



**DESERT HEALTHCARE DISTRICT  
BOARD MEETING  
Board of Directors  
January 28, 2020  
5:30 P.M.**

University of California Riverside  
Palm Desert Campus  
Rooms B114-117  
75080 Frank Sinatra Drive  
Palm Desert, CA 92211

***This meeting is handicapped-accessible***

<i>Page(s)</i>	<b>AGENDA</b> <i>Any item on the agenda may result in Board Action</i>	<i>Item Type</i>
	<b>A. CALL TO ORDER – President De Lara</b> Roll Call ____Director Shorr____Director Zendle____Director PerezGil____ Director Rogers, RN____Director Matthews____ Vice-President/Secretary Borja____President De Lara	
	<b>B. PLEDGE OF ALLEGIANCE</b>	
1-3	<b>C. APPROVAL OF AGENDA</b>	<b>Action</b>
	<b>D. PUBLIC COMMENT</b> At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. <b>The Board has a policy of limiting speakers to no more than three minutes.</b> The Board cannot take action on items not listed on the agenda. Public input may be offered on agenda items when they come up for discussion and/or action.	
	<b>E. CONSENT AGENDA</b> All Consent Agenda item(s) listed below are considered routine by the Board 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>	<b>Action</b>
4-14 15-42	1. BOARD MINUTES a. Board of Directors Meeting – December 17, 2019 b. Approval of the November and December 2019 Financial Statements – F&A Approved January 14, 2020	
	<b>F. APPOINTMENT OF COMMITTEES</b>	<b>Action</b>



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	<b>G. DESERT HEALTHCARE DISTRICT CEO REPORT</b>	
	– Conrado E. Bárzaga, MD	
	1. LAFCO – Municipal Services Review	Information
	2. Community Health Needs Assessment Funders	Information
	<b>H. DESERT REGIONAL MEDICAL CENTER CEO REPORT</b>	Information
	– Michele Finney, CEO	
	<b>I. DESERT REGIONAL MEDICAL CENTER GOVERNING BOARD OF DIRECTORS’ REPORT –</b>	Information
	Director Les Zendle, MD and Director Carole Rogers, RN	
	<b>J. FY2019 AUDIT REPORT OVERVIEW – PER BOARD DIRECTION FROM THE NOVEMBER 2019 MEETING</b>	
43-115	1. FY2019 Audit Reports Overview (District & Foundation) – Craig Hartzheim, Managing Partner, Moss Levy & Hartzheim	Information
	<b>K. 1. FINANCE, LEGAL, ADMINISTRATION AND REAL ESTATE COMMITTEE – Chair/Treasurer Mark Matthews, President Leticia De Lara, and Director Arthur Shorr</b>	
116-117	1. Meeting Minutes – January 14, 2020 Meeting	Information
	<b>2. PROGRAM COMMITTEE – Chair/Director Carole Rogers, RN; President De Lara and Director Evett PerezGil</b>	
118-119	1. Meeting Minutes – January 22, 2020	Information
120-128	2. Progress and Final Reports	Information
129-134	3. Funding Requests	Information
	<b>3. HOSPITAL LEASE OVERSIGHT COMMITTEE – Chair/Director Zendle, MD; Carole Rogers, RN; and Director Karen Borja</b>	
135-144	1. Meeting Minutes – December 19, 2019	Information



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**145-146  
147-223**

- 4. STRATEGIC PLANNING COMMITTEE** – Chair/Director Les Zendle, MD; Vice-President Karen Borja; Director Arthur Shorr
1. Meeting Minutes – January 14, 2020
  2. Consideration to approve the selection of Health Assessment & Research for Communities (HARC) as the contractor to implement all phases of the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) – NTE \$300,000

**Information  
Action**

**L. OLD BUSINESS**

**M. NEW BUSINESS**

**N. LEGAL COMMENTS & REPORT**

**O. DIRECTORS' COMMENTS, REPORTS, INFORMATIONAL ITEMS, & STAFF DIRECTION AND GUIDANCE**

**P. ADJOURNMENT**

*If you have any disability which would require accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer, at [ahayles@dhcd.org](mailto:ahayles@dhcd.org) or call (760) 323-6110 at least 24 hours prior to the meeting.*



**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING  
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Directors Present	District Staff Present	Absent
President Les Zendle, MD Vice-President/Secretary Leticia De Lara Treasurer Mark Matthews Director Carole Rogers Director Evett PerezGil Director Karen Borja Director Arthur Shorr	Conrado E. Bárzaga, MD, CEO Chris Christensen, CAO Donna Craig, Senior Program Officer Will Dean, Marketing and Communications Director Alejandro Espinoza, Program Officer and Outreach Director Meghan Kane, Programs and Research Analyst Vanessa Smith, Special Projects and Programs Manager Andrea S. Hayles, Clerk of the Board  <u>Legal Counsel</u> Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>  <b>Roll Call</b>	President Zendle called the meeting to order at 5:36 p.m.  The Clerk of the Board called the roll with all Directors present.	
<b>B. Pledge of Allegiance</b>	President Zendle asked Director Borja to lead the Pledge of Allegiance.	
<b>C. Approval of Agenda</b>	President Zendle asked for a motion to approve the agenda.	<b>#20-42 MOTION WAS MADE by Director Shorr and seconded by Director Matthews to approve the agenda.</b> <b>Motion passed unanimously.</b> <b>AYES – 7 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director Shorr</b> <b>NOES – 0</b> <b>ABSENT – 0</b>
<b>D. Public Comment</b>	Gary Rotto, Borrego Health, Senior Vice-President of Government and Public Affairs, explained that last	



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	<p>week a press conference was held for the opening of the new Borrego Health clinic at Martha’s Kitchen and Village, inviting the District CEO and Desert Regional Medical Center CEO to tour the new facility.</p>	
<p><b>E. Consent Agenda</b>  <b>1. Board Minutes</b>  <b>a. Board of Directors Meeting – November 22, 2019</b>  <b>b. Board of Directors Meeting – November 26, 2019</b></p>	<p>President Zendle described the consent agenda items and asked for a motion of approval.</p>	<p><b>#20-43 MOTION WAS MADE by Director Rogers and seconded by Director De Lara to approve the consent agenda. Motion passed unanimously. AYES – 7 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director Shorr</b>  <b>NOES – 0</b>  <b>ABSENT – 0</b></p>
<p><b>F. Annual Election of Board Officers</b></p>	<p>Jeff Scott, Legal Counsel, opened the nominations for the election of officers and explained the process.</p> <p>Director Rogers nominated Vice-President De Lara for president, and Director Shorr nominated President Zendle for president. Counsel Scott distributed the ballots to all directors for voting purposes.</p> <p>Director Shorr nominated President Zendle; Director Rogers nominated Vice-President De Lara; Director PerezGil nominated Vice-President De Lara; Director Matthews nominated Vice-President De Lara; President Zendle nominated himself; Director Borja nominated Vice-President De Lara; and Vice-President De Lara nominated President Zendle.</p>	<p><b>#20-44 MOTION WAS MADE by President Zendle and seconded by Director Shorr to approve Vice-President De Lara as President. Motion passed unanimously. AYES – 7 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers Director PerezGil, Director Borja, and Director Shorr</b>  <b>NOES – 0</b>  <b>ABSENT – 0</b></p>



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	<p>President Zendle moved to nominate Vice-President De Lara as President.</p> <p>Counsel Scott opened the nominations for Vice-President/Secretary.</p> <p>Vice-President De Lara nominated Director Borja; Director Borja nominated President Zendle; President Zendle nominated himself; Director PerezGil nominated Director Borja; Director Mathews nominated Director Borja.</p> <p>Counsel Scott opened the nominations for Treasurer.</p> <p>President Zendle nominated Director Mathews as Treasurer.</p>	<p><b>#20-45 MOTION WAS MADE by Director Rogers and seconded by Director PerezGil to approve Director Borja as Vice-President. Motion passed unanimously. AYES – 7 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director Shorr NOES – 0 ABSENT – 0</b></p> <p><b>#20-46 MOTION WAS MADE by Director Shorr and seconded by Director Borja to approve Director Matthews as Treasurer. Motion passed unanimously. AYES – 7 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director Shorr NOES – 0 ABSENT – 0</b></p>
<p><b>G. Desert Healthcare District CEO Report</b> <b>1. Workshop of Board and Staff Communications</b></p>	<p>Conrado E. Bárzaga, MD, CEO, explained the upcoming workshop on communications and policies on January 23, 2020.</p>	



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<p><b>and Policies – January 23, 2020</b></p> <p><b>2. Community Health Needs Assessment</b></p>	<p>Dr. Bárzaga explained that staff is reviewing proposals of the Community Health Needs Assessment that includes upcoming site visits, and consideration for Board approval at the January meeting.</p>	
<p><b>H. Desert Regional Medical Center CEO Report</b></p>	<p>Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center (DRMC), explained that the hospital is officially in flu season similar to last year with the same flu-like symptoms; however, this year, patients are presenting with Influenza A as opposed to Influenza B last year. Charitable giving efforts at DRMC and JFK Memorial Hospital donated over 200 turkeys to FIND Food Bank, including the Hi-Desert Hospital – a total of over 700 turkey donations. Mrs. Finney explained that donations to the local senior facilities for blankets, clothing, and other items needed. The patient self-service tool was described; DRMC received recognition and honors from the State of California Health and Human Services Agency for high-performance standards in maternity care, and with 60 other facilities for standards in opioid care. DRMC obtained recertification as a teaching institute and recertification for the advanced stroke sites.</p>	
<p><b>I. Desert Regional Medical Center Governing Board of Directors Report</b></p>	<p>President Zendle explained that the next meeting is Thursday, December 19.</p>	
<p><b>J. 1. Finance, Legal, Administration, and Real Estate Committee</b></p>		



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<p><b>1. Meeting Minutes – November 12, 2019</b></p> <p><b>2. Program Committee</b></p> <p><b>1. Meeting Minutes – December 12, 2019</b></p> <p><b>2. Progress and Final Reports</b></p> <p><b>3. Hospital Lease Oversight Committee</b></p> <p><b>1. Next Scheduled Meeting – December 19, 2019</b></p>	<p>Director Mathews explained that there was no meeting, and the budget is on task.</p> <p>Director Rogers explained the meeting minutes of the December 12, 2019, Program Committee.</p> <p>President Zendle explained that the next Hospital Lease Oversight meeting is scheduled for December 19, 2019.</p>	
<p><b>K. Old Business</b></p>		
<p><b>L. New Business</b></p> <p><b>1. Consideration to approve a budget to produce and publish the District and Foundation History Book – NTE \$45,000</b></p> <p><b>a. Consideration to approve a service agreement with Jeff Crider to produce and publish the District and Foundation History Book – NTE \$24,000</b></p>	<p>Will Dean, Communications and Marketing Director, provided an overview of the history of the District and Foundation, to capture and raise awareness, and the recommendation of Jeff Crider to produce and publish the book.</p> <p>Director Rogers inquired if the history book is in combination with an annual report.</p> <p>President Zendle explained his support and that the matters are two separate items.</p> <p>Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center (DRMC), explained that DRMC has an archive of photos and documents that the District can access.</p>	<p><b>#20-47 MOTION WAS MADE by Director Borja and seconded by Director Mathews to approve a budget NTE \$45k, and service agreement to produce and publish the District and Foundation History Book – NTE \$24k. Motion passed unanimously. AYES – 7 President Zendle, Vice-President De Lara, Director Mathews, Director Rogers, Director PerezGil, Director Borja, and Director Shorr NOES – 0 ABSENT – 0</b></p>



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<p><b>2. Consideration to approve a grant agreement between the Desert Healthcare District and Foundation and Coachella Valley Association of Governments for CV Link</b></p> <p><b>Public Comments</b></p>	<p>Jeff Scott, Legal Counsel, explained the history of the MOU in 2013 for the District to provide a funding commitment to CV Link. The grant was contingent on Coachella Valley Association of Governments (CVAG) obtaining funding of \$6M, including other conditions and contingencies that Counsel Scott described, reporting that CVAG received \$12.6M in matching funds. The community health needs assessment has not been completed, and CVAG should coordinate with District staff to establish the payments and payment schedule over a 5- to 6-year period. The Board has the right to revoke the payments if the District has financial obligations such as seismic, also describing the provisions.</p> <p>Tom Kirk, Executive Director, Coachella Valley Association of Governments (CVAG), explained the partnership with the District for the past 6 years and thanked the District staff, CVAG staff, and public supporters. Mr. Kirk explained that the project would not be in existence unless the Board supported the project, especially prior Director Kay Hazen, a long-term supporter of public health. Mr. Kirk thanked the District’s legal counsel, Jeff Scott, and CVAG’s legal counsel.</p>	
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	<p>The following persons provided public comments in support of CV Link except Indio Resident, Vanessa Rivera:</p> <p>Michael Rosen, Desert Disability Center; Jim Rothblatt, President of Friends of the CV Link; Jerry Alcorn, District Resident; Gary Lueders, Friends of CV Link; Erica Felci, Governmental Projects Manager, CVAG, read a letter from over 30-elected officials supporting CV Link; Evan Trubbe, Palm Desert Resident; Berlinda Blackburn, Palm Desert Resident; Tim Esser, Rancho Mirage Resident, Founder, Tour de Palm Springs; Greg Rodriguez, Government Relations and Public Policy Advisor, Supervisor Perez; and Vanessa Rivera, Indio Resident, inquired on the seismic retrofit at DRMC and distributing the wealth of the \$10M for impactful outcomes.</p> <p>President Zendle closed the public comments after the final speaker and opened the matter for Board discussion.</p> <p>Director PerezGil inquired on the differences and inconsistencies and protecting the bicyclists with no sidewalks or streetlights to enter and exit. Parking is limited, as well as restrooms with variations in certain areas.</p> <p>Tom Kirk, Executive Director, Coachella Valley Association of Governments (CVAG), explained that there are no differences – no</p>	
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	<p>restrooms or parking lots will be established. People should not be driving to CV Link, but walking. The path starts at Ramon and ends at Vista Chino, a roadway since these areas will have new bridges with under crossings. One of CVAG's priorities is to build roadways with federal funds.</p> <p>Director Shorr explained that there are no comfort stations for 43 miles of roadway inquiring on the expectation that users are self-sufficient.</p> <p>There are water stations every 2 miles as explained by Mr. Kirk, and there is a cost to maintain the facilities. Some restrooms connect to the Link in various areas.</p> <p>Director Rogers explained that she has seen other areas in the country with bike and walking paths, and it will be a major boost to the District and the community, and the District's impact on health and wellness, also describing the obligation of honoring the prior Board.</p> <p>Director Borja described the securing of \$113.1M, inquiring on how many miles have been created to date with Mr. Kirk explaining that 3-1/2 miles are completed thus far. Director Borja explained that in the new agreement, the District can only review audits and inspect CVAG programs within a certain portion of miles. Mr. Kirk explained that the funds are mixed with other</p>	
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	<p>funding and are open to the Board's inspection.</p> <p>Director Shorr inquired on the number of committed dollars, the cash on hand, the amount in cash not used, and how it is deployed for investment purposes.</p> <p>Mr. Kirk explained that \$20M is on hand, and President Zendle inquired whether the \$5M-\$10M has been expended thus far from funders.</p> <p>Vice-President De Lara explained that in that in 2013 while working for the county she was involved behind the scenes on the CV Link project; however, she did not want to discuss the pros and cons of the project now. The decision at hand is ensuring the District's expectations of CVAG are carried out in the future. Vice-President De Lara thanked the staff, especially the CEO and legal counsel for their efforts to address issues and create a new agreement. Moving forward it is the responsibility of Directors to ask questions and hold CVAG accountable to the provisions in the new agreement. She supports moving forward with the agreement since the project was previously approved by board.</p>	
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	<p>Director Matthews congratulated CVAG for the monetary commitments of over \$100M, explaining that he made the motion in 2013. Director Matthews emphasized that bikes and walking are good for the community. When the District expanded, there was no additional funding. One way to gain funding is the lease agreement with Tenet, explaining the current operations of Tenet at Desert Regional Medical Center, and if the negotiations were to extend the lease with Tenet moving forward, it would be determined by a public vote and Director Matthews moved for approval of the initial grant with CVAG, seconded by Director Rogers.</p> <p>President Zendle explained that the District currently has the monies to fund many organizations, the commitment was made in 2013, and with caution, as it will be difficult to quantify and measure the changes and community health impact and support the project.</p> <p>Director Borja believes that CVAG could obtain the \$10M through fundraising. Organizations that the District supports will not have the same access to funding as CVAG. At recent Board meetings, East Valley residents have expressed the health issues in their areas such as water quality and the recent mulch fire, and she does not have enough information to date to support the project, such as the projected costs of an audit review; thus, she will</p>	<p><b>#20-49 MOTION WAS MADE by Director Matthews and seconded by Director Rogers to approve a grant agreement between the Desert Healthcare District and Foundation and Coachella Valley Association of Governments for CV Link.</b></p> <p><b>Motion passed 5-2.</b></p> <p><b>AYES – 5 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers, and Director Shorr</b></p> <p><b>NOES – 2 - Director PerezGil and Director Borja</b></p> <p><b>ABSENT – 0</b></p>
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	<p>not be voting in favor of the motion.</p> <p>Director PerezGil understands the importance of biking, but with the new expansion of the District, she has other community concerns such as the inadequate drinking water, she is not comfortable voting yes, and the community she represents would not agree with the \$10M funding.</p>	
<b>M. Legal Comments &amp; Reports</b>	Jeff Scott, Legal Counsel, wished everyone a Merry Christmas and Happy Holidays.	
<b>N. Directors' Comments, Reports, Informational Items, &amp; Staff Direction and Guidance</b>		
<b>O. Adjournment</b>	President Zendle adjourned the meeting at 7:08 p.m.	<p><b>Audio recording available on the website at</b>  <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></p>

ATTEST: \_\_\_\_\_  
 Leticia De Lara, Vice-President/Secretary  
 Desert Healthcare District Board of Directors

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

<b>DESERT HEALTHCARE DISTRICT</b>
<b>NOVEMBER &amp; DECEMBER 2019 FINANCIAL STATEMENTS</b>
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Year to Date Variance Analysis
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Check Register - LPMP
Grants Schedule

**DESERT HEALTHCARE DISTRICT  
YEAR TO DATE VARIANCE ANALYSIS  
ACTUAL VS BUDGET  
SIX MONTHS ENDED DECEMBER 31, 2019**

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

Account	YTD		Over(Under)	Explanation
	Actual	Budget	Budget	
4000 - Income	\$ 4,085,719	\$ 4,118,384	\$ (30,665)	Interest income (net) from FRF investments \$2.5k; lower NEOPB Grant Income \$26k
5000 - Direct Expenses	\$ 402,982	\$ 590,737	\$ (187,755)	Lower wage related expenses \$148k due to no COO salary; lower health insurance related expenses \$37k; lower various 3k
6445 - LPMP Expense	\$ 468,201	\$ 524,388	\$ (56,187)	Lower landscaping expense 30k; lower depreciation exp 8k; lower marketing exp 4.5k; lower building/plumbing exp 5k; lower various 8.5k
6500 - Professional Fees Expense	\$ 404,422	\$ 592,488	\$ (188,066)	Lower Professional Services 152k; lower PR & Communications 20.5k; lower Legal 15.5k
7000 - Grants Expense	\$ 639,568	\$ 1,800,252	\$ (1,160,684)	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 December 2019

	MONTH						TOTAL		
	Nov 19	Budget	\$ Over Budget	Dec 19	Budget	\$ Over Budget	Jul - Dec 19	Budget	\$ Over Budget
<b>Income</b>									
4000 · Income	527,324	686,064	(158,740)	736,953	686,064	50,889	4,085,719	4,116,384	(30,665)
4500 · LPMP Income	99,908	101,950	(2,042)	100,012	102,050	(2,038)	597,186	610,250	(13,064)
4501 · Miscellaneous Income	750	950	(200)	750	950	(200)	4,500	5,700	(1,200)
<b>Total Income</b>	<b>627,982</b>	<b>788,964</b>	<b>(160,982)</b>	<b>837,715</b>	<b>789,064</b>	<b>48,651</b>	<b>4,687,405</b>	<b>4,732,334</b>	<b>(44,929)</b>
<b>Expense</b>									
5000 · Direct Expenses	112,876	89,484	23,392	62,964	144,601	(81,637)	402,982	590,737	(187,755)
6000 · General & Administrative Exp	40,647	43,082	(2,435)	39,619	43,082	(3,463)	247,873	258,490	(10,617)
6325 · CEO Discretionary Fund	420	417	3	688	417	271	1,108	2,502	(1,394)
6445 · LPMP Expenses	76,762	82,398	(5,636)	76,532	112,398	(35,866)	468,201	524,388	(56,187)
6500 · Professional Fees Expense	14,580	98,748	(84,168)	38,241	98,748	(60,507)	404,422	592,488	(188,066)
6700 · Trust Expenses	10,456	11,245	(789)	10,456	11,245	(789)	70,333	67,470	2,863
<b>Total Expense Before Grants</b>	<b>255,741</b>	<b>325,374</b>	<b>(69,633)</b>	<b>228,500</b>	<b>410,491</b>	<b>(181,991)</b>	<b>1,594,919</b>	<b>2,036,075</b>	<b>(441,156)</b>
7000 · Grants Expense	96,002	300,042	(204,040)	3,073	300,042	(296,969)	639,568	1,800,252	(1,160,684)
<b>Net Income</b>	<b>276,239</b>	<b>163,548</b>	<b>112,691</b>	<b>606,142</b>	<b>78,531</b>	<b>527,611</b>	<b>2,452,917</b>	<b>896,007</b>	<b>1,556,910</b>

Desert Healthcare District  
**Cumulative Profit & Loss Budget vs. Actual**  
 July through December 2019

	MONTH						TOTAL		
	Nov 19	Budget	\$ Over Budget	Dec 19	Budget	\$ Over Budget	Jul - Dec 19	Budget	\$ Over Budget
<b>Income</b>									
4000 · Income									
4010 · Property Tax Revenues	581,355	581,355	-	581,355	581,355	-	3,368,130	3,368,130	-
4200 · Interest Income									
4220 · Interest Income (FRF)	68,949	106,250	(37,301)	160,056	106,250	53,806	627,464	637,500	(10,036)
9999-1 · Unrealized gain(loss) on Invest	(104,729)	8,333	(113,062)	10,664	8,333	2,331	57,379	49,998	7,381
<b>Total 4200 · Interest Income</b>	<b>(35,780)</b>	<b>114,583</b>	<b>(150,363)</b>	<b>170,720</b>	<b>114,583</b>	<b>56,137</b>	<b>684,843</b>	<b>687,498</b>	<b>(2,655)</b>
4300 · DHC Recoveries									
4305 · Patient Related Collections	-	-	-	56	-	56	105	-	105
4350 · Rental - Airways	1,749	1,750	(1)	1,749	1,750	(1)	10,494	10,500	(6)
<b>Total 4300 · DHC Recoveries</b>	<b>1,749</b>	<b>1,750</b>	<b>(1)</b>	<b>1,805</b>	<b>1,750</b>	<b>55</b>	<b>10,599</b>	<b>10,500</b>	<b>99</b>
4400 · Grant Income	-	8,375	(8,375)	3,073	8,375	(5,302)	22,148	50,250	(28,102)
<b>Total 4000 · Income</b>	<b>527,324</b>	<b>688,063</b>	<b>(158,739)</b>	<b>736,953</b>	<b>688,063</b>	<b>50,890</b>	<b>4,065,720</b>	<b>4,116,378</b>	<b>(30,658)</b>
4500 · LPMP Income	99,908	101,950	(2,042)	100,012	102,050	(2,038)	597,186	610,250	(13,064)
4501 · Miscellaneous Income	750	950	(200)	750	950	(200)	4,500	5,700	(1,200)
<b>Total Income</b>	<b>627,982</b>	<b>788,963</b>	<b>(160,981)</b>	<b>837,715</b>	<b>789,063</b>	<b>48,652</b>	<b>4,687,406</b>	<b>4,732,328</b>	<b>(44,922)</b>
<b>Expense</b>									
5000 · Direct Expenses									
5100 · Administration Expense									
5110 · Wages Expense	92,561	82,846	9,715	51,023	132,000	(80,977)	376,549	548,230	(169,681)
5111 · Allocation to LPMP - Payroll	(5,085)	(5,084)	(1)	(5,085)	(5,084)	(1)	(30,510)	(30,504)	(6)
5112 · Vacation/Sick/Holiday Expense	22,947	7,500	15,447	19,818	7,500	12,318	66,035	45,000	21,035
5114 · Allocation to Foundation	(25,473)	(25,473)	-	(25,473)	(25,473)	-	(152,838)	(152,838)	-
5115 · Allocation to NEOPB	-	(7,289)	7,289	(2,934)	(7,289)	4,355	(20,029)	(43,734)	23,705
5119 · Allocation to RSS/CVHIP-DHCF	(2,363)	(2,382)	19	(2,070)	(2,382)	312	(11,435)	(14,292)	2,857
5120 · Payroll Tax Expense	7,844	6,338	1,506	5,177	10,098	(4,921)	33,188	41,788	(8,600)
5130 · Health Insurance Expense									
5131 · Premiums Expense	10,715	12,213	(1,498)	13,551	12,213	1,338	63,419	73,278	(9,859)
5135 · Reimb/Co-Payments Expense	-	2,250	(2,250)	1,927	2,250	(323)	6,743	13,500	(6,757)
<b>Total 5130 · Health Insurance Expense</b>	<b>10,715</b>	<b>14,463</b>	<b>(3,748)</b>	<b>15,478</b>	<b>14,463</b>	<b>1,015</b>	<b>70,162</b>	<b>86,778</b>	<b>(16,616)</b>
5140 · Workers Comp. Expense	619	1,042	(423)	619	1,042	(423)	4,678	5,736	(1,058)
5145 · Retirement Plan Expense	5,347	4,405	942	3,600	6,808	(3,008)	24,184	27,861	(3,677)
5160 · Education Expense	313	625	(312)	80	625	(545)	9,765	3,750	6,015
<b>Total 5100 · Administration Expense</b>	<b>107,425</b>	<b>78,991</b>	<b>30,434</b>	<b>60,233</b>	<b>132,108</b>	<b>(71,875)</b>	<b>389,749</b>	<b>515,775</b>	<b>(146,026)</b>
5200 · Board Expenses									
5210 · Healthcare Benefits Expense	2,790	5,834	(3,044)	(200)	5,834	(6,034)	13,746	35,004	(21,258)
5230 · Meeting Expense	521	1,667	(1,146)	515	1,667	(1,152)	6,352	10,002	(3,650)
5235 · Director Stipend Expense	1,300	4,200	(2,900)	1,800	4,200	(2,400)	9,200	25,200	(16,000)
5240 · Catering Expense	800	583	217	549	583	(34)	3,119	3,498	(379)
5250 · Mileage Reimbursement Expense	40	208	(168)	66	208	(142)	811	1,248	(437)
<b>Total 5200 · Board Expenses</b>	<b>5,451</b>	<b>12,492</b>	<b>(7,041)</b>	<b>2,730</b>	<b>12,492</b>	<b>(9,762)</b>	<b>33,228</b>	<b>74,952</b>	<b>(41,724)</b>
<b>Total 5000 · Direct Expenses</b>	<b>112,876</b>	<b>89,483</b>	<b>23,393</b>	<b>62,963</b>	<b>144,600</b>	<b>(81,637)</b>	<b>402,977</b>	<b>590,727</b>	<b>(187,750)</b>
6000 · General & Administrative Exp									
6110 · Payroll fees Expense	59	208	(149)	168	208	(40)	1,005	1,248	(243)
6120 · Bank and Investment Fees Exp	9,325	9,833	(508)	9,295	9,833	(538)	56,236	58,998	(2,762)
6125 · Depreciation Expense	986	1,250	(264)	986	1,250	(264)	5,916	7,500	(1,584)
6126 · Depreciation-Solar Parking lot	15,072	15,072	-	15,072	15,072	-	90,432	90,432	-
6130 · Dues and Membership Expense	1,014	2,500	(1,486)	2,477	2,500	(23)	23,054	15,000	8,054
6200 · Insurance Expense	1,753	1,500	253	1,753	1,500	253	10,718	9,000	1,718
6300 · Minor Equipment Expense	-	42	(42)	-	42	(42)	-	252	(252)
6305 · Auto Allowance & Mileage Exp	692	600	92	482	600	(118)	1,816	3,600	(1,784)
6306 · Staff- Auto Mileage reimb	1,442	500	942	1,331	500	831	3,039	3,000	39
6309 · Personnel Expense	375	83	292	333	83	250	6,708	498	6,210
6310 · Miscellaneous Expense	-	42	(42)	-	42	(42)	53	252	(199)
6311 · Cell Phone Expense	439	776	(337)	-	776	(776)	2,447	4,656	(2,209)

Desert Healthcare District  
**Cumulative Profit & Loss Budget vs. Actual**  
 July through December 2019

	MONTH						TOTAL		
	Nov 19	Budget	\$ Over Budget	Dec 19	Budget	\$ Over Budget	Jul - Dec 19	Budget	\$ Over Budget
6312 • Wellness Park Expenses	-	83	(83)	-	83	(83)	-	498	(498)
6315 • Security Monitoring Expense	-	42	(42)	-	42	(42)	216	252	(36)
6340 • Postage Expense	28	417	(389)	-	417	(417)	584	2,502	(1,918)
6350 • Copier Rental/Fees Expense	466	458	8	394	458	(64)	2,042	2,748	(706)
6351 • Travel Expense	3,010	917	2,093	3,731	917	2,814	11,258	5,502	5,756
6352 • Meals & Entertainment Exp	1,620	583	1,037	1,252	583	669	5,013	3,498	1,515
6355 • Computer Services Expense	688	3,775	(3,087)	1,052	3,775	(2,723)	7,687	22,650	(14,963)
6360 • Supplies Expense	2,977	1,667	1,310	612	1,667	(1,055)	15,641	10,002	5,639
6380 • LAFCO Assessment Expense	153	1,667	(1,514)	153	1,667	(1,514)	918	10,002	(9,084)
6400 • East Valley Office									
6405 • East Valley Office - Rent	550	650	(100)	550	650	(100)	3,300	3,900	(600)
6410 • East Valley Office - Utilities		417	(417)		417	(417)		2,502	(2,502)
Total 6400 • East Valley Office	550	1,067	(517)	550	1,067	(517)	3,300	6,402	(3,102)
Total 6000 • General & Administrative Exp	40,649	43,082	(2,433)	39,621	43,082	(3,461)	247,883	258,492	(10,609)
6325 • CEO Discretionary Fund	420	417	3	688	417	271	1,108	2,502	(1,394)
6445 • LPMP Expenses	76,762	82,395	(5,633)	76,533	112,395	(35,862)	468,205	524,370	(56,165)
6500 • Professional Fees Expense									
6516 • Professional Services Expense	2,385	70,000	(67,615)	6,178	70,000	(63,822)	267,910	420,000	(152,090)
6520 • Annual Audit Fee Expense	1,563	1,540	23	1,563	1,540	23	9,378	9,240	138
6530 • PR/Communications/Website	10,632	7,208	3,424	2,645	7,208	(4,563)	22,736	43,248	(20,512)
6560 • Legal Expense		20,000	(20,000)	27,855	20,000	7,855	104,401	120,000	(15,599)
Total 6500 • Professional Fees Expense	14,580	98,748	(84,168)	38,241	98,748	(60,507)	404,425	592,488	(188,063)
6700 • Trust Expenses									
6711 • Disability Admin. Fee Expense	-	537	(537)	-	537	(537)	-	3,222	(3,222)
6720 • Pension Plans Expense									
6721 • Legal Expense	-	167	(167)	-	167	(167)	-	1,002	(1,002)
6725 • RPP Pension Expense	10,000	10,000	-	10,000	10,000	-	60,000	60,000	-
6728 • Pension Audit Fee Expense	456	542	(86)	456	542	(86)	10,333	3,252	7,081
Total 6720 • Pension Plans Expense	10,456	10,709	(253)	10,456	10,709	(253)	70,333	64,254	6,079
Total 6700 • Trust Expenses	10,456	11,246	(790)	10,456	11,246	(790)	70,333	67,476	2,857
Total Expense Before Grants	255,741	325,374	(69,633)	228,500	410,491	(181,991)	1,594,927	2,036,061	(441,134)
7000 • Grants Expense									
7010 • Major Grant Awards Expense	96,002	291,667	(195,665)	-	291,667	(291,667)	617,420	1,750,002	(1,132,582)
7027 • Grant Exp - NEOPB	-	8,375	(8,375)	3,073	8,375	(5,302)	22,148	50,250	(28,102)
Total 7000 • Grants Expense	96,002	300,042	(204,040)	3,073	300,042	(296,969)	639,568	1,800,252	(1,160,684)
Net Income	276,239	163,548	112,691	606,142	78,531	527,611	2,452,917	896,967	1,556,910

Las Palmas Medical Plaza  
**Cumulative Profit & Loss Budget vs. Actual**  
 July through December 2019

	MONTH						TOTAL		
	Nov 19	Budget	\$ Over Budget	Dec 19	Budget	\$ Over Budget	Jul - Dec 19	Budget	\$ Over Budget
<b>Income</b>									
4600 • LPMP Income									
4605 • Rental Income	71,894	73,250	(1,356)	71,998	73,250	(1,252)	429,751	438,450	(8,699)
4610 • CAM Income	28,014	28,700	(686)	28,014	28,700	(686)	167,435	171,600	(4,165)
4613 • Misc. Income	-	-	-	-	100	(100)	-	200	(200)
<b>Total 4600 • LPMP Income</b>	<b>99,908</b>	<b>101,950</b>	<b>(2,042)</b>	<b>100,012</b>	<b>102,050</b>	<b>(2,038)</b>	<b>597,186</b>	<b>610,250</b>	<b>(13,064)</b>
<b>Expense</b>									
6445 • LPMP Expenses									
6420 • Insurance Expense	1,879	1,083	796	1,879	1,083	796	11,274	6,498	4,776
6425 • Building - Depreciation Expense	21,484	21,667	(183)	21,484	21,667	(183)	128,904	130,002	(1,098)
6426 • Tenant Improvements -Dep Exp	15,914	17,083	(1,169)	15,914	17,083	(1,169)	95,484	102,498	(7,014)
6427 • HVAC Maintenance Expense	2,674	1,333	1,341	-	1,333	(1,333)	6,688	7,998	(1,310)
6428 • Roof Repairs Expense	-	208	(208)	-	208	(208)	-	1,248	(1,248)
6431 • Building -Interior Expense	-	833	(833)	-	833	(833)	1,600	4,998	(3,398)
6432 • Plumbing -Interior Expense	-	333	(333)	-	333	(333)	1,670	1,998	(328)
6433 • Plumbing -Exterior Expense	-	208	(208)	-	208	(208)	-	1,248	(1,248)
6434 • Allocation Internal Prop. Mgmt	5,085	5,084	1	5,085	5,084	1	30,510	30,504	6
6435 • Bank Charges	1,115	1,042	73	1,115	1,042	73	6,738	6,252	486
6437 • Utilities -Vacant Units Expense	79	208	(129)	88	208	(140)	293	1,248	(955)
6439 • Deferred Maintenance Repairs Ex	-	500	(500)	-	500	(500)	-	3,000	(3,000)
6440 • Professional Fees Expense	10,117	10,472	(355)	10,117	10,472	(355)	66,967	62,832	4,135
6441 • Legal Expense	-	83	(83)	-	83	(83)	-	498	(498)
6468 • Elevators - R & M Expense	229	1,000	(771)	1,594	1,000	594	5,370	6,000	(630)
6460 • Exterminating Service Expense	-	417	(417)	250	417	(167)	610	2,502	(1,892)
6463 • Landscaping Expense	-	833	(833)	-	30,833	(30,833)	4,987	34,998	(30,011)
6467 • Lighting Expense	2,250	833	1,417	-	833	(833)	2,250	4,998	(2,748)
6468 • General Maintenance Expense	-	83	(83)	-	83	(83)	-	498	(498)
6471 • Marketing-Advertising	-	1,417	(1,417)	4,096	1,417	2,679	4,096	8,502	(4,406)
6476 • Property Taxes Expense	6,000	6,008	(8)	6,000	6,008	(8)	36,000	36,048	(48)
6476 • Signage Expense	-	125	(125)	-	125	(125)	215	750	(535)
6480 • Rubbish Removal Medical Waste E	2,012	1,442	570	1,480	1,442	38	7,939	8,652	(713)
6481 • Rubbish Removal Expense	2,227	2,250	(23)	-	2,250	(2,250)	11,135	13,500	(2,365)
6482 • Utilities/Electricity/Exterior	429	625	(196)	514	625	(111)	2,571	3,750	(1,179)
6484 • Utilities - Water (Exterior)	393	708	(315)	368	708	(340)	2,913	4,248	(1,335)
6485 • Security Expenses	4,875	6,417	(1,542)	6,447	6,417	30	38,369	38,502	(133)
6490 • Miscellaneous Expense	-	100	(100)	122	100	22	1,622	600	1,022
<b>Total 6445 • LPMP Expenses</b>	<b>76,762</b>	<b>82,395</b>	<b>(5,633)</b>	<b>76,533</b>	<b>112,395</b>	<b>(35,862)</b>	<b>468,205</b>	<b>524,370</b>	<b>(56,165)</b>
<b>Net Income</b>	<b>23,146</b>	<b>19,555</b>	<b>3,591</b>	<b>23,479</b>	<b>(10,346)</b>	<b>33,824</b>	<b>128,981</b>	<b>85,880</b>	<b>43,101</b>

**Desert Healthcare District**  
**Balance Sheet**  
As of December 31, 2019

		Dec 31, 19
<b>ASSETS</b>		
<b>Current Assets</b>		
<b>Checking/Savings</b>		
	1000 · CHECKING CASH ACCOUNTS	2,547,199
	1100 · INVESTMENT ACCOUNTS	57,108,177
	<b>Total Checking/Savings</b>	<b>59,655,376</b>
	<b>Accounts Receivable</b>	26,519
<b>Other Current Assets</b>		
	1270 · Prepaid Insurance -Ongoing	24,542
	1279 · Pre-Paid Fees	14,940
	1281 · NEOPB Receivable	22,802
	1295 · Property Tax Receivable	1,932,875
	<b>Total Other Current Assets</b>	<b>1,995,160</b>
	<b>Total Current Assets</b>	<b>61,677,055</b>
<b>Fixed Assets</b>		
	1300 · FIXED ASSETS	4,910,528
	1335-00 · ACC DEPR	(1,917,954)
	1400 · LPMP Assets	7,015,952
	<b>Total Fixed Assets</b>	<b>10,008,527</b>
<b>Other Assets</b>		
	1700 · OTHER ASSETS	2,867,136
	<b>TOTAL ASSETS</b>	<b>74,552,717</b>
<b>LIABILITIES &amp; EQUITY</b>		
<b>Liabilities</b>		
<b>Current Liabilities</b>		
<b>Accounts Payable</b>		
	2000 · Accounts Payable	19,348
	2001 · LPMP Accounts Payable	7,774
	<b>Total Accounts Payable</b>	<b>27,122</b>
<b>Other Current Liabilities</b>		
	2002 · LPMP Property Taxes	538
	2131 · Grant Awards Payable	5,994,955
	2133 · Accrued Accounts Payable	129,550

**Desert Healthcare District**  
**Balance Sheet**  
As of December 31, 2019

		Dec 31, 19
	2141 · Accrued Vacation Time	26,850
	2188 · Current Portion - LTD	7,402
	2190 · Investment Fees Payable	24,786
	<b>Total Other Current Liabilities</b>	<b>6,184,080</b>
	<b>Total Current Liabilities</b>	<b>6,211,202</b>
	<b>Long Term Liabilities</b>	
	2170 · RPP - Pension Liability	3,455,623
	2171 · RPP-Deferred Inflows-Resources	1,643,743
	2280 · Long-Term Disability	40,626
	2281 · Grants Payable - Long-term	5,400,000
	2286 · Retirement BOD Medical Liabilit	82,207
	2290 · LPMP Security Deposits	59,044
	<b>Total Long Term Liabilities</b>	<b>10,681,242</b>
	<b>Total Liabilities</b>	<b>16,892,444</b>
	<b>Equity</b>	
	3900 · *Retained Earnings	55,207,356
	Net Income	2,452,917
	<b>Total Equity</b>	<b>57,660,273</b>
	<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>74,552,717</b>

**Desert Healthcare District**  
**Balance Sheet**  
As of December 31, 2019

		Dec 31, 19
<b>ASSETS</b>		
<b>Current Assets</b>		
<b>Checking/Savings</b>		
<b>1000 · CHECKING CASH ACCOUNTS</b>		
	1010 · Union Bank - Checking	2,172,799
	1046 · Las Palmas Medical Plaza	373,900
	1047 · Petty Cash	500
	<b>Total 1000 · CHECKING CASH ACCOUNTS</b>	<b>2,547,199</b>
<b>1100 · INVESTMENT ACCOUNTS</b>		
	1130 · Facility Replacement Fund	56,656,558
	1135 · Unrealized Gain(Loss) FRF	451,619
	<b>Total 1100 · INVESTMENT ACCOUNTS</b>	<b>57,108,177</b>
	<b>Total Checking/Savings</b>	<b>59,655,376</b>
<b>Accounts Receivable</b>		
<b>1201 · Accounts Receivable</b>		
	1204 · LPMP Accounts Receivable	(4,774)
	1205 · Misc. Accounts Receivable	3,750
	1211 · A-R Foundation - Exp Allocation	27,543
	<b>Total 1201 · Accounts Receivable</b>	<b>26,519</b>
<b>Other Current Assets</b>		
	1270 · Prepaid Insurance -Ongoing	24,542
	1279 · Pre-Paid Fees	14,940
	1281 · NEOPB Receivable	22,802
	1295 · Property Tax Receivable	1,932,875
	<b>Total Other Current Assets</b>	<b>1,995,160</b>
	<b>Total Current Assets</b>	<b>61,677,055</b>
<b>Fixed Assets</b>		
<b>1300 · FIXED ASSETS</b>		
	1310 · Computer Equipment	91,398
	1315 · Computer Software	68,770
	1320 · Furniture and Fixtures	33,254
	1325 · Offsite Improvements	300,849
	1331 · DRMC - Parking lot	4,416,257

**Desert Healthcare District**  
**Balance Sheet**  
As of December 31, 2019

		Dec 31, 19
<b>Total 1300 · FIXED ASSETS</b>		<b>4,910,528</b>
<b>1335-00 · ACC DEPR</b>		
	1335 · Accumulated Depreciation	(208,396)
	1336 · Acc. Software Depreciation	(68,770)
	1337 · Accum Deprec- Solar Parking Lot	(1,507,371)
	1338 · Accum Deprec - LPMP Parking Lot	(133,418)
<b>Total 1335-00 · ACC DEPR</b>		<b>(1,917,954)</b>
<b>1400 · LPMP Assets</b>		
	1401 · Building	8,705,680
	1402 · Land	2,165,300
	1403 · Tenant Improvements -New	2,193,683
	1404 · Tenant Improvements - CIP	129,550
	1406 · Building Improvements	
	1406.1 · LPMP-Replace Parking Lot	676,484
	1406 · Building Improvements - Other	1,559,534
<b>Total 1406 · Building Improvements</b>		<b>2,236,018</b>
	1407 · Building Equipment Improvements	364,891
	1409 · Accumulated Depreciation	
	1410 · Accum. Depreciation	(7,290,783)
	1412 · T I Accumulated Dep.-New	(1,488,387)
<b>Total 1409 · Accumulated Depreciation</b>		<b>(8,779,170)</b>
<b>Total 1400 · LPMP Assets</b>		<b>7,015,952</b>
<b>Total Fixed Assets</b>		<b>10,008,527</b>
<b>Other Assets</b>		
<b>1700 · OTHER ASSETS</b>		
	1731 · Wellness Park	1,693,800
	1740 · RPP-Deferred Outflows-Resources	1,159,189
	1741 · OPEB-Deferrred Outflows-Resourc	14,147
<b>Total 1700 · OTHER ASSETS</b>		<b>2,867,136</b>
<b>TOTAL ASSETS</b>		<b>74,552,717</b>
<b>LIABILITIES &amp; EQUITY</b>		
<b>Liabilities</b>		
<b>Current Liabilities</b>		



**Desert Healthcare District**  
**Balance Sheet**  
As of December 31, 2019

		Dec 31, 19
	<b>Accounts Payable</b>	
	2000 · Accounts Payable	19,348
	2001 · LPMP Accounts Payable	7,774
	<b>Total Accounts Payable</b>	<b>27,122</b>
	<b>Other Current Liabilities</b>	
	2002 · LPMP Property Taxes	538
	2131 · Grant Awards Payable	5,994,955
	2133 · Accrued Accounts Payable	129,550
	2141 · Accrued Vacation Time	26,850
	2188 · Current Portion - LTD	7,402
	2190 · Investment Fees Payable	24,786
	<b>Total Other Current Liabilities</b>	<b>6,184,080</b>
	<b>Total Current Liabilities</b>	<b>6,211,202</b>
	<b>Long Term Liabilities</b>	
	2170 · RPP - Pension Liability	3,455,623
	2171 · RPP-Deferred Inflows-Resources	1,643,743
	2280 · Long-Term Disability	40,626
	2281 · Grants Payable - Long-term	5,400,000
	2286 · Retirement BOD Medical Liabilit	82,207
	2290 · LPMP Security Deposits	59,044
	<b>Total Long Term Liabilities</b>	<b>10,681,242</b>
	<b>Total Liabilities</b>	<b>16,892,444</b>
	<b>Equity</b>	
	3900 · *Retained Earnings	55,207,356
	Net Income	2,452,917
	<b>Total Equity</b>	<b>57,660,273</b>
	<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>74,552,717</b>

**Desert Healthcare District**  
**A/R Aging Summary**  
As of December 31, 2019

	<b>Current</b>	<b>1 - 30</b>	<b>31 - 60</b>	<b>61 - 90</b>	<b>&gt; 90</b>	<b>TOTAL</b>	
<b>Desert Healthcare Foundation-</b>	27,543	-	-	-	-	27,543	Due from Foundation
<b>Laboratory Corporation of America</b>	-	(4,774)	-	-	-	(4,774)	Prepaid
<b>Sovereign</b>	750	-	750	750	1,500	3,750	Slow Pay
<b>TOTAL</b>	<b>28,293</b>	<b>(4,774)</b>	<b>750</b>	<b>750</b>	<b>1,500</b>	<b>26,519</b>	

**Desert Healthcare District**  
**Deposit Detail**  
November through December 2019

Type	Date	Name	Amount
<b>Deposit</b>	<b>11/04/2019</b>		<b>1,749</b>
		T-Mobile	(1,749)
<b>TOTAL</b>			<b>(1,749)</b>
<b>Deposit</b>	<b>11/05/2019</b>		<b>750</b>
<b>Payment</b>	<b>11/05/2019</b>	<b>Sovereign</b>	<b>(750)</b>
<b>TOTAL</b>			<b>(750)</b>
<b>Deposit</b>	<b>12/03/2019</b>		<b>1,749</b>
		T-Mobile	(1,749)
<b>TOTAL</b>			<b>(1,749)</b>
<b>Deposit</b>	<b>12/09/2019</b>		<b>56</b>
		California Business Bureau, Inc.	(56)
<b>TOTAL</b>			<b>(56)</b>
<b>Deposit</b>	<b>12/12/2019</b>		<b>5,347</b>
		Riverside County Treasurer-NEOPB/CalFresh	(5,347)
<b>TOTAL</b>			<b>(5,347)</b>
<b>Deposit</b>	<b>12/16/2019</b>		<b>135,292</b>
<b>Payment</b>	<b>12/16/2019</b>	<b>Desert Healthcare Foundation-Interco Reimb</b>	<b>(135,292)</b>
<b>TOTAL</b>			<b>(135,292)</b>
<b>Deposit</b>	<b>12/16/2019</b>		<b>6,138</b>
		Riverside County Treasurer-	(6,138)
<b>TOTAL</b>			<b>(6,138)</b>

