind the Data. Through this process staff identified significant 5150 data variance between the 3 Hospitals and the actual perspectives from staff in the ED. This has led to meetings with Senior Staff and the verbal agreement to move forward on a MOU to work together to streamline the data and share monthly.

To complement this work, staff is working to further understand the Data of the 3 School Districts. We are setting up meetings to meet with the Data collection staff to further understand the changes year over year. Currently we are under the impression that there have been policy changes at the District level, but not necessarily carried through to each school. Staff still believes the Data is consistent enough to be used as a baseline to measure program outcomes.

A staff report for the September 25, 2018 Foundation Board of Directors meeting provides further detail.

"Priority: Strategy and Programs

#10 Milestone: Develop a strategy to address acute hospital bed resources throughout the CV with specific decisions about how to address seismic of existing facilities and other facilities issues at DRMC"

Board and Staff have been working with our consultant, Kaufman Hall, to develop guidance to the Board for decisions regarding the hospital facility, in light of the underlying seismic retrofit 2030 compliance issue. A current seismic ASCE 41 assessment is underway to provide detailed assessment of estimated costs and process to meet the compliance issue. Phase 0 (high level assessment) is complete and being presented at the September 25, 2018 Board of Directors meeting. Estimated completion of the ASCE 41 – Phase 1 report - is December 2018.

"Priority: Strategy and Programs

#11 Milestone: Develop, with Board, contingency plans for remainder of lease without an extension to Tenet Health"

Through the work and development underway with Kaufman Hall, the District will be developing a contingency plan, following the Seismic Assessment and further analysis. Estimated completion of the Contingency Plan is May 2019.

"Priority: Strategy and Programs

#12 Milestone: Providers, Facilities, Programs, and Services plans for 2018 in light of changing federal actions. Establish sustainable funding for Providers, Facilities, Programs, and Services. "

The New Providers, Facilities, Programs, and Services Committee and Staff, along with guidance from Kaufman Hall, will be developing a road map (Apr-Jun 2019) for how to proceed with the hospital with

regard to seismic retrofit and to define a transaction with the hospital operator (i.e. new hospital lease) by May 2027.

"Priority: Expansion

#13 Milestone: Establish a sustainable funding mechanism to include in expansion vote with LAFCO application"

Program team are performing early stages of identifying potential funding for two Key Initiatives – Homelessness and Behavioral Health. Through this process we are mapping potential funding sources to help supports efforts and programs that serve the Coachella Valley as a whole.

This includes our efforts mention above in the Homelessness and Behavioral Initiative work. Staff is currently focused on Salton Sea Bond and the allocation of 10 million to Health, Prop 63 funds and programs being offered by Riverside County in the CV, HEAP funding coming from the state that requires either shovel ready capital programs or programs that meet the emergency needs for the chronic homeless.

"Priority: Expansion

#14 Milestone: Secure successful LAFCO vote"

The Annexation was approved at the April 26, 2018 LAFCO meeting and ordered the Board of Supervisors to set an election at the November 6, 2018 election. Measure BB, the ballot measure for the annexation, was approved and finalized by the Registrar of Voters.

"Priority: Expansion

#15 Milestone: Preparation for and successful vote to expand DHCD/F in November 2018"

Staff has completed Power Point presentations for Board member use to support efforts to bring clarity to the community on expansion.

Staff is working to encourage public attendance and participation at both the September and October Board Meetings (Public Forums).

"Priority: Expansion

#16 Milestone: Plan for expansion of DHCD/F Board if ballot initiative passes, as well as begin preparations for “district” elections."

At the September 25, 2018 Board meeting, Staff is presenting a proposed timeline and process for selection of 2 additional Board members and for rezoning to a 7 zone election, should the expansion initiative pass.

## **Chief Financial Officer's Report**

**September 11, 2018**

Audit filed work is complete. Audit Reports will be presented at the October 2018 F&A Committee meeting.

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

#### **Occupancy:**

See attached unit rental status report.

95.6% currently occupied –

Total annual rent including CAM fees is \$1,231,050.

#### **Leasing Activity:**

The two additional vacant suites (1W104 & 105) are adjacent and each are approximately 1,000 sq ft.

**Las Palmas Medical Plaza  
Unit Rental Status  
As of September 1, 2018**

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 Incig CAM	Total Annual Rent Incig CAM
			From	To									
											\$ 0.62		
1W, 104	Vacant					1,024	2.14%						
1W, 105	Vacant					1,060	2.22%						
<b>Total - Vacancies</b>						<b>2,084</b>	<b>4.36%</b>						
<b>Total Suites-33 - 29 Suites Occupied</b>		<b>\$ 58,516.90</b>				<b>47,820</b>	<b>95.6%</b>	<b>\$ 73,405.37</b>	<b>\$ 880,864.44</b>	<b>\$ 1.80</b>	<b>\$ 29,182.16</b>	<b>\$ 102,587.53</b>	<b>\$ 1,231,050.36</b>
<b>Summary - All Units</b>													
	<b>Occupied</b>	<b>45,736</b>	<b>95.6%</b>										
	<b>Vacant</b>	<b>2,084</b>	<b>4.4%</b>										
	<b>Total</b>	<b>47,820</b>	<b>100%</b>										

# **Desert Healthcare District Portfolio Review**

**Second Quarter 2018**

*Presented by*

**Robert L. Adams, CFA**

*HighMark Capital Management, Inc. is a subsidiary of Union Bank.*

Reporting Period Ending: June 30, 2018

## Economic and Market Perspectives Q3 2018

### Introduction

After a tumultuous first quarter, investors found themselves adjusting to the shifting cross currents in global financial markets as the second quarter unfolded. Trade tensions took center stage, while worries about another wave of populism in Europe clouded investor optimism over domestic tax reform. Meanwhile, the Federal Reserve (“Fed”) pressed on with its campaign to raise short-term interest rates and even suggested it might pick up its pace, albeit modestly.

The shining bright spot of the second quarter was a robust corporate earnings season that handily beat analyst expectations. For the first quarter, earnings per share for the S&P 500 Index had increased nearly 25% year-over-year— the best performance since the third quarter of 2010, according to Factset. Investors took comfort in the expectation that domestic firms would use the windfall to fund equity-market friendly activity including share buybacks, increased capital expenditures and mergers and acquisitions.

Positive corporate earnings news and generally strong domestic economic data helped U.S. stock prices to recover lost ground from the first quarter. Looking to avoid exposure to the most trade-sensitive companies globally, investors favored shares of smaller companies with secular growth characteristics while shunning emerging market names<sup>1</sup>.

Within fixed income markets, yields moved higher as the bellwether 10-year Treasury Note crossed the 3% mark in May for the first time since 2013. As the quarter closed out, long-term yields fell and the yield curve flattened, fueling fears of dimming economic growth. Most notably, investment-grade credit spreads widened from historically tight levels on concerns of growing leverage in the corporate sector. Indicative of the thirst for corporate debt, AT&T became the world’s most indebted company with \$180 billion in total debt after completing its acquisition of Time Warner.

Overseas, China remains an area to watch closely, both given its influence on the global economy and the ongoing structural challenges it faces. A growing rift with the U.S. on trade complicates the developing nation’s cyclical picture, causing investors to flee the local equity market; which, until recently, had been tracking the U.S. stock market closely, as illustrated in the chart below.



Source: Bloomberg

### Economic Highlights

**U.S. Growth:** The domestic economy grew at an annualized rate of 2% in the first quarter. The lackluster growth was consistent with trends for first-quarter readings of the past several years despite fiscal stimulus. Economists are forecasting an acceleration of growth in the second quarter<sup>2</sup>.

**Inflation:** May’s Core Consumer Price Expenditure Index, the Fed’s preferred measure of inflation that excludes the costs of volatile food and energy prices, hit 2% for the first time since April 2012. Rising energy prices pushed May’s headline inflation reading, the Consumer Price Index, to 2.8% - its fastest pace since February 2012<sup>3</sup>.

<sup>1</sup> Morningstar. In the second quarter, the Russell 2000 Index outperformed the MSCI Emerging Markets Index.

<sup>2</sup> BEA.gov

<sup>3</sup> U.S. Bureau of Labor Statistics

**Reporting Period Ending: June 30, 2018**

**Fed Funds:** In June, the Fed increased its short-term borrowing rate for the second time this year by 0.25% to 1.75% - 2.0%. The monetary policy setting body expects to hike rates an additional two more times before the end of the year, according to its survey of voting members known as the “dot plot.”

**Employment:** Through June, the U.S. economy averaged 215,000 new jobs per month. Meanwhile, the unemployment rate ticked up to 4.0% from 3.8% in June, but this reflected good news as workforce participation has rallied after hitting a low of 62.3% in 2015. Wage growth has picked up modestly but remains tame at 2.7%, quelling fears of a meaningful acceleration in broader inflation<sup>3</sup>.

**Housing:** Higher mortgage rates have yet to slow the housing market with low inventory continuing to support healthy price appreciation. In April, home prices rose by 6.4% over the prior 12 months according to the S&P Case-Schiller National Home Price Index.

**Corporate Earnings:** According to Factset, S&P 500 earnings grew by 25% in the first quarter as companies began reaping the benefits of tax reform. Consensus estimates for the second quarter call for a 20% increase in earnings with an 8.8% growth rate on top line revenue. A continued rebound in energy sector earnings has also contributed to strong results overall.

**Consumer Confidence:** Trade tensions and rising fuel prices weighed on consumer expectations, putting modest downward pressure on the Conference Board’s Consumer Confidence Index. The index level stood at 126.4 in June, off its 14-year high of 130.0 in February.

**Energy:** Oil prices continued to rally as OPEC supply constraints and depleting inventories pushed West Texas Intermediate Crude up during the quarter to \$74 per barrel - a level not seen since late 2014<sup>4</sup>. At the end of the quarter, the national average for a gallon of regular gasoline was \$2.85 versus \$2.45 at the beginning of the year<sup>5</sup>.

**Market Returns as of June 30, 2018**

As of 6/30/2018	% Total Return					
	Q2 2018	YTD 2018	1-Year	3-Year	5-Year	10-Year
S&P 500	3.4	2.7	14.4	11.9	13.4	10.2
MSCI EAFE	-1.2	-2.8	6.8	4.9	6.4	2.8
MSCI Emerging Markets	-8.0	-6.7	8.2	5.6	5.0	2.3
Bloomberg Barclays US Aggregate Bond	-0.2	-1.6	-0.4	1.7	2.3	3.7
ICE BofA ML US Treasury Bills	0.5	0.8	1.3	0.7	0.4	0.4
Bloomberg Commodity	0.4	0.0	7.4	-4.5	-6.4	-9.0

**Source:** Morningstar Direct  
Periods greater than one year are annualized.

**Sizing up a Standoff**

As the cloud of a looming trade war continued to hang ominously over global financial markets during the second quarter, investor sentiment swung with every headline. Escalating threats of tariffs and other protectionist measures between the U.S. and its major trading partners were unwelcome offsets to a domestic fiscal stimulus package that was only starting to work its way through the economy. A brewing element of uncertainty sent investors into the areas of the market most immune from global trade strife.

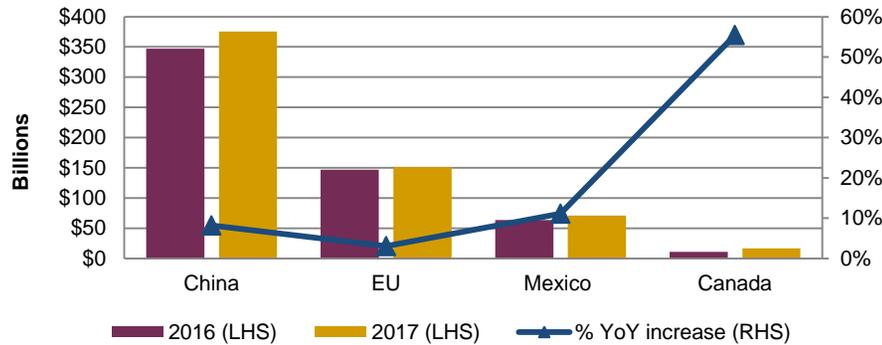
To be sure, the timing of the Trump administration’s all-encompassing trade offensive was no coincidence. With tax reform blowing a strengthening wind at the back of the American economy, the President felt he would now be in a better bargaining position to reset what his administration views as unbalanced trading terms and practices.

America’s largest trading partners -- China, the EU, Mexico and Canada -- now find themselves simultaneously confronted by an unhappy customer. China, in particular, finds itself in President Trump’s crosshairs not only for its substantially large trade surplus with the U.S., but also for a pattern of trade abuses that includes systematic intellectual property theft.

<sup>4</sup> Federal Reserve Bank of St. Louis

<sup>5</sup> EIA.gov

### U.S. Merchandise Trade Deficit



Source: United States Census Bureau

In addition to the steel and aluminum import tariffs announced during the first quarter, President Trump included \$50 billion worth of products from China to be subject to a 25% tariff, most of which are scheduled to take effect early in the third quarter. In response to a Chinese announcement of retaliatory tariffs, President Trump has asked the United States Trade Representative, Robert Lighthizer, to identify an additional \$200 billion of Chinese imports for a 10% tariff. As the retaliation intensified, further salvos included a proposal for restrictions on Chinese investment in U.S. companies. There seemed almost no end in sight to the exchanges.

Such aggressive tactics on multiple fronts comes with the potential for both high risk and uncertain reward. As we noted in last quarter's Perspectives, protectionist policies are often lose-lose propositions. History has proven that the intention of protecting domestic industries is typically not achieved and the result causes significant, unintended harm to the economy. Could this time be different? To answer this question, it is important to first understand the administration's end game.

A key distinction in comparing current trade tensions and past periods of protectionism is the motivation behind such actions. Typically, governments have used tariffs as direct mechanisms to protect domestic industries from international competition. In this instance, however, tariffs and other measures are intended as leverage to remove existing barriers between America and its trading partners.

Peter Navarro, the administration's Director of Trade and Industrial Policy, framed the President's perspective succinctly by saying, "We're already in a trade war with China. The problem is we've not been fighting back. Trump, through tariffs, wants to call a truce."

In other words, from the administration's perspective, President Trump's trade strategy is a means to an end to level the playing field. For example, during a tense G7 summit in early June, President Trump unexpectedly offered a fully free trade agreement to the leaders of the other six major countries. "No tariffs, no barriers, that's the way it should be," he said. Of course, such a resolution is much easier said than done, so it was no surprise that the President didn't find any willing takers on the spot. Perhaps the President was bluffing, but the offer did serve to reinforce his intentions.

The good news is that all indications point to the desire for negotiated settlements. Offers have been made, but no agreement has been reached with any country and negotiations remain ongoing. What then will each side be willing to settle for, and, perhaps more importantly, how far will this go? Both questions have no clear answer at this point. What is clear is that President Trump's conviction on this issue runs deep and he is unlikely to settle for symbolic concessions to win a political victory as many have anticipated. That's the bad news. We shouldn't expect any side to capitulate without a fight.

Such a proposition is clearly unsettling to global financial markets that crave certainty. There is no way to accurately predict the timing of an outcome that boils down to a test of political wills. On a positive note, some trading partners have already offered concessions. However, nothing yet has met the threshold of acceptability for the Trump administration. Until this happens, we expect elevated levels of volatility to persist across all asset classes and currencies.

Signs of progress will continue to be "risk-on" catalysts for investors, while further deterioration of the possibility for compromise will jeopardize the underpinnings of the global economic expansion and possibly cause a full blown global recession.

Ultimately, markets will not care about the motivation behind the tariffs if they are implemented for a protracted period of time. Even if a compromise is eventually reached significant economic damage can be done to all parties. Motivations only matter in the context of understanding the possibility of potential outcomes. While we acknowledge that no side wants to feel the pain of a trade war, the risks that all sides are digging in appear to be rising -- most recently with President Trump's call for

**Reporting Period Ending: June 30, 2018**

increased tariffs on European auto imports, a step quickly countered with reciprocal threats by the EU.

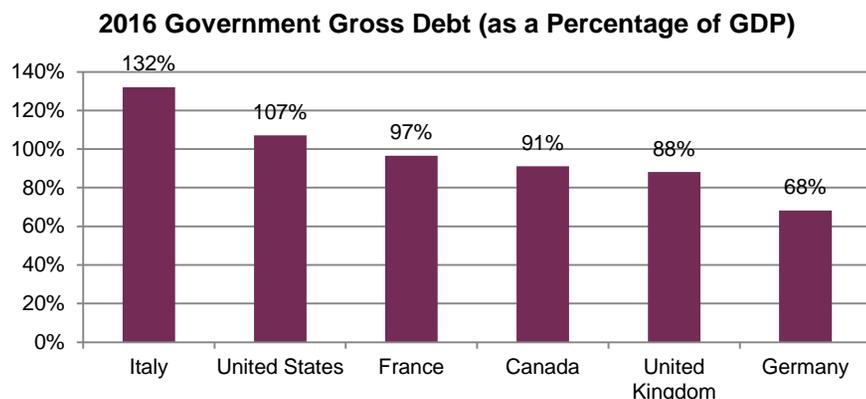
There is no denying that the investment implications of the standoff are significant and largely binary. Sorting through the game theory, our base case assumption is that rational thought will prevail and agreements are reached before irreversible damage is done. However, we cannot rule out the worst- case scenario, as those odds appear to be rising, and we advise investors not to stray far from their strategic asset allocation policy in the hope that their risk-on bets can time favorable equity market bounces.

## Geopolitical Challenges & Equity Markets

### Italy

Political uncertainty in Italy caused volatility in global equity markets in May, with interest rates and spreads also spiking, threatening any potential rebound in growth and introducing new risks to the region. While representing less than one percent of world equity markets, Italy is worth watching as it is a highly indebted country and any aggressive moves to leave the Euro currency or threats of debt cancellation could carry contagion risks for both the region and the world.

As shown in the chart below, Italy's Debt to GDP percentage is among the highest in the developed world, and nearly double that of Germany.



**Source:** International Monetary Fund, World Economic Outlook Database, April 2018

Governing has historically proven to be difficult in Italy, with 65 governments since the end of the Second World War. The 66th Italian government was recently formed with the extreme populist groups Five Star Movement and The League gaining control. Both parties have been vocal about leaving the Euro and the alliance is an unlikely combination of the extreme left-wing Five Star Movement and The League which represents the extreme right wing in Italy.

The popularity of extremist parties from both sides of the political spectrum results from over 20 years of subpar economic growth. Productivity growth and upward mobility have been dismal and Italy continues to lose export market share largely due to being uncompetitive in global markets. The coalition's agenda centers on cutting taxes, increasing deficit spending, reversing pension reforms, and cancelling outstanding Government debt, though recently much of this rhetoric has been dialed down.

Equity markets have seemingly recovered from the negative muscle memory of the European Debt Crisis of nearly a decade ago and today Europe is better equipped to handle potential disruptions from Italy's new government. The EU's economy is in stronger financial shape now versus 2011 and is at a better point in the growth cycle. Additionally, Europe's banking system is more financially sound and liquid than in the past, and financial institutions are subject to much more frequent stress tests by regulators. As a result, capital buffers in the banking system are double 2011's levels and can likely better absorb loan losses if Italy defaults on its debt.

Finally, the European Central Bank (ECB) has taken an aggressive stance in reminding markets that it will do "whatever it takes" to stabilize financial conditions. This is not mere posturing, as the ECB has many tools at its disposal including forward guidance, quantitative easing, zero interest rate policies, the European Stability Mechanism, and Outright Monetary Transactions.

We expect a collision course between Italy and its EU partners over spending and tax flexibility, and the potential for Italy to exit the Euro or the Eurozone is not an improbable event. In the event that it would occur, it would be much more painful for Italy than the United Kingdom's exit from the EU following the "Brexit" vote: the dual advantages of its own Pound currency and Central Bank would make the UK transition easier than in Italy where a monetary divorce would be far murkier.

While monetary separation might be smoother for the UK than for Italy, "Brexit" remains a source of considerable uncertainty as the deadline rapidly approaches. We believe that equity markets potentially misprice and underappreciate the challenges faced by the UK, as many issues and uncertainties remain and need to be sorted out.

**Reporting Period Ending: June 30, 2018**

## North Korea

While the meeting of President Trump and North Korean leader Kim Jong-un was indeed a historic event, it failed to generate any noticeable market reaction. Even South Korean markets did not respond significantly to the news. The big takeaway is that the U.S. received nothing more than a broad commitment to begin a process. This “commitment” is not binding, and no specific details were released.

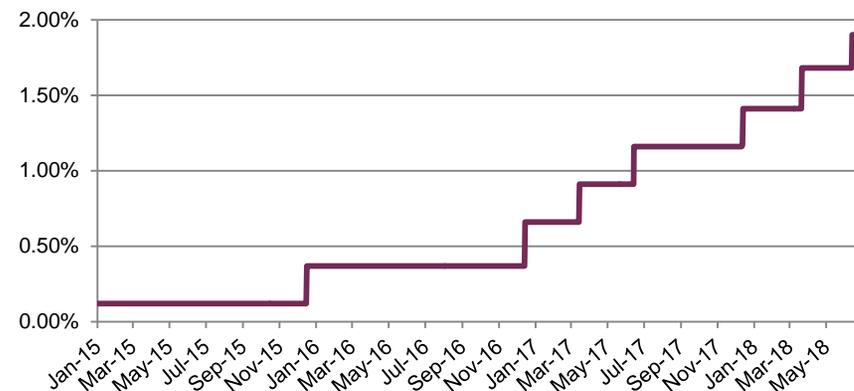
Markets seemed to mostly ignore the contentious saber rattling between the two leaders before the summit, and their lack of interest continued as the summit was seen as mere propaganda until concrete commitments and details emerge. Without question, however, the summit was generally positive for markets given the potential for de-escalating tensions between the two countries and their allies as well as the overall reduction of geopolitical risk.

Pressure from China and significant U.S. sanctions on financial institutions doing business with North Korea provided a key impetus for talks. However, sanctions remain in place and the U.S. military’s commitment to the region is unchanged. Our outlook is that it is too early in the process to claim any real or meaningful victory from the summit. North Korea has been unreliable and has not followed through on promises made in the past. The market remains skeptical that negotiations will be different this time.

## Fed Stays on Track

June’s Federal Open Market Committee (“FOMC”) meeting saw members raise the Federal Funds Rate to a range of 1.75% to 2%. The 2% upper bound is a notable milestone, as the last time the benchmark rate hit 2% was late in the summer of 2008 as the economy entered the Great Recession. The most recent rate hike, in our opinion, signals the beginning of the end of monetary policy required to see the U.S. through the recession and a definitive return to a more “normal” monetary policy.

**U.S. Federal Funds Effective Rate**



**Source:** Federal Reserve Bank of New York

In contrast to the dovish tone of May’s FOMC meeting, the statement released after the June 12 to 13 meeting was slightly more hawkish than expected. The statement stressed continuing an accommodative monetary policy and cited revised forecasts of strengthening growth and inflation closing in on Fed target of 2%. During the remainder of 2018, the Fed’s median projection is to raise rates twice more for a total of four for the year—one hike more than the three that were expected at the beginning of 2018.

The punchbowl is nearing overflow, with tight labor markets and strengthening GDP figures leading some to believe the Fed may need to slow the party with an additional hike before New Year’s Day. When he was appointed, Chairman Powell’s straightforward style of communicating with Fed watchers was seen as a positive development. Balancing an economy firing on all cylinders with concerns of overheating will require both nuance and plain speaking.

## **Conclusion**

Investors today find themselves in the midst of a painful but expected global normalizing process. Many of the headlines we see today are symptoms of a larger, underlying cause. Interest rates, inflation, volatility, and asset prices are recalibrating after nearly a decade of unprecedented government intervention in markets. While seemingly every asset class performed well during global Quantitative Easing, going forward macro fundamentals and appropriate valuations will drive market prices.

We will be watching several key indicators which may point a direction through the fog of the current investment environment. These include U.S. Dollar strength, inflationary pressures at home, changes in the domestic yield curve, and the ongoing battle between populist protectionism and free market orthodoxy around the world.

The rising tide that lifted all boats during this past expansion is now cresting, making the selection of individual boats much more important. Volatility and asset class performance dispersion have also returned to the markets, creating a fertile ground for active management. Investors will need to be highly discriminating in this climate and should avoid taking unnecessary risks without adequate compensation.

