



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

**DESERT HEALTHCARE DISTRICT  
BOARD AND STAFF COMMUNICATIONS AND POLICIES  
Board and Staff Communications and Policies Committee Meeting**

**February 13, 2025**

**4:00 P.M.**

**Desert Healthcare District and Foundation**

**Located at the**

**Regional Access Project Foundation**

**Suite G-100**

**41550 Eclectic Street Palm Desert, CA 92211**

**In lieu of attending the meeting in person, members of the public can participate by webinar using the following Zoom link:**

<https://us02web.zoom.us/j/89289651827?pwd=VgdcTdLvZiwkWAlK3J4FOAEdvLhEv8.1>

**Webinar ID: 892 8965 1827**

**Password: 334701**

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

**Dial in #:(669) 900-6833 or (833) 548-0276 To Listen and Address the Committee when called upon:**

**Webinar ID: 892 8965 1827**

**Password: 334701**

**REVISED AGENDA**

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- A. Call to Order – President Carole Rogers, RN, Chair**
- B. Approval of the Agenda**
- C. Approval of the Meeting Minutes**

- 1. [June 11, 2024](#) Action

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## D. Public Comments

At this time, comments from the audience may be made on items not listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Committee has a policy of limiting speakers to not more than three minutes. The Committee cannot take action on items not listed on the agenda. Public input may be offered on an agenda item when it comes up for discussion and/or action.

## E. Old Business

1. [Policy BOD-02 – Elections and Appointments](#)  10 - 14  
Discussion and Possible Action
2. [Policy BOD 03 – Appointment to Committees](#)  15 - 32  
Policy Revisions - Action
3. [BOD-09 Rules of Order for Board and Committee Meetings](#)  33 - 34  
Policy Revisions - Action
4. [Policy BOD-10 – Board Meeting Conduct](#)  35 - 44  
Discussion and Possible Action
5. [BOD 18 – Ticket Distribution Policy](#)  45 - 48  
Discussion and Possible Action
6. [FIN 02 – Authorized Check Signers](#)  49 - 54  
Policy Revisions - Action
7. [FIN 06 – Financial Reserve Policy](#)  55 - 58  
Policy Revisions - Action
8. [OP-06 Delegating Minor Claims Settlement to CEO](#)  59 - 60  
Policy Review – Action
9. [PROC-01 Purpose of Board Policies](#)  61 - 64  
Policy Revisions – Action
10. [OP-17 Sponsorships](#)  65 - 66  
New Policy – Action

**F. New Business**

1. [AB 2019 – Aguiar-Curry – Health Care Districts](#) 

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**G. Future Topics & Issues**

**H. Adjournment**

The undersigned certifies that a copy of this agenda was posted in the front entrance to the Desert Healthcare District offices located at 1140 North Indian Canyon Drive, Palm Springs, California, and the front entrance of the Desert Healthcare District office located at the Regional Access Project Foundation, 41550 Eclectic Street, Suite G100, Palm Desert California at least 72 hours prior to the meeting. If you have a disability or require a translator for accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer at [ahayles@dhcd.org](mailto:ahayles@dhcd.org) or call (760) 567-0591 at least 72 hours prior to the meeting.

*Andrea S. Hayles*

**BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE MEETING**  
**MEETING MINUTES**  
**June 11, 2024**

Directors Present	District Staff Present	Absent
Chair/Director Leticia De Lara, MPA, Chair President Evett PerezGil Director Les Zendle, MD	Chris Christensen, CEO, CPA Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Eric Taylor, CPA, Accounting Manager Andrea S. Hayles, MBA, Board Relations Officer	

AGENDA ITEMS	DISCUSSION	ACTION
<b>I. Call to Order</b>	The meeting was called to order at 12:07 p.m. by Chair De Lara with all directors present except President PerezGil who joined the meeting at 12:30 p.m.	
<b>II. Approval of Agenda</b>	Director De Lara asked for a motion to approve the agenda.	<b>Moved and seconded by Director Zendle and Director De Lara to approve the agenda. Motion passed unanimously.</b>
<b>III. Meeting Minutes</b>	Director De Lara asked for a motion to approve the February 12, 2024, meeting minutes.	<b>Moved and seconded by Director Zendle and Director De Lara to approve the February 12, 2024 meeting minutes. Motion passed unanimously.</b>
<b>IV. Public Comment</b>	There were no public comments.	
<b>V. Old Business</b>		
<b>1. Existing Policy Revisions</b> <b>a. Policy #FIN-02 – Authorized Check Signers, Number of Signers, Dollar Limits for Signers, Transfer of Funds</b>	Chris Christensen, CEO, described review of Policy #FIN-02 at the May F&A Committee meeting with no modifications.  There were no questions or comments.	<b>Moved and seconded by Director Zendle and Director De Lara to approve Policy #FIN-02 – Authorized Check Signers, Number of Signers, Dollar Limits for Signers, Transfer of Funds and forward to the Board for approval. Motion passed unanimously.</b>
<b>b. Policy #FIN-03 – Statement of Investment Policy</b>	Mr. Christensen described review of the existing Policy #FIN-03 by the F&A Committee at the May meeting with no modifications other than the	<b>Moved and seconded by Director Zendle and Director De Lara to approve Policy #FIN-03 – Statement of Investment Policy and forward to the Board for approval. Motion passed unanimously.</b>

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<p><b>c. Resolution No. 24-01 – FY2024-2025 Statement of Investment Policy</b></p>	<p>accompanying Resolution #24-01.</p> <p>The committee inquired about restaurants in the inclusion of the investment resolution, which is related to fast food and unhealthy diet consumption.</p> <p>Mr. Christensen described Resolution #24-01 reviewed at the May F&amp;A Committee to accompany Policy #FIN-03 with no modifications.</p> <p>There were no questions or comments.</p>	<p><b>Moved and seconded by Director Zendle and Director De Lara to approve Resolution No. 24-01 – FY2024-2025 Statement of Investment Policy and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>d. Policy #FIN-05 – Credit Card Usage</b></p>	<p>Mr. Christensen described the F&amp;A Committee’s review of Policy #FIN-05 at the May meeting with the inclusion of “itemized” for all credit card transactions in section 2.c.</p> <p>There were no questions or comments.</p>	<p><b>Moved and seconded by Director Zendle and Director De Lara to approve Policy #FIN-05 – Credit Card Usage and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>e. Policy #BOD-18 – Ticket Distribution Policy</b></p>	<p>Mr. Christensen reviewed Policy #BOD-18 with the committee describing the date change for committee approval.</p> <p>There were no questions or comments.</p>	<p><b>Moved and seconded by Director Zendle and Director De Lara to approve Policy #BOD-18 – Ticket Distribution Policy and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>f. Policy #BOD-21 – Board Member Compensation Guidelines</b></p>	<p>Mr. Christensen reviewed Policy #BOD-21 with the committee, describing the modifications to sections 1 and 3.</p> <p>The committee requested clarity on item A.5.b. for meetings with</p>	<p><b>Moved and seconded by Director Zendle and Director De Lara to approve Policy #BOD-21 – Board Member Compensation Guidelines with additional language to item A.5.b., increasing the insurance premium limit to \$13,000 in item C.,</b></p>

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	<p>other government agencies or officials for healthcare or District business, which should be at the request of the CEO, board president, or the board with specific language describing the line item.</p> <p>The committee discussed item C. and the increase in the healthcare premiums with the consideration for staff to increase the insurance limit from \$10,600 per fiscal year to \$13,000.</p>	<p><b>and forwarding to the Board for approval.</b> <b>Motion passed unanimously.</b></p>
<p><b>g. Policy #LPMP-01 – LPMP Policy for Leasing</b></p>	<p>Mr. Christensen reviewed Policy #LPMP-01 with the committee describing the date change for committee approval.</p> <p>There were no questions or comments.</p>	<p><b>Moved and seconded by Director Zendle and Director De Lara to approve Policy #LPMP-01 – LPMP Policy for Leasing and forward to the Board for approval.</b> <b>Motion passed unanimously.</b></p>
<p><b>h. Policy #LPMP-02 – LPMP Execution Policy</b></p>	<p>Mr. Christensen reviewed Policy #LPMP-02 with the committee describing the date change for committee approval.</p> <p>There were no questions or comments.</p>	<p><b>Moved and seconded by Director Zendle and Director De Lara to approve Policy #LPMP-02 – LPMP Execution Policy and forward to the Board for approval.</b> <b>Motion passed unanimously.</b></p>
<p><b>i. Policy #OP-14 – Expense Authorization</b></p>	<p>Mr. Christensen reviewed Policy #OP-14 with the committee, describing the modifications to section a., which includes a \$10 increase for reimbursement of travel expense meals and tax and tip.</p> <p>After a lengthy discussion on increasing reimbursable meals</p>	<p><b>Moved and seconded by Director Zendle and President PerezGil to approve Policy #OP-14 – Expense Authorization with a modification of \$30 for breakfast, \$35 for lunch, and \$60 for dinner and forward to the Board for approval.</b> <b>Motion passed unanimously.</b></p>

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	for travel expenses, the committee proposed limits of \$30 for breakfast, \$35 for lunch, and \$60 for dinner.	
<b>VI. Future Topics &amp; Issues</b>	The committee considered the written public comments of Brad Anderson, Rancho Mirage Resident, highlighting legal counsel’s prior explanation at several board meetings concerning the committee’s remote convening of meetings. Staff suggested the possibility of including a government code on the meeting agendas, where applicable.	
<b>VII. Adjournment</b>	Director De Lara adjourned the meeting at 12:44 p.m.	<b>Audio recording available on the website at</b> <a href="https://www.dhcd.org/Agendas-and-Documents">https://www.dhcd.org/Agendas-and-Documents</a>

ATTEST: \_\_\_\_\_  
Leticia De Lara, MPA, Chair/Director  
Board and Staff Communications & Policies Committee

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

**From:** [Brad Anderson](#)  
**To:** [Andrea Hayles](#)  
**Subject:** Public Comment(s) - DHCD B/S Communications & Policies Committee Meeting for June 11, 2024 (12:PM)  
Remotely ONLY performed meeting  
**Date:** Monday, June 10, 2024 11:00:21 PM

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June 10, 2024

Desert Healthcare District (DHCD)  
1140 North Indian Canyon Dr.  
Palm Springs, California  
(760) 567-0298 - [ahayles@dhcd.org](mailto:ahayles@dhcd.org)  
Attn: Clerk of the Board

Re: Written letter to be entered in the Public record and made available for public Inspection for the June 11, 2024 (12:PM) "ONLY" Remotely performed DHCD Board and Staff Communications and Policies Committee Meeting - Agenda Items: 4 and 5.i

Dear current DHCD Board of Directors,

Please review my written statements listed below prior to the consideration of each agenda Items as listed.