**Desert Healthcare District**  
**Deposit Detail**  
November through December 2019

<b>Type</b>	<b>Date</b>	<b>Name</b>	<b>Amount</b>
<b>Deposit</b>	<b>12/17/2019</b>		<b>1,216,585</b>
		Riverside County Treasurer-	(1,216,585)
<b>TOTAL</b>			<b>(1,216,585)</b>
<b>Deposit</b>	<b>12/19/2019</b>		<b>1,792</b>
<b>Payment</b>	<b>12/19/2019</b>	Mark Matthews-Insurance Premium Reimb	(1,792)
<b>TOTAL</b>			<b>(1,792)</b>
		<b>TOTAL</b>	<b>1,369,458</b>

**DESERT HEALTHCARE DISTRICT**  
**PROPERTY TAX RECEIPTS FY 2019 - 2020**  
**RECEIPTS - TWELVE MONTHS ENDED JUNE 30, 2020**

	FY 2018-2019 Projected/Actual					FY 2019-2020 Projected/Actual				
	Budget %	Budget \$	Act %	Actual Receipts	Variance	Budget %	Budget \$	Act %	Actual Receipts	Variance
<b>July</b>	2.5%	\$ 165,105	1.3%	\$ 87,106	\$ (77,998)	2.5%	\$ 168,407	0.0%	\$ -	\$ (168,407)
<b>Aug</b>	1.6%	\$ 105,667	1.3%	\$ 88,674	\$ (16,993)	1.6%	\$ 107,780	3.1%	\$ 207,292	\$ 99,512
<b>Sep</b>	2.6%	\$ 171,709	2.4%	\$ 155,626	\$ (16,083)	2.6%	\$ 175,143	0.0%	\$ -	\$ (175,143)
<b>Oct</b>	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	2.4%	\$ 158,895	\$ 158,895
<b>Nov</b>	0.4%	\$ 26,417	0.0%	\$ -	\$ (26,417)	0.4%	\$ 26,945	0.0%	\$ -	\$ (26,945)
<b>Dec</b>	16.9%	\$ 1,116,106	17.8%	\$ 1,177,161	\$ 61,054	16.9%	\$ 1,138,429	18.2%	\$ 1,222,723	\$ 84,294
<b>Jan</b>	31.9%	\$ 2,106,733	19.7%	\$ 1,299,278	\$ (807,456)	31.9%	\$ 2,148,868	0.0%		
<b>Feb</b>	0.0%	\$ -	13.9%	\$ 918,846	\$ 918,846	0.0%	\$ -	0.0%		
<b>Mar</b>	0.3%	\$ 19,813	0.7%	\$ 44,532	\$ 24,719	0.3%	\$ 20,209	0.0%		
<b>Apr</b>	5.5%	\$ 363,230	5.9%	\$ 392,745	\$ 29,515	5.5%	\$ 370,495	0.0%		
<b>May</b>	19.9%	\$ 1,314,232	20.3%	\$ 1,341,271	\$ 27,039	19.9%	\$ 1,340,517	0.0%		
<b>June</b>	18.4%	\$ 1,215,169	22.3%	\$ 1,470,000	\$ 254,830	18.4%	\$ 1,239,473	0.0%		
<b>Total</b>	<b>100%</b>	<b>\$ 6,604,180</b>	<b>105.6%</b>	<b>\$ 6,975,238</b>	<b>\$ 371,058</b>	<b>100.00%</b>	<b>\$ 6,736,264</b>	<b>23.6%</b>	<b>\$ 1,588,910</b>	<b>\$ (27,793)</b>

**Las Palmas Medical Plaza**  
**Deposit Detail - LPMP**  
November through December 2019

Type	Date	Name	Amount
<b>Deposit</b>	<b>11/01/2019</b>		<b>3,854</b>
Payment	11/01/2019	Quest Diagnostics Incorporated	(3,854)
TOTAL			(3,854)
<b>Deposit</b>	<b>11/05/2019</b>		<b>24,233</b>
Payment	11/05/2019	Derakhsh Fozouni, M.D.	(5,841)
Payment	11/05/2019	Palmtree Clinical Research	(6,217)
Payment	11/05/2019	Ramy Awad, M.D.	(3,180)
Payment	11/05/2019	Aijaz Hashmi, M.D., Inc.	(2,745)
Payment	11/05/2019	Brad A. Wolfson, M.D.	(3,354)
Payment	11/05/2019	Cure Cardiovascular Consultants	(2,898)
TOTAL			(24,233)
<b>Deposit</b>	<b>11/05/2019</b>		<b>28,052</b>
Payment	11/05/2019	Tenet HealthSystem Desert, Inc.	(28,052)
TOTAL			(28,052)
<b>Deposit</b>	<b>11/07/2019</b>		<b>5,250</b>
Payment	11/07/2019	Pathway Pharmaceuticals, Inc.	(2,249)
Payment	11/07/2019	Peter Jamieson, M.D.	(3,001)
TOTAL			(5,250)
<b>Deposit</b>	<b>11/18/2019</b>		<b>16,728</b>
Payment	11/18/2019	Dennis Spurgin, D.C.	(2,739)
Payment	11/18/2019	Desert Regional Medical Center	(4,903)
Payment	11/18/2019	Tenet HealthSystem Desert, Inc	(5,543)
Payment	11/18/2019	Cohen Musch Thomas Medical Group	(3,543)
TOTAL			(16,728)

**Las Palmas Medical Plaza  
Deposit Detail - LPMP  
November through December 2019**

Type	Date	Name	Amount
<b>Deposit</b>	<b>11/19/2019</b>		<b>3,493</b>
Payment	11/19/2019	Desert Family Medical Center	(3,493)
<b>TOTAL</b>			<b>(3,493)</b>
<b>Deposit</b>	<b>11/21/2019</b>		<b>4,774</b>
Payment	11/21/2019	Laboratory Corporation of America	(4,774)
<b>TOTAL</b>			<b>(4,774)</b>
<b>Deposit</b>	<b>11/25/2019</b>		<b>3,543</b>
Payment	11/25/2019	Cohen Musch Thomas Medical Group	(3,543)
<b>TOTAL</b>			<b>(3,543)</b>
<b>Deposit</b>	<b>11/26/2019</b>		<b>5,235</b>
Payment	11/26/2019	Steven Gundry, M.D.	(5,235)
<b>TOTAL</b>			<b>(5,235)</b>
<b>Deposit</b>	<b>12/02/2019</b>		<b>3,854</b>
Payment	12/02/2019	Quest Diagnostics Incorporated	(3,854)
<b>TOTAL</b>			<b>(3,854)</b>
<b>Deposit</b>	<b>12/05/2019</b>		<b>24,233</b>
Payment	12/05/2019	Derakhsh Fozouni, M.D.	(5,841)
Payment	12/05/2019	Palmtree Clinical Research	(6,217)
Payment	12/05/2019	Ramy Awad, M.D.	(3,180)
Payment	12/05/2019	Aijaz Hashmi, M.D., Inc.	(2,745)
Payment	12/05/2019	Brad A. Wolfson, M.D.	(3,354)
Payment	12/05/2019	Cure Cardiovascular Consultants	(2,898)

**Las Palmas Medical Plaza**  
**Deposit Detail - LPMP**  
November through December 2019

Type	Date	Name	Amount
<b>TOTAL</b>			<b>(24,233)</b>
<b>Deposit</b>	<b>12/09/2019</b>		<b>49,892</b>
Payment	12/09/2019	EyeCare Services Partners Management LLC	(6,159)
Payment	12/09/2019	Desert Oasis Healthcare Medical Group	(2,130)
Payment	12/09/2019	Tenet HealthSystem Desert, Inc	(5,543)
Payment	12/09/2019	Desert Regional Medical Center	(5,006)
Payment	12/09/2019	Tenet HealthSystem Desert, Inc.	(28,052)
Payment	12/09/2019	Peter Jamieson, M.D.	(3,001)
<b>TOTAL</b>			<b>(49,892)</b>
<b>Deposit</b>	<b>12/12/2019</b>		<b>4,988</b>
Payment	12/12/2019	Pathway Pharmaceuticals, Inc.	(2,249)
Payment	12/12/2019	Dennis Spurgin, D.C.	(2,739)
<b>TOTAL</b>			<b>(4,988)</b>
<b>Deposit</b>	<b>12/19/2019</b>		<b>3,493</b>
Payment	12/19/2019	Desert Family Medical Center	(3,493)
<b>TOTAL</b>			<b>(3,493)</b>
<b>Deposit</b>	<b>12/19/2019</b>		<b>1,946</b>
		Hassan Bencheqroun, M.D.	(1,946)
<b>TOTAL</b>		-Suite 1W-104 Security Deposit	<b>(1,946)</b>
<b>Deposit</b>	<b>12/19/2019</b>		<b>4,774</b>
Payment	12/19/2019	Laboratory Corporation of America	(4,774)
<b>TOTAL</b>			<b>(4,774)</b>
		<b>TOTAL</b>	<b>188,342</b>



**Desert Healthcare District**  
**Check Register**  
November through December 2019

Type	Date	Num	Name	Amount
<b>1000 · CHECKING CASH ACCOUNTS</b>				
<b>1010 · Union Bank - Checking</b>				
General Journal	11/01/2019	05-01	401a payment - 11/1/19 payroll	(1,737)
General Journal	11/01/2019	05-01	457b payment - 11/1/19 payroll	(2,526)
Check	11/06/2019	Auto Pay	Calif. Public Employees' Retirement System	(10,596)
Bill Pmt -Check	11/06/2019	15702	Coachella Valley Rescue Mission	(48,645)
Bill Pmt -Check	11/06/2019	15703	Evet PerezGil - Oct 19 Stipend	(400)
Bill Pmt -Check	11/06/2019	15704	Image Source	(716)
Bill Pmt -Check	11/06/2019	15705	Law Offices of Scott & Jackson	(24,975)
Bill Pmt -Check	11/06/2019	15706	Maggie Martinez	(833)
Bill Pmt -Check	11/06/2019	15707	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	11/06/2019	15708	Pitney Bowes Global Financial Services	(278)
Bill Pmt -Check	11/06/2019	15709	PolicyMap, Inc.	(5,006)
Bill Pmt -Check	11/06/2019	15710	Ready Refresh	(50)
Bill Pmt -Check	11/06/2019	15711	Rogers, Carole-July-Oct 19 Stipends; June-Oct Mileage	(1,299)
Bill Pmt -Check	11/06/2019	15712	So.Cal Computer Shop	(5,835)
Bill Pmt -Check	11/06/2019	15713	Staples Credit Plan	(1,687)
Bill Pmt -Check	11/06/2019	15714	Top Shop	(67)
Bill Pmt -Check	11/06/2019	15715	Underground Service Alert of Southern Cal	(3)
Bill Pmt -Check	11/06/2019	15716	Vanessa Smith-	(477)
Bill Pmt -Check	11/06/2019	15717	Verizon Wireless	(791)
Bill Pmt -Check	11/06/2019	15718	Zendle, Les-VOID	-
Bill Pmt -Check	11/07/2019	15719	So.Cal Computer Shop	(2,816)
Liability Check	11/14/2019		QuickBooks Payroll Service	(38,915)
General Journal	11/15/2019	05-02	401a payment - 11/15/19 payroll	(1,794)
General Journal	11/15/2019	05-02	457b payment - 11/15/19 payroll	(2,569)
General Journal	11/18/2019	05-03	November 2019 LTD Payment - Jena Marie Van Earl	(1,234)
Bill Pmt -Check	11/18/2019	15720	First Bankcard (Union Bank)	(2,028)
Bill Pmt -Check	11/18/2019	15721	First Bankcard (Union Bank)	(2,987)
Bill Pmt -Check	11/18/2019	15722	Arthur Shorr - Oct 19 Stipend	(200)
Bill Pmt -Check	11/18/2019	15723	Chris Christensen	(190)
Bill Pmt -Check	11/18/2019	15724	Conrado Barzaga.	(145)
Bill Pmt -Check	11/18/2019	15725	CoPower Employers' Benefits Alliance	(2,528)
Bill Pmt -Check	11/18/2019	15726	Donna Den Bleyker.	(139)
Bill Pmt -Check	11/18/2019	15727	Meghan Kane	(108)
Bill Pmt -Check	11/18/2019	15728	State Compensation Insurance Fund	(619)
Bill Pmt -Check	11/18/2019	15729	The Desert Sun	(10,550)
Bill Pmt -Check	11/18/2019	15730	Time Warner Cable	(242)
Bill Pmt -Check	11/18/2019	15731	Top Shop	(82)

**Desert Healthcare District**  
**Check Register**  
November through December 2019

Type	Date	Num	Name	Amount
Bill Pmt -Check	11/18/2019	15732	Vanessa Smith-	(50)
Bill Pmt -Check	11/18/2019	15733	Xerox Financial Services	(466)
Bill Pmt -Check	11/18/2019	15734	Zendle, Les- Oct 19 Stipend & Mileage	(551)
Check	11/25/2019		Service Charge	(325)
Bill Pmt -Check	11/25/2019	15735	Arrowhead Neuroscience Foundation Inc.	(27,522)
Bill Pmt -Check	11/25/2019	15736	Coachella Valley Volunteers in Medicine	(54,675)
Bill Pmt -Check	11/25/2019	15737	Coachella Valley Workforce Excellence Inc	(78,750)
Bill Pmt -Check	11/25/2019	15738	Desert Arc	(16,474)
Bill Pmt -Check	11/25/2019	15739	Desert Cancer Foundation	(20,000)
Bill Pmt -Check	11/25/2019	15740	Find Food Bank, Inc.	(89,178)
Bill Pmt -Check	11/25/2019	15741	HARC, INC.	(89,995)
Bill Pmt -Check	11/25/2019	15742	KaufmanHall	(1,050)
Bill Pmt -Check	11/25/2019	15743	Mizell Senior Center	(2,077)
Bill Pmt -Check	11/25/2019	15744	Principal Life Insurance Co.	(1,326)
Bill Pmt -Check	11/25/2019	15745	Regional Access Project Foundation	(550)
Bill Pmt -Check	11/25/2019	15746	Stephen Huyck-	(28)
Bill Pmt -Check	11/25/2019	15747	Vanessa Smith-	(340)
Bill Pmt -Check	11/26/2019	15748	Bristol Farms	(390)
Liability Check	11/27/2019		QuickBooks Payroll Service	(38,976)
General Journal	11/30/2019	05-07	Record Medical Reimb - November 2019	(440)
General Journal	12/02/2019	06-01	401a payment - 11/29/19 payroll	(1,816)
General Journal	12/02/2019	06-01	457b payment - 11/29/19 payroll	(2,587)
Bill Pmt -Check	12/03/2019	15749	Conrado Barzaga.	(243)
Check	12/06/2019	Auto Pay	Calif. Public Employees'Retirement System	(13,221)
General Journal	12/09/2019	06-02	December 2019 LTD Payment - Jena Marie Van Earl	(1,234)
Bill Pmt -Check	12/09/2019	15750	Alejandro Espinoza-	(663)
Bill Pmt -Check	12/09/2019	15751	Donna Den Bleyker.	(349)
Bill Pmt -Check	12/09/2019	15752	Evelt PerezGil - Nov 19 Stipend	(200)
Bill Pmt -Check	12/09/2019	15753	Image Source	(634)
Bill Pmt -Check	12/09/2019	15754	Leticia De Lara - Nov 19 Stipend	(500)
Bill Pmt -Check	12/09/2019	15755	Maggie Martinez	(833)
Bill Pmt -Check	12/09/2019	15756	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	12/09/2019	15757	Meghan Kane	(95)
Bill Pmt -Check	12/09/2019	15758	Ready Refresh	(50)
Bill Pmt -Check	12/09/2019	15759	Shred-It	(98)
Bill Pmt -Check	12/09/2019	15760	So.Cal Computer Shop	(1,158)
Bill Pmt -Check	12/09/2019	15761	Underground Service Alert of Southern Cal	(2)
Bill Pmt -Check	12/09/2019	15762	Verizon Wireless	(651)
Bill Pmt -Check	12/09/2019	15763	Zendle, Les-Nov 19 Stipend & Mileage	(440)

**Desert Healthcare District**  
**Check Register**  
November through December 2019

Type	Date	Num	Name	Amount
Check	12/10/2019	Auto Pay	Calif. Public Employees'Retirement System	(375)
Liability Check	12/12/2019		QuickBooks Payroll Service	(38,639)
Bill Pmt -Check	12/12/2019	15764	First Bankcard (Union Bank)	(3,600)
Bill Pmt -Check	12/12/2019	15765	First Bankcard (Union Bank)	(2,774)
Bill Pmt -Check	12/12/2019	15766	Alejandro Espinoza-	(415)
Bill Pmt -Check	12/12/2019	15767	Desert Communities EAC	(40)
Bill Pmt -Check	12/12/2019	15768	Law Offices of Scott & Jackson	(14,468)
Bill Pmt -Check	12/12/2019	15769	State Compensation Insurance Fund	(619)
Bill Pmt -Check	12/12/2019	15770	Time Warner Cable	(242)
Bill Pmt -Check	12/12/2019	15771	Vanessa Smith-	(139)
Bill Pmt -Check	12/12/2019	15772	Will Dean	(139)
Bill Pmt -Check	12/12/2019	15773	Xerox Financial Services	(394)
General Journal	12/13/2019	06-05	401a payment - 12/13/19 payroll	(1,791)
General Journal	12/13/2019	06-05	457b payment - 12/13/19 payroll	(2,569)
Bill Pmt -Check	12/16/2019	15774	YMCA of the Desert	(360)
Bill Pmt -Check	12/17/2019	15775	Mizell Senior Center	(600)
Bill Pmt -Check	12/17/2019	15776	Neuro Vitality Center-Stroke Recovery	(64,704)
Bill Pmt -Check	12/19/2019	15777	Andrea S. Hayles-	(423)
Bill Pmt -Check	12/19/2019	15778	CoPower Employers' Benefits Alliance	(2,355)
Bill Pmt -Check	12/19/2019	15779	Jason Siegel	(1,500)
Bill Pmt -Check	12/19/2019	15780	Lizbeth Bayardo	(1,500)
Bill Pmt -Check	12/19/2019	15781	Palms to Pines Printing	(1,095)
Bill Pmt -Check	12/19/2019	15782	Rogers, Carole - Oct 19 Exp Reimb	(543)
Bill Pmt -Check	12/19/2019	15783	Stephen Huyck-	(36)
Bill Pmt -Check	12/19/2019	15784	The Desert Sun	(1,550)
Liability Check	12/26/2019		QuickBooks Payroll Service	(39,121)
Check	12/26/2019		Service Charge	(295)
General Journal	12/27/2019	06-10	401a payment - 12/27/19 payroll	(1,809)
General Journal	12/27/2019	06-10	457b payment - 12/27/19 payroll	(2,583)
General Journal	12/31/2019	06-09	Record Medical Reimb - December 2019	(1,927)
<b>TOTAL</b>				<b>(808,610)</b>

Desert Healthcare District							
Details for credit card Expenditures							
Credit card purchases - October 2019 - Paid November 2019							
Number of credit cards held by District personnel -2							
Credit Card Limit - \$7,000							
Credit Card Holders:							
Conrado Bärzaga - Chief Executive Officer							
Chris Christensen - Chief Administration Officer							
Routine types of charges:							
Office Supplies, Dues for membership, Computer Supplies, Meals, Travel including airlines and Hotels, Catering, Supplies for BOD meetings, CEO Discretionary for small grant & gift items							
Statement							
Year	Month Charged	Total Charges	Expense Type	Amount	Purpose	Description	Participants
		\$ 8,014.75					
Chris' Statement:							
2019	October	\$ 2,027.88	District GL	Dollar	Descr		
				6355	\$ (924.48)	Credit for Adobe Stock purchased in June (new subscription purchased at lower price)	
				5230	\$ 45.00	Program Committee Meeting room fee	
				5230	\$ 69.00	La Quinta State of the City - Carole	
				5160	\$ 69.00	La Quinta State of the City - Conrado	
				5230	\$ 207.00	Indio State of the City - Karen, Carole, Lety	
				5160	\$ 69.00	Indio State of the City - Conrado	
				5230	\$ 150.00	2019 National Philanthropy Day in the Desert - Les & Arthur	
				5160	\$ 75.00	2019 National Philanthropy Day in the Desert - Conrado	
				5240	\$ 244.04	10/8/19 Program Committee Meeting food	
				6352	\$ 135.60	ACHD Dinner - Carole, Evelt, Donna, Chris	
				6351	\$ 311.49	ACHD Hotel - Chris (with parking expense)	
				6351	\$ 269.49	ACHD Hotel - Donna (no parking expense)	
				6360	\$ 12.00	Conference call expense	
				6360	\$ 9.50	Conference call expense	
				6351	\$ 360.68	Hotel for Fundamentals for Effective Grantmaking - Meghan	
				6351	\$ 360.68	Hotel for Fundamentals for Effective Grantmaking - Vanessa	
				6360	\$ 15.50	Conference call expense	
				6309	\$ 375.00	Advertising for Admin Assistant job	
				6352	\$ 174.18	Staff Lunch	
					\$ 2,027.88		
Conrado's Statement:							
2019	October	\$ 2,987.07	District GL	Dollar	Descr		
				6352	\$ 55.26	Vision y Compromiso Conference	
				6352	\$ 72.53	Lunch Meeting - Find Food Bank, Conrado, Donna	
				6352	\$ 79.12	Meeting with Lift to Rise	
				5230	\$ 50.00	Taste of Palm Springs - Carole +1	
				5160	\$ 100.00	Taste of Palm Springs - Chris, Donna, Conrado +1	
				6351	\$ 10.00	Parking exp - Dinner with Gary Rotto	
				6360	\$ 130.65	Apple Keyboard	
				6352	\$ 125.67	Dinner meeting with Gary Rotto	
				6352	\$ 455.75	ACHD Dinner with staff & board	
				6351	\$ 311.49	ACHD hotel exp for Evelt	
				6351	\$ 355.49	ACHD hotel exp for Conrado	
				6351	\$ 844.00	Conrado's roundtrip airfare for APHA conference	
				6352	\$ 84.11	Meeting with Santana & Perez	
				5240	\$ 165.96	10/22/19 Board Meeting food	
				6352	\$ 147.04	Breakfast Meeting - CVUSD Board	
					\$ 2,987.07		

Desert Healthcare District							
Details for credit card Expenditures							
Credit card purchases - November 2019 - Paid December 2019							
Number of credit cards held by District personnel -2							
Credit Card Limit - \$7,000							
Credit Card Holders:							
Conrado Bärzaga - Chief Executive Officer							
Chris Christensen - Chief Administration Officer							
Routine types of charges:							
Office Supplies, Dues for membership, Computer Supplies, Meals, Travel including airlines and Hotels, Catering, Supplies for BOD meetings, CEO Discretionary for small grant & gift items							
Year	Statement		Expense Type	Amount	Purpose	Description	Participants
	Month Charged	Total Charges					
		\$ 6,374.36					
Chris' Statement:							
2019	November	\$ 3,600.03	District GL				
			Dollar	Descr			
			6352 \$ 133.44	Staff team building			
			6309 \$ 172.36	Advertising for Admin Assistant job			
			5230 \$ 45.00	Program Committee Meeting room fee			
			5230 \$ 50.00	Pueblo Unido Michael Rosenfeld Event - Lety			
			6360 \$ 7.63	Conference call expense			
			6351 \$ 1,093.80	Hotel expense for APHA - Donna			
			6351 \$ 1,093.80	Hotel expense for APHA - Meghan			
			5240 \$ 243.26	11/12/19 Program Committee Meeting food			
			5160 \$ 55.00	CSDA Sexual Harassment Prevention Training 2019 Webinar			
			6130 \$ 649.00	CalChamber Annual Membership fee			
			6360 \$ 16.25	Conference call expense			
			6360 \$ 2.00	Conference call expense			
			6360 \$ 18.37	Conference call expense			
			6360 \$ 20.12	Conference call expense			
		\$ 3,600.03					
Conrado's Statement:							
2019	November	\$ 2,774.33	District GL				
			Dollar	Descr			
			6351 \$ 226.19	Rental car to transport respirators to Thermal			
			6325 \$ 67.32	Lunch & water for volunteer Drs. and staff at Thermal fire			
			6325 \$ 20.46	Lunch & water for volunteer Drs. and staff at Thermal fire			
			6352 \$ 24.76	Meeting with Cecilia at Kaiser			
			6352 \$ 105.38	Meeting with Larranga			
			6352 \$ 96.44	Meeting with M. Mating			
			6352 \$ 203.88	APHA dinner meeting with DHCD staff			
			6352 \$ 15.26	APHA meeting			
			6352 \$ 72.64	APHA meeting			
			6352 \$ 13.50	APHA meeting			
			6351 \$ 10.79	Transportation during APHA conf			
			6351 \$ 3.00	Transportation during APHA conf			
			6351 \$ 3.00	Transportation during APHA conf			
			6351 \$ 11.16	Transportation during APHA conf			
			6352 \$ 157.31	APHA dinner meeting with DHCD staff			
			6352 \$ 15.79	APHA meeting			
			6351 \$ 29.85	Transportation during APHA conf			
			6351 \$ 879.85	Hotel expense for APHA - Conrado			
			6352 \$ 98.33	Meeting with Director Rogers			
			6352 \$ 69.71	Meeting with Lenny Pepper & Samantha Prior			
			6360 \$ 399.00	Compensation survey			
			5240 \$ 124.74	11/26/19 BOD catering			
			6352 \$ 125.67	Meeting with Eisenhower Administration			
		\$ 2,774.33					

## Las Palmas Medical Plaza Check Register

November through December 2019

Type	Date	Num	Name	Amount
<b>1000 · CHECKING CASH ACCOUNTS</b>				
<b>1046 · Las Palmas Medical Plaza</b>				
Bill Pmt -Check	11/06/2019	10090	Best Signs, Inc.	(215)
Bill Pmt -Check	11/06/2019	10091	Desert Water Agency	(451)
Bill Pmt -Check	11/06/2019	10092	Imperial Security	(3,145)
Bill Pmt -Check	11/06/2019	10093	INPRO-EMS Construction	(11,787)
Bill Pmt -Check	11/06/2019	10094	Montonella Landscape, Inc.	(2,205)
Bill Pmt -Check	11/06/2019	10095	Palm Springs Disposal Services Inc	(2,227)
Bill Pmt -Check	11/18/2019	10096	County of Riverside-Dept of Env. Health	(532)
Bill Pmt -Check	11/18/2019	10097	Frontier Communications	(229)
Bill Pmt -Check	11/18/2019	10098	Imperial Security	(1,573)
Bill Pmt -Check	11/18/2019	10099	Jon Christensen Riverside Co. Treasurer	(35,462)
Bill Pmt -Check	11/18/2019	10100	Southern California Edison	(508)
Bill Pmt -Check	11/18/2019	10101	Stericycle, Inc.	(1,480)
Bill Pmt -Check	11/25/2019	10102	Imperial Security	(1,730)
Bill Pmt -Check	11/25/2019	10103	INPRO-EMS Construction	(10,117)
Bill Pmt -Check	11/25/2019	10104	Jason Fredregill	(2,250)
Check	11/25/2019		Service Charge	(1,115)
Bill Pmt -Check	12/09/2019	10105	Desert Air Conditioning Inc.	(2,674)
Bill Pmt -Check	12/09/2019	10106	Desert Water Agency	(393)
Bill Pmt -Check	12/09/2019	10107	Palm Springs Disposal Services Inc	(2,227)
Bill Pmt -Check	12/12/2019	10108	INPRO-EMS Construction	(10,117)
Bill Pmt -Check	12/12/2019	10109	Imperial Security	(3,302)
Bill Pmt -Check	12/12/2019	10110	Stericycle, Inc.	(1,480)
Bill Pmt -Check	12/19/2019	10111	Frontier Communications	(229)
Bill Pmt -Check	12/19/2019	10112	Imperial Security	(1,573)
Bill Pmt -Check	12/19/2019	10113	Southern California Edison	(581)
Check	12/23/2019		Service Charge	(1,115)
<b>TOTAL</b>				<b>(98,715)</b>



## MEMORANDUM

DATE: January 14, 2020

TO: F&A Committee

RE: Retirement Protection Plan (RPP)

---

Current number of participants in Plan:

Active – still employed by hospital	108
Vested – no longer employed by hospital	62
Former employees receiving annuity	<u>7</u>
Total	<u>177</u>

The outstanding liability for the RPP is approximately **\$4.2M** (Actives - \$2.9M and Vested - \$1.3M). US Bank investment account balance \$4.9M. Per the June 30, 2019 Actuarial Valuation, the RPP has an Unfunded Pension Liability of approximately **\$3.4M**. A monthly accrual of \$10K is being recorded each month as an estimate for FY2020.

The payouts, excluding monthly annuity payments, made from the Plan for the Six (6) months ended December 31, 2019 totaled **\$68K**. Monthly annuity payments (7 participants) total **\$1.0K** per month.



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

**January 14, 2020**

Staff met with Andrew Sorensen from Comtron Systems on Thursday, January 9<sup>th</sup> regarding fire alarm system installations.

Staff is currently working with Elena Peterson from Desert Modern Landscape to find an appealing and cost effective landscape design that can be presented to the committee.

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

#### **Occupancy:**

See attached unit rental status report.

**97.9%** currently occupied –

Total annual rent including CAM fees is **\$1,239,781**.

#### **Leasing Activity:**

Cohen, Musch, Thomas Medical Group (currently located in 3W-101) is beginning tenant improvement work in their newly leased suites (1W 105-106).

Hassan Bencheqroun, M.D. executed his lease for unit 1W-104 and is beginning his tenant improvement work.

Corey King, N.D. & William Grimm JR, D.O. have indicated they may not execute their lease for unit 2W-107, as they are reviewing other options for possible move-in ready units. Staff is seeking confirmation and will begin seeking prospective tenants as soon as possible.

Dr. Congress/Desert Oasis Healthcare Medical Group are exercising one of their two one-year lease extensions when their lease expires. The current lease ends on 2/29/2020.



**Las Palmas Medical Plaza  
Unit Rental Status  
As of January 1, 2020**

Unit	Tenant Name	Deposit	Lease Dates		Term	Unit Sq Feet	Percent of Total	Monthly Rent	Annual Rent	Rent Per Sq Foot	Monthly CAM	Total Monthly Rent Inclg CAM	Total Annual Rent Inclg CAM
			From	To									
											\$ 0.62		
3W, 101	Available when Cohen, Musch relocates to 1W, 105-106					1,656	3.36%						
2W, 107						1,024	2.07%						
<b>Total - Vacancies</b>						<b>1,024</b>	<b>2.07%</b>	Currently excludes 3W, 101					
<b>Total Suites-33 - 31 Suites Occupied</b>		<b>\$ 59,043.50</b>				<b>49,356</b>	<b>97.9%</b>	<b>\$ 74,666.11</b>	<b>\$ 895,993.32</b>	<b>\$ 1.54</b>	<b>\$ 28,648.96</b>	<b>\$ 103,315.07</b>	<b>\$ 1,239,780.84</b>
<b>Summary - All Units</b>													
	<b>Occupied</b>	<b>48,332</b>	<b>97.9%</b>										
	<b>Vacant</b>	<b>1,024</b>	<b>2.1%</b>										
	<b>Pending</b>	<b>0</b>	<b>0%</b>										
	<b>Total</b>	<b>49,356</b>	<b>100%</b>										

DESERT HEALTHCARE DISTRICT						
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE						
As of 12/31/19						
TWELVE MONTHS ENDED JUNE 30, 2020						
Grant ID Nos.	Name	Approved Grants - Prior Yrs	Current Yr 2019-2020	6/30/2019 Bal Fwd/New	Total Paid July-June	Open BALANCE
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000		\$ 10,000,000	\$ -	\$ 10,000,000
2015-876-BOD-6-23-15	Arrowhead Neuroscience Fndtn-NeuroInterventional & NeuroCritical Care Fellowship 2 Yr	\$ 373,540		\$ 37,354	\$ 27,522	\$ 9,832
	Unexpended funds of Grant #876 (\$9,832.32 10% Retention)					\$ (9,832)
2016-927-BOD-12-20-16	SafeHouse of the Desert - "What's Up" Crisis Texting Application - 3 Yr	\$ 679,357		\$ 169,839	\$ 101,904	\$ 67,935
2017-938-BOD-07-25-17	Mizell Senior Center - A Matter of Balance Phase 2 - 2 Yr	\$ 400,300		\$ 40,030	\$ 2,077	\$ 37,953
	Unexpended funds of Grant #967 (\$37,953 10% Retention)				\$ -	\$ (37,953)
2018-960-BOD-02-27-18	Desert Cancer Foundation - Patient Assistance and Suzanne Jackson Breast Cancer	\$ 200,000		\$ 20,000	\$ 20,000	\$ -
2018-967-BOD-05-22-18	The City of DHS-Public Safety Emergency Response Program - Purchase AEDs	\$ 30,000		\$ 3,000	\$ 710	\$ 2,290
	Unexpended funds of Grant #967 (\$2,290.34 10% Retention)				\$ -	\$ (2,290)
2018-974-BOD-09-25-18	HARC - 2019 Coachella Valley Community Health Survey - 2 Yr	\$ 399,979		\$ 219,989	\$ 89,995	\$ 129,994
2018-980-BOD-10-23-18	Joslyn Wellness Senior Behavioral Health Services Program - 1 Yr	\$ 112,050		\$ 11,205	\$ -	\$ 11,205
2018-981-BOD-10-23-18	Desert Arc Healthcare Program - 1 Yr	\$ 164,738		\$ 16,474	\$ 16,474	\$ (0)
2018-979-BOD-11-27-18	FIND Food Bank - Healthy Food First/Pathways Out of Hunger - 1 Yr	\$ 396,345		\$ 217,989	\$ 178,356	\$ 39,633
2019-985-BOD-03-26-19	Coachella Valley Volunteers in Medicine - Primary Healthcare & Support Services - 1 Yr	\$ 121,500		\$ 66,825	\$ 54,675	\$ 12,150
2019-986-BOD-05-28-19	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr	\$ 200,000		\$ 200,000	\$ 90,000	\$ 110,000
2019-997-BOD-05-28-19	Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	\$ 200,896		\$ 110,493	\$ -	\$ 110,493
2019-989-BOD-05-28-19	Pegasus Riding Academy - Cover the Hard Costs of Pegasus Clients - 1 Yr	\$ 109,534		\$ 60,244	\$ -	\$ 60,244
2019-994-BOD-05-28-19	One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yr	\$ 700,000		\$ 621,250	\$ 78,750	\$ 542,500
2019-995-BOD-05-28-19	One Future Coachella Valley - HCC Summer Intern at DHCD/F & FIND Food Bank	\$ 14,628		\$ 1,463	\$ -	\$ 1,463
2019-1000-BOD-05-28-19	Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$ 24,000		\$ 13,200	\$ -	\$ 13,200
2019-1006-BOD-06-25-19	Desert Healthcare Foundation - Homelessness Initiative Collective Fund	\$ 1,000,000		\$ 1,000,000	\$ 1,000,000	\$ -
2019-1017-BOD-09-24-19	Jewish Family Services - Case Management Services for Homeless Prevention - 1 Yr		\$ 90,000	\$ 90,000	\$ 40,500	\$ 49,500
2019-1025-BOD-09-24-19	Desert Healthcare Foundation - Ready Set Swim - 1 Yr		\$ 200,000	\$ 200,000	\$ 200,000	\$ -
2019-1023-BOD-10-22-19	CVRM - Transportation for Seniors & Homeless Hospital Discharge Referrals - 1 Yr		\$ 216,200	\$ 216,200	\$ 48,645	\$ 167,555
2019-1021-BOD-11-26-19	Neuro Vitality Center - Community Based Adult Services Program - 6 Months		\$ 143,787	\$ 143,787	\$ 64,704	\$ 79,083
				\$ -	\$ -	\$ -
<b>TOTAL GRANTS</b>		<b>\$ 15,126,867</b>	<b>\$ 649,987</b>	<b>\$ 13,459,342</b>	<b>\$ 2,014,311</b>	<b>\$ 11,394,955</b>
<b>Amts available/remaining for Grant/Programs - FY 2019-20:</b>						
<b>Amount budgeted 2019-2020</b>			\$ 3,500,000		G/L Balance:	<b>12/31/2019</b>
<b>Amount granted through June 30, 2020:</b>			\$ (649,987)		2131	\$ 5,994,955
Mini Grants:	1009; 1015; 1019; 1016		\$ (17,508)		2281	\$ 5,400,000
Net adj - Grants not used:	967; 876; 938		\$ 50,076		<b>Total</b>	<b>\$ 11,394,955</b>
<b>Balance available for Grants/Programs</b>			<b>\$ 2,882,581</b>		<b>Difference - Rdg</b>	<b>\$ 0</b>

**DESERT HEALTHCARE DISTRICT**  
**PALM SPRINGS, CALIFORNIA**  
**INDEPENDENT AUDITOR'S REPORT AND**  
**FINANCIAL STATEMENTS**  
**JUNE 30, 2019**

DESERT HEALTHCARE DISTRICT

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**INDEPENDENT AUDITOR'S REPORT**

To the Honorable Board of Directors  
of the Desert Healthcare District  
Palm Springs, California

**Report on Financial Statements**

We have audited the accompanying financial statements of the business type activities and the fiduciary fund financial statements of the Desert Healthcare District (District) as of and for the fiscal year ended June 30, 2019, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessments of the risks of material misstatements of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the District's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness on the District's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

## **Opinions**

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business type activities and the fiduciary fund financial statements of the District as of June 30, 2019, and the respective changes in financial position and cash flows, where applicable, for the fiscal year then ended in accordance with accounting principles generally accepted in the United States of America.

## **Other Matters**

### *Required Supplementary Information*

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis on pages 3 through 7, the Schedule of Changes in the Net Pension Liability and Related Ratios on page 38, and the Schedule of Changes in the Net OPEB Liability and Related Ratios on page 39 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

## **Other Information**

### *Report on Comparative Summarized Information*

We have previously audited the District's 2018 financial statements, and our report dated October 1, 2018 expressed unmodified opinions on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the fiscal year ended June 30, 2018, is consistent, in all material respects, with the audited financial from which it has been derived.

## **Other Reporting Required by Government Auditing Standards**

In accordance with Government Auditing Standards, we have also issued our report dated October 1, 2019, on our consideration of Desert Healthcare District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering Desert Healthcare District's internal control over financial reporting and compliance.

*Moss, Levy & Hartzheim*

Moss, Levy & Hartzheim, LLP  
Culver City, California  
October 1, 2019

**DESERT HEALTHCARE DISTRICT**

**MANAGEMENT'S DISCUSSION AND ANALYSIS**

**JUNE 2019 AND 2018**

The Desert Healthcare District (the District) has issued its financial statements for the fiscal years ended June 30, 2019 and June 30, 2018 in conformity with the format prescribed by the provisions of Government Accounting Standards Board Statement 34 (GASB 34). This report, Management's Discussion and Analysis, is an overview of the financial activities for the fiscal years and is an integral part of the accompanying Basic Financial Statements.

**ACCOUNTING METHOD**

The District's revenues and expenses are recognized on a full accrual basis; revenues are recognized in the period incurred. All assets and liabilities associated with the activity of the District are included on the Statement of Net Position.

**THE BASIC FINANCIAL STATEMENTS**

The Basic Financial Statements reflect the activities of two funds. The Financial Statements include the Statement of Net Position, Statement of Revenues, Expenses, and Changes in Net Position (Income Statement) and Statement of Cash Flows, and the Agency Fund, which is the Desert Healthcare Foundation's Statement of Fiduciary Net Position and Statement of Changes in Fiduciary Net Position. Together with this report, these Financial Statements provide information about the significant events, assumptions and decisions which resulted in the financial performance reflected in those statements.

The Statement of Net Position provides information regarding the financial position of the District, including its capital assets and debts.

The Statement of Revenues, Expenses, and Changes in Net Position (Income Statement) provide information regarding the revenues received by the District, and the expenses incurred in carrying out the District's programs.

The Statement of Cash Flows provides information regarding the sources and uses of the cash which flowed into and out of the District as a result of its operations and financing decisions.

**FINANCIAL ACTIVITIES & FISCAL YEAR 2019 HIGHLIGHTS**

Desert Healthcare District ("the District") is a government entity operating under the Local Health Care District Law. The District was created by the state of California in 1948 for the purpose of providing hospital services to the residents of the District. The District was responsible for building Desert Hospital, now known as Desert Regional Medical Center. In 1997, the Board of Directors voted to lease the hospital to Tenet Health System Desert, Inc. for 30 years. Since 1997, the District provides funding and access to programs and services to residents of the healthcare district. In November 2019, the District boundaries will expand to include the entire Coachella Valley, more than doubling its population and service area.

**DESERT HEALTHCARE DISTRICT**

**MANAGEMENT'S DISCUSSION AND ANALYSIS**

**JUNE 2019 AND 2018**

**The Statement of Net Position**

A condensed version of the Statements of Net Position is presented in Table A below and the changes which occurred between Fiscal Year 2019 and 2018.

	<b><u>Table A</u></b>		
	<u>6/30/2019</u>	<u>6/30/2018</u>	<u>Change</u>
<b>Assets:</b>			
Cash and cash equivalents	\$ 12,052,794	\$ 2,004,735	\$ 10,048,059
Investments	48,228,320	54,326,412	(6,098,092)
Capital assets, net	11,972,558	12,382,164	(409,606)
All Other Assets	249,194	235,775	13,419
<b>Total Assets</b>	<b><u>\$ 72,502,866</u></b>	<b><u>\$ 68,949,086</u></b>	<b><u>\$ 3,553,780</u></b>
<b>Deferred Outflows:</b>			
GASB 68 Reporting for Pension Plans	\$ 1,159,189	\$ 1,057,842	\$ 101,347
GASB 75 Reporting for OPEB Plans	14,147	22,144	(7,997)
<b>Total Deferred Outflows</b>	<b><u>\$ 1,173,336</u></b>	<b><u>\$ 1,079,986</u></b>	<b><u>\$ 93,350</u></b>
<b>Liabilities:</b>			
Grants payable	\$ 12,809,355	\$ 11,654,099	\$ 1,155,256
Net Pension Liability	3,395,623	3,277,793	117,830
All Other Liabilities	620,125	1,920,142	(1,300,017)
<b>Total Liabilities</b>	<b><u>\$ 16,825,103</u></b>	<b><u>\$ 16,852,034</u></b>	<b><u>\$ (26,931)</u></b>
<b>Deferred Inflows:</b>			
GASB 68 Reporting for Pension Plans	\$ 1,643,743	\$ 2,222,190	\$ (578,447)
<b>Total Deferred Inflows</b>	<b><u>\$ 1,643,743</u></b>	<b><u>\$ 2,222,190</u></b>	<b><u>\$ (578,447)</u></b>
<b>Net Assets:</b>			
Net investment in capital assets	\$ 11,972,558	\$ 12,382,164	\$ (409,606)
Unrestricted	43,234,798	38,572,684	4,662,114
Restricted	-	-	-
<b>Total Net Position</b>	<b><u>\$ 55,207,356</u></b>	<b><u>\$ 50,954,848</u></b>	<b><u>\$ 4,252,508</u></b>

The \$4,252,508 increase in Total Net Position is due to the net income of \$4,252,508 for the current fiscal year ended June 30, 2019. This compares to a net loss of \$312,527 for the fiscal year ended June 30, 2018. The increase is primarily due to a net combination of increased property tax revenue of \$412,396, decreased grant expenses of \$1,449,168, decreased professional fees of \$509,000, and increased investment income of \$2,139,260 (due to better return on the investments). The \$10,048,059 increase in Cash and cash equivalents and \$6,098,092 decrease in Investments is due primarily to increase in Cash and cash equivalents in the Investment account. The \$409,606 decrease in Capital Assets is due primarily to depreciation of capital assets. The \$101,347 increase in Deferred Outflows is due to timing difference in the actuarial valuation for GASB 68 reporting for the Retirement Protection Plan (RPP). The \$1,155,256 increase in Grants Payable is due primarily to lower grant disbursements than new accrued grants. The \$117,830 increase in Net Pension Liability is due primarily to a change in actuarial assumptions. The \$1,300,017 decrease in All Other Liabilities is due primarily to a \$1,000,000 transfer to the Foundation paid in 2019. The \$578,447 decrease in Deferred Inflows is due to a timing difference in the actuarial valuation for GASB 68 reporting for the RPP.



**DESERT HEALTHCARE DISTRICT**  
**MANAGEMENT’S DISCUSSION AND ANALYSIS**  
**JUNE 2019 AND 2018**

**The Statements of Revenues, Expenses, and Change in Net Position**

The District’s business is comprised of two major segments:

- Revenues – The District receives from the County of Riverside an apportionment of the property taxes paid by the residents of the District. Additional revenues include, the investment income the District receives from the Facility Replacement Fund, which was established to provide working capital in the event that the lease with Tenet Health System Desert, Inc. is terminated prematurely or for future seismic retrofit needs; and rental income from the Las Palmas Medical Plaza which is owned and managed by the District.
  
- Grant Program – The District administers a grant and preventative health initiatives programs that donate a significant portion of the District’s annual property tax revenues to health-related programs serving residents of Desert Hot Springs, Thousand Palms, Palm Springs, Cathedral City, Rancho Mirage, Palm Desert, Indian Wells, La Quinta, Indio, Coachella, Thermal, Mecca, North Shore, and unincorporated areas of the County that are within the District’s boundaries.

Table B, below, is a condensed version of the Statements of Revenues, Expenses, and Changes in Net Position; it summarizes the District’s revenue and expenses, and compares Fiscal Year 2019 results to Fiscal Year 2018.

Table B

	<u>6/30/19</u>	<u>6/30/18</u>	<u>Change</u>
<b>Revenue:</b>			
Property Tax Revenue	\$ 6,972,196	\$ 6,559,800	\$ 412,396
Rental income	1,203,940	1,113,241	90,699
All other income	124,961	166,904	(41,944)
<b>Total Revenue</b>	<b><u>\$ 8,301,097</u></b>	<b><u>\$ 7,839,945</u></b>	<b><u>\$ 461,152</u></b>
<b>Expenses:</b>			
Grants program	\$ 3,626,871	\$ 5,076,039	\$ (1,449,168)
Administrative Expense	2,552,978	3,068,696	(515,718)
<b>Total Expense</b>	<b><u>\$ 6,179,849</u></b>	<b><u>\$ 8,144,735</u></b>	<b><u>\$ (1,964,886)</u></b>
Nonoperating Income(Expenses)	<u>\$ 2,131,260</u>	<u>\$ (7,737)</u>	<u>2,138,997</u>
<b>Net Income (Loss)</b>	<b><u>\$ 4,252,508</u></b>	<b><u>\$ (312,527)</u></b>	<b><u>\$ 4,565,035</u></b>

**DESERT HEALTHCARE DISTRICT**  
**MANAGEMENT'S DISCUSSION AND ANALYSIS**  
**JUNE 2019 AND 2018**

**Revenue**

Property taxes are the District's primary source of operating revenues. The property tax revenue for the fiscal year ended June 30, 2019 was \$6,972,196, which was an increase of \$412,396 from the fiscal year ended June 30, 2018.

Rental income of \$1,203,940 for the fiscal year ended June 30, 2019 was \$90,699 higher than the fiscal year ended June 30, 2018.

All other income for the fiscal year ended June 30, 2019 decreased \$41,944 compared to the fiscal year ended June 30, 2018. The decrease was due primarily to a decrease in NEOPB grant income and solar rebate.

**Expenses**

Grant Program expense for the fiscal year ended June 30, 2019 decreased by \$1,449,168 compared to the fiscal year ended June 30, 2018. This is due primarily to decreased approved grants. Grants are recorded in the fiscal year that they are approved by the District's Board of Directors.

Administrative expenses for the fiscal year ended June 30, 2019 decreased \$515,718 from the fiscal year ended June 30, 2018. The decrease is due to various expenses including lower professional fees expense of \$649,285 for consulting services for expansion & future planning; and higher election fees expense of \$109,347.

**CAPITAL ASSETS**

At June 30, 2019, the District had \$22,348,945 in capital assets and \$10,376,387 accumulated depreciation, resulting in \$11,972,558 net capital assets. At June 30, 2018, the District had \$22,121,177 in capital assets and \$9,739,013 in accumulated depreciation, resulting in \$12,382,164 net capital assets.

