



**DESERT HEALTHCARE DISTRICT
BOARD MEETING
Board of Directors
November 27, 2018
6:00 P.M.**

Or As Soon After The Adjournment of the Desert Healthcare Foundation Board Meeting

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

Page(s)	AGENDA	Item Type
	<i>Any item on the agenda may result in Board Action</i>	
	A. CALL TO ORDER – President Zendle, MD Roll Call ____ Director Wortham, DrPH ____ Director Hazen ____ Director Matthews ____ Vice-President/Secretary Rogers, RN ____ President Zendle, MD	
	B. PLEDGE OF ALLEGIANCE	
1-3	C. APPROVAL OF AGENDA	Action
4	D. ANNOUNCEMENTS 1. Measure BB	Information
5-6	2. Directors Elections	Information
	E. PUBLIC COMMENT At this time, comments from the audience may be made on items <i>not</i> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Board has a policy of limiting speakers to no more than three minutes. The Board cannot take action on items not listed on the agenda. Public input may be offered on agenda items when they come up for discussion and/or action.	
	F. CONSENT AGENDA All Consent Agenda item(s) listed below are considered to be routine by the Board of Directors and will be enacted by one motion. <u>There will be no separate discussion of items unless a Board member so requests, in which event the item(s) will be considered following approval of the Consent Agenda.</u>	Action
7-9	1. BOARD MINUTES a. Special Meeting of the Board of Directors – Public Forum - October 23, 2018	
10-21	b. Board of Directors Meeting - October 23, 2018 2. FINANCE AND ADMINISTRATION a. No November Meeting of the F&A Committee	



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	G. RESOURCES AND PHILANTHROPY	
22-32	1. Consideration to Approve Grant #979 to FIND Food Bank – \$396,345	Action
33-37	2. OneFuture Coachella Valley Grant #887 - Report Update – Sheila Thorton, Chief Executive Officer	Information
38-42	3. Coachella Valley Antibiotic Resistance Prevention Collaborative Grant #962 - Report Update – Patricia Cummings, MPH, PhD	Information
43-47	4. Existing Grants Progress and Final Reports	Information
	H. DESERT HEALTHCARE DISTRICT CEO REPORT – Chris Christensen, Interim CEO	
48-51	1. Priorities-Milestones-Progress Measures Update	Information
	I. DESERT REGIONAL MEDICAL CENTER CEO REPORT – Michele Finney, CEO	Information
	J. DESERT REGIONAL MEDICAL CENTER GOVERNING BOARD OF DIRECTORS’ REPORT – President Les Zendle, MD and Vice-President/Secretary Carole Rogers, RN	Information
	1. No November Meeting of the Governing Board	
	K. 1. FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE – Chair/Director Mark Matthews and Director Jennifer Wortham, DrPH	
52-56	1. Minutes of the October 9, 2018 Meeting	Information
	2. HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE – Chair/Vice-President Carole Rogers, RN and President Les Zendle, MD	
57-62	1. Minutes of the October 18, 2018 Meeting	Information
	3. NEW PROVIDERS, FACILITIES, PROGRAMS, AND SERVICES AD HOC COMMITTEE – Chair/Treasurer Mark Matthews and President Les Zendle	



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4. BOARD AND STAFF COMMUNICATIONS AD HOC COMMITTEE – Chair/Director Hazen and Director Wortham

63-73	1. Consideration to Approve the Proposal for Rauch Communications Consultants, Inc. to Facilitate Board and Staff Roles and Responsibilities	Action
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L. NEW BUSINESS

74-77	1. Association of California Healthcare Districts (ACHD) Special District Certification Update	Information
78-79	2. Consideration to Approve a Board Self-Assessment	Action

M. OLD BUSINESS

80	1. Communications and Marketing Update	Information
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81-86 N. LEGAL COMMENTS & REPORT

O. INFORMATIONAL ITEMS

P. DIRECTORS' COMMENTS, REPORTS, & STAFF DIRECTION AND GUIDANCE

Q. 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 or call (760) 323-6110 at least 24 hours prior to the meeting.



Date: November 27, 2018

To: Board of Directors

Subject: Measure BB Approved by East Valley Voters

Background

Authored by Assemblymember Garcia, AB 2414 will allow expansion of the existing Desert Healthcare District boundaries to include the Eastern Coachella Valley. Signed by Governor Brown in September 2016, the District filed an application with the Local Area Formation Commission (LAFCO) to expand its service area.

The LAFCO application was approved April 26, 2018. The Riverside County Board of Supervisors approved a resolution on July 17, 2018 to direct the Riverside County Registrar of Voters to add a measure to the November 6, 2018 ballot.

As of the November 16th Registrar of Voters update (not yet certified), an overwhelming 78.85% of approximately 38,000 voters voted in favor of the Measure. The successful passage was as a result of the diligent and timeless effort of the District's Board & Staff, Government Officials, and community members.

The prior District's boundaries included the cities of Desert Hot Springs, Palm Springs, Cathedral City, Rancho Mirage, a portion of Palm Desert and Indian Wells, and other unincorporated areas.

Through expansion, the District gains La Quinta, Indio, Coachella, the remainder of Palm Desert and Indian Wells, and unincorporated communities such as Bermuda Dunes, Thermal, Mecca, Oasis, Vista Santa Rosa and North Shore. The move enables the District to now consider the health needs of and effectively engage with an additional 240,000 residents, realizing one of three key priorities in its strategic plan: One Coachella Valley.

As a result of the expansion, the Board is expected to appoint in January 2019, two new Directors from the annexed area, increasing the Board from five to seven members.

Expansion also requires rezoning the District to integrate two new zones. The process of transitioning from five to seven zones is expected to begin in early 2019.

A new final map is being created and will be disbursed at the Board meeting.

Congratulations to all who have been a part of the success of this unprecedented event!!



Date: November 27, 2018

To: Board of Directors

Subject: Director Elections

Background

In March of 2018, the District began an extensive robust process to create 5 zones within, what is now, the prior District boundaries.

Several focus groups were held, with significant community input, to create the new zones to provide opportunity for disadvantaged populations to serve on the Board of Directors of the Desert Healthcare District.

Following several versions of boundary maps, a final map was adopted by the Board at its June 26, 2018 Board meeting and is included in the packet.

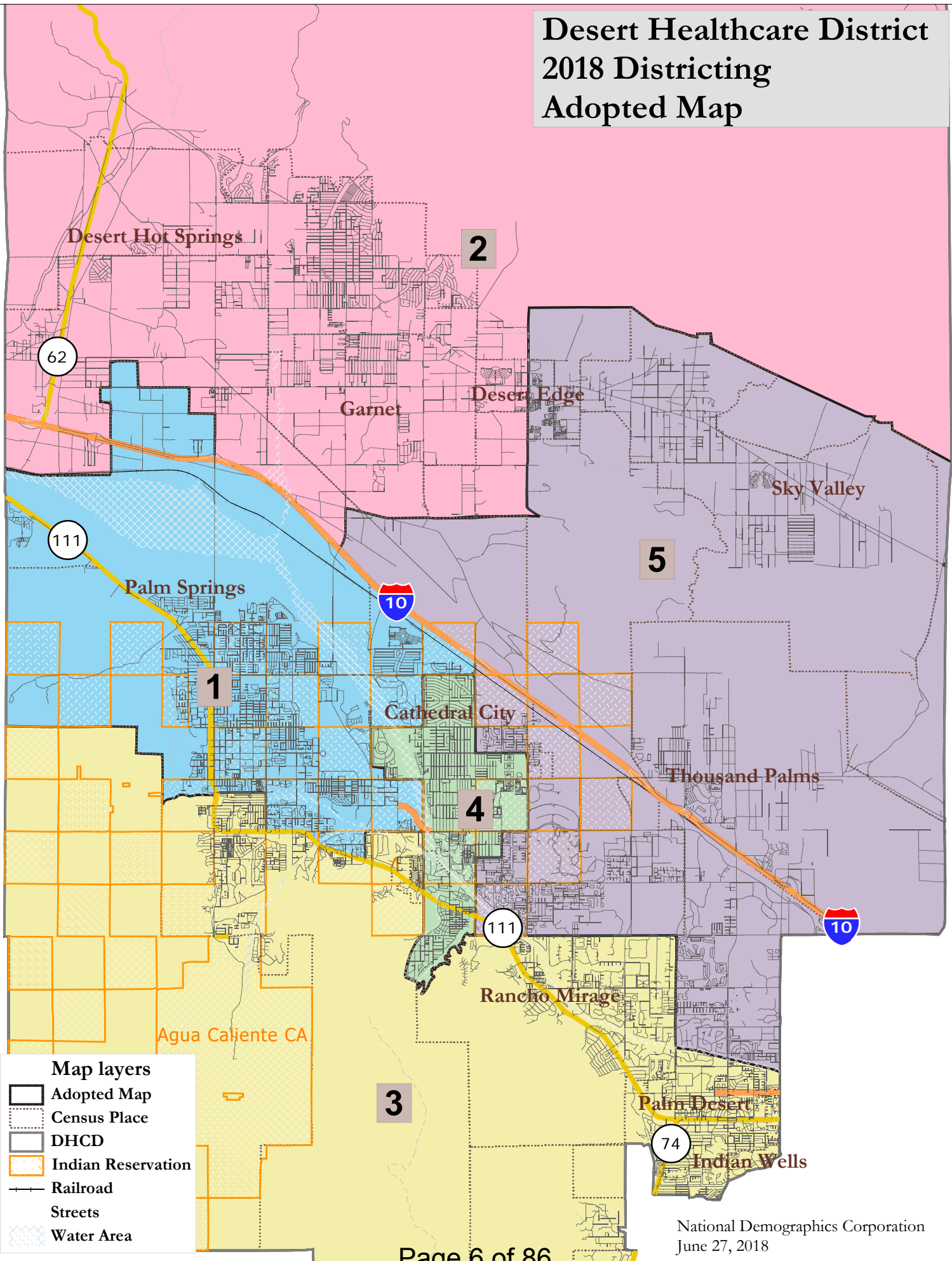
Zones 2 and 4 were eligible for the November 6, 2018 election.

- Zone 2 - Incumbent, Carole Rogers, ran unopposed to retain her seat on the Board.
- Zone 4 – Two candidates ran for the Zone 4 seat, Evett Perezgil and Shelley Kaplan. As of the November 16, 2018, the uncertified results show Shelley Kaplan with 51.94% of the votes.

As a result of the rezoning and election process, Director Kay Hazen will complete an 18-year period of service on the Desert Healthcare District Board.

Congratulations to the successful elected Directors. Thank you, Director Hazen, for your passionate and dedicated service.

Desert Healthcare District 2018 Districting Adopted Map





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

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President Zendle called the meeting to order at 5:37 p.m. The Clerk of the Board called the roll with all Directors present except Director Matthews and Director Hazen.	
B. Approval of Agenda	President Zendle asked for a motion to approve the agenda.	#19-12 MOTION WAS MADE by Vice-President Rogers and seconded by Director Wortham to approve the agenda. Motion passed 3-0 AYES – 3 President Zendle, Vice-President Rogers, and Director Wortham NOES – 0 ABSENT – Director Matthews and Director Hazen ABSTAIN – 0
C. Public Comment		
D. Public Forum 1. Desert Healthcare District Education Forum on Expansion in the Eastern Coachella Valley	Chris Christensen, Interim CEO, provided an educational presentation on Measure BB – expansion of the Desert Healthcare District boundaries. Director Matthews joined the meeting at 5:40 p.m.	



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<p>2. Appointment Process for the Potential of 2 New Directors</p> <p>3. Zone Mapping Process for the Potential New District Boundaries – 7 Zones</p>	<p>Public Comment</p> <p>Karen Borja, Planned Parenthood, inquired on the relationship with JFK Memorial after the expansion. President Zendle explained that there is no affiliation. It is the same relationship with Eisenhower within the District. Director Wortham explained that the lease agreement specifies the relationship between the board and the District.</p> <p>Chris Christensen, Interim CEO, described the timeline for the board member appointment process that includes public notices, interviews, the final appointment of the candidates by January 15, and that the two new members would begin their appointment at the January 22 board meeting.</p> <p>Chris Christensen, Interim CEO, explained the zone mapping process. Director Wortham inquired on a scoring mechanism so that all candidates are equally reviewed. Jeff Scott, Legal Counsel, explained that from his experience it is unusual to give points to certain candidates, which can often become manipulated. Interview the candidates one by one while the other candidates wait in a separate area. In conclusion, the board opens for nominations with varying questions for each candidate.</p>	
<p>E.</p> <p>1. Consideration to Approve a Resolution of Support for Measure BB</p>	<p>Vice-President Rogers made a motion to approve the resolution of support for Measure BB. Director Matthews made a motion to move</p>	<p>#19-13 MOTION WAS MADE by Director Matthews and seconded by Director Wortham to table the resolution until the entire board is present. Motion passed 4-0.</p>



DESERT HEALTHCARE DISTRICT

DESERT HEALTHCARE DISTRICT

BOARD OF DIRECTORS

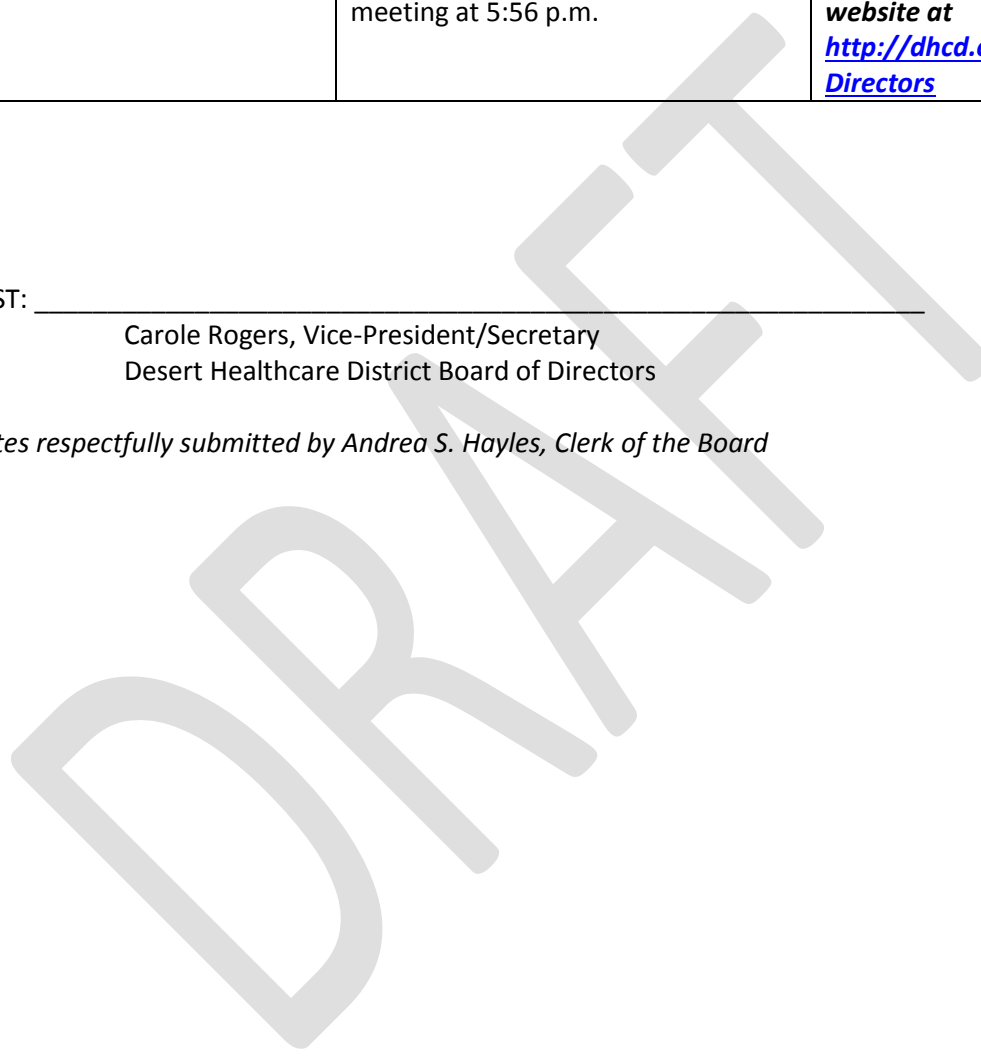
SPECIAL MEETING OF THE BOARD OF DIRECTORS

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	to table the resolution until the full board is present.	AYES – 4 President Zendle, Vice-President Rogers, Director Matthews, and Director Wortham NOES – 0 ABSENT – Director Hazen ABSTAIN – 0
F. Adjournment	President Zendle adjourned the meeting at 5:56 p.m.	<i>Audio recording available on the website at</i> http://dhcd.org/Agenda-Board-of-Directors

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

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





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

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President Zendle called the meeting to order at 6:00 p.m. The Clerk of the Board called the roll with all Directors present except Director Hazen.	
B. Pledge of Allegiance	President Zendle asked to lead the pledge of allegiance.	
C. Approval of Agenda	President Zendle asked for a motion to approve the agenda with the addition of the resolution of support for Measure BB carried from the Special Meeting of the Board.	#19-14 MOTION WAS MADE by Director Matthews and seconded by Vice-President Rogers to approve the agenda with the addition of the resolution in support of Measure BB as carried from the Special Meeting of the Board. Motion passed unanimously. AYES – 4 President Zendle, Vice-President Rogers, Director Matthews, and Director Wortham NOES – 0 ABSENT – Director Hazen ABSTAIN – 0
D. Public Comment	No public comment.	