1) Agenda Item: 4 (Public Comment - Non-Agenda)

The DHCD Board of directors and it's legal counsel have been repeatedly notified of the potentially unlawful actions of conducting DHCD committee meeting(s) ONLY by Internet access and or telephone accessibility.

DHCD have decided to ban Public participation (meeting monitoring and potential Public testimony) at a majority of DHCD preceived open Public meetings of its organization from "In-Person" Public participation.

In addition to not supplying an in-person meeting location for Coachella Valley Resident's to attend DHCD preceived open Public committee meetings. DHCD has taken very unique and unusual maneuvers to have Board members not meet in one location or be accessible to the general public. It's been demonstrated that a toll-free telephone access number was not operational to an DHCD prior remotely performed public meeting causing a valley citizen to use their financial resources (long distance telephone call) to attend a DHCD remotely performed "local" public meeting.

It's reasonable to consider that DHCD have been repeatedly violating common sense and long established California best practices protocols in regards to Public meetings of the people's business.

Please correct this blanted subversion of best practices protocols and potentially unlawful actions.

2) Agenda Item: 5.i (Policy #OP-14 - Expense Increases)

Oppose to Increasing DHCD organization(s) meal expenses to the recommended financial amounts.

Increasing each meal (breakfast/lunch/dinner) by Ten dollars (\$10.) each is excessive and



beyond what would be reasonable.

Tax funded "tipping" shouldn't be allowed or encouraged by DHCD.

It's unreasonable to consider spending tax collected dollars for grand outings (meals) of DHCD officials while most Coachella Valley Resident's could easily feed themselves on the proposed Increase (\$10.).

Stop wasting taxpayer's resources -

Sincerely,

Brad Anderson | 37043 Ferber Dr. Rancho Mirage, CA.

[REDACTED]

Cc:



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

Date: February 13, 2025  
To: Board & Staff Communications and Policies Committee  
Subject: Consideration to Approve Policies

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**Staff Recommendation:** Consideration to approve policies as noted below.

**Background:**

The below existing policies require review and/or revisions:

- Policy #BOD-02 – Elections and Appointment – discussion and possible action
- Policy #BOD-03 – Appointment to Committees – revisions
- Policy #BOD-09 – Rules of Order for Board and Committee Meetings – minor revisions
- Policy #BOD-10 – Board Meeting Conduct – discussion and possible action
- Policy #BOD-18 – Ticket Distribution Policy – discussion and possible action
- Policy #FIN-02 – Authorized Check Signers, Number of Signers, Dollar Limit for Signers, Transfer of Funds – revisions
- Policy #FIN-06 – Financial Reserve Policy – revisions
- Policy #OP-06 – Delegating Minor Claims Settlement to CEO – review only
- Policy #PROC-01 – Purpose of Board Policies – revisions

The below new policies are presented for review:

- Policy #OP-17 – Sponsorships – new policy

**Fiscal Impact:**

None



**POLICY TITLE:** ELECTION & APPOINTMENT AND DUTIES OF BOARD OFFICERS

**POLICY NUMBER:** BOD-02

**COMMITTEE APPROVAL:** 02-12-2024

**BOARD APPROVAL:** 02-27-2024

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**POLICY #BOD-02:** It is the policy of the Desert Healthcare District (“District”) to establish the rules for appointment of Board officers and sets forth the election process and the duties of the officers. Further, the roles and responsibilities of said officers are as described in this policy.

**GUIDELINES:**

1. Appointment and Term of Board Officers

There shall be four Board officers: President, Vice-President, Secretary, and Treasurer. It shall be the policy of the Board that there will be no mandatory rotation of officers; however, the Board shall customarily retain the President for two (2) consecutive one (1) year terms (if eligible). After the first term, the Board shall vote on the matter of whether the President shall serve a second term. The President shall be limited to two (2) consecutive terms. The Vice Presidency will provide an opportunity to train a Director to possibly ascend to the Presidency when that position becomes vacant. The Vice-President, Secretary, and Treasurer will be elected for one (1) year terms, and there shall be no term limits. The Board shall retain the authority to remove and replace any board officer at any time and for any reason with a majority vote.

Process for the Election of Board Officers

The officers of the Board shall be chosen by the Board as the first agenda item at the first regular board meeting in December. Legal Counsel will call for nominations for the position of Board President. No vote shall be taken until all nominations have been made. Once all nominations are made, nominations shall be closed and a vote shall be taken. The process will continue for the office of Vice-President, the office of Secretary, and the office of Treasurer.



## **2. Board President**

The Board shall elect one of its members as President in accordance with Section 1 above. The President shall serve as chairperson at all Board meetings and shall have the same rights as the other Board Members in voting; introducing motions, resolutions; and participating in discussions. The President assures the integrity of the Board's process and, secondarily, occasionally represents the Board to outside parties. In public meetings, the Board President adheres to and implements the rules of order as approved by the Board. The President behaves consistently with District policies and those legitimately imposed upon it from outside the organization. In the absence of the President, the Vice-President shall serve as chairperson. If both the President and Vice-President are absent, the Secretary shall act as chairperson.

In addition, the duties of the President include:

**2.1** The President shall execute Board documents on behalf of the Board unless such authority has been delegated to the Chief Executive Officer under specific circumstances.

**2.2** The President is empowered to chair Board meetings with all the commonly accepted authorities of that position (e.g., ruling, recognizing, keeping order, changing the order of announced agenda items).

**2.3** The President shall appoint Board committee members and committee's chair position.

**2.4** The President has no authority to supervise or direct the Chief Executive Officer. The President has no more authority than any other Board members.

**2.5** The President shall work with the Chief Executive Officer in monitoring and planning the agenda forecast.

**2.6** The President may represent the Board to outside parties in announcing and presenting of the Board after formal Board action has been taken.

**2.7** The President may determine, in concert with the Chief Executive Officer as necessary, whether to place on an agenda consideration of documents of support or recognition (e.g., resolutions, commendations, certificates of appreciation, etc.) for individuals, organizations or efforts in the community by evaluating whether the individual, organization or effort has a clear nexus to issues relevant to the District.

**2.8** The President may also sign such certificates established in 2.7 upon successful approval of the Board.

**2.9** The President may make and second motions and vote in the same manner as other Board members.

**2.10** Agenda items may be added by the President or at the request of two board



members.

**2.11** There is no veto power from the President.

**3. Board Vice-President**

The Board shall elect one of its members as Vice President in accordance with Section 1 above.

**3.1** In the absence of the President, the Vice-President shall perform the duties of the President.

**4. Board Secretary**

The Board shall elect a Secretary in accordance with Section 1 above.

**4.1** The Secretary shall be charged with the safekeeping of the minutes of all meetings of the Board and Committees in accordance with the adopted rules of the Board and shall sign the minutes in a ministerial capacity, following their approval of the Board.

**4.2** The Secretary shall give or cause to be given appropriate notices in accordance with the policies and bylaws or as required by law and shall act as custodian of District records and reports.

**4.3** The Secretary may delegate Board Secretary duties to a District Staff member and not a member of the Board of Directors.

**5. Board Treasurer**

The Board shall elect a Treasurer in accordance with Section 1 above.

**5.1** The Treasurer shall be charged with the safekeeping and disbursement of the funds in the treasury of the District.

**5.2** The Treasurer will serve as chair of the Finance, Legal, Administration, & Real Estate Committee.

**5.3** The Treasurer may delegate Board Treasurer duties to a District Staff member and not a member of the Board of Directors.



**AUTHORITIES**

Desert Healthcare District Bylaws Article VII

**DOCUMENT HISTORY**

Revised	02-27-2024
Revised	03-22-2022
Revised	06-23-2020
Approved	12-15-2015



**POLICY TITLE:** APPOINTMENT & DUTIES FOR COMMITTEES  
**POLICY NUMBER:** BOD-03  
**COMMITTEE APPROVAL:** 02-13-2025  
**BOARD APPROVAL:** 02-25-2025

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**POLICY #BOD-03:** It shall be the policy of the Desert Healthcare District (“District”) that the Board of Directors (“Board”) President shall appoint Board members to all committees and all committees shall be advisory only to the full Board of Directors unless otherwise specifically authorized to act by the Board. The District encourages community engagement to ensure the community’s voice is heard. For guidelines, reference Policy #OP-15 Engagement of the Community, Public, and Subject Matter Experts.

**1. DISTRICT BOARD COMMITTEES:**

**1.1. Ad-hoc Committees.** Special Ad-hoc Committees of less than a quorum of the Board may be appointed by the Board President for specific tasks or for a limited or a single purpose that is not perpetual. Ad hoc Committees shall not be created by formal action of the Board and shall be dissolved once the specific task is completed.

**1.2. Standing Committees.** The District Bylaws shall reference and list the Board Standing Committees which shall meet regularly to review reports from District staff, legal counsel, and consultants relating to the subject matter of the committee. Annually at the first Board meeting following the election of officers, the Board President shall appoint three Board members to each Standing Committee and a chairperson. The Board Treasurer shall serve as the Chairperson of the Finance, Legal and Administrative Committee (F&A Committee). There shall be the following Standing Committees:

**1.2.1. Finance, Legal, Administration, and Real Estate Committee (F&A).** This committee shall be responsible for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs (including legislation), real estate, and information systems (IS).



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**1.2.2. Strategic Planning Committee.** This committee shall meet quarterly, or more often if needed, and shall be responsible for monitoring the District's progress in achieving the goals and expectations outlined in its strategic plan.

**1.2.3. Hospital Lease Oversight Committee.** This committee shall meet quarterly, or more often if needed, and shall be charged with oversight responsibilities to ensure compliance with the terms of the current Lease of Desert Regional Medical Center.

**1.2.4. Program Committee.** This committee shall be responsible for oversight and for making recommendations to the Board on District matters related to grant-making and related programs.

**1.2.5. Board and Staff Communications & Policies Committee.** This committee shall meet quarterly, or more often if needed, and shall be responsible for monitoring and developing the District's Board and staff communications and relations. The committee is also responsible for developing and maintaining the District's policies and policies manual.

**1.2.6. Volunteer Committee Members.** The F&A and Program Committees may each include up to three (3) volunteer members. These members are not voting members and will be subject to the Volunteer Member Guidelines.

**2. F&A COMMITTEE.** In accordance with the District Bylaws, this committee shall be responsible for oversight and for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs (including legislation) real estate, and information systems (IS). This committee may also include three (3) non-voting volunteer members.

**2.1. Responsibilities.** The responsibilities of the F&A Committee include the following:

- To understand the financial needs and conditions of the District.
- To provide objective perspective regarding financial and administrative





needs.

- To provide advice, counsel and feedback to the committee as requested during budget development.