## **Economic and Market Perspectives Q3 2018**

David Wines, President & Chief Executive Officer  
James St. Aubin, Managing Director and Head of Investment Strategy  
Todd Lowenstein, Managing Director and Chief Equity Strategist

For more information, speak to your relationship manager or visit us at [unionbank.com/theprivatebank](http://unionbank.com/theprivatebank)

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**Account Name: DESERT HOSPITAL RETIREMENT PLAN**

**Reporting Period Ending: June 30, 2018**

**Account ID: 6746128600**



**Investment Review through 06/30/2018**

**Investment Objective: DOCUMENT DIRECTED - IS**

**Investment Officer: ROBERT L. ADAMS**

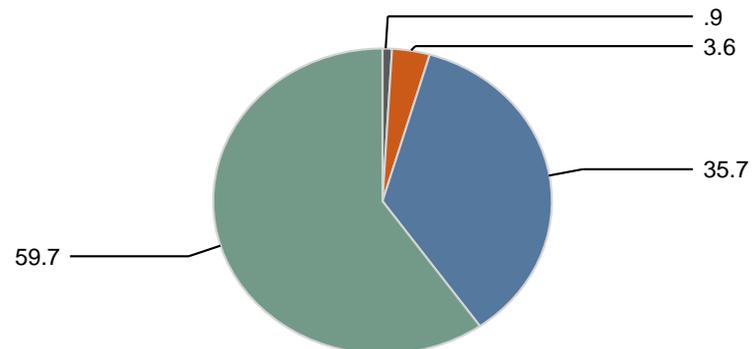
**Inception Date: 05/01/1998**



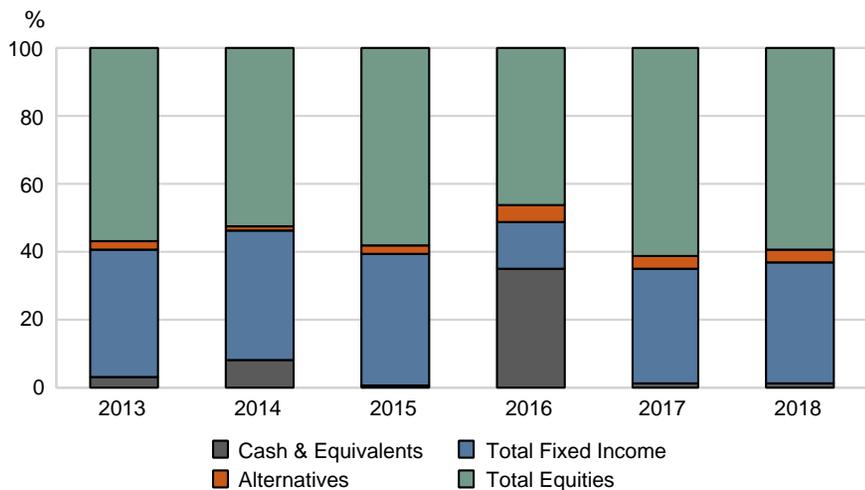
## Asset Allocation Summary

### Market Value by Asset Class

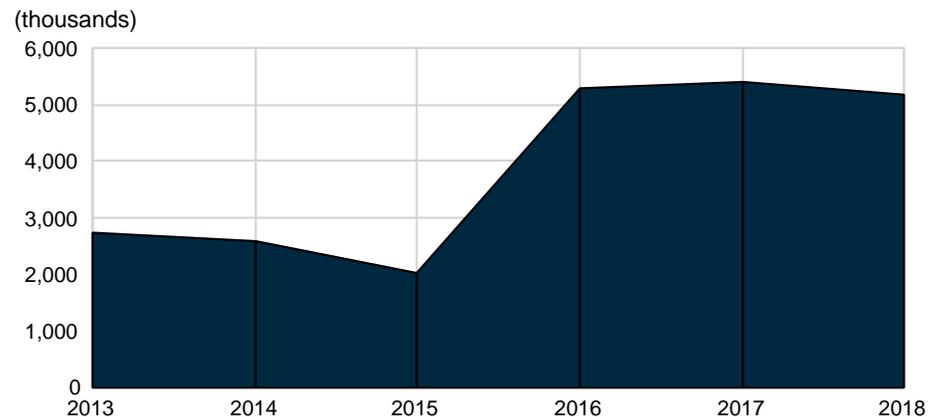
	Market Value	% of Mkt Val
Total Equities	3,103,571	59.7
Total Fixed Income	1,857,698	35.7
Alternatives	189,389	3.6
Cash & Equivalents	47,150	.9
<b>Total</b>	<b>5,197,809</b>	<b>100.0</b>



### Annual Allocation



### Annual Ending Market Values



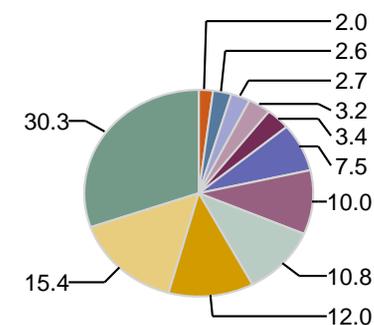
## Portfolio Analytics

### Largest 10 Holdings - YTD Return

	Market Value	% of Mkt Val	Return
ISHARES S&P 500 VALUE ETF	359,687	6.9	-2.32
ISHARES MSCI EAFE ETF	309,067	6.0	-2.75
ISHARES S&P 500 GROWTH ET	276,438	5.3	7.18
ISHARES MSCI EAFE VALUE E	223,607	4.3	-4.35
VANGUARD INDEX FUNDS S&P	198,027	3.8	2.75
ISHARES MSCI EMERGING MKT	197,801	3.8	-7.37
SCHWAB STRATEGIC TR	197,570	3.8	2.89
ISHARES RUSSELL 2000 VALU	180,071	3.5	5.12
ISHARES RUSSELL 2000 ETF	165,408	3.2	7.75
ISHARES RUSSELL 2000 GROW	146,096	2.8	9.42

### Equity Holdings Analysis - Individual Holdings

	% of Mkt Val
Information Tech.	30.3
Financials	15.4
Health Care	12.0
Consumer Disc.	10.8
Industrials	10.0
Energy	7.5
Consumer Staples	3.4
Materials	3.2
Utilities	2.7
Real Estate	2.6
Telecom Services	2.0
<b>Total</b>	<b>100.0</b>



### Top 10 Performers YTD

	Market Value	% of Mkt Val	Return
ADOBE SYS INC	4,145	.1	39.42
MASTERCARD INC-A	8,057	.2	30.29
TJX COS INC NEW	5,520	.1	25.47
E TRADE FIN CORP COM	5,382	.1	23.02
MICROSOFT CORP	19,919	.4	16.43
OCCIDENTAL PETE CORP	2,871	.1	15.85
BAXTER INTL INC COM	2,221	.0	15.65
EOG RES INC	7,715	.2	15.61
CISCO SYS INC	10,628	.2	14.12
COSTCO WHOLESALE CORP	4,389	.1	13.00

### Bottom 10 Performers YTD

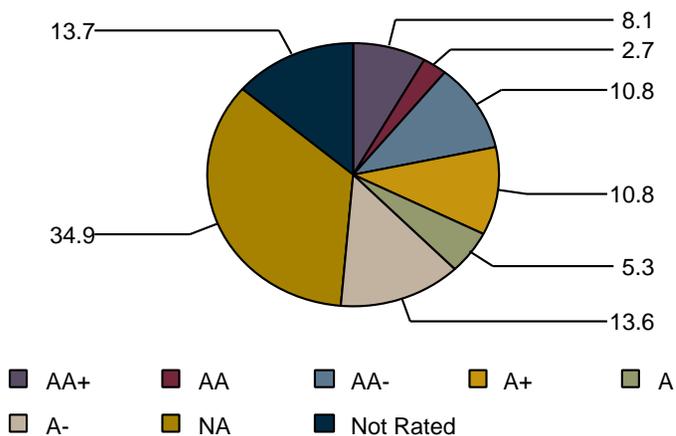
	Market Value	% of Mkt Val	Return
AFFILIATED MANAGERS GROUP	2,230	.0	-27.39
CELGENE CORP	5,162	.1	-23.95
DOLLAR TREE STORES	5,270	.1	-20.73
COMCAST CORP-CL A	5,971	.1	-17.27
STARBUCKS CORP	4,494	.1	-13.99
PROCTER & GAMBLE CO	4,684	.1	-13.62
OUTFRONT MEDIA INC COM RE	2,431	.1	-12.96
DELPHI TECHNOLOGIES	727	.0	-12.71
ROYAL CARIBBEAN CRUISES L	3,439	.1	-12.15
AMERICAN INTL GROUP COM	5,143	.1	-9.92



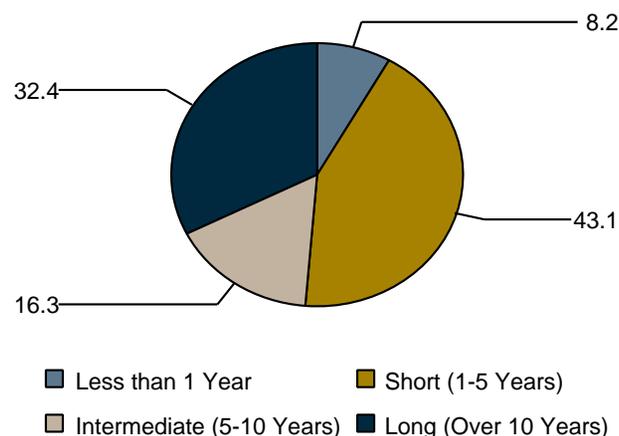
Fixed Income Analysis - Individual Holdings

	06/30/2018	03/31/2018	06/30/2017	06/30/2016	06/30/2015
Duration	7.53	7.84	7.69	5.86	5.38
Coupon	3.09	3.10	3.13	2.77	2.62
Yield to Maturity	3.14	3.04	2.51	1.98	1.97
Maturity	10.40	10.83	10.50	7.46	6.75
Current Yield	3.08	3.07	3.02	2.64	2.55
Face Amount	1,846,522	1,868,445	1,630,608	585,999	876,065
Market Value	1,846,462	1,878,577	1,683,369	609,181	892,446
Cost	1,903,167	1,925,910	1,685,392	602,769	900,164

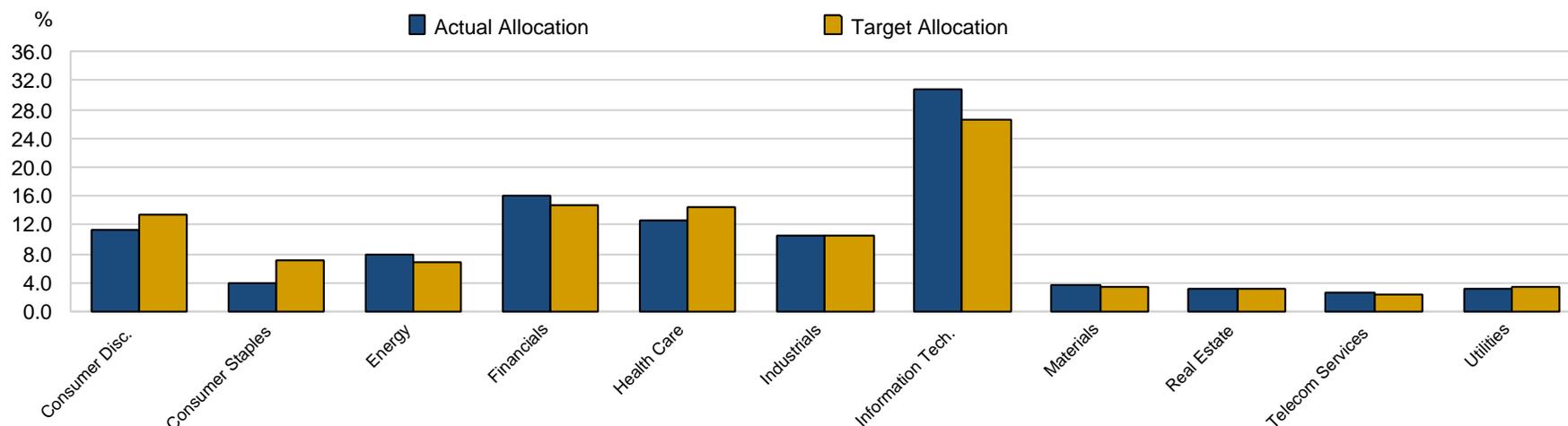
Quality Allocation by Market Value



Maturity Allocation by Market Value



### Equity Sector Allocation vs. SP500 Target



	Market Value	Actual Allocation	Target Allocation	Variance
Consumer Disc.	38,925	10.8	12.9	-2.0
Consumer Staples	12,370	3.4	6.7	-3.3
Energy	26,823	7.5	6.3	1.2
Financials	55,466	15.4	14.2	1.2
Health Care	43,201	12.0	13.9	-1.9
Industrials	35,991	10.0	9.9	.1
Information Tech.	108,904	30.3	26.0	4.3
Materials	11,568	3.2	2.8	.4
Real Estate	9,243	2.6	2.7	-.2
Telecom Services	7,194	2.0	1.8	.2
Utilities	9,519	2.7	2.8	-.2
<b>Total Common Stock</b>	<b>359,205</b>	<b>100.0</b>	<b>100.0</b>	<b>.0</b>

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: 6746128600



As of: June 30, 2018

## Summary Investment Performance

<b>Beginning Market Value</b>	<b>12,016,944.00</b>
<b>Beginning Accrued Income</b>	<b>77,673.00</b>
<b>Beginning Portfolio Value</b>	<b>12,094,617.00</b>
Contributions	4,060,611.53
Withdrawals	-16,277,559.56
Income Earned	3,599,012.53
Gain/Loss	1,721,127.70
<b>Ending Market Value</b>	<b>5,182,259.47</b>
<b>Ending Accrued Income</b>	<b>15,549.73</b>
<b>Ending Portfolio Value</b>	<b>5,197,809.20</b>
<b>Total Earnings</b>	<b>5,320,140.23</b>

### Performance

Total Fixed Income	3.89
BC 1-3 Yr US Govt. Bd Index	3.05
Total Equities	6.41
Total Managed Portfolio	5.52
Total Account Net of Fees	4.82

**Performance Report**

Sector	Market Value	3 Months	1 Year	3 Years	5 Years	10 Years	20 Years	Inception to Date 05/01/1998
Cash & Equivalents Lipper Money Market Funds Index	47,150	.40 .39	1.18 1.09	.58 .49	.35 .29	.72 .27		
Total Fixed Income BC Intmtd US Aggregate Index	1,857,698	.22 .09	-.09 -.32	1.27 1.27	1.50 1.83	2.64 3.29	3.84 4.45	3.89 4.47
Large Cap Blend Category S&P 500 Composite Index	754,802	3.38 3.43	15.05 14.37	10.49 11.93	11.96 13.42	9.70 10.17		
Large-Cap Value Funds S&P 500/Citigroup Value Index	359,687	1.44 1.40	7.54 7.58	8.69 8.82	10.32 10.45	8.30 8.44		
Large-Cap Growth Funds S&P 500/Citigroup Growth Index	276,438	5.26 5.25	20.52 20.63	14.48 14.48	15.96 15.99	11.60 11.70		
Mid Cap Funds S&P MidCap 400 Index	165,408	7.85 4.29	17.78 13.50	11.18 10.89	12.80 12.69			
Small-Cap Blended Funds Russell 2000 Index (USD)	165,408	7.85 7.75	17.78 17.57	11.18 10.96	12.80 12.46			
Small-Cap Value Funds Russell 2000 Value Index (USD)	180,071	8.21 8.30	12.94 13.10	11.10 11.22				
Small-Cap Growth Funds Russell 2000 Growth Index (USD)	146,096	7.21 7.23	21.66 21.86	10.81 10.60	14.24 13.65	11.48 11.24		
International Equity Funds MSCI Eafe + EM Free(net) Index	948,852	-2.91 -3.09	5.89 7.15	4.56 5.11	5.57 6.14	1.74 2.67		
Total Equities S&P 500 Composite Index 65% S&P 500/ 15% Russell 2000/ 20% MSCI EAFE	3,103,571	1.90 3.43 3.15	11.68 14.37 13.37	9.05 11.93 10.44	10.61 13.42 11.95	8.16 10.17 8.85	6.40 6.46	6.41 6.53
Total Managed Portfolio Total Account Net of Fees	5,197,809 5,197,809	1.03 .86	6.82 6.12	6.24 5.52	6.99 6.25	6.01 5.28	5.49 4.78	5.52 4.82

Returns are gross of account level investment advisory fees and net of any fees including fees to manage mutual fund or exchange traded fund holdings. Returns for periods over one year are annualized. The information presented has been obtained from sources believed to be accurate and reliable. Past performance is not indicative of future returns. Securities are not FDIC insured have no bank guarantee and may lose value.

As of: June 30, 2018

## Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
<b>Cash - Money Market</b>											
	FIRST AMERN GOVT OBLIG FD CL Z #3676	FGZXX	47,112.230	1.00	47,112.23	1.00	47,150.46	.9	.02	782.53	1.7
<b>Total for Cash - Money Market</b>					<b>47,112.23</b>	<b>47,150.46</b>	<b>.9</b>		<b>782.53</b>	<b>1.7</b>	
<b>Taxable Fixed - Corporates</b>											
	ALABAMA PWR NTS 3.375% 10/01/20	APN3320	50,000.000	105.92	52,960.50	100.67	50,754.38	1.0	3.38	1,687.50	3.4
	ALPHABET INC 3.375% 2/25/24		100,000.000	103.68	103,675.00	100.72	101,905.25	2.0	3.38	3,375.00	3.4
	BERKSHIRE HATH FIN 3.000% 5/15/22	BH33022	50,000.000	104.53	52,264.50	99.94	50,163.67	1.0	3.00	1,500.00	3.0
	CISCO SYS NTS 2.450% 6/15/20	CSN2420	100,000.000	101.52	101,522.00	99.38	99,484.89	1.9	2.45	2,450.00	2.5
	COLGATE PALMOLIVE CO 2.950% 11/01/20	CL20	100,000.000	103.10	103,095.00	100.15	100,644.67	1.9	2.95	2,950.00	2.9
	DISNEY WALT CO MTNS 2.300% 2/12/21	DWC2321	50,000.000	103.43	51,716.50	98.04	49,464.53	1.0	2.30	1,150.00	2.3
	DU PONT E I NTS 3.625% 1/15/21	DPE3621	100,000.000	104.06	104,062.00	101.30	102,972.53	2.0	3.63	3,625.00	3.6
	HOME DEPOT INC NT 2.250% 9/10/18	HDI2218	50,000.000	102.28	51,139.50	99.97	50,333.88	1.0	2.25	1,125.00	2.3
	IBM CORP 3.375% 8/01/23	IC00323	100,000.000	103.56	103,559.00	99.88	101,290.25	1.9	3.38	3,375.00	3.4
	MIDAMERICAN ENERGY 2.400% 3/15/19	BRK.B/19A	50,000.000	102.73	51,366.50	99.75	50,228.83	1.0	2.40	1,200.00	2.4
	PRAXAIR INC	PX23	50,000.000	101.99	50,994.00	97.48	49,225.50	.9	2.70	1,350.00	2.8
	WELLS FARGO NTS 3.500% 3/08/22	WFN3512	100,000.000	102.96	102,964.00	99.67	100,772.61	1.9	3.50	3,500.00	3.5
<b>Total for Taxable Fixed - Corporates</b>					<b>929,318.50</b>	<b>907,240.99</b>	<b>17.5</b>		<b>27,287.50</b>	<b>3.0</b>	
<b>Taxable Fixed - Mortgages</b>											
	FGLMC G07029 4.000% 6/01/42	G07029F	80,054.280	106.20	85,020.15	102.82	82,311.01	1.6	4.00	3,202.17	3.9
	FGLMC #C04305 3.000% 11/01/42	C04305F	59,930.700	104.36	62,543.32	97.67	58,685.94	1.1	3.00	1,797.92	3.1
	FGLMC #C18024 5.500% 11/01/28	C18024F	1,354.790	103.75	1,405.59	106.91	1,454.66	.0	5.50	74.51	5.1
	FHLMC #B13755 4.500% 4/01/19	B13755F	1,161.400	104.91	1,218.38	100.78	1,174.82	.0	4.50	52.26	4.5
	FGLMC #Q19470 3.000% 6/01/43	Q19470F	91,135.940	100.64	91,719.79	97.60	89,179.25	1.7	3.00	2,734.08	3.1
	FGLMC #G60344 4.000% 12/01/45	G60344F	83,328.140	105.62	88,015.34	102.82	85,954.09	1.7	4.00	3,333.13	3.9
	FNMA AL7945 3.50000% 1/1/2046	AL7945A	93,592.870	103.67	97,029.49	100.04	93,631.24	1.8	3.50	3,275.75	3.5
	FNMA AS6340 3.5000% 12/1/2045	AS6340A	79,372.590	102.63	81,462.32	99.90	79,290.84	1.5	3.50	2,778.04	3.5
	FNMA AU3742 3.5000% 8/1/2043	AU3742A	80,907.310	102.45	82,892.08	100.14	81,018.96	1.6	3.50	2,831.76	3.5
	FNMA 995672 4.500% 4/01/39	995672A	12,086.100	101.70	12,291.96	105.16	12,754.58	.2	4.50	543.87	4.3
	GNMA II #2629 6.000% 8/20/28	002629M	3,411.090	99.69	3,400.45	110.37	3,782.02	.1	6.00	204.67	5.4
	GNMA II #003389 5.000% 5/20/33	003389M	4,280.780	103.75	4,441.31	107.10	4,602.43	.1	5.00	214.04	4.7

As of: June 30, 2018

## Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
	GNMA #474804 6.500% 9/15/28	474804X	1,781.500	101.19	1,802.65	110.28	1,974.25	.0	6.50	115.80	5.9
	GNMA #780912 6.500% 11/15/28	780912X	2,333.770	101.97	2,379.73	110.98	2,602.73	.1	6.50	151.70	5.9
	GNMA #781057 5.500% 6/15/29	781057X	1,790.940	100.37	1,797.64	108.50	1,951.43	.0	5.50	98.50	5.1
<b>Total for Taxable Fixed - Mortgages</b>					<b>617,420.20</b>		<b>600,368.25</b>	<b>11.6</b>		<b>21,408.20</b>	<b>3.6</b>
<b>Taxable FX- US Govt Agcy</b>											
	FHLMC NTS 2.375% 1/13/22	FN22322	50,000.000	105.66	52,830.60	98.69	49,897.67	1.0	2.38	1,187.50	2.4
<b>Total for Taxable FX- US Govt Agcy</b>					<b>52,830.60</b>		<b>49,897.67</b>	<b>1.0</b>		<b>1,187.50</b>	<b>2.4</b>
<b>Taxable Fixed - US Treas</b>											
	US TREAS NTS 1.750% 9/30/19	UTN1719	50,000.000	100.89	50,445.31	99.16	49,797.95	1.0	1.75	875.00	1.8
	US TREAS NTS 2.250% 7/31/18	UTN2218	50,000.000	101.78	50,890.63	100.03	50,486.27	1.0	2.25	1,125.00	2.2
	US TREAS NTS 2.750% 11/15/23	UTN0023	100,000.000	100.68	100,683.59	99.96	100,312.22	1.9	2.75	2,750.00	2.8
	US TREAS NTS 2.250% 4/30/21	UTN2221A	50,000.000	101.06	50,531.25	99.00	49,689.54	1.0	2.25	1,125.00	2.3
	US TREAS NTS 2.250% 7/31/21	UTN2221B	50,000.000	102.09	51,046.88	98.87	49,902.77	1.0	2.25	1,125.00	2.3
<b>Total for Taxable Fixed - US Treas</b>					<b>303,597.66</b>		<b>300,188.75</b>	<b>5.8</b>		<b>7,000.00</b>	<b>2.3</b>
<b>Taxable Funds - Bank Loan</b>											
	EATON VANCE FLTG RT & HI INCM I #904	EIFHX	.270	8.81	2.38	8.74	2.37	.0	.38	.10	4.3
<b>Total for Taxable Funds - Bank Loan</b>					<b>2.38</b>		<b>2.37</b>	<b>.0</b>		<b>.10</b>	<b>4.2</b>
<b>Taxable Funds - High Yield</b>											
	PIMCO HIGH YIELD,INSTL #108	PHIYX	.020	7.00	.14	7.00	.14	.0	.46	.01	6.6
<b>Total for Taxable Funds - High Yield</b>					<b>.14</b>		<b>.14</b>	<b>.0</b>		<b>.01</b>	<b>7.1</b>
<b>Con Discretionary - Dom CS</b>											
	COMCAST CORP-CL A	CMCSA	182.000	33.52	6,100.67	32.81	5,971.42	.1	.76	138.32	2.3
	DISNEY (WALT) COMPANY HOLDING CO	DIS	43.000	108.64	4,671.34	104.81	4,506.83	.1	1.68	72.24	1.6
	DOLLAR TREE STORES	DLTR	62.000	79.79	4,946.79	85.00	5,270.00	.1	.00	.00	.0
	LOWES COS INC	LOW	54.000	66.58	3,595.48	95.57	5,160.78	.1	1.92	103.68	2.0
	O REILLY AUTOMOTIVE INC NEW	ORLY	9.000	254.87	2,293.79	273.57	2,462.13	.0	.00	.00	.0
	PVH CORP	PVH	37.000	88.20	3,263.26	149.72	5,539.64	.1	.15	5.55	.1

As of: June 30, 2018

## Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
	STARBUCKS CORP	92.000	56.54	5,202.00	48.85	4,494.20	.1	1.44	132.48	2.9
	TJX COS INC NEW	58.000	75.25	4,364.21	95.18	5,520.44	.1	1.56	90.48	1.6
<b>Total for Con Discretionary - Dom CS</b>				<b>34,437.54</b>		<b>38,925.44</b>	<b>.7</b>		<b>542.75</b>	<b>1.4</b>
<b>Con Staples - Dom CS</b>										
	COSTCO WHOLESALE CORP	21.000	159.48	3,349.03	208.98	4,388.58	.1	2.28	47.88	1.1
	MONDELEZ INTL INC CL A	80.000	41.16	3,292.72	41.00	3,297.60	.1	.88	70.40	2.1
	PROCTER & GAMBLE CO	60.000	88.95	5,337.05	78.06	4,683.60	.1	2.87	172.14	3.7
<b>Total for Con Staples - Dom CS</b>				<b>11,978.80</b>		<b>12,369.78</b>	<b>.2</b>		<b>290.42</b>	<b>2.4</b>
<b>Energy - Dom CS</b>										
	CHEVRON CORP. COMMON STOCK	75.000	112.12	8,409.19	126.43	9,482.25	.2	4.48	336.00	3.5
	CONCHO RES INC	13.000	131.36	1,707.62	138.35	1,798.55	.0	.00	.00	.0
	EOG RES INC	62.000	92.73	5,749.23	124.43	7,714.66	.1	.74	45.88	.6
	HALLIBURTON CO	110.000	48.59	5,344.75	45.06	4,956.60	.1	.72	79.20	1.6
	OCCIDENTAL PETE CORP	34.000	74.62	2,537.24	83.68	2,871.30	.1	3.08	104.72	3.7
<b>Total for Energy - Dom CS</b>				<b>23,748.03</b>		<b>26,823.36</b>	<b>.5</b>		<b>565.80</b>	<b>2.1</b>
<b>Financials - Domestic CS</b>										
	AFFILIATED MANAGERS GROUP INC	15.000	153.56	2,303.41	148.67	2,230.05	.0	1.20	18.00	.8
	AMERICAN INTL GROUP COM	97.000	61.89	6,003.25	53.02	5,142.94	.1	1.28	124.16	2.4
	BK NEW YORK MELLON CORP COM	67.000	45.26	3,032.09	53.93	3,613.31	.1	.96	64.32	1.8
	CITIGROUP INC COM	124.000	53.28	6,606.24	66.92	8,298.08	.2	1.28	158.72	1.9
	E TRADE FIN CORP COM	88.000	43.21	3,802.56	61.16	5,382.08	.1	.00	.00	.0
	HARTFORD FINL SVCS GROUP INC	90.000	54.91	4,941.45	51.13	4,624.20	.1	1.00	90.00	2.0
	INTERCONTINENTAL EXCHANGE INC	70.000	54.65	3,825.28	73.55	5,148.50	.1	.96	67.20	1.3
	JPMORGAN CHASE & CO	106.000	92.49	9,803.41	104.20	11,045.20	.2	2.24	237.44	2.1
	PNC FINANCIAL SERVICES GROUP	44.000	122.15	5,374.72	135.10	5,944.40	.1	3.80	167.20	2.8
	SCHWAB CHARLES CORP NEW	79.000	34.72	2,743.10	51.10	4,036.90	.1	.40	31.60	.8
<b>Total for Financials - Domestic CS</b>				<b>48,435.51</b>		<b>55,465.66</b>	<b>1.1</b>		<b>958.64</b>	<b>1.7</b>
<b>Health Care - Dom CS</b>										