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<p>E. Consent Agenda</p> <p>E.1. Board Minutes</p> <p style="padding-left: 20px;">a. Special Meeting of the Board of Directors – September 25, 2018</p> <p style="padding-left: 20px;">b. Board of Directors Meeting – September 25, 2018</p> <p>E.2. a. Approval of September 2018 Financial Statements F&A Approved October 9, 2018</p>	<p>President Zendle explained the correction to the minutes for the public comment of Ezra Kaufman, District Resident.</p>	<p>#19-15 MOTION WAS MADE by Vice-President Rogers and seconded by Director Matthews to approve the Consent Agenda. Motion passed unanimously. AYES – 4 President Zendle, Vice-President Rogers, Director Matthews, and Director Wortham NOES – 0 ABSENT – Director Hazen ABSTAIN – 0</p>
<p>F. Resources and Philanthropy</p> <p style="padding-left: 20px;">1. Consideration to Approve Joslyn Center: Joslyn Wellness Senior Behavioral Health Services Program Grant - \$112,050</p>	<p>Donna Craig, Senior Program Officer, explained the Joslyn Wellness Senior Behavioral Health Services Program grant that includes an engagement plan, and evidence-based deliverables. Ms. Craig introduced Jack Newbie, Executive Director and the Board of Joslyn Center.</p> <p>Jack Newbie, Executive Director, Joslyn Center, thanked the board for their consideration, as well as the District staff. Mr. Newbie introduced his board of eight also describing the holistic approach to wellness.</p> <p>Ed Walsh, Board Vice President, Joslyn Center, explained that as a commission member for the past six years, the grant is a unique concept for the total person and aligned with Joslyn’s current developments. Vice-President Rogers inquired on the age groups and needs Joslyn Center will address. The Aging Mastery</p>	<p>#19-16 MOTION WAS MADE by President Zendle and seconded by Vice-President Rogers to approve Joslyn Wellness Senior Behavioral Health Services Program - \$112,050. Motion passed unanimously. AYES – 4 President Zendle, Vice-President Rogers, Director Matthews, and Director Wortham NOES – 0 ABSENT – Director Hazen ABSTAIN – 0</p>



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<p>2. Consideration to Approve Desert Arc: Desert Arc Healthcare Program Grant - \$164,738</p> <p>3. Consideration to Approve Ready Set Swim Grant to the Desert Healthcare Foundation - \$136,000</p>	<p>program helps individuals navigate aging for the 55 plus age group as a ten-course program to manage issues of the aging population such as medical issues, exercise programs, cognitive behavioral program, and problem-solving.</p> <p>Director Matthews moved for approval explaining the long-term work of Joslyn Center.</p> <p>Donna Craig, Senior Program Officer, described Desert Arc’s Healthcare Program and the components of the vulnerable clientele.</p> <p>Richard Balocco, Executive Director, Desert Arc, introduced his staff and explained that the organization is celebrating 60 years of service to the community this year. The full-time nurses are an integral part of the services with over 700 clients and 200 currently residing in the District boundaries.</p> <p>Lisa Houston, COO, explained the Ready Set Swim grant and the current partnerships. The Ready Set Swim, Jr. program will commence next year, and Mrs. Houston requested guidance from the board on moving forward with the grant.</p> <p>Alejandro Espinoza, Outreach, explained supplemental details of the program such as physical activity, nutritional education, and transportation.</p>	<p>#19-17 MOTION WAS MADE by President Zendle and seconded by Director Wortham to approve Desert Arc Healthcare Program Grant - \$164,738. Motion passed unanimously. AYES – 4 President Zendle, Vice-President Rogers, Director Matthews, and Director Wortham NOES – 0 ABSENT – Director Hazen ABSTAIN – 0</p> <p>#19-18 MOTION WAS MADE by President Zendle and seconded by Vice-President Rogers to approve the Ready Set Swim Grant to the Desert Healthcare Foundation - \$136,000. Motion passed unanimously. AYES – 4 President Zendle, Vice-President Rogers, Director Matthews, and Director Wortham NOES – 0 ABSENT – Director Hazen ABSTAIN – 0</p>
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	<p>Director Matthews explained that after the approval of the expansion and examining the balance sheet, after their commitment to the expansion, the new board will have to examine the budget. Director Matthews supports the expansion, but he is uncomfortable and concerned with no tax revenue for the expanded area with revenue coming from the current District. In June there will be budget and funding challenges, five years from now with the grant budget and expansion the District may face fiscal solvency, and it is necessary to examine and find a method to keep the ongoing programs sustainable.</p> <p>President Zandle and Vice-President Rogers explained that the Ready Set Swim program is successful, and the District should continue to explore the program in the future. The District continues to consider various funding resources to support the east valley expansion.</p>	
<p>G. New Providers, Facilities, Programs, and Services Ad Hoc Committee</p> <p>1. Desert Regional Medical Center Appraisal Report – Colin McDermott, Managing Director, VMG Health</p>	<p>Chris Christensen, Interim CEO, described the landscape of the health care needs of the current District and the potentially expanded boundaries, explaining that Desert Regional Medical Center is the largest asset of the District. Mr. Christensen introduced Colin McDermott, Managing Director, VMG Health,</p>	



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	<p>and Blake Madden, Senior Analyst, VMG Health.</p> <p>Colin McDermott, Managing Director, VMG Health, provided an overview of this presentation explaining that VMG Health has been in existence for over 20-years having conducted over 30,000 evaluations specializing in the health care industry. The phase 1 analysis was outlined such as the prepaid lease with Desert Regional Medical Center and the Fair Market Value, including the Business Valuation, Investigation Analysis, Market Approach Process, and details of the Income Approach Result Summary of Assumption of tangible and intangible assets.</p> <p>Director Hazen arrived at 6:42 p.m.</p>	
<p>H. Desert Healthcare District CEO Report</p> <p>1. Priorities Milestones-Progress Measures Update</p>	<p>Chris Christensen, Interim CEO, provided an overview of the monthly update of the Priorities, Milestones, and Progress Measures. President Zendle requested an update on the accreditation from the Association of California Healthcare Districts (ACHD) at November meeting.</p>	
<p>I. Desert Regional Medical Center CEO Report – Michele Finney, CEO</p>	<p>Michele Finney, CEO, Desert Regional Medical Center, Desert Care Network, explained that the hospital is focused on preparations for the flu season, additional ER treatment spaces, new urgent care centers, modifications to moving the cardiac rehab to the Stergios building, and seasonal staff for the ER. Mrs. Finney explained that the</p>	



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	<p>State of CA passed new homeless discharge legislation effective January 1, and the staff is updating the policies and procedures with Webex's for compliance and in-patient and ER discharges. The new Chief Nursing Officer will commence his new role on November 5. Capital expenditures were approved for \$1M in various departments with a total of \$21M of investments throughout the year. Renewals on comprehensive stroke, accreditation for acute rehab, and JACHO accreditations are forthcoming.</p>	
<p>J. Desert Regional Medical Center Governing Board of Directors Report</p>	<p>President Zendle described a presentation from the State of California Government Relations Department on federal, state and local issues, and the announcement at the meeting that Desert Regional Medical Center is in support of Measure BB. A report was provided from the compliance department for patient monitoring in the hospital, and CDPH opened and closed cases were reviewed and discussed among the governing board. President Zendle explained that there has been an increase in patient satisfaction creating a positive impact on the hospital scores. In conclusion, President Zendle explained a new policy for not transporting patients after dark unless it necessitates a valid clinical reason.</p>	
<p>K. Finance, Administration, Real Estate and Legal Committee</p> <p>a. Minutes of September 11, 2018</p>	<p>Director Matthews explained the minutes of the September meeting</p>	



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<p>b. CFO Report & Las Palmas Leasing Update</p> <p>c. FY 2018 Audit Reports</p> <ul style="list-style-type: none"> • Management Letter, Communication Letter, Internal Controls Report • Desert Healthcare District Audit Report • Retirement Protection Plan Audit Report <p>d. LPMP Lease Extension – Suite 2W 203 – Desert Family Medical</p>	<p>and the Committee’s decision to table the Kaufman Hall Service Agreement Addendum #2. Kaufman Hall has performed a great deal of work preparing for the expansion, seismic assessment, and the hospital appraisal, but the matter was forwarded to the board with no action suggesting a delay in the work with Kaufman Hall until the November election.</p> <p>Director Matthews provided an overview of the audit report that was presented by Moss Levy & Hatzheim. Chris Christensen, Interim CEO, explained that there were no findings with the audit.</p> <p>Director Matthews described the details of the Las Palmas Medical Plaza lease extension for Desert Family Medical.</p>	<p>#19-19 MOTION WAS MADE by President Zendle and seconded by Director Matthews to approve the FY 2018 Audit Reports. Motion passed unanimously. AYES – 5 President Zendle, Vice-President Rogers, Director Matthews, Director Hazen, and Director Wortham NOES – 0 ABSENT – 0 ABSTAIN – 0</p> <p>#19-20 MOTION WAS MADE by Director Matthews and seconded by President Zendle to approve the LPMP Lease Extension – Suite 2W 203 – Desert Family Medical. Motion passed unanimously. AYES – 5 President Zendle, Vice-President Rogers, Director Matthews, Director Hazen, and Director Wortham NOES – 0 ABSENT – 0 ABSTAIN – 0</p>
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<p>e. LPMP Lease Addendums – Dr. Awad</p>	<p>Director Matthews described the details of the Las Palmas Medical Plaza lease addendums for Dr. Awad.</p>	<p>#19-21 MOTION WAS MADE by Director Matthews and seconded by Vice-President Rogers to approve the LPMP Lease Addendums – Dr. Awad. Motion passed unanimously. AYES – 5 President Zendle, Vice-President Rogers, Director Matthews, Director Hazen, and Director Wortham NOES – 0 ABSENT – 0 ABSTAIN – 0</p>
<p>f. Proposed Vacation Cash Out Option</p>	<p>Director Matthews explained the long-term employee with the maximum vacation hours of 160, and the vacation cash out option.</p>	<p>#19-22 MOTION WAS MADE by Director Matthews and seconded by Director Wortham to approve the Proposed Vacation Cash Out Option. Motion passed unanimously. AYES – 5 President Zendle, Vice-President Rogers, Director Matthews, Director Hazen, and Director Wortham NOES – 0 ABSENT – 0 ABSTAIN – 0</p>
<p>g. Proposed District & Foundation Alternative Workweek</p>	<p>Chris Christensen, Interim CEO, explained the proposed alternative workweek that was presented at the September meeting, and direction by the board to bring back a policy, process, and the secret ballot of employees resulting in two-thirds majority of a 9/80 schedule. The implementation of the new alternative workweek will commence in November.</p> <p>Director Matthews explained that he supports the alternative</p>	<p>#19-23 MOTION WAS MADE by Director Matthews and seconded by Director Wortham to approve the Proposed District & Foundation Alternative Workweek. Motion passed unanimously. AYES – 5 President Zendle, Vice-President Rogers, Director Matthews, Director Hazen, and Director Wortham NOES – 0 ABSENT – 0 ABSTAIN – 0</p>



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	workweek schedule and values the staff's work on the matter.	
K.2. Hospital Governance and Oversight Committee a. Minutes of September 20, 2018 b. 2018 Patient Safety and Quality Initiatives c. Hospital Safety and Compliance Inspections	<p>Vice-President Rogers explained the minutes of the September meeting and the 2018 Patient Safety and Quality Initiatives presentation from Christine Langenwalter, Chief Quality Officer, Desert Regional Medical Center, hospital safety, compliance inspections, and new legislation for homelessness patient discharge that was distributed to the board and attendees at the Hospital Governance and Oversight Committee meeting. Vice-President Rogers also outlined the sample hospital safety and compliance inspections for Grossmont Hospital as the committee will move forward in the future with scheduled metrics for hospital inspections.</p>	
K.3. Board and Staff Communications Ad Hoc Committee	<p>Director Hazen, Chair, Ad Hoc Committee on Board and Staff Communications explained that a workshop is scheduled for Thursday, October 25 with the entire board for full discussion of the board and staff communications and policies and procedures.</p>	
L. New Business	<p>Vice-President Rogers explained the motion for a Resolution of Support from the Special Meeting of the Board educational public forum on expansion to support Measure BB that was tabled to allow all board members to vote on the resolution.</p>	<p>#19-24 MOTION WAS MADE by Vice-President Rogers and seconded by President Zendle to approve the Resolution of Support for Measure BB. Motion passed 4-1. AYES – 4 President Zendle, Vice-President Rogers, Director Hazen, and Director Wortham</p>



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	<p>Director Matthews explained that he supports the expansion, but with no taxpayer funding he will not support the motion. The existing taxpayers pick up the tab for the east and funding will possibly need re-evaluating.</p> <p>Director Hazen explained that the board agrees on expansion, but disagrees with certain aspects of funding and moving forward with the expansion, including other matters – describing the importance to progressing with the expansion although she has disagreements with some elements, but supports efforts to gain, attach, and secure additional funding. The District board voted to support the legislation unanimously taking into consideration the differences such as voting in only one portion of the Valley, which is a disappointment. Director Hazen further explained that she voted against the original funding which remains unchanged, but afterward voted solidly to move forward with the expansion. Once the expansion passes, seeing no barriers, she suggests that the board consider to fully fund the collective funds immediately into the community. Director Hazen wants to ensure the historical efforts are captured such as the funding.</p>	<p>NOES – Director Matthews ABSENT – 0 ABSTAIN – 0</p>
M. Old Business	No Old Business	
N. Legal Comments & Reports		
<p>1. AB 2329 – Directors Compensation and</p>	<p>Jeff Scott, Legal Counsel, explained that for the first time in at least 20-years, AB 2329 has been adjusted</p>	



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<p>Ribakoff Case on Public Comments</p>	<p>to allow director’s compensation for up to five meetings with a 5% increase per year.</p> <p>Attorney Scott described the Ribakoff case with the city of Long Beach concerning the public’s right to public comment and reinforcing the right of the public agency to control certain aspects of the meeting.</p> <p>Director Mathews inquired on the Solomon case that was presented to the Supreme Court. Attorney Scott explained the court’s denial and findings in favor of the District.</p>	
<p>O. Informational Items</p> <p>1. CV Link Q3 2018 Progress Report</p>	<p>President Zendle explained the CV Link Q3 2018 progress report as provided in the board packet.</p>	
<p>P. Directors’ Comments, Reports, & Staff Direction and Guidance</p> <p>1. Association of California Healthcare Districts (ACHD) 66th Annual Meeting</p> <p>2. California Special District Association (CSDA) Annual Conference</p>	<p>President Zendle described the behavioral health presentation at the Association of California Healthcare Districts Annual Conference and the increase and decrease in beds and the population.</p> <p>Vice-President Rogers explained that once presented, she would like the board to support Arcadia Health’s proposal for an 80-bed inpatient facility.</p> <p>Vice-President Rogers described the various presentations of the California Special District</p>	



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	<p>Association Annual Conference such as Standout Leadership, Ten Things to Quick to be More Successful, Personality Make Ups, and You're Out of Order for chaotic board meetings.</p> <p>Vice-President Rogers also outlined the new laws from the court of appeals concerning people experiencing homelessness such as not arresting individuals sleeping on the sidewalks or in other public areas.</p>	
<p>Q. Adjournment</p>	<p>President Zendle adjourned the meeting at 7:49 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agenda-Board-of-Directors</p>

ATTEST: _____

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

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



Date: November 27, 2018
To: Board of Directors
Subject: RESOURCES AND PHILANTHROPY PROGRAM
Community Health Focus Area: *Healthy Eating/Active Living*

Grant Request: Grant #979 FIND Food Bank: *FIND's Healthy Food First/Pathways Out of Hunger Pilot* - \$396,345.

Staff Recommendation: an award of \$396,345 be approved to support Healthy Food First/Pathways Out of Hunger pilot project at FIND Food Bank.

Nexus to Community Health Focus Area Healthy Eating/Active Living:

- Promoting efforts that address diabetes, obesity, and other chronic conditions, nutrition, healthy lifestyles, food insecurity and healthy communities.

Background:

- The Desert Healthcare District has been a major partner/supporter/funder of FIND Food Bank, beginning with an investment match of \$3 million to purchase a facility that includes FIND's warehouse operations and administrative office to a 4-year collaborative initiative – *Project Produce* – that ensured the distribution and consumption of millions of pounds of fresh fruits and vegetables at the many food pantries in the Coachella Valley.
- Moving forward, FIND Food Bank's Healthy Food First programs and the Pathways Out of Hunger pilot program will address challenges directly, food insecurity and the social determinants of health that accompany food insecurity; and indirectly, homelessness – recognizing the dilemma of individuals using limited dollars to purchase food to survive, but then not having enough money to cover the costs of shelter.

Use of Funds:

- Will support a portion of direct program expenses for the Healthy Food First (HFF) programs, specifically the 5 million pounds of fresh produce distribution throughout the HFF suite of programs, and their CalFresh/MediCal outreach/case management work in support of District residents.
- DHCD's Healthy Food First funding will also support the expansion of FIND's mobile pantry program to include food assistance distribution at our two additional sites in Cathedral City and Desert Hot Springs.

- Additionally, FIND is seeking DHCD funding to support 50% of a dedicated staff member, FIND's director of community impact, to oversee the assessment, development, and design of FIND's Pathways Out of Hunger strategy and pilot programs. FIND's director of community impact will guide this work, taking a deeper dive in understanding what resources and/or training residents need (i.e. financial literacy, nutrition education, meal planning, writing and resume skills, interview techniques, and/or professionalism training), not only to survive, but to thrive through tackling their root causes of hunger.

ADDRESSING CHALLENGES AND SUPPORTING DATA

The challenges that FIND's Healthy Food First programs and the Pathways Out of Hunger pilot programs address are:

Food Insecurity Challenges:

- Missing meals that low-income children, adults, and seniors need to survive and to thrive
- Food-insecure residents lack of access to nutritious foods, specifically fresh produce.
- USDA Profiles of SNAP Households, CA Congressional District 36 (Jan. 2018) shows only 46% of residents living below the poverty level in FIND's core service area are accessing SNAP benefits.

Support Data: According to Feeding America's 2018 Map the Meal Gap: Health Implications of Food Insecurity report, "An analysis of county data on health indicators and food insecurity shows that communities with the highest rates of food insecurity face a higher prevalence for diseases such as diabetes and obesity, as well as a higher incidence for other metrics that are tied to health, including lack of health insurance..."

