



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

DESERT HEALTHCARE DISTRICT

BOARD MEETING

Board of Directors Meeting

February 25, 2025

5:30 P.M.

Regional Access Project Foundation

Conference Room 103

41550 Eclectic Street

Palm Desert, CA 92211

This meeting is handicapped-accessible

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

<https://us02web.zoom.us/j/88671987917?pwd=T29iRktDZlRDM3lTbmJDWkFiMnVMdz09>

Password: 355860

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

(669) 900-6833 or Toll Free (833) 548-0282

Webinar ID: 886 7198 7917

Password: 355860

You may also email ahayles@dhcd.org with your public comment no later than 3:30 p.m. on 02/25/25

REVISED AGENDA

Page

A. CALL TO ORDER

1. Roll Call
Director PerezGil____ Director Shorr____
Director De Lara____ Director Logsdon, MD____
Secretary Barraza ____ Vice-President Rodriguez
____President Rogers, RN

B. PLEDGE OF ALLEGIANCE

C. APPROVAL OF AGENDA

Any item on the agenda may result in Board Action

D. PUBLIC COMMENT

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

E. CONSENT AGENDA

All Consent Agenda item(s) listed below are considered routine by the Board of Directors and will be enacted by one motion. *There will be no separate discussions of these items unless explicitly requested by a Board member. If such a request is made, those item(s) will be considered following the approval of the Consent Agenda.*

Consent Action

- | | | |
|----|---|---------|
| 1. | BOARD MINUTES | 6 - 24 |
| | a. Special Meeting of the Board of Directors – January 21, 2025  | |
| | b. Special Meeting of the Board of Directors – January 22, 2025  | |
| | c. Special Meeting of the Board of Directors – January 28, 2025  | |
| | d. Board of Directors Meeting – January 28, 2025  | |
| 2. | FINANCIALS | 25 - 54 |
| | a. January 2025 Financial Statements – F&A Committee Approved February 11, 2025  | |
| | b. FY 2024-2025 Budget Amendment – \$75,000 Sponsorships Line Item  | |
| | c. Healthy Desert Healthy You Environmental Health Summit Budget – \$179,463  | |
| 3. | AGREEMENTS | 55 - 73 |
| | a. Hocker Productions Contract Agreement – Healthy Desert Healthy You Environmental Health Summit – NTE \$45,000 – | |

[March 1, 2025 through September 30, 2025](#)

b. [The Westin Rancho Mirage Group Sales Agreement – Healthy Desert Healthy You Environmental Health Summit](#)

c. [Pink Journey Foundation – Vendor Services Agreement – Participation in Five \(5\) Mobile Mammography Clinic Events – NTE \\$50,000](#)

4. LEASES 74 - 104
a. [Las Palmas Medical Plaza 5-Year Lease – Desert Regional Medical Center – Suite 3E-101-102](#)

5. POLICIES 105 - 132
a. [BOD-09 – Rules of Order for Board and Committee Meetings](#)
b. [BOD-10 – Board Meeting Conduct](#)
c. [FIN 02 – Authorized Check Signers](#)
d. [FIN 06 – Financial Reserve Policy](#)
e. [OP-06 – Delegating Minor Claims Settlement to CEO](#)
f. [OP-17 – Sponsorships](#)
g. [PROC-01 – Purpose of Board Policies](#)

F. PRESENTATIONS

1. Immigration issues and resources for undocumented Coachella Valley residents, Luz Gallegos, Executive Director, TODEC Legal Center

G. STRATEGIC GRANT FUNDING

ACTIONS

1. [Grant #1468 – Regents of the University of California at Riverside – Improving Access to Behavioral Health Education and Prevention Services – \\$500,000 over a two-year period](#) 133 - 161
2. [Grant #1478 – St. John’s Community Health – SJCH Indio Community Health Center Start Up – \\$1,000,000 for a one-year period](#) 162 - 194

H. REPORTS

1. [Desert Regional Medical Center CEO Report – Mike Ditoro,](#) 195


[CEO](#) 

2. [Desert Regional Medical Center Governing Board – Carole Rogers, RN, President, and Greg Rodriguez, Vice-President](#)  196 - 197
3. Desert Healthcare District CEO Report – Chris Christensen, CEO
 - a. [Spot Bill to Develop a Feasibility Study to Allow Freestanding Emergency Departments in California](#) 
 - b. Legislative Policy Committee – Discussion and Potential Action
 - c. [2025 Board and Committee Meeting Schedule Revisions](#) 
 - d. [Amended and Restated Bylaws and Rules of the Desert Healthcare District](#) 
 - i. [Resolution 25-01 – Article V. Board Meetings](#)  – Action
 - ii. [Article VI. Committees](#)  – Action
 - f. [CEO Engagements and District Media Visibility](#) 
4. Legal – Jeffrey G. Scott, Esq., Law Offices of Jeffrey G. Scott
 - a. Update – Lease Purchase Agreement Validation Filing

I. COMMITTEE MEETINGS

1. BOARD AND STAFF COMMUNICATIONS AND POLICIES COMMITTEE – Carole Rogers, Chair/President, Leticia De Lara, Director, and Evett PerezGil, Director 227 - 241
 - a. [Draft Meeting Minutes – February 13, 2025](#) 
 - b. [BOD 18 – Ticket Distribution Policy](#)  – Action
 - c. AB 2019 – Aguiar-Curry – Health Care Districts
2. STRATEGIC PLANNING COMMITTEE – Chair/Vice-President Greg Rodriguez, Kimberly Barraza, Secretary, and Leticia De Lara, Director 242 - 255
 - a. [Draft Meeting Minutes – February 14, 2025](#) 
 - b. ACTION - [Consideration of approving a Request for Proposals\(RFP\) for a Consultant to Facilitate the Development of LongTerm Goals and a 5-Year Strategic Plan for the Desert](#)  [Healthcare District and Foundation](#) 
3. PROGRAM COMMITTEE – Chair/Director Evett PerezGil, Greg Rodriguez, Vice-President, and Secretary Kimberly Barraza 256 - 324

- a. [Draft Meeting Minutes – February 11, 2025](#) 
- b. [Progress and Final Reports Update](#) 
- c. [Grant Applications Status Report](#) 
- d. [Grant Payment Schedule](#) 

- 4. FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE COMMITTEE – Chair/Treasurer Daniel Logsdon, MD, Director Leticia De Lara, and Director Arthur Shorr 325 - 332
 - a. [Draft Meeting Minutes – February 11, 2025](#) 
 - b. Request for Proposals (RFP) process discussion for Legal Counsel, Audit, and Investment Firms

J. OLD BUSINESS

- 1. [Coachella Valley Association of Governments \(CVAG\) CV Link Q4 Progress Report – October 1, 2024 to December 31, 2024](#)  333 - 340

K. BOARD MEMBER COMMENTS

L. 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 or call (760) 567-0591 at least 72 hours prior to the meeting.

Andrea S. Hayles



DESERT HEALTHCARE DISTRICT
Special Meeting of the Board of Directors
MEETING MINUTES

January 21, 2025

Directors Present

District Staff Present

Absent

| | | |
|--|--|-----------------------|
| President Carole Rogers, RN Vice-President Greg Rodriguez Secretary Kimberly Barraza Director Dan Logsdon, MD Director Leticia De Lara, MPA Director Evett PerezGil | Chris Christensen, CPA, Chief Executive Officer Eric Taylor, CPA, Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Will Dean, Director of Communications and Marketing Andrea S. Hayles, MBA, Board Relations Officer | Director Arthur Shorr |
|--|--|-----------------------|

A. CALL TO ORDER

1. Roll Call –
 - Director PerezGil
 - Director Shorr
 - Director De Lara
 - Director Logsdon, MD
 - Secretary Barraza

Vice-President Rodriguez

President Rogers, RN

President Rogers called the meeting to order at 5:31 p.m., with all directors present except Director Shorr.

B. PLEDGE OF ALLEGIANCE

President Rogers led the Pledge of Allegiance

C. APPROVAL OF AGENDA

Any item on the agenda may result in Board Action

President Rogers asked for a motion to approve the agenda.

Moved by: Evett PerezGil


Seconded by: Leticia De Lara

Yes Carole Rogers, RN, Leticia De Lara, Evett PerezGil, Kimberly Barraza, Daniel Logsdon, MD, and Greg Rodriguez

Carried 6-0

D. PUBLIC COMMENT

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

1. [The Board Relations Officer read aloud comments from Brad Anderson, a resident of Rancho Mirage, which are attached to the minutes.](#) 

E. BOARD OF DIRECTORS BOARD MEMBER ORIENTATION

1. Overview and Discussion of the Organization and Policies – [Organizational Chart](#) , Role of the Chief Executive Officer, [Mission & Vision Statements](#) , [Bylaws 2021-2026](#) , [Strategic Plan](#) , and Policies and Procedures ([BOD-02](#) , [BOD-10](#) , [BOD-13](#) , [BOD-18](#) , and [BOD-21](#)) – presented by Chris Christensen, CPA, Chief Executive Officer – 30 minutes

Chris Christensen, the CEO, provided a comprehensive overview and presentation of the organization and its policies. Mr. Christensen commenced with a discussion about the District board member orientation and addressed questions from the Board.

The Board discussed the possibility of a rotation process for the position of Board President. The matter will be referred to the Policies Committee for further discussion.

2. Overview and Discussion of Legal and Lease Agreements – the [Brown Act](#) , Health & Safety Code, Fair Political Practices Issues, [BOD-15 Conflict of Interest Code](#) , [AB 2019 – Section 32139](#) , and the [1997](#) and [2027](#) lease agreements – presented by Jeffrey G. Scott, Esq., Legal Counsel – 45 minutes

Jeff Scott, Legal Counsel, provided an overview and presentation of the legal and lease agreements, beginning with the Brown Act and addressed questions from the Board.

The Board discussed establishing a physical location for the committee meetings starting in February.

3. Overview and Discussion of the Grants & RFPs – Chief Program Officer Role, [Policy OP-5](#) – Grants and Mini-Grants, AB 2019, Audited Financial Assistance for Grantees,

Results Based Accountability (RBA), Capacity Assistance through NPO Centric, the Grants Management System (Foundant), the Grant Application Process, Social Services Fund, Wellness Park naming opportunities, Initiatives and Grants History, and Request for Proposals – presented by Donna Craig, Chief Program Officer – 20 minutes

Donna Craig, Chief Program Officer, presented an overview and packet of the grants and RFPs. Ms. Craig highlighted her role, the grant-making process, further elaborated on AB 2019, and described the standard email to potential grantees.

The Board discussed the limitations of AB 2019 and considered the possibility of working with the Deveau Burr Group to amend the legislation.

F. RECAP AND COMMENTS

Mr. Christensen, CEO, reminded the Board of the January 22 continuation of the orientation at the Palm Springs office.

G. ADJOURNMENT

President Rogers adjourned the meeting at 7:47 pm

Kimberly Barraza, Secretary
Desert Healthcare District and Foundation Board of Directors

Audio recording available on the website at <http://dhcd.org/Agendas-and-Documents>



**DESERT HEALTHCARE DISTRICT
Board of Directors Meeting
MEETING MINUTES**

January 22, 2025

| Directors Present | District Staff Present | Absent |
|---|--|---------------|
| President Carole Rogers, RN Vice-President Greg Rodriguez Secretary Kimberly Barraza Director Dan Logsdon, MD Director Leticia De Lara, MPA Director Arthur Shorr Director Evett PerezGil | Chris Christensen, CPA, Chief Executive Officer Eric Taylor, CPA, Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Will Dean, Director of Communications and Marketing Andrea S. Hayles, MBA, Board Relations Officer | |

A. CALL TO ORDER

President Rogers called the meeting to order at 5:31 p.m., with all Directors present except Director Logsdon, MD, who joined at 5:48 p.m.

1. Roll Call –
 - Director PerezGil
 - Director Shorr
 - Director De Lara

Director Logsdon, MD
Secretary Barraza
Vice-President Rodriguez
President Rogers, RN

B. PLEDGE OF ALLEGIANCE

C. APPROVAL OF AGENDA

Any item on the agenda may result in Board Action

President Rogers asked for a motion to approve the agenda.

Moved by: Greg Rodriguez

Seconded by: Leticia De Lara

Yes Carole Rogers, RN, Leticia De Lara, Evett PerezGil, Kimberly Barraza, Arthur Shorr, and Greg Rodriguez

Carried 6-0

D. PUBLIC COMMENT

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

E. BOARD OF DIRECTORS BOARD MEMBER ORIENTATION

1. Overview and Discussion of Outreach and Programs – Role of the Chief of Community Engagement, Community Outreach, Environmental Health, Mobile Medical Clinics, Coachella Valley Equity Collaborative, and Connect IE – presented by Alejandro Espinoza, MPH, Chief of Community Engagement – 20 minutes

Alejandro Espinoza, Chief of Community Engagement, presented the District's orientation Outreach and Programs.

The board discussed the significance of community engagement within the strategic plan.

2. Overview and Discussion of Finance and Investments – Role of the Chief Administration Officer, Accounting, Human Resources, Information Technology, Property Taxes/LPMP Rental Income, Investment Portfolio, Internal Control, Check Writing Process/Banking/Transfers, Budget Preparation, and the Annual Audit Process – presented by Eric Taylor, CPA, Chief Administration Officer – 20 minutes

Eric Taylor, CAO, provided a presentation on the Finance and Investments, additional components of his role, and addressed questions from the board.

3. Overview and Discussion of Communications and Marketing – Role of the Director of Communications and Marketing, Communications & Marketing Plan, Annual Report, Multimedia Campaigns, and Future Brand Analysis – presented by Will Dean, Director of Communications and Marketing – 20 minutes

Will Dean, Director of Communications and Marketing, provided a presentation on District communications and marketing and addressed questions from the board.

4. Overview and Discussion of the CEO and Board Relations – Role of the Special Assistant to the CEO and Board Relations Officer, Board Relations, Compliance and Trainings, AB 1234 Ethics and AB 1661 Sexual Harassment Trainings, Board and Committee Assignments, BOD-03 Appointment & Duties for Committees, Diligent Community Introduction, Special District Associations - Association of Healthcare Districts (ACHD) and California Special District Association (CSDA) – presented by Andrea S. Hayles, MBA, Special Assistant to the CEO and Board Relations Officer – 20 minutes

Andrea Hayles, Special Assistant to the CEO and Board Relations Officer, provided a presentation on her role, including aspects of her duties with the CEO and the Board, and responded to questions from the Board.

F. ADDITIONAL INFORMATION OF INTEREST / Q&A

G. ADJOURNMENT

President Rogers adjourned the meeting at 7:49 pm.

Kimberly Barraza, Secretary
Desert Healthcare District and Foundation Board of Directors

Audio recording available on the website at <http://dhcd.org/Agendas-and-Documents>



DESERT HEALTHCARE DISTRICT
Special Meeting of the Board of Directors
MEETING MINUTES

Tuesday, January 28, 2025

Directors Present

District Staff Present

Absent

| | | |
|---|---|-----------------------------|
| President Carole Rogers, RN Vice-President Greg Rodriguez Secretary Kimberly Barraza Director Arthur Shorr Director Leticia De Lara, MPA Director Evett PerezGil | Chris Christensen, CEO Jeff Scott, Esq., Legal Counsel | Director Daniel Logsdon, MD |
|---|---|-----------------------------|

A. CALL TO ORDER

President Rogers called the meeting to order at 5:04 p.m. with all directors present except Director Logsdon, MD.

1. Roll Call

Director PerezGil____ Director Shorr____
 Director De Lara____ Director Logsdon, MD____
 Secretary Barraza ____ Vice-President Rodriguez
 ____President Rogers, RN

B. APPROVAL OF AGENDA

President Rogers asked for a motion to approve the agenda.

Moved by: Leticia De Lara

Seconded by: Arthur Shorr

Yes Carole Rogers, RN, Leticia De Lara, Evett PerezGil, Kimberly Barraza, Arthur Shorr, and Greg Rodriguez

Carried 6-0

C. CONVENE TO CLOSED SESSION OF THE DESERT HEALTHCARE DISTRICT BOARD OF DIRECTORS

President Rogers asked for a motion to convene to closed session at 5:04 p.m.

Moved by: Greg Rodriguez

Seconded by: Arthur Shorr

Yes Carole Rogers, RN, Leticia De Lara, Evett PerezGil, Kimberly Barraza, Arthur Shorr, and Greg Rodriguez

Carried 6-0

1. Conference with Legal Counsel – Significant exposure to Litigation Involving One Case [Authority: Government Code 54956.9(d)(2)]

D. RECONVENE TO OPEN SESSION AND REPORT AFTER CLOSED SESSION

President Rogers reconvened the of the Desert Healthcare District at 5:15 p.m.

Jeff Scott, Legal Counsel, reported that the Board voted unanimously in closed session to direct counsel to take appropriate action to reject Camilo Necato's claim.

E. ADJOURNMENT

President Rogers adjourned the meeting at 5:15 p.m.

Kimberly Barraza, Secretary

Desert Healthcare District and Foundation Board of Directors



**DESERT HEALTHCARE DISTRICT
Board of Directors Meeting
MEETING MINUTES**

January 28, 2025

Directors Present

District Staff Present

Absent

| | | |
|--|--|--|
| President Carole Rogers, RN Vice-President Greg Rodriguez Secretary Kimberly Barraza Director Daniel Logsdon, MD Director Arthur Shorr Director Leticia De Lara, MPA Director Evett PerezGil | Chris Christensen, CPA, Chief Executive Officer Eric Taylor, CPA, Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Will Dean, Director of Communications and Marketing Andrea S. Hayles, MBA, Board Relations Officer | |
|--|--|--|

A. CALL TO ORDER

President Rogers called the meeting to order at 5:31 p.m. Director Logsdon, MD, joined the meeting at 6:21 p.m. due to an emergency surgical procedure.

1. Roll Call

Director PerezGil____ Director Shorr____

Director De Lara____ Director Logsdon, MD____

Secretary Barraza ____ Vice-President Rodriguez
____President Rogers, RN

B. PLEDGE OF ALLEGIANCE

President Rogers led the pledge of allegiance.

C. APPROVAL OF AGENDA

Jeff Scott, Legal Counsel, reported that the Board voted unanimously in closed session to direct counsel to take appropriate action to reject Camilo Necato's claim.

President Rogers asked for a motion to approve the agenda.

Moved by: Leticia De Lara

Seconded by: Greg Rodriguez

Yes Carole Rogers, RN, Leticia De Lara, Evett PerezGil, Kimberly Barraza, Arthur Shorr, and Greg Rodriguez

Carried 6-0

D. PUBLIC COMMENT

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

E. CONSENT AGENDA

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

Consent Action

President Rogers asked for a motion to approve the consent agenda.

Moved by: Greg Rodriguez

Seconded by: Evett PerezGil

Yes Carole Rogers, RN, Leticia De Lara, Evett PerezGil, Kimberly Barraza, Arthur Shorr, and Greg Rodriguez

Carried 6-0

1. BOARD MINUTES
 - a. [Board of Directors Meeting – December 17, 2024](#) 
2. FINANCIALS
 - a. [December 2024 Financial Statements – F&A Approved January 14, 2025](#) 
3. AGREEMENTS
 - a. [Consulting Services Agreement Addendum #2 – Dale E. Barnhart, Facilities Inspector, Hospital Safety and Compliance Inspections – December 31, 2024, through December 31, 2026](#) 
 - b. [Consulting Services Agreement – Regional Government Services \(RGS\) for Human Resource Services – January 1, 2025, through December 31, 2025 – NTE \\$25,000](#) 
4. GRANT EXTENSION
 - a. [Grant #1358 – The Foundation for Palm Springs Unified School District – School-based Wellness Centers 14-Month No-Cost Grant Extension Amendment #2](#) 

F. PRESENTATION

1. [OneFuture Coachella Valley Black & African American Healthcare Scholarship Program – Video Update](#) 

Cristina Gregorio, Associate Vice President of College & Career Success, OneFuture Coachella Valley, provided a presentation, that included an overview of the OneFuture Coachella Valley Black & African American Healthcare Scholarship Program. Additionally, Ms. Gregorio shared a video featuring Karizayeye Ruwange, a nursing student from the Class of 2023 at CSU San Bernardino.

G. REPORTS

1. [Desert Regional Medical Center CEO Report – Michele Finney, CEO](#) 

Michele Finney, CEO, Desert Regional Medical Center and Desert Care Network, described the clusters of flu cases observed in December and January. Ms. Finney also highlighted recent modifications to the graduate medical education programs, announced the full approval of level one trauma accreditation, and addressed immediate maintenance issues. Ms. Finney responded to questions from the board and staff.

2. Desert Regional Medical Center Governing Board Meeting Report – President Carole Rogers and Vice-President Greg Rodriguez

President Rogers summarized the Governing Board meeting that took place on January 23. Mrs. Rogers highlighted several reports, including updates from the director of government relations at Tenet Healthcare, the medical director of Desert Regional Medical Center, and the chief quality officer. Additionally, she the Governing Board received an update from the peer review committee and announced the

appointment of community member Dr. Les Zendle, a former District director.

3. Desert Healthcare District CEO Report – Chris Christensen, CEO
 - a. Palm Springs Health Run and Wellness Festival – January 25, 2025

Will Dean, Director of Communications and Marketing, provided an overview of the Palm Springs Health Run and Wellness Festival. Mr. Dean highlighted the attendees, board members present, and the award luncheon honoring Linda Evans, Chief Strategy Officer, Desert Care Network; Dr. Diane Vines, Executive Director, CSUSB Nursing Street Medicine Program; and Michelle Cirone-Collier, Executive Producer, Retired, City of Palm Springs, who received the Lifetime Achievement Award. Mr. Dean also presented a video showcasing the event.

- b. [Healthy Desert Healthy You Environmental Health Summit – September 11, 2025, and September 12, 2025](#) 

Chris Christensen, CEO, provided an overview of the 2025 Healthy Desert Healthy You Environmental Health Summit and will propose the budget and sponsorship for next month's meeting after approval from the F&A Committee.


- c. [Regional Government Services \(RGS\) – District Human Resource Assessment and Recommendations for Improvement presented by Cherie Johnson, MA, SHRM-SCP, Senior HR Advisor, RGS](#) 

Mr. Christen, CEO, provided an overview of the Human Resources Assessment conducted by Regional Government

Services (RGS) and described the executive summary and human resources recommendations from the assessment.

The board discussed incorporating legal counsel into the organizational chart and considered the possibility of having an external HR director report directly to the CAO rather than having the CAO also serve in the HR position, as noted in RGS's assessment.

d. Sponsorship - ACTION

i. [Ninth Annual The Future is Ours – OneFuture Coachella Valley – Celebrating OneFuture’s 20th Anniversary Year \\$5,000 Sponsorship – March 21, 2025](#) 

Mr. Christensen, CEO, described the District's annual support of OneFuture Coachella Valley's event, The Future is Ours, and requested approval for a \$5,000 sponsorship.

Moved by: Greg Rodriguez

Seconded by: Evett PerezGil

Yes Carole Rogers, RN, Leticia De Lara, Evett PerezGil, Kimberly Barraza, Daniel Logsdon, MD, Arthur Shorr, and Greg Rodriguez

Carried 7-0




e. [CEO Engagements and District Media Visibility](#) 

Mr. Christensen, CEO, inquired about questions concerning the CEO Engagements and District Media Visibility.

There were no questions or comments.

4. Legal – Jeffrey G. Scott, Esq., Law Offices of Jeffrey G. Scott
Counsel Scott described the filing of the Lease Purchase Agreement Validation.

H. COMMITTEE MEETINGS

1. STRATEGIC PLANNING COMMITTEE – Vice-President Greg Rodriguez, Chair, Secretary Kimberly Barraza, and Director Leticia De Lara
 - a. [Draft Meeting Minutes – January 14, 2025](#) 
 - b. [FY2021-2026 Strategic Plan – Summary of 2021-2026 Strategic Plan Goals](#) 
 - c. [Committee recommendation for a Request for Proposals \(RFP\) process, a timeline that includes the continuation of the current 5-year strategic plan expiring in June 2026, consultant and facilitator engagements, and facilitated workshops.](#) 

Vice-President Rodriguez provided an overview of the Strategic Planning Committee meeting with a consensus to initiate an RFP process to facilitate the 5-year strategic plan, moving to approve the recommendation from the committee.

The board discussed the inclusion of other topics, such as artificial intelligence and its relation to healthcare in the workshop discussions.



Moved by: Greg Rodriguez

Seconded by: Kimberly Barraza

Yes

Carole Rogers, RN, Leticia De Lara, Evett PerezGil, Kimberly Barraza, Daniel Logsdon, MD, Arthur Shorr, and Greg Rodriguez

Carried 7-0

2. PROGRAM COMMITTEE – Chair/President Evett PerezGil, Vice- President Greg Rodriguez, and Director Leticia De Lara
 - a. [Draft Meeting Minutes – January 14, 2025](#) 
 - b. [Progress and Final Reports Update](#) 

[c. Grant Applications Status Report](#) 

[d. Regional Access Project Foundation and the Desert Healthcare District Mental Health Grant Funding Partnership Memorandum of Understanding – \\$500,000 – FY 2025-2026](#) 

[e. Grant Payment Schedule](#) 

Director PerezGil provided an overview of the Program Committee meeting minutes.

The minutes from January 14 will be revised to indicate that Director De Lara is not a member of the Program Committee.

Director De Lara recused herself from the discussion regarding the Regional Access Project Foundation Mental Health Grant Funding Partnership.

Mr. Christensen, CEO, provided an overview of the Regional Access Project Foundation Mental Health Grant Funding Partnership describing the the committee's decision to proceed with a one-year MOU of \$500k, which aligns with the strategic plan.

Public Comments:

Jan Pye, Chair, Board of Directors, Regional Access Project Foundation

Diane Morales, Data Analyst, Regional Access Project Foundation

3. FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE COMMITTEE – Chair/Treasurer Daniel Logsdon, MD, Director Leticia De Lara, and Director Arthur Shorr

[a. Draft Meeting Minutes – January 14, 2024](#) 

Director Logsdon provided an overview of the F&A Committee meeting minutes.

I. BOARD MEMBER COMMENTS

Vice-President Rodriguez provided a report on the January Lift to Rise Housing CAN meeting highlighting eviction and building processes, state laws, and updates from the subcommittee on policy. Mr. Rodriguez also announced his appointment to the steering committee of the Blue Zones initiative, where he will represent the District.

Director De Lara reported on the ribbon-cutting ceremony of the St. John's Community Health Indio Health Center, noting the District attendees present at the event.

President Rogers reported that the CVAG Homelessness Committee did not meet in January. An overview of freestanding emergency department handouts was presented, with the potential of a location in the East Valley. The board considered the possibility of scheduling formal meetings with local legislators and reached a consensus to add the matter to a future meeting agenda.

J. ADJOURNMENT

President Rogers adjourned the meeting at 6:53 p.m.

Kimberly Barraza, Secretary
Desert Healthcare District and Foundation Board of Directors

Audio recording available on the website at <http://dhcd.org/Agendas-and-Documents>



Chief Administration Officer's Report

February 11, 2025

Las Palmas Medical Plaza - Property Management:

Occupancy:

See attached unit rental status report.

100% currently occupied –

Total annual rent including CAM fees is **\$1,549,008**.

Leasing Activity:

A renewal lease for suite 3E 101-102 will be presented during today's meeting.

Las Palmas Medical Plaza

Unit Rental Status

As of February 1, 2025

| Unit | Tenant Name | Deposit | Lease Dates | | Term | Unit Sq Feet | Percent of Total | Monthly Rent | Annual Rent | Rent Per Sq Foot | Monthly CAM | Total Monthly Rent Inclg CAM | Total Annual Rent Inclg CAM |
|---|-------------|-------------|----------------------------|---------------|-------------|-----------------|---------------------|-----------------|-----------------|---------------------|----------------|---------------------------------|--------------------------------|
| | | | From | To | | | | | | | | | |
| | | | | | | | | | | | \$ 0.86 | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total - Vacancies | | | | | | - | 0.00% | | | | | | |
| Total Suites - 32 - 32 Suites Occupied | | \$53,732.40 | | | | 49,356 | 100.00% | \$ 87,742.07 | \$ 1,052,904.84 | \$ 1.78 | \$ 41,341.92 | \$ 129,083.99 | \$ 1,549,007.88 |
| | | | Summary - All Units | | | | | | | | | | |
| | | | Occupied | 49,356 | 100.00% | | | | | | | | |
| | | | Vacant | 0 | 0.00% | | | | | | | | |
| | | | Pending | 0 | 0.00% | | | | | | | | |
| | | | Total | 49,356 | 100% | | | | | | | | |

| |
|---|
| DESERT HEALTHCARE DISTRICT |
| JANUARY 2025 FINANCIAL STATEMENTS |
| INDEX |
| |
| Year to Date Variance Analysis |
| Cumulative Profit & Loss Budget vs Actual - Summary |
| Cumulative Profit & Loss Budget vs Actual - District Including LPMP |
| Cumulative Profit & Loss Budget vs Actual - LPMP |
| Balance Sheet - Condensed View |
| Balance Sheet - Expanded View |
| Accounts Receivable Aging |
| Deposit Detail - District |
| Property Tax Receipts - YTD |
| Deposit Detail - LPMP |
| Check Register - District |
| Credit Card Expenditures |
| Check Register - LPMP |
| CEO Discretionary Fund |
| Retirement Protection Plan Update |
| Grants Schedule |

**DESERT HEALTHCARE DISTRICT
YEAR TO DATE VARIANCE ANALYSIS
ACTUAL VS BUDGET
SEVEN MONTHS ENDED JANUARY 31, 2025**

| Scope: \$25,000 Variance per Statement of Operations Summary | | | | |
|---|-------------------|------------------|--------------------|---|
| Account | YTD | | Over(Under) | Explanation |
| | Actual | Budget | Budget | |
| 4000 - Income | \$ 6,811,746 | \$ 5,816,519 | \$ 995,227 | Higher interest income and market fluctuations (net) from FRF investments \$1,425k; lower property tax revenues \$430k |
| 4501 - Misc. Income | \$ 76,001 | \$ 180,250 | \$ (104,249) | Lower revenue from Environmental Health Summit sponsorships \$104k |
| 5000 - Direct Expenses | \$ 1,062,150 | \$ 1,337,922 | \$ (275,772) | Lower wages expense \$165k; lower education expense \$44k; lower health insurance expense \$31k; lower board expenses \$20k; lower retirement expense \$21k; higher workers comp \$5k |
| 6000-General & Admin Expense | \$ 377,115 | \$ 411,639 | \$ (34,524) | Lower dues and membership expense \$17k; higher computer services expense \$15k; lower meals and entertainment expense \$16k; higher bank and investment fees \$7k; lower supplies expense \$7k; lower travel expense \$7k; lower misc \$10k |
| 6325-CEO Discretionary Fund | \$ 110,249 | \$ 43,452 | \$ 66,797 | Budget of \$100,000 for fiscal year is amortized over 12-month fiscal year. |
| 6445 - LPMP Expense | \$ 596,221 | \$ 791,971 | \$ (195,750) | Lower depreciation expenses \$91k; lower interior building expense \$24k; lower internal property management allocation \$17k; lower plumbing expense \$10k; lower deferred maintenance expense \$11k; lower elevators R&M expense \$2k; lower landscaping expense \$2k; lower marketing expense \$9k; lower signage expense \$2k; lower extermination expense \$7k; lower rubbish removal expense \$4k; lower security \$3k; lower lighting expense \$3k; lower misc \$10k |
| 6500 - Professional Fees Expense | \$ 765,591 | \$ 1,224,708 | \$ (459,117) | Lower professional services expense \$482k; higher legal expense \$85k; lower PR/Communications expense \$63k |
| 6700 - Trust Expenses | \$ 8,884 | \$ 42,388 | \$ (33,504) | Lower pension expense \$34k |
| 7000 - Grants Expense | \$ 616,826 | \$ 2,916,667 | \$ (2,299,841) | As of January 31, 2025, there are \$4,332,807 remaining in the fiscal year grant budget, with a total of \$31,170 in carry over and unexpended grant funds. |
| Las Palmas Medical Plaza - Net | \$ 270,219 | \$ 81,529 | \$ 188,690 | LPMP expenses lower \$196k; LPMP revenue lower \$7k |

Desert Healthcare District
Profit & Loss Budget vs. Actual
July 2024 through January 2025

| | MONTH | | | TOTAL | | |
|-------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | Jan 25 | Budget | \$ Over Budget | Jul '24 - Jan 25 | Budget | \$ Over Budget |
| Income | | | | | | |
| 4000 · Income | 3,017,138 | 3,322,641 | (305,503) | 6,811,746 | 5,816,519 | 995,227 |
| 4500 · LPMP Income | 128,929 | 124,786 | 4,143 | 866,440 | 873,500 | (7,059) |
| 4501 · Miscellaneous Income | 0 | 750 | (750) | 76,001 | 180,250 | (104,249) |
| Total Income | 3,146,067 | 3,448,177 | (302,110) | 7,754,188 | 6,870,269 | 883,919 |
| Expense | | | | | | |
| 5000 · Direct Expenses | 210,374 | 245,811 | (35,438) | 1,062,150 | 1,337,922 | (275,772) |
| 6000 · General & Administrative Exp | 56,599 | 58,806 | (2,207) | 377,115 | 411,639 | (34,524) |
| 6325 · CEO Discretionary Fund | 12,000 | 11,310 | 690 | 110,249 | 43,452 | 66,797 |
| 6445 · LPMP Expenses | 86,643 | 113,139 | (26,496) | 596,221 | 791,971 | (195,749) |
| 6500 · Professional Fees Expense | 35,639 | 174,958 | (139,319) | 765,591 | 1,224,708 | (459,117) |
| 6600 · Mobile Medical Unit | 0 | 417 | (417) | 1,359 | 2,917 | (1,558) |
| 6700 · Trust Expenses | 488 | 6,055 | (5,568) | 8,884 | 42,388 | (33,503) |
| Total Expense Before Grants | 401,742 | 610,495 | (208,753) | 2,921,570 | 3,854,997 | (933,426) |
| 9000 · Other Income <expenses> | (200) | 0 | (200) | (3,200) | 0 | (3,200) |
| 7000 · Grants Expense | | | | | | |
| 7010 · Major Grant Awards Expense | 10,000 | 416,667 | (406,667) | 616,826 | 2,916,667 | (2,299,841) |
| Net Income | 2,734,125 | 2,421,015 | 313,110 | 4,212,592 | 98,606 | 4,113,986 |

Desert Healthcare District
Profit & Loss Budget vs. Actual
July 2024 through January 2025

| | MONTH | | | TOTAL | | |
|---|-----------|-----------|----------------|-----------------|-----------|----------------|
| | Jan 25 | Budget | \$ Over Budget | Jul 24 - Jan 25 | Budget | \$ Over Budget |
| Income | | | | | | |
| 4000 · Income | | | | | | |
| 4010 · Property Tax Revenues | 2,748,762 | 3,244,308 | (495,546) | 4,838,036 | 5,268,186 | (430,150) |
| 4200 · Interest Income | | | | | | |
| 4220 · Interest Income (FRF) | 148,232 | 106,667 | 41,565 | 1,090,843 | 746,667 | 344,176 |
| 9999-1 · Unrealized gain(loss) on invest | 118,144 | (30,333) | 148,477 | 868,694 | (212,333) | 1,081,028 |
| Total 4200 · Interest Income | 266,375 | 76,333 | 190,042 | 1,959,537 | 534,333 | 1,425,204 |
| 4300 · DHC Recoveries | 2,000 | 2,000 | 0 | 14,173 | 14,000 | 173 |
| Total 4000 · Income | 3,017,138 | 3,322,641 | (305,503) | 6,811,746 | 5,816,519 | 995,227 |
| 4500 · LPMP Income | 128,929 | 124,786 | 4,143 | 866,440 | 873,500 | (7,059) |
| 4501 · Miscellaneous Income | 0 | 750 | (750) | 76,001 | 180,250 | (104,249) |
| Total Income | 3,146,067 | 3,448,177 | (302,110) | 7,754,188 | 6,870,269 | 883,919 |
| Expense | | | | | | |
| 5000 · Direct Expenses | | | | | | |
| 5100 · Administration Expense | | | | | | |
| 5110 · Wages Expense | 146,438 | 188,100 | (41,662) | 761,185 | 933,943 | (172,758) |
| 5111 · Allocation to LPMP - Payroll | (3,325) | (7,139) | 3,814 | (32,585) | (49,976) | 17,391 |
| 5112 · Vacation/Sick/Holiday Expense | 41,279 | 15,000 | 26,279 | 133,424 | 105,000 | 28,424 |
| 5114 · Allocation to Foundation | (17,258) | (17,692) | 434 | (118,241) | (123,841) | 5,600 |
| 5119 · Allocation-FED FUNDS/CVHIP-DHCF | (5,891) | 0 | (5,891) | (37,575) | 0 | (37,575) |
| 5120 · Payroll Tax Expense | 16,228 | 10,333 | 5,895 | 66,050 | 72,332 | (6,282) |
| 5130 · Health Insurance Expense | | | | | | |
| 5131 · Premiums Expense | 22,206 | 23,553 | (1,347) | 139,204 | 164,869 | (25,665) |
| 5135 · Reimb./Co-Payments Expense | 665 | 1,800 | (1,135) | 7,429 | 12,600 | (5,171) |
| Total 5130 · Health Insurance Expense | 22,871 | 25,353 | (2,482) | 146,633 | 177,469 | (30,836) |
| 5140 · Workers Comp. Expense | 1,216 | 572 | 644 | 8,643 | 4,004 | 4,639 |
| 5145 · Retirement Plan Expense | 4,139 | 11,154 | (7,015) | 57,301 | 78,080 | (20,779) |
| 5160 · Education Expense | 0 | 7,417 | (7,417) | 8,024 | 51,917 | (43,893) |
| Total 5100 · Administration Expense | 205,698 | 233,098 | (27,400) | 992,858 | 1,248,927 | (256,069) |
| 5200 · Board Expenses | | | | | | |
| 5210 · Healthcare Benefits Expense | 1,358 | 4,109 | (2,751) | 23,039 | 28,762 | (5,723) |
| 5230 · Meeting Expense | 100 | 3,708 | (3,608) | 20,044 | 25,958 | (5,914) |
| 5235 · Director Stipend Expense | 2,553 | 3,646 | (1,094) | 18,643 | 25,525 | (6,882) |
| 5240 · Catering Expense | 629 | 1,000 | (371) | 6,165 | 7,000 | (835) |
| 5250 · Mileage Reimbursement Expense | 36 | 250 | (214) | 1,401 | 1,750 | (349) |
| Total 5200 · Board Expenses | 4,676 | 12,714 | (8,038) | 69,292 | 88,995 | (19,703) |
| Total 5000 · Direct Expenses | 210,374 | 245,811 | (35,438) | 1,062,150 | 1,337,922 | (275,772) |

Desert Healthcare District
Profit & Loss Budget vs. Actual
July 2024 through January 2025

| | MONTH | | | TOTAL | | |
|--|------------------|------------------|------------------|------------------|------------------|------------------|
| | Jan 25 | Budget | \$ Over Budget | Jul 24 - Jan 25 | Budget | \$ Over Budget |
| 6000 · General & Administrative Exp | | | | | | |
| 6110 · Payroll fees Expense | 286 | 208 | 77 | 1,647 | 1,458 | 189 |
| 6120 · Bank and Investment Fees Exp | 6,403 | 5,200 | 1,203 | 43,881 | 36,400 | 7,481 |
| 6125 · Depreciation Expense | 2,165 | 2,500 | (335) | 15,141 | 17,500 | (2,359) |
| 6126 · Depreciation-Solar Parking lot | 15,072 | 15,072 | 0 | 105,504 | 105,504 | 0 |
| 6127 · Depreciation - Autos | 6,409 | 6,409 | (0) | 44,866 | 44,866 | (0) |
| 6130 · Dues and Membership Expense | 8,782 | 5,429 | 3,353 | 21,029 | 38,004 | (16,975) |
| 6200 · Insurance Expense | 4,647 | 4,692 | (45) | 32,594 | 32,842 | (247) |
| 6300 · Minor Equipment Expense | 0 | 42 | (42) | 0 | 292 | (292) |
| 6305 · Auto Allowance & Mileage Exp | 831 | 500 | 331 | 4,431 | 3,500 | 931 |
| 6306 · Staff- Auto Mileage reimb | 387 | 625 | (238) | 3,137 | 4,375 | (1,238) |
| 6309 · Personnel Expense | 0 | 375 | (375) | 926 | 2,625 | (1,699) |
| 6310 · Miscellaneous Expense | 0 | 42 | (42) | 0 | 292 | (292) |
| 6311 · Cell Phone Expense | 954 | 1,000 | (46) | 5,634 | 7,000 | (1,366) |
| 6312 · Wellness Park Expenses | 0 | 83 | (83) | 370 | 583 | (213) |
| 6315 · Security Monitoring Expense | 108 | 50 | 58 | 353 | 350 | 3 |
| 6340 · Postage Expense | 10 | 333 | (324) | 666 | 2,333 | (1,668) |
| 6350 · Copier Rental/Fees Expense | 775 | 500 | 275 | 2,763 | 3,500 | (737) |
| 6351 · Travel Expense | 0 | 2,500 | (2,500) | 10,851 | 17,500 | (6,649) |
| 6352 · Meals & Entertainment Exp | (2) | 2,833 | (2,836) | 3,507 | 19,833 | (16,326) |
| 6355 · Computer Services Expense | 5,025 | 5,322 | (297) | 51,924 | 37,252 | 14,672 |
| 6360 · Supplies Expense | 1,924 | 2,167 | (243) | 8,554 | 15,167 | (6,613) |
| 6380 · LAFCO Assessment Expense | 171 | 208 | (38) | 1,194 | 1,458 | (264) |
| 6400 · East Valley Office | 2,654 | 2,715 | (61) | 18,143 | 19,005 | (862) |
| Total 6000 · General & Administrative Exp | 56,599 | 58,806 | (2,207) | 377,115 | 411,639 | (34,524) |
| 6325 · CEO Discretionary Fund | 12,000 | 11,310 | 690 | 110,249 | 43,452 | 66,797 |
| 6445 · LPMP Expenses | 86,643 | 113,139 | (26,496) | 596,221 | 791,971 | (195,749) |
| 6500 · Professional Fees Expense | | | | | | |
| 6516 · Professional Services Expense | 17,466 | 124,167 | (106,701) | 387,377 | 869,167 | (481,790) |
| 6520 · Annual Audit Fee Expense | 1,484 | 1,500 | (16) | 10,389 | 10,500 | (111) |
| 6530 · PR/Communications/Website | 4,189 | 34,292 | (30,103) | 177,350 | 240,042 | (62,692) |
| 6560 · Legal Expense | 12,500 | 15,000 | (2,500) | 190,476 | 105,000 | 85,476 |
| Total 6500 · Professional Fees Expense | 35,639 | 174,958 | (139,319) | 765,591 | 1,224,708 | (459,117) |
| 6600 · Mobile Medical Unit | 0 | 417 | (417) | 1,359 | 2,917 | (1,558) |
| 6700 · Trust Expenses | | | | | | |
| 6720 · Pension Plans Expense | 488 | 6,055 | (5,568) | 8,884 | 42,388 | (33,503) |
| Total Expense Before Grants | 401,742 | 610,495 | (208,753) | 2,921,570 | 3,854,997 | (933,426) |
| 9000 · Other Income <expenses> | (200) | 0 | (200) | (3,200) | 0 | (3,200) |
| 7000 · Grants Expense | | | | | | |
| 7010 · Major Grant Awards Expense | 10,000 | 416,667 | (406,667) | 616,826 | 2,916,667 | (2,299,841) |
| Net Income | 2,734,125 | 2,421,015 | 313,110 | 4,212,592 | 98,606 | 4,113,986 |

Las Palmas Medical Plaza
Profit & Loss Budget vs. Actual
July 2024 through January 2025

| | MONTH | | | TOTAL | | |
|---|---------------|---------------|----------------|-----------------|---------------|----------------|
| | Jan 25 | Budget | \$ Over Budget | Jul 24 - Jan 25 | Budget | \$ Over Budget |
| Income | | | | | | |
| 4500 · LPMP Income | | | | | | |
| 4505 · Rental Income | 87,587 | 86,753 | 835 | 589,340 | 607,269 | (17,929) |
| 4510 · CAM Income | 41,342 | 37,950 | 3,392 | 277,026 | 265,648 | 11,378 |
| 4513 · Misc. Income | 0 | 83 | (83) | 75 | 583 | (508) |
| Total 4500 · LPMP Income | 128,929 | 124,786 | 4,143 | 866,440 | 873,500 | (7,059) |
| Expense | | | | | | |
| 6445 · LPMP Expenses | | | | | | |
| 6420 · Insurance Expense | 6,229 | 6,255 | (25) | 43,605 | 43,782 | (177) |
| 6425 · Building - Depreciation Expense | 28,257 | 28,668 | (411) | 197,706 | 200,677 | (2,971) |
| 6426 · Tenant Improvements -Dep Exp | 5,103 | 17,630 | (12,527) | 35,471 | 123,410 | (87,939) |
| 6427 · HVAC Maintenance Expense | 0 | 1,333 | (1,333) | 8,768 | 9,333 | (565) |
| 6428 · Roof Repairs Expense | 0 | 208 | (208) | 0 | 1,458 | (1,458) |
| 6431 · Building -Interior Expense | 0 | 4,167 | (4,167) | 5,150 | 29,167 | (24,017) |
| 6432 · Plumbing -Interior Expense | 2,077 | 1,667 | 410 | 2,822 | 11,667 | (8,845) |
| 6433 · Plumbing -Exterior Expense | 0 | 208 | (208) | 0 | 1,458 | (1,458) |
| 6434 · Allocation Internal Prop. Mgmt | 3,325 | 7,139 | (3,814) | 32,585 | 49,975 | (17,390) |
| 6435 · Bank Charges | 43 | 42 | 1 | 241 | 292 | (51) |
| 6437 · Utilities -Vacant Units Expense | 0 | 150 | (150) | 34 | 1,050 | (1,016) |
| 6439 · Deferred Maintenance Repairs Ex | 0 | 2,083 | (2,083) | 3,340 | 14,583 | (11,243) |
| 6440 · Professional Fees Expense | 11,830 | 11,830 | 0 | 82,810 | 82,810 | 0 |
| 6441 · Legal Expense | 0 | 83 | (83) | 0 | 583 | (583) |
| 6458 · Elevators - R & M Expense | 768 | 1,083 | (316) | 5,731 | 7,583 | (1,852) |
| 6460 · Exterminating Service Expense | 275 | 1,250 | (975) | 1,925 | 8,750 | (6,825) |
| 6463 · Landscaping Expense | 6,375 | 1,250 | 5,125 | 6,375 | 8,750 | (2,376) |
| 6467 · Lighting Expense | 0 | 417 | (417) | 0 | 2,917 | (2,917) |
| 6468 · General Maintenance Expense | 0 | 83 | (83) | 0 | 583 | (583) |
| 6471 · Marketing-Advertising | 0 | 1,250 | (1,250) | 0 | 8,750 | (8,750) |
| 6475 · Property Taxes Expense | 6,650 | 6,650 | 0 | 46,550 | 46,550 | 0 |
| 6476 · Signage Expense | 0 | 417 | (417) | 1,087 | 2,917 | (1,829) |
| 6480 · Rubbish Removal Medical Waste E | 760 | 1,417 | (657) | 9,591 | 9,917 | (326) |
| 6481 · Rubbish Removal Expense | 2,342 | 2,900 | (558) | 16,397 | 20,300 | (3,903) |
| 6482 · Utilities/Electricity/Exterior | 70 | 875 | (805) | 4,481 | 6,125 | (1,644) |
| 6484 · Utilities - Water (Exterior) | 465 | 750 | (285) | 6,551 | 5,250 | 1,301 |
| 6485 · Security Expenses | 11,955 | 12,500 | (545) | 84,583 | 87,500 | (2,917) |
| 6490 · Miscellaneous Expense | 120 | 833 | (714) | 420 | 5,833 | (5,414) |
| Total 6445 · LPMP Expenses | 86,643 | 113,139 | (26,496) | 596,221 | 791,971 | (195,749) |
| Net Income | 42,286 | 11,647 | 30,639 | 270,219 | 81,529 | 188,690 |

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of January 31, 2025

| | | Jan 31, 25 | Jan 31, 24 |
|-----------------------------|---|-------------------|-------------------|
| ASSETS | | | |
| Current Assets | | | |
| Checking/Savings | | | |
| | 1000 · CHECKING CASH ACCOUNTS | 6,442,017 | 4,900,751 |
| | 1100 · INVESTMENT ACCOUNTS | 68,356,588 | 65,723,468 |
| | Total Checking/Savings | 74,798,605 | 70,624,219 |
| | Accounts Receivable | 28,149 | 198,293 |
| Other Current Assets | | | |
| | 1204.1 · Rent Receivable-Deferred COVID | 5,158 | 16,097 |
| | 1270 · Prepaid Insurance -Ongoing | 54,270 | 48,505 |
| | 1279 · Pre-Paid Fees | 23,427 | 36,997 |
| | 1565 · Retirement Plan ForfeitureAsset | 1,940 | 0 |
| | Total Other Current Assets | 84,794 | 101,599 |
| | Total Current Assets | 74,911,547 | 70,924,111 |
| Fixed Assets | | | |
| | 1300 · FIXED ASSETS | 5,319,934 | 5,292,598 |
| | 1335-00 · ACC DEPR | (3,077,033) | (2,770,168) |
| | 1400 · LPMP Assets | 6,287,163 | 6,702,095 |
| | Total Fixed Assets | 8,530,065 | 9,224,525 |
| Other Assets | | | |
| | 1600 · RIGHT TO USE ASSETS | 216,235 | 216,235 |
| | 1611 · RTU Accumulated Amortization | (44,356) | (22,178) |
| | 1700 · OTHER ASSETS | 3,784,179 | 3,703,380 |
| | 1800 · OTHER RECEIVABLES | 3,439,433 | 3,048,911 |
| | Total Other Assets | 7,395,491 | 6,946,348 |
| | TOTAL ASSETS | 90,837,104 | 87,094,984 |

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of January 31, 2025

| | | Jan 31, 25 | Jan 31, 24 |
|--|--|-------------------|-------------------|
| LIABILITIES & EQUITY | | | |
| Liabilities | | | |
| Current Liabilities | | | |
| Accounts Payable | | | |
| 2000 · Accounts Payable | | 139,900 | 28,712 |
| 2001 · LPMP Accounts Payable | | 18,044 | 26,536 |
| Total Accounts Payable | | 157,943 | 55,248 |
| Other Current Liabilities | | | |
| 2002 · LPMP Property Taxes | | 9,974 | 8,432 |
| 2003 · Prepaid Rents | | 12,237 | 21,113 |
| 2101 · *Payroll Liabilities | | 0 | 3,227 |
| 2131 · Grant Awards Payable | | 3,888,194 | 6,032,638 |
| 2133 · Accrued Accounts Payable | | 86,955 | 249,550 |
| 2141 · Accrued Vacation Time | | 101,139 | 92,345 |
| 2190 · Investment Fees Payable | | 12,925 | 1,595 |
| Total Other Current Liabilities | | 4,111,423 | 6,408,900 |
| Total Current Liabilities | | 4,269,366 | 6,464,148 |
| Long Term Liabilities | | | |
| 2171 · RPP-Deferred Inflows-Resources | | 397,911 | 564,584 |
| 2172 · Lease - Deferred Inflows | | 3,268,842 | 2,982,703 |
| 2281 · Grants Payable - Long-term | | 1,138,781 | 2,475,000 |
| 2285 · Lease Payable | | 175,612 | 196,798 |
| 2290 · LPMP Security Deposits | | 53,732 | 57,493 |
| Total Long Term Liabilities | | 5,034,879 | 6,276,578 |
| Total Liabilities | | 9,304,245 | 12,740,726 |
| Equity | | | |
| 3900 · *Retained Earnings | | 77,320,267 | 71,020,500 |
| Net Income | | 4,212,592 | 3,333,759 |
| Total Equity | | 81,532,859 | 74,354,259 |
| TOTAL LIABILITIES & EQUITY | | 90,837,104 | 87,094,984 |

Desert Healthcare District
Balance Sheet Previous Comparison
As of January 31, 2025

| | | Jan 31, 25 | Jan 31, 24 |
|--|--|-------------------|-------------------|
| ASSETS | | | |
| Current Assets | | | |
| Checking/Savings | | | |
| 1000 · CHECKING CASH ACCOUNTS | | | |
| 1016 · US Bank Operating - 5018 | | 520,411 | 4,573,897 |
| 1017 · US Bank Operating - 7455 | | 5,553,645 | 0 |
| 1044 · Las Palmas Medical Plaza - 1241 | | 367,459 | 326,354 |
| 1047 · Petty Cash | | 502 | 500 |
| Total 1000 · CHECKING CASH ACCOUNTS | | 6,442,017 | 4,900,751 |
| 1100 · INVESTMENT ACCOUNTS | | | |
| 1130 · Facility Replacement Fund | | 67,975,419 | 66,574,015 |
| 1135 · Unrealized Gain(Loss) FRF | | 381,169 | (850,547) |
| Total 1100 · INVESTMENT ACCOUNTS | | 68,356,588 | 65,723,468 |
| Total Checking/Savings | | 74,798,605 | 70,624,219 |
| Accounts Receivable | | | |
| 1201 · Accounts Receivable | | | |
| 1204 · LPMP Accounts Receivable | | 0 | 10,924 |
| 1211 · A-R Foundation - Exp Allocation | | 23,149 | 187,369 |
| 1201 · Accounts Receivable - Other | | 5,000 | 0 |
| Total Accounts Receivable | | 28,149 | 198,293 |
| Other Current Assets | | | |
| 1204.1 · Rent Receivable-Deferred COVID | | 5,158 | 16,097 |
| 1270 · Prepaid Insurance -Ongoing | | 54,270 | 48,505 |
| 1279 · Pre-Paid Fees | | 23,427 | 36,997 |
| 1565 · Retirement Plan ForfeitureAsset | | 1,940 | 0 |
| Total Other Current Assets | | 84,794 | 101,599 |
| Total Current Assets | | 74,911,547 | 70,924,111 |
| Fixed Assets | | | |
| 1300 · FIXED ASSETS | | | |
| 1310 · Computer Equipment | | 124,185 | 105,830 |
| 1320 · Furniture and Fixtures | | 64,080 | 55,099 |
| 1321 · Mobile Medical Unit | | 381,768 | 381,768 |
| 1322 · Tenant Improvement - RAP #G100 | | 32,794 | 32,794 |
| 1325 · Offsite Improvements | | 300,849 | 300,849 |
| 1331 · DRMC - Parking lot | | 4,416,257 | 4,416,257 |
| Total 1300 · FIXED ASSETS | | 5,319,934 | 5,292,598 |