**3. STRATEGIC PLANNING COMMITTEE.** In accordance with the District Bylaws, this committee shall meet quarterly, or more often if needed, and shall be responsible for monitoring the District's progress in achieving the expectations outlined in the District's strategic plan.

**3.1. Responsibilities.** The responsibilities of the Strategic Planning Committee include the following:

- Responsible for monitoring the District's progress in achieving the expectations outlined in its strategic plan.
- To provide vision and guidance on the development of the District's strategic plan.
- To monitor implementation of the District's strategic plan and program-related activities to ensure programs/initiatives are achieving the desired impact.

**4. HOSPITAL LEASE OVERSIGHT COMMITTEE.** In accordance with the District Bylaws, this committee shall meet quarterly, or more often if needed, and shall be charged with oversight responsibilities to ensure compliance with the terms of the current lease of Desert Regional Medical Center.

**4.1. Responsibilities.** The responsibilities of the Hospital Lease Oversight Committee include the following:

- Review of all mandated Hospital operation scores and reports performed by independent third parties.
- Review of quarterly inspections of Hospital facilities.
- Provide updates to the Board of Directors.
- Provide an annual report reflective of lease requirements from lessee.



**5. PROGRAM COMMITTEE.** In accordance with the District's mission and strategic plan, the grant program provides funds to qualified nonprofit and governmental grantees to make positive impacts on community health and improve access to health care. The Program Committee recommends grant making policy to the Board of Directors and guides and monitors District grant making functions and program-related activities through which the District carries out its strategic plan to achieve optimal health for all stages of life for all District residents. This committee may also include three (3) non-voting volunteer members.

**5.1 Responsibilities.** The responsibilities of the Program Committee include the following:

- To identify trends and healthcare needs that can be addressed by the District and provide input on needs assessments conducted by District staff.
- To provide advice, counsel and feedback to staff as needed during program development.
- To monitor implementation of grant making and program-related activities to ensure alignment with the District's Strategic Plan.
- To identify key program issues to be discussed at the Board level.
- To consider grant proposals and recommendations provided by staff and make recommendations of grants to the District's Board of Directors to approve as presented, approve with modification, request additional information, or decline.

**6. BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE.** In accordance with the District's bylaws, this committee shall meet quarterly or more often, if needed, and shall be responsible for monitoring and developing the District's Board and staff communications and relations. The committee is also responsible for developing and maintaining the District's policies and policies manual.

**6.1 Responsibilities.** The responsibilities of the Board and Staff Communications & Policies Committee include the following:

- To inquire, monitor and develop details for communication between the Board



and Staff.

- To review and develop policies applicable to the District & Foundation.
- To review and revise, as needed, policies on a two (2) year rotation to ensure policies are up to date.
- Some policies may require review of the respective committee (i.e F&A Committee and Program Committee) prior to review by the Board and Staff Communications & Policies Committee.

**7. VOLUNTEER MEMBER GUIDELINES.** Volunteer member guidelines outline the requirements for volunteer members to participate on District Standing Committees. Unless otherwise provided, the appointment process and guidelines will be the same for all committees. Interviews for volunteer members shall be at the discretion of the committee. All volunteer members shall reside within the jurisdiction of the District and shall be subject to the approval of the full Board of Directors.

7.1 Volunteer Member Term. Volunteer members shall serve one (1) three (3) year term. At the end of the three (3) year term, a volunteer member may provide a written request to the Board for consideration to continue to serve on the committee. Any openings or reappointments on the committee will be considered at the end of the term. Any volunteer member who is employed by or sits on the Board of Directors of a grantee, is ineligible to serve on the committee within one year of filing a grant proposal and will be required to resign from the committee. All volunteer members who are termed out or resign due to applying or receiving a grant must wait a minimum of one year before reapplying to become a volunteer member.

7.2 Vacancies. Volunteer members who miss three consecutive unexcused meetings may be removed at the discretion of the committee chairperson. In the event of the vacancy of a volunteer member, notice of the vacancy and application process shall be published on the District website for a minimum of 14 days. The committee chairperson shall also have the discretion to publish notice of the vacancy and application process in a local newspaper of general circulation. Community members shall submit applications to become a volunteer member and their qualifications in writing to the District office. The committee shall conduct interviews of qualified applicants. The committee selections will be recommended to the Board for approval.



7.3 Meetings and Voting. The committees meet on a monthly basis, as necessary, prior to meetings of the full Board. Meetings are convened by the committee chairperson in coordinate with District staff. In accordance with their responsibilities, volunteer members shall participate in the committee meetings but would not possess voting privileges. The recommendations of volunteer members while noted in the record, shall be advisory in nature only.

7.4 Conflicts of Interest. Volunteer members shall not make or influence a recommendation or decision related to any committee recommendation which will benefit the volunteer member's outside employment, business, or personal financial interest or benefit an immediate family member, such as a spouse, child, or parent. A volunteer member shall not participate, discuss, or vote on any issue, or recommendation which directly inures to their financial interest or with respect to which they have any other conflict of interest. Volunteer members shall follow the adopted District Conflict of Interest Code in accordance with California law.

7.5 Responsibilities and Volunteer Agreement. All volunteer members shall complete the following Volunteer Agreement.

DRAFT



## **VOLUNTEER AGREEMENT:**

As a volunteer committee member, I understand and agree that I am responsible, collectively with my fellow committee members, for guiding and monitoring activities through which the Desert Healthcare District pursues its strategic plan to improve the health of the District's residents. I agree to the following responsibilities and criteria:

Volunteer members of the District/Foundation committees are expected to, and agree to:

1. Make every effort to attend all committee meetings, including any special scheduled meetings. If any member is absent for three (3) or more meetings within a calendar year, that individual's appointment to their respective committee will be reviewed.
2. Thoroughly read and understand all the materials related to the committee and be willing to be a "continual learner" about all matters of importance to philanthropy and to the District, and to take advantage of learning opportunities offered.
3. To participate in providing vision and guidance on the development of the District's strategic plan.
4. To participate in monitoring implementation of the District's strategic plan and program related activities to ensure programs are achieving the desired impact.
5. Review all respective committee packets, and to any other materials provided by staff prior to each meeting.
6. Actively participate in committee discussions and deliberations and wisely consider each matter on which the committee is asked to vote.
7. Consider all matters brought before the committee objectively and "on the merits" and make decisions that best represent the interests of the District.
8. Be supportive of the decisions of the committee and the District.





**AUTHORITIES**

Desert Healthcare District Bylaws Article VI

**DOCUMENT HISTORY**

Revised	02-25-2025
Revised	03-28-2023
Revised	11-24-2020
Revised	04-23-2019
Approved	03-22-2016

DRAFT



**POLICY TITLE:** APPOINTMENT & DUTIES FOR COMMITTEES

**POLICY NUMBER:** BOD-03

**COMMITTEE APPROVAL:** [02-13-2025](#)

Deleted: 03-07-2023

**BOARD APPROVAL:** [02-25-2025](#)

Deleted: 03-28-2023

**POLICY #BOD-03:** It shall be the policy of the Desert Healthcare District (“District”) that the Board of Directors (“Board”) President shall appoint Board members to all committees and all committees shall be advisory only to the full Board of Directors unless otherwise specifically authorized to act by the Board. The District encourages community engagement to ensure the community’s voice is heard. For guidelines, reference Policy #OP-15 Engagement of the Community, Public, and Subject Matter Experts.

**1. DISTRICT BOARD COMMITTEES:**

**1.1. Ad-hoc Committees.** Special Ad-hoc Committees of less than a quorum of the Board may be appointed by the Board President for specific tasks or for a limited or a single purpose that is not perpetual. Ad hoc Committees shall not be created by formal action of the Board and shall be dissolved once the specific task is completed.

**1.2. Standing Committees.** The District Bylaws shall reference and list the Board Standing Committees which shall meet regularly to review reports from District staff, legal counsel, and consultants relating to the subject matter of the committee. Annually at the first Board meeting following the election of officers, the Board President shall appoint three Board members to each Standing Committee and a chairperson. The Board Treasurer shall serve as the Chairperson of the Finance, Legal and Administrative Committee (F&A Committee). There shall be the following Standing Committees:

**1.2.1. Finance, Legal, Administration, and Real Estate Committee (F&A).** This committee shall be responsible for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs (including legislation), real estate, and information systems (IS).





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**1.2.2. Strategic Planning Committee.** This committee shall meet quarterly, or more often if needed, and shall be responsible for monitoring the District's progress in achieving the goals and expectations outlined in its strategic plan.

**1.2.3. Hospital Lease Oversight Committee.** This committee shall meet quarterly, or more often if needed, and shall be charged with oversight responsibilities to ensure compliance with the terms of the current Lease of Desert Regional Medical Center.

**1.2.4. Program Committee.** This committee shall be responsible for oversight and for making recommendations to the Board on District matters related to grant-making and related programs.

**1.2.5. Board and Staff Communications & Policies Committee.** This committee shall meet quarterly, or more often if needed, and shall be responsible for monitoring and developing the District's Board and staff communications and relations. The committee is also responsible for developing and maintaining the District's policies and policies manual.

**1.2.6. Volunteer Committee Members.** [The F&A and Program Committees may each include up to three \(3\) volunteer members. These members are not voting members and will be subject to the Volunteer Member Guidelines.](#)

**2. F&A COMMITTEE.** In accordance with the District Bylaws, this committee shall be responsible for oversight and for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs (including legislation) real estate, and information systems (IS). [This committee may also include three \(3\) non-voting volunteer members.](#)

**2.1. Responsibilities.** The responsibilities of the F&A Committee include the following:

- To understand the financial needs and conditions of the District.
- To provide objective perspective regarding financial and administrative



needs.

- To provide advice, counsel and feedback to the committee as requested during budget development.

**3. STRATEGIC PLANNING COMMITTEE.** In accordance with the District Bylaws, this committee shall meet quarterly, or more often if needed, and shall be responsible for monitoring the District's progress in achieving the expectations outlined in the District's strategic plan.

**3.1. Responsibilities.** The responsibilities of the Strategic Planning Committee include the following:

- Responsible for monitoring the District's progress in achieving the expectations outlined in its strategic plan.
- To provide vision and guidance on the development of the District's strategic plan.
- To monitor implementation of the District's strategic plan and program-related activities to ensure programs/initiatives are achieving the desired impact.

**4. HOSPITAL LEASE OVERSIGHT COMMITTEE.** In accordance with the District Bylaws, this committee shall meet quarterly, or more often if needed, and shall be charged with oversight responsibilities to ensure compliance with the terms of the current lease of Desert Regional Medical Center.

**4.1. Responsibilities.** The responsibilities of the Hospital Lease Oversight Committee include the following:

- Review of all mandated Hospital operation scores and reports performed by independent third parties.
- Review of quarterly inspections of Hospital facilities.
- Provide updates to the Board of Directors.
- Provide an annual report reflective of lease requirements from lessee.