Local data from Lift To Rise / USC Sol Price Center for Social Innovation's 2016 summary brief (drawn from US Census data) support these conclusions, stating:

- Nearly half of Coachella Valley residents live below the 200% federal poverty line, which is more than 10 percentage points higher than throughout the state of California;
- Hispanic residents, who account for more than 50% of the population, are almost 3 times more likely to face poverty than White residents; and
- In the Coachella Valley, over 32% of Hispanic children are obese. Black children and those in other race and ethnic groups range from 21 – 25%, and less than 18% of White children in the Coachella Valley are obese.

Additionally, and specific to children, according to the Council on Community Pediatrics' Committee on Nutrition, a substantial body of literature links early childhood malnutrition and food insecurity to adult diseases, including diabetes, pre-diabetes, and cardiovascular disease. Among children of all ages, food insecurity is linked to lower cognitive indicators, dysregulated behavior, and emotional distress. Furthermore, longitudinal studies have shown that food insecurity in kindergarten students predicts reduced academic achievement in math and reading over a 4-year period. ("Promoting Food Security for All Children," Nov. 2015, Vol. 136, Issue 5.)

Further, food insecurity does not disappear when a child graduates high school. A 2016 *Hunger On Campus: The Challenges of Food Insecurity for College Students* (Dubick, James; Mathews, Brandon; and Cady, Clare. Oct. 2016) report found:

1. 48% of respondents reported food insecurity in the previous 30 days, including 22% with very low levels of food security that qualify them as hungry;
2. Food insecurity occurs at both two-year and four-year institutions with 25% of community college students qualified as having very low food security, compared to 20% at four-year schools;
3. More than half of all first-generation students (56 percent) were food insecure, compared to 45 percent of students who had at least one parent who attended college;

4. 32% of food-insecure students in the study believed that hunger or housing problems had an impact on their education with: 55% reporting that these problems caused them to not buy a required textbook; 53% reported missing a class; and 25% reported dropping a class. Yet, 56% of food insecure students reported having a paying job; and
5. 64% of food insecure students reported experiencing some type of housing insecurity, and 15% of food insecure students reported experiencing some form of homelessness in the past 12 months.

Food insecurity presents a serious challenge for college students and is often a barrier to academic success.

Specific to the challenges faced by food insecure Senior population in the Coachella Valley, according to “Senior Hunger: Concrete Ways to Act” (AARP/FRAC, 2018), food-insecure seniors are more likely to experience detrimental, chronic conditions including: 3x more likely to suffer from depression, 50% more likely to suffer from diabetes, and 60% more likely to have congestive heart failure/heart attack. These complications are all the more debilitating in the face of other disadvantages that many seniors face, such as social and/or geographic isolation, lack of transportation, etc.

Homelessness Challenges:

Homelessness caused by individuals using limited dollars to purchase food to survive, but then not having enough to cover the costs of shelter. The majority of people served by FIND and our local network are seniors on fixed incomes and working-class families who may just barely qualify for social-safety net programs, but may not be aware of their program eligibility due to their work status, or working-class families living just ABOVE the line to qualify for different benefits. These individuals and families often struggle to make painful decisions each month on what to pay for and what has to wait, often living one paycheck away from homelessness until the unforeseen happens, and they find themselves in the more difficult position of overcoming homelessness.

Support Data: FIND utilizes both Riverside County’s Point-In-Time (PIT) Homeless Count report and our own internal data to monitor this vulnerable population. While we see an overall decline of -6.4% in homelessness in the 2018 Riverside County PIT Report, unfortunately, several cities within FIND and DHCD’s mutual service area experienced a year-over-year increase in homelessness: Cathedral City 4.5%, Desert Hot Springs 34.9%, and Palm Desert 53.6%. Further still, the PIT report indicates that 18% of homeless adults in our service area were age 62+ (145 seniors), a year-over-year increase of 17.89%.

FIND’s internal data indicates an average 2% of the people served each month through our distribution network self-identify as homeless, however, our team believes there are a far greater number of clients accessing emergency and/or supplemental food-assistance who are by definition homeless. Clients often do not self-identify or reveal their homeless status due to: 1) they are “doubling-up” or “couch-surfing” at family and/or friends’ homes and do not consider themselves homeless; 2) they are concerned that the Department of Public Social Services (DPSS) will take their children away if the family does not have permanent housing; and 3) pride and the stigma that accompanies homelessness. These individuals / families would also not have been included/counted in the 2018 Riverside County PIT Report.

Further alarming is the number of families and individuals increasingly at-risk of homelessness. Almost 6 in 10 of Coachella Valley households are considered rent burdened, meaning they pay more than 30% of their income on rent, according to a Lift To Rise / USC Sol Price Center for Social Innovation summary brief (drawn from US Census data). The brief further states that, “The share of rent burdened residents

in the Coachella Valley is higher than California by 2.1 percentage points. Since rent in the Coachella Valley is significantly lower than the statewide average, the rent burden problem is largely driven by extremely low incomes in the region. Almost 79 percent of households earning less than \$50,000 annually are rent burdened, while less than 18 percent of households who earn \$50,000 or more a year are rent burdened. Therefore, the incidence of rent burden is overwhelmingly concentrated among the poorest households, and the majority of rent burdened residents live in census tracts with high poverty rates....forcing household members to make tradeoffs between essential spending like food, energy, and other necessities.”

Line Item Budget - Sheet 1 Operational Costs

Approved budgets are the basis for reporting all grant expenditures. Line items may not be added or changed without grant amendment. Prior authorization is required for transferring funds (<10%) between existing line items. Describe budget narrative in cell B38. You may insert rows or create additional worksheets if more space is needed to fully describe your budget.

PROGRAM OPERATIONS		Total 12 Month Program Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Labor Costs		\$ 425,899		\$ 149,092
Equipment (itemize)				
1		\$ -		
2		\$ -		
3		\$ -		
4		\$ -		
Supplies (itemize)				
1	Produce Packing Fees and Shipping	\$ 421,000		\$ 209,000
2	Supplies	\$ 21,500		\$ 9,553
3		\$ -		
4		\$ -		
Printing/Duplication		\$ -		
Mailing/Postage/Delivery		\$ -		
Travel		\$ -		
Education/Training		\$ -		
Facilities (Detail)				
	Office/Rent/Mortgage	\$ 33,500		
	Meeting Room Rental	\$ -		
	Telephone/Fax/Internet	\$ 15,000		\$ 6,750
	Utilities	\$ 35,000		
	Insurance	\$ 20,000		
	Maintenance/Janitorial	\$ 15,000		
Other Facility costs (itemize)				
1	CAFB - F2F Fees	\$ 11,000		\$ 4,950
2	FIND Transportation	\$ 40,000		\$ 7,500
3		\$ -		
4		\$ -		
Other Program Costs not described above (itemize)				
1	Mileage Reimbursement	\$ 12,500		\$ 4,000
2	In-Direct Expenses	\$ 12,000		\$ 5,500
3		\$ -		
4		\$ -		
Total Program Budget		\$ 1,062,399		\$ 396,345

Line Item Budget - Sheet 1 Operational Costs

Budget Narrative	<p style="color: red;">Fully describe items above in this cell (B38)</p> <ul style="list-style-type: none">- Produce Packing fees and Shipping: FIND is required to pay for packing fees associated with the donated produce and also pay for the logistical transportation (shipping) of the produce to the food bank from the fields - Supplies: Totes, Bins, Boxes, and other materials required to transform bulk loads of produce into packages that are able to be distributed to clients and agency partners - Telephone/fax/internet: operational needs to conduct business - self explanatory - CAFB - Farm to Family Fees: FIND is required to pay membership fees to be part of the California Association of Food Banks, who runs the Farm to Family program (F2F). Approximately 60% of the donated produce the food bank receives is through the F2F program. - FIND Transportation: The proportional cost of vehicle maintenance, repairs, registrations and fuel attributed to the percentage of lbs of produce distributed by FIND against the total amount of lbs processed through the food bank in all food categories. - Mileage Reimbursement: CalFresh Outreach worker mileage reimbursement. - Total 12 month Program Cost, excluding Donated Produce Valuation is: \$1,062,399
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**Line Item Budget
Sheet 2 - Labor Costs**

Staff Salaries			% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
Employee Position/Title		Annual Salary			
1	Agency Relations / Data Coord	\$ 32,760	50%	\$ 16,380	5,897
2	Logistics (3 Drivers) -	\$ 98,800	50%	\$ 49,400	17,784
3	Director of Operations	\$ 60,000	50%	\$ 30,000	10,800
4	Warehouse Associates	\$ 157,560	50%	\$ 78,780	28,361
5	Community Relations Coord.	\$ 21,840	40%	\$ 8,736	3,145
6	Inventory Coord.	\$ 33,280	50%	\$ 16,640	5,990
7	CEO	\$ 125,000	0%	\$ -	-
8	CalFresh Outreach (4 Outreach staff)	\$ 123,760	50%	\$ 61,880	22,277
9	Director of Development and Communications	\$ 60,000	35%	\$ 21,000	7,560
10	Community Health Workers (2 CHW's)	\$ 62,400	50%	\$ 31,200	
11	Director of Community Impact	\$ 50,000	100%	\$ 50,000	25,000
12	Benefits	\$ 210,477	100%	\$ 61,883	22,278
Enter this amount in Section 1, Employee Salaries				Total >	149,092
Budget Narrative	<p>Fully describe costs listed above in this cell (B12). All positions listed are directly related to program implementation of all programs that will be funded by this DHCD grant. The positions cover the financial stability of the program, the operational staff to mobilize the program and ensure the proper warehouse operations to properly conduct the program, product sourcing for the in-kind produce donations, the CalFresh Outreach team and Program/Agency Team (Community Impact) to structure and provide oversight to the program delivery. The Director of Community Impact is funded at 50% to allow for a dedicated staff person to fully develop the structure and pilot's to launch the Pathways Out of Hunger Strategy. CHW's will be funded at 100% through the Loma Linda University grant (in process).</p>				
Consultants/Contractors			Hours/Week		Amount of Salary Paid by DHCD Grant
Consultant/Contractor Name		Hourly Rate		Monthly Fee	
1					
2					
3					
4					
5					
6					
7					
8					
Enter this amount in Section 1, Professional Services/Consultants				Total >	\$ -
Budget Narrative	<p>Fully describe costs listed above in this cell (B24).</p>				

Line Item Budget - Other Program Funds

Funding for this program received from other sources		Amount
Fees		
Donations		
Grants (List Organizations)		
1	Loma Linda Universtiy (18 month grant) (projected)	\$ 100,000
2	Wells Fargo (actual)	\$ 25,000
3	Bank of America (actual)	\$ 90,000
4	Indio CDBG (verbally confirmd)	\$ 19,000
5	EFSP Phase 35	\$ 24,174
6	Cabazon Bank of Mission Indians (actual)	\$ 35,000
7	CAFB - CalFresh (verbally confirmed: waiting letter)	\$ 140,000
8	Walmart Foundation (actual)	\$ 85,000
Fundraising (describe nature of fundraiser)		
	Telethon (projected)	\$ 100,000
	Major Gifts and Direct Mail (projected)	\$ 100,000
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)		
1	In-Kind Produce Donations for a total of 5M+ lbs.	\$ 500,000
2		\$ -
3		
4		
Total funding in addition to DHCD request		\$ 1,218,174
Budget Narrative	Fully describe program income listed above in this cell (B19). Note whether income is "projected" or actual.	
	Funds represent full CV program costs. Lines 1 - 8 are notated as actual or projected with a high likelihood that they will be funded. Telethon, Major Gifts and Direct Mail are factored over a 12 month of time. The amount is conservative based on 3 years of actuals. All major gifts, direct mail and telethon are supported by our Board of Directors and are in alignment with organizational strategic plans and initiatives.	

EXHIBIT B – Grant #979

PAYMENT SCHEDULE, REQUIREMENTS & DELIVERABLES

<u>Project Title</u>	<u>Start/End</u>
FIND's Healthy Food First/Pathways Out of Hunger Pilot	1/1/2019 12/31/2019

PAYMENTS:

(4) Payments: \$89,177.63
 10% Retention: \$39,634.50

Total request amount: \$396,345.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
1/01/2019	Signed Agreement submitted & accepted	Advance of \$89,177.63 for time period 1/01/2019 - 03/31/2019
4/01/2019	1 st quarter (1/01/2019 - 03/31/2019) progress report, budget reports and receipts submitted & accepted	Advance of \$89,177.63 for time period 4/01/2019 - 06/30/2019
07/01/2019	2 nd quarter (04/01/2019 - 06/30/2019) progress report, budget reports and receipts submitted & accepted	Advance of \$89,177.63 for time period 07/01/2019 - 09/30/2019
10/01/2019	3 rd quarter (07/01/2019- 09/30/2019) progress report, budget reports and receipts submitted & accepted	Advance of \$89,177.63 for time period 10/01/2019 - 12/31/2019
01/01/2020	4 th quarter (10/01/2019 - 12/31/2019) progress report, budget reports and receipts submitted & accepted	\$0
01/31/2020	Final report (01/01/2019 - 12/31/2019) and final budget report submitted & accepted	\$39,634.50 (10 % retention)

TOTAL GRANT AMOUNT: \$396,345.00

DELIVERABLES:

FIND Food Bank proposes to distribute more than 5 million pounds of fresh produce to food-insecure and hungry clients across the greater Coachella Valley (2.5M within the district boundaries and connect 1,000 DHCD families/households to CalFresh/Medi-Cal resources by the end of the 12-month grant period (January 1, 2019 – December 31, 2019). FIND will take a proactive approach to improving area residents' health and well-being by conducting community needs assessments and developing pilot client-centered programming to bring additional resources to bear that help clients on a pathway out of hunger.

(a) Maintaining distribution of a minimum of 5M pounds of fresh fruits and vegetables offered to food-insecure clients served by FIND's direct distributions and through our member agencies across the Coachella Valley;

(b) Connecting 1,000 DHCD families/households in need of food assistance to nutrition and health resources to better meet their needs and increase individual household sustainability through our CalFresh/Medi-Cal outreach, case management, nutrition education work, and utilizing a support resource guide for integrated services;

(c) Launch two new mobile pantry sites in communities. FIND will serve an estimated 500 – 750 food-insecure families/households in communities where 9 in 10 students are eligible for FRPMs.

(d) Identify and report on the Pathways Out of Hunger strategy pilot programs development status, including staff training, survey development, needs assessment, KPIs, identification and cultivation of community partners, curriculum development, delivery methods, program design and strategies, etc.



Date: November 27, 2018

To: Board of Directors

Subject: OneFuture Coachella Valley: Behavioral Health College and Career Pathways Development Initiative – *Opportunities to Test the Full Pipeline*

Background:

- In 2015, OneFuture Coachella Valley (OFCV) partnered with the Desert Healthcare District, The California Endowment, and the Regional Access Project Foundation to advance a regional strategy that would address the immense local workforce shortage to serve the behavioral health needs of the valley.
- The District Board awarded \$737,900 over a two-year period (with a one-year no-cost grant extension) for the project: *DHCD Mental Health College and Career Pathways Development Initiative*. The deliverable was to launch a regional, aligned effort to build a pipeline to produce a top-quality mental health workforce from within our own student population (two years of staffing and consulting fees to oversee and implement development of a mental health career workforce pipeline; summer career conference; paid undergraduate internships; \$240,000 for scholarships; and planning for a loan repayment program).
- Significant progress has been made toward developing the regional Mental & Behavioral Health pipeline strategy by engaging stakeholders from education, employers who prepare and/or employ mental/behavioral health workers and professionals, and students resulting in the development of the Behavioral Health Workforce Alignment Team (BH A-Team). The BH A-Team, utilizing a collective impact approach, created a vision, strategy and priority tactics to advance local pipeline development. As a result of this team’s efforts:
 - \$240,000 in scholarships was awarded to 27 undergraduate students and six post-baccalaureate students;
 - 90 educators and behavioral health professionals are regularly collaborating through the Behavioral Health Workforce A-Team;
 - 30 K-14 educators completed a Faculty Externship in Behavioral Health, connecting with 12 local behavioral health professionals, and earning the eight-hour Mental Health First Aid Certification;
 - Jewish Family Services, Riverside University Health System-Behavioral

- Health and Safehouse of the Desert collaborated with faculty from PSUSD, CVUSD and DSUSD to develop and pilot a Mindfully Resilient curriculum resource, with potential to scale implementation across the districts;
 - Nine career academies serving more than 1,000 students are networking to share resources and advance behavioral health theme integration into programs;
 - Behavioral Health A-Team completed a map of the Clinical Therapist pathway and barriers specific to the Coachella Valley, and a matrix mapping education requirements for behavioral health careers;
 - 250 scholarship recipients participated in the 2018 Student Leadership Conference: Peace of Mind;
 - A Behavioral Health Careers Resource section was added to OneFuture’s C2Navigator scholarship and student success portal that will be populated with resources to help students advance on their college and career path;
 - 51 undergraduate students secured full-time, paid summer internships in healthcare, with 11 placed in behavioral health-related sites. The behavioral health interns shared their experiences with their 38 student peers interning at other healthcare sites to assure all interns received exposure to behavioral health career opportunities;
 - Behavioral Health A-Team informed and defined a financial incentive strategy and identified one area of greatest need as the placement of post-baccalaureate students in internships in the nonprofit behavioral health setting.
- Within the DHCD grant deliverables, a key accomplishment was to develop a financial incentive strategy. *Financial Incentive Strategy: Behavioral Health Workforce, Coachella Valley* was detailed by the BH A-Team and is ready for implementation. This three-phase strategy recognizes that student loans are not the only financial burden that students endure to become behavioral health professionals, and that there are many ways to create attractive financial incentives that meet the needs of prospective and current behavioral health students and employees.
 - The *Financial Incentive Strategy: Behavioral Health Workforce, Coachella Valley – Loan Repayment, Tuition Reimbursement, Financial Incentives* is attached.