As of: June 30, 2018

Account ID: 6746128600

## Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
	ABBOTT LABS COM	ABT	97.000	45.38	4,402.15	60.99	5,916.03	.1	1.12	108.64	1.8
	AETNA INC	AET	14.000	114.84	1,607.70	183.50	2,569.00	.0	2.00	28.00	1.1
	BAXTER INTL INC COM	BAX	30.000	42.93	1,287.75	73.84	2,220.90	.0	.76	22.80	1.0
	BRISTOL MYERS SQUIBB CO	BMY	103.000	59.17	6,094.28	55.34	5,700.02	.1	1.60	164.80	2.9
	CELGENE CORP	CELG	65.000	113.25	7,361.24	79.42	5,162.30	.1	.00	.00	.0
	GILEAD SCIENCES INC	GILD	75.000	81.26	6,094.19	70.84	5,313.00	.1	2.28	171.00	3.2
	HOLOGIC INC	HOLX	125.000	40.18	5,022.68	39.75	4,968.75	.1	.00	.00	.0
	LILLY ELI & CO	LLY	52.000	83.68	4,351.32	85.33	4,437.16	.1	2.25	117.00	2.6
	MERCK & CO COM COM	MRK	113.000	57.14	6,456.96	60.70	6,913.34	.1	1.92	216.96	3.2
<b>Total for Health Care - Dom CS</b>					<b>42,678.27</b>		<b>43,200.50</b>	<b>.8</b>		<b>829.20</b>	<b>1.9</b>
<b>Industrials - Domestic CS</b>											
	EQUIFAX INC	EFX	32.000	115.73	3,703.39	125.11	4,003.52	.1	1.56	49.92	1.2
	FORTIVE CORP COM	FTV	71.000	51.68	3,669.53	77.11	5,474.81	.1	.28	19.88	.4
	HONEYWELL INTL INC	HON	42.000	137.14	5,759.67	144.05	6,050.10	.1	2.98	125.16	2.1
	HUNT J B TRANS SVCS INC	JBHT	42.000	90.83	3,814.85	121.55	5,105.10	.1	.96	40.32	.8
	NORTHROP GRUMMAN CORP	NOC	20.000	245.51	4,910.16	307.70	6,154.00	.1	4.80	96.00	1.6
	ROCKWELL COLLINS	COL	36.000	91.63	3,298.58	134.68	4,848.48	.1	1.32	47.52	1.0
	UNITED PARCEL SERVICE CL B	UPS	41.000	109.59	4,493.19	106.23	4,355.43	.1	3.64	149.24	3.4
<b>Total for Industrials - Domestic CS</b>					<b>29,649.37</b>		<b>35,991.44</b>	<b>.7</b>		<b>528.04</b>	<b>1.5</b>
<b>Info Tech - Domestic CS</b>											
	ADOBE SYS INC	ADBE	17.000	94.72	1,610.32	243.81	4,144.77	.1	.00	.00	.0
	ALPHABET INC CAP STK CL A	GOOGL	15.000	770.55	11,558.30	1,129.19	16,937.85	.3	.00	.00	.0
	ANALOG DEVICES INC	ADI	56.000	70.48	3,947.01	95.92	5,371.52	.1	1.92	107.52	2.0
	APPLE INC COM	AAPL	117.000	104.53	12,230.59	185.11	21,657.87	.4	2.92	341.64	1.6
	APPLIED MATLS INC	AMAT	157.000	28.36	4,451.88	46.19	7,251.83	.1	.80	125.60	1.7
	CISCO SYS INC	CSCO	247.000	30.25	7,471.49	43.03	10,628.41	.2	1.32	326.04	3.1
	FACEBOOK INC CL A	FB	57.000	117.53	6,698.99	194.32	11,076.24	.2	.00	.00	.0
	MASTERCARD INC-A	MA	41.000	98.83	4,051.98	196.52	8,057.32	.2	1.00	41.00	.5
	MICROSOFT CORP	MSFT	202.000	54.97	11,103.91	98.61	19,919.22	.4	1.68	339.36	1.7
	TEXAS INSTRS INC	TXN	35.000	67.91	2,376.91	110.25	3,858.75	.1	2.48	86.80	2.2
<b>Total for Info Tech - Domestic CS</b>					<b>65,501.38</b>		<b>108,903.78</b>	<b>2.1</b>		<b>1,367.96</b>	<b>1.3</b>

As of: June 30, 2018

## Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield
<b>Materials - Domestic CS</b>										
	ECL	35.000	113.79	3,982.63	140.33	4,925.90	.1	1.64	57.40	1.2
	PX	42.000	132.97	5,584.53	158.15	6,642.30	.1	3.30	138.60	2.1
<b>Total for Materials - Domestic CS</b>				<b>9,567.16</b>		<b>11,568.20</b>	<b>.2</b>		<b>196.00</b>	<b>1.7</b>
<b>Real Estate - Dom CS</b>										
	AMT	47.000	101.75	4,782.19	144.17	6,812.18	.1	3.08	144.76	2.1
	OUT	125.000	23.27	2,908.85	19.45	2,431.25	.0	1.44	180.00	7.4
<b>Total for Real Estate - Dom CS</b>				<b>7,691.04</b>		<b>9,243.43</b>	<b>.2</b>		<b>324.76</b>	<b>3.5</b>
<b>Telecom Services - Dom CS</b>										
	VZ	143.000	52.52	7,510.86	50.31	7,194.33	.1	2.36	337.48	4.7
<b>Total for Telecom Services - Dom CS</b>				<b>7,510.86</b>		<b>7,194.33</b>	<b>.1</b>		<b>337.48</b>	<b>4.7</b>
<b>Utilities-Dom Common Stock</b>										
	EIX	63.000	71.14	4,481.95	63.27	4,024.13	.1	2.42	152.46	3.8
	WEC	85.000	58.60	4,981.24	64.65	5,495.25	.1	2.21	187.85	3.4
<b>Total for Utilities-Dom Common Stock</b>				<b>9,463.19</b>		<b>9,519.38</b>	<b>.2</b>		<b>340.31</b>	<b>3.6</b>
<b>Large-Cap Value Funds</b>										
	IVE	3,245.000	93.76	304,244.26	110.13	359,686.65	6.9	2.64	8,553.82	2.4
<b>Total for Large-Cap Value Funds</b>				<b>304,244.26</b>		<b>359,686.65</b>	<b>6.9</b>		<b>8,553.82</b>	<b>2.4</b>
<b>Mid-Cap Value Funds</b>										
	IWS	1,510.000	72.82	109,961.36	88.49	133,619.90	2.6	1.81	2,731.59	2.0
<b>Total for Mid-Cap Value Funds</b>				<b>109,961.36</b>		<b>133,619.90</b>	<b>2.6</b>		<b>2,731.59</b>	<b>2.0</b>
<b>Small-Cap Value Funds</b>										
	IWN	1,365.000	117.63	160,569.13	131.92	180,070.80	3.5	2.22	3,028.94	1.7
<b>Total for Small-Cap Value Funds</b>				<b>160,569.13</b>		<b>180,070.80</b>	<b>3.5</b>		<b>3,028.94</b>	<b>1.7</b>

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: 6746128600



As of: June 30, 2018

## Holdings Report w/ Yield and Income

Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
<b>Large-Cap Growth Funds</b>										
ISHARES S&P 500 GROWTH ETF	IVW	1,695.000	117.81	199,692.91	162.61	276,438.06	5.3	2.01	3,408.65	1.2
<b>Total for Large-Cap Growth Funds</b>				<b>199,692.91</b>		<b>276,438.06</b>	<b>5.3</b>		<b>3,408.65</b>	<b>1.2</b>
<b>Mid-Cap Growth Funds</b>										
ISHARES RUS MID-CAP GRW ETF	IWP	950.000	88.04	83,637.46	126.73	120,393.50	2.3	1.01	959.50	.8
<b>Total for Mid-Cap Growth Funds</b>				<b>83,637.46</b>		<b>120,393.50</b>	<b>2.3</b>		<b>959.50</b>	<b>.8</b>
<b>Small-Cap Growth Funds</b>										
ISHARES RUSSELL 2000 GROWTH ETF	IWO	715.000	168.51	120,488.17	204.33	146,095.95	2.8	1.28	917.35	.6
<b>Total for Small-Cap Growth Funds</b>				<b>120,488.17</b>		<b>146,095.95</b>	<b>2.8</b>		<b>917.35</b>	<b>.6</b>
<b>Large-Cap Blended Funds</b>										
SCHWAB STRATEGIC TR	SCHX	3,040.000	56.82	172,740.52	64.99	197,569.60	3.8	1.15	3,486.88	1.8
VANGUARD INDEX FUNDS S&P 500 ETF SHS	VOO	790.000	218.88	172,918.69	249.51	198,027.17	3.8	4.60	3,634.79	1.8
<b>Total for Large-Cap Blended Funds</b>				<b>345,659.21</b>		<b>395,596.77</b>	<b>7.6</b>		<b>7,121.67</b>	<b>1.8</b>
<b>Small-Cap Blended Funds</b>										
ISHARES RUSSELL 2000 ETF	IWM	1,010.000	122.97	124,202.27	163.77	165,407.70	3.2	1.89	1,903.85	1.2
<b>Total for Small-Cap Blended Funds</b>				<b>124,202.27</b>		<b>165,407.70</b>	<b>3.2</b>		<b>1,903.85</b>	<b>1.2</b>
<b>Emerging Market Funds</b>										
ISHARES MSCI EMERGING MKT FD	EEM	4,565.000	36.99	168,871.95	43.33	197,801.45	3.8	.99	4,501.09	2.3
<b>Total for Emerging Market Funds</b>				<b>168,871.95</b>		<b>197,801.45</b>	<b>3.8</b>		<b>4,501.09</b>	<b>2.3</b>
<b>Foreign Large Growth Funds</b>										
ISHARES MSCI EAFE GROWTH ETF	EFG	1,415.000	66.43	94,000.31	78.80	111,502.00	2.1	1.33	1,884.78	1.7
<b>Total for Foreign Large Growth Funds</b>				<b>94,000.31</b>		<b>111,502.00</b>	<b>2.1</b>		<b>1,884.78</b>	<b>1.7</b>
<b>Foreign Large Value Funds</b>										
ISHARES MSCI EAFE VALUE ETF	EFV	4,355.000	50.60	220,355.05	51.35	223,607.47	4.3	2.21	9,624.55	4.3
<b>Total for Foreign Large Value Funds</b>				<b>220,355.05</b>		<b>223,607.47</b>	<b>4.3</b>		<b>9,624.55</b>	<b>4.3</b>

Account Name: DESERT HOSPITAL RETIREMENT PLAN

Account ID: 6746128600



As of: June 30, 2018

## Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
<b>Foreign Large Blended Funds</b>											
	ISHARES MSCI EAFE ETF	EFA	4,615.000	61.08	281,873.73	66.97	309,066.55	5.9	2.10	9,673.04	3.1
	ISHARES TR HDG MSCI EAFE	HEFA	3,610.000	26.06	94,067.09	29.61	106,874.05	2.1	.89	3,212.90	3.0
<b>Total for Foreign Large Blended Funds</b>					<b>375,940.82</b>		<b>415,940.60</b>	<b>8.0</b>		<b>12,885.94</b>	<b>3.1</b>
<b>Intl CS - Non-ADRs</b>											
	ALLERGAN PLC SHS	AGN	25.000	220.62	5,515.56	166.72	4,168.00	.1	2.88	72.00	1.7
	DELPHI TECHNOLOGIES	DLPH	16.000	.00	.00	45.46	727.36	.0	.68	10.88	1.5
	MEDTRONIC PLC SHS	MDT	65.000	74.43	4,837.79	85.61	5,564.65	.1	2.00	130.00	2.3
	APTIV PLC COM	APTIV	47.000	81.15	3,814.27	91.63	4,306.61	.1	.88	41.36	1.0
	ROYAL CARIBBEAN CRUISES LTD	RCL	33.000	80.14	2,644.57	103.60	3,438.60	.1	2.40	79.20	2.3
<b>Total for Intl CS - Non-ADRs</b>					<b>16,812.19</b>		<b>18,205.22</b>	<b>.4</b>		<b>333.44</b>	<b>1.8</b>
<b>Global Macro</b>											
	EATON VANCE GLBL MAC ABS RT AD I#208	EGRIX	9,305.570	10.00	93,020.88	10.00	93,055.72	1.8	.33	3,108.06	3.3
	WESTERN ASSET MAC OPP IS FD #5102	LAOSX	8,944.610	10.48	93,745.88	10.77	96,333.48	1.9	.39	3,515.23	3.6
<b>Total for Global Macro</b>					<b>186,766.76</b>		<b>189,389.20</b>	<b>3.6</b>		<b>6,623.29</b>	<b>3.5</b>
<b>Total</b>					<b>4,752,144.71</b>		<b>5,197,809.20</b>	<b>100.0</b>		<b>128,425.66</b>	<b>2.5</b>

**Reporting Period Ending: June 30, 2018**

**Account Name: DESERT HEALTHCARE DISTRICT**

**Account ID: 6736304730**



**Investment Review through 06/30/2018**

**Investment Objective: FIXED INCOME MANAGEMENT**

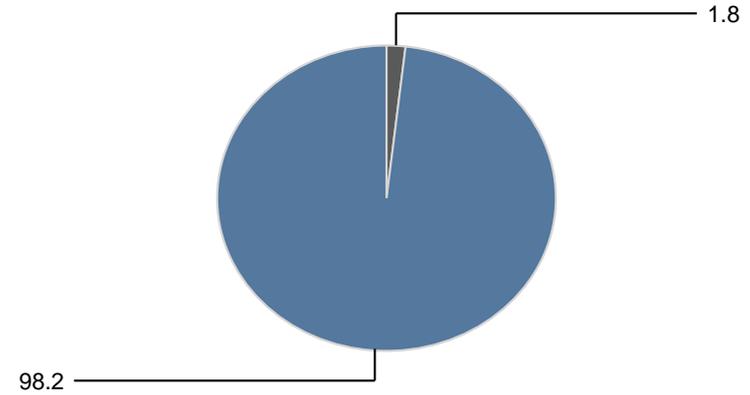
**Investment Officer: ROBERT L. ADAMS**

**Inception Date: 07/01/1998**

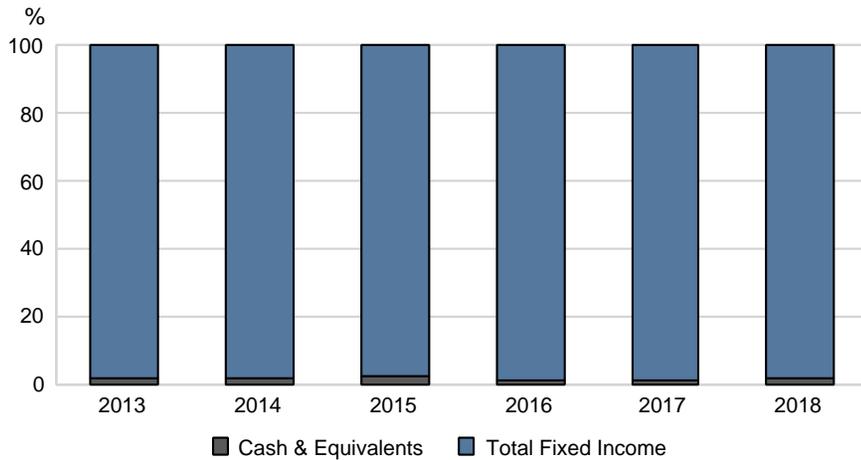
## Asset Allocation Summary

### Market Value by Asset Class

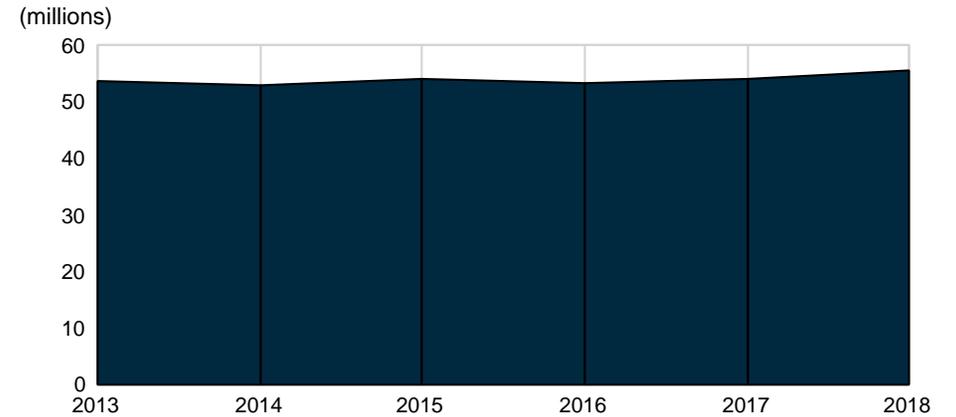
	Market Value	% of Mkt Val
Total Fixed Income	54,660,228	98.2
Cash & Equivalents	1,020,525	1.8
<b>Total</b>	<b>55,680,752</b>	<b>100.0</b>



### Annual Allocation



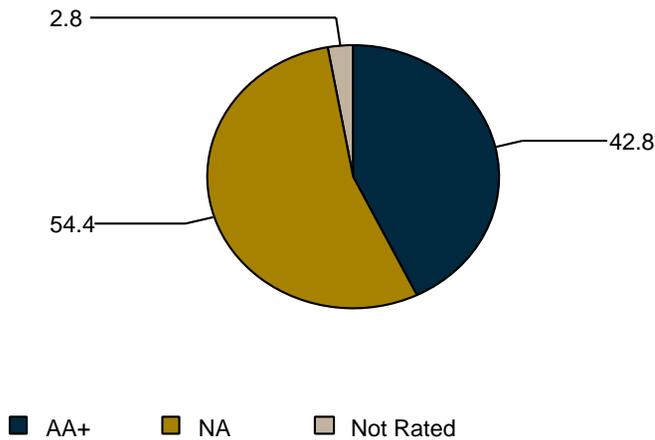
### Annual Ending Market Values



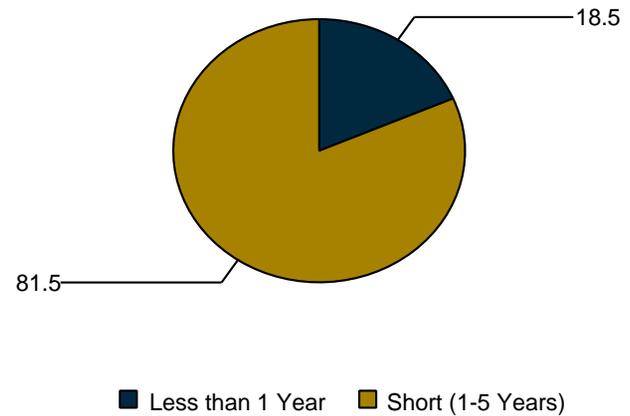
### Fixed Income Analysis - Individual Holdings

	06/30/2018	03/31/2018	06/30/2017	06/30/2016	06/30/2015
Duration	2.43	2.27	2.14	2.04	1.94
Coupon	2.32	2.44	2.91	3.55	4.41
Yield to Maturity	2.56	2.45	1.75	.97	1.01
Maturity	2.51	2.34	2.20	2.10	2.01
Current Yield	2.33	2.45	2.85	3.39	4.15
Face Amount	54,800,000	53,800,000	53,800,000	55,200,000	51,900,000
Market Value	54,326,412	53,511,003	54,644,090	57,516,417	54,904,210
Cost	55,375,950	54,688,473	55,939,358	59,317,021	57,901,746

Quality Allocation by Market Value



Maturity Allocation by Market Value



Account Name: DESERT HEALTHCARE DISTRICT

Account ID: 6736304730



As of: June 30, 2018

## Summary Investment Performance

<b>Beginning Market Value</b>	<b>4,867,756.00</b>
<b>Beginning Accrued Income</b>	<b>29,993.00</b>
<b>Beginning Portfolio Value</b>	<b>4,897,749.00</b>
Contributions	74,130,394.24
Withdrawals	-44,712,416.24
Income Earned	36,820,014.57
Gain/Loss	-15,454,989.20
<b>Ending Market Value</b>	<b>55,344,905.80</b>
<b>Ending Accrued Income</b>	<b>335,846.57</b>
<b>Ending Portfolio Value</b>	<b>55,680,752.37</b>
<b>Total Earnings</b>	<b>21,365,025.37</b>

### Performance

Total Fixed Income	3.25
BC 1-3 Yr US Govt. Bd Index	3.02
Total Managed Portfolio	3.19
Total Account Net of Fees	2.98

Account Name: DESERT HEALTHCARE DISTRICT

Account ID: 6736304730



As of: June 30, 2018

## Performance Report

	Market Value	3 Months	1 Year	3 Years	5 Years	10 Years	15 Years	Inception to Date 07/01/1998
<b>Cash &amp; Equivalents</b>	<b>1,020,525</b>	<b>.40</b>	<b>1.19</b>	<b>.62</b>	<b>.38</b>	<b>.25</b>		
Lipper Money Market Funds Index		.39	1.09	.49	.29	.27	1.13	1.77
<b>Total Fixed Income</b>	<b>54,660,228</b>	<b>.24</b>	<b>.08</b>	<b>.56</b>	<b>.71</b>	<b>1.54</b>	<b>2.15</b>	<b>3.25</b>
BC 1-3 Yr US Govt. Bd Index		.21	.03	.42	.59	1.32	1.98	3.02
<b>Total Managed Portfolio</b>	<b>55,680,752</b>	<b>.25</b>	<b>.10</b>	<b>.56</b>	<b>.71</b>	<b>1.52</b>	<b>2.13</b>	<b>3.19</b>
<b>Total Account Net of Fees</b>	<b>55,680,752</b>	<b>.20</b>	<b>-1.10</b>	<b>.36</b>	<b>.51</b>	<b>1.32</b>	<b>1.94</b>	<b>2.98</b>

As of: June 30, 2018

Account ID: 6736304730

## Holdings Report w/ Yield and Income

Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
<b>Cash - Money Market</b>										
FIDELITY GOVT MMKT INST CL-I #57	FIDGOV	1,018,493.800	1.00	1,018,493.80	1.00	1,020,524.85	1.8	.02	18,325.76	1.8
<b>Total for Cash - Money Market</b>				<b>1,018,493.80</b>		<b>1,020,524.85</b>	<b>1.8</b>		<b>18,325.76</b>	<b>1.8</b>
<b>Taxable FX- US Govt Agcy</b>										
FHLB CONS BD 1.875% 11/29/21	FCB1821	1,000,000.000	99.56	995,643.00	97.29	974,596.67	1.8	1.88	18,750.00	1.9
FEDERAL HOME LOAN 2.750% 6/10/22	FHL2722	1,000,000.000	99.68	996,760.00	99.80	1,001,865.83	1.8	2.75	27,500.00	2.8
FHLB BDS 3.625% 6/11/21	FB33621A	1,000,000.000	102.95	1,029,530.00	102.50	1,027,043.89	1.8	3.63	36,250.00	3.5
FHLB BDS 1.375% 6/12/20	FB11320F	1,000,000.000	100.13	1,001,274.72	97.69	977,585.69	1.8	1.38	13,750.00	1.4
FEDERAL HOME LOAN BA 3.250% 6/09/23	FHL3223H	1,000,000.000	101.53	1,015,280.00	101.82	1,020,136.11	1.8	3.25	32,500.00	3.2
FHLB BDS 4.375% 6/14/19	FB44319	1,000,000.000	103.90	1,039,012.07	101.75	1,019,555.97	1.8	4.38	43,750.00	4.3
FHLB BDS 4.500% 9/13/19	FB44519B	1,500,000.000	105.24	1,578,547.21	102.41	1,556,325.00	2.8	4.50	67,500.00	4.4
FNMA BDS 1.500% 6/22/20	FB11520E	1,000,000.000	100.31	1,003,052.08	97.97	980,105.00	1.8	1.50	15,000.00	1.5
FNMA MTN 1.875% 12/28/20	FM11820D	2,000,000.000	100.83	2,016,504.40	98.15	1,963,392.50	3.5	1.88	37,500.00	1.9
FNMA NTS 1.250% 5/06/21	FN11221B	1,500,000.000	100.09	1,501,289.09	96.21	1,445,999.58	2.6	1.25	18,750.00	1.3
FNMA NTS 2.000% 1/05/22	FN22022D	1,000,000.000	100.05	1,000,526.64	97.47	984,467.78	1.8	2.00	20,000.00	2.1
FNMA NTS 1.875% 4/05/22	FN11822	2,000,000.000	97.15	1,942,935.84	96.95	1,947,918.33	3.5	1.88	37,500.00	1.9
FNMA NTS 1.875% 9/18/18		1,000,000.000	100.51	1,005,062.65	99.98	1,005,174.58	1.8	1.88	18,750.00	1.9
FNMA NTS 1.875% 2/19/19	FN11819C	1,000,000.000	100.77	1,007,672.80	99.78	1,004,645.00	1.8	1.88	18,750.00	1.9
FNMA NTS 1.750% 11/26/19	FN11719J	2,000,000.000	100.36	2,007,198.79	99.01	1,983,682.78	3.6	1.75	35,000.00	1.8
FNMA NT 2.000% 11/30/20	FN22020AC	1,000,000.000	101.13	1,011,311.79	98.60	987,712.22	1.8	2.00	20,000.00	2.0
FHLMC NTS 3.750% 3/27/19	FN33719	1,000,000.000	103.17	1,031,712.57	101.08	1,020,601.67	1.8	3.75	37,500.00	3.7
FHLMC NTS 2.375% 1/13/22	FN22322	2,000,000.000	101.76	2,035,223.60	98.69	1,995,906.67	3.6	2.38	47,500.00	2.4
FHLMC NT 1.250% 10/02/19	FN11219	1,000,000.000	98.48	984,760.00	98.48	987,900.28	1.8	1.25	12,500.00	1.3
FHLMC NTS 1.500% 1/17/20	FN11520AG	1,000,000.000	99.99	999,940.00	98.43	991,123.33	1.8	1.50	15,000.00	1.5
<b>Total for Taxable FX- US Govt Agcy</b>				<b>25,203,237.25</b>		<b>24,875,738.88</b>	<b>44.7</b>		<b>573,750.00</b>	<b>2.3</b>
<b>Taxable Fixed - US Treas</b>										
US TREAS NTS 2.000% 10/31/22	UTN0122B	1,000,000.000	99.78	997,812.50	97.10	974,349.57	1.7	2.00	20,000.00	2.1
US TREAS NTS 2.375% 1/31/23	UTN0023C	2,000,000.000	98.76	1,975,156.25	98.51	1,989,973.54	3.6	2.38	47,500.00	2.4
US TREAS NTS 2.750% 4/30/23	UST0023A	1,000,000.000	99.72	997,226.56	100.10	1,005,613.15	1.8	2.75	27,500.00	2.7
UNITED STATES TREAS 2.875% 5/31/23	UST2823	1,000,000.000	99.71	997,070.31	100.13	1,003,566.58	1.8	2.75	27,500.00	2.7

As of: June 30, 2018

## Holdings Report w/ Yield and Income

	Ticker	Units	Unit Cost	Total Cost	Price	Market Value	Weight	Unit Income	Annual Income	Current Yield	
	US TREAS NTS 1.500% 12/31/18	UTN1518A	1,000,000.000	100.09	1,000,909.47	99.66	1,004,180.76	1.8	1.50	15,000.00	1.5
	US TREAS NTS 2.125% 1/31/21	UTN2121	1,000,000.000	101.57	1,015,714.78	98.81	996,953.95	1.8	2.13	21,250.00	2.2
	US TREAS NTS 2.250% 3/31/21	UTN2221	1,000,000.000	101.37	1,013,681.62	99.04	996,005.74	1.8	2.25	22,500.00	2.3
	US TREAS NTS 2.125% 9/30/21	UTN2121B	1,000,000.000	103.07	1,030,735.70	98.38	989,091.53	1.8	2.13	21,250.00	2.2
	US TREAS NTS 1.750% 9/30/19	UTN1719	1,000,000.000	100.81	1,008,139.66	99.16	995,958.91	1.8	1.75	17,500.00	1.8
	US TREAS NTS 2.000% 10/31/21	UTN2021D	1,000,000.000	100.46	1,004,589.27	97.91	982,429.57	1.8	2.00	20,000.00	2.0
	US TREAS NTS 2.125% 12/31/21		1,800,000.000	101.40	1,825,267.30	98.20	1,786,810.94	3.2	2.13	38,250.00	2.2
	US TREAS NTS 2.750% 2/15/19	UTN0019	2,000,000.000	101.85	2,036,933.30	100.31	2,026,842.98	3.6	2.75	55,000.00	2.7
	US TREAS NTS 3.125% 5/15/19	UTN3119	1,000,000.000	102.65	1,026,455.69	100.67	1,010,711.17	1.8	3.13	31,250.00	3.1
	US TREAS NTS 3.625% 2/15/20	UTN3620	1,000,000.000	104.83	1,048,277.76	101.77	1,031,278.78	1.9	3.63	36,250.00	3.6
	US TREAS NTS 2.625% 8/15/20	UTN2620	1,000,000.000	103.13	1,031,333.07	100.13	1,011,151.88	1.8	2.63	26,250.00	2.6
	US TREAS NTS 2.625% 11/15/20	UTN2620A	1,000,000.000	102.69	1,026,912.21	100.10	1,004,332.58	1.8	2.63	26,250.00	2.6
	US TREAS NTS 3.125% 5/15/21	UTN3221	1,000,000.000	102.51	1,025,078.13	101.38	1,017,781.17	1.8	3.13	31,250.00	3.1
	US TREAS NTS 2.250% 7/31/18	UTN2218	2,000,000.000	100.66	2,013,124.79	100.03	2,019,450.72	3.6	2.25	45,000.00	2.2
	US TREAS NTS 2.125% 8/15/21	UTN2521	1,000,000.000	98.93	989,296.88	98.45	992,513.43	1.8	2.13	21,250.00	2.2
	US TREAS NTS 2.000% 2/15/22	UTN2022	1,000,000.000	101.12	1,011,223.27	97.69	984,423.81	1.8	2.00	20,000.00	2.0
	US TREAS NTS 2.000% 7/31/20	UTN2020	1,000,000.000	102.67	1,026,680.99	98.88	997,132.54	1.8	2.00	20,000.00	2.0
	US TREAS NTS 2.000% 9/30/20	UTN2020A	1,000,000.000	101.85	1,018,505.12	98.76	992,607.32	1.8	2.00	20,000.00	2.0
	US TREAS NTS 2.250% 4/30/21	UTN2221A	1,000,000.000	102.81	1,028,113.20	99.00	993,790.76	1.8	2.25	22,500.00	2.3
	US TREAS NTS 2.250% 7/31/21	UTN2221B	1,000,000.000	101.68	1,016,777.09	98.87	998,055.36	1.8	2.25	22,500.00	2.3
	US TREAS NTS 2.125% 6/30/22	UTN2122	1,000,000.000	100.44	1,004,423.46	97.84	989,082.74	1.8	2.13	21,250.00	2.2
	US TREAS NTS 1.625% 6/30/20	UTN0020A	1,000,000.000	100.33	1,003,274.22	98.22	990,399.16	1.8	1.63	16,250.00	1.7
<b>Total for Taxable Fixed - US Treas</b>					<b>30,172,712.60</b>		<b>29,784,488.64</b>	<b>53.5</b>		<b>693,250.00</b>	<b>2.3</b>
<b>Total</b>					<b>56,394,443.65</b>		<b>55,680,752.37</b>	<b>100.0</b>		<b>1,285,325.76</b>	<b>2.3</b>

Account Name: DESERT HEALTHCARE DISTRICT

Account ID: 6736304730



Reporting Period Ending: June 30, 2018

## Disclosures

HighMark Capital Management, Inc. (HighMark), an SEC-registered investment adviser, is a wholly owned subsidiary of MUFG Union Bank, N.A. (MUB). HighMark manages institutional separate account portfolios for a wide variety of for-profit and nonprofit organizations, public agencies, public and private retirement plans, and personal trusts of all sizes. It may also serve as sub-adviser for mutual funds, common trust funds and collective investment funds. MUB, a subsidiary of MUFG Americas Holdings Corporation, provides certain services to HighMark and is compensated for these services. Past performance does not guarantee future results. Individual account management and construction will vary depending on each client's investment needs and objectives. **Investments employing HighMark strategies are NOT insured by the FDIC or by any other Federal Government Agency, are NOT Bank deposits, are NOT guaranteed by the Bank or any Bank affiliate, and MAY lose value, including possible loss of principal.**



Date: September 25, 2018

To: Board of Directors

Subject: 06/30/18 Retirement Protection Plan (RPP) GASB Nos. 67 & 68  
Disclosure of Pension Benefits Report.