Desert Healthcare District
Balance Sheet Previous Comparison
As of January 31, 2025

| | Jan 31, 25 | Jan 31, 24 |
|--|---------------------|---------------------|
| 1335-00 · ACC DEPR | | |
| 1335 · Accumulated Depreciation | (273,777) | (247,239) |
| 1337 · Accum Deprec- Solar Parking Lot | (2,426,764) | (2,245,900) |
| 1338 · Accum Deprec - LPMP Parking Lot | (248,044) | (225,494) |
| 1339 · Accum Deprec - Autos | (128,447) | (51,535) |
| Total 1335-00 · ACC DEPR | (3,077,033) | (2,770,168) |
| 1400 · LPMP Assets | | |
| 1401 · Building | 8,705,680 | 8,705,680 |
| 1402 · Land | 2,165,300 | 2,165,300 |
| 1403 · Tenant Improvements -New | 2,319,572 | 2,309,146 |
| 1404 · Tenant Improvements - CIP | 0 | 129,550 |
| 1406 · Building Improvements | | |
| 1406.1 · LPMP-Replace Parking Lot | 676,484 | 676,484 |
| 1406.2 · Building Improvements-CIP | 57,426 | 20,528 |
| 1406 · Building Improvements - Other | 2,776,742 | 2,769,182 |
| Total 1406 · Building Improvements | 3,510,652 | 3,466,194 |
| 1407 · Building Equipment Improvements | 488,880 | 445,553 |
| 1409 · Accumulated Depreciation | | |
| 1410 · Accum. Depreciation | (8,631,272) | (8,318,126) |
| 1412 · T I Accumulated Dep.-New | (2,271,649) | (2,201,202) |
| Total 1409 · Accumulated Depreciation | (10,902,921) | (10,519,328) |
| Total 1400 · LPMP Assets | 6,287,163 | 6,702,095 |
| Total Fixed Assets | 8,530,065 | 9,224,525 |
| Other Assets | | |
| 1600 · RIGHT TO USE ASSETS | | |
| 1610 · Right to Use Asset | 216,235 | 216,235 |
| Total 1600 · RIGHT TO USE ASSETS | 216,235 | 216,235 |
| 1611 · RTU Accumulated Amortization | (44,356) | (22,178) |
| 1700 · OTHER ASSETS | | |
| 1731 · Wellness Park | 1,693,800 | 1,693,800 |
| 1740 · RPP-Deferred Outflows-Resources | 362,042 | 587,440 |
| 1742 · RPP - Net Pension Asset | 1,728,337 | 1,422,140 |
| Total 1700 · OTHER ASSETS | 3,784,179 | 3,703,380 |
| 1800 · OTHER RECEIVABLES | | |
| 1810 · Lease Receivable | 3,439,433 | 3,048,911 |
| Total Other Assets | 7,395,491 | 6,946,348 |
| TOTAL ASSETS | 90,837,104 | 87,094,984 |

Desert Healthcare District
Balance Sheet Previous Comparison
As of January 31, 2025

| | | Jan 31, 25 | Jan 31, 24 |
|--|--|-------------------|-------------------|
| LIABILITIES & EQUITY | | | |
| Liabilities | | | |
| Current Liabilities | | | |
| Accounts Payable | | | |
| 2000 - Accounts Payable | | 139,900 | 28,712 |
| 2001 - LPMP Accounts Payable | | 18,044 | 26,536 |
| Total Accounts Payable | | 157,943 | 55,248 |
| Other Current Liabilities | | | |
| 2002 - LPMP Property Taxes | | 9,974 | 8,432 |
| 2003 - Prepaid Rents | | 12,237 | 21,113 |
| 2101 - *Payroll Liabilities | | 0 | 3,227 |
| 2131 - Grant Awards Payable | | 3,888,194 | 6,032,638 |
| 2133 - Accrued Accounts Payable | | 86,955 | 249,550 |
| 2141 - Accrued Vacation Time | | 101,139 | 92,345 |
| 2190 - Investment Fees Payable | | 12,925 | 1,595 |
| Total Other Current Liabilities | | 4,111,423 | 6,408,900 |
| Total Current Liabilities | | 4,269,366 | 6,464,148 |
| Long Term Liabilities | | | |
| 2171 - RPP-Deferred Inflows-Resources | | 397,911 | 564,584 |
| 2172 - Lease - Deferred Inflows | | 3,268,842 | 2,982,703 |
| 2281 - Grants Payable - Long-term | | 1,138,781 | 2,475,000 |
| 2285 - Lease Payable | | 175,612 | 196,798 |
| 2290 - LPMP Security Deposits | | 53,732 | 57,493 |
| Total Long Term Liabilities | | 5,034,879 | 6,276,578 |
| Total Liabilities | | 9,304,245 | 12,740,726 |
| Equity | | | |
| 3900 - *Retained Earnings | | 77,320,267 | 71,020,500 |
| Net Income | | 4,212,592 | 3,333,759 |
| Total Equity | | 81,532,859 | 74,354,259 |
| TOTAL LIABILITIES & EQUITY | | 90,837,104 | 87,094,984 |

Desert Healthcare District
A/R Aging Summary
As of January 31, 2025

| | Current | 1 - 30 | 31 - 60 | 61 - 90 | > 90 | TOTAL | COMMENTS |
|--------------------------------------|----------------|---------------|----------------|----------------|----------------|---------------|--|
| Desert Healthcare Foundation- | 23,149 | 0 | 0 | 0 | 0 | 23,149 | Due from Foundaiton |
| South Coast AQMD | 0 | 0 | 0 | 0 | 5,000 | 5,000 | Air Quality Grant (Received in February) |
| TOTAL | 23,149 | 0 | 0 | 0 | 5,000 | 28,149 | |

Desert Healthcare District
Deposit Detail
January 2025

| Type | Date | Name | Amount |
|----------------|-------------------|--|------------------|
| Deposit | 01/02/2025 | | 2,000 |
| | | T-Mobile - Cell Tower Lease | (2,000) |
| TOTAL | | | (2,000) |
| Deposit | 01/06/2025 | | 11,939 |
| | | Principal Financial Group - Dividends 2024 | (328) |
| Payment | 01/06/2025 | PICA - PICA Land Lease payment July 2024 - December 2024 | (4,500) |
| Payment | 01/06/2025 | Variety of the Desert - Reimbursement of unused Grants | (7,111) |
| TOTAL | | | (11,939) |
| Deposit | 01/10/2025 | | 2,600,390 |
| | | Riverside County Treasurer-Property Tax Payment | (2,599,632) |
| | | Riverside County Treasurer-Property Tax Payment | (759) |
| TOTAL | | | (2,600,391) |
| Deposit | 01/15/2025 | | 55,988 |
| | | Riverside County Treasurer-Property Tax Payment | (55,988) |
| TOTAL | | | (55,988) |
| Deposit | 01/21/2025 | | 92,384 |
| | | Riverside County Treasurer-Property Tax Payment | (92,384) |
| TOTAL | | | (92,384) |
| Deposit | 01/31/2025 | | 130,579 |
| Payment | 01/31/2025 | Desert Healthcare Foundation- Intercompany Payable | (130,579) |
| TOTAL | | | (130,579) |
| | | TOTAL | 2,893,280 |

| DESERT HEALTHCARE DISTRICT | | | | | | | | | | |
|--|-------------------------------|---------------------|---------------|----------------------|---------------------|-------------------------------|----------------------|--------------|---------------------|---------------------|
| PROPERTY TAX RECEIPTS FY 2024 - 2025 | | | | | | | | | | |
| RECEIPTS - SEVEN MONTHS ENDED JANUARY 31, 2025 | | | | | | | | | | |
| | FY 2023-2024 Projected/Actual | | | | | FY 2024-2025 Projected/Actual | | | | |
| | Budget % | Budget \$ | Act % | Actual Receipts | Variance | Budget % | Budget \$ | Act % | Actual Receipts | Variance |
| July | 0.0% | \$ - | 0.8% | \$ 70,152 | \$ 70,152 | 0.0% | \$ - | 0.7% | \$ 75,427 | \$ 75,427 |
| Aug | 0.0% | \$ - | 2.0% | \$ 180,642 | \$ 180,642 | 0.0% | \$ - | 1.4% | \$ 139,395 | \$ 139,395 |
| Sep | 0.0% | \$ - | 0.0% | \$ - | \$ - | 0.0% | \$ - | 0.0% | \$ - | \$ - |
| Oct | 2.6% | \$ 229,840 | 2.8% | \$ 248,614 | \$ 18,774 | 2.6% | \$ 264,426 | 2.7% | \$ 272,212 | \$ 7,785 |
| Nov | 0.4% | \$ 35,360 | 0.1% | \$ 10,535 | \$ (24,825) | 0.4% | \$ 40,681 | 0.0% | \$ - | \$ (40,681) |
| Dec | 16.9% | \$ 1,493,960 | 19.2% | \$ 1,696,170 | \$ 202,210 | 16.9% | \$ 1,718,771 | 17.4% | \$ 1,769,017 | \$ 50,246 |
| Jan | 31.9% | \$ 2,819,960 | 42.1% | \$ 3,720,800 | \$ 900,840 | 31.9% | \$ 3,244,308 | 27.0% | \$ 2,748,762 | \$ (495,546) |
| Feb | 0.0% | \$ - | 1.0% | \$ 85,677 | \$ 85,677 | 0.0% | \$ - | 0.0% | | |
| Mar | 0.3% | \$ 26,520 | 0.4% | \$ 31,158 | \$ 4,638 | 0.3% | \$ 30,511 | 0.0% | | |
| Apr | 5.5% | \$ 486,200 | 6.0% | \$ 529,212 | \$ 43,012 | 5.5% | \$ 559,363 | 0.0% | | |
| May | 19.9% | \$ 1,759,160 | 20.6% | \$ 1,821,441 | \$ 62,281 | 19.9% | \$ 2,023,879 | 0.0% | | |
| June | 22.5% | \$ 1,989,000 | 30.0% | \$ 2,655,964 | \$ 666,964 | 22.5% | \$ 2,288,305 | 0.0% | | |
| Total | 100% | \$ 8,840,000 | 125.0% | \$ 11,050,366 | \$ 2,210,366 | 100.00% | \$ 10,170,245 | 49.2% | \$ 5,004,813 | \$ (263,374) |

**Las Palmas Medical Plaza
Deposit Detail - LPMP
January 2025**

| Type | Date | Name | Amount |
|----------------|-------------------|--|---------------|
| Deposit | 01/06/2025 | | 3,486 |
| Payment | 01/06/2025 | Cure Cardiovascular Consultants | (3,486) |
| TOTAL | | | (3,486) |
| Deposit | 01/07/2025 | | 25,041 |
| Payment | 01/06/2025 | Howard Aaron Aronow, M.D. | (1,737) |
| Payment | 01/06/2025 | Steven Gundry, M.D. | (6,376) |
| Payment | 01/06/2025 | Desert Oasis Healthcare | (2,843) |
| Payment | 01/06/2025 | Desert Oasis Healthcare | (49) |
| Payment | 01/06/2025 | Quest Diagnostics Incorporated | (4,714) |
| Payment | 01/06/2025 | F CPP | (3,461) |
| Payment | 01/06/2025 | Laboratory Corporation of America | (5,861) |
| TOTAL | | | (25,041) |
| Deposit | 01/07/2025 | | 7,364 |
| Payment | 01/06/2025 | EyeCare Services Partners Management LLC | (7,364) |
| TOTAL | | | (7,364) |
| Deposit | 01/08/2025 | | 15,876 |
| Payment | 01/08/2025 | Inland Urology, PC | (3,980) |
| Payment | 01/08/2025 | DPMG | (4,902) |
| Payment | 01/08/2025 | DPMG | (4,322) |
| Payment | 01/08/2025 | DPMG | (2,673) |
| TOTAL | | | (15,877) |
| Deposit | 01/13/2025 | | 13,372 |
| Payment | 01/09/2025 | Cohen Musch Thomas Medical Group | (5,410) |
| Payment | 01/09/2025 | Palmtree Clinical Research | (7,962) |
| TOTAL | | | (13,372) |

**Las Palmas Medical Plaza
Deposit Detail - LPMP
January 2025**

| | | | |
|----------------|-------------------|---------------------------------|-----------------|
| Deposit | 01/14/2025 | | 47,988 |
| Payment | 01/13/2025 | Desert Regional Medical Center | (6,438) |
| Payment | 01/13/2025 | Tenet HealthSystem Desert, Inc | (7,197) |
| Payment | 01/13/2025 | Tenet HealthSystem Desert, Inc. | (34,353) |
| TOTAL | | | (47,988) |
| Deposit | 01/15/2025 | | 4,307 |
| Payment | 01/15/2025 | Desert Family Medical Center | (4,307) |
| TOTAL | | | (4,307) |
| Deposit | 01/16/2025 | | 4,042 |
| Payment | 01/16/2025 | Ramy Awad, M.D. | (4,042) |
| TOTAL | | | (4,042) |
| Deposit | 01/17/2025 | | 7,737 |
| Payment | 01/17/2025 | Pathway Pharmaceuticals, Inc. | (2,835) |
| Payment | 01/17/2025 | DPMG | (4,902) |
| TOTAL | | | (7,737) |
| Deposit | 01/30/2025 | | 12,237 |
| | | LabCorp | (5,861) |
| | | Steven Gundry, M.D. | (6,376) |
| TOTAL | | | (12,237) |
| Deposit | 01/31/2025 | | 2,297 |
| Payment | 01/31/2025 | DPMG | (2,297) |
| TOTAL | | | (2,297) |
| | | TOTAL | 143,747 |

Desert Healthcare District
Check Register
As of January 31, 2025

| Type | Date | Num | Name | Amount |
|--|------------|----------|---|-----------|
| 1000 - CHECKING CASH ACCOUNTS | | | | |
| 1016 - US Bank Operating - 5018 | | | | |
| Liability Check | 01/03/2025 | | QuickBooks Payroll Service | (690) |
| Liability Check | 01/03/2025 | | QuickBooks Payroll Service | (59,528) |
| Check | 01/15/2025 | | Bank Service Charge | (1,403) |
| Liability Check | 01/17/2025 | | QuickBooks Payroll Service | (404) |
| Liability Check | 01/17/2025 | | QuickBooks Payroll Service | (59,779) |
| Total 1016 - US Bank Operating - 5018 | | | | (121,804) |
| 1017 - US Bank Operating - 7455 | | | | |
| Check | 01/07/2025 | Auto Pay | Calif. Public Employees'Retirement System | (19,255) |
| Bill Pmt -Check | 01/13/2025 | 5763 | Alejandro Espinoza Santacruz- Expense Reimbursement | (200) |
| Bill Pmt -Check | 01/13/2025 | 5764 | Andrea S. Hayles- Expense Reimbursement | (168) |
| Bill Pmt -Check | 01/13/2025 | 5765 | Best Signs, Inc. | (370) |
| Bill Pmt -Check | 01/13/2025 | 5766 | Lift To Rise - Grant Payment | (67,500) |
| Bill Pmt -Check | 01/13/2025 | 5767 | LoopUp LLC | (24) |
| Bill Pmt -Check | 01/13/2025 | 5768 | OneFuture Coachella Valley - Grant Payment | (175,000) |
| Bill Pmt -Check | 01/13/2025 | 5769 | Rogers, Carole - Stipend and Expense Reimbursement | (722) |
| Bill Pmt -Check | 01/13/2025 | 5770 | Variety of the Desert - Grant Payment | (23,163) |
| Bill Pmt -Check | 01/13/2025 | 5771 | Zendle, Les- Health Premium Reimbursement | (9,689) |
| Bill Pmt -Check | 01/13/2025 | 5772 | Boyd & Associates | (108) |
| Bill Pmt -Check | 01/13/2025 | 5773 | California Farmworker Foundation - Sponsorship | (5,000) |
| Bill Pmt -Check | 01/13/2025 | 5774 | College of the Desert Foundation - Sponsorship | (10,000) |
| Bill Pmt -Check | 01/13/2025 | 5775 | Cove Communities Senior Association - Sponsorship | (10,000) |
| Bill Pmt -Check | 01/13/2025 | 5776 | DAP Health - Sponsorship | (12,500) |
| Bill Pmt -Check | 01/13/2025 | 5777 | Desert Arc Shredding & Recycling | (45) |
| Bill Pmt -Check | 01/13/2025 | 5778 | Deveau Burr Group, LLC | (4,750) |
| Bill Pmt -Check | 01/13/2025 | 5779 | Ready Refresh | (55) |
| Bill Pmt -Check | 01/13/2025 | 5780 | SDRMA | (100) |
| Bill Pmt -Check | 01/13/2025 | 5781 | Staples | (314) |
| Bill Pmt -Check | 01/13/2025 | 5782 | Verizon Wireless | (1,078) |
| Bill Pmt -Check | 01/13/2025 | 5783 | Daniel Logsdon - Stipend | (232) |
| Bill Pmt -Check | 01/13/2025 | 5784 | Deveau Burr Group, LLC | (4,500) |
| Bill Pmt -Check | 01/13/2025 | 5785 | Entravision Communications Corporation | (1,000) |
| Bill Pmt -Check | 01/13/2025 | 5786 | Frazier Pest Control, Inc. | (33) |
| Bill Pmt -Check | 01/13/2025 | 5787 | Magdalena Medina Flores | (200) |
| Bill Pmt -Check | 01/13/2025 | 5788 | Regional Access Project Foundation | (2,000) |
| Bill Pmt -Check | 01/13/2025 | 5789 | So.Cal Computer Shop | (810) |

Desert Healthcare District
Check Register
As of January 31, 2025

| | | | | |
|---------------------------------------|------------|-------------|---|------------------|
| Bill Pmt -Check | 01/13/2025 | 5790 | State Compensation Insurance Fund | (1,216) |
| Bill Pmt -Check | 01/13/2025 | 5791 | U.S. Bank | (7,154) |
| Bill Pmt -Check | 01/13/2025 | 5792 | Underground Service Alert of Southern Cal | (10) |
| Bill Pmt -Check | 01/13/2025 | 5793 - VOID | Don't MiND Me Foundation | 0 |
| Bill Pmt -Check | 01/13/2025 | 5794 | Gregory Lucas Rodriguez - Stipend and Expense Reimbursement | (382) |
| Bill Pmt -Check | 01/13/2025 | 5795 | So.Cal Computer Shop | (4,000) |
| Bill Pmt -Check | 01/13/2025 | 5796 - VOID | Don't MiND Me Foundation | 0 |
| Bill Pmt -Check | 01/13/2025 | 5797 | Don't MiND Me Foundation - Sponsorship | (5,000) |
| Bill Pmt -Check | 01/14/2025 | 5798 | Ernest Enterprises | (175) |
| Bill Pmt -Check | 01/14/2025 | 5799 | Peak Grantmaking | (2,000) |
| Bill Pmt -Check | 01/14/2025 | 5800 | Regional Access Project Foundation | (149) |
| Bill Pmt -Check | 01/21/2025 | 5801 | DPMG Health - Grant Payment | (37,204) |
| Bill Pmt -Check | 01/21/2025 | 5802 | DPMG Health - Grant Payment | (8,022) |
| Bill Pmt -Check | 01/21/2025 | 5803 | CoPower Employers' Benefits Alliance | (1,720) |
| Bill Pmt -Check | 01/21/2025 | 5804 | Regional Government Services Authority | (6,008) |
| Bill Pmt -Check | 01/21/2025 | 5805 | Voices for Children - Grant Payment | (13,500) |
| Bill Pmt -Check | 01/22/2025 | 5806 | Erica Huskey - Health Premium Reimbursement | (638) |
| Bill Pmt -Check | 01/22/2025 | 5807 | Xerox Financial Services | (370) |
| Bill Pmt -Check | 01/22/2025 | 5808 | Pitney Bowes Global Financial Services | (10) |
| Check | 01/23/2025 | Auto Pay | Principal Financial Group- | (1,197) |
| Check | 01/23/2025 | Auto Pay | Principal Financial Group- | (575) |
| Bill Pmt -Check | 01/28/2025 | 5809 | Palms to Pines Printing & Promotional | (1,141) |
| Bill Pmt -Check | 01/28/2025 | 5810 | Palms to Pines Printing & Promotional | (2,001) |
| Bill Pmt -Check | 01/28/2025 | 5814 | AMS Tax Service, Inc. | (500) |
| Bill Pmt -Check | 01/28/2025 | 5815 | Desert Arc Shredding & Recycling | (45) |
| Bill Pmt -Check | 01/28/2025 | 5816 | Evet PerezGil - Stipend | (486) |
| Bill Pmt -Check | 01/28/2025 | 5817 | Principal Life Insurance Co. | (1,951) |
| Bill Pmt -Check | 01/28/2025 | 5818 | Regional Access Project Foundation | (2,000) |
| Bill Pmt -Check | 01/28/2025 | 5819 | Southern California Grantmakers | (5,000) |
| Bill Pmt -Check | 01/28/2025 | 5820 | Spectrum (Time Warner) | (405) |
| Bill Pmt -Check | 01/28/2025 | 5821 | U.S. Bank | (7,201) |
| Bill Pmt -Check | 01/28/2025 | 5822 | Visual Edge IT (Image Source) | (657) |
| Bill Pmt -Check | 01/28/2025 | 5823 | Voices for Children - Grant Payment | (8,107) |
| Bill Pmt -Check | 01/28/2025 | 5811 | Verizon Wireless | (1,206) |
| Bill Pmt -Check | 01/28/2025 | 5812 | Verizon Wireless | (511) |
| Bill Pmt -Check | 01/28/2025 | 5813 - VOID | | |
| Liability Check | 01/31/2025 | | QuickBooks Payroll Service | (956) |
| Liability Check | 01/31/2025 | | QuickBooks Payroll Service | (59,660) |
| Total 1017 · US Bank Operating - 7455 | | | | (529,973) |
| TOTAL | | | | (651,777) |

Desert Healthcare District
Details for Credit Card Expenditures
Credit Card Purchases - January 2025 - Paid January 2025

| | | | | | | | |
|---|----------------------|----------------------|-------------------------------------|--------------------|--|--------------------------|--|
| Number of Credit Cards Held by District Personnel -3 | | | | | | | |
| Credit Card Limit - \$75,000 | | | | | | | |
| Credit Card Holders: | | | | | | | |
| Chris Christensen - Chief Executive Officer | | | | | | | |
| Eric Taylor - Chief Administration Officer | | | | | | | |
| Alejandro Espinoza Santacruz - Chief of Community Engagement | | | | | | | |
| Routine types of charges: | | | | | | | |
| Office supplies, dues for membership, computer supplies, meals, travel including airlines and hotels, catering, supplies for BOD meetings, CEO Discretionary for small grant & gift items | | | | | | | |
| | | | | | | | |
| Statement | | | | | | | |
| Year | Month Charged | Total Charges | Expense Type | Amount | Purpose | Description | |
| | | \$ 7,200.72 | | | | | |
| Monthly Statement CalCard: | | | | | | | |
| | 2025 January | \$ 6,295.12 | Chris Christensen | | | | |
| | | | GL | Dollar | Description | | |
| | | | 6355 | \$ 83.40 | Doodle Poll subscription | | |
| | | | 6360 | \$ 210.99 | CalChamber - 2025 HR posters & pamphlets | | |
| | | | 6355 | \$ 271.66 | Zoom webinar/audio conference expense | | |
| | | | 5240 | \$ 156.03 | EzCater - food for January 14, 2025, EH Summit committee meeting | | |
| | | | 6325 | \$ 5,000.00 | Wine & All that Jazz: Cafe Noir Joslyn Senior Center donation on January 14, 2025 - \$5,000.00 | CEO Discretionary | |
| | | | 5230 | \$ 100.00 | Alianza Coachella Valley - Celebrando Nuestro Impacto 1 Ticket January 30, 2025, Director Kimberly Barraza | | |
| | | | 5240 | \$ 312.79 | EzCater - food for January 21, 2025, Special Board Meeting | | |
| | | | 5240 | \$ 160.25 | Panda Express - food for January 22, 2025, Special Board Meeting | | |
| | | | | \$ 6,295.12 | | | |
| | | | Eric Taylor | | | | |
| | | | GL | Dollar | Description | | |
| | | | 6130 | \$ 50.00 | Desert Communities Employers Advisory Council Membership | | |
| | | | 6130 | \$ 28.00 | Desert Communities Employers Advisory Council - 2025 Labor Laws Update | | |
| | | | 6530 | \$ 16.99 | Desert Sun subscription | | |
| | | | 6355 | \$ 810.61 | Amazon - 2 Apple pencils and 3 Logitech keyboard cases for iPads for Directors & Staff | | |
| | | | | \$ 905.60 | | | |
| | | | Alejandro Espinoza Santacruz | | | | |
| | | | GL | Dollar | Description | | |
| | | | | | | | |
| | | | | \$ - | | | |

**Las Palmas Medical Plaza
Check Register - LPMP**

As of January 31, 2025

| Type | Date | Num | Name | Amount |
|---|------------|-------|------------------------------------|-----------------|
| 1000 - CHECKING CASH ACCOUNTS | | | | |
| 1044 - Las Palmas Medical Plaza - 1241 | | | | |
| Bill Pmt -Check | 01/13/2025 | 11010 | Desert Water Agency | (487) |
| Bill Pmt -Check | 01/13/2025 | 11011 | Palm Springs Disposal Services Inc | (2,342) |
| Bill Pmt -Check | 01/14/2025 | 11012 | Frazier Pest Control, Inc. | (275) |
| Bill Pmt -Check | 01/21/2025 | 11013 | Omar Rojas Garden Service | (6,375) |
| Bill Pmt -Check | 01/28/2025 | 11014 | Frontier Communications | (318) |
| Check | 01/30/2025 | | Bank Service Charge | (411) |
| TOTAL | | | | (10,208) |

**Desert Healthcare District
CEO Discretionary Fund
July through January 2025**

| Date | Name | Memo | Amount |
|--------------------------------------|---|--|----------------|
| 6325 - CEO Discretionary Fund | | | |
| 07/30/2024 | Codex Creation Committee (RWLM) | 2024 Run With Los Muertos Community Sponsorship | 1,000 |
| 07/30/2024 | Transgender Health and Wellness Center | Silver Flame Sponsorship for Transgender Day of Remembrance - November 20, 2024 | 1,000 |
| 08/06/2024 | Riverside County Physician's Memorial Fdn | Silver Sponsorship for 14th Annual Caring for Our Future Medical Scholarship Fundraiser - October 30, 2024 - Approved by Board President | 3,000 |
| 08/12/2024 | The LGBTQ Community Center | Patron Sponsor for 2024 Center Stage Event - October 19, 2024 - Board President approved | 5,000 |
| 08/13/2024 | UC Riverside Foundation | UCR SOM 2024 Celebration of Medical Education Gala - Friend Sponsor | 2,500 |
| 08/13/2024 | Lift To Rise | \$2,500 sponsorship for Lift To Rise's 2nd annual Community Investment Awards | 2,500 |
| 08/15/2024 | Coachella Valley Economic Partnership | Silver Sponsorship for CVEP 2024 Greater Palm Springs Summit - November 19, 2024 - Board President approved | 5,000 |
| 08/22/2024 | Inland Coalition on Aging | Silver Sponsorship for Inland Coalition on Aging Conference - September 27, 2024 | 500 |
| 08/28/2024 | Boo2Bullying | Silver Sponsorship for 2nd Annual Kick Bullying To The Curb event - September 28, 2024 | 1,000 |
| 10/23/2024 | Codex Creation Committee (RWLM) | 2024 Run With Los Muertos Community Sponsorship - Addendum Payment #2 | 2,000 |
| 10/23/2024 | ABC Recovery Center, Inc. | ABC Recovery Center Bronze Sponsor \$2,500 Oasis of Hope Gala November 1, 2024 | 2,500 |
| 10/23/2024 | Cove Communities Senior Association | Cody Sponsor - Season Kickoff Cocktail Reception Fundraiser November 1, 2024 | 2,500 |
| 11/12/2024 | Inland Caregiver Resource Center | Inland Caregiver Resource Center Caregiver Appreciation Month Silver Sponsor \$500 November 30, 2024 | 500 |
| 11/13/2024 | Latino Medical Student Association | Latino Medical Student Association - West Region Table Sponsor Gala Sponsorship \$2,000 February 7-8, 2025, at UCR Medical | 2,000 |
| 11/13/2024 | Parkinsons Resource Organization Inc | Silver Sponsor \$2500 - Parkinson's Today: An Educational Symposium February 8, 2025, at UCR Palm Desert Campus | 2,500 |
| 11/25/2024 | U.S. Bank | EzCater - sponsorship of Coachella Valley Women Leaders Luncheon - November 14, 2024 - Coachella, CA | 749 |
| 11/26/2024 | Alianza Coachella Valley | Celebrando Nuestro Impacto January 30, 2025 - Awards Sponsor \$5,000 - Board Approved | 5,000 |
| 11/26/2024 | Jewish Family Service of the Desert | Jewish Family Services of the Desert 22nd Annual Patron Party December 8, 2024 - \$5,000 Sponsorship - Board Approved | 5,000 |
| 11/26/2024 | Brothers of the Desert | Brothers of the Desert 6th Annual Wellness Summit March 22, 2025, - Organization Champion Sponsorship \$5,000 - Board Approved | 5,000 |
| 12/11/2024 | Variety of the Desert | Women of Wonder Luncheon Sponsorship - Cat Woman Level \$2,500 - January 31, 2025 | 2,500 |
| 12/17/2024 | Cove Communities Senior Association | The Joslyn Center Cafe Noir Wine and All That Jazz Double Indemnity Sponsor - December 17, 2024 - Board approved | 10,000 |
| 12/17/2024 | College of the Desert Foundation | Stepping Out for COD 2025 Ruby Sponsor - December 17, 2024 - Board Approved | 10,000 |
| 12/17/2024 | DAP Health | Steve Chase Humanitarian Awards -Supporting Sponsor - December 17, 2024, Board Approved | 12,500 |
| 12/17/2024 | California Farmworker Foundation | California Farmworkers Foundation Dia De La Familia event Silver Sponsor - December 17, 2024 Board Approved | 5,000 |
| 12/17/2024 | The Don't Mind Me Foundation | The Don't Mind Me Foundation Mental Health Gala Friend Sponsor - December 17, 2024 - Board Approved | 5,000 |
| 12/19/2024 | Desert Arc | Desert Arc Champions Of Change Seventh Annual Recognition Awards Luncheon Gold Sponsor \$1,500 - February 06, 2025 | 1,500 |
| 12/19/2024 | JFK Memorial Foundation | Ophelia Project Luncheon Sponsorship April 2025 Patron Sponsors \$2,500 | 2,500 |
| 01/27/2025 | Cove Communities Senior Association | Wine & All that Jazz: Cafe Noir Joclyn Senior Center Donation January 14, 2025 - \$5,000 | 5,000 |
| 01/28/2025 | Boys & Girls Club of Coachella Valley | Grand Auction 2025 General Admission Table of 10, March 8, 2025 - \$2,000 | 2,000 |
| 01/28/2025 | OneFuture Coachella Valley | Ninth Annual The Future is Ours Sponsorship Community - Community Sponsor Champion, March 21, 2025 - \$5,000 | 5,000 |
| TOTAL | | | 110,249 |



MEMORANDUM

DATE: February 11, 2025
 TO: Finance & Administration Committee
 RE: Retirement Protection Plan (RPP)

Current number of participants in Plan:

| | <u>December</u> | <u>January</u> |
|---|-----------------|----------------|
| Active – still employed by hospital | 57 | 56 |
| Vested – no longer employed by hospital | 47 | 48 |
| Former employees receiving annuity | <u>6</u> | <u>6</u> |
| Total | <u>110</u> | <u>110</u> |

The outstanding liability for the RPP is approximately **\$2.6M** (Actives - \$1.3M and Vested - \$1.3M). US Bank investment account balance \$4.4M. Per the June 30, 2024, Actuarial Valuation, the RPP has an Overfunded Pension Asset of approximately **\$1.7M**.

The payouts, excluding monthly annuity payments, made from the Plan for the seven months ended January 31, 2025, totaled approximately **\$66K**. Monthly annuity payments (6 participants) total **\$903** per month.

| DESERT HEALTHCARE DISTRICT | | | | | | | | | |
|---|--|-----------------------------|---------------------|----------------------|--------------------------------|---------------------------------|---------------------|---------------------|--|
| OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE | | | | | | | | | |
| January 31, 2025 | | | | | | | | | |
| TWELVE MONTHS ENDING JUNE 30, 2025 | | | | | | | | | |
| Grant ID Nos. | Name | Approved Grants - Prior Yrs | 6/30/2024 Bal Fwd | Current Yr 2024-2025 | Total Paid Prior Yrs July-June | Total Paid Current Yr July-June | Open BALANCE | | |
| 2014-MOU-BOD-11/21/13 | Memo of Understanding CVAG CV Link Support | \$ 10,000,000 | \$ 1,650,000 | | \$ - | | \$ 1,650,000 | | |
| 2022-1325-BOD-06-28-22 | Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs. | \$ 150,000 | \$ 15,000 | | \$ (3,063) | | \$ 18,063 | | |
| | Unexpended funds Grant #1325 | | | | | | \$ (18,063) | | |
| 2022-1327-BOD-06-28-22 | Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs. | \$ 50,000 | \$ 5,000 | | \$ 332 | | \$ 4,668 | | |
| | Unexpended funds Grant #1327 | | | | | | \$ (4,668) | | |
| 2022-1328-BOD-06-28-22 | EI Sol - Expanding Access to Educational Resources for Promotoras - 2 Yrs. | \$ 150,000 | \$ 15,000 | | \$ 12,032 | | \$ 2,968 | | |
| | Unexpended funds Grant #1328 | | | | | | \$ (2,968) | | |
| 2022-1331-BOD-06-28-22 | Pueblo Unido - Improving Access to Behavioral Health Education & Prevention Services - 2 Yrs. | \$ 50,000 | \$ 5,000 | | \$ 5,000 | | \$ - | | |
| 2022-1324-BOD-07-26-22 | Galilee Center - Our Lady of Guadalupe Shelter - 2 Yrs. | \$ 100,000 | \$ 10,000 | | \$ 10,000 | | \$ - | | |
| 2022-1332-BOD-07-26-22 | Allianza CV - Expanding & Advancing Outreach Through Increasing Capacity Development - 2 Yrs. | \$ 100,000 | \$ 10,000 | | \$ - | | \$ 10,000 | | |
| 2022-1329-BOD-09-27-22 | DPMG - Mobile Medical Unit - 3 Yrs. | \$ 500,000 | \$ 252,458 | | \$ 47,325 | | \$ 205,133 | | |
| 2022-1358-BOD-10-25-22 | Foundation for Palm Springs Unified School District - School-Based Wellness Center Project - 1 Yr. | \$ 110,000 | \$ 60,500 | | \$ 49,500 | | \$ 11,000 | | |
| 2022-1362-BOD-10-25-22 | Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 Yrs. | \$ 160,000 | \$ 16,000 | | \$ 16,000 | | \$ - | | |
| 2022-1326-BOD-12-20-22 | TODEC - TODEC's Equity Program - 2 Yrs. | \$ 100,000 | \$ 55,000 | | \$ 45,000 | | \$ 10,000 | | |
| 2022-1330-BOD-12-20-22 | OneFuture Coachella Valley - Building a Healthcare Workforce Pipeline - 2 Yrs. | \$ 605,000 | \$ 196,625 | | \$ 136,125 | | \$ 60,500 | | |
| 2023-1333-BOD-01-24-23 | Organizacion en California de Lideres Campesinas - Healthcare Equity for ECV Farmworker Women - 2 Yrs. | \$ 150,000 | \$ 48,750 | | \$ 33,750 | | \$ 15,000 | | |
| 2023-1363-BOD-01-24-23 | Pegasus Riding Academy - Pegasus Equine Assisted Therapy - 1 Yr. | \$ 60,092 | \$ 6,012 | | \$ 1,593 | | \$ 4,419 | | |
| | Unexpended funds Grant #1363 | | | | | | \$ (4,419) | | |
| 2023-1391-BOD-05-23-23 | Lift To Rise - Driving Regional Economic Stability Through Collective Impact - 3 Yrs. | \$ 900,000 | \$ 630,000 | | \$ 202,500 | | \$ 427,500 | | |
| 2023-1392-BOD-05-23-23 | Galilee Center - Galilee Center Extended Shelter - 1 Yr. | \$ 268,342 | \$ 26,834 | | \$ 26,834 | | \$ - | | |
| 2023-1393-BOD-06-27-23 | DAP Health - DAP Health Expands Access to Healthcare - 1 Yr. | \$ 1,025,778 | \$ 102,578 | | \$ 102,578 | | \$ - | | |
| 2023-1389-BOD-07-25-23 | Step Up on Second Street - Step Up's ECM/ILOS Programs in the Coachella Valley - 1 Yr. | \$ 64,401 | \$ 35,421 | | \$ 35,421 | | \$ - | | |
| 2023-1394-BOD-07-25-23 | CSU San Bernardino Palm Desert Campus Nursing Street Medicine Program - 1 Yr. | \$ 73,422 | \$ 7,342 | | \$ 6,290 | | \$ 1,052 | | |
| | Unexpended funds Grant #1394 | | | | | | \$ (1,052) | | |
| 2023-1400-BOD-09-26-23 | Desert Arc - Desert Arc Health Care Program - 1 Yr. | \$ 291,271 | \$ 94,663 | | \$ 94,663 | | \$ - | | |
| 2023-1404-BOD-09-26-23 | Martha's Village and Kitchen - Homeless Housing & Wrap-Around Services Expansion - 2 Yrs. | \$ 369,730 | \$ 203,352 | | \$ 83,189 | | \$ 120,163 | | |
| 2023-1405-BOD-09-26-23 | Variety Children's Charities of the Desert - Expansion of Core Programs & Services - 1Yr. | \$ 120,852 | \$ 12,086 | | \$ 12,086 | | \$ - | | |
| | Unexpended funds Grant#1405 | | | | | | \$ - | | |
| 2023-1408-BOD-10-24-23 | Coachella Valley Volunteers In Medicine - Ensuring Access to Healthcare - 1 Yr. | \$ 478,400 | \$ 155,480 | | \$ 107,640 | | \$ 47,840 | | |
| 2023-1410-BOD-10-24-23 | Allianza Nacional de Campesinas, Inc. - Coachella Valley Farmworkers Food Distribution - 1 Yr. | \$ 57,499 | \$ 5,749 | | \$ - | | \$ 5,749 | | |
| 2023-1413-BOD-10-24-23 | Voices for Children - Court Appointed Special Advocate Program - 1 Yr. | \$ 81,055 | \$ 8,107 | | \$ - | | \$ 8,107 | | |
| 2023-1412-BOD-10-24-23 | DPMG - DPMG Health Community Medicine - 2 Yrs. | \$ 1,057,396 | \$ 876,622 | | \$ 135,185 | | \$ 741,437 | | |
| 2023-1403-BOD-12-19-23 | Vision To Learn - Palm Desert & Coachella Valley VTL Program - 1 Yr. | \$ 50,000 | \$ 27,500 | | \$ 22,500 | | \$ 5,000 | | |
| 2023-1419-BOD-12-19-23 | Blood Bank of San Bernardino/Riverside Counties - LifeStream's Attracting New Donors Initiative - 1 Yr. | \$ 104,650 | \$ 57,558 | | \$ - | | \$ 57,558 | | |
| 2023-1420-BOD-12-19-23 | Braille Institute of America - Low Vision Telehealth Services - 1Yr. | \$ 36,697 | \$ 20,183 | | \$ 16,514 | | \$ 3,669 | | |
| 2023-1421-BOD-12-19-23 | Olive Crest - General Support for Counseling & Mental Health Services to Vulnerable Children & Families - 2 Yrs. | \$ 359,594 | \$ 278,686 | | \$ 80,908 | | \$ 197,778 | | |
| 2024-1429-BOD-02-27-24 | Desert Cancer Foundation - Patient Assistance Program & Community Outreach - 1 Yr. | \$ 163,750 | \$ 90,063 | | \$ 73,687 | | \$ 16,376 | | |
| 2024-1432-BOD-04-23-24 | Variety Children's Charities of the Desert - Outreach & Future Program Expansion - 2Yrs. | \$ 102,949 | \$ 79,786 | | \$ 23,163 | | \$ 56,623 | | |
| 2024-1437-BOD-04-23-24 | Youth Leadership Institute - Community Advocates for Resilient Emotional Safety - 2 Yrs. | \$ 100,000 | \$ 77,500 | | \$ - | | \$ 77,500 | | |
| 2024-1441-BOD-04-23-24 | DAP Health - DAP Health Community Health Workers Build Community Connections - 2 Yrs. | \$ 125,000 | \$ 96,875 | | \$ - | | \$ 96,875 | | |
| 2024-1443-BOD-04-23-24 | Voices for Children - Court Appointed Special Advocate Program - 2 Yrs. | \$ 60,000 | \$ 46,500 | | \$ 21,607 | | \$ 24,893 | | |
| 2024-1445-BOD-04-23-24 | The Joslyn Center - Increasing Behavioral Health Access & Social Connectedness - 2 Yrs. | \$ 200,000 | \$ 155,000 | | \$ - | | \$ 155,000 | | |
| 2024-1452-BOD-04-23-24 | EI Sol - Coachella Valley Community Assistance, Resources, & Empowerment Services - 2 Yrs. | \$ 200,000 | \$ 155,000 | | \$ - | | \$ 155,000 | | |
| 2024-1453-BOD-04-23-24 | Vision y Compromiso - Cultivando Community Connections - 2 Yrs. | \$ 199,914 | \$ 154,934 | | \$ - | | \$ 154,934 | | |
| 2024-1455-BOD-04-23-24 | Angel View - Outreach Program to Reduce Social Isolation & Loneliness - 2 Yrs. | \$ 86,250 | \$ 66,844 | | \$ - | | \$ 66,844 | | |
| 2024-1460-BOD-05-28-24 | ABC Recovery Center - Nursing Care and Prescription Medications - 1 Yr. | \$ 150,134 | \$ 82,574 | | \$ - | | \$ 82,574 | | |
| 2024-BOD-06-25-24 | Carry over of remaining Fiscal Year 2023/2024 Funds* | \$ 305,939 | \$ 305,939 | | \$ 305,939 | | \$ - | | |
| 2024-1469-MINI-08-01-24 | The Bridges 2 Hope - Mini-Grant - 1 Yr. | | | \$ 10,000 | | \$ 10,000 | \$ - | | |
| 2024-1473-MINI-08-14-24 | Theresa A. Mike Scholarship Foundation - Mini-Grant - 1 Yr. | | | \$ 10,000 | | \$ 10,000 | \$ - | | |
| 2024-1465-BOD-09-30-24 | UCR - Increasing Access to Primary Care for Latinx and Indigenous Latin American Patients in the CV - 2 Yrs. | | | \$ 228,863 | \$ 51,494 | \$ 177,369 | \$ - | | |
| 2024-1472-BOD-09-30-24 | Riverside County Office of Education Alternative Education - Cross County Support: Mental Health for CV Students - 1 Yr. | | | \$ 199,874 | \$ 89,943 | \$ 109,931 | \$ - | | |
| 2024-1476-BOD-12-17-24 | Desert Arc - Desert Arc Health Care Program - 1Yr. | | | \$ 139,495 | \$ 62,773 | \$ 76,722 | \$ - | | |
| 2024-1485-BOD-12-17-24 | OneFuture Coachella Valley - RN Expansion Project - 2 Yrs. | | | \$ 374,900 | \$ 175,000 | \$ 199,900 | \$ - | | |
| 2024-1494-MINI-01-23-25 | California CareForce - 2025 Riverside Free Healthcare Clinic | | | \$ 10,000 | \$ 10,000 | \$ - | \$ - | | |
| TOTAL GRANTS | | \$ 19,318,115 | \$ 6,198,521 | \$ 973,132 | \$ 1,704,298 | \$ 409,210 | \$ 5,026,975 | | |
| Amts available/remaining for Grant/Programs - FY 2024-25: | | | | | | | | | |
| Amount budgeted 2024-2025 | | | \$ 5,000,000 | | | | | | |
| Amount granted YTD: | | | \$ (973,132) | | | | | | |
| Financial Audits of Non-Profits; Organizational Assessments; | | | \$ - | | | | | | |
| Net adj. - Grants not used: FY 2023-2024 Carry Over Funds; 1325; 1327; 1328; 1363; 1394 | | | \$ 337,109 | | | | | | |
| Matching external grant contributions | | | \$ - | | | | | | |
| Balance available for Grants/Programs | | | \$ 4,363,977 | | | | | | |
| | | | | | | | Total | \$ 5,026,975 | |
| | | | | | | | | \$ (0) | |



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: February 25, 2025
To: Board of Directors
Subject: Consideration to Amend FY 2024-2025 Budget to include a \$75,000 line for sponsorships

Staff Recommendation: Consideration to amend the FY 2024-2025 budget to include a \$75,000 line for sponsorships.

Background:

- Sponsorships have previously been expensed under the CEO Discretionary Fund.
- Policy #OP-17 was drafted to provide guidance for sponsorships.
- Staff would like to request an amendment to the current FY 2024-2025 budget to add a \$75,000 budget line for sponsorships to cover the remainder of the fiscal year.
- At the February 11, 2025, Finance & Administration Committee meeting, the Committee recommended forwarding the request to the full Board for approval.

Fiscal Impact:

The proposed amendment would decrease the budgeted net income to \$896,994.



Date: February 25, 2025

To: Board of Directors

Subject: Healthy Desert, Healthy You: Environmental Health Summit
2025 Budget

Staff Recommendation: Consideration to approve the: draft Healthy Desert, Healthy You: Environmental Health Summit 2025 budget, Hocker Productions contract, and Group Sales Agreement with The Westin in Rancho Mirage.

Background:

- The 2025 Environmental Health Summit will include a one-day conference on Thursday September 11th followed the next day, Friday, September 12th, with half-day tours to agencies that are promoting environmental health, producing renewable energy, and/or conserving the environment.
- The 2025 draft budget, Hocker Productions contract, and Group Sales Agreement with the Westin in Rancho Mirage are attached for review.
- The execution of the Group Sales Agreement, which commits to utilizing 10 rooms at group room rates and waived meeting room rentals with food and beverage minimum purchase of \$25,000, will secure the location needed for the event.
- At the February 11, 2025, Finance & Administration Committee meeting, the Committee recommended forwarding the documents for approval by the full board.
- Staff recommends approval of the draft budget, Hocker Productions contract, and Group Sales Agreement with the Westin in Rancho Mirage.

Fiscal Impact:

The estimated fiscal impact of the event is approximately \$180,000, which will be offset by sponsorship revenue and included in the FY 2025-2026 fiscal budget.

| Desert Healthcare District & Foundation Environmental Health Summit Line-Item Budget, Thursday, September 11 & Friday, September 12, 2025 | | |
|--|----|------------------------------|
| | | Projected Budget 2025 |
| REVENUE | | |
| Presenting Sponsor: \$100,000 | | |
| Desert Healthcare District | | 100,000.00 |
| Health Sponsor: \$20,000 | | |
| Desert Care Network | | 25,000.00 |
| First 5 Riverside | \$ | 20,000.00 |
| Silver Sponsor: \$5,000 | | |
| Agua Caliente Band of Cahuilla Indians | | |
| Grace Helen Spearman Foundation | \$ | 5,000.00 |
| Eisenhower | \$ | 5,000.00 |
| IEHP - Chris to E-mail Jared | \$ | 5,000.00 |
| Molina Health | \$ | 5,000.00 |
| RAP Foundation | \$ | 5,000.00 |
| Riverside County Supervisors | \$ | 5,000.00 |
| UCR Riverside | \$ | 5,000.00 |
| South Coast Air Quality Management | \$ | 5,000.00 |
| Care: \$2,500 | | |
| City of La Quinta | \$ | 2,500.00 |
| City of Palm Desert | \$ | 2,500.00 |
| City of Palm Springs | \$ | 2,500.00 |
| City of Rancho Mirage | \$ | 2,500.00 |
| Diversity Sponsors: \$1,500 | | |
| Palm Springs Disposal | \$ | 1,000.00 |
| Sun Community Federal Credit Union | \$ | 1,000.00 |
| TOTAL SPONSORS | | |
| | | 197,000.00 |
| TOTAL REVENUE | | |
| | | 197,000.00 |
| SPEAKERS/AUDIO VISUAL / ASL & SPANISH INTERPRETORS | | |
| Keynote Speaker | | 7,000.00 |
| Keynote Speaker #2 | | 5,000.00 |

Desert Healthcare District and Foundation Summit Budget
Thursday, September 11 Friday, September 12, 2025

| | | | |
|--|--|--|-------------------|
| | Food and Beverage | | 35,000.00 |
| | Service Charge | | 8,750.00 |
| | Tax | | 2,625.00 |
| | Subtotal | | 46,375.00 |
| | Westin Mission Hills- Encore Event Technologies Audio/Visual (Ethernet Line, Power to stages, Pipe and Drape for stages) | | \$7,903.00 |
| | Encore AV Tax | | 435.30 |
| | Westin Mission Hills- 7 total room nights (Includes Tax) | | \$2,200.00 |
| | Subtotal | | 10,538.30 |
| | | | |
| | TOTAL WESTIN CATERING & EVENT RENTAL | | 56,913.30 |
| | | | |
| | MEDIA COSTS | | |
| | KESQ News Channel 3 - TV - Media Partner | | 1,500.00 |
| | Telemundo - Media Partner | | 1,000.00 |
| | La Poderosa - Media Partner | | 500.00 |
| | NBC Palm Springs / Entravision - Media Partner | | 1,500.00 |
| | Palm Springs Post - Media Partner | | 1,000.00 |
| | CV Independent - Media Partner | | 1,000.00 |
| | "Pico de Gallo" w/ Marcos Palma (Telemundo, YouTube & EI Informador (requested by Will Dean) | | |
| | | | |
| | TOTAL MEDIA EXPENSE | | 6,500.00 |
| | | | |
| | EXECUTIVE PRODUCER CONSULTANT FEE | | |
| | Hocker Productions | | 45,000.00 |
| | | | |
| | TOTAL CONSULTANT EXPENSES | | 45,000.00 |
| | | | |
| | CONTINGENCY | | 20,000.00 |
| | | | |
| | TOTAL ALL EVENT EXPENSES | | 179,463.15 |
| | | | |
| | | | |
| | TOTAL ALL EVENT REVENUE (Projected) | | 197,000.00 |
| | | | |
| | PROFIT/LOSS | | 17,536.85 |



Public Relations, Branding, Strategic Marketing & Events

Proposal Date: February 7, 2025

Client: Desert Healthcare District and Foundation (DHCDF)
Project: Environmental Health Summit
Length of Project: March 1, 2025 – September 30, 2025
Contracted Fee: \$45,000

GOALS & OUTCOMES:

- Develop line-item budget.
- Increase the number of new, while retaining existing partners and sponsors to help underwrite the cost of producing the event.
- Work in coordination with Will Dean, Director of Communications and Marketing to build the visibility and understanding of its purpose/mission of the DHCDF to provide awareness of its programs and funding initiatives as part of the symposium.
- Work with all vendors to get best available pricing for all production elements (staging, lighting/sound, signage, catering, speakers etc.).
- Solicit and book Keynote speakers and session speakers and moderators for the summit and do post event thank you correspondence with milestones and photos.
- Coordinate tours and transportation for Friday, September 12.

SCOPE OF SERVICES:

Hocker Productions as project Executive Producer (Contractor - HP) will oversee and produce all aspects of the Environmental Health Summit in conjunction with DHCDF and sub-committees.

DHCD Summit & Tours:

**Thursday, September 11 (8:00AM – 5:00PM)
and Friday, September 12 (8:00AM – 1:00PM)**

- Attendance: 300-500 on Thursday and 100 on Friday per day (Free and open to the public)
- Work with Will Dean and oversee and contract all vendors including: Westin Mission Hills (DHCDF to sign), staging, lighting, sound, signage, and registration
- Work with sub-committees on production schedule, speakers, sponsors and media and volunteers.
- Work with team to develop video, photography, signage, banners etc.
- Showcase DHCDF Mobile Clinics at event.



Public Relations, Branding, Strategic Marketing & Events

- **Hocker Productions graphic designer/team:** Event collateral including: badges, general flyers and tour flyers, pre-event graphics and templates for social media and website for promotion of sponsors and speakers, onsite signage, and T-shirts. Create templates for the above that can be replicated. For example, once a social media announcement for a panelist is created, we can input new text and a photo for each panelist and then post/share.

While producing the event, we will always keep the DHCDF Mission Statement and Vision Statement in mind and relevant in all messaging and key components.

Mission Statement: “To Achieve optimal health at all stages of life for all District residents.”

Vision Statement: “Equitably connecting Coachella Valley residents to health and wellness services and programs through resources and philanthropy, health facilities, information and community education and public policy.”

COMPENSATION:

The term of this contract is from March 1, 2025 – September 30, 2025. DHCDF agrees to pay Hocker Productions (Contractor – HP) a contracted amount of \$45,000.00 payable in four payments of \$11,250, which will be invoiced each month. Payment schedule as follows (April, June, August, September)

DHCDF would hire Contractor for services required to perform production services and support efforts by DHCD team.

The following responsibilities/expenses WOULD NOT be included in the fees to Contractor:

- Creative Development: This would be any graphic design services in the production of the brochures, advertising, programs, posters, invitations, website etc. These costs would be part of a line item budget and would be reviewed with the staff prior to expenditure.
- Cost of media buys (advertising).



Public Relations, Branding, Strategic Marketing & Events

Jeff Hocker, Owner/Executive Producer
Hocker Productions

Chris Christensen, CEO
Desert Healthcare District and Foundation

Date

Date

THE WESTIN

RANCHO MIRAGE
GOLF RESORT & SPA

GROUP SALES AGREEMENT

DESCRIPTION OF GROUP AND EVENT

The following represents an agreement between The Westin Rancho Mirage Golf Resort & Spa, 71333 Dinah Shore Drive, Rancho Mirage, CA, 92270, (760) 328-5955 and Desert Healthcare District & Foundation.

ORGANIZATION: Desert Healthcare District & Foundation
CONTACT:
Name: Chris Christensen
Street Address: 1140 North Indian Canyon Drive, Palm Springs, CA 92262
Phone Number: (760) 323-6365
E-mail Address: cchristensen@dhcd.org

NAME OF EVENT: Desert Healthcare District & Foundation Sept11,2025
REFERENCE #: M-UKCCZ5X
OFFICIAL PROGRAM DATES: Thursday, September 11 - Friday, September 12, 2025

GUEST ROOM COMMITMENT/GROUP ROOM RATES

The Hotel agrees that it will provide, and Desert Healthcare District & Foundation agrees that it will be responsible for utilizing, 10 room nights in the pattern set forth below (such number and such pattern, the "Room Night Commitment"):

| Date | Day | Run of House | Total Rooms |
|---------|-----------|--------------|-------------|
| 9/11/25 | Wednesday | 5 | 5 |

| Start Date | End Date | Room Type | Rate |
|------------|----------|--------------|-------|
| 9/11/25 | 9/12/25 | Run of House | \$204 |

Hotel's room rates are subject to applicable state and local taxes (currently 13.25%) in effect at the time of check-out.

SPECIAL CONCESSIONS

- Reduced Resort Fee of \$25
- Waived Meeting Room Rental with Food and Beverage Minimum of \$25,000
- Complimentary Onsite Event Parking

RESORT FEE

Room rates will be subject to a non-commissionable daily resort fee of \$25.00 per room per night. This fee will cover several amenities, which include:

- High Speed Wi-Fi access in Guestrooms and Meeting Room Wi-Fi access (for general browsing up to 3 MPS)
- Daily Social Hour in Pinz & Pints from 4:30pm-5:30pm featuring house wine, domestic beer and batch craft cocktails
- Two Games of Duck Pin Bowling
- Daily In Room Bottled Water
- Access to Little Links Miniature Golf Course
- Pete Dye golf practice facility (rental clubs not included)
- Golf bag storage at Pete Dye clubhouse (2 bags)
- Access to Westin Workout Fitness Studio
- Two-hour bike rental per stay for up to 2 guests

Desert Healthcare District & Foundation will clearly and conspicuously disclose the resort fee to its attendees in writing. Desert Healthcare District & Foundation is solely and fully responsible for informing its attendees of these charges, and that they are separate and distinct from and in addition to the room rate and from taxes. Desert Healthcare District & Foundation will not combine these charges into any category such as taxes or room rate. Should any attendee object to paying the resort fee because of inadequate notice of the fee, the amount of the fee to which such attendee objects will be posted to Hocker Production's master account.