Opportunity:

- This is a unique opportunity to build upon the infrastructure established through the initial grant, and test the full pipeline utilizing the established career academy network, financial aid and scholarship infrastructure, and to activate the concepts of the Financial Incentive Strategy, beginning with Phase 1. Specifically, we could continue a behavioral health careers focus through high school academies and identify a cohort that could be supported to move through the full pipeline — from high school academy to college pathway with financial aid assessment, scholarship, internship and employment support.
- The Behavioral Health Workforce A-Team and OFCV staff would continue to inform buildout of the C2Navigator portal, identify a strategy to increase incentives to attract behavioral health employees at nonprofits, continue to support HCC summer paid internships in behavioral health sites and work to embed behavioral health as a strand across academies.



OneFuture Coachella Valley
41-550 Eclectic Street, Suite 200 E
Palm Desert, California 92260
(760) 625-0422
Info@OneFutureCV.org

Financial Incentive Strategy: Behavioral Health Workforce, Coachella Valley

Loan Repayment, Tuition Reimbursement, Financial Incentives

Purpose:

The intention of the Financial Incentive Strategy is to provide incentive to local students studying in the mental and behavioral health field to come back to the Coachella Valley to work and contribute to the economy, filling a needed gap in the behavioral health profession. It is also intended to provide a hiring incentive tool for local-nonprofits to help be more competitive to secure high need behavioral health professionals.

The strategy recognizes that student loans are not the only financial burden that students endure in order to become Behavioral Health professionals, and that there are many ways to create attractive financial incentives that meet the needs of prospective Behavioral Health employees.

The Behavioral Health Alignment Team (A-Team) identified “Create Incentives” as a core action strategy to build behavioral health workforce, and determined that this plan should focus on two (2) initial actions in an incremental order:

1. Align and promote current resources that are already available to students, making them more widely known and easier to navigate.
2. Develop and create a local Financial Incentive Strategy, to include loan repayment, tuition reimbursement and other financial incentives, that align with the needs of the Valley, is co-created and co-invested by the community.

Framework:

The Behavioral Health A-Team acknowledges that Financial Incentive programs can be complicated and difficult for students to navigate. They also recognize that implementation of strategies like a loan repayment program involve an intricate process and would require an organization to manage and further keep up-to-date with trends in this field. Due to this, it is recommended that a Financial Incentive Strategy program be developed in phases to allow for growth and flexibility to build out a system that could foster a healthy and thriving cohort of mental and behavior health professionals in the Coachella Valley.

Phase 1: C2Nav Behavioral Health Careers Resource Point

OneFuture Coachella Valley to act as backbone organization, aligning current resources to build a portal outlet that will connect students with loan repayment, tuition reimbursement and other financial incentives that currently exist. OneFuture Coachella Valley’s College and Career Navigator (C2N) (www.ofcv.c2nav.com) is the portal for all OFCV scholarship students to apply and submit documentation. Currently, OFCV receives approximately 1,000 scholarship applications through this portal each year with anticipation of this number increasing in future years. With additional build-out of this portal, a page is being dedicated to students studying in Behavioral Health related fields. Phase 1 would include the following:

- State and Federal Loan Repayment program research and understanding of specific programs including details such as HIPSA, CORE and the Mental Health Services Act programs. Research to be vetted with the Behavioral Health A-Team. This will include:



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- **Health Professions Educational Foundation** loan repayment and scholarship programs for students pursuing health related professions - <https://www.oshpd.ca.gov/HPEF/Forms.html>
- **Employer Incentives:**
 - **RUHS**
 - Tuition Reimbursement: Support for current RUHS-BH employees seeking to advance career through continuing education achievement
 - 20/20 program: Support for current RUHS-BS employees seeking to return to school for advanced degree. Allows employees to continue as FTE with full benefits, working 20 hours and attending school 20 hours. Includes payback requirement, mandating continued employment commensurate with hours of education taken.
 - **K-12 School Districts**
 - **Others**
- All counselors will complete training on tuition reimbursement, loan repayment and other financial incentives offered by Behavioral Health employers and agency resource partners. Further, a detailed structure to identify eligible students and guide them to resources will be put in place. Behavioral Health A-Team members agree to be a local source to identify available funding for students and resource for students to contact.
- Researcher will work closely with the OFCV scholarship staff, Behavioral Health A-Team and web developers to appropriately align current resources, allowing for easy understanding and navigation.

Phase 2: Assess and Refine BH Resource Point

This phase will assess for changes in the field, including loan repayment programs, employer scholarships, tuition reimbursement, licensure support resources and other attraction and retention strategies, and more fully align the C2N with these programs to connect more students with resources.

The assessment will determine if there is sufficient student demand to merit the expense of digitally connecting the C2N to agencies providing loan repayment, scholarships and other financial incentives in a way that would automatically connect students' C2N profiles to these agency forms and automatically scrape application data facilitating a more streamlined application process for local students.

If it is determined that there would be enough use of this tool, OFCV would secure and allocate funding to facilitate it's completion. OFCV, acting as the managing organization, would perform the following:

- Assessment of the student need for a more in-depth and easily accessible resource for tuition reimbursement, loan repayment and related resources.
 - How many students might use the tool in a given year?
 - How many students are studying behavioral health fields?
 - What are the local open positions needing to be filled?
 - Are there additional barriers preventing students from graduating and/or pursuing professions in the behavioral health field that would change the course of a local loan repayment program?
 - Is it cost effective to invest in developing a tool to meet this need?



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- Design and build-out the Financial Incentive tool component within the C2N Behavioral Health Resource page that pulls data from scholarship students' applications and designs a career pathway/next steps for students studying behavioral health. This could be further designed to pull data on students who qualify for current loan repayment, scholarships and other resource programs, notifying them and guiding them, along with OFCV counselors, towards resources available to them. This piece can be costly and is the reason for it to be broken into its own phase.

Phase 3: Financial Incentive Strategy Program: The FIF

Implementation of a local Financial Incentive Strategy Program, to include loan repayment, scholarships, tuition reimbursement and other financial incentives that promote local post-graduate students studying in Behavioral Health careers to live and work in the Coachella Valley.

Funding Source would be a collective **Financial Incentive Fund (FIF)**, launched with resources from a variety of sources. Goal would be to create a \$50,000 initial seed fund, which would become one of OFCV's standing Development focus strategies. Initial investments to build the fund could potentially come from:

- Local foundation challenge grant, potentially including \$5,000 investments from multiple foundations, including Desert Healthcare District, Regional Access Project, The California Endowment, CSUSB Foundation, COD Foundation, Eisenhower Foundation, JFK Memorial Foundation and others.
- Advertising revenue generated from the C2N. Initially, due to the newness of the C2N, the target advertising revenue goal would be \$10,000 over 12 months.
- Crowd funding

FIF Access Criteria: Initial concept below. Formal process, criteria and forms to be developed through the Behavioral Health A-Team.

Non-Profit Employers

- Agree to dollar-for-dollar match of funds requested from the FIF
- Complete request form detailing incentive funds requested, type of support being provided (i.e. Tuition Reimbursement, Loan Repayment, Licensure Support, etc.)
- Annual report on status of employee progress

Students:

- Post-graduate students pursuing Behavioral Health related programs commit to working in the Coachella Valley for 2 years, or time commensurate with requirements of hiring employer and specific financial incentive program
- Proof of enrollment in behavioral health Master's Level Program AND/OR proof that student is working with partner Behavioral Health employer
- Agree to repay the financial incentive if they leave the organization before fulfilling the time commitment
- If Financial Incentive is for student loan repayment, checks will be issued directly to loan agency not the students. Issue the loan repayment in a lump sum to have a greater impact on the loan interest.

Progress Report

Eisenhower Medical Center, Grant#: 962

Coachella Valley Antibiotic Resistance Prevention Collaborative

Barbara Adams

Tel: (760) 674-3688

Fax: (760) 773-1880

badams@emc.org

Grant Amount: \$55,805

Paid to date: \$25,112

Balance: \$30,693

Report #1 (Period of activity: 4/1/18-9/30/18)

Due Date: 10/1/2018

The specific benefits or tangible effects to be achieved by the end of the grant period (4/1/2019):

The hiring of the Community Engagement Specialist (CES) will support the grant activities over the course of the one-year funding period. The CES will work closely with the Project Director, Dr. Patricia Cummings, and our partners (CDPH, RivCOH, DMRC and JFK), to engage community partners, including skilled nursing homes, long-term care, and other healthcare-related partners in the adoption and implementation of the project goals and strategic aims through the development of a community collaborative. The CES will conduct one-on-one interviews, small group meetings, or other methods to facilitate engagement. They will ensure the needs of each facility are met by identifying any potential or realized barriers to participation. The CES will also support overall implementation of collaborative activities, including but not limited to:

- organizing and attending meetings, maintaining ongoing/frequent communications with community stakeholders to achieve community support and engagement in the CVARP collaborative;
- building trust among collaborative partners and fostering close partnerships among all facilities involved;
- fostering an environment where culturally diverse people can work together cooperatively and effectively to meet common goals;
- working with facilities on conducting prevention assessments;
- working with facilities on implementing infection prevention and control protocols/policies;
- creating or adapting existing tools and resources to ensure proper adoption of collaborative initiatives;
- drafting tools/protocols specific to the Coachella Valley collaborative; and
- creating and maintaining community partners- database to facilitate efficient contact

and relationship management.

The CES will guide collaborative partners through the tools and resources discussed in the quarterly collaborative meetings, tailoring each of the strategies to the facility, if needed. They will also provide feedback at the collaborative quarterly meetings on facilitators and barriers of implementation and provide report-outs on any lessons learned from the field in operationalizing the infection prevention protocols. The CES will work with Dr. Cummings to develop and conduct surveys and other methods for project evaluation, including analyzing and documenting project progress to meet the outlined goals and aims. The CES will spend approximately half of their time in the community visiting the facilities and helping to guide proper adoption of the collaborative initiatives.

The Community Engagement Specialist position responsibilities will support the Coachella Valley Area Collaborative, which will provide participating facilities with:

- A network analysis of patient sharing between facilities in the Coachella Valley and surrounding areas, if applicable
- A prevention assessment to better understand the baseline status of current CDI (and other HAIs) prevention activities and strategies
- Assistance with development of a facility-tailored infection prevention action plan
- Tools and protocols to enhance interfacility communication; tool and protocol to be developed as part of the collaborative
- Opportunities to discuss and share best practices, and address relevant topic areas (e.g., prevention assessment results and strategies to address challenges, facilitators/barriers to CDI prevention progress, and lessons learned). These discussions will enable facilities to share tools to assess infection control protocols in individual facilities, implementation and evaluation strategies, and ways to collect and use data to focus infection prevention activities. Sharing CDI prevention strategies with others demonstrates that the facility is committed to learning and providing the best quality of care for their patients and community

PROGRESS:

The measurements to be utilized throughout the grant period:

The Community Engagement Specialist (CES) will meet weekly with the Project Director to ensure they are meeting their essential responsibilities, which include:

- Engaging community partners, such as skilled nursing facilities, long-term care, and other healthcare-related partners in the implementation of the project proposal goals and strategic aims through the development of a community collaborative
 - o Tracking documentation (e.g., date of visit, contact person, and meeting purpose)
 - o Quarterly report-outs on implementation progress (e.g., facilitators and barriers to implementation) at the collaborative meetings
- Conducting one-on-one interviews, small group meetings, or other methods to facilitate engagement
 - o Tracking documentation (e.g., date of visit, contact person, and meeting purpose)
- Ensuring the needs of each facility are met by identifying any potential or realized barriers to

participation

- o Tracking documentation (e.g., list or matrix with associated barriers at each facility)
 - Organizing and attending meetings, maintaining ongoing/frequent communications with community stakeholders to achieve community support and engagement in the CVARP collaborative
- o Tracking documentation (e.g., scheduling meetings, meeting sign-in sheets, emails)
 - Guiding collaborative partners through the tools and resources discussed in the quarterly collaborative meetings, tailoring each of the strategies to the facility, if needed
- o Tracking documentation (e.g., in-person meetings, emails, phone calls)
 - Creating and maintaining community partners- database to facilitate efficient contact and relationship management
- o Tracking documentation (e.g., Excel database with contact info, notes, meeting dates)
 - Developing and assisting the conduct of surveys and other methods for project evaluation, including analyzing and documenting project progress to meet the outlined goals and aims
- o Tracking documentation (e.g., survey tools, evaluation plan, matrix tracking forms)
 - Traveling by vehicle to each of the facilities to ensure program progress and engagement
- o Tracking documentation (e.g., mileage logs)

The CES will also be responsible for tracking and updating program progress for the collaborative through the use of a Gantt chart or Excel timeline tracking matrix.

Collaborative Project Timeline:

- Collaborative planning and scope (Aug-Sep 2017)
- CDPH network analysis (Aug-Sep 2017)
- Outreach and meetings with acute care facilities (Oct-Dec 2017)

- Outreach and recruitment of skilled nursing facilities (Jan-Mar 2018)
- Preparation for kick-off meeting (Feb-Mar 2018)
- Recruit and hire the Community Engagement Specialist (Mar-Apr 2018)

- Collaborative kick-off meeting (Apr 2018)
- Prevention assessments (Apr-May 2018)
- Enrollment of participating facilities into NHSN (Apr-May 2018)
- Draft prevention action plan (May-Jun 2018)
- Q2 collaborative meeting (Jun 2018)

- Develop interfacility communication protocol and tool (Jun-Sep 2018)
- Facilitate adoption and implementation of interfacility communication protocol (Sep-Dec 2018)
- Q3 collaborative meeting (Sep 2018)

- Continue interfacility communication protocol adoption and implementation (Oct-Dec 2018)
- U.S. Antibiotics Awareness Week (Nov 2018); facilitate local communications strategy and events

- Draft monitoring and evaluation plan to present at Q4 meeting (Nov 2018)
- Q4 collaborative meeting (Dec 2018); offer voluntary commitment to continue participation in Year 2

- Begin monitoring implementation of CDI strategies, interfacility communication tool, and conducting evaluation (Jan-Apr 2019)
- Create online toolkit for collaborative resources and education materials facilities (Jan-Apr 2019)
- Draft articles, peer-review manuscripts, and/or presentations on lessons learned (Mar-Apr 2019)

Progress this period:

Upon receipt of district funds, starting on April 1, 2018, Eisenhower Health began recruiting a Community Engagement Specialist (CES) and preparing for the kick-off meeting which took place on April 6, 2018.

Quarterly Meetings.

The kick-off meeting was successful, with 24 attendees from over 10 different facilities, including Desert Regional Medical Center, John F. Kennedy Memorial Hospital, Hi-Desert Medical Center, Eisenhower Health, and 6 skilled nursing facilities. The second collaborative meeting took place on June 14, 2018 at Eisenhower Health. There were 45 attendees from over 14 different facilities, including all four acute care hospitals, and 9 skilled nursing and long-term care facilities. The third meeting took place on Friday, September 21, 2018 at Desert Regional Medical Center, with 32 attendees from 11 different facilities, including all four acute care hospitals, and 5 skilled nursing and long-term care facilities.

Community Engagement Specialist.

On May 29, 2018, the CES (Ms. Hailey Greer) was hired and began working. Her role is to support the grant activities over the project period and work closely with the Project Director, Dr. Patricia Cummings to engage community partners in the implementation of the project goals and strategic aims. Ms. Greer and Dr. Cummings meet daily to ensure they are meeting their essential responsibilities and goals as outlined in the project proposal. Ms. Greer has been actively involved in facilitating communications between the California Department of Public Health (CDPH) Healthcare-Associated Infections (HAI) Program and collaborative partners; organizing and coordinating meetings; maintaining communications and building relationships among collaborative partners; working with CDPH and the health care facilities on conducting their prevention assessments; tracking documentation of facility meetings, type of communication, and contact information; creating and maintaining the collaborative partner database; assisting facilities with finding tools and accessing resources to achieve the goals outlined in the project plan. Since joining the team, Ms. Greer has successfully engaged all the partners on the initial outreach list and has expanded the number of committed facilities to 18 (as of September 18, 2018). As she continues her outreach efforts, she is able to network with additional facilities outside the initial project outreach scope. Her role has proven to be extremely valuable in recruiting and retaining active facility involvement in the

collaborative.

Prevention Assessments.

In coordination with CDPH's HAI Program, each facility was engaged in scheduling their prevention assessments immediately following the kick-off meeting in April. The first prevention assessment took place on April 30, 2018 in a skilled nursing facility, with the last facility completing their assessment on September 14, 2018 (due to some facilities signing on later who were not on our initial outreach list). The drafting and sharing of the prevention action plans took place individually, with CDPH infection preventionists and were specific to each facility participating in the collaborative. The action plans outlined any deficiencies or opportunities for improvement in infection prevention and control and environmental cleaning and disinfection strategies. Ms. Greer (CES), in coordination with CDPH infection preventionists, followed up with each skilled nursing facility to review implementation of any recommendations from the prevention assessment and identify any barriers.

Interfacility Transfer Communication.

The CES distributed questions to each participating facility regarding their interfacility transfer protocol beginning in July. The responses were analyzed during the ongoing process of developing an interfacility communication protocol and tool. In addition, the CES will be traveling to each facility and conducting key informant interviews and needs assessments following the quarter 3 meeting on September 21, 2018. These sessions will be utilized to better implement facility specific communication tools and gauge their usefulness. In addition, participants will be asked about their enrollment into NHSN to assess CDI surveillance. The key informant interviews will allow us to guide partners through the tools and resources discussed in the quarterly meetings. These one-on-one meetings will not only serve as a project evaluation tool, they will also aid collaborative members in addressing any barriers they may have experienced.