A summary of the activity and balances in capital assets is presented in Table C:

Table C

	Balance 6/30/17	Net Additions	Net Retirements	Balance 6/30/18	Net Additions	Net Retirements	Balance 6/30/19
Cost	\$ 21,939,868	\$ 233,243	\$ (51,934)	\$ 22,121,177	\$ 230,526	\$ (2,758)	\$ 22,348,945
Acc. Depreciation	(9,147,084)	(643,863)	51,934	(9,739,013)	(639,405)	2,032	(10,376,387)
Capital Assets, Net	\$ 12,792,784	\$ (410,620)	\$ -	\$ 12,382,164	\$ (408,879)	\$ (726)	\$ 11,972,558

**DEBT ADMINISTRATION**

The District has no outstanding debt.

**DESERT HEALTHCARE DISTRICT**  
**MANAGEMENT'S DISCUSSION AND ANALYSIS**  
**JUNE 2019 AND 2018**

**ECONOMIC OUTLOOK AND MAJOR INITIATIVES**

The Fiscal Year 2020 budget reflects revenues of \$9,468,414 and operating expenses of \$7,652,114. Capital expenditures are budgeted at \$470,000. The Desert Healthcare District/Foundation adopted a new 3-Year Strategic Plan in fiscal year 2018, with four Community Health Focus Areas: Homelessness; Primary Care and Behavioral Health Access; Healthy Eating and Active Living; and Quality, Safety, Accountability, and Transparency. The District/Foundation continues to work on connecting District residents to programs and services to meet their healthcare needs. In November 2018, the residents of the Eastern Coachella Valley voted to expand the Desert Healthcare District to all cities and unincorporated areas of the Coachella Valley. The expansion more than doubled the population and service area. However, the expansion did not include a funding source. The District will be seeking resources to fund the access to programs and services; and grant funding for the residents of the expanded area.

During the fiscal year ended June 30, 2019, the District awarded \$3,579,670 in new grants and distributed grants in the amount of \$2,369,781. Projected new grants to be awarded for the fiscal year 2019–2020 amount to \$3,500,000 and distributions for grants could possibly total \$13,638,316 due to the existing grant liability as of June 30, 2019 and the projected grant awards.

The District has also established a reserve fund of approximately \$58,000,000 to cover grant liabilities, hospital operating expenses for a short period should the lease with Tenet Health System Desert, Inc. terminate prior to May 30, 2027, and seismic or other related facilities costs.

The Hospital will be required to meet SB 1953 and OSHPD regulations for seismic retrofit standards by 2030. The District is conducting due diligence to assess the seismic retrofit needs and costs, which may be substantial, and reviewing options for timely completion of the seismic upgrades.

Termination Assets are assets constructed or installed by Tenet Health System in the hospital during the lease period with a net book value or fair market value at the termination of the lease. In accordance with the 1997 Lease, the District is required to purchase the Termination Assets at the lesser of net book value or fair market value. The 1997 Lease provides that the purchase can be satisfied with a 5-year promissory note and also provides the option of a possible extension of the lease if the Termination Assets exceed \$10,000,000.

In July of 2019, Tenet Health Systems submitted a proposal to purchase Desert Regional Medical Center from the Desert Healthcare District. If a transaction (sale or lease) is approved by the Board of Directors, residents of the District will be required to vote approval of the transaction.

**CONTACTING THE DISTRICT'S MANAGEMENT**

Desert Healthcare District  
1140 N. Indian Canyon Drive  
Palm Springs, CA 92262  
(760) 323-6113 Office  
(760) 323-6825 Fax  
[www.dhcd.org](http://www.dhcd.org) Website

**DESERT HEALTHCARE DISTRICT**

**STATEMENT OF NET POSITION**  
**JUNE 30, 2019**

**WITH COMPARATIVE TOTALS AS OF JUNE 30, 2018**

	<u>2019</u>	<u>2018</u>
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 12,052,794	\$ 2,004,735
Investments	13,491,775	10,036,100
Accounts receivable - net	193,311	190,048
Prepaid items and deposits	55,883	45,727
Total current assets	<u>25,793,763</u>	<u>12,276,610</u>
<b>NON-CURRENT ASSETS</b>		
Investments	34,736,545	44,290,312
Capital assets, net	11,972,558	12,382,164
Total non-current assets	<u>46,709,103</u>	<u>56,672,476</u>
<b>DEFERRED OUTFLOWS</b>		
Deferred Outflows of Resources:		
Pension plans	1,159,189	1,057,842
OPEB	14,147	22,144
Total deferred outflows of resources	<u>1,173,336</u>	<u>1,079,986</u>
<b>TOTAL ASSETS AND DEFERRED OUTFLOWS</b>	<u>73,676,202</u>	<u>70,029,072</u>
<b>CURRENT LIABILITIES</b>		
Current liabilities:		
Accounts payable and accrued liabilities	387,096	1,646,607
Grants payable	7,409,355	1,506,453
Compensated absences	31,110	39,785
Disability claims, reserve, current portion	14,803	14,803
Total current liabilities	<u>7,842,364</u>	<u>3,207,648</u>
<b>NON-CURRENT LIABILITIES</b>		
Grants payable	5,400,000	10,147,646
Long-term disability claims reserve	40,626	51,743
Net pension liability	3,395,623	3,277,793
Net OPEB liability	87,973	108,687
Deposits payable	58,517	58,517
Total non-current liabilities	<u>8,982,739</u>	<u>13,644,386</u>
<b>DEFERRED INFLOWS</b>		
Deferred Inflows of Resources:		
Pension plans	1,643,743	2,222,190
Total deferred inflows of resources	<u>1,643,743</u>	<u>2,222,190</u>
<b>TOTAL LIABILITIES AND DEFERRED INFLOWS</b>	<u>18,468,846</u>	<u>19,074,224</u>
<b>NET POSITION</b>		
Net investment in capital assets	11,972,558	12,382,164
Unrestricted	43,234,798	38,572,684
<b>TOTAL NET POSITION</b>	<u>\$ 55,207,356</u>	<u>\$ 50,954,848</u>

The accompanying notes are an integral part of these financial statements

**DESERT HEALTHCARE DISTRICT**

**STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN NET POSITION**  
**FOR THE FISCAL YEAR ENDED JUNE 30, 2019**

**WITH COMPARATIVE TOTALS FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

	<u>2019</u>	<u>2018</u>
<b>OPERATING REVENUES</b>		
Property taxes	\$ 6,972,196	\$ 6,559,800
Rental income	1,203,940	1,113,241
Other income	125,687	166,904
	<u>8,301,823</u>	<u>7,839,945</u>
<b>OPERATING EXPENSES</b>		
Grant allocations	3,626,871	5,076,039
General expenses	560,859	1,187,283
Rental expenses	941,062	904,904
Salaries and benefits	304,560	329,056
Legal fees	235,836	250,443
Depreciation	193,276	194,483
Other	208,410	199,606
Election fees	109,347	-
Security	353	2,921
	<u>6,180,574</u>	<u>8,144,735</u>
Total expenditures		
	<u>6,180,574</u>	<u>8,144,735</u>
Income (loss) from operations	<u>2,121,249</u>	<u>(304,790)</u>
<b>NONOPERATING INCOME (EXPENSES)</b>		
Investment income	2,245,953	111,318
Loss on disposal of capital assets	(727)	-
Investment expenses	(113,967)	(119,055)
	<u>2,131,259</u>	<u>(7,737)</u>
Total nonoperating income (loss)		
	<u>2,131,259</u>	<u>(7,737)</u>
Increase (decrease) in net position	<u>4,252,508</u>	<u>(312,527)</u>
<b>NET POSITION</b>		
Beginning of fiscal year	50,954,848	51,276,755
Prior period adjustments	-	(9,380)
Net position at beginning of fiscal year, restated	<u>50,954,848</u>	<u>51,267,375</u>
End of fiscal year	<u>\$ 55,207,356</u>	<u>\$ 50,954,848</u>

The accompanying notes are an integral part of these financial statements

**DESERT HEALTHCARE DISTRICT**

**STATEMENT OF CASH FLOWS**  
**FOR THE FISCAL YEAR ENDED JUNE 30, 2019**

**WITH COMPARATIVE TOTALS FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

	<u>2019</u>	<u>2018</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Cash received from County	\$ 6,975,239	\$ 6,614,964
Cash received from Grantor	79,234	156,209
Cash payments to suppliers for goods and services	(2,879,404)	(766,587)
Cash payments to employees for services and benefits	(899,033)	(814,049)
Cash payments to grantee	(2,471,615)	(5,870,978)
Rental and other operating revenues	1,244,087	1,177,107
Net cash provided by operating activities	<u>2,048,508</u>	<u>496,666</u>
<b>CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES</b>		
Purchases of capital assets	<u>(230,526)</u>	<u>(233,243)</u>
Net cash provided (used) by capital and related financing activities	<u>(230,526)</u>	<u>(233,243)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Investment earnings	956	579
Net investment sales (purchases)	<u>8,229,122</u>	<u>309,362</u>
Net cash provided by investing activities	<u>8,230,078</u>	<u>309,941</u>
Net increase in cash	10,048,060	573,364
<b>CASH AND CASH EQUIVALENTS, BEGINNING OF FISCAL YEAR</b>	<u>2,004,735</u>	<u>1,431,371</u>
<b>CASH AND CASH EQUIVALENTS, END OF FISCAL YEAR</b>	<u>\$ 12,052,795</u>	<u>\$ 2,004,735</u>
<b>RECONCILIATION OF CASH AND CASH EQUIVALENTS TO THE STATEMENT OF NET POSITION</b>		
Cash and cash equivalents	<u>\$ 12,052,794</u>	<u>\$ 2,004,735</u>

(Continued)

The accompanying notes are an integral part of these financial statements

**DESERT HEALTHCARE DISTRICT**

**STATEMENT OF CASH FLOWS (Continued)**  
**FOR THE FISCAL YEAR ENDED JUNE 30, 2019**

**WITH COMPARATIVE TOTALS FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

**RECONCILIATION OF OPERATING INCOME (LOSS) TO  
NET CASH PROVIDED BY OPERATING ACTIVITIES**

	<u>2019</u>	<u>2018</u>
Income (loss) from operations	\$ 2,121,249	\$ (304,790)
Adjustments to reconciliation of income from operations to net cash provided (used) by operating activities:		
Depreciation	639,406	643,863
Changes in assets, deferred outflows, liabilities and deferred inflows:		
Accounts receivable	(3,263)	103,857
Prepaid items and deposits	(10,156)	437
Deferred outflow-pension	(101,347)	176,689
Deferred outflow-OPEB	7,997	443
Net pension liabilities	117,830	393,798
Net OPEB liabilities	(20,714)	(18,530)
Accounts payable and accrued liabilities	(1,259,511)	1,328,753
Grants payable	1,155,256	(794,939)
Deposits payable	-	4,478
Compensated absences	(8,675)	(7,050)
Long-term disability claims reserve	(11,117)	(10,472)
Deferred inflow - pension	(578,447)	(1,019,871)
Net cash provided by operating activities	<u>\$ 2,048,508</u>	<u>\$ 496,666</u>

The accompanying notes are an integral part of these financial statements

**DESERT HEALTHCARE DISTRICT**

**STATEMENT OF FIDUCIARY NET POSITION**

**DESERT HEALTHCARE FOUNDATION**

**JUNE 30, 2019**

**WITH COMPARATIVE TOTALS AS OF JUNE 30, 2018**

	<u>Private- Purpose Trust Fund</u>	
	<u>2019</u>	<u>2018</u>
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 945,995	\$ 3,447,997
Grants receivable	1,000,000	1,030,829
Prepaid items	3,500	3,540
Accrued interest and dividend receivable	17,732	13,787
Total current assets	<u>1,967,227</u>	<u>4,496,153</u>
<b>OTHER ASSETS</b>		
Contributions receivable - charitable remainder trusts	189,239	188,929
Investments	5,853,791	2,499,286
Total other assets	<u>6,043,030</u>	<u>2,688,215</u>
<b>TOTAL ASSETS</b>	<u>8,010,257</u>	<u>7,184,368</u>
<b>LIABILITIES</b>		
Current liabilities:		
Accounts payable	70,955	83,980
Grants payable - current portion	3,384,450	3,621,167
Total current liabilities	<u>3,455,405</u>	<u>3,705,147</u>
Long-term liabilities:		
Grants payable - long-term	2,260,000	1,200,000
Total long-term liabilities	<u>2,260,000</u>	<u>1,200,000</u>
Total liabilities	<u>5,715,405</u>	<u>4,905,147</u>
<b>NET POSITION</b>	<u>\$ 2,294,852</u>	<u>\$ 2,279,221</u>

The accompanying notes are an integral part of these financial statements



**DESERT HEALTHCARE DISTRICT**

**STATEMENT OF CHANGES IN FIDUCIARY NET POSITION**  
**DESERT HEALTHCARE FOUNDATION**  
**FOR THE FISCAL YEAR ENDED JUNE 30, 2019**

**WITH COMPARATIVE TOTALS FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

	<u>Private-Purpose Trust Fund</u>	
	<u>2019</u>	<u>2018</u>
<b>ADDITIONS</b>		
Contributions	\$ 30,748	\$ 226,403
Grants	1,266,188	5,339,347
Interest and dividends	115,058	65,341
Investment gains and losses	386,648	(49,499)
Change in value - charitable trusts	310	3,506
	<u>1,798,952</u>	<u>5,585,098</u>
<b>DEDUCTIONS</b>		
Grants and services	1,536,658	5,314,610
Management and general	246,663	286,762
	<u>1,783,321</u>	<u>5,601,372</u>
<b>INCREASE (DECREASE) IN NET POSITION</b>	15,631	(16,274)
<b>NET POSITION, BEGINNING OF FISCAL YEAR</b>	<u>2,279,221</u>	<u>2,295,495</u>
<b>NET POSITION, END OF FISCAL YEAR</b>	<u>\$ 2,294,852</u>	<u>\$ 2,279,221</u>

The accompanying notes are an integral part of these financial statements

**DESERT HEALTHCARE DISTRICT**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The basic financial statements of the Desert Healthcare District (District) have been prepared in conformity with generally accepted accounting principles (GAAP) as applied to governmental agencies. The Governmental Accounting Standards Boards (GASB) is the accepted standard setting body for establishing governmental accounting and financial reporting principles. The more significant of the District's accounting policies are described below.

**Financial Reporting Entity**

The District was organized on December 14, 1948, by a Resolution adopted by the Board of Supervisors, County of Riverside, under the provisions of The Local Hospital District Law (Sections 32000-32314 of the California Health and Safety Code) to provide and operate health care facilities within the area known as the Western Coachella Valley.

Each of the five members of the District's Board of Directors holds office for a four-year term, which is staggered against the other terms. Elections are by popular vote of the constituents within the District's boundaries.

Effective June 29, 1986, the District transferred control of Desert Hospital and all related assets and liabilities to Desert Health Systems, Inc. (System) under the terms of a master lease agreement. The purpose of the transfer was to permit the hospital to operate more competitively and efficiently by becoming a private not-for-profit entity. On December 8, 1988, the System merged with Desert Hospital Corporation (Corporation), the surviving entity. This transaction had no impact with respect to the District.

Until June 1, 1997, the District served as a pass-through entity between the Corporation and the trustee of Hospital Revenue Certificates of Participation issued in 1990 and 1992 and as a recipient of District tax revenues. The District annually pledged the tax revenues it received to the Corporation to be utilized for general corporate purposes. Historically, tax revenues were used to support capital improvement programs.

Effective May 30, 1997, the District entered into a 30-year lease of Desert Hospital with Tenet Health System Desert, Inc. (Tenet). Terms of the lease included payment by Tenet of the Hospital Revenue Certificates of Participation issued in 1990 and 1992 (approximately \$80,000,000) as prepaid rent. Tenet also paid the District \$15,400,000 cash, representing additional prepaid rent. (See Note 2)

As a result of AB2414 and a vote of the residents of the Eastern Coachella Valley in November 2019, the District expanded its boundaries and service area to encompass the broader Coachella Valley. The District has and continues to assess the healthcare needs of the Coachella Valley. The District makes grants to healthcare providers who provide needed healthcare services.

**DESERT HEALTHCARE DISTRICT**  
**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued**

Financial Reporting Entity — Continued

As required by U.S. GAAP, these financial statements present the District and its component unit entity for which the District is considered to be financially accountable. Blended component units, although legally separate entities, are, in substance, part of the District's operations and so data from these units are combined with data of the District. Component units should be included in the reporting entity financial statement using blending method if either of the following criteria are met:

- The component unit's governing body is the same as the governing body of the District.
- The component unit provides services entirely, or almost entirely, to the District or otherwise exclusively, or almost exclusively, benefits the District even though it does not provide services directly to the District.

Included within the reporting entity as a blended component unit is the following:

*Desert Healthcare Foundation (Foundation)*

The Foundation is a health and welfare organization created to identify the health care needs of the Desert Healthcare District and to work toward alleviating those needs through various programs and services. The Foundation operates primarily in the Coachella Valley area of Southern California and, as such, is subject to market conditions, which could affect charitable giving and the realization of recorded assets values at various times.

The foundation's condensed financial statements are included in these financial statements as a Private-Purpose Trust Fund fiduciary fund type.

Complete financial statements of the Foundation can be requested from the District, 1140 North Indian Canyon Drive, Palm Springs, California 92262.

Basis of Accounting and Measurement Focus

*Business-Type Activities*

The basic financial statements include a Statement of Net Position, Statement of Revenues, Expenditures, and Changes in Net Position, and a Statement of Cash Flows. These statements present summaries of business-type activities for the District.

**DESERT HEALTHCARE DISTRICT**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued**

Basis of Accounting and Measurement Focus – Continued

These basic financial statements are presented on an "*economic resources*" measurement focus and the accrual basis of accounting. Accordingly, all of the District's assets and liabilities, including capital assets and long-term liabilities, are included in the accompanying Statement of Net Position. The Statement of Revenues, Expenses, and Changes in Net Position presents changes in net position for the fiscal year. Under the accrual basis of accounting, revenues are recognized in the period in which they are earned while expenses are recognized in the period in which the liability is incurred. All proprietary funds are accounted for on a cost of services of "*economic resources*" measurement focus. This means that all assets and liabilities (whether current or noncurrent) associated with the activity are included on the Statement of Net Position. Their reported fund equity presents total net position. The Statement of Revenues, Expenses and Changes in Net Position present increases (revenues) and decreases (expenses) in total net position. The Statement of Cash Flows is presented with cash, cash equivalents and investments.

*Fiduciary Fund Financial Statements*

Fiduciary Fund Financial Statements include a Statement of Net Position and a Statement of Changes in Fiduciary Net Position. The District's Fiduciary fund includes Private Purpose Trust Funds, which account for resources that are being held for the benefit of the District. The Fiduciary fund is accounted for using the accrual basis of accounting.

Use of Restricted/Unrestricted Net Position

When an expense is incurred for purposes for which both restricted and unrestricted net assets are available, the Foundation's policy is to apply restricted net assets first.

Cash, Cash Equivalent and Investments

All cash and cash equivalents are considered to be demand deposits, money market funds and short-term investments with original maturities of three months or less from the date of acquisition. Investments are stated at fair value. Highly liquid market investments with maturities of one year or less at time of purchase are stated at amortized cost. All other investments are stated at fair value. Market value is used as fair value for those securities for which market quotations are readily available.

Prepaid Items and Deposits

Certain payments to vendors reflect costs applicable to future accounting periods and are recorded as prepaid items.

**DESERT HEALTHCARE DISTRICT**  
**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued**

Capital Assets

Capital assets are valued at historical cost or estimated historical cost if actual historical cost was not available. Donated fixed assets are valued at their estimated fair value on the date donated. Depreciation is recorded on a straight-line basis over estimated useful lives of the assets as follows:

Buildings and Improvements	40 – 50 years
Furniture and Equipment	3 – 7 years

Compensated Absences

Employees have vested interests in varying levels of vacation and sick leave based on their length of employment. Sick leave is payable only when an employee is unable to work due to personal or family illness. Unused sick leave does not vest and is forfeited upon termination.

Property Tax

The County of Riverside (the County) bills and collects property taxes on behalf of numerous special districts and incorporated cities, including the District. The District's collections of current year's taxes are received through periodic apportionments from the County.

The County's tax calendar is from July 1 to June 30. Property taxes attach as a lien on property on January 1. Taxes are levied on July 1 and are payable in two equal installments on November 1 and February 1, and become delinquent after December 10 and April 10, respectively.

Since the passage of California's Proposition 13, beginning with fiscal year 1978-79 general property taxes are based either on a flat 1% rate applied to the 1975-1976 full value of the property or on 1% of the sales price of any property sold or of the cost of any new construction after the 1975-1976 valuation. Taxable values on properties (exclusive of increases related to sales and new construction) can rise at a maximum of 2% per year.

The Proposition 13 limitation on general property taxes does not apply to taxes levied to pay the debt service on any indebtedness approved by the voters prior to June 6, 1978 (the date of passage of Proposition 13).

Property tax revenue is recognized in the fiscal year for which the taxes have been levied. Property taxes received after this date are subject to accrual and considered available as a resource that can be used to finance the current year operations of the District.

Income Taxes

The District is a political subdivision of the State of California and, as such, is exempt from federal and state income taxes.

**DESERT HEALTHCARE DISTRICT**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued**

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Fair Value Measurement

The District and Foundation apply Generally Accepted Accounting Principles (U.S. GAAP) for fair value measurements of financial assets that are recognized or disclosed at fair value in the financial statements on a recurring basis in accordance with GASB Statement Nos. 31 and 40.

Net Assets

*Net Investment in Capital Assets* — this amount consists of capital assets net of accumulated depreciation and reduced by outstanding debt that attributed to the acquisition, construction, or improvement of the assets.

*Restricted Net Position* — This amount is restricted by external creditors, grantors, contributors, or laws of regulations of other governments.

*Unrestricted Net Position* — This amount is all net assets that do not meet the definition of “net investment in capital assets”, or “restricted net position”.

Deferred Outflows and Inflows of Resources

Pursuant to GASB Statement No. 65, the District recognizes deferred outflows of resources. A deferred outflow of resources is defined as a consumption of net position by the government that is applicable to a future reporting period. Refer to Notes 9 and 14 for a detailed listing of the deferred outflow of resources that the District has recognized.

Pursuant to GASB Statement No. 65, the District recognizes deferred inflows of resources. A deferred inflow of resources is defined as an acquisition of fund balance/net position by the government that is applicable to a future reporting period. Refer to Note 154 for a detailed listing of the deferred inflow of resources that the District has recognized.

**DESERT HEALTHCARE DISTRICT**  
**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**2. LEASE AGREEMENT — TENET HEALTH SYSTEM DESERT, INC.**

The District, as described in Note 1, entered into a thirty (30) year lease agreement for Desert Regional Medical Center (Hospital) with Tenet Health System Desert, Inc. (Tenet). In the event that Tenet or the District decide to terminate the lease, the District would be responsible for operating the Hospital, which would require upfront operating capital of approximately \$125,000,000 to maintain the operations without interruption during the transition period. The District, recognizing this obligation, established an investment fund, with a net value of \$58,231,372 as of June 30, 2019, identified as the Facility Replacement Fund. The lease agreement contains provisions in the event the lease terminates prior to May 30, 2021. If the lease terminates for reasons such as default by the lessor to perform obligations within a sixty day period or the premises are totally destroyed and repairs are not feasible between the dates of June 1, 2018 and May 30, 2021, the District may be obligated to repay Tenet beginning June 1, 2018 the unamortized prepaid rent as defined in the lease agreement which decreases annually through May 2021. However, the District does not expect these conditions to occur during the term of the lease and therefore, recorded the full amount of the payments received to income in fiscal year ended June 30, 1997. The lease agreement was previously amended to allow the District to provide the funding for the cost of preapproved capital improvements that will reduce the amount of the prepaid rent schedule by a ratio of \$3 for each \$1 spent, and in some cases a ratio of \$3.50 for each \$1 spent.

The \$4,680,743 construction cost and credit received from Desert Regional Medical Center for lower electrical costs of the hospital parking lot provided for a \$3 for \$1 reduction amounting to \$14,042,229 to the prepaid rent schedule. An additional \$4,589,200 reduction to the prepaid lease schedule was due to a \$3.50 for \$1 reduction per a 10 year facility lease agreement between the District and Hospital for facility space at the District's medical office building to be occupied by the Hospital.

As of June 30, 2019, the prepaid lease balance is \$5,901,897. This amount will decrease annually by \$3,066,667 per terms of the lease agreement. Should the lease terminate early, the prepaid lease repayment may be made in full or over a period of five years.

**DESERT HEALTHCARE DISTRICT**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**3. CASH AND INVESTMENTS**

The cash and investments are classified in the financial statements as shown below:

	<u>June 30, 2019</u>	<u>June 30, 2018</u>
District's Statement of Net Position:		
Cash and cash equivalents	\$ 12,052,794	\$ 2,004,735
Investments	48,228,320	54,326,412
Fiduciary Statement of Net Position:		
Cash and cash equivalents	945,995	3,447,997
Investments	<u>5,853,791</u>	<u>2,499,286</u>
 Total Cash and Investments	 <u><u>\$ 67,080,900</u></u>	 <u><u>\$ 62,278,430</u></u>

Cash and Investments consist  
of the following:

Cash on Hand	\$ 700	\$ 700
Cash in Bank-District	2,049,242	985,741
Cash in Bank-Foundation	810,227	3,421,500
Money Market Funds	10,138,620	1,044,791
Investments	<u>54,082,111</u>	<u>56,825,698</u>
 Total Cash and Investments	 <u><u>\$ 67,080,900</u></u>	 <u><u>\$ 62,278,430</u></u>

**Investments Authorized by the California Government Code and the District's Investment Policy**

The table below identifies the investment types that are authorized for the Desert Healthcare District (District) by the California Government Code (or the District's investment policy, where more restrictive). The table also identifies certain provisions of the California Government Code (or the District's investment policy, where more restrictive) that address interest rate risk, credit risk, and concentration of risk. This table does not address investments of debt proceeds held by bond trustee that are governed by the provisions of debt agreements of the District, rather than the general provisions of the California Government Code or the District's investment policy.



**DESERT HEALTHCARE DISTRICT**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**3. CASH, AND INVESTMENTS - Continued**

**Investments Authorized by the California Government Code and the District's Investment Policy (Continued)**

<u>Authorized Investment Type</u>	<u>Maximum Maturity</u>	<u>Maximum Percentage of Portfolio</u>	<u>Maximum Investment in One Issuer</u>
Local Agency Bonds	5 years	None	None
Local Agency Investment Fund (State Pool)	N/A	None	\$65 million
U.S. Treasury Obligations	5 years	None	None
U.S. Government Agency Issues	5 years	None	None
Reverse Repurchase Agreements	92 days	20% of base	None
Repurchase Agreements	1 year	None	None
Bankers' Acceptance (must be dollar denominated)	180 days	40%	30%
Commercial Paper - Pooled Funds	270 days	40%	10%
Commercial Paper - Non-Pooled Funds	270 days	25%	10%
Negotiable Time Certificates of Deposit	5 years	30%	None
Non-negotiable Time Certificates of Deposit	5 years	None	None
State of California and Local Agency Obligations	5 years	None	None
Placement Service Certificates of Deposit	5 years	30%	None
Medium-Term Notes	5 years	30%	None
Mutual Funds and Money Market Mutual Funds	N/A	20%	None
Collateralized Bank Deposits	5 years	None	None
Mortgage Pass-Through Securities	5 years	20%	None
County Pooled Investment Funds	N/A	None	None
Joint Powers Authority Pool	N/A	None	None
Voluntary Investment Program Fund	N/A	None	None
Supranational Obligations	5 years	30%	None

**Disclosures Relating to Interest Rate Risk**

Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in the market interest rates. One of the ways that the District manages its exposure to interest rate risk is by purchasing a combination of shorter term and longer term investments and by timing cash flows from maturities so that a portion of the portfolio is maturing or coming closer to maturity evenly over time as necessary to provide the cash flow and liquidity needed for distributions.

**DESERT HEALTHCARE DISTRICT**  
**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**3. CASH, AND INVESTMENTS - Continued**

Disclosures Relating to Interest Rate Risk (Continued)

Information about the sensitivity of the fair values of the District's investments to market interest rate fluctuations is provided by the following table that shows the distribution of the District's investments by maturity:

**As of June 30, 2019**

Investment Type	Carrying Amount	Remaining Maturity (in Months)				
		12 Months Or Less	13 to 24 Months	25-36 Months	37-48 Months	More than 49 Months
Corporate Bonds*	\$ 1,410,937	\$ 50,074	\$ 73,371	\$ 70,047	\$ 251,864	\$ 965,581
U.S. Government Agencies	22,160,590	7,486,335	5,519,485	7,066,850	2,087,920	
U.S. Government Agencies*	867,003		105,004	173,290	109,954	478,755
U.S. Treasury Notes	26,067,730	6,005,440	7,064,840	7,868,280	5,129,170	
U.S. Treasury Notes*	418,965	62,881	101,210		52,612	202,262
Mutual Funds-Open Ended*	1,204,392	1,204,392				
Domestic Common Stock*	1,952,494	1,952,494				
Total	<u>\$ 54,082,111</u>	<u>\$ 16,761,616</u>	<u>\$ 12,863,910</u>	<u>\$ 15,178,467</u>	<u>\$ 7,631,520</u>	<u>\$ 1,646,598</u>

\* Held by Foundation

**As of June 30, 2018**

Investment Type	Carrying Amount	Remaining Maturity (in Months)				
		12 Months Or Less	13 to 24 Months	25-36 Months	37-48 Months	More than 49 Months
Corporate Bonds*	\$ 999,329	\$ 89,873	\$ -	\$ 41,882	\$ 19,265	\$ 848,309
U.S. Government Agencies	24,864,624	4,055,362	7,515,586	5,417,235	6,858,290	1,018,151
U.S. Treasury Notes	30,015,893	6,010,220	2,991,450	7,960,870	7,658,902	5,394,451
Municipal Bonds	205,182	10,000	19,876	39,920	14,859	120,527
Domestic Common Stock*	740,670	740,670				
Total	<u>\$ 56,825,698</u>	<u>\$ 10,906,125</u>	<u>\$ 10,526,912</u>	<u>\$ 13,459,907</u>	<u>\$ 14,551,316</u>	<u>\$ 7,381,438</u>

\* Held by Foundation

**DESERT HEALTHCARE DISTRICT**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**3. CASH AND INVESTMENTS - Continued**

Disclosures Relating to Credit Risk

Generally, credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of rating by a nationally recognized statistical rating organization. Presented below is the minimum rating required by the California Government Code and the District's investment policy, and the actual rating as of fiscal year end for each investment type.

**As of June 30, 2019:**

Investment Type	Carrying Amount	Minimum Legal Rating	Exempt From Disclosure	Rating as of Fiscal Year End			
				AAA/AA	A	BBB/BB	Not Rated
Corporate Bonds*	\$ 1,410,937	N/A	\$ -	\$ 242,228	\$ 464,545	\$ 704,164	\$ -
U.S. Government Agencies	22,160,590	A		22,160,590			
U.S. Government Agencies*	867,003	N/A		867,003			
U.S. Treasury Notes	26,067,730	N/A	26,067,730				
U.S. Treasury Notes*	418,965	N/A	418,965				
Mutual Funds-Open Ended*	1,204,392	N/A					1,204,392
Domestic Common Stock*	1,952,494	N/A					1,952,494
<b>Total</b>	<b>\$ 54,082,111</b>		<b>\$ 26,486,695</b>	<b>\$ 23,269,821</b>	<b>\$ 464,545</b>	<b>\$ 704,164</b>	<b>\$ 3,156,886</b>

\* Held by Foundation. No Foundation policy establishing minimum legal rating.

**As of June 30, 2018:**

Investment Type	Carrying Amount	Minimum Legal Rating	Exempt From Disclosure	Rating as of Fiscal Year End			
				AAA/AA	A	BBB/BB	Not Rated
Corporate Bonds*	\$ 999,329	N/A	\$ -	\$ 131,966	\$ 867,363	\$ -	\$ -
U.S. Government Agencies	24,864,624	A		24,864,624			
U.S. Treasury Notes	30,015,893	N/A	30,015,893				
Municipal Bonds	205,182	N/A		57,737	147,445		
Domestic Common Stock*	740,670	N/A					740,670
<b>Total</b>	<b>\$ 56,825,698</b>		<b>\$ 30,015,893</b>	<b>\$ 25,054,327</b>	<b>\$ 1,014,808</b>	<b>\$ -</b>	<b>\$ 740,670</b>

\* Held by Foundation. No Foundation policy establishing minimum legal rating.

**DESERT HEALTHCARE DISTRICT**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**3. CASH AND INVESTMENTS - Continued**

Concentration of Credit Risk

The investment policy of the District contains limitations on the amount that can be invested in any one issuer. There are three investments at June 30, 2019 that represent 5% or more of total District investments (other than U.S. Treasury Notes). These investments are:

- Federal Home Loan Banks: \$6,615,025 with various maturity dates through June 30, 2023, and interest rates of 1.375-4.500%.
- Federal Home Loan Mortgage Corporation: \$5,058,980 with various maturity dates through June 30, 2023, and interest rates of 1.250-2.750%.
- Federal National Mortgage Association: \$10,486,585 with various maturity dates through June 30, 2022, and interest rates of 1.250-2.000%.

There are three investments at June 30, 2018 that represent 5% or more of total District investments (other than U.S. Treasury Notes). These investments are:

- Federal Home Loan Banks: \$7,544,505 with various maturity dates through June 30, 2023, and interest rates of 1.375-4.500%.
- Federal Home Loan Mortgage Corporation: \$4,953,650 with various maturity dates through June 30, 2022, and interest rates of 1.250-3.750%.
- Federal National Mortgage Association: \$12,263,445 with various maturity dates through June 30, 2022, and interest rates of 1.250-2.000%.

Custodial Credit Risk

Custodial credit risk for deposits is the risk that, in the event of the failure of a depository financial institution, a government will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The California Government Code and the District's investment policy do not contain legal or policy requirements that would limit the exposure to custodial credit risk for deposits, other than the following provision for deposits: The California Government Code requires that a financial institution secure deposits made by state or local governmental units by pledging securities in an undivided collateral pool held by a depository regulated under state law (unless so waived by the governmental unit). The fair value of the pledged securities in the collateral pool must equal at least 110% of the total amount deposited by the public agencies. California law also allows financial institutions to secure the District's deposits by pledging first trust deed mortgage notes having a value of 150% of the secured public deposits.

As of June 30, 2019 and 2018, the District's deposits with financial institutions in excess of federal depository insurance limits are legally required by the California Government Code, to collateralize the District's deposits as noted above.

**DESERT HEALTHCARE DISTRICT**  
**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**3. CASH AND INVESTMENTS – Continued**

Fair Value Measurements

The District categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. These principles recognize a three-tiered fair value hierarchy, as follows

- Level 1: Investments reflect prices quoted in active markets;
- Level 2: Investments reflect prices that are based on a similar observable asset either directly or indirectly, which may include inputs in markets that are not considered active;
- Level 3: Investments reflect prices based upon unobservable sources.

The District has the following recurring fair value measurements;

**As of June 30, 2019**

<u>Investments by fair value</u>	<u>Total</u>	<u>Fair Value Measurement Using</u>		
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
<b>Debt Securities</b>				
Corporate Bonds	\$ 1,410,937	\$ 1,410,937	\$ -	\$ -
U.S. Government Agencies	23,027,593	23,027,593		
U.S. Treasury Notes	26,486,695	26,486,695		
Mutual Funds-Open Ended	1,204,392	1,204,392		
Domestic Common Stock	1,952,494	1,952,494		
	<u>\$ 54,082,111</u>	<u>\$ 54,082,111</u>	<u>\$ -</u>	<u>\$ -</u>

**As of June 30, 2018**

<u>Investments by fair value</u>	<u>Total</u>	<u>Fair Value Measurement Using</u>		
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
<b>Debt Securities</b>				
Corporate Bonds	\$ 999,329	\$ 999,329	\$ -	\$ -
U.S. Government Agencies	24,864,624	24,864,624		
U.S. Treasury Notes	30,015,893	30,015,893		
Municipal Bonds	205,182	205,182		
Domestic Common Stock	740,670	740,670		
	<u>\$ 56,825,698</u>	<u>\$ 56,825,698</u>	<u>\$ -</u>	<u>\$ -</u>

**DESERT HEALTHCARE DISTRICT**  
**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**4. CAPITAL ASSETS**

Business-Type Activities

At June 30, 2019 and 2018, the capital assets of the business-type activities consisted of the following:

<u>June 30, 2019</u>				
	Balance July 1, 2018	Additions	Deletions	Balance June 30, 2019
Non-depreciable assets				
Land	\$ 3,988,650	\$ -	\$ -	\$ 3,988,650
Total non-depreciable assets	<u>3,988,650</u>			<u>3,988,650</u>
Depreciable assets:				
Buildings and improvements	17,955,981	222,077	(500)	18,177,558
Furniture and equipment	<u>176,546</u>	<u>8,449</u>	<u>(2,258)</u>	<u>182,737</u>
Total	18,132,527	230,526	(2,758)	18,360,295
Less accumulated depreciation	<u>(9,739,013)</u>	<u>(639,405)</u>	<u>2,031</u>	<u>(10,376,387)</u>
Total depreciable assets, net	<u>8,393,514</u>	<u>(408,879)</u>	<u>(727)</u>	<u>7,983,908</u>
Total Capital Assets, Net	<u>\$ 12,382,164</u>	<u>\$ (408,879)</u>	<u>\$ (727)</u>	<u>\$ 11,972,558</u>

Depreciation expense consists of operating expense depreciation of \$193,276 and rental expense depreciation of \$446,129.

<u>June 30, 2018</u>				
	Balance July 1, 2017	Additions	Deletions	Balance June 30, 2018
Non-depreciable assets				
Land	\$ 3,988,650	\$ -	\$ -	\$ 3,988,650
Total non-depreciable assets	<u>3,988,650</u>			<u>3,988,650</u>
Depreciable assets:				
Buildings and improvements	17,779,595	228,320	(51,934)	17,955,981
Furniture and equipment	<u>171,623</u>	<u>4,923</u>		<u>176,546</u>
Total	17,951,218	233,243	(51,934)	18,132,527
Less accumulated depreciation	<u>(9,147,084)</u>	<u>(643,863)</u>	<u>51,934</u>	<u>(9,739,013)</u>
Total depreciable assets, net	<u>8,804,134</u>	<u>(410,620)</u>		<u>8,393,514</u>
Total Capital Assets, Net	<u>\$ 12,792,784</u>	<u>\$ (410,620)</u>	<u>\$ -</u>	<u>\$ 12,382,164</u>

Depreciation expense consists of operating expense depreciation of \$194,483 and rental expense depreciation of \$449,380.

**DESERT HEALTHCARE DISTRICT**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2019**

**5. RESTRICTED NET POSITION**

The District had \$0 of restricted net position at June 30, 2019 and 2018.

**6. SPLIT INTEREST AGREEMENTS – FOUNDATION**

At June 30, 2019 and 2018, the split interest agreements of the fiduciary fund consisted of the following:

	2019	2018
Contributions receivable - charitable remainder trusts	\$ 189,239	\$ 188,929
Total	\$ 189,239	\$ 188,929

**Charitable Remainder Trusts**

The Foundation was named beneficiary to two additional charitable remainder unitrusts (whose trustees are someone other than the Foundation), all of which are recorded at fair market value. The general terms of the two trusts are as follows:

Trust 4 (dated October 3, 1989): The lesser of the trust income or 8% of the net fair market value of trust assets is to be distributed to the life beneficiary annually. Upon the death of the life beneficiary, 50% of the principal and income not required to have been distributed to the life beneficiary shall become the property of the Foundation, to be used for cancer treatment, or for general purposes if a cure for cancer has been found. At December 31, 2018 and 2017, which is the most current information available, the estimated present value of future cash flows was \$126,022 and \$122,540, respectively.

Trust 7 (dated May 17, 1990): 8.5% of the net fair market value of trust assets is to be distributed to the life beneficiary annually. Upon the death of the life beneficiary, all of the principal and income not required to have been distributed to the life beneficiary shall become the property of the Foundation, to be used for general purposes. The estimated present value of future cash flows at June 30, 2019 and 2018 was \$63,217 and \$66,389, respectively.

**7. GRANTS**

The District has granted awards to various healthcare providers that provide needed healthcare services. Awards not fully funded in the current fiscal year are carried over to the subsequent fiscal year. At June 30, 2019 and 2018, the total grant awards payable were \$12,809,355 and \$11,654,099, respectively. Total grant expense for the fiscal years ended June 30, 2019 and 2018 amounted to \$3,626,871 and \$5,076,039, respectively.

The Foundation has granted awards to various healthcare providers that provide needed healthcare services. At June 30, 2019 and 2018, the total grant awards payable were \$5,644,450 and \$4,821,167, respectively. Total grants and services expense for the years ended June 30, 2019 and 2018 amounted to \$1,536,658 and \$5,314,610, respectively.

**DESERT HEALTHCARE DISTRICT**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**8. LONG-TERM DISABILITY CLAIMS RESERVE**

Long-term disability claims were self-insured by the District. Claimants' payments are administered internally and made pursuant to the plan. Claimants are paid either to age 65 or until they return to work. At June 30, 2019 and 2018, the long-term disability claims reserves were as follows:

	<u>Balance at July 1, 2018</u>	<u>Claims Paid</u>	<u>Changes in Estimates</u>	<u>Balance at June 30, 2019</u>	<u>Due Within One Year</u>
Claims payable	<u>\$ 66,546</u>	<u>\$ (14,803)</u>	<u>\$ 3,686</u>	<u>\$ 55,429</u>	<u>\$ 14,803</u>

	<u>Balance at July 1, 2017</u>	<u>Claims Paid</u>	<u>Changes in Estimates</u>	<u>Balance at June 30, 2018</u>	<u>Due Within One Year</u>
Claims payable	<u>\$ 77,018</u>	<u>\$ (14,803)</u>	<u>\$ 4,331</u>	<u>\$ 66,546</u>	<u>\$ 14,803</u>



**DESERT HEALTHCARE DISTRICT**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**9. POSTEMPLOYMENT (HEALTH INSURANCE) BENEFITS**

A. General Information about the OPEB Plan

*Plan Description* – The District’s defined benefit OPEB plan, provides OPEB for the two retired Board of Directors of the District. The plan is a single employer defined benefit OPEB plan administered by the District. No assets are accumulated in a trust that meets the criteria in paragraph 4 of Statement 75.

*Benefits Provided* – Following is a description of the current retiree benefit plan:

	<b><u>Board Members</u></b>
Benefit types provided	Medical and dental
Duration of benefits	Lifetime
Dependent coverage	Yes
District contribution %	100%
District cap	None

*Employees Covered by Benefit Terms* – At June 30, 2019, the following employees were covered by the benefit terms:

Inactive employees receiving benefits	2
Inactive employees entitled to but not yet receiving benefits payments	0
Active employees	0

B. Total OPEB Liability

The District’s total OPEB liability of \$87,973 was measured as of June 30, 2018 and was determined by an actuarial valuation as of that date.

*Actuarial Assumptions and Other Inputs* – The total OPEB liability in the June 30, 2017 actuarial valuation was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement, unless otherwise specified:

<i>Inflation</i>	2.75 percent
<i>Investment return/discount rate</i>	3.80 percent net of expenses. Based on the Bond Buyer 20 Bond Index
<i>Healthcare cost trend rates</i>	4.00 percent
<i>Payroll increase</i>	2.75 percent
<i>The mortality assumptions</i>	Based on the 2009 CalPERS Mortality for Retired Miscellaneous Employees table created by CalPERS. CalPERS periodically studies mortality for participating agencies and establishes mortality tables that are modified versions of commonly used tables. This table incorporates mortality projection as deemed appropriate based on CalPERS analysis.
<i>Cost for retiree coverage</i>	Based on actual employer contribution. Liabilities for active participants are based on the first year costs. Subsequent years’ costs are based on first year costs adjusted for trend and limited by any District contribution caps.

**DESERT HEALTHCARE DISTRICT**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**9. POSTEMPLOYMENT (HEALTH INSURANCE) BENEFITS (CONTINUED)**

C. Changes in the Total OPEB Liability

Balance at June 30, 2018	\$ 108,687
<u>Changes for the fiscal year</u>	
Service cost	-
Interest	3,684
Changes of benefit terms	-
Differences between expected and actual experience	-
Changes in assumptions or other inputs	(908)
Benefit payments	<u>(23,490)</u>
Net changes	<u>(20,714)</u>
Balance at June 30, 2019	<u>\$ 87,973</u>

No plan assets at June 30, 2019

*Sensitivity of the Total OPEB Liability to Changes in the Discount Rate* – The following presents the total OPEB liability of the District, as well as what the District’s total OPEB liability would be if it were calculated using a discount rate that is 1 percentage point lower or 1 percentage point higher than the current discount rate:

	<u>Discount Rate</u> <u>1% Lower</u>	<u>Valuation</u> <u>Discount Rate</u>	<u>Discount Rate</u> <u>1% Higher</u>
Net OPEB liability	\$90,160	\$87,973	\$85,855

*Sensitivity of the Total OPEB Liability to Changes in the Healthcare Cost Trend Rates* – The following presents the total OPEB liability of the District, as well as what the District’s total OPEB liability would be if it were calculated using healthcare cost trend rates that are 1 percentage point lower or 1 percentage point higher than the current healthcare cost trend rate:

	<u>Trend</u> <u>1% Lower</u>	<u>Valuation</u> <u>Trend</u>	<u>Trend</u> <u>1% Higher</u>
Net OPEB liability	\$84,901	\$87,973	\$91,114

D. OPEB Expense, Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB

For the fiscal year ended June 30, 2019, the District recognized OPEB expense of \$1,705. At June 30, 2018, the District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	<u>Deferred Outflows</u> <u>Of Resources</u>
Benefit payments subsequent to measurement date	\$ 14,147

There were no amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expenses in the future.

**DESERT HEALTHCARE DISTRICT**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**10. INSURANCE**

The District is exposed to various risks of loss related to torts; theft of, damage to and destruction of assets; error and omissions; and natural disasters for which the District carries commercial insurance. The District purchases commercial insurance to cover the risk of loss for property, business liability, and medical payments.

**11. RENTAL INCOME**

The District rents commercial office suites subject to lease terms ranging from three to five years. Rental income includes the base monthly rental payments plus the common area maintenance fee. Rental income consisted of the following for the fiscal years ended June 30, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Base rent	\$ 863,595	\$ 798,450
Common area maintenance	<u>340,345</u>	<u>314,791</u>
Total Rental Income	<u>\$ 1,203,940</u>	<u>\$ 1,113,241</u>

The five year fiscal year minimum rental schedule follows:

	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>
Base rent	\$ 770,966	\$ 684,077	\$ 705,797	\$ 594,856	\$ 251,198
Common area maintenance	297,456	260,221	260,221	215,871	90,613

**12. COMMITMENT AND CONTINGENCIES**

**Earthquake Retrofit**

Senate Bill 1953 imposes certain requirements that acute care hospitals would be required to meet within a specified time. These requirements include conducting seismic evaluations. The deadline was extended to January 1, 2030. After January 1, 2030, all hospitals must be determined to be in compliance.

**Litigation**

In the ordinary course of operations, the District is subject to other claims and litigation from outside parties. After consultation with legal counsel, the District believes the ultimate outcome of such matters will not materially affect its financial condition.

**DESERT HEALTHCARE DISTRICT**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**13. 401(K) RETIREMENT PLAN**

The District converted from a 401(k) retirement plan to a 457(B) and 401(A) retirement plans. A 457(B) (employee contribution) and 401(A) (employer contribution) retirement plans were determined to be more appropriate for a governmental agency. The 401(K) plan was terminated during the fiscal year and the 457(B) and 401(A) retirement plans became effective October 1, 2014.

The District contributes a dollar for dollar match for the first 4% of employee salary deferral and two dollars match for each additional dollar of the next 2% of employee salary deferral. The District's match contribution for the fiscal years ended June 30, 2019 and 2018 were \$47,285 and \$55,242, respectively.

**14. DESERT HOSPITAL RETIREMENT PROTECTION PLAN**

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. Refer to the Plan's separate financial statements for more detailed information.

Vesting

All participants of the Plan have been 100% vested since May 31, 1997.