METHOD OF RESERVATIONS

Hotel is pleased to offer the use of our online group reservations system powered by Passkey. All reservations will be made, modified or canceled by individuals on-line at a URL to be established by Hotel or by calling Marriott's Reservations toll free number to be established after enabling Passkey. It is the responsibility of Desert Healthcare District & Foundation to publish and provide this information to potential attendees through the planner's meeting website or through email. Desert Healthcare District & Foundation shall be responsible for publishing the URL for all potential attendees. The Group Rate is guaranteed for reservations made on or before, **August 14, 2025** the Cutoff Date. Any reservations made after the Cut-off Date shall be at the Hotels then current available rate.

Hotel will supply a username and password to provide you with 24/7 online access to your group's information and reports.

BILLING ARRANGEMENTS

The following billing arrangements apply: Individual to pay all charges (cash-paying guests may be asked to leave a cash or credit card deposit to guarantee payment).

PAYMENT BY CREDIT CARD OR COMPANY CHECK

Desert Healthcare District & Foundation must pay their portion of its obligation by credit card or company check. If company check is the method of payment, Desert Healthcare District & Foundation must still provide credit card information, and the check must be received ten (10) business days prior to arrival for the full estimated revenue due.

Prior to the execution of this agreement Desert Healthcare District & Foundation shall provide hotel with credit card authorization information even if payment is via company check. A Credit Card Information Request e-mail will be sent to the e-mail address provided by Desert Healthcare District & Foundation.

Desert Healthcare District & Foundation agrees that the Hotel may charge to this credit card any payment as required under this Group Sales Agreement.

PHISHING

Please be aware that bad actors can impersonate Hotel employees. Group should never rely solely on contact information sent in an email or respond directly to any email requesting a bank account information change. If Group receives a request from Hotel regarding bank account information, Group should contact the Hotel via verified phone number or in person to confirm the request prior to providing such information.

ADVANCE PAYMENT

An advance payment of \$6,250.00 will be required in order to hold arrangements on a definite basis. This advance payment is due at contract signing and will be credited toward the Master Account.

| Type | Due Date | Amount |
|-------------------------|-----------------------|---------------------------|
| 1 st Deposit | Upon Contract Signing | \$6,250.00 |
| 2 nd Deposit | April 18, 2025 | \$6,250.00 |
| 3 rd Deposit | July 18, 2025 | \$6,250.00 |
| By or Before | August 15, 2025 | 100% of Estimated Charges |

FUNCTION INFORMATION AGENDA/EVENT AGENDA

Based on the requirements outlined by Desert Healthcare District & Foundation, the Hotel has reserved the function space set forth on the below Function Information Agenda/Event Agenda.

| Date | Day | Start | End | Function Type | Setup | #ppl | Rental | Function Space |
|------------|-----|---------|----------|---------------|------------|------|--------|----------------|
| 9/10/2025 | Wed | 5:00 PM | 11:59 PM | Set up | Theater | 500 | Waived | Ambassador |
| 09/11/2025 | Thu | 8:00 AM | 5:00 PM | Meeting | Conference | 10 | Waived | Moroccan |
| 09/11/2025 | Thu | 8:00 AM | 5:00 PM | Meeting | Theater | 500 | Waived | Ambassador |

| Date | Day | Start | End | Function Type | Setup | #ppl | Rental | Function Space |
|------------|-----|---------|---------|---------------|--------|------|--------|----------------|
| 09/11/2025 | Thu | 6:00 PM | 8:00 PM | Reception | Rounds | 500 | Waived | Ambassador |
| 09/12/2025 | Fri | 8:00 AM | 9:00 AM | Breakfast | Rounds | 150 | Waived | Ambassador |

All meeting room rental, food and beverage, and related services are subject to applicable taxes (currently 7.75%) and a F&B Staff Charge (currently 11%) and F&B House Charge (currently 14%) in effect on the date(s) of the event.

DAMAGE TO FUNCTION SPACE

Desert Healthcare District & Foundation agrees to pay for any damage to the function space that occurs while Desert Healthcare District & Foundation is using it. Desert Healthcare District & Foundation will not be responsible, however, for ordinary wear and tear or for damage that it can show was caused by persons other than Desert Healthcare District & Foundation and its attendees.

MINIMUM BANQUET FOOD AND BEVERAGE REVENUE REQUIREMENT

Desert Healthcare District & Foundation agrees to a minimum banquet food and beverage revenue of \$25,000.00, exclusive of tax and service charge (the “Minimum Banquet Food and Beverage Revenue”). If the actual banquet food and beverage revenue is less than the Minimum Banquet Food and Beverage Revenue, one hundred percent (100%) of the difference will be posted to the Master Account. Desert Healthcare District & Foundation shall provide Hotel with 72 hours advance notice of the date(s), time(s), and number of covers with respect to each function it wishes to schedule for the Event.

CURRENT CATERING MINIMUM RATES

Hotel’s 2025 minimum catering prices are as follows:

| | |
|--------------------------------------|-----------------------------|
| Continental Breakfast: | \$32.00++ per person |
| Buffet Lunch: | \$48.00++ per person |
| Plated Dinner: | \$90.00++ per person |
| Buffet Dinner | \$124.00++ per person |
| Coffee Break: | \$24.00++ per person |
| Cocktail Reception (Beverages only): | \$30.00 per person per hour |
| Light Reception (Food only) | \$24.00++ per person |

These quotations do not include any applicable tax (currently at 7.75%), and a 25% service charge.

Catering minimums will not exceed a 5% increase year over year*

OUTSIDE FOOD AND BEVERAGE POLICY

All food and beverages served at functions associated with the Event must be provided, prepared, and served by Hotel, and must be consumed on Hotel premises.

CANCELLATION

Desert Healthcare District & Foundation agrees that it will provide a Minimum Banquet Food and Beverage Revenue of \$25,000.00 (exclusive of applicable service charges and taxes) for the Event.

In the event of a group cancellation occurring from the Date of this Agreement to four (4) business days prior to the Event(s), liquidated damages in the amount of eighty percent (80%) of the Minimum Banquet Food and Beverage Revenue will be due, plus applicable taxes.

In the event of a group cancellation within three (3) business days of the Event(s), liquidated damages in the amount of one hundred percent (100%) of the Minimum Banquet Food and Beverage Revenue and Total Meeting Room Rental will be due, plus applicable taxes.

IMPOSSIBILITY

The performance of this Agreement is subject to termination without liability upon the occurrence of any circumstance beyond the control of either party – such as acts of God, war, acts of terrorism, government regulations, disaster, strikes, civil disorder, or curtailment of transportation facilities – to the extent that such circumstance makes it illegal or impossible for the Hotel to provide, or for groups in general to use, the Hotel facilities. The ability to terminate this Agreement without liability pursuant to this paragraph is conditioned upon delivery of written notice to the other party setting forth the basis for such termination as soon as reasonably practical - but in no event longer than ten (10) days - after learning of such basis.

COMPLIANCE WITH LAW

This Agreement is subject to all applicable federal, state, and local laws, including health and safety codes, alcoholic beverage control laws, disability laws, federal anti-terrorism laws and regulations, and the like. Hotel and Desert Healthcare District & Foundation agree to cooperate with each other to ensure compliance with such laws.

CHANGES, ADDITIONS, STIPULATIONS, OR LINING OUT

Any changes, additions, stipulations or deletions including corrective lining out by either Hotel or Desert Healthcare District & Foundation will not be considered agreed to or binding on the other unless such modifications have been initialed or otherwise approved in writing by the other.

LITIGATION EXPENSES

The parties agree that, in the event litigation relating to this Agreement is filed by either party, the non-prevailing party in such litigation will pay the prevailing party's costs resulting from the litigation, including reasonable attorneys' fees.

LIQUOR LICENSE

Desert Healthcare District & Foundation understands that Hotel's liquor license requires that beverages only be dispensed by Hotel employees or bartenders. Alcoholic beverage service may be denied to those guests who appear to be intoxicated or are underage.

COMPLIANCE WITH EQUAL OPPORTUNITY LAWS

This section describes Marriott's obligations as a U.S. federal contractor. It does not apply to customers that are not part of the U.S. federal government or using funds from the U.S. federal government for this contract.

Marriott shall comply with all applicable laws, statutes, rules, ordinances, codes, orders and regulations of all federal, state, local and other governmental and regulatory authorities and of all insurance bodies applicable to the Hotel premises in performing its obligations under this Agreement.

Marriott (referred to as "contractor" in this section) shall comply with Executive Order 11246, as amended, Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Assistance Act, as amended, which are administered by the United States Department of Labor ("DOL"), Office of Federal Contract Compliance Programs ("OFCCP"). The equal employment opportunity clauses of the implementing regulations, including but not limited to 41 C.F.R. §§ 60.1-4, 60-300.5(a), and 60-741.5(a), are hereby incorporated by reference, with all relevant rules, regulations and orders pertaining thereto. **This contractor and subcontractor shall abide by the requirements of 41 C.F.R. §§ 60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, protected veteran status or disability.**

Marriott also shall comply with Executive Order 13496 and with all relevant rules, regulations and orders pertaining thereto, to the extent applicable. The employee notice clause and all other provisions of 29 C.F.R. Part 471, Appendix A to Subpart A, are hereby incorporated by reference.

To the extent applicable, Marriott shall include the provisions of this section in every subcontract or purchase order so that such provisions shall be binding upon each contractor, subcontractor or vendor performing services or providing materials relating to this Agreement and the services provided pursuant to the terms hereof.

PRIVACY

Marriott International, Inc. ("Marriott") is committed to complying with obligations applicable to Marriott under applicable privacy and data protection laws, including to the extent applicable EU data protection laws. Hotel shall comply with the then-current Marriott Group Global Privacy Statement (the "Privacy Statement," currently available at <http://www.marriott.com/about/privacy.mi>) with respect to any personal data received under this Agreement.

Without limiting the foregoing obligation, Hotel has implemented measures designed to: (1) provide notice to individuals about its collection and use of their personal data, including through the Privacy Statement; (2) use such personal data only for legitimate business purposes; (3) provide means by which individuals may request to review, correct, update, suppress, restrict or delete or port their personal data, consistent with applicable law; (4) require any service providers with whom personal data is shared to protect the confidentiality and security of such data; and (5) use technical and organizational

measures to protect personal data within its organization against unauthorized or unlawful access, acquisition, use, disclosure, loss, or alteration.

Desert Healthcare District & Foundation will obtain all necessary rights and permissions prior to providing any personal data to Hotel, including all rights and permissions required for Hotel, Hotel affiliates, and service providers to use and transfer the personal data to locations both within and outside the point of collection (including to the United States) in accordance with Hotel's privacy statement and applicable law. Notwithstanding any other provision, Hotel may use an individual's own personal data to the extent directed by, consented to or requested by such individual.

IN-HOUSE EQUIPMENT

Hotel will provide, at no charge, a reasonable amount of meeting equipment (for example, chairs, tables, etc.). These complimentary arrangements do not include special setups or extraordinary formats that would deplete Hotel's present in-house equipment to the point of requiring rental of an additional supply to accommodate Desert Healthcare District & Foundation's needs. If such special setups or extraordinary formats are requested, Hotel will present Desert Healthcare District & Foundation two (2) alternatives: (1) charging Desert Healthcare District & Foundation the rental cost for additional equipment, or (2) changing the extraordinary setup to a standard format, avoiding the additional cost.

TECHNICAL SERVICES

Encore is Hotel's preferred provider for audio/visual needs. Because the use of another provider will necessarily involve the use of some of Hotel's and Encore's equipment and expertise, a fee may be charged if Desert Healthcare District & Foundation selects such a provider.

UNATTENDED ITEMS/ADDITIONAL SECURITY

The Hotel cannot ensure the security of items left unattended in function rooms. Special arrangements may be made with the Hotel for securing a limited number of valuable items. If Desert Healthcare District & Foundation requires additional security with respect to such items or for any other reason, the Hotel will assist in making these arrangements. All security personnel to be utilized during the Event are subject to Hotel approval.

USE OF OUTSIDE VENDORS

If Group intends to use the services of any vendor unaffiliated with Hotel to provide any services within the Hotel's premises before, during or after the Event (including, without limitation, security companies, decorators, florists and audio-visual service providers), Group shall provide written notice to Hotel at least 60 days before the date of the Event identifying the vendor(s), and the vendor(s) shall not be allowed onto the premises of the Hotel without Hotel's advance written consent and compliance with Hotel's vendor insurance requirements in Exhibit A of this agreement. If Hotel is required under any collective bargaining agreement, requirements contract or any other contract to incur any expense if a particular service provider or set of employees does not perform services that Group wishes to perform itself or to have performed by an outside contractor, then Group shall be responsible for these expenses, which shall be added to the Master Account. Hotel shall require any outside vendor invited to Hotel by Group to sign a release and indemnification of Hotel, in a form provided by Hotel and to provide evidence of insurance reasonably acceptable to Hotel. Hotel will provide Group a copy of its standard form for this purpose upon request. Vendor must add Hotel as Additional Insured where required by sample form provided by Hotel. Additional Terms and Conditions related to Group vendors or contractors included in Exhibit "A" Insurance and Indemnification, attached to this Agreement and to be executed by authorized representative of Desert Healthcare District & Foundation.

PERFORMANCE LICENSES

Desert Healthcare District & Foundation will be solely responsible for obtaining any necessary licenses or permission to perform, broadcast, transmit, or display any copyrighted works (including without limitation, music, audio, or video recordings, art, etc.) that Desert Healthcare District & Foundation may use or request to be used at the Hotel.

MARRIOTT BONVOY EVENTS

Marriott Bonvoy Events provides Points or Miles to eligible Marriott Bonvoy Members who book and hold qualifying meetings and events at Participating Properties.

Approximately ten (10) business days after the conclusion of the Event (provided that the Event is not cancelled and Desert Healthcare District & Foundation has otherwise complied with the material terms and conditions of this Agreement), the Hotel will award Points or Miles to the Member and relevant account identified below. By inserting the airline frequent flyer account information, the recipient elects to receive Miles instead of Points.

Marriott Bonvoy Events is not available in certain circumstances, including (1) for any government employee or official

booking a government event (U.S. government event or non-U.S. government event); (2) for any employee of a state-owned or state-controlled entity (“SOE”) booking an event on behalf of the SOE; or (3) for any other planner or intermediary when booking an event on behalf of a non-U.S. governmental entity or SOE. Hotels in the Asia Pacific region are restricted from awarding Points or Miles to any intermediary booking an event on behalf of any governmental entity or SOE.

GROUP MUST CHECK ONE OPTION BELOW:

- The Contact (as identified on page 1 of this Agreement or the Authorized Signer of this Agreement) is eligible to receive Points or Miles.

Member Name _____

Marriott Bonvoy Membership Number _____

*If Miles are desired instead of Points, please also provide:

Participating airline name _____

Participating airline frequent flyer account number _____

OR

- The Contact (as identified on page 1 of this Agreement or the Authorized Signer of this Agreement) declines or is not eligible to receive Points or Miles and hereby waives the right to receive Points or Miles in connection with the Event.

The individual identified above to receive either Points or Miles may not be changed without such individual’s prior written consent. The number of Points or Miles to be awarded shall be determined pursuant to the Marriott Bonvoy Terms and Conditions (the “Terms and Conditions”), as in effect at the time of award. All Marriott Bonvoy Terms and Conditions apply. The Terms and Conditions are available on-line at <https://www.marriott.com/loyalty/terms/default.mi> and may be changed at the sole discretion of Marriott International, Inc. at any time and without notice. Capitalized terms used in this section have the meanings given to them in the Terms and Conditions.

*Electronic selection – This may be done in Microsoft Word by double-clicking on the above unfilled box, choosing a blackened box, and then clicking “Insert.” Alternatively, one can use the commands “Insert” and “Symbol,” choose the blackened box, and then click “Insert.”

ACCEPTANCE

When presented by the Hotel to Desert Healthcare District & Foundation, this document is an invitation by the Hotel to Desert Healthcare District & Foundation to make an offer. Upon signature by Desert Healthcare District & Foundation, this document will be an offer by Desert Healthcare District & Foundation. Only upon signature of this document by all parties will this document constitute a binding agreement. Unless the Hotel otherwise notifies Desert Healthcare District & Foundation at any time prior to Desert Healthcare District & Foundation’s execution of this document, the outlined format and dates will be held by the Hotel for Desert Healthcare District & Foundation on a first-option basis until **Friday, February 28th, 2025**. If Desert Healthcare District & Foundation cannot make a commitment prior to that date, this invitation to offer will revert to a second-option basis or, at the Hotel’s option, the arrangements will be released, in which case neither party will have any further obligations.

Upon signature by both parties, Desert Healthcare District & Foundation and the Hotel shall have agreed to and executed this Agreement by their authorized representatives as of the dates indicated below.

SIGNATURES

Approved and authorized by Desert Healthcare District & Foundation:

Name: (Print) _____

Title: (Print) _____

Signature: _____

Date: _____

Approved and authorized by Hotel:

Name: (Print) Erinmary Barrett

Title: (Print) Catering Sales Manager

Signature: _____

Date: _____

EXHIBIT "A"

INSURANCE AND INDEMNIFICATION REQUIREMENT

This Agreement is between **The Westin Rancho Mirage Golf Resort and Spa**, (hereinafter "Hotel") and Desert Healthcare District & Foundation (hereinafter "Desert Healthcare District & Foundation"), for the following Event: (hereinafter "Event") effective on 9/11/25 and terminated on 9/11/25.

I. Waiver: Desert Healthcare District & Foundation agrees to waive any claim for damages of any nature whatsoever and to release Hotel, Hotel management company, and their respective owners, officers, directors, employees, agents, representatives, franchisors, and/or licensors from any liability or responsibility whatsoever for any ill-effect, injury, or loss incurred by Desert Healthcare District & Foundation or any third party including, but not limited to, all manner of actions, causes of action, suits, debts, damages, claims, demands, costs, losses and expenses of any type or kind whatsoever, arising from, connected with or related to the Event.

II. Indemnification: Desert Healthcare District & Foundation shall defend, indemnify and hold harmless the Hotel, Hotel management company, and their respective owners, officers, directors, employees, agents, representatives, franchisors, and/or licensors from and against all losses, claims, injuries, damages, demands, payments, suits, actions, recoveries, judgments and expenses, including but not limited to attorneys' fees, from any claim, demand, lawsuit, and/or administrative action of every nature and description arising from the active or passive negligence, willful misconduct, omissions, and/or any action or inaction of the Desert Healthcare District & Foundation, its agent(s), employees or subcontractors, that arises out of the Event, except where caused by the sole negligence of Hotel.

III. Damage to Hotel and Desert Healthcare District & Foundation Property: Desert Healthcare District & Foundation shall be liable for all damage to Hotel property or inventory that arises from any action or inaction of the Desert Healthcare District & Foundation, event participants, guests or visitors, his or her staff or other third parties. Desert Healthcare District & Foundation acknowledges that Hotel is not an insurer, and Desert Healthcare District & Foundation assumes all risk for loss or damage to Desert Healthcare District & Foundation' property.

IV. Insurance: At Hocker Production's expense, Desert Healthcare District & Foundation shall purchase and maintain, and shall require its vendors and subcontractors, if any, to purchase and maintain at least the following insurance issued in amounts required by law, but in no event less than those specified below throughout the term of the agreement:

- a) Commercial General Liability: \$1,000,000 Each Occurrence, \$2,000,000 General and Products/Completed Operations Aggregates, \$1,000,000 Personal & Advertising Injury Liability.
- b) Automobile Liability: \$1,000,000 Combined Single Limit including Owned, Hired and Non-Owned Auto.
- c) Liquor Liability: If applicable, not less than \$1,000,000 per occurrence.

d) Workers' Compensation: Workers' Compensation insurance per applicable laws and Employers' Liability insurance per the required statutory limit, or \$1,000,000 each accident for bodily injury, \$1,000,000 each employee for bodily injury by disease and \$1,000,000 policy limit for disease, whichever is greater.

Desert Healthcare District & Foundation may satisfy the terms of this agreement through a combination of primary, umbrella/excess, or a "special event" policy. Please ask the Hotel representative if you need assistance with a special event policy.

Insurance companies affording the coverage required above shall have an AM Best Rating of no less than A-VIII. Failure to maintain the required insurance may result in termination of this Agreement at Hotel's option. Hotel does not represent, and specially disclaims any contrary statement or implication, that the insurance coverage or limit specified herein shall be adequate or reasonable for the protection of Desert Healthcare District & Foundation. Desert Healthcare District & Foundation has made its own determination that the insurance it has in place is adequate and appropriate.

V. Additional Insured: With the exception of Worker's Compensation and Employer's Liability, Hotel, Hotel management company, and their respective owners, officers, directors, employees, agents, representatives, franchisors, and/or licensors must be named as Additional Insureds on all policies. The certificate must list the following as additional insureds: _____
_____. This insurance shall apply as primary and non-contributory with respect to any other insurance or self-insurance available to Hotel.

VI. Waiver of Subrogation: For all insurance coverages set forth above, Desert Healthcare District & Foundation shall waive, on its behalf and its insurers, all rights against Hotel, and its owners, franchisors, licensors, and their respective officers, directors, employees, agents, and representatives.

VII. Evidence of Insurance: Prior to the commencement of the Event, Desert Healthcare District & Foundation shall furnish Hotel with the certificate of insurance and applicable endorsements to be delivered to: Westin Rancho Mirage Attn: Eric Prinz.

VIII. Severability: If any term or provision of this Agreement shall be found to be illegal, unenforceable, or in violation of the laws, statutes, ordinances, or regulations of any public authority having jurisdiction thereof by a court of competent jurisdiction, then, notwithstanding such term or provision, this Contract shall be and remain in full force and effect and such term shall be deemed stricken; provided, however, this Contract shall be interpreted, when possible, so as to reflect the intentions of the Parties as indicated by any such stricken term or provision.

SIGNATURES

Approved and authorized by Desert Healthcare District & Foundation:

Name: (Print) _____

Title: (Print) _____

Signature: _____

Date: _____

Approved and authorized by Hotel:

Name: (Print) _____

Title: (Print) _____

Signature: _____

Date: _____



Date: February 25, 2025
To: Board of Directors
Subject: The Pink Journey – Services Agreement through December 31, 2025

Staff Recommendation: Consideration to approve the Services Agreement with The Pink Journey Foundation to provide mobile mammography clinics within the Coachella Valley.

Background:

Breast cancer remains one of the leading causes of cancer-related deaths among women in the United States, especially in Black and Latina women due to late-stage diagnosis. Early detection through regular mammography screening significantly improves survival rates. Recognizing the barriers many individuals face in accessing these critical services, such as transportation issues, language barriers, financial constraints, and limited availability of local healthcare facilities, the Desert Healthcare District & Foundation seeks to partner with the Pink Journey Foundation to offer mobile mammography clinics.

The Pink Journey Foundation is a reputable organization with extensive experience in providing mobile mammography services, emphasizing convenience, accessibility, and comprehensive patient education.

This partnership aligns with the District’s Strategic Plan (2021-2026)

- **Goal 2:** Proactively expand community services to primary and specialty care services
- **Strategy 2.3:** Provide funding to support and evaluation to community organizations providing expanded mobile primary and specialty care services.

The services contract with the Pink Journey Foundation will include:

- Mobile mammography clinics: scheduled at various strategic locations within the Coachella Valley to maximize reach, particularly in underserved communities.
- Comprehensive screening services: including digital mammograms and follow-up diagnostic services as needed.
- Patient education: on breast health awareness, the importance of early detection, and guidance on navigating follow-up care.
- Data reporting: regular submission of service utilization data to monitor program impact and identify areas for improvement.
- At the February 11, 2025, Finance & Administration Committee meeting, the Committee recommended forwarding the agreement to the full board for approval.
- The draft services agreement is attached for your review.
- Staff recommends approval of the services agreement.

Fiscal Impact:

The fiscal impact is not to exceed \$50,000 (\$10,000 per event) and will be paid through the FY 2024-2025 and FY 2025-2026 Foundation budget for mobile medical unit events.

PROFESSIONAL SERVICES AGREEMENT

This Professional Services Agreement (“Agreement”) is entered into by and between Desert Healthcare District (“District”), a public agency organized and operating pursuant to California Health and Safety Code section 32000 et seq., and The Pink Journey Foundation, (“Consultant”) as follows:

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

1. The District seeks to engage the professional services of the Consultant to provide mobile screening mammography services at District-sponsored events. These services are intended to enhance community members' access to critical preventive health screenings, particularly those who may face barriers to traditional healthcare settings. The Consultant will deliver state-of-the-art mobile mammography services, including but not limited to, on-site breast cancer screenings, patient education, and follow-up recommendations. By partnering with the Consultant, the District aims to promote early detection, raise awareness about breast health, and contribute to improved health outcomes for the community.

2. The Consultant is highly qualified and equipped with the expertise to provide comprehensive mobile mammography screening services (“Services”). Utilizing advanced technology and adhering to industry best practices and healthcare standards, the Consultant ensures professional, high-quality care.

As detailed in Exhibit “A” (“Consultant Proposal”), the Services include logistical planning, on-site screenings, patient education, and reporting, all designed to deliver efficient, accessible, and patient-centered care. This approach aligns with the District’s commitment to promoting health equity and the early detection of breast cancer in the community.

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

1. CONSULTANT’S SERVICES.

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

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

1.3 Performance Standard. Consultant shall perform the Services with efficiency and diligence and shall execute the Services in accordance with the standards of

Consultant's profession, generally described as that degree of skill and care ordinarily exercised by professionals providing similar services as Consultant practicing in California.

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

2. FEES AND PAYMENTS.

2.1 Compensation for Services. For the full and satisfactory performance of the Services, the District shall compensate the Consultant a Not To Exceed amount of \$10,000 per event, not to exceed \$50,000.

2.2 Invoices. Consultant shall deliver an invoice to the District no later than the 10th day following each event.

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

3. TERM; TERMINATION.

3.1 Term. The term of this Agreement shall run from the date this Agreement is fully executed until December 31, 2025, subject to Section 1.3 above or the District's right to terminate sooner for convenience.

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

4. INDEPENDENT CONTRACTOR.

District has retained Consultant to provide, and Consultant shall perform, the Services as an independent contractor maintaining exclusive direction and control over its

employees; and, no personnel utilized by Consultant to perform the Services are employees of the District.

5. INDEMNIFICATION.

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

6. NOTICE.

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

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

To: Consultant
The Pink Journey Foundation
Attention: Melanie Lewis
PO Box 1651
Costa Mesa, CA 92628

7. MISCELLANEOUS PROVISIONS.

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

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

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

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

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

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

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

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

“District”:

Desert Healthcare District

By: _____
Chris Christensen, CEO

Date: _____

“Consultant”:

The Pink Journey Foundation

By: _____
Melanie Lewis, Executive Director

Date: _____

EXHIBIT A

Objective

Deliver efficient, accessible, and patient-centered care through logistical planning, on-site screenings, patient education, and reporting, exclusively facilitated by The Pink Journey Foundation. This initiative aligns with the District's Goal #2: To proactively expand community access to primary and specialty care. These efforts are aimed at promoting health equity, increased access, and the early detection of breast cancer in the community.

1. Logistical Planning

- The Pink Journey Foundation in partnership with District staff will oversee all logistical aspects of the program, including coordinating and scheduling on-site screening events at community-accessible locations.

2. On-Site Screenings

- The Pink Journey Foundation will provide breast cancer screenings, including mammograms conducted by qualified medical professionals.
- Set up and manage screening sites to ensure privacy, efficiency, and patient comfort.
- Implement streamlined patient flow systems to maximize the number of screenings conducted while minimizing wait times.

3. Patient Education

- Disseminate culturally and linguistically appropriate educational materials on breast cancer prevention, early detection, and treatment options in English and Spanish.
- In partnership with District staff, conduct educational sessions during screening events to empower patients with knowledge about breast health.
- Provide follow-up care information and resources for patients requiring further medical attention.

4. Reporting and Evaluation

- Submit progress reports to the District, summarizing activities, outcomes, and challenges encountered.
- Conduct evaluations to measure the effectiveness of services and identify opportunities for improvement.
- Ensure compliance with HIPAA and other patient privacy standards.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: February 25, 2025
To: Board of Directors
Subject: LPMP 5-year Lease Renewal – Desert Regional Medical Center, Inc. – Suite 3E 101-102

Staff Recommendation: Consideration to approve a 5-year lease renewal with Desert Regional Medical Center, Inc. for suite 3E 101-102

Background:

- Desert Regional Medical Center, Inc. has a 10-year lease of suite 3E 101-102 which expires on 4/30/2025.
- The tenant has requested to renew the lease for another 5-year term.
- The lease rate is \$1.81/sf, with annual increases of the greater of 3% or CPI, not to exceed 5% annually.
- Tenant Improvement of \$10/sf - \$25,910.
- At the February 11, 2025, Finance & Administration Committee meeting, the Committee recommended forwarding the lease to the full board for approval.
- The new draft lease agreement is included in the packet for your review.
- Staff recommends approval of the 5-year lease agreement.

Fiscal Impact:

Estimated Revenue from Rent and CAMS for life of the base lease - \$432,475
Estimated Cost of Tenant Improvement Allowance \$10/sf - \$25,910
Net Lease Income (base lease) - \$406,565

OFFICE BUILDING LEASE

Between

**DESERT HEALTHCARE DISTRICT,
DOING BUSINESS AS LAS PALMAS MEDICAL PLAZA
AS LANDLORD**

And

**DESERT REGIONAL MEDICAL CENTER, INC.
AS TENANT**

DATED

May 1, 2025

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OFFICE BUILDING LEASE

This Lease between Desert Healthcare District, doing business as Las Palmas Medical Plaza hereinafter referred to as "Landlord", and Desert Regional Medical Center, Inc., hereinafter referred to as "Tenant", and is dated May 1, 2025.

1. LEASE OF PREMISES.

In consideration of the Rent (as defined at Section 5.4) and the provisions of this Lease, Landlord leases to Tenant and Tenant leases from Landlord the Premises described in Section 2L. The Premises are located within the Building and Project described in Section 2m. Tenant shall have the non-exclusive right (unless otherwise provided herein) in common with Landlord, other tenants, subtenants, and invitees, to use of the Common Areas (as defined at Section 2e).

2. DEFINITIONS.

As used in this Lease, the following terms shall have the following meanings:

a. *Base Rent (Initial)*: \$ Fifty-Six Thousand, Two Hundred Seventy-Six and 52/100 (\$56,276.52) per year.

b. *Base Year*: N/A.

c. *Broker(s)*:

Landlord's: N/A.

Tenant's: CBRE – 14201 Dallas Parkway, Dallas, Texas 75254.

In the event that N/A represents both Landlord and Tenant, Landlord and Tenant hereby confirm that they were timely advised of the dual representation and that they consent to the same, and that they do not expect said broker to disclose to either of them the confidential information of the other party.

d. *Commencement Date*: May 1, 2025.

e. *Common Areas*: The building lobbies, common corridors and hallways, restrooms, parking areas, stairways, elevators and other generally understood public or common areas. Landlord shall have the right to regulate or restrict the use of the Common Areas.

f. *Expense Stop*: NOT APPLICABLE

g. *Expiration Date*: April 30, 2030, unless otherwise sooner terminated in accordance with the provisions of this Lease.

h. *Landlord's Mailing Address*: 1140 N. Indian Canyon, Dr., Palm Springs, CA 92262.

Tenant's Mailing Address: 555 E. Tachevah Dr. 3E 101-102, Palm Springs, CA 92262

i. *Monthly Installments of Base Rent (initial)*: \$ Four Thousand, Six Hundred Eighty-Nine and 71/100 Dollars (\$4,689.71) per month.

j. *Project Operating Costs (CAMs)*: Currently Eighty-Six Cents (\$.86) per square foot per month (NNN).

k. *Tenant Improvement Allowance (TI)*: Ten Dollars (\$10.00) per square foot or Twenty-Five Thousand, Nine Hundred Ten and 00/100 Dollars (\$25,910.00).

- l. *Parking*: Tenant shall be permitted, to park 13 cars on a non-exclusive basis in the area(s) designated by Landlord for parking (for Staff - generally in the back of the parking area, perimeter streets, and Wellness Park parking lot). Tenant shall abide by any and all parking lot regulations and rules established from time to time by Landlord or Landlord's parking operator.
- m. *Premises*: That portion of the Building containing a total of approximately 2,591 square feet of Rentable Area, located in Building 3E and known as suite 101-102.
- n. *Project*: The building of which the Premises are a part (the "Building") and any other buildings or improvements on the real property (the "Property") located at 555 E. Tachevah Drive, Palm Springs, California 92262. The Project is known as The Las Palmas Medical Plaza.
- o. *Rentable Area*: As to both the Premises and the Project, the respective measurements of floor area as may from time to time be subject to lease by Tenant and all tenants of the Project, respectively, as determined by Landlord and applied on a consistent basis throughout the Project.
- p. *Security Deposit (Section 7)*: \$ Three Thousand, Four Hundred Ninety-Seven and 85/100 (\$3,497.85), carried over from existing lease.
- q. *State*: the State of California.
- r. *Tenant's First Adjustment Date (Section 5)*: The first day of the calendar month following the Commencement Date plus 12 months.
- s. *Tenant's Proportionate Share*: 5.25%. Such share is a fraction, the numerator of which is the Rentable Area of the Premises and the denominator of which is the Rentable Area of the Project, as determined by Landlord from time to time. The Project consists of six building(s) containing a total Rentable Area of 49,356 square feet.
- t. *Tenant's Use Clause (Article 8)*: Medically related and general office use, together with ancillary uses consistent therewith and, subject to Landlord's reasonable approval, any other use the City may allow under the City of Palm Springs zoning.
- u. *Term*: The period commencing on the Commencement Date and expiring at midnight on the Expiration Date.

3. EXHIBITS AND ADDENDA.

The exhibits and addenda listed below (unless lined out) are incorporated by reference in this Lease:

- a. Exhibit "A" Rules and Regulations.
- b. Addenda*

*See Addendum attached hereto and by this reference made a part hereof.

4. DELIVERY OF POSSESSION.

Tenant is currently in possession of the Premises pursuant to a prior lease. This lease shall commence on the Commencement Date and supersede the prior lease.

5. RENT.

5.1 *Payment of Base Rent:* Tenant agrees to pay the base rent for the Premises. Monthly installments of Base Rent shall be payable in advance on the first day of each calendar month of the term. If the term begins (or ends) on other than the first (or last) day of a calendar month, the Base Rent for the partial month shall be prorated on a per diem basis. Tenant shall pay Landlord the first Monthly Installment of Base Rent when Tenant executes the Lease.

5.2 *Adjusted Base Rent:*

- a. The Base Rent (and the corresponding monthly installments of Base Rent) set forth at Section 2a shall be adjusted annually (the "Adjustment Date"), commencing on Tenant's First Adjustment Date.
- b. Such adjustment shall be the greater of 3% over the preceding year or an adjustment comparative to that of the Consumer Price Index, not to exceed 5% over the preceding year.

5.3 *Project Operating Costs (CAMs):*

- a. In order that the Rent payable during the Term reflect Project Operating Costs, Tenant agrees to pay to Landlord as Rent, Tenant's Proportionate Share of all costs, expenses and obligations attributable to the Project and its operation as set forth in 2i, all as provided below.
- b. During any calendar year during the Term, Tenant shall pay to Landlord, in addition to the Base Rent and all other payments due under this lease, an amount equal to Tenant's Proportionate Share of Project Operating Costs in accordance with the provisions of this Section 5.3.

(1.) The term "Project Operating Costs" shall include all those items described in the following subparagraphs (a) and (b), subject, however, to the Addendum attached hereto.

(a.) All taxes, assessments, water and sewer charges and other similar governmental charges levied on or attributable to the Building or Project or their operation, including without limitation, (i) real property taxes or assessments levied or assessed against the Building or Project, (ii) assessments or charges levied or assessed against the Building or Project by any redevelopment agency, (iii) any tax measured by gross rentals received from the leasing of the Premises, Building or Project, excluding any net income, franchise, capital stock, estate or inheritance taxes imposed by the State or federal government or their agencies, branches or departments; provided that if at any time during the Term any governmental entity levies, assesses or imposes on Landlord any (1) general or special, ad valorem or specific, excise, capital levy or other tax, assessment, levy or charge directly on the Rent received under this lease or on the rent received under any other leases of space in the Building or Project, or (2) and license fee, excise or franchise tax, assessment, levy or charge measured by or based, in whole or in part, upon such rent, or (3) any transfer, transactions, or similar tax, assessment, levy or charge based directly or indirectly upon the transaction represented by this Lease or such other leases, or (4) any occupancy, use, per capita or other tax, assessment, levy or charge based directly or indirectly upon the use or occupancy of the Premises or other premises within the Building or Project, then any such taxes, assessments, levies and charges shall be deemed to be included in the term Project Operation Costs. If at any time during the Term the assessed valuation of, or taxes on, the Project are not based on a completed Project having at least eighty-five percent (85%) of the Rentable Area occupied, then the "taxes" component of Project Operating Costs shall be adjusted by Landlord to reasonably Approximate the taxes, which would have been payable if the Project were completed and at least eighty-five percent (85%) occupied.

(b.) Operating costs incurred by Landlord in maintaining and operating the Building and Project, including without limitation the following: costs of (1) utilities for the Common Areas; (2) supplies; (3) insurance (including public liability, property damage, earthquake, and fire and extended coverage insurance for the full replacement cost of the Building and Project as required by Landlord or its lenders for the Project; (4) services of independent contractors; (5) compensation (including employment taxes and fringe benefits) of all persons who perform duties connected with the operation, maintenance, repair or overhaul of the Building or Project, and equipment, improvements and facilities located within the Project, including

without limitation engineers, janitors, painters, floor waxers, window washers, security and parking personnel and gardeners (but excluding persons performing services not uniformly available to or performed for substantially all Building or Project tenants); (6) operation and maintenance of a room for delivery and distribution of mail to tenants of the Building or Project as required by the U.S. Postal Service; (7) management of the Building or Project, whether managed by Landlord or an independent contractor (including, without limitation, an amount equal to the fair market value of any on-site manager's office); (8) rental expenses for (or a reasonable depreciation allowance on) personal property used in the maintenance, operation or repair of the Building or Project; (9) costs, expenditures or charges (whether capitalized or not) required by any governmental or quasi-governmental authority; (10) amortization of capital expenses (including financing costs), provided that such charges are based on the full useful life of the capital expenditure, and provided the same are (i) required by a governmental entity for energy conservation or life safety purposes, or (ii) made by landlord to reduce Project Operating Costs; and (11) any other costs or expenses incurred by Landlord under this Lease and not otherwise reimbursed by third parties or tenants of the Project, but excluding items specifically set forth on the Addendum. If at any time during the Term, less than eighty-five percent (85%) of the Rentable Area of the Project is occupied, the "operating costs" component of Project Operating Costs shall be adjusted by Landlord to reasonably approximate the operating costs which would have been incurred if the Project had been at least eighty-five percent (85%) occupied.

- (2.) Tenant's Proportionate Share of Project Operating Costs shall be payable by Tenant to Landlord as follows:
- (a.) The intent is that this lease is a triple net lease, in which Tenant pays all Project Operating Costs for the Premises, rather than a gross lease or modified gross lease with a base year. Accordingly, beginning with the first calendar year containing the Commencement Date and for each calendar year thereafter, Tenant shall pay Landlord an amount equal to Tenant's Proportionate Share of the estimated total Project Operating Costs expected to be incurred by Landlord during such calendar year.
 - (b.) Tenant shall, at Landlord's request, pay as additional rent, an amount equal to Tenant's Proportionate Share of the Project Operating Costs payable during such calendar year, as reasonably estimated by Landlord from time to time. Such payments shall be made in monthly installments, commencing on the Commencement Date based on the amount calculated in accordance with Section 2(i) for the initial calendar year and continuing until the first day of the month following the month in which Landlord gives Tenant a new notice of estimated Project Operating Costs in subsequent calendar years. It is the intention hereunder to estimate from time to time the amount of the Project Operating Costs for each calendar year and Tenant's Proportionate Share thereof, and then to make an adjustment in the following year based on the actual Project Operating Costs incurred for such calendar year.
 - (c.) On or before April 1 of each calendar year (or as soon thereafter as is practical), Landlord shall deliver to Tenant a statement setting forth the actual amount constituting Tenant's Proportionate Share of the Project Operating Costs for the preceding calendar year. If Tenant's Proportionate Share of the actual Project Operating Costs for the previous calendar year exceeds the total of the estimated monthly payments made by Tenant for such year, Tenant shall pay Landlord the amount of the deficiency within thirty (30) days of the receipt of the statement. If such total exceeds Tenant's Proportionate Share of the actual Project Operating Costs for such preceding calendar year, then Landlord shall credit against Tenant's next ensuing monthly installment(s) of additional rent an amount equal to the difference until the credit is exhausted. If the credit is due from Landlord on the Expiration Date, Landlord shall pay Tenant the amount of the credit. The obligations of Tenant and Landlord to make payments required under this Section 5.3 shall survive the Expiration Date.
 - (d.) Tenant's Proportionate Share of Project Operating Costs in any calendar year having less than 365 days shall be appropriately prorated. If any period during the Term includes a partial calendar year, Tenant's Proportionate Share shall be prorated to represent only the partial year in which Tenant is in possession of the Premises.

- (e.) Tenant shall have the right after reasonable notice and at reasonable times to inspect Landlord's records related to all Project Operating Costs and associated accounting in accordance with the provisions set forth on the Addendum. Tenant agrees to pay the cost of such audit unless it reveals an overstatement of Project Operating Costs by more than five percent (5%).
- (f.) If this Lease sets forth an Expense Stop at Section 2f, then during the Term, Tenant shall be liable for Tenant's Proportionate Share of any actual Project Operating Costs which exceed the amount of the Expense Stop. Tenant shall make current payments of such excess costs during the Term in the same manner as provided for payment of Tenant's Proportionate Share under the applicable provisions of Section 5.3(2)(b) and (c) above.

5.4 *Definition of Rent:* The Rent shall be paid to the Building manager (or other person) and at such place, as Landlord may from time to time designate in writing, without any prior demand therefore and without deduction or offset, in lawful money of the United States of America. Landlord shall provide Tenant with no less than 10 business days' notice of any change in such payment address.

5.5 *Rent Control:* If the amount of Rent or any other payment due under this Lease violates the terms of any governmental restrictions on such Rent or payment, then the Rent or payment due during the period of such restrictions shall be the maximum amount allowable under those restrictions. Upon the termination of the restrictions, Landlord shall, to the extent it is legally permitted, recover from Tenant the difference between the amounts received during the period of the restrictions and the amounts Landlord would have received had there been no restrictions.

5.6 *Taxes Payable by Tenant:* In addition to the Rent and any other charges to be paid by Tenant hereunder, Tenant shall reimburse Landlord upon demand for any and all taxes payable by Landlord (other than net income taxes) which are not otherwise reimbursable under this Lease, whether or not now customary or within the contemplation of the parties, where such taxes are upon, measured by or reasonably attributable to this Lease, including: (a) the cost or value of Tenant's equipment, furniture, fixtures and other personal property located in the Premises, or the cost or value of any leasehold improvements made in or to the Premises by or for Tenant, other than the Building Standard Work made by Landlord, regardless of whether title to such improvements is held by Tenant or Landlord; (b) the gross or net Rent payable under this Lease, including, without limitation, any rental or gross receipts tax levied by any taxing authority with respect to the receipt of the Rent hereunder; (c) the possession, leasing, operation, management, maintenance, alteration, repair, use or occupancy by Tenant of the Premises or any portion thereof; or (d) this transaction or any document to which Tenant is a party creating or transferring an interest or an estate in the Premises. If it becomes unlawful for Tenant to reimburse Landlord for any costs as required under this Lease, the Base Rent shall be revised to net Landlord the same net Rent after imposition of any tax or other charge upon Landlord as would have been payable to Landlord but for the reimbursement being unlawful.

5.7 *Tenant Improvement Allowance:* In recognition of Tenant completing the contemplated tenant improvements to the Premises as mutually agreed by Landlord and Tenant (the "Tenant Improvements"), Landlord shall provide Tenant with a total Tenant improvement allowance not to exceed that set forth in Section 2j upon completion of the Tenant Improvements. Landlord will pay the allowance to Tenant upon Landlord's satisfactory receipt of paid invoices (and inspection by Landlord or its Property Management company verifying that work has been satisfactorily completed). Any additional tenant improvements will be at the sole expense of the Tenant. Tenant Improvements shall conform to a high quality of design as approved by Landlord prior to commencement of work and shall be performed by a licensed General Contractor reasonably approved by Landlord. Tenant shall submit plans and specifications for the Tenant Improvements to Landlord, and where necessary, the City of Palm Springs and other applicable government agencies for their required approval (if any) prior to commencement of work. Tenant and the General Contractor shall indemnify and hold Landlord and its officers, agents and employees harmless from any liability resulting from the Tenant Improvement work, exclusive of the gross negligence or willful misconduct of any such indemnitee, and Landlord shall be named as an additional insured on the liability insurance policy of both the Tenant and the General Contractor. All work shall be performed in accordance with applicable law, including any applicable prevailing wage and competitive bid statutes governing the work undertaken by Tenant.

6. INTEREST AND LATE CHARGES.

If Tenant fails to pay when due any Rent or other amounts or charges which Tenant is obligated to pay under the terms of this Lease, the unpaid amounts shall bear interest at the maximum rate then allowed by law. Tenant acknowledges that the late payment of any Monthly Installment of Base Rent will cause Landlord to lose the use of that money and incur costs and expenses not contemplated under this Lease, including without limitation, administrative and collection costs and processing and accounting expenses, the exact amount of which is extremely difficult to ascertain. Therefore, in addition to interest, if any such regular installment of monthly Rent is not received by Landlord, Tenant shall pay Landlord a late charge equal to five percent (5%) of such installment of Rent. Landlord and Tenant agree that this late charge represents a reasonable estimate of such costs and expenses and is fair compensation to Landlord for the loss suffered from such nonpayment by Tenant. Acceptance of any interest or late charge shall not constitute a waiver of Tenant's default with respect to such nonpayment by Tenant nor prevent Landlord from exercising any other rights or remedies available to Landlord under this Lease. Notwithstanding anything to the contrary, the foregoing late fee and interest shall not apply under the tenth (10th) day following the date that such payment is due, except that with respect to any regular installment of Rent, such grace period shall not apply more than two (2) times in any twelve (12) month period.

7. SECURITY DEPOSIT.

Tenant agrees to deposit with Landlord the Security Deposit set forth at Section 2.0 upon execution of this Lease, as security for Tenant's faithful performance of its obligations under this Lease. Landlord and Tenant agree that the Security Deposit may be commingled with funds of Landlord and Landlord shall have no obligation or liability for payment of interest on such deposit. Tenant shall not mortgage, assign, transfer, or encumber the Security Deposit without the prior written consent of Landlord and any attempt by Tenant to do so shall be void, without force or effect and shall not be binding upon Landlord.

If Tenant fails to pay Rent or other amount prior to the 10th day following the date when due and payable under this Lease, or fails to perform any of the terms hereof following notice and an opportunity to cure, Landlord may appropriate and apply or use all or any portion of the Security Deposit for Rent payments or any other amount then due and unpaid, for payment of any amount for which Landlord has become obligated as a result of Tenant's default or uncured breach, and for any loss or damage sustained by Landlord as a result of Tenant's default or breach, and Landlord may so apply or use this deposit in lieu of any other remedy Landlord may have by reason of Tenant's default or breach. However, (i) any grace period or cure prior provided for in this paragraph shall not apply more than twice in any twelve (12) month period (and after such time, Landlord may disregard such grace period or opportunity to cure and immediately exercise its rights to utilize the Security Deposit under this paragraph upon the next event allowing such action), and (ii) if Landlord so uses any of the Security Deposit, Tenant shall, within ten (10) days after written demand, therefore, restore the Security Deposit to the full amount originally deposited; Tenant's failure to do so shall constitute an event of default hereunder and Landlord shall have the right to exercise any remedy provided for at Article 27 hereof. Within fifteen (15) days after the Term (or any extension thereof) has expired or Tenant has vacated the Premises, whichever shall last occur, after reduction of any losses incurred by Landlord, Landlord shall return the Security Deposit to Tenant, or, if Tenant has assigned its interest in such Security Deposit under this Lease, to the last assignee of Tenant.

If Landlord sells its interest in the Premises, Landlord may deliver the Security Deposit to the purchaser of Landlord's interest and thereupon, Landlord shall be relieved of any further liability or obligation with respect to the Security Deposit.

8. TENANT'S USE OF THE PREMISES

Tenant shall use the Premises solely for the purposes set forth in Tenant's Use Clause. Tenant shall not use or occupy the Premises in violation of applicable law or any covenant, condition or restriction affecting the Building or Project, or the certificate of occupancy issued for the Building or Project, and shall, upon notice from Landlord, immediately discontinue any such violative use of the Premises. Tenant, at Tenant's own cost and expense, shall comply with all laws, ordinances, regulations, rules and/or any directions of any governmental agencies or authorities having jurisdiction which shall, by reason of the nature of Tenant's use or occupancy of the Premises, impose any duty upon Tenant or Landlord with respect to the Premises or its use or occupation. A judgment of any court of competent jurisdiction or the admission by Tenant in any action or proceeding against Tenant that Tenant has violated any such laws, ordinances, regulations, rules and/or

directions in the use of the Premises shall be deemed to be a conclusive determination of that fact as between Landlord and Tenant. Tenant shall not do or permit to be done anything, which will invalidate or increase the cost of any fire, extended coverage or other insurance policy covering the Building or Project and/or property located therein (except for any use permitted by Tenant's Use Clause), and shall comply with all rules, orders, regulations, requirements and recommendations of the Insurance Services Office or any other organization performing a similar function. Tenant shall promptly upon demand reimburse Landlord for any additional premium charged for such policy by reason of Tenant's failure to comply with the provisions of this Article. Except as permitted in Tenant's Use Clause, Tenant shall not do or permit anything to be done in or about the Premises which will obstruct or interfere with the rights of other tenants or occupants of the Building or Project, or that will injure or annoy them, or, except as permitted in Tenant's Use Clause, use or allow the Premises to be used for any improper, immoral, unlawful or objectionable purpose, nor shall Tenant cause, maintain or permit any nuisance in, on or about the Premises. Tenant shall not commit or suffer to be committed any waste in or upon the Premises.

9. SERVICES AND UTILITIES.

The Premises are separately metered for utility services, and subject to the Rules and Regulations of the Building or Project, electricity, water, telephone and heating, ventilation and air conditioning ("HVAC") as required for the comfortable use and occupancy of the Premises are available, at Tenant's expense, on a 24/7 basis. Tenant is responsible for the cost of directly metered utility service to the Premises, and Landlord is not responsible for the provision of services within the Premises, and Landlord shall not be liable for a loss of or injury to property or business in connection with or incidental to the failure of utility companies to provide such services to the Premises. Except to the extent arising as a direct result of the negligence or intentional conduct of Landlord, Landlord shall not be in default hereunder or be liable for any damages directly or indirectly resulting from, nor shall the Rent be abated by reason of (i) the installation, use or interruption of use of any equipment in connection with the furnishing of any of the foregoing services, (ii) failure to furnish or delay in furnishing any such services where such failure or delay is caused by accident or any condition or event beyond the reasonable control of Landlord, or by the making of necessary repairs or improvements to the Premises, Building or Project, or (iii) the limitation, curtailment or rationing of, or restrictions on, use of water, electricity, gas or any other form of energy serving the Premises, Building or Project.

Landlord shall be responsible for maintaining the HVAC system, at Landlord's sole cost and expense. However, if Tenant uses heat generating machines or equipment in the Premises which unreasonably and unusually affect the temperature otherwise maintained by the HVAC system, Landlord reserves the right to install supplementary air conditioning units in the Premises and the actual additional cost incurred by Landlord in connection with the provision thereof, including the cost of installation, operation and maintenance thereof, shall be paid by Tenant to Landlord upon demand by Landlord.

Landlord shall also maintain and keep lighted, cooled and heated the common stairs, common entries and restrooms in the Building, which costs are reimbursed as Project Operating Costs. With respect to Common Areas within the Building, Landlord shall furnish elevator service, lighting replacement for standard lights, restroom supplies, window washing and janitor services of common area in a manner that such services are customarily furnished to comparable office buildings in the area.

Tenant is responsible for janitorial services within the Premises, at its sole cost and expense.

10. CONDITION OF THE PREMISES.

Tenant's taking possession of the Premises shall be deemed conclusive evidence that as of the date of taking possession of the Premises are in good order and satisfactory condition, except for such matters as to which Tenant gave Landlord notice on or before the Commencement Date; provided, however, that nothing herein shall eliminate Landlord's obligation to provide habitable Premises to Tenant, or otherwise interfere with Tenant's right to quiet enjoyment. No promise of Landlord to alter, remodel, repair or improve the Premises, the Building or the Project and no representation, express or implied, respecting any matter or thing relating to the Premises, Building, Project or this Lease (including, without limitation, the condition of the Premises, the Building or the Project) have been made to Tenant by Landlord or its Broker or Sales Agent, other than as may be contained herein or in a separate exhibit or addendum signed by Landlord and Tenant.

II. CONSTRUCTION, REPAIRS AND MAINTENANCE.

- a. *Landlord's Obligations:* Landlord shall maintain in good order, condition and repair the Building and all other portions of the Premises not the obligation of Tenant or of any other tenant in the Building. Landlord represents and warrants to Tenant that to the reasonable knowledge of the Landlord, the Building is in good condition and repair, and complies (including the Common Areas) with all applicable laws, rules and regulations.
- b. *Tenant's Obligations:*
- (1.) Tenant shall perform Tenant's work to the Premises as described in an exhibit specific to Tenant Improvements, if applicable.
 - (2.) Tenant at Tenant's sole expense shall, except for services furnished by Landlord pursuant to Article 9 hereof, maintain the Premises in good order, condition and repair, including the interior surfaces of the ceilings, walls and floors, all doors, all interior windows, all interior plumbing, pipes and fixtures, electrical wiring, switches and fixtures, Building Standard furnishings and special items and equipment installed by or at the expense of Tenant.
 - (3.) Except as otherwise expressly provided in this Lease, tenant shall be responsible for all repairs and alterations in and to the Premises, Building and Project and the facilities and systems thereof, the need for which arises out of (i) Tenant's use or occupancy of the Premises, (ii) the installation, removal, use or operation of Tenant's Property (as defined in Article 13) in the Premises, (iii) the moving of Tenant's Property into or out of the Building, or (iv) the act, omission, misuse or negligence of Tenant, its agents, contractors, employees or invitees.
 - (4.) If Tenant fails to maintain the Premises in good order, condition and repair, Landlord shall give Tenant notice to do such acts as are reasonably required to so maintain the Premises. If Tenant fails to promptly commence such work following such notice and thereafter diligently prosecute it to completion (subject to events outside the control of Tenant), then Landlord shall have the right to do such acts and expend such funds at the expense of Tenant as are reasonably required to perform such work. Any amount so expended by Landlord shall be paid by Tenant promptly after demand with interest at the prime commercial rate then being charged by Bank of America NT & SA plus two percent (2%) per annum, from the date that Landlord invoices Tenant for such work until the date of payment, but not to exceed the maximum rate then allowed by law. Landlord shall have no liability to Tenant for any damage, inconvenience, or interference with the use of the Premises by Tenant as a result of performing any such work.
- c. *Compliance with Law:* Landlord and Tenant shall each do all acts reasonably required to comply with all applicable laws, ordinances, and rules of any public authority relating to their respective maintenance obligations as set forth herein.
- d. *Waiver by Tenant:* Tenant expressly waives the benefits of any statute now or hereafter in effect which would otherwise afford the Tenant the right to make such repairs at Landlord's expense or to terminate this Lease because of Landlord's failure to keep the Premises in good order, condition and repair.
- e. *Load and Equipment Limits:* Tenant shall not place a load upon any floor of the Premises which exceeds the load per square foot which such floor was designed to carry, as determined by Landlord or Landlord's structural engineer. The cost of any such determination made by Landlord's structural engineer shall be paid for by Tenant upon demand. Tenant shall not install business machines or mechanical equipment which cause noise or vibration to such a degree as to be objectionable to Landlord or other Building tenants.
- f. Except as otherwise expressly provided in this Lease, Landlord shall have no liability to Tenant nor shall Tenant's obligations under this Lease be reduced or abated in any manner whatsoever by reason of any inconvenience, annoyance, interruption or injury to business arising from Landlord's making any repairs or changes which Landlord is required or permitted by this Lease or by any other tenant's lease or required by law to make in or to

any portion of the Project, Building or the Premises, Landlord shall use reasonable efforts to minimize any interference with Tenant's business in the Premises.