Tracking:

*Is the project/program on track- **Yes***

On-Track Issues:

Not Applicable

Course correction if the project/program is not on track:

Not Applicable

RESOURCES AND PHILANTHROPY

Information only - status update of new and existing grants since last Board report of October 23, 2018

Final Grant Reports:		
Grantee	Staff Report	5 things to be done differently
<p>HARC #889 - 2016 Community Health Monitor:</p>	<p>The Board-approved use of District funds: \$499,955 over three years for the \$946,990 three-year project to support approximately half of the general operating expenses necessary to complete the 2016 CHM. The grant was on track and ended 10/31/18. All expected results from this grant were met or exceeded.</p>	<p><i>HARC's list of 5 things to be done differently if this project/program were to be implemented again:</i></p> <p>To ensure that the data are high-quality and represent the hard-to-reach populations who live in our valley, future data collection efforts should be adapted to include:</p> <ol style="list-style-type: none"> 1. Greater community outreach to hard-to-reach populations, led by people/entities/organizations that they trust, to convince them that it is in their best interest to take the call and answer the questions; 2. Provide incentives for participants to encourage participation; 3. Limit the number of questions on the survey; <p>Note that we have made these changes for the 2019 survey.</p> <p>4. For the 2016 survey, our dissemination deliverables focused on the general public. It would be better to conduct in-depth, targeted dissemination toward</p>

		<p>organizations who can benefit from the data. Thus, for our 2019 survey, our dissemination efforts will focus more on providing hands-on workshops rather than general publicity.</p> <p>For future iterations beyond the 2019 survey, we plan to explore the following changes:</p> <p>5. Potentially moving the survey to a fee-per-question model; that is, each funder pays \$5,000 per question to put questions on the survey (amount listed here is simply an example, true amount TBD). This might mean that some of the smaller/poorer agencies would be unable to pay for the data they need (and, if no one else paid for it, that would mean an inability to obtain the information they need); however, it would ensure that the survey is financially sustainable (at whatever length the market will bear).</p>
<p>CV Volunteers in Medicine #947 Primary healthcare and support services to District residents.</p>	<p>The Board-approved use of District funds (\$121,500 over 1 year): per average patient contact cost of \$135.00 for each District resident serviced by CV Volunteers in Medicine during the grant period & the average per patient cost represents the cost of budgeted expenses to provide services and an anticipated 900 individual contacts with District residents. The grant achieved less than projected results. Rather than reaching the</p>	<p><i>CVVIM's list of 5 things to be done differently if this project/program were to be implemented again:</i></p> <ol style="list-style-type: none"> 1. Increased community outreach to increase awareness and inform potential patients regarding the accessible and affordable healthcare services available at CVVIM. 2. Identify community and media partners to assist in informing and educating the public about CVVIM healthcare services.

	<p>anticipated goal of 900 individual contacts, only 776 individual appointments or other contacts were scheduled or provided. Impediments encountered in achieving the benefits were fear from immigration/customs offices and transportation to the clinic. *\$4,590 of unexpended funds to be returned to the District.</p>	<p>3. Increase case management services among active patients who have not followed up on last-visit recommendations for follow-up visits or referrals provided for laboratory testing or imaging services. 4. Research potential grant funding to assist with patient transportation costs. 5. Promote the concept of “medical home” to patients and the reasons behind regular medical and dental visits, especially among patients with chronic disease such as diabetes, hypertension and high cholesterol.</p>
Applications		
Applicant	Staff Comments	Status
<p>FIND Food Bank: <i>Healthy Food First and Pathways Out of Hunger</i> - \$396,345</p>	<p>1. <u>Expansion</u> of Healthy Food First program through distribution of fresh produce and connecting families to outreach and case management and 2. <u>Development</u> of a pilot program Pathways Out of Hunger.</p>	<p><i>Being brought forward to Board for review/discussion/potential approval:</i></p> <p>For discussion and review at November 27, 2018 Board of Directors meeting</p>
<p>DIGICOM – requesting \$150,000 over 2 years for student film project focusing on behavioral health – Community Focus Area: Access to Primary and Behavioral Health Care – Proactive Category –</p>	<p>Update: Staff met with DIGICOM on Friday, November 16 to review and discuss concepts – if the students’ videos are prescriptive, it doesn’t work if the goal is to have the students learn how to express themselves. DIGICOM will continue to work with PSUSD students to bring awareness and delve into ideas (not</p>	<p><i>Pending and/or On Hold and/or Further Discussion Needed:</i></p>

	prescriptive) of precariously housed homeless students, mental resiliency or any other peer-to-peer opportunities. Staff will then circle back with DIGICOM staff to work on the next steps to finalize a project description for funding.	
UCR SCHOOL OF MEDICINE \$536,157 (approximate) mobile medical unit through expansion of the Residents Street Medicine Program -	UCR is very much interested in developing the mobile unit concept as a strategy in collaboration with other community partners & service providers. Update: Staff is in process of finding available dates and times to meet with DRMC and UCR with discussion around the tele-psych and psychiatric residency programs. Staff is also pursuing collaborative partnership opportunities with Health to Hope Mobile Clinics program.	<i>Pending and/or On Hold and/or Further Discussion Needed:</i>
Letters of Inquiry		
Agency	Staff Notes	Status
Ronald McDonald House Inland Empire	Requesting \$200,000 to support programs and services specific to Coachella Valley families (approximately 20%) that are referred by JFK Hospital, DRMC and Eisenhower Health for intensive and specialized medical treatments at the Children's Hospital.	Staff will be setting up a site visit after the Thanksgiving holiday.
Health to Hope Clinics	Requesting \$288,000 over a three-year period so that the organization's mobile medical units can serve more of the homeless individuals within the District's	Staff is currently researching the collaborative opportunities with UCR SOM Street Medicine project and Path of

	current service area and/or throughout eastern CV (the passage of Measure BB).	Life Ministries Behavioral Health mobile unit concept.
Cancer Partners (formerly known as Gilda's Club)	Requesting \$130,000 for expansion of a pilot program now at Desert Sands School District - Youth Grief & Loss Support Program. In conversations with PSUSD Mental Health and Student Support Services staff, it was suggested that the Cancer Partners program could fill the gap left by Mourning Star's closing a few years ago.	Staff is recommending Cancer Partners contact representatives at Palm Springs Unified School District to present their program with the goal of attaining an MOU to develop the specifics on the potential number of students that could be served by this program.



November 27, 2018

CEO Report - Priorities - Milestones - Progress Measures

#1 Milestone: Successful Implementation of Strategic Plan

Staff is currently focused on the following work in support of the strategic plan and Board priorities:

1. Homelessness Initiative
2. Behavioral Health Initiative
3. Implementation of the grant structure and new grant software platform – Grant software is now in full operation and staff has completed all preliminary and intermediary training. Staff will continue to obtain all advance training to enable full utilization of the grant software options. This includes setting up both current and past grants with specialized filters/flags to ensure accuracy of searches and data.
4. Policy update and operational process and procedures – See accreditation for ACHD
5. Accreditation requirements – see below section for final update and timeline proposal.
6. Implementation of Communications and Marketing Plan – Staff is on task to move forward on Branding and Website redesign followed by all other components of the plan.
7. CVHIP – staff continues to work with IEHP to finalize the potential of a partnership on Health portal.

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

Staff will make recommendations on policies to be considered as a priority as it relates to accreditation requirements.

Priority: Operations

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

Communications staff continues the community engagement of facilitating spot lights on CBO's who have received funding from the District to support programs that are reflective of our strategic plan. Concurrently, staff is working to identify contracts for the development and design of a potential new brand and website that will embrace the new district boundaries.

Priority: Operations

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

COO continues to work through the process of policy review and the implementation of a proposed timeline to obtain trainings for both staff and the Board of Directors to achieve the “Certified Healthcare District” from The Association of California Healthcare Districts (ACHD) and “District of Distinction” from Special District Leadership Foundation (SDLF) a division of California Special District Association (CSDA) – timeline will be presented at the November Board meeting. – this will also be supported by the recommendation for the Board to consider full ethics and harassment training to take place in February with the full new board seated.

Staff is currently looking into potential sites for Satellite location in the East for Short term representation in the new District Boundary’s. Staff proposes bringing forward further information at the December meeting.

"Priority: Operations

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

Staff has met with IEHP and is currently working on establishing a proposed MOU that will enable the formalization of a partnership between the District and IEHP. The proposed timeframe is for a draft copy to be presented to the finance committee at the December meeting.

"Priority: Operations

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

A proposed timeline for Accreditation will be presented at the November 27th Board of Directors meeting.

"Priority: Strategy and Programs

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

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

"Priority: Strategy and Programs

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

The full report completed by Barbara Poppe and Associates and developed by staff and several community stakeholders is included in the November 27, 2018 Desert Healthcare Foundation Board Packet. Barbara Poppe will provide a presentation of the outcomes and recommendations. The

recommendations will be presented at the November 27, 2018 Desert Healthcare Foundation Meeting for consideration of approval.

"Priority: Strategy and Programs

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

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

Workforce development: After several months of staff's participation in the Behavioral Health OneFuture "ATeam" meetings, a draft plan for engaging future workforce and attracting Behavioral Health professionals in the immediate term has been created. District staff has requested OneFuture CEO to present the Financial Incentive Strategy plan, that includes concepts for loan repayment and financial incentives, to the full Board on November 27. This was one of the deliverables from Grant #887 DHCD Mental Health College and Career Pathways Development Initiative (Board Meeting Grant Final Report September 25, 2018) .

CEO and COO are working with UCR School of medicine to set up a strategic planning meeting to further discuss the concept of the mobile medical unit alongside the development of telepsych services.

The Foundation's analysts staff has been participating in Riverside County RUHS "Riverside Resilience Roadmap" meetings and trainings. This is a cross-sector collaboration to reduce adverse childhood experiences and build community resilience. Our focus has been on the "Activate" Workgroup as it is focused on policy/practices, building capacity, and organizational change.

Although work continues on the Behavioral Health Initiative, it is staff's intent to finalize the work with BPA on homelessness, work as a team to identify strengths and weaknesses from the process, and create a "lessons learned" information piece to help guide the upcoming Behavioral Health Initiative work. Timeline proposed is January 2019.

"Priority: Strategy and Programs

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

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

"Priority: Strategy and Programs

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

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

"Priority: Strategy and Programs

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

The New Providers, Facilities, Programs, and Services Committee and Staff, along with guidance from Kaufman Hall, will be developing a plan (Apr-Jun 2019) for how to proceed with the hospital with regard to seismic retrofit and to define a transaction with the hospital operator (i.e. new hospital lease) by May 2027.

"Priority: Expansion

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

Program team work continues to identify potential funding for two Key Initiatives – Homelessness and Behavioral Health. Through this process, staff is mapping potential funding sources to support efforts and programs that serve the Coachella Valley as a whole.

Concurrently, Staff is focused on Salton Sea Bond and the allocation of 10 million to Health, Prop 63 funds. Staff is participating in Salton Sea authority meetings and furthering our relationship with Desert Parks and Recreational District.

"Priority: Expansion

#14 Milestone: Secure successful LAFCO vote"

Measure BB passed at the November 6, 2018. As of the November 16th Registrar of Voters update(not yet certified), an overwhelming 78.85% of approximately 38,000 voters voted in favor of the Measure. The successful passage was as a result of the diligent and timeless effort of the District's Board & Staff, Government Officials, and community members.

"Priority: Expansion

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

Complete. Staff is now working to obtain further information on potential satellite office locations. This will be presented to the Full Board at the December 18 meeting.

"Priority: Expansion

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

With successful passage of Measure BB, staff will begin processes of appointing 2 new Directors from the expanded area, rezoning the District into 7 zones, and working to develop funding to support the expansion.



DESERT HEALTHCARE DISTRICT

DESERT HEALTHCARE DISTRICT

FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE

MEETING MINUTES

October 9, 2018

Directors Present

District Staff Present

Absent

Chair/Treasurer Mark Matthews Director Jennifer Wortham, DrPH - <i>Telephonic</i> Arthur Shorr, Community Member	Chris Christensen, Interim CEO, CFO Lisa Houston, COO Stephen Huyck, Accounting Manager Andrea S. Hayles, Clerk to the Board	
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AGENDA ITEMS

DISCUSSION

ACTION

I. Call to Order	Chair Matthews called the meeting to order at 3:07 p.m.	
II. Approval of Agenda	Chair Matthews asked for a motion to approve the Agenda.	It was moved and seconded (Community Member Shorr, Chair Matthews) to approve the agenda. Motion passed unanimously.
III. Public Comment		
IV. Approval of Minutes	Chair Matthews asked for a motion to approve the minutes of September 11, 2018.	It was moved and seconded (Director Wortham, Community Member Shorr) to approve the minutes. Motion passed unanimously.
V. CEO Report	None	
VI. Chief Financial Officer's Report 1. LPMP Leasing Update	VI.1. Chris Christensen, Interim CEO, thanked the team of Moss Levy & Hartzheim for the extensive audit work. Mr. Christensen explained that he	



DESERT HEALTHCARE DISTRICT

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FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE

MEETING MINUTES

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	<p>will be out of the office the week of the November 13 F&A Committee, requesting to postpone the meeting until December unless there are important aspects of the November meeting that should be addressed.</p>	
<p>VII. Financial Reports 1. District and LPMP Financial Statements 2. Accounts Receivable Aging Summary 3. District – Deposits 4. District – Property Tax Receipts 5. LPMP Deposits 6. District – Check Register 7. Credit Card – Detail of Expenditures 8. LPMP – Check Register 9. Retirement Protection Plan Update 10. Grant Payment Schedule</p>	<p>VII.1.-10. The Financial Reports were reviewed with Chris Christensen, Interim CEO. Mr. Christensen provided an overview of Dr. Awad’s lease – requesting to transition to a larger space with the lease addendums outlined in the Staff Report also describing the year to date variance analysis.</p>	<p>It was moved and seconded (Director Wortham, Community Member Shorr) to approve the September 2018 District Financial Reports - Items 1-10 and to forward to the Board for approval. Motion passed unanimously.</p>
<p>Public Comment</p>		
<p>VIII. Other Matters 1. Craig Hartzheim – Moss Levy & Hartzheim – FY 2018 Audit Reports – District & RPP a. Management Letter, Communication Letter, Internal Controls Report b. District Audit Report c. RPP Audit Report</p>	<p>VIII.1. a.-c. Craig A. Hartzheim, CPA, Moss Levy & Hartzheim, commenced with the details of the management letter explaining that the District is a small staff that could potentially cause an issue with a segregation of duties that overlap; however, it is not a finding considering how the board mitigates the risk by the reviewing all payments and other principals of the financials. Mr. Hartzheim detailed the Statement of Net Position for the District and the Foundation. The disclosure of the lease agreement with Tenet Health outlining the potential liability was described,</p>	<p>It was moved and seconded (Chair Matthews, Director Wortham) to approve FY 2018 Audit Reports – District & RPP with modified language to the Management Discussion and Analysis Report clarifying the language for seismic and the termination of assets.</p>



DESERT HEALTHCARE DISTRICT

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	<p>including a summary of significant accounting policies.</p> <p>Chair Matthews and Director Wortham expressed concern about future funding, (seismic, termination assets of the district, and the expansion) including expenditures of the grant program. The Management Discussion and Analysis report will be revised and modified to identify and distinguish the impact of the lease and other contingencies as requested by Chair Matthews and Director Wortham.</p> <p>The Post-Employment Benefits of retired Directors was described considering the retirement age, and the aspects of the net pension liability were detailed by Mr. Christensen.</p>	
<p>2. LPMP Lease Extension – Suite 2W 203 – Desert Family Medical</p>	<p>VIII.2. Chris Christensen, Interim CEO, explained the details of the 5-year lease with a base rent of \$1.74 per sq. ft., and the tenant improvement allowance of \$15 per sq. ft.</p>	<p>It was moved and seconded (Community Member Shorr, Director Wortham) to approve the LPMP Lease Extension – Suite 2W 203 – Desert Family Medical and forward to the Board for approval. Motion passed unanimously.</p>
<p>3. LPMP Lease Addendums – Dr. Awad</p> <p>a. Suite 2W-107 – Request for early termination of 3-year lease</p>	<p>VIII.3. Chris Christensen, Interim CEO, explained the lease prior approval of the 1,500 sq. ft. space and the transfer of the tenant from Suite 2W-107 to the larger suite. The tenant improvement and commencement date are currently underway. November</p>	<p>It was moved and seconded (Community Member Shorr, Director Wortham) to approve LPMP Lease Addendums – Dr. Awad – Suite 2W 107 request for early termination of 3-year lease and forward to the Board for approval. Motion passed unanimously.</p>



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<p>4. Proposed Vacation Cash Out Policy</p>	<p>1 was the initial start date, but the tenant is requesting a December 31 expiration date of the lease with a January 1 commencement date for the new lease.</p> <p>Chair Matthews requested that the tenant have 3 months flexibility for construction purposes and to allow Mr. Christensen flexibility with the commencement date.</p> <p>VIII.4. Chris Christensen explained the aspects of the long-term employee with the maximum vacation hours of 160. Management has encouraged the employee to plan scheduled vacations that do not exceed the maximum hours going forward.</p> <p>Director Wortham explained that employees should be able to cash out their pay at the end of the year and not lose any vacation hours – a payout option for all employees.</p> <p>Community Member Shorr explained that vacation is an important aspect of employment and respectfully disagrees.</p>	<p>It was moved and seconded (Chair Matthews, Community Member Shorr) to approve the Proposed Vacation Cash Out Policy and to forward to the Board for approval. Motion passed unanimously.</p>
<p>5. Proposed DHCD Hours of Operation</p>	<p>VIII.5. Chris Christensen, Interim CEO, described the proposed District hours of operation that were presented at the September board meeting. Staff was directed to bring back a policy; however, a</p>	<p>It was moved and seconded (Community Member Shorr, Director Wortham) to approve the Alternative Workweek Schedule Policy for the Secret Ballot Vote and forward the results and the</p>