Account Balances

All participants of the Plan are eligible to request a distribution or rollover of their account balance upon retirement or termination of their employment from Desert Regional Medical Center.

Contributions

There have been no contribution requirements by the District since May 31, 1997. Participant contributions to the Plan are not permitted. In the most recent actuarial valuation (dated as of June 30, 2019), the Plan's independent actuary determined that the actuarial value of the Plan's net pension liability was \$3,395,623 at June 30, 2019 and \$3,277,793 at June 30, 2018. In the report it was recommended that an actuarially determined contribution of \$366,275 as of June 30, 2019 and \$288,378 as of June 30, 2018, should be made. The District's board of directors elected not to fund the Plan during 2019. The plan was funded in the amount of \$0 during 2019 and 2018.

Administration and Trustee

The Plan is administered by the District's Finance and Administrative Committee (the Committee). The Committee is selected by the District's board of directors. All administrative expenses are paid by the Plan or at the discretion of the District.

Pursuant to the terms of the Plan, the District entered into a trust agreement with US Bank N.A. to provide for the investment, reinvestment, administration and distribution of contributions made under the Plan.

**DESERT HEALTHCARE DISTRICT**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**14. DESERT HOSPITAL RETIREMENT PROTECTION PLAN – Continued**

Schedule of Funding Progress

Actuarial Valuation Date (1)	Actuarial Value of Assets (a)	Actuarial Accrued Liability (AAL) (b)	Unfunded AAL (UAAL) (b-a)	Funded Ratio (a/b)	Covered Payroll (c)	UAAL as a % of Covered Payroll ((b-a)/c)
6/30/2006	\$ 5,236,383	\$ 9,566,663	\$(4,330,280)	55%	N/A	N/A
6/30/2007	N/A	N/A	N/A	N/A	N/A	N/A
6/30/2008	4,552,074	9,312,581	(4,760,507)	49%	N/A	N/A
6/30/2009	3,351,366	9,141,403	(5,790,037)	37%	N/A	N/A
6/30/2010	N/A	N/A	N/A	N/A	N/A	N/A
6/30/2011	3,522,125	7,921,342	(4,399,217)	45%	N/A	N/A
6/30/2012	N/A	N/A	N/A	N/A	N/A	N/A
6/30/2013	2,797,614	7,357,700	(4,560,086)	38%	N/A	N/A
6/30/2014	2,656,607	10,603,012	7,946,405	25%	N/A	N/A
6/30/2015	2,405,256	10,149,205	7,743,949	24%	N/A	N/A
6/30/2016	1,924,238	11,568,940	9,644,702	17%	N/A	N/A
6/30/2017	5,344,173	8,219,294	2,875,121	65%	N/A	N/A
6/30/2018	5,189,834	8,467,627	3,277,793	61%	N/A	N/A
6/30/2019	4,913,907	8,309,530	3,395,623	59%	N/A	N/A

No actuarial report or estimation using actuarial methodology was prepared for June 30, 2012, 2010, and 2007.

***General Information about the Desert Hospital Retirement Protection Plan (Plan) Pension Plan***

Plan Description

The Plan was originally established in 1971 as a defined benefit plan covering all eligible employees of Desert Hospital. The plan has been frozen since May 31, 1997.

Employees Covered

At June 30, 2019 and 2018, the following employees were covered by the benefit terms:

	<u>Miscellaneous</u>	
	<u>2019</u>	<u>2018</u>
Inactive plan members if beneficiaries currently receiving benefits	8	16
Inactive plan members entitled to but not yet receiving benefits	61	60
Active plan members	114	141
Total Employees Covered	<u>183</u>	<u>217</u>

Contributions

There have been no contribution requirements by the District since May 31, 1997. Participant contributions to the Plan are not permitted.

**DESERT HEALTHCARE DISTRICT**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**14. DESERT HOSPITAL RETIREMENT PROTECTION PLAN – Continued**

***General Information about the Desert Hospital Retirement Protection Plan (Plan) Pension Plan (continued)***

**Net Pension Liability**

The District's net pension liability for the Plan is measured as the total pension liability, less the pension plan's fiduciary net position. A summary of principal assumptions and methods used to determine the net pension liability is shown below.

**Actuarial Assumptions**

The total pension liability in the June 30, 2019 actuarial valuations were determined using the following actuarial assumptions:

Inflation	2.75%
Discount rate	4.56%, net of pension plan investment expense, including inflation.
Measurement date	June 30, 2019, based on a valuation date of June 30, 2019.
Ad hoc cost-of-living increases	Not applicable
Mortality	Pre-Retirement: None      Post-Retirement: Pub G Sex distinct mortality tables projected generationally with Scale MP-2018
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 for the Desert Regional Medical Center operated by Tenet Health System Desert, Inc. until Normal Retirement Age.
Other assumptions	See actuarial assumptions provided in the June 30, 2019 funding valuation for other relevant assumptions.

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

**Discount Rate**

The discount rate used to measure the total pension liability was 4.56 percent. To determine whether the municipal bond rate should be used in the calculation of a discount rate for each plan, the Plan stress tested plans that would most likely result in a discount rate that would be different from the actuarially assumed discount rate. Based on the testing, none of the tested plans run out of assets. Therefore, the current 4.56 percent discount rate is adequate and the use of the municipal bond rate calculation is not necessary. The long-term expected discount rate of 6.82 percent is applied to all plans in the Plan. The stress test results are presented in a detailed report called "GASB Crossover Testing Report" that can be obtained at the Districts' website under the GASB 68 section.

According to Paragraph 30 of Statement 68, the long-term discount rate should be determined without reduction for pension plan administrative expense. The 4.56 percent investment return assumption used in this accounting valuation is net of administrative expenses. Administrative expenses are assumed to be 15 basis points. An investment return excluding administrative expenses would have been 4.71 percent. Using this lower discount rate has resulted in a slightly higher total pension liability and net pension liability. The Plan checked the materiality threshold for the difference in calculation and did not find it to be a material difference.

**DESERT HEALTHCARE DISTRICT**  
**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**14. DESERT HOSPITAL RETIREMENT PROTECTION PLAN – Continued**

*General Information about the Desert Hospital Retirement Protection Plan (Plan) Pension Plan (continued)*

**Net Pension Liability (Continued)**

The Plan expects to continue using a discount rate net of administrative expenses for GASB 67 and 68 calculations through the 2019-20 fiscal year. The Plan will continue to check the materiality of the difference in calculation until such time as they have changed their methodology.

The long-term expected rate of return on Plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of Plan investment expense and inflation) are developed for each major asset class.

In determining the long-term expected rate of return, staff took into account both short-term and long-term market return expectations as well as the expected pension fund cash flows. Such cash flows were developed assuming that both members and employers will make their required contributions on time and as scheduled in all future years. Using historical returns of all the funds' asset classes, expected compound (geometric) returns were calculated over the long-term (11-60 years) using a building-block approach. Using the expected nominal returns for both short-term and long-term, the present value of benefits was calculated for each fund. The expected rate of return was set by calculating the single equivalent expected return that arrived at the same present value of benefits for cash flows as the one calculated using both short-term and long-term returns. The expected rate of return was then set equivalent to the single equivalent rate calculated above and rounded down to the nearest one quarter of one percent.

**Expected Rate of Return**

The table below reflects long-term expected real rate of return by asset class. The rate of return was calculated using the capital market assumptions applied to determine the discount rate and asset allocation. These geometric rates of return are net of administrative expenses.

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

**DESERT HEALTHCARE DISTRICT**  
**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**14. DESERT HOSPITAL RETIREMENT PROTECTION PLAN – Continued**

*Changes in the Net Pension Liability*

The changes in the Net Pension Liability for the Plan follows:

	Increase (Decrease)		
	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Position Liability/(Asset) (c) = (a) - (b)
<b>Balance, June 30, 2018</b>	\$ 8,467,627	\$ 5,189,834	\$ 3,277,793
Changes in Recognized for the Measurement Period:			
Employer Contributions			
Interest on the Total Pension Liability	385,951		385,951
Differences between Expected and Actual Experience	(802,110)		(802,110)
Changes in Assumptions	769,854		769,854
Net Investment Income **		268,701	(268,701)
Benefit Payments, including Refunds of			
Employee Contributions	(511,792)	(511,792)	-
Administrative Expenses		(32,836)	32,836
Net Changes during 2018-19	(158,097)	(275,927)	117,830
<b>Balance, June 30, 2019 *</b>	<b>\$ 8,309,530</b>	<b>\$ 4,913,907</b>	<b>\$ 3,395,623</b>

\* The fiduciary net position includes receivables for employee service buybacks, deficiency reserves, fiduciary self-insurance and OPEB expenses. This may differ from the plan assets reported in the funding actuarial valuation report.

\*\* Net of administrative expenses.

*Sensitivity of the Net Pension Liability to Changes in the Discount Rate*

The following presents the net pension liability/(asset) of the Plan as of the measurement date, calculated using the discount rate of 4.56 percent, as well as what the net pension liability/(asset) would be if it were calculated using a discount rate that is 1 percentage-point lower (3.56 percent) or 1 percentage-point higher (5.56 percent) than the current rate:

	<u>1% Decrease</u> <u>(3.56%)</u>	<u>Current Discount</u> <u>Rate (4.56%)</u>	<u>1% Increase</u> <u>(5.56%)</u>
Net pension liability	\$ 4,614,511	\$ 3,395,623	\$ 2,396,408

*Plan Fiduciary Net Position*

Detailed information about the pension plan's fiduciary net position is available in the separately issued financial reports.



**DESERT HEALTHCARE DISTRICT**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**14. DESERT HOSPITAL RETIREMENT PROTECTION PLAN – Continued**

*Changes in the Net Pension Liability (Continued)*

*The Plan's Pension Expenses and Deferred Outflows/Inflows of Resources Related to Pensions*

For the fiscal year ended June 30, 2019, the District recognized pension expense of \$(561,964). At June 30, 2019, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	<b>Deferred Outflows of Resources</b>	<b>Deferred Inflows of Resources</b>
Differences between expected and actual experience	\$ -	\$ (742,705)
Net differences between projected and actual earnings on pension plan investments	99,177	(187,998)
Changes in assumptions	1,060,012	(713,040)
Total	<u>\$ 1,159,189</u>	<u>\$ (1,643,743)</u>

Amounts reported as deferred outflows and deferred inflows of resources related to pensions will be recognized in future pension expense as follows:

<b>Fiscal Year Ended June 30,</b>	<b>Deferred Outflows (Inflows) of Resources</b>
2020	\$ (509,777)
2021	3,633
2022	1,464
2023	20,126
Total	<u>\$ (484,554)</u>

**15. RELATED PARTY TRANSACTIONS**

The Desert Healthcare District and the Desert Healthcare Foundation are related parties. The Foundation is organized to provide health and welfare assistance to Coachella Valley residents in need. The District donates funds (\$1,136,000) to the Foundation, to help fulfill their purpose. The District also provides the Foundation with office space and personnel (\$212,016).

**REQUIRED SUPPLEMENTARY INFORMATION**

**DESERT HEALTHCARE DISTRICT**

**REQUIRED SUPPLEMENTARY INFORMATION**

**JUNE 30, 2019**

**Prepared for the Desert Healthcare District, a Single-Employer Defined Benefit Pension Plan as of June 30, 2019**

**Note 1 – Schedule of Changes in the Net Pension Liability and Related Ratios – Last 10 Years\***

	<b>2019</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Measurement Period	2018-2019	2017-2018	2016-2017	2014-2015	2013-2014
<b>Total Pension Liability</b>					
Interest on total pension liability	\$ 385,951	\$ 399,298	\$ 321,990	\$ 397,980	\$ 418,035
Differences between expected and actual experience	(802,110)		(437,093)	(493,455)	(537,276)
Changes in assumptions	769,854	315,705	(2,852,163)	1,944,607	
Benefit payments, including refunds of employee contributions	(511,792)	(466,670)	(382,380)	(459,397)	(304,566)
<b>Net change in total pension liability</b>	<b>(158,097)</b>	<b>248,333</b>	<b>(3,349,646)</b>	<b>1,389,735</b>	<b>(423,807)</b>
<b>Total pension liability - beginning</b>	<b>8,467,627</b>	<b>8,219,294</b>	<b>11,568,940</b>	<b>10,179,205</b>	<b>10,603,012</b>
<b>Total pension liability - ending (a)</b>	<b>8,309,530</b>	<b>8,467,627</b>	<b>8,219,294</b>	<b>11,568,940</b>	<b>10,179,205</b>
Plan fiduciary net position					
Employer contributions			3,400,000		
Net investment income	268,701	347,969	426,828	(6,638)	71,101
Benefit payments	(511,792)	(466,670)	(382,380)	(459,397)	(304,566)
Administrative expenses	(32,836)	(35,638)	(24,513)	(14,983)	(17,886)
<b>Net change in plan fiduciary net position</b>	<b>(275,927)</b>	<b>(154,339)</b>	<b>3,419,935</b>	<b>(481,018)</b>	<b>(251,351)</b>
Plan fiduciary net position - beginning	5,189,834	5,344,173	1,924,238	2,405,256	2,656,607
<b>Plan fiduciary net position - ending (b)</b>	<b>4,913,907</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>\$ 3,395,623</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	59.14%	61.29%	65.02%	16.63%	23.63%
Covered - employee payroll	N/A	N/A	N/A	N/A	N/A
Net pension liability as a percentage of covered - employee payroll	N/A	N/A	N/A	N/A	N/A

**Notes to Schedule**

*Changes in Assumptions:*

2017 to 2018 Investment rate of return, including inflation, and net of investment expenses changed from 5.00 % to 4.70%.

2017 to 2018 Discount Rate changed from 5.00% to 4.70%.

2018 to 2019 Discount Rate changed from 4.70% to 4.56%.

2018 to 2019 Investment rate of return, including inflation, and net of investment expenses changed from 4.70 % to 4.56%.

\*Fiscal year 2015 was the first year of implementation, therefore only five years are shown.

**DESERT HEALTHCARE DISTRICT**

**REQUIRED SUPPLEMENTARY INFORMATION**

**JUNE 30, 2019**

**Note 2 – Schedule of Changes in Net OPEB Liability and Related Ratios – Last 10 Fiscal Years\***

Measurement period	<u>06/30/18</u>	<u>06/30/17</u>
<b>Total OPEB Liability</b>		
Service Cost	\$ -	\$ -
Changes in assumptions	(908)	-
Interest on the Total Pension Liability	3,684	4,057
Benefit Payments	<u>(23,490)</u>	<u>(22,587)</u>
<b>Net Change in Total Pension Liability</b>	(20,714)	(18,530)
<b>Total OPEB Liability - Beginning</b>	<u>108,687</u>	<u>127,217</u>
<b>Total OPEB Liability - Ending (a)</b>	<u>\$ 87,973</u>	<u>\$ 108,687</u>
<b>Plan Fiduciary Net Position</b>		
Contribution from the Employer	\$ 23,490	\$ 22,587
Net investment income	-	-
Benefit Payments	(23,490)	(22,587)
Administrative Expenses	<u>-</u>	<u>-</u>
<b>Net Change in Plan Fiduciary Net Position</b>	-	-
<b>Plan Fiduciary Net Position - Beginning</b>	<u>-</u>	<u>-</u>
<b>Plan Fiduciary Net Position - Ending (b)</b>	<u>\$ -</u>	<u>\$ -</u>
Net OPEB Liability - Ending (a)-(b)	<u>\$ 87,973</u>	<u>\$ 108,687</u>
Plan Fiduciary Net Position as a Percentage of the Total OPEB Liability	<u>0.00%</u>	<u>0.00%</u>
Covered - Employee Payroll	<u>N/A</u>	<u>N/A</u>
Net OPEB Liability as Percentage of Covered-Employee Payroll	<u>N/A</u>	<u>N/A</u>

Notes to Schedule:

Changes of Assumption: Investment/Discount rate changed from 3.50% to 3.80% from 2017 to 2018 measurement period.

\*Fiscal year 2018 was the first year of implementation, therefore only two years are shown.

**DESERT HEALTHCARE FOUNDATION**  
**PALM SPRINGS, CALIFORNIA**  
**INDEPENDENT AUDITOR'S REPORT AND**  
**FINANCIAL STATEMENTS**  
**JUNE 30, 2019**

**DESERT HEALTHCARE FOUNDATION**

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**MOSS, LEVY & HARTZHEIM LLP**

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**INDEPENDENT AUDITOR'S REPORT**

To the Honorable Board of Directors  
of the Desert Healthcare Foundation  
Palm Springs, California

We have audited the accompanying financial statements of Desert Healthcare Foundation (Foundation), a not-for-profit organization and a component unit of the Desert Healthcare District, which comprise the statement of financial position, as of June 30, 2019 and the related statements of activities, functional expenses, and cash flows for the fiscal year then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Desert Healthcare Foundation as of June 30, 2019 and the changes in its net assets, functional expenses, and its cash flows for the fiscal year then ended in accordance with accounting principles generally accepted in the United States of America.

## Emphasis of Matter

### *Change in Accounting Principle*

As discussed in Note 1 to the financial statements, effective July 1, 2018, the Foundation adopted the Financial Accounting Standards Board (FASB) issued ASU 2016-14, *Not-for-Profit Entities (Topic 958) – Presentation of Financial Statements of Not-for-Profit Entities*. Our opinion is not modified with respect to this matter.

## Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 1, 2019, on our consideration of the Foundation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Foundation's internal control over financial reporting and compliance.

## Report on Comparative Summarized Information

We have previously audited the Foundation's 2018 financial statements, and our report dated October 1, 2018 expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the fiscal year ended June 30, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.

*Moss, Levy & Hartzheim*

Moss, Levy & Hartzheim, LLP  
Culver City, California  
October 1, 2019



**DESERT HEALTHCARE FOUNDATION**

**STATEMENT OF FINANCIAL POSITION**

**JUNE 30, 2019**

**WITH COMPARATIVE TOTALS FOR JUNE 30, 2018**

	Totals	
	<u>2019</u>	<u>2018</u>
<b>ASSETS</b>		
Cash and investments	\$ 945,995	\$ 3,447,997
Grants receivable	1,000,000	1,030,829
Prepaid expenses	3,500	3,540
Accrued interest and dividend receivable	17,732	13,787
	<u>1,967,227</u>	<u>4,496,153</u>
<b>OTHER ASSETS</b>		
Contributions receivable - charitable remainder trusts	189,239	188,929
Investments	5,853,791	2,499,286
Total other assets	<u>6,043,030</u>	<u>2,688,215</u>
<b>TOTAL ASSETS</b>	<u>\$ 8,010,257</u>	<u>\$ 7,184,368</u>
<b>LIABILITIES AND NET POSITION</b>		
<b>LIABILITIES</b>		
Current liabilities:		
Accounts payable and accrued payroll	\$ 70,955	\$ 83,980
Grants payable - current	3,384,450	3,621,167
Total current liabilities	<u>3,455,405</u>	<u>3,705,147</u>
Long-term liabilities:		
Grants payable - long-term	2,260,000	1,200,000
Total long-term liabilities	<u>2,260,000</u>	<u>1,200,000</u>
Total liabilities	<u>5,715,405</u>	<u>4,905,147</u>
<b>NET POSITION</b>		
Without donor restrictions	2,096,517	2,090,292
With donor restrictions	198,335	188,929
Total net position	<u>2,294,852</u>	<u>2,279,221</u>
<b>TOTAL LIABILITIES AND NET POSITION</b>	<u>\$ 8,010,257</u>	<u>\$ 7,184,368</u>

The accompanying notes are an integral part of these financial statements

**DESERT HEALTHCARE FOUNDATION**

**STATEMENT OF ACTIVITIES**  
**FOR THE FISCAL YEAR ENDED JUNE 30, 2019**

**WITH COMPARATIVE TOTALS FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

	Without Donor Restrictions	With Donor Restrictions	Totals	
			2019	2018
<b>REVENUES AND GAINS</b>				
Contributions	\$ 21,652	\$ 9,096	\$ 30,748	\$ 226,403
Grants and bequests	1,266,188	-	1,266,188	5,339,347
Interest and dividends	115,058	-	115,058	65,341
Investment gains (losses)	386,648	-	386,648	(49,499)
Change in value - charitable trusts	-	310	310	3,506
Total revenues and gains	<u>1,789,546</u>	<u>9,406</u>	<u>1,798,952</u>	<u>5,585,098</u>
<b>EXPENSES</b>				
Grants and social services	1,536,658	-	1,536,658	5,314,610
Management and general	246,663	-	246,663	286,762
Total expenses	<u>1,783,321</u>	<u>-</u>	<u>1,783,321</u>	<u>5,601,372</u>
<b>CHANGE IN NET POSITION</b>	6,225	9,406	15,631	(16,274)
<b>NET POSITION, BEGINNING OF FISCAL YEAR</b>	<u>2,090,292</u>	<u>188,929</u>	<u>2,279,221</u>	<u>2,295,495</u>
<b>NET POSITION, END OF FISCAL YEAR</b>	<u>\$ 2,096,517</u>	<u>\$ 198,335</u>	<u>\$ 2,294,852</u>	<u>\$ 2,279,221</u>

The accompanying notes are an integral part of these financial statements

**DESERT HEALTHCARE FOUNDATION**

**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE FISCAL YEAR ENDED JUNE 30, 2019**

**WITH COMPARATIVE TOTALS FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

	Grants and Services	Management and General	Totals	
			2019	2018
Grants and social services	\$ 1,536,658	\$ -	\$ 1,536,658	\$ 5,314,610
Management and general expenses	-	246,663	246,663	286,762
<b>TOTAL FUNCTIONAL EXPENSES</b>	<b>\$ 1,536,658</b>	<b>\$ 246,663</b>	<b>\$ 1,783,321</b>	<b>\$ 5,601,372</b>

The accompanying notes are an integral part of these financial statements

**DESERT HEALTHCARE FOUNDATION**

**STATEMENT OF CASH FLOWS**  
**FOR THE FISCAL YEAR ENDED JUNE 30, 2019**

**WITH COMPARATIVE TOTALS FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

	<u>2019</u>	<u>2018</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Increase (decrease) in net position	\$ 15,631	\$ (16,274)
Adjustments to reconcile increase (decrease) in net position to net cash provided by operating activities:		
Unrealized (gains) losses on investments	(386,648)	49,499
Increase (decrease) in operating assets:		
Grants receivable	30,829	(1,016,352)
Other current assets	40	(1,040)
Charitable trusts	(310)	86,723
Accrued interest and dividends	(3,945)	(2,255)
Increase (decrease) in operating liabilities:		
Accounts payable	(13,025)	67,668
Deferred grant income	-	(2,000,000)
Grants payable	823,283	4,403,875
Net cash provided by operating activities	<u>465,855</u>	<u>1,571,844</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Net investment activity	<u>(2,967,857)</u>	<u>(141,410)</u>
Net cash used by investing activities	<u>(2,967,857)</u>	<u>(141,410)</u>
Net increase (decrease) in cash and investments	(2,502,002)	1,430,434
<b>Cash and investments, beginning of fiscal year</b>	<u>3,447,997</u>	<u>2,017,563</u>
<b>Cash and investments, end of fiscal year</b>	<u>\$ 945,995</u>	<u>\$ 3,447,997</u>
<b>RECONCILIATION TO STATEMENT OF NET POSITION</b>		
Cash and investments	<u>\$ 945,995</u>	<u>\$ 3,447,997</u>
Total cash and investments	<u>\$ 945,995</u>	<u>\$ 3,447,997</u>

The accompanying notes are an integral part of these financial statements

# DESERT HEALTHCARE FOUNDATION

## NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2019

### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Organization

Desert Healthcare Foundation (Foundation), a not-for-profit organization, is a health and welfare organization created to identify the health care needs of the Desert Healthcare District (District) and to work toward treating those needs through various programs and services. The Foundation is a component unit of the District due to the nature and significance of their relationship with the District. The Foundation operates primarily in the Coachella Valley area of Southern California and, as such, is subject to market conditions, which could affect charitable giving and the realization of recorded asset values at various times.

#### Basis of Accounting

The Foundation uses the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Under this method, revenues are recognized when earned and expenses are recorded at the time liabilities are incurred, regardless of the timing of related cash flows.

#### Financial Statement Presentation

The financial statements of the Foundation have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America. The financial statements are presented in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958 dated August 2016, and the provisions of the American Institute of Certified Public Accountants (AICPA) "Audit and Accounting Guide for Not-for-Profit Organizations" (the "Guide"). (ASC) 958-205 was effective January 1, 2018. In addition, the Foundation is required to present a statement of cash flows and a statement of functional expenses.

#### Revenue Recognition

Under the provisions of the Guide, net position and revenues, and gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net positions of the Foundation and changes therein are classified as follows:

Net position without donor restrictions: Net position that is not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Foundation. The Foundation's board may designate assets without restrictions for specific operational purposes from time to time.

Net position with donor restrictions: Net position subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Non-Profit Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. The Foundation has net position with donor restrictions of \$198,335 at June 30, 2019.

#### Donated Facilities and Services

The District has provided to the Foundation the use of its office facilities at no charge. For the fiscal year ended June 30, 2019 the District allocated to the Foundation \$212,016 related to personnel charges. The value of the on-site facilities is not reflected in these statements, as they do not meet the criteria for recognition.

**DESERT HEALTHCARE FOUNDATION**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Contributions**

Unconditional contributions are recognized when pledged and recorded as net position without donor restrictions or net position with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Conditional promises to give are recognized when the conditions on which they depend are substantially met. Gifts of cash and other assets are reported with donor restricted support if they are received with donor stipulations that limit the use of the donated assets.

When a restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, net position with donor restrictions are reclassified to net position without donor restrictions and reported in the statement of activities as net position released from restrictions. Donor-restricted contributions whose restrictions are met in the same reporting period are reported as net position without donor restriction support.

**Cash and Cash Equivalents**

Cash and cash equivalents include all monies in banks and highly liquid investments with maturity dates of less than three months. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Investments**

Investments are stated at fair value. Realized and unrealized gains and losses on investments are recognized as changes in net assets in the periods in which they occur.

**Income Taxes**

The Foundation is a not-for-profit organization that is exempt from federal income taxes under Internal Revenue Code Section 501(c)(3), and from California franchise taxes under related state tax regulations and classified by the Internal Revenue Service as other than a private foundation. The Foundation may be subject to tax on income from any unrelated business operations. The Foundation does not currently have any unrelated business operations. The federal and State income tax returns for the fiscal years ended June 30, 2018, 2017 and 2016 (IRS) and 2018, 2017, 2016 and 2015 (FTB) are open to audit by the applicable taxing authorities.

**Memorandum Totals**

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Foundation's financial statements for the prior year, from which the summarized information was derived.

**DESERT HEALTHCARE FOUNDATION**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**New Accounting Pronouncement**

On August 18, 2016, Financial Accounting Standards Board (FASB) issued ASU 2016-14, Not-for-Profit Entities (Topic 958) – Presentation of Financial Statements of Not-for-Profit Entities. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. The Foundation has adjusted the presentation of these statements accordingly. See Notes 4, 6, and 7 for further details.

**2. FAIR VALUE MEASUREMENTS**

The Foundation applies Generally Accepted Accounting Principles (US GAAP) for fair value measurements of financial assets that are recognized or disclosed at fair value in the financial statements on a recurring basis.

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Foundation has the ability to access at the measurement date.
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

At June 30, 2019, all investments are measured at fair value on a recurring basis and were valued at Level 1 inputs (quoted prices in active markets for identical assets). Fair value for investments at June 30, 2019 was \$5,853,791. (See Note 3)

**3. CASH AND INVESTMENTS**

**Demand Deposits**

The carrying amounts, at June 30, 2019, of the Foundation's cash deposits were \$810,427 and money market funds were \$135,568. Bank balances were \$810,427 at June 30, 2019. Occasionally, the Foundation's cash balance in banks exceeds the Federal Deposit Insurance Corporation's insurance limits.

**DESERT HEALTHCARE FOUNDATION**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**3. CASH AND INVESTMENTS (CONTINUED)**

Investments

At June 30, 2019, investments consisted of the following:

	Cost	Fair Value	Unrealized Gain (Loss)
Corporate bonds	\$ 1,357,323	\$ 1,410,937	\$ 53,614
U.S. Government agencies	408,238	418,965	10,727
U.S. Treasury notes	839,963	867,003	27,040
Mutual funds	1,197,432	1,204,392	6,960
Marketable securities	1,570,080	1,952,494	382,414
Total Investments	<u>\$ 5,373,036</u>	<u>\$ 5,853,791</u>	<u>\$ 480,755</u>

**4. LIQUIDITY AND AVAILABILITY**

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of June 30, 2019.

	2019	2018
Financial assets:		
Cash and investments	\$ 6,799,786	\$ 5,947,283
Grants receivable	1,000,000	1,030,829
Accrued interest and dividend receivable	17,732	13,787
Contributions receivable - CRT	189,239	188,929
Total financial assets	<u>8,006,757</u>	<u>7,180,828</u>
Less financial assets held to meet donor-imposed restrictions:		
Purpose-restricted net assets (Note 6)	(5,644,450)	(4,821,167)
Interest in charitable remainder trust (Note 5)	(189,239)	(188,929)
Donor-restricted funds (Note 6)	(9,096)	-
Amount available for general expenditures within one year	<u>\$ 2,163,972</u>	<u>\$ 2,170,732</u>

The above table reflects donor-restricted and board-designated funds as unavailable because it is the Foundation's intention to invest resources for the long-term support of the organization. However, in the case of need, the Board of Directors could appropriate resources from the purpose-restricted funds available for general use. As part of the Foundation's liquidity management plan, they invest cash in excess of daily requirements in short-term investments (Note 3).

**5. SPLIT INTEREST AGREEMENTS**

Charitable Remainder Trusts

The Foundation was named beneficiary to two additional charitable remainder unitrusts (whose trustees are someone other than the Foundation), all of which are recorded at fair value. The general terms of the two trusts are as follows:

Trust 4 (dated October 3, 1989): The lesser of the trust income or 8% of the net fair market value of trust assets is to be distributed to the life beneficiary annually. Upon the death of the life beneficiary, 50% of the principal and income not required to have been distributed to the life beneficiary shall become the property of the Foundation, to be used for cancer treatment, or for general purposes if a cure for cancer has been found. At December 31, 2018, which is the most current information available, the estimated present value of future cash flows was \$126,022.



**DESERT HEALTHCARE FOUNDATION**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**5. SPLIT INTEREST AGREEMENTS (CONTINUED)**

Trust 7 (dated May 17, 1990): 8.5% of the net fair market value of trust assets is to be distributed to the life beneficiary annually. Upon the death of the life beneficiary, all of the principal and income not required to have been distributed to the life beneficiary shall become the property of the Foundation, to be used for general purposes. The estimated present value of future cash flows at June 30, 2019 was \$63,217.

**6. GRANTS AND SERVICES PAYABLE**

Grants and services provided by the Foundation consisted of the following for the fiscal years ended June 30:

	<u>2019</u>	<u>2018</u>
Grant for Health Portal	\$ 131,898	\$ 195,888
Grant for Swim Lessons	70,573	53,904
California Endowment and School District	64,817	189,375
West Valley Homelessness Initiative	2,125,712	1,382,000
Avery Trust - Pulmonary	1,000,000	1,000,000
Behavioral Health Initiative Collective Fund	1,985,200	2,000,000
Galilee Center - Emergency	41,250	-
East Valley Grant Funding	<u>225,000</u>	<u>-</u>
Total Grants Payable	<u>\$ 5,644,450</u>	<u>\$ 4,821,167</u>

**7. NET POSITION – WITH DONOR RESTRICTIONS**

Donor restricted net position consist for the following purposes as of June 30:

	<u>2019</u>	<u>2018</u>
Subject to expenditure for specified purpose:		
Summer Homeless Survival Fund	\$ 9,096	\$ -
Charitable Remainder Trust	<u>126,022</u>	<u>122,540</u>
	<u>135,118</u>	<u>122,540</u>
Subject to the passage of time:		
Charitable Remainder Trust	<u>63,217</u>	<u>66,389</u>
	<u>63,217</u>	<u>66,389</u>
Net Position - with donor restrictions	<u>\$ 198,335</u>	<u>\$ 188,929</u>

**8. RELATED PARTY TRANSACTIONS**

The Foundation and the Desert Healthcare District are related parties. The Foundation is organized to provide health and welfare assistance to Coachella Valley residents in need. The District donates funds (\$1,136,000) to the Foundation, to help fulfill their purpose. The District also provides the Foundation with office space and personnel (\$212,016).

**9. SUBSEQUENT EVENTS**

The Foundation evaluated all potential subsequent events as of October 1, 2019 when the financial statements were authorized and available to be issued. No subsequent events or transactions were identified after June 30, 2019 or as of October 1 2019 that require disclosure to the financial statements.

**DESERT HOSPITAL**  
**RETIREMENT PROTECTION PLAN**

**PALM SPRINGS, CALIFORNIA**

**INDEPENDENT AUDITOR'S REPORT,**  
**FINANCIAL STATEMENTS, AND**  
**SUPPLEMENTARY INFORMATION**

**JUNE 30, 2019**



**MOSS, LEVY & HARTZHEIM LLP**

CERTIFIED PUBLIC ACCOUNTANTS

**PARTNERS**

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**INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors  
Desert Healthcare District  
Palm Springs, California

We have audited the accompanying financial statements of Desert Hospital Retirement Protection Plan (the Plan) which comprise the statements of net assets available for benefits and of accumulated plan benefits as of June 30, 2019 and the related statements of changes in accumulated plan benefits the fiscal year then ended and the related notes to the financial statements, which collectively comprise the Plan's financial statements.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audits in accordance with generally accepted auditing standards accepted in the United States of America, and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

## **Basis for Qualified Opinion**

Due to the Plan's status as a "frozen plan" as of May 31, 1997 (Note 1), certain disclosures and supplemental schedules required for the financial statements to be in accordance with generally accepted accounting principles in the United States of America are not included in the accompanying financial statements.

## **Qualified Opinion**

In our opinion, except for the omission of the information discussed in the preceding paragraph, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of June 30, 2019, and the changes in financial status for the fiscal year then ended, in conformity with accounting principles generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*.

## **Other Matters**

### *Other Report Required by Government Auditing Standards*


In accordance with *Government Auditing Standards*, we have also issued our report dated October 1, 2019 on our consideration of the Plan's internal control over financial reporting and on our tests of compliance with laws and regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Plan's internal control over financial reporting.

### *Required Supplementary Information*

Accounting principles generally accepted in the United States of America require the Schedule of Funding Progress be presented to supplement the financial statements. Such information, although not a part of the financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of the financial statements, for placing the financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the financial statements, and other knowledge we obtained during our audit of the financial statements. We do not express an opinion or provide any assurance on the information because limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

### *Report on Comparative Summarized Information*

We have previously audited the Plan's 2018 financial statements, and our report dated October 1, 2018 expressed a qualified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the fiscal year ended June 30, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.



Moss, Levy & Hartzheim, LLP  
Culver City, California  
October 1, 2019

**DESERT HOSPITAL RETIREMENT PROTECTION PLAN**

**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS AND OF ACCUMULATED  
PLAN BENEFITS**

**JUNE 30, 2019**

**WITH COMPARATIVE TOTALS FOR JUNE 30, 2018**

	<u>2019</u>	<u>2018</u>
<b><u>ASSETS</u></b>		
Cash	\$ 63,564	\$ 47,112
Investments, at fair value		
U.S. Government securities	852,161	947,425
Corporate equity securities	405,507	377,175
Corporate debt securities	716,638	899,038
Mutual funds	<u>2,872,938</u>	<u>2,911,510</u>
Total investments	<u>4,847,244</u>	<u>5,135,148</u>
Interest and dividends receivable	<u>11,287</u>	<u>16,220</u>
<b><u>LIABILITIES</u></b>		
Accrued trustee fees	<u>8,189</u>	<u>8,645</u>
<b><u>NET POSITION RESTRICTED FOR PENSION</u></b>		
Net position restricted for pension	<u>\$ 4,913,906</u>	<u>\$ 5,189,835</u>

(The accompanying notes are an integral part of these financial statements)

**DESERT HOSPITAL RETIREMENT PROTECTION PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS AND CHANGES**  
**IN ACCUMULATED PLAN BENEFITS**

**FOR THE FISCAL YEAR ENDED JUNE 30, 2019**

**WITH COMPARATIVE TOTALS FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

	2019	2018
<b><u>ADDITIONS:</u></b>		
Contributions	\$ -	\$ -
Investment income:		
Net appreciation in fair value of Plan assets	125,149	226,431
Interest, dividends, and other investment income	143,550	130,184
Net income	268,699	356,615
<b><u>DEDUCTIONS:</u></b>		
Distributions of benefits	511,792	466,670
Administrative expenses	32,836	35,409
Total deductions	544,628	502,079
NET INCREASE (DECREASE) IN NET POSITION	(275,929)	(145,464)
NET POSITION RESTRICTED FOR PENSION:		
BEGINNING OF THE FISCAL YEAR	5,189,835	5,335,299
END OF THE FISCAL YEAR	\$ 4,913,906	\$ 5,189,835

(The accompanying notes are an integral part of these financial statements)

**DESERT HOSPITAL RETIREMENT PROTECTION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**1. PLAN STATUS**

From June 1986 to May 1997, the Desert Hospital Corporation (the Corporation), a California not for profit public benefit corporation, operated Desert Hospital under a lease agreement with the Desert Healthcare District (the District). The District is a hospital district under California law, created under California's Health and Safety Code.

On May 31, 1997, after the Corporation and the District discontinued their lease agreement for the operation of Desert Hospital, the Corporation dissolved, and the District entered into a lease agreement with Tenet Health System Desert, Inc., concerning the operation of Desert Hospital, which is now known as Desert Regional Medical Center. As part of the dissolution process, the Corporation transferred certain assets and liabilities to the District, and the District assumed sponsorship of the Desert Hospital Retirement Protection Plan (the Plan). The Plan has been frozen since May 31, 1997.

The District is a political subdivision of the State of California, as identified in section 4021(b)(2) of the Employee Retirement Income Savings Act (ERISA). Accordingly, the Plan is excluded from coverage under section 4021(b)(2) of ERISA.

A final Form 5500 was filed for the fiscal year ended June 30, 1998.

The Plan has reported to the California State Controller's Office beginning with the fiscal year ended June 30, 1999.

**2. PLAN DESCRIPTION**

**General**

As discussed in Note 1 above, the Plan has been frozen since May 31, 1997. The Plan was originally established in 1971 as a defined benefit plan covering all eligible employees of Desert Hospital.

**Vesting**

All participants of the Plan have been 100% vested since May 31, 1997.

**Account Balances**

All participants of the Plan are eligible to request a distribution or rollover of their account balance upon retirement or termination of their employment from Desert Regional Medical Center.

**DESERT HOSPITAL RETIREMENT PROTECTION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**2. PLAN DESCRIPTION (Continued)**

Contributions

There have been no contribution requirements by the District since May 31, 1997. Participant contributions to the Plan are not permitted. The most recent actuarial valuation as of June 30, 2019 by the Plan's independent actuary determined that the actuarial value of the Plan's net pension liability was \$3,395,624 at June 30, 2019 and \$3,277,792 at June 30, 2018 and recommended to the District an actuarially determined contribution of \$366,275 as of June 30, 2019 and \$288,378 as of June 30, 2018.

Administration and Trustee

The Plan is administered by the District's Finance and Administrative Committee (the Committee). The Committee is selected by the District's board of directors. All administrative expenses are paid by the Plan or at the discretion of the District.

Pursuant to the terms of the Plan, the District entered into a trust agreement with U.S. Bank N. A. to provide for the investment, reinvestment, administration and distribution of contributions made under the Plan.

**3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America. In that respect, the statements are presented on an accrual basis.

Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and when applicable, disclosures of contingent assets and liabilities. Actual results could differ from those estimates. Management believes that the estimates are reasonable.

Federal Income Taxes

The Committee obtained an updated determination letter in March 2007 from the Internal Revenue Service stating that the Plan and its amendments are exempt from Federal income taxes under section 410(a) of the Internal Revenue Code (the IRC) as a qualified plan. Therefore, no provision for income taxes has been provided in the Plan's financial statements.



**DESERT HOSPITAL RETIREMENT PROTECTION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Reporting

Due to the Plan's status as a "Frozen Plan", certain disclosures and supplemental schedules have been omitted from the accompanying financial statements.

**4. CASH AND INVESTMENTS**

Cash and securities held in the investment portfolio are in the custody of U.S. Bank, N.A., the Plan's trustee. State statute and Board policies allow investments consisting of government, corporate and international bonds, domestic and international equities, mutual funds and other investments.

Investments of the Plan are stated at fair value as confirmed by the trustee as of the date of the statement of plan net assets.

The Plan's investments are categorized below:

<u>Investment Type</u>	<u>2019</u>		<u>2018</u>	
	<u>Cost</u>	<u>Fair Value</u>	<u>Cost</u>	<u>Fair Value</u>
Cash	<u>\$ 63,564</u>	<u>\$ 63,564</u>	<u>\$ 47,112</u>	<u>\$ 47,112</u>
Investments				
U.S. Government securities	848,667	852,161	973,848	947,425
Corporate equity securities	307,796	405,507	307,499	377,175
Corporate debt securities	722,751	716,638	929,318	899,038
Mutual funds	<u>2,412,793</u>	<u>2,872,938</u>	<u>2,494,392</u>	<u>2,911,510</u>
Investments total	<u>4,292,007</u>	<u>4,847,244</u>	<u>4,705,057</u>	<u>5,135,148</u>
Total cash and investments	<u>\$4,355,571</u>	<u>\$4,910,808</u>	<u>\$4,752,169</u>	<u>\$5,182,260</u>

Disclosures Relating to Interest Rate Risk

Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in the market interest rates. One of the ways that the Plan manages its exposure to interest rate risk is by purchasing a combination of shorter term and longer term investments and by timing cash flows from maturities so that a portion of the portfolio is maturing or coming closer to maturity evenly over time as necessary to provide the cash flow and liquidity needed for distributions.

**DESERT HOSPITAL RETIREMENT PROTECTION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**4. CASH AND INVESTMENTS (Continued)**

Disclosures Relating to Interest Rate Risk (Continued)

Information about the sensitivity of the fair values of the Plan's investments to market interest rate fluctuations is provided by the following table that shows the distribution of the Plan's investments by maturity:

**As of June 30, 2019**

Investment Type	Carrying Amount	Remaining Maturity (in Months)				
		12 Months Or Less	13 to 24 Months	25-36 Months	37-48 Months	More than 49 Months
Equity Based Mutual Funds	\$ 2,673,134	\$ 2,673,134	\$ -	\$ -	\$ -	\$ -
Fixed Income Mutual Funds	199,804	199,804				
Corporate Bonds	716,638	100,257	202,170	154,292	50,682	209,237
U.S. Government Agencies	597,094			50,739		546,355
U.S. Treasury Note	255,067	49,948	50,420	50,496		104,203
Foreign Stock	30,812	30,812				
Domestic Common Stock	374,695	374,695				
Total	<u>\$ 4,847,244</u>	<u>\$ 3,428,650</u>	<u>\$ 252,590</u>	<u>\$255,527</u>	<u>\$ 50,682</u>	<u>\$ 859,795</u>

**As of June 30, 2018**

Investment Type	Carrying Amount	Remaining Maturity (in Months)				
		12 Months Or Less	13 to 24 Months	25-36 Months	37-48 Months	More than 49 Months
Equity Based Mutual Funds	\$ 2,722,118	\$ 2,722,118	\$ -	\$ -	\$ -	\$ -
Fixed Income Mutual Funds	189,392	189,392				
Corporate Bonds	899,038	99,863	99,376	300,808	149,646	249,345
U.S. Government Agencies	648,935	1,170			49,344	598,421
U.S. Treasury Note	298,490	50,017	49,578	49,500	49,434	99,961
Foreign Stock	18,185	18,185				
Domestic Common Stock	358,990	358,990				
Total	<u>\$ 5,135,148</u>	<u>\$ 3,439,735</u>	<u>\$ 148,954</u>	<u>\$350,308</u>	<u>\$ 248,424</u>	<u>\$ 947,727</u>

**DESERT HOSPITAL RETIREMENT PROTECTION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**4. CASH AND INVESTMENTS (Continued)**

Disclosures Relating to Credit Risk

Generally, credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of rating by a nationally recognized statistical rating organization. Presented below is the minimum rating required by the California Government Code and the Plan's investment policy, and the actual rating as of fiscal year end for each investment type.

**As of June 30, 2019:**

Investment Type	Carrying Amount	Minimum Legal Rating	Exempt From Disclosure	Rating as of Fiscal Year End			
				AAA	AA	A	Not Rated
Equity Based Mutual Funds	\$ 2,673,134	N/A	\$ -	\$ -	\$ -	\$ -	\$ 2,673,134
Fixed Income Mutual Funds	199,804	N/A					199,804
Corporate Bonds	716,638	A			358,632	358,006	
U.S. Government Agencies	597,094	A		50,739		546,355	
U.S. Treasury Note	255,067	N/A	255,067				
Foreign Stock	30,812	N/A					30,812
Domestic Common Stock	374,695	N/A					374,695
<b>Total</b>	<b>\$ 4,847,244</b>		<b>\$ 255,067</b>	<b>\$ 50,739</b>	<b>\$ 358,632</b>	<b>\$ 904,361</b>	<b>\$ 3,278,445</b>

**As of June 30, 2018:**

Investment Type	Carrying Amount	Minimum Legal Rating	Exempt From Disclosure	Rating as of Fiscal Year End			
				AAA	AA	A	Not Rated
Equity Based Mutual Funds	\$ 2,722,118	N/A	\$ -	\$ -	\$ -	\$ -	\$ 2,722,118
Fixed Income Mutual Funds	189,392	N/A					189,392
Corporate Bonds	899,038	A			350,225	548,813	
U.S. Government Agencies	648,935	A				648,935	
U.S. Treasury Note	298,490	N/A	298,490				
Foreign Stock	18,185	N/A					18,185
Domestic Common Stock	358,990	N/A					358,990
<b>Total</b>	<b>\$ 5,135,148</b>		<b>\$ 298,490</b>	<b>\$ -</b>	<b>\$ 350,225</b>	<b>\$ 1,197,748</b>	<b>\$ 3,288,685</b>

**DESERT HOSPITAL RETIREMENT PROTECTION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**4. CASH AND INVESTMENTS (Continued)**

Concentration of Credit Risk

The investment policy of the Plan contains limitations on the amount that can be invested in any one issuer. There are three investments at June 30, 2019 that represent 5% or more of total Plan investments. These investments are:

1,695 Shares of IShares S&P 500 Growth Etf valued at \$303,812  
3,245 Shares of IShares S&P 500 Value Etf valued at \$378,270  
4,275 Shares of IShares Msci Eafe Etf valued at \$280,996

There are three investments at June 30, 2018 that represent 5% or more of total Plan investments. These investments are:

1,695 Shares of IShares S&P 500 Growth Etf valued at \$275,624  
3,245 Shares of IShares S&P 500 Value Etf valued at \$357,372  
4,615 Shares of IShares Msci Eafe Etf valued at \$309,067

Custodial Credit Risk

Custodial credit risk for deposits is the risk that, in the event of the failure of a depository financial institution, a government will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The California Government Code and the Plan's investment policy do not contain legal or policy requirements that would limit the exposure to custodial credit risk for deposits, other than the following provision for deposits:

As of June 30, 2019, there were no District deposits with financial institutions in excess of federal depository insurance limits.

The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty (e.g., broker-dealer) to a transaction, a government will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The California Government Code and the Plan's investment policy do not contain legal or policy requirements that would limit the exposure to custodial credit risk for investments. With respect to investments, custodial credit risk generally applies only to direct investments in marketable securities.

**DESERT HOSPITAL RETIREMENT PROTECTION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**4. CASH AND INVESTMENTS (Continued)**

Fair Value Measurements

The Plan categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. These principles recognize a three-tiered fair value hierarchy, as follows

- Level 1: Investments reflect prices quoted in active markets;
- Level 2: Investments reflect prices that are based on a similar observable asset either directly or indirectly, which may include inputs in markets that are not considered active; and,
- Level 3: Investments reflect prices based upon unobservable sources.