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**Staff recommendation:** Information only.

**Background:**

- Effective July 1, 1971, Desert Hospital Corporation (Corporation) established a defined benefit pension plan (Plan) covering eligible employees of Desert Hospital.
- The Corporation was dissolved as of May 31, 1997 and the Plan has been frozen as of that date.
- The Desert Healthcare District (the "District") has assumed sponsorship of the Plan.
- Under GASB Nos 67 & 68, an actuarial valuation, to establish the present Net Pension Liability, is required to be completed by the District.
- Every two years, a full actuarial valuation is required. The alternating years requires a Roll Forward report, which does not include full actuarial valuation. The 06/30/18 report is a Roll Forward report.
- The Net Pension Liability is \$3,277,793 (6/30/18) and \$2,875,121 (6/30/17).
- The 6/30/18 GASB Nos. 67 & 68 Disclosure of Pension Benefits Report is included.

**Fiscal Impact:**

No fiscal impact. Information only.



# Desert Hospital Retirement Protection Plan

June 30, 2018  
GASB Nos. 67 & 68 Report

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This report is prepared in accordance with our understanding of GASB Nos. 67 & 68 for the purpose of disclosing pension plans in financial statements. Determinations for purposes other than meeting these requirements may be significantly different from the results contained in this report.

The information presented in this report is based on:

- the actuarial assumptions included in this report;
- the plan provisions;
- participant information furnished to us by the Plan Administrator;
- asset information furnished to us by the Plan Trustee.

We have reviewed the provided data for reasonableness when compared to prior information provided, but have not audited the data. Where relevant data may be missing, we may have made assumptions we believe are reasonable for the purpose of the measurement. We are not aware of any significant issues with and have relied on the data provided. Any errors in the data provided may result in a different result than those provided in this report.

The interest rate, other economic assumptions, and demographic assumptions have been selected by the plan sponsor with our recommendations. The assumptions used, in our opinion, are reasonable and represent a reasonable expectation of future experience under the plan. All calculations have been made in accordance with generally accepted actuarial principles and practice.

A summary of any assumptions not included in this report, the plan provisions and the participant information is included in the Actuarial Valuation Report for funding purposes.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following:

- plan experience differing from that anticipated by the economic or demographic assumptions;
- changes in economic or demographic assumptions;
- increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); and
- changes in plan provisions or applicable law.

We did not perform an analysis of the potential range of future measurements due to the limited scope of our engagement.

The undersigned are compliant with the continuing education requirements of the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States.

To our knowledge there have been no significant events prior to the current year's measurement date or as of the date of this report which could materially affect the results contained herein.

Neither Nyhart nor any of its employees have any relationships with the plan or plan sponsor which could impair or appear to impair the objectivity of this report.

Nyhart



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Will Kane, FSA, EA

8/9/2018

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**Net Pension Liability**

The components of the net pension liability at June 30

	<u>06/30/2018</u>	<u>06/30/2017</u>
Total pension liability	\$ 8,467,627	\$ 8,219,294
Plan fiduciary net position	(5,189,834)	(5,344,173)
Net pension liability	<u>\$ 3,277,793</u>	<u>\$ 2,875,121</u>
Plan fiduciary net position as a percent of the total pension liability	61.29%	65.02%
Pension Expense for the Fiscal Year Ended June 30	\$ (440,510)	\$ (431,362)

**Actuarial Assumptions**

The total pension liability was determined using the following actuarial assumptions

Inflation	2.75%	2.75%
Salary increases, including inflation	0.00%	0.00%
Investment rate of return, including inflation, and net of investment expense	4.70%	5.00%

**Plan Membership**

The total pension liability was determined based on the plan membership as of June 30

	<u>2017</u>	<u>2017</u>
Inactive plan members and beneficiaries currently receiving benefits	16	16
Inactive plan members entitled to but not yet receiving benefits	60	60
Active plan members	141	141
Total members	<u>217</u>	<u>217</u>

**Desert Hospital Retirement Protection Plan**  
**GASB Nos. 67 & 68 Report as of Fiscal Year Ending June 30, 2018**  
**Statement of Fiduciary Net Position**

<b>Assets</b>	<u>06/30/2018</u>	<u>06/30/2017</u>
Cash and deposits	\$ 47,150	\$ 65,026
Securities lending cash collateral	0	0
Total cash	<u>\$ 47,150</u>	<u>\$ 65,026</u>
Receivables:		
Contributions	\$ 0	\$ 0
Due from broker for investments sold	0	0
Investment income	0	0
Other	0	0
Total receivables	<u>\$ 0</u>	<u>\$ 0</u>
Investments:		
Domestic fixed income securities	\$ 1,954,752	\$ 1,982,960
Domestic equities	2,136,514	2,287,831
International equities	967,057	913,069
International fixed income securities	93,006	95,287
Total investments	<u>\$ 5,151,329</u>	<u>\$ 5,279,147</u>
Total assets	<u>\$ 5,198,479</u>	<u>\$ 5,344,173</u>
<b>Liabilities</b>		
Payables:		
Investment management fees	\$ 8,645	\$ 0
Due to broker for investments purchased	0	0
Collateral payable for securities lending	0	0
Other	0	0
Total liabilities	<u>\$ 8,645</u>	<u>\$ 0</u>
<b>Net position restricted for pensions</b>	<u><b>\$ 5,189,834</b></u>	<u><b>\$ 5,344,173</b></u>

**Desert Hospital Retirement Protection Plan**  
**GASB Nos. 67 & 68 Report as of Fiscal Year Ending June 30, 2018**  
**Statement of Changes in Fiduciary Net Position**

	06/30/2018	06/30/2017
<b>Additions</b>		
Contributions:		
Employer	\$ 0	\$ 3,400,000
Member	0	0
Nonemployer contributing entity	0	0
Total contributions	\$ 0	\$ 3,400,000
Investment income:		
Net increase in fair value of investments	\$ 226,431	\$ 349,052
Interest and dividends	130,183	77,776
Less investment expense, other than from securities lending	(8,645)	0
Net income other than from securities lending	\$ 347,969	\$ 426,828
Securities lending income	0	0
Less securities lending expense	0	0
Net income from securities lending	\$ 0	\$ 0
Net investment income	\$ 347,969	\$ 426,828
Other	0	0
Total additions	\$ 347,969	\$ 3,826,828
<b>Deductions</b>		
Benefit payments, including refunds of member contributions	\$ 466,670	\$ 382,380
Administrative expense	35,638	24,513
Other	0	0
Total deductions	\$ 502,308	\$ 406,893
<b>Net increase in net position</b>	\$ (154,339)	\$ 3,419,935
<b>Net position restricted for pensions</b>		
Beginning of year	5,344,173	1,924,238
End of year	\$ 5,189,834	\$ 5,344,173

Desert Hospital Retirement Protection Plan  
 GASB Nos. 67 & 68 Report as of Fiscal Year Ending June 30, 2018  
 Schedule of Changes in Net Pension Liability and Related Ratios

	06/30/2018	06/30/2017	06/30/2016	12/31/2014
<b>Total pension liability</b>				
Service cost	\$ 0	\$ 0	\$ 0	\$ 0
Interest	399,298	321,990	397,980	418,035
Changes of benefit terms	0	0	0	0
Differences between expected and actual experience	0	(437,093)	(493,455)	(537,578)
Changes of assumptions	315,705	(2,852,163)	1,944,607	0
Benefit payments, including refunds of member contributions	(466,670)	(382,380)	(459,397)	(304,264)
Net change in total pension liability	248,333	(3,349,646)	1,389,735	(423,807)
Total pension liability - beginning	8,219,294	11,568,940	10,179,205	10,603,012
<b>Total pension liability - ending (a)</b>	<b>\$ 8,467,627</b>	<b>\$ 8,219,294</b>	<b>\$ 11,568,940</b>	<b>\$ 10,179,205</b>
<b>Plan fiduciary net position</b>				
Contributions - employer	\$ 0	\$ 3,400,000	\$ 0	\$ 0
Contributions - member	0	0	0	0
Contributions - nonemployer contributing member	0	0	0	0
Net investment income	347,969	426,828	(6,638)	70,805
Benefit payments, including refunds of member contributions	(466,670)	(382,380)	(459,397)	(304,264)
Administrative expenses	(35,638)	(24,513)	(14,983)	(17,892)
Other	0	0	0	0
Net change in plan fiduciary net position	\$ (154,339)	\$ 3,419,935	\$ (481,018)	\$ (251,351)
Plan fiduciary net position - beginning	5,344,173	1,924,238	2,405,256	2,656,607
<b>Plan fiduciary net position - ending (b)</b>	<b>\$ 5,189,834</b>	<b>\$ 5,344,173</b>	<b>\$ 1,924,238</b>	<b>\$ 2,405,256</b>
<b>Net pension liability - ending (a) - (b)</b>	<b>\$ 3,277,793</b>	<b>\$ 2,875,121</b>	<b>\$ 9,644,702</b>	<b>\$ 7,773,949</b>
Plan fiduciary net position as a percentage of the total pension liability	61.29%	65.02%	16.63%	23.63%
Covered-employee payroll	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Net pension liability as percentage of covered-employee payroll	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Fiscal year ending	<u>06/30/2018</u>	<u>06/30/2017</u>
Service cost	\$ 0	\$ 0
Interest on total pension liability	399,298	321,990
Projected earnings on pension plan investments	(254,651)	(96,808)
Changes of benefit terms	0	0
Employee contributions	0	0
Pension plan administrative expense	35,638	24,513
Other changes	0	0
Current period recognition of deferred outflows/(inflows) of resources		
Differences between Expected & Actual Experience in measurement of the Total Pension Liability	\$ (315,480)	\$ (315,480)
Changes of assumptions	(245,194)	(324,120)
Differences between Projected & Actual Earnings on Pension Plan Investments	(60,121)	(41,457)
<b>Total</b>	<u>\$ (440,510)</u>	<u>\$ (431,362)</u>

**Desert Hospital Retirement Protection Plan**  
**GASB Nos. 67 & 68 Report as of Fiscal Year Ending June 30, 2018**  
**Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions**

Differences between expected and actual experience in measurement of the total pension liability for fiscal year ending:	Initial Balance	Initial Amortization Period	Annual Recognition	06/30/2018 Balance
June 30, 2018	\$ 0	4.0	\$ 0	\$ 0
June 30, 2017	\$ (437,093)	4.0	\$ (109,273)	\$ (218,547)
June 30, 2016	\$ (493,455)	5.0	\$ (98,691)	\$ (197,382)
June 30, 2015	\$ (537,578)	5.0	\$ (107,516)	\$ (107,514)
			\$ (315,480)	\$ (523,443)
<hr/>				
Changes in assumptions for fiscal year ending:	Initial Balance	Initial Amortization Period	Annual Recognition	06/30/2018 Balance
June 30, 2018	\$ 315,705	4.0	\$ 78,926	\$ 236,779
June 30, 2017	\$ (2,852,163)	4.0	\$ (713,041)	\$ (1,426,081)
June 30, 2016	\$ 1,944,607	5.0	\$ 388,921	\$ 777,844
			\$ (245,194)	\$ (411,458)
<hr/>				
Differences between projected and actual earnings on pension plan investments for fiscal year ending:	Initial Balance	Initial Amortization Period	Annual Recognition	06/30/2018 Balance
June 30, 2018	\$ (93,318)	5.0	\$ (18,664)	\$ (74,654)
June 30, 2017	\$ (330,020)	5.0	\$ (66,004)	\$ (198,012)
June 30, 2016	\$ 93,361	5.0	\$ 18,672	\$ 37,345
June 30, 2015	\$ 29,374	5.0	\$ 5,875	\$ 5,874
			\$ (60,121)	\$ (229,447)

Desert Hospital Retirement Protection Plan  
 GASB Nos. 67 & 68 Report as of Fiscal Year Ending June 30, 2018  
 Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ 0	\$ (523,443)
Changes of Assumptions	\$ 1,014,623	\$ (1,426,081)
Net difference between projected and actual earnings on pension plan investments	\$ 43,219	\$ (272,666)
	<u>\$ 1,057,842</u>	<u>\$ (2,222,190)</u>

The balances as of June 30, 2018 of the deferred outflows/(inflows) of resources will be recognized in pension expense for the fiscal year ending June 30.

2019	\$(620,794)
2020	\$(519,151)
2021	\$(5,741)
2022	\$(18,664)
2023	\$ 0
Thereafter	\$ 0

The long-term expected rate of return on pension plan investments was determined using a building-block method in which expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These expected future real rates of return are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. Best estimates of arithmetic real rates of return for each major asset class included in the pension plan's target asset allocation as of June 30, 2018 are summarized in the following table:

Asset class	Target allocation	Long-term expected real rate of return
Domestic fixed income securities	36.0%	2.50%
Domestic equities	45.0%	5.50%
International equities	15.0%	6.50%
International fixed income securities	2.0%	2.50%
Cash	2.0%	0.00%
Total	100.0%	

Long-term expected rate of return is 6.82%.

Money-weighted rate of return for fiscal year was 6.83%.

**Discount rate**

The discount rate used to measure the total pension liability was 4.70%. The projection of cash flows used to determine the discount rate assumed that plan member contributions will be made at the current contribution rate and that contributions will be made at rates equal to the difference between actuarially determined contribution rates and the member rate. Professional judgment on future contributions has been applied in those cases where contribution patterns deviate from the actuarially determined rates. Based on those assumptions, the pension plan's fiduciary net position was projected to be depleted for current members during the 2037 fiscal year. Therefore, the long-term expected rate of return 6.82% was used to discount funded projected benefit payments and the municipal bond rate 3.50% was used to discount unfunded projected benefit payments to determine the total pension liability. The single effective discount rate was 4.70%.

Note the discount rate changed from 5.00% as of June 30, 2017 to 4.70% as of June 30, 2018 measurement date.

**Sensitivity of the net pension liability to changes in the discount rate**

The following presents the net pension liability, calculated using the discount rate of 4.70%, as well as what the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (3.70%) or 1-percentage-point higher (5.70%) than the current rate:

	<u>1% Decrease (3.70%)</u>	<u>Current Discount Rate (4.70%)</u>	<u>1% Increase (5.70%)</u>
Net pension liability	\$ 4,568,608	\$ 3,277,793	\$ 2,217,791

Desert Hospital Retirement Protection Plan  
 GASB Nos. 67 & 68 Report as of Fiscal Year Ending June 30, 2018  
 Schedule of Contributions

	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>
Actuarially determined contribution	\$ 288,378	\$ 928,460	\$ 928,460	\$ 1,631,186	\$ 1,631,186
Contributions in relation to the actuarially determined contribution	0	3,400,000	0	0	0
<b>Contribution deficiency (excess)</b>	<b>\$ 288,378</b>	<b>\$ (2,471,540)</b>	<b>\$ 928,460</b>	<b>\$ 1,631,186</b>	<b>\$ 1,631,186</b>
Covered-employee payroll	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Contributions as a percentage of covered-employee payroll					
	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>
Actuarially determined contribution	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Contributions in relation to the actuarially determined contribution	0	0	0	0	0
<b>Contribution deficiency (excess)</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>
Covered-employee payroll	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Contributions as a percentage of covered-employee payroll					

The total pension liability as of June 30, 2018 was determined using the following actuarial assumptions:

Inflation	2.75%
Discount rate	4.7%, net of pension plan investment expense, including inflation.
Measurement date	June 30, 2018, based on a valuation date of June 30, 2017.
Ad-hoc cost-of-living increases	Not applicable.
Mortality	Pre-Retirement: None. Post-Retirement: 2017 IRS Annuitant Mortality Table.
Experience study	Given the size of the plan, there is not enough data available to conduct a credible experience study. The assumptions are not anticipated to produce significant cumulative actuarial gains or losses over time. The liabilities and data are analyzed each year in order to identify any trends of experience deviating from the actuarial assumptions. The plan is frozen to new participants and benefit accruals.
Retirement	100% retirement at age 65.
Termination	Participants* are assumed to work until Normal Retirement Age.
Other assumptions	See actuarial assumptions provided in the June 30, 2017 funding valuation for other relevant assumptions.

\* Former Desert Hospital employees employed with Tenet Healthsystem Desert, Inc.

The total pension liability as of June 30, 2018 was determined using the following actuarial assumptions:

Inflation	2.75%
Discount rate	Pre-retirement: 7.50%, net of pension plan investment expense, including inflation. Post-retirement: 6.50%, net of pension plan investment expense, including inflation.
Measurement date	June 30, 2018, based on a valuation date of June 30, 2017.
Ad-hoc cost-of-living increases	Not applicable.
Mortality	Pre-Retirement: None. Post-Retirement: 2017 IRS Annuitant Mortality Table.
Experience study	Given the size of the plan, there is not enough data available to conduct a credible experience study. The assumptions are not anticipated to produce significant cumulative actuarial gains or losses over time. The liabilities and data are analyzed each year in order to identify any trends of experience deviating from the actuarial assumptions. The plan is frozen to new participants and benefit accruals.
Retirement	100% retirement at age 65.
Termination	Participants* are assumed to work until Normal Retirement Age.
Other assumptions	See actuarial assumptions provided in the June 30, 2017 funding valuation for other relevant assumptions.

\* Former Desert Hospital employees employed with Tenet Healthsystem Desert, Inc.

The Plan provisions used for measuring liabilities in this report match those shown in the June 30, 2017 funding valuation.



Date: September 25, 2018

To: Board of Directors

Subject: Addendum #2 to Consulting Service Agreement for Kaufman Hall, not to exceed \$300,000 plus expenses.

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**Staff Recommendation:** Consideration to approve the addendum to the service agreement for Kaufman Hall, not to exceed \$300,000, plus expenses.

**Background:**

- As part of Priority #1 of the District’s 3-year Strategic Plan -- “New Providers, Facilities, Programs and Services --the Board engaged the services of Kaufman Hall to:
  - Assist the Board in developing scenarios and evaluating options considering the potential expansion of the District, the scale and scope of the hospital post 2030, the potential cost of compliance with SB 1953, and the possible funding for such costs.
  - To develop and maintain a roadmap with appropriate milestones to guide and structure Board discussions.
- To date, substantial work has been performed in working with the District’s Ad Hoc Committee for New Providers, Facilities, Programs and Services, the Board of Directors, and Staff
- The original service agreement expired February 28, 2018. Addendum #1 expired June 30, 2018.
- To navigate through the complexities of issues before the Board, additional time and guidance is required.
- The District desires to continue with the services of Kaufman Hall.
- Duration of the additional work – August 1, 2018 – November 30, 2018. The service agreement can be terminated at any with prorated payment of services.
- At the September 1, 2018 F&A Committee meeting, the Committee forwarded to the Board for further discussion without recommendation.
- Staff recommends approval of the addendum for Kaufman Hall.

**Fiscal Impact:**

\$300,000, plus expenses – Included in the FY19 annual budget.

Cost to Date of original service agreement - \$778,500.

# KaufmanHall

August 9, 2018

Mr. Chris Christensen  
Chief Financial Officer  
Desert Healthcare District & Desert Healthcare Foundation  
1140 N. Indian Canyon Drive  
Palm Springs, California 92262

Dear Chris:

Kaufman, Hall & Associates, LLC (“Kaufman Hall”) is pleased to present this addendum (the “Addendum”) to extend our current engagement under the engagement letter dated August 9, 2017 (the “Engagement Letter”) with Desert Healthcare District (the “District”) to allow us to support the District with the evaluation of its strategic options in light of its most recent strategic plan (the “Client Project”). This Addendum is governed by the terms and conditions of the Agreement. To the extent that any terms of this Addendum conflict with the terms of the Agreement, the terms of the Addendum shall govern. All other terms and conditions of the Agreement remain in full force and effect.

As we have discussed, our original scope of services under the Agreement extended through February 2018 and was subsequently extended to June 2018. This Addendum will commence on August 1, 2018 and will continue until November 30, 2018, as further described in the Timing and Fees section below.

## TIMING AND FEES

Professional fees associated with the Addendum will be billed \$75,000 per month, commencing in August 2018. The District may terminate our engagement at any time, with pro-rated portion of our professional fees due and payable up to the date of notice of termination (the “Notification Date”). Kaufman Hall will be entitled to reimbursement of expenses through the Notification Date. Any extension of Kaufman Hall’s involvement beyond November 2018 shall be subject to mutually agreeable terms between the District and Kaufman Hall.

## AUTHORIZATION

We appreciate the opportunity to continue to support the Desert Healthcare District. Your signature below will indicate your agreement with this Addendum. Please sign and return via email or by fax to (847) 965-3511.

Sincerely,  
KAUFMAN, HALL & ASSOCIATES, LLC

*Kaufman, Hall & Associates, LLC*

/sd

cc: Patrick Smyth

This Addendum is accepted.  
DESERT HEALTHCARE DISTRICT

\_\_\_\_\_  
Authorizing Signature / Date

\_\_\_\_\_  
Printed Name / Title



Date: September 25, 2018  
To: Board of Directors  
Subject: 5 Year Review of District/Foundation Audit Firm

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**Background:**

- Moss, Levy, & Hartzheim LLP (MLH) has been the District & Foundation's audit and tax firm for the past 5 fiscal years.
- With the exception of a classification description adjustment on the 2015 audit report, which had no effect on the outcome of the final audit reporting, MLH has prepared the audit reports with accuracy and integrity.
- The audit reports have always been prepared timely and the audit team works well with the District's staff.
- Public agencies review their audit firm every 5 years to consider whether to continue with the same firm or to perform a Request for Proposal seeking a replacement firm.
- Staff requests discussion and direction from the Committee.
- At the September 11, 2018 F&A Committee Meeting, the Committee recommended delaying the audit firm search for 1 year due to extensive work activities currently underway at the District.

**Fiscal Impact:**

No fiscal impact currently.



Date: September 25, 2018

To: Board of Directors

Subject: Proposed Office Hours of Operation – 4-10 Hour Work Days Per Week

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**Staff Recommendation:** Consideration to approve modification of work hours for the District office.

**Discussion:**

- The Desert Healthcare District and Foundation’s current hours of operation are Monday-Friday and a 40-hour work week.
- At the September 11, 2018 F&A Committee meeting, Staff proposed converting to a 9/80 work cycle every two weeks.
  - 9 hours per day Monday-Thursday and 8 hours on Friday.
  - Alternating Fridays would be a non-working day. Office closed.
- The Finance & Administration Committee recommended converting to a 4-10 hour day work week.
  - 10 hours per day Monday-Thursday. Office closed Friday.
- Benefits to the proposed office hour schedule include:
  - Staff would have the opportunity to schedule doctor, dental or other appointments on the day off.
  - Staff who have significant commute times, would allow extra time with family, use less gas (reducing the emissions into the environment, and one less day of commuting.
  - The 10-hour days allow for increased work efficiency with the extra time before and after the office hours of 8:30 a.m. – 5:00 p.m.
  - With limited public traffic in the office on Fridays, all work-related meetings can be scheduled Monday-Thursday, allowing the office to be closed.
  - Staff would benefit from a 3-day weekend.
- Some cities and other public agencies operate a 4-10 hour day work week with offices closed Friday. (Palm Springs, Cathedral City, Desert Hot Springs, and Coachella).
- Beach Cities Healthcare District operates under a 9/80 system with office closed on alternating Fridays.
- If approved, Staff will bring back a formal policy for review and consideration for approval at the October Board meeting.

- Estimated start date – November 1, 2018.
- Staff proposes the following options for the District and Foundation, with recommendation for Option 1.
- *The Finance and Administration Committee recommended forwarding Option 1 to the Board for approval.*

**Desert Healthcare District - Options**

For public employers, like the District, overtime hours are based on a 40-hour work week. Therefore, non-exempt employees of the District are not subject to overtime pay with either Option 1 or 2.

**Option 1** - 4 Day Work Week - 10-hour days – Office hours 8:30 a.m. - 5:00p.m

Monday – Thursday 7:30 a.m. – 6:00 p.m. (30 minute lunch break)

\*Friday – Office Closed.

*NOTE: Option 1 recommended by the F&A Committee.*

**Option 2** - 9/80 Work Cycle (2 Weeks) – Office hours 8:30 a.m. - 5:00 p.m.

Monday – Thursday 7:30 a.m. – 5:00 p.m. (30 minute lunch break)

Friday of first week – 8:30 a.m. – 5:00 p.m. (30 minute lunch break)

\*Alternating Fridays – Office Closed.