- g. Tenant shall give Landlord prompt notice of any damage to or defective condition in any part or appurtenance of the Building's mechanical, electrical, plumbing, HVAC or other systems serving, located in, or passing through the Premises.
- h. Upon the expiration or earlier termination of this Lease, Tenant shall return the Premises to Landlord clean and in the same condition as on the date Tenant took possession, except for normal wear and tear. Any damage to the Premises, including any structural damage, resulting from Tenant's use (exclusive of normal wear and tear) or from the removal of Tenant's fixtures, furnishings and equipment pursuant to Section 13b shall be repaired by Tenant at Tenant's expense.

12. ALTERATIONS AND ADDITIONS.

- a. Tenant shall not make any material additions, alterations or improvements to the Premises without obtaining the prior written consent of Landlord. For purposes of this Lease, alterations and modification shall be material if they (i) exceed \$25,000 in value, (ii) involve areas not entirely within the interior of the Premises, or (iii) impact any structural components of the Building. Landlord's consent may be conditioned on Tenant's removing any such additions, alterations or improvements upon the expiration of the term and restoring the Premises to the same condition as on the date Tenant took possession. All work with respect to any addition, alteration or improvement shall be done in a good and workmanlike manner by properly qualified and, where required by law, payment of prevailing wages, competitive bidding, licensed personnel, and such work shall be diligently prosecuted to completion (subject to force majeure). Landlord may, at Landlord's option, require that any structural work be performed by a contractor approved in writing by Landlord. Tenant shall pay to Landlord upon completion of any such work by Landlord's contractor, as applicable, an administrative fee of no more than fifteen percent (15%) of the cost of the work.
- b. Tenant shall pay the costs of any work done on the Premises by Tenant, and shall keep the Premises, Building and Project free and clear of liens of any kind as a result of any failure to pay such costs. Tenant shall indemnify, defend against and keep Landlord free and harmless from all liability, loss, damage, costs, attorneys' fees and any other expense incurred on account of claims by any person performing work or furnishing materials or supplies for Tenant or any person claiming under Tenant (excluding those performing work that is the responsibility of Landlord hereunder).

Tenant shall keep Tenant's leasehold interest, and any additions or improvements which are or become the property of Landlord under this Lease, free and clear of all attachment or judgment liens arising as a result of the action of Tenant or work undertaken at the Premises. Before the actual commencement of any work for which a claim or lien may be filed, Tenant shall give Landlord notice of the intended commencement date a sufficient time before that date to enable Landlord to post notices of non-responsibility or any other notices which Landlord deems necessary for the proper protection of Landlord's interest in the Premises, Building or the Project, and Landlord shall have the right to enter the Premises and post such notice at any reasonable time.

- c. Landlord may require, at Landlord's sole option, for work in excess of \$100,000, that Tenant provide to Landlord, at Tenant's expense, a lien and completion bond in an amount equal to at least one and one-half (1.5) times the total estimated cost of any additions, alterations or improvements to be made in or to the Premises, to protect Landlord against any liability for mechanic's and material men's liens and to insure timely completion of the work. Nothing contained in this Section 12c shall relieve Tenant of its obligations under Section 12b to keep the Premises, Building and Project free of all liens.
- d. Unless their removal is required by Landlord as provided in Section 12a, all additions, alterations and improvements made to the Premises shall become the property of Landlord and be surrendered with the Premises upon the expiration of the Term; provided, however, Tenant's equipment, machinery and trade fixtures which can be

removed without damage to the Premises shall remain the property of Tenant and may be removed, subject to the provisions of Section 13b.

13. LEASEHOLD IMPROVEMENTS; TENANT'S PROPERTY.

- a. All fixtures, equipment, improvements and appurtenances attached to or built into the Premises at the commencement of or during the Term, whether or not by or at the expense of Tenant ("Leasehold Improvements"), shall be and remain a part of the Premises, shall be the property of Landlord and shall not be removed by Tenant, except as expressly provided in Section 13b.
- b. Notwithstanding anything to the contrary herein, all movable partitions, business and trade fixtures, machinery and equipment, communications equipment and office equipment located in the Premises and acquired by or for the account of Tenant, without expense to Landlord, which can be removed without structural damage to the Building, and all furniture, furnishings and other articles of movable personal property owned by Tenant and located in the Premises (collectively "Tenant's Property") shall be and remain the property of Tenant and may be removed by Tenant at any time during or upon expiration of the Term; provided that if any of Tenant's Property is removed, Tenant shall promptly repair any damage to the Premises or to the Building resulting from such removal.

14. RULES AND REGULATIONS.

Tenant agrees to comply with (and cause its agents, contractors, employees and invitees to comply with) the rules and regulations attached hereto as Exhibit "D" and with such reasonable modifications thereof and additions thereto as Landlord may from time to time make. Landlord shall not be responsible for any violation of said rules and regulations by other tenants or occupants of the Building of Project.

15. CERTAIN RIGHTS RESERVED BY LANDLORD.

Landlord reserves the following rights, exercisable without liability to Tenant for (a) damage or injury to property, person or business, (b) causing an actual or constructive eviction from the Premises, or (c) disturbing Tenant's use or possession of the Premises:

- a. To name the Building and Project and to change the name or street address of the Building or Project;
- b. To install and maintain all signs on the exterior and interior of the Building and Project (exclusive of the interior of the Premises); provided, however, that Tenant shall be entitled to signage marking its premises in the lobby of the Building and the exterior of the Premises (in accordance with the standard Building policy);
- c. To have pass keys to the Premises and all doors within the Premises, excluding Tenant's vaults, safes and private offices or other areas in which protected health information (PHI) is stored or maintained (which area will not be assessable to Landlord without notice and opportunity for Tenant to be present and take appropriate precautions to prevent disclosure of PHI in accordance with HIPAA Privacy Rules);
- d. At any time during the Term, and on reasonable prior notice to Tenant (of not less than 24 hours), to inspect the Premises, and to show the Premises to any prospective purchaser or mortgagee of the Project, or to any assignee of any mortgage on the Project, or to others having an interest in the Project or Landlord, and during the last six months of the Term, to show the Premises to prospective tenants thereof; provided, however, that at no point will Landlord have access to areas containing PHI; and
- e. Subject to reasonable written notice to Tenant (of not less than 24 hours, except in the event of an urgent need or emergency), enter the Premises for the purpose of making inspections, repairs, alterations, additions or improvements to the Premises or the Building (including, without limitation, checking, calibrating, adjusting or balancing controls and other parts of the HVAC system) consistent with this Lease, and to take all steps as may be reasonably necessary or desirable for the safety, protection, maintenance or preservation of the Premises or the

Building or Landlord's interest therein, or as may be reasonably necessary or desirable for the operation or improvement of the Building or in order to comply with laws, orders or requirements of governmental or other authority. Landlord agrees to use its best efforts to minimize interference with Tenant's business in the Premises in the course of any such entry, and further agrees that in no event shall Landlord be entitled to access areas containing PHI without providing Tenant with advance notice in which to protect the privacy and confidentiality of such material in accordance with HIPPA rules. For avoidance of doubt, where repairs are requested by Tenant, 24-hours advance notice will not be required for Landlord's entry into the Premises (however, Landlord and Tenant shall reasonably cooperate to schedule a mutually acceptable time for entry where possible).

16. ASSIGNMENT AND SUBLETTING.

No assignment of this Lease or sublease of all or any part of the Premises shall be permitted, except as provided in this Article 16.

- a. Tenant shall not, without the prior written consent of Landlord, assign or hypothecate this Lease or any interest herein or sublet the Premises or any part thereof, or permit the use of the Premises by any party other than Tenant. Any of the foregoing acts without such consent shall at the option of Landlord terminate this Lease. This Lease shall not, nor shall any interest of Tenant herein, be assignable by operation of law without the written consent of Landlord. Notwithstanding the foregoing, Tenant shall be permitted to sublease the Premises, and Landlord hereby expressly consents to such sublease, to (i) individual physicians performing services at the Premises in connection with the Permitted Use, and/or (ii) to Tenet Physician Recourses, First Choice Physician Partners or another affiliated entity responsible for the operations at the Premises; provided, however, that in either case Tenant shall not be released from its obligations under this Lease.
- b. If at any time or from time to time during the Term Tenant desires to assign this Lease or sublet all or any part of the Premises (other than as contemplated in (a) above), Tenant shall give notice to Landlord setting forth the terms and provisions of the proposed assignment or sublease, and the identity of the proposed assignee or subtenant. Tenant shall promptly supply Landlord with such information concerning the business background and financial condition of such proposed assignee or subtenant as Landlord may reasonably request. With respect to any sublease or assignment to an entity that is not an affiliate of Tenant, Landlord shall have the option, exercisable by notice given to Tenant within twenty (20) days after Tenant's notice is given, to terminate this Lease as to the portion of the Premises that is the subject of the proposed assignment or sublease. If Landlord does not exercise such option, Tenant may assign the Lease or sublet such space to such proposed assignee or subtenant on the following further conditions:
 - (1.) Landlord shall have verified that such subtenant or assignee does not propose a reputational risk for Landlord or the Premises and if Tenant is to be released from all or any portion of its obligations under this Lease in connection with such arrangement, Landlord must approve the financial condition of the proposed assignee or sublessee on terms and conditions at the discretion of the Landlord;
 - (2.) The assignment or sublease shall be on the same terms set forth in the notice given to Landlord;
 - (3.) No assignment or sublease shall be valid, and no assignee or sub lessee shall take possession of the Premises until an executed counterpart of such assignment or sublease has been delivered to Landlord; and
 - (4.) No assignee or sub lessee shall have a further right to assign or sublet except on the terms herein contained.
- c. Notwithstanding the provisions of paragraphs a and b above, Tenant may assign this Lease or sublet the Premises or any portion thereof, without Landlord's consent and without extending any recapture or termination option to Landlord, to any corporation which controls, is controlled by or is under common control with Tenant, or to any corporation resulting from a merger or consolidation with Tenant, or to any person or entity which acquires all the assets of Tenant's business as a going concern, provided that (i) the assignee or sub lessee assumes, in full, the

obligations of Tenant under this Lease, (ii) Tenant remains fully liable under this Lease, and (iii) the use of the Premises under Article 8 remains unchanged.

- d. No subletting or assignment shall release Tenant of Tenant's obligations under this Lease or alter the primary liability of Tenant to pay the Rent and to perform all other obligations to be performed by Tenant hereunder. The acceptance of Rent by landlord from any other person shall not be deemed to be a waiver by Landlord of any provision hereof. Consent to one assignment or subletting shall not be deemed consent to any subsequent assignment or subletting. In the event of default by an assignee or subtenant or any successor of Tenant in the performance of any of the terms hereof, Landlord may proceed directly against Tenant without the necessity of exhausting remedies against such assignee, subtenant or successor. Landlord may consent to subsequent assignments of the Lease or sub lettings or amendments or modifications to the Lease with assignees of tenant, without notifying Tenant, or any successor of Tenant, and without obtaining its or their consent thereof and any such actions shall not relieve Tenant of liability under this Lease.
- e. If Tenant assigns the Lease or sublets the Premises or requests the consent of Landlord to any assignment or subletting or if Tenant requests the consent of Landlord for any act that Tenant proposes to do, then Tenant shall, upon demand, pay Landlord an administrative fee of One Hundred Fifty and No/100 Dollars (\$150.00) plus any attorney's fees reasonably incurred by Landlord in connection with such act or request.

17. HOLDING OVER.

If after expiration of the Term, Tenant remains in possession of the Premises with Landlord's permission (express or implied), Tenant shall become a tenant from month to month only, upon all the provisions of this Lease (except as to term and Base Rent), but the "Monthly Installments of Base Rent" payable by Tenant shall be increased to one hundred fifty percent (150%) of the Monthly Installments of Base Rent payable by Tenant at the expiration of the Term. Such monthly rent shall be payable in advance on or before the first day of each month. If either party desires to terminate such month-to-month tenancy, it shall give the other party not less than thirty (30) days advance written notice of the date of termination.

18. SURRENDER OF PREMISES.

- a. Tenant shall peaceably surrender the Premises to Landlord on the Expiration Date, in broom-clean condition and in as good condition as when Tenant took possession, except for (i) reasonable wear and tear, (ii) loss by fire or other casualty, (iii) loss by condemnation, and (iv) compliance with the requirements of this Lease (including Section 13.a.). In connection with the expiration of the Term, Tenant shall, on Landlord's request, remove Tenant's Property on or before the Expiration Date and promptly repair all damage to the Premises or Building caused by such removal.
- b. If Tenant abandons or surrenders the Premises, or is dispossessed by process of law or otherwise, any of Tenant's Property left on the Premises shall be deemed to be abandoned, and, at Landlord's option, title shall pass to Landlord under this Lease as by a bill of sale. If Landlord elects to remove all or any part of such Tenant's Property, the cost of removal, including repairing any damage to the Premises or Building caused by such removal, shall be paid by Tenant. On the Expiration Date Tenant shall surrender all keys to the Premises.

19. DESTRUCTION OR DAMAGE.

- a. If the Premises or the portion of the Building necessary for Tenant's occupancy is damaged by fire, earthquake, act of God, the elements, or other casualty, Landlord shall, subject to the provisions of this Article, promptly repair the damage, if such repairs can, in Landlord's opinion, be completed within ninety (90) days. If Landlord determines that repairs can be completed with ninety (90) days, this Lease shall remain in full force and effect, except that if such damage is not the result of the negligence or willful misconduct of Tenant or Tenant's agents, employees, contractors, licensees, or invitees, the Base Rent shall be abated to the extent Tenant's use of the Premises is

impaired, commencing with the date of damage and continuing until completion of the repairs required of Landlord under Section 19d.

- b. If in Landlord's opinion, such repairs to the Premises or portion of the Building necessary for Tenant's occupancy cannot be completed within ninety (90) days, Landlord shall provide notice to Tenant within thirty (30) days after the date of such fire or other casualty, and either Landlord or Tenant may elect, in writing to the other party, to terminate this Lease. If neither party provides such written notice within 10 days following Landlord's notification, Landlord shall promptly repair such damage, in which event this Lease shall continue in full force and effect, but the Base Rent shall be partially abated as provided in Section 19a.
- c. If any other portion of the Building or Project is totally destroyed or damaged to the extent that in Landlord's opinion repair thereof cannot be completed within ninety (90) days, Landlord shall provide notice to Tenant within thirty (30) days after the date of such fire or other casualty, and either Landlord or Tenant may elect, in writing to the other party, to terminate this Lease. If neither party provides such written notice within 10 days following Landlord's notification, this Lease shall continue in full force and effect, but the Base Rent shall be partially abated as provided in Section 19a.
- d. If the Premises are to be repaired under this Article, Landlord shall repair at its cost any injury or damage to the Building and the Premises. Tenant shall be responsible at its sole cost and expense for the repair, restoration, and replacement of any other Leasehold Improvements and Tenant's Property, except where caused by the gross negligence and willful misconduct of Landlord (in which case Landlord shall be obligated to restore or repair the same). Except as provided herein, Landlord shall not be liable for any loss of business, inconvenience or annoyance arising from any repair or restoration of any portion of the Premises, Building, or Project as a result of any damage from fire or other casualty.
- e. This Lease shall be considered an express agreement governing any case of damage to or destruction of the Premises, Building, or Project by fire or other casualty, and any present or future law which purports to govern the rights of Landlord and Tenant in such circumstances in the absent of express agreement, shall have no application.

20. EMINENT DOMAIN.

- a. If the whole of the Building or Premises is lawfully taken by condemnation or in any other manner for any public or quasi-public purpose, this Lease shall terminate as of the date of such taking, and Rent shall be prorated to such date. If less than the whole of the Building or Premises is so taken, this Lease shall be unaffected by such taking, provided that (i) Tenant shall have the right to terminate this Lease by notice to Landlord given within ninety (90) days after the date of such taking if twenty percent (20%) or more of the Premises is taken or the remaining area of the Premises or parking area is not reasonably sufficient for Tenant to continue operation of its business in accordance with all laws and internal protocols, and (ii) Landlord shall have the right to terminate this Lease by notice to Tenant given within ninety (90) days after the date of such taking. If either Landlord or Tenant so elects to terminate this Lease, the Lease shall terminate on the thirtieth (30th) day after either such notice. The Rent shall be prorated to the date of termination. If this Lease continues in force upon such partial taking, the Base Rent and Tenant's Proportionate Share shall be equitably adjusted according to the remaining Rentable Area of the Premises and Project.
- b. In the event of any taking, partial or whole, all of the proceeds of any award, judgment, or settlement payable by the condemning authority shall be the exclusive property of Landlord, and Tenant hereby assigns to Landlord all of its right, title, and interest in any award, judgment, or settlement from the condemning authority. Tenant, however, shall have the right, to the extent that Landlord's award is not reduced or prejudiced, to claim from the condemning authority (but not from Landlord) such compensation as may be recoverable by Tenant in its own right for relocation expenses and damage to Tenant's personal property.
- c. In the event of a partial taking of the Premises which does not result in a termination of this Lease, Landlord shall restore the remaining portion of the Premises as nearly as practicable to its condition prior to the condemnation or

taking. Tenant shall be responsible at its sole cost and expenses for the repair, restoration, and replacement of any other Leasehold improvements and Tenant's Property.

21. INDEMNIFICATION.

- a. a. Tenant shall indemnify and hold Landlord harmless against and from liability and claims of any kind for loss or damage to property of Tenant or any other person, or for any injury to or death of any person, arising out of: (1) Tenant's use and occupancy of the Premises, or any work, activity, or other things allowed or suffered by Tenant to be done in, on, or about the Premises; (2) any breach or default by Tenant of any of the Tenant's obligations under this Lease; or (3) any negligent or otherwise tortuous act or omission of Tenant, its agents, employees, invitees, or contractors. Tenant shall at Tenant's expense and by counsel satisfactory to Landlord, defend Landlord in any action or proceeding arising from any such claim and shall indemnify Landlord against all costs, attorneys' fees, expert witness fees, and any other expenses incurred in such action or proceeding. As a material part of the consideration for Landlord's execution of this Lease, Tenant hereby assumes all risk of damage or injury to any person or property in, on, or about the Premises. Tenant, however, shall not be required to indemnify or release Landlord for its own gross negligence, willful misconduct or breach of this Lease.
- b. Landlord shall not be liable for injury or damage which may be sustained by the person or property of Tenant, its employees, invitees, or customers or any other person in or about the Premises, caused by or resulting from fire, steam, electricity, gas, water, or rain which may leak or flow from or into any part of the Premises, or from the breakage, leakage, obstruction, or other defects of pipes, sprinklers, wires, appliances, plumbing, air conditioning, or lighting fixtures, whether such damage or injury results from conditions arising upon the Premises or upon other portions of the Building or Project or from other sources. Landlord shall not be liable for any damages arising from any act or omission of any other tenant of the Building or Project.

22. TENANT'S INSURANCE.

- a. All insurance required to be carried by Tenant hereunder shall be issued by responsible insurance companies acceptable to Landlord and qualified to do business in the State (for avoidance of doubt, Landlord acknowledges that Tenant's current insurance program and the insurance companies providing such insurance are acceptable to Landlord). Each liability policy shall name Landlord, and at Landlord's request any mortgagee of Landlord, as an additional insured, as their respective interests may appear. Each policy shall contain (i) a cross-liability endorsement, (ii) a provision that such policy and the coverage evidenced thereby shall be primary and non-contributing with respect to any policies carried by Landlord and that any coverage carried by Landlord shall be excess insurance, and (iii) a waiver by the insurer of any right of subrogation against Landlord, its agents, employees, and representatives, which arises or might arise by reason of any payment under such policy or by reason of any act or omission of Landlord, its agents, employees, or representatives. A certificate of the insurer evidencing the existence and amount of each insurance policy required hereunder shall be delivered to Landlord before the Commencement Date, and thereafter within thirty (30) days after any demand by Landlord therefore as necessary to evidence continuing coverage. Tenant shall furnish Landlord with renewals or "binders" of any such policy prior to the expiration thereof. Tenant agrees that if Tenant does not maintain such insurance, Landlord may (but shall not be required to) procure said insurance on Tenant's behalf and charge the Tenant the premiums together with a twenty percent (20%) handling charge, payable upon demand. Tenant shall have the right to provide such insurance coverage pursuant to blanket policies obtained by the Tenant, provided such blanket policies expressly afford coverage to the Premises, Landlord, Landlord's mortgagee, and Tenant as required by this Lease.
- b. Beginning on the date Tenant is given access to the Premises for any purpose and continuing until expiration of the Term, Tenant shall procure, pay for and maintain in effect policies of casualty insurance covering (i) all Leasehold Improvements (including any alterations, additions, or improvements as may be made by Tenant pursuant to the provisions of Article 12 hereof), and (ii) trade fixtures, merchandise, and other personal property from time to time in, on, or about the Premises, in an amount not less than one hundred percent (100%) of their actual replacement cost from time to time, providing protection against any peril included within the classification

“Fire and Extended Coverage” together with insurance against sprinkler damage, vandalism, and malicious mischief. The proceeds of such insurance shall be used for the repair or replacement of the property so insured. Upon termination of this Lease following a casualty as set forth herein, the proceeds under (i) above be paid to Landlord, and the proceeds under (ii) above be paid to Tenant.

- c. Beginning on the date Tenant is given access to the Premises for any purpose and continuing until expiration of the Term, Tenant shall procure, pay for, and maintain in effect worker’s compensation insurance as required by law and comprehensive public liability and property damage insurance with respect to the construction of improvements on the Premises, the use, operation, or condition of the Premises, and the operations of Tenant in, on, or about the Premises, providing broad form property damage coverage for not less than Five Hundred Thousand Dollars (\$500,000) per person and One Million Dollars (\$1,000,000) each occurrence, and property damage liability insurance with a limit of not less than Two Hundred Fifty Thousand Dollars (\$250,000) each accident.
- d. Not less than every three (3) years during the Term, Landlord and Tenant shall review, and may mutually agree to increases in, Tenant’s insurance policy limits for all insurance to be carried by Tenant as set forth in this Article. In the event Landlord and Tenant cannot mutually agree upon the amounts of said increases, then Tenant agrees that all insurance policy limits as set forth in this Article shall be adjusted for increases in the cost of living in the same manner as is set forth in Section 5.2 hereof for the adjustment of the Base Rent.

23. WAIVER OF SUBROGATION.

Landlord and Tenant each hereby waive all rights or recovery against the other and against the officers, employees, agents, and representatives of the other, on account of loss by or damage to the waiving party of its property or the property of others under its control, to the extent that such loss or damage is insured against under any fire and extended overage insurance policy which either may have in force at the time of the loss or damage Tenant shall upon obtaining the policies of insurance required under this Lease, give notice to its insurance carrier or carriers that the foregoing mutual waiver of subrogation is contained in this Lease.

24. SUBORDINATION AND ATTORNMENT.

Upon written request of Landlord, or any first mortgagee or first deed of trust beneficiary of Landlord, or ground lessor of Landlord, Tenant shall, in writing, subordinate its rights under this Lease to the lien of any first mortgage or first deed of trust, or to the interest of any lease in which Landlord is lessee, and to all advances made or thereafter to be made thereunder. However, before signing any subordination agreement, Tenant shall have the right to obtain from any lender or lessor or Landlord requesting such subordination, an agreement in writing providing that, as long as Tenant is not in default hereunder, this Lease shall remain in effect for the full Term. The holder of any security interest may, upon written notice to Tenant, elect to have this Lease prior to its security interest regardless of the time of the granting or recording of such security interest.

In the event of any foreclosure sale, transfer in lieu of foreclosure, or termination of the lease in which Landlord is lessee, Tenant shall attorn to the purchaser, transferee, or lessor, as the case may be, and recognize that party as Landlord under this Lease provided such party acquires and accepts the Premises subject to this Lease.

25. TENANT ESTOPPEL CERTIFICATE.

Within thirty (30) days after written request from Landlord, Tenant shall execute and deliver to Landlord or Landlord’s designee, a written statement certifying: (a) that this lease is unmodified and in full force and effect, or is in full force and effect as modified and stating the modifications; (b) the amount of Base Rent and the date to which Base Rent and additional rent have been paid in advance; (c) the amount of any security deposited with Landlord; and (d) based on Tenant’s actual present knowledge, that Landlord is not in default hereunder or, if Landlord is claimed to be in default, stating the nature of any claimed default. Any such statement may be relied upon by a purchaser, assignee, or lender. Tenant’s failure to execute and deliver such statement within the time required shall at Landlord’s election be a default

under this Lease and shall also be conclusive upon Tenant that: (1) this Lease is in full force and effect and has not been modified except as represented by Landlord; (2) there are no uncured defaults in Landlord's performance and that Tenant has not right of offset, counter-claim, or deduction against Rent; and (3) not more than one month's Rent has been paid in advance.

26. TRANSFER OF LANDLORD'S INTEREST.

In the event of any sale or transfer by Landlord of the Premises, Building, or Project, and assignment of this Lease by Landlord, Landlord shall be and is hereby entirely freed and relieved of any and all liability and obligations contained in or derived from this Lease arising out of any act, occurrence, or omission relating to the Premises, Building, Project, or Lease occurring after the consummation of such sale or transfer, providing the purchaser shall expressly assume all of the covenants and obligations of Landlord under this Lease. If any security deposit or prepaid Rent has been paid by Tenant, Landlord may transfer the security deposit or prepaid Rent to Landlord's successor and upon such transfer, Landlord shall be relieved of any and all further liability with respect thereto.

27. DEFAULT.

27.1. *Tenant's Default.* The occurrence of any one or more of the following events shall constitute a default and breach of this Lease by Tenant:

- a. If Tenant abandons the Premises; or
- b. If Tenant fails to pay any Rent or any other charges required to be paid by Tenant under this Lease and such failure continues for five (5) days after such payment is due and payable; or
- c. If Tenant fails to promptly and fully perform any other covenant, condition, or agreement contained in this lease and such failure continues for thirty (30) days after written notice thereof from Landlord to Tenant (provided, however, that if such covenant, condition or agreement is not capable of being remedied within such 30 day period, and Tenant is diligently pursuing the remediation or cure of such condition, such 30-day period shall be extended to allow a sufficient time period to address such condition, provided that the cure period, in the aggregate shall not exceed 60 days); or
- d. If a writ of attachment or execution is levied on this Lease; or
- e. If Tenant makes a general assignment for the benefit of creditors, or provides for an arrangement, composition, extension or adjustment with its creditors; or
- f. If Tenant files a voluntary petition for relief or if a petition against Tenant in a proceeding under the federal bankruptcy laws or other insolvency laws is filed and not withdrawn or dismissed within forty-five (45) days thereafter, or if under the provisions of any law providing for reorganization or winding up of corporations, any court of competent jurisdiction assumes jurisdiction, custody, or control of Tenant or any substantial part of its property and such jurisdiction, custody, or control remains in force unrelinquished, unstayed, or unterminated for a period of forty-five (45) days; or
- g. If in any proceeding or action in which Tenant is not a party, a trustee, receiver, agent, or custodian is appointed to take charge of the Premises or Tenant's Property (or has the authority to do so) for the purpose of enforcing a lien against the Premises or Tenant's Property;
- h. If Tenant is a partnership or consists of more than one (1) person or entity, if any partner of the partnership or other person or entity is involved in any of the acts or events described in subparagraphs d through g above; or

27.2. Remedies. In the event of Tenant's default hereunder, then, in addition to any other rights or remedies Landlord may have under any law, Landlord shall have the right, at Landlord's option, without further notice or demand of any kind to do the following:

- a. Terminate this Lease and Tenant's right to possession of the Premises and re-enter the Premises and take possession thereof, and Tenant shall have no further claim to the Premises or under this Lease; or
- b. Continue this Lease in effect, re-enter and occupy the Premises for the account of Tenant, and collect any unpaid Rent or other charges which have or thereafter become due and payable; or
- c. Re-enter the Premises under the provisions of subparagraph b and thereafter elect to terminate this Lease and Tenant's right to possession of the Premises.

If Landlord re-enters the Premises under the provisions of subparagraph b or c above, Landlord shall not be deemed to have terminated this Lease or the obligation of Tenant to pay any Rent or other charges thereafter accruing, unless Landlord notifies Tenant in writing of Landlord's election to terminate this Lease. In the event of any re-entry or retaking of possession by Landlord, Landlord shall have the right, but not the obligation, to remove all or any part of Tenant's Property in the Premises and to place such property in storage at a public warehouse at the expense and risk of Tenant. If Landlord elects to relet the Premises for the account of Tenant, the rent received by Landlord from such reletting shall be applied as follows: first, to the payment of any indebtedness other than Rent due hereunder from Tenant to Landlord; second, to the payment of any costs of such reletting; third, to the payment of the cost of any alterations or repairs to the Premises; fourth, to the payment of Rent due and unpaid hereunder; and the balance, if any, shall be held by Landlord and applied in payment of future Rent as it becomes due. If that portion of rent received from the reletting, which is applied against, the Rent due hereunder is less than the amount of the Rent due, Tenant shall pay the deficiency to Landlord promptly upon demand by Landlord. Such deficiency shall be calculated and paid monthly. Tenant shall also pay to Landlord, as soon as determined, any costs and expenses incurred by Landlord in connection with such reletting or in making alterations and repairs to the Premises, which are not covered by the rent received from the reletting.

Should Landlord elect to terminate this Lease under the provisions of subparagraph a or c above, Landlord may recover as damages from Tenant the following:

- (1.) *Past Rent*. The worth at the time of the award of any unpaid Rent which had been earned at the time of termination; plus
- (2.) *Rent Prior to Award*. The worth at the time of the award of the amount by which the unpaid Rent which would have been earned after termination until the time of award exceeds the amount of such rental loss that Tenant proves could have been reasonably avoided; plus
- (3.) *Rent After Award*. The worth at the time of the award of the amount by which the unpaid Rent for the balance of the Term after the time of award exceeds the amount of the rental loss that Tenant provides could be reasonably avoided; plus
- (4.) *Proximately Caused Damages*. Any other amount necessary to compensate Landlord for all detriment proximately caused by Tenant's failure to perform its obligations under this Lease or which in the ordinary course of things would be likely to result therefrom including, but not limited to, any costs or expenses (including attorneys' fees) incurred by Landlord in (a) retaking possession of the Premises, (b) maintaining the Premises after Tenant's default, (c) preparing the Premises for reletting to a new tenant, including any repairs or alterations, and (d) reletting the Premises, including broker's commissions. Except as expressly provided for in the preceding sentence, in no event shall Tenant be liable for consequential, punitive, speculative or special type damages, and Landlord expressly waives the same.

“The worth at the time of the award@ as used in subparagraphs 1 and 2 above is to be computed by allowing interest at the rate of ten percent (10%) per annum.” The worth at the time of the award@ as used in subparagraph 3 above is to be computed by discounting the amount at the discount rate of the Federal Reserve Bank situated nearest to the Premises at the time of the award plus one percent (1%).

The waiver by Landlord of any breach of any term, covenant, or condition of this Lease shall not be deemed a waiver of such term, covenant, or condition or of any subsequent breach of the same or any other term, covenant, or condition. Acceptance of Rent by Landlord subsequent to any breach hereof shall not be deemed a waiver of any preceding breach other than the failure to pay the particular Rent so accepted, regardless of Landlord’s knowledge of any breach at the time of such acceptance of Rent. Landlord shall not be deemed to have waived any term, covenant, or condition unless Landlord gives Tenant written notice of such waiver.

27.3 *Landlord’s Default.* If Landlord fails to perform any covenant, condition, or agreement contained in this Lease within thirty (30) days after receipt of written notice from Tenant specifying such default, or if such default cannot reasonably be cured within thirty (30) days, if Landlord fails to commence to cure within that thirty (30) day period, then Landlord shall be liable to Tenant for any damages sustained by Tenant as a result of Landlord’s breach; provided, however, it is expressly understood and agreed that if Tenant obtains a money judgment against Landlord resulting from any default or other claim arising under this Lease, that judgment shall be satisfied only out of the rents, issues, profits, and other income actually received on account of Landlord’s right, title, and interest in the Premises, Building, or Project, and no other real, personal, or mixed property of Landlord (or of any of the partners which comprise Landlord, if any) wherever situated, shall be subject to levy to satisfy such judgment. If, after notice to Landlord of default, Landlord (or any first mortgagee or first deed of trust beneficiary of Landlord) fails to cure the default as provided herein, then Tenant shall have the right to cure that default at Landlord’s expense (which cost may be offset from Rent) or terminate the lease. Tenant shall not have the right to terminate this Lease, or to withhold, reduce, or offset any amount against any payments of Rent or any other charges due and payable under this Lease, except as otherwise specifically provided herein.

28. BROKERAGE FEES.

Tenant warrants and represents that it has not dealt with any real estate broker or agent in connection with this Lease or its negotiation except those noted in Section 2.c. Tenant shall indemnify and hold Landlord harmless from any cost, expenses, or liability (including costs of suit and reasonable attorneys’ fees) for any compensation, commission, or fees claimed by any other real estate broker or agent in connection with this Lease or its negotiation by reason of any act of Tenant.

29. NOTICES.

All notices, approvals, and demands permitted or required to be given under this Lease shall be in writing and deemed duly served or given if personally delivered or sent by certified or registered U.S. mail, postage prepaid, and addressed as follows: (a) if to Landlord, to Landlord’s Mailing Address and to the Building manager, and (b) if to Tenant, to Tenant’s Mailing Address. Landlord and Tenant may from time to time by notice to the other designate another place for receipt of future notices.

30. GOVERNMENT ENERGY OR UTILITY CONTROLS.

In the event of imposition of federal, state, or local government controls, rules, regulations, or restrictions on the use or consumption of energy or other utilities during the Term, both Landlord and Tenant shall be bound thereby.

31. RELOCATION OF PREMISES.

Where Landlord reasonably determines that it is necessary for the benefit of the Building, Landlord or to otherwise comply with the terms of this Lease (including in the event of a casualty event), Landlord shall have the right to relocate the Premises to another part of the Building in accordance with the following:

- a. The new premises shall be substantially the same in size, dimension, configuration, decor and nature as the Premises described in this Lease, considering the improvements made in connection with this Lease, and if the relocation occurs after the Commencement Date, shall be placed in that condition by Landlord at its cost.
- b. Landlord shall give Tenant at least sixty (60) days written notice of Landlord's intention to relocate the Premises.
- c. As nearly as practicable, the physical relocation of the Premises shall take place on a weekend and shall be completed before the following Monday and shall be undertaken at Landlord's expense. If the physical relocation has not been completed in that time, Base Rent shall abate in full from the time the physical relocation commences to the time it is completed. Upon completion of such relocation, the new premises shall become the "Premises" under this Lease.
- d. All reasonable costs incurred by Tenant as a result of the relocation shall be paid by Landlord.
- e. If the new premises are smaller than the Premises as it existed before the relocation, Base Rent shall be reduced proportionately; however, for avoidance of doubt, this provision is not intended to modify subsection a. above, and Tenant shall not be required to accept space that is substantially smaller than the Premises contemplated under this Lease.
- f. Following relocation, the parties hereto shall immediately execute an amendment to this Lease setting forth the relocation of the Premises and the reduction of Base Rent, if any.

32. QUIET ENJOYMENT.

Tenant, upon paying the Rent and performing all of its obligations under this Lease, shall peaceably and quietly enjoy the Premises, subject to the terms of this Lease and to any mortgage, lease, or other agreement to which this Lease may be subordinate.

33. OBSERVANCE OF LAW.

Tenant shall not use the Premises or permit anything to be done in or about the Premises which will in any way conflict with any law, statute, ordinance or governmental rule or regulation now in force or which may hereafter be enacted or promulgated. Tenant shall, at its sole cost and expense, promptly comply with all laws, statutes, ordinances and governmental rules, regulations or requirements now in force or which may hereafter be in force, and with the requirements of any board of fire insurance underwriters or other similar bodies now or hereafter constituted, relating to, or affecting the condition, use or occupancy of the Premises, excluding structural changes not related to or affected by Tenant's improvements or acts. The judgment of any court of competent jurisdiction or the admission of Tenant in any action against Tenant, whether Landlord is a party thereto or not, that Tenant has violated any law, ordinance or governmental rule, regulation or requirement, shall be conclusive of that fact as between Landlord and Tenant. Landlord shall ensure that the Common Areas comply with all laws, statutes, ordinances and governmental rules, regulations or requirements now in force or which may hereafter be in force, and with the requirements of any board of fire insurance underwriters or other similar bodies now or hereafter constituted, relating to, or affecting the condition, use or occupancy of the Common Areas.

34. FORCE MAJEURE.

Any prevention, delay or stoppage of work to be performed by Landlord or Tenant which is due to strikes, labor disputes, inability to obtain labor, materials, equipment or reasonable substitutes therefore, acts of God, governmental restrictions or regulations or controls, judicial orders, enemy or hostile government actions, civil commotion, fire or other casualty, or other causes beyond the reasonable control of the party obligated to perform hereunder, shall excuse performance of the work by that party for a period equal to the duration of that prevention, delay or stoppage. Nothing in this Article 34 shall excuse or delay Tenant's obligation to pay Rent or other charges under this Lease.

35. CURING TENANT'S DEFAULTS.

If Tenant defaults in the performance of any of its obligations under this Lease beyond any period for cure, during the continuance of such uncured default, Landlord may (but shall not be obligated to) without waiving such default, perform the same for the account at the expense of Tenant. Tenant shall pay Landlord all costs of such performance promptly upon receipt of a bill therefore.

36. SIGN CONTROL.

Tenant shall not affix, paint, erect or inscribe any sign, projection, awning, signal or advertisement of any kind to any part of the Premises, Building or Project, including without limitation, the inside or outside of windows or doors, without the written consent of Landlord. Landlord shall have the right to remove any signs or other matter, installed without Landlord's permission, without being liable to Tenant by reason of such removal, and to charge the cost of removal to Tenant as additional rent hereunder, payable within ten (10) days of written demand by Landlord. However, Tenant shall have the right to maintain all signs in the locations currently existing as of the Commencement Date.

37. MISCELLANEOUS.

- a. *Accord and Satisfaction; Allocation of Payments:* No payment by Tenant or receipt by Landlord of a lesser amount than the Rent provided for in this Lease shall be deemed to be other than on account of the earliest due Rent, nor shall any endorsement or statement on any check or letter accompanying any check or payment as Rent be deemed an accord and satisfaction, and Landlord may accept such check or payment without prejudice to Landlord's right to recover the balance of the Rent or pursue any other remedy provided for in this Lease. In connection with the foregoing, Landlord shall have the absolute right in its sole discretion to apply any payment received from Tenant to any account or other payment of Tenant then not current and due or delinquent.
- b. *Addenda:* If any provision contained in an addendum to this Lease is inconsistent with any other provision herein, the provision contained in the addendum shall control, unless otherwise provided in the addendum.
- c. *Attorneys' Fees:* If any action or proceeding is brought by either party against the other pertaining to or arising out of this Lease, the finally prevailing party shall be entitled to recover all costs and expenses, including reasonable attorneys' fees, incurred on account of such action or proceeding.
- d. *Captions, Articles and Section Numbers:* The captions appearing within the body of this Lease have been inserted as a matter of convenience and for reference only and in no way define, limit or enlarge the scope or meaning of this Lease. All references to Article and Section numbers refer to Articles and Sections in this Lease.
- e. *Intentionally Omitted.*
- f. *Choice of Law:* This Lease shall be construed and enforced in accordance with the laws of the State of California.
- g. *Consent:* Notwithstanding anything contained in this Lease to the contrary, Tenant shall have no claim, and hereby waives the right to any claim against Landlord for money damages by reason of any refusal, withholding or delaying by Landlord of any consent, approval or statement of satisfaction, and in such event, Tenant's only remedies therefore shall be an action for specific performance, injunction or declaratory judgment to enforce any right to such consent, etc.
- h. *Corporate Authority:* Each individual signing this Lease on behalf of Tenant or Landlord represents and warrants that he is duly authorized to execute and deliver this lease on behalf of the corporation, and that this Lease is binding on Landlord or Tenant, as applicable, in accordance with its terms.

- i. *Counterparts*: This Lease may be executed in multiple counterparts, all of which shall constitute one and the same Lease.
- j. *Execution of Lease; No Option*: The submission of this Lease to Tenant shall be for examination purposes only, and does not and shall not constitute a reservation of or option for Tenant to lease, or otherwise create any interest of Tenant in the Premises or any other premises within the Building or Project. Execution of this Lease by Tenant and its return to Landlord shall not be binding on Landlord notwithstanding any time interval, until Landlord has in fact signed and delivered this Lease to Tenant.
- k. *Furnishing of Financial Statements; Tenant's Representations*: Tenant has previously provided information to Landlord regarding Tenant's current financial condition. Notwithstanding the foregoing or any provision of the Lease to the contrary, in no event shall Tenant be required to provide sales reports or other financial reports relating to activities from or within the Premises. So long as Tenant is an affiliate of Tenet Healthcare Corporation and Tenet Healthcare Corporation remains a publicly traded corporation, Tenant shall not be required to provide financial statements to Landlord.
- l. *Further Assurances*: The parties agree to promptly sign all documents reasonably requested to give effect to the provisions of this Lease.
- m. *Mortgagee Protection*: Tenant agrees to send by certified or registered mail to any first mortgagee or first deed of trust beneficiary of Landlord whose address has been furnished to Tenant, a copy of any notice of default served by Tenant on Landlord. If Landlord fails to cure such default within the time provided for in this Lease, such mortgagee or beneficiary shall have an additional thirty (30) days to cure such default; provided that if such default cannot reasonably be cured within that thirty (30) day period, then such mortgagee or beneficiary shall have such additional time to cure the default as is reasonably necessary under the circumstances.
- n. *Prior Agreements; Amendments*: This Lease contains all of the agreements of the parties with respect to any matter covered or mentioned in this Lease, and no prior agreement or understanding pertaining to any such matter shall be effective for any purpose. No provisions of this Lease may be amended or added to except by an agreement in writing signed by the parties or their respective successors in interest.
- o. *Recording*: Tenant shall not record this Lease without the prior written consent of Landlord. Tenant, upon the request of Landlord, shall execute and acknowledge a "short form" memorandum of this Lease for recording purposes.
- p. *Severability*: A final determination by a court of competent jurisdiction that any provision of this Lease is invalid shall not affect the validity of any other provision, and any provision so determined to be invalid shall, to the extent possible, be construed to accomplish its intended effect.
- q. *Successors and Assigns*: This Lease shall apply to and bind the heirs, personal representatives, and permitted successors and assigns of the parties.
- r. *Time of the Essence*: Time is of the essence of this Lease.
- s. *Waiver*: No delay or omission in the exercise of any right or remedy of Landlord upon any default by Tenant shall impair such right or remedy or be construed as a waiver of such default.
- t. *Compliance*: The parties hereto agree to comply with all applicable federal, state and local laws, regulations, codes, ordinances and administrative orders having jurisdiction over the parties, property or the subject matter of this Agreement, including, but not limited to, the 1964 Civil Rights Act and all amendments thereto, the Foreign Investment In Real Property Tax Act, the Comprehensive Environmental Response Compensation and Liability Act, and The Americans With Disabilities Act.

The receipt and acceptance by Landlord of delinquent Rent shall not constitute a waiver of any other default; it shall constitute only a waiver of timely payment for the particular Rent payment involved.

No act or conduct of Landlord, including, without limitation, the acceptance of keys to the Premises, shall constitute an acceptance of the surrender of the Premises by Tenant before the expiration of the Term. Only a written notice from Landlord to Tenant shall constitute acceptance of the surrender of the Premises and accomplish a termination of the Lease.

Landlord's consent to or approval of any act by Tenant requiring Landlord's consent or approval shall not be deemed to waive or render unnecessary Landlord's consent to or approval of any subsequent act by Tenant.

Any waiver by Landlord of any default must be in writing and shall not be a waiver of any other default concerning the same or other provision of the Lease.

The parties hereto have executed this Lease as of the dates set forth below.

| | | | |
|------------|--------------------------------------|------------|---|
| Date: | _____ | Date: | _____ |
| Landlord: | <u>Desert Healthcare District</u> | Tenant: | <u>Desert Regional Medical Center, Inc.</u> |
| | <u>dba: Las Palmas Medical Plaza</u> | | |
| By: | <u>Chris Christensen</u> | By: | _____ |
| Signature: | _____ | Signature: | _____ |
| Title: | <u>CEO</u> | Title: | _____ |

CONSULT YOUR ADVISORS This document has been prepared for approval by your attorney. No representation or recommendation is made as to the legal sufficiency or tax consequences of this document or the transaction to which it relates. These are questions for your attorney.

In any real estate transaction, it is recommended that you consult with a professional, such as a civil engineer, industrial hygienist or other person, with experience in evaluating the condition of the property, including the possible presence of asbestos, hazardous materials and underground storage tanks.

EXHIBIT "A"

RULES AND REGULATIONS

1. No sign, placard, pictures, advertisement, name or notice shall be inscribed, displayed or printed or affixed on or to any part of the outside or inside of the Building (excluding the interior of the Premises) without the written consent of Landlord first had and obtained and Landlord shall have the right to remove any such sign, placard, picture, advertisement, name or notice not consented to by Landlord without notice to and at the expense of Tenant.

All approved signs or lettering on entry door and directory shall be printed, painted, affixed, or inscribed at the expense of Landlord by a person approved by Landlord outside the Premises; provided, however, that Landlord may furnish and install a Building standard interior window covering at all exterior windows. Tenant may, if not provided by Landlord, provide privacy screens on any window in order to protect patient privacy and all PHI.

2. The sidewalks, halls, passages, exits, entrances, elevators and stairways shall not be obstructed by any of the tenants or used by them for any purpose other than for ingress and egress from their respective Premises.
3. Tenant shall not alter any lock or install any new or additional locks or any bolts on any doors or windows of the Premises, except as necessary to protect PHI.
4. The toilet rooms, urinals, wash bowls and other apparatus shall not be used for any purpose other than that for which they were constructed and no foreign substance of any kind whatsoever shall be thrown therein and the expense of any breakage, stoppage or damage resulting from the violation of the rule shall be borne by the Tenant who, or whose employees or invitees, shall have caused it.
5. Tenant shall not overload the floor of the Premises or in any way deface the Premises or any part thereof.
6. Landlord shall have the right to prescribe the weight, size and position of all safes and other heavy equipment brought into the Building and also the times and manner of moving the same in and out of the Building. Safes or other heavy objects shall, if considered necessary by Landlord, stand on supports of such thickness as is necessary to properly distribute the weight. Landlord will not be responsible for loss of or damage to any such safe or property from any cause and all damage done to the Building by moving or maintaining any such safe or other property shall be repaired at the expense of Tenant.
7. Tenant shall not use, keep or permit to be used or kept any foul or noxious gas or substances in the Premises, or permit or suffer the Premises to be occupied or used in a manner reasonably offensive or objectionable to Landlord or other occupants of the Building by reason of noise, odors and/or vibrations, or unreasonably interfere with other tenants or those having business therein, nor shall any animals or birds be brought in or kept in or about the Premises of the Building.
8. The Premises shall not be used for storage of merchandise, for washing clothes, for lodging or for any improper, objectionable or immoral purposes. Food service within the Premises shall be limited to coffee, microwave reheating, food delivery and other typical office uses. Food items must be secured in containers for clean and healthy conditions.
9. Tenant shall not use or keep in the Premises or the Building any kerosene, gasoline or inflammable or combustible fluid or material, or use any method of heating or air conditioning other than that supplied by Landlord.
10. Landlord will direct electricians as to where and how telephone and telegraph wires are to be introduced. No boring or cutting for wires will be allowed without the consent of the Landlord. The location of telephones, call boxes and other office equipment affixed to the Premises shall be subject to the approval of Landlord.

11. Tenant shall have access to the Building and Premises 24-hours a day, seven days a week. However, on Saturdays, Sundays and legal holidays, and on other days between the hours of 6:00 p.m. and 8:00 a.m. the following day, access to the Building or to the halls, corridors, elevators or stairways in the Building, or to the Premises may be refused unless the person seeking access is known to the person or employee of the Building in charge and has a pass or is properly identified. The Landlord shall in no case be liable for damages for any error with regard to the admission to or exclusion from the Building of any person. In case of invasion, mob, riot, public excitement, or other commotion, the Landlord reserves the right to prevent access to the Building during the continuance of the same by closing of the doors or otherwise, for the safety of the tenants and protection of property in the Building and the Building.
12. Landlord reserves the right to exclude or expel from the Building any person who, in the judgment of Landlord, is intoxicated or under the influence of liquor or illegal drugs, or who shall in any manner do any act in violation of any of the rules and regulations of the Building.
13. No vending machine or machines of any description shall be installed, maintained or operated upon the Premises without the written consent of the Landlord.
14. Landlord shall have the right, exercisable without notice and without liability to Tenant, to change the name and street address of the Building of which the Premises are a part.
15. Tenant shall not disturb, solicit, or canvass any occupant of the Building and shall cooperate to prevent same.
16. Without the written consent of Landlord, Tenant shall not use the name of the Building in connection with or in promoting or advertising the business of Tenant except as Tenant's address or to provide general directions to Tenant's Premises.
17. Landlord shall have the right to control and operate the public portions of the Building, and the public facilities, and heating and air conditioning, as well as facilities furnished for the common use of the tenants, in such manner as it deems best for the benefit of the tenants generally.
18. All entrance doors in the Premises shall be left locked when the Premises are not in use, and all doors opening to public corridors shall be kept closed except for normal ingress and egress from the Premises.

Landlord's Initials

Tenant's Initials

ADDENDUM

Addendum to that certain Office Building Lease dated September 01, 2024, by and between Desert Healthcare District doing business as the Las Palmas Medical Plaza, as Landlord and Desert Regional Medical Center, Inc., as Tenant for the property commonly known as Las Palmas Medical Plaza located 555 E. Tachevah Drive, Palm Springs, California 92262.

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LANDLORD AND TENANT ACKNOWLEDGE AND AGREE THAT IN THE EVENT OF ANY INCONSISTENCY BETWEEN THE ADDENDUM LANGUAGE AND THE BODY OF THE LEASE, THE ADDENDUM LANGUAGE SHALL PREVAIL.

- 1. Commencement Date: May 1, 2025
- 2. Expiration Date: April 30, 2030
- 3. Rent Schedule:

| | |
|----------------------|-------------|
| 5/1/2025 – 4/30/2026 | \$4,689.71 |
| 5/1/2026 – 4/30/2027 | \$4,830.40* |
| 5/1/2027 – 4/30/2028 | \$4,975.31* |
| 5/1/2028 – 4/30/2029 | \$5,124.57* |
| 5/1/2029 – 4/30/2030 | \$5,278.31* |

*Estimate: Increase to be greater of 3% or CPI (not to exceed 5%)
- 4. CAMs: \$.86 per square foot (NNN), subject to adjustment each calendar year as provided for in the Lease
- 5. Tenant Audit Rights. Except in the case of fraud or willful misrepresentation, any objection by Tenant to a statement of Operating Costs provided by Landlord or to any information reported in it shall be deemed waived if not raised by notice to Landlord within 1 year after delivery of the statement. After giving such notice, Tenant shall have the right to audit Landlord's books and records with regard to Operating Costs for the calendar year to which the statement relates. Such audit shall occur at the location of Landlord's accounting records, during Landlord's regular business hours and on reasonable prior notice. The audit may be conducted by Tenant's employee or a reputable certified public accountant that has experience reviewing financial operating records of office building landlords, provided that neither shall be retained on a contingency or performance bonus basis. The audit must be completed not later than 90 business days after such books and records are made available for inspection. Any audit report prepared by Tenant's auditor shall be delivered concurrently to Landlord and Tenant within the 90-day period.

Either party may dispute the results of such audit by giving notice to the other within 30 days of receipt of the full complete audit report. Landlord and Tenant shall negotiate in good faith to resolve the dispute. The audit shall be performed at Tenant's sole cost and expense, unless after resolution of all disputes it is determined that Tenant's proportionate share of any item of

operating costs shown on the disputed statement of Operating Costs exceeds the correct amount by more than five percent (5%) of the amount shown on the disputed statement, in which case Landlord shall pay reasonable and verifiable costs and expenses relating to the audit.

6. **Security Deposit:** Three Thousand, Four Hundred Ninety-Seven and 85/100 Dollars (\$3,497.85) carried over from prior lease

7. **Exclusion from Operating Costs.** The following items to be excluded from operating costs: (a) ground lease rent; (b) depreciation and amortization; (c) marketing costs (including attorneys' fees, space planners' fees, real estate brokers' commissions, marketing and advertising expenses) incurred in connection with negotiation and preparation of letters, deal memos, letters of intent, leases, subleases, assignments or other transactions with present or prospective tenants or other occupants of the Building; (d) costs or expenses resulting from the violation of this Lease by Landlord, or the violation of other tenants of the provisions of their leases (excepting, however, the cost of any reasonable insurance deductible permitted by this Lease, if such violation results in an insured loss); (e) overhead and profit increment paid to Landlord or to subsidiaries or affiliates of Landlord for goods or services in the Building to the extent same exceeds the costs of such services rendered by unaffiliated third parties on a competitive basis; (f) interest, principal, points and fees on debts, or amortization on any mortgage (first or otherwise) or other debt instrument encumbering the Building or the real property on which it is situated; (g) costs arising from the negligence or fault of: other tenants; Landlord or Landlord's agents; or, any vendors, contractors or providers of materials or services selected, hired or engaged by Landlord or Landlord's agents (including, without limitation, the selection of building materials); (h) Landlord's charitable or political contributions; or (i) wages and costs of personnel that furnish services to the Building and other properties owned by Landlord or its affiliates, unless such wages and costs are equitably apportioned between the Building and such other properties. By way of example, it is understood this would exclude general repairs and services to HVAC units throughout the Las Palmas Medical Plaza.