The Plan has the following recurring fair value measurements as of June 30, 2019:

<u>Investment by fair value</u>	<u>Total</u>	<u>Fair Value Measurement Using</u>		
		<u>Quoted prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Debt Securities				
US Government Issues	\$ 852,161	\$ 255,067	\$ 597,094	\$ -
Corporate Issues	716,638		716,638	
Mutual Funds- Equity	2,673,134	2,673,134		
Mutual Funds- Fixed Income	199,804		199,804	
Domestic Common Stock	374,695	374,695		
Foreign Stock	30,812	30,812		
<b>Total</b>	<b>\$ 4,847,244</b>	<b>\$ 3,333,708</b>	<b>\$ 1,513,536</b>	<b>\$ -</b>

The Plan has the following recurring fair value measurements as of June 30, 2018:

<u>Investment by fair value</u>	<u>Total</u>	<u>Fair Value Measurement Using</u>		
		<u>Quoted prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Debt Securities				
US Government Issues	\$ 947,425	\$ 298,490	\$ 648,935	\$ -
Corporate Issues	899,038		899,038	
Mutual Funds- Equity	2,722,118	2,722,118		
Mutual Funds- Fixed Income	189,392		189,392	
Domestic Common Stock	358,990	358,990		
Foreign Stock	18,185	18,185		
<b>Total</b>	<b>\$ 5,135,148</b>	<b>\$ 3,397,783</b>	<b>\$ 1,737,365</b>	<b>\$ -</b>

**DESERT HOSPITAL RETIREMENT PROTECTION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**5. ACTUARIAL ASSUMPTIONS**

The total pension liability as of June 30, 2019 was determined using the following actuarial assumptions:

Inflation	2.75%
Discount rate	4.56%, net of pension plan investment expense, including inflation.
Measurement date	June 30, 2019, based on a valuation date of June 30, 2019.
Ad hoc cost-of-living increases	Not applicable
Mortality	Pre-Retirement: None    Post-Retirement: Pub G - 2010 Sex distinct mortality tables projected generationally with Scale MP-2018
Experience study	Given the size of the plan, there is not enough data available to conduct a credible 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 for the Desert Regional Medical Center operated by Tenet Health System Desert, Inc. until Normal Retirement Age.
Other assumptions	See actuarial assumptions provided in the June 30, 2019 funding valuation for other relevant assumptions.

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

**DESERT HOSPITAL RETIREMENT PROTECTION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**6. NET PENSION LIABILITY OF THE PLAN**

Schedule of Changes in Net Pension Liability and Related Ratios

	<u>2019</u>	<u>2018</u>
<b>Total pension liability:</b>		
Service cost	\$ -	\$ -
Interest	385,951	399,298
Changes of benefit terms		
Differences between expected and actual experience	(802,110)	
Changes of assumptions	769,854	315,705
Benefit payments, including refunds of member contributions	(511,792)	(466,670)
<b>Net change in total pension liability</b>	<u>(158,097)</u>	<u>248,333</u>
<b>Total pension liability - beginning</b>	<u>8,467,627</u>	<u>8,219,294</u>
<b>Total pension liability - ending (a)</b>	<u>\$ 8,309,530</u>	<u>\$ 8,467,627</u>
<b>Plan fiduciary net position</b>		
Contributions - employer	\$ -	\$ -
Net investment income	268,699	356,615
Benefit payments, including refunds of member contributions	(511,792)	(466,670)
Administrative expenses	(32,836)	(35,409)
<b>Net change in plan fiduciary net position</b>	<u>(275,929)</u>	<u>(145,464)</u>
<b>Plan fiduciary net position - beginning</b>	<u>5,189,835</u>	<u>5,335,299</u>
<b>Plan fiduciary net position - ending (b)</b>	<u>4,913,906</u>	<u>5,189,835</u>
<b>Net pension liability - ending (a) - (b)</b>	<u>\$ 3,395,624</u>	<u>\$ 3,277,792</u>
<b>Plan fiduciary net position as a percentage of the total pension liability</b>	59.14%	61.29%
<b>Covered - employee payroll</b>	N/A	N/A
<b>Net pension liability as percentage of covered - employee payroll</b>	N/A	N/A

**DESERT HOSPITAL RETIREMENT PROTECTION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**6. NET PENSION LIABILITY OF THE PLAN (Continued)**

Discount Rate and Net Pension Liability Sensitivity

1. Discount Rate

The discount rate used to measure the total pension liability was 4.56%. 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 the actuarially determined contribution rates and the member rate. Professional judgement 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 3.15% was used to discount unfunded projected benefit payments to determine the total pension liability. The single effective discount rate was 4.56%.

2. 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 4.56%, as well as what the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (3.56%) or 1-percentage-point higher (5.56%) than the current rate:

	<u>1% Decrease (3.56%)</u>	<u>Current Discount Rate (4.56%)</u>	<u>1% Increase (5.56%)</u>
Net pension liability	\$ 4,614,511	\$ 3,395,624	\$ 2,396,408

Summary

**Plan membership**

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

	<u>2019</u>	<u>2018</u>
Inactive plan members if beneficiaries currently receiving benefits	8	16
Inactive plan members entitled to but not yet receiving benefits	61	60
Active plan members*	114	141
	<u>183</u>	<u>217</u>



**DESERT HOSPITAL RETIREMENT PROTECTION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**6. NET PENSION LIABILITY OF THE PLAN (Continued)**

Summary (Continued)

**Net Pension Liability**

The components of the net pension liability at June 30,

	<u>2019</u>	<u>2018</u>
Total pension liability	\$ 8,309,530	\$ 8,467,627
Plan fiduciary net position	(4,913,906)	(5,189,835)
Net pension liability	<u>\$ 3,395,624</u>	<u>\$ 3,277,792</u>
Plan fiduciary net position as a % of the total pension liability	59.14%	61.29%

**Actuarial Assumptions**

The total pension liability was determined using the following actuarial assumptions.

	<u>2019</u>	<u>2018</u>
Inflation	2.75%	2.75%
Salary increases	NA	NA
Investment rate of return	6.82%	6.82%
Discount rate	4.56%	4.70%

**SUPPLEMENTARY INFORMATION**

**DESERT HOSPITAL RETIREMENT PROTECTION PLAN**

**SCHEDULE OF FUNDING PROGRESS**

**JUNE 30, 2019**

<u>Actuarial Valuation Date (1)</u>	<u>Actuarial Value of Assets (a)</u>	<u>Accrued Liability (AAL) (b)</u>	<u>Unfunded AAL (UAAL) (b-a)</u>	<u>Funded Ratio (a/b)</u>	<u>Covered Payroll (c)</u>	<u>as a % of Covered Payroll ((b-a)/c)</u>
6/30/2006	\$ 5,236,383	\$ 9,566,663	\$ (4,330,280)	55%	N/A	N/A
6/30/2007	N/A	N/A	N/A	N/A	N/A	N/A
6/30/2008	4,552,074	9,312,581	(4,760,507)	49%	N/A	N/A
6/30/2009	3,351,366	9,141,403	(5,790,037)	37%	N/A	N/A
6/30/2010	N/A	N/A	N/A	N/A	N/A	N/A
6/30/2011	3,522,125	7,921,342	(4,399,217)	45%	N/A	N/A
6/30/2012	N/A	N/A	N/A	N/A	N/A	N/A
6/30/2013	2,797,614	7,357,700	(4,560,086)	38%	N/A	N/A
6/30/2014	2,656,607	10,603,012	7,946,405	25%	N/A	N/A
6/30/2015	2,405,256	10,149,205	7,743,949	24%	N/A	N/A
6/30/2016	1,924,238	11,568,940	9,644,702	17%	N/A	N/A
6/30/2017	5,344,173	8,219,294	2,875,121	65%	N/A	N/A
6/30/2018	5,189,835	8,467,627	3,277,792	61%	N/A	N/A
6/30/2019	4,913,906	8,309,530	3,395,624	59%	N/A	N/A

No actuarial report or estimation using actuarial methodology was prepared for June 30, 2012, 2010, and 2007.



**DESERT HEALTHCARE DISTRICT**  
**FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE**  
**MEETING MINUTES**  
**January 14, 2020**

Directors Present	District Staff Present	Absent
Chair/Treasurer Mark Matthews President Leticia De Lara, MPH	Conrado E. Bázaga, MD, Chief Executive Officer Chris Christensen, Chief Administration Officer Stephen Huyck, Accounting Manager Andrea S. Hayles, Clerk to the Board	Director Arthur Shorr

AGENDA ITEMS	DISCUSSION	ACTION
<b>I. Call to Order</b>	Chair Matthews called the meeting to order at 3:30 p.m.	
<b>II. Approval of Agenda</b>	Chair Matthews asked for a motion to approve the agenda.	<b>Moved and seconded by President De Lara and Chair Matthews to approve the agenda. Motion passed unanimously.</b>
<b>III. Public Comment</b>	There was no public comment.	
<b>IV. Approval of Minutes</b> <b>1. F&amp;A Minutes – Meeting November 12, 2019</b>	Chair Matthews motioned to approve the November 12, 2019 minutes.	<b>Moved and seconded by President De Lara and Chair Matthews to approve the agenda.</b>
<b>V. CEO Report</b>	Conrado E. Bázaga, MD, CEO, explained that at the board's request to obtain funding for the Community Health Needs Assessment. To date, the District has received \$25k contributions from The California Endowment, Borrego Health, and Tenet Healthcare.	
<b>VI. Chief Financial Officer's Report</b> <b>1. LPMP Leasing Update</b>	Chris Christensen, CAO, explained that the fire alarm system upgrades are still in progress. Due to the costly expense of the landscape enhancements, the work will be presented in phases. The lease that was supposed to move forward with Dr. Grimm will not commence. It was determined	

**DESERT HEALTHCARE DISTRICT  
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE  
MEETING MINUTES  
January 14, 2020**

	that another suite would be more appropriate for their needs. Staff continues to work with the marketing company to lease the remaining vacancies.	
<b>VII. Financial Reports</b> <b>1. District and LPMP Financial Statements</b> <b>2. Accounts Receivable Aging Summary</b> <b>3. District – Deposits</b> <b>4. District – Property Tax Receipts</b> <b>5. LPMP Deposits</b> <b>6. District – Check Register</b> <b>7. Credit Card – Detail of Expenditures</b> <b>8. LPMP – Check Register</b> <b>9. Retirement Protection Plan Update</b> <b>10. Grant Payment Schedule</b>	<p>Chair Matthews provided an overview of the financials. Chris Christensen, CAO, explained that he will submit the RPP list to Desert Regional Medical Center’s human resources department to determine if some participants are still employed with the organization.</p> <p>Chris Christensen, CAO, explained that T-Mobile lease at Desert Regional Medical Center is due for renewal this year, and bids from other providers will be requested.</p>	<p><b>Moved and seconded by President De Lara and Chair Matthews and to approve the December 2019 District Financial Reports - Items 1-10 and to forward to the Board for approval. Motion passed unanimously.</b></p>
<b>VIII. Other Matters</b>		
<b>IV. Adjournment</b>	Chair Matthews adjourned the meeting at 3:44 p.m.	<p><b>Audio recording available on the website at</b>  <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></p>

ATTEST: \_\_\_\_\_  
 Mark Matthews, Chair/Treasurer Finance & Administration Committee  
 Desert Healthcare District Board of Directors

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



**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
January 22, 2020**

<b>Directors Present</b>	<b>District Staff Present</b>	<b>Absent</b>
Chair Carole Rogers, RN President Leticia De Lara Director Evett PerezGil Nicolas Behrmann, Community Member Luciano Crespo, Community Member Allen Howe, Community Member Thomas Thetford, Community Member	Conrado E. Bárzaga, MD, Chief Executive Officer Chris Christensen, Chief Administration Officer Donna Craig, Chief Program Officer Will Dean, Communications and Marketing Director Meghan Kane, Programs and Research Analyst Andrea S. Hayles, Clerk of the Board	Alejandro Espinoza, Program Officer and Outreach Director  Thomas Smith, Community Member

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>I. Call to Order</b>	The meeting was called to order at 2:04 p.m. by Chair Rogers.  All in attendance introduced themselves.	
<b>II. Approval of Agenda</b>	Chair Rogers asked for a motion to approve the agenda.	<b>Moved and seconded by Community Member Thetford and Community Member Behrmann to approve the agenda.</b> <b>Motion passed unanimously.</b>
<b>III. Meeting Minutes</b> <b>1. December 12, 2019</b>	Chair Rogers asked for a motion to approve the December 12, 2019 minutes.	<b>Moved and seconded by Director PerezGil and Chair Rogers to approve the December 12, 2019 meeting minutes.</b> <b>Motion passed.</b>
<b>IV. Public Comment</b>	No public comment	
<b>V. Old Business</b>  <b>1. Progress and Final Reports Update</b>	Donna Craig, Chief Program Officer, provided an update on the progress and final reports.  Community Member Behrmann inquired on how the items relate to the strategic plan and requested a line item on the	

DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
January 22, 2020

<p><b>2. Funding Requests</b></p> <p><b>3. Community Health Needs Assessment Update</b></p>	<p>report involving the Strategic Plan.</p> <p>Donna Craig, Chief Program Officer, explained the funding requests, and the grant request from the Public Health Institute, funded through the Avery Trust, for pulmonary services will be submitted directly to the Board for approval.</p> <p>Conrado E. Barzaga, MD, CEO, explained that staff is working with the Strategic Planning Committee on the Community Health Needs Assessment, and the recommendations will be presented to the Board.</p>	
<p><b>VI. New Business</b></p>	<p>There was no new business.</p>	
<p><b>VII. Committee Members Comments</b></p>	<p>There were no committee member comments.</p>	
<p><b>V. Adjournment</b></p>	<p>Chair Rogers adjourned the meeting at 2:12 p.m.</p>	<p><b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b></p>

ATTEST: \_\_\_\_\_  
Carole Rogers, RN, Chair/Director  
Program Committee

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

**Update for JANUARY 2020**

<b>Progress Reports</b>			
<b>Applicant</b>	<b>Staff Notes</b>	<b>Status</b>	
<b>Joslyn Senior Center</b> #980: Joslyn Wellness Center Senior Behavioral Services Program	<b>Grant term 11/1/18 – 10/31/19</b> <b>Original Approved Amount: \$112,050</b> 2 <sup>nd</sup> six-month progress report covering the time period from 5/1/19 – 10/31/19  The grant is on track.	<b>Progress Outcomes:</b> <b>Aging Mastery Program:</b> total participants in this program was 74 with 58 graduates with a graduation rate of 78%. There were 7 Aging Mastery Courses offered during the grant period <b>Brain Boot Camp Program:</b> developed by the UCLA Longevity Institute, there was a total of 153 participants with 123 completing the two-course session for a graduation rate of 80.4%. There were 14 Brain Boot Camp courses offered during the grant period. <b>Problem-Solving Therapy/Strategies:</b> Total enrollment is 75 with a total of 37 continuing in individual or group therapy. <b>Go4Life Exercise Program:</b> developed by the National Institute on Aging, the program saw 139 unduplicated clients with 80% continuing in a regular exercise routine. <b>Total Unduplicated Clients for all Programs: 303</b>	District
<b>Galilee Center #993:</b> Galilee Center Emergency Services	<b>Grant term 6/1/19 – 5/31/20</b> <b>Original Approved Amount: \$75,000</b> 1 <sup>st</sup> six-month progress report covering the time period from 6/1/19 – 11/30/19  The grant is on track.	<b>Progress Outcomes:</b> We are happy to report that Galilee Center has accomplished its goals of providing services to families residing in the eastern Coachella Valley. In the past six months we have helped 2,504 unduplicated people with food distribution; 165 received rental and utility assistance; 181 babies received diapers and formula and 105 seniors were	Foundation



	<p><i>Describe any unexpected successes during this reporting period other than those originally planned:</i> This year, we at Galilee Center decided not to close OLG shelter during the months of August-October as it was done in years past. The decision was made because we are also offering shelter to asylum seeking families that, despite the numbers dropping considerably, ICE continues to bring families to OLG shelter. During this time, shelter services were also offered to the migrant farm workers and an average of 8-10 workers stayed every night at the shelter. Because of having a place to stay, these farm workers were able to find jobs with other local growers and didn't have to open their unemployment benefits or go back home during this time.</p>	<p>helped with nutritional drinks and adult diapers.          At the Our Lady of Guadalupe shelter, 155 migrant and local farm workers were helped with 2,496 nights of shelter, 3,548 hot meals, 3,176 showers and 244 laundry services.          In addition, Galilee Center has collaborated with Central City Mobile Clinic to offer medical screenings on Thursdays from 9:00am to 3:00pm to the community in Mecca.</p>	
<p><b>Ronald McDonald House Charities #986</b>          Temporary Housing and Family Support Services</p>	<p><b>Grant term 6/1/19 – 5/31/20</b>  <b>Original Approved Amount: \$200,000</b>          1<sup>st</sup> six-month progress report covering the time period from 6/1/19 – 11/30/19</p> <p>The grant is on track.</p> <p><i>Describe any unexpected successes during this reporting period other than those originally planned:</i> Last year we had a challenge of meeting our revenue goal. This year we are on target to meet our goal in part due to DHCD Foundation's support. We have</p>	<p><b>Progress Outcomes:</b></p> <p>During the reporting period indicated we have provided 549 family stay requests, providing comfort, care, and support to 2,036 people. 72 of the 549 family stay requests were families from the cities within the DHCD boundaries equating to 416 people served. The average length of stay for these families was 12 days. Keeping with this type of demand, at the end of the grant period, we are confident we will exceed our support goal. We currently have four Family Support Services (FSS) team members working with each of the families during their stay</p>	<p>District</p>

	<p>also seen growth and success in our House events and had two unexpected outside community groups that held a fundraiser for the IERMH. We did also receive a gift from our Chapter from an anonymous donor which allowed us to do a much-needed corrective maintenance on our refrigeration condensers and replace outdated computer equipment. Our team is working extremely hard to continue building relationships in the communities where the families who stay at the IE Ronald McDonald House reside. We have acquired new board members to represent our service areas and the entire board has provided tremendous support in helping us to expand our fundraising efforts.</p>	<p>providing emotional support and resources needed. During the reporting period, FSS has conducted 90 fun clubs incorporating art, music, singing, interactive games, and much more. We have also integrated our pet therapy dogs and they have been at the house twice a month. During the reporting period, 99 meals have been prepared and served which meets our goals of providing 5-6 home cooked meals a week for the families and having an open kitchen the remainder of the time for families to cook their own meals giving them the opportunity to have that normalcy.</p>	
<p><b>Martha's Village &amp; Kitchen #997</b> Homeless Housing with Wrap-Around Services</p>	<p><b>Grant Term 6/1/19 – 5/31/20</b> <b>Original Approved Amount:</b> <b>\$200,896</b></p> <p>1<sup>st</sup> six-month progress report covering the time period from 6/1/29 – 11/30/19</p> <p>The grant is on track.</p> <p><i>Describe any unexpected successes during this reporting period other than those originally planned:</i></p> <p>Martha's has been awarded \$500,000 directly from the State AB1111 Workforce Development funding to provide employment services throughout the Coachella Valley.</p>	<p><b>Progress Outcomes:</b> Martha's Village &amp; Kitchen (MVK) Emergency Shelter Program provided a total of 7,587 bed nights to clients from Desert Healthcare District boundaries. Out of the 7,587 bed nights only 5,790 nights were billable to DHCD (unbillable nights 1,797). MVK served a total of 156 clients from the western region of the valley. Of the clients who exited 89% were placed into permanent housing. 100% of the program participants had their basic needs such as food, clothing, case management, and a clean safe housing environment. 100% of program participants completed the HMIS enrollment and assessment process.</p>	

	<p>Martha's was one of twenty applicants awarded funding out of over 200 submitted applications. This program will start in the spring.</p> <p>***Please note that Employment Services is currently a HUD priority for Ending Homelessness and is a best practice.</p> <p>Martha's Village &amp; Kitchen expanded its Employment and Case Management services to the West end of the Coachella Valley. Martha's was able to provide employment skills and housing referrals to clients who are currently experiencing homelessness within the Desert Healthcare District Boundaries. The Palm Springs Wrap Around Services Office successfully placed over 100 clients from the Palm Springs area in Valley Shelters and Permanent housing.</p>	<p>***Please note that the nightly counts of individuals housed who were from within the District's boundaries at Martha's were well above the monthly clients allowable for billing, with the exception of June 2019 with a demand of 894 (66 nights under the 960 expected for the month of June).</p> <p>In November we saw the demand for shelter increase to an average of 67 individuals nightly from the Western region of the Valley, resulting in an overall November total of bed nights of 1,996 (1,000 bed nights over the contracted amount of service for November)- We will be following this trend closely.</p>	
<p><b>Voices for Children</b> #1000 Court Appointed Special Advocate (CASA) Program – Coachella Valley</p>	<p><b>Grant term 7/1/19 – 6/30/20</b> <b>Original Approved Amount: \$24,000</b></p> <p>1<sup>st</sup> six-month progress report covering the time period from 7/1/19 – 12/31/19</p> <p>The grant is on track.</p> <p><i>Describe any unexpected successes during this reporting period other than those originally planned:</i> Based on the individualized nature of the relationship between each CASA volunteer and their case children, unexpected successes arise regularly.</p>	<p><b>Progress on Outcomes:</b></p> <p>We have made significant progress towards each of our proposed goals and anticipated outcomes.</p> <p>Goal #1: Thus far, we have recruited and enrolled 5 new Coachella Valley community members in Advocate University, Voices for Children's 35-hour CASA training program.</p> <p>Goal #2: Thus far, we have held one session of Advocate University in Palm Desert during the month of September and graduated five CASA volunteers. These CASA volunteers are now</p>	

	<p>During this reporting period, one example of these successes can be demonstrated through the impact that CASA Rhonda had on her case child, "Michael". CASA Rhonda began advocating for 19-year-old Michael in November 2019. Michael spent the majority of his teenage years in the foster care system with no consistent caregiver or other adult presence. Foster youth like Michael have the option of remaining in the foster care system until they turn 21, so long as they meet minimum requirements to continue receiving services. When CASA Rhonda was assigned to Michael, his case was about to be terminated because he was not following the guidelines to remain in foster care. He had not been to see a doctor or optometrist (even though his vision was very poor), was not taking his medication, did not have a job, and was not enrolled in school. Rhonda stepped in and discovered that Michael wanted to accomplish those things but had no idea how to get started. With Rhonda's help, he made doctor and optometrist appointments, which led to a new prescription for medication and a new pair of glasses. With his improved vision and newfound confidence, he began interviewing for jobs, opened a bank account, and moved into transitional housing. He is also learning how to use the bus schedule so he can utilize public transportation.</p>	<p>advocating on behalf of five Coachella Valley children in foster care. Our second session of Advocate University in Palm Desert is planned for March 2020.</p> <p>Goal #3: Thus far, VFC's CASA volunteer corps has advocated on behalf of 53 Coachella Valley foster youth. Each one of the youths served by a CASA volunteer has been linked to appropriate services and supports to ensure that their physical and mental healthcare needs are met. CASAs have maintained monthly contact with their case children and communicated with their Advocacy Supervisors on a monthly basis. Most importantly, CASAs have written and submitted a court report on behalf of each child to juvenile court judges, which provided the judges with better information on which to make decisions in the child's best interest.</p>	
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	<p>During one of their outings to a restaurant, Michael took a napkin and wrote out Rhonda's name in fancy script, decorated the napkin, and gave it to her as a gift. Rhonda learned of Michael's creativity and desire to pursue the arts and is currently helping him explore ways to use his talents.</p>		
<p><b>Safehouse of the Desert #927 "What's Up" Safehouse</b> – a 24-hour Crisis Text App</p>	<p><b>Grant term 1/1/17 – 12/31/19</b>  <b>Original Approved Amount: 679,357</b>          6<sup>th</sup> six-month progress report covering the time period from 7/1/19 – 12/31/19</p> <p>The grant is on track.</p>	<p><b>Progress on Outcomes:</b>          July, 1 2019- December 31, 2019          Safehouse outreached to 2,380 youth in DHCD boundaries          We have also reached 356 adults in these areas, including teachers, counselors, parents and community members.</p> <p>Our team holds a consistent presence at the schools weekly with in-class presentations and lunch hour; however, the number of students reached is not ideal. We have requested a heavier and more efficient presence including suicide prevention and mental health activities.</p> <p>Flyers/posters have been placed at: All the middle schools and high schools in PSUSD as well public places youth may congregate: Starbucks, Juice it Up, Fresh Juice Bar, Rancho 16, Boys &amp; Girls Clubs, Palm Springs Department of Rec and Leisure, Public Libraries, Desert Hot Springs Clinic. Desert Hot Springs Clinic has an app card in each resource bag they distribute to their clients.</p> <p>In regard to licensed staff asking questions to determine zip code of the</p>	

		<p>texter, we have since determined this is a deterrent to youth and young adults. When asked for zip codes, it typically makes the texter shut down. We want to increase use of the app and word of mouth referrals; we feel that asking for a zip code is counterintuitive. Rather than asking for a zip code, we find that allowing for the conversation to carry on naturally, with the potential of the area coming up, is a much more effective way of gaining the trust of any texter. We have been able to gather information on 15.8 % of the texters through natural conversation and providing referrals to specific areas.</p> <p>Monthly reports are sent to the leadership team of Safehouse, our Board of Directors, and funders that track our number of texts, unique texters, and outreach activity. This monthly report is used to determine if we are on track to meet our goals and objectives, determine community trends, and evaluate training needs for clinical staff.</p> <p>The following is data we have been able to collect this reporting period:  MH Category reported:  Depression 10%  Suicidal Thoughts: 14%  Anxiety/ Stress: 28%  Relational 25%  Abuse 2%  Other 6%  Psychosis: 2%  19% of texters reported various issues such as needing a referral, needing a</p>	
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		<p>coping skill, wanted to report another student, help for a friend, to name a few. Referrals given to 25% of texters.</p> <p>The number of texters to reach out for support on the line, during the reporting period, was 356.</p>	
<b>Final Grant Reports</b>			
<b>Applicant</b>	<b>Staff Notes</b>	<b>5 things to be done differently if you were to implement this service or program again</b>	
<p><b>Joslyn Senior Center</b> #980: Joslyn Wellness Center Senior Behavioral Services Program</p>	<p><b>Grant term 11/1/18 – 10/31/19</b> <b>Original Approved Amount: \$112,050</b> FINAL RESULTS: The project met the majority of the final results. Although the Aging Mastery Course did not enroll the number of participants that were anticipated, the graduation rate was higher, and the total graduates was two individuals fewer than projected. While the project did enroll more than the anticipated number of participants in Problem Solving Strategies, many continue in therapy. Of those that completed therapy, 67% achieved their treatment goals which was higher than the project goal. We hired one Associate/Intern at the beginning of the program. We searched through professional associations, mixers, local schools and colleges and various other sources for the second Associates/Intern. We were able to enter into an agreement with Cal State San Bernardino Social Work program for a student intern</p>	<ol style="list-style-type: none"> <li>1. Better anticipate the need for technology, both in presenting program information, but also in staff needs. This has required additional investment that was not anticipated in the Desert Healthcare District grant but has been met through fundraising efforts and other foundation support.</li> <li>2. Earlier expansion of marketing efforts to the general community through advertising and improving community outreach by participation in local health fairs</li> <li>3. Improve integration of the Wellness Center programming within the general program framework of The Joslyn Center. The culture of The Joslyn Center had previously not been directed to social service delivery outside of Meals on Wheels and nutrition programs. Changing that culture should have begun earlier and is an on-going effort.</li> <li>4. Develop a communication and marketing plan to donors, volunteers, and Joslyn Center members to improve communication about the changes the</li> </ol>	

	<p>who will begin in January, and did hire, at the end of the grant period a Spanish speaking Associate/Intern to achieve our internal goal of providing services to the Spanish speaking population or who was familiar with the cultural requirements and challenges that might be encountered with those of Hispanic heritage. Terry Cummings was required to attend a full day training at Cal State San Bernardino in order to qualify the program for their student intern.</p> <p>There was a total of 303 unduplicated clients over age 55. Initial program expectations were 175 unduplicated older adults age 55 and older. A total of 367 clients participated in one or more of the programs. Approximately one-half of the Problem-Solving Strategies clients were graduates of either Brain Boot Camp or Aging Mastery. Others who participated in more than one program were Go4Life participants.</p>	<p>Wellness Center programming would bring about.</p> <p>5. Improve outreach to medical providers with "in service" presentations and marketing to outside social work staff about the programs and their usefulness to their clients and patients in promoting the programs as prevention and early intervention related to senior and older adult mental health.</p>	
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**FUNDING REQUESTS UPDATE for January 2020**

**Information only – status update of new letters of interest and pending applications**

<b>Letters of Interest</b>			
<b>Agency</b>	<b>Staff Notes</b>	<b>Status &amp; Staff Notes</b>	<b>Funding Allocation</b>
<b>Coachella Parks and Recreation Foundation</b>	LOI – Stage 1 received requesting \$120,578 to fund the purchase of 2 outdoor fitness gyms; 2 shade structures; and 8 drinking and water bottle-refilling stations at 2 public parks.	The request, if approved, will not begin until February 2020. This is contingent on Coachella being awarded grant funding under the Statewide Park Program (Prop. 68). <i>A site visit was conducted on October 24, 2019. Stage 2 – the Application – will be generated if and when Prop 68 funding is awarded.</i> <i>As part of the continued due diligence, State officials from the Statewide Park Program (Prop 68) visited both park sites on December 3rd. DHCD staff participated in the site visit and answered questions regarding the wellness aspect of the parks.</i>	Foundation
<b>Grassroots Junior Tennis</b>	LOI MINI GRANT – stage 1 - \$5,000 for low-income children to receive 8 months of tennis lessons with a healthy eating/active living curriculum	LOI sent back for republishing as need more information before processing	District
<b>Mizell Senior Center</b>	LOI – Stage 1 – received requesting \$450,000 for two years towards the continuation of the Matter of Balance Falls Prevention program, expanding the program to include the East Valley (Phase 3)  <b><u>LOI WITHDRAWN BY APPLICANT</u></b>	<del>DHCD has been sustaining this program since 2015, starting with funding for the start up as a pilot program. Total dollars granted to the Matter of Balance program equals \$808,450. With this request, total funding by DHCD would equal \$1, 258,450.</del> <b>Update:</b> in emails received from the Program Manager of the MOB and the	

		<del>Executive Director stated respectively, that the program manager was laid off, as well as the Master Trainer, in that "lack of funding" was the reason cited. The ED indicated that Mizell intends to move forward with the MOB program but not without funding renewal from the Desert Healthcare District. If funding was to be re-established the Program Manager and Master Trainer would be brought back onboard. The grant team will be meeting with Mizell staff on December 16<sup>th</sup>.</del>	
<b>Public Health Institute</b>	LOI received requesting \$250,000 over two years to address air quality and health concerns in the Coachella Valley.	Stage 2 - the application - has been generated and is planned to be presented to the February 2020 Program Committee.	<b>Avery Trust Fund - Foundation</b>
<b>El Sol Neighborhood Educational Center</b>	LOI received requesting \$400,000 over a 3-year period to build out their Vida Vibrante Diabetes Management Program. The program utilizes trained Community Health Workers to provide diabetes education, practical disease prevention strategies and to assist participants in the management of their disease.	DHCD previously funded the start-up of this program, Vida Vibrante, with a 2-year grant in 2013 for \$314,000. The final report of the grant stated the following about program sustainability: After the initial investment, the project/program is to be financially sustained by (from the grant application):  <i>As a pioneer in Promotores de Salud we envision being able to sustain the efforts of this program upon completion of funding. Vida Vibrante will be incorporated into El Sol's ongoing community-based health education services. The fund development plan includes targeting both foundation and individual major donors, with the goal of securing \$1,500,000 in additional funding in</i>	District

		<p><i>three (3) years and to diversify the funding portfolio. El Sol has begun conversations with other partners (e.g. Healthy Families America) to take advantage of prevention resources that are included in the Affordable Care Act.</i></p> <p>Will the project/program be financially sustained in the manner described above? Explain:</p> <p><i>El Sol is in conversations with several local funders and health care systems (Borrego Health) in order to examine the possibility of continued funding also at the State level exploring opportunities in how throughout the ACA can support reimbursement fees for CHWs on Diabetes. El Sol is coordinating a presentation on Diabetes VV to the University on New Mexico and waiting on further conversation with CDC on popular education on Diabetes. The evaluation results from this project will serve as evidence for grant proposals.</i></p> <p>The Grants Team will be scheduling a meeting to discuss the LOI, the 2013 grant's financial sustainability plan, and collaborative opportunities to partner with organizations (Eisenhower Health, Riverside Chronic Diabetes Collaborative, Borrego, Clinicas, VIM, IEHP, Desert Oasis Healthcare, &amp; Kaiser) who offer free diabetes education and management classes.</p>	
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<p><b>FIND Food Bank</b></p>	<p>LOI received requesting \$401,500 for continued funding of fresh produce distribution; CalFresh/Medi-Cal Outreach; Case Management in partnership with Desert Healthcare Foundation's Nutrition Education CalFresh grant; and financial literacy education expansion.</p>	<p>FIND's current grant with the District ended December 31, 2019 and waiting for the final report. A site visit will be scheduled after review of the final report.</p>	<p>District</p>
<p><b>Loma Linda University Children's Hospital</b></p>	<p>LOI received requesting \$519,472 to financially sustain the Pediatric Clinic in Indio - \$400,000 for medical staff and \$119,472 for requisite equipment.</p>	<p><b>Staff concerns and observations:</b> LLU Indio Clinic does not anticipate revenue stability until year 4 of operation, which will be the result of patient volumes. Patient volumes are at 1,500 annually now but need to reach 18,000 annual visits. Operations show a current <b>\$886,397 annual deficit.</b></p> <p>Chief Administration Officer's review of the audited financials: The audit looked okay for June 30, 2018. It is concerning the operations of the Indio Clinic show a deficit of almost \$900,000.</p> <p>The LLU SACHS (Social Action Corp Health System) Indio Pediatric Clinic is a Federally Qualified Health Center (FQHC), receiving federal HRSA funding.</p> <p>Next step: Site visit is scheduled for December 9, 2019.</p> <p>Site visit was conducted by Grant Team who met with LLU's fundraising staff, the Division Chief of General Pediatrics, and the Assistant VP of Ambulatory Services.</p> <p>The clinic is underutilized with one full time physician. The Division Chief is</p>	<p>District/Foundation</p>

		<p>actively recruiting for two more pediatricians. The clinic offers general pediatric services, pediatric dentistry and special services. The next goal is to build out the Urgent Care, that, according to LLU, will not be covered under SACHS.</p> <p>DHCD Staff is working on a Pediatric Collaborative concept that could include local pediatric partners, such as, UCR, Borrego, Clinicas, IEHP, VIM (who refers children under 18 to LLU), and the 3 school districts. Staff will introduce the concept to LLU to further determine other funding opportunities.</p>	
<p><b>EASTERN COACHELLA VALLEY FUNDING OPPORTUNITY REQUESTS: (NTE \$50,000 for core operating support for access to primary healthcare and behavioral health care)</b></p>	<p>Stage 1 – Letters of Interest received from:</p> <ul style="list-style-type: none"> <li>• ABC Recovery Center - \$50,000 renovation of sober living facilities</li> <li>• Healthy Family Foundation, a division of JFK Memorial</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ABC: Grant team met with ABC Recovery on December 4<sup>th</sup> to discuss the LOI and next steps. ABC Recovery was made aware of the District hold on capital grants. It was suggested that ABC Recovery apply for funding in guidance of integrating their outdated EMR system with others so that outcome studies and quality improvement would be sustained. Stage 2 – the application – has been generated and is planned to be presented at the February 2020 Program Committee meeting.</b></li> <li>• <b>Healthy Families: a site visit was conducted on December 19<sup>th</sup>.</b></li> </ul>	<p>Foundation</p>

	<p>Foundation - \$50,000 to support the hiring and training of one additional SafeCare Provider to provide the evidence-based SafeCare in-home parent-training curriculum/program for families with children 0-5 years of age.</p> <ul style="list-style-type: none"> <li>Clinicas De Salud Del Pueblo, Inc. - \$50,000 to support Outreach and Education Dept. (peer patient educators and Certified Enrollment Counselors).</li> </ul>	<p>Stage 2 – the application – has been generated and is planned to be presented at the February 2020 Program Committee meeting</p> <ul style="list-style-type: none"> <li>Clinicas – a site visit is being scheduled</li> </ul>	
<b>Pending Applications</b>			
<b>Grantee</b>	<b>Staff Notes</b>	<b>Status</b>	



**HOSPITAL LEASE OVERSIGHT COMMITTEE MEETING  
MEETING MINUTES  
December 19, 2019**

<b>Directors Present</b>	<b>District Staff Present</b>	<b>Absent</b>
Chairman/President, Les Zendle, MD Director Carole Roger, RN Director Karen Borja	Conrado E. Bázquez, MD, CEO Chris Christensen, Interim CEO, CFO Andrea S. Hayles, Clerk of the Board	

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>I. Call to Order</b>	The meeting was called to order at 10:00 a.m. by Chairman Zendle.	
<b>II. Introductions</b>	All in attendance were familiar with each other; thus, introductions were not necessary.	
<b>III. Approval of Agenda</b>	Chairman Zendle asked for a motion to approve the agenda	<b>Moved and seconded by Director Rogers and Director Borja to approve the agenda as amended. Motion passed unanimously.</b>
<b>IV. Public Comment</b>	No public comment.	
<b>V. Approval of Meeting Minutes</b>	Chairman Zendle asked for approval of the October 17, 2019, meeting minutes.	<b>Moved and seconded by Director Rogers to Director Borja approve the agenda. Motion passed unanimously.</b>
<b>VI. Old Business</b>		
<b>VII. New Business</b>		
<b>1. Q4 Hospital Inspection – Desert Regional Medical Center</b>	Dale Barnhart, Consultant, provided the highlights of the Q4 inspection report that included sprinklers, rust in the ceiling diffusers, surgical area sprinkler head dust, and blocked electrical panels. The clinical room was blocked with boxes, the phlebotomy area had dust and open panels in the ceiling. The GI lab area had no findings. Mr. Barnhart also described other minor repairs.	

**HOSPITAL LEASE OVERSIGHT COMMITTEE MEETING  
MEETING MINUTES  
December 19, 2019**

<p><b>2. Q3 Hospital Inspection – Desert Regional Medical Center</b></p>	<p>Dale Barnhart, Consultant, described the results of the Q3 reinspection with most items completed other than the patient room wall damage repair, repainting of patch work in the women infant center, and the damaged laminate on the door in the EVS closet.</p>	
<p><b>3. Leapfrog – Hospital Safety Grade</b></p>	<p>Christine Langenwaller, MSN, RNC, CENP, Chief Quality Officer, Desert Regional Medical Center, provided a presentation of the most recent Leapfrog Hospital Safety Grade commencing with a description of the safety grade with the scores released twice annually in April and October. 2,600 hospitals participate, and some do not participate at all. The process/structural measures are 50% of the total score; the other half are three sections, with the last score being patient safety outcome measures. Two years ago, Desert Regional Medical Center (DRMC) received a B, a C for the last three reporting periods, and each grading period changes. DRMC received the full complimented points for falls in the survey period. Patient satisfaction scores from 2017-2018 did not change significantly, with a strong performance in communications with medications, improved discharge, and the opportunity for improvement in communication with physicians.</p>	



**HOSPITAL LEASE OVERSIGHT COMMITTEE MEETING  
MEETING MINUTES  
December 19, 2019**

	<p>An overview of Infection prevention and improvement activities for prevention such as partnering with the California Department of Public Health (CDPH), a multidisciplinary task force, a change in central line dressing product, and electronic records hard stops.</p> <p>A summary of the key action items was provided that include stronger partnerships, residency programs in quality and patient safety improvements, physician advisors, Advocates for Cerner upgrades that support medication scanning, diligence in prevention programs, patient experience focus, nursing leadership rounds, and increased clinical staff engagement.</p> <p>Ezra Kaufman, District resident, explained that the hospital had an “A,” and for two years had a C, but has a net profit of over \$35M and is unwilling to devote the necessary resources. Mr. Kaufman inquired on the track and reducing patient safety as below average and was not addressed during the presentation.</p> <p>Chairman Zendle inquired if pages 1-6 can be included in the minutes for publishing. Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center, explained that she has no qualms.</p>	
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**HOSPITAL LEASE OVERSIGHT COMMITTEE MEETING  
MEETING MINUTES  
December 19, 2019**

	Desert Regional Medical Center (DRMC) is working with the public and media outlets to explain the scores results and improvements that are underway. Sick patients from JFK Medical Center and Eisenhower Medical Center are often transferred to DRMC, which also has a reflection on the score.	
<b>VIII. Adjournment</b>	Chairman Zendle adjourned the meeting at 11:06 a.m.	<b>Audio recording available on the website at</b> <a href="https://www.dhcd.org/Agendas-and-Documents">https://www.dhcd.org/Agendas-and-Documents</a>

ATTEST: \_\_\_\_\_  
Les Zendle, MD, Chairman/President  
Hospital Lease Oversight Committee

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



DESERT REGIONAL  
MEDICAL CENTER



# Desert Regional Medical Center, Inc. Leapfrog Hospital Survey Results for Fall 2019

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CHRISTINE LANGENWALTER, MSN, RNC, CENP  
CHIEF QUALITY OFFICER

# What is the Leapfrog Hospital Safety Grade?

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- Originated in 2012
- Composite score 27 different measures
- Data is tracked over time, and overlaps grading periods
- Generates a numerical score starting with a 3.0. Points are added or subtracted based on hospital response/performance.
- Once all hospitals have submitted, a bell curve is created and an “A, B, C, D, or F letter grade” is assigned
- Scores released twice annually: April and October

More information is publicly available through websites

<https://www.leapfroggroup.org/compare-hospitals>

<https://www.hospitalsafetygrade.org/>

# 2600 hospitals participate

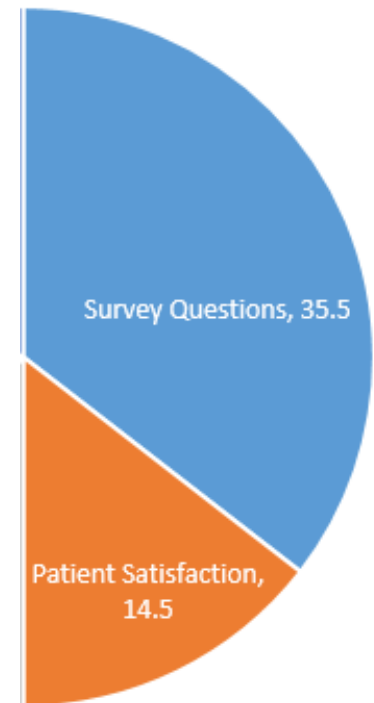
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- Some general acute care hospitals do not have to have enough publicly reported measures or do not participate fully
- Certain hospitals do not participate at all
  - Critical access hospitals
  - Medicare Prospective Payment Plan exempt hospitals (IE-Cancer hospitals)
  - VA Hospitals
  - Indian Health Services
  - Specialty Hospitals

# Process/Structural Measures (50% of total score)

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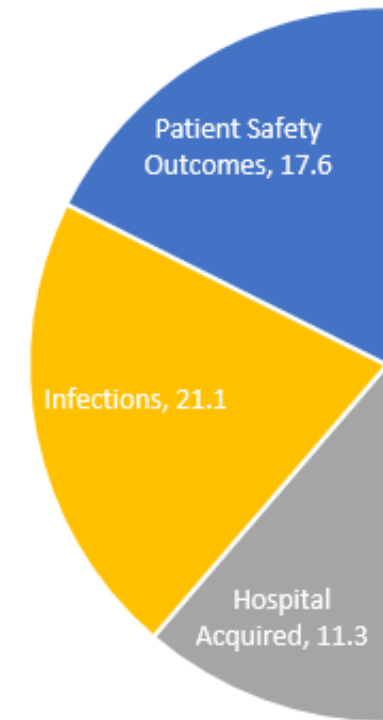
- **Survey questions completed by hospital twice per year**
  - ICU physician staffing
  - Computerized physician order entry systems to prevent medication errors
  - Bar-coded medication administration
  - Hand hygiene policies
  - Nursing workforce
  - Leadership structure
  - Culture measurement, feedback & intervention
  - Identification & mitigation of risks and hazards
- **Publically reported data (12 month rolling period)**
  - 5 patient satisfaction measures  
(HCAHPS-Hospital Consumer Assessment of Healthcare Providers and Systems)



# Outcome Measures (50% of total score)

*Publically reported data (rolling periods vary up to 24 months with some starting back in 2016)*

- **3 Hospital Acquired Measures**
  - Falls leading to trauma
  - Foreign body retained
  - Air embolism
- **5 NHSN Hospital Infection Measures** (CDC's National Healthcare Safety Network):
  - Central line blood infections
  - MRSA infection (methicillin resistant staff aureus)
  - Catheter-related urinary infection
  - Infection after colon surgery
  - C-diff infection (inflammation of colon)

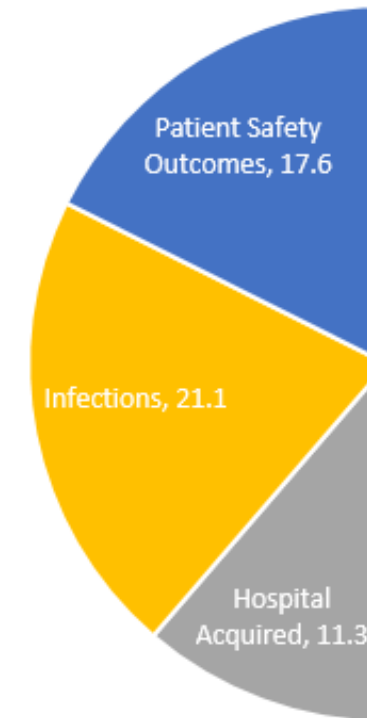


# Outcome Measures (con't) (50% of total score)

*Publically reported data (rolling periods vary up to 24 months with some starting back in 2016)*

## ■ 7 Patient Safety Indicators (PSI)

- Pressure injury
- Puncture or laceration
- Respiratory failure
- Blood clot
- Wound opens
- Collapse of lungs
- Death from certain complications (Rate)







**DESERT HEALTHCARE DISTRICT  
STRATEGIC PLANNING COMMITTEE  
MEETING MINUTES  
January 14, 2020**

Directors Present	District Staff Present	Absent
Director/Chairman Les Zendle, MD Vice-President Karen Borja	Conrado E Bázaga, MD, CEO Chris Christensen, CFO Donna Craig, Senior Program Officer Meghan Kane, Community Health Analyst Andrea S. Hayles, Clerk to the Board	Director Arthur Shorr

AGENDA ITEMS	DISCUSSION	ACTION
<b>I. Call to Order</b>	Chairman Zendle called the meeting to order at 4:30 p.m.	
<b>II. Approval of Agenda</b>	Chairman Zendle asked for a motion to approve the Agenda.	<b>It was moved by Director Borja and seconded by Chairman Zendle to approve the agenda. Motion passed unanimously.</b>
<b>III. Public Comment</b>	There was no public comment.	
<b>IV. New Business</b> <b>1. Consideration to approve the selection of Health Assessment &amp; Research for Communities (HARC) as the contractor to implement all phases of the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIO) – NTE \$300,000</b>	<p>Conrado E. Bázaga, MD, CEO, explained that the District released an RFP for completing a Community Health Needs Assessment (CHNA) with internal and external reviewers to assist with the process. Health Assessment and Research for Communities (HARC) received the highest score of the reviewers from the eight proposals received.</p> <p>Jenna LeComte-Hinely, PhD, CEO, HARC, explained that at the site visit meeting new ideas emerged with changes, most notably a steering committee of local leaders that will share data and involvement, which is an addition to the advisory committee members all incorporated into one. Feedback will be provided, such</p>	<b>It was moved by Director Borja and seconded by Chairman Zendle to approve Health Assessment &amp; Research for Communities (HARC) as the contractor to implement all phases of the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIO) – NTE \$300,000 and forward to the Board for approval. Motion passed unanimously.</b>



**DESERT HEALTHCARE DISTRICT  
STRATEGIC PLANNING COMMITTEE  
MEETING MINUTES  
January 14, 2020**

	<p>as community members assisting with context and relating to the public in the seven zones.</p> <p>Chairman Zendle explained that the committee wants specifics such as the number of persons receiving flu shots and concrete preventable health matters. Content experts to provide an overview is also necessary given the diverse make-up of the Board.</p> <p>Dr. Bárzaga explained that once the Community Health Needs Assessment is captured, then using the Health Improvement Plan of improving the health outcomes with measurements to ensure the District is performing and achieving the appropriate work.</p>	
<b>V. Adjournment</b>	Chairman Zendle adjourned the meeting at 5:00 p.m.	<b>Audio recording available on the website at <a href="https://www.dhcd.org/Agendas-and-Documents">https://www.dhcd.org/Agendas-and-Documents</a></b>

ATTEST: \_\_\_\_\_  
 Les Zendle, MD, Chairman/President, Strategic Planning Committee  
 Desert Healthcare District Board of Directors

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



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: January 28, 2020  
To: Board of Directors  
Subject: Service Agreement for HARC to conduct a Community Health Needs Assessment and Health Improvement Plan (CHNA/CHIP) – NTE \$300,000

---

**Strategic Planning Committee Recommendation:**

Consideration to approve a service agreement with Health Assessment & Research for Communities, Inc. (HARC) to conduct the Desert Healthcare District's Community Health Needs Assessment and Community Health Improvement Plan.