**5. PROGRAM COMMITTEE.** In accordance with the District's mission and strategic plan, the grant program provides funds to qualified nonprofit and governmental grantees to make positive impacts on community health and improve access to health care. The Program Committee recommends grant making policy to the Board of Directors and guides and monitors District grant making functions and program-related activities through which the District carries out its strategic plan to achieve optimal health for all stages of life for all District residents. [This committee may also include three \(3\) non-voting volunteer members.](#)

**5.1 Responsibilities.** The responsibilities of the Program Committee include the following:

- To identify trends and healthcare needs that can be addressed by the District and provide input on needs assessments conducted by District staff.
- To provide advice, counsel and feedback to staff as needed during program development.
- To monitor implementation of grant making and program-related activities to ensure alignment with the District's Strategic Plan.
- To identify key program issues to be discussed at the Board level.
- To consider grant proposals and recommendations provided by staff and make recommendations of grants to the District's Board of Directors to approve as presented, approve with modification, request additional information, or decline.

**6. BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE.** In accordance with the District's bylaws, this committee shall meet quarterly or more often, if needed, and shall be responsible for monitoring and developing the District's Board and staff communications and relations. The committee is also responsible for developing and maintaining the District's policies and policies manual.

**6.1 Responsibilities.** The responsibilities of the Board and Staff Communications & Policies Committee include the following:

- To inquire, monitor and develop details for communication between the Board



and Staff.

- To review and develop policies applicable to the District & Foundation.
- To review and revise, as needed, policies on a two (2) year rotation to ensure policies are up to date.
- Some policies may require review of the respective committee (i.e F&A Committee and Program Committee) prior to review by the Board and Staff Communications & Policies Committee.

**7. VOLUNTEER MEMBER GUIDELINES.** Volunteer member guidelines outline the requirements for volunteer members to participate on District Standing Committees. Unless otherwise provided, the appointment process and guidelines will be the same for all committees. Interviews for volunteer members shall be at the discretion of the committee. All volunteer members shall reside within the jurisdiction of the District and shall be subject to the approval of the full Board of Directors.

7.1 Volunteer Member Term. Volunteer members shall serve one (1) three (3) year term. At the end of the three (3) year term, a volunteer member may provide a written request to the Board for consideration to continue to serve on the committee. Any openings or reappointments on the committee will be considered at the end of the term. Any volunteer member who is employed by or sits on the Board of Directors of a grantee, is ineligible to serve on the committee within one year of filing a grant proposal and will be required to resign from the committee. All volunteer members who are termed out or resign due to applying or receiving a grant must wait a minimum of one year before reapplying to become a volunteer member.

7.2 Vacancies. Volunteer members who miss three consecutive unexcused meetings may be removed at the discretion of the committee chairperson. In the event of the vacancy of a volunteer member, notice of the vacancy and application process shall be published on the District website for a minimum of 14 days. The committee chairperson shall also have the discretion to publish notice of the vacancy and application process in a local newspaper of general circulation. Community members shall submit applications to become a volunteer member and their qualifications in writing to the District office. The committee shall conduct interviews of qualified applicants. The committee selections will be recommended to the Board for approval.



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7.3 Meetings and Voting. The committees meet on a monthly basis, as necessary, prior to meetings of the full Board. Meetings are convened by the committee chairperson in coordinate with District staff. In accordance with their responsibilities, volunteer members shall participate in the committee meetings but would not possess voting privileges. The recommendations of volunteer members while noted in the record, shall be advisory in nature only.

7.4 Conflicts of Interest. Volunteer members shall not make or influence a recommendation or decision related to any committee recommendation which will benefit the volunteer member's outside employment, business, or personal financial interest or benefit an immediate family member, such as a spouse, child, or parent. A volunteer member shall not participate, discuss, or vote on any issue, or recommendation which directly inures to their financial interest or with respect to which they have any other conflict of interest. Volunteer members shall follow the adopted District Conflict of Interest Code in accordance with California law.

7.5 Responsibilities and Volunteer Agreement. All volunteer members shall complete the following Volunteer Agreement.

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### VOLUNTEER AGREEMENT:

As a volunteer committee member, I understand and agree that I am responsible, collectively with my fellow committee members, for guiding and monitoring activities through which the Desert Healthcare District pursues its strategic plan to improve the health of the District's residents. I agree to the following responsibilities and criteria:

Volunteer members of the District/Foundation committees are expected to, and agree to:

1. Make every effort to attend all committee meetings, including any special scheduled meetings. If any member is absent for three (3) or more meetings within a calendar year, that individual's appointment to their respective committee will be reviewed.
2. Thoroughly read and understand all the materials related to the committee and be willing to be a "continual learner" about all matters of importance to philanthropy and to the District, and to take advantage of learning opportunities offered.
3. To participate in providing vision and guidance on the development of the District's strategic plan.
4. To participate in monitoring implementation of the District's strategic plan and program related activities to ensure programs are achieving the desired impact.
5. Review all respective committee packets, and to any other materials provided by staff prior to each meeting.
6. Actively participate in committee discussions and deliberations and wisely consider each matter on which the committee is asked to vote.
7. Consider all matters brought before the committee objectively and "on the merits" and make decisions that best represent the interests of the District.
8. Be supportive of the decisions of the committee and the District.



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9. Be willing to compromise, if necessary, in order to foster a cooperative atmosphere for all the people who participate in the work of the District.

10. Abide by the Conflict-of-Interest Policy by disclosing any potential conflicts.

\_\_\_\_\_  
Volunteer Name                      Date

\_\_\_\_\_  
Committee Chairperson              Date

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**AUTHORITIES**

Desert Healthcare District Bylaws Article VI

**DOCUMENT HISTORY**

<u>Revised</u>	<u>02-25-2025</u>
Revised	03-28-2023
Revised	11-24-2020
Revised	04-23-2019
Approved	03-22-2016

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**POLICY TITLE:** RULES OF ORDER FOR BOARD AND COMMITTEE MEETINGS

**POLICY NUMBER:** BOD-09

**COMMITTEE APPROVAL:** 02-13-2025

**BOARD APPROVAL:** 02-25-2025

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**POLICY #BOD-09:** It is the policy of the Desert Healthcare District (“District”) Board of Directors (“Board”) to conduct meetings in accordance with the following rules of order.

**GUIDELINES:**

1. Unless otherwise provided by law, bylaws, or Board rules, Board meeting procedures shall be in accordance with *Robert’s Rules of Order Newly Revised*. However, technical failure to follow *Robert’s Rules of Order* shall not invalidate any action.
2. The Board President may make and second motions and vote in the same manner as other Board members.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.7

**DOCUMENT HISTORY**

Revised	02-25-2025
Reviewed	03-28-2023
Reviewed	02-23-2021
Reviewed	07-23-2019
Approved	03-23-2016



**POLICY TITLE:** RULES OF ORDER FOR BOARD AND COMMITTEE MEETINGS

**POLICY NUMBER:** BOD-09

**COMMITTEE APPROVAL:** [02-13-2025](#)

Deleted: 03-07-2023

**BOARD APPROVAL:** [02-25-2025](#)

Deleted: 03-28-2023

**POLICY #BOD-09:** It is the policy of the Desert Healthcare District ("District") Board of Directors ("[Board](#)") to conduct meetings in accordance with the following rules of order.

**GUIDELINES:**

1. Unless otherwise provided by law, bylaws, or Board rules, Board meeting procedures shall be in accordance with *Robert's Rules of Order Newly Revised*. However, technical failure to follow *Robert's Rules of Order* shall not invalidate any action.
2. The [Board](#) President may make and second motions and vote in the same manner as other Board members.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.7

**DOCUMENT HISTORY**

<a href="#">Revised</a>	<a href="#">02-25-2025</a>
Reviewed	03-28-2023
Reviewed	02-23-2021
Reviewed	07-23-2019
Approved	03-23-2016



**POLICY TITLE:** BOARD MEETING CONDUCT

**POLICY NUMBER:** BOD-10

**COMMITTEE APPROVAL:** 03-07-2023

**BOARD APPROVAL:** 03-28-2023

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**POLICY #BOD-10:** It is the policy of the Desert Healthcare District (“District”) to conduct meetings in a manner consistent with Policy numbers #BOD-08, “Board Meetings” and #BOD-09, “Rules of Order for Board and Committee Meetings”.

**GUIDELINES:**

1. All Board of Directors (“Board”) meetings shall commence at the time stated on the agenda and shall be guided by the agenda.
2. The conduct of meetings shall, to the fullest possible extent, enable Directors to:
  - 2.1 Consider problems to be solved, weigh evidence related thereto, and make wise decisions intended to solve the problems;
  - 2.2 Hear public testimony, and
  - 2.3 Receive, consider and take any action with respect to reports of accomplishment of District operations.
3. To ensure that all members of the General Public have the opportunity to participate in the meetings of the Board of Directors of the Desert Healthcare District, the Board has established the following provisions for permitting any individual or group to address the Board concerning any item on the agenda of a special meeting, or to address the Board at a regular meeting on any subject that lies within the jurisdiction of the Board:
  - 3.1 It is the policy of the Board to allow three (3) minutes (exclusive of translation services) for any item not on the agenda that a member of the



public identifies at the beginning of the meeting under the agenda item “Public Comments”.

**3.2** For agenda items, members of the public may speak for five (5) minutes (exclusive of translation services) any time prior to a vote.

**3.3** A maximum of fifteen (15) minutes (exclusive of translation services) total per meeting shall be allowed for each member of the public.

**3.4** No disruptive and/or boisterous conduct shall be permitted at any Board meeting. Persistence in boisterous conduct shall be grounds for summary termination by the Board President/Chair of that person’s privilege of address. If unacceptable conduct persists, the Board President/Chair may request removal of the person from the meeting and/or clear the room, allowing only accredited members of the press, for the duration of the meeting. Only matters appearing on the agenda may be considered. The Board President/Chair may allow for those members of the public not responsible for the disruptive conduct back in the room, if desired.

**4.** A copy of this policy shall be made available to the public at each Board Meeting.

**5.** In order to adhere to this policy, the Board President/Chair of the Meeting shall follow the procedures as outlined below:

**5.1** During the “Public Comments” agenda item, the Board President/Chair shall advise any members of the public wishing to address the Board on items not on the agenda that they may do so at this time.

**5.2** After each agenda item has been motioned and seconded (if applicable), members of the Board and public will be given an opportunity to speak.

**5.3** The Board President/Chair shall advise any member of the public wishing to address the Board that they will have a time limit for each item identified with a maximum time of fifteen (15) minutes for the entire meeting.