DESERT HEALTHCARE DISTRICT

DESERT HEALTHCARE DISTRICT

FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE

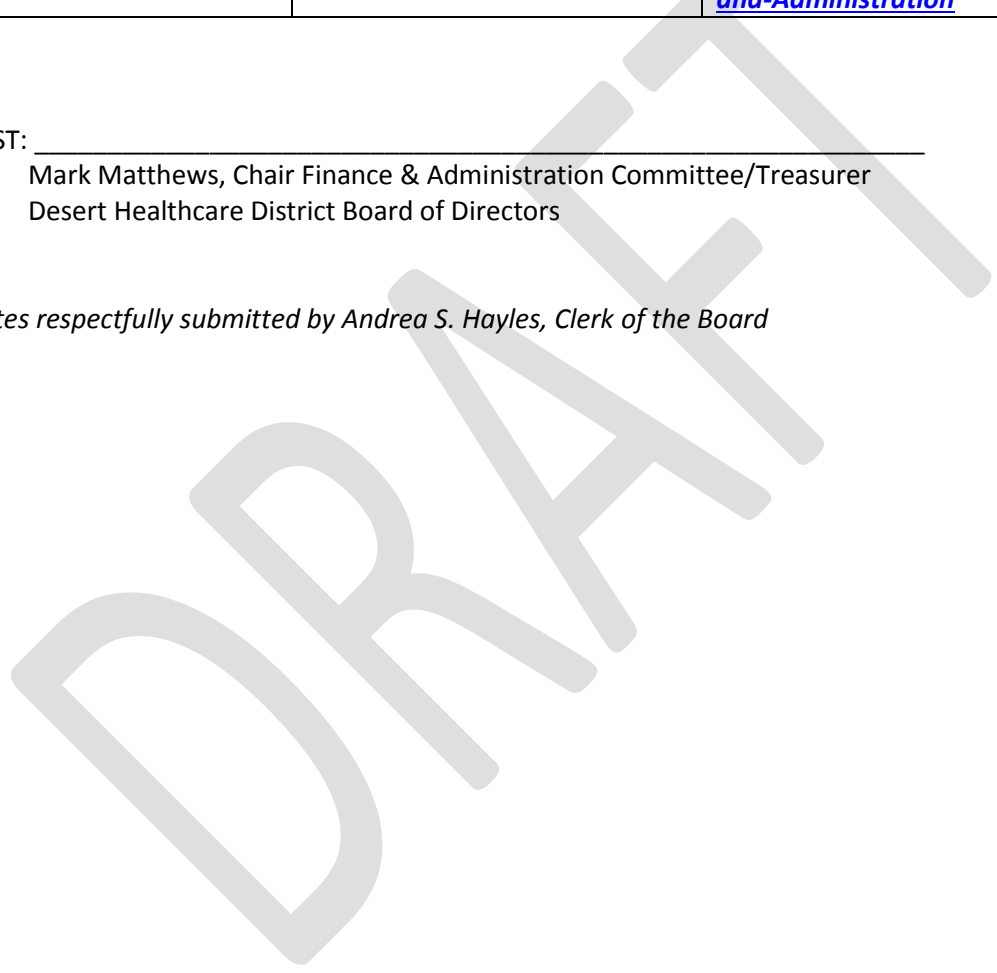
MEETING MINUTES

October 9, 2018

	more formalized policy is necessary to move forward. In the interim, Management has presented Staff with a secret ballot to determine the two-thirds majority for the 4/10 or 9/80 workweek schedule.	Formalized Policy to the Board for approval. Motion passed unanimously.
IV. Adjournment	Chair Matthews adjourned the meeting at 4:02 p.m.	Audio recording available on the website at http://dhcd.org/Finance-and-Administration

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

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





DESERT HEALTHCARE DISTRICT
HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE MEETING
MEETING MINUTES
October 18, 2018

Directors Present	District Staff Present	Absent
Chair, Carole Rogers, RN President, Les Zendle, MD	Chris Christensen, Interim CEO, CFO Stephen Huyck, Accounting Manager Andrea S. Hayles, Clerk of the Board	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 9:34 a.m. by Chair Rogers.	
II. Introductions	Chair Rogers invited all in attendance to introduce themselves.	
III. Approval of Agenda	Chair Rogers asked for a motion to approve the agenda.	Moved and seconded by President Zendle and Chair Rogers to approve the agenda. Motion passed unanimously.
IV. Public Comment	Ezra Kaufman, District Resident, explained that the auditors estimated \$72M to run the hospital if the current lessee is forced to advocate its current lease or choose to advocate its current lease. The District has \$35M on-hand and inquired if there is a plan, contingency, or a list from the vendors working at the hospital. Chris Christensen, Interim CEO, will address the question in writing within 30-days.	
V. Approval of Meeting Minutes	Chair Rogers asked for approval of the September 20, 2018 Meeting Minutes.	Moved and seconded by President Zendle and Chair Rogers to approve the agenda. Motion passed unanimously.
VI. Old Business	President Zendle inquired with Michele Finney, CEO, Desert Regional Medical Center, Desert Care Network, concerning the prior public comment from Stephanie Salter, RN, District Resident, on spiders in the Neonatal Intensive Care Unit (NICU). Mrs. Finney explained that there is a contract in place	



DESERT HEALTHCARE DISTRICT
HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE MEETING
MEETING MINUTES
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	<p>with the exterminator company, the NICU did not communicate any issues concerning spiders or other critters, the house supervisor was notified, and the exterminator responded the same day. However, Mrs. Finney cannot confirm that the spider made contact the patient or the patient’s family, but as described by President Zendle, the Committee follows-up on all safety and quality matters.</p> <p>Ezra Kaufman, District Resident, inquired from the September meeting what he deemed as inaccuracies with the lessee’s annual report in section 14.12 as required by the lease. Chris Christensen, Interim CEO, explained that in his research the annual report was mis-numbered and missing section 14.9. There is a page that include the capital projects associated with the report and his request for an amendment to the report.</p> <p>Mr. Kaufman explained that section 14.12 of the lease calls for an annual report – schedule 14.12 which refers to the paragraphs in the lease that requires certification. Paragraph 14.9 certifies the requirements for the capital improvement projects – also inquiring on and requesting documentation of who approved and chose the previous capital improvements. Mr. Christensen explained that prior documentation was provided illustrating that the board of directors at the time</p>	
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DESERT HEALTHCARE DISTRICT
HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE MEETING
MEETING MINUTES
October 18, 2018

	<p>approved and acknowledged that the capital projects were fulfilled. Vice-President Rogers explained that since her time on the board there has been approval of the expansion of the emergency department as supported in the minutes. President Zendle explained that any capital project above a certain amount must be approved by the board and requested that Mr. Kaufman place his request in writing.</p>	
<p>VII. New Business 1. 2018 Patient Safety and Quality Initiatives</p>	<p>Christine Langenwaller, MSN, RNC, CENP, Chief Quality Officer, Desert Regional Medical Center, provided a presentation of the 2018 Patient Safety and Quality Initiatives. Ms. Langenwaller explained the balanced scorecard metrics, patient safety and regulatory & accreditation that includes, Care of the OB Patient; Care of the Surgical Patient Prevention of Retained Surgical Items; Care of the Surgical Patient Universal Protocol; and Care of the Behavioral Health Patient – the constant observer role. 5150’s by year for 2016-2018 totaled to approx. 1,500 patients per year admissions to the Emergency Department with the goal of zero suicides. Behavioral health screening tools were described such as key tactics to drive continuous improvement.</p> <p>Laura Bruce, RN, Desert Regional Medical Center, explained the nurses concerns not solely for the psychiatric patients and</p>	



DESERT HEALTHCARE DISTRICT
HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE MEETING
MEETING MINUTES
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	<p>suicide precautions, but concerns with the constant observers as well describing multiple patients that are high risk for falls and detailing the pressure on nurses when the observer is required and contacting the Chief Nursing Officer (CNO) to obtain the observer. Ms. Bruce feels it is not about patient safety, but financials and would hope that patient safety is the highest priority. If there are limitations with the constant observer for financial reasons it is not in good faith and a delay in care. Michele Finney, CEO, Desert Regional Medical Center, Desert Care Network, explained that the CNO reviews the care plan for the patient to ensure that certain interventions take place and the constant observer meets the criteria.</p> <p>Ezra Kaufman, District Resident, inquired on how many constant observers are available at Desert Regional Medical Center. Mrs. Finney explained that there are 60 FTE's – 18 per shift and up to 30 at one time.</p> <p>Christine Langenwalter, MSN, RNC, CENP, Chief Quality Officer, continued her presentation with Aggregate Root Cause Analysis and the review of situations and the process for improvement. Details about improving care for behavioral health patients such as written standards for patients and families, emergency room reviews, re-education, and</p>	
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DESERT HEALTHCARE DISTRICT
HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE MEETING
MEETING MINUTES
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<p>VII. 2. Hospital Safety and Compliance Inspections</p>	<p>orientations. The next steps were provided such as collaborations with Inland Empire leaders and the Homeless Patient Discharge definitions and requirements were distributed. Ongoing task force for homelessness and psychiatric patients is a work in progress</p> <p>Ezra Kaufman, District Resident, explained that the CNO has a significant role in hospital operations and inquired if there is a protocol and if the protocol is available to the public. President Zendle expressed to the hospital Governing Board Chair that the issues brought forth are discussed at the November meeting as it relates to quality of care and operations. Mr. Kaufman also inquired if the matters are discussed with the CNO. Mrs. Finney explained that the matter of constant observers is a priority area once the new CNO is hired in November to replace the interim CNO's position. The new CNO will address the matter of observers as a long-term issue, detailing his commitment to the desert, the community, and Desert Regional Medical Center.</p> <p>Chris Christen, Interim CEO, explained the implementation of a quarterly process to collaborate with Desert Regional Medical Center staff on a scheduled hospital inspection tool. An overview of Grossmont Healthcare District's inspection</p>	
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DESERT HEALTHCARE DISTRICT
HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE MEETING
MEETING MINUTES
October 18, 2018

	<p>schedule was provided with Mr. Christensen explaining that the committee would use an engineer to assist with the inspections. The inspection is designed for review as a 2-year schedule to inspect sections as an ongoing tool with significant findings reported to the board of directors.</p> <p>Chair Rogers explained that this is a process devised in a schedule with a reporting process. President Zendle inquired on the costs and Mr. Christensen will reach out to Dale Barnhart, the engineer that assisted with the 2017 inspection. The Committee directed staff to bring forth a proposal with the schedule and proposed costs to the December meeting.</p>	
Public Comment		
VIII. Adjournment	Chair Rogers adjourned the meeting at 10:34 a.m.	Audio recording available on the website at http://dhcd.org/Hospital-Governance-Oversight-Committee

ATTEST: _____

Carole Rogers, Chair/Vice-President/Secretary
Hospital Governance and Oversight and Committee

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



Date: November 27, 2018

To: Board of Directors

Subject: Rauch Communications Consultants, Inc. – Proposal to Facilitate Board Rolls & Responsibilities

Staff Recommendation: Consideration to approve the Rauch Communications Consultants, Inc. proposal.

Discussion:

- The Board and Staff Communications Ad Hoc Committee was created to develop and improve Board and Staff communications and to improve overall success of Board and Staff.
- The Committee has been developing criteria that will enhance the performance of the District’s internal operations.
- Focus areas the Committee has defined include, but are not limited to, Board & Staff Roles and Responsibilities, Board & Staff Communications, Communication Tools, Board Training and Development, enhancing Policies and Process.
- The Committee believes an external resource that is experienced in facilitating workshops and developing strong Districts in these areas is important to a successful outcome.
- Rauch Communications Consultants, Inc. possesses extensive experience in working with District Boards and Staff in developing the strengths for success.
- The Committee recommends Rauch Communications Consultants be engaged for this purpose.
- The proposal from Rauch Communications Consultants, Inc., included in the packet, is presented to the Board for consideration of approval.
- With Board approval of the proposal, staff will bring back to the Board at the December 18, 2018 Board meeting, a complete professional services agreement and schedule for consideration of approval.
- February/March, following the seating of the full 7-member Board, is the anticipated time to begin the workshops and development of the new Board and Staff.
- Communications Ad Hoc Committee.
- Staff recommends approval of the Rauch Communications Consultants, Inc. proposal.

Fiscal Impact:

\$8,820, plus expenses

Dynamic Public Outreach, Smart Strategic Planning

For local governments, special districts, and the engineering, environmental and law firms that support them.

DATE: November 20, 2018

NO OF PAGES: 10

TO: Chris Christensen, Interim CEO Desert Health Care District

FROM: Martin Rauch

Thank you for your request for a proposal to assist Desert Health Care District with facilitation to help provide orientation to the new Board and to give the entire Board an early opportunity to kick off their work together by identifying key issues and priorities for the District to tackle in the coming year.

READY TO HIT THE GROUND RUNNING

Here's why the District would be well served by Rauch Communication Consultants:

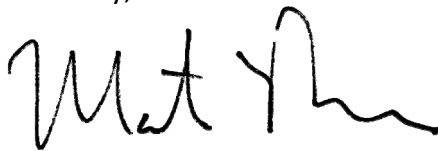
Organizational and Governance Experts. We have worked with upwards of 200 Special Districts over the years. Martin is the principle author of the Special District Leadership Foundation certificate course on Board Governance and Strategic Planning, and a regular faculty member and presenter. We have helped many boards to understand the issues and challenges facing them, and to identify and implement solutions that work.

Special District Experts. We understand special Districts, their role, services, governance, staffing, and the challenges facing Districts.

Experienced Mediators. We are experienced at helping to improve relationships between governing board members, between board and manager, and between manager and employees

Get-To-The-Point Approach. We have refined our approach to get maximum results quickly. We know you are busy and we make every minute count.

Sincerely,



Martin Rauch
President

STATEMENT OF QUALIFICATIONS AND EXPERIENCE

Rauch Communication Consultants Inc. has served special districts for more than 40 years in California. During that time, we have worked with upwards of 200 agencies throughout the state, as well as with many of the leading organizations that deal with local agencies, such as CSDA, ACWA, CASA, and others. We have worked with individual agencies of every kind and size in most corners of the state: water, sanitary, hospital, vector, airport, park and recreation, Community Services Districts, JPAs and others.

Our firm offers three consulting specialties: assisting clients in the development of strategic plans, implementing strategic public outreach programs, and consulting to resolve board and management issues. These services are conducted out of our office in, Campbell (San Jose), and through our affiliates in other cities around the state.

Our expertise in public involvement and outreach lends itself to effectively gathering public input. We are expert facilitators and have planned and facilitated hundreds of successful meetings and workshops over the years.

We completed the strategic plan for the California Special District Association, as well as for dozens of special districts. We led Association of California Water Agencies (ACWA's) Vision 2000 strategic plan that significantly changed the structure and direction of the organization, as well as key planning sessions for California Association of Sanitation Agencies (CASA) during a time of organizational change.

We have also served as speakers for conferences and seminars on strategic planning and public outreach for ACWA, CASA, CSDA and other District associations.

WHAT WE ARE PROPOSING TO DO

This is a preliminary Plan for Decision-Making Purposes. We outline a preliminary plan below for scoping and decision-making purposes, but may suggest changes to the plan following the interviews. While we believe the scope provided in this document should be adequate, we may suggest changes that could change the scope and plan once we have more insight following the interviews.

To achieve this goal, the workshop is likely to include the following topics:

PREPARATION FOR THE WORKSHOP

1. Research and Board and CEO Interviews. The process starts with the consultant reviewing key planning and background documents selected by the CEO. Following that, experience has shown that one of the best tools for gaining insight into key issues facing an organization at the start of a strategic planning process is one-on-one confidential interviews with key individuals. We recommend that the interviews include the Directors and CEO. The confidential interview process gives the people who have the greatest influence on the organization a chance to candidly express their interests, concerns and perspectives. Out of these interviews arises a composite picture of the important issues that will help inform the Board workshop that follows.

AT THE WORKSHOP

1. Review Best Practices. In light of the fact that the Board will have three new members and also, as a helpful review for current members, the consultant will provide an introductory review of best practices in Governance with a focus on Board and CEO roles and relationships. The purpose of this review is to provide an orientation to new and current Directors and a starting point for review of current District practices and policies as well as consideration of changes.
2. Brief Review of Board Policies and Processes. The current policies are a starting point for changing or keeping practices as they are. Development of a strong Board, CEO, and staff communications policy is one of these.
3. Overview of Key District Initiatives. A brief overview of the current key priorities and initiatives of the District provide a starting point for discussing Board goals and priorities.
4. Understand the Issues as They are Today as Well as Challenges and Opportunities Facing the District in the Future. Each participant will be given a chance to share their perspective on the key issues facing the District and what they hope to achieve. This will give each director an opportunity to share their perspective, listen to others and discuss the issues brought to the table.
5. Develop an Initial List of Key Issues and Goals for the Board and District to Tackle in the Coming Year or More. Utilizing the results of the interviews and comments in the workshop, we will work together to organize a set of initial goals for the Board and District to tackle in the coming Year.
6. Clearly Identify Next Steps. We will outline an initial plan for taking the list of issues and goals from this workshop, identify how to finalize it, develop a work plan to accomplish it and determine how the Board will monitor progress and provide oversight over time.

DELIVERABLE

1. Report to the Board. The consultant will provide a written report to the Board that summarizes the results of the workshop and proposed next steps to accomplish the direction provided.

COST ESTIMATE

Scope of Work. We propose to undertake this for a not to exceed time and materials cost of \$8,820.

Conduct Eight Phone Interviews (Board plus CEO) and assimilate the input [12 hours]

Plan and facilitate workshop [16 hours]

Coordination and Reporting, including review of documents, coordinate on setup, answering questions, and summarizing the results of the workshop and next steps etc. [8 hours]

It is likely that there will be a need to update District policies and procedures or take other actions to implement the results of the workshop. That may be handled by the Board, legal counsel and staff. With one additional workshop and some support of staff, this work could be organized by the consultant into a working strategic plan complete with Board Goals, priorities and Staff

Implementation Plan, as well as Board monitoring and oversight plan. The consultant is available to help with implementation actions if needed, which would be additional scope.

Travel and Expenses Additional. Basic material expenses, including, travel expense (transportation and lodging), office printing and sales tax are additional and passed on at cost. Car mileage is at the IRS California rate at the time or actual rental car cost plus fuel.