8. **Compliance.** Landlord and Tenant enter into this Lease with the intent of conducting their relationship and implementing the agreements contained herein in full compliance with applicable federal, state and local law, including without limitation, the Medicare/Medicaid Anti-Kickback statute (the "Anti-Kickback Law") and Section 1877 of the Social Security Act (the "Stark Law"), as amended. Notwithstanding any unanticipated effect of any of the provisions of this Lease, neither party will intentionally conduct itself under the terms of this Lease in a manner that would constitute a violation of the Anti-Kickback Law or the Stark Law. Without limiting the generality of the foregoing, Landlord and Tenant expressly agree that nothing contained in this Lease shall require either party to refer any patients to the other, or to any affiliate or subsidiary of the other. If any legislation, regulation or government policy is passed or adopted, the effect of which would cause either party to be in violation of such laws due to the existence of any provision of this Lease, then Landlord and Tenant agree to negotiate in good faith to modify the terms of this Lease to comply with applicable law.

9. **Early Termination.** Landlord, as ground lessor, and Tenet HealthSystem Desert, Inc., as ground lessee, are parties to that certain Hospital Lease Agreement dated May 30, 1997 (the "Ground Lease"). Tenant is an affiliate of Tenet HealthSystem Desert, Inc. ("Ground Lessee"), and would not have a need for the Premises or its operations, or otherwise be a tenant of Landlord, but for

the existence of the Ground Lease. Accordingly, if at any time the Ground Lease terminates, for any reason other than a termination by Landlord pursuant to Section 8.4(a) of the Ground Lease following a material and uncured event of default by Ground Lessee, then Tenant shall have the immediate right to terminate this Lease upon not less than 60 days' notice to Landlord. In such event, Tenant shall specify the termination date in Tenant's notice to Landlord, and upon such date Tenant shall surrender the Premises to Landlord in accordance with Section 18, this Lease shall automatically terminate (with such specified date becoming the Termination Date hereunder).

The foregoing is hereby agreed to and accepted:

Date: _____

Date: _____

Landlord: Desert Healthcare District

Tenant: Desert Regional Medical Center, Inc.

dba: Las Palmas Medical Plaza

By: Chris Christensen

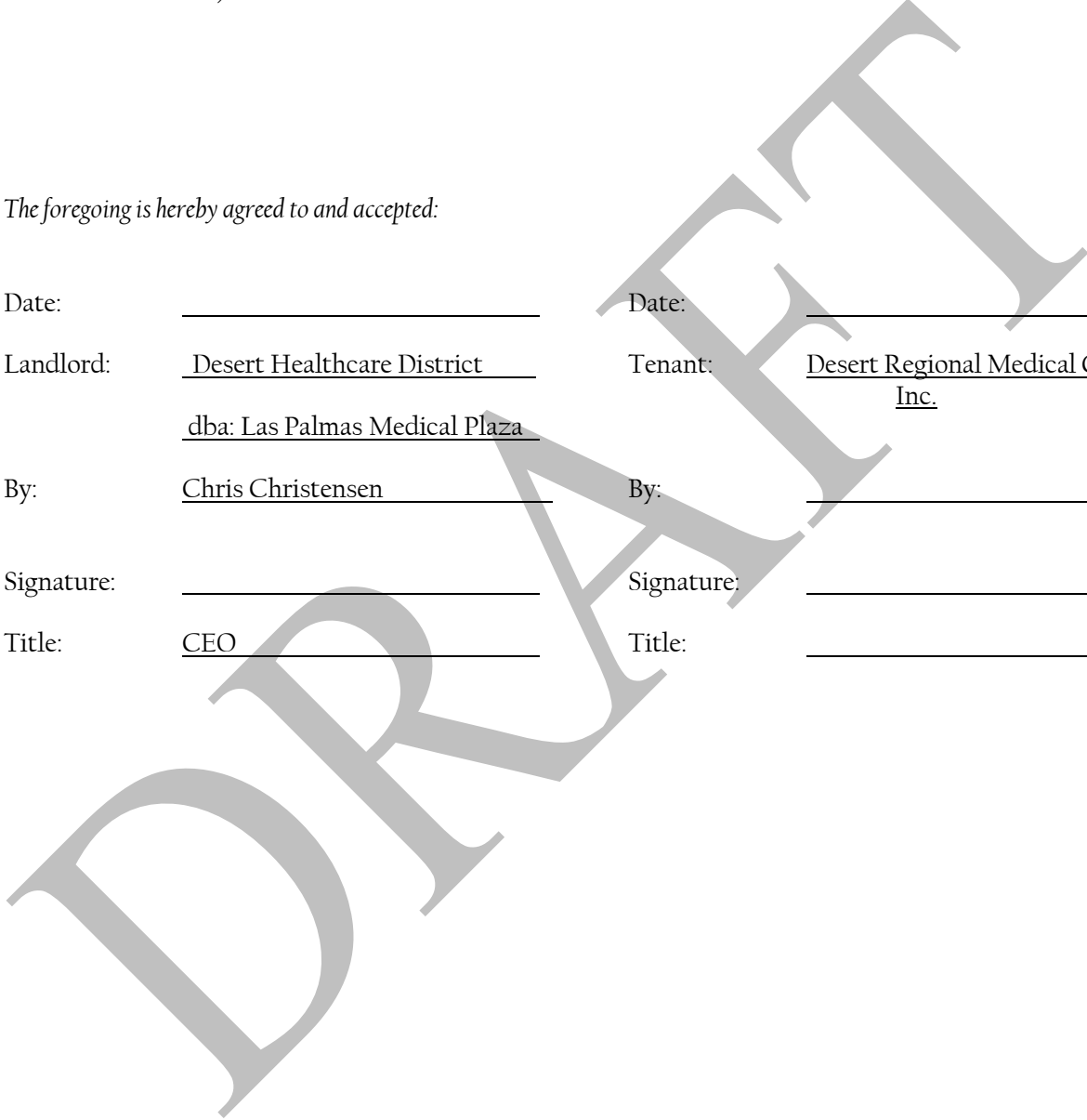
By: _____

Signature: _____

Signature: _____

Title: CEO

Title: _____





DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: February 25, 2025
To: Board of Directors
Subject: Consideration to Approve Policies

Staff Recommendation: Consideration to approve policies as noted below.

Background:

The following policies require review and/or revisions:

- Policy #BOD-09 – Rules of Order for Board and Committee Meetings – minor revisions
- Policy #BOD-10 – Board Meeting Conduct – minor revision
- Policy #BOD-18 – Ticket Distribution Policy – update to annual limit
- 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 #OP-17 – Sponsorships – new policy with language revisions from the Finance & Administration and Board and Staff Communications and Policies Committees
- Policy #PROC-01 – Purpose of Board Policies – revisions

- At the February 13, 2025, Board and Staff Communications and Policies Committee, the Committee recommended forwarding the policies for approval by the full board.

Fiscal Impact:

None



DESERT HEALTHCARE
DISTRICT & FOUNDATION

POLICY TITLE: RULES OF ORDER FOR BOARD AND COMMITTEE MEETINGS

POLICY NUMBER: BOD-09

COMMITTEE APPROVAL: 02-13-2025

BOARD APPROVAL: 02-25-2025

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 |



DESERT HEALTHCARE
DISTRICT & FOUNDATION

POLICY TITLE: RULES OF ORDER FOR BOARD AND COMMITTEE MEETINGS

POLICY NUMBER: BOD-09

COMMITTEE APPROVAL: 02-13-2025~~03-07-2023~~

BOARD APPROVAL: 02-25-2025~~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

| | |
|----------------|-------------------|
| <u>Revised</u> | <u>02-25-2025</u> |
| 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: 02-13-2025

BOARD APPROVAL: 02-25-2025

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. This section is subject to provisions of California Government Code 54957.9.

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

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



POLICY TITLE: BOARD MEETING CONDUCT

POLICY NUMBER: BOD-10

COMMITTEE APPROVAL: ~~02-13-2025~~~~03-07-2023~~

BOARD APPROVAL: ~~02-25-2025~~~~03-28-2023~~

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



DESERT HEALTHCARE
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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. [This section is subject to the provisions of California Government code 54957.9.](#)

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

| | |
|----------------|-------------------|
| <u>Revised</u> | <u>02-25-2025</u> |
| Reviewed | 03-28-2023 |
| Revised | 02-23-2021 |
| Revised | 07-23-2019 |
| Approved | 03-23-2016 |



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

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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DISTRICT & FOUNDATION

- 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~~06-11-2024

BOARD APPROVAL: ~~02-25-2025~~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.~~ 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”).
- ~~1.2.~~ 1.2. 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 (~~t~~The CEO and one Director~~Board member~~ or two Directors~~Board members~~).
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.
~~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 |



POLICY TITLE: FINANCIAL RESERVE

POLICY NUMBER: FIN-06

COMMITTEE APPROVAL: 02-13-2025

BOARD APPROVAL: 02-25-2025

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 |



DESERT HEALTHCARE
DISTRICT & FOUNDATION

POLICY TITLE: FINANCIAL RESERVE

POLICY NUMBER: FIN-06

COMMITTEE APPROVAL: 02-13-2025~~09-07-2023~~

BOARD APPROVAL: 02-25-2025~~09-26-2023~~

POLICY #FIN-06: It is the policy of the

1.1 Purpose: The Desert Healthcare District ("District") to establish the process to utilize District shall maintain reserve funds in accordance with the District's Reserve Policy. This policy establishes the procedure and level of 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 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
- e) Fund grants and overhead costs of operation of the District, and to support expenditures authorized by the Board of Directors ("Board").

GUIDELINES:

The District receives an estimated \$109M annually from county property tax allocation. The operations of the District, including grant funding, are mostly funded by the annual tax allocation. The rReserve fFund is increased as tax payments are received or decreased as grant and operational costs are expended.

1. The Use of District Reserves is limited to the reserve funding shall be allowed in the following situations: 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.
 - 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



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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 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.

~~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:~~



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~~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.~~

~~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.~~

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 |



DESERT HEALTHCARE
DISTRICT & FOUNDATION

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

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 |



DESERT HEALTHCARE
DISTRICT & FOUNDATION

POLICY TITLE: DELEGATING MINOR CLAIMS TO THE CEO

POLICY NUMBER: OP-06

COMMITTEE APPROVAL: 02-13-2025~~03-07-2023~~

BOARD APPROVAL: 02-25-2025~~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

| | |
|-----------------|-------------------|
| <u>Reviewed</u> | <u>02-25-2025</u> |
| Reviewed | 03-28-2023 |
| Revised | 11-24-2020 |
| Approved | 05-24-2016 |



POLICY TITLE: **SPONSORSHIPS**

POLICY NUMBER: OP-17

COMMITTEE APPROVAL: 02-13-2025

BOARD APPROVAL: 02-25-2025

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 budget for the event, including estimate of attendees
 - 3.5. The date and location of the event, along with applicable deadlines
 - 3.6. 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



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(“CEO”)

- 4.2. Sponsorships greater than \$5,000 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 agendaized 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



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

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



DESERT HEALTHCARE
DISTRICT & FOUNDATION

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 |



DESERT HEALTHCARE
DISTRICT & FOUNDATION

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

POLICY NUMBER: PROC-01

COMMITTEE APPROVAL: ~~02-13-2025~~~~09-07-2023~~

BOARD APPROVAL DATE: ~~02-25-2025~~~~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.
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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

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



Date: February 25, 2025

To: Board of Directors

Subject: Grant # 1468 Regents of The University of California at Riverside

Grant Request: Improving Access to Behavioral Health Education and Prevention Services

Amount Requested: \$500,000.00

Project Period: 03/01/2025 to 02/28/2027

Project Description and Use of District Funds:

Project Description and Desert Healthcare District Strategic Plan Alignment

The University of California, Riverside (UCR) is dedicated to addressing community health needs, with a strong focus on behavioral and mental health through its Department of Psychiatry and Neuroscience. This department is the only university-based academic program in Riverside County and provides innovative psychiatric care, with active research and specialty clinics offering treatments in mental health and substance use. UCR's mission is to serve the community by advancing healthcare solutions, training the next generation of healthcare professionals, and conducting research that improves behavioral health outcomes in the region.

The Coachella Valley continues to face a severe shortage of mental health services, a problem that has become more urgent following the pandemic. The 2023 Huron community needs assessment report highlighted the shortage, particularly in Desert Hot Springs and Coachella/Mecca/Thermal, where high uninsured rates and social risks are prevalent. Their proposal aims to directly address these needs by expanding in-person and telehealth services, focusing on culturally responsive care for Spanish-speaking residents, and collaborating with community organizations to increase access to psychiatrists in the region.

The proposal outlines several strategies aimed at expanding behavioral and mental health services in the Coachella Valley. Key focuses include increasing the number of mental health professionals through training, supporting the expansion of service hours and sites through partnerships with local organizations, and enhancing telehealth



services. District funds, **over a two-year period**, will specifically support five key staffing positions: supervising faculty for trainee programs, Spanish-speaking clinicians for in-person and telehealth services, and staff responsible for community outreach and psychoeducational training to raise awareness about available resources. These efforts align with the goal of improving access to mental health care, particularly for underserved populations in the region.

Strategic Plan Alignment:

Strategies 3.3 and 3.7 were inadvertently left off of the Program Committee staff report, however, these strategies are part of the application and have been included below.

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

Strategy 3.1 Increase the number of behavioral/mental health professionals to support Coachella Valley residents (Priority: High)

Strategy 3.2 Increase the number of days and hours of operation of behavioral/mental health services to support Coachella Valley residents (Priority: High)

Strategy 3.3 Improve quality and accessibility of behavioral/mental health services by increasing the geographic dispersion of sites within Coachella Valley (Priority: High)

Strategy 3.4 Improve accessibility of behavioral/mental health services by increasing available telehealth services (Priority: High)

Strategy 3.6 Increase awareness of behavioral/mental health resources for residents in Coachella Valley (Priority: High)

Strategy 3.7 Support cultural competency of service providers/organizations and the reduction of language/stigma/cultural barriers to service access for clients (Priority: High)

Geographic Area(s) To Be Served:

All areas

Action by Program Committee: (Please select one)

✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$500,000.00 be approved.

Recommendation with modifications

Request for more information

Decline



Grant Application Summary

Regents Of The University Of California At Riverside, Grant # 1468

About the Organization

Regents Of The University Of California At Riverside
900 University Ave.
Riverside, CA 92521
951-827-5535

<https://www.ucr.edu/>

Tax ID #: 95-6006142

Primary Contact:

Jaime Smith, Director of CREER in Mental Health/Academic Program Manager
jaime.smith@medsch.ucr.edu

Organization's Mission Statement and History

The University of California (UC) is a public university system in the State of California with ten general campuses. Collectively, the colleges, institutions, and alumni of the University of California make it the most comprehensive and advanced postsecondary educational system in the world, responsible for \$82 billion per year of economic impact.

The University of California, Riverside (UCR) is a living laboratory for the exploration of issues critical to growing communities. One of the most diverse, inclusive institutions within the prestigious 10 campus University of California system and ranked 5th most diverse medical schools in 2023, UCR serves as an incubator of new knowledge, an engine of social mobility, and an economic powerhouse. Home to four professional schools: School of Business, School of Education, School of Medicine, and School of Public Policy, as well as over 30 interdisciplinary research centers, UCR ranks among the Top 15 Public Research Universities, is a member of the Association of American Universities (AAU), is ranked in the top 1.3% of universities worldwide, according to the Center for World University Rankings, and has been named the nation's leader among public universities for social mobility by U.S. News for four of the past five years. Currently, UCR educates and employs more than 26,000 students and 1,100 faculty, and the campus is rapidly expanding.

The University of California, Riverside School of Medicine (SOM) is the latest medical school to be created by the University of California system. Faculty in SOM are pursuing new medical discoveries and healthcare innovations to serve the needs of the region while training physicians in basic principles of evidence-based medical research and practice. The SOM's clinical enterprise, UCR Health, was established upon the school's opening in 2013. It is built upon the premise of serving community needs, most often working collaboratively with healthcare and community partners to create new services that fill gaps and that are mutually beneficial. The UCR SOM Department of Psychiatry and Neuroscience is the only university-based academic program in Riverside County, and with active research endeavors and specialty care clinics and services, patients have access to innovative treatments. The department also has clinical operations in Orange County and Coachella Valley, a general psychiatric residency program, and fellowship in child and adolescent psychiatry.

Organization Annual Budget: \$982,695,456.00

Project Information

Project Title:

Improving Access to Behavioral Health Education and Prevention Services

Start Date: 03/01/2025 **End Date:** 02/28/2027

Total Project Budget: \$1,403,090.00

Requested Amount: \$500,000.00

Community Need for this Project in the Coachella Valley:

“[California’s] children’s behavioral health system is inadequate to meet current needs. There is too little focus on prevention, too few programs, too few behavioral health professionals, too few emergency services, and too few acute care services and beds. The most glaring behavioral health challenges are borne inequitably by communities of color, low-income communities, LGBTQ+ communities, and in places where adverse childhood experiences are widespread and prominent.” (California Health and Human Services Agency, Children and Youth Behavioral Health Initiative, 2021)

These needs are most severe in regions where mental health services are scarcer, including the Coachella Valley. In 2015, the Desert Sun published an article entitled, **Mental health shortages reach crisis levels**, describing the severe shortage of services in the Coachella Valley. Nearly 10 years later, the needs remain critically high, particularly following the pandemic and associated increases in the need for mental health services, particularly among youth.

The Desert Healthcare District’s 2021-26 Strategic Plan has acknowledged this need in the Coachella Valley, and our proposed project was thoughtfully planned to respond

directly to the identified needs. In 2023, the Desert Healthcare District published results from a community needs assessment that highlight the relevance of our proposal. The assessment reiterated the shortage of mental health services in the Coachella Valley and identified areas in which this shortage is most severe – the areas identified were Desert Hot Springs (60% Hispanic, risk of being uninsured 85% higher than in low-risk communities) and Coachella/Mecca/Thermal (90% Hispanic, risk of being uninsured up to 90% higher than in low-risk communities). The report described multiple social risks (including being uninsured, housing insecurity, and transportation challenges) for residents of the Coachella Valley, noting that these social risks are more prevalent in Black and Hispanic communities. It described a physician shortage that included a significant gap in available mental health care providers (the region is ~37 psychiatrists short of the target number needed to serve the community).

Our proposal directly responds to critical needs in the Coachella Valley. First, the areas identified as most underserved included Desert Hot Springs (where we opened a CAREspace with prior support from DHCD) and Mecca (where DHCD funding has allowed us to provide mental health services through the UCR Coachella Valley Free Clinic); this application requests funding to **expand in person services in these locations as well as to expand telehealth which will be offered across the Coachella Valley** over the next two years. Moreover, as we describe in this application, our team has expertise working with underserved Spanish-speaking communities, and we propose to continue to provide culturally responsive and evidence-based services to Spanish-speaking residents of the Coachella Valley. The needs assessment identified a shortage of psychiatrists as a critical need; our application includes a proposal for new efforts to increase access to psychiatrists for residents of the Coachella Valley by building partnerships with community organizations and healthcare providers. Considering the need for accessible services, our proposal describes how we will offer services via telehealth as well as in person in locations in Desert Hot Springs and Mecca. In summary, our proposal is carefully aligned with both the needs of the Coachella Valley and the strategic plan adopted by DHCD.

Project Description and Use of District funds:

Project Description and Desert Healthcare District Strategic Plan Alignment

Strategy 3.1: Provide funding to support an increase in the number of behavioral/mental health professionals (includes training) HIGH PRIORITY

We will continue to focus on training behavioral/mental health professionals through our work in the Coachella Valley. Our training clinics will include the Desert Hot Springs CAREspace, the Coachella Valley Free Clinic, and a telehealth clinic. Through these programs, we will train providers who fall in several disciplinary categories – child and adolescent psychiatry fellows, psychiatry residents, medical students, school psychology doctoral students, and clinical psychology postdoctoral fellows will receive

training while providing supervised services to Coachella Valley residents. DHCD funding is requested for the supervising faculty, and in-kind funding will support the trainee involvement.

Strategy 3.2: Provide funding to CBOs to support an increase in the number of days and hours of operation of behavioral/mental health services* HIGH PRIORITY and Strategy 3.3: Provide funding to CBOs enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services (consider co-location with other health services) HIGH PRIORITY

We will expand availability of behavioral health services and resources by 1) renewing our Memorandum of Understanding (MOU) with Riverside County Office of Education (RCOE) to operate the Coachella Valley CAREspace in Desert Hot Springs; 2) providing mental health staff at the Coachella Valley Free Clinic; and 3) providing telehealth mental health services to Coachella Valley residents who prefer or need telehealth services. In addition, we will work with DHCD and community organizations to identify potential new partnerships or sites for mental health services. The services provided in Desert Hot Springs, the Coachella Valley Free Clinic, and via telehealth will include a) case management services (e.g., sessions with a therapist focused on helping to identify clinical needs and connect families with appropriate resources to meet those needs), b) counseling/therapy (both individual and family therapy services), c) diagnostic evaluations (e.g., neuropsychological evaluations to identify conditions such as autism or ADHD), and d) other psychiatric and behavioral health consultation services. DHCD funding is requested to support the involvement of Spanish-speaking clinicians (providing telehealth and in person services at the Coachella Valley Free Clinic) and faculty supervision of trainees providing services at Coachella Valley sites and via telehealth; in-kind funding from the Riverside Office of Education will support the staffing of the Desert Hot Springs CAREspace.

Strategy 3.4: Provide funding support to CBOs providing telebehavioral/mental health services HIGH PRIORITY

We will provide telehealth services (both in English and Spanish) to Coachella Valley residents. DHCD funding is requested to help support the involvement of Spanish-speaking clinicians providing telehealth services; in-kind funding from the California Youth and Behavioral Health Initiative (CYBHI) will support additional clinicians providing telehealth trauma-focused treatment to Coachella Valley Residents.

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

We will increase awareness of behavioral health services, psychoeducational trainings (such as training for parents on how to support children with behavioral and emotional difficulties), and resources designed to increase knowledge about and access to care, through school-based and community dissemination of information to children, adolescents, and their family members. We will participate in school and community

events in the Coachella Valley and will distribute information electronically and physically to increase awareness of services. We will hold in person and distance learning (i.e., Zoom) trainings on psychoeducational topics. DHCD funding is requested to reimburse mileage for staff and trainees conducting community outreach activities; in-kind funding from the Riverside Office of Education and the California Youth and Behavioral Health Initiative (CYBHI) will support staff and trainee effort.

Strategic Plan Alignment:

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

Strategy 3.1 Increase the number of behavioral/mental health professionals to support Coachella Valley residents (Priority: High)

Strategy 3.2 Increase the number of days and hours of operation of behavioral/mental health services to support Coachella Valley residents (Priority: High)

Strategy 3.4 Improve accessibility of behavioral/mental health services by increasing available telehealth services (Priority: High)

Strategy 3.6 Increase awareness of behavioral/mental health resources for residents in Coachella Valley (Priority: High)

Project Deliverables and Evaluation

| | |
|---|---|
| <p>Deliverable #1: 1. By February 28, 2027, 10 trainees (at least 2 psychiatry residents or fellows, 2 psychology postdoctoral fellows, 4 psychology PhD students, and at least 2 medical students) will receive training through our programs serving the Coachella Valley</p> | <p>Evaluation #1: 1. We will document the number and category of trainees and the locations in which they served.</p> |
| <p>Deliverable #2: 2. By February 28, 2027, we will demonstrate that the geographic dispersion of services was expanded by providing services in the Desert Hot Springs CAREspace, the Coachella Valley Free Clinic, and through additional community-based mental health prevention and education services in additional locations.</p> | <p>Evaluation #2: 2. We will track the locations of services and will list the cities and unincorporated areas served.</p> |

| | |
|---|---|
| <p>Deliverable #3: 3. By February 28, 2027, we will provide presentations for various small and large groups and will attend community events; in these activities, we will distribute information electronically and physically to increase awareness of mental health conditions and services. We will provide at least 10 presentations per year.</p> | <p>Evaluation #3: 3. We will document each presentation with a written summary noting the location, date, time, target audience (e.g., children, teens, or parents) and number reached as well as a description of activities and resources provided.</p> |
| <p>Deliverable #4: 4. By February 28, 2027, we will have provided at least 200 days of access to in-person mental health services in the Coachella Valley and at least 200 days of access to telehealth mental health services 5. By February 28, 2027, at least 100 Coachella Valley residents will receive telehealth therapy and psychiatry services through our clinics, at least 500 Coachella Valley residents will participate in psychoeducational interventions and trainings, and at least 100 Coachella Valley residents will receive case management services or behavioral health screenings.</p> | <p>Evaluation #4: 4. We will document the number of days in which we staff the Desert Hot Springs CAREspace, the Coachella Valley Free Clinic, and a Coachella Valley Telehealth Services. 5. We will track the numbers of individuals receiving services, the type of service received, and the number of services or sessions.</p> |

Project Demographic Information

Target Geographic Area(s) To Be Served:

All areas

Target Population Age Group:

0 to 5, 6 to 17, 18 to 24, 25 to 39, 40 to 54, 55 to 64, 65+

Target Population Ethnicity:

Hispanic/Latino (of any race), Not Hispanic or Latino (of any race)

Target Population Race:

American Indian and Alaska Native, Asian, Black or African American, Native Hawaiian and other Pacific Islander, White, Some other race

Additional Target Population Information:

While there is a primary focus on child and adolescent mental health care, our goals are inclusive of entire systems which include families and other associated adults. Our goal

is eventually to increase our efforts to include a greater adult population in these high need areas (Desert Hot Springs, Mecca, Thermal, Coachella). Within the current grant request, we will focus on providing services to the un-insured or under-insured populations. For individuals who have access to privately or publicly mental health services, we will assist them in identifying appropriate routes to gain these services and will provide interim support as needed.

Capacity, Sustainability, and Partnerships

Organizational Capacity

The Department of Psychiatry and Neuroscience within the UCR School of Medicine works to bring innovative treatment of psychiatric and neurobiological-caused healthcare issues to the people in our Inland Southern California home while also training the next generation of physicians and researchers in both psychiatry and neuroscience. The department also houses *CREER in Mental Health*, the Community Responsive and Engaged Equity Research (CREER) Center whose mission is to expand mental health research, education, and community leadership across the Inland Empire and State of California through work driven by and for the community it aims to serve. The Department of Psychiatry and Neuroscience includes board-certified child/adolescent psychiatrists, psychologists, licensed marriage and family therapists, child/adolescent psychiatry fellows, psychiatry residents, and psychology postdoctoral fellows. Additionally, Dr. Lakes supervises UCR doctoral level school psychology students and interns. These personnel will have time allocated to the project sufficient to ensure that we are able to meet and exceed our goals.

Background:

With the support of a grant from the Desert Health Foundation and District, over the last two years, we built a partnership with the Riverside Office of Education's (RCOE) to provide mental health education in the community and services to children and families in the Coachella Valley. We have met or exceeded all goals established in our initial grant application. Our experience in that grant led to:

- Opening and operating a new CAREspace in Desert Hot Springs. At this center, children and families can access mental health services, including psychological evaluations, therapy, and drop-in consultation and support.
- We provided a mental health clinician to support the monthly UCR Coachella Valley Free Clinic. Clinicians provided brief interventions, assessments, and referrals to tele-mental health services.
- We provided therapeutic services (telehealth therapy or in person counseling at the Desert Hot Springs CAREspace and the Coachella Valley Free Clinic).

- We provided small group trainings and workshops to educators, parents/caregivers, and children/teens. These included virtual talks and in – person presentations (all youth presentations were in person).
- We conducted community outreach (attending large events in the Coachella Valley and distributing information about mental health and services).
- We trained future health and mental health professionals by providing didactic, supervised practice experience, trainings and long-term internships.

Current Status:

We have secured funds to sustain some of what we have built with DHCD’s support.

- RCOE has committed \$135,000 for 2025-2026 to support staff in the CAREspace in Desert Hot Springs.
- We were awarded a grant (\$750,000) from the California CYBHI program that will help support trauma-focused care in the desert. The trauma grant is not exclusively focused on the desert – we are open to all Riverside County – but we will make Coachella Valley residents aware of trauma therapy resources and will offer them in person in the Coachella Valley (at the CAREspace or the CVFC) and through telehealth services.

New Desert Health Foundation Proposal:

We are submitting this application with a request for support of activities that are not supported through the RCOE or CYBHI funding. These activities would include:

- Ongoing mental health services in the Coachella Valley (teletherapy). We are requesting support for two licensed therapists who are bicultural and bilingual (Spanish/English). DHCD funding would support their time as they continue to serve the free clinic (CVFC) in Mecca and to provide therapy via telehealth to Coachella Valley residents.
- We are requesting funding to help us develop the capacity to increase telepsychiatry services in the Coachella Valley. The requested funding would support the involvement of Dr. Toshia Yamaguchi, a board certified child and adolescent psychiatrist; in addition, our proposal will be co-led by Dr. Lisa Fortuna, the chair of the Department of Psychiatry and Neuroscience, whose effort will be provided as an in-kind contribution.

Organizational Sustainability:

The mission of the UCR School of Medicine is to improve the health of the people of California and, especially, to serve Inland Southern California by training a diverse workforce of physicians and by developing innovative research and health care delivery

programs that will improve the health of the medically underserved in the region and become models to be emulated throughout the state and nation.

The UCR Department of Psychiatry is the only university-based psychiatric academic program in Riverside County. We offer specialty care in behavioral and mental health and have clinical operations serving a region from Orange County to the Coachella Valley. Through our advanced treatment utilizing telemedicine, our clinicians are able to assist Californians across our state. We have an approved child and adolescent psychiatry fellowship training program, and the proposed project aligns beautifully with our strategic plan to expand our Child and Adolescent Mental Health Program. The proposed project will enable us to expand services in the Coachella Valley that will both serve the community and provide expanded training opportunities for the next generation of mental health clinicians.

Dr. Lisa Fortuna joined UCR as the Chair of Psychiatry and Neurosciences in August 2023. She is a bilingual and bicultural, Latina, child and adolescent psychiatrist. Consistent with her long history of increasing access to behavioral health care for vulnerable and disadvantaged communities in Boston and San Francisco, Dr. Fortuna's vision for The UCR Department of Psychiatry includes a strong focus on expanding access to care to the most underserved areas of the region through high quality, culturally responsive and supportive telepsychiatry services; expanding university and community-based collaborations to meet the mental health needs of the region; and community partnered services and intervention development. The proposed project is very well aligned with these priorities and together with department investments, would help catalyze this vision.

Partnerships/Collaborations:

Riverside County Office of Education Dr. Lexi Backstrom [Administrator, Student Behavioral Health and Support, Riverside County Office of Education (RCOE)] - Dr. Backstrom has obtained RCOE support for the Desert Hot Springs CAREspace. She or a member of her staff will represent RCOE as a participant in our weekly team meetings throughout the duration of the project.

City of Desert Hot Springs The City of Desert Hot Springs has a partnership with RCOE to provide space in the Desert Wellness Center for a CAREspace, a small place for children and families to meet to receive behavioral and mental health services. We gratefully acknowledge their role in helping to establish this CAREspace for our prior DHCD funded project.

OneFuture Coachella Valley Arthur Kimball (Co-Chair, OneFuture Coachella Valley) - Mr. Kimball will represent Coachella Valley public schools as a member of our team. He identified the target region for the school-based services (Desert Hot Springs) and will ensure access to the schools by facilitating introductions to each school's leadership

team. He will help facilitate the seminars and public awareness activities at these school sites.

Innecare/Riverside University Health System We are working to grow our partnerships with one or more health systems in the region with the aim of expanding the continuum of care available to children, adolescents, and their families, including telepsychiatry-facilitated continuity of care in the community. Innecare and Riverside University Health System (RUHS) are two organizations with which we are actively in conversation. We will work collaboratively with Innecare, county programs, and other local community-based organizations to develop collaborative care telepsychiatry services and attract additional bilingual therapists and psychiatrists to serve the population through telepsychiatry.

Latino Health Access Our goal is to develop partnerships with Latino Health Access and/or other with local promotores/community health worker (CHW) programs to educate, provide services, and increase participation in health-equity throughout the community. We aim to utilize local promotores/community health worker (CHW) programs to identify how we can integrate their work with patients using a culturally and social determinants of health responsive approach.

Diversity, Equity, and Inclusion (DEI)

How does your organization address DEI in your policies, strategic plan, board and staff, etc.?

The UCR School of Medicine Statement on Diversity is as follows: *We, the faculty, students and staff of the UCR School of Medicine believe that a diverse student body, faculty and staff are essential to achievement of academic excellence. We are committed to recruiting students, faculty and staff responsive to our mission whose diversity contributes to an optimal learning environment. People of varied backgrounds, by which we mean those with a variety of personal experiences, values and worldviews arising from differences of culture and circumstance, bring added value to the education of students, research, and service to the community. In building a diverse medical school, those differences that can add to the value of our educational environment include, but are not limited to: gender, race, ethnicity, age, religious affiliation, abilities/disabilities, educational or socio-economic disadvantage (distance traveled), first in family to attend an institution of higher learning, personal or family experience of having limited access to health care, unique or challenging life experiences, and sexual orientation. We are committed to recognizing and nurturing merit, talent and achievement by supporting diversity and equal opportunity in our education, services, and administration, as well as research and creative activity. We will endeavor to remove barriers to the recruitment, retention, and advancement of talented students, faculty and staff from historically excluded populations who are currently underrepresented in medical education and the practice of medicine. Recruitment efforts and resources will be aligned with the goal to recruit individuals from groups underrepresented in medicine into faculty positions, recognizing that faculty serve as role models to attract a diverse student body. Given the mission of the UCR School of*

Medicine and the desire to see the faculty, as well as the student body, reflect the cultural, socioeconomic, and ethnic diversity of the region that we serve, searches will endeavor to recruit faculty with these diverse characteristics.

What barriers does your organization face when addressing DEI?

UC Riverside's School of Medicine ranked No. 5 for diversity in U.S. News & World Report's 2023-2024 and among public schools, the medical school ranked No. 4 for diversity. Although close to 40% of our faculty are also from underprivileged, English as a second language, or first-generation college graduate themselves, there is still a need for recruitment and retention of diverse faculty psychiatrists, therapists, and other clinicians. We have a particular need for growing our bilingual clinician capacity in order to better serve the region. We have made good gains in this area and the DHCD grant has been helpful in this regard. The proposed project will further our ability to expose our students, residents, and fellows to this model of care, and could serve as an important strategy for exciting them about this work, retaining them as providers/faculty and available to serve this population.

Grant Budget

| Project Grant Budget | | | | |
|--|--|----------------------|--|------------------------------|
| Applicant: Regents Of The University Of Califor 1468 Improving Access to Behavioral Health Edu | | | | |
| OPERATIONAL EXPENSES | | Total Project Budget | Funds From Other Sources Detail On Section 3 | Amount Requested From DHCD/F |
| Total Staffing Expenses Detail on Section 2 | | \$ 1,212,427.76 | \$ 788,740.36 | \$ 423,687.41 |
| Equipment (itemize) | | | | |
| 1 | | | \$ - | |
| 2 | | | \$ - | |
| 3 | | | \$ - | |
| 4 | | | \$ - | |
| Supplies (itemize) | | | | |
| 1 | Project Supplies (DHCD) | \$ 250.00 | \$ 250.00 | |
| 2 | Computer/Computer Accessories (DHCD) | \$ 14,735.00 | \$ 14,735.00 | |
| 3 | Materials and Supplies (CYBHI) | \$ 13,520.00 | \$ 13,520.00 | |
| 4 | | | \$ - | |
| Printing / Duplication | | | | |
| Mailing / Postage | | | | |
| Mileage (use current Federal mileage rate) | | \$ 14,939.20 | \$ 3,844.00 | \$ 11,095.20 |
| Education / Training | | \$ 2,000.00 | \$ 2,000.00 | |
| Other Direct Project Expenses Not Described Above (itemize) | | | | |
| 1 | | | \$ - | |
| 2 | | | \$ - | |
| 3 | | | \$ - | |
| 4 | | | \$ - | |
| * Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate. | | | | |
| Office / Rent / Mortgage* | | \$ 80,000.00 | \$ 80,000.00 | \$ - |
| Telephone / Fax / Internet* | | | \$ - | \$ - |
| Utilities* | | | \$ - | \$ - |
| Insurance* | | | \$ - | \$ - |
| Indirect Rate | <input checked="" type="checkbox"/> Check Box To Utilize Indirect Rate Up To 15% | Enter Rate | 15.00% | \$ 65,217.39 |
| Total Project Budget (Rounded up to nearest dollar) | | | | |
| | | \$ 1,403,090 | \$ 903,090 | \$ 500,000 |
| Budget Narrative | <p style="color: red;">Fully describe items above in this cell. You may insert rows or create additional worksheets if more space is needed to fully describe your budget.</p> <p>MILEAGE: Mileage is requested at \$5547.60 in each of the two grant period years for student and trainee travel from University of California, Riverside (UCR) to the Coachella Valley sites with an average of 115 miles per each round trip times 6 trips per month at the current federal mileage reimbursement rate of 67 cents per mile to equal \$11095.20 across the two year project period.</p> <p>PROJECT SUPPLIES (DHCD): Supplies costs of \$250 have been included in-kind as the institution will support all paper & pen supply costs associated with carrying out the DHCD project.</p> <p>COMPUTER/COMPUTER ACCESSORIES (DHCD): Computer/Computer Accessories costs of \$14,735 have been included in-kind as all associated personnel will utilize existing computer and accessories in order to carry out the DHCD project.</p> <p>CYBHI and RCOE Direct Costs: Direct Costs associated with the CYBHI and RCOE associated grants have been added and briefly detailed on the Other Funding tab.</p> <p>INDIRECT COSTS: Per Desert Healthcare District & Foundation guideline, indirect costs not to exceed 15%. Hence, we are requesting 15%.</p> | | | |

Version 07.07.23 Please see instructions tab for additional information

| Staff Salary Expenses | | Annual Salary | % of Time Allocated to Project | Total Project Salary | Amount Requested from DHCD/F |
|--|--|--------------------|--------------------------------|--------------------------|-------------------------------------|
| Employee Position/Title | | | | | |
| 1 | Lakes, Kimberley (PI) (on DHCD, CYBHI, and RCOE) | \$ 264,860.84 | 49% | 261,637.80 | 103,818.80 |
| 2 | Porche, Michelle (Co-I) | \$ 267,798.96 | 10% | 53,559.79 | 53,559.79 |
| 3 | Yamaguchi, Toshia (Co-I) | \$ 288,742.21 | 10% | 57,748.44 | 57,748.44 |
| 4 | Egan, Dinery (Behavioral Health Psych Professional) | \$ 141,637.50 | 35% | 99,044.00 | 57,079.00 |
| 5 | Torres, Maribel (Behavioral Health Psych Professional) | \$ 103,488.39 | 35% | 72,367.51 | 41,703.51 |
| 6 | Fortuna, Lisa (on DHCD) | \$ 476,045.42 | 5% | 47,604.54 | |
| 7 | Feinstein, Carl (on DHCD and CYBHI) | \$ 168,119.46 | 25% | 84,223.99 | |
| 8 | TBN Psychologist Posdoc (on CYBHI) | \$ 70,247.14 | 43% | 59,710.06 | |
| 9 | TBN Child Psychiatrist Fellow (on CYBHI) | \$ 79,032.98 | 55% | 86,936.27 | |
| 10 | TBN Graduate Student Researchers (1 on CYBHI and 2 on RCOE) | \$ 75,454.00 | 50% | 75,454.00 | |
| Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/or Employer Taxes Based On % Of Time Allocated To Project) | | | 34.97% | 314,141.35 | 109,777.87 |
| Total Will Populate In Total Staffing Expenses Section 1 | | | Total > | \$ 1,212,427.76 | \$423,687.41 |
| Budget Narrative - Scope of Work | Please describe in detail the scope of work and duties for each employee on this grant. <u>Kimberley Lakes, PhD, Principal Investigator</u> (18.7359% effort each year) will be responsible for overall project/program implementation. Dr. Lakes is a licensed psychologist and a Professor in the UC Riverside Department of Psychiatry and has expertise in child/adolescent mental health. Dr. Lakes will oversee important aspects of the proposed project including supervision of all activities, study personnel, evaluation and reporting of results. Dr. Lakes will lead team meetings to monitor program progress. She will also work directly with our community partners. | | | | |
| | <u>Michelle Porche, EdD, Co-Investigator</u> (10% effort each year) is a developmental psychologist and has conducted numerous interdisciplinary research projects and projects relying on community-based participation that investigates the associations between childhood trauma and mental health, consequences for academic trajectories, and the buffering of strength-based youth services and interventions. Dr. Porche will contribute to project design, data collection, and analyses as it pertains to the integration of behavioral health digital interventions. She will contribute to the project the inception of digital health application implementation within the sites. | | | | |
| | <u>Toshia Yamaguchi, MD, Co-Investigator</u> (10% effort each year) is board-certified in Adult Psychiatry and Child and Adolescent Psychiatry and specializes in Child and Adolescent Psychiatry and college mental health at the UCR Health Comprehensive Psychiatric Services in Riverside. She offers psychiatric evaluation and treatment of mental health disorders for children, adolescents, and young adults. She considers the biological, psychological, and social influences of mental health and offers evidence-based treatment plans. Dr. Yamaguchi is fluent in English and speaks Spanish. She will contribute to the assessment and development of telepsychiatry services within the sites as well as providing training and leadership to clinicians, students, and trainees as part of this project. | | | | |
| | <u>Dinery Egan, Behavioral Health Professional</u> (20% effort each year) will provide direct services to the Coachella Valley community, including seminars, community awareness talks, presentations, individual therapy with children and adolescents, family therapy, and parent group training. | | | | |
| | <u>Maribel Torres, Behavioral Health Professional</u> (20% effort each year) will provide direct services to the Coachella Valley community, including seminars, community awareness talks, presentations, individual therapy with children and adolescents, family therapy, and parent group training. | | | | |
| Budget Narrative - Employee Benefits | <u>CYBHI and RCOE Salary Costs</u> : Salary Costs associated with the CYBHI and RCOE associated grants have been added and briefly detailed on the Other Funding tab. | | | | |
| | Please describe in detail the employee benefits including the percentage and salary used for calculation. UCR salaries and wages were estimated using UC Riverside's academic salary scales and established guidelines. Annual base salaries include an anticipated 4% increase per year for faculty and 3% increase per year for staff. The benefit rate of 30.66% was used for the faculty members and 44.36% for the health professionals. | | | | |
| Professional Services / Consultant Expenses | | Hourly Rate | Hours/Week | Total Project Fee | Amount Requested from DHCD/F |
| Company and Staff Title | | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| Total Will Populate in Total Staffing Expenses Section 1 | | | Total > | \$ - | \$ - |
| Budget Narrative - Scope of Work | Please describe in detail the scope of work for each professional service/consultant on this grant. | | | | |
| | | | | | |

**Funds From Other Sources (Actual Or Projected)
SPECIFIC To This Project**

| "Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources". | | Amount |
|---|---|----------------------|
| Fees | | |
| Donations | | |
| Grants (List Organizations) | | |
| 1 | CYBHI | \$ 749,967.00 |
| 2 | Riverside County Office of Education (RCOE) | \$ 135,000.00 |
| 3 | | |
| 8 | | |
| Fundraising (Describe Nature Of Fundraiser) | | |
| 1 | | |
| 2 | | |
| 3 | | |
| 8 | | |
| Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize) | | |
| 1 | DHCD In Kind Salary & Benefits for Dr. Lisa Fortuna at 5% each year + IDC @ 15% | \$ 71,530.11 |
| 2 | DHCD In Kind Salary & Benefits for Dr. Carl Feinstein at 5% each year + IDC @ 15% | \$ 34,361.22 |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| Total Funding In Addition To DHCD/F Request | | \$ 990,858.33 |

Budget Narrative

Please describe in detail any additional information or explanations for items listed above.

Lisa Fortuna, MD, MPH, MDiv (5% effort each year) has over 20 years of experience as a bilingual and bicultural Latina psychiatrist, child and adolescent psychiatrist and health services researcher who has dedicated her career to community engaged research aimed at addressing health services disparities and mental health inequities. Her research and clinical work have been primarily with Latinx, immigrant/refugee and other communities of color. Dr. Fortuna will participate in the development of telepsychiatry and integration of a digital mental health intervention at the sites. As Professor and Chair of the UCR, School of Medicine, Department of Psychiatry and Neuroscience will provide guidance and leadership to: the overall project; faculty, staff, trainees, and students; and serve as a source for developing, adapting, and providing mental health services to the sites. She will participate in weekly planning and oversight. In-kind salary, benefits, and indirect costs are projected at 15%.

Carl Feinstein, MD (5% effort each year) is a clinical professor of neuroscience and psychiatry at the University of California, Riverside School of Medicine. He is also a psychiatrist with the Riverside County Department of Mental Health. He is certified by the American Board of Psychiatry and Neurology in psychiatry and child psychiatry. He is co-founder of Trayt Technologies, a patient-centric data analytics company. Dr. Feinstein's research interests include child and adolescent psychiatry, psychotherapeutic processes, Asperger's Syndrome, Autism spectrum disorders, and general training in psychotherapy. Dr. Feinstein will support Dr. Yamaguchi in the development and future integration of telepsychiatry within the Coachella Valley. He will participate in weekly planning and oversight. In-kind salary, benefits, and indirect costs are projected at 15%.

Riverside County Office of Education (RCOE) Contract for CareSpace personnel which includes any facilities and administrative costs at 7.87% as well as direct costs for personnel (salary + benefits for Dr. Kimberley Lakes and two Graduate Student Researchers) plus mileage costs at 0.67/mile x Avg 119.52 miles round trip x 4 trips / mo x 12 mos for the period 7/1/24-6/30/25.

CYBHI Funding In early 2023, Dr. Lakes submitted a grant application that requested \$749,967 total cost from the Department of Health Care Services (DHCS) as part of California's Children and Youth Behavioral Health Initiative (CYBHI). This application was submitted in response to their Round 2 call for applications to build capacity for Trauma-Informed Programs and Practices. Our application was funded after a highly competitive review process and began July 1, 2024 and is anticipated to be funded through June 30, 2026. Through this funding, it will complement our DHCD and we will be able to provide in-person and telehealth therapy services to Coachella Valley residents (and residents of Riverside County more broadly), with a specific focus on therapy for those who have experienced trauma. Costs include facilities and administrative costs at 25% as well as direct costs for personnel (salary + benefits for Drs. Lakes and Feinstein, a Psychology Postdoc, Child Psychiatry Fellow, Maribel Torres, DInery Egan and one Graduate Student Researcher), materials and supplies, training costs, and facility rent. Direct costs have been detailed throughout the DHCD budget.



Full Grant Application Scoring



SCORING PARAMETERS

| | |
|---------------|-------------------------------|
| 0 TO 1 POINTS | Does Not Meet Expectations |
| 2 TO 3 POINTS | Needs Improvement |
| 4 TO 5 POINTS | Meets or Exceeds Expectations |

Total Points Possible = 50 points

| Grant Information | | | |
|---|---|--|---------------------|
| Grant Number: | Organization: | Project Title: | Funding Request: |
| 1468 | Regents Of The University Of California At Riverside | Improving Access to Behavioral Health Education and Prevention Services | \$500,000.00 |
| Programmatic Scoring Review | | | |
| Community Need for the Project in Coachella Valley (5 points) | The applicant identifies and describes a specific need(s) for the project within the Coachella Valley by providing relevant, valid data that highlights the full scope of the need. The applicant clearly connects the community need to the project’s targeted population. | | |
| Reviewer 1 - Score: 5 | Reviewer 1 - Score Explanation: The applicant identifies the community need for this project by siting the inadequacies of the children’s behavioral health system in California, with emphasis on the CV, specifically Desert Hot Springs and the Coachella/Mecca/Thermal communities. | | |
| Reviewer 2 - Score: 5 | Reviewer 2 - Score Explanation: The grant proposal provided an explanation of the need for mental health services at the two proposed areas. The utilization of local data provided additional insight into the need and shortages of providers for the proposed services here in the Coachella Valley. | | |
| Reviewer 3 - Score: 4.5 | Reviewer 3 - Score Explanation: UCR has recognized the ongoing and expanding demand for behavioral health services in the | | |

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| | Coachella Valley. To address this, they have outlined strategies to overcome key barriers to healthcare access, including language barriers by employing bilingual staff, transportation challenges through the implementation of telehealth services, and ensuring cultural responsiveness within their programs. Additionally, UCR has acknowledged the need to strengthen their workforce to meet the growing demand for services in the region. |
| <u>Reviewer 4 - Score:</u> 5 | <u>Reviewer 4 - Score Explanation:</u> The project identifies the Coachella Valley's pressing mental health needs, particularly for underserved populations, including Hispanic, low-income, and LGBTQ+ communities. Data from sources like the California Health and Human Services Agency and the Desert Healthcare District (DHCD) underscore the region's inadequate behavioral health services, a shortage of psychiatrists, and social risk factors such as housing insecurity and uninsured residents. The connection between the community's needs and the project's targeted population is clear, and the applicant makes a compelling case for expanded mental health services in Desert Hot Springs and Mecca. |
| Project Description and Use of Funds (5 points) | The applicant describes the scope of the project and how the organization will utilize the Desert Healthcare District's funding. The applicant clearly states the approach they are going to take to meet the community's need and specifies how the success of this project directly relates to the District's mission and current Strategic Plan. |
| <u>Reviewer 1 - Score:</u> 5 | <u>Reviewer 1 - Score Explanation:</u> The applicant succinctly breaks down the funding components to 1) training behavioral health professionals; 2) expansion of availability of Behavioral Health services; 3) provide telehealth services to support the involvement of Spanish-speaking clinicians; and 4) increase awareness of behavioral health services through community outreach. |
| <u>Reviewer 2 - Score:</u> 4 | <u>Reviewer 2 - Score Explanation:</u> The grant proposal provided a very detailed project description and use of grant funds, which included the connection the DHCD mission and current strategic plan goals and strategies. Additional information on the referral process, outreach, and marketing of services would have improved this section. |
| <u>Reviewer 3 - Score:</u> 4 | <u>Reviewer 3 - Score Explanation:</u> UCR outlines how the District's strategic plan strategies align with their project, highlighting the general areas where District funds will be allocated, though specific details are not fully provided. They identify the strategic priorities connected to the project's objectives, demonstrating how District funding will support key components aimed at expanding healthcare access, enhancing service delivery, and addressing the community's most urgent needs. |

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| <p><u>Reviewer 4 - Score:</u> 5</p> | <p><u>Reviewer 4 - Score Explanation:</u> The project description effectively outlines how the applicant intends to use the DHCD funding to address behavioral health needs through services like case management, counseling, diagnostic evaluations, and psychiatric consultations. The plan includes the expansion of services in Desert Hot Springs and Mecca and the provision of telehealth services across the Coachella Valley. The applicant’s strategy to involve trainees in these programs aligns with both the community’s needs and DHCD’s mission and Strategic Plan. The proposal also highlights how the requested funds will be used to support faculty supervision and Spanish-speaking clinicians.</p> |
| <p>Alignment to District Goals, Strategies, and Performance Measures (5 points)</p> | <p>The applicant effectively describes the alignment of the project to the Desert Healthcare District and Foundation 2021-2026 Strategic Plan goals, strategies and performance measures.</p> |
| <p><u>Reviewer 1 - Score:</u> 4</p> | <p><u>Reviewer 1 - Score Explanation:</u> The applicant directly aligns to strategic plan goal 3 and corresponding strategies of 3.1, 3.2, 3.4 and 3.6</p> |
| <p><u>Reviewer 2 - Score:</u> 5</p> | <p><u>Reviewer 2 - Score Explanation:</u> The grant proposal aligns with one of the DHCD Strategic Plan goals and several strategies, specifically goal #3 and strategies 3.1, 3.2, 3.4, and 3.6.</p> |
| <p><u>Reviewer 3 - Score:</u> 5</p> | <p><u>Reviewer 3 - Score Explanation:</u> The proposed project directly aligns to the Desert Healthcare District and Foundation high-priority strategic plan goals and strategies.</p> |
| <p><u>Reviewer 4 - Score:</u> 5</p> | <p><u>Reviewer 4 - Score Explanation:</u> The project aligns with the DHCD's 2021-2026 Strategic Plan, particularly in addressing high-priority goals like increasing the number of behavioral health professionals, expanding service availability, and supporting telehealth services. The proposed efforts to train mental health professionals, expand services geographically, and collaborate with community partners directly support the strategic goals. The project’s focus on underserved populations and Spanish-speaking residents is consistent with DHCD’s objectives of increasing access to behavioral health services and addressing the mental health provider shortage in the region.</p> |

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| <p>Project Deliverables and Evaluation (5 points)</p> | <p>The applicant provides project deliverables that are specific, measurable, attainable, and time-bound. Project deliverables must align with at least one of the Desert Healthcare District and Foundation’s 2021-2026 Strategic Plan goals and a related strategy/strategies. Additionally, applicant clearly demonstrates the alignment of their project deliverables to the appropriate performance measures, as outlined in the application instructions.</p> <p>Each evaluation corresponds to a project deliverable. The evaluation accurately measures the project’s effectiveness, impact and includes appropriate qualitative and/or quantitative tracking methods. The evaluation section includes well-defined data reporting mechanisms and/or a clear and transparent narrative.</p> <ul style="list-style-type: none"> • Evaluation measures and methods are clear; the applicant defines how they envision success. • Evaluation is in alignment with the deliverables of the project. • Evaluation is in alignment with identified Desert Healthcare District and Foundation’s 2021-2026 Strategic Plan goal(s), strategies, and performance measure(s). • An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding. |
| <p><u>Reviewer 1 - Score:</u> 4</p> | <p><u>Reviewer 1 - Score Explanation:</u> The deliverables (4) align with the 4 strategies selected in goal 3 and evaluation component is in alignment with the deliverables, strategic plan goal and its strategies. What was not explained in the evaluation component was how the data collected will be utilized for future programming, partnerships and/or funding.</p> |
| <p><u>Reviewer 2 - Score:</u> 4</p> | <p><u>Reviewer 2 - Score Explanation:</u> The project deliverables and evaluation of the project were detailed and met the requirements for this section, however, it failed to describe how the data collected would be used in the future programming, partnerships, and/or funding.</p> |
| <p><u>Reviewer 3 - Score:</u> 4.5</p> | <p><u>Reviewer 3 - Score Explanation:</u> The deliverables are well-aligned with the funding request and clearly define the anticipated outcomes that will result from the District's financial support.</p> |
| <p><u>Reviewer 4 - Score:</u> 4</p> | <p><u>Reviewer 4 - Score Explanation:</u> The project provides specific, measurable, attainable, and time-bound deliverables. The deliverables align with DHCD’s Strategic Plan goals, and the applicant’s evaluation methods are well defined, using both qualitative and quantitative data to measure impact. The plan includes</p> |

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| | tracking the number of presentations, community outreach efforts, and services provided, with data collection used to inform future programming and partnerships. The project clearly defines how success will be measured and how collected data will support ongoing improvements in mental health services. |
| Organizational Capacity (5 points) | The applicant details their organization’s capacity to meet the demands of this project including allocated staff time, internal expertise, organizational structure, etc. Applicant includes examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant demonstrates reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support). |
| <u>Reviewer 1 - Score:</u> 5 | <u>Reviewer 1 - Score Explanation:</u> Being an educational/university institution, the applicant has the capacity – staffing-wise and expertise- to meet the demands of this grant request for this project. |
| <u>Reviewer 2 - Score:</u> 5 | <u>Reviewer 2 - Score Explanation:</u> Building upon the previous success of the partnership with the RCOE CAREspace and the long standing CV Free Clinic, the Department of Psychiatry and Neuroscience at the UCR School of Medicine has demonstrated and outlined the staffing, partnerships, and organizational capacity to successfully implement the project. |
| <u>Reviewer 3 - Score:</u> 5 | <u>Reviewer 3 - Score Explanation:</u> UCR emphasizes its departmental expertise in mental and behavioral health, showcasing the qualifications of their board-certified specialists within the Department of Psychiatry and Neuroscience. The additional details about their history of achievements in the Coachella Valley highlight their proven capacity to effectively manage and execute the project. This strengthens their case by demonstrating their longstanding commitment and success in addressing community health needs. |
| <u>Reviewer 4 - Score:</u> 5 | <u>Reviewer 4 - Score Explanation:</u> The UCR Department of Psychiatry and Neuroscience demonstrates strong organizational capacity to meet the demands of this project. The department includes board-certified psychiatrists, psychologists, licensed marriage and family therapists, psychiatry residents, and psychology postdoctoral fellows, all of whom have the necessary expertise to implement the proposed activities. Additionally, Dr. Lakes’ supervision of UCR doctoral-level school psychology students and interns further strengthens the organization’s ability to deliver services effectively. |

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| Organization Sustainability (5 Points) | The application highlights their organization’s sustainability strategies around funding, staff recruitment/retention, effective collaboration and partnerships, thoughtful long-term planning, etc. |
| <u>Reviewer 1 - Score:</u> 3 | <u>Reviewer 1 - Score Explanation:</u> The applicant did not address funding sustainability strategies rather highlighted UCR’s dept of psychiatry’s uniqueness and the addition of the chair of psychiatry and neurosciences in 2023. |
| <u>Reviewer 2 - Score:</u> 5 | <u>Reviewer 2 - Score Explanation:</u> The UCR School of Medicine- Department of Psychiatry and Neuroscience has the staffing, financial resources, and long-term planning vision to sustain this project as part of their own strategic plan to expand the Child and Adolescent Mental Health Program. |
| <u>Reviewer 3 - Score:</u> 4 | <u>Reviewer 3 - Score Explanation:</u> UCR outlines their sustainability strengths by emphasizing their staff expertise and ongoing commitment to long-term goals. However, providing additional details on their sustainability strategies, particularly regarding funding, would offer a clearer picture of their long-term planning vision and how they intend to maintain and expand the project over time. This would enhance our understanding of their approach to ensuring lasting impact and financial viability. |
| <u>Reviewer 4 - Score:</u> 5 | <u>Reviewer 4 - Score Explanation:</u> The UCR School of Medicine’s mission aligns with the project’s goals, emphasizing long-term impact and sustainability. The department is the only university-based psychiatric academic program in Riverside County, ensuring a continued presence in the region. The proposal outlines secured funding to sustain aspects of the project, including a \$135,000 commitment from RCOE for staffing at the CAREspace and a \$750,000 grant from the California CYBHI program for trauma-focused care, demonstrating strong financial sustainability. |
| Partnerships/Collaborations (5 Points) | The application demonstrates a collaborative process that includes multiple community partners involved in planning and implementation. Organizational partners are listed and each of their roles in the project are outlined. Letters of support and/or memorandums of understanding are included, as appropriate. |
| <u>Reviewer 1 - Score:</u> 4 | <u>Reviewer 1 - Score Explanation:</u> The applicant has developed strong partnerships and collaborations with Riverside County Office of Education; the City of Desert Hot Springs, OneFuture CV; Innercare/RUHS; and the Latino Health Access |
| <u>Reviewer 2 - Score:</u> 3 | <u>Reviewer 2 - Score Explanation:</u> The list of partnerships detailed in the grant application is a great start to launch the project, |

| | |
|-----------------------------------|--|
| | partnerships with all three school districts and other community-based organizations would reach more District residents in need of the proposed services. |
| Reviewer 3 - Score: 5 | Reviewer 3 - Score Explanation: The application showcases a collaborative approach, with several community partners actively engaged in both the planning and implementation processes. |
| Reviewer 4 - Score: 5 | Reviewer 4 - Score Explanation: The application outlines multiple community partners involved in planning and implementation, demonstrating a well-developed collaborative process. Each partner's role is clearly outlined, ensuring a coordinated approach. The inclusion of these partnerships significantly strengthens the project's feasibility and impact. |
| Budget (5 points) | The budget is specific and reasonable, and all items align with the described project. The proposed budget is accurate, cost-effective, and linked to activities and deliverables. <ul style="list-style-type: none"> • There are no unexplained amounts. • The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable. • All line items are identified clearly in the budget narrative. • The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project. |
| Reviewer 1 - Score: 4 | Reviewer 1 - Score Explanation: The budget is specific and reasonable (staffing, mileage, and indirect) with the request of \$500,000 being 35% of the total project budget. |
| Reviewer 2 - Score: 5 | Reviewer 2 - Score Explanation: The grant proposal budget is adequate and in line with the proposed deliverables and scope of work. |
| Reviewer 3 - Score: 4.5 | Reviewer 3 - Score Explanation: The budget is detailed and appropriate, with all line items clearly aligned with the objectives and scope of the described project. |
| Reviewer 4 - Score: 5 | Reviewer 4 - Score Explanation: The proposal includes a well-defined budget that aligns with project activities and deliverables. The request for funding is specific, focusing on: <ul style="list-style-type: none"> • Salaries for two bilingual, bicultural licensed therapists to support teletherapy and the Coachella Valley Free Clinic. |

| | |
|---|--|
| | <ul style="list-style-type: none"> • Funding to expand telepsychiatry services, leveraging in-kind contributions from UCR leadership. <p>The proposal clearly demonstrates other secured funding sources (RCOE and CYBHI), ensuring cost-effectiveness. The budget appears reasonable and justified, with committed funds already in place, reflecting a responsible financial approach.</p> |
| Fiscal Scoring Review | |
| Fiduciary Compliance (5 Points) | The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financial statements produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, and the Board reviews financial statements regularly. |
| Reviewer 1 - Score: 4 | Reviewer 1 - Score Explanation: The most recently available financial audit for the year ending June 30, 2023 provided an unmodified opinion. The audit covered the entire University of California system. Positive cash flow noted for fiscal year ending June 30, 2022. Current assets sufficient to address current liabilities. Letter provided by Controller regarding acceptance of audited financials. |
| Reviewer 2 - Score: 4.5 | Reviewer 2 - Score Explanation: The FY 06/30/23 audit report is unmodified. Audit report Current Ratio is strong. This represents the grantee's ability to pay its short-term liabilities. |
| Financial Stability (5 Points) | Funding sources for operations and programs are from multiple sources and are driven by a strategic plan for stability for both short- and long-term growth. If a strategic plan does not exist, other documentation is presented to identify future sources of funding. The requested grant amount is reasonable in comparison to the overall organizational budget. |
| Reviewer 1 - Score: 4 | Reviewer 1 - Score Explanation: There are multiple funding sources listed, which includes future growth being addressed in strategic plan. The grant value is reasonable in comparison to overall University of California operating budget, although the individual campus level data is not provided. |
| Reviewer 2 - Score: 5 | Reviewer 2 - Score Explanation: The Grant request is rational to the overall organizational budget, which includes funding from multiple sources. A Strategic Plan for the organization is in place for the 2024-27 beginning in December 2023 of how funds will be allocated as well as how they plan on spending funds towards their goals. |

| TOTAL SCORES - PROGRAMMATIC | | TOTAL SCORES - FISCAL | |
|-----------------------------|----------------------|-----------------------|---------------------|
| REVIEWER 1 | 34/40 POINTS = 85% | REVIEWER 1 | 8/10 POINTS = 80% |
| REVIEWER 2 | 36/40 POINTS = 90% | REVIEWER 2 | 9.5/10 POINTS = 95% |
| REVIEWER 3 | 36.5/40 POINTS = 91% | AVERAGE | 8.75 POINTS = 87.5% |
| REVIEWER 4 | 39/40 POINTS = 98% | | |
| AVERAGE | 36 POINTS = 91% | | |

Average Total Score: 45 / 50 = 90%

EXHIBIT B

PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES

| | |
|---|------------------------|
| <u>Project Title</u> | <u>Start/End</u> |
| Improving Access to Behavioral Health Education and Prevention Services | 3/01/2025 2/28/2027 |

PAYMENTS:

(8) Payments: \$56,250.
10% Retention: \$50,000.