**5.4** As the member of the public addresses each previously identified agenda item, their remarks shall be timed to ensure that the policy is followed.

**EXCEPTIONS:**

**6.** The Board President/Chair, their designated alternate or the majority of the Board, are authorized to make exceptions to this policy during meetings. The Board as a whole may update this policy as it wishes.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V & VI

**DOCUMENT HISTORY**

Reviewed	03-28-2023
Revised	02-23-2021
Revised	07-23-2019
Approved	03-23-2016

## Tips for Promoting Civility in Public Meetings

[www.ca-ilg.org/OrientationMaterials](http://www.ca-ilg.org/OrientationMaterials)

December 2011

### What is Civility?

In the context of democratic debate, civility is about how people treat each other. Civility involves the display of respect for those who have positions with which one disagrees.

Even though disagreement plays a necessary role in governance and politics, the issue is *how* one expresses that disagreement. The key is to focus on the strengths and weakness of proposed solutions to community problems—not to engage in personal attacks against those who favor different solutions.<sup>1</sup> An even more powerful leadership strategy is to listen for the concerns and values that underlie people’s diverse perspectives to try to identify points of agreement and common ground.

### Specific Strategies

- **Embrace Diverse Points of View.** Local officials are grappling with difficult policy challenges. Bringing as many perspectives on what might be the best solution to a given problem increases the likelihood that the solution will indeed be successful and enduring. A goal is to create a culture of tolerance for differing points of view that credits everyone with having the best interests of the community in mind.
- **Everyone Gets a Chance to Share Their Views.** Voltaire said "I may not agree with what you say, but I will fight to the death for your right to say it." Everyone’s right to have their view heard is a central democratic value. Conversely, a strategy that relies on drowning other perspectives out usually results in a turning up of the volume and corresponding decreases in civility in discussions.

#### Related Resources

This tip sheet is a distillation and update of the Institute for Local Government’s 2003 whitepaper called *Promoting Civility at Public Meetings: Concepts and Practice*, available at [www.ca-ilg.org/civility](http://www.ca-ilg.org/civility).

Additional resources from the Institute include

- *Dealing with Emotions at Public Hearings*, available at [www.ca-ilg.org/respondingtoconflict](http://www.ca-ilg.org/respondingtoconflict) and
- *A Leader’s Role When Tragedy Strikes*, available at [www.ca-ilg.org/tragedy](http://www.ca-ilg.org/tragedy)

- **With Rights Come Responsibilities.** For there to be time for everyone to weigh in on an issue, there may need to be reasonable time limits on how long individuals speak. The goal is to create a culture in which as many people as possible (including decision-makers) are respectful of other people's time in attending and participating in the meeting.
- **Avoid Debates and Interruptions.** Interruptions should be discouraged so that individuals have the opportunity to complete their thoughts. A good practice for everyone participating in the conversation is to make a note of a question or different point of view that occurs to you when someone is speaking and then address that issue when it is one's turn to speak. This is an especially important approach for decision-makers to model.
- **Reduce Uncertainty.** Assuring people they will be allowed to share their views and how can reduce concerns that they will not be allowed to be heard. Explaining the process to be used to allow all views to be heard at the outset of a meeting or discussion item can reduce tension levels.
- **The Importance of Listening.** Listening is an important sign of respect, as is giving others the opportunity to listen. Decision-makers' active interest in what people are saying is vital. Repeating back core points that a speaker makes reassures the speaker that their message has indeed been heard—even if one does not necessarily agree with it. The mood turns ugly if the public thinks the matter has already been decided, decision-makers don't care about public input, or decision-makers are being impolite or disrespectful of the public they serve. Everyone attending a meeting should respect other attendees' right to both listen and be heard. One person should talk at a time, any private conversations should be taken outside or deferred, and smart phones should be turned off (texting and emailing should not occur during the meeting).
- **Be Compassionate About the Fear Factor/ Heckling and Applause Not Allowed.** Polls suggest many people fear public speaking.<sup>2</sup> This fear can come from concerns about

### Agenda Guidance

Some local agencies include language to the following effect on their agendas:

Free expression of all points of view is an important democratic value in this community.

To allow all persons to speak who may wish to do so, each speaker is allowed a maximum of \_\_ minutes. An effective approach is to lead with your key point or concern and then explain the reasons underlying it.

If others have already expressed your views, you may simply indicate that you agree with the previous speaker. If appropriate, a spokesperson may present the views of a group.

To encourage and respect expression of all views, meeting rules prohibit clapping, booing or shouts of approval or disagreement from the audience.



being judged negatively or having ideas that people will ridicule or reject. Allowing cheering and booing or other forms of heckling discourages people from sharing their views (even silence or no applause can be perceived as rejection). It also runs the risk that those that do speak will focus more on getting applause than moving the conversation towards addressing difficult issues. (Eye-rolling and grimacing can be non-verbal forms of heckling and also have no place in communities that value mutual respect.)

- **Separate People from The Problem.** Personal attacks or questioning people’s motives or character rarely moves the conversation forward to a solution of a problem. In the book about effective negotiating called *Getting to Yes*,<sup>3</sup> the authors encourage negotiators to attack the problem, not the people involved in the problem. Anything that approaches name-calling should be off limits.
- **Consider Using Titles.** Referring to each other by title and last name (Supervisor Hassan, Council Member Lee, Board Member Aviña) can serve as a way of showing respect that an individual has been elected and is participating in the conversation in that capacity. Using similar forms of respect for members of the public (Mr., Ms, Sir, Madam) when speaking can also reinforce the notion that everyone is engaged in a special kind of discussion. Community norms vary, however, and in some communities this may be perceived as an affectation.
- **Take a Break.** If conversations get heated, consider taking a break. As one veteran observer of public meetings noted “time can be an anti-inflammatory agent” that can give people a chance to calm down and restore order.<sup>4</sup>

**A Note on Civility and Staff**

Staff plays a critical role in providing service to the agency and the public the agency serves. An agency’s ability to attract and retain capable and motivated staff is an important determinant of how satisfied the public is likely to be with the agency’s performance and that of its elected officials.

An old management saw counsels those with oversight responsibilities to praise in public and criticize in private. That advice is sound for those in public service.

If an elected official has concerns about a staff member’s performance or actions, a good practice is to make the top administrative official of the agency aware of those concerns.

Similarly, if a member of the public raises concerns about the performance of a public agency employee, refer it to management with a request for follow up.

If the communication is more in the nature of a personal attack, try to identify the underlying concern and respond to that. Encouraging the person to focus on the issue and avoid personal attacks. Separating people from the problem can be just as valuable a strategy when it comes to staff.



- **Ejection a Last Resort.** If a recess does not work to restore order and other techniques are not successful, calling in the sergeant of arms is a last resort. A good practice is to create a record that disruptor was given ample warnings and opportunity to leave or reform their behavior voluntarily. If selective removal of one or more disruptors does not restore order, state law does allow clearing the room with the media allowed to remain<sup>5</sup> (as an even more last resort).

## Parliamentary Procedure and Civility

Rules of parliamentary procedure are another tool to encourage civility and decorum at meetings. The most famous source of parliamentary procedure is Robert's Rules of Order. A good starting point is [www.robertsrules.com/](http://www.robertsrules.com/) (the "survival tips" page is especially helpful).

A former mayor and county supervisor (and now judge) has created a simplified version for use at the local level. Called "Rosenberg's Rules," the text and an explanatory video are accessible from the Institute's website at [www.ca-ilg.org/rosenbergrules](http://www.ca-ilg.org/rosenbergrules).

The following is an excerpt from Rosenberg's Rules on about courtesy and decorum:

The rules of order are meant to create an atmosphere where the members of the body and the members of the public can attend to business efficiently, fairly and with full participation. At the same time, it is up to the Chair and the members of the body to maintain common courtesy and decorum. Unless the setting is very informal, it is always best for only one person at a time to have the floor, and it is always best for every speaker to be first recognized by the Chair before proceeding to speak.

The Chair should always ensure that debate and discussion of an agenda item focuses on the item and the policy in question, not the personalities of the members of the body. Debate on policy is healthy, debate on personalities is not. The Chair has the right to cut off discussion that is too personal, is too loud, or is too crude.

Debate and discussion should be focused, but free and open. In the interest of time, the Chair may, however, limit the time allotted to speakers, including members of the body.

Can a member of the body interrupt the speaker? The general rule is "no." There are, however, exceptions. . . .

Note that the chair may have greater latitude in enforcing decorum among decision-makers than between the public and decision-makers.

- **Walk the Talk.** For civility to be a regular part of community discourse, community leaders must set the standard. Scholars are concerned—and the data seems to demonstrate—that public officials’ incivility to one another contributes to voter alienation and antipathy toward public officials and public agencies.<sup>6</sup>

A good approach is to treat people how you would like to be treated. This includes a) limiting one’s statements in discussions to those that move the conversation forward, b) keeping one’s remarks brief, to the point and non-repetitive of comments others have made (other than to note one’s agreement), c) avoiding personal attacks (in public and private) and d) otherwise adhering to the strategies described above.

## Conclusion

How a community conducts its public meetings is a reflection of the community and its values. As Dr. Martin Luther King’s observed:

In a neighborhood dispute there may be stunts, rough words, and even hot insults; but when a whole people speaks to its government, the dialogue and the action must be on a level reflecting the worth of that people and the responsibility of that government.<sup>7</sup>

Dr. King’s admonition to his listeners to set their standards of discourse high--irrespective of how others behave--is consistent with the quote from Gandhi to his followers that “you must be the change you wish to see in the world.”

### About This Resource

This resource is a service of the Institute for Local Government (ILG) whose mission is to promote good government at the local level with practical, impartial, and easy-to-use resources for California communities. ILG is the nonprofit 501(c)(3) research and education affiliate of the League of California Cities and the California State Association of Counties. For more information and to access the Institute’s resources on Local Government 101, go to [www.ca-ilg.org/localgovt101](http://www.ca-ilg.org/localgovt101).

\*The Institute welcomes feedback and suggestions on enhancing this resource:

- *Email:* [info@ca-ilg.org](mailto:info@ca-ilg.org) Subject: *Tips for Promoting Civility in Public Meetings*
- *Mail:* 1400 K Street, Suite 205 • Sacramento, CA • 95814

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### Sample Codes of Civility

*Drafting Note: A threshold issue is whether an agency's code will be positive or negative. In other words, will the code describe conduct that is prohibited or describe the kind of conduct it desires to be the norm. Describing the kind of conduct that is preferred has the advantage of being more instructive in setting the goal and encouraging people to meet that goal.*

#### Commitment to Civil Behavior

To maintain a cohesive, productive working environment, the members of the San Diego County Water Authority Board of Directors commit to:

1. Support the Authority's mission.
2. Bring Authority related concerns, issues, and conflicts to the Authority Board for discussion.
3. Offer alternative solution(s) when addressing a problem or issue.
4. Show respect to each other as appointed representatives of their member agencies.
5. Promote civility during Board meetings and tolerate nothing less.
6. Maintain the confidentiality of material discussed during closed Board meeting sessions. Similarly, not to disclose the content or substance of confidential or privileged communications relating to Authority business.
7. Limit the length of comments during Board meetings to three minutes per Director per item and not repeat points that already have been stated by other Directors.