\*In either option, the CEO or other senior management is accessible to answer calls/emails or to respond, as necessary.

**Desert Healthcare Foundation - Options**

For the Foundation, overtime hours for non-exempt employees are based on an 8-hour work day. Therefore, non-exempt employees of the Foundation are subject to overtime pay with either Option 1 or 2. The Foundation presently has 2 temporary employees who are working under and funded by The California Endowment grant, which expires November 2019. Under each option, the employee’s hours will be reduced accordingly to be equivalent to or less than the gross wages under the traditional work week.

\*In either option, the CEO or other senior management is accessible to answer calls/emails or to respond, as necessary.



August 9, 2018

Chris Christensen, Interim CEO  
Desert Healthcare District  
1140 N. Indian Canyon Drive  
Palm Springs, CA 92262

Dear Mr. Christensen:

In compliance with Schedule 14.12 of the Lease Agreement between Desert Regional Medical Center, Inc. and Desert Healthcare District, attached please find our Annual Report for the period of June 1, 2017 through May 31, 2018.

Documentation includes all Certificates of Insurance & Liability, a list of our current Governing Board members, a copy of our facility license, a utilization report of all core services and a list of all subtenants and managers at El Mirador. Also included is a copy of the Joint Commission Accreditation letter effective May 27, 2017.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michele Finney".

Michele Finney  
President & Chief Executive Officer

2017 – 2018

ANNUAL REPORT

This Annual Report is prepared to comply with Schedule 14.12 of that certain Lease Agreement (“Lease”) between Desert Regional Medical Center, Inc., doing business as Desert Regional Medical Center (“Lessee”) and the Desert Healthcare District (“Lessor”). All reference numbers used in this annual report reflect the reference numbers utilized in Schedule 14.12 of the Lease.

Paragraph 2.2. Lessee, during this certification period, has paid all real and personal property taxes, general and special assessments and other charges levied on or assessed on the Leased Premises, the improvements of personal property located on or in the Leased Premises, or the leasehold estate of any sublease hold estate, as well as any and all municipal, county, state or federal income or franchise taxes chargeable against Lessee.

Paragraph 2.5. Lessee, during this certification period, has paid for all of the utilities used upon the Leased Premises.

Paragraph 3.1. The Leased Premises were used during this certification period for the purpose of Lessee operating and maintaining the leased premises as an acute care community hospital on a continuous basis and for providing ancillary and other healthcare services.

Paragraph 3.2. The Leased Premises were used during this certification period in material compliance with all laws in force at the time of the certification in the manner described in Section 3.2 of the Lease.

Paragraph 3.4. Lessee, at its cost and expense, has maintained the Leased Premises during this certification period in good condition and repair (subject to ordinary wear and tear and obsolescence) and used the Leased Premises in accordance with all applicable laws.

Paragraph 3.5. All alterations, additions, or improvements made to the leased premises by Lessee during this certification period are consistent with the limitations on use described in Section 3.1 of the Lease. Lessee has not, during this certification period, made any alterations, additions or improvements to the leased premises, which would have a net book value of One Million Dollars (\$1,000,000.00) as adjusted for inflation upon the expiration of the Lease in which Lessee intends to include in the termination assets.

Paragraph 3.6. Lessee has not, during the certification period, disposed of any portion of the personal property outside of the ordinary course of business or which was not obsolete, worn out, or incapable of further use.

Article IV. Lessee has, at its own cost and expense, maintained at all times during this certification period, in force and in effect the insurance coverages described in Section

4.2 of the Lease and in accordance with all of the conditions set forth in Sections 4.3 and 4.5 of the Lease.

Lessee has maintained earthquake insurance coverage during the certification period, and intends to maintain earthquake insurance coverage during the forthcoming annual period. Lessee has complied with each of the conditions set forth in Section 4.2 of the Lease during the certification period.

Paragraph 6.1. During this certification period, the basement that housed the Business Office and EVS flooded due to the monsoon that hit the Palm Springs area on September 9, 2017. The area was professionally remediated by a restoration company. After the repair work (totaling \$766,159.85) was completed, air quality testing confirmed the integrity of the environment. It is also worth noting that SCE made a determination to replace all three (3) transformers and the transmission line supplying the Leased Premises. The SCE work was completed on May 19, 2018.

Paragraph 8.1. None of the events of default described in Section 8.1 of the Lease have occurred during the certification period.

Article XI. Lessee, during this certification period, has (i) generated, used, kept or stored any hazardous material on the leased premises in a manner which materially complies with all applicable environmental regulations; (ii) procured, maintained in effect, and materially complied with all conditions and requirements of any and all permits, licenses and other governmental and regulatory approvals or authorizations required under any environmental regulations; (iii) not discovered any material release of hazardous materials which is on or about the leased premises or adjoining property or which is in material violation of environmental regulations; and (iv) not received any notices of violations of environmental regulations or environmental claims other than such notices previously reported to the District.

Paragraph 14.1. Lessee, during this certification period, has made all major decisions regarding the operation of the hospital, without discrimination, against the interest of the community served by the Hospital and that no core service has been established or relocated to John F. Kennedy Memorial Hospital for the purpose of, or with the direct effect of terminating or materially reducing such core service at Desert Regional Medical Center.

Paragraph 14.2. Lessee, during this certification period, has not terminated or materially reduced any core service.

Paragraph 14.3. Lessee, during this certification period, has not assigned all or any part of the Agreement or sublet any space in the Hospital, except as otherwise permitted under Section 14.3 of the Lease.

Paragraph 14.6. Lessee has, during this certification period, used best efforts to maintain continuously any accreditation which may be necessary for Lessee to operate the leased premises as a healthcare facility.

Paragraph 14.7. Lessee has, during this certification period, used best efforts to maintain valid licenses, permits, and other governmental approvals for the leased premises as a healthcare facility.

Paragraph 14.8. Lessee has, during this certification period, used commercially reasonable efforts to maintain (i) certification for participation in the Medicare program (or any successor thereof); (ii) qualification in the MediCal program (or any successor thereto); and (iii) qualification for participation in and payment under third party payor and other governmental payment programs in the manner described in Section 14.8 of the Lease Agreement.

Paragraph 14.9. Lessee, during this certification period, has maintained compliance with Section 32128 of the Health and Safety Code of the State of California, including the self-governance of the Hospital medical staff and the preparation and maintenance of accurate and complete medical records. During the certification period,

- CDPH issued a fine to the Lessee on December 19, 2017. The Lessee appealed the fine on December 27, 2017.
- CDPH issued a fine to the Lessee on April 17, 2018 for a patient care incident that occurred in 2015. The Lessee appealed the fine on May 2, 2018.
- CDPH issued a fine to the Lessee on April 17, 2018 for a patient care incident that occurred in 2015. The Lessee appealed the fine on May 2, 2018.

Section 14.10. Lessee, during this certification period, has maintained the local Governing Board in accordance with Section 14.11 of the Agreement and that the operating guidelines have not been amended without the mutual agreement of the parties to the Lease.

Section 14.11. Lessee, during this certification period, has maintained existing donor identification within the Hospital and generally supported the efforts of the District and others to generate additional donor support for the Hospital.

Section 14.12. Lessee, during this certification period, has not (i) disposed or transferred the leased premises other than in the ordinary course of business or as otherwise permitted by the Agreement; (ii) made any material change in the Hospital Mission Statement; or (iii) made any material change in the Hospital policy regarding charity care, except as to each of the items above, as provided in compliance with the process described in Section 14.14 of the Lease.

## DOCUMENTATION

In compliance with Schedule 14.12 of the Lease, the following documentation is attached as indicated:

- 1) A list of capital expenditures made during the certification period, which have a capitalized cost in excess of One Million Dollars (\$1,000,000.00).
- 2) Certificates of coverage or a summary of all policies in force during the certification period required by the Agreement.
- 3) A utilization report of all core services during this certification period.
- 4) A list of all subtenants and managers with respect to any portion of the Hospital.
- 5) A copy of the most recently issued general acute care license and any other health facility licenses.

## OTHER REPORT

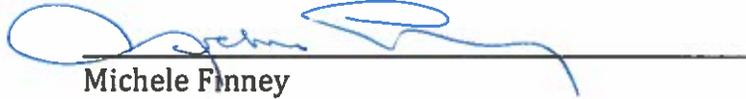
In accordance with Schedule 14.12 of the Lease, upon request by the District, access will be granted to a representative of the District to review a copy of the executive summary of accreditation reports issued by The Joint Commission and other accrediting bodies which have surveyed the Hospital and/or services provided on the Leased Premises. In order to obtain access to review such reports, the District should contact the Chief Executive Officer of the Hospital at 760.323.6774.

**CERTIFICATION OF CHIEF EXECUTIVE OFFICER**

I, Michele Finney, hereby certify that I am the duly appointed Chief Executive Officer of Desert Regional Medical Center, Inc., doing business as Desert Regional Medical Center ("Hospital").

I do hereby certify to the best of my knowledge that the annual report attached hereto is an accurate statement of compliance with that certain lease agreement ("Lease") between the Hospital and Desert Healthcare District.

IN WITNESS WHEREOF, I have executed this certificate this 9 day of August, 2018.



Michele Finney  
President & Chief Executive Officer  
Desert Regional Medical Center

**Desert Regional Medical Center**  
**Utilization of Core Services**

*June 1, 2017 through May 31, 2018*

**Patient Days**

ICU	10,242
Med/Surg	56,115
NICU	6,798
Peds	1,168
OB	7,893
Acute Rehab	2,519
SNF	7,536
<b>Total</b>	<b>92,271</b>

**Surgeries**

Inpatient	5,383
Outpatient	2,731

**ER Visits (Total)** **76,700**

**OP Visits (Referred)** **100,656**

**Capital Expenditures - Approved and in Process/Completed**

Projects in excess of \$1MM:

Duct Cleaning	\$ 1,082,425
Sterile Processing Renovation	\$ 4,398,661
El Mirador Chiller Replacement	\$ 2,669,122
IR Renovation	\$ 1,496,618
ER Expansion	\$ 3,068,261
Isolation Rooms & HVAC Upgrade	\$ 4,159,336
Pharmacy Upgrade	\$ 2,046,272
All other capital expenditures	\$ 7,287,315 *
<b>Total Capital Expenditures</b>	<b><u>\$ 26,208,010</u></b>

\* Includes Elevator S1 & S5 \$ 981,268



# DESERT REGIONAL MEDICAL CENTER

1150 N Indian Canyon Drive  
Palm Springs CA 92262

## **2018 Governing Board Members**

**Christine Anderson, Ed.D.**

**Frederick Axelrod, M.D.**

**Michael Bagheri, M.D.**

**Mitch Blumberg (Chair)**

**Frederick Eko, M.D.**

**Michele Finney, CEO**

**Maria Elena Geyer**

**Shubha Kerkar, M.D. (Vice-Chair)**

**Babak Khazaeni, M.D. (Chief of Staff)**

**Marla Lander, M.D.**

**Lilia Pacini, M.D.**

**Carole Rogers, RN, MPH (DHCD)**

**Elizabeth Romero**

**Scott White (Secretary)**

**Lez Zandle, M.D. (DHCD)**

7/1/2018





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/24/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Arthur J. Gallagher & Co. Insurance Brokers of CA, Inc. LIC #0726293 505 N. Brand Boulevard, Suite 600 Glendale CA 91203	<b>CONTACT NAME:</b> Global Risk Management	
	<b>PHONE (AG No. Ext):</b> 818-539-2300	<b>FAX (AG No.):</b> 818-539-1801
<b>E-MAIL ADDRESS:</b> gtm_certificates@ajg.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Various		
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED** TENEHEA-02  
 Tenet Healthcare Corp.  
 1445 Ross Avenue, Suite 1400  
 Dallas, TX 75202-2703

**COVERAGES**      **CERTIFICATE NUMBER:** 1738973298      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL. SUBR. INSD. WYD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	See Attached	6/1/2018	6/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 coverage is provided for Desert Regional Medical Center, Inc.

<b>CERTIFICATE HOLDER</b>  Desert Regional Medical Center 1150 N. Indian Canyon Way Palm Springs CA 92262 USA	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 

**Tenet Healthcare Corporation  
Workers' Compensation Program**

Layer	Insurance Company	Policy Number	Policy Term	NAIC No.
Work Comp - AOS (AR,CO,CT,DE,GA,HI,IA,ID,IN,KS,MD,MI,MN,MO,MS,MT,NE,NM,NV,NY,OK,OR,RI,SC,SD,TN,TX,WV)	New Hampshire Insurance Company	WC 014590592	06/01/18- 06/01/19	23841
Work Comp - AZ, VA	New Hampshire Insurance Company	WC 014590589	06/01/18- 06/01/19	23841
Work Comp - CA	American Home Assurance Company	WC 014590587	06/01/18- 06/01/19	19380
Work Comp - FL	Illinois National Insurance Company	WC 014590588	06/01/18- 06/01/19	23817
Work Comp - IL,KY,NC,NH,UT,VT	New Hampshire Insurance Company	63724403	06/01/18- 06/01/19	23841
Work Comp -NJ, PA	New Hampshire Insurance Company	63724404	06/01/18- 06/01/19	23841
Work Comp -MA,ND,OH,WA,WI,WY	New Hampshire Insurance Company	63724406	06/01/18- 06/01/19	23841
Work Comp -ME	New Hampshire Insurance Company	63724407	06/01/18- 06/01/19	23841
Excess Work Comp-AL, CA, LA	National Union Fire Insurance Company of Pittsburgh, Pa.	XWC 4595597	06/01/18- 06/01/19	19445
Excess Work Comp - MI (VHS of Michigan, Inc.)	Safety National Casualty Corporation	SP 4058546	09/01/18 - 06/01/19	15105



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
04/06/2018

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

<b>PRODUCER NAME, CONTACT PERSON AND ADDRESS</b> MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104  CN102166225-PROP-18-19		<b>PHONE (A/C No. Ext.)</b> 415-743-8000	<b>COMPANY NAME AND ADDRESS</b> See Additional Page for Participating Carriers	<b>NAIC NO:</b>
<b>FAX (A/C No.):</b>	<b>E-MAIL ADDRESS:</b>	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
<b>CODE:</b>	<b>SUB CODE:</b>	<b>POLICY TYPE</b>		
<b>AGENCY CUSTOMER ID #:</b>		<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> SEE ATTACHED	
<b>NAMED INSURED AND ADDRESS</b> Tenet Healthcare Corporation 1445 Ross Avenue, Ste. 1400 Dallas, TX 75202		<b>EFFECTIVE DATE</b> 04/01/2018	<b>EXPIRATION DATE</b> 04/01/2019	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
<b>ADDITIONAL NAMED INSURED(S)</b>		<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>		

**PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  BUILDING OR  BUSINESS PERSONAL PROPERTY**

LOCATION / DESCRIPTION

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 50,000,000					DED: 1,000,000
		YES	NO	N/A	
<input checked="" type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	X			If YES, LIMIT: 50,000,000 Actual Loss Sustained; # of months:
BLANKET COVERAGE		X			If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE			X		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X		
IS DOMESTIC TERRORISM EXCLUDED?				X	
LIMITED FUNGUS COVERAGE			X		If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		X			
REPLACEMENT COST		X			
AGREED VALUE				X	
COINSURANCE			X		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: Included DED: 100,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT: Included DED: Included
- Demolition Costs		X			If YES, LIMIT: Included DED: Included
- Incr. Cost of Construction		X			If YES, LIMIT: Included DED: included
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: Included DED: Various
FLOOD (If Applicable)		X			If YES, LIMIT: Included DED: 1,000,000
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X		If YES, LIMIT: Included DED: per policy
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X		If YES, LIMIT: Included DED: per policy
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X			

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

<b>ADDITIONAL INTEREST</b> SEA-003117837-07	
<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
<b>LENDER SERVICING AGENT NAME AND ADDRESS</b>  <b>AUTHORIZED REPRESENTATIVE</b> of Marsh Risk & Insurance Services Manashi Mukherjee	
<b>NAME AND ADDRESS</b> Desert Healthcare 1150 N. Indian Canyon Drive Palm Springs, CA 92262	

*Manashi Mukherjee*

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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> MARSH RISK & INSURANCE SERVICES		<b>NAMED INSURED</b> Tenet Healthcare Corporation 1445 Ross Avenue, Ste. 1400 Dallas, TX 75202	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 28 FORM TITLE: Evidence of Commercial Property Insurance**

**Participating Carriers:**

All Risks of Direct Physical Loss or Damage including Earthquake and Flood excluding Boiler & Machinery  
 Policy No.: RTX200124 18  
 Carrier: Interstate Fire & Casualty Company (IFC)  
 Term: 04/01/2018 to 04/01/2019  
 Limit: 10.00% p/o \$50,000,000 Primary

All Risks of Direct Physical Loss or Damage including Earthquake and Flood excluding Boiler & Machinery  
 Policy No.: 1036519  
 Carrier: Factory Mutual Insurance Company  
 Term: 04/01/2018 to 04/01/2019  
 Limit: 25.00% p/o \$50,000,000 Primary

All Risks of Direct Physical Loss or Damage including Earthquake and Flood excluding Boiler & Machinery  
 Policy No.: MJ2-L9L-538729-038  
 Carrier: Liberty Mutual Fire Insurance Company  
 Term: 04/01/2018 to 04/01/2019  
 Limit: 5.00% p/o \$50,000,000 Primary

All Risks of Direct Physical Loss or Damage including Earthquake and Flood excluding Boiler & Machinery  
 Policy No.: ZMD2094278-21  
 Carrier: American Guarantee and Liability Insurance Company  
 Term: 04/01/2018 to 04/01/2019  
 Limit: 7.50% p/o \$50,000,000 Primary

All Risks of Direct Physical Loss or Damage including Earthquake and Flood excluding Boiler & Machinery  
 Policy No.: RP1CF00029-181  
 Carrier: Everest Indemnity Insurance Co.  
 Term: 04/01/2018 to 04/01/2019  
 Limit: 2.50% p/o \$50,000,000 Primary

All Risks of Direct Physical Loss or Damage including Earthquake and Flood excluding Boiler & Machinery  
 Policy No.: BOWPN1800084  
 Carrier: Lexington Insurance Company  
 Term: 04/01/2018 to 04/01/2019  
 Limit: 17.50% p/o \$50,000,000 Primary

All Risks of Direct Physical Loss or Damage including Earthquake and Flood excluding Boiler & Machinery  
 Policy No.: BOWPN1800082  
 Carrier: Lloyds of London-Sompo International (Endurance)  
 Term: 04/01/2018 to 04/01/2019  
 Limit: 10.00% p/o \$50,000,000 Primary



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> MARSH RISK & INSURANCE SERVICES		<b>NAMED INSURED</b> Tenet Healthcare Corporation 1445 Ross Avenue, Ste. 1400 Dallas, TX 75202	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 28 FORM TITLE: Evidence of Commercial Property Insurance**

All Risks of Direct Physical Loss or Damage including Earthquake and Flood excluding Boiler & Machinery  
 Policy No.: P015985007  
 Carrier: Allied World Assurance Company, Ltd (Bermuda)  
 Term: 04/01/2018 to 04/01/2019  
 Limit: 5.00% p/o \$50,000,000 Primary

The (All Risk, Policy Number P015985/007) placement was made by Bowring Marsh (Bermuda). Marsh USA Inc. has only acted in the role of a consultant to the client with respect to this placement, which is indicated here for your convenience

All Risks of Direct Physical Loss or Damage including Earthquake and Flood excluding Boiler & Machinery  
 Policy No.: RMP6023361729  
 Carrier: Continental Casualty Company  
 Term: 04/01/2018 to 04/01/2019  
 Limit: 2.5% p/o \$50,000,000 Primary

All Risks of Direct Physical Loss or Damage including Earthquake and Flood excluding Boiler & Machinery  
 Policy No.: CX D38062141 012  
 Carrier: ACE American Insurance Company  
 Term: 04/01/2018 to 04/01/2019  
 Limit: 6.00% p/o \$50,000,000 Primary

All Risks of Direct Physical Loss or Damage including Earthquake and Flood excluding Boiler & Machinery  
 Policy No.: FA0041795-2018-1  
 Carrier: General Security Indemnity Company of Arizona (SCOR)  
 Term: 04/01/2018 to 04/01/2019  
 Limit: 4.00% p/o \$50,000,000 Primary

All Risks of Direct Physical Loss or Damage including Earthquake and Flood excluding Boiler & Machinery  
 Policy No.: 443078218A  
 Carrier: Ironshore Insurance Ltd. (Bermuda)  
 Term: 04/01/2018 to 04/01/2019  
 Limit: 5.00% p/o \$50,000,000 Primary

The (All Risk, Policy Number 443078218A) placement was made by Bowring Marsh (Bermuda). Marsh USA Inc. has only acted in the role of a consultant to the client with respect to this placement, which is indicated here for your convenience

Boiler & Machinery coverage is provided by Federal Insurance Company., Policy #76417952 - \$50,000,000/Deductible: \$100,000

Earthquake and Flood coverage are subject to an annual aggregate.

**DEDUCTIBLES**

All losses, damages or expenses arising out of any one occurrence shall be adjusted as one loss, and from the amount of such adjusted loss shall be deducted \$1,000,000 Per Occurrence for all locations valued over \$100,000,000 otherwise \$500,000 All Risk



**ADDITIONAL REMARKS SCHEDULE**

AGENCY MARSH RISK & INSURANCE SERVICES		NAMED INSURED Tenet Healthcare Corporation 1445 Ross Avenue, Ste. 1400 Dallas, TX 75202	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 28 FORM TITLE: Evidence of Commercial Property Insurance**

deductible shall apply, except Earthquake, Flood, Named Windstorm, Builders Risk and Inland Transit.

Other deductibles may apply as per policy terms and conditions.

Desert Hospital 1150 N. Indian Canyon Drive Palm Springs, CA 92262 Evidence of Property Insurance

J u l y 3 , 2 0 1 8

Suite #	Tenant	Contact/Phone
Lower Level	<b>COMPREHENSIVE CANCER CENTER RADIATION ONCOLOGY</b> Judy Jackson, M.D. email: <a href="mailto:judy.jackson@tenethealth.com">judy.jackson@tenethealth.com</a> Amir Lavaf, M.D. email: <a href="mailto:amir.lavaf@tenethealth.com">amir.lavaf@tenethealth.com</a>	Carol Harris 416-4770
1 <sup>st</sup> Fl. East	<b>COMPREHENSIVE CANCER CENTER DESERT REGIONAL MEDICAL CENTER REGISTRATION</b>	416-4800
W100	<b>DESERT OPHTHALMOLOGY</b> Wallace Goldban, M.D. email: <a href="mailto:drq@deserteyedoc.com">drq@deserteyedoc.com</a> Lawrence Schwartz, M.D.	Rebecca 320-8497 320-5444 Fax
W110	<b>EL MIRADOR SURGICAL CENTER</b>	David Wiebe 416-4600 416-4668-Fax
W120	<b>PROPERTY MANAGEMENT &amp; LEASING OFFICE</b>	Geoffrey Lowman 416-4500 416-4501-Fax
E130	<b>VISION PROFESSIONALS</b> David V. Leaming, M.D. email: <a href="mailto:eyeopr8@aol.com">eyeopr8@aol.com</a> Robert B. Guss, M.D. email: <a href="mailto:rbguss@aol.com">rbguss@aol.com</a> Steffie Ribeiro, O.D.	Nicole 320-7051 320-7683-Fax
E135	<b>G.I. LAB AT DESERT REGIONAL MEDICAL CENTER</b>	Brenda Monaco 323-6212 323-6422-Fax
E140	<b>EL MIRADOR MEDICAL PLAZA PHARMACY</b>	Ramesh Upadhyayula 323-1001 hos ext: 4231 323-1144-Fax
E150	<b>COMPREHENSIVE CANCER CENTER THE DESERT COMPREHENSIVE BREAST CENTER</b> Janet Ihde, M.D. email: <a href="mailto:jio0713@hotmail.com">jio0713@hotmail.com</a> Laura Lee, M.D. email: <a href="mailto:Laura.Lee@tenethealth.com">Laura.Lee@tenethealth.com</a> Marla Lander, M.D. email: <a href="mailto:marla.lander@tenethealth.com">marla.lander@tenethealth.com</a>	416-4800 416-4715-Fax
E155	<b>EL MIRADOR IMAGING CENTER</b>	778-5925
E155	<b>DESERT PET IMAGING</b>	Cathie 778-5909 778-5929Fax
E160	<b>3T MRI</b>	Patricia Warren 778-5943
W200	<b>INSTITUTE OF CLINICAL ORTHOPEDIC &amp; NEUROSCIENCES (ORTHOPEDIC)</b> Louise A. Stabile, M.D. email: <a href="mailto:Lstabile@totalortho.com">Lstabile@totalortho.com</a> Ramin Pooyan, D.O. email: <a href="mailto:rp094@hotmail.com">rp094@hotmail.com</a> Pedram Navab, D.O. email: <a href="mailto:pedramnavab@gmail.com">pedramnavab@gmail.com</a>	416-4511 416-4512-Fax
W201	<b>INSTITUTE OF CLINICAL ORTHOPEDIC &amp; NEUROSCIENCES (ORTHOPEDIC)</b> Douglas Roger, M.D. email: <a href="mailto:doug.roger@yahoo.com">doug.roger@yahoo.com</a> Thomas P. Barry, M.D. email: <a href="mailto:tpbarry@icloud.com">tpbarry@icloud.com</a> Todd A. Swenning, M.D. email: <a href="mailto:johnnysawbones@yahoo.com">johnnysawbones@yahoo.com</a> Efren F. Wu, M.D. email: <a href="mailto:efrenwumd@gmail.com">efrenwumd@gmail.com</a> Jackson Crough, D.P.M. email: <a href="mailto:jtcrough@gmail.com">jtcrough@gmail.com</a> Ryan Wood, DPM email: <a href="mailto:wood.ryanw@gmail.com">wood.ryanw@gmail.com</a>	416-4511 416-4512-Fax
E205	<b>FIRST CHOICE PHYSICIAN PARTNERS</b> Grace Huang, M.D.	325-1202 864-7105-Fax
W208	<b>ZIAD A. TANNOUS, M.D.</b> Ziad A. Tannous, M.D. email: <a href="mailto:ziad.tannous@tenethealth.com">ziad.tannous@tenethealth.com</a>	Andrew Raei 323-4416 323-2668-Fax