Total request amount: \$ 500,000.

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

| Scheduled Date | Grant Requirements for Payment | Payment |
|----------------|--|---|
| 3/01/2025 | Signed Agreement submitted & accepted. | Advance of \$56,250. for time period 3/01/2025 - 5/31/2025 |
| 7/01/2025 | Quarterly (3/01/2025 - 5/31/2025) progress report, budget reports and receipts submitted & accepted | Advance of \$56,250. for time period 6/01/2025 - 8/31/2025 |
| 10/01/2025 | Quarterly (6/01/2025 - 8/31/2025) progress report, budget reports and receipts submitted & accepted | Advance of \$56,250. for time period 9/01/2025 - 11/30/2025 |
| 1/01/2026 | Quarterly (9/01/2025 - 11/30/2025) progress report, budget reports and receipts submitted & accepted | Advance of \$56,250. for time period 12/01/2025 - 2/28/2026 |
| 4/01/2026 | Quarterly (12/01/2025 - 2/28/2026) progress report, budget reports and receipts submitted & accepted | Advance of \$56,250. for time period 3/01/2026 - 5/31/2026 |
| 7/01/2026 | Quarterly (3/01/2026 - 5/31/2026) progress report, budget reports and receipts submitted & accepted | Advance of \$56,250. for time period 6/01/2026 - 8/31/2026 |
| 10/01/2026 | Quarterly (6/01/2026 - 8/31/2026) progress report, budget reports and receipts submitted & accepted | Advance of \$56,250. for time period 9/01/2026 - 11/30/2026 |
| 1/01/2027 | Quarterly (9/01/2026 - 11/30/2026) progress report, budget reports and receipts submitted & accepted | Advance of \$56,250. for time period 12/01/2026 - 2/28/2027 |

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| 4/01/2027 | Quarterly (12/01/2026 - 2/28/2027) progress report, budget reports and receipts submitted & accepted | \$0 |
| 4/15/2027 | Final report (3/01/2025 - 2/28/2027) and final budget report submitted & accepted | \$50,000. (10% retention) |

TOTAL GRANT AMOUNT: \$ 500,000.

DELIVERABLES:

Project Deliverables and Evaluation

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| <p>Deliverable #1: 1. By February 28, 2027, 10 trainees (at least 2 psychiatry residents or fellows, 2 psychology postdoctoral fellows, 4 psychology PhD students, and at least 2 medical students) will receive training through our programs serving the Coachella Valley</p> | <p>Evaluation #1: 1. We will document the number and category of trainees and the locations in which they served.</p> |
| <p>Deliverable #2: 2. By February 28, 2027, we will demonstrate that the geographic dispersion of services was expanded by providing services in the Desert Hot Springs CAREspace, the Coachella Valley Free Clinic, and through additional community-based mental health prevention and education services in additional locations.</p> | <p>Evaluation #2: 2. We will track the locations of services and will list the cities and unincorporated areas served.</p> |
| <p>Deliverable #3: 3. By February 28, 2027, we will provide presentations for various small and large groups and will attend community events; in these activities, we will distribute information electronically and physically to increase awareness of mental health conditions and services. We will provide at least 10 presentations per year.</p> | <p>Evaluation #3: 3. We will document each presentation with a written summary noting the location, date, time, target audience (e.g., children, teens, or parents) and number reached as well as a description of activities and resources provided.</p> |
| <p>Deliverable #4: 4. By February 28, 2027, we will have provided at least 200 days of access to in-person mental health services in the Coachella Valley and at least 200 days of access to telehealth mental health services</p> | <p>Evaluation #4: 4. We will document the number of days in which we staff the Desert Hot Springs CAREspace, the Coachella Valley Free Clinic, and a Coachella Valley Telehealth</p> |

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| <p>5. By February 28, 2027, at least 100 Coachella Valley residents will receive telehealth therapy and psychiatry services through our clinics, at least 500 Coachella Valley residents will participate in psychoeducational interventions and trainings, and at least 100 Coachella Valley residents will receive case management services or behavioral health screenings.</p> | <p>Services. 5. We will track the numbers of individuals receiving services, the type of service received, and the number of services or sessions.</p> |
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The Desert Healthcare District has implemented Results-Based Accountability (RBA) into their grantmaking process to streamline reporting and offer a straightforward approach to effectively measuring program-level performance.

Strategic Plan Alignment:

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

Strategy 3.1: Increase the number of behavioral/mental health professionals to support Coachella Valley residents

Performance Measures:

- # of behavioral/mental health professionals trained
- # of behavioral/mental health professionals hired

Strategy 3.2: Increase the number of days and hours of operation of behavioral/mental health services to support Coachella Valley residents

Performance Measures:

- # of clients served as a result of the increased days and hours of operation

Strategy 3.3: Improve the quality and accessibility of behavioral/mental health services by increasing the geographic dispersion of sites within Coachella Valley

Performance Measures: (Deliverable #2)

- # of sites
- # of clients served as a result of sites

Strategy 3.4: Improve accessibility of behavioral/mental health services by increasing available telehealth services

Performance Measures:

- # of telehealth visits
- # of clients served as a result of telehealth access

Strategy 3.6: Increase awareness of behavioral/mental health resources for residents in Coachella Valley

Performance Measures:

- # of Community Navigators trained
- # of Community Navigators hired
- # of community engagement/awareness activities
- # of clients reached through community engagement/awareness efforts
- # of clients who were directly connected to behavioral/mental health services
- # of clients who increased their knowledge of behavioral/mental health resources/services

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

Performance Measures:

- # of service providers who received cultural competency training
- # of cultural competence resources disseminated
- # of clients provided service in their native language



Date: February 25, 2025

To: Board of Directors

Subject: Grant # 1478 St. John's Community Health

Grant Request: St. John's Community Health Indio Community Health Center Start-Up

Amount Requested: \$1,000,000.00

Project Period: 03/01/2025 to 02/28/2026

Project Description and Use of District Funds:

St. John's Community Health (SJCH) is committed to improving community health and reducing health disparities by providing high-quality, comprehensive services while also influencing health and social policy. In 2022, SJCH expanded its reach in the Coachella Valley and invested \$9.35 million in real estate, construction, and equipment to establish a new health center in Indio. The health center officially celebrated its grand opening on January 28, 2025.

The community served by St. John's Community Health's Indio Health Center faces significant healthcare needs, with over 39,000 low-income residents in the service area are not being served by a community health center. The facility is situated in a federally designated Medically Underserved Population area and a Health Professional Shortage Area for primary, dental, and mental health services, highlighting the critical shortage of healthcare providers and access to essential services in the region. Despite the presence of multiple health centers, the area still has notable gaps in healthcare access, particularly for vulnerable groups such as agricultural workers and underserved populations. Additionally, environmental hazards, high rates of chronic health conditions like obesity and heart disease, and socio-economic challenges exacerbate the community's need for expanded healthcare services.

SJCH is requesting funding to support staffing for the clinic's ramp-up phase, focusing on goals outlined in the Desert Healthcare District's Strategic Plan to expand access to primary and behavioral health services. Specifically, funding will cover 33% FTE for key medical, dental, and behavioral health staff during a four-month period without reimbursement and 100% FTE for roles critical to patient engagement and clinic operations. The facility aims to serve over 2,000 new patients in its first year, with a projected capacity of 10,000 patients annually by Year 3. The requested funds will be



instrumental in building the clinic's patient base and expanding essential services to address health disparities in the Indio area.

Strategic Plan Alignment:

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

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

Strategy 2.1: Increase the number of primary and specialty care professionals to support Coachella Valley residents

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

Strategy 2.7: Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley

Strategy 3.1: Increase the number of behavioral/mental healthcare professionals to support Coachella Valley residents

Strategy 3.4: Improve accessibility of behavioral/mental health services by increasing available telehealth services

Strategy 3.6: Increase awareness of behavioral/mental health resources for residents in Coachella Valley

Geographic Area(s) To Be Served:

Coachella, Indio, La Quinta

Action by Program Committee: (Please select one)

✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$1,000,000.00 be approved.

Recommendation with modifications

Request for more information

Decline



Grant Application Summary

St. John's Community Health, Grant # 1478

About the Organization

St. John's Community Health
808 W. 58th Street
Los Angeles, CA United States
213-248-0259

www.sjch.org

Tax ID #: 95-4067758

Primary Contact:

Ernesto Barahona, Chief Strategy and Development Officer
323-541-1600 ext 1105
ebarahona@sjch.org

Organization's Mission Statement and History

St. John's Community Health's (SJCH) mission is to improve community health and reduce health disparities by delivering high quality, comprehensive services and impacting health and social policy. SJCH was founded in 1964 as a volunteer pediatric clinic to alleviate health problems resulting from poverty in the downtown and South/Central communities of Los Angeles (LA). In 1994, the clinic incorporated as an independent, 501(c)(3) organization.

In 2003, the U.S. Bureau of Primary Health Care awarded Federally Qualified Health Center (FQHC) status to SJCH. The agency subsequently grew into one of the most significant safety-net providers in LA County, operating a network of 24 clinics. SJCH's LA County health centers include fixed-site, mobile and school-based health centers. In 2023, SJCH served over 96,000 unique patients of all ages through 586,257 medical, behavioral health, dental and support service visits. SJCH support services address the social determinants of health (SDOH) and are integrated with clinical care. They include screening and enrollment in insurance, legal assistance, and case management for higher risk and underserved populations: LGBTQ, people experiencing homelessness, people living with/at risk for HIV and HCV, people exiting incarceration (reentry), and people who use drugs (PWUD).

In 2022, SJCH decided to expand to the Inland Empire; purchasing and renovating properties in San Bernardino, San Jacinto and Indio. This decision was informed by multiple factors. Consumer Board members had reported that, due to the high cost of living in LA, local residents were increasingly moving to the Inland Empire and that there was a need for more accessible, culturally competent healthcare services in this region. Some SJCH patients, even after re-locating to the Inland Empire, had been returning to SJCH's LA County sites for care. Government data showed massive population growth in the Inland Empire in recent years. The Health Resources and Services Administration's (HRSA) data, however, indicates that health center penetration rates in the region are much lower than rates in LA County, and the growth of the low-income population is expected to continue. During the COVID-19 pandemic, SJCH's COVID vaccination campaign (which administered 500,000+ doses over 2 years) took the agency to new geographic areas. SJCH engaged with community organizations in San Bernardino and Riverside counties, including United Farm Workers and other agencies, to vaccinate low-income workers. These collaborations highlighted the gaps in healthcare access and underscored local needs. SJCH's population-specific programs (e.g. Transgender Health, Reentry) had also been attracting patients from the Inland Empire because they could not find such comprehensive services in their own communities. With respect to the SJCH Indio Community Health Center, which is the focus of this proposal, SJCH conducted a needs assessment that included street outreach at the adjacent shopping center, local parks, and with farmworkers to determine unmet service needs. SJCH also contacted local medical and social service providers to garner feedback about needs and site and partnership possibilities. In January 2024, SJCH became a member of the Community Health Association - Inland Southern Region (CHAISR) and opened its San Bernardino health center. In July 2024, it opened its San Jacinto site; the Indio site opened in January 2025.

The Inland Empire region, characterized by its rapid population growth, cultural, racial and socioeconomic diversity, presents a unique set of healthcare needs that align with SJCH's mission of reducing health disparities and improving community health outcomes. SJCH aims to bridge gaps in healthcare access, enhance health equity, and deliver comprehensive care to underserved populations in the region. Ensuring that underserved, under-resourced, and marginalized populations - such as immigrants (documented and undocumented), people of color, LGBTQ+ communities, farmworkers, people experiencing homelessness, justice-impacted individuals, and people with substance use disorders - have access to culturally competent health services that address SDOH is a primary focus of the expansion.

In the Coachella Valley (CV), SJCH has invested \$9.35 million in real estate, construction and equipment costs to establish its new health center in Indio, the most heavily populated city in the CV and the focus of this application. The health center celebrated its grand opening on January 28, 2025. This site will be complemented by a

mobile medical unit that provides services for farmworkers and their families who face transportation or scheduling obstacles to obtaining care at the Indio site. SJCH has entered into discussions with the Coachella Valley Housing Coalition and Pueblo Unido CDC to dock the mobile at affordable housing developments and mobile home parks where this population lives to offer services during non-working hours.

Organization Annual Budget: \$208,070,000.00

Project Information

Project Title: St. John's Community Health Indio Community Health Center Start-Up

Start Date: 03/01/2025 **End Date:** 02/28/2026

Total Project Budget: \$1,416,736.00

Requested Amount: \$1,000,000.00

Community Need for this Project in the Coachella Valley:

The service area for SJCH's Indio Community Health Center is comprised of four zip codes that encompass the cities of Indio, Coachella and La Quinta. The facility is located in a federally designated Medically Underserved Population area and a Health Professional Shortage Area for primary, dental and mental health. Although the region is home to numerous health centers, data from the HRSA GeoCare Navigator highlights that there is still significant need for additional health center access: **92201**: Low income population (LIP) of 26,001; 37.59% are served by a health center (health center penetration rate); **92203**: LIP of 6,145; 20.03% penetration rate; **92236** : LIP of 19,136; 47.2% penetration rate; **92253**: LIP 10,280; 18.11% penetration rate.

A total of 39,109 low-income residents in the service area are not being served by a community health center. The region's population has steadily increased in recent years and is expected to continue expanding. The facility's zip code, 92201, contains multiple CalEPA-designated SB 535 Disadvantaged Communities, based on geographic, socioeconomic, public health and environmental hazard criteria (oehha.ca.gov/calenviroscreen/sb535). Environmental hazards include air pollution (elevated ground-level ozone from cars, power plants and other sources); particulate matter from diesel exhaust and the Salton Sea; toxic chemicals used in agriculture; elevated arsenic and lead in drinking water; and substandard housing conditions (Eisenhower Med Ctr 2022 CHNA, Desert Healthcare District & Foundation 2020 CHNA).

Though a developed urban area, Indio is geographically isolated from other cities in the Inland Empire by long distances and mountain passes and is the service hub for many rural and unincorporated communities to its east, representing a diverse range of needs and challenges. Sociodemographic variables within just the Indio Health Center's

service area vary significantly. The median household incomes range from \$52,489 (Coachella) to \$92,744 (La Quinta) (data.census.gov). Coachella has the highest percentage of population in the CV who are Hispanic/Latino (97.3%) and of households where a language other than English is spoken at home (88.8%), the respective figures for Indio are 64.2% and 52.6% and, for La Quinta, 34.7% and 26.9% (DHDF 2020 CHNA). Only 3.4% of the Indio population are Black/African-American, higher than Coachella (0.9%) and La Quinta (2%). The October 2024 unemployment rate in Indio was 8.6%; in Coachella, 14.2%; and in La Quinta, 7.34%, all higher than for Riverside County's 6.2% (ycharts.com).

With respect to public education, the Indio Health Center's service area contains two school districts: Coachella Valley Unified (CVUSD) and Desert Sands Unified (DSUSD). In school year 2022-23, both districts performed below state education standards for English Language Arts and Mathematics (caschooldashboard.org) and had higher levels of chronic absenteeism than Riverside County as a whole. School suspension data indicate that CVUSD and DSUSD had higher percentages of illicit drug related incidents relative to county and state, indicating higher risk for substance use disorders (SUD) (DHDF 2020 CHNA). The 2019 Coachella Valley Community Health Survey found that 41.4% of CV children had experienced one or more of four Adverse Childhood Experiences (ACES), the top two being parental divorce/separation and mental illness in the home. The percentages of highschoolers reporting that they have considered suicide are higher than those for the county (Eisenhower 2022 CHNA). Educational attainment among adults in Coachella and Indio is lower than the county average; 41.8% and 19.8%, respectively, have less than a high school education, vs. 9.1% county (DHDF 2020 CHNA).

These SDOH challenges contribute to poor health status. Coachella has the second-highest percentage of children (62.2%) and adults (76.8%) categorized as overweight or obese. Rates of overweight and obesity for the Indio service area are much higher than for Riverside County (35.7% vs. 16%). The leading causes of death in the CV are heart disease, cancer, and chronic lower respiratory disease (Eisenhower 2022 CHNA). At JFK Memorial Hospital in Indio, which has the highest percentage of Medi-Cal patients in the CV, the top reasons for ER visits are injuries/poisonings (20.6%) and respiratory issues (13.1%). Health status and outcomes are significantly worse for agricultural workers, who perform demanding physical labor, handle dangerous machinery with inadequate protective gear or training, are exposed to toxic chemicals and endure high temperatures for extended periods. With regard to behavioral health, the suicide mortality rate for CV (19.4/100,000) is higher than the county and state rates (DHDF 2020 CHNA). Certain groups are at higher risk for poor mental health outcomes, e.g. military veterans, LGBTQ individuals, and undocumented individuals (Eisenhower 2022 CHNA).

Project Description and Use of District funds:

SJCH's proposed project is starting up the provision of primary medical, dental, behavioral health and support services at its new Indio Community Health Center, located at 82025 Highway 111, 92201. The building was a vacated Dollar Tree storefront space that SJCH purchased for \$2.9 million. The agency has since invested \$6.45 million to convert it into a 11,524 square-foot facility with 10 medical exam rooms, 6 dental operatories, medical and dental labs, 3 offices for integrated behavioral health (IBH) counseling, 1 room for support groups and workshops, program offices, and a pharmacy. It is located on a major thoroughfare in a mixed commercial and residential area; the nearest clinic is over a mile away. The site's grand opening was held on January 28, 2024. It operates five days/week. As the clinic's patient base grows, hours will expand to six days. The Indio facility will provide:

Medical Care: wellness exams for all ages; women's health; pediatric health; transgender health; reproductive health, COVID-19 testing, vaccination, & treatment; immunizations; screening for & management of chronic conditions; STI, HIV, HCV testing & treatment; vision & hearing; on-site laboratory & pharmacy. As the health center's first year progresses, specialty services including podiatry, OB/GYN, HIV medicine and addiction medicine for MAT will be added. Integrated Behavioral Health (IBH): screening for ACEs, mental and substance use disorders (SUD); consultation for initial referral, assessment & goal-setting; individual & family counseling; psychotherapy support groups; psychiatry for psychotropic medication management; SUD counseling & recovery support; crisis intervention; case management. Dental Care: oral health screening; exams, x-rays, consultations; cleaning; periodontal therapy; restorations; extractions; fluoride application; sealants; emergency care; oral cancer screening; caries risk assessment, education & treatment; silver diamine fluoride. Support Services: Health outreach & education; screening & enrollment in insurance; care coordination, case management & harm reduction services for special populations, e.g. reentry, LGBTQ+, people experiencing homelessness, farmworkers, people living with HIV/AIDS, survivors of domestic violence, and PWUD.

SJCH's project goal aligns with that of the Desert Healthcare District: to achieve optimal health at all stages for District residents, specifically residents of Indio and surrounding communities. SJCH is requesting funding to support initial staffing necessary to address Goals 2 and 3 of the District's Strategic Plan: proactively expand community access to primary and specialty care and proactively expand community access to behavioral/mental health services. This funding will provide crucial support for clinic ramp-up to accomplish these goals over one year. While the Indio Health Center will be operating full-time from the start, building a patient base will take time. The Indio clinic does not yet have contracts with managed care plans. SJCH is in the process of applying for contracts with Molina, Inland Empire Health, Alpha Care and LA Selle. In this application, SJCH is requesting 33% FTE funding for medical, dental and

behavioral health staff to cover the 4-month period in which their services will not be reimbursed. SJCH also requests 100% FTE funding for three non-reimbursable positions that are key to building the clinic's patient base and operation.

SJCH requests: Medical (33% FTE, all hired): 1 Family Medicine Physician, 3 RNs & 2 LVNs, & 8 Medical Assistants to provide primary medical services. Dental (33% FTE): 1 Dentist (TBH), 1 Registered Dental Asst & 1 Dental Asst (Hired) for preventive & early treatment services for oral health. Behavioral Health (33% FTE, hired): 1 Psychiatric RN & 1 Psychiatric Med. Asst. to provide services for mental health & SUD conditions. Patient Engagement (100% FTE, hired): 1 Benefits Counselor to inform patients about Medi-Cal & other public programs, screen & enroll eligible patients into coverage, & assist with retaining coverage; 1 Community Health Worker to provide outreach and education at community sites & events where low-income residents congregate (e.g. schools, community centers, parks, food banks, social service agencies, affordable housing developments, health fairs) to raise awareness of priority medical, dental, and behavioral health issues, the services available at SJCH's Indio health center, and how to obtain services. Operations (100% FTE, TBH): 1 Clinic Manager to manage daily operations.

By the clinic's 2nd year, SJCH will onboard additional categories of clinicians e.g. pediatrician, OB/GYN, and podiatrist and additional dental and IBH staff.

A significant percentage of SJCH's patient base will be farmworkers and their families. Some of them, due to living farther away and/or difficulties with transportation or operating hours, will be served primarily by SJCH's mobile clinic, which will dock at locations where farmworkers live and congregate and operate primarily on evenings and weekends. (SJCH is not requesting funding in this proposal for the mobile unit). When a mobile unit patient requires services unavailable on the mobile, SJCH will provide them with transportation to obtain services at the Indio health center. As part of SJCH's commitment to providing comprehensive care for migrant and seasonal farmworkers, SJCH will integrate work-related health services into its primary care services. Medical staff at the Indio health center and the mobile clinic will complete training with the National Center for Farmworker Health to earn a Certificate of Excellence in Agricultural Worker Health. This will ensure that SJCH staff are well-equipped to address the unique health risks faced by farmworkers, including work-related injuries, parasitic infections, and occupational health hazards. SJCH will incorporate a template into its EHR system that addresses farmworker-related health issues. This template will be used to gather detailed medical histories and assess health status. It will include screening for common agricultural risks. Based on the information gathered, SJCH will provide the appropriate diagnostics, treatment, and referrals. In its initial year of operation with the requested funds, SJCH will provide medical and IBH screening services to 2,000 new patients, dental services to 330 patients, and IBH treatment services to 195 patients. Once fully staffed and operating at full capacity

(Year 3), the Indio Community Health Center will provide health care services to 10,000 unique patients annually, representing a significant increase in healthcare access for Indio residents.

With regard to support programs for specific high-risk populations: Indio has 1 Transgender Program staff (more to be hired soon). Remaining programs will be up by the site's 2nd-3rd year of operation: people experiencing homelessness, reentry, LGBTQ+, people living with HIV, & PWUD.

Strategic Plan Alignment:

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

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

Strategy 2.1: Increase the number of primary and specialty care professionals to support Coachella Valley residents

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

Strategy 2.7: Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley

Strategy 3.1: Increase the number of behavioral/mental healthcare professionals to support Coachella Valley residents

Strategy 3.4: Improve accessibility of behavioral/mental health services by increasing available telehealth services

Strategy 3.6: Increase awareness of behavioral/mental health resources for residents in Coachella Valley

Project Deliverables and Evaluation

Deliverable #1:

By February 28, 2026, SJCH's Indio Community Health Center will provide primary medical care services to 2,000 unique patients. Approximately 1,000 patients will receive services solely through face-to-face visits and 1,000 will

Evaluation #1:

SJCH's Electronic Health Record (EHR) system will document every medical visit, with different categories of data entered by registration/reception staff, medical assistants, and the medical providers. SJCH will use Microsoft Power BI, a business intelligence data visualization system, to query EHR data and generate reports of all patients who completed one or more clinic visits with a medical clinician, along with their demographic

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| <p>receive services via a combination of face-to-face and telehealth visits.</p> | <p>information, health history, reason for visit and procedures performed. SJCH will generate a weekly dashboard of key metrics, including number of visits, number of unique patients served, and leading reasons for visits. This report will be reviewed by senior management to monitor the clinic's progress and detect any utilization trends that might require modifications to clinic operations. All patients will have a telehealth option for visits that do not require a face-to-face encounter. SJCH estimates that approximately 50% of all patients will want to do only face-to-face visits and that 50% will do a combination. The number of patients to be served was calculated based on the number of visits that the team of medical providers will complete at the 33% FTE being requested.</p> |
| <p>Deliverable #2: By February 28, 2026, SJCH's Indio Community Health Center will provide dental care services to 330 unique patients.</p> | <p>Evaluation #2: SJCH's Electronic Health Record (EHR) system will document every dental visit. SJCH's Dentrax system will document all oral health diagnoses, care plans, x-rays, and procedures performed. SJCH will use Microsoft Power BI, a business intelligence data visualization system, to query EHR data and generate reports of all patients who completed one or more visits with the dentist, along with their demographic information, health history, reason for visit and procedures performed. SJCH will generate a weekly dashboard of key metrics, including number of visits, number of unique patients served, and leading reasons for visits. This report will be reviewed by senior management to monitor the clinic's progress and detect any utilization trends that might require modifications to clinic operations. The number of patients to be served was calculated based on the number of visits that the Dentist will complete at the 33% FTE being requested.</p> |
| <p>Deliverable #3: By February 28, 2026, SJCH's Indio Community Health Center will</p> | <p>Evaluation #3: SJCH's EHR system will document every IBH visit, with different categories of data entered by reception</p> |

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| <p>provide integrated behavioral health services to address mental health and substance use disorder issues to 195 unique patients.</p> | <p>staff, the Psychiatric Registered Nurse and the Psychiatric Medical Assistant. SJCH will use Microsoft Power BI, a business intelligence data visualization system, to query EHR data and generate reports of all patients who completed one or more visits with the behavioral health clinician, along with their demographic information, health history, reason for visit and procedures performed. SJCH will generate a weekly dashboard of key metrics, including number of visits, number of unique patients served, and leading reasons for visits. This report will be reviewed by senior management to monitor the clinic's progress and detect any utilization trends that might require modifications to clinic operations. The number of patients to be served was calculated based on the number of visits that the IBH clinician will complete at the 33% FTE being requested.</p> |
| <p>Deliverable #4: By February 28, 2026, the SJCH Indio Community Health Center will assist 1,000 patients with enrolling in, utilizing and/ or renewing Medi-Cal Coverage.</p> | <p>Evaluation #4: The Benefits Counselor will log all patient sessions into the agency's EHR. Medi-Cal and other Covered California applications and renewals will be entered into and tracked by the Covered California website. They will check on approvals for coverage programs through the POINTCARE software system. The Eligibility and Retention Department Manager will monitor the Benefits Counselor's workload and approvals through POINTCARE at regular intervals to monitor their productivity and acceptance rate and will assist with addressing any implementation obstacles that occur.</p> |

Project Demographic Information

Target Geographic Area(s) To Be Served:

Coachella, Indio, La Quinta

Target Population Age Group:

0 to 5, 6 to 17, 18 to 24, 25 to 39, 40 to 54, 55 to 64, 65+

Target Population Ethnicity:

Hispanic/Latino (of any race), Not Hispanic or Latino (of any race)

Target Population Race:

American Indian and Alaska Native, Asian, Black or African American, Native Hawaiian and other Pacific Islander, White, Some other race

Additional Target Population Information:

SJCH is targeting low-income community members of all ages, races and ethnicities who are not currently being served by a community health center. Based on demographic data for the service area, SJCH anticipates that the majority of people served will identify as "Hispanic/Latino." SJCH's service population will include farmworkers and their families.

Capacity, Sustainability, and Partnerships**Organizational Capacity**

SJCH has a long history of successfully opening new sites on-time and within budget. The agency had only one site when President and CEO James Mangia joined the SJCH in 1993. It now operates 28 community health centers, including stand-alone sites, school-based health centers, health centers co-located with affordable housing developments, and mobile units. In just the past six years, SJCH has accomplished the following: 1) implemented a 2021 HRSA School-Based Service Expansion grant by expanding two existing school-based health center facilities, staffing, & services; 2) Opened two additional school-based health centers in a new geographic area of LA County; 3) Opened a new health center on the campus of a community hospital co-located with partner Special Needs Network to establish the Center for Autism & Developmental Delays; 4) Opened a combination health and drop-in center for people experiencing homelessness; 5) Opened a health center on the grounds of a public housing development with a significant Bengali resident population and engaged Bengali residents in care through outreach, education & organizing; 6) Launched a Harm Reduction program for PWUD and established a Syringe Services Program; 7) opened three new fixed-sites and deployed one mobile unit to the Inland Empire.

The lessons SJCH has learned from previous expansions and the resulting systems it has established informed the Indio start-up plan. SJCH will focus on providing medical, dental, behavioral health and basic enabling services in the clinic's first year. As the patient base grows and as more support services are funded, staffing and services will expand and diversify.

In compliance with HRSA Section 330 guidelines, SJCH operates under a consumer-majority Board of Directors governing structure. Patient board members reflect the demographics and lived experiences of its patient population. The organizational lines of authority run from the Board of Directors directly to the full-time President and Chief Executive Officer (CEO), who then delegates to the appropriate members of senior management staff. Senior management is comprised of the following Chief Officers: Financial, Operating, Administrative, Medical, Dental, Pharmacy, Programs,

Information, Strategy and Development, Human Resources/ Legal/ Compliance, and Government Affairs & Community Relations. This team in turn oversees all clinical, financial, operational, programmatic, and administrative functions and staff for SJCH and has extensive project design, implementation, and evaluation experience.

The following staff will be key to starting up medical and IBH services at the Indio site: **Ana Barahona**, Chief Operating Officer, has been with SJCH since 2001 and has 20+ years of experience in Operations. Barahona supervises and directs a team of 35 employees and oversees the Call Center and Benefit Counselor departments. She is responsible for managing the agency's day-to-day operations. Working closely with the Director of Operations and a group of Regional Clinic Directors, she guides them through new challenges and changes for successful operations. Barahona holds a certificate from the Cedars Sinai Community Clinic Initiative: Managing to Lead program. **Chief Medical Officer, Sushant Bandarpalle, DO, AAHIVS**, joined SJCH in 2017 as an attending physician providing care as an HIV Specialist, and later as a Medication Assisted Treatment (MAT) Specialist. Bandarpalle became a Regional Medical Director in 2018 and was promoted to Chief Medical Officer in 2023. Bandarpalle is a Doctor of Osteopathic Medicine and is Board Certified by the American Osteopathic Association. Key roles include: assessing and upgrading medical care standards; providing management, leadership and coaching to medical staff; working with operations and executive teams to implement new processes/systems, and partnering with leadership to develop and implement strategies across the organization. **IBH Director Deborah Bradley, LMFP, Ph.D.**, joined SJCH in 2023 and oversees the Integrated Behavioral Health Program, reporting to the Chief Programs Officer. Bradley has 26 years' experience working in behavioral health at a range of community agencies serving diverse communities. She has also worked for and collaborated with public agencies, including the LA County Department of Mental Health and the LA County Department of Children and Family Services. Her prior experience includes building and integrating a new behavioral health program into a medical organization with 25 clinics in multiple California counties. **Michael Beral, D.D.S.**, Chief Dental Officer, has been with SJCH since 2005 as a part-time dentist. In 2013, he was promoted to dental Director and became Chief Officer in 2023. Beral oversees the clinical and operational management of all 19 dental clinics. He has been practicing general, family, and cosmetic dentistry for underserved populations since 1999.

Organizational Sustainability:

With regard to financial sustainability, SJCH will ensure that the Indio health center meets the requirements for Medi-Cal reimbursement and is applying for contracts with four managed care plans. As an FQHC, SJCH is eligible for the prospective payment system (PPS), which offers an enhanced reimbursement rate. This will be a reliable funding source to support healthcare services. SJCH's Development team will aggressively pursue funding opportunities from local, state and federal government agencies, private foundations, corporations and individuals to grow and sustain

services. SJCH possesses a proven track record in sustaining a diverse array of clinical services and programs. For example, SJCH currently contracts with four healthcare plans to provide CalAIM Enhanced Care Management and Community Support services to eligible Medi-Cal members in Los Angeles County. SJCH will pursue CalAIM contracts with plans to provide these services in Riverside County as well.

With regard to staff recruitment and retention, SJCH is expanding its Human Resources Department and workforce pipeline strategies to meet the agency's growing recruitment and retention needs. SJCH's team of recruiters has many years' experience recruiting clinical providers to work in community health centers. SJCH also recruits medical providers through the National Health Service Corp program and advocates for / avails itself of local and state initiatives that provide retention benefits to healthcare workers. SJCH has contracted with Desert Physicians Medical Group Health to support clinician recruitment and to build a residency program. SJCH successfully participated in the California Department of Health Care Services' Behavioral Health Recruitment & Retention Initiative, which provided the agency with resources to improve its recruitment and retention strategies and systems, which are yielding benefits not only with respect to behavioral health staffing but all staffing as well. The Behavioral Health Department brokers agreements with schools of Social Work to serve as a fieldwork site for graduate students, some of whom are later employed as staff once they have completed their studies.

Engaging in effective collaboration and partnerships has been a cornerstone of SJCH's work for decades, as the agency has pioneered and implemented projects that span multiple sectors to holistically address health issues. For example, in the Healthy Homes South LA collaborative, SJCH works with a community health promoter agency and tenants' rights agencies to provide comprehensive healthcare, education, remediation supplies and advocacy for asthmatic patients living in substandard housing. Over the past several years, SJCH's Government Affairs and Community Relations Department has met with a range of organizations and stakeholders in the Inland Empire to assess needs and broker partnerships, and will continue to do so. In keeping with SJCH's longtime commitment to community-led services and facilities development, this department will also organize and convene an Indio Right to Health Committee to engage community members, continually assess health needs and clinic performance, provide feedback to SJCH to ensure that services remain responsive to community needs, build public awareness of health issues, and create a base of leaders to advocate for improvements in the public health infrastructure. SJCH launched its Right to Health committee model in 2010 and it has proven successful in engaging and sustaining community members over the long-term. SJCH was recently awarded a three-year CA DHCS grant to serve the Transgender, Gender Non-Confirming, and Intersex population in tribal communities of the Inland Empire in a partnership with the Transgender Health & Wellness Center.

Every three years, SJCH's Board, Senior Management and staff participate in a comprehensive strategic planning process that draws upon internal and external qualitative and quantitative data collected over the preceding three years. SJCH engages a strategic planning firm to conduct the process and finalize the agency's Strategic Plan that will guide its development over the subsequent three years. SJCH's current Strategic Plan expires June 2025. The agency recently began its strategic planning process to create the plan for July 2025-June 2028.

Partnerships/Collaborations:

SJCH is not requesting funding for partner agencies. However, as SJCH is a newcomer to the CV, forging and securing partnerships has been a priority to ensure that the agency's work in this region is responsive to community needs, coordinated with key stakeholders, and facilitates collaboration. To that end, SJCH's leadership has established working relationships with the following entities thus far to share information, coordinate services, and provide two-way referrals: 1) Community Health Association Inland Southern Region (CHAISR); 2) United Farmworkers; 3) Service Employees International Union (SEIU) Local 721; 4) Transgender Health and Wellness Center; 5) Family Assistance Program; 6) Coachella Valley Housing Corp; 7) Pueblo Unido CDC; 8) Rainbow Pride Youth Alliance; 9) Inland SoCal United Way; and 9) El Sol Educational Center.

Diversity, Equity, and Inclusion (DEI)

How does your organization address DEI in your policies, strategic plan, board and staff, etc.?

SJCH prioritizes diversity in both its staff and governance, striving to reflect the diverse populations we serve. As the agency extends its services to the CV, this commitment to diversity remains steadfast. As an FQHC, SJCH's Board is required to have a majority consumer/patient membership, drawn from its patient population. The current Board's membership is 40% Black/African American, 40% Latinx, and 20% Asian/Pacific Islander. Four members of the Board are immigrants to the United States, bringing important insights that help SJCH serve its large documented and undocumented immigrant population. One Board member was formerly homeless, one lives in public housing, and one Board member was formerly incarcerated; the Board members represent the needs and interests of these special populations at SJCH. We are in the process of recruiting a board member who is a farmworker from the CV.

SJCH prioritizes hiring staff from the communities it serves and is proud to have a staff that reflects its patient population. Of our 1,000+ employees, 69% of staff are Latinx and 10% are Black/African American. 47% of staff live in SJCH's service area (additional staff grew up in the service area). In recent years, with the diversification of programming and services, SJCH has succeeded in recruiting staff members who share gender identity, sexual orientation, and/or lived experiences with the patients they serve (e.g., LGBTQ, immigrant, homeless or formerly incarcerated). For example, staff working in the Transgender Health Program all identify as transgender or non-binary. Community health workers who provide intensive case management services for clients re-entering society after prison, all have a history of incarceration. Some staff in the Homeless

Services Program previously experienced homelessness. Staff in SJCH's Committed to Black Health & Wellness program, which focuses on improving perinatal outcomes for Black women, are all representative of the patients they serve. Many staff members, including senior management, are bilingual and bicultural, having immigrated from Mexico or Central America or having parents who did so. Forty-nine percent (49%) of staff, primarily frontline and patient-interactive, are bilingual English-Spanish. Increasing equity and diversity in SJCH's staff and governance is a constant process. SJCH completed a cultural assessment of SJCH from a justice, equity, diversity and inclusion (JEDI) standpoint conducted by a highly regarded consultant (Mmapeu Consulting). The consultant interviewed individuals and groups representing the different facets of SJCH's community and prepared their findings and recommendations. Concrete steps that SJCH has taken since 2023 as a result of this plan include: 1) Implementing mandatory diversity and inclusion training for all staff members. 2) Establishing an internal Equity, Diversity, and Inclusion (EDI) committee to regularly assess and address organizational practices. 3) Enhancing recruitment strategies to attract a more diverse pool of candidates for job openings.

SJCH also believes that effective services to its diverse patients requires proactive engagement to identify their unique challenges and collaboratively advocate on their behalf. For example, SJCH's Right to Health Committees serve not only as platforms for patients to voice their concerns and needs but also as the advocacy arm of the agency. In addition to actively participating in identifying challenges and providing feedback on SJCH services, committee members advocate for equitable access to healthcare services and resources. They collaborate with stakeholders, including policymakers, community leaders, and healthcare providers, to raise awareness about health disparities and advocate for policies and initiatives that promote health equity. Through their advocacy efforts, the Right to Health Committees play a crucial role in driving systemic change and advancing SJCH's mission to improve health outcomes for all.

SJCH believes that organized labor is another critical component to successful Diversity, Equity and Inclusivity policies and strategies. SJCH is a proud "union shop" with a strong and innovative partnership with Service Employees International Union (SEIU) Local 721. SJCH works closely with SEIU in the fight for social justice for its patients, employees, community, and network of health centers.

What barriers does your organization face when addressing DEI?

Every aspect of SJCH's organization is geared toward continuously identifying, strategizing, and overcoming the challenges of providing culturally and linguistically competent health and social services for patients. One of the biggest challenges remains staffing, specifically, recruiting clinicians (medical, dental, and behavioral) who are representative of SJCH's patient population and/or bilingual and bicultural, and who share SJCH's public health/social justice mission. Because these clinicians are in high demand, it is sometimes difficult to attract them to the low-income communities that SJCH serves. SJCH addresses these challenges by increasing pay rates across a wide range of its positions, expanding partnerships with local universities to host clinical interns (some of whom later become employees), and working to be a best-in-class employer committed to its staff. SJCH was the first FQHC in the country to implement a

minimum wage of \$25 and with cascading effects to the entire SJCH staff, including providers and clinicians.

Grant Budget

| Project Grant Budget | | | | |
|--|--|------------------------------------|--|--|
| Applicant: | | St. John's Community Health | | SJCH Indio Health Center Start-Up |
| OPERATIONAL EXPENSES | | Total Project Budget | Funds From Other Sources Detail On Section 3 | Amount Requested From DHCD/F |
| Total Staffing Expenses Detail on Section 2 | | \$ 1,240,743.53 | \$ 349,286.71 | \$ 891,456.82 |
| Equipment (itemize) | | | | |
| 1 | | | \$ - | \$ - |
| 2 | | | \$ - | |
| 3 | | | \$ - | |
| 4 | | | \$ - | |
| Supplies (itemize) | | | | |
| 1 | Medical Supplies | \$ 90,000.00 | \$ 80,556.00 | \$ 9,444.00 |
| 2 | | | \$ - | |
| 3 | | | \$ - | |
| 4 | | | \$ - | |
| Printing / Duplication | | \$ 18,000.00 | \$ 18,000.00 | \$ - |
| Mailing / Postage | | | \$ - | |
| Mileage (use current Federal mileage rate) | | \$ 3,000.00 | \$ 3,000.00 | \$ - |
| Education / Training | | \$ 5,000.00 | \$ 5,000.00 | |
| Other Direct Project Expenses Not Described Above (itemize) | | | | |
| 1 | | | \$ - | \$ - |
| 2 | | | \$ - | |
| 3 | | | \$ - | |
| 4 | | | \$ - | |
| * Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate. | | | | |
| Office / Rent / Mortgage* | | | \$ - | \$ - |
| Telephone / Fax / Internet* | | | \$ - | \$ - |
| Utilities* | | | \$ - | \$ - |
| Insurance* | | | \$ - | \$ - |
| Indirect Rate | <input checked="" type="checkbox"/> Check Box To Utilize Indirect Rate Up To 15% | Enter Rate | 11.00% | \$ 99,099.09 |
| Total Project Budget (Rounded up to nearest dollar) | | | | |
| | | \$ 1,455,843 | \$ 455,843 | \$ 1,000,000 |
| Budget Narrative | SJCH requests: <u>Medical supplies</u> , including: gowns, gloves, table paper, paper drapes, blood collection tools, instruments, point-of-care diagnostic testing supplies, infection control, needles, syringes, cuvettes, lancets, disinfectants, lancets, bandages, gauze, cotton, calculated at \$7,500/month x 12 months. <u>Indirect rate</u> of 11% for overhead costs associated with clinic operations, including administration, facilities, utilities and telecommunications. | | | |

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| Staff Salary Expenses | | Annual Salary | % of Time Allocated to Project | Total Project Salary | Amount Requested from DHCD/F | |
|--|--|---------------|--------------------------------|----------------------|------------------------------|----------------------|
| Employee Position/Title | | | | | | |
| 1 | Family Medicine Physician | \$ 270,000.00 | 33% | 89,100.00 | \$ 89,100.00 | |
| 2 | Registered Nurse | \$ 118,000.00 | 33% | 38,940.00 | \$ 38,940.00 | |
| 3 | Registered Nurse | \$ 118,000.00 | 33% | 38,940.00 | \$ 38,940.00 | |
| 4 | Registered Nurse | \$ 118,000.00 | 33% | 38,940.00 | \$ 38,940.00 | |
| 5 | Licensed Vocational Nurse | \$ 80,000.00 | 33% | 26,400.00 | \$ 26,400.00 | |
| 6 | Licensed Vocational Nurse | \$ 80,000.00 | 33% | 26,400.00 | \$ 26,400.00 | |
| 7 | Psychiatric Registered Nurse | \$ 125,000.00 | 33% | 41,250.00 | \$ 41,250.00 | |
| 8 | Dentist | \$ 170,214.00 | 33% | 56,170.00 | \$ 56,170.00 | |
| 9 | Medical Assistant | \$ 52,000.00 | 33% | 17,160.00 | \$ 17,160.00 | |
| 10 | Medical Assistant | \$ 52,000.00 | 33% | 17,160.00 | \$ 17,160.00 | |
| 11 | Medical Assistant | \$ 52,000.00 | 33% | 17,160.00 | \$ 17,160.00 | |
| 12 | Medical Assistant | \$ 52,000.00 | 33% | 17,160.00 | \$ 17,160.00 | |
| 13 | Medical Assistant | \$ 52,000.00 | 33% | 17,160.00 | \$ 17,160.00 | |
| 14 | Medical Assistant | \$ 52,000.00 | 33% | 17,160.00 | \$ 17,160.00 | |
| 15 | Medical Assistant | \$ 52,000.00 | 33% | 17,160.00 | \$ 17,160.00 | |
| 16 | Medical Assistant | \$ 52,000.00 | 33% | 17,160.00 | \$ 17,160.00 | |
| 17 | Psychiatric Medical Assistant | \$ 58,242.00 | 33% | 19,219.86 | \$ 19,219.86 | |
| 18 | Registered Dental Assistant | \$ 58,242.00 | 33% | 19,219.86 | \$ 19,219.86 | |
| 19 | Dental Assistant | \$ 52,000.00 | 33% | 17,160.00 | \$ 17,160.00 | |
| 20 | Benefits Counselor | \$ 52,000.00 | 100% | 52,000.00 | \$ 52,000.00 | |
| 21 | Community Health Worker | \$ 52,000.00 | 100% | 52,000.00 | \$ 52,000.00 | |
| 22 | Community Health Worker | \$ 52,000.00 | 100% | 52,000.00 | \$ 19,219.86 | |
| 23 | Clinic Manager | \$ 75,000.00 | 100% | 75,000.00 | \$ 75,000.00 | |
| 24 | 1 Additional Benefits Counselor | \$ 52,000.00 | 100% | 52,000.00 | \$ - | |
| 25 | 3 Additional CHWs | \$ 52,000.00 | 100% | 208,000.00 | \$ - | |
| Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project) | | | 19.30% | 200,723.81 | 144,217.24 | |
| Total Will Populate in Total Staffing Expenses Section 1 | | | | Total > | \$ 1,240,743.53 | \$ 891,456.82 |
| Budget Narrative - Scope of Work | Please describe in detail the scope of work and duties for each employee on this grant. SJCH requests funding for the following start-up clinical personnel for 33% of first year of operations, corresponding to time needed to finalize managed care plan contracts and credentialing and begin obtaining service reimbursements. 1 Family Medicine Physician, 3 RNs, 2 LVNs, 8 Medical Assistants (ALL HIRED) to provide primary medical care; 1 Psychiatric RN & 1 Psych. Med. Asst. (BOTH HIRED) to provide assessments, counseling, prescriptions and medication management for mental health & SUD issues; 1 Dentist (TO BE HIRED), 1 Registered Dental Asst. and 1 Dental Asst. (BOTH HIRED) to provide preventive and treatment dental services. SJCH requests 100% of the following positions: 1 Benefits Counselor (HIRED) to screen & enroll patients into insurance; 1 Community Health Worker (HIRED) to conduct outreach and education to promote services & link community members to clinic; and 1 Clinic Manager (TO BE HIRED) to manage all daily clinic operations. | | | | | |
| Budget Narrative - Employee Benefits | Please describe in detail the employee benefits including the percentage and salary used for calculation. Employee benefits calculated at 19.3% of salaries as follows: FICA - 8.7%; Health Insurance - 6.25%; Unemployment Insurance - 0.40%, Life Insurance - 0.40%, Workers' Compensation - 2.10%; Pension/Retirement - 1.3%. Payroll processing fees and other - 1.2%. | | | | | |
| Professional Services / Consultant Expenses | | Hourly Rate | Hours/Week | Total Project Fee | Amount Requested from DHCD/F | |
| Company and Staff Title | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| Total Will Populate in Total Staffing Expenses Section 1 | | | | Total > | \$ - | \$ - |
| Budget Narrative - Scope of Work | Please describe in detail the scope of work for each professional service/consultant on this grant. | | | | | |

| Funds From Other Sources (Actual Or Projected) SPECIFIC To This Project | | |
|---|--|----------------------|
| "Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources". | | Amount |
| Fees | | |
| Donations | | |
| Grants (List Organizations) | | |
| 1 | | |
| 2 | | |
| 3 | | |
| 8 | | |
| Fundraising (Describe Nature Of Fundraiser) | | |
| 1 | | |
| 2 | | |
| 3 | | |
| 8 | | |
| Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize) | | |
| 1 | Patient revenue from third-party (insurance) reimbursements | \$ 546,658.00 |
| 2 | SJCH General Operating Funds | \$ 145,936.00 |
| 3 | | |
| 8 | | |
| Total Funding In Addition To DHCD/F Request | | \$ 692,594.00 |
| Budget Narrative | Please describe in detail any additional information or explanations for items listed above. | |