#### Pledge of Civility

1. The manner in which we govern ourselves is often as important as the positions we take.
2. The organization's collective decisions will be better—and truer to our mission—when differing views have had the opportunity to be fully vetted and considered.
3. All those who appear before the organization's board and committees have the right to be treated with respect, courtesy, and openness. We value all input.

Accordingly, we commit to conduct ourselves at all times with civility and courtesy, to both those with whom the Board interacts and to each other. We also pledge to endeavor to correct ourselves, should our conduct fall below this standard.<sup>8</sup>

## Resources and References

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<sup>1</sup> Burgess, Guy and Heidi, *The Meaning of Civility*, Conflict Research Consortium at [www.colorado.edu/conflict/civility.htm](http://www.colorado.edu/conflict/civility.htm).

<sup>2</sup> <http://www.gallup.com/poll/1891/Snakes-Top-List-Americans-Fears.aspx> (fear of public speaking ranks second to fear of snakes).

<sup>3</sup> Fisher, Roger and Ury, William L., *Getting to Yes: Negotiating Agreement Without Giving In* (1991).

<sup>4</sup> See Vermont Institute for Government, *Born to Chair: An Introduction to the Science and Art of Chairing a Board Meeting* (1998), available at <http://www.sec.state.vt.us/municipal/pubs/chair.pdf> and <http://crs.uvm.edu/citizens/chair.pdf>, page 3.

<sup>5</sup> See Cal. Gov't Code § 54957.9, which provides:

In the event that any meeting is willfully interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of individuals who are willfully interrupting the meeting, the members of the legislative body conducting the meeting may order the meeting room cleared and continue in session. Only matters appearing on the agenda may be considered in such a session. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section. Nothing in this section shall prohibit the legislative body from establishing a procedure for readmitting an individual or individuals not responsible for willfully disturbing the orderly conduct of the meeting.

<sup>6</sup> Carter, Stephen L., *Civility: Manners, Morals and the Etiquette of Democracy* (1998) at 9.

<sup>7</sup> *From the March on Washington for Jobs, Peace and Freedom*, 1963.

<sup>8</sup> Adapted from the Pledge of Civility adopted by the California Public Employee Retirement System Board.



**POLICY TITLE:** TICKET DISTRIBUTION POLICY

**POLICY NUMBER:** BOD-18

**COMMITTEE APPROVAL:** 06-15-2022

**BOARD APPROVAL:** 06-28-2022

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**POLICY #BOD-18:** From time to time the Desert Healthcare District and Desert Healthcare Foundation (collectively referred to herein as "District") receives event tickets and/or passes from public and private entities and individuals or purchases event tickets and/or passes in connection with the District's operations and activities in furtherance of the District's public purposes. These tickets and/or passes purchased or received by the District are public resources of the District.

The District desires to use such tickets and/or passes to further governmental and public purposes of the District, such as the promotion of the District's activities and programs, and to avail the District and its officials, as defined in Government Code Section 82048 and Fair Political Practices Commission Regulation 18701 (Title 2, Division 6, California Code of Regulations referred to herein as "FPPC Regulation"), of the ability to distribute tickets and/or passes pursuant to FPPC Regulation 18944.1. The furtherance of the District's governmental and public purposes may require the distribution of said tickets and/or passes to "public officials," as that term is defined in Government Code Section 82048; and

FPPC Regulation 18944.1(e) requires that any distribution of said tickets and/or passes to, or at the behest of, an authorized District Official must be made pursuant to a duly adopted written policy, if such distribution is made under that regulation, and that the District must receive value equal to or greater than the value of the event ticket or pass it distributes to a District Official. As provided in FPPC Regulation 18944.1(c), such tickets and/or passes distributed in accordance with a duly adopted policy are not considered gifts to public officials. Accordingly, the Board of Directors of the Desert Healthcare District adopts the following Ticket Distribution policy:

Section 1: Definitions.



- a. "District Official" shall mean and refer to a District "public official" as that term is defined by Government Code Section 82048 and FPPC Regulation 18701 and shall include Board members, employees, and consultants required to file an annual Statement of Economic Interest Form 700.
- b. "Authorized District Official" shall mean a Board member or the Chief Executive Officer ("CEO") who shall be authorized to request the District's purchase of tickets or passes in accordance with Section 5 below.
- c. "Ticket" or "pass" as these terms are defined in FPPC Regulation 18944.1, as amended, and as of this date means admission to a facility, event, show, or performance for entertainment, amusement, recreation, or similar purpose.
- d. "Ticket Coordinator" shall mean the CEO or their designee who shall be responsible for distributing tickets in accordance with this policy and completing and posting the FPPC Form 802.

**Section 2: Purpose of the Policy.** The purpose of this Policy is to ensure that all tickets and passes the District receives from public and private entities and individuals, which are either complimentary or purchased by the District, are distributed in furtherance of a public purpose of the District and are not utilized for any election-related purposes.

**Section 3: Limitation.** This Policy shall only apply to the District's distribution of tickets and/or passes to, or those that are purchased at the behest of, an Authorized District Official.

**Section 4: Public Purposes for Ticket Distribution.** The following list is illustrative, rather than exhaustive, of the public purposes the District may accomplish by the distribution of tickets to, or at the behest of, a District Official:

- a. Representation of the District at events on federal, state, and regional levels.
- b. Representation and promotion of the Desert Healthcare District at District sponsored or supported community events and programs.
- c. Increasing public exposure to and awareness of District sponsorships, grants, initiatives, projects, and facilities related to promoting the mission and vision of the District.





- d. Promotion of District issues and representation at events sponsored by other governmental entities or government-related industry groups and non-profit organizations.
- e. Recognizing or rewarding meritorious service by any District Official or employee and recognizing contributions made by current and former District Officials.

**Section 5: Purchase of Tickets or Passes.** Authorized District Officials may request the Ticket Coordinator purchase up to two (2) tickets in accordance with the public purposes of this policy for use by the District Official, an immediate family member (spouse or dependent children), or one other person. \$20,000 per fiscal year beginning July 1, 2019 shall be budgeted for the purchase of tickets and the purchase of tickets for use by any individual Authorized District Official shall not exceed \$2,500 per fiscal year.

**Section 6: Transfer Prohibition.** The transfer by any District Official of any ticket distributed pursuant to this policy to any other person, except to other District Officials and staff members of the District, is prohibited. For tickets or passes that are unable to be used by the original recipient, the Ticket Coordinator shall have the discretion to redistribute to other District Officials or staff members.

**Section 7: Posting Form 802 on Website.** Within thirty (30) days of distributing a ticket or pass, the District shall post a completed FPPC Form 802 on the District's website.

**Section 8: Exemptions to Policy.** Tickets or passes that are not subject to this policy include the following:

- a. **Ceremonial Role or Function.** Tickets or passes provided to an Authorized District Official where the official will perform a ceremonial role or function on behalf of the District are not considered gifts to the Authorized District Official.
- b. **Reimbursement.** The Authorized District Official reimburses the District for the face value of the ticket or pass within thirty (30) days of receipt or acceptance of the ticket or pass, as defined in the Political Reform Act.
- c. **Income.** The Authorized District Official treats the ticket or pass as income consistent with federal and state income tax laws and reports distribution of the tickets or passes as income to the Authorized District Official on the FPPC Form 802. The official will also have to report it as a gift on their 700 Forms.



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- d. Political and Non-Profit Fundraisers. Ticket(s) (up to two) to political and non-profit events that are provided directly to the public official by the political committee or 501(c)(3) organization and do not involve the District are not considered gifts (Regulation 18944.1).

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6  
Desert Healthcare District Resolution No. 19-05

**DOCUMENT HISTORY**

Revised                      06-28-2022  
Approved                    04-23-2019





**POLICY TITLE:** **AUTHORIZED CHECK SIGNERS, NUMBER OF SIGNERS, DOLLAR LIMIT FOR SIGNERS, TRANSFER OF FUNDS**

**POLICY NUMBER:** FIN-02

**COMMITTEE APPROVAL:** 02-13-2025

**BOARD APPROVAL:** 02-25-2025

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**POLICY #FIN-02:** It is the policy of the Desert Healthcare District’s Board of Directors (“Board”) to prudently disburse funds of the Desert Healthcare District (“District”) in order to maintain Board-level oversight. It is intended that this policy covers all accounts and disbursement activities of the District and the Desert Healthcare Foundation (“Foundation”).

**GUIDELINES:**

1. Authorized signers on District and Foundation bank accounts are to be a minimum of four (4) Board Members (“Directors”), including the Chairperson of the Finance & Administration Committee, and the Chief Executive Officer (“CEO”).
2. Authorized signers on Foundation investment accounts shall include a minimum of two (2) Directors, including the Board Treasurer.
2. Checks under \$5,000.00 only require one signature. The CEO may be the one signer for any budgeted or Board approved item.
3. Checks \$5,000.00 and over require two signatures (the CEO and one Director or two Directors).
4. Checks payable to a check signer (or associated with the check signer) are to be signed by other authorized signers.
5. Automatic Clearing House (“ACH”) transfers shall be allowed in lieu of a check payment under the following circumstances:



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- a) Health, dental, vision, and insurance premiums
  - b) Retirement account expenses
  - c) Utility payments such as electricity, water, internet, and phone services
  - d) Credit card payments
  - e) On an as needed basis to avoid additional expenses such as late fees, to receive a discount on services, or when required by contract terms.
- 6.** ACH payments must be submitted and approved by different parties. Staff authorized to submit an ACH payment shall be the Accounting Manager, Chief Administration Officer (“CAO”) or Chief Executive Officer. Approval of a submitted ACH transfer is authorized by the CAO or CEO. Once an ACH transfer has been submitted and approved, the payment packet shall be routed for the initials of an authorized signer and is subject to the same dollar limits for checks.
- 7.** The transfer of funds between internal operating accounts shall be authorized by the CAO to address business needs. Operating accounts are held for the District, Foundation, and Las Palmas Medical Plaza.
- 8.** The transfer of funds to or from the Foundation investment accounts requires the authorization of a Director and adherence to the approval process.
- a. Transfers shall be prepared by District staff and shall include the following information:
    - i. Source and destination account numbers (investment account to operating or operating to investment account only)
    - ii. Value of transfer
    - iii. Contact information of signing Director(s)
    - iv. Copy of recent bank statements for source and destination accounts for validation
    - v. Authorization by signature of at least one Director on file, after all other items have been provided for the Director’s review
  - b. Once written transfer authorization has been completed, the transfer request will be submitted to the respective investment account bank for completion, as well as a copy to each Director with a signature on file with investment bank.