**Background:**

- On October 28, 2019 the CHNA/CHIP request for proposals was released.
- During the November 26, 2019 Board meeting, the District's Board of Directors approved contracting with external reviewers to score the received proposals for transparency and impartial reviewing.
- Eight proposals from various national, state, and regional organizations were received by the deadline of December 5, 2019.
- On January 14, 2020, staff presented the CHNA/CHIP proposal review and selection process to the Strategic Planning Committee and recommended HARC as the consultant to conduct the CHNA/CHIP.
- The Strategic Planning Committee approved the recommendation to select HARC as the consultant to conduct the CHNA/CHIP.

**Information:**

- Following the attached scoring criteria template, all eight proposals were scored by two external reviewers and one internal reviewer.
- HARC received the highest average score (see chart).
- Based on HARC's proposal score, District staff conducted a site visit with HARC's staff. Please see attached for HARC's preliminary proposal.
- Staff will work with HARC to refine the Scope of Work and redefine a timeline for project deliverables.

**Fiscal Impact:**

- Not to exceed \$300,000, not included in the current FY 2019/20 budget.

## **CONSULTING SERVICES AGREEMENT**

This Professional Services Agreement (“Agreement”) is entered into by and between Desert Healthcare District (“District”), a public agency organized and operating pursuant to California Health and Safety Code section 32000 et seq., and Health Assessment & Research for Communities (HARC), a California 501c3 (“Consultant”) as follows:

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

1. District would like to retain the professional services of Consultant to develop a Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) for the Coachella Valley.
2. Consultant has previously prepared assessments for the DHCD and has specialized experience in development of needs assessments necessary to provide the professional services (“Services”) as more specifically outlined in the attached Exhibit “A” (“Consultant Proposal”).

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

#### **1. CONSULTANT’S SERVICES.**

1.1 Services. Consultant shall provide all labor, materials, equipment, and incidentals necessary to fully and adequately provide the District and the Desert Healthcare District (“District”) with the professional services described in the Consultant Proposal. All Services shall be performed by Consultant to the reasonable satisfaction of the District.

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

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

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

**2. FEES AND PAYMENTS.**

2.1 Compensation for Services. For the full and satisfactory performance of the Services, District shall compensate Consultant a Not To Exceed amount of \$300,000, plus customary expenses.

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

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

**3. TERM; TERMINATION.**

3.1 Term. The term of this Agreement shall run from the date this Agreement is fully executed until September 30, 2020, subject to Section 1.3 above or the District's right to terminate sooner for convenience.

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

**4. INDEPENDENT CONTRACTOR.**

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

**5. OWNERSHIP OF DOCUMENTS.**

All deliverables and other documents generated by Consultant in the performance of the Services, including all work papers, work-in-progress, designs, documents, data,

ledgers, journals and reports prepared by Consultant as a part of Consultant's Services shall belong to and be subject to the sole ownership and use of the District. The provisions of this Paragraph 5 shall survive any termination of this Agreement.

**6. INDEMNIFICATION.**

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

**7. NOTICE.**

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

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

To: Consultant  
HARC  
41550 Eclectic Street  
Palm Desert, CA 92260

**8. MISCELLANEOUS PROVISIONS.**

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

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

8.3 Entire Agreement. This Agreement, together with all Schedules attached, contains all representations and the entire understanding between the parties with respect to the subject matter of this Agreement. Any prior correspondence, memoranda, or

agreements, whether or not such correspondence, memoranda, or agreements are in conflict with this Agreement, are intended to be replaced in total by this Agreement and its schedules.

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

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

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

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

“District”:

Desert Healthcare District

By: \_\_\_\_\_  
Leticia DeLara, President

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

“Consultant”:

Health Assessment and Research For  
Communities

By: \_\_\_\_\_  
Jenna LeComte-Hinely, CEO

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



**HEALTH ASSESSMENT AND RESEARCH FOR COMMUNITIES**

HARCdata.org  
41550 Eclectic Street, Palm Desert, CA 92260 | 760.404.1945

## OFFICERS

### President

Janet L. Collins, PhD  
*Retired*  
*Centers for Disease Control and Prevention*

### Secretary-Treasurer

Teresa Hodgkins, PharmD, BCACP  
*Vice President of Clinical Quality Initiatives*  
*Desert Oasis Healthcare*

## BOARD MEMBERS

Bill Ballas, MS, CFRE  
*Managing Member*  
*WSB, LLC*

John Epps, BA  
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*Center for Nonprofit Advancement*  
*Regional Access Project (RAP) Foundation*

Gemma Kim, MD, FAAFP  
*Director, Family Medicine Residency Program*  
*Associate Clinical Professor*  
*UC Riverside School of Medicine*

Joel L. Kinnamon, EdD  
*Superintendent/President*  
*College of the Desert*

Luz Moreno, BA  
*Community Engagement Manager*  
*Clinicas de Salud del Pueblo*

Greer Sullivan, MD, MSPH  
*Chief Research Officer*  
*Borrego Health*

William VanHemert, MSW  
*Director of Grants*  
*Desert AIDS Project*

## CHIEF EXECUTIVE OFFICER

Jenna LeComte-Hinely, PhD

December 4<sup>th</sup>, 2019

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

Proposal in response to RFP #20191002

Dear Desert Healthcare District/Foundation,

On behalf of HARC, Inc. (Health Assessment and Research for Communities), I would like to formally submit a bid to perform a community health needs assessment in response to RFP #20191002 issued on October 28<sup>th</sup>, 2019.

I applaud DHCD/F's initiative in conducting this CHNA; it is so critically important to have an evidence base when striving to impact community-level wellness. I strongly believe that HARC is the ideal partner to conduct this CHNA, due to our experience in Coachella Valley health research, CHNAs, community engagement, and measurement/evaluation design.

I am confident we can work together to produce a high-quality final product that will communicate the needs of the Coachella Valley, aid in allocating resources, and facilitating future decision-making and monitoring.

As requested in the RFP, following this page you will find information pertaining to HARC's overview, expertise, staff, references, work examples, methods to scope of work, work plan and timeline, and budget.

Should you have any questions or concerns, please do not hesitate to contact me at [jlecomte-hinely@HARCdata.org](mailto:jlecomte-hinely@HARCdata.org). I look forward to hearing from you soon, and I wish you the best of luck in your search.

Sincerely,

Jenna LeComte-Hinely, PhD  
Chief Executive Officer



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## Introduction

HARC is thrilled to have the opportunity to play a role in DHCD/F's first CHNA. We applaud this movement towards creating an evidence-based strategic plan that will help DHCD/F promote equitable access to health resources and health outcomes in our community. We believe we are the ideal organization to conduct this key baseline CHNA because:

1. **Healthy People 2020:** We have a long familiarity with the Healthy People 2020 social determinants of health (SDOH) framework, having used it for years on many projects.
2. **CHNA Experience:** We have extensive experience in conducting CHNAs, following the same procedures from the Community Health Assessment Toolkit.
3. **Research Skills:** Our researchers have advanced degrees and years of experience in both quantitative and qualitative data collection and analysis, and a great familiarity of secondary Coachella Valley-specific data sources.
4. **Community Engagement:** Our extensive community engagement experience will help us to actively engage our diverse community in this project. To further enrich community engagement on this CHNA, we are partnering with Communities for a New California Education Fund (CNCEF), another nonprofit, and plan to develop an Advisory Council.
5. **Local Passion:** We live and work within DHCD/F boundaries, as do our partners CNCEF. Our own futures are tied to the future of the Coachella Valley, and as such, we are honored to be considered for this work.

## General

HARC, Inc. is a nonprofit that advances quality of life by helping community leaders use objective research and analysis to turn data into action. Prior to HARC's formation, local service providers lacked baseline data, and struggled to measure health disparities, inequities, health behaviors and trends. In 2006, HARC was formed under the umbrella of the DHCD/F to fill this gap and provide representative Coachella Valley-specific data.

For the past decade, HARC researchers have worked with dozens of health and human service agencies to conduct a variety of projects, including CHNAs, program evaluations, surveys, focus group facilitations, and much more. HARC's expertise is in the SDOH, and as such, our projects have spanned the gamut from literacy to homelessness to access to care and beyond.

## Expertise

HARC has a staff of dedicated researchers who are not only highly educated and experienced in research, but also experts in community engagement in our region. This combination of PhD-level research training and community embeddedness is what makes us ideal for this project.

## Capacity and Infrastructure

This project requires a great deal of work to be completed in a relatively short amount of time. HARC has four researchers on staff who will all be contributing to the project, as well as two former HARC staff who will be supporting the project as contractors. HARC will also be partnering with CNCEF to ensure deep community engagement on the project. All told, we plan to commit nearly 4,000 hours of work to the project over the nine months (2,340 from HARC staff, 720 from HARC contractors, and 924 from CNCEF staff). HARC will be the lead on the project, and will work closely with our two contractors, our partner CNCEF, and DHCD/F.

### ***Knowledge and Skills***

HARC’s researchers have extensive experience designing and implementing community engagement, collecting and analyzing qualitative and quantitative data, and writing reports that are understandable and digestible. Staff CVs are presented in Appendix A.

***HARC’s Coachella Valley Community Health Survey.*** Our flagship project is the Coachella Valley Community Health Survey, primarily funded by DHCD/F. HARC conducts this survey every three years to monitor health indicators. We are currently in the fifth iteration. The survey content is community-driven and includes variables that measure each of the five SDOH identified in the Healthy People 2020 framework. The methods ensure it is representative of our diverse population. HARC provides this data back to the community free of charge. Because of this service, we are seen as a trusted resource among local health and human service agencies; we have strong connections with more than 100 local organizations and can leverage these connections for this project. See Appendix B for five letters of support from these organizations.

***HARC’s CHNA and CHIP Experience.*** HARC has conducted CHNAs for many organizations, including Kaiser Permanente, Betty Ford Center, Southwest Riverside County Cancer Care Task Force, Eisenhower Health, and more. See page 3, “Work Samples”, for a link to many of our finished deliverables, including CHNA reports and community engagement reports.

***HARC’s Community Engagement Experience.*** All of HARC’s work—not just our CHNA work—is based on the principles of community collaboration. For this project, we plan to complement the Community Health Assessment Toolkit methodology by using the principles of deliberative public involvement, a strategy proven to be useful in eliciting informed and consensual views in setting health priorities. We will also be working with CNCEF and using an Advisory Council to guide our community engagement work.

***CNCEF’s Experience.*** CNCEF promotes economic prosperity and community health for residents in the rural areas of California. CNCEF was founded in 2011 as a nonprofit 501(c)3 human rights organization that specializes in resident-driven community engagement. CNCEF canvassers are bilingual residents from the very communities they canvass. CNCEF conducts many projects similar to the proposed project such as prior outreach for HARC, the 2020 Census and monthly door-to-door canvassing in Indio and Coachella, speaking to community residents about what’s most important to them, what changes they would like to see in their communities, and how they can become engaged. See Appendix C for more about CNCEF.

### ***Financial Stability***

HARC is financially stable, ending each fiscal year with an increase in net assets for the past seven years. Over these same seven years, HARC has grown from a staff of three to a staff of five. Each year we have obtained a clean audit, the highest standard possible. A general measure of financial stability is when organizations have liquid assets sufficient to cover three to six months of operating expenses; HARC currently has about five months’ worth in the bank.

### ***Key Staff***

HARC has four researchers on staff, all of whom will work on this project:

- Jenna LeComte-Hinely, PhD, Chief Executive Officer (primary contact)
- Cassandra Leier, PhD, Director of Research and Evaluation
- Chris Morin, MS, Research and Evaluation Associate
- Gerardo Quintana, Jr., BA, Research Assistant

The four researchers will be supported on this project by Ms. Theresa Sama, Administrative Manager, who will handle contracts, billing, scheduling, copying, printing, etc. Four of the five HARC staff members live in the District, in four different zones, and can bring their lived experience to add to their research skills. See Appendix A for curricula vitae of staff.

To supplement HARC staff's work, HARC is also bringing on board two additional part-time contract researchers: Ivy Torres and Teresa Alvarez. Both are former full-time HARC staff, Coachella Valley natives, bilingual in Spanish and English, have obtained master's degrees, and have multiple years of research experience and community engagement. See Appendix D for their CVs.

As mentioned previously, HARC will also be partnering with CNCEF on this project. CNCEF has conducted excellent community engagement work for HARC in the past, reaching difficult-to-sample populations throughout the Coachella Valley. CNCEF staff will be led by Anna Lisa Vargas, the Coachella Valley coordinator. Please see Appendix C for a CNCEF description and resumes.

## References

HARC's references are from 3 prior CHNA clients: Cecilia Arias, Kaiser Permanente; Dr. Christopher Yadron, Betty Ford Center; and Erica Russo, City of Temecula. See Appendix E for their contact info.

## Work Examples

Please see the link below for examples of HARC's work in conducting CHNAs similar to the one desired by DHCD/F. The link includes reports conducted for three clients: Kaiser Permanente, Betty Ford Center, and the Southwest Riverside County Cancer Care Task Force. Work samples include formal CHNA reports, IS plans (similar to CHIPs), community engagement reports, and infographic versions of reports suitable for sharing with the general public. <https://HARCdata.org/dhcd-chna/>

## In-Depth Community Engagement

HARC plans to use the deliberative methods in the community engagement, as opposed to traditional one-way approaches such as surveys and focus groups designed to elicit information from the public. Deliberative methods are designed to promote discussion among participants and decision-makers with the objective of obtaining more informed and consensual views.

HARC and CNCEF have both conducted extensive community engagement for many years. However, there is always room for improvement, and as such, HARC will start the project by bringing together an Advisory Council of community members, content experts, and key stakeholders. The Advisory Council will help to weigh in on the community engagement piece throughout the project, ensuring that our efforts will reach diverse residents from across DHCD/F's seven zones. See page 4 "Step 2" for more detail on the formation of the Advisory Council, which are involved in all subsequent steps.

## Approach and Methods to Scope of Work and Deliverables

As requested in the RFP, HARC's proposed work will incorporate the Community Health Assessment Toolkit methodology.

***Step 1: Reflect and Strategize.*** This phase is typically for review of prior CHNAs and results. As this is DHCD/F's first, there are no prior CHNAs to review. Instead, this stage will serve as a kick-off meeting, where HARC and CNCEF will meet with DHCD/F to establish a shared understanding of the CHNA and CHIP project, process, goals, and deliverables. It is important to gain a mutual understanding of the

goals of the CHNA and the expected outcomes. A good CHNA involves a great deal of collaboration, so at this point we will establish RACI roles for each organization (who is responsible, accountable, consulted, and informed). These roles help to ensure clear expectations and lines of communication.

***Step 2: Identify and Engage Stakeholders.*** In January, HARC will work with CNCEF and DHCD/F to identify candidates for an Advisory Council. The Advisory Council will be made up of 11 individuals:

- One community member from each zone (nominated by the DHCD/F Board Member representing that zone);
- Two leaders of organizations that serve the Valley with an equity lens (e.g., CVVIM, etc.)
- Two health content experts (e.g., representatives from Public Health, etc.).

The purpose of the Advisory Council is to help ensure in-depth resident-driven engagement with all of the Coachella Valley's diverse residents. Advisory Council members have valuable input, and as such, will each be offered a stipend of \$200/month to pay for their time and expertise. Advisory Council members will be asked to attend one group meeting per month (catered) for nine months and be responsive to emails and requests for input during those nine months. The monthly meetings will rotate to ensure accessibility for all; two at HARC's offices, and one in each of DHCD/F's seven zones.

***Step 3: Define the Community.*** The geography of the CHNA has already been defined (the DHCD/F boundaries). In February, the population will be defined collaboratively by HARC, CNCEF, DHCD/F, and the Advisory Council (e.g., should snowbirds count? Migrant farmworkers? People with a second home who come here on weekends? Etc.).

HARC will also present a list of data sources by variables for Step 4 to DHCD/F. The variables will be guided by Healthy People 2020 framework. This will be DHCD/F's opportunity to alert HARC to data sources or variables that might have been overlooked and request that they be included. At this stage, HARC will produce a "feasibility" report, or detailed plan for the remainder of the project for DHCD/F's Board. It will describe the defined community, the partners, the data sources, and the steps to move forward. HARC can be available to present the report in person to the Board to answer any questions they might have. The report will be ready by the end of February.

***Step 4: Collect and Analyze Data.*** In March, HARC will assemble and synthesize the wealth of existing secondary data. HARC will seek quantitative data from secondary sources such as Healthy People 2020, the American Community Survey, California Health Interview Survey, Behavioral Risk Factor Surveillance Survey, California Healthy Kids Survey, California Healthy Places Index, California's Office of Statewide Health Planning and Development (OSHPD), and Riverside University Health System – Public Health, to name a few.

On March 31, HARC's 2019 Coachella Valley Community Health data will be released to the general public. HARC's data will be extremely useful in assessing needs of the Valley, especially as it employs random sampling and measures health behaviors, outcomes, and the five SDOH per Healthy People 2020. HARC will conduct advanced analyses of the data for the CHNA. These analyses will give special attention to the five SDOH as well as health disparities in our region.

All quantitative data will be analyzed and summarized in an easy-to-read report, supplemented with charts, figures, and tables to enhance visual understanding. Special attention will be placed on health

disparities and health equity challenges, especially those that pertain to the Healthy People 2020 SDOH framework. The draft will be provided to DHCD/F by mid-April.

DHCD/F will review the draft report. If DHCD/F decides that there are gaps and primary data collection is needed, there is one month in the timeline to conduct this data collection. The exact methods will depend on the type of data that is missing, and from whom. HARC, CNCEF, and DHCD/F will work together to design the best possible approach and implement it during this one-month time frame. Once this additional data is collected, analyzed, and integrated into the findings, the report will be complete and ready for the next step. If DHCD/F determines that no primary data collection is needed, that month will be re-allocated to later steps, where extra time would be most welcome. This is why there are two workplans and timelines in Appendix F: one with primary data collection and one without.

***Step 5: Prioritize Community Health Issues.*** Next, HARC, CNCEF, DHCD/F, and the Advisory Council will work together to prioritize the needs based on DHCD/F's capabilities, expertise, and goals. At this meeting, HARC will present the findings of the data analyses. The top five needs will be prioritized by the magnitude (e.g., are high proportions of the population affected?), severity (e.g., is there an impact on many more characteristics of the population?), disparities (e.g., are certain demographics/geographies being disproportionately affected?), and ability to effect change (e.g., does DHCD/F have the capabilities to address these needs?).

During this phase, HARC and CNCEF will also seek out input from the community, independent of what DHCD/F's priorities are. This outreach process is designed with the intent of gathering community feedback from residents in each of the seven zones; the process will be informed by input from the Advisory Council. Going door-to-door, CNCEF canvassers will share the CHNA findings with the community and gather their perceptions on the validity of these findings, the confounding and contributing factors to these issues, and priorities that should be addressed moving forward. CNCEF will conduct outreach in teams of two on weekends. Canvassers will go to specific neighborhoods, chosen in advance by HARC, DHCD/F, CNCEF, and the Advisory Council in collaboration, to ensure a diverse sample of residents are reached. All canvassers will be bilingual (English/Spanish). Each of DHCD/F's seven zones will have at least one dedicated team of canvassers who will canvass the specified neighborhoods each weekend for a month.

Feedback from the residents will be collected by the CNCEF canvassers via their tablets. HARC will be able to analyze the data quickly and easily, and segment it if desired (e.g., "what are the priority needs identified by residents in Zone 7 and how do they differ from those identified by residents in Zone 1?").

Next, HARC will circle back to DHCD/F and the Advisory Council with the residents' feedback. The results of the engagement may or may not change the priorities identified by DHCD/F. The results of this discussion and community engagement will create the final top five health issues that DHCD/F plans to address.

***Step 6: Document and Communicate Results.*** In July, the results of the CHNA will be provided to the DHCD/F in a comprehensive written report. The report will also detail the strengths of Coachella Valley resources available to address these needs as well as the challenges in addressing these needs, and an asset map. HARC will also create a one-page summary of the CHNA, designed to be shared with the community, in English and Spanish. DHCD/F will have one round of edits, suggestions, and feedback to give before the report and handout are finalized.

In July and August, HARC and CNCEF will conduct community engagement a second time, this time to disseminate the results and ask for input on the approaches to address the top five health needs. As such, Step 6 overlaps with Step 7. This community engagement will be conducted via 14 community events, two in each DHCD/F zone. The entire approach will be guided by the Advisory Council once again.

These events will be widely publicized in both English and Spanish (e.g., postcard mailing to every home, PSAs on the radio, etc., with help from the Advisory Council). Events will be held in easily accessible places in each zone (e.g., high schools, libraries, churches, community centers), and will include refreshments, translation services (English, Spanish, ASL), and childcare. HARC will ensure that local venues are compensated for the room rentals, and that local vendors are selected to provide refreshments, translation services, and childcare, so that DHCD/F residents are enriched through this process. At the events, HARC and CNCEF will share the findings, and ask for community input and feedback on what would be meaningful ways to meet these needs. Feedback will inform Step 7.

***Step 7: Plan Implementation Strategies.*** In late August, HARC and CNCEF will share the community input on the implementation strategies with DHCD/F in a report and a presentation. Next, HARC will facilitate a logic modeling session with DHCD/F to develop implementation strategies aimed at addressing the identified needs. At this meeting, strategies for meeting the top five needs, short-term and long-term goals/targets, and timelines will be established. HARC will take findings from the meeting and create a detailed logic model which will serve as the main content of the CHIP report. DHCD/F will have the opportunity to review the draft and suggest revisions.

***Step 8: Implement Strategies.*** In early September, HARC, DHCD/F, and the Advisory Council will work together to identify and create a “next steps” plan to address the implementation strategies. This will include identifying key stakeholders and external partners in addition to timelines, funds necessary, etc. This plan will guide DHCD/F’s work going forward. The content of these plans will be included in the CHIP report. HARC will also create content for a “community dashboard” which will monitor the health indicators and progress made going forward. DHCD/F will have the opportunity to review and request revisions before uploading to their website.

***Step 9: Evaluate Progress.*** The final step of the CHIP is to design an evaluation plan. The evaluation plan will be developed by building off the logic model developed in Step 7. From the logic model, HARC will take the planned activities and create written strategies to measure progress toward meeting the top five health needs. This will ensure that DHCD/F and partners can track actions and monitor health indicators going forward, with an annual reporting process. The evaluation plan will include topics that should be measured, methods for measuring health indicators along with baseline measures, timelines for measurement, and assigned responsibilities. The evaluation plan will be provided in the CHIP report. DHCD/F will have one round of edits, suggestions, and feedback to give on the evaluation plan before it is finalized and inserted into the now-final CHIP report by October 1.

## **Workplan and Timeline**

Assuming a prompt launch in early January, the results will be ready to present by October 1, 2020 as desired. See Appendix F for two workplans/timelines: one with primary data collection and one without.

## **Budget**

The total cost for the project is not to exceed \$293,776 (less \$45,000 if it turns out that no primary data collection is needed in Step 4, i.e. \$248,776). See Appendix G for a detailed budget.

## Appendices

### Appendix A: Staff Resumes/CVs

- Jenna LeComte-Hinely, PhD
- Cassandra Leier, PhD
- Chris Morin, MS
- Gerardo Quintana, Jr., BA
- Theresa Sama

### Appendix B: Five Letters of Support

- University of California, Riverside School of Medicine – David D. Lo, M.D., PhD.
- Clínicas de Salud del Pueblo – Yvonne Bell, MBA
- Riverside University Health System – Public Health – Kim Saruwatari, MPH
- Borrego Health – Mikia Wallis
- County of Riverside Supervisor, Fourth District – V. Manuel Perez

### Appendix C: CNCEF Description and Resumes

- CNCEF Description
- Anna Lisa Vargas
- Pablo Rodriguez

### Appendix D: HARC Contract Research/Former Staff CVs

- Ivy R. Torres, MA
- Teresa Alvarez, MA

### Appendix E: Contact Information for References

### Appendix F: Detailed Workplan and Timeline

### Appendix G: Detailed Budget



## CURRICULUM VITAE

### Jenna Risa LeComte-Hinely, PhD

*Address:*

41550 Eclectic St.  
Palm Desert, CA 92260

*Email:* jlecomte-hinely@HARCdata.org

*Phone:* 760.404.1945

#### EDUCATION

- |       |   |             |
|-------|---|-------------|
| Ph.D. | Portland State University, Portland, OR<br>Major: Applied Industrial Organizational Psychology<br>Minor: Occupational Health Psychology | March 2013  |
| M.S.  | Portland State University, Portland, OR<br>Major: Applied Industrial Organizational Psychology<br>Minor: Occupational Health Psychology | August 2010 |
| B.S.  | University of Redlands, Redlands, CA<br>Magna Cum Laude<br>Major: Business Administration<br>Minor: Psychology                          | May 2008    |

#### EXPERIENCE

Chief Executive Officer, HARC, Inc.

April 2015 – present

- Carry out HARC policies, objectives, and activities, including
  - Oversight of the data collection, surveying, analysis, assembly and publication of HARC reports and surveys;
  - Oversight and active solicitation of research and evaluation services, including requests for proposals (RFPs).
- Direct human resources activities, including hiring, training, supervising, and disciplining all subordinate HARC staff and independent contractors.
- Prepare budgets for approval, including those for funding or implementation of programs.
- Devise and implement HARC fundraising programs to ensure adequate funding for HARC's ongoing operations
- Coordinate the development, implementation, and upkeep of budgetary control systems, recordkeeping systems, and other administrative control processes
- Deliver speeches, write articles, and/or present information at meetings to promote services, exchange ideas, and accomplish HARC's strategic objectives
- Represent HARC at community functions, meetings, and/or coalitions
- Organize promotional/publicity campaigns to raise awareness of HARC and HARC's services
- Develop, implement and maintain plans for strong Board leadership, development and recruitment

**EXPERIENCE Continued**

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Director of Research and Evaluation, HARC, Inc.

July 2012 – March 2015

- Conduct a wide range of program evaluation and research activities via multiple methods, including focus groups, interviews, and surveys
- Develop and maintain databases
- Manage all survey and research data
- Provide statistical and methodological expertise
- Conduct multivariate statistical analysis of quantitative data
- Communicate data and research to clients, community members, and stakeholders through a variety of dissemination mechanisms, including technical reports, executive summaries, presentations, and trainings
- Develop business, secure contract research projects, and respond to Requests for Proposals (RFPs)

Adjunct Lecturer, California State University, San Bernardino

January 2015 – March 2015

Course: Statistics for the Health Sciences

- Plan and develop curriculum
- Teach lecture and lab
- Teach SPSS use to undergraduate students

Graduate Research Supervisor, Center for Work-Family Stress, Safety, & Health

June 2008 – July 2012

*Promoted from Graduate Research Assistant in September 2010*

- Lead several research projects through the phases of design, participant recruitment, data entry, data analysis, and final report
- Collected and analyzed both qualitative and quantitative data
- Designed and administered surveys
- Transcribed, reviewed, de-identified, and coded various forms of qualitative data, including interviews, ethnographic observations, and memos. Also trained new team members in all of these tasks.
- Worked as a member of the Work, Family, and Health Network (funded by the NIH and CDC), a multi-organization team that requires frequent long-distance collaboration and familiarity with technologies to enable that, such as use of remote desktops
- Worked independent of supervision for long periods of time
- Prepared research findings for dissemination to a variety of audiences
- Supervised a team of between 4 to 6 graduate research assistants in process evaluation for the Work, Family, and Health Network

**EXPERIENCE Continued**

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Junior Research & Evaluation Associate, Oregon Museum of Science & Industry

June 2010 – July 2012

*Promoted from Research Assistant in September 2010*

- Developed research and evaluation instruments for use in varied settings
- Conducted community-based participatory research with various populations, including several local Tribes
- Created and administered professional development opportunities in multiple topics, including human subjects protection, online data collection protocol, and SPSS use
- Created and managed successful IRB applications for multi-method, multi-year, multi-site data collection
- Facilitated the creation of logic models for other teams
- Co-wrote over \$360,000 in successful grant proposals to federal funding agencies
- Lead both quantitative and qualitative research and evaluation
- Utilized data collection methods such as interviews, focus groups, and surveys with a wide variety of audiences, including both children and adults, and utilizing many unique methods, such as virtual focus groups
- Wrote evaluation reports for a wide range of audiences
- Served as the departmental Data Access and Security Specialist, Software Specialist, and Representative on the Safety Committee

Employee Development Intern, Legacy Health Systems

July 2009 – September 2009

- Learned how to optimize several technological systems, such as GoToMeeting, to facilitate long-distance collaboration
- Designed and implemented one-on-one technological training on said systems
- Administered said one-on-one training to approximately 50 physicians and medical interns of varying skill levels

Research Assistant, Business Department, University of Redlands

September 2005 – April 2008

- Designed and implemented online studies
- Conducted statistical analysis using SPSS
- Wrote results for scholarly articles
- Presented findings at national conferences
- Wrote successful grant proposals

**PROFESSIONAL MEMBERSHIPS**

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- |  |                |
|--|----------------|
| • American Evaluation Association            | 2012 – present |
| • Association of Fundraising Professionals   | 2015 – present |
| • Society for Occupational Health Psychology | 2009 – present |

**SERVICE**

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**HIV + Aging Research Project Palm Springs (HARP-PS)**  
Board Member 2019 – present

**Borrego Health**  
Board of Trustees Member 2019 – present

**Joslyn Senior Center**  
Board Member 2018 – 2019

**University of California, Riverside - School of Medicine**  
Member of the Community Advisory Board 2018 – present

**University of California, Riverside - School of Medicine  
*Center for Healthy Communities***  
Member of the Community Advisory Board 2016 – present

**Riverside County Health Coalition  
*Community Health Improvement Plan***  
Chair of the “Promoting Healthy Behaviors” Workgroup 2016 – 2017

**Association of Fundraising Professionals,  
*Desert Communities Chapter***  
Board Member and Vice President of Membership 2016

**AWARDS AND RECOGNITION**

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“Women in Philanthropy”, Desert Charities News 2019  
*Industry leaders and influencers in the nonprofit industry*

“The Big List”, Palm Springs Life 2019  
*50 influential people shaping everyday life in the Coachella Valley*

“Women Who Inspire Us”, Desert Charities News 2018  
*Industry leaders, influencers, innovators: Women who make a difference in their work supporting the nonprofit sector in our community.*

“40 Under Forty”, Palm Springs Life 2018  
*Recognizing a new generation of desert leaders under the age of 40*

Nominee, SBEMP Entrepreneur Award 2017  
*Recognizing individuals who are making significant contributions to the Coachella Valley’s business community*

## SELECTED INVITED PRESENTATIONS

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### ***Recurring presentations:***

- *Health in the Coachella Valley for Medical Students and Residents.* Presented to:
  - UC Riverside School of Medicine, March 13, 2019, in Riverside, CA.
  - UC Riverside School of Medicine, March 14, 2018, in Riverside, CA.
  - Eisenhower Family Medicine Residents, July 8, 2016 in Rancho Mirage, CA.
  - Eisenhower Family Medicine Residents, June 4, 2014 in Rancho Mirage, CA.
- *Using Data to Improve Coachella Valley Health.* Presented to Leadership Coachella Valley:
  - December 14, 2018 in Rancho Mirage, CA.
  - December 8, 2017 in Rancho Mirage, CA.
  - December 9, 2016 in Rancho Mirage, CA.
  - December 11, 2015 in Rancho Mirage, CA.
- *The Importance of Evaluation.* Presented at the RAP Foundation's Bidders' Meetings:
  - July 13, 2017 in Palm Desert, CA.
  - September 13, 2016 in Palm Desert, CA.
  - November 27 and 28, 2018 in Palm Desert, CA.
- *Identifying and Measuring Outcomes in the Nonprofit Sector.* Presented to the Nonprofit Management class at the University of Redlands:
  - May 19, 2017 in Redlands, CA.
  - May 19, 2016 in Redlands, CA.
  - February 27, 2014, Redlands, CA

### ***Presentations on Evaluations/Data in Nonprofits***

- *The Future of Data.* Presented at Inman Disconnect, April 9, 2019, in Palm Springs, CA.
- *The Value of, and Best Practice for an Effective Evaluation.* Workshop presented to the Association of Fundraising Professionals, Desert Communities Chapter, April 15, 2016 in Rancho Mirage, CA.
- *Evaluation: What It Is and Why You Want It.* Presented to the Grant Professionals Association, Inland Empire Chapter, January 14, 2016 in Riverside, CA.
- *Utilizing Research and Data.* Panelist at the Regional Access Project Foundation's 2015 Conference "Changing Lives, Making Impact", October 21, 2015 in Rancho Mirage, CA.
- *Using Data to Improve Community Health: An Example from the Coachella Valley.* Panelist at the Community Clinic Association of San Bernardino County's "Whole Health: Engagement and Innovation" Conference, September 17, 2015 in Ontario, CA.
- *Research Methods and Statistics for Medical Residents.* Presented to the University of California, Riverside School of Medicine Family Medicine Residents at their Noon Conference at Las Palmas Medical Plaza, July 30, 2015 in Palm Springs, CA.
- *Informed Decision-Making: The Power of GIS.* Panelist at the "2015 Inland Empire Healthy Cities Symposium: Promoting Data to Action in Riverside and San Bernardino Counties", April 29, 2015 in Loma Linda, CA.
- *All About Evaluation.* Presented to the Association of Fundraising Professionals Desert Communities Chapter's Monthly Luncheon, January 17, 2013, Rancho Mirage, CA.
- *Public Health Research and Ethics.* Presented to the Future Physician Leaders, July 2013, Palm Desert, CA.

**SELECTED INVITED PRESENTATIONS CONTINUED*****Presentations on Coachella Valley and Health***

- *Heart Health in the Coachella Valley*. Presented at the American Heart Association’s “Go Red for Women” annual luncheon, February 15, 2019, in Rancho Mirage, CA.
- *Coachella Valley Housing First: Year 1 Evaluation Results*.
  - Presented at the Cathedral City Council Meeting, September 26, 2018 in Cathedral City, CA.
  - Presented to Desert Hot Springs City Council in a Homelessness Special Study Session, October 16, 2018, in Desert Hot Springs.
  - Presented at Palm Springs City Council Meeting, October 17, 2018, in Palm Springs.
  - Presented at the Palm Springs Homelessness Task Force Meeting, October 18, 2018, in Palm Springs.
- *Senior Health in the Coachella Valley*. Panel presentation at the Annual California Commission on Aging Annual Meeting, November 7, 2018 in Palm Springs, CA.
- *Evaluating Get Tested Coachella Valley*. Presented at the Get Tested Coachella Valley event in honor of HIV Testing Day on June 27, 2017 in Palm Desert, CA.
- *Women’s Healthcare in the Coachella Valley*. Presented as a part of the “Women in Action: Ending Pay Inequality, Healthcare Discrimination, and Violence Against Women” panel discussion on April 2, 2017 in Rancho Mirage, CA.
- *Primary Care and Graduate Medical Education in the Coachella Valley*. Clinton Health Matters Initiative “Improving and Sustaining Health in the Coachella Valley” event, October 28, 2016 in Palm Desert, CA.
- *“A Matter of Balance” Program Evaluation Results*. Presented at Mizell Senior Center’s celebration of National Fall Prevention Day on September 22, 2016 in Palm Springs, CA.
- *Using Data to Improve Community Health*. Presented to the Future Physician Leaders, July 6, 2016 in Palm Desert, CA.
- *Child Health in the Coachella Valley*. Presented to the Principals’ Summit of the Alliance for a Healthier Generation, June 15, 2016 in Palm Desert, CA.
- *Disabilities and Health in the Coachella Valley*. Presented to the Coachella Valley Disability Collaborative, April 27, 2016, in Rancho Mirage, CA.
- *Health Disparities in the Inland Empire*. Presented to the Future Physician Leaders at University of California, Riverside, July 30, 2015, in Palm Desert, CA.
- *Environmental Justice Challenges in the Coachella Valley*. Panelist at the California State University Disadvantaged Communities Center Conference, July 23, 2015 in Palm Desert, CA.
- *Data and Depression*. Presented at the Coachella Valley Health Collaborative’s “Mental Health Summit III: Solutions to Depression”, April 17, 2015 in Palm Desert, CA.
- *Depression in the Coachella Valley*. Presented at the Coachella Valley Health Collaborative’s “Mental Health Summit II: Solutions to Reduce Depression”, April 11, 2014 in Palm Desert, CA.
- *Unemployment and Health in the Coachella Valley*. Presented at the Sustainable Goods Movement Symposium, November 2013, Palm Desert, CA.

## SELECTED PUBLICATIONS AND REPORTS

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- Brown, B., Marg, L., **LeComte-Hinely, J.R.**, Brinkman, D.J., Zhang, Z., & Sullivan, G. (2018). Indicators of self-reported HIV risk and differences in willingness to get tested by age and ethnicity. *Medicine*, 97, 11690 – 11699.
- **LeComte-Hinely, J.R.** & Morin, C.E. (March 2018). Senior Health in the Coachella Valley. Palm Desert, CA: HARC, Inc. Available online at: [http://HARCdata.org/special\\_reports.html](http://HARCdata.org/special_reports.html)
- **LeComte-Hinely, J.R.**, Morin, C., Leier, C., & Torres, I. (January 2017). Coachella Valley Community Health Survey: 2016 Executive Report. Palm Desert, CA: HARC, Inc. Available online at <http://HARCdata.org/coachella-valley-community-health-survey/executive-report/>
- Brown, B., **LeComte-Hinely, J.R.**, Brinkman, D., MacCarthy, S., & Sullivan, G. (2016). Barriers to routine HIV testing in healthcare settings and potential solutions from the Get Tested Coachella Valley campaign. *Journal of Acquired Immune Deficiency Syndromes*, 71, 353-466.
- **LeComte-Hinely, J.R.**, & Leier, C. (June 2016). Diabetes in the Coachella Valley. Palm Desert, CA: HARC, Inc. Available online at: [http://HARCdata.org/special\\_reports.html](http://HARCdata.org/special_reports.html)
- **LeComte-Hinely, J.R.**, Leier, C., & Segovia, T. (March 2016). Health of Uninsured Adults in the Coachella Valley. Palm Desert, CA: HARC, Inc. Available online at: [http://HARCdata.org/special\\_reports.html](http://HARCdata.org/special_reports.html)
- **LeComte-Hinely, J.R.** & Segovia, T. (February 2015). Veteran Health in the Coachella Valley. Palm Desert, CA: HARC, Inc. Available online at: [http://HARCdata.org/special\\_reports.html](http://HARCdata.org/special_reports.html)
- **LeComte-Hinely, J.R.** & Segovia, T. (January 2015). Mental Health in the Coachella Valley. Palm Desert, CA: HARC, Inc. Available online at: [http://HARCdata.org/special\\_reports.html](http://HARCdata.org/special_reports.html)
- **LeComte-Hinely, J.R.** (August 2014). Health and Unemployment in the Coachella Valley. Palm Desert, CA: HARC, Inc. Available online at: [http://HARCdata.org/special\\_reports.html](http://HARCdata.org/special_reports.html)
- **LeComte-Hinely, J.R.**, Burlacu, G.I., Pattison, S., & Benne, M. (2012). Membership impacts and motivation study (MIMS) report. *Oregon Museum of Science and Industry*. To be available online at: [www.oms.edu/evaluationreports](http://www.oms.edu/evaluationreports)
- Robinson, J.L. & **LeComte-Hinely, J.R.** (2012). Does the Internet level the playing field? Gender and online car quotes. *Electronic Markets-The International Journal on Networked Business*, 22, 185-194.
- Rosino, L., **LeComte-Hinely, J.R.**, & Grover, J. (2012). Generations of Knowledge: Front-End Evaluation Report. *Oregon Museum of Science and Industry*. Available online at: [www.oms.edu/evaluationreports](http://www.oms.edu/evaluationreports)
- **LeComte-Hinely, J.R.**, & Pattison, S. (2011). Science café online workshop formative evaluation report. *Nanoscale Informal Science Education Network*. Available online at: [nisenet.org/catalog/evaluation/science\\_cafe\\_online\\_workshop\\_formative\\_evaluation](http://nisenet.org/catalog/evaluation/science_cafe_online_workshop_formative_evaluation)
- Pattison, S., Benne, M., & **LeComte-Hinely, J.** (2011). 2010 Delivery and Reach Study. *Nanoscale Informal Science Education Network*. Available online: [www.nisenet.org/catalog/evaluation/deliveryandreach](http://www.nisenet.org/catalog/evaluation/deliveryandreach)

Curriculum Vitae  
**Cassandra R. Leier, PhD**

Email: CLeier@HARCdata.org

## EDUCATION

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### **Doctor of Philosophy (PhD), Organizational Communication**

Arizona State University, 2011 to 2015

### **Masters of Science (MS), Industrial and Organizational Psychology**

California State University of San Bernardino, 2006 to 2008

### **Bachelor of Art's (BA), Psychology, with honors**

California State University San Bernardino, 2002 to 2006

## CURRENT EMPLOYMENT

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### **Director of Research and Evaluation**

#### **HARC, Inc. (Health Assessment and Resource Center)**

From: July, 2015 To: Present

Responsible for planning and conducting applied social science research, including HARC's triennial population health survey of the Coachella Valley. Further responsibilities include:

- Designing research projects and program evaluations.
- Developing proposals and budgets for projects and negotiating terms of agreement.
- Developing and maintaining confidential databases with discretion.
- Managing and analyzing quantitative and qualitative data using SPSS and Excel.
- Presenting research findings to clients and community members.

## PREVIOUS EMPLOYMENT

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### **Adjunct Faculty**

#### **College of the Desert, Community College**

#### **Palm Desert, California**

From: August, 2016 To: May, 2017

- Developed curriculum, delivered lectures, designed assignments, graded student work, guided in-class discussions, and utilized Canvas to design and optimize an online learning environment conducive for student learning.

#### *Courses Taught:*

Com 001: Public Speaking

Com 009: Interpersonal Communication



**Teaching Associate****Hugh Downs School of Human Communication****Arizona State University**

From: August, 2011 To: May, 2015

- Developed curriculum, delivered lectures, designed assignments, graded student work, guided in-class discussions, and utilized Blackboard to design and optimize an online learning environment conducive for student learning.
- Informally mentored students on a variety of academic/personal paths.

*Courses Taught:*

Com 230: Small Group Communication

Com 250: Organizational Communication

Com 308: Advanced Research Methods

Com 312: Conflict and Negotiation\*

Com 430: Leadership Communication\*

Com 453: Corporate Training & Development\*

*Courses Assisted:*

Com 100: Introduction to Communication

*Note: Online courses are marked with an asterisk (\*)*

**Research Project Director****Conflict Transformation Project (CTP)****Arizona State University**

2012-2013

Led a team of researchers in a year-long project on homeless youth.

- As director, I managed data collection activities, coordinated researcher schedules, developed research personnel, analyzed interpersonal and group dynamics, and monitored data quality.
- As a researcher, I conducted preliminary focus groups, developed research methods, developed a theoretically based interview-protocol, collected data from 21 homeless adolescents, conducted interview transcription and qualitative data analysis.

**Statistical Consultant****StatAssist – Dissertation and Statistical Consulting Firm**

From: September, 2010 To: August, 2011

Provided statistical consulting to clients, organizations, and doctoral students.

- Assisted clients with formulating research questions/hypotheses and developing an appropriate research design.
- Conducted quantitative data entry, cleaning, and analyses using SPSS.
- Prepared written results and visual graphics of data findings.
- Tutored clients on methodology, statistics, and quantitative survey software.

**Research Specialist II****County of Riverside**

Research and Evaluation Unit of the Self Sufficiency Division

From: October, 2008 To: September, 2009

Served as a researcher and consultant supporting the directors and executives in the Department of Social Services (DPSS).

- Planned and designed research projects and program evaluations by identifying extant data sources and creating new data sources.
- Conducted literature reviews by using academic databases and public access resources.
- Analyzed survey data using SAS (Statistical Analysis Software) and SPSS.
- Prepared and presented reports of research findings which demonstrate credible and logical conclusions.

**Human Resource Consultant****Edison International: Southern California Edison Electric Company**

Performance and Assessment Services

From: November, 2007 To: October, 2008

Served as an internal human resource consultant to hiring managers in the organization.

- Worked with managers to define employee selection criteria, prepare job descriptions, create structured interview guides, and develop selection tests for a wide-range of positions (e.g., project managers, executive assistants, etc.).
- Worked with talent management to optimize employee selection.
- Performed job analyses using SPSS, then utilized results to develop training programs and performance assessment centers.

## SERVICE

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### **Board Member**

#### **Health To Hope Clinics**

From: April, 2019 To: Present

### **Treasurer and Founding Member**

#### **Graduate Women's Association (GWA)**

Arizona State University

From: 2013 To: 2015

- Prepared and maintained the GWA budget, assets, and financial records for the GWA.
- Planned large-scale events for GWA members.
- Recipient of ASU's Commission on the Status of Women's "Outstanding Achievement and Contribution Award," 2014.

### **Board Member**

#### **University Hearing Board**

Arizona State University

From: 2013 To: 2015

- Reviewed student violations of the Student Code of Conduct.
- Recommended appropriate sanctions for code violations.
- Kept all information about student violations confidential.

### **Grant Reviewer**

#### **Graduate Professional Student Association (GPSA)**

Arizona State University

From: 2011 To: 2015

- Reviewed applications for travel grants.
- Reviewed applications for the Jump Start Research Award Program.

### **Supreme Court Justice**

Arizona State University

From: March, 2012 To: January, 2013

- Adjudicated disputes arising under the ASASU Constitution and the Bylaws of the Undergraduate Student Government (USG).

## PROFESSIONAL PRESENTATIONS

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### **“Using Data to Craft a Narrative for the Coachella Valley”**

- Keynote speaker for the RAP Foundation’s Funding Conference on “Diversity, Equity, and Inclusion”. The RAP Foundation, in Palm Desert, CA. May, 2019.

### **“Using Data for Good”**

- Data training provided to community partners on how to better understand and utilize data in the non-profit sector. Trainings provided on October, 2017 and February, 2018 in Palm Desert, CA.

### **“Career Options in Community Research”**

- Guest speaker for the Community Volunteer Club. United Schools School District in Palm Desert, CA. March, 2016.

### **“Uninsured in the Coachella Valley”**

- Presentation discussing the causes and consequences of un-insurance in the Coachella Valley. Presented in Palm Springs and Indio, CA. March, 2016.

### **“Agents of Change for Social Justice”**

- Presentation and discussion with youth in the the Torrez Martinez Tribe. Presented in Palm Desert, CA. August, 2015.

## ACADEMIC PRESENTATIONS (NON-CONFERENCE)

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### **“The Bright Side of Organizational Conflict”**

- Guest lecturer for a course in Organizational Communication (Com 250 - Professor Robert Leo). California State University San Bernardino. March, 2017.

### **“Career Success After Graduate School”**

- Presented to the Students Promoting Industrial/Organizational Psychology, March, 2016 at California State University of San Bernardino.

### **“Applied Quantitative Research”**

- Guest lecturer for course on Research Apprenticeship (Com 404 - Professor Jess Alberts). Hugh Downs School of Human Communication, Arizona State University. November, 2014.