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Full Grant Application Scoring



SCORING PARAMETERS

| | |
|---------------|-------------------------------|
| 0 TO 1 POINTS | Does Not Meet Expectations |
| 2 TO 3 POINTS | Needs Improvement |
| 4 TO 5 POINTS | Meets or Exceeds Expectations |

Total Points Possible = 50 points

| Grant Information | | | |
|---|---|---|---------------------|
| Grant Number: | Organization: | Project Title: | Funding Request: |
| 1478 | St. John's Community Health | St. John's Community Health Indio Community Health Center Start-Up | \$1,000,000. |
| Programmatic Scoring Review | | | |
| Community Need for the Project in Coachella Valley (5 points) | The applicant identifies and describes a specific need(s) for the project within the Coachella Valley by providing relevant, valid data that highlights the full scope of the need. The applicant clearly connects the community need to the project's targeted population. | | |
| Reviewer 1 - Score: 4.5 | Reviewer 1 - Score Explanation: St. John's Community Health effectively emphasized the critical need for expanded health services within the community and supported this by incorporating a variety of data points that clearly validate the extent of that need. They provided a comprehensive justification underscoring the urgency for addressing gaps in care and ensuring that the community has access to the necessary resources for improved health outcomes. | | |
| Reviewer 2 - Score: 5 | Reviewer 2 - Score Explanation: The applicant has outlined, in detail, the need for this clinic in the CV, in particular the City of Indio. The gaps for the underserved, under-resourced, and marginalized populations (immigrants, BIPOC, LGBTQ, farmworkers, etc.) were addressed and highlighted the full scope of the need for this project | | |

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| <p><u>Reviewer 3 - Score:</u> 5</p> | <p><u>Reviewer 3 - Score Explanation:</u> St. John’s Community Health grant application provided a detailed explanation of the need for medical, dental, behavioral health, and specialty healthcare supportive services provided out of their new health center in Indio. The community need was supported with relevant and local data, which highlights the lack of medical, dental, and behavioral health services to District residents.</p> |
| <p><u>Reviewer 4 - Score:</u> 5</p> | <p><u>Reviewer 4 - Score Explanation:</u> The project effectively highlights the community's health disparities, emphasizing the need for accessible health services for underserved populations, such as farmworkers, LGBTQ+ individuals, and veterans. It uses strong data to support the claim of health inequities</p> |
| <p>Project Description and Use of Funds (5 points)</p> | <p>The applicant describes the scope of the project and how the organization will utilize the Desert Healthcare District’s funding. The applicant clearly states the approach they are going to take to meet the community’s need and specifies how the success of this project directly relates to the District’s mission and current Strategic Plan.</p> |
| <p><u>Reviewer 1 - Score:</u> 4.5</p> | <p><u>Reviewer 1 - Score Explanation:</u> St. John’s Community Health provides a detailed overview of the clinic’s medical makeup and objectives, outlining how the Desert Healthcare District funding will be strategically integrated to address the healthcare needs of the community. This thorough explanation demonstrates a clear connection between the clinic's goals and the intended use of the funding.</p> |
| <p><u>Reviewer 2 - Score:</u> 5</p> | <p><u>Reviewer 2 - Score Explanation:</u> SJCH is requesting funding to support staffing for the clinic's ramp-up phase, focusing on goals outlined in the Desert Healthcare District’s Strategic Plan to expand access to primary and behavioral health services. Specifically, funding will cover 33% FTE for key medical, dental, and behavioral health staff during a four-month period without reimbursement and 100% FTE for roles critical to patient engagement and clinic operations.</p> |
| <p><u>Reviewer 3 - Score:</u> 5</p> | <p><u>Reviewer 3 - Score Explanation:</u> The grant proposal provided a very detailed project description and use of grant funds, which included the connection the DHCD mission and current strategic plan goals and strategies.</p> |
| <p><u>Reviewer 4 - Score:</u> 5</p> | <p><u>Reviewer 4 - Score Explanation:</u> The project is well-defined, addressing key health needs through services like primary care, dental, behavioral health, and mobile outreach. It outlines how these services will be delivered through a collaborative model involving key community stakeholders.</p> |

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| <p>Alignment to District Goals, Strategies, and Performance Measures (5 points)</p> | <p>The applicant effectively describes the alignment of the project to the Desert Healthcare District and Foundation 2021-2026 Strategic Plan goals, strategies and performance measures.</p> |
| <p>Reviewer 1 - Score: 5</p> | <p>Reviewer 1 - Score Explanation: The proposed project directly aligns to the Desert Healthcare District and Foundation high-priority strategic plan goals and strategies.</p> |
| <p>Reviewer 2 - Score: 5</p> | <p>Reviewer 2 - Score Explanation: The applicant directly aligns to strategic plan goals 2 and 3 and corresponding strategies of 2.1; 2.4; 2.7; 3.1, 3.4 and 3.6</p> |
| <p>Reviewer 3 - Score: 5</p> | <p>Reviewer 3 - Score Explanation: The grant proposal aligns with several of the DHCD Strategic Plan goals and strategies, specifically goals 2 & 3, along with strategies 2.1, 2.4, 2.7, 3.1, 3.4, and 3.6</p> |
| <p>Reviewer 4 - Score: 5</p> | <p>Reviewer 4 - Score Explanation: The project strongly aligns with the Desert Healthcare District’s mission to improve access to healthcare services, reduce health disparities, and promote health equity. The project’s focus on underserved populations directly supports the district's strategic goals of addressing the healthcare needs of low-income, uninsured, and underinsured individuals. Additionally, the proposal demonstrates a deep understanding of populations with the greatest health disparities, such as farmworkers and LGBTQ+ communities.</p> |
| <p>Project Deliverables and Evaluation (5 points)</p> | <p>The applicant provides project deliverables that are specific, measurable, attainable, and time-bound. Project deliverables must align with at least one of the Desert Healthcare District and Foundation’s 2021-2026 Strategic Plan goals and a related strategy/strategies. Additionally, applicant clearly demonstrates the alignment of their project deliverables to the appropriate performance measures, as outlined in the application instructions.</p> <p>Each evaluation corresponds to a project deliverable. The evaluation accurately measures the project’s effectiveness, impact and includes appropriate qualitative and/or quantitative tracking methods. The evaluation section includes well-defined data reporting mechanisms and/or a clear and transparent narrative.</p> <ul style="list-style-type: none"> • Evaluation measures and methods are clear; the applicant defines how they envision success. • Evaluation is in alignment with the deliverables of the project. |

| | |
|--|---|
| | <ul style="list-style-type: none"> • Evaluation is in alignment with identified Desert Healthcare District and Foundation’s 2021-2026 Strategic Plan goal(s), strategies, and performance measure(s). • An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding. |
| Reviewer 1 - Score: 5 | Reviewer 1 - Score Explanation: The deliverables are clearly aligned with the funding request and directly outline the expected outcomes resulting from District funding. |
| Reviewer 2 - Score: 5 | Reviewer 2 - Score Explanation: The 4 deliverables align with the 3 strategies selected in goal 2 and the 3 strategies selected in goal 3 and evaluation component is in alignment with the deliverables, strategic plan goal and its strategies. The data collected will be reviewed by senior management to monitor the clinic’s progress and detect any utilization trends that might require modification to clinic operations. |
| Reviewer 3 - Score: 4 | Reviewer 3 - Score Explanation: The project deliverables and evaluation of the project were detailed and met the requirements for this section, however, it failed to describe how the data collected would be used for future programming, expansion of services, and funding. |
| Reviewer 4 - Score: 5 | Reviewer 4 - Score Explanation: The proposal provides a clear and structured approach to the project's deliverables, detailing the core services to be provided, including primary care, dental services, behavioral health, and mobile outreach specifically targeting underserved populations in the Coachella Valley. In terms of evaluation, the proposal emphasizes the use of Electronic Health Records (EHR) to track patient engagement, outcomes, and service utilization, alongside the use of Power BI for creating real-time dashboards to monitor progress. This data-driven approach is commendable as it allows for continuous monitoring and adjustments to ensure that the project stays on track to meet its objectives. |
| Organizational Capacity (5 points) | The applicant details their organization’s capacity to meet the demands of this project including allocated staff time, internal expertise, organizational structure, etc. Applicant includes examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant demonstrates reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support). |

| | |
|--|--|
| <p><u>Reviewer 1 - Score:</u> 5</p> | <p><u>Reviewer 1 - Score Explanation:</u> St. John’s Community Health has a proven track record of efficiently and effectively establishing clinics, demonstrating a strong ability to navigate and overcome challenges. They have consistently learned from past experiences, adapting their approach to ensure success in each new endeavor. This adaptability is supported by a well-rounded team, with staff possessing diverse expertise and operational knowledge.</p> |
| <p><u>Reviewer 2 - Score:</u> 5</p> | <p><u>Reviewer 2 - Score Explanation:</u> The applicant has a long history of successfully opening new sites on time and within budget. The applicant operated 28 community health centers. The lessons the applicant has learned from previous expansions and the resulting systems it has established informed the Indio start up plan, that is, providing medical, dental behavioral health and basic enabling services in the clinic’s first year. As the patient base grows and as moroe support services are funded, staffing and services will expand and diversify.</p> |
| <p><u>Reviewer 3 - Score:</u> 5</p> | <p><u>Reviewer 3 - Score Explanation:</u> St. John’s Community Health has a proven track record of more than 20 years operating 28 community health centers in Southern California. They have experienced staff and specialists at all levels, who will support the opening and success of the Indio health center.</p> |
| <p><u>Reviewer 4 - Score:</u> 4</p> | <p><u>Reviewer 4 - Score Explanation:</u> SJCH demonstrates a high level of organizational capacity, with a long history of success in establishing new health centers across California. The leadership team, including the CEO, Chief Medical Officer, and Director of Behavioral Health, all bring significant expertise to the project, which will be crucial for the successful startup and expansion of services in Indio. The Chief Operating Officer has extensive experience managing day-to-day operations and overseeing large teams, which will be key for the efficient functioning of the new site. Moreover, the inclusion of leadership roles dedicated to specific areas like medical, dental, and behavioral health, along with their years of experience in expanding similar programs, suggests that SJCH is well-equipped to handle the complexities of this new site. The existing infrastructure and internal systems provide strong evidence of SJCH’s ability to deliver on its plans for Indio.</p> |
| <p>Organization Sustainability (5 Points)</p> | <p>The application highlights their organization’s sustainability strategies around funding, staff recruitment/retention, effective collaboration and partnerships, thoughtful long-term planning, etc.</p> |
| <p><u>Reviewer 1 - Score:</u> 4.5</p> | <p><u>Reviewer 1 - Score Explanation:</u> St. John’s Community Health outlined their financial sustainability plans, along with strategies</p> |

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| | for workforce retention and recruitment. They also emphasized the importance of partnerships and collaborations to strengthen their efforts and expand resources. |
| Reviewer 2 - Score: 5 | Reviewer 2 - Score Explanation: As an FQHC, the applicant outlines the dedicated requirements for Medi-Cal reimbursement and contract with four managed care plans. As an FQHC the applicant is eligible for the prospective payment system which offers an enhanced reimbursement rate (a reliable funding source). The applicant outlines a recruitment and retention plan for the necessary healthcare workforce that is needed. |
| Reviewer 3 - Score: 5 | Reviewer 3 - Score Explanation: St. John's Community Health sustainability plan includes MediCal reimbursements and grant funding streams. They are aggressively recruiting a local workforce and partnerships to increase their capacity and patient volume. |
| Reviewer 4 - Score: 4 | Reviewer 4 - Score Explanation: The sustainability plan laid out by SJCH is comprehensive and multifaceted. By ensuring that the Indio health center meets Medi-Cal reimbursement standards and actively pursuing managed care contracts, the project is positioning itself for long-term financial stability. The plan to secure funding from local, state, and federal sources is realistic and demonstrates a proactive approach to diversifying revenue streams. SJCH has a strong track record of securing and sustaining funding for similar projects, which bodes well for the Indio center. Furthermore, the recruitment and retention strategies are well-developed, with a focus on attracting healthcare providers through the National Health Service Corps and local initiatives. |
| Partnerships/Collaborations (5 Points) | The application demonstrates a collaborative process that includes multiple community partners involved in planning and implementation. Organizational partners are listed and each of their roles in the project are outlined. Letters of support and/or memorandums of understanding are included, as appropriate. |
| Reviewer 1 - Score: 4 | Reviewer 1 - Score Explanation: St. John's Community Health highlighted several of their established partnerships for information sharing, service coordination, and referrals. However, they did not specify how they plan to continue building and expanding partnerships with other regional organizations moving forward. |
| Reviewer 2 - Score: 5 | Reviewer 2 - Score Explanation: The applicant has developed strong partnerships and collaborations with entities such as Community Health Association Inland Southern Region; United Farmworkers; Transgender |

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|---------------------------------|---|
| | Health and Wellness Center; Family Assistance Program; DPMG Medical; CV Housing Corp.; Pueblo Unido; El Sol Educational Center and others. |
| Reviewer 3 - Score: 4 | Reviewer 3 - Score Explanation: The list of partnerships and collaborations are growing as St. John’s Community Health is new to the area. I am confident the list will grow significantly as they engage with local and regional partners. |
| Reviewer 4 - Score: 4 | Reviewer 4 - Score Explanation: SJCH has already established important relationships with several organizations in the Coachella Valley, which is crucial for ensuring that the project is integrated into the existing healthcare and social service landscape. These partnerships, including those with community health organizations, advocacy groups, and local housing authorities, reflect a collaborative approach that will facilitate coordinated care and increase the likelihood of the project’s success. However, because this is a new clinic in the region, and SJCH is still in the process of expanding its presence in the Coachella Valley, they have yet to identify and formalize additional partnerships within the community. |
| Budget (5 points) | The budget is specific and reasonable, and all items align with the described project. The proposed budget is accurate, cost-effective, and linked to activities and deliverables. <ul style="list-style-type: none"> • There are no unexplained amounts. • The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable. • All line items are identified clearly in the budget narrative. • The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project. |
| Reviewer 1 - Score: 5 | Reviewer 1 - Score Explanation: The budget is clear, specific, and aligns with the project’s goals. All items are reasonable and reflect a thoughtful allocation of resources to support the successful implementation of the project. |
| Reviewer 2 - Score: 5 | Reviewer 2 - Score Explanation: The budget is specific and reasonable (staffing, medical supplies, and indirect) with the request of \$1,000,000 being 70% of the total project budget. As a reminder this is for assistance with the start up costs for just one year. |
| Reviewer 3 - Score: 5 | Reviewer 3 - Score Explanation: The grant proposal budget is adequate and in line with the grant deliverables. |

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| <p><u>Reviewer 4 - Score:</u> 5</p> | <p><u>Reviewer 4 - Score Explanation:</u> The budget is detailed and well-aligned with the project’s needs. The applicant clearly articulates how funds will be used for operational startup, including securing necessary personnel, operational costs, and infrastructure. The focus on ensuring Medi-Cal reimbursement eligibility and pursuing contracts with managed care plans shows a strong focus on financial sustainability. The detailed financial planning demonstrates that the applicant has considered all aspects of the operational costs, including recruitment and retention strategies for healthcare providers.</p> |
| <p>Fiscal Scoring Review</p> | |
| <p>Fiduciary Compliance (5 Points)</p> | <p>The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financial statements produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, and the Board reviews financial statements regularly.</p> |
| <p><u>Reviewer 1 - Score:</u> 4.5</p> | <p><u>Reviewer 1 - Score Explanation:</u> The FY 12/31/23 audit report is unmodified. Audit report Current Ratio is strong. This represents the grantee’s ability to pay it short term liabilities.. Board approval was for fiscal year ending Audit 12/31/2023.</p> |
| <p><u>Reviewer 2 - Score:</u> 4.5</p> | <p><u>Reviewer 2 - Score Explanation:</u> Unmodified opinion on audit for period ending December 31, 2023. Assets sufficient to address liabilities. Positive cash flow noted for 2022. Audit approved by Board in September 2024.</p> |
| <p>Financial Stability (5 Points)</p> | <p>Funding sources for operations and programs are from multiple sources and are driven by a strategic plan for stability for both short- and long-term growth. If a strategic plan does not exist, other documentation is presented to identify future sources of funding. The requested grant amount is reasonable in comparison to the overall organizational budget.</p> |
| <p><u>Reviewer 1 - Score:</u> 5</p> | <p><u>Reviewer 1 - Score Explanation:</u> The grant request is rational to the overall organizational budget, which includes funding from multiple sources and other contributions. A strategic plan is in place for the organization for July 2022 through June 2025 .They highlight key areas on how they plan to use their funds to meet the goals the organization goals as outlined in the strategic plan.</p> |
| <p><u>Reviewer 2 - Score:</u> 4.5</p> | <p><u>Reviewer 2 - Score Explanation:</u> Strategic plan includes elements for growth. Grant budget is reasonable compared to organizational budget and includes funding from multiple sources.</p> |

| TOTAL SCORES - PROGRAMMATIC | | TOTAL SCORES - FISCAL | |
|-----------------------------|-------------------------|-----------------------|---------------------|
| REVIEWER 1 | 37.5/40 POINTS = 93.75% | REVIEWER 1 | 9.5/10 POINTS = 95% |
| REVIEWER 2 | 40/40 POINTS = 100% | REVIEWER 2 | 9/10 POINTS = 90% |
| REVIEWER 3 | 38/40 POINTS = 95% | AVERAGE | 9 POINTS = 92.5% |
| REVIEWER 4 | 37/40 POINTS = 92.5% | | |
| AVERAGE | 38 POINTS = 95% | | |

Average Total Score: 47 / 50 = 94%

EXHIBIT B

PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES

| | |
|--|------------------------|
| <u>Project Title</u> | <u>Start/End</u> |
| St. John’s Community Health Indio Community Health Center Start-Up | 3/01/2025 2/28/2026 |

PAYMENTS:

(4) Payments: \$225,000
10% Retention: \$100,000.

Total request amount: \$ 1,000,000.

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

| Scheduled Date | Grant Requirements for Payment | Payment |
|----------------|--|---|
| 3/01/2025 | Signed Agreement submitted & accepted. | Advance of \$225,000 for time period 3/01/2025 - 5/31/2025 |
| 7/01/2025 | Quarterly (3/01/2025 - 5/31/2025) progress report, budget reports and receipts submitted & accepted | Advance of \$225,000 for time period 6/01/2025 - 8/31/2025 |
| 10/01/2025 | Quarterly (6/01/2025 - 8/31/2025) progress report, budget reports and receipts submitted & accepted | Advance of \$225,000 for time period 9/01/2025 - 11/30/2025 |
| 1/01/2026 | Quarterly (9/01/2025 - 11/30/2025) progress report, budget reports and receipts submitted & accepted | Advance of \$225,000 for time period 12/01/2025 - 2/28/2026 |
| 4/01/2026 | Quarterly (12/01/2025 - 2/28/2026) progress report, budget reports and receipts submitted & accepted | \$0 |
| 4/15/2026 | Final report (3/01/2025 - 2/28/2026) and final budget report submitted & accepted | \$100,000. (10% retention) |

TOTAL GRANT AMOUNT: \$ 1,000,000.

DELIVERABLES:

Project Deliverables and Evaluation

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| <p>Deliverable #1: By February 28, 2026, SJCH's Indio Community Health Center will provide primary medical care services to 2,000 unique patients. Approximately 1,000 patients will receive services solely through face-to-face visits and 1,000 will receive services via a combination of face-to-face and telehealth visits.</p> | <p>Evaluation #1: SJCH's Electronic Health Record (EHR) system will document every medical visit, with different categories of data entered by registration/reception staff, medical assistants, and the medical providers. SJCH will use Microsoft Power BI, a business intelligence data visualization system, to query EHR data and generate reports of all patients who completed one or more clinic visits with a medical clinician, along with their demographic information, health history, reason for visit and procedures performed. SJCH will generate a weekly dashboard of key metrics, including number of visits, number of unique patients served, and leading reasons for visits. This report will be reviewed by senior management to monitor the clinic's progress and detect any utilization trends that might require modifications to clinic operations. All patients will have a telehealth option for visits that do not require a face-to-face encounter. SJCH estimates that approximately 50% of all patients will want to do only face-to-face visits and that 50% will do a combination. The number of patients to be served was calculated based on the number of visits that the team of medical providers will complete at the 33% FTE being requested.</p> |
| <p>Deliverable #2: By February 28, 2026, SJCH's Indio Community Health Center will provide dental care services to 330 unique patients.</p> | <p>Evaluation #2: SJCH's Electronic Health Record (EHR) system will document every dental visit. SJCH's Dentrrix system will document all oral health diagnoses, care plans, x-rays, and procedures performed. SJCH will use Microsoft Power BI, a business intelligence data visualization system, to query EHR data and generate reports of all patients who completed one or more visits with the dentist, along with their demographic information, health history, reason for visit and procedures performed. SJCH will generate a weekly dashboard of key metrics, including number of visits, number of unique patients served, and leading reasons for visits. This report will be reviewed by senior management to monitor the clinic's progress and detect any utilization trends that might require modifications to clinic operations. The number of patients to be served was calculated based on the number of visits that the Dentist will complete at the 33% FTE being requested.</p> |

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| <p>Deliverable #3: By February 28, 2026, SJCH’s Indio Community Health Center will provide integrated behavioral health services to address mental health and substance use disorder issues to 195 unique patients.</p> | <p>Evaluation #3: SJCH’s EHR system will document every IBH visit, with different categories of data entered by reception staff, the Psychiatric Registered Nurse and the Psychiatric Medical Assistant. SJCH will use Microsoft Power BI, a business intelligence data visualization system, to query EHR data and generate reports of all patients who completed one or more visits with the behavioral health clinician, along with their demographic information, health history, reason for visit and procedures performed. SJCH will generate a weekly dashboard of key metrics, including number of visits, number of unique patients served, and leading reasons for visits. This report will be reviewed by senior management to monitor the clinic’s progress and detect any utilization trends that might require modifications to clinic operations. The number of patients to be served was calculated based on the number of visits that the IBH clinician will complete at the 33% FTE being requested.</p> |
| <p>Deliverable #4: By February 28, 2026, the SJCH Indio Community Health Center will assist 1,000 patients with enrolling in, utilizing and/ or renewing Medi-Cal Coverage.</p> | <p>Evaluation #4: The Benefits Counselor will log all patient sessions into the agency’s EHR. Medi-Cal and other Covered California applications and renewals will be entered into and tracked by the Covered California website. They will check on approvals for coverage programs through the POINTCARE software system. The Eligibility and Retention Department Manager will monitor the Benefits Counselor’s workload and approvals through POINTCARE at regular intervals to monitor their productivity and acceptance rate and will assist with addressing any implementation obstacles that occur.</p> |

The Desert Healthcare District has implemented Results-Based Accountability (RBA) into their grantmaking process to streamline reporting and offer a straightforward approach to effectively measuring program-level performance.

Strategic Plan Alignment:

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

Strategy 2.1: Increase the number of primary and specialty care professionals to support Coachella Valley residents

Performance Measures:

- # of primary care professionals hired
- # of specialty care professionals hired

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

Performance Measures:

- # of telehealth visits
- # of clients served as a result of telehealth access

Strategy 2.7: Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley

Performance Measures:

- # of Community Navigators trained
- # of Community Navigators hired
- # of clients who increased their knowledge of primary and specialty care resources
- # of clients who were directly connected to a primary or specialty care service provider
- # of clients who were connected to primary and specialty care via supportive healthcare services such as transportation assistance, insurance enrollment, etc.

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

Strategy 3.1: Increase the number of behavioral/mental healthcare professionals to support Coachella Valley residents

Performance Measures:

- # of behavioral/mental health professionals trained
- # of behavioral/mental health professionals hired

Strategy 3.4: Improve accessibility of behavioral/mental health services by increasing available telehealth services

Performance Measures:

- # of telehealth visits
- # of clients served as a result of telehealth access

Strategy 3.6: Increase awareness of behavioral/mental health resources for residents in Coachella Valley

Performance Measures:

- # of Community Navigators trained
- # of Community Navigators hired
- # of community engagement/awareness activities
- # of clients reached through awareness efforts
- # of clients who were directly connected to behavioral/mental health services
- # of clients who increased their knowledge of behavioral/mental health resources

Date: February 25, 2025
To: Desert Healthcare District and Foundation Board
From: Mike Ditoro, CEO
Re: **DRMC CEO - District Board Meeting Report February 2025**

I am pleased to provide this monthly report to the District Board for the month of February.

Quality/People:

- Joint Commission Sepsis Certification Survey - Results expected by end of February.

Services/Events:

- DRMC and DCN participated in a number of community events to foster education and wellness and support local non-profit charities. These events are focused in areas such as blood drives, health fairs, fall prevention sessions, stop the bleed classes, and other Chamber and non-profit fundraiser events.
- Heart month events included Wear Red Day for all DCN hospitals on February 7th, along with various health fairs teaching Hands Only CPR and BEFAST for heart and stroke awareness.
- DRMC held internal events to celebrate Black History Month and participated in the parade in Palm Springs last Saturday.
- Desert Care experts provided health information on various topics for local news stations. Topics included “quad virus” of flu, COVID, Norovirus, and RSV – vaccines, symptoms and treatment options in both adults and pediatric patients as well as new guidelines regarding osteoporosis screenings for women 65 and older.

Capital & Construction Projects Underway:

- Investments continue with capital equipment and construction projects in the areas of surgical services, operating rooms, intensive care unit rooms, and imaging equipment throughout the network.
- Elevator replacements in the east tower are expected to start by summer.
- Kitchen and cafeteria equipment are being upgraded and remodeled. The project is staggered by area to minimize any disruption to patient and staff/provider meals.

Date: February 25, 2025

To: Desert Healthcare District Board of Directors

From: Greg Rodriguez

Re: Desert Regional Medical Center Governing Board February 20, 2025
Report

- Chairman Scott White introduced Mike Ditoro as the new CEO for DRMC.
- Standing Committees
 - CEO Report
 - Recap of 2024 Operations and Activities
 - Growth in acute daily census and admissions primarily due to transfers
 - Length of Stay report
 - Surgery Trends
 - Emergency Department trends
 - Payor mix update signifying large portion of Medicaid patients
 - Discussed ongoing capital projects
 - Highlighted Business Plan Initiatives
 - Recap of residency and training programs
 - Highlights of community engagement
 - Medical Staff and Peer Review Report
 - Appointments, reappointments, credentialing, and privileges
 - Quality Report
 - Reviewed quality metrics
 - Presented 2025 Infection Prevention Plan
 - Finance Report

- Consent Agenda
 - Policies and Procedures update

- New Business
 - Completed 2024 CEO Evaluation



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: February 25, 2025
To: Board of Directors
Subject: Freestanding Emergency Departments (FED) Legislative Bill Update

Staff Recommendation: Informational.

Background:

- President Rogers recently initiated a conversation with Republican Senator Rosilicie Ochoa Bogh’s office regarding developing a legislative bill for a Freestanding Emergency Department (FED) pilot program in the east valley or other underserved areas of the district.
- The District’s lobbyist firm, Deveau Burr Group, has also been working with the Senator’s office to expand the conversation in Sacramento.
- Due to prior unsuccessful attempts with similar legislation, both the Senator and the lobbyist believed the initiating a spot bill to complete a feasibility study would be the way to approach the opportunity.
- The spot bill will allow further development of the language over the next 30+ days.
- The feasibility study would be designed to enhance support for a potential later bill to develop FEDs in regional or statewide underserved areas.
- The District’s lobbyist will engage with Democratic Senator Alex Padilla to provide bi-partisan support for the bill.
- Additionally, additional supporters or sponsors could also be added to enhance the support of the spot bill.
- Desert Care Network is in support of this process and would consider providing the licensing and operational support of a FED within the district.
- Staff anticipates bringing forward to the March Board meeting, a Statement of Support or Sponsorship for the spot bill to consider for approval.

Fiscal Impact:

None



**BOARD OF DIRECTORS
2025 Elected Officials**

| | | |
|--------------------|----------------|--------------------|
| Carole Rogers, RN | President | 2026 Term – Zone 2 |
| Greg Rodriguez | Vice-President | 2028 Term – Zone 1 |
| Kimberly Barraza | Secretary | 2026 Term – Zone 6 |
| Daniel Logsdon, MD | Treasurer | 2028 Term – Zone 3 |
| Evelt PerezGil | Director | 2026 Term – Zone 4 |
| Arthur Shorr | Director | 2028 Term – Zone 5 |
| Leticia De Lara | Director | 2028 Term – Zone 7 |

STANDING COMMITTEE ASSIGNMENTS

Finance & Administration – 2nd Tuesday – 3:00 p.m. – RAP Foundation – Satellite Office

Dan Logsdon, MD, Chair
Arthur Shorr
Leticia De Lara

Program Committee – 2nd Thursday – 12:00 p.m. – RAP Foundation – Satellite Office

Evelt PerezGil, Chair
Greg Rodriguez
Kimberly Barraza

Hospital Lease Oversight Committee – Quarterly 3rd Thursday – 9:30 a.m. – Desert Healthcare District

Carole Rogers, RN, Chair
Greg Rodriguez
Arthur Shorr

Strategic Planning Committee – Quarterly 2nd Thursday – 1:30 p.m. – RAP Foundation – Satellite Office

Greg Rodriguez, Chair
Kimberly Barraza
Leticia De Lara

Board and Staff Communications and Policies – Quarterly 2nd Thursday – 4 p.m. – Desert Healthcare District

Carole Rogers, RN, Chair
Leticia De Lara
Evelt PerezGil

Legislative Policy Committee – 2nd Tuesday – 10:30 a.m. – RAP Foundation – Satellite Office

Kimberly Barraza, Chair
OPEN SEAT
OPEN SEAT

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| <p>BOARD OF DIRECTORS MEETINGS 4th Tuesday of Every Month – 4 p.m. Regional Access Project Foundation Conference Room 103</p> | <p>AD HOC COMMITTEE ASSIGNMENTS <u>Governance Task Force Ad Hoc Committee</u> Kimberly Barraza, Chair Evelt PerezGil Carole Rogers, RN</p> |
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EXTERNAL AFFAIRS COMMITTEE ASSIGNMENTS

Desert Regional Medical Center Governing Board – 3rd Thursday @ 12:00 p.m.

Carole Rogers, RN and Greg Rodriguez

Coachella Valley Association of Governments Homelessness Committee – 3rd Wednesday @ 10:00 a.m.

Carole Rogers, RN, President, District Designee

Lift to Rise Housing Collaborative Action Networks (CAN)

Greg Rodriguez, Vice-President, District Designee

AB 617 Steering Committee

Kimberly Barraza, Secretary, District Designee and Leticia De Lara, Director Alternate

Blue Zones Initiative Steering Committee

Greg Rodriguez, Vice-President,



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: February 25, 2025
To: Board of Directors
Subject: District and Foundation Bylaws

Staff Recommendation: Consideration to approve: 1) Resolution 25-01, and 2) the revised District and Foundation Bylaws.

Background:

- Resolution 25-01 updates the time of the regular meeting of the Board in Section 5.1 Regular Meetings from 5:30pm to 4:00pm.
- Two proposed revisions are included with the revised District Bylaws.
- The first revision updates the time of the regular meeting per Resolution 25-01.
- The second revision proposes a new Committee, the Legislative Committee, and is included in Section 6.2.f.
- The Foundation Bylaws have also been revised to reflect the meeting time update in Resolution 25-01. This version will be included in the Foundation agenda.
- Staff recommends approval of Resolution 25-01 and the approval of the revised District Bylaws.

Fiscal Impact:

None

RESOLUTION NO. 25-01

**RESOLUTION OF THE BOARD OF DIRECTORS
OF THE DESERT HEALTHCARE DISTRICT
AMENDING THE DISTRICT BYLAWS AND SETTING
THE DATE AND TIME FOR REGULAR BOARD MEETINGS**

WHEREAS, Government Code section 54954(a) provides that the legislative body of a local agency shall provide in its bylaws the time and place for holding regular meetings; and

THEREFORE, BE RESOLVED by the Desert Healthcare District Board of Directors as follows:

Section 1: Article V, Section 5.1, of the District Bylaws is hereby amended:

A5.1 REGULAR MEETINGS. Regular meetings of the Board of Directors shall be held on the fourth Tuesday of each month, excepting August, at 4:00 p.m. in the Regional Access Project (RAP) Foundation Building, 41550 Eclectic Street, Palm Desert, California 92260 unless otherwise designated in the Agenda Notice; provided however, that should said meeting date fall upon a legal holiday, then the meeting shall be held at the same time on the next business day.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of Desert Healthcare District held on February 25, 2025, by the following roll call vote:

AYES: Directors _____

NOES: Directors _____

ABSTAIN: Directors _____

ABSENT: Directors _____

Carole Rogers RN, MPH, President, Board of Directors

ATTEST:

Kimberly Barraza, Secretary, Board of Directors

AMENDED AND RESTATED BYLAWS AND RULES
OF
DESERT HEALTHCARE DISTRICT

ARTICLE I. DEFINITIONS

- 1.1 “Hospital” means Desert Regional Medical Center, 1140 North Indian Canyon Drive, Palm Springs, California 92262.
- 1.2 “Board” means the Board of Directors of the District.
- 1.3 “Director” means a member of the Board.
- 1.4 “District” means the Desert Healthcare District.
- 1.5 “Lease” means lease of the Hospital to Tenet HealthSystem Desert, Inc.
- 1.6 “President” means the president of the Board.
- 1.7 “Vice President” means the vice president of the Board.
- 1.8 “Secretary” means the secretary of the Board.
- 1.9 “Treasurer” means the treasurer of the Board.

ARTICLE II. ORGANIZATION, POWERS, AND MISSION STATEMENT

Updated February 25, 2025

- 2.1 NAME. The name of the District is the “Desert Healthcare District.”
- 2.2 SEAL. The District shall have a seal which shall be circular in form and have in the perimeter thereof the following inscription:

“Desert Healthcare District
Incorporated December 14, 1948
California”

- 2.3 ORGANIZATION. The District is a political subdivision of the State of California organized under the Local Healthcare District Law, Division 23 of the California Health and Safety Code as now in effect or as amended in the future. The District operates under and has all of the rights and responsibilities set forth in The Ralph M. Brown Act, Government Code section 54950 and following as now in effect or as amended in the future.
- 2.4 PURPOSES AND POWERS. The District is organized for the purposes described in the Local Healthcare District Law and shall have and exercise such powers in the furtherance of its purposes as are now or may hereafter be set forth in the Local Healthcare District Law and any other applicable statutes, rules, or regulations of the State of California. The Hospital is operated by Tenet HealthSystem Desert, Inc., pursuant to a lease dated May 31, 1997, as amended between Tenet Healthcare, Inc., and the District. The District oversees Tenet’s compliance with said lease and ensures that the District asserts all of its rights and obligations pursuant to the terms of the lease.
- 2.5 MISSION STATEMENT. The mission of the Desert Healthcare District is to achieve optimal health for all stages of life for all District residents.

ARTICLE III. OFFICES

- 3.1 PRINCIPAL OFFICE. The principal office of the District is located at 1140 North Indian Canyon Drive, Palm Springs, California 92262.

ARTICLE IV. BOARD

- 4.1 GENERAL POWERS. The Board is the governing body of the District. All District powers shall be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees of the District.
- 4.2 NUMBER AND QUALIFICATION. The Board shall consist of seven (7) members, each of whom shall be a registered voter residing in the District.
- 4.3 ELECTION AND TERM OF OFFICE. An election shall be held in the District on the first Tuesday after the first Monday in November in each even-numbered year, at which time a successor shall be chosen to each Director whose term shall expire at noon on the first Friday of December following such election. The election of Board members shall be an election by zones pursuant to Health & Safety Code 32499.3 and shall be consolidated with the statewide general election. The candidates receiving the highest number of votes for the offices to be filled at the election shall be elected thereto. The term of office of each elected Board member shall be four (4) years or until the Board member's successor is elected and has qualified, except as otherwise provided by law in the event of a vacancy.

- 4.4 VACANCIES. The remaining Board members may fill any vacancy on the Board by appointment in accordance with Government Code section 1780, as amended, which sets forth the procedure for filling a vacancy of an elective office on a governing board of a special district.
- 4.5 RESIGNATION OR REMOVAL. Any Board member may resign effective upon giving written notice to the President, the Secretary, or the Board, unless the notice specified a later time for the effectiveness of such resignation. In accordance with Health & Safety Code section 32100.2, as amended, the term of any member of the Board shall expire if the member is absent from three (3) consecutive regular meetings or from three (3) of any five (5) consecutive meetings of the Board, and if the Board by resolution declares that a vacancy exists on the Board. All or any of the members may be recalled at any time by the voters following the recall procedure set forth in Division 11 of the Election Code.
- 4.6 COMPENSATION. The Board shall serve without compensation except that the Board, by resolution adopted by majority vote, may provide compensation for attendance at meetings in accordance with Health and Safety Code section 32103 as amended.
- 4.7 HEALTH BENEFITS. Pursuant to Government Code section 53200 et seq., the Board, by resolution adopted by a majority vote, may provide for health benefits to Board members, employees, retired employees, and retired Board members as allowed by law.

ARTICLE V. BOARD MEETINGS

- 5.1 REGULAR MEETINGS. Regular meetings of the Board of Directors shall be held on the fourth Tuesday of each month, excepting August, at 4:00 p.m. in the Regional Access Project (RAP) Foundation Building, 41550 Eclectic Street, Palm Desert, California 92260 unless otherwise designated in the Agenda Notice; provided, however, that should said date fall upon a legal holiday, then the meeting shall be held at the same time on the next business day.
- 5.2 ORGANIZATION MEETING. At the first regular Board meeting in December, the Board shall organize by the election of one of its members as President, one as Vice-President, one as Secretary, and one as Treasurer. The election and appointment of Officers shall be done in accordance with Board Policy #BOD-02.
- 5.3 SPECIAL MEETING. A special meeting may be called at any time by the President, or by four (4) Board members by delivering written notice to each Board member and to each local newspaper of general circulation, radio or televisions station requesting such notice in writing, personally or by mail. Such notice must be delivered personally or by mail at least twenty-four (24) hours before the time of such meeting as specified in the notice. The call and notice shall specify the time and place of the special meeting and the business to be transacted. No other business shall be considered at special meetings. Such written notice may be dispensed with as to any Board member who, at or prior to the time the meeting convenes, files with the Secretary a written waiver of notice. Such waiver may be given by telegram. Such written notice may also be dispensed with as to any member who is actually present at the meeting at the time it convenes.

- 5.4 QUORUM. A majority of the members of the Board shall constitute a quorum for the transaction of business. The act of a majority of the Board members present at a meeting at which a quorum is present shall be the act of the Board.
- 5.5 ADJOURNMENT. The Board may adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. A copy of the order or notice of adjournment shall be conspicuously posted on or near the door of the place where the meeting was held within twenty-four (24) hours after the time of adjournment.
- 5.6 RULES AND REGULATIONS. The Board may adopt rules and regulations governing the Board, the District, its facilities and programs, which rules and regulations shall not conflict with these bylaws.
- 5.7 RULES OF ORDER. Unless otherwise provided by law, these 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 taken. The President may make and second motions and vote in the same manner as other Board members.

ARTICLE VI. COMMITTEES

- 6.1 APPOINTMENT. All Board committee members, whether standing or special (ad hoc), shall be appointed by the President. The chairperson of each committee shall be appointed by the President. All committees shall be advisory only to the Board unless otherwise specifically authorized to act by the Board.
- 6.2 STANDING COMMITTEES. Standing committees shall meet periodically to review reports from District staff, legal counsel, and consultants relating to the particular subject matter of the committee. There shall be the following standing committees:
- (a) Finance, Legal, Administration and Real Estate. 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, real estate, and information systems (IS).
 - (b) Strategic Planning. 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 its strategic plan.
 - (c) Hospital Lease Oversight. 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.
 - (d) Program Committee. This committee shall be responsible for the oversight and for making recommendations to the Board where appropriate on District matters related to its grant making and related programs.

- |
- (e) Board & Staff Communications and 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.
 - (f) Legislative Committee. This committee shall be responsible for reviewing current, potential, and pending legislation and to advise the Board on legislation, ballot measures, and policy positions which may impact the operations of the District.

6.3 SPECIAL COMMITTEES. Special, Ad-hoc committees may be appointed by the President for special tasks as circumstances warrant, and upon completion of the task for which appointed such special committees shall stand discharged.

6.4 CONSULTANTS. A committee chairman may invite additional individuals with expertise in a pertinent area to meet with and assist the committee. Such consultants shall not vote or be counted in determining the existence of a quorum and may be excluded from any committee session. A committee chairman may exclude any or all consultants from attending a committee meeting.

6.5 MEETING AND NOTICE. Meetings of a committee may be called by the President of the Board, the chairman of the committee, or by a majority of the committee's members.

6.6 QUORUM. A majority of the Board members of a committee shall constitute a quorum for the transaction of business at any meeting of such committee. A committee member may designate an alternate Board member to attend a

scheduled committee meeting in the event the committee member is unable to attend. Each committee shall keep minutes of its proceedings and shall report periodically to the Board.

6.7 MANNER OF ACTING. The act of a majority of the members of a committee present at a meeting which a quorum is present shall be the act of the committee. No act taken at a meeting at which less than a quorum was present shall be valid unless approved in writing by the absent members.

6.8 TENURE. Each member of a committee shall hold office until the organizational meeting of the Board at its first meeting in December and until a successor is appointed. Any member of a committee may be removed at any time by the President subject to the consent of the Board. A member of the Board shall cease to hold committee membership upon ceasing to be a Board member.

6.9 TEMPORARY APPOINTMENTS. The President may appoint a temporary committee member to serve during the absence of a regular committee member or the President may serve.

ARTICLE VII. OFFICERS

7.1 PRESIDENT. The Board shall elect one of its members as President in accordance with Board Policy #BOD-02. The President shall be the principal officer of the District and the Board and shall preside at all meetings of the Board. The President shall appoint all Board committee members and committee chairman and shall perform all duties incident to the office and such other duties as may be prescribed by the Board from time to time.

7.2 VICE PRESIDENT. The Board shall elect one of its members as Vice President in accordance with Board Policy #BOD-02. In the absence of the President, the Vice President shall perform the duties of the President.

7.3 SECRETARY. The Board shall elect one of its members as Secretary in accordance with Board Policy #BOD-02. The Secretary shall provide for keeping of the minutes of all meetings of the Board. The Secretary shall give or cause to be given appropriate notices in accordance with these bylaws or as required by law and shall act as custodian of District records and reports and of the District's seal.

7.4 TREASURER. The Board shall elect a Treasurer who shall serve at the pleasure of the Board. The Treasurer shall be charged with the safekeeping and disbursal of the funds in the treasury of the District.

ARTICLE VIII. LOCAL GOVERNING BOARD

8.1 In accordance with the 1997 Lease Agreement, the District appoints two (2) District Board members to serve on the Desert Regional Medical Center governing board. Said members shall act as liaisons to the District Board and shall periodically report to the District Board on the affairs of the governing board. The President shall be responsible for appointing the two (2) District Board members to serve on the Hospital governing board in accordance with the rules and regulations of the bylaws of the governing board.

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ARTICLE IX. AMENDMENT

9.1 These bylaws may be amended or repealed by vote of at least four (4) members of the Board at any Board meeting. Such amendments or repeal shall be effective immediately.

DRAFT

AMENDED AND RESTATED BYLAWS AND RULES
OF
DESERT HEALTHCARE DISTRICT

ARTICLE I. DEFINITIONS

- 1.1 “Hospital” means Desert Regional Medical Center, 1140 North Indian Canyon Drive, Palm Springs, California 92262.
- 1.2 “Board” means the Board of Directors of the District.
- 1.3 “Director” means a member of the Board.
- 1.4 “District” means the Desert Healthcare District.
- 1.5 “Lease” means lease of the Hospital to Tenet HealthSystem Desert, Inc.
- 1.6 “President” means the president of the Board.
- 1.7 “Vice President” means the vice president of the Board.
- 1.8 “Secretary” means the secretary of the Board.
- 1.9 “Treasurer” means the treasurer of the Board.

ARTICLE II. ORGANIZATION, POWERS, AND MISSION STATEMENT

Updated ~~February 25, 2025~~ ~~March 22, 2022~~

2.1 NAME. The name of the District is the “Desert Healthcare District.”

2.2 SEAL. The District shall have a seal which shall be circular in form and have in the perimeter thereof the following inscription:

“Desert Healthcare District
Incorporated December 14, 1948
California”

2.3 ORGANIZATION. —The District is a political subdivision of the State of California organized under the Local Healthcare District Law, Division 23 of the California Health and Safety Code as now in effect or as amended in the future.

The District operates under and has all of the rights and responsibilities set forth in The Ralph M. Brown Act, Government Code section 54950 and following as now in effect or as amended in the future.

2.4 PURPOSES AND POWERS. The District is organized for the purposes described in the Local Healthcare District Law and shall have and exercise such powers in the furtherance of its purposes as are now or may hereafter be set forth in the Local Healthcare District Law and any other applicable statutes, rules, or regulations of the State of California. The Hospital is operated by Tenet HealthSystem Desert, Inc., pursuant to a lease dated May 31, 1997, as amended between Tenet Healthcare, Inc., and the District. The District oversees Tenet’s compliance with said lease and ensures that the District asserts all of its rights and obligations pursuant to the terms of the lease.

2.5 MISSION STATEMENT. The mission of the Desert Healthcare District is to achieve optimal health for all stages of life for all District residents.

ARTICLE III. OFFICES

- 3.1 PRINCIPAL OFFICE. The principal office of the District is located at 1140 North Indian Canyon Drive, Palm Springs, California 92262.

ARTICLE IV. BOARD

- 4.1 GENERAL POWERS. The Board is the governing body of the District. All District powers shall be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees of the District.
- 4.2 NUMBER AND QUALIFICATION. The Board shall consist of seven (7) members, each of whom shall be a registered voter residing in the District.
- 4.3 ELECTION AND TERM OF OFFICE. An election shall be held in the District on the first Tuesday after the first Monday in November in each even-numbered year, at which time a successor shall be chosen to each Director whose term shall expire at noon on the first Friday of December following such election. The election of Board members shall be an election by zones pursuant to Health & Safety Code 32499.3 and shall be consolidated with the statewide general election. The candidates receiving the highest number of votes for the offices to be filled at the election shall be elected thereto. The term of office of each elected Board member shall be four (4) years or until the Board member's successor is elected and has qualified, except as otherwise provided by law in the event of a vacancy.

- 4.4 VACANCIES. The remaining Board members may fill any vacancy on the Board by appointment in accordance with Government Code section 1780, as amended, which sets forth the procedure for filling a vacancy of an elective office on a governing board of a special district.
- 4.5 RESIGNATION OR REMOVAL. Any Board member may resign effective upon giving written notice to the President, the Secretary, or the Board, unless the notice specified a later time for the effectiveness of such resignation. In accordance with Health & Safety Code section 32100.2, as amended, the term of any member of the Board shall expire if the member is absent from three (3) consecutive regular meetings or from three (3) of any five (5) consecutive meetings of the Board, and if the Board by resolution declares that a vacancy exists on the Board. All or any of the members may be recalled at any time by the voters following the recall procedure set forth in Division 11 of the Election Code.
- 4.6 COMPENSATION. The Board shall serve without compensation except that the Board, by resolution adopted by majority vote, may provide compensation for attendance at meetings in accordance with Health and Safety Code section 32103 as amended.
- 4.7 HEALTH BENEFITS. Pursuant to Government Code section 53200 et seq., the Board, by resolution adopted by a majority vote, may provide for health benefits to Board members, employees, retired employees, and retired Board members as allowed by law.

ARTICLE V. BOARD MEETINGS

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DRAFT



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: February 25, 2025
 To: Board of Directors
 Subject: CEO Meetings, Engagements, and CEO Discretionary Fund

Background:

- The following is brief information regarding the CEO’s current meetings and community engagements.
- The report includes District media visibility and the CEO Discretionary Fund expenditures.

Meetings and Engagements 01/28/25 – 01/30/25 (CEO Vacation Dates – 01/31/25 – 02/10/25)

- St. John’s Community Health Indio Health Center Grand Opening
- Inncare Inaugural Meeting of the Eastern Riverside and Imperial Counties Collaborative for Medical Education (ERICC)
- Deveau Burr Group (DBG) Bi-weekly Meetings
- Association of California Healthcare Districts (ACHD) CEO Roundtable

CEO Discretionary Fund - July 2024 through January 2025

| Date | Name | Memo | Amount |
|--------------------------------------|---|--|----------------|
| 6325 - CEO Discretionary Fund | | | |
| 07/30/2024 | Codex Creation Committee (RWLM) | 2024 Run With Los Muertos Community Sponsorship | 1,000 |
| 07/30/2024 | Transgender Health and Wellness Center | Silver Flame Sponsorship for Transgender Day of Remembrance - November 20, 2024 | 1,000 |
| 08/06/2024 | Riverside County Physician's Memorial Fdn | Silver Sponsorship for 14th Annual Caring for Our Future Medical Scholarship Fundraiser - October 30, 2024 - Approved by Board President | 3,000 |
| 08/12/2024 | The LGBTQ Community Center | Patron Sponsor for 2024 Center Stage Event - October 19, 2024 - Board President approved | 5,000 |
| 08/13/2024 | UC Riverside Foundation | UCR SOM 2024 Celebration of Medical Education Gala - Friend Sponsor | 2,500 |
| 08/13/2024 | Lift To Rise | \$2,500 sponsorship for Lift To Rise's 2nd annual Community Investment Awards | 2,500 |
| 08/15/2024 | Coachella Valley Economic Partnership | Silver Sponsorship for CVEP 2024 Greater Palm Springs Summit - November 19, 2024 - Board President approved | 5,000 |
| 08/22/2024 | Inland Coalition on Aging | Silver Sponsorship for Inland Coalition on Aging Conference - September 27, 2024 | 500 |
| 08/28/2024 | Boo2Bullying | Silver Sponsorship for 2nd Annual Kick Bullying To The Curb event - September 28, 2024 | 1,000 |
| 10/23/2024 | Codex Creation Committee (RWLM) | 2024 Run With Los Muertos Community Sponsorship - Addendum Payment #2 | 2,000 |
| 10/23/2024 | ABC Recovery Center, Inc. | ABC Recovery Center Bronze Sponsor \$2,500 Oasis of Hope Gala November 1, 2024 | 2,500 |
| 10/23/2024 | Cove Communities Senior Association | Cody Sponsor - Season Kickoff Cocktail Reception Fundraiser November 1, 2024 | 2,500 |
| 11/12/2024 | Inland Caregiver Resource Center | Inland Caregiver Resource Center Caregiver Appreciation Month Silver Sponsor \$500 November 30, 2024 | 500 |
| 11/13/2024 | Latino Medical Student Association | Latino Medical Student Association - West Region Table Sponsor Gala Sponsorship \$2,000 February 7-8, 2025, at UCR Medical | 2,000 |
| 11/13/2024 | Parkinsons Resource Organization Inc | Silver Sponsor \$2500 - Parkinson's Today: An Educational Symposium February 8, 2025, at UCR Palm Desert Campus | 2,500 |
| 11/25/2024 | U.S. Bank | EzCater - sponsorship of Coachella Valley Women Leaders Luncheon - November 14, 2024 - Coachella, CA | 749 |
| 11/26/2024 | Alianza Coachella Valley | Celebrando Nuestro Impacto January 30, 2025 - Awards Sponsor \$5,000 - Board Approved | 5,000 |
| 11/26/2024 | Jewish Family Service of the Desert | Jewish Family Services of the Desert 22nd Annual Patron Party December 8, 2024 - \$5,000 Sponsorship - Board Approved | 5,000 |
| 11/26/2024 | Brothers of the Desert | Brothers of the Desert 6th Annual Wellness Summit March 22, 2025, - Organization Champion Sponsorship \$5,000 - Board Approved | 5,000 |
| 12/11/2024 | Variety of the Desert | Women of Wonder Luncheon Sponsorship - Cat Woman Level \$2,500 - January 31, 2025 | 2,500 |
| 12/17/2024 | Cove Communities Senior Association | The Joslyn Center Cafe Noir Wine and All That Jazz Double Indemnity Sponsor - December 17, 2024 - Board approved | 10,000 |
| 12/17/2024 | College of the Desert Foundation | Stepping Out for COD 2025 Ruby Sponsor - December 17, 2024 - Board Approved | 10,000 |
| 12/17/2024 | DAP Health | Steve Chase Humanitarian Awards - Supporting Sponsor - December 17, 2024, Board Approved | 12,500 |
| 12/17/2024 | California Farmworker Foundation | California Farmworkers Foundation Dia De La Familia event Silver Sponsor - December 17, 2024 Board Approved | 5,000 |
| 12/17/2024 | The Don't Mind Me Foundation | The Don't Mind Me Foundation Mental Health Gala Friend Sponsor - December 17, 2024 - Board Approved | 5,000 |
| 12/19/2024 | Desert Arc | Desert Arc Champions Of Change Seventh Annual Recognition Awards Luncheon Gold Sponsor \$1,500 - February 06, 2025 | 1,500 |
| 12/19/2024 | JFK Memorial Foundation | Ophelia Project Luncheon Sponsorship April 2025 Patron Sponsors \$2,500 | 2,500 |
| 01/27/2025 | Cove Communities Senior Association | Wine & All that Jazz: Cafe Noir Joclyn Senior Center Donation January 14, 2025 - \$5,000 | 5,000 |
| 01/28/2025 | Boys & Girls Club of Coachella Valley | Grand Auction 2025 General Admission Table of 10, March 8, 2025 - \$2,000 | 2,000 |
| 01/28/2025 | OneFuture Coachella Valley | Ninth Annual The Future is Ours Sponsorship Community - Community Sponsor Champion, March 21, 2025 - \$5,000 | 5,000 |
| TOTAL | | | 110,249 |



Date: February 25, 2025
To: Desert Healthcare District & Foundation Board Meeting
Subject: Media Visibility

Below are highlights of recent media coverage in which the District & Foundation was featured or mentioned, with descriptions and links to reports as available:

- “New \$197K grant supports Healthcare District’s 3-pronged approach to mitigating COVID-19 disparities” (The Uken Report - sponsored, Feb. 19) <https://ukenreport.com/grant-aids-dhcd-mitigate-covid-19-disparities/>
- “Desert Healthcare District & DPMG Health launch monthly mobile clinic visits to Palm Springs Navigation Center” (Greater Coachella Valley Chamber, Feb. 10) <https://gcvcc.org/desert-healthcare-district-dpmg-health-launch-monthly-mobile-clinic-visits-to-palm-springs-navigation-center/>
- “Mobile medical clinics expand healthcare services for residents at Palm Springs Navigation Center” (The Palm Springs Post, Feb. 5) <https://thepalmspringspost.com/mobile-medical-clinics-expand-healthcare-services-for-residents-at-palm-springs-navigation-center/>
- “Stepping Out for COD gala scores high marks, raises more than \$700k” (The Desert Sun, Jan. 31) <https://www.desertsun.com/story/life/entertainment/people/2025/01/31/stepping-out-for-cod-gala-scores-high-marks-raises-more-than-700k-palm-springs-area/77981233007/>
- “Joslyn Center’s Café Noir event benefits community’s senior citizens” (The Desert Sun, Jan. 24) <https://www.desertsun.com/story/life/entertainment/people/2025/01/24/joslyn-centers-caf-noir-event-benefits-communitys-senior-citizens-palm-springs-area/77861506007/>

Fiscal Impact:

None



DESERT HEALTHCARE DISTRICT
Board and Staff Communications and Policies Committee Meeting
MEETING MINUTES

February 13, 2025

Directors Present

District Staff Present

Absent

| | | |
|---|--|--|
| <p>Carole Rogers, RN, President, Chair Leticia De Lara, Director Evelt PerezGil, Director</p> | <p>Chris Christensen, CPA, Chief Executive Officer Eric Taylor, CPA, Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Andrea S. Hayles, MBA, Board Relations Officer</p> | |
|---|--|--|

A. Call to Order – President Carole Rogers, RN, Chair

Chair Rogers called the meeting to order at 4:02 p.m.