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- c. Validation may be requested by the financial institution via phone or email from one of the Directors on file to confirm the transfer details.

**AUTHORITY**

Desert Healthcare District Bylaws Article V, section 5.6 & Article VII

**DOCUMENT HISTORY**

Revised	02-25-2025
Reviewed	06-25-2024
Revised	06-28-2022
Revised	06-23-2020
Approved	03-22-2016

DRAFT



**POLICY TITLE:** AUTHORIZED CHECK SIGNERS, NUMBER OF SIGNERS, DOLLAR LIMIT FOR SIGNERS, TRANSFER OF FUNDS

**POLICY NUMBER:** FIN-02

**COMMITTEE APPROVAL:** [02-13-2025](#)

Deleted: 06-11-2024

**BOARD APPROVAL:** [02-25-2025](#)

Deleted: 06-25-2024

**POLICY #FIN-02:** It is the policy of the Desert Healthcare District's Board of Directors ("Board") to prudently disburse funds of the Desert Healthcare District ("District") in order to maintain Board-level oversight. It is intended that this policy covers all accounts and disbursement activities of the District and the Desert Healthcare Foundation ("Foundation").

**GUIDELINES:**

1. Authorized signers on District and Foundation bank accounts are to be a minimum of four (4) Board Members ("Directors"), including the Chairperson of the Finance & Administration Committee, and the Chief Executive Officer ("CEO").
2. Authorized signers on Foundation investment accounts shall include a minimum of two (2) Directors, including the Board Treasurer.
2. Checks under \$5,000.00 only require one signature. The CEO may be the one signer for any budgeted or Board approved item.
3. Checks \$5,000.00 and over require two signatures (the CEO and one Director, or two Directors).
4. Checks payable to a check signer (or associated with the check signer) are to be signed by other authorized signers.
5. Automatic Clearing House ("ACH") transfers shall be allowed in lieu of a check payment under the following circumstances:

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- a) Health, dental, vision, and insurance premiums
  - b) Retirement account expenses
  - c) Utility payments such as electricity, water, internet, and phone services
  - d) Credit card payments
  - e) On an as needed basis to avoid additional expenses such as late fees, to receive a discount on services, or when required by contract terms.
6. ACH payments must be submitted and approved by different parties. Staff authorized to submit an ACH payment shall be the Accounting Manager, Chief Administration Officer (“CAO”) or Chief Executive Officer. Approval of a submitted ACH transfer is authorized by the CAO or CEO. Once an ACH transfer has been submitted and approved, the payment packet shall be routed for the initials of an authorized signer and is subject to the same dollar limits for checks.
7. The transfer of funds between internal operating accounts shall be authorized by the CAO to address business needs. Operating accounts are held for the District, Foundation, and Las Palmas Medical Plaza.
8. The transfer of funds to or from the Foundation investment accounts requires the authorization of a Director and adherence to the approval process.
- a. Transfers shall be prepared by District staff and shall include the following information:
    - i. Source and destination account numbers (investment account to operating or operating to investment account only)
    - ii. Value of transfer
    - iii. Contact information of signing Director(s)
    - iv. Copy of recent bank statements for source and destination accounts for validation
    - v. Authorization by signature of at least one Director on file, after all other items have been provided for the Director’s review
  - b. Once written transfer authorization has been completed, the transfer request will be submitted to the respective investment account bank for completion, as well as a copy to each Director with a signature on file with investment bank.



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c. Validation may be requested by the financial institution via phone or email from one of the Directors on file to confirm the transfer details.

**Deleted:** External transfer of funds are to be authorized by the District/Foundation Treasurer or any other authorized Director. Transfer of funds between internal operating accounts (District, Foundation, & Las Palmas Medical Plaza) is permitted by the Chief Administration Officer. ¶

**AUTHORITY**

Desert Healthcare District Bylaws Article V, section 5.6 & Article VII

**DOCUMENT HISTORY**

<u>Revised</u>	<u>02-25-2025</u>
Reviewed	06-25-2024
Revised	06-28-2022
Revised	06-23-2020
Approved	03-22-2016

DRAFT



**POLICY TITLE:** FINANCIAL RESERVE

**POLICY NUMBER:** FIN-06

**COMMITTEE APPROVAL:** 02-13-2025

**BOARD APPROVAL:** 02-25-2025

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**POLICY #FIN-06:** It is the policy of the Desert Healthcare District (“District”) to establish the process to utilize District reserve funding. Reserve funding shall refer to the investment accounts of the District, currently held separately from the operating bank accounts. The intent of reserve funding is to provide an unrestricted investment account where excess operating funds can be deposited and withdrawn as needed to support the operation of the District, and to support expenditures authorized by the Board of Directors (“Board”).

**GUIDELINES:**

The District receives an estimated \$10M annually from county property tax allocation. The operations of the District, including grant funding, are mostly funded by the annual tax allocation. The reserve fund is increased as tax payments are received or decreased as grant and operational costs are expended.

1. The use of District reserve funding shall be allowed in the following situations:
  - a. By a Board Director (“Director”) approved transfer to or from the District operating account to support the operation of the District
  - b. By formal action of the Board
2. Authorizations for the use of District reserve funding require adherence to the approval process.
  - a. Operating account transfers shall be prepared by District staff and shall include the following information:
    - i. Source and destination account numbers (reserve fund to operating or operating to reserve fund only)
    - ii. Value of transfer
    - iii. Contact information of signing Director(s)
    - iv. Copy of recent bank statements for source and destination accounts



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- for validation
- v. Authorization by signature of at least one Director on file, after all other items have been provided for the Director's review
  - b. Once written transfer authorization has been completed, the transfer will be entered into the banking system for approval. The CAO and CEO will have authority to submit and/or approve the transfers. Submission and approval will be separate actions and are unallowed to be completed by the same person.
  - c. If the Board authorizes a formal action utilizing reserve funds, the transfer of those funds shall adhere to the same process as an operating account transfer.
3. The balances of the reserve fund and operating accounts shall be included in the monthly financial statements on the balance sheet (Statement of Financial Position) report. Funds shall be transferred to and from the operating accounts from the reserve accounts as necessary for normal operation of the District.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Revised	02-25-2025
Revised	09-26-2023
Revised	10-26-2021
Approved	07-23-2019





**POLICY TITLE:** FINANCIAL RESERVE

**POLICY NUMBER:** FIN-06

**COMMITTEE APPROVAL:** [02-13-2025](#)

**BOARD APPROVAL:** [02-25-2025](#)

**Deleted:** 09-07-2023

**Deleted:** 09-26-2023

**POLICY #FIN-06:** It is the policy of the Desert Healthcare District ("District") to establish the process to utilize District reserve funding. Reserve funding shall refer to the investment accounts of the District, currently held separately from the operating bank accounts. The intent of reserve funding is to provide an unrestricted investment account where excess operating funds can be deposited and withdrawn as needed to support the operation of the District, and to support expenditures authorized by the Board of Directors ("Board").

**Deleted:** ¶  
1.1 Purpose: The

**Deleted:** shall maintain reserve funds in accordance with the District's Reserve Policy. This policy establishes the procedure and level of

**Deleted:** to achieve the following specific goals:¶  
a) Fund the operating capital of Desert Regional Medical Center ("DRMC") for two (2) months in the event of early termination of the lease of DRMC by Tenet or the District; or¶  
b) Fund major repairs of DRMC, including partial seismic retrofit costs; or¶  
c) Fund grants and overhead costs of

**GUIDELINES:**

The District receives an estimated \$10M annually from county property tax allocation. The operations of the District, including grant funding, are mostly funded by the annual tax allocation. The reserve fund is increased as tax payments are received or decreased as grant and operational costs are expended.

**Moved (insertion) [1]**

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**Deleted:** Reserves is limited to the

**Deleted:** established with MUFG Union Bank. Special use of the funds will be designated by formal action of the Board of Directors. The purposes of the reserve fund are listed below.

1. The use of District reserve funding shall be allowed in the following situations:
  - a. By a Board Director ("Director") approved transfer to or from the District operating account to support the operation of the District
  - b. By formal action of the Board
2. Authorizations for the use of District reserve funding require adherence to the approval process.
  - a. Operating account transfers shall be prepared by District staff and shall include the following information:
    - i. Source and destination account numbers (reserve fund to operating or operating to reserve fund only)
    - ii. Value of transfer
    - iii. Contact information of signing Director(s)
    - iv. Copy of recent bank statements for source and destination accounts



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for validation

v. Authorization by signature of at least one Director on file, after all other items have been provided for the Director's review

b. Once written transfer authorization has been completed, the transfer will be entered into the banking system for approval. The CAO and CEO will have authority to submit and/or approve the transfers. Submission and approval will be separate actions and are unallowed to be completed by the same person.

c. If the Board authorizes a formal action utilizing reserve funds, the transfer of those funds shall adhere to the same process as an operating account transfer.

3. The balances of the reserve fund and operating accounts shall be included in the monthly financial statements on the balance sheet (Statement of Financial Position) report. Funds shall be transferred to and from the operating accounts from the reserve accounts as necessary for normal operation of the District.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Revised	<a href="#">02-25-2025</a>
Revised	09-26-2023
Revised	10-26-2021
Approved	07-23-2019

**Deleted:** a) DRMC Operating Capital:¶  
The District is in a 30-year lease to operate DRMC with Tenet Health Systems which expires on May 29, 2027. In the event of termination of the lease agreement, the District would be responsible for operating the hospital during the transition without interruption and would require upfront operating capital for two (2) months of approximately \$125M. ¶  
b) Major repairs of DRMC, including seismic retrofit costs:¶  
DRMC falls under the seismic retrofit guidelines of SB 1953, which requires the hospital to be seismically compliant by the year 2030. Should the District be required to complete the seismic retrofit, it is estimated \$222M will be required to bring DRMC into compliance. It is presently unknown if the Lessee (Tenet) or the District will pay for the seismic retrofit. ¶  
c) Grant funding and District operating expenses:

**Moved up [1]:** The District receives an estimated \$9M annually from county property tax allocation. The operations of the District, including grant funding, are mostly funded by the annual tax allocation. The Reserve Fund is increased as tax payments are received or decreased as grant and operational costs are expended. ¶

**Deleted:** ¶  
1.3 Using Reserve Funds:¶  
a) DRMC Operating Capital:¶  
Reserve funds will be used exclusively for operating DRMC during a transition period should the hospital lease be terminated. ¶  
b) Major repairs of DRMC, including seismic retrofit costs:¶  
Reserve funds will be used exclusively for major repairs, including seismic retrofit costs, of DRMC should the District be responsible for these costs. ¶  
c) Grant funding and District operating expenses:¶  
Reserve funds will be used as necessary for grant funding and District operating expenses. ¶  
¶  
1.4 Monitoring Reserve Levels & Records: The Chief Executive Officer, in collaboration with the Chief Administration Officer, shall maintain accurate accounting records of the reserve fund and provide transparency to the Board of Directors. ¶  
a) The District's Reserve Fund shall be maintained at approximately \$60M.¶  
¶  
¶



**DESERT HEALTHCARE**  
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**POLICY TITLE:** DELEGATING MINOR CLAIMS TO THE CEO  
**POLICY NUMBER:** OP-06  
**COMMITTEE APPROVAL:** 02-13-2025  
**BOARD APPROVAL:** 02-25-2025

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**POLICY #OP-06:** It is the policy of the Desert Healthcare District (“District”) Board of Directors (“Board”) to provide an efficient procedure for handling minor claims filed against the District per Government Code Section 935.4.