### **“The Science of Happiness: Strategies for Success and Happiness in Graduate School”**

- Graduate Women's Association Professional Development Workshop. Arizona State University, Tempe, AZ. September, 2014.

**“Negotiating Your Salary”**

- The Developing Dreams Professional Development Conference. Phoenix, Arizona. April, 2014.

**“Professional Salary Negotiation”**

- The Job search: Networking, Interviewing, and Negotiating Salary. Graduate Women’s Association Professional Development Workshop. ASU, Phoenix, AZ. February, 2014.

**“Negotiating Salary: How to Know Your Worth and Ask for It”**

- The Developing Dreams Professional Development Conference. Phoenix, AZ. November, 2013.

## WHITE PAPER PUBLICATION

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**LEIER, C. R.,** Hoffman, T. Lane, J. (2012). Connecting a College Community Using Social Media: Three Benefits of Internal Networking Sites for College Communities. White paper published by the Project for Wellness and Work-Life:  
[http://humancommunication.clas.asu.edu/files/Connecting\\_Social\\_Media\\_FINALr.pdf](http://humancommunication.clas.asu.edu/files/Connecting_Social_Media_FINALr.pdf).

## CONFERENCE PAPERS

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### Papers:

- Huffman, T. **LEIER, C.R.,** Generous, M., & Hinrichs, M. *Getting Past the “Glass Door”:* Homeless Young Adults Navigating Life and Work. Paper to be presented at the 2017 European Group for Organizational Studies (EGOS) Conference. Copenhagen, Denmark.
- LEIER, C.R.,** Spencer, S., & Newby, J. (2017). *The Widespread Impact of a Community-Based Senior Falls Prevention Program.* Paper to be presented at the 2017 Aging and Society Conference. Berkeley, California.
- LEIER, C.R.,** Spencer, S., & Newby, J. (2017). *Mizell Senior Center: A Matter of Balance (AMOB).* Paper to be presented at the 2017 Aging and Gerontology Conference. San Diego, California.
- LEIER, C. R.** & Hitchcock, S. D. (2014). *Bridging the Gender Divide with Children’s Literature: The Value of Communication as an Agent for Activism.* Paper presented at the 2014 Australia and New Zealand Communication Association Conference. Melbourne, Australia.
- LEIER, C. R.,** & Agars, M. D. (2011, April). *Setting the Stage for Mentoring: Organizational Characteristics and Career Outcomes.* Paper presented at the annual meeting of the Society for Industrial-Organizational Psychology. Chicago, Illinois.
- Agars, M. D., & **LEIER, C. R.** (2011, April). *Organizational Practices and the Advancement Perceptions of Working Women.* Paper presented at the annual meeting of the American Psychological Association. Washington D.C.
- LEIER, C. R.,** & Agars, M. D. (2011, August). *Need for Achievement in the Context of Career-Related Networking.* Paper presented at the annual conference of the Western Psychological Association. Los Angeles, California.
- LEIER, C. R.** & Agars, M. D. (2009, April). *21<sup>st</sup> Century Networking: The Influence of Self Esteem on Networking Behaviors.* Paper presented at the annual meeting of the Society for Industrial Organizational Psychology. New Orleans, Louisiana.
- LEIER, C.R.** (2006, May). *The Effect of Gender on Promotion Rejection in the Workplace.* Presented at the Undergraduate Research Competition at CSUSB.

**Papers on Competitively-Selected Panels:**

**LEIER, C. R., & Tracy, S. J.** (2012). Presenting on Male Voices for the panel, -How the Communication Discipline Offers Key Insights to Public and Private Work-Life Negotiations. Presented at the Inaugural Meeting of the Work and Family Researchers Network. New York.

Huffman, T. & **LEIER, C. R.** (2012). Presenting on Phronesis as a Practical Bridge between Organizational Scholarship and Community for the panel, -Is “Positive Organizational Scholarship” A Positive Move for Organizational Communication? Presented at the Inaugural Meeting of the International Communication Association. Phoenix.

**PROFESSIONAL CERTIFICATES**

---

**Conflict Mediation**

National Conflict Resolution Center, Rimini Italy  
Summer, 2013

## REFERENCES

---

**Jess Alberts, PhD****President's Professor**

Hugh Downs School of Human Communication  
Arizona State University

- Phone: 480-375-1595
- Jess.alberts@asu.edu

**Mark D. Agars, PhD****Director, Institute for Child Development and Family Relations  
Professor, Department of Psychology**

California State University of San Bernardino

- 5500 University Parkway, San Bernardino, CA 92407
- Phone: 909-802-0579
- Magars@csusb.edu

**Constantine Papas****Dean, School of Communication and Humanities**

College of the Desert

- 43-500 Monterey Ave., Palm Desert, CA 92260
- Phone: 760-776-7371
- dpapas@collegeofthedesert.edu

**Jenna LeComte-Hinely, PhD****Chief Executive Officer (CEO)**

HARC, Inc. (Health Assessment and Research for Communities)  
75080 Frank Sinatra Drive  
Palm Desert, CA

- Jlecomte-hinely@harcdata.org



## Curriculum Vitae

**Christopher Erich Morin** cmorin@HARCdata.org

(760) 401-0884

### **EDUCATION**

<b><u>Degree</u></b>	<b><u>Date</u></b>	<b><u>Institution</u></b>	<b><u>Accomplishments</u></b>
Masters of Science: Industrial/Organizational Psychology (GPA: 3.9)	June 2017	California State University, San Bernardino	Completed and published thesis
Bachelors of Art: Psychology (GPA: 3.9)	June 2015	California State University, San Bernardino	Summa Cum Laude Roger Scholar Recipient
Associates of Art: Psychology (GPA: 3.9)	May 2013	Copper Mountain College	Honorary Graduate Speaker

### **TECHNICAL SKILLS**

- IBM Statistical Package for the Social Sciences
- ArcGIS – ArcMap
- NVivo+
- Piktochart
- Microsoft Excel, PowerPoint, Word

### **WORK EXPERIENCE**

*HARC Inc., (August 2017 - Present). Research and Evaluation Associate.*

- Design research and evaluation plans, protocols, and instruments for interviews, focus groups, and surveys.
- Collect data for research and evaluation studies, program and disseminate online surveys, conduct literature reviews and data entry.
- Analyze quantitative data using descriptive, univariate, and multivariate statistics.
- Analyze qualitative data using best practice content coding.
- Write research and evaluation reports that summarize findings and are understandable

*Copper Mountain College, (January 2018 – Present). Adjunct Psychology Instructor*

- Develop curriculum
- Design lectures/assignments
- Grade assignments
- Use technology to deliver educational information
- Facilitate class discussion

HARC Inc., (June 2016 - July 2017). Intern Research Assistant

- Conduct quantitative analysis and interpret data output.
- Conduct data entry and data cleaning/formatting.
- Write research and evaluation reports.

Specialized Psychology Solutions Inc., (March 2015 - July 2017). Behavioral Tutor.

- Provide assessment and treatment (applied behavioral analysis, pivotal response training, discrete trial training) to children to increase functioning, social skills, and decrease problematic behaviors.
- Conduct individual and group family training/consultation sessions.
- Measure parent and child progress throughout treatment.

California State University, San Bernardino., (June 2014 - March 2015). Supplemental Instructor Leader

- Teach students, reviews journal articles and textbooks
- Review/revise/edit papers
- Conduct both group and individual student learning sessions

**PUBLICATIONS**

- Morin, Christopher Erich, "An Investigation of Feedback Seeking Behaviors, Source Credibility, and Impression Management as a Function of Goal Orientation" (2017). Electronic Theses, Projects, and Dissertations. 500. <http://scholarworks.lib.csusb.edu/etd/500>
- HARC, Inc. (2017). Coachella Valley Community Health Survey. Available online at [HARCdata.org](http://HARCdata.org).

**CONFERENCE PRESENTATIONS**

**Morin, C. E.,** Kennedy, C., Collins, M., & Wellman, J. D. (2016, January). The role of diversity structures and group identification in response to claims of discrimination. Poster presented at Society for Personality and Social Psychology. San Diego, CA

**Morin, C. E.,** Johns, L., & Lewin, M. R. (2015, August). Social Anxiety and Interpretive Bias: The Psychometric Properties of the Sentence Interpretation Questionnaire II. Poster presented at the annual meeting of the European Association for Behavioral and Cognitive Therapies Convention, Jerusalem, Israel.

**Morin, C. E.,** Lewin, M. R. (2015, April). Validation of the Sentence Interpretation Questionnaire II: A Test for Interpretive Bias. Western Psychological Association Convention, Las Vegas, NV.

**EDITORIAL WORK**

*Psychology Student Research Journal Cal State San Bernardino, 2017*

- Primary Duty: Statistics/Design editor. Ensure methodological/statistical accuracy
- Paper reviewed: Effects of Repeated SSRI Treatment on BDNF and TrkB Receptors in Adolescent Rats

*Psychology Student Research Journal Cal State San Bernardino 2016*

- Primary Duty: Statistics/Design editor. Ensure methodological/statistical accuracy
- Papers reviewed: Salience of weight Discrimination. The effects of shame and self-blame.

*Psychology Student Research Journal Cal State San Bernardino 2015*

- Primary Duty: Copy Editor - Improve the formatting, style, and accuracy of text within the manuscript.

- Paper reviewed: The Influence of Emotion Regulation Strategies in the Relationship between Social Support and Posttraumatic Stress Disorder Symptoms among Survivors of Sexual Assault.

*Family Relations Journal: Peer Review Assistance 2014*

- Primary Duty: Copy Editor - Improve the formatting, style, and accuracy of text within the manuscript.
- Paper reviewed: Evaluation of Go for the Gold: A High School Marriage and Relationship Program.

### **PROFESSIONAL SERVICE/ASSOCIATIONS**

2016	Psychology Research Journal: CSUSB
2015	Psi Chi: International Honor Society for Psychology
2014-2015	Palm Desert Counseling Student Association
2014-2015	Western Psychological Association
2013-2014	Psychology Club-Historian
2012-2013	Phi Theta Kappa: Beta Rho Pi

### **AWARDS/ACCOMPLISHMENTS**

2014-2015	Roger's Scholar Scholarship award
2014-2015	Honors program within psychology
2013-2015	California State University, San Bernardino Dean's list
2013	Copper Mountain College: Honorary Graduate Speaker (Valedictorian): Class of 2013
2013	Phi Theta Kappa: Beta Rho Pi-Five-star member
2012	Phi Theta Kappa: Beta Rho Pi-President's list

**GERARDO QUINTANA**

47791 MARGARITA STREET

INDIO, CA 92201

760-984-6500

JQUINTANA@HARCDATA.ORG

**EDUCATION**

---

***University of California, Irvine****Irvine, CA**B.A., Political Science/Sociology**Cumulative UCI GPA: 3.72*

- Deans Honor List: Fall 2013-Winter 2016
- UCI SAGE (Student Achievement Guided by Experience) Scholars Program, 2015-present
- National Society of Collegiate Scholars University of California, Irvine Chapter, 2015-present

***ACCENT Center****Paris, France**Study Abroad Academic Program**08/2016 – 12/2016*

- Coursework: French Language, Media, Politics and Society | Foreign Language, Political Science
- Language Skills: French, Elementary Proficiency

**RELEVANT WORK EXPERIENCE**

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***California Leadership Academy for the Public's Health****Riverside County**Fellow**1/2019-present*

- Worked in a multisector team to create a risk assessment tool to prevent suicide among youth
- Organized focus groups with school districts across Riverside County to adopt the tool countywide
- Assisted broader efforts to establish a suicide prevention coalition

***Health Assessment and Research for Communities****Palm Desert, CA**Research and Evaluation Assistant**10/2017-present*

- Collected data for research and evaluation studies through community engagement and focus groups
- Organized community event to promote workplace wellness
- Publicized HARC's work via traditional work, social media, and one-on-one networking

***GPI US Summer Empowerment Program****Tokyo, Japan**Group Leader**07/2017-08/2017*

- Acted as a facilitator to Japanese high school students on projects and small group discussions
- Gained hands-on experience in the field of international education and cross-cultural communication
- Taught students how to become confident leaders through oral presentations

***U.S House of Representatives****La Quinta, CA****Health Career Connection Intern for Representative Raul Ruiz (CA-36)****06/2016-08/2016*

- Drafted policy memos for Congressman
- Assisted in various constituent case work
- Wrote letters to constituents and assisted with media clips

***Health Career Connection****Palm Springs, CA****Get Tested Coachella Valley****06/2015-09/2015*

- Conducted secondary research in order to create a guidebook on accessing healthcare in the Coachella Valley
- Interviewed local nonprofit organizations to develop a health collaborative guidebook
- Spread conscious awareness regarding HIV testing in the Coachella Valley

**SKILLS**

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**Computer:** Proficient in Microsoft Office**Language:** Fluent in Spanish

**THERESA J. SAMA**

8486 Mount Whitney Ave • Desert Hot Springs, CA 92240

Cell: 213-703-2136 • Email: tsama@HARCdata.org

**PROFESSIONAL EXPERIENCE:****HARC, Inc. (Health Assessment and Research for Communities), Palm Desert, CA****08/2012 – Present*****Administrative Manager (04/2018 – Present)/Executive Assistant (08/2012 – 04/2018)***

- Manage the overall general daily office operations; schedule meetings, payroll submission, accounts payables/receivables, contract and insurance compliance, annual audit requests, computer purchasing/support, maintain confidential records, disseminate press releases and special reports, assist with events operations and oversee consultants, interns and volunteers.
- Prepare for monthly bookkeeper, compile financials, and assist with budgeting and other financial information.
- Assist CEO with preparing monthly Board packet, compile and disseminate packet to the Board of Directors.
- Transcribe and prepare a draft of the Board minutes for review and send to the Board Treasurer for approval.
- Provide creative and professional design work for many of HARC's reports and special projects.

**FedEx Express, Palm Springs, CA****02/2008 – 08/2012*****Service Assurance/Administration (08/2011 – 08/2012)***

- Generated and analyzed daily service reports using excel macros.
- Administered building services, assured all vender contracts were compliant and paid vender service invoices.
- Researched food vendors organized and scheduled employee appreciation events.
- Ordered all revenue, office and janitorial supplies, and maintained all general office and building needs.

***Sr. Service Agent (08/2009 – 08/2011)/Customer Service Agent (02/2008 – 08/2009)***

- Entered employee timecards and generated reports to assure all hours were in compliance.
- Performed Genesis Imaging, generated compliance reports and sent a detailed summary to all managers.
- Accepted and released packages, researched delivery information for shipments that could not be located and processed station paperwork. Audited International outbound packages and dangerous goods shipments. Assured all outbound packages were transported to the warehouse to make the deadline for outgoing freight.

**Department of Molecular and Medical Pharmacology****David Geffen School of Medicine at UCLA, Los Angeles, CA****03/1997 – 07/2007*****Administrative Specialist***

- Negotiated over \$10,000 in savings for software license agreements, and managed software license and installation.
- Chaired a committee for restructuring the department website, as well as administered multiple departmental websites, server directories and files. Tracked online usage and managed listservs and email groups.
- Invited speaker for annual student orientations and departmental course seminar sessions.
- Attended NIH seminars, assisted with grant submissions and assured quality control of the grant database.

**Crump Institute for Molecular Imaging****David Geffen School of Medicine at UCLA, Los Angeles, CA****07/1995 – 03/1997*****Administrative Assistant***

- Provided administrative and computer support for the development and expansion of the Crump Institute.
- Prepared and formatted grant applications, reports and manuscripts adhering to agency requirements and deadlines.
- Performed online searches and library journal searches for the collection of research materials.
- Edited graphics for research grants, manuscripts, posters and PowerPoint presentations.
- Computer service support manager for the Pharmacology administrative group, including website updates.

**SKILLS:**

- Advanced computer proficiencies in Constant Contact email marketing software; Microsoft Office Suite; Word formatting and layout, PowerPoint, Outlook and Excel. Proficient in Acrobat, QuickBooks and Photoshop.
- Extensive experience in administration within nonprofit, university and corporate industries.
- Excellent customer service, public relations and problem-solving skills.
- Ability to work efficiently and effectively within diverse responsibilities and changing priorities to meet project deadlines. Highly motivated team leader with strong work ethic. Organized and attentive to detail.

**AWARDS:**

- Multi-Year Recipient of Staff Incentive Award, David Geffen School of Medicine at UCLA, Department of Pharmacology.
- Outstanding Customer Service Award, FedEx Express.

**EDUCATION:**

- University of California Riverside Extension, Palm Desert, CA; Nonprofit Management Certification.
- Sullivan University, Louisville, KY; Associate of Science Degree.



David D. Lo, M.D., Ph.D.  
Distinguished Professor of Biomedical Sciences  
Senior Associate Dean for Research  
david.lo@ucr.edu

November 20, 2019

Desert Healthcare District

Re: Community Health Needs Assessment

Dear Desert Healthcare District/Foundation,

I am Distinguished Professor of Biomedical Sciences, and Senior Associate Dean for Research at the UC Riverside School of Medicine. I am also the Principal Investigator and Director of the recently-funded Center for Health Disparities Research at UC Riverside School of Medicine, and I am writing to encourage you to select HARC, Inc. for your Community Health Needs Assessment (CHNA).

HARC has long been a partner with UCR SOM. In fact, our founding Dean was on the Board of HARC because he believed firmly in the synergy between their mission and ours, both of which focus on serving the community in the Inland Empire.

Our Center for Health Disparities Research is funded by the NIH (grant U54 MD013368), and its mission is to train a new generation of researchers in health disparities research and community engagement. Most of the research projects funded by our center are focused on health disparities issues in Coachella Valley, so we are especially interested in having access to high quality data on health status and needs in this region. HARC is the only non-UCR partner on the proposal; we selected HARC for this because of their exemplary connection to the community in the Coachella Valley and their extensive work in the field of health equity and health disparities. That is, HARC is a strong community-based organization that has always been capable of tapping into the community to identify resident-led solutions. Dr. LeComte-Hinely has already proven to be an invaluable member of the team, due to her knowledge of the community and her connections to other health and human services providers in the Coachella Valley.

HARC works to provide a health equity perspective in their population health research. They are a wonderful partner to work with, responsive, and flexible. Their staff are highly skilled researchers with stellar cultural competence and combined, they have more than a decade of experience working in the Coachella Valley.

We pledge to work together with you and with HARC to help you assess the health disparities in the region. I hope that you seriously consider our recommendation.

Sincerely,

A handwritten signature in black ink, appearing to read "David D. Lo".

David D. Lo, M.D., Ph.D.



# Clinicas de Salud del Pueblo

November 27, 2019

Jenna LeComte-Hinely, PhD  
 Chief Executive Officer  
 HARC, Inc.  
 Health Assessment and Research for Communities  
 41-550 Eclectic St., Suite B100  
 Palm Desert, CA 92260

Re: Letter of Support for Desert Healthcare District/Foundation

Dear Desert Healthcare District/Foundation,

It is with great enthusiasm that I write to you in support of you hiring HARC, Inc. to perform your upcoming Community Health Needs Assessment.

Clinicas de Salud del Pueblo is a federally qualified health center (FQHC) that serves thousands of people in the Coachella Valley each month through our medical clinics in Coachella, Mecca, and West Shores, and our dental clinic in Mecca. The vast majority of our patients are low-income, most are Spanish-speaking, and many are underinsured or uninsured. We provide healthcare of many types, include family practice, pediatrics, obstetrics, behavioral health, psychiatry, and much more.

We have long been partners with HARC; I myself am a former Board Member of HARC, and one of our current staff members, Luz Moreno, is currently a Board Member of HARC. This is because we believe that HARC is vital to the Coachella Valley, and that their work helps to lift up the health of all community members.

We also contract with HARC; they conduct our client satisfaction survey each year. Their approach has engaged thousands of our patients each year, and the reports they provide are incredibly informative and useful. The response rates they achieve are very high, and they engage not only our patients but also our staff. We also appreciate that HARC provides services in both English and Spanish so that all of our clients can be thoughtfully engaged.

HARC excels in their connections to other local healthcare providers and nonprofit agencies working to improve wellness in the Coachella Valley. They are already actively engaged with the same stakeholders that you will want to work with moving forward, and these strong connections will be extremely useful to the CHNA work.

We look forward to working with you and HARC on this project to help provide input as to what the needs of our patients are and how we can all work together to meet those needs.

Sincerely,

Yvonne Bell, MBA  
 President/CEO

#### CORPORATE OFFICES

852 E Danenberg Drive  
 El Centro, CA 92243  
 Telephone: (760) 344-9951  
 Fax: (760) 344-5840  
 ♦ Administration  
 ♦ Finance  
 ♦ Facilities  
 ♦ Human Resources  
 ♦ Information Technology  
 ♦ Patient Accounting  
 ♦ Purchasing

Blythe Health Center  
 321 W Hobsonway  
 Blythe, CA 92225  
 Telephone: (760) 922-4981

Brawley Dental Center  
 1166 K Street  
 Brawley, CA 92227  
 Telephone (760) 344-3583

Brawley Corporate North  
 1166 K Street  
 Brawley, CA 92227  
 Telephone (760) 344-9951  
 ♦ Outreach  
 ♦ Purchasing  
 ♦ Referral

Brawley Health Center  
 900 Main Street  
 Brawley, CA 92227  
 Telephone: (760) 344-6471

Calexico Health Center  
 223 W Cole Blvd  
 Calexico, CA 92231  
 Telephone: (760) 357-2020

Calexico Dental Center  
 223 W Cole Blvd  
 Calexico, CA 92231  
 Telephone: (760) 357-2748

Coachella Health Center  
 50249 Cesar Chavez Unit K  
 Coachella, CA 92236  
 Telephone (760) 393-0555

El Centro Health Center  
 852 E Danenberg Drive  
 El Centro, CA 92243  
 Telephone: (760) 352-2257

El Centro Dental Center  
 1166 K Street  
 Brawley, CA 92227  
 Telephone (760) 879-0990

Hemet Health Center  
 1023 E Florida Ave  
 Hemet, CA 92543  
 Phone: (951) 599-8403

Mecca Health Center  
 91275 66<sup>th</sup> Ave Ste 500  
 Mecca, CA 92254  
 Telephone: (760) 572-2700

Mecca Dental Center  
 91275 66<sup>th</sup> Ave Ste 300  
 Mecca, CA 92254  
 Telephone: (760) 396-0521

Niland Health Center  
 8027 Hwy 111  
 Niland, CA 92257  
 Telephone: (760) 359-0110

West Shores Health Center  
 1289 S Marina Dr Ste A  
 Salton City, CA 92243  
 Telephone: (760) 394-4338

Winterhaven Health Center  
 2133 Winterhaven Dr  
 Winterhaven, CA 92283  
 Telephone: (760) 572-2700

Brawley WIC Nutrition  
 561 E St  
 Brawley, CA 92227  
 Telephone: (760) 344-5950

Calexico WIC Nutrition  
 2451 Rockwood Ave Ste 109  
 Calexico, CA 92231  
 Telephone: (760) 758-5330

El Centro WIC Nutrition  
 2600 Thomas Dr  
 El Centro, CA 92243  
 Telephone: (760) 337-9199

CDSDP Corporate Offices ♦ 852 East Danenberg Drive ♦ El Centro, CA 92243  
 (760) 344-9951 ♦ Fax (760) 344-5840  
[www.cdsdp.org](http://www.cdsdp.org)



Dear Desert Healthcare District/Foundation,

I am writing to support HARC's proposal to complete your upcoming Coachella Valley Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP). When I initially heard about your desire to conduct a CHNA and a CHIP, the first thing that came to my mind was "this is a project for HARC".

RUHS – Public Health has been involved with HARC since their inception in 2006. We are proud partners of theirs; we feel that their data and expertise is complementary to ours. They are a critical component of the Coachella Valley community.

HARC has the expertise, the education, and the experience needed to conduct your CHNA. They have a history of successfully conducting CHNAs in the Coachella Valley and they have been an invaluable partner for us when we conduct data collection in the region. They have strong community cohesiveness with connections to nearly all of the major health and human services agencies, and most of the small ones as well. The HARC team has a deep understanding of the intricacies of the social determinants of health in this region. All of HARC's strong characteristics will be invaluable to you when they are conducting your CHNA.

HARC provides a unique blend of PhD-level expertise with local boots-on-the-ground community engagement. They are deeply invested in improving the health and wellness of everyone in their communities. I cannot think of a better firm to provide you with CHNA services in the Coachella Valley.

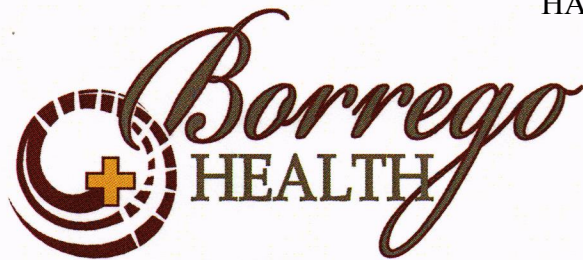
I firmly believe that HARC is the firm that will provide you with the highest caliber of services for this RFP. I look forward to working with you and HARC to provide our input on this CHNA.

Sincerely,

A handwritten signature in blue ink that reads "Kim Saruwatari".

Kim Saruwatari, MPH  
Director





P.O. Box 2369  
Borrego Springs, CA 92004  
T (760) 767-5051

November 22, 2019

Dear Desert Healthcare District/Foundation,

I am writing to you today in support of HARC, Inc.'s bid to perform your upcoming Community Health Needs Assessment (CHNA).

Borrego Health is the second largest federally qualified health center (FQHC) in the nation, and we are proud to call the Inland Empire home. Our eight clinics in the Coachella Valley serve thousands of people each month and provide employment to thousands more.

HARC's Chief Executive Officer, Dr. Jenna LeComte-Hinely, serves on the Borrego Health Board of Trustees. Her insight into the Coachella Valley's needs is unparalleled as she is an expert in community-based participatory research, thus serving as a driving force for positive community change. I know that if I want deep insight into what the Coachella Valley needs, I ask her first.

We asked Dr. LeComte-Hinely to serve on our Board of Trustees because we firmly believe that HARC is an absolutely essential asset to this region, and that it is beneficial for Borrego Health to work closely with HARC. Their knowledge of data, statistics, and population health is invaluable.

I strongly encourage you to select HARC to conduct your CHNA of the Coachella Valley. You will likely receive proposals from many strong applicants; I can assure you that HARC will do an excellent job. We pledge to work with you and HARC to let you know what our patients need, as that accounts for thousands of your low-income residents. Please let me know if you have any questions at all.

Sincerely,

Mikia Wallis  
Chief Executive Office  
Borrego Helath

# County of Riverside

**RIVERSIDE OFFICE:**  
**4080 Lemon Street, 5th Floor**  
**Riverside, CA 92502-1647**  
**(951) 955-1040**  
**Fax (951) 955-2194**



**DISTRICT OFFICE/MAILING ADDRESS**  
**73-710 Fred Waring Drive, Suite 222**  
**Palm Desert, CA 92260-2574**  
**(760) 863-8211**  
**Fax (760) 863-8905**

## SUPERVISOR V. MANUEL PEREZ FOURTH DISTRICT

November 27, 2019

Dr. Conrado E. Bárzaga, Executive Director  
 Desert Healthcare District & Foundation  
 1140 N. Indian Canyon Drive  
 Palm Springs, CA 92262

Dear Dr. Bárzaga:

I write to express my support for HARC, Inc. in its proposal to conduct your Coachella Valley Community Health Needs Assessment.

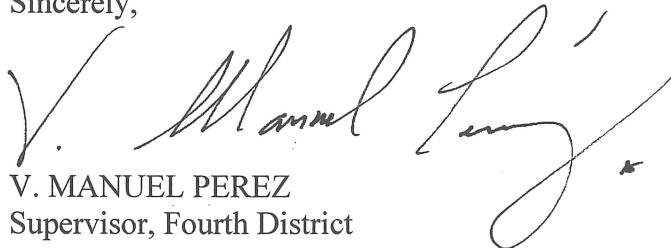
I have long valued and believed in the work that HARC, Health Assessment and Research for Communities, performs to improve health, wellness and the quality of life in the Coachella Valley. As a policymaker and as one of the founding board members of HARC, I know firsthand how valuable the research and essential data that HARC collects on the Coachella Valley has been to numerous health and human services programs.

HARC's staff are extremely skilled in conducting community health needs assessments. They are well respected in the community and can be trusted to provide objective, reliable research, analysis and technical services. HARC works every day to provide research that addresses the social determinants of health and improves local health and quality of life for all residents.

As a lifelong Coachella Valley resident and as a public official, I am very much interested in this Community Health Needs Assessment. There is no doubt in my mind that HARC will provide you with outstanding services if granted this opportunity.

Thank you for the opportunity to express my wholehearted support of HARC, and thank you for your consideration.

Sincerely,



V. MANUEL PEREZ  
 Supervisor, Fourth District

VMP:das



### **Communities for a New California Education Fund (CNCEF)**

CNC Education Fund promotes economic prosperity and community health for residents in the rural areas of California. Headquartered in Sacramento, with offices in the Coachella Valley, Fresno, and Merced. CNCEF was founded in 2011 as a non-profit 501 (c) (3) human rights organization.

As part of CNCEF's integrated outreach and education strategy that is employed throughout the year, a team of ten experienced and well-trained Canvasser's conducts door-to-door outreach on a monthly basis. The monthly canvassing efforts focus on the communities of Indio and Coachella. We speak to community residents about what's most important to them, what changes they would like to see in their communities, and offer them opportunities to become engaged and "Finish your Neighborhood." With the use of tablets, Canvassers have conducted mini-surveys, community assessments, and obtain valuable contact information to ensure we can stay connected.

Additionally, CNCEF conducts Civic Engagement Programs (2-3 a year) to discuss important topics/issues, provide reliable information, and encourage voting and civic participation. By utilizing sophisticated technology and implementing a door-to-door outreach strategy, we are able to reach thousands of voters throughout the Coachella Valley and other areas of the IE via canvassing, phoning, and texting during each program.

CNCEF has worked on 5 different Civic Engagement Programs between 2017-2019. These programs are part of our mass non-partisan voter engagement strategy. During the month of June 2019, the team spoke to over 10,500 voters in the Coachella Valley and areas of western Riverside County about how we can restore \$12 billion in funding to our k-12 education, community colleges, and local services throughout California.

CNCEF was a sub-contractor for Health Assessment and Research for Communities (HARC), a local non-profit organization in the Coachella Valley. CNCEF's role was to inform residents throughout the Coachella Valley about the importance of participating the "2019 Coachella Valley Community Health Survey" and to take the call from Kent State if they received a survey call. From February – May 2019, a team of Canvassers conducted door-to-door outreach and spoke to low-income, communities of color in Cathedral City, Indio, Coachella and the unincorporated communities of Thermal, Mecca, Oasis and North Shore.

CNC Education Fund is a California 2020 Census state partner, Region 4 co-ACBO with Faith In Action. CNC Education Fund has an established team with the experience, network, smart technology and knowledge to educate, motivate and activate Eastern Coachella Valley HTC residents to respond to the 2020 census. A computer lab utilizing predictive-phone-dialing software is utilized for live phone calls (phone-banking system) in order to ensure we are able to make a first of multiple contacts with HTC residents by having meaningful conversations and encouraging them to complete the 2020 Census.

Fall 2019 – Spring 2020: Our Early Census Education program is centered around authentic resident engagement. Our team has long-standing relationships with HTC communities in the Eastern Coachella Valley, as well as the organizational and technical capacity to conduct outreach to all of the sub-groups identified in the Census RFP: low-income Californians, racial/ethnic minorities, immigrants, refugees, non-English speakers,

seniors, children, veterans and homeless, LGBTQ, disabled and indigenous Californians. Cellular enabled tablets will be utilized for door-to-door canvassing. Census tracts with the highest CA HTC index will be prioritized.

CNCEF is already an active member of the Inland Empowerment Regional Table. To properly reach all the HTC populations in the ECV, the IE Regional Table will strategically coordinate the outreach work, as well as provide the necessary technical support and resources to ensure all communities are counted and participate in the Census 2020.

CNCEF is building on 8 years of experience using cutting-edge technology infrastructure to engage families in hard-to-reach communities, and we will use these tools to enhance our census outreach efforts. CNCEF has been engaging our voters and residents at least once a month in our priority communities - across 13 rural counties - via door-to-door canvassing and phone-banking to inform and motivate them to participate in elections, public policy debates and to take on a more active role in their communities.

In the Coachella Valley, our monthly door-to-door canvassing efforts focus on the communities of Indio and Coachella. CNCEF uses predictive dialing, peer-to-peer texting, email, tablets and laptops to ensure that we can connect to families and communities with the tools they need to be counted.

Additionally, we use Political Data Incorporated (PDI) and NationBuilder to track interactions in real time, use cellular-enabled tablets to program walk routes and conversation-prompts, and work with software developers to adapt programs and tools for our efforts. In addition to these data and software tools, we will use a tailored canvassing application (IE Regional Table) to collect, manage and analyze resident data.

Community Organizer, Anna Lisa Vargas, has fifteen years of experience working with the communities in the Eastern Coachella Valley. As a native of the Coachella Valley, Anna has served as a board trustee (2010-2014) for Coachella Valley Unified School District, has worked as a Community Organizer with CNCEF since 2012, and has lead more than a dozen successful Civic Engagement Programs.

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# ANNA LISA VARGAS

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ANNALISA@CNCEDFUND.ORG



760.899.1036

78-115 CALLE ESTADO STE 204  
LA QUINTA, CA 92253

WEBSITE: CNCEDFUND.ORG  
CUENTACONMIGO2020.ORG

FACEBOOK: @CNCEDFUND  
INSTAGRAM: @CNCEDFUND

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## SKILLS

Fluent in Spanish and conversational Italian. I'm an extremely fast learner and have highly developed technical abilities with knowledge of Microsoft Access, Excel, Power Point, SPSS, and Word. Developed emotional maturity and strong interpersonal, communicative, and leadership skills.

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## EXPERIENCE

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### LEAD COMMUNITY ORGANIZER/COMMUNITIES FOR A NEW CALIFORNIA EDUCATION FUND (CNCEF)

January 2017 – Present

Oversee the integrated leadership development and mass voter engagement strategy efforts in the Coachella Valley. With over fifteen years of experience as a Community Organizer serving the communities in the Eastern Coachella Valley - offering expertise in skill-building and capacity building for community leaders in the area of education, advocacy, and public policy change.

### CLINIC OPERATIONS COORDINATOR/COACHELLA VALLEY VOLUNTEERS IN MEDICINE (CVVIM)

April 2013 - December 2016

Oversaw front office volunteers: conduct orientation, train, schedule and supervise all front office personnel. Communicated with medical providers regarding scheduling needs and overall clinic operations. Scheduled all medical and dental providers (also 2-3 rotating resident schedules). Developed the monthly clinic schedule.

Prepared and submit referrals to Riverside County Regional Medical Center. Prepared and submitted all medical records requests (including disability and insurance claims).

Tracked and kept a patient log of specific imaging requests (MRI, CT, and Mammogram). Tracked and kept a patient log of local specialist referrals. Vetted all incoming Rx requests (received daily via fax), provide to PCP for review and authorization (3 years).

Provided orientation to all new medical providers and back office staff. Assisted medical providers and back office staff with use of EMR system and any other clinic needs. Provided daily support to front and back office staff regarding patient care, clinic processes, etc.

Licensing and Credentialing: 1) Ensured volunteers had active credentials 2) Maintained all files and ensured they are up to date. Reviewed monthly clinic schedule (counts) for accuracy and generated

monthly clinic reports. Attended Clinical Care Committee meetings and report back to the Committee if requested.

**MANAGING DIRECTOR/PODER POPULAR OF THE  
EASTERN COACHELLA VALLEY**

February 2006 - September 2012

Managed educational projects, community health and advocacy efforts in the communities of the Eastern Coachella Valley. Supervised and supported Community Health Organizers in the implementation of programs; coordinated trainings and mentorship of volunteer Promotores Comunitarios. Identified successful strategies to assure collaboration with, and support to Poder Popular Team. Strategic planning and coordination of activities to reach program goals and objectives. Fundraising, fiscal monitoring and other administrative duties.

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**EDUCATION**

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**BACHELOR OF SCIENCE IN POLITICAL SCIENCE/2004**

University of California, Irvine

**BACHELOR OF SCIENCE IN ANTHROPOLOGY/2004**

University of California, Irvine

**GRADUATED WITH HONORS IN  
ANTHROPOLOGY/2004**

University of California, Irvine

**DEAN'S HONOR ROLL/4 QUARTERS**

University of California, Irvine

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**VOLUNTEER EXPERIENCE OR LEADERSHIP**

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Coachella Valley Unified School District (CVUSD), Board of Trustees, December 2010 - 2014

Health Assessment and Research for Communities (HARC), Board of Directors, January 2012 - 2016



# PABLO RODRIGUEZ

## FOUNDING EXECUTIVE DIRECTOR

Communities for a New California Education Fund 501

### PROFILE

Pablo Rodriguez is the founding Executive Director of Communities for a New California Education Fund, and directs 11 full-time staff, over 40 part-time year-round canvassers who implement ongoing non-partisan voter engagement efforts via CNC's Sacramento, Merced, Fresno and Coachella Valley offices.

Since 2011, CNC Education Fund's Civic Engagement programs have engaged over 400,000 voters through phone banking and door-to-door canvassing. The implementation of CNC's integrated leadership development and mass voter engagement strategy spans the counties of Riverside, Imperial, Fresno, Madera, Kings, Tulare, Merced, Stanislaus, San Joaquin and Sacramento Counties.

Prior to CNC, Pablo served as Director of the Dolores Huerta Community Organizing Institute, where he developed trainings for base building, and directed political action campaigns for organizations throughout California. In addition, he developed service-learning programs with San Jose State University, the National Association of Social Workers, and Loyola Marymount University. In partnership with LMU, he initiated the development of the first micro-finance program focusing exclusively on farm workers in the United States.

### CONTACT

PHONE:  
916-542-8490

WEBSITE:  
[www.cncedfund.org](http://www.cncedfund.org)

EMAIL:  
[pablo@cncedfund.org](mailto:pablo@cncedfund.org)

### WORK EXPERIENCE

#### **Communities for a New California Education Fund, Executive Director** May 2011– Present

- Founding Executive Director
- Work closely with board of directors to establish 4 regional offices with 11 staff serving 13 rural California counties.
- Oversee daily operations of the organization, providing executive direction of all Integrated Voter Engagement strategy
- Set and meet aggressive annual fund development goals, in partnership with board of directors, to secure financial support from philanthropic foundations, individual donors, and government funding sources.
- Identify and implement staffing requirements for efficient operations, maintaining a strong culture and work climate that both attracts and retains staff members and fulfills the organization's mission.
- Development and maintenance of organizational public policy compliance manual in conjunction with organization's attorney.

#### **JG and Associates, Public Policy Analyst, Communications Director** 2008 –2011

- Development and implementation of Federal political strategy.
- Development of public policy issue research.
- Program design of national community organizing projects.

#### **Dolores Huerta Foundation, Director, Dolores Huerta Community Organizing Institute** 2004-2008

- Developed community organizer trainings focused on volunteer recruitment and retention for organizations throughout California.
- Fund development, grant writing
- Develop service learning programs in conjunction with universities such as Loyola Marymount University, San Jose State University and organizations such as the National Association of Social Workers.

### PROFESSIONAL AFFILIATIONS

- Board Member of Community Water Center Action Fund, Visalia, CA
- Past Board Chair, Americans for Democratic Action, Washington, D.C.
- Past Board Member, La Peña Cultural Center, Berkeley, CA
- Past Board Member, Chicano Latino Youth Leadership Project, Sacramento, CA
- Past Board Member, California Common Cause, Sacramento, CA

## Ivy R Torres

Program in Public Health, 653 E. Peltason Drive, Suite 2010, AIRB, Irvine, CA 92697  
760-318-5957 | [irtorres@uci.edu](mailto:irtorres@uci.edu)

### EDUCATION

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**Doctor of Philosophy, Public Health**  
Public Health, Disease Prevention  
University of California, Irvine

Irvine, CA  
Sept. 2017-Present

**Master of Arts, Mexican American Studies**  
Policy Studies  
San Jose State University

San Jose, CA  
May 2013

**Bachelor of Science, Development Sociology – Cum Laude**  
Minor in Latina/o Studies  
Cornell University

Ithaca, NY  
May 2009

### RESEARCH INTERESTS

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- Intersection of race, socioeconomic status, gender, age, and immigration status in production of health inequities
- Contribution of environmental and work-related exposures in adulthood to health later in life
- Influence of racialized and classed processes on health inequities

### PEER-REVIEWED PUBLICATIONS

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1. LeBrón AMW, **Torres IR**, Valencia E, López Dominguez M, Garcia-Sanchez DG, Logue MD, Wu J. (2019). The State of Public Health Lead Policies: Implications for Urban Health Inequities and Recommendations for Health Equity. *International Journal of Environmental Research and Public Health*. DOI: 10.3390/ijerph16061064

### PRESENTATIONS

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**Torres, IR.** “Immigration Policies, Capitalism, and the Latina/o Occupational Fatality Rate: A Conceptual Framework.” American Public Health Association Annual Meeting, November 2018, San Diego, California.

Lozano, M., **Torres, IR.** “Documenting Hazards and the Injury Experiences of Scrap Metal Recycling Workers.” National Occupational Health Internship Program Videoconference, August 2018, Chicago, Illinois.

**Torres, IR.** “Searching for a Cure: Cross-Border Health Care Utilization among Mexican Immigrants in the Coachella Valley.” Applied Chicana/o Studies Capstone Course Presentation, December 2012, San Jose, California.

**Torres, IR.** “Conceptualizing Mexicana Immigrants: The Intersection of Immigration Status, Race, Class, and Gender.” 40th Annual National Association for Chicana and Chicano Studies Conference, March 2012, Chicago, Illinois.



## RESEARCH EXPERIENCE

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### Graduate Student Affiliate

(Anti-) Soil Lead Project, University of California, Irvine

Irvine, CA

Jan. 2018–Present

- Conduct background research on adverse health effects of lead exposure
- Prepared lead policy analysis to identify points of intervention at the local and state level

### Graduate Student Researcher

UCI Engage, University of California, Irvine

Irvine, CA

Jan. 2019–June 2019

- Conduct research on university-based models of community engagement for the development of UCI Engage's three-year strategic plan
- Collaborate with other GSRs to convene focus groups with UCI faculty and local community organizations to identify opportunities and challenges for community engagement
- Cultivate stories of engagement between UCI and community partners for Great Partners campaign

### Intern

Occupational Health Internship Program, Centro de Trabajadores Unidos

Chicago, IL

June 2018–Aug. 2018

- Designed and implemented research project to document working conditions of e-waste recycling workers in Southeast Chicago, IL
- Recruited and surveyed workers
- Developed industry-specific safety materials for workers

### Research and Evaluation Associate

Health Assessment and Research for Communities

Palm Desert, CA

Sept. 2015–June 2017

- Collaborated with Director of Research to design appropriate research and evaluation plans, protocols, and instruments for a variety of data collection methods, including interviews, focus groups, and surveys
- Collected data for research and evaluation via online surveys, literature reviews, interviews, and focus groups

## WORK EXPERIENCE

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### Latino Education and Outreach Coordinator

Alzheimer's Association

Rancho Mirage, CA

Sept. 2014–Sept. 2015

- Coordinated and facilitated Latino Outreach Network monthly meetings that averaged an attendance of 20 local agency representatives
- Facilitated three Spanish support groups for caregivers
- Conducted trainings for family caregivers on Alzheimer's and best practices for managing behaviors and community presentations to raise awareness on Alzheimer's disease

### Program Assistant

College of the Desert, CalWORKs Program

Palm Desert, CA

Jan. 2014–Aug. 2014

- Assisted students with inquiries regarding program, qualification requirements, and services offered
- Conducted initial interview of new students
- Liaised with Riverside County Department of Public Social Services

### Student Assistant

Secondary Education Internship Credential Program

San Jose, CA

Jan. 2012–May 2013

- Assisted prospective students with admissions process to credential program

- Tracked admitted students' progress toward degree completion
- Managed program budget and annual financial reports
- Served as point of contact for government agencies and partner school districts

**Receptionist**

San Jose, CA

Senior Adults Legal Assistance

Aug. 2011–May 2013

- Assisted clients with questions regarding SALA's services and referred clients to appropriate agencies for additional resources
- Compiled data on demographics of individuals served and completed monthly status reports for funding purposes
- Coordinated program in which private attorneys volunteered to complete wills at no charge for low-income seniors

**Fluency Tutor**

Thermal, CA

AmeriCorps Promote Program

Oct. 2010–Aug. 2011

- Worked with 30 students in 1<sup>st</sup>-3<sup>rd</sup> grade to improve reading fluency
- Developed and implemented original lesson plans to meet instructional needs of individual students
- Implemented science lesson plans for 70 3<sup>rd</sup>-6<sup>th</sup> graders in after school program
- Coordinated six-week science camp for 30 2<sup>nd</sup>-5<sup>th</sup> graders

**AmeriCorps Vista**

Pharr, TX

The National Farm Workers Service Center

Aug. 2009–Aug. 2010

- Co-coordinated after-school and summer program that served over 80 school-aged youth
- Fostered relationships with parents to grow after school program
- Recruited volunteers, part-time staff members, and work-study students
- Established partnerships and relationships with community organizations, schools, University of Texas, Pan American, and community members

**TEACHING EXPERIENCE****Teaching Assistant**

- AIDS Fundamentals (Fall 2019)
- Introduction of Epidemiology (Summer 2019)
- Social Epidemiology (Fall 2018)

**LEADERSHIP EXPERIENCE****Public Health Representative**

Irvine, CA

Diverse Educational Community and Doctoral Experience (DECADE)

January 2018–Present

- Liaise with campus-wide DECADE and organize Public Health DECADE programs to support doctoral students from diverse backgrounds

**PROFESSIONAL ORGANIZATION MEMBERSHIP**

American Public Health Association

2018-Present

**HONORS AND AWARDS**

Nevin Graduate Endowment Fellowship	2017–2022
Graduate Equity Fellowship, San Jose State University	2011–2012

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**Grant Activity**

“Understanding the Health of Latina/o Immigrant Workers: The Role of Primary Care Providers in Assessing Occupational Histories.” NIOSH Southern California Education and Research Center, \$9,722, 2019-2020.

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**CERTIFICATIONS**

<b>Mentoring in Excellence Program</b> University of California, Irvine	Irvine, CA In progress
<b>LGBT Aging Cultural Competency</b> SAGECare	Los Angeles, CA March 2015

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**LANGUAGES**

Fluent in Spanish

## TERESA ALVAREZ

Phone: (760) 399-6092

Email: tsegovia001@gmail.com

### EDUCATION

**Master of Arts in Psychology**, *Antioch University, Santa Barbara, 2013*

**Bachelor of Arts**, *University of California, Santa Barbara, 2009*

*Sociology and Women's Studies Major with a Minor in Educational Studies*

### RELEVANT EXPERIENCE

**Associate Director**, *Carpinteria Children's Project, January 2019-Present*

- Oversee day-to-day operations.
- Supervise and mentor 22 staff to ensure CCP provides high-quality, appropriate, and culturally sensitive early childhood education, family support programs, and volunteer programs.
- Set goals and monitor implementation of initiatives with support of program managers.
- Train staff as appropriate, lead agency's learning and evaluation system.
- Ensure contractual expectations and program targets are met. Evaluate program effectiveness and stay current with research in field.
- Assist with budget development and management.

**Executive Director**, *El Centrito Family Learning Centers, March 2017-November 2019*

- Coordinate fund development activity.
- Oversee extensive grant submission.
- Assist Board in development of fundraising goals.
- Assure a high degree of visibility in the community, including social media platforms.
- Prepare annual budget and provide updated financial reports.
- Develop improved methods, systems, procedures and policies to more effectively implement programs.
- Monitor and review program data and evaluation reports to track performance outcomes and program impact.
- Provide professional leadership to the Board of Directors to assure the development of an effective and motivated board, including the identification, recruitment, training, fundraising, and involvement of members in meeting the goals of the organization.
- Oversee four sites, a 1-million-dollar budget and a team of 22 employees.