More Cost Estimate Details. Final charges could be less than the not-to-exceed amounts. No out-of-scope work will be undertaken without prior written approval from the District. Out-of-scope work includes new tasks, or extra work on existing tasks, which exceeds the total estimated cost for the project.

Our rates are: Strategy planning, facilitation and management consulting rate for the senior consultants is \$245.00 per hour. Outreach and public involvement programs rate for the senior consultants is \$175 per hour. Outreach and public involvement programs rate for associate consultants is \$115 per hour. Graphic designer and webmaster services rate is \$105 per hour. Social media and writing specialist's rate is \$45 to \$90 per hour. Rate for Administration, Production Manager, is \$70 per hour.

For meetings involving travel of more than one hour, the minimum charge is four hours.

EXPERIENCED FACILITATORS:

Rauch Communication Consultants is skilled at bringing together parties with different interests and perspectives, working with them to resolve difficult situations, and assisting in the resolution of conflicts among stakeholders. Facilitation or guidance on reaching agreements may be useful in this project. A few examples of our experience follow:

Friant Water Authority. Worked with this large Board of 23 that were divided into many camps and sub groups and becoming near paralyzed with dissension. We helped them to rebuild the group from the ground up with new governance and a new CEO. The organization is now flourishing.

Las Gallinas Valley Sanitary District. Successfully facilitated among a board with differing ideas about Board interactions with staff, what is micromanaging, the amount of detail in minutes, and other issues. These issues were affecting the Manager's ability to perform his job. We successfully facilitated discussion of these issues and development of new policies that eventually resolved the issues.

Cambria Desalination Plant. Facilitated a lengthy series of meetings of a committee of 25 stakeholders on a contentious community issue that had previously resulted in election losses for the local water agency. Developed consensus on the project that later won a majority election victory.

San Diego County Water Authority Water Storage Plan. Facilitated monthly discussion meetings with over 20 water agencies and the Water Authority in developing a countywide water storage plan. Relationships among the players were difficult initially, but we successfully reached consensus on a plan.

Big Bear Municipal Water District and San Bernardino Valley Municipal Water District Legal Dispute. Facilitated a solution to a long-simmering water dispute following years of court fights in a single Board-to-Board meeting.

Big Bear Airport District. Facilitated a long running conflict between one member of the Board and others. The conflict had begun to paralyze both the staff's and the Board's ability to operate effectively and all involved were exhausted from it. After a couple of workshops, we were able to facilitate new policies to resolve the issue and also develop consensus around key goals, objectives and priorities.

Conjunctive Use Working Group. Worked with numerous water agencies and other stakeholders about use of vacant storage space in the Central and West Coast Basin of Los Angeles County. They did not reach full agreement, but identified many potential joint projects that have been used over time. Funded by the State Department of Water Resources.

Truckee Sanitary District. Worked with this District that had problems with a single disruptive Board member. They adopted procedures that resulted in more effective board governance.

San Joaquin River Exchange Contractors Water Authority. In the process of developing a strategic plan, we facilitated resolution of a complex water policy issue in two workshops that had been a source of conflict for many years.

WHAT OUR CLIENTS ARE SAYING ABOUT RCC

"Thanks for your guidance in helping the Board members make decisions that resulted in a healthy working, and successful atmosphere in our District...We have a Board and Management team who get along and support each other. Again, thank you for your capable knowledge and assistance..."

Cordova Recreation and Park

“Our board was having a tough time communicating between ourselves, and unable to communicate with staff. The workshop you put together for us has given us a clear vision and made all the difference in the world.”

Three Valleys Municipal Water District

“Thanks for your assistance with this long overdue process. Great workshop outcome. It went a long way to provide the current Board camaraderie and trust.”

San Diego County Water District

“It was one of the most productive series of meetings of this kind I have participated in professionally.”

Cucamonga County Water District

“Over the years, I have done many, many strategic plans and this one was impressive for how efficient the process was and it got to the point in a practical and useful way. Too often strategic plans just get put on a shelf until next year. This one has check points and useful targets and tasks regularly thru next year.”

Director Novato Sanitary District

“Though your skilled mentoring and carefully executed annual planning sessions . . . this District has been able to rise from the depths of public unrest to a position of public trust. . . So much of what we have accomplished is credited to the tools that you have given us along the way.”

San Juan Water District

“This strategic plan was impressive for how efficient the process was, and how it got to the point in a practical and useful way.”

Novato Sanitary District

“On behalf of the Board of Directors and staff of the California Special Districts Association, I wanted to take a moment to thank you for the wonderful job you did at our 2007 Board Planning Session. You did your homework; found the common denominator, and provided the Board and my executive staff with a positive outlook for the future of CSDA...We were all impressed and came away with a sense of positive change for the Association.”

California Special Districts Association

“Our Strategic Planning Workshop, which you facilitated . . . provided the Board with a greatly improved understanding of the many issues facing the District both now and in the future—which makes it possible for the Board to provide a more focused and clear policy direction to staff . . . Perhaps more importantly, your facilitated process helped our Board and Staff develop a consensus around a much larger, but still realistic vision of what our District needs to be in order to best serve our customers.”

Cucamonga County Water District

“Rauch Communication Consultants has been working with our board of directors and management team for the past ten years. They have facilitated annual strategic planning workshops that have helped us keep everyone focused on the critical priorities of our district. With

RCC's help we have learned to address the major long-term issues and develop effective action plans to deal with them. It has really made a difference!"

Truckee Donner Public Utility District

"...a glowing recommendation for your ability to prepare a Strategic Plan."

Squaw Valley Public Utilities District

"Two things surprised me when Martin led our Board members through strategic planning: The first was that he was an incredible quick study in understanding the issues and the nuances of working through them. The second was how he got our Board to open up and freely discuss the issues. Not only was I surprised at how much he got them to talk and share, but the Board members were surprised at how like-minded they were at the end of the process."

Arvin Edison Water Storage District

THE CONSULTANTS ASSIGNED TO THE PROJECT

MARTIN RAUCH, President, Rauch Communication Consultants

Martin is the authorized Principal with authority to negotiate and contractually bind the firm.

Martin Rauch is President of Rauch Communications Consultants, a full-service strategic planning and public outreach firm with main office near San Jose California that has served over 200 clients in California during the past 40 years.

The work will be carried out primarily by Martin Rauch. He brings to this task experience in group dynamics, developing consensus, Board and District strategic planning, and facilitation.

Martin conducts strategic planning sessions for the Boards and senior managers of client organizations. He also provides training in effective Board meetings, roles and relationships of Board members and managers and other related topics. He specializes in the preparation and facilitation of a wide variety of meetings. These complex events include focus groups, citizen's advisory committees, community presentations and public meetings.

Working out of RCC's San Jose Office, Martin also assists Board of Directors and senior managers, by tailoring public information projects that meet the special requirements of each client. For 26 years, he has provided strategic outreach support throughout the state.

Mr. Rauch has served as a speaker and seminar leader for the Association of California Water Agencies (ACWA), California Association of Sanitary Agencies (CASA), California Special Districts Association (CSDA) and others. He was a regular faculty member of the Special District Institute, is a regular speaker for CSDA, and is on the Board of the Special District Leadership Foundation. He has been invited as a speaker to other statewide associations.

Prior to his work for public agencies, he served for several years as a community organizer and educator for nonprofit organizations, organizing community groups and producing educational and information materials. He holds a Bachelor of Arts degree with High Honors from the University of California at Santa Barbara. Martin's formal training also includes completion of Business Mediation Training at UC Berkeley, as well as courses in Facilitating and Mediating Effective Agreements.

Depending on the project needs, Martin will be supported by the appropriate members of his team:

Lynda Boyd, RAUCH COMMUNICATIONS CONSULTANTS, Staff

Lynda manages all the production of document and project timelines for Rauch Communication Consultants.

Amanda Green, CONSULTING SUPPORT, RESEARCH AND WRITING, affiliate

With a master's degree in Public Administration from Harvard University School of Government and seven years' experience, Amanda provides a range of support in researching, planning and writing. Her experience includes several years working on planning and communication projects for RCC. and in the past with numerous government and industry clients.

LIST OF SELECTED CLIENTS

ORGANIZATIONS

Association of California Water Agencies (ACWA)
California Special Districts Association (CSDA)
California Association of Sanitation Agencies (CASA)
Special Districts Institute
California Sanitation Risk Management Authority
California Association of Public Cemeteries
WaterReuse Association
California Mosquito and Vector Control Association
American Desalting Association
Association of Groundwater Agencies

LOCAL GOVERNMENT AGENCIES

ORANGE COUNTY

Municipal Water District of Orange County
Mesa Consolidated Water District
Los Alamitos County Water District
South Coast Water District
Serrano Irrigation District
El Toro Water District
Orange County Water District
Costa Mesa Sanitary District

SAN DIEGO COUNTY

San Diego County Water Authority
Padre Dam Municipal Water District
Rincon del Diablo Municipal Water District
Vallecitos Water District
Helix Water District
Leucadia Wastewater District
North County Fire Protection District
Olivenhain Municipal Water District
Santa Fe Irrigation District

SAN BERNARDINO COUNTY

Big Bear Municipal Water District
Monte Vista Water District
Big Bear Community Services District
Yucaipa Valley Water District
Joshua Basin Water District
Inland Empire Utility Agency
East Valley Water District
Big Bear Area Wastewater Agency
Victor Valley Water District
Cucamonga County Water District
San Antonio Water Company

IMPERIAL COUNTY

Imperial Irrigation District

SAN FRANCISCO COUNTY

Golden Gate Bridge, Highway, & Trans. District

BUTTE COUNTY

Oroville-Wyandotte Irrigation District

LOS ANGELES COUNTY

Los Angeles County Park and Recreation
Castaic Lake Water Agency
Central Basin Municipal Water District
Pico Water District
Upper San Gabriel Valley Municipal Water District
West Basin Municipal Water District
San Gabriel Valley Municipal Water District
Water Replenishment District of Southern California
San Gabriel County Water District
San Gabriel Valley Water Association
Main San Gabriel Basin Watermaster
California Domestic Water Company
Pasadena Historical Museum
Three Valleys Municipal Water District
Newhall County Water District
Las Virgenes Municipal Water District
Conjunctive Use Working Group

SAN MATEO COUNTY

East Palo Alto Sanitary District
Montara Water and Sanitary District
Sewer Authority Mid-Coastside

RIVERSIDE COUNTY

Mission Springs Water District
Rancho California Water District
South Mesa Water Company
Elsinore Valley Municipal Water District
Santa Rosa Community Services District
Beaumont Cherry Valley Water District
Santa Ana Watershed Project Authority

SACRAMENTO COUNTY

County of Sacramento Public Works Agency-
Sacramento Regional County Sanitation District
Fair Oaks Water District
Arcade Water District
Sacramento Metropolitan Water Authority
Carmichael Water District
Rio Linda Water District
Northridge Water District
Rancho Murrieta Community Services District
Cordova Recreation and Park District

SANTA BARBARA COUNTY

City of Santa Barbara
Goleta Sanitary District
Montecito Sanitary District
Carpinteria Sanitary District
Santa Maria Public Airport District
Goleta Water District
Montecito Water District
Cachuma Project Authority
Goleta West Sanitary District
Mosquito and Vector Management District

VENTURA COUNTY

Camrosa County Water District
Rancho Simi Recreation and Park District
Casitas Municipal Water District
Conejo Recreation and Park District
Ojai Valley Sanitary District
Calleguas Municipal Water District
Meiners Oak County Water District

SANTA CLARA COUNTY

Santa Clara Valley Water District

SANTA CRUZ COUNTY

Scotts Valley Water District
Pajaro Valley Water Management Agency

SAN LUIS COUNTY

Templeton Community Services District
Port San Luis Harbor District
San Simeon Community Services District
Cambria Community Services District

KERN COUNTY

Indian Wells Valley Water District
Kern County Water Agency
West Kern Water District
North of the River Municipal Water District
Oildale Mutual Water Company
North Kern Water Storage District
Golden Empire Transit District
Terra Bella Irrigation District
Friant Water Users Authority
Cawelo Water District

PLACER COUNTY

San Juan Water District
Truckee Donner Public Utility District
Northstar Community Services District

MONTEREY COUNTY

Marina Coast Water District
Monterey Regional Water Pollution Control Agency
Monterey Peninsula Water Management District

CONTRA COSTA COUNTY

Diablo Water District

TULARE COUNTY

Visalia Public Cemetery District
Friant Water User Authority

MARIN COUNTY

Las Gallinas Sanitary District
North Marin Water District
Sausalito-Marín City Sanitary District
Tamalpais Community Services District
Sanitary District No. 5 of Marin County
Novato Sanitary District
Ross Valley Sanitary District
San Rafael Sanitary District
City of San Rafael

CALAVERAS COUNTY

Calaveras County Water District

PLUMAS COUNTY

Eastern Plumas Health Care District

WASHINGTON, D.C. he

White House, Office of Policy Development



Date: November 27, 2018

To: Board of Directors

Subject: Association of California Healthcare Districts (ACHD) Certified Requirements and Timeline

Staff Update: Staff continues to progress through the attached proposed timeline with a full submission for approval to the Association of California Healthcare Districts (ACHD) by April 5, 2019. This will coincide with the launch of the new website.

Background:

- The healthcare district certification program is solely an ACHD-sponsored program that incorporates current legislative requirements with public governance best practices.
- ACHD's Certified Healthcare District Program promotes good governance for healthcare districts by creating a core set of accountability and transparency standards. This core set of ACHD standards is known as Best Practices in Governance and Districts which demonstrate compliance and are designated by ACHD as a certified healthcare district.
- Districts that seek certification must demonstrate compliance with all requirements by providing evidence of standards either through PDF documentation or a weblink.
- Certification is valid for three years.
- Staff has reviewed and established a timeline to meet all requirements. This timeline has taken into consideration:
 - addition of two new Board seats in January
 - identified required training for all Board members (ethics and harassment)
 - expansion of District boundaries
 - the potential need for policy updates
 - creation of new policies — see project list
 - performance of a Board assessment
 - the creation of a new website — roll out on April 1, 2019 (not mandatory)
- Attached project timeline and list of all requirements that have been met and those that require further work




Fiscal Impact:

Currently the actual financial impact is not known; however, staff will work to identify costs for:

1. Consultant for Ethics and Harassment training to be offered in February
2. Board Assessment
3. Consultant for Board and Staff Communications (Ad Hoc Committee)

Done	Task Name	Priority	Assigned To	Due Date	Progress	Notes
	ACHD Certified Requirements					
<input type="checkbox"/>	Transparency					
<input type="checkbox"/>	Ethics Training Confirmed	↓	Andrea	02/28/19	<div style="width: 20%;"></div>	Proposed training to be performed in February for all Board Members - Ethics and Sexual Harrassment
<input checked="" type="checkbox"/>	Ralph M. Brown Act		Lisa Houston		<div style="width: 100%;"></div>	Based on the Policy BOD -7 Board Meeting Agenda
<input checked="" type="checkbox"/>	Public Records Request				<div style="width: 100%;"></div>	Website Contact Us Link/ Access to Public Records OP-1
<input checked="" type="checkbox"/>	Conflict of Interest Policy				<div style="width: 100%;"></div>	Based on BOD-15 Conflict of Interest Code
<input checked="" type="checkbox"/>	Fair Political Practices Commission Required Filers			11/21/18	<div style="width: 100%;"></div>	Creation of list of Form 700 filers
<input checked="" type="checkbox"/>	State Controllers Compensation Report			11/20/18	<div style="width: 100%;"></div>	
<input type="checkbox"/>	Grant Policy	!	Lisa Houston	02/28/19	<div style="width: 20%;"></div>	WE NEED A NEW UPDATED POLICY BASED ON GRANT STRUCTURE AND AB2019
<input type="checkbox"/>	Website Requirements					
<input checked="" type="checkbox"/>	↔ Map of District Boundaries		Will	11/23/18	<div style="width: 100%;"></div>	WILL TO ADD NEW DISTRICT MAP TO THE WEBSITE - this is the current expansion map and we will update the map with the new website
<input checked="" type="checkbox"/>	↔ District's mission statement				<div style="width: 100%;"></div>	
<input checked="" type="checkbox"/>	↔ ACHD's Definition of a Healthcare District			11/23/18	<div style="width: 100%;"></div>	
<input checked="" type="checkbox"/>	↔ Link to ACHD.org			11/23/18	<div style="width: 100%;"></div>	
<input type="checkbox"/>	• Trustee, Manager, Staff Contact Information and Board Biographies	↓	Will	02/28/19	<div style="width: 20%;"></div>	WILL TO UPDATE BOARD BIO'S WITH NEW SEATS
<input checked="" type="checkbox"/>	↔ Board Meeting Information				<div style="width: 100%;"></div>	
<input type="checkbox"/>	• Enterprise Systems Catalog	↓	Stephen	12/03/18	<div style="width: 20%;"></div>	Creation of Software listing and post on our website
<input type="checkbox"/>	• Programs and Services Offered	↓	Lisa Houston	01/18/19	<div style="width: 20%;"></div>	Lisa to work with Will and Board/ Program Committee to identify updates to be made to the current website - ie. New initiatives/ past programs etc. - this will coincide with policy and procedures
<input checked="" type="checkbox"/>	↔ Annual Operating Budget			11/20/18	<div style="width: 100%;"></div>	
<input checked="" type="checkbox"/>	↔ Financial Audits			11/20/18	<div style="width: 100%;"></div>	
<input checked="" type="checkbox"/>	↔ District Election/Vacancy Process				<div style="width: 100%;"></div>	Policy BOD-6 Filling a Vacancy on the Board Public Notice - ** Could require updating due to 7-seat board.
<input checked="" type="checkbox"/>	↔ Link to Healthcare District Authorizing Statute				<div style="width: 100%;"></div>	Requires a link to the Health and Safety Code on the website
<input checked="" type="checkbox"/>	↔ Recipients of Grant Funding				<div style="width: 100%;"></div>	Currently covered under our finance section "grant payments" - New website will have a designated page for this criteria.
<input checked="" type="checkbox"/>	↔ Municipal Services Review*** May not be required				<div style="width: 100%;"></div>	Last known review was in 2005 and stated "This commission has determined that services provided by the healthcare districts are not municipal services directly related to growth and, therefore, not subject to the MSR requirement." -A copy of this report will be provided to ACHD as per email
<input checked="" type="checkbox"/>	↔ Link to the State Controllers Financial Report on the District's website.			11/21/18	<div style="width: 100%;"></div>	