1. Minor claims are considered claims which do not exceed \$5,000.
2. The Board delegates authority to the Chief Executive Officer to take all administrative actions necessary to resolve minor claims against the District which do not exceed \$5,000.

**AUTHORITIES**

Desert Healthcare District Resolution #11-04

**DOCUMENT HISTORY**

Reviewed	02-25-2025
Reviewed	03-28-2023
Revised	11-24-2020
Approved	05-24-2016



**POLICY TITLE:** DELEGATING MINOR CLAIMS TO THE CEO

**POLICY NUMBER:** OP-06

**COMMITTEE APPROVAL:** [02-13-2025](#)

Deleted: 03-07-2023

**BOARD APPROVAL:** [02-25-2025](#)

Deleted: 03-28-2023

**POLICY #OP-06:** It is the policy of the Desert Healthcare District (“District”) Board of Directors (“Board”) to provide an efficient procedure for handling minor claims filed against the District per Government Code Section 935.4.

1. Minor claims are considered claims which do not exceed \$5,000.

2. The Board delegates authority to the Chief Executive Officer to take all administrative actions necessary to resolve minor claims against the District which do not exceed \$5,000.

**AUTHORITIES**

Desert Healthcare District Resolution #11-04

**DOCUMENT HISTORY**

<a href="#">Reviewed</a>	<a href="#">02-25-2025</a>
Reviewed	03-28-2023
Revised	11-24-2020
Approved	05-24-2016



**POLICY TITLE:** PURPOSE OF BOARD POLICIES & ADOPTION/AMENDMENT OF POLICIES

**POLICY NUMBER:** PROC-01

**COMMITTEE APPROVAL:** 02-13-2025

**BOARD APPROVAL DATE:** 02-25-2025

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**POLICY #PROC-01:** It is the intent of the Desert Healthcare District (“District”) Board of Directors (“Board”) to maintain a Policy Manual.

**GUIDELINES:**

1. The manual will be a comprehensive listing of the Board's current policies, being the rules and regulations approved by the Board, reviewed every two years or as needed. The Board of Directors may update any policy at any time at their discretion. The Policy Manual will serve as a resource for the Board, staff and members of the public in determining the manner in which matters of District business are to be conducted.
2. Policies are clear, simple statements of how the District intends to conduct its services, actions or business. They provide a set of guiding principles to help with decision making.
3. If any policy or portion of a policy contained within the Policy Manual is in conflict with rules, regulations or legislation having authority over the District, those rules, regulations or legislation shall prevail. Where this occurs, the Board of Directors will clarify either the rules or policy to assure that they are compatible.
4. Consideration by the Board of Directors to adopt a new policy or to amend an existing policy may be initiated by the Board President, two Board Members or by Staff. The proposed adoption or amendment is initiated by requesting that the item be included for consideration on the agenda of the Board & Staff Communications and Policies Committee.
5. The Board & Staff Communications and Policies Committee shall review all policies and make recommendations for approval to the Board of Directors. If there



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is no consensus at the Board & Staff Communications and Policies Committee, the policy may be referred for action to the full Board of Directors without a recommendation.

6. Policies will be reviewed by legal counsel as applicable.
7. Adoption of a new policy or revision of an existing policy shall be accomplished at a regular meeting of the Board of Directors and shall require a majority vote of all Board Members present.
8. Before considering adopting or revising any policy, Board Members and the public shall have the opportunity to review the proposed adoption or revision prior to the meeting at which consideration for adoption or revision is to be given. Copies of the proposed policy adoption or revision shall be included in the agenda information packet for any meeting of consideration. The agenda information packets with said copies shall be made available to each Board Member for review at least three (3) days prior to any meeting at which the policies are to be considered.
9. Policies which fall under the authority of the Finance & Administration Committee and Program Committee shall be reviewed by the respective committee in addition to review by the Board & Staff Communications and Policies Committee.

**AUTHORITIES**

Desert Healthcare District Bylaws Article VI, section 6.2(e)

**DOCUMENT HISTORY**

Revised	02-25-2025
Reviewed	09-26-2023
Revised	02-22-2022
Revised	06-23-2020
Approved	01-26-2016



**POLICY TITLE:** PURPOSE OF BOARD POLICIES & ADOPTION/AMENDMENT OF POLICIES

**POLICY NUMBER:** PROC-01

**COMMITTEE APPROVAL:** [02-13-2025](#)

Deleted: 09-07-2023

**BOARD APPROVAL DATE:** [02-25-2025](#)

Deleted: 09-26-2023

**POLICY #PROC-01:** It is the intent of the Desert Healthcare District (“District”) Board of Directors (“Board”) to maintain a Policy Manual.

**GUIDELINES:**

1. The manual will be a comprehensive listing of the Board's current policies, being the rules and regulations approved by the Board, reviewed every two years or as needed. The Board of Directors may update any policy at any time at their discretion. The Policy Manual will serve as a resource for the Board, staff and members of the public in determining the manner in which matters of District business are to be conducted.
2. Policies are clear, simple statements of how the District intends to conduct its services, actions or business. They provide a set of guiding principles to help with decision making.
3. If any policy or portion of a policy contained within the Policy Manual is in conflict with rules, regulations or legislation having authority over the District, those rules, regulations or legislation shall prevail. Where this occurs, the Board of Directors will clarify either the rules or policy to assure that they are compatible.
4. Consideration by the Board of Directors to adopt a new policy or to amend an existing policy may be initiated by the Board President, two Board Members or by Staff. The proposed adoption or amendment is initiated by requesting that the item be included for consideration on the agenda of the Board & Staff Communications and Policies Committee.
5. The Board & Staff Communications and Policies Committee shall review all policies and make recommendations for approval to the Board of Directors. If there



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is no consensus at the Board & Staff Communications and Policies Committee, the policy may be referred for action to the full Board of Directors without a recommendation.

6. Policies will be reviewed by legal counsel as applicable.
7. Adoption of a new policy or revision of an existing policy shall be accomplished at a regular meeting of the Board of Directors and shall require a majority vote of all Board Members present.
8. Before considering adopting or revising any policy, Board Members and the public shall have the opportunity to review the proposed adoption or revision prior to the meeting at which consideration for adoption or revision is to be given. Copies of the proposed policy adoption or revision shall be included in the agenda information packet for any meeting of consideration. The agenda information packets with said copies shall be made available to each Board Member for review at least three (3) days prior to any meeting at which the policies are to be considered.
9. [Policies which fall under the authority of the Finance & Administration Committee and Program Committee shall be reviewed by the respective committee in addition to review by the Board & Staff Communications and Policies Committee.](#)

**AUTHORITIES**

Desert Healthcare District Bylaws Article VI, section 6.2(e)

**DOCUMENT HISTORY**

<u>Revised</u>	<u>02-25-2025</u>
Reviewed	09-26-2023
Revised	02-22-2022
Revised	06-23-2020
Approved	01-26-2016





**POLICY TITLE:** SPONSORSHIPS

**POLICY NUMBER:** OP-17

**COMMITTEE APPROVAL:** 02-13-2025

**BOARD APPROVAL:** 02-25-2025

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**POLICY #OP-17:** It is the policy of the Desert Healthcare District (“District”) to define the circumstances surrounding the sponsorship of events and conferences. The support of local organizational events not only provides financial support to the community in line with the mission and vision of the District, but it also provides opportunities to share and promote the work of the District and increase visibility.

**GUIDELINES:**

1. The budgeted value for sponsorships shall be included with the annual budget submitted to the Board of Directors (“Board”) for approval per Policy #FIN-04.
2. The fiscal year budget for sponsorships cannot operate with a deficit balance without Board approval.
3. Sponsorship requests shall clearly state:
  - 3.1. The dollar amount being requested for the sponsorship
  - 3.2. The sponsorship levels available
  - 3.3. How the sponsorship of the event will provide benefit to the community (to demonstrate alignment with the mission and vision of the District) by either detailing how the sponsorship funding will be used or how it would provide general support for the organization’s purpose
  - 3.4. The date and location of the event, along with applicable deadlines
  - 3.5. The pricing for additional tickets or passes to attend, should the desired sponsorship level not allow for attendance of all interested Board & Staff
4. Sponsorships
  - 4.1. Sponsorships up to \$5,000 shall be approved by the Chief Executive Officer (“CEO”)



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DISTRICT & FOUNDATION

- 4.2. Sponsorships \$5,000 and greater shall be presented to the Board for approval
- 4.3. Should a sponsorship opportunity be presented where deadlines do not allow time to be added to the next Board agenda, approval may be requested from the Board President by the CEO, with item agendized for the next scheduled Board of Directors' meeting
- 4.4. Sponsorships shall be limited to a maximum of \$25,000 per organization per fiscal year
- 4.5. Organizations may submit multiple sponsorship requests during the fiscal year, but the cumulative value of awarded sponsorships to a single organization may not exceed the maximum of \$25,000 per fiscal year
- 4.6. Related organizations shall be considered as a single organization for purposes of calculating sponsorship maximum values

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, Section 5.6

**DOCUMENT HISTORY**

Approved                      02-25-2025

## Assembly Bill No. 2019

### CHAPTER 257

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

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

#### LEGISLATIVE COUNSEL'S DIGEST

AB 2019, Aguiar-Curry. Health care districts.

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

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

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

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

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

This bill would make legislative findings to that effect.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) The adopted budget.

(2) A list of current board members.

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

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

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

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

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

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

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

(9) Any other information the board deems relevant.

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

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

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

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

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

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

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

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

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

(C) Evaluating the financial need of grant applicants.

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

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

(F) Considering sponsorships of charitable events.

(G) Funding other government agencies.

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

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

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

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

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

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

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

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

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