**Family Resource Center Director**, *Carpinteria Children Project, September 2015-February 2017*

- Ensure contractual expectations and program targets are met. Enter data into databases or spreadsheets to reflect services provided and data collected.
- Supervise the maintenance of accurate and confidential Family Resource Center (FRC) client files and data tracking using required systems while complying with ethical and legal standards of practice.
- Supervise and provide support for 22 staff members.
- Organize health screenings and other community events that promote children's wellness, school readiness and success.
- Maintain oversight of expenditures to ensure FRC-related costs are within budget.
- Developed policies and procedures to effectively run the program- created handbook.
- Oversaw grants totaling over \$167,000 which contribute to project's \$1.5 million budget.

- Work closely with the Executive Director and Board on nonprofit transition, strategic planning and fundraising.
- Represent the FRC at CCP county-level meetings, community events, and conferences.

**Research and Evaluation Associate, HARC, Inc., Palm Desert, July 2014-August 2015**

- Designed appropriate research and evaluation plans, protocols, and instruments for a variety of data collection methods, including but not limited to, interviews, focus groups, and surveys.
- Collected data for research and evaluation studies utilizing best practices in the field, including but not limited to programming and disseminating online surveys, literature reviews, data entry, conducting interviews and focus groups.
- Wrote research and evaluation reports on veterans, uninsured individuals and children 0 to 5, that accurately summarized findings and were understandable for a lay audience, including narrative, tables, charts, and other data visualization tools as appropriate.

**Latino Education & Outreach Coordinator, Alzheimer's Association, Rancho Mirage, October 2013-June 2014**

- Identified, established and maintained contacts with community based organizations, churches, community agencies and senior centers to market and provide services.
- Coordinated the development and implementation of programs for Latino families in the region.
- Handled program inquiries and maintained records & statistics on program participants to report to National Alzheimer's Association.
- Conducted education workshops and events for caregivers and other interested parties.

**Office Manager & PR, Boys & Girls Club of Carpinteria, August 2012-June 2013**

- Organized the annual benefit auction and dinner for 300 attendees and raised approximately \$100,000. This required entering donation data into Greater Giving donor software as well as soliciting donations from corporate and local companies.
- Planned and conducted programming for active members of the club (Silly Science, Art, and cultural projects and activities).
- Served as a liaison between different companies, schools, non-profits and professionals to raise awareness on club issues, activities and events.

**Site Based Program Coordinator & Match Support Specialist, Big Brothers Big Sisters of the Desert, February 2011- December 2011**

- Recruited and trained incoming volunteer mentors and mentees.
- Administered assessments to track program outcomes.
- Interviewed prospective mentee and mentor participants.
- Ensured on-going monitoring and supervision of 70 mentor-mentee relationships through case management.
- Supervisory Responsibilities: This position supervised 35 interns and high school volunteers at designated sites (YMCA and Boys and Girls Club).

**PROFESSIONAL AND COMMUNITY AFFILIATIONS**

**Board Member, Future Leaders of America, Santa Barbara, March 2019-present**

**Commissioner, First 5, Santa Barbara, July 2018-present**

**Mentor, Fighting Back Mentor Program, Santa Barbara, October 2010-2018**

## Appendix E: Contact Information for References

### Reference 1

**Name:** Cecilia Arias

**Title:** Community Benefit Manager

**Organization:** Kaiser Permanente

**Relevant Project:** HARC conducted the 2018-2019 CHNA and Implementation Strategy Plan (similar to a CHIP) for two Kaiser Permanente hospitals: Riverside and Moreno Valley. Note that the Moreno Valley hospital's service area includes the entirety of the Coachella Valley.

**Phone:** 951-602-4193

**Email:** Cecilia.X.Arias@kp.org

**Address:** 11080 Magnolia Avenue, Riverside, CA 92505

### Reference 2

**Name:** Dr. Christopher Yadron

**Title:** Vice President of West Region and Betty Ford Center Administrator

**Organization:** Betty Ford Center

**Relevant Project:** HARC conducted the 2018 CHNA and Implementation Strategy Plan (similar to a CHIP) for Betty Ford Center. Note that Betty Ford Center's defined geography is the Coachella Valley.

**Phone:** 760-423-6801

**Email:** cyadron@hazeldenbettyford.org

**Address:** 39000 Bob Hope Drive, Rancho Mirage, CA 92270

### Reference 3

**Name:** Erica Russo

**Title:** Community Services Superintendent

**Organization:** City of Temecula

**Relevant Project:** HARC conducted a CHNA related to cancer for the Southwest Riverside County Cancer Care Task Force, a coalition of several cities, county agencies, and care providers, of which the City of Temecula was the fiscal agent.

**Phone:** 951-693-3995

**Email:** Erica.russo@temeculaca.gov

**Address:** 41000 Main Street, Temecula, CA 92590

HARC, Inc.  
**Gantt-Style Workplan/Timeline:**  
**WITH primary data collection**

Month	Jan.				Feb.				Mar.				April					May					June					July					Aug.				Sept.				
Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39		
<b>Step 1: Reflect &amp; Strategize</b>																																									
Kick-Off Meeting																																									
<b>Step 2: Identify &amp; Engage Stakeholders</b>																																									
Identify AC candidates																																									
Invite AC candidates																																									
Finalize AC																																									
Set up monthly meetings																																									
Send invites to monthly AC meetings																																									
Monthly AC Meetings																																									
<b>Step 3: Define the Community</b>																																									
Define community with AC																																									
Gather data sources																																									
Present list of data sources																																									
Produce "feasibility" report																																									
<b>Step 4: Collect &amp; Analyze Data</b>																																									
Analyze existing data																																									
In-depth analysis of HARC data																																									
Write report																																									
Identify gaps in existing data																																									
Primary data collection (if needed)																																									
Revise report to include primary data results																																									
<b>Step 5: Prioritize Community Health Issues</b>																																									
Prioritize needs with AC & DHCD/F																																									
Door-to-door outreach																																									
Analyze door-to-door community input																																									
Report door-to-door input, possibly revise priorities																																									
<b>Step 6: Document &amp; Communicate Results</b>																																									
Add section to CHNA report re: priorities & outreach																																									
Create, review, & finalize CHNA report & handout																																									
Schedule community meetings																																									
Publicize community meetings																																									
Host 14 community meetings																																									





Phase	Tasks	Key People	Completed no later than:
<b>Project Management</b>			
	Biweekly updates	HARC, DHCD/F	Ongoing
	Invoicing (monthly)	HARC	Ongoing
<b>Step 1: Reflect &amp; Strategize</b>			
	Kick-Off Meeting	HARC, DHCD/F, CNCEF	1/10/2020
	Establish RACI roles		
	Discuss project and timeline		
	Discuss CHNA approaches, pros & cons		
<b>Step 2: Identify &amp; Engage Stakeholders</b>			
	Identify Advisory Council (AC) candidates	HARC, DHCD/F	1/15/2020
	Invite AC candidates	HARC	1/17/2020
	Finalize AC	HARC	1/24/2020
	Schedule monthly AC meetings around CV	HARC	1/31/2020
	Send invites to AC to monthly AC meetings	HARC	1/31/2020
	Host 9 monthly AC meetings around the CV	HARC, AC, CNCEF	Ongoing
<b>Step 3: Define the Community</b>			
	Host meeting to define community	HARC, CNCEF, DHCD/F, AC	2/7/2020
	Create list of data sources, present to DHCD/F	HARC	2/7/2020
	Review data sources, request additional if needed	DHCD/F	2/12/2020
	Create "feasibility" report for DHCD/F BOD	HARC	2/28/2020
<b>Step 4: Collect &amp; Analyze Data</b>			
	Analyze & synthesize secondary data	HARC	3/31/2020
	In-depth analysis of new triennial survey data	HARC	4/10/2020
	Write up results (basis of CHNA report), send report to DHCD/F	HARC	4/10/2020
	Review report, identify gaps in existing data (if any exist)	DHCD/F	4/15/2020
	Design and implement primary data collection (if needed). Methods TBD based on what data is missing and who it needs to be collected from.	HARC, CNCEF, DHCD/F, AC	5/15/2020
	Revise the report to include findings from primary data collection (if applicable).	HARC	5/15/2020
<b>Step 5: Prioritize Community Health Issues</b>			
	Meeting to review CHNA results, prioritize health needs based on magnitude, severity, disparities, ability to effect change	HARC, DHCD/F, AC	5/22/2020
	Door-to-door community outreach to get community input on prioritization of health needs	CNCEF, HARC, AC	6/19/2020
	Analyze door-to-door community input	HARC	6/26/2020

Phase	Tasks	Key People	Completed no later than:
	Report door-to-door community input to DHCD/F, revise selected top 5 health needs if needed	HARC, CNCEF	6/30/2020
<b>Step 6: Document &amp; Communicate the Results</b>			
	Add sections to CHNA report on door-to-door outreach, process of selecting top 5 priorities	HARC	7/10/2020
	Create 1-page summary of CHNA for public	HARC	7/10/2020
	Review CHNA report and 1-page summary, request revisions	DHCD/F	7/15/2020
	Revise CHNA report and 1-page summary based on DHCD/F feedback, create final versions		7/22/2020
	Schedule 14 community events (includes booking venue, food, childcare, and translation) to gather community input on potential implementation strategies	HARC	5/30/2020
	Publicize 14 community events (postcard mailings, PSAs, community outreach, etc.)	HARC, AC, CNCEF	7/22/2020
	Host 14 community events (2 in each zone), each with food, incentives, childcare, and translation services	HARC, CNCEF	8/14/2020
<b>Step 7: Plan Implementation Strategies</b>			
	Present results of 14 community meetings' input on implementation strategies to DHCD/F	HARC, CNCEF	8/21/2020
	Logic modeling session to develop implementation strategies to address the top 5 needs (e.g., short-term and long-term goals, outputs, outcomes, etc.)	HARC, DHCD/F, CNCEF	8/28/2020
	Expand logic model, create implementation strategies portion of CHIP report	HARC	9/4/2020
<b>Step 8: Implement Strategies</b>			
	Collaboratively develop "next steps" plan to address implementation strategies (e.g., identifying key players, external partners, approximate timelines, funding needs, etc.)	HARC, DHCD/F	9/11/2020
	Expand work from "next steps" meeting into written plan, add to the CHIP report	HARC	9/18/2020
	Create "community dashboard" content, provide to DHCD/F	HARC	9/18/2020
<b>Step 9: Evaluate Progress</b>			
	Design evaluation plan, based on the CHIP content (logic model, etc.), incorporate into the CHIP report	HARC	9/25/2020
	Submit final CHIP report to DHCD/F for review	HARC	9/25/2020
	Review CHIP report, request revisions	DHCD/F	9/29/2020
	Revise CHIP report based on DHCD/F feedback, send final CHIP report	HARC	10/1/2020
<b>Other Tasks</b>			
	Present results of entire CHNA and CHIP process to DHCD/F Board	HARC	10/31/2020

HARC, Inc.  
**Gantt-Style Workplan/Timeline:**  
**WITHOUT primary data collection**

Month	Jan.				Feb.				Mar.				April					May					June					July					Aug.				Sept.				
Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39		
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Present list of data sources																																									
Produce "feasibility" report																																									
<b>Step 4: Collect &amp; Analyze Data</b>																																									
Analyze existing data																																									
In-depth analysis of HARC data																																									
Write report																																									
Establish that there are no gaps in existing data																																									
<b>Step 5: Prioritize Community Health Issues</b>																																									
Prioritize needs with AC & DHCD/F																																									
Door-to-door outreach																																									
Analyze door-to-door community input																																									
Report door-to-door input, possibly revise priorities																																									
<b>Step 6: Document &amp; Communicate Results</b>																																									
Add section to CHNA report re: priorities & outreach																																									
Create, review, & finalize CHNA report & handout																																									
Schedule community meetings																																									
Publicize community meetings																																									
Host 14 community meetings																																									



**WITHOUT** primary data collection

Phase	Tasks	Key People	Completed no later than:
<b>Project Management</b>			
	Biweekly updates	HARC, DHCD/F	Ongoing
	Invoicing (monthly)	HARC	Ongoing
<b>Step 1: Reflect &amp; Strategize</b>			
	Kick-Off Meeting	HARC, DHCD/F, CNCEF	1/10/2020
	Establish RACI roles		
	Discuss project and timeline		
	Discuss CHNA approaches, pros & cons		
<b>Step 2: Identify &amp; Engage Stakeholders</b>			
	Identify Advisory Council (AC) candidates	HARC, DHCD/F	1/15/2020
	Invite AC candidates	HARC	1/17/2020
	Finalize AC	HARC	1/24/2020
	Schedule monthly AC meetings around CV	HARC	1/31/2020
	Send invites to AC to monthly AC meetings	HARC	1/31/2020
	Host 9 monthly AC meetings around the CV	HARC, AC, CNCEF	Ongoing
<b>Step 3: Define the Community</b>			
	Host meeting to define community	HARC, CNCEF, DHCD/F, AC	2/7/2020
	Create list of data sources, present to DHCD/F	HARC	2/7/2020
	Review data sources, request additional if needed	DHCD/F	2/12/2020
	Create "feasibility" report for DHCD/F BOD	HARC	2/28/2020
<b>Step 4: Collect &amp; Analyze Data</b>			
	Analyze & synthesize secondary data	HARC	3/31/2020
	In-depth analysis of new triennial survey data	HARC	4/10/2020
	Write up results (basis of CHNA report), send report to DHCD/F	HARC	4/10/2020
	Review report, establish no gaps in existing data	DHCD/F	4/15/2020
<b>Step 5: Prioritize Community Health Issues</b>			
	Meeting to review CHNA results, prioritize health needs based on magnitude, severity, disparities, ability to effect change	HARC, DHCD/F, AC	4/22/2020
	Door-to-door community outreach to get community input on prioritization of health needs	CNCEF, HARC, AC	5/8/2020
	Analyze door-to-door community input	HARC	5/15/2020
	Report door-to-door community input to DHCD/F, revise selected top 5 health needs if needed	HARC, CNCEF	5/22/2020
<b>Step 6: Document &amp; Communicate the Results</b>			
	Add sections to CHNA report on door-to-door outreach, process of selecting top 5 priorities	HARC	6/5/2020
	Create 1-page summary of CHNA for public	HARC	6/5/2020

**WITHOUT** primary data collection

<b>Phase</b>	<b>Tasks</b>	<b>Key People</b>	<b>Completed no later than:</b>
	Review CHNA report and 1-page summary, request revisions	DHCD/F	6/10/2020
	Revise CHNA report and 1-page summary based on DHCD/F feedback, create final versions		6/12/2020
	Schedule 14 community events (includes booking venue, food, childcare, and translation) to gather community input on potential implementation strategies	HARC	4/17/2020
	Publicize 14 community events (postcard mailings, PSAs, community outreach, etc.)	HARC, AC, CNCEF	6/12/2020
	Host 14 community events (2 in each zone), each with food, incentives, childcare, and translation services	HARC, CNCEF	7/17/2020
<b>Step 7: Plan Implementation Strategies</b>			
	Present results of 14 community meetings' input on implementation strategies to DHCD/F	HARC, CNCEF	7/24/2020
	Logic modeling session to develop implementation strategies to address the top 5 needs (e.g., short-term and long-term goals, outputs, outcomes, etc.)	HARC, DHCD/F, CNCEF	7/31/2020
	Expand logic model, create implementation strategies portion of CHIP report	HARC	8/14/2020
<b>Step 8: Implement Strategies</b>			
	Collaboratively develop "next steps" plan to address implementation strategies (e.g., identifying key players, external partners, approximate timelines, funding needs, etc.)	HARC, DHCD/F	8/31/2020
	Expand work from "next steps" meeting into written plan, add to the CHIP report	HARC	9/11/2020
	Create "community dashboard" content, provide to DHCD/F	HARC	9/11/2020
<b>Step 9: Evaluate Progress</b>			
	Design evaluation plan, based on the CHIP content (logic model, etc.), incorporate into the CHIP report	HARC	9/18/2020
	Submit final CHIP report to DHCD/F for review	HARC	9/25/2020
	Review CHIP report, request revisions	DHCD/F	9/29/2020
	Revise CHIP report based on DHCD/F feedback, send final CHIP report	HARC	10/1/2020
<b>Other Tasks</b>			
	Present results of entire CHNA and CHIP process to DHCD/F Board	HARC	10/31/2020

### **Overall Budget Narrative**

HARC's proposed project budget is in the pages that follow. For complete transparency, there are several sheets of numbers that comprise this budget, including:

- Overall Budget: The complete but simplified 9-month budget for the total project.
- Labor Budget: This includes HARC, HARC's former staff who are contract researchers on the project, and CNC. HARC's salaries are broken out by fiscal year, since the project spans two fiscal years.
- Indirect fees: This describes the indirect costs that are pertinent to the project, based on HARC staff's FTE on the project. It is also broken out by the two fiscal years, as some costs will differ.
- Other Costs: This describes the non-labor costs, including mileage, publicizing the community engagement, and hosting 14 community events.

The narrative here is intended to explain the numbers from these spreadsheets. For ease of reading, it is presented not in two chunks (i.e., spreadsheets and then narratives) but in an every-other-format (e.g., labor spreadsheet, labor narrative, indirect spreadsheet, indirect narrative, etc.). We hope that this makes it simple to read and understand.

<b>LABOR</b>				
HARC Staff	<b>Position</b>	<b>FTE on Project</b>	<b>Project Hours</b>	<b>Project Salary</b>
	Chief Executive Officer	0.20	312	\$18,576
	Director of Research & Eval	0.40	624	\$26,662
	Research Associate	0.35	546	\$15,200
	Research Assistant	0.35	546	\$11,427
	Administrative Manager	0.20	312	\$8,172
	<i>Subtotal HARC salaries</i>		2,340	\$80,037
	HARC Indirect Expenses (see separate sheet)			\$30,913
	<b>Subtotal: HARC Salaries + Indirects</b>			<b>\$110,950</b>
Contract Researchers/ Former HARC staff	<b>Individual</b>	<b>Hourly Rate</b>	<b>Project Hours</b>	<b>Project Salary</b>
	Ivy Torres (10 hrs/week x 9 months)	30	360	\$10,800
	Teresa Alvarez (10 hrs/week x 9 months)	30	360	\$10,800
	<b>Subtotal Contract Researchers</b>		<b>720</b>	<b>\$21,600</b>
CNC	<b>Item</b>	<b>Hourly Rate</b>	<b>Project Hours</b>	<b>Project Salary</b>
	Door-to-door outreach: 20 canvassers x 5 hour shifts x 8 days of work	\$16	800	\$12,800
	Door-to-door outreach: Team leader for 25 hours to supervise canvassers	\$20	40	\$800
	14 Meetings: 2 staff x 3 hours per event x 14 events	\$16	84	\$1,344
	Team leader 20 hours/month to participate in project leadership (meetings, providing input, etc.)	\$20	180	\$3,600
	<i>Subtotal CNC salaries</i>		1,104	\$18,544
	15% Administration/Indirect Rate			\$2,782
	<b>Subtotal CNC Salaries + Indirects</b>			<b>\$21,326</b>
	<b>LABOR SUBTOTAL</b>			

<b>OTHER COSTS</b>				
	Advisory Council			\$22,590
	Mileage			\$1,800
	Publicity			\$39,920
	14 community events			\$29,190
	Potential primary data collection costs (possibly not incurred)			\$45,000
<b>OTHER SUBTOTAL</b>				<b>\$138,500</b>

<b>OVERALL TOTAL</b>	<b>\$292,376</b>
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FY	HARC Staff	Full-Time Salary	# of months on project	Amt. for months on project	FTE on Project	Project Salary	Project Hours
19-20	Chief Executive Officer	\$117,704	6	\$58,852	0.20	\$11,770	208
	Director of Research & Eval	\$86,955	6	\$43,478	0.40	\$17,391	416
	Research Associate	\$56,093	6	\$28,047	0.35	\$9,816	364
	Research Assistant	\$43,533	6	\$21,767	0.35	\$7,618	364
	Administrative Manager	\$52,861	6	\$26,431	0.20	\$5,286	208
	<i>Sub-Total FY 19-20</i>	<i>\$357,146</i>					<i>\$51,882</i>
20-21	Chief Executive Officer	\$136,103	3	\$34,026	0.20	\$6,805	104
	Director of Research & Eval	\$92,705	3	\$23,176	0.40	\$9,271	208
	Research Associate	\$61,526	3	\$15,382	0.35	\$5,384	182
	Research Assistant	\$43,533	3	\$10,883	0.35	\$3,809	182
	Administrative Manager	\$57,727	3	\$14,432	0.20	\$2,886	104
	<i>Subtotal FY 20-21</i>	<i>\$391,594</i>					<i>\$28,155</i>
<i>Total HARC Salaries</i>						<i>\$80,037</i>	<i>2,340</i>
Indirect Expenses (see separate sheet, "HARC Indirect Cost")						\$30,913	
<b>Total HARC Salaries plus indirect expenses</b>						<b>\$110,950</b>	

Contract Researchers/Former Staff	Hourly Pay	# of months	# of hours/month on	Total hours on project	Project Cost	Project Hours
Ivy Torres	\$30	9	40	360	\$10,800	360
Teresa Alvarez	\$30	9	40	360	\$10,800	360
<b>Total contract researchers</b>					<b>\$21,600</b>	<b>720</b>

CNC Community Outreach	Hourly Pay	# of months	# of hours/month on	Total hours on project	Project Cost	Project Hours
Door-to-door: 20 people (10 teams) 8 days a month (4 weekends) 5 hours/day	\$16	1	800	800	\$12,800	800
Door-to-door: Supervisor	\$20	1	40	40	\$800	40
14 events (\$16/hr x 2 people x 3 hrs x 14 events)	\$16	1	84	84	\$1,344	84
Anna Lisa Vargas: Meetings (e.g., Advisory Council, DHCD/F, etc.), contributing to ideas, etc.	\$20	9	20	180	\$3,600	180
<i>Subtotal CNC Salaries</i>					<i>\$18,544</i>	<i>1,104</i>
15% Indirect Rate					\$2,782	
<b>Total CNC Labor</b>					<b>\$21,326</b>	

<b>Overall Labor Total</b>					<b>\$153,875</b>	<b>4,164</b>
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### “Labor Costs” Budget Narrative

#### *A Note on Salaries*

Part of HARC’s recent strategic plan is a commitment to make HARC a great place to work so that we can attract and retain high-quality, talented staff. One of the steps we took to reach this goal is conducting an assessment to make sure salaries are competitive, and if not, provide raises. Our original goal was to provide salaries that are in the top quartile for comparable nonprofit jobs in Southern California (with adjustments for the high education levels required for research, as well as bilingual capabilities).

To this end, in early 2019, we purchased the Compensation and Benefits Report (2018 edition) for Southern and Central California Nonprofit Organizations, produced by the Center for Nonprofit Management. Results indicated that all HARC staff were underpaid by varying degrees. Thus, we reframed the goal to provide salaries that are *at or above the median* for comparable nonprofit jobs in Southern California (with adjustments for the high education levels required for research, as well as bilingual capabilities).

The gap between the targeted salary (based on the analysis) and the current salary was assessed, as illustrated in the table below. Because the increase to put our Research Assistant at the target goal was relatively small (i.e., under \$10,000), we raised his salary to the median in FY 19-20. For the three positions where the difference was between \$10,000 and \$15,000, we decided to take two years to reach the target: half of the difference as a raise in FY 19-20 and the other half in FY 20-21. For the CEO, the large amount of the discrepancy (\$55,694) was determined to be phased over three years: 1/3 in FY 19-20, 1/3 in FY 20-21, and 1/3 in FY 21-22. This was at the discretion of the CEO; HARC’s Board offered to target two years for her as well.

Name	FY 18-19 Salary	Target Salary per Analysis	Difference	Years to get there
Jenna LeComte-Hinely, PhD Chief Executive Officer	\$98,808	\$154,502	\$55,694	3
Casey Leier, PhD Director of Research	\$80,700	\$92,706	\$12,006	2
Chris Morin, MS Research Associate	\$50,160	\$61,026	\$10,866	2
Theresa Sama Administrative Manager	\$47,496	\$57,727	\$10,231	2
Gerardo Quintana Research Assistant	\$37,440	\$43,127	\$5,687	1

Relevant to this proposal, the proposed project would occur during FY 19-20 (six months, from January to June 2020), and FY 20-21 (three months, from July 2020 to the end of September 2020).

To that end, our salaries for the first 2/3 of the project are those in the “FY 19-20” column of the table below, while our salaries for the second 1/3 of the project are in the “FY 20-21” column of the table on the next page.

Name	FY 19-20	FY 20-21
Jenna LeComte-Hinely, PhD Chief Executive Officer	\$117,704	\$136,103
Casey Leier, PhD Director of Research	\$86,955	\$92,705
Chris Morin, MS Research Associate	\$56,093	\$61,526
Theresa Sama Administrative Manager	\$52,861	\$57,727
Gerardo Quintana Research Assistant	\$40,533	\$43,126

We recognize that these raises are aggressive (i.e., more than cost-of-living or traditional merit-based raises in nonprofits) and wanted to explain our reasoning to the reviewers here.

As such, the “Labor Costs” spreadsheet breaks out the two separate fiscal years, to show precise numbers for DHCD/F.

***Chief Executive Officer: Dr. Jenna LeComte-Hinely***

HARC’s CEO will be overseeing the project, supervising both HARC staff and contractors. She will also be weighing in on community partners, the advisory council, engagement methods, and attending meetings with DHCD/F staff and Board, Advisory Council, and community members. She will be reviewing all deliverables for this project prior to submission to ensure they are high quality. This will take approximately 20% of her time during the nine months of the project, for a total of 312 hours dedicated to the project.

***Director of Research & Evaluation: Dr. Cassandra (Casey) Leier***

HARC’s Director of Research will be the project lead on this particular project. She will organize and delegate tasks and pull the many moving parts together on this project. She will identify data sources, be the liaison with the Advisory Council, and lead the reports to DHCD/F every other week. She will be writing and/or reviewing all reports and other deliverables for this project. She will host the English-language community engagement events, with HARC staff and CNCEF supporting her. This will take approximately 40% of her time during the nine months of the project, or 624 hours.

***Research Associate: Chris Morin***

Mr. Morin will support Dr. Leier on any and all tasks, such as data gathering, data mapping, data analysis, writing reports, hosting community engagement meetings, interfacing with contractors and CNCEF, and more. This will take approximately 30% of his time during the nine months of the project, which is a total of 546 hours.

***Research Assistant: Gerardo (Jerry) Quintana***

Mr. Quintana will support Dr. Leier and Mr. Morin on any and all tasks, such as publicizing events, running any Spanish-language community engagement, working with the Advisory Council, gathering and analyzing data, writing reports, and more. This will take approximately 30% of his time during the nine months of the project, which is a total of 546 hours.

***Administrative Manager: Theresa Sama***

Ms. Sama will be responsible for the administrative tasks, such as billing and invoicing, payments to subcontractors, booking venues for Advisory Council meetings and community engagement meetings, booking interpreters, childcare, and food for meetings, etc. This will take approximately 20% of her time during the nine months of the project, or 312 hours.

***HARC Contractors (former HARC staff)***

HARC has two former research associates who have since moved on; one to graduate school to obtain her PhD (Ivy Torres) and another to C-Suite leadership positions at other nonprofits near her husband's family (Teresa Alvarez, née Segovia).

Both are eager and willing to work for HARC as contractors on this project. Both have Masters' degrees, are fully fluent in both English and Spanish, and worked for HARC for years. As such, they both have a wealth of experience in community-based research that is perfect for this project. Additionally, both grew up in the Coachella Valley, both wish to return to the Coachella Valley, and both have family members who live in the Coachella Valley. Thus, they are very invested in this project. Each has committed to working approximately 10 hours per week (not to exceed 40 hours per month) over the nine months of this project. Their hourly rate is \$30/hour. Combined, they will give HARC and DHCD/F an additional 720 hours of work for this project.

***Communities for a New California Education Fund (CNCEF)***

The first wave of community outreach is door-to-door canvassing done by 20 CNCEF canvassers over one month. Each canvasser will be paid at the rate of \$16/hour. In CNCEF's experience, weekends are the best days to canvass and actually reach people. As such, it will be conducted on four weekends (eight days total) in teams of two (for safety). CNCEF has found greatest success with having canvassers work five hours per day. Thus, the 20 canvassers will be working 40 hours each over the single month of outreach (8 days x 5 hours a day). The 20 canvassers will be overseen by a supervisor who assigns shifts, neighborhoods, etc. This supervisor, who is paid \$20/hour, will work all 40 of the canvassing hours.

The second wave of community outreach is hosting 14 community meetings. Two CNCEF canvassers will attend each of these meetings to support HARC, help with facilitation, sign-in, refreshments, coordination with the venue, etc. With set-up and take-down, each of the 14 meetings will require about three hours of work.

The Coachella Valley CNCEF lead, Anna Lisa Vargas, will be working an average of 20 hours per month on this project. This will include her time to organize the door-to-door and the community meetings, but also to act as a thought leader with HARC. As such, she will attend Advisory Council meetings, some meetings with DHCD/F (e.g., presenting results of outreach, logic modeling, prioritizing needs, etc.). She will also be available via email and phone call if issues arise.

The 15% indirect rate helps to cover mileage, overhead, office space, etc.

<b>Indirect Line Items Under FY 19-20 Budget</b>	<b>FY 19-20 Budget</b>	<b># of months on project</b>	<b>Amt. for # of months</b>	<b>Avg. FTE on project</b>	<b>Cost for Project</b>
Salary-related expenses					
6560 · Payroll Fees	\$2,035	6	\$1,018	0.3	\$305
7260 · Workers Comp.	\$2,800	6	\$1,400	0.3	\$420
7240 · Employee benefits - not pension	\$36,480	6	\$18,240	0.3	\$5,472
7250 · Payroll taxes	\$29,000	6	\$14,500	0.3	\$4,350
Other Professional Fees					
7520 · Accounting fees	\$3,900	6	\$1,950	0.3	\$585
7565 · Audit fees	\$7,800	6	\$3,900	0.3	\$1,170
401K Plan					
7644 · 401K Matching	\$10,000	6	\$5,000	0.3	\$1,500
7642 · 401K Fees	\$1,740	6	\$870	0.3	\$261
Non-personnel expenses					
8165 · Rent	\$20,400	6	\$10,200	0.3	\$3,060
8110 · Office Supplies	\$1,500	6	\$750	0.3	\$225
8131 · Cell phones	\$6,000	6	\$3,000	0.3	\$900
8130 · Phone & internet	\$2,000	6	\$1,000	0.3	\$300
8168 · Utilities	\$2,800	6	\$1,400	0.3	\$420
8520 · Insurance	\$5,700	6	\$2,850	0.3	\$855
8560 · Computer services/Software	\$4,500	6	\$2,250	0.3	\$675
<b>TOTAL EXPENSES</b>	<b><u>\$136,655</u></b>		<b><u>\$68,328</u></b>		<b><u>\$20,498</u></b>

<b>Indirect Line Items Under FY 20-21 Budget</b>	<b>FY 20-21 Budget</b>	<b># of months on project</b>	<b>Amt. for # of months</b>	<b>Avg. FTE on project</b>	<b>Cost for Project</b>
Salary-related expenses					
6560 · Payroll Fees	\$2,239	3	\$560	0.3	\$168
7260 · Workers Comp.	\$2,800	3	\$700	0.3	\$210
7240 · Employee benefits - not pension	\$36,480	3	\$9,120	0.3	\$2,736
7250 · Payroll taxes	\$29,000	3	\$7,250	0.3	\$2,175
Other Professional Fees					
7520 · Accounting fees	\$3,900	3	\$975	0.3	\$293
7565 · Audit fees	\$7,800	3	\$1,950	0.3	\$585
401K Plan					
7644 · 401K Matching	\$12,000	3	\$3,000	0.3	\$900
7642 · 401K Fees	\$1,740	3	\$435	0.3	\$131
Non-personnel expenses					
8165 · Rent	\$20,400	3	\$5,100	0.3	\$1,530
8110 · Office Supplies	\$1,500	3	\$375	0.3	\$113
8131 · Cell phones	\$6,000	3	\$1,500	0.3	\$450
8130 · Phone & internet	\$2,000	3	\$500	0.3	\$150
8168 · Utilities	\$2,800	3	\$700	0.3	\$210
8520 · Insurance	\$5,700	3	\$1,425	0.3	\$428
8560 · Computer services/Software	\$4,500	3	\$1,125	0.3	\$338
<b>TOTAL EXPENSES</b>	<b><u>\$138,859</u></b>		<b><u>\$34,715</u></b>		<b><u>\$10,414</u></b>

**TOTAL INDIRECT EXPENSES ON PROJECT \$30,913**

*Note: No indirect costs are applied to HARC's contractors (Ivy Torres, Teresa Alvarez, or CNC) or the "other" costs (mileage, publicity, events, etc.) This is only based on HARC staff labor hours.*

### **HARC Indirect Costs Budget Narrative**

Two HARC staff are working at .20 FTE on the project, one at .40, and two at .35. Thus, the average FTE across the five HARC staff for this project is .30. As such, HARC is charging 30% of the indirect line items over the duration of the nine-month project.

Since the nine months span two fiscal years (19-20 and 20-21), both are presented: six months' worth of 19-20 and three months' worth of 20-21. Note that some line items increase in FY 20-21, as is to be expected.

Note: No indirect costs are applied to HARC's contractors (Ivy Torres, Teresa Alvarez, or CNCEF) or the "other" costs (mileage, publicity, events); this is solely based on HARC staff labor hours.

CNCEF has their own indirect costs (15% of salaries) which is include on the "Labor Costs" spreadsheet.

LINE ITEM	COST
<b>Advisory Council</b>	
\$200/month x 9 months of work x 11 advisory council members	\$19,800
Refreshments for 9 monthly meetings (\$10/person/meeting)	\$990
Room rentals for 9 meetings (2 at HARC, then 1 in each Zone; \$200/meeting)	\$1,800
<b>Subtotal for Advisory Council</b>	<b>\$22,590</b>
<b>Mileage (using the federal reimbursement rate of .58/mile)</b>	
Mileage for HARC staff (14 community meetings, 9 Advisory Council meetings, approx. 9 meetings at DHCD, all approximately 40 miles RT plus misc. = about 1500 miles)	\$800
Mileage for CNC (same as HARC's mileage, plus door-to-door for a month)	\$1,000
<b>Subtotal for Mileage</b>	<b>\$1,800</b>
<b>Publicity for Events</b>	
Direct mail postcard to every household and PO box in CV (both languages), 196,000 cards	\$32,000
Desert Sun	\$3,000
Desert Mobile Home News (print, color, 1/2 page size, 2 weeks)	\$1,160
KLOB - La Suavecita (Spanish radio) 60 second PSAs, ~60 spots	\$1,000
La Poderosa (Spanish radio) 60 second PSAs, ~60 spots	\$1,000
La Prensa (Spanish newspaper) 1/4 page (6" wide x 10.5" tall)	\$1,260
Facebook (both languages)	\$500
<b>Subtotal for Publicity</b>	<b>\$39,920</b>
<b>Events</b>	
Room rentals for community events (\$500/event x 14 events)	\$7,000
Incentives (2 \$100 Visa gift cards plus activation fees = \$210/event) x 14 events	\$2,940
Refreshments for community events (\$400/event x 14 events)	\$5,600
Licensed childcare at community events (2 workers per event, \$25/hour, 3 hours) x 14 events	\$2,100
Real-time translation English-to-Spanish at community events (\$100/hour x 2 hours) x 14 events	\$2,800
ASL translation (2 translators for 2 hours plus travel = \$500/event) x 14 events	\$7,000
Printing flyers/handouts at events (\$100/event x 14 events)	\$1,400
Slido for live polling	\$350
<b>Subtotal for 14 events</b>	<b>\$29,190</b>
<b>Potential Primary Data Collection</b>	
Placeholder, will be spent only if DHCD/F determines more primary data collection is needed. Exact methods TBD by HARC, CNCEF, AC, and DHCD/F in collaboration; will be based on what type of data is missing and from whom. Placeholder is based on rough estimates for in-person, mailed, or online surveys with extensive incentives to help us reach hard-to-measure populations.	\$45,000
<b>Overall Total for Non-Labor Costs (excluding potential primary data collection)</b>	<b>\$93,500</b>
<b>Overall Total for Non-Labor Costs (including potential primary data collection)</b>	<b>\$138,500</b>

## Other Non-Labor Costs Budget Narrative

### Advisory Council

To guide our community engagement we will develop an Advisory Council (AC), made up of 11 total members: one community member from each of DHCD/F's seven zones as well as two leaders from organizations related to health equity in the Coachella Valley and two content matter experts.

AC members will be paid \$200/month for the duration of the nine-month project, in recognition of their valuable time and expertise. They will be expected to attend one meeting per month and be responsive via email or telephone as needed. They will help us to identify how to engage with communities, and help us get the word out about the project and the community engagement events. The meetings will be catered, and will rotate, with two at the HARC offices and one in each of the seven zones. We will pay for the use of facilities.

### Mileage

In order to properly engage the community, both HARC and CNC will need to be out and about in the community, meeting the residents where they live, work, and play. This will include for the 14 community meetings, the nine AC meetings, various meetings with DHCD/F staff and Board, and general project management. As such, there will be substantial mileage for both, calculated at .58/mile per the federal reimbursement rate. We request \$800 for HARC and \$1,000 for CNCEF (higher due to the door-to-door canvassing).

### Publicity

The 14 community engagement meetings that are planned will only be successful if the community members actually *come* to the meetings. Thus, HARC will engage in publicity efforts to make community members aware of the upcoming events, the benefits of attending (e.g., a chance to have your voice heard, free food, free childcare, potential incentives, etc.), and the dates, times, and locations of each. This will encourage participation. It is important to have publicity in both English and Spanish in order to be fully inclusive of our community.

We plan to send a dual-language postcard to every household in the Coachella Valley, including PO boxes. This is approximately 196,000 cards.

We also plan to do print media (Desert Sun, Desert Mobile Home News, La Prensa) and Spanish-language radio (La Suavecita, La Poderosa) based on our prior experience of reaching people. Cost estimates here are for a single month's worth of publicity. We will also be posting about the events on Facebook and using Facebook advertising and "boosting" posts to ensure more people see them and come to the events.

### Events

Each of the 14 community events has many moving parts.

### Room Rentals

First, the events must be located in easily accessible locations embedded in the community, at sites such as the North Shore Yacht Club, the James O. Jessie Desert Highland Unity Center,



Desert Mirage High School, etc. We will pay each of these venues for the use of space. While many would likely donate the space, this promotes equity and goodwill and future partnerships, and enhances the wellbeing of those important organizations who serve community members at these sites.

### ***Incentives***

Incentives will be provided; at each event two attendees will be randomly selected (via tickets provided to them when they walk in) to win a \$100 Visa card.

### ***Refreshments***

Events are always better-attended when food is served, and thus, HARC will provide free meals at each event. HARC will ensure that local vendors are hired to provide this food, again enriching our local community and ensuring goodwill and cooperation.

### ***Childcare***

To encourage parents to attend, free on-site childcare will be provided during the meetings by licensed childcare providers. We will include two workers per event. Again, local childcare agencies will be hired to provide this care so that we are employing the very community we strive to engage.

### ***Translation***

Next, events must be accessible in terms of language; HARC proposes to host some meetings in English and some in Spanish, depending on the demographics of the surrounding community. However, translation to the opposite language will be provided at every event. Additionally, American Sign Language (ASL) translation will also be provided at every event; the deaf community is historically not engaged in these events, and HARC strives to do better. Translation to ASL can be tiring and thus any event over an hour requires two translators.

### ***Printing***

We will be providing the community members with copies of the one-page handout that describes the CHNA results and top five priorities so that they can be informed of the findings and engage in true deliberative discussion. Thus, there will be some printing costs incurred.

### ***Live Polling***

Additionally, we plan to use the program Slido to allow for live polling by simply using smartphones. This helps to encourage participation from audience members while allowing them to maintain anonymity and feel comfortable.

These efforts will ensure that the community events are well-attended, even by those who traditionally do not engage (e.g., those who must provide childcare during those hours, those who are deaf or hard of hearing, etc.).

**Potential Primary Data Collection**

If, during Step 4, “Collect and Analyze Data”, DHCD/F determines that there are gaps in the existing secondary data, it will necessitate collection of primary data. The exact methods will depend on the data that is missing. For example, if DHCD/F determines that data is missing on health needs for migrant farmworkers, the appropriate approach might be to have CNCEF conduct in-person interviews through partners such as Galilee Center or the Mecca Family and Farmworkers’ Service Center. If, on the other hand, DHCD/F determined that there was not enough data on, say, vegetarianism (and that was desired), the appropriate approach might be to conduct a mailed survey to a random sample of 20,000 households across the Valley. In short, it is impossible to determine which methods are most appropriate until the secondary data collection has been gathered, synthesized, and reviewed by DHCD/F.

As such, we have put a placeholder of \$45,000 for data collection costs into the budget, and a placeholder of one month’s worth of data collection into the timeline. If DHCD/F determines there are no substantive gaps and there is no need for primary data collection, this \$45,000 will not be used, and that one month of time will be allocated to other later task, where extra time would be most welcome.

If, on the other hand, DHCD/F determines there are gaps, HARC will design and implement data collection, not to exceed the cost of \$45,000. This number is based on HARC’s extensive experience; it should cover the costs of mailed surveys, in-person interviews by CNCEF, phone surveys, or online surveys, all with extensive incentives to encourage people to participate. It is possible that the total cost would be lower than \$45,000, but HARC and DHCD/F will work together to design the best methods for the job.



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

COACHELLA VALLEY COMMUNITY HEALTH NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLAN  
 REQUEST FOR PROPOSAL  
 Proposal Review Tool

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

Reviewer: \_\_\_\_\_

Criteria	Lacking Response (0 points)	Weak Response (1 point)	Satisfactory Response (2 points)	Points Awarded	Weighted Answer	Weighted Score
<b>Experience</b>						
Demonstrates experience in performing comparable work (i.e., Community Health Needs Assessments, Health Improvement Plans, etc.)	No response OR no experience in performing comparable work	Limited experience in performing comparable work	Extensive experience in performing comparable		Multiple awarded points by 3	
Provides 3 references who can speak to applicants experience in conducting projects of similar scope	No references provided OR references provided negative applicant feedback	References provided both negative and positive applicant feedback	References provided positive applicant feedback		Multiple awarded points by 1	
Experience Criteria Subtotal						
<b>Knowledge</b>						
Demonstrates ability to conduct qualitative and quantitative data collection and analysis	Does not demonstrate ability to conduct qualitative and	Demonstrates limited ability to conduct qualitative and quantitative data	Demonstrates extensive ability to conduct qualitative and quantitative data		Multiple awarded points by 3	

	quantitative data collection and analysis	collection and analysis	collection and analysis			
Demonstrates ability to coordinate a resident-engage process and approach to the project	No response OR no plans for conducting a resident-engaged process	Incomplete plans for conducting a resident-engaged process and applicant demonstrates limited knowledge of possible ways to engage residents	Plans for conducting a resident-engaged process are provided and are appropriate and complete. Demonstrates extensive knowledge of ways to engage residents		Multiple awarded points by 3	
Demonstrates understanding of how the Healthy People 2020 framework to assessing social determinants of health will be integrated in the project	No response OR no understanding of how the Healthy People 2020 framework to addressing social determinants of health will be integrated in the project	Limited understanding of how the Healthy People 2020 framework to addressing social determinants of health will be integrated in the project	Extensive understanding of how the Healthy People 2020 framework to addressing social determinants of health will be integrated in the project		Multiple awarded points by 1	
Knowledge Criteria Subtotal						
<b>Skills</b>						
Demonstrates capacity and infrastructure to conduct project (i.e., qualified staffing, leadership, and management)	No response OR does not demonstrate capacity for Project implementation and management	Demonstrates limited capacity for Project implementation and management	Demonstrates extensive capacity for Project implementation and management		Multiple awarded points by 2	
Skills Criteria Subtotal						
<b>Scope of Work</b>						
Scope of work incorporates the nine-step guide methodology from the Association for Community Health Improvement's Community Health	Applicant does not incorporate the nine-step guide or similar methodology to	Applicant partially incorporates the nine-step guide or similar methodology to meet project deliverables	Applicant fully incorporates nine-step guide or similar methodology to meet project deliverables		Multiple awarded points by 2	

Assessment Toolkit or similar methodology	meet project deliverables					
Scope of work outlines activities and tasks related to project deliverables	Applicant fails to indicate the activities and subtasks leading to the fulfillment of the deliverables	Applicant indicates the activities and subtasks leading to the fulfillment of the deliverables but fails to include details (i.e., benchmarks or milestones, etc.)	Applicant indicates the activities and subtasks leading to the fulfillment of the deliverables and provides details (i.e., benchmarks or milestones, etc.)		Multiple awarded points by 1	
Scope of work highlights processes to ensure collaboration with varied stakeholders (I.E., residents, service providers, CBOs, etc.)	Applicant fails to indicate a detailed process to ensure collaboration with stakeholders	Applicant indicates a process to ensure collaboration with stakeholders but fails to provide details	Applicant indicates a process to ensure collaboration with stakeholders and provides details		Multiple awarded points by 2	
Scope of work staff assignment	Applicant fails to indicate staff, consultants and/or subcontractors responsible for the respective activity or subtask	Applicant indicates staff assignments but fails to provide details (i.e., consultants and/or subcontractors responsible for the respective activity or subtask)	Applicant indicates staff assignments and provides details (i.e., consultants and/or subcontractors responsible for the respective activity or subtask)		Multiple awarded points by 1	
Scope of work timeline	No timeline is provided	A timeline is provided but applicant fails to provide details (i.e., start and end times to deliverables, activities, subtasks, etc.)	A timeline is provided, and applicant provides details (i.e., start and end times to deliverables, activities, subtasks, etc.)		Multiple awarded points by 1	
<b>Scope of Work Criteria Subtotal</b>						
<b>Budget</b>						
Direct costs are outlined in the budget	Incomplete costs (total sum indicated but no	Completed costs but is unreasonable and/ or lacks justification	Reasonable costs with clear justifications		Multiple awarded points by 1	

	line item breakdown)					
Indirect costs are outlined in the budget	Incomplete costs (total sum indicated but no line item breakdown)	Completed costs but is unreasonable and/ or lacks justification	Reasonable costs with clear justifications		Multiple awarded points by 1	
Demonstrates a financial history that shows a continuous cycle of fiduciary responsibility and sustainability	Applicant does not demonstrate a financial history that shows a continuous cycle of fiduciary responsibility and sustainability	Applicant partially demonstrates a financial history that shows a continuous cycle of fiduciary responsibility and sustainability	Applicant strongly demonstrates a financial history that shows a continuous cycle of fiduciary responsibility and sustainability		Multiple awarded points by 2	
Budget Criteria Subtotal						
<b>Other</b>						
Applicant was compliant with administrative submission guidelines of the request for proposal (I.E., format, due dates, etc.)	Applicant did not comply with any submission guidelines	Applicant partially complied with submission guidelines	Applicant fully complied with submission guidelines		Multiple awarded points by 1	
Other Criteria Subtotal						

**Score Summary Sheet:**

1. Experience Criteria: \_\_\_\_\_
2. Knowledge Criteria: \_\_\_\_\_
3. Skills Criteria: \_\_\_\_\_
4. Scope of Work Criteria: \_\_\_\_\_
5. Budget Criteria: \_\_\_\_\_
6. Other Criteria: \_\_\_\_\_

Total Score: \_\_\_\_\_/50



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

COACHELLA VALLEY COMMUNITY HEALTH NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLAN  
 REQUEST FOR PROPOSALS #20191002  
 Proposal Review Total Scores

<b>Applicants</b>	<b>Reviewer 1</b>	<b>Reviewer 2</b>	<b>Reviewer 3</b>	<b>Average Score</b>
<i>Moss Adams, LLP</i>	41	34	39.5	<b>38.2</b>
<i>EvalCorp</i>	44	47.5	45	<b>45.5</b>
<i>Health Assessment and Research for Communities</i>	49	49	47.5	<b>48.5</b>
<i>Community Health Councils</i>	32	43.5	37	<b>37.5</b>
<i>Tripp Umbach</i>	30	31	40	<b>33.7</b>
<i>Strategy Solutions, Inc.</i>	40	32	48.5	<b>40.2</b>
<i>Crescendo Consulting Group</i>	40	34.5	45	<b>39.8</b>
<i>USC Price Center for Social Innovation and Harder + Company Community Research</i>	47	42.75	43	<b>44.3</b>