Suite #	Tenant	Contact/Phone
W214	<b>INSTITUTE OF CLINICAL ORTHOPEDICS &amp; NEUROSCIENCES (NEUROSCIENCES)</b> Javed Siddiqi, M.D. email: <a href="mailto:SiddiqiJ@amc.sbccounty.gov">SiddiqiJ@amc.sbccounty.gov</a> Rosalinda Menoni, M.D. email: <a href="mailto:rmenoni@earthlink.net">rmenoni@earthlink.net</a> Thomas P. Barry, M.D. email: <a href="mailto:tobarry@icloud.com">tobarry@icloud.com</a> Blake Berman, D.O. email: <a href="mailto:drbermanb@yahoo.com">drbermanb@yahoo.com</a> Luis T. Arangua, M.D. email: <a href="mailto:Ltarangua@gmail.com">Ltarangua@gmail.com</a> Vladimir Cortez, D.O. email: <a href="mailto:vladimiradnancortez1@gmail.com">vladimiradnancortez1@gmail.com</a> Jerry Noel, D.O. email: <a href="mailto:jn2145@yahoo.com">jn2145@yahoo.com</a> Glenn Fischberg, M.D. email: <a href="mailto:img67@onebox.com">img67@onebox.com</a>	416-4511 416-4574-Fax
1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> Fl.	<b>COMPREHENSIVE CANCER CENTER</b>	
3 <sup>rd</sup> Fl. East	CANCER CENTER ADMINISTRATION	Michael Shear 416-4870 416-4875-Fax
E150	CANCER CENTER FACILITIES COORDINATOR	Daniel Burr 416-4806
E150	<b>SURGICAL ONCOLOGY</b> Janet Ihde, M.D. email: <a href="mailto:Jki0713@hotmail.com">Jki0713@hotmail.com</a>	Sheryll Sese 416-4915 416-4816-Fax
E218	<b>GYNECOLOGIC ONCOLOGY</b> Ernest Han, M.D. Amy Hakim, M.D. email: <a href="mailto:amy.hakim@tenethealth.com">amy.hakim@tenethealth.com</a>	Alma Terraza 416-4832 416-4825-Fax
E218	<b>GYNECOLOGY</b> Ava S. Mahapatra, M.D., FACOG email: <a href="mailto:samahapatra@yahoo.com">samahapatra@yahoo.com</a>	Belinda Orozco 416-4889 416-4799 -Fax
E218	<b>MEDICAL ONCOLOGY/HEMATOLOGY</b> Elber S. Camacho, M.D. email: <a href="mailto:Eiber.camacho@tenethealth.com">Eiber.camacho@tenethealth.com</a>  Nora Bucher, M.D. email: <a href="mailto:nora.bucher@tenethealth.com">nora.bucher@tenethealth.com</a>	Yuvi Cortes 416-4880 416-4875-Fax  Randy Harris 416-4918 416-4817-Fax
	Scott Brook, M.D. email: <a href="mailto:scott_brook@tenethealth.com">scott_brook@tenethealth.com</a>	Kelly Martin 416-4721 416-4903-Fax
	Coty Ho, M.D. email:	Kelly Martin 416-4749 416-4903-Fax
	<b>INFECTIOUS DISEASE</b> Shuba Kerkar, J., M.D. email: <a href="mailto:Shubha.kerkar@tenethealth.com">Shubha.kerkar@tenethealth.com</a> Xolani Mdluli, M.D.	Belinda Orozco 416-4921 416-4922-Fax
E218	<b>PSYCHOLOGICAL/SOCIAL</b> Anita Chatigny, PhD. email: <a href="mailto:anita.chatigny@tenethealth.com">anita.chatigny@tenethealth.com</a>	416-4834
E218	<b>CCC RECEPTION</b>	Norma Stinson 416-4802
E218	<b>CCC TREATMENT AREA (CHEMOTHERAPY)</b>	416-4858
W300	<b>BORREGO HEALTH DESERT OASIS WOMEN'S HEALTH CARE</b> Cyndi Nakhla, M.D. email: <a href="mailto:cnakhla@borregomedical.org">cnakhla@borregomedical.org</a> Ken Clayton, D.O. email: <a href="mailto:kclayton@borregomedical.org">kclayton@borregomedical.org</a> Evan Schwenk, M.D.	Carmen 416-3390 or 416-3770 416-3411-Fax
W303	<b>DESERT NEPHROLOGY</b> David M. Alderman, M.D. email: <a href="mailto:davidalderman@dc.rr.com">davidalderman@dc.rr.com</a> Bryan L. Stone, M.D. email: <a href="mailto:bstone9876@aol.com">bstone9876@aol.com</a> Victor Lamin, M.D. email: <a href="mailto:victor.lamin.md@gmail.com">victor.lamin.md@gmail.com</a>	Sue Shinn 416-4819 416-4829 Fax
W304	<b>COACHELLA VALLEY CARDIOLOGY</b> Ghassan Kazmouz, M.D. email: <a href="mailto:gkazmouz@aol.com">gkazmouz@aol.com</a>	322-9562 320-4226-Fax
	<b>SOUTHERN CALIFORNIA LIVER CENTER</b> Tarek Hassanein, M.D.	416-3090 (Hassanein)

Suite #	Tenant	Contact/Phone
E311	<b>MICHAEL R. GATTO, M.D.</b> Michael R. Gatto, M.D. email: <a href="mailto:mgattomd@mac.com">mgattomd@mac.com</a>	Darlene 323-4735
E315	<b>ADVANCED DERMATOLOGY &amp; SKIN CANCER SPECIALISTS</b> Jesse Mitchell, M.D. email: <a href="mailto:adscstemecula@gmail.com">adscstemecula@gmail.com</a> Alexander Stein, M.D.	Antonieta Ramirez 346-6277 832-6235-Fax
E317	<b>SHAHIN ETEBAR, MD.</b> Shahin Etebar, M.D. email: <a href="mailto:setebar@yahoo.com">setebar@yahoo.com</a> James I. Ausman, M.D. Paul E. Kaloostian, M.D.	Rochelle 346-8058 358-6504-Fax
E318	<b>DESERT HEART INSTITUTE</b> Saied Habibipour, M.D. email: <a href="mailto:shabibipour@yahoo.com">shabibipour@yahoo.com</a> <b>CARDIOTHORACIC PHYSICIAN SPECIALISTS</b> John W. Hengesh, M.D., F.A.C.S. email: <a href="mailto:john.hengesh@tenethealth.com">john.hengesh@tenethealth.com</a> Frank Ercoli, M.D. email: <a href="mailto:frank.ercoli@tenethealth.com">frank.ercoli@tenethealth.com</a>	Sylvia 416-1376 416-1381-Fax
E319	<b>NARASIMHA P. RAO, M.D., INC.</b> Narasimha P. Rao, M.D., F.A.C.C. email: <a href="mailto:heartdocps@yahoo.com">heartdocps@yahoo.com</a> G. Frank Pourzia, M.D., F.A.C.C. Jon R. Sherman, M.D., F.A.C.P., F.A.C.C., F.S.C.A.I.	Aruna Rao 325-1203 322-3276-Fax
E324	<b>DESERT HEARING ASSOCIATES</b>	320-4136 (Alan)
W400	<b>ADVANCED WOUND HEALING CENTER</b>	416-4949
E419	<b>CONTOUR DERMATOLOGY AND COSMETIC SURGERY</b> Timothy Jochen, M.D. email: <a href="mailto:terwin@contourderm.com">terwin@contourderm.com</a>	Lee Erwin 423-4000
E420	<b>DIMPLE AGARWAL, M.D.</b> Dimple Agarwal, M.D. email: <a href="mailto:dagarwal.m.d@outlook.com">dagarwal.m.d@outlook.com</a>	Rhonda 778-7147
E421	<b>FCPP</b> Eric Presser, M.D., F.A.C.S. email: <a href="mailto:Epresser10@gmail.com">Epresser10@gmail.com</a> Christina N. Jenkins, M.D. email: <a href="mailto:cnocjenkins@gmail.com">cnocjenkins@gmail.com</a> Anna Gasparyan, M.D. email: <a href="mailto:annagasparyan@yahoo.com">annagasparyan@yahoo.com</a> Maxim Spekter, D.O. Qing Tian, M.D.	Amy 424-8224 424-8227-Fax
E425	<b>VALLEY UROLOGY MEDICAL GROUP</b> <a href="mailto:valleyurology@yahoo.com">valleyurology@yahoo.com</a> Farsid Mirzaee, M.D. email: <a href="mailto:farshid1m@gmail.com">farshid1m@gmail.com</a> Pedram Ilbeigi, M.D. email: <a href="mailto:ilbeigido@yahoo.com">ilbeigido@yahoo.com</a> <b>PALM VALLEY PAIN MANAGEMENT</b> Merседeh Karimian, M.D. email: <a href="mailto:moigon@aol.com">moigon@aol.com</a> <b>DESERT VALLEY OB/GYN</b> email: <a href="mailto:lilbodon@msn.com">lilbodon@msn.com</a> Lisa M. Bodon, M.D. Bobby Alexander, M.D. <b>TEHRANI PLASTICS</b> Ali Tehrani, M.D.	Denise 346-1133  778-1011 864-7196-Fax

Doctor	Suite #	Phone #
Agarwal, Dimple, M.D. (Internal Medicine)	E420	778-7147
Alderman, David M., M.D. (Nephrology/Internal Medicine)	W303	416-4819
Alexander, Bobby, M.D. (OB/GYN)	E425	323-9309
Arangua, Luis T., M.D. (Neurology)	W214	416-4511
Ausman, James I., M.D. (Neurological Surgery)	E317	346-8058
Barry, Thomas P., M.D. (Orthopedic)	W201	416-4511
Berman, Blake, D.O. (Neurosciences)	W214	416-4511
Bodon, Lisa M. (OB/GYN)	E425	323-9309
Brook, Scott, M.D. (Medical Oncology)	E218	416-4721
Bucher, Nora, M.D. (Oncology)	E218	416-4918
Camacho, Elber S., M.D. (Medical Oncology/Hematology)	E218	416-4880
Chatigny, Anita, PhD. (Psychology/Social Services)	E218	416-4834
Clayton, Ken, D.O. (OB/GYN)	W300	416-3390
Cortez, Vladimir, D.O. (Neurology)	W214	416-4511
Crough, Jackson, D.P.M. (Podiatry)	W201	416-4511
Ercoli, Frank, M.D. (Trauma)	E318	416-1376
Etebar, Shahin, M.D. (Neurological Surgery)	E317	346-8058
Fischberg, Glenn, M.D. (Neurosciences)	W214	416-4511
Gasparyan, Anna, M.D. (Surgery)	E421	424-8224
Gatto, Michael R., M.D. (Ear, Nose and Throat)	E311	323-4735
Goldban, Wallace, M.D. (Ophthalmology)	W100	320-8497
Guss, Robert B., M.D. (Ophthalmology)	E130	320-7051
Habibipour, Saied, M.D. (Cardiothoracic)	E318	416-1376
Hakim, Amy, M.D. (Gynecologic Oncology)	E218	416-4832
Han, Ernest, M.D. (Gynecologic Oncology)	E218	416-4832
Hassanein, Tarek, M.D. F.A.C.S. (Hepatology)	W304	320-9004
Hengesh, John W., M.D. (Cardiothoracic)	E318	416-1376
Ho, Coty, M.D. (Oncology)	E218	416-4749
Huang, Grace, M.D. (General Physician)	E205	325-1202
Ihde, Janet, M.D. (Desert Comprehensive Breast Center)	E150	416-4915
Ilbeigi, Pedram, M.D. (Urology)	E425	346-1133
Jackson, Judy, M.D. (Radiation Oncology)	P2	416-4770
Jenkins, Christina N., M.D. (Colon and Rectal Surgery)	421	424-8224
Jochen, Timothy, M.D. (Dermatology)	E419	416-6971
Kaloostian, Paul E., M.D. (Neurological Surgery)	E317	346-8058
Karimian, Mersedeh, M.D. (Urology)	E425	346-1133
Kazmouz, Ghassan, M.D. (Cardiology)	W304	322-9562
Kerker, Shubha J., M.D. (Infectious Disease)	E218	416-4921
Lamin, Victor, M.D. (Nephrology)	W303	416-4819
Lander, Marla, M.D. (Desert Breast Center)	E150	416-4700
Lavaf, Amir, M.D. (Radiation Oncology)	P2	416-4770
Learning, David V., M.D. (Ophthalmology)	E130	320-7051
Lee, Laura, M.D. (Desert Comprehensive Breast Center)	E150	416-4888
Mahapatra, Ava S., M.D., F.A.C.O.G. (OB/GYN)	E218	416-4889
Mdluli, Xolani P., M.D. (Oncology)	E218	416-4833
Menoni, Rosalinda, M.D. (Neurosciences)	W214	416-4511
Mirzaee, Farsid M.D. (Urology)	E425	346-1133
Mitchell, Jesse, M.D. (Dermatology)	E315	832-6277
Nakhla, Cyndi, M.D. (OB/GYN)	W300	416-3390
Navab, Pedram, D.O. (Orthopedic)	W200	416-4511
Noel, Jerry, D.O. (Neurosciences)	W214	416-4511
Pooyan, Ramin, D.O. (Orthopedic)	W200	416-4511
Pourzia, G. Frank (Cardiology)	E319	325-1203
Presser, Eric, M.D., F.A.C.S. (Surgical)	E421	424-8224
Rao, Narasimha P., M.D. (Cardiology)	E319	325-1203
Ribeiro, Stefie, O.D. (Ophthalmology)	E130	320-7051
Roger, Douglas, M.D. (Orthopedic)	W201	416-4511
Schwartz, Lawrence (Ophthalmology)	W100	320-8497
Schwenk, Evan, M.D. (OB/GYN)	W300	416-3390
Sherman, Jon R., M.D., F.A.C.P., F.A.C.C., F.S.C.A.I. (Cardiology)	E319	325-1203
Siddiqi, Javed, M.D. (Neurosciences)	W214	416-4511
Stabile, Louis A., M.D. (Orthopedic)	W200	416-4511
Stein, Alexander, M.D. (Dermatology)	E315	832-6277
Stone, Bryan L., M.D. (Nephrology/Internal Medicine)	W303	416-4819
Spekter, Maxim, D.O. (Surgical)	E421	424-8224
Swenning, Todd A., M.D. (Orthopedic)	W201	416-4511
Tannous, Ziad A., M.D. (Internal Medicine)	W208	323-3711
Tehrani, Ali, M.D. (Plastic Surgery)	E425	346-1133
Tian, Qing, M.D. (Surgical)	E421	424-8224
Wood, Ryan, DPM (Orthopedic)	W200	416-4511
Woodhall, Katrina, M.D. (Dermatology)	E315	832-6277
Wu, Efen F., M.D. (Orthopedic)	W201	416-4511

# State of California

## Department of Public Health

In accordance with applicable provisions of the Health and Safety Code of California and its rules and regulations, the Department of Public Health hereby issues

**this License to**

**Desert Regional Medical Center, Inc.**

to operate and maintain the following **General Acute Care Hospital**

### DESERT REGIONAL MEDICAL CENTER

1150 N Indian Canyon Dr  
Palm Springs, CA 92262-4872

#### Bed Classifications/Services

- 353 General Acute Care
- 30 Intensive Care Newborn Nursery
- 28 Perinatal
- 23 Intensive Care
- 14 Pediatric
- 12 Rehabilitation
- 8 Coronary Care
- 238 Unspecified General Acute Care
- 32 Skilled Nursing (D/P)

#### Other Approved Services

- Acute Respiratory Care Service
- Audiology
- Cardiac Catheterization Laboratory Services
- Cardiovascular Surgery
- Comprehensive Emergency Medical Services
- Mobile Unit - Lithotripsy
- Nuclear Medicine
- Occupational Therapy
- Outpatient Clinics - Multispecialty Clinic - Diabetes and Gastroenterology at Stargios
- Multi-Specialty Clinic at DRMC, 1140 N. Indian Canyon Drive, Suite #100, Palm Springs
- Outpatient Clinic - Wound Care Clinic at DRMC Advanced Wound Healing Center, 1180 N. Indian Canyon Dr., Suite 400, Palm Springs
- Outpatient Services - Bariatric Clinic at Desert Regional Bariatric Specialists, 1140 North Indian Canyon Drive, Suite #120, Palm Springs
- Outpatient Services - Cancer Center at Comprehensive Cancer Center, 47-647 Galeo Bay Drive, Suite #260, La Quinta
- Outpatient Services - Cancer Treatment Center at 1180 N. Indian Canyon Drive, Palm Springs

(Additional Information Listed on License Addendum)

Refer Complaints regarding these facilities to: The California Department of Public Health, Licensing and Certification, Riverside District Office, 625 E. Carnegie Drive, Suite 280, San Bernardino, CA 92408, (909)388-7170

POST IN A PROMINENT PLACE

State of California  
Department of Public Health  
License Addendum

License: 250000139  
Effective: 11/01/2017  
Expires: 10/31/2018  
Licensed Capacity: 385

DESERT REGIONAL MEDICAL CENTER (Continued)

1150 N Indian Canyon Dr  
Palm Springs, CA 92262-4872



Other Approved Services (cont'd)

- Outpatient Services - Diagnostic Imaging Center at La Quinta Imaging Center, 47647 Caleo Bay, Ste.#100, La Quinta
- Outpatient Services - GI Lab at 1180 N. Indian Canyon Drive, Palm Springs
- Outpatient Services - Maternity
- Outpatient Services - Orthopedic Clinic at Institute of Clinical Orthopedic Neurosciences, 1180 N. Indian Canyon Drive, Palm Springs
- Outpatient Services - Orthopedics Clinic at Institute of Clinical Orthopedic Neurosciences, 47647 Caleo Bay, Suite #100, La Quinta
- Outpatient Services - Rehab Center at El Mirage Rehab Center, 1180 N. Indian Canyon Dr., Palm Springs
- Outpatient Services - Wound Care Clinic at DRMC Advanced Wound-Healing Center, 47647 Caleo Bay, Suite 110, La Quinta
- Outpatient Services - X-Ray at 1180 N. Indian Canyon Drive, Palm Springs
- Physical Therapy
- Podiatry Service
- Radiation Therapy
- Respiratory Care Services
- Social Services

This LICENSE is not transferable and is granted solely upon the following conditions, limitations and comments:  
Facility approved to reclass 16 Tele/Med beds to 16 Progressive Care Unit/Step down beds bringing total PCU beds from 15 to 31.

Karen L. Smith, MD, MPH

Director and State Public Health Officer

Stephanie Devlin, Manager

Refer Complaints regarding these facilities to: The California Department of Public Health, Licensing and Certification, Riverside District Office, 625 E. Carnegie Drive, Suite 280, San Bernardino, CA 92408, (909)388-7170

POST IN A PROMINENT PLACE

July 14, 2017

Michele Finney, MBA  
Interim CEO  
Desert Regional Medical Center INC  
1150 North Indian Canyon Drive  
Palm Springs, CA 92262

Joint Commission ID #: 10009  
Program: Hospital Accreditation  
Accreditation Activity: Unannounced  
Medicare Deficiency Survey  
Accreditation Activity Completed: 07/10/2017

Dear Ms. Finney:

The Joint Commission is granting your organization an accreditation decision of Accreditation with Follow-up Survey for all services surveyed under the applicable manual(s) noted below:

- **Comprehensive Accreditation Manual for Hospitals**

This accreditation cycle is effective beginning May 27, 2017 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Please be advised that this accreditation decision may be shared with appropriate state or regional regulatory agencies and will be reflected on Quality Check on our website: [www.jointcommission.org](http://www.jointcommission.org).

Sincerely,



Mark G. Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations



Date: September 25, 2018  
To: Board of Directors  
Subject: Desert Regional Medical Center – Seismic Update

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**Background:**

- **Phase 0** – Simpson Gumpertz & Heger (SGH) is to review documents and the hospital facility to perform high-level evaluations of buildings and to bring to the Board a presentation of high level estimates of potential construction and design fees. Phase 0 is complete.
- **Phase 1** – SGH is to develop actionable structural and non-structural retrofit strategies with rough order of magnitude costs, scheduling, etc.
- Mr. Kevin Moore, from SGH, will present the Phase 0 Report at the September 25<sup>th</sup> Board of Directors meeting.
  - The high-level assessment will be provided including details of the assessment.
  - The range of estimated cost from the Phase 0 (high-level evaluation) report is \$84M-\$141M.
- Phase 1 is in process with estimated completion December 2018. Mr. Moore will provide an update on the status.



1 September 2018

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

Project 187112 – Seismic Evaluation Services, Desert Regional Medical Center, Phase 0,  
Palm Springs, CA

Dear Mr. Christensen:

## 1. BACKGROUND

The Desert Healthcare District (DHD) commissioned Simpson Gumpertz & Heger Inc. (SGH) to evaluate the Desert Regional Medical Center (DRMC) to gain a more detailed understanding of potential design and construction work associated with attaining compliance with the Alquist Hospital Seismic Safety Act (AHSSA, aka SB 1953).

The DRMC comprises twenty independent buildings with approximately 600,000 sq ft of occupiable space. Seventeen of the twenty buildings were designed and constructed under a permit let by the California State Office of Statewide Health Planning and Development (OSHPD), which typically minimizes the need for seismic retrofit construction. However, these “compliant” buildings require engineering consulting to confirm compliance with nonstructural seismic performance regulations. Phase 0 comprises efforts that will define a scope of work, schedule and fee for Phase 1. This report presents the work completed under Phase 0 of the proposed evaluation.

## 2. DATA GATHERING AND SITE VISIT

On 4 May 2017 Mr. Kevin S. Moore of SGH met with Mr. John T. Greenwood of Prest Vuksic Architects and on 8 May 2017 Mr. Kevin S. Moore and Mr. Michael Falcone of SGH met with Mr. John T. Greenwood and Mr. Christopher Mills of Prest Vuksic Architects.

Prior to our visit, Mr. John T. Greenwood provided the following construction drawings:

- Architectural, Electrical, HVAC, Plumbing and Structural drawings for the General Hospital Building dated 24 May 1950.
- Architectural, Electrical, HVAC, Plumbing and Structural drawings for Alterations & Additions to the Desert Hospital dated 5 March 1956.
- Architectural and Structural drawings for Alterations & Additions to the Desert Hospital dated 1 August 1962.

- Architectural, Electrical, Mechanical, Plumbing and Structural drawings for A-B-C Wings Remodel dated 10 February 1971.
- Electrical, Mechanical, Plumbing and Structural drawings for Desert Hospital dated February 1967 (East Tower drawings).
- Architectural, Electrical, Mechanical, Plumbing and Structural drawings for Desert Hospital Phase I Expansion dated 24 July 1991 (Women and Infants drawings).
- Architectural, Civil, Electrical, Mechanical, Plumbing and Structural drawings for Additions & Alterations to Desert Hospital Diagnostic & Treatment Center dated March 1971 (North Wing drawings).
- Architectural, Electrical, Mechanical, Plumbing and Structural drawings for Central Power Plant for Desert Hospital dated 30 October 1974.
- Architectural, Electrical, Mechanical, Plumbing and Structural drawings for Desert Hospital – Palm Springs Phase 1 Addition ‘Revised’ dated 4 February 1977.

During the 8 May meeting with Mr. John T. Greenwood and Mr. Christopher Mills of Prest Vuksic Architects, Mr. Mills described a number of remodel and construction projects that altered various spaces throughout the medical center. Mr. Moore visited the medical center on 4 May 2018 and Mr. Moore and Mr. Falcone visited the site on 8 May 2018.

### **3. DISCUSSION**

The Alquist Hospital Seismic Safety Act (AHSSA aka SB1953) was established in 1995 in response to unexpected poor seismic performance of hospitals during the 1994 Northridge earthquake. The AHSSA requires that all General Acute Care (GAC) hospital buildings comply with certain building code regulations by 1 January 2030. This requirement is intended to provide higher confidence that a building will retain a high level of functional recovery following a major earthquake. The 1995 California Building Code, Title 24 (CBC), with a few specific modifications, was designated the target building code regulations for attaining acceptable performance. Specific Structural Performance Category (SPC) and Nonstructural Performance Category (NPC) definitions primarily establish a common vocabulary for stakeholders, design professionals, contractors and the California Office of Statewide Health Planning and Development (OSHPD).

The original AHSSA regulations require buildings rated SPC 2 or NPC 2 comply with SPC 5 and NPC 4 by 1 January 2030. Because of the compliance timelines associated with the AHSSA, SPC 1 buildings and NPC 1 buildings are currently not a concern at many medical centers in California, including the DRMC, which does not have any SPC 1 or NPC 1 buildings. Because SPC 1 and NPC 1 are not applicable to our evaluation we will omit their discussion in this report for convenience. SPC 2 through SPC 4 and NPC 2 through NPC 4 are performance categories applicable to the DRMC. We generally characterize SPC and NPC below.

### 3.1 Structural Performance Category (SPC)

- SPC 2:** Buildings NOT in compliance with the AHSSA  
May not be repairable or functional following strong ground motion  
Must be removed from General Acute Care service by 1/1/2030  
Designed and/or built prior to 1973
- SPC 3:** Certain Steel Moment Frame buildings in compliance with the AHSSA  
May not be repairable or functional following strong ground motion  
Steel moment frames did not behave as expected in Northridge EQ; this category is used by OSHPD in anticipation of greater damage related to intense ground motion  
May be used beyond 1 January 2030  
Designed/Permitted after 1973 and approved/inspected by OSHPD
- SPC 4:** Buildings in compliance with the AHSSA  
May experience structural damage that could disrupt services in strong ground motion  
May be used beyond 1 January 2030  
Designed/Permitted after 1973 and approved/inspected by OSHPD
- SPC 5:** Buildings in compliance with the AHSSA  
Expected to be reasonably capable of continued operation in strong ground motion  
May be used beyond 1 January 2030  
Designed/Permitted after 1995 and approved/inspected by OSHPD

### 3.2 Nonstructural Performance Category (NPC)

- NPC 2:** Buildings compliant with NPC 1, but not compliant with NPC 3
- NPC 3:** Buildings with utility systems (plumbing lines, mechanical units, electrical conduit, etc.), architectural elements and fixed furniture and equipment (file cabinets, refrigerators, etc.) that is compliant with the 1995 CBC in defined Critical Care Areas
- NPC 4:** Buildings with utility systems (plumbing lines, mechanical units, electrical conduit, etc.), architectural elements and fixed furniture and equipment (file cabinets, refrigerators, etc.) that is compliant with the 1995 CBC throughout the GAC building
- NPC 5:** Presence of infrastructure that provides for the ability to operate independently for 72 hours. Specifically, fuel storage for emergency generators and boilers, storage for potable water and containment/management of sanitary waste on site.

Recent regulation changes provide new SPC and NPC ratings (SPC 4D and NPC 4D) that are intended to generally achieve the performance goals of the AHSSA while minimizing the level of retrofit construction required to achieve compliance with regulations before 1 January 2030. Because of the focused nature of these new categories, it is likely that any noncompliant building at DRMC will be evaluated for achieving SPC 4D or NPC 4D as appropriate. Scope and costs will be further refined in Phase 1 for SPC 4D and NPC 4D when appropriate. A description for SPC 4D and NPC 4D are provided below.

**SPC 4D:** Buildings in compliance with 1980 CBC or retrofit to “damage control” per ASCE 41  
 May experience structural damage that could disrupt services in strong ground motion  
 May be used beyond 1 January 2030  
 Analysis/Retrofit to SPC 4D approved/inspected by OSHPD

**NPC 4D:** Buildings with utility systems (plumbing lines, mechanical units, electrical conduit, etc.), architectural elements and fixed furniture and equipment (file cabinets, refrigerators, etc.) that is compliant with the 1995 CBC in defined critical care spaces and utility systems, architectural elements and fixed furniture and equipment in patient care spaces compliant with the CBC. The medical center must file an action plan with OSHPD for bringing all unanchored/unbraced equipment and systems back online, or to provide them in an alternative manner, after a seismic event.

**3.3 Existing Buildings**

The DRMC comprises 20 structurally separated buildings (listed below). The SPC/NPC ratings, posted by OSHPD and listed below, are confirmed per our review of the documents listed above.