Done	Task Name	Priority	Assigned To	Due Date	Progress	Notes
27	<input type="checkbox"/> • AB 1234 Ethics Certificate for all Trustees and Executives	↓	Andrea	02/28/19	<div style="width: 20%;"></div>	As above Training for Ethics of all past and new board members - This will be added after completion of training and added to the new website in its own section under Board.
28	<input type="checkbox"/> • Reimbursement policy	!	Chris	02/28/19		Currently there is no direct policy that discusses Reimbursement other than the CC Usage
29	<input type="checkbox"/> • Compensation Policy	!	Chris	02/28/19		See below required policy to be drafted and approved
30	<input checked="" type="checkbox"/> Public Records Request Form				<div style="width: 100%;"></div>	Based on the Website page for Public Request
31	<input type="checkbox"/> • Financial Reserves Policy	!	Chris	02/28/19		Policy to be created and approved
32	<input checked="" type="checkbox"/> District Bylaws				<div style="width: 100%;"></div>	
33	<input checked="" type="checkbox"/> Mobile Friendly Website (Link to the District's homepage)				<div style="width: 100%;"></div>	Both now and on the new one being created
34	<input type="checkbox"/> - Website Transparency (one of the following)					
35	<input type="checkbox"/> • Annual Services Report					
36	<input type="checkbox"/> • Quality Reports		Will	03/31/19	<div style="width: 20%;"></div>	This option 1 - as this ties to the Quarterly newsletter reports - Staff believes this would satisfy the requirement - and is built into the communications and marketing plan.
37	<input type="checkbox"/> • Annual Report to the Community		Will	03/29/19		Depending on how much the District Board members want covered in this Annual Report - this is built into the Communications and Marketing Plan
38						
39	<input type="checkbox"/> - Executive Compensation					
40	<input type="checkbox"/> Board policy on Executive Compensation	!	Chirs	02/28/19		Policy to be prepared and should be reflective of all senior management
41	<input checked="" type="checkbox"/> Listing of Executive Positions				<div style="width: 100%;"></div>	This is just a list of positions for management
42						
43	<input type="checkbox"/> - State and Local Agency Reporting					
44	<input checked="" type="checkbox"/> Recent Municipal Service Review				<div style="width: 100%;"></div>	According to ACHD - this is a required report every 5 years; as above this will be brought to the attention of ACHD
45						
46	<input type="checkbox"/> - Financial Reporting					
47	<input type="checkbox"/> Reimbursable Expenses Policy	!	Chris	02/28/19	<div style="width: 20%;"></div>	Example policy provide
48	<input checked="" type="checkbox"/> Signature Authority Policy				<div style="width: 100%;"></div>	Policy Authorized Check Signers, Transfer of Funds Number of Signers, Dollar Limit for Signers. Fin-02
49	<input checked="" type="checkbox"/> Annual External Financial Audit				<div style="width: 100%;"></div>	Website updated
50	<input type="checkbox"/> Request for Public Funds	!	Lisa Houston	02/28/19	<div style="width: 20%;"></div>	As above this is tied to our grant policy and procedures for grant review and funding
51						
52	<input type="checkbox"/> - Best Practices					
53	<input checked="" type="checkbox"/> CEO Evaluation				<div style="width: 100%;"></div>	Policy - Annual Performance Evaluation of the CEO and Procedure BOD-17
54	<input type="checkbox"/> Board Self Evaluation	!	Chris	02/28/19	<div style="width: 20%;"></div>	Determined at the November Board Meeting
55	<input type="checkbox"/> Job Descriptions for Officers and the Board	↓			<div style="width: 20%;"></div>	Lisa to request clarification from ACHD for Board descriptions as the officers are described in the current policy- This should than be posted directly onto the website rather than inside of the policy manual that is currently on our website.

Done	Task Name	Priority	Assigned To	Due Date	Progress	Notes
56						
57	<input type="checkbox"/> Please Provide three of the following					
58	<input checked="" type="checkbox"/> <i>Strategic Plan</i>					Available
59	<input type="checkbox"/> Community Messaging					
60	<input type="checkbox"/> Community Engagement					
61	<input checked="" type="checkbox"/> <i>Annual Budget Hearing</i>					Available
62	<input checked="" type="checkbox"/> <i>Live/Recorded Board Meetings</i>					Available
63	<input type="checkbox"/> Board Continuing Education					



Date: November 27, 2018
To: Board of Directors
Subject: Desert Healthcare District (DHCD) Board Self-Assessment

Staff Recommendation: Consideration to approve a Board Self-Assessment.

Discussion:

- District staff is in process of obtaining Association of California Healthcare District Certification.
- Performing a Board Self-Assessment is a requirement of the ACHD's Certified Healthcare District Program to attain ACHD Certified status.
- Additionally, the Board and Staff Communications Ad Hoc Committee is progressing with creating education and training for the Board regarding Roles and Responsibilities, Communications, and other areas.
- The Board Self-Assessment is an element of continual improvement in governing health and wellness and coincides with the work of the Board and Staff Communications Ad Hoc Committee.
- The self-assessment creates successful governance practices and performance assessment that will engage the Board in a wide-ranging evaluation of its overall leadership performance.
- An excellent assessment process will achieve several key outcomes as defined on the supplemental page following the staff report.
- Staff has created a Self-Assessment for DHCD to be completed by Board members.
- If approved, Staff recommends beginning the Self-Assessment once the full Board is seated in January.
- Staff recommends approval of the Board Self-Assessment.

Fiscal Impact:

None



Governance Practices and Performance Self-Assessment User's Guide

The Association of California Healthcare Districts' (ACHD) board self-assessment tool is an easy-to-use, no-cost member benefit. Two ACHD task forces considered a broad range of self-assessment criteria, and developed two versions of a board self-assessment: one for hospital districts, and one for community-based districts.

Your organization's self-assessment has already been created for you, and is ready for you to use. Follow the step-by-step instructions in this document to conduct your self-assessment and receive a comprehensive summary report at no-cost.

Assessing Governance Performance

A governing practices and performance assessment is an important preventive measure your board can take to ensure continual improvement in your governing health and wellness. And it's one of the most reliable ways to identify and correct governance trouble spots and close "governance gaps."

A successful assessment enables the board to identify areas in which the board has the greatest potential for improvement. The governance assessment process identifies leadership gaps, and helps you to develop and implement initiatives and strategies to improve leadership performance.

Through an effective, well-developed governance practices assessment process, leadership growth opportunities may be realized, education may be pinpointed to unique governance needs, recruitment of new directors may be undertaken with increased confidence, and long-range planning may be conducted within a consensus-based framework, with everybody on the same page.

Using the Assessment to Improve Governance Effectiveness

A successful governance practices and performance assessment engages the board in a wide-ranging evaluation of its overall leadership performance. An excellent assessment process will achieve several key outcomes:

- Define the board's most critical governance success factors;
- Secure anonymous, broad-based and insightful director input on the critical fundamentals of successful governing leadership;
- Create an opportunity to address major issues and ideas in a non-threatening, collaborative manner;
- Clearly demonstrate where the board is both in and out of alignment on leadership fundamentals and issues;
- Objectively assess the degree of common director understanding, expectations and direction for the board;
- Assess the deficiencies that may impact the board's ability to fulfill its fiduciary responsibilities;
- Identify opportunities for meaningful leadership improvement; and
- Help administration better understand and respond to the board's leadership education and development needs.



Date: November 27, 2018
To: Board of Directors
Subject: Communications and Marketing Update

Staff Update: Ongoing communications, website development and branding services (information only).

Background:

- Coachella Valley voters approved Measure BB on Nov. 6, 2018, affirming an opportunity to create an effective Desert Healthcare District brand and engaging website presence.
- Board approved the Communications and Marketing Plan which covers branding tools and website design, on September 25, 2018.
- Requests for Proposal were issued for brand marketing services and website development on November 15, 2018.
- Continued use of the existing website with regular Board meeting calendar announcements, agendas, minutes and other content when appropriate.
- Fulfilling legislative requirements for a healthcare district to maintain a website with specific content in place.
- Ongoing social media spotlighting community partners as Nonprofit of the Month, District news and various educational programs such as Ready Set Swim! water safety and nutrition lessons.
- Timeline under development to strategically schedule the newsletter launch, website progress and various other projects.

Fiscal Impact:

Both the website development and branding efforts are supported in the Communications and Marketing Budget approved by the Board on June 26, 2018.

LAW OFFICES
SCOTT & JACKSON

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

JEFFREY G. SCOTT
BLAISE J. JACKSON

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

Of Counsel
JAMES R. DODSON

DATE: November 20, 2018

TO: Board of Directors,
Desert Healthcare District
Chris Christensen, Interim CEO

FROM: Jeffrey Scott, General Counsel

RE: Chaptered Bills of Interest

Last month marked the end of the two-year legislative session in Sacramento. It also marked the end of the Jerry Brown era as it relates to acting on legislation. Over the 16 years he was Governor, he reviewed more than 20,000 bills. This year he vetoed 201 bills out of the 1,217 bills that reached his desk. His veto rate of 16.4% was the highest in his 16 years. His higher veto rate has been consistent with him being more pragmatic over the past two terms holding the Democratic-controlled Legislature from spending at even higher levels.

There were no major surprises in the actions he took around health related bills. The “single-payer” topic remains a significant one that was largely unaddressed by the Governor as any bill in this area did not pass the Legislature. With Gavin Newsom being the next governor, healthcare reform will be a major focus over the next few years.

The main bill affecting Healthcare Districts signed by the Governor was AB 2019 (Aguiar-Curry). Attached is a summary of AB2019 and other bills of interest in the health care area.

AB 2019 (Aguiar-Curry D) Health Care Districts. (Chaptered: 9/5/2018)

Status: 9/5/2018-Approved by the Governor. Chaptered by Secretary of State - Chapter 257, Statutes of 2018.

Location: 9/5/2018-A. CHAPTERED

Summary: The Local Health Care District Law provides for local health care districts that govern certain health care facilities. Each health care district has a board of directors with specific duties and powers respecting the creation, administration, and maintenance of the district. Existing law requires the board of directors to establish and maintain an Internet Web site that may include specified information, such as a list of current board members and recipients of grant funding or assistance provided by the district, if any, and to adopt annual policies for aiding or grant funding, as specified. Existing law authorizes certain health care districts to use the design-build process when contracting for the construction of a hospital or other buildings in those districts, as specified. This bill would require the board of directors to include specified information, such as the district's policy for aiding or grant funding, on the district's Internet Web site. The bill would require that policy to contain, among other things, the district's plan for distributing grant funds for each fiscal year and a process for providing, accepting, and reviewing grant applications. The bill would also require the board to, upon filing a petition under federal bankruptcy law, provide written notice within 10 business days to the local agency formation commission of the principal county in which the district is located. The bill would require a district that is authorized and elects to use the design-build process, as specified, for the construction of housing to require that at least 20% of the residential units constructed be subject to a recorded affordability restriction for at least 55 years and be affordable to lower income households, very low-income households, extremely low-income households, and persons and families of low or moderate income, as defined, unless the city, county, or city and county in which the district is predominantly located has adopted a local ordinance that requires a greater percentage of the units be affordable to those groups or unless the construction is for purposes of building workforce housing, health facilities, or retirement facilities, as specified. By increasing the duties of the board of directors, including duties related to disclosure of public records, the bill would impose a state-mandated local program.

AB 2193 (Maienschein R) Maternal Mental Health. (Chaptered: 9/26/2018)

Status: 9/26/2018-Approved by the Governor. Chaptered by Secretary of State - Chapter 755, Statutes of 2018.

Location: 9/26/2018-A. CHAPTERED

Summary: Existing law provides for the licensure and regulation of various healing arts professions, including, but not limited to, physicians and surgeons, by various boards within the Department of Consumer Affairs. Existing law imposes certain fines and other penalties for and authorizes these boards to take disciplinary action against licensees for violations of the provisions governing those professions. This bill would require, by July 1, 2019, a licensed health care practitioner who provides prenatal or postpartum care for a patient to offer to screen or appropriately screen a mother for maternal mental health conditions.

SB 1113 (Monning D) Mental Health in the Workplace: Voluntary Standards. (Chaptered: 9/11/2018)

Status: 9/11/2018-Approved by the Governor. Chaptered by Secretary of State. Chapter 354, Statutes of 2018.

Location: 9/11/2018-S. CHAPTERED

Summary: Existing law [the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election] establishes the Mental Health Services Oversight and Accountability Commission and authorizes the commission to take specified actions, including developing strategies to overcome stigma and discrimination and accomplish the objectives of the Mental Health Services Act. This bill would authorize the commission to establish a framework and voluntary standard for mental health in the workplace that serves to reduce mental health stigma, increase public, employee, and employer awareness of the recovery goals of the Mental Health Services Act, and provide guidance to California's employer community to put in place strategies and programs, determined by the commission, to support the mental health and wellness of employees. The bill would require the commission to consult with the Labor and Workforce Development Agency or its designee to develop the standard.

AB 2123 (Cervantes D) District-Based Elections. (Chaptered: 9/6/2018)

Status: 9/6/2018-Approved by the Governor. Chaptered by Secretary of State - Chapter 277, Statutes of 2018.

Location: 9/6/2018-A. CHAPTERED

Summary: The California Voting Rights Act of 2001 (CVRA) prohibits the use of an at-large election in a political subdivision if it would impair the ability of a protected class, as defined, to elect candidates of its choice or otherwise influence the outcome of an election. The CVRA permits a voter who is a member of a protected class to bring an action in superior court to enforce the provisions of the CVRA. Before commencing an action, existing law requires a prospective plaintiff to send a written notice to the political subdivision asserting that the political subdivision's method of conducting elections may violate the CVRA. If the political subdivision passes a resolution outlining its intention to transition to district-based elections within a specified time, existing law prohibits the prospective plaintiff from commencing an action within 90 days of the resolution's passage. This bill would permit a political subdivision and a prospective plaintiff to enter into a written agreement to extend the time during which a prospective plaintiff is prohibited from commencing an action for up to an additional 90 days to provide additional time to conduct public outreach, encourage public participation, and receive public input. The bill would require the written agreement to include a requirement that the district boundaries be established no later than 6 months before the political subdivision's next regular election to select governing board members, except as specified. The bill would also require a political subdivision that enters into a written agreement, no later than 10 days after entering into the agreement, to prepare and make available on its Internet Web site a tentative schedule of the public outreach events and the public hearings to be held.

AB 2329 (Oberholte R) Special Districts: Board of Directors: Compensation.
(Chaptered: 8/20/2018)

Status: 8/20/2018-Approved by the Governor. Chaptered by Secretary of State - Chapter 170, Statutes of 2018.

Location: 8/20/2018-A. CHAPTERED

Summary: Existing law authorizes the board of trustees of a Health Care District to approve an ordinance or resolution to compensate its members no more than \$100 to

attend a board meeting, for no more than five (5) meetings per month, and does not authorize any increases. This bill would authorize a public Health Care District Board to compensate its members for no more than six (6) meetings in a calendar month. The bill would require the Board of Directors, commencing January 1, 2019, if the district compensates its members for more than five meetings in a calendar month, to annually adopt a written policy describing, based on a finding supported by substantial evidence, why more than five meetings per calendar month are necessary for the effective operation of the district. This bill also allows for a five percent (5%) annual increase if specific procedures are followed.

SB 929 (McGuire D) **Special Districts: Internet Web Sites.** (Chaptered: 9/15/2018)

Status: 9/14/2018-Approved by the Governor. Chaptered by Secretary of State. Chapter 408, Statutes of 2018.

Location: 9/14/2018-S. CHAPTERED

Summary: The Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000 provides the exclusive authority and procedure for the initiation, conduct, and completion of changes of organization and reorganization for special districts, as specified. The California Public Records Act requires a local agency to make public records available for inspection and allows a local agency to comply by posting the record on its Internet Web site and directing a member of the public to the Internet Web site, as specified. This bill would, beginning on January 1, 2020, require every independent special district to maintain an Internet Web site that clearly lists contact information for the special district, except as provided. Because this bill would require local agencies to provide a new service, the bill would impose a state-mandated local program.

SB 1152 (Hernandez D) **Hospital Patient Discharge Process: Homeless Patients.** (Chaptered: 10/1/2018)

Status: 9/30/2018-Signed by the Governor

Location: 9/30/2018-S. CHAPTERED

Summary: Existing law requires the State Department of Public Health to license and regulate general acute care hospitals, acute psychiatric hospitals, and special hospitals. Existing law requires these hospitals to comply with specific statutory provisions for standards of care and regulations promulgated by the department, and

that a violation of these provisions or regulations is a crime. Existing law requires each hospital to have a written discharge planning policy and process that requires that the appropriate arrangements for posthospital care are made prior to discharge for those patients likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning. This bill would require each hospital to include a written homeless patient discharge planning policy and process within the hospital discharge policy, as specified. The bill would require a hospital to document specified information before discharging a homeless patient. The bill would, commencing on July 1, 2019, require a hospital to develop a written plan for coordinating services and referrals for homeless patients with the county behavioral health agency, health care and social service agencies in the region, health care providers, and nonprofit social service providers, as available, to assist with ensuring appropriate homeless patient discharge. The bill would also, commencing on July 1, 2019, require a hospital to maintain a log of homeless patients discharged and the destinations to which they were released after discharge, as specified, if any. The bill would specify how its provisions are to be construed in relation to local ordinances, codes, regulations, or orders related to the homeless patient discharge processes, and would exempt state hospitals under the jurisdiction of the State Department of State Hospitals from its provisions. Because a violation of these requirements would be a crime, this bill would impose a new service the bill would impose a state-mandated local program.