Building Number	Building Name	SPC	NPC
BLD-01393	Main Hospital & Additions	2	2
BLD-01395	Woman & Infants Hospital	3	2
BLD-01396	North Wing	2	2
BLD-01397	Central Plant	4	2
BLD-01398	Shipping/Receiving	4	2
BLD-01399	Surgery Wing	4	2
BLD-01400	West Tower	3	2
BLD-01401	Lobby	3	2
BLD-01402	Admitting	4	2
BLD-01403	Elevator Tower	4	2
BLD-01404	Dinah Shore Waiting Area	3	2
BLD-02932	East Tower	2	2
BLD-03720	West Tower Corridor 1	3	2
BLD-03721	West Tower Corridor 2	3	2
BLD-03722	West Tower Corridor 3	3	2
BLD-03723	West Tower Corridor 4	3	2
BLD-03725	West Tower Corridor 5	3	2
BLD-03741	Medical Records Building	3	2
BLD-03764	Elevator Tower Corridor 1	3	2
BLD-03765	Elevator Tower Corridor 2	3	2

Buildings rated SPC 3, SPC 4 or SPC 5 may continue to function as a GAC beyond 1 January 2030 without retrofit or analytical validation. Buildings rated SPC 2 must be analyzed and or retrofit to confirm compliance with SPC 4D before 1 January 2030.

### **3.4 Structural Evaluation for SPC 4D**

The DRMC has 3 buildings that require analysis and may potentially require seismic retrofit to achieve SPC 4D.

The Main Hospital & Additions is considered a single building comprising one-story steel reinforced concrete walls, with a reinforced concrete roof slab. This building can be evaluated per ASCE 41 for compliance with the “damage control” performance target for the design basis earthquake using linear elastic procedures.

The North Wing is a steel reinforced concrete and concrete masonry unit (CMU) wall building with a reinforced concrete roof slab. This building can be evaluated per ASCE 41 for compliance with the “damage control” performance target for the design basis earthquake using linear elastic procedures.

The East Tower is a three-story pre-Northridge steel special moment frame (SMF) building, with reinforced concrete floor and roof slabs, elevated on structural steel columns over a one-story building below. The structural steel columns are founded on reinforced concrete spread footings. This building can be evaluated per ASCE 41 for compliance with the “damage control” performance target for the design basis earthquake using linear elastic procedures.

The structural evaluation of the Main Hospital & Additions, North Wing and East Tower will likely comprise linear elastic static or dynamic analyses at the Tier 3 level. The evaluation should provide clear identification of deficiencies requiring mitigation, informing conceptual retrofit schemes adequate for cost estimating. Potential retrofit schemes for the East Tower will likely comprise elements that add both stiffness and strength to the structural system in an effort to protect the potentially brittle steel moment frame connections. Localized strengthening of frame connections may be an option.

### **3.5 Nonstructural Evaluation for NPC 4D**

Buildings rated NPC 2 must be evaluated and modified (if required) to comply with NPC 4D before 1 January 2030 (ignoring a number of variations associated with milestone extensions not applicable to the DRMC). Because the DRMC is operating under an NPC extension as allowed by the California Administrative Code, a full nonstructural evaluation for NPC 2 buildings is required by 1 January 2024. The nonstructural evaluation must also consider elements required to achieve NPC 5. By 1 January 2026, the DRMC must submit a complete set of construction documents to bring the NPC 2 building into compliance with NPC 5. A building permit for the nonstructural retrofit project must be received by 1 January 2028, with the construction work completed by 1 January 2030.

All twenty buildings will require a detailed nonstructural evaluation and retrofit of some type to achieve NPC 4D. At this point in time, we assume that necessary infrastructure to achieve NPC 5 will be required as a separate construction project and will be assigned a placeholder cost in Phase 0.

### **3.6 Cost Models**

The existing buildings comprise approximately 600,000 sq ft. of occupiable space. Using an estimate of space for each building, we apply an estimate of cost for construction associated with

typical retrofit work that may be needed to bring the building into compliance with SPC 4D, NPC 4D or both, as applicable. Because we do not know the existence or condition of any NPC 4 infrastructure, we present a placeholder range of cost for constructing NPC 5 infrastructure.

At this point in time, we do not know the actual affected square feet of specific areas that will require nonstructural modification. Many areas, throughout the medical center, have been remodeled. Depending on the scope of work and year completed, we anticipate that a number of these areas will require minimal nonstructural mitigation to achieve NPC 4D. Furthermore, the areas affected by NPC 4D do not comprise the entire GAC space. Our initial cost model applies a cost per square foot to the estimated affected area of a specific building. Refining affected area data and associated nonstructural mitigation costs is a primary task for Phase 1.

SPC 4D retrofit costs are applied to each of three buildings, without regard to specific retrofit scope. At this point in time, we use a typical retrofit cost on a dollar per square foot basis, applied to the total estimated area of the building. This type of cost model will typically result in a conservative estimate of structural mitigation cost for the specific building, but is reasonable given the limited amount of data developed at this point in the study.

A summary of our cost model results (based construction cost only) is provided below.

Building Name	Rough Estimate of Affected Area	NPC 4D Cost Estimate (Low)	NPC 4D \$/SF Estimate (Low)	NPC 4D Cost Estimate (High)	NPC 4D \$/SF Estimate (High)
<b>Total Medical Center</b>	<b>600,000</b>	<b>\$66,696,849</b>	<b>\$111.2</b>	<b>\$111,161,415</b>	<b>\$185.3</b>
Main Hospital & Additions	160,000	\$28,185,120	\$176.2	\$46,975,200	\$293.6
Woman & Infants Hospital	100,000	\$2,856,600	\$28.6	\$4,761,000	\$47.6
North Wing	18,000	\$3,170,826	\$176.2	\$5,284,710	\$293.6
Central Plant	35,000	\$3,388,245	\$96.8	\$5,647,075	\$161.3
Shipping/Receiving	15,000	\$1,452,105	\$96.8	\$2,420,175	\$161.3
Surgery Wing	50,000	\$4,840,350	\$96.8	\$8,067,250	\$161.3
West Tower	130,000	\$12,584,910	\$96.8	\$20,974,850	\$161.3
Lobby	6,000	\$171,396	\$28.6	\$285,660	\$47.6
Admitting	6,000	\$580,842	\$96.8	\$968,070	\$161.3
Elevator Tower	7,000	\$677,649	\$96.8	\$1,129,415	\$161.3
Dinah Shore Waiting Area	5,000	\$880,785	\$176.2	\$1,467,975	\$293.6
East Tower	35,000	\$6,165,495	\$176.2	\$10,275,825	\$293.6
West Tower Corridor 1	3,000	\$290,421	\$96.8	\$484,035	\$161.3
West Tower Corridor 2	2,000	\$193,614	\$96.8	\$322,690	\$161.3
West Tower Corridor 3	2,000	\$193,614	\$96.8	\$322,690	\$161.3
West Tower Corridor 4	2,000	\$193,614	\$96.8	\$322,690	\$161.3
West Tower Corridor 5	2,000	\$193,614	\$96.8	\$322,690	\$161.3
Medical Records Building	3,000	\$290,421	\$96.8	\$484,035	\$161.3
Elevator Tower Corridor 1	2,000	\$193,614	\$96.8	\$322,690	\$161.3
Elevator Tower Corridor 2	2,000	\$193,614	\$96.8	\$322,690	\$161.3

Building Name	Rough Estimate of Affected Area	SPC 4D Cost Estimate (Low)	SPC 4D \$/SF Estimate (Low)	SPC 4D Cost Estimate (High)	SPC 4D \$/SF Estimate (High)
<b>Total Medical Center</b>	<b>228,000</b>	<b>\$16,400,000</b>	<b>\$72</b>	<b>\$27,800,000</b>	<b>\$122</b>
Main Hospital & Additions	160,000	\$8,000,000	\$50	\$16,000,000	\$100
Woman & Infants Hospital	-				
North Wing	18,000	\$900,000	\$50	\$1,800,000	\$100
Central Plant	-				
Shipping/Receiving	-				
Surgery Wing	-				
West Tower	-				
Lobby	-				
Admitting	-				
Elevator Tower	-				
Dinah Shore Waiting Area	-				
East Tower	50,000	\$7,500,000	\$150	\$10,000,000	\$200
West Tower Corridor 1	-				
West Tower Corridor 2	-				
West Tower Corridor 3	-				
West Tower Corridor 4	-				
West Tower Corridor 5	-				
Medical Records Building	-				
Elevator Tower Corridor 1	-				
Elevator Tower Corridor 2	-				

At this stage of our evaluation, we recommend considering that costs associated with bringing all twenty buildings at the DRMC into compliance with the AHSSA, including construction of NPC 5 infrastructure, could range from \$84M to \$141M.

**4. PHASE 1 CONSULTING SCOPE OF WORK AND ESTIMATED FEE**

Our work in Phase 0 established an appropriate level of understanding related to existing building documentation and unknown conditions that will require further study and/or field work to better define scopes of work for each building at the DRMC. Phase 1 will comprise scopes of work that will result in actionable retrofit strategies for three SPC 2 buildings, including anticipated construction costs for the identified retrofit strategies. Phase 1 will also produce rough order of magnitude costs and execution strategy for construction projects that will bring all twenty buildings into compliance with the AHSSA (SPC 4D).

To further clarify the potential work associated with SPC 2 buildings, we will perform deficiency only structural seismic evaluations using ASCE 41-17, Damage Control performance level, linear elastic or linear dynamic analysis methods using USGS based design seismic design factors. These analyses will identify specific structural deficiencies and provide data that will help us develop conceptual retrofit solutions and associated cost estimates. While the East Tower may

benefit from more advanced analysis, we will use consistent analytical methodologies for all three buildings for this evaluation, establishing a consistent level of uncertainty regarding the retrofit strategy and the associated construction costs.

Our work related to nonstructural compliance will be limited to the general illustration of potential scopes of work given existing conditions in each building. The general character of work will be established by the original construction date, modified by remodel projects completed after 1973. A graphical representation, linked to cost models, will define anticipated work and general construction costs associated with obtaining NPC 4D compliance.

SGH will work with Prest to complete the graphical representation of nonstructural scopes of work applicable to each building. SGH will work with Swinerton to define the scopes of work that they will use in developing construction cost estimates. The final deliverable will comprise a report and presentation materials that include graphic representation of affected areas for each of twenty buildings and related construction cost estimates.

Sincerely yours,



Kevin S. Moore, S.E.  
Senior Principal  
CA License No. 4528

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Date: September 25, 2018

To: Board of Directors

Subject: Desert Healthcare District – CEO Recruitment Timeline and Process

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**Staff Recommendation:** Consideration to approve a timeline and process for recruitment of a new CEO of the Desert Healthcare District.

**Background:**

- The District is currently working under an Interim CEO since the end of June 2018.
- The current Staff continues to work on multiple tasks:
  - Strategic Plan - Several initiatives and priorities under the comprehensive 3-year strategic plan adopted in 2017, including Homelessness & Behavioral Health.
  - Re-zoning – The District recently completed an extensive and comprehensive process of public hearings and Board meetings to create 5 voting zones. Zones 2 and 4 for the November election.
  - Measure BB – At the culmination of countless hours and effort by Board, Staff, and community members and organizations, Measure BB (the Eastern Valley expansion initiative) will be on the November ballot.
  - Future hospital planning – Future planning continues with comprehensive seismic and fair market value assessments underway.
  - Future healthcare programs and services for a potential expanded district – including development of a new expanded grant program.
- A new Board of Directors (possibly 7 members, should Measure BB pass in the November 2018 election) will be seated by January 2019.
- A recruitment process, to include an executive recruitment firm, shall be set in process.
- A proposed CEO recruitment timeline and process is included in the packet for review.
- Staff recommends approval of the proposed timeline and process.

**Fiscal Impact:**

Estimated \$25,000-\$30,000 expense for executive recruitment firm.

**DESERT HEALTHCARE DISTRICT  
TIMELINE AND PROCESS FOR RECRUITING THE DISTRICT'S NEW CEO**

The following is a calendar that describes the process for recruiting the next CEO of the Desert Healthcare District:

**January 2019**

**EXECUTIVE RECRUITMENT FIRM SELECTION & CEO  
RECRUITMENT AD HOC COMMITTEE CREATION**

The Board will select an executive recruitment firm to begin the recruitment process. With the new Board of Directors seated following the election and possible appointment of two new Board members, a CEO Recruitment Ad Hoc committee will be created.

**February-March  
2019**

**RECRUITING PROCESS**

The CEO Recruitment Ad Hoc Committee, in conjunction with the recruitment firm, will conduct an extensive candidate search to bring 3 qualified candidates before the Board for review. Candidate interviews and background checks will be completed.

**March 2019**

**NEW CEO HIRED AND INTRODUCED**

The District's new CEO will be hired and introduced at the March 2019 Board of Director's meeting.



Date: September 25, 2018

To: Board of Directors

Subject: Board of Directors Meeting Schedule – Time Change from 6:00pm to 4:00pm.

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**Staff recommendation:** Consideration to approve the revised Board of Director’s meeting time to 4:00pm.

**Background:**

- At the February 27, 2018 Board of Directors meeting, the District’s Bylaws were amended to revise the Board meeting time to 6:00 pm. Prior time was 2:00 pm.
- The meeting time was adjusted to include evenings to accommodate public forums during the Measure BB (district boundary expansion initiative) process and the process of changing director elections from At-Large to 5-Zones.
- Following the November election, Staff proposes revising the meeting time to 4:00pm.
- Advantages:
  - Other than the Public Hearings, regular Board meetings were not attended as well as expected. This may be attributed to meeting time coinciding with dinner, time spent with family, or other commitments.
  - Meetings will end approximately 6:00-7:00pm versus 8:00-9:00pm with the 6:00pm meetings, allowing attendees to share dinner and time with families.
  - Most of the preliminary agenda items will be estimated to complete during the 4:00pm hour, leaving more of the core agenda items beginning around 5:00pm for those unable to attend at 4:00pm.
- Staff requests consideration for approval to revise the standard Board meeting time to 4:00pm on the 4<sup>th</sup> Tuesday of the month beginning November 2018.
- If approved, Staff will bring amended Bylaws to the October Board meeting for approval.

**Fiscal Impact:**

None



Date: September 25, 2018  
To: Board of Directors  
Subject: Communications and Marketing Plan

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**Staff recommendation:** Consideration to approve a Communications and Marketing Plan for the Desert Healthcare District/Foundation

**Background:**

To help fulfill their mission and vision, the Desert Healthcare District and Desert Healthcare Foundation require excellent communications. An essential tool toward that objective is a comprehensive Communications and Marketing Plan, to employ proactive and strategic communications to ensure that Coachella Valley residents and stakeholders are informed and involved in their health and wellness.

**Objectives:**

- Implement District/Foundation Strategic Plan priorities.
- Engage with residents and strengthen community partnerships through various media, advertising and event-oriented platforms.
- Increase the visibility of the District/Foundation to raise awareness about its purpose, service and history.
- Ensure that residents gain understanding of the District/Foundation's programs, services and initiatives.
- Change perceptions about health and wellness programs, services and policies, as needed.
- Position the organization as a health and wellness leader in the region through communications and marketing projects that build toward that goal.

**Key Projects & Outcomes (12- to 18-Month Commitment):**

Excellent communication is an ongoing commitment, practice and goal that involves the entire staff and Board of Directors of the District/Foundation — broadly ranging from a brand-affirming email signature to active participation and representation at community events. It consists of building relationships with print and broadcast media and stakeholders through consistent Constant Contact announcements and releases; TV and radio appearances (English and Spanish); and advertising as needed in print and broadcast platforms (English and Spanish).

In addition, the Communications and Marketing Plan outlines key projects and milestones in accordance with the Strategic Plan, which position the District/Foundation as a go-to resource for connecting residents to health and wellness providers, facilities, programs and services (Strategic Plan Priority 1):

- *Website Redesign & Relaunch*: April 1, 2019. Outcome: Increase unique visitors by 25 percent in one year.
- *E-newsletter*: Inaugural newsletter deployment on Nov. 15, 2018. Outcome: Open rate of 45 percent per quarter.
- *Build Photo Collection/Archive*: Completed February 1, 2019. Outcome: 8 photo albums to source social media, the website, and District news and marketing collateral.
- *Social Media/Nonprofit of the Week Campaigns*: Multiple dates (Please see timeline). Outcome: Contribute to 25 percent increase in website visits & boost social media followers on all platforms by 40 percent.
- *Web-based Search Engine (CVHIP)*: Completed March 31, 2019. Outcome: Increase site users by 40 percent.
- *Create Branding to Update & Enhance District/Foundation Image*: Multiple dates & outcomes (Please see timeline).
- *Annual Report*: Completed November 2019 for distribution as Fall 2019 report.

**Fiscal Impact:**

The Communications and Marketing Budget presented and approved at the June 26, 2018 District/Foundation Board of Directors meeting is \$250,000.



Desert Healthcare District/Foundation

# Communications and Marketing Plan

*Connecting Coachella Valley Residents  
to Health & Wellness*

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## Statement of Purpose

The Board of Directors of Desert Healthcare District and Desert Healthcare Foundation believes that excellent communication is critical for meeting our mission and vision. We want to become proactive and strategic communicators and foster an environment where residents and stakeholders are informed and involved in their health and wellness.

The District/Foundation created a new position – Director of Communications & Marketing – to improve organization communications. The plan examines the communication methods (and lack thereof) that the District/Foundation currently uses and will augment these methods to improve communication. Efforts to build communication are an on-going process that needs to continually be revisited as District/Foundation goals are achieved and situations change.

This Communications and Marketing Plan will show how effective communications can help:

- Implement District/Foundation Strategic Plan priorities.
- Engage with residents and strengthen community.
- Increase the visibility of the District/Foundation to raise awareness about its purpose, service and history.
- Ensure that residents across the Coachella Valley gain understanding of the District/Foundation’s programs, services and initiatives.
- Change perceptions about health and wellness programs, services and policies, as needed.
- Position the organization as a health and wellness leader in the region through communications and marketing projects that build toward that goal.

## Methodology

The Board of Directors adopted its Strategic Plan in June 2017 with specific priorities, strategies and tactics.

Upon joining the District/Foundation, the Director of Communications & Marketing reviewed the District/Foundation’s messaging components, challenges and opportunities. Focus group feedback, which informed the creation of the District’s polling questions, was considered to help guide the creation of this Communications and Marketing Plan.

Collaboration with the Chief Operating Officer was purposeful in drafting the Communications and Marketing Plan; guidance and review with the Chief Executive Officer was vital in the drafting. The approved Communications and Marketing Plan will provide guidance and direction for the organization, staff and Board of Directors. Upon approval and with implementation, input will be sought from staff and the Board of Directors for creating our values and value statements, which will be the drivers of our new messaging.

The Plan identifies key initiatives for the District/Foundation. Where appropriate, the Plan also details specific implementation strategies, tactics, timelines and measurement goals.

The Communications and Marketing Plan will position the District/Foundation for success in visibility, messaging and outreach efforts, including becoming the recognized and trusted source of health and wellness information in the Coachella Valley.

# District/Foundation Mission, Vision, and Strategic Plan Priorities

The pillars of an effective organization are the foundation for the direction of a Communications and Marketing Plan. The District/Foundation in June 2017 adopted a three-year Strategic Plan, which is the basis for this proposed Communications and Marketing Plan.

## **Mission**

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

## **Vision**

Connecting Coachella Valley residents to health and wellness services and programs through philanthropy and resources, health facilities, information and community education, and public policy.

## **Strategic Plan Priorities**

- 1) New Providers, Facilities, Programs and Services
- 2) One Coachella Valley
- 3) Community Health and Wellness

### *SP1 – New Providers, Facilities, Programs and Services*

This over-arching priority is one of the principles of the District/Foundation’s existence. Our organization focuses on providing facility, provider and service initiatives that are directed toward the health needs of the community to significantly influence outcomes.

### *SP2 - One Coachella Valley*

The *One Coachella Valley* approach that the District/Foundation is undertaking, which is a part of our proposed expansion to provide health and wellness programs and services to the entire Coachella Valley population, is a key Strategic Plan priority. Through Assembly Bill 2414 and the LAFCO process, the District/Foundation is undergoing a transformation that will more than double our service territory and constituents served. The LAFCO application was submitted in January 2017 with a public hearing slated for spring 2018. AB 2414 will be an initiative on the ballot in late fall 2018. Full expansion funding continues to be a focus moving forward and a challenge. All of these important factors and milestones will need specific messaging as the year progresses.

### *SP3 – Community Health and Wellness*

The District/Foundation will work to demonstrably improve community health in the Coachella Valley by leveraging investments and activities.

*SP Community Health Focus Areas:* These four areas will serve as the focus for new initiatives, funding and other investments over the three years of the Strategic Plan: Homelessness; Primary Care and Behavioral Health Access; Healthy Eating, Active Living; and Quality, Safety, Accountability and Transparency.

## Communication Principles to Guide the Organization

The Plan was created with these guiding principles in mind.

- **Tell Our Story**

The District/Foundation has a great story, one that will only get better in the coming months. We must create and begin to tell our own story rather than allowing misunderstanding and misperceptions to prevail. The organization should use opportunities to relay our message with an emphasis on connecting the community to health and wellness.
- **Be Proactive in Our Communication**

The organization must increase visibility; take a positive and proactive approach to communications and marketing efforts; maintain open lines of communication with constituents and stakeholders; and enhance existing relationships with the press.
- **Enhanced Collaboration with Partners and Stakeholder Organizations**

This Plan emphasizes educating residents with information to help them to not only be informed on health and wellness programs and services, but also to guide them to these services. It will be important to continue to build relationships with local leaders. Equally as important is our partnerships with other Coachella Valley, regional, state and national entities to support the health of the valley; these collaborative initiatives are important and must also be messaged. The two-way flow of information enhances the principle of community problem-solving; gathering information and receiving feedback is as essential as providing information.
- **Established as *the* Coachella Valley Health and Wellness Expert for New Providers, Facilities, Programs, and Services**

Building upon the work that the District/Foundation has accomplished, adding two analysts in the community health arenas will help establish our organization as the go-to source for health information, data and resources in the Coachella Valley. This will be an important element in our brand enhancement.
- **A Communication Program Built on Strong Themes, Organizational Pillars**

A communication program built on strong and consistent themes is more efficient than one with scattered messages. Communication should reinforce and reflect our mission, vision and Strategic Plan and target issues of the healthcare needs in the Coachella Valley, as established by the Board of Directors and executive management. The organizational pillars are the key values the District/Foundation is built on – those must be identified and memorialized, as well as communicated to staff and the Board of Directors.
- **Communication is Built into the Organizational Structure & Processes**

This communication system allows the Desert/Foundation to communicate timely, accurate, and useful information to residents and stakeholders. It includes a robust commitment to presenting a consistent and focused message. All team members are valuable in the communications process.

## Assessment of Current Communication

The District/Foundation uses a variety of methods to present our story. As the organization has not had a Communications and Marketing Plan nor staff member to manage the work, the current communication methods are limited in scope and need either major overhauls or creation altogether. Over the years, work has been accomplished by staff (and with the assistance from consultants) to create communication and marketing efforts where possible as noted in these bulleted items. These efforts are not sufficient to reach our organizational goals as defined in the Strategic Plan.

- **Website at [www.dhcd.org](http://www.dhcd.org)**

The website provides important information for all audiences: residents, stakeholders, board of directors, media, grantee organizations, area visitors, etc. It needs consistent updating with fresh, appealing and informative content, and a complete overhaul in the near-term. Updating must include elements to obtain website compliance accreditation.

*WEBSITE DAILY VISITS: 5 with spikes to 50*
- **News Releases**

Prior to 2018, the Desert/Foundation had been using a consultant to create news releases and distribute to local media on an as-needed basis to keep them informed of current information and news. *NEWS RELEASES DISTRIBUTED IN 2018 (31); 2017 (3); 2016 (5); 2015 (4); 2014 (7); 2013 (5)*
- **Social Media**

Desert/Foundation had been using a consultant prior to June 2018 to create social media posts on a month-ahead basis; the posts featured basic health information. In summer 2018, a new social media campaign was launched to increase community engagement, with successful results.

*FB FOLLOWERS: 829; FB POSTS REACH 615 PEOPLE ON AVERAGE*
- **Town Hall Meetings, Forums, Hearings, Meetings**

District/Foundation held public-invitation Town Hall Meetings in 2017 as part of the One Coachella Valley initiative and in 2018 to discuss zoning. The meetings were successful in encouraging two-way communication with attendees through question-and-answer formats. Additionally, extensive public engagement occurred over the last two-plus years.
- **Brochure 2008**

A professionally produced collateral document was created for the District/Foundation in 2008.
- **Annual Report 2015**

A professionally produced collateral document was created for the District/Foundation in 2015.
- **Strategic Plan 2017**

The rigorous, six-month-long process that helped inform the development of the Strategic Plan included interviews with stakeholders and board members, feedback from the community at meetings and polling efforts for West and East Valley residents. Currently on the website, with the addition of a Strategic Plan brochure in 2018 for distribution at events.

# Communications Situational Analysis:

## Challenges...

- Long-time void in communications and marketing work for the organization.
- Need for a communications strategy to tie-in with the District/Foundation's new Strategic Plan to support the direction of the organization and help fulfill the strategic priorities established by the Board of Directors.
- Messaging could be confusing to residents with critical District/Foundation work occurring simultaneously. This includes initiatives such as organization branding, valley-wide expansion, passage of AB 2414, LAFCO process and funding source challenges, and DRMC facility seismic compliance.
- District/Foundation lacks visibility and clear identity, which is reflected in the website, social media, organizational documents; they have no cohesive style.
- Correcting inaccurate perceptions about the District/Foundation, such as hospital ownership, funding sources, intent of organization's creation in the 1940s.
- A need exists for a stronger community voice in health and wellness in the Coachella Valley.

## ...and Opportunities

- Defining communications goals and strategies by the new Director of Communications & Marketing in concert with the COO and CEO.
- Strengthening and positioning the District/Foundation as *the* expert for data, information, advocacy and resources on Coachella Valley health and wellness.
- Identifying key messages to create a District/Foundation voice that relates to the mission, vision and Strategic Plan Priorities.
- Fostering and promoting transparency of the District/Foundation's activities such as Board Meetings, grant awards, and financials.
- Building upon the District/Foundation Grant Program with specific requirements of grantees that will garner visibility such as planned check presentations, testimonials, joint news releases and social media posts with imagery and video.
- Enhancing communications by connecting and exposing all Coachella Valley residents to CVHIP, a \$2 million homelessness initiative, and a \$2 million behavioral health initiative via marketing, community forums, advertising and educational campaigns.
- Strengthening brand knowledge with community members, CBOs, chambers of commerce, civic groups, government officials, and legislative offices.
- Creating documents, such as a Style Guide, and collateral templates that will streamline communications and organizational efforts while conveying our voice, our story.

## Primary Target Audiences

The identified primary target audiences are the groups of people with whom the District/Foundation needs to regularly communicate with on a variety of topics and issues.

- Residents within current service area
- Residents in potential expansion area
- Grantee organizations
- Stakeholders
  - All government officials
  - Community groups and organizations
  - Local and regional organizations and agencies
  - Nonprofit organizations
  - Educational community
  - Service providers
  - Hospitals
  - Clinics
  - Other funders
  - Media

# Plan of Action:

## *Over-arching Objectives*

### *Objectives, Strategies, Tactics and Timelines*

## OVER-ARCHING OBJECTIVE I

### Create Effective and Brilliant Communications Executed with Consistency

#### 1) OBJECTIVE

##### *Enhancement of District/Foundation identity, image, brand.*

###### Strategies and Tactics

The organization's brand, the essence of who we are, our organizational identity, needs to be defined by developing our promise to residents and stakeholders. District/Foundation may work with consultant to align branding with direction. Once more fully developed, the District/Foundation's brand will be incorporated across all messaging.

- (a) Create new tagline that best represents the District/Foundation's mission, vision and promise to residents.
- (b) Identify values, value statements, key messages.
- (c) Define images and brand color palette to be used.
- (d) Ensure messaging reflects the Strategic Plan priorities and speaks with one voice – create a Style Guide.

#### 2) OBJECTIVE

##### *Achieve greater effectiveness of communications and visibility with more community involvement.*

###### Strategies and Tactics

- (a) Proactive interaction and relationship development with stakeholders, partners and grantees to drive visibility. (Ongoing)
- (b) Require written testimonials and/or videos from grantee agencies (or their clients) to support District/Foundation; as grants are awarded, this element will be a part of the agreement. (Apr 1 and ongoing)
- (c) Increased community exposure through staff-identified opportunities (grant program, etc.) with other organizations and events. (Ongoing)
- (d) Host more health and wellness forums; assure Spanish-translation is provided. (Ongoing)
- (e) Increase CEO and Board of Directors exposure in community forums, events and media coverage opportunities. Community exposure will be enhanced also through utilizing nametags and clothing with organization brand. (Ongoing)
- (f) Assure that all key staff and Board of Directors are versed in the District/Foundation messages and story; District/Foundation communications/media policy must also be adhered to. Training for speaking, presenting, media interaction for select staff and board of directors; new board member and incoming board president orientations. (Ongoing)

### 3) OBJECTIVE

#### ***Provide consistent and professional communication and marketing.***

##### **Strategies and Tactics**

- (a) Provide engaging, accurate, timely and useful public information regarding all new initiatives and programs. (Ongoing)
- (b) Invest in training tools to provide guidance in communications and media skills. (Ongoing)
- (c) Assure information, such as news releases, is approved by CEO; FYI to the Board of Directors; then released to the public
- (d) Translate all pertinent documents and information to Spanish, as well as all messaging platforms; secure professional Spanish translation services.
- (e) Create Standard Operating Procedures for all communications, marketing, and media work as well as additional organizational matters; externally, SOPs need to be created for a variety of District/Foundation projects and initiatives.
- (f) Develop templates for District/Foundation document such as Letterhead, board documents, memos, news releases, etc.
- (g) Increase effectiveness of all internal communication between staff and the board. (Ongoing)

### 4) OBJECTIVE

#### ***Increase visibility and effectiveness via collateral.***

##### **Strategies and Tactics**

Strategically purposing collateral to support brand development is paramount in this communications process; all must include Spanish translation. Additionally, the use of infographics will be helpful in the organization's messaging efforts to target audiences.

- (a) Expansion Fact Sheet
- (b) Strategic Plan Brochure
- (c) E-newsletter
- (d) Ad Buys – online, print, radio/TV, outdoor
- (e) District/Foundation Brochure
- (f) Organization premiums/giveaway items that build brand awareness
- (g) Annual Report

### 5) OBJECTIVE

#### ***Create look and feel of District/Foundation – initiatives, projects, story***

##### **Strategies and Tactics**

- (a) Contract with a photographer to shoot images for use on website, social media, collateral.
- (b) Contract with graphic artist for collateral and other messaging needs.
- (c) Create District/Foundation video for use in community presentations, website and social media.

6) OBJECTIVE

***Understand public opinion on important issues by providing avenues for two-way communication.***

**Strategies and Tactics**

- (a) Surveys and opportunities for open discussion made available at community forums, events, board meetings.
- (b) Website feedback option; sign up for District/Foundation e-newsletter.
- (c) Create a resident survey (baseline and then every two years); focus on unaided brand awareness and expansion polling for first survey.
- (d) Timely responsiveness to resident/public comments and feedback. (Ongoing)

7) OBJECTIVE

***Increase media interaction and earned media opportunities to aid organization visibility.***

**Strategies and Tactics**

- (a) Identify targeted media outlets and publications.
- (b) Identify newsworthy information; provide process for news release distribution; generate as-needed with a minimum of one per month. (Ongoing)
- (c) Build and maintain rapport with reporters; contact proactively and on a regular basis via email and phone; request in-person meetings monthly. (Ongoing)
- (d) Target media outlets; see Appendix. (Ongoing)
- (e) Target media outlets that are designed for the Spanish-speaking demographic; see Appendix. (Ongoing)
- (f) Submit articles for trade, chamber publications. (Once a month)
- (g) Plan and schedule meetings to convey District/Foundation initiatives to local media editorial boards.
- (h) Strategically submit initiative-driven editorials. (Ongoing)
- (i) Submit Public Service Announcements (PSAs) to radio, print, television. (Ongoing)
- (j) Begin using the cities/served City TV Channel Scrolling Bulletin Boards to promote District/Foundation news. Request time on public, educational, and governmental programming channels. (O-going)

## OVER-ARCHING OBJECTIVE II

### Invest in Long-Term Communications Vehicles

#### 1) OBJECTIVE

***Utilize marketing vehicles to tell the story of the District/Foundation.***

##### Strategies and Tactics

- (a) Enhance website. The website is often the first experience a private citizen or professional will have the Desert Healthcare District. As a result, it requires comprehensive content and an engaging, appealing look and feel, planned with a professional website designer.
  - a. Staff brainstorming session to identify wish list of website content and features, followed by regular meetings of a website redesign committee comprised of staff member. The goal is to identify areas of the current website that need updates, review and update content; incorporate key messaging; enhance look with updated logo and defined brand colors and images. Maintaining the website with the most current messages is critical to overall communications success.
  - b. Spanish-translation of site or key messaging.
  - c. Enhance website's mobile platform capability
  - d. Longer-term plan will be to overhaul the website completely.
- (b) Increase effectiveness of social media presence.
  - a. Incorporate Strategic Plan priorities and collaborative projects into social media posts to reach key target audiences; provide messaging in Spanish, consider posts in Spanish or consider adding a Spanish District/Foundation Facebook page. (On-going)
  - b. Add additional social media platforms; consider YouTube channel.
- (c) Capture organization history.
  - a. Identify assistance to create a District History brochure and page for the website. (February 1, 2019)

#### 2) OBJECTIVE

***Ensure the District/Foundation is prepared for a crisis on the communications front.***

##### Strategies and Tactics

Crisis management is the process by which the organization deals with a disruptive or emergency situation that threatens to harm the character of the organization or its stakeholders.

The crisis management policy is a strategy that helps guide how we will deal with said situation with:

- a) A process to make quick decisions to limit damage.
- b) Identify individuals who will serve as lead spokesperson and a team to support throughout the timeframe.
- c) An established system to monitor and report out in a timely fashion to all Directors, stakeholders and employees.

- d) Process on how to hold a District Board meeting within the approved guidelines of the Brown Act.
- e) Established authority and priority list of communications.
- f) Post Crisis Plan to ensure all stakeholders are informed and assess the post response system.

To reduce uncertainty in the event of a crisis, a plan is created in advance:

- a) Planning on perceived possible crises anticipation.
- b) Training of key spokesperson.
- c) Identify potential outside contractors.
- d) Identify and know who the stakeholders are.
- e) Establish a holding statement and key messages.
- f) Build strong relationships with all media outlets.
- g) Training and understanding of the emergency meeting procedures.
- h) Establish a risk matrix to gauge possible impact and response required.
- i) Outline the communications process and diagram so easily accessible by all staff and Board.
- j) Establish cross training for staff on both web and social media platforms to ensure quick and efficient responses.

## **OVER-ARCHING OBJECTIVE III**

### **Advance Strategic Priorities via Education and Outreach Campaign**

#### **1) OBJECTIVE**

***Assure residents are connected to and informed about providers, facilities, programs and services via CVHIP.***

##### **Strategies and Tactics**

- (a) Create a campaign to inform residents and stakeholders.
- (b) Provide direction and manage contract with O'Bayley Communications.
- (c) Tentative target launch pilot campaign April 2018.
- (d) Launch Phase II in late summer 2018 after evaluation of pilot.
- (e) Report out on measurement of campaign and interaction with platform, as well as effectiveness with platform agencies

**Timeline:** Pilot complete by June 30; Phase II.a complete by end of 2018; Phase II.b completed by end of March 2019.

## Evaluation and Measurement of Results

*Utilize benchmarks and measurement tools.*

- Conduct resident satisfaction survey to measure unaided brand awareness; initial baseline with follow-up every two years.
- Conduct media content analysis; message traction via media coverage; and earned media status. To track media coverage the District/Foundation may wish to contract with outside services due to limited staff resources.
- Track impressions on ads and campaigns.
- Utilize analytics for website and social media – site visits, page views, number of followers, likes, shares, etc.
- Create benchmarks and milestones for agency outreach efforts such as participation in board meetings, town halls, forums and events, and increased touch-points for staff.

# APPENDIX

## Media in the Coachella Valley

### Target newspapers, TV, radio, online

#### Print Media Outlets

The Desert Sun  
Coachella Valley Independent  
Coachella Valley Weekly  
Coachella Valley Patch  
La Prensa Hispana (Spanish-language)  
El Informador Del Valley (Spanish-language)  
Desert Health News  
Desert Charities News  
Desert Public Record  
The Press-Enterprise  
Tidbits

#### TV Media Outlets

KESQ-TV, News Channel 3 CBS Local 2, KDFX-TV/KUNA-TV and KCWQ CW 5  
KMIR and KPSE (Entravision)  
KLPS-LP Channel 19 (Independent)

#### Radio Media Outlets including Spanish-language Outlets

Telemundo (part of KESQ)  
Univision (Entravision / part of KMIR)  
La Poderosa (96.7FM)  
Radio Jose (94.7FM)  
ALPHA MEDIA  
KKUU  
KUNA  
KLOB  
KPLM  
KPST  
KDES  
KNWZ  
KPSI KGX

#### Trade Publications

ACHD, CSDA

# KEY PROJECTS

## WEBSITE REDESIGN (September 2018 to April 1, 2019)

1. Internal committee to determine web sitemap, features and general look ... WD, Team
  - a. Planning, Sept. – Dec. 2018
  - b. Review work in progress—Jan. – March 2019
2. Finalize RFP begin bidding process for website reconfiguration and redesign ... WD, Team December 2018
3. Website relaunch ... WD, Team .... April 2019

## ENHANCING DISTRICT MESSAGE/IMAGE (Dec. 2018 – Feb. 2019)

Consulting with branding expert

1. Create a tagline based on strategic plan, which includes a community-identified and -embraced image. Dec. 2018 – Jan. 2019
2. Create Phase I email signature ... WD, Team ... Sept. -Oct. 2018
3. Identify values, value statements and key messages (Statement based on the strategic plan: strengthens community, engages residents, supports new providers, advocates for effective public policy) ... WD, Team, Consultant ... Jan. 2019
5. Define images and color palette for D/F brand (shades of blue and green as colors of good health with some white and gold, complementing the social media color palette) ... WD, Team, Consultant ... Feb. 2019
6. Create a style guide ... WD, Team, Consultant ... Feb. 2019

## CVHIP (Sept. 2018 – March 2019)

1. Phase I – Review, DHCD Team, Consultants ... Sept. 2018
2. Phase II—Flesh out approach, Team, Consultants ... Sept. – Dec. 2018
3. Phase III – Market and report out site results ... through March 2019

## SOCIAL MEDIA CAMPAIGN/NONPROFIT OF THE WEEK (Aug. 2018 – May 2019)

1. Phase I – 8-week cycle of feature, Aug. 6-Sept. 27, 2018 ... WD
  - a) Nonprofit of the Month, Oct. 2018 – March 2019 ... WD
2. Phase II— New 8-week cycle, April & May 2019 ... WD

## **PHOTO LIBRARY (November 2018 – January 2019)**

1. Contract with a professional photographer to take images for website, social media, printed collateral ... Nov. 2018 – Jan. 2019 ... WD

## **E-NEWSLETTER (November 2018 – April 2019 – then ongoing)**

1. Launch periodic (quasi-quarterly) newsletter to keep subscribers and stakeholders aware of District activities and Board actions. Premiere with November election results. WD ... Nov. 15, 2018
2. News of new Board appointee ... WD ... Jan. 15, 2019
3. Introduction of reimagined/redesigned website ... WD ... April 15, 2019

## **ANNUAL REPORT (June – November 2019)**

1. Numbers approved at October 2019 Board meeting.
2. Compile report ... WD, Team ... May – Oct. 2019



Date: September 25, 2018  
To: Board of Directors  
Subject: Proposed Timeline for District Policy Review

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**Staff recommendation:**

1. Staff recommends approval of a proposed draft timeline that corresponds to the District's Strategic Plan implementation: Milestones and Priorities, and pivotal factor dates (i.e. November ballot).
2. Staff recommends quarterly study sessions of the Board of Directors to review revisions and proposed new policies.

**Background:**

- Staff reported to the Board of Directors on July 24, 2018 that a full review of policies and procedures, bylaws, employee manuals and all supporting documents had been completed, in addition to, a review of accredited California Special Districts Association standard policies and procedures.
- Staff will recommend updates, revisions, potential new policies, in addition to updated Bylaws, to accommodate the results of the November election and to comply with AB-2019 legislation.
- The policy amendments will further clarify operational policies and procedures to improve daily operations and to allow Board and Staff to more concisely implement adopted Strategic Plans.
- All updates will be in alignment with ACHD and CSDA accreditation.
- Staff requests District Board to give guidance on the potential of a study session in each quarter to review revisions and proposed new policies.
- The proposed timeline is included in the packet for your review and consideration for approval.
- Additionally, Staff recommends approval of quarterly study sessions of the Board of Directors to review revisions and proposed new policies.

**Fiscal Impact:** None

**DRAFT Timeline for review and approval**

Policy #	Policy Title	Proposed Timeline for review and approval.	Possible Changes – majority are minor edits
PROC -1	Purpose of Board Policies & Adoption/Amendment of Policies	Q3	Redline Copy
PROC -2	Board/Staff Communication Policy	Q2	ADHOC

**POLICIES # BOD - BOARD OF DIRECTORS**

Policy #	Policy Title		Possible Changes
BOD- 1	Swearing in of Board Members	Q3	Review
BOD - 2	Election and Appointments and Duties of Officers	Q2	Redline Copy
BOD - 3	Appointment and Duties for Committees– Committee Volunteer guidelines to be reviewed	Q2	Redline Copy
BOD - 4	Attendance at Meetings	Q3	Redline Copy
BOD – 5	Basis of Authority	Q3	Review
BOD – 6	Filling a Vacancy on the Board	Q3	Redline Copy
BOD – 7	Board Meeting Agenda	Q2	Redline Copy
BOD – 8	Board Meetings	Q2	Redline Copy
BOD-9	Rules of Order for Board and Committee Meetings	Q3	Redline Copy
BOD-10	Board Meeting Conduct	Q3	Just update of reference
BOD-11	Board Actions and Decisions	Q3	Just update reference
BOD-12	Minutes of Board Meetings	Q3	Redline Copy
BOD-13	Memberships in Organizations, Training, Education, Conferences, and Reimbursement Procedure	Q3	Redline Copy

**Commented [11]:** Simplify

**Commented [12]:** Reflective of two new resolutions for both ticket and meeting reimbursement

BOD- 14	Ethics and Sexual Harassment Training – <b>Code of Ethics</b>	Q2	<b>Redline Copy</b>
BOD-15	Conflict of Interest Code	Resent Update	01/23/18
BOD-16	Policy for Propriety, Confidential, Personal Information	Q3	Review
BOD-17	Performance Evaluation of the Chief Executive Officer & Procedure	Q3	Review

**POLICIES # 0P-: OPERATIONS**

<b>Policy #</b>	<b>Policy Title</b>	<b>Proposed timeframe for review and approval</b>	<b>Possible changes – majority are minor edits</b>
OP-1	Access to Public Records	Q4	Review
OP-3**	Records Retention	Q4	Review for update of requirements
OP-4	Electronic Communications Usage & Retention Policy	Q4	<b>Redline</b>
OP-5**	Grant & Mini Grant Policy	Q3	<b>Redline</b>
OP-6	Delegating Minor Claims Settlement to CEO	Q4	<b>Redline</b>
OP-7	Lease Compliance Policy	Q4	Review
OP-8	Strategic Plan	Q4	Review – Potential Update if Committee update
OP-10	Policies and Procedures Including Bidding Regulations Governing Purchases of Supplies and Equipment and Bidding for Public Works Co	Q4	Review
OP-11	Procurement of Professional Services	Q4	Review
OP-13	Sustainability Program	Q4	Review

**POLICIES # LPMP-: LAS PALMAS MEDICAL PLAZA PROPERTY**

Policy #	Policy Title		APPROVED OR DATE FOF APPROVAL
LPMP-01	LPMP Policy for Leasing	Q4	Review
LPMP-02	LPMP Lease Executive Policy	Q4	Review

**POLICIES # FIN- : FINANCIAL**

Policy #	Policy Title		APPROVED OR DATE FOR APPROVAL
Fin-01	Financial Operations	Q4	Review
Fin-02	Authorized Check Signers, Number of Signers, Dollar Limit for Signers, Transfer of Funds	Q4	Review
Fin-03	Statement of Investment Policy	Q4	Redline
Fin-04	Budget Preparation	Q4	Review
Fin-05	Credit Card Usage	Q4	Review
	<b>POLICIES FOR CONSIDERATION</b>		
	Legal Counsel and Auditor – <b>Procurement for professional service blanket policy</b>		
	Overview of the CEO Role		
	Complaints Against Desert Regional Medical Center		
	Market Analysis of District Assets		
	Emergency preparedness		
	Emergency Response and Crisis Management		
	Accounts Receivable Policy		
	Asset Protection and Fraud in the Workplace		
	Expense Authorization/ Internal Controls		
	Reserve Policy		
	Communications Policy		
	District Webpage		
	New Board Member Orientation		

Bylaws for Both District and Foundation to be reviewed Q3

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*Of Counsel*  
JAMES R. DODSON

DATE: September 20, 2018

TO: Board of Directors, Desert Healthcare District  
Chris Christensen, Interim CEO  
Lisa Houston, COO

FROM: Jeff Scott, General Counsel

RE: Legislative Update – AB 2019 (Aguiar-Curry) & AB 2123 (Cervantes)

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**AB 2123 (Cervantes)**

This bill amends the “safe harbor” provisions of the California Voting Rights Act to permit a public agency and a prospective plaintiff to enter into an agreement to extend the time period during which a prospective plaintiff is prohibited from commencing an action for up to an additional 90 days in order to provide additional time in the transition process from at-large to district elections. It had become evident to public agencies and interested parties throughout the state that the existing law simply did not allow sufficient time to conduct public outreach, encourage public participation, and receive public input in the transition process. The bill would also require that the agreement include a requirement that the district boundaries be established no later than six (6) months before the next regular election.

**This bill was approved by the Governor on September 6, 2018 and will become effective on January 1, 2019.**

**AB 2019 (Aguiar-Curry)**

This bill is in follow-up to the Little Hoover Commission hearings last year and requires that the board of directors include a number of specified informational items, such as the district’s policy for providing assistance or grant funding, on the district’s Internet Website. The bill among other things, also requires that the website contain, the district’s

plan for distributing grant funds for each fiscal year and a process for providing, accepting, and reviewing grant applications. A provision must also be included that prohibits individual meetings between grant applicants and a district board member, officer, or staff member outside of the district's established grant awards process. However, the process may include a provision for technical assistance to applicants, by the district grant program staff, upon request by an applicant.

The bill also requires a district that is authorized and elects to use the design-build process, as specified, for the construction of housing to require that at least 20% of the residential units constructed be subject to a recorded affordability restriction for at least 55 years.

**This bill was approved by the Governor on September 5, 2018 and will become effective on January 1, 2019.**

Report to DHCD from Vice-President, Carole Rogers, RN  
Association of California Healthcare Districts (ACHD) Wellness Summit  
July 26, 2018

This one-day conference was directed to the Health Care Districts who were interested in promoting health and wellness in their communities. The speakers were all 5 star and very relevant to the issues Health Care Districts face.

1. The first speaker was our own Alejandro Espinoza who gave a wonderful overview of DHCD's programs and services: The impact of \$70 million in the past 20 years to community-based organizations, service providers, local government, and academic institutions. He described our \$2 million collective/collaborative fund for both Homeless and Behavioral Health. Many were interested in our CVHIP resources and had several follow up questions. I am including his last slide: "Lessons Learned" – which the Board would be interested in reading. (Attachment A)
2. The next speaker was a "down home" family practice physician – Carmen Rita Nevarez with the Public Health Institute – Center for Leadership and Practice. She talked about how small groups of health care professionals targeted health care problems around the country and came up with meaningful solutions: Fulton County Asthma Initiative, Queens Tobacco Coalition, Healthy Spokane (Coordinated multi-system response to homelessness) to name a few. Worth looking at. Her best slide made me take notice – "Understanding and Seizing the Opportunity – Preventable causes of death." Tobacco smoking number one; Overweight and Obesity number two. (Attachment B)  
She shared a "Resource for working with Partners" [www.buildhealthyplaces.org](http://www.buildhealthyplaces.org)  
"This playbook guides community developers toward partnerships with hospitals and healthcare systems."
3. Patty Purpur de Vries is the Director of Stanford's Health Promotion Network. She spoke on "Preventing Employee Burnout." Did not get my attention until I learned about physician suicides at UC Riverside School of Medicine recently. This presentation did not just address physician burnout but all employee burnout. It reinforced my beliefs in management leadership. Nurses faced the same emotional trauma. Topics included emotional exhaustion, interpersonal disengagement, and lack of personal accomplishment. Professional fulfillment: self-worth, self-efficacy, satisfaction at work.  
Attachment C: Drivers of Burnout.  
Attachment D: Fixed vs. Growth mindset. Check this one out!  
Attachment E: Mayo Clinic Leadership Questions: This slide represents a survey that every Board should require from their CEO.  
Attachment F: Should be included in CEO evaluation.  
Books to read: "Positivity" Barbara Frederickson PHD

“Now Discover your Strengths”

“Dying for a Paycheck”

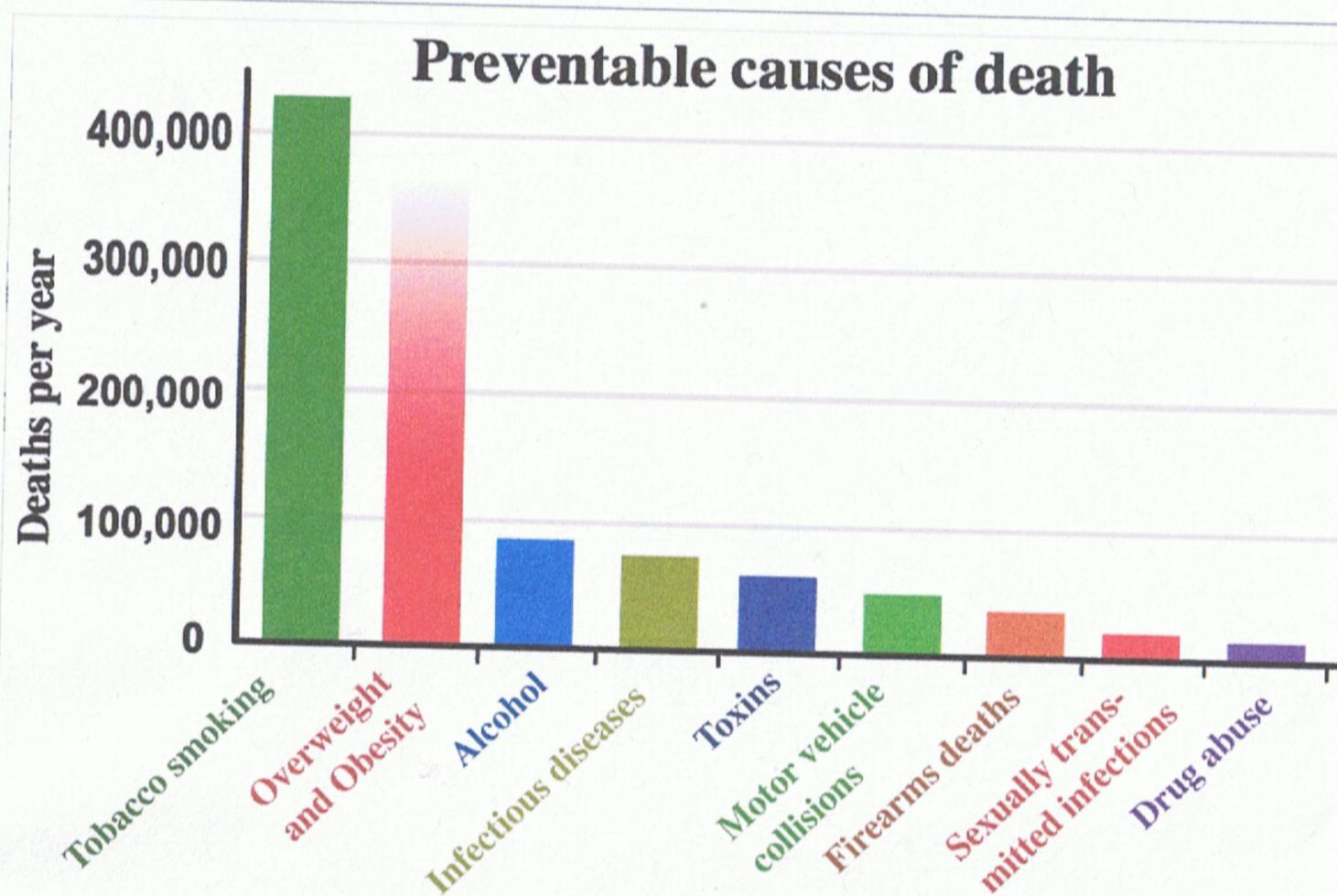
4. Our Fourth Speaker, Michael Schatell CMFT, Deputy Director Children’s and Recovery Support Services, San Bernardino County - was once the Director of the Desert Hot Springs Boys and Girls Club. His humble demeanor made you understand his commitment to youth in his career. “Ending the Silence” was his message. His service area includes our High Desert area – His Department started 16-month residential Crisis Residential facilities; including 18-25-year-old “transitional youth” programs. Financed by Chafel grants: 50% MediCal, 50% ACA, including School Mental Health and Homeless Clinics. Intensive treatment is voluntary.

Thank you for the opportunity to attend this important conference!

# Lessons Learned

- Analyzing and understanding the current needs/issues in your own District and incorporate them into your strategic plan.
- Finding opportunities to design, implement, and evaluate community programs with local key stakeholders.
- Leverage resources to create collaborative funds to address key community health and wellness issues.
- Develop a diverse regional network of key stakeholders and community partners to address local issues, collectively.
- Incubate programs and projects, then seek community partners capable of continuing them with your support.
- Serve as a fiscal sponsor for large grants for smaller community-based organizations that do not have the capacity.

# Understanding and Seizing the Opportunity



# Fixed Mindset

# Growth Mindset



Those with a fixed mindset often plateau early and often does not meet potential

**“This is the way we’ve always done it.”**

Needs to look SMART

Avoids challenges

Gives up easily

Sees effort as fruitless

Ignores feedback

Feels threatened by others success

Seeks GROWTH

Embraces challenges

Persists in face of setbacks

Sees effort as a step to mastery

Learns from criticism

Is inspired by the success of others



Those with a growth mindset often reach ever-higher levels of achievement

**“How can we improve?”**

Carol Dweck: Mindset

## Mayo Clinic Leadership Questions

To what extent do you agree or disagree with each of the following statements about your immediate supervisor?

- Holds career development conversations with me
- Empowers me to do my job
- Encourages employees to suggest ideas for improvement
- Treats me with respect and dignity
- Provides helpful feedback and coaching on my performance
- Recognizes me for a job well done
- Keeps me informed about changes taking place at Mayo Clinic
- Encourages me to develop my talents and skills
- Overall, how satisfied are you with your immediate supervisor?



*Response options: 5=strongly agree, 4= agree, 3=neither agree or disagree, 2=disagree, 1=strongly disagree: NA = don't know/not applicable*