B. Approval of the Agenda

President Rogers asked for a motion to approve the agenda.

Moved by: Evelt PerezGil

Seconded by: Leticia De Lara

Yes Evelt PerezGil, Carole Rogers, RN, and Leticia De Lara

Carried 3-0

C. Approval of the Meeting Minutes

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

President Rogers asked for a motion to approve the minutes of the June 11, 2024, meeting minutes.

Moved by: Evett PerezGil

Seconded by: Leticia De Lara

Yes Evett PerezGil and Leticia De Lara

Abstain Carole Rogers, RN

Carried 2-0

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](#) 

Discussion and Possible Action

There were no modifications to Policy BOD-02, as described by Chris Christensen, CEO, following a request from Chair Rogers for discussion at the Policies Committee meeting.

The committee engaged in a lengthy discussion regarding a one-year presidential term that would rotate by zones or based on seniority among the directors. The president would be selected by zone or seniority, followed by the vice-president, then the representatives from zones 6, 7, and 1, with the remaining zones following thereafter.

The committee directed staff to modify the policy for presenting at a future meeting.

2. [Policy BOD 03 – Appointment to Committees](#) 

Chris Christensen, CEO, provided an overview of the modifications to Policy BOD-03 describing the non-voting community member volunteers for the committees.

Donna Craig, Chief Program Officer, shared her feedback regarding the volunteers' previous roles on the Program Committee.

The committee discussed the community members' role as subject-matter readers for the Program and Finance and Administration Committees, emphasizing transparency, and reassessing the volunteer's roles after one year.

After a lengthy discussion, with a consensus of two committee members, the staff was directed to revise the policy language to include up to three volunteers as readers for the Program Committee and one volunteer for the Finance and Administration Committee to enhance community transparency.

3. [BOD-09 Rules of Order for Board and Committee Meetings](#)



Eric Taylor, CAO, outlined the minor changes to Policy BOD-09.

There were no questions or comments from the committee.

Policy Revisions – Action

Moved by: Carole Rogers, RN

Seconded by: Leticia De Lara

Yes Evett PerezGil, Carole Rogers, RN, and Leticia De Lara

Carried 3-0

4. [Policy BOD-10 – Board Meeting Conduct](#) 

Discussion and Possible Action

There are no modifications to Policy BOD-10, as described by Chris Christensen, CEO, following a request from Chair Rogers for discussion at the Policies Committee meeting.

After reviewing the policy, the committee directed staff to add language from SB 1100, which allows the presiding member of a legislative body to remove disruptive individuals during a public meeting.

5. **BOD 18 - Ticket Distribution Policy** 

Discussion and Possible Action

Chair Rogers provided an overview of her research with the Fair Political Practices Commission. She also outlined the policies of other healthcare districts in California that do not impose a budget limit in their ticket distribution policies. Based on her findings, Chair Rogers recommended revising the policy to eliminate the budget limit.

Following a discussion among the committee members, Director De Lara motioned to increase the budgeted amount by \$500, bringing the total to \$3,000. The motion included the possibility of further discussion or additional modifications by the board.

Policy Revisions – Action

Moved by: Carole Rogers, RN

Seconded by: Leticia De Lara

Yes

Evelt PerezGil, Leticia De Lara, and Carole Rogers, RN

Carried 3-0

6. **FIN 02 - Authorized Check Signers** 

Mr. Taylor, CAO, outlined the changes to Policy FIN-02 regarding ACH transfers, which were also discussed at the F&A Committee meeting.

There were no questions or comments from the committee.

Policy Revisions – Action

Moved by: Leticia De Lara

Seconded by: Evett PerezGil

Yes Evett PerezGil, Carole Rogers, RN, and Leticia De Lara

Carried 3-0

7. [FIN 06 – Financial Reserve Policy](#) 

Mr. Taylor, CAO, provided an overview of the modifications to Policy FIN-06 concerning the use of reserves and transfers, also reviewed and approved by the F&A Committee. Mr. Taylor also addressed the committee's questions.

Policy Revisions – Action

Moved by: Carole Rogers, RN

Seconded by: Leticia De Lara

Yes Evett PerezGil, Leticia De Lara, and Carole Rogers, RN

Carried 3-0

8. [OP-06 Delegating Minor Claims Settlement to CEO](#) 

Mr. Taylor, CAO, described the date change to Policy OP-06. There were no questions or comments from the committee.

Policy Revisions – Action

Moved by: Leticia De Lara

Seconded by: Evett PerezGil

Yes Evett PerezGil, Carole Rogers, RN, and Leticia De Lara

Carried 3-0

9. [PROC-01 Purpose of Board Policies](#) 

Mr. Taylor, CAO, outlined the revisions requested by the F&A Committee for Policy PROC-01, specifically clarifying item #9 regarding the policy review for the F&A and Program Committees. Mr. Taylor also addressed the committee's questions.

Policy Revisions – Action

Moved by: Leticia De Lara

Seconded by: Carole Rogers, RN

Yes Evett PerezGil, Carole Rogers, RN, and Leticia De Lara

Carried 3-0

10. [OP-17 Sponsorships](#) 

Mr. Taylor, the CAO, outlined recommendations from the F&A Committee regarding the inclusion of a budget from the organization requesting a sponsorship.

The committee also requested language specifying the number of estimated attendees is included with the budget.

New Policy – Action

Moved by: Leticia De Lara

Seconded by: Carole Rogers, RN

Yes Evett PerezGil, Carole Rogers, RN, and Leticia De Lara

Carried 3-0

F. New Business

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

The committee discussed AB 2019 regarding grant solicitation, communication with lobbyist Deveau Burr, and the potential advocacy for modifications to the legislation.

The committee requested further discussions by the board to determine their perspectives.

G. Future Topics & Issues

The committee discussed the definition of donations for updating the CEO Discretionary Fund Policy, which was previously discussed at the F&A Committee meeting. They also explored the idea of forming a volunteer auxiliary committee to assist staff with events.

Additionally, the committee discussed a statement for the website regarding healthcare and immigration, focusing on the District's role in providing healthcare services regardless of citizenship status.

H. Adjournment

Chair Rogers adjourned the meeting at 5:47 p.m.

Carole Rogers, Chair/ President, Board of Directors, Board and Staff Communications and Policies Committee

Audio recording available on the website at <http://dhcd.org/Agendas-and-Documents>



POLICY TITLE: TICKET DISTRIBUTION POLICY
POLICY NUMBER: BOD-18
COMMITTEE APPROVAL: 02-13-2025
BOARD APPROVAL: 02-25-2025

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 \$3,000 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.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

- 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 | 02-25-2025 |
| Revised | 06-28-2022 |
| Approved | 04-23-2019 |



POLICY TITLE: **TICKET DISTRIBUTION POLICY**

POLICY NUMBER: BOD-18

COMMITTEE APPROVAL: ~~02-13-2025~~~~06-15-2022~~

BOARD APPROVAL: ~~02-25-2025~~~~06-28-2022~~

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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

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- 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.

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- 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



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AUTHORITIES

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

DOCUMENT HISTORY

| | |
|----------------|-------------------|
| <u>Revised</u> | <u>02-25-2025</u> |
| Revised | 06-28-2022 |
| Approved | 04-23-2019 |



DESERT HEALTHCARE DISTRICT
Strategic Planning Committee Meeting
MEETING MINUTES

February 14, 2025

Directors Present

District Staff Present

Absent

| | | |
|---|--|--|
| <p>Greg Rodriguez, Chair, Vice-President Kimberly Barraza, Secretary Leticia De Lara, MPH, Director</p> | <p>Chris Christensen, CPA, Chief Executive Officer Eric Taylor, CPA, Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Meghan Kane, Senior Program Officer, Public Health Andrea S. Hayles, MBA, Board Relations Officer</p> | |
|---|--|--|

A. Call to Order

Chair Rodriguez called the meeting to order at 12:46 p.m.

B. Approval of the Agenda

Chair Rodriguez asked for a motion to approve the agenda.

Moved by: Kimberly Barraza

Seconded by: Leticia De Lara

Yes Kimberly Barraza, Greg Rodriguez, and Leticia De Lara

Carried 3-0

C. Approval of the Meeting Minutes

Chair Rodriguez asked for a motion to approve the January 14, 2025, meeting minutes.

Moved by: Leticia De Lara

Seconded by: Kimberly Barraza

Yes Kimberly Barraza, Greg Rodriguez, and Leticia De Lara


Carried 3-0

1. [January 14, 2025](#) 

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. New Business

1. ACTION - [Consideration of approving a Request for Proposals \(RFP\) for a Consultant to Facilitate the Development of Long-Term Goals and a 5-Year Strategic Plan for the Desert Healthcare District and Foundation.](#) 

Chris Christensen, CEO, provided an overview of the previous committee meeting regarding the request for an RFP process. Mr. Christensen also conveyed additional information about the RFP and answered questions from the committee.

The committee discussed the plan for six to eight workshops with a facilitator, as well as the timeline leading up to the

start of services and the preliminary workshop anticipated for July.

Chair Rodriguez asked for a motion to approve the Request for Proposals (RFP) for a Consultant to Facilitate the Development of Long-Term Goals and a 5-Year Strategic Plan for the Desert Healthcare District and Foundation.

Moved by: Kimberly Barraza

Seconded by: Leticia De Lara

Yes Kimberly Barraza, Greg Rodriguez, and Leticia De Lara

Carried 3-0

F. Committee Member Comments

There were no committee member comments.

G. Adjournment

Chair Rodriguez adjourned the meeting at 12:43 p.m.

Greg Rodriguez, Vice-President/Chair,
Strategic Planning Committee, Board of
Directors

Audio recording available on the website at <https://www.dhcd.org/Agendas-and-Documents>



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: February 25, 2025
To: Board of Directors
Subject: Release of a Request for Proposals (RFP): Consultant to Facilitate the Development of Long-Term Goals and a 5-Year Strategic Plan for the Desert Healthcare District and Foundation

Staff Recommendation: Consideration to approve the release of an RFP for the selection of a Strategic Planning Consultant to lead the development of long-term goals and a comprehensive 5-year strategic plan for the Desert Healthcare District and Foundation.

Information:

- On November 26, 2024, the Board discussed the future management of the District's resources following Measure AA, focusing on ensuring long-term sustainability and leveraging these resources to enhance healthcare access and improve the overall health of residents.
- On January 28, 2025, the Board approved a 7-month timeline for developing and releasing an RFP to engage a consultant who will assist in the creation of long-term goals and a 5-year strategic plan.
- The recommended RFP seeks a consultant who will:
 - Conduct a comprehensive review and analysis of relevant documents, including healthcare landscape assessments, the District's financial status, and the current strategic plan. This analysis will inform the development of both a new 5-year strategic plan and long-term healthcare goals, ensuring financial sustainability and alignment with available resources.
 - Develop a timeline with key milestones for the creation of the 5-year strategic plan (FY 2027-2031) and long-term goals, incorporating input from a series of Board workshops. These workshops will help refine the plan to ensure alignment with community healthcare needs, while also costing out the strategies to ensure financial feasibility.
 - Evaluate funding opportunities and potential partnerships for both short- and long-term healthcare strategies, ensuring that the 5-year plan supports long-term sustainability. This will include exploring new opportunities for the Desert Healthcare Foundation's role in supporting the District's goals and funding strategies.
 - Collaborate closely with District staff to evaluate current staffing capacity and determine any additional staffing requirements necessary to effectively implement the new strategic plan.
- Staff recommends releasing the RFP on March 1, 2025, with a submission deadline of May 1, 2025. An attached RFP is provided for review. If Board members have recommendations for consultants, they are encouraged to refer them to the Chief Executive Officer.
- In addition to the Strategic Planning RFP, staff will prepare a separate RFP for a financial consultant, targeted for release in Spring 2026. This consultant will

develop a comprehensive 30-year financial plan to manage hospital lease payments, property tax receipts, and the reserve fund investment portfolio, focusing on forecasting, revenue projections, long-term sustainability, and alignment with the new 5-year strategic plan and long-term goals.

- On February 14, 2025, staff presented the RFP to the Strategic Planning Committee, which recommended advancing it to the Board for approval.

Fiscal Impact:

- Presently unknown.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

REQUEST FOR PROPOSALS (RFP)
RFP # 02.2025
RELEASE DATE: March 1, 2025

CONSULTANT TO FACILITATE THE DEVELOPMENT OF
LONG-TERM GOALS AND A 5-YEAR STRATEGIC PLAN FOR
THE DESERT HEALTHCARE DISTRICT AND FOUNDATION

RFP SUBMISSION DATE: May 1, 2025

Proposal Contact: info@dhcd.org

DESERT HEALTHCARE DISTRICT AND FOUNDATION
Consultant to Facilitate the Development of Long-Term Goals and a 5-Year Strategic Plan for the
Desert Healthcare District and Foundation

REQUEST FOR PROPOSALS
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DRAFT

I. TIMELINE

The RFP process will operate along the following timeline: [Note: The Desert Healthcare District and Foundation (District and Foundation) reserves the right to modify the stated schedule of events at any time.]

| Date | Activity |
|----------------|---|
| March 01, 2025 | Release Request for Proposals. |
| May 01, 2025 | Proposals due to the Desert Healthcare District via electronic submission by 5:00pm to info@dhcd.org . |
| May 20, 2025 | Strategic Planning Committee reviews proposals and staff recommendations. |
| May 27, 2025 | Board of Directors approve applicant. |
| June 01, 2025 | Contract begins. |

Desert Healthcare District staff will be available for technical assistance and questions at info@dhcd.org. The Desert Healthcare District and Foundation reserves the sole right to determine the timing and content of the responses to all questions and requests for additional information.

Questions and information requests can be submitted to:

Desert Healthcare District and Foundation Staff
E-mail: info@dhcd.org

II. INTRODUCTION

The Desert Healthcare District (“District”) is a California Special District formed in 1948 with the mandate to build a hospital to meet the growing healthcare needs of the residents in Palm Springs and the surrounding areas in the Western Coachella Valley. Desert Hospital opened in 1950. The Desert Healthcare Foundation (“Foundation”) was founded in 1967 as a subsidiary of the District and as the fundraising arm for the nonprofit hospital. Over the years, the Foundation has provided and funded a number of important healthcare services in the communities served by the District. In 1997, after a lengthy public process, the District Board voted unanimously to enter into a lease of its 385-bed, acute-care hospital, to Tenet Health Systems (“Tenet”) for 30 years. Because of the success of the District and Foundation in addressing the healthcare needs of the Western Coachella Valley, special legislation was passed and in 2018 the voters of the Eastern Coachella Valley voted to annex into the District and greatly expand the District boundaries to include the residents of the entire Coachella Valley.

Today, the District is governed by a seven-member board, with members elected by the residents in zones that represent all of the communities within its boundaries. The District has an annual operating budget of over \$12 million, as it pursues its mission to promote health and wellness for its residents through community health initiatives, providing grants of over \$5 million annually, and serving as good stewards in protecting and enhancing the District’s assets. The District completed a comprehensive Community Health Needs Assessment in 2020 which assists the District and Foundation in addressing and allocating their resources to address the important healthcare needs of the communities served by the District.

The current 30-year lease with Tenet will expire May 30, 2027. A new 30-year lease purchase agreement (LPA) was negotiated with Tenet in 2024 and approved by 72% of the vote of registered voters of the Healthcare District. The lease terms extend the lease period from May 31, 2027 to May 30, 2057 and transfers the asset to Tenet at the end of the lease period. The LPA provides for lease and purchase installments over the 30-year period totaling nearly \$650M with the first installment of \$100M due May 31, 2027.

Through the issuance of this RFP, the District seeks to retain a strategic consultant to guide the development of a comprehensive 5-year strategic plan that incorporates long-term goals. The consultant will assist in evaluating the current state, analyzing healthcare needs, and identifying funding opportunities to support both short-term and long-term objectives. Additionally, the consultant will facilitate workshops, gather community input, and provide actionable recommendations to align the District’s goals with available resources, ensuring the successful implementation of strategies to address the evolving healthcare needs of the community.

III. MISSION AND VISION

As we move forward with long-term planning, it is essential that all goals, strategies, and actions are aligned with the Desert Healthcare District and Foundation's core mission and vision. This alignment ensures that every effort contributes toward the broader goal of improving health and wellness across the Coachella Valley. By building upon this foundational framework, we can create a unified approach that addresses the diverse needs of the community while maintaining a shared commitment to equitable health outcomes for all.

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

VISION: Equitably connecting Coachella Valley residents to health and wellness services and programs through philanthropy, health facilities, information and community education, and public policy.

IV. QUALIFICATIONS

As a strategic consultant, please provide responses for each of the following:

1. Provide an overview of background and experience in long-term strategic planning for California healthcare districts and foundations, including evaluating community needs (clinical or otherwise) as part of an assessment of organizational capabilities, capital access/plans/capacity, and/or constraints. Summarize your experience advising districts as they evaluate strategic and financial/investment planning considerations.
2. Outline the type, number, and experience you have in developing, evaluating, and/or reviewing clients' strategic plans or initiatives.
3. Provide references and examples for each of the above.
4. Describe what sets your organization's services apart from your competition, and what unique value-added services could you provide.

V. SCOPE OF SERVICES

The objectives of the engagement include the following:

1. **Document Review and Analysis:** Review and analyze relevant documents to understand the current state, existing plans, and financial situation of the District and Foundation. This analysis will inform the development of a new 5-year strategic plan and long-term goals. Specific areas of focus include:
 - o **Healthcare Landscape Analysis:** Using the 2023 Community Clinical and Social Needs Assessment (Huron Report) and the CVEP/Desert Healthcare District Study, evaluate healthcare services, future needs, gaps in the system, workforce needs, and infrastructure capabilities.

- **Investment Portfolio and Financial Situation:** Review the District’s current financial position and investment portfolio to assess their alignment with healthcare goals, future needs, and potential funding opportunities.
 - Understand the current financial situation, including income, expenses, and funding sources, to have a comprehensive financial outlook to aid in costing out a new Strategic Plan and long-term goals.
 - **Current Strategic Plan Analysis:** Conduct a thorough analysis of the District’s current strategic plan (expiring in June 2026) to assess its alignment with long-term strategies and community needs. Key areas of analysis will include:
 - **Evaluation of Gaps and Areas for Improvement:** Identify gaps in the current plan and suggest improvements to stay aligned with evolving community needs.
 - **Strengths and Weaknesses:** Evaluate how well the plan addresses community healthcare needs and supports the District’s overarching goals, ensuring relevance and effectiveness.
 - **Financial Review:** Assess the District’s financial position, obligations, and capacity to effectively utilize funds to achieve strategic goals, ensuring that financial resources are aligned with long-term sustainability.
2. **Timeline Development:** Develop a timeline outlining key milestones for creating a comprehensive long-term strategic plan, incorporating intermediate goals for the first 5-year phase (FY 2027-2031). This timeline will be informed by financial forecasting and funding needs, ensuring the allocation of resources is synchronized with long-term goals.
 3. **Facilitate Board Workshops:** Facilitate 6-8 Board workshops to guide the Board through the process of developing a long-term strategic plan, with a specific focus on creating, and costing out, a new 5-year strategic plan (FY 2027-2031) that serves as a foundation for achieving long-term goals. These workshops will be key to the creation of both the draft and final versions of a new 5-year strategic plan. The workshops will include:
 - Define the goals, strategies, metrics, and financial resources of a new 5-year strategic plan keeping in mind a long-term vision.
 - Ensure that feedback gathered from community input sessions is integrated into the discussions and revisions during the workshops.
 - Refine the draft 5-year strategic plan based on workshop discussions and community feedback, leading to the creation of a final plan.
 4. **Draft and Final 5-Year Strategic Plan:** Develop a 5-year strategic plan with refinements based on feedback from Board workshops and community input. The final strategic plan will incorporate both short-term and long-term perspectives. This plan will include:
 - **Long-Term Vision:** A clear long-term vision that guides the District’s healthcare goals beyond the 5-year scope, ensuring that short-term goals are aligned with the District’s broader aspirations.

- **Comprehensive Outline of Goals:** Clearly defined long-term goals for the District's healthcare services and specific goals of a 5-year plan.
 - **Actionable Strategies:** Specific, actionable strategies to achieve the goals within the 5-year timeframe while keeping the long-term vision in mind.
 - **Metrics, Accountability and Benchmarking:** Establish measurable outcomes, metrics and benchmarks for assessing progress toward the goals/strategies.
 - **Financial Integration:** Both the 5-year and long-term plans will include high-level financial assessments that cost out the proposed strategies, identifying how current and future funds can advance the goals and strategies in both the short-term and long-term.
 - **Staffing Capacity:** Collaborate closely with District staff to evaluate current staffing capacity and determine any additional staffing requirements necessary to effectively implement the new strategic plan.
5. **Analysis of District and Foundation Funding Opportunities:** Identify immediate needs and opportunities for the 5-year plan that will directly contribute to broader long-term healthcare goals, including but not limited to:
 - Grant funding (rolling grants, RFPs, initiatives).
 - Community outreach efforts.
 - Mobile medical clinics.
 - Results-based accountability framework.
 6. **Consideration of Future Funding Opportunities:** Evaluate future funding opportunities ensuring the 5-year plan lays the groundwork for long-term sustainability and expansion.
 7. **Evaluation of Strategic Alternatives:** Evaluate alternative strategies, such as potential partnerships and funding sources, while considering any limitations imposed by lease agreements or other financial constraints. Focus on leveraging these alternatives to support the District's long-term healthcare goals.
 8. **Analysis of the Desert Healthcare Foundation:** Develop a strategy to enhance the role of the Desert Healthcare Foundation in supporting the District's long-term healthcare goals, exploring new opportunities for funding, partnerships, and collaborations.

VI. DELIVERABLES

The consultant will provide expert support and guidance to assist the District in developing a comprehensive 5-year strategic plan (FY 2027-2031), while laying the foundation for a long-term strategic vision. This includes evaluating current strategies, engaging key stakeholders, assessing the District's financial situation, and ensuring the plans are actionable, aligned with community needs, and financially sustainable. The following deliverables are aligned with the scope of work:

- **Document Review Summary:** A summary report of key findings from the review and analysis of relevant documents.

- **Timeline Development:** A detailed timeline outlining milestones and deliverables for the development of the 5-year strategic plan (FY 2027-2031), with clear intermediate goals and deadlines, as well as long-term planning considerations.
- **Board Workshop Materials:**
 - Materials for 6-8 facilitated Board workshops, guiding the Board through the development of both the 5-year strategic plan and long-term strategic goals. This includes draft plans, discussion guides, and actionable next steps.
 - Summaries of each workshop, documenting feedback, key decisions, and revisions made to the draft 5-year strategic plan and long-term goals.
- **Funding Opportunities Report:** a report providing a comprehensive evaluation to support the District's 5-year and long-term strategic goals, addressing both current and future needs, including:
 - **Assessment of Existing Funding Opportunities:** Analysis of the District's and Foundation's current funding sources, identifying gaps and making actionable recommendations to better align with strategic objectives.
 - **Future Funding Development:** Evaluation of future funding needs, including facilities and service development, ensuring the 5-year plan aligns with long-term sustainability.
 - **Strategic Alternatives and Partnerships:** Examination of potential strategic partnerships, including opportunities with organizations like Eisenhower Health, and strategies to maximize funding within the constraints of the District's lease agreements.
 - **Desert Healthcare Foundation Strategy:** A strategy to enhance the role of the Desert Healthcare Foundation in supporting the District's long-term goals, including leveraging funds for future partnerships and collaborations.
- **5-Year Strategic Plan (FY 2027-2031):** Develop a 5-year strategic plan with clear, actionable goals that align with the District's long-term vision. The plan will include measurable metrics, accountability measures, and benchmarks to track progress, along with high-level financial assessments to cost out both short-term and long-term strategies. The plan will also include an assessment of necessary staff additions to ensure the District has the appropriate resources to meet the demands of the strategic plan's implementation and long-term goals.
- **Community Outreach Sessions:** facilitate 2-3 community outreach sessions to gather feedback on the draft 5-year strategic plan and long-term goals, ensuring community input is integrated into the final plans and that they reflect the needs and priorities of the community.
- **Board and Committee Presentations:** Present the draft 5-year strategic plan, long-term goals, and financial strategies at a Board of Directors meeting and relevant Committee meetings. Following feedback from workshops, Board and Committee meetings, and community outreach sessions, deliver the final presentations at a subsequent Board meeting, ensuring all input is incorporated.
- **Bi-Monthly Check-Ins:** Conduct bi-monthly check-ins with District staff to provide progress updates, address concerns, and integrate feedback during the development of the strategic plan, long-term vision, and financial components.

VII. FEE STRUCTURE

As part of the Request for Proposal process, the District requests a comprehensive breakdown of your proposed fees, including fixed-price milestones, along with any additional costs or expenses associated with completing the scope of work and corresponding deliverables. Additionally, the District requests that the rough draft of the strategic and financial plans be submitted by December 2025, with the final versions delivered by March 2026. Please include the following details in your proposal:

1. **Fixed-Price Milestone Fees:** Outline your proposed fixed-fee structure tied to key deliverables and milestones throughout the engagement. The District anticipates the following phases and requests an estimated cost for each phase:
 - **Phase 1: Discovery and Analysis:** Document review, healthcare landscape analysis, financial position review, and evaluation of the current strategic plan.
 - **Phase 2: Strategic Plan Development:** Timeline development, facilitation of 6-8 Board workshops, and drafting of the 5-year strategic plan (FY 2027-2031)
 - **Phase 3: Community Engagement and Feedback:** Facilitation of 2-3 community outreach sessions to gather feedback on the draft strategic plans
 - **Phase 4: Draft Plan Delivery (December 2025):** Deliver the rough draft of the 5-year strategic plan and long-term vision, including detailed financial components that outline the cost of implementing the strategies. This will be accompanied by a presentation to the Board and relevant Committees.
 - **Phase 5: Final Plan and Presentation (March 2026):** Deliver the Final 5-year strategic plan and long-term vision, including detailed financial components that outline the cost of implementing the strategies. This will be accompanied by a presentation to the Board.
2. **Additional Expenses:** Provide a breakdown of any anticipated out-of-pocket expenses you foresee incurring during the project (e.g., travel, printing, meetings), and explain how these will be billed. Such expenses should be billed at cost, with prior approval from the District.
3. **Payment Schedule:** Specify your preferred payment schedule, including when invoices will be issued for each milestone and the terms for payment.

VIII. DISTRICT DOCUMENTS

The following documents can be found on the District's website at www.dhcd.org:

1. 1997 Hospital Lease
2. 2027 Hospital Lease Purchase
3. FY21-26 Desert Healthcare District and Foundation Strategic Plan
4. 2023 Community Clinical and Social Needs Assessment (Huron Report)
5. CVEP/Desert Healthcare District Study: The Regional Economic Impacts of DHCD's Community and Clinical Social Needs Goals and Recommendations Implementation
6. Grantmaking Policies and Procedures
7. California Health and Safety Code



**DESERT HEALTHCARE DISTRICT
Program Committee Meeting
MEETING MINUTES**

February 11, 2025

Directors Present

District Staff Present

Absent

| | | |
|--|---|--|
| <p>Evelt PerezGil, Chair Greg Rodriguez, Vice-President Kimberly Barraza, Director</p> | <p>Chris Christensen, CPA, Chief Executive Officer Eric Taylor, CPA, Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief Engagement Officer Meghan Kane, Senior Program Officer, Public Health Erica Huskey, Grants Manager Andrea S. Hayles, MBA, Board Relations Officer</p> | |
|--|---|--|

A. Call to Order

Chair PerezGil called the meeting to order at 5:01 p.m.

B. Approval of the Agenda

Chair PerezGil asked for a motion to approve the agenda.

Moved by: Kimberly Barraza

Seconded by: Greg Rodriguez

Yes Evett PerezGil, Greg Rodriguez, and Kimberly Barraza

Carried 3-0

C. Meeting Minutes

1. [January 14, 2025 - Action](#) 

Chair PerezGil asked for a motion to approve the January 14, 2025, meeting minutes.

Moved by: Greg Rodriguez

Seconded by: Kimberly Barraza

Yes Evett PerezGil, Kimberly Barraza, and Greg Rodriguez

Carried 3-0

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. Chief Executive Officer Report

F. Program Updates

1. [Progress and Final Reports Update](#) 

Chair PerezGil asked the committee if there were any questions regarding the Progress and Final Report.

There were no comments or questions.

2. [Grant Applications Status Report](#) 

Chair PerezGil asked the committee if there were any questions regarding the Grant Applications Status Report.

There were no comments or questions.

3. [Grant Payment Schedule](#) 

Chair PerezGil asked the committee if there were any questions regarding the Grant Payment Schedule.

There were no comments or questions.

G. Grant Funding - Actions

Review and determination for forwarding to the Board for consideration.

[Grant #1468 – Regents of the University of California at Riverside: Improving Access to Behavioral Health Education and Prevention Services – \\$500,000 over a two-year period](#) 

Chair PerezGil asked the committee if there were any questions regarding the Regents of the University of California at Riverside \$500,000 grant request.


There were no comments or questions.

Moved by: Kimberly Barraza

Seconded by: Greg Rodriguez

Yes Evett PerezGil, Kimberly Barraza, and Greg Rodriguez

Carried 3-0

[Grant # 1478 – St. John’s Community Health: SJCH Indio Community Health Center Start Up - \\$1,000,000 for a one-year period](#) 

Chair PerezGil asked the committee if there were any questions regarding St. John's Community Health – SJCH Indio Community Health Center Start Up \$1,000,000 grant request.

There were no comments or questions.

Moved by: Kimberly Barraza

Seconded by: Greg Rodriguez

Yes Evett PerezGil, Kimberly Barraza, and Greg Rodriguez

Carried 3-0

H. Committee Member Comments

I. Adjournment

Chair PerezGil adjourned the meeting at 5:06 p.m.

Next Scheduled Meeting March 11, 2025

Evett PerezGil, Chair/ Director, Board of Directors,
Program Committee

Audio recording available on the website at <http://dhcd.org/Agendas-and-Documents>



Date: February 11, 2025

To: Program Committee – District

Subject: Progress and Final Grant Reports 1/1/2025 – 1/31/2025

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

The Foundation for Palm Springs Unified School District # 1358

Grant term: 11/1/2022 – 1/31/2025

Original Approved Amount: \$110,000

Progress Report covering the time period from: 11/1/2022 – 7/31/2024

Martha's Village and Kitchen # 1404

Grant term: 10/1/2023 – 9/30/2025

Original Approved Amount: \$369,730

Progress Report covering the time period from: 4/1/2024 – 9/30/2024

Voices For Children # 1443

Grant term: 5/1/2024 – 4/30/2026

Original Approved Amount: \$60,000

Progress Report covering the time period from: 5/1/2024 – 10/31/2024

Coachella Valley Volunteers In Medicine # 1408

Grant term: 11/1/2023 – 10/31/2024

Original Approved Amount: \$478,400.

Progress Report covering the time period from: 8/1/2024 – 10/31/2024

Variety Children's Charities of the Desert Tent 66 # 1432

Grant term: 5/1/2024 – 4/30/2026

Original Approved Amount: \$102,949.00

Progress Report covering the time period from: 5/1/2024 – 10/31/2024

Voices For Children # 1413

Grant term: 11/1/2023 – 10/31/2024

Original Approved Amount: \$81,055

Progress Report covering the time period from: 5/1/2024 – 10/31/2024

Voices For Children # 1413

Grant term: 11/1/2023 – 10/31/2024

Original Approved Amount: \$81,055.

Final Report covering the time period from: 11/1/2023 – 10/31/2024

Lift To Rise # 1391

Grant term: 6/1/2023 – 5/31/2024

Original Approved Amount: \$900,000

Progress Report covering the time period from: 9/1/2024 – 11/30/2024

Jewish Family Service of the Desert # 1362

Grant term: 11/1/2022 – 10/31/2024

Original Approved Amount: \$160,000

Progress Report covering the time period from: 5/1/2024 – 10/31/2024

Jewish Family Service of the Desert # 1362

Grant term: 11/1/2022 – 10/31/2024

Original Approved Amount: \$160,000

Final Report covering the time period from: 11/1/2022 – 10/31/2024



Grant Progress Report

Organization Name: The Foundation for Palm Springs Unified

Grant #: 1358

Project Title: School-Based Wellness Center Project

Contact Information:

Contact Name: Ellen Goodman

Email: egoodman@psusd.us

Grant Information

Total Grant Amount Awarded: **\$110,000**

Grant Term (example 7/1/22 – 6/30/23): **11/1/22 – 1/31/25**

Reporting Period (example 7/1/22 – 10/31/22): **11/1/22 – 7/31/24**

Desert Healthcare District Strategic Plan Alignment

Goal: This project goal coincides with the Desert Healthcare District and Foundation strategic plan goal to proactively expand community access to behavioral/mental health services (Goal 3)

Strategy: Strategy 3.3 Provide funding to Community-Based Organizations enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services.

Progress This Reporting Period

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

- o **During this reporting period, the project has accomplished many things. The Foundation team has cleared the classrooms, purchased all the necessary supplies and materials, prepared the room for installation, worked with campus leadership, mental health staff and facilities to assure a smooth installation and opening. The**

BWES Wellness Center will open at the start of the school year and is expected to be on track to serve 300 + students. The second center at DLES is expected to open during Q1 of the school year. The Foundation will work with DHCD program staff to produce a ribbon cutting and dedication at the end of Q1 of the school year.

Goal #1:

By March 31,2024, the Bubbling Wells Elementary School Wellness Center will be established; all administrators, teachers, staff, students, and families will be informed about the "wellness center" and the services provided; and a minimum of three hundred (300) unduplicated students will be served through the "wellness center."

Progress of Goal #1:

Bubbling Wells Elementary School Wellness Center will be established, all administrators, teachers, staff, students, and families will be informed about the "wellness center" and the services provided, and a minimum of three hundred (300) unduplicated students will be served through the "wellness center." The accomplishment of project goals will expand availability of behavioral health services/resources to children (0-18 years) and their families and increase access to behavioral health services/resources to children (0-18 years) and their families.

- o **The Wellness Center is now complete and ready to open at the start of the school year. It is set to serve 300 unduplicated students. Throughout the year, The Foundation along with health services and mental health leadership will hold orientations, educational sessions and assemblies, and tours to increase awareness of the center and its services on campus. We plan to hold a ribbon cutting and dedication ceremony for the Wellness Center mid to late September.**

Goal #2:

By June 30, 2024, the Julius Corsini Elementary School Wellness Center will be established; all administrators, teachers, staff, students, and families will be informed about the "wellness center" and the services provided; and a minimum of three hundred (300) unduplicated students will be served through the "wellness center."

Progress of Goal #2:

Julius Corsini Elementary School

- o **JCES school is facing significant challenges in finding a dedicated space for the wellness center, as all available areas on campus are currently being used to accommodate the academic needs of the students. Desert Hot Springs schools are especially crowded, and the space initially allocated for the center is no longer available. We deeply value the wellness center's role and are committed to finding a solution that serves our students' needs though we cannot guarantee that space will be available for the 24-25 school year.**

Goal #3:

By September 30, 2024, the Della Lindley Elementary School Wellness Center will be

established; all administrators, teachers, staff, students, and families will be informed about the "wellness center" and the services provided; and a minimum of three hundred (300) unduplicated students will be served through the "wellness center."

Progress of Goal #3:

Della Lindley Elementary School Wellness Center will be established, all administrators, teachers, staff, students, and families will be informed about the "wellness center" and the services provided, and a minimum of three hundred (300) unduplicated students will be served through the "wellness center." The accomplishment of project goals will expand availability of behavioral health services/resources to children (0-18 years) and their families and increase access to behavioral health services/resources to children (0-18 years) and their families.

- o **Due to summer hours and limited access to the campus along with limited staff to help with the removal of classroom furniture, the Wellness Center experienced delays in its construction. All materials for the Wellness Center have been purchased, and work has begun. We anticipate opening at the end of the first quarter of the school year and are on track to serve 300 unduplicated students.**

Goal 4:

By January 1, 2025, the Agua Caliente Elementary School Wellness Center will be established; all administrators, teachers, staff, students, and families will be informed about the "wellness center" and the services provided; and a minimum of three hundred (300) unduplicated students will be served through the "wellness center."

Progress of Goal #4:

Agua Caliente Elementary School

- o **ACES school is facing significant challenges in finding a dedicated space for the wellness center, as all available areas on campus are currently being used to accommodate the academic needs of the students. Agua Caliente ES school is especially crowded, and the space initially allocated for the center is no longer available. We deeply value the wellness center's role and are committed to finding a solution that serves our students' needs though we cannot guarantee that space will be available for the 24-25 school year.**

Progress on the Number of District Residents Served

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

- o We do not have the data for this reporting period because the rooms were not open. However, we piloted (in three schools) a custom data software system specifically designed for PSUSD Wellness Centers. This system has provided us with extraordinary information, which we are now finding to be consistent across all Wellness Centers. Some of the

information captured includes total number of visits, time spent in the Wellness Center, reasons for being in the Wellness Center, and the data surrounding students being referred to a health or mental/behavioral specialist.

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

Please answer the following questions:

• Is the project on track in meeting its goals?

o We are pleased to report that the project is on track to meet its goals.

• Please describe any specific issues/barriers in meeting the project goals.

o There were several issues and barriers in meeting the project goals. These were primarily due to limited or abundant space on campuses, the need to remove classroom furnishings and clean the rooms, and turnover of installation staff. Additionally, access to school campuses was restricted during spring break, summer months, and other periods. Changes in staff at the campus level also contributed to the delays.

o "I wanted to provide some additional context for the higher costs at Bubbling Wells Elementary (BWES). This particular school had a total of three rooms for Tier 1, 2 and 3. As a result, this school accrued more labor hours than the others. Given that this is considered a high-need school in the district, we felt it was important to address all three rooms to better serve and support the students. The remaining three schools will have significantly lower labor costs, as each only requires work in a single Tier 1 room".

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

o To keep the project on track we're looking at a variety of solutions including community and corporate volunteer teams. We tested this strategy on Saturday August 3rd and saw an extremely successful day. Other groups in consideration are Wells Fargo, Bank of America, Trixie Hotel Team, Greater Palm Springs Relator Association, Rotary Clubs and Bloom in the Desert. We believe that by providing small teams of volunteers that some of the larger more time-consuming projects can get completed in an accelerated fashion.

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

o Before rolling out to all schools The Foundation and school district piloted VyTrac system a data driven technology that offers objective measurements of health and behavioral metrics such as heart rate, blood pressure, and stress levels of students when they check in to the Wellness Center. This data-driven approach allows for early identification of students in need of intervention and continuous monitoring of their mental and behavioral health. The metrics are validated by mental health and healthcare professionals to ensure accurate and reliable readings. The algorithms used to extrapolate vital signs have been specifically modified to more accurately capture information on use of the room. This combination of professional input and advanced technology creates a robust and effective support system for students. We anticipated this data to be consistent with all wellness centers across the district and look forward to expanding this system to every Wellness Center in the District.

GRANT PROGRESS REPORT #2

Martha's Village & Kitchen, Grant # 1404

ABOUT THE ORGANIZATION

Martha's Village & Kitchen
83791 Date Ave.
Indio, CA 92201
760-347-4741

Progress Report Contact:

Espy Ortiz, Vice President of Programs and Operations
eortiz@marthasvillage.org

PROJECT INFORMATION

Project Title:

Martha's Village: Homeless Housing With Wrap-Around Services Expansion

Grant Term: 10/01/2023 - 09/30/2025

Total Grant Amount Awarded: \$369,730.00

Reporting Period: 04/01/2024 - 09/30/2024

Report Due Date: 11/01/2024

DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT

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

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

PROGRESS TOWARDS PROJECT DELIVERABLES

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

Project Deliverable #1:

Martha's will expand its remote services in the five targeted cities. By September 30, 2025, Martha's will provide case management with wrap-around services to include the additional enhancements of Employment Services, English as a Second Language Instruction and Computer Skills Training to 175 homeless or at risk of homeless individuals in the five targeted cities of Indio, Palm Springs, Desert Hot Springs, Coachella, and Mecca.

Progress towards Deliverable #1:

As of this reporting period, Martha's Village & Kitchen has achieved significant progress in expanding its remote services across the five targeted cities—Indio, Palm Springs, Desert Hot Springs, Coachella, and Mecca. In line with the project's objectives, we have delivered comprehensive wrap-around services including case management, Employment Services, English as a Second Language (ESL) instruction, and Computer Skills Training. To date, we have served 118 unduplicated clients through this initiative.

In the current reporting period, we provided full wrap-around services to one (1) unduplicated client, who successfully obtained employment. This milestone underscores our commitment to empowering clients with the skills and resources needed for stable employment and self-sufficiency. Our ongoing efforts focus on expanding outreach and service infrastructure across all targeted cities to ensure we meet our goal of supporting 175 unduplicated individuals by September 30, 2025. We anticipate continued progress as we increase engagement and improve employment outcomes for homeless and at-risk individuals throughout these communities.

Project Deliverable #2:

Martha's will expand services on-site at its Desert Hot Springs, Indio, and Palm Springs locations. By September 30, 2025, Martha's will expand services with case management with Wrap-Around Services, with its current Employment Services and Computer Skills Training to 200 homeless or at risk of homelessness individuals at these three physical locations.

Progress towards Deliverable #2:

Martha's Village & Kitchen continues to expand on-site services at its Desert Hot Springs, Indio, and Palm Springs locations, working toward the goal of serving 200 homeless or at-risk individuals with case management, wrap-around services, Employment Services, and Computer Skills Training by September 30, 2025. To date, we have served a total of 233 unduplicated clients across these three locations, surpassing the initial target.

During this reporting period, we provided services to 1 (one) unduplicated client. This progress highlights our capacity to deliver comprehensive, in-person support tailored to individual needs and demonstrates our ongoing commitment to fostering stability and skill-building for our clients. We remain focused on sustaining and expanding these

services to meet the growing needs of the communities we serve, with a continued emphasis on employment readiness and long-term housing stability.

Project Deliverable #3:

By September 30, 2025, Martha's will build collaborations with a combination of a minimum of ten (10) nonprofits, community organizations and local government, in the five targeted areas. This effort will begin with scheduled listening meetings with the entities mentioned above to ensure the needs of the communities are met in the area of homeless and at risk of homelessness services.

Progress towards Deliverable #3:

Martha's Village & Kitchen has successfully maintained partnerships with the nonprofits, community organizations, and local government entities initially reported, supporting efforts across the five targeted areas—Indio, Palm Springs, Desert Hot Springs, Coachella, and Mecca. These partnerships are integral to addressing the needs of homeless and at-risk individuals throughout the region.

During this reporting period, we expanded our outreach efforts by collaborating with California State University, San Bernardino (CSUSB), which has strengthened our community network. Through this new partnership, we were able to enroll one client into our services. These established and new partnerships allow us to align resources and expertise effectively, enhancing our ability to meet community needs and broaden our impact. We look forward to continuing these collaborations to support economic stability and service access for our clients.

For the reporting period, Martha's Village and Kitchen has maintained established collaborations with the following partners: FIND Food Bank, Desert AIDS Project, Latino Commission on Mental Health, Momma's House, Telecare, Wellness Equity Alliance, Riverside County Adult Protective Services, Olive Crest, Salvation Army, IEHP, and Jewish Family Service (JFS).

The efforts focused on implementing customized wrap-around services with an emphasis on employment and education. This included meetings, communications, and events with partners to share Martha's Village and Kitchen's programs and resources, ensuring that awareness of these services reached the most underserved areas within the DHCD's boundaries.

PROGRESS TOWARDS PERFORMANCE MEASURES

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

PM 5.1: # of community engagement/awareness activities:

2

Story Behind the Number:

This reporting period, Martha's Village & Kitchen led two important community engagement activities to boost awareness and access to our wrap-around and employment services for homeless and at-risk individuals in the Coachella Valley. The community engagement activities focused on remote locations and outreach throughout the district. Approximately 35 people were reached or participated in these engagement/awareness activities.

First, in a new partnership with California State University, San Bernardino (CSUSB), we worked together to share resources and host awareness events focused on our services. This partnership has helped us connect with students, faculty, and the broader community, leading to one new client enrollment and allowing us to reach individuals who may need our support.

Additionally, we continued working closely with our nonprofit coalition partners. Through listening sessions and resource-sharing events, we gained valuable community insights and ensured our services are responsive to local needs.

These activities strengthen our outreach and expand our impact, allowing more people to learn about and access the services we provide.

PM 5.1: # of clients reached through community engagement/awareness efforts:

1

Story Behind the Number:

Through our community engagement efforts at California State University, San Bernardino (CSUSB), we connected with Carol, a single mother facing job loss and housing instability. After attending a CSUSB event where we presented our wrap-around services, Carol reached out for help.

This community engagement allowed us to assist Carol in not only obtaining part-time employment but also linking her to permanent housing. With support from our Employment Services and case management teams, Carol gained the skills and resources she needed to regain stability for herself and her children.

PM 5.1: # of clients who were directly connected to services:

2

Story Behind the Number:

During this reporting period, a total of two clients were helped through Martha's Village & Kitchen's on-site and remote services. Both clients received comprehensive wrap-around services, including case management, employment support, and skill-building. As a result, both were able to obtain employment and begin their journey toward long-term stability. These successes highlight the effectiveness of our tailored approach to supporting individuals facing homelessness and economic challenges.

Story Behind the Number/Percent:

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period:

2

Story Behind the Number:

Due to the high reporting outcomes in the last progress report and the dedication of our outreach staff during that period, we made significant strides in reaching our remote service objectives. However, during this reporting period, while we faced the challenge of office closures in Mecca and Desert Hot Springs, we continued to provide services and ensure clients obtained employment.

We have successfully met our on-site goals and will now focus on expanding our remote services to ensure we meet the target of serving 175 unduplicated clients by the end of the project. Our team remains committed to supporting individuals in need, regardless of location, and ensuring they have access to the resources and opportunities necessary for long-term stability.

Geographic Area(s) Served During This Reporting Period:

Coachella, Desert Hot Springs

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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

While not fully a challenge, we would like to report a significant decision made during this reporting period. To optimize resources and ensure sustainable service delivery, we made the difficult choice to close our on-site remote offices in Mecca and Desert Hot Springs. This decision allows us to concentrate resources more effectively while maintaining a presence in these communities through other means. To continue supporting individuals in these areas, our staff will conduct regular canvassing to engage those who may need assistance. Clients identified through these outreach efforts will still receive case management and wrap-around services, provided remotely or at our other service locations. This approach will allow us to remain responsive to the needs of residents in Mecca and Desert Hot Springs, even without a dedicated physical office

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

■■■■■, a single mother facing job loss and housing instability, was struggling to make ends meet for herself and her children. During a community outreach event hosted by California State University, San Bernardino (CSUSB), ■■■■■ learned about the wrap-

around services offered by Martha's Village & Kitchen. Intrigued by the possibility of support, she reached out to us for help. [REDACTED] was quickly enrolled in our wrap-around services program, where she received employment services tailored to her needs. Our team helped her polish her resume, provided job search assistance, and connected her to interview preparation resources. Through this program, [REDACTED] secured employment as a security guard, which gave her the financial stability she needed to support her family. Additionally, we referred [REDACTED] to our homeless shelter, where she found a safe place to stay while she worked toward regaining long-term stability. With the support of our shelter and case management services, [REDACTED] continued to thrive in her new job. As [REDACTED] became more settled, she also participated in our Community Supports Program, which helped her connect with additional resources. Through this program, she was assisted in obtaining permanent housing for herself and her children, marking the final step in her journey toward a stable, self-sufficient life. [REDACTED]'s story is a testament to the power of community engagement and wrap-around services in helping individuals overcome challenges and achieve lasting stability. With support from Martha's Village & Kitchen, [REDACTED] is now on a path to a brighter future for herself and her children.

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

BUILDING CONNECTED COMMUNITIES RFP **GRANT PROGRESS REPORT #1**

Voices for Children, Grant # 1443

ABOUT THE ORGANIZATION

Voices for Children
2851 Meadow Lark Drive
San Diego, CA 92123
858-569-2019

Progress Report Contact:

Rebecca Rader, Director of Philanthropy
RebeccaR@speakupnow.org

PROJECT INFORMATION

Project Title: 1443 Court Appointed Special Advocate (CASA) Program

Grant Term: 05/01/2024 - 04/30/2026

Total Grant Amount Awarded: \$60,000.00

Reporting Period: 05/01/2024 - 10/31/2024

Report Due Date: 12/01/2024

RFP BUILDING CONNECTED COMMUNITIES GOAL/STRATEGIES:

2021-2026 Desert Healthcare District Strategic Plan Goal 3:

Proactively expand community access to behavioral/mental health services.

RFP Strategy 1: Increase the number of community navigators serving Coachella Valley residents.

RFP Strategy 2: Increase awareness and access to behavioral/mental health resources.

PROGRESS TOWARDS PROJECT DELIVERABLES

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

Project Deliverable #1:

By April 30, 2026, VFC will recruit, screen, and train 30 community members to serve

as CASA volunteers (community navigators) for Coachella Valley youth in foster care.

Progress towards Deliverable #1:

Voices for Children (VFC) is pleased to report that we are on track to meet Deliverable #1. As of October 31, 2024, VFC had recruited, screened, and trained seven new Court Appointed Special Advocate (CASA) volunteers (community navigators) who have begun advocating on behalf of 15 Coachella Valley youth in foster care. Each of these new CASA volunteers completed a rigorous training and screening process, including multiple interviews and background checks, before being matched with children in foster care. Our 35-hour training program is designed with a trauma-informed lens and educates trainees about the impact of trauma and how it manifests in a child's behavior and development. VFC's CASA training, also called Advocate University, covers dependency law, child development, court report writing, the impact of childhood trauma and abuse, and privilege and bias. During training, CASAs become familiar with courtroom procedures and personnel and writing court reports. VFC also expects each CASA volunteer to attend 12 hours of continuing education annually to learn more about available resources providing beneficial services to youth in foster care. These CASA volunteers are spending, on average, 10–15 hours a month on their cases, spending time with their assigned children during one-on-one visits and speaking with each child's caregivers, family members, teachers, therapists, child welfare professionals, and others involved in the child's life. When a CASA identifies unmet needs, they then advocate on a child's behalf to ensure that a child has access to the resources they need. Every six months, these CASA volunteers will attend court on behalf of their youth and submit comprehensive written reports about each child's status, including their current frame of mind. Judges will rely on these reports to make informed decisions about a child's education, mental and physical health, housing placement, and overall well-being.

Project Deliverable #2:

By April 30, 2026, VFC's CASA volunteers will connect 30 Coachella Valley children in foster care with mental health/behavioral resources such as therapy or extracurricular activities bases on their individualized needs.

Progress towards Deliverable #2:

VFC is pleased to report that we are on track to meet Deliverable #2. As of October 31, 2024, VFC CASA volunteers funded by this grant were already advocating on behalf of 15 Coachella Valley children in foster care. At least once a month, each CASA volunteer and their Advocacy Supervisor, the VFC staff member who guides their advocacy, communicate regarding the CASA's efforts on the child's case and discuss each child's specific needs and how these needs can be best addressed. Through these discussions, Advocacy Supervisors ensure that CASA volunteers continue to regularly communicate with caregivers, teachers, therapists, and others involved in the children's lives. Through these communications, CASAs gain valuable and detailed information about the children, including how they are doing in their housing placements, family connectedness, schools, extracurricular activities, and therapeutic/behavioral services and, significantly, any unmet needs. Advocacy

Supervisors and CASA volunteers next address ways to meet these needs, whatever they are, and the necessary action steps to ensuring the children receive access to the services they need. A CASA's advocacy is tailored to address the individual needs of the child they serve, and the CASA volunteer is often the most consistent adult in the life of a child in foster care. By spending more time with the child than any other adult on the child's case, CASA volunteers form trusting relationships that allow them a clear perspective of each child's fears, worries, hopes, and dreams. These CASA volunteers are addressing their assigned children's mental health in many ways: ensuring access to appropriate mental healthcare services for a child's specific mental healthcare needs; overcoming service barriers, such as insurance, transportation, and scheduling issues; facilitating involvement in extracurricular activities; delivering positive childhood experiences; fostering positive and stable relationships with friends; providing a relationship with a dependable adult; and more.

Project Deliverable #3:

By April 30, 2026, VFC's CASA volunteers will submit reports detailing a child's current status and needs to Juvenile Court judges on behalf of 30 Coachella Valley children in foster care.

Progress towards Deliverable #3:

VFC is pleased to report that we are on track to meet Deliverable #3. Each of the 15 children matched with a new CASA volunteer thus far will be the subject of a report for the Court detailing their current status within approximately six months of being matched with their CASA volunteer. Through their court reports, CASA volunteers will provide the Court with information about all aspects of their assigned children's lives, including their current mental state, medical and therapeutic information, involvement with extracurricular activities, contact with family members, education, housing placement, and progress toward independence (for youth ages 16+).

PROGRESS TOWARDS PERFORMANCE MEASURES

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

of Community Navigator positions allocated to the project

7

of Community Navigators trained

7

of Community Navigators retained

7

Story Behind the Number:

During the reporting period, VFC trained seven new CASA volunteers (Community Navigators) from Desert Healthcare District cities with Desert Healthcare District funds. Overall, VFC trained 65 new CASA volunteers, including 10 from Desert Healthcare District cities (Desert Hot Springs, Indio, La Quinta, Palm Desert, and Palm Springs)

during the reporting period. Each of these new volunteers participated in 35 hours of initial training and multiple screening interviews and background checks before being matched with a child in foster care. VFC's CASA training, also called Advocate University, covers dependency law, child development, the impact of childhood trauma and abuse, privilege and bias, educational advocacy, and other relevant topics. The seven new CASA volunteers (Community Navigators) funded through this generous grant are now advocating on behalf of 15 Coachella Valley children in foster care. VFC relies on the selflessness of our CASA volunteers. They are the heart and soul of our organization. We ask a great deal of our volunteers in terms of time, commitment, and emotional involvement. CASA volunteers help to break down obstacles that stand in the way of youth in foster care to access the supportive services they need to address past trauma and create brighter, more hopeful futures. On average, volunteers spend 10 hours per month on their cases. Many volunteers report that they receive far more than they give through this experience.

VFC holds multiple information sessions each month for prospective CASA volunteers. In order to become a CASA, volunteers must be at least 21 years of age, have access to a car, maintain a clean driving record, and commit to serving for at least one year.

of clients who increased their knowledge of behavioral/mental health resources

0

Story Behind the Number:

During the reporting period, VFC provided CASA advocacy to 504 Riverside County youth in foster care, including the 15 youth from Desert Healthcare District cities (specifically, Cathedral City, Coachella, Indio, Palm Desert, Palm Springs, and Thermal), who have been funded by this grant thus far. The 15 youth include seven boys and eight girls. Twelve are Latino and three are white. They range in age from under one year old to 19 years old.

As of October 31, 2024, none of the newly assigned CASA volunteers had been on their cases longer than a month and thus had not been on their cases long enough to connect children with specific organizations and services, as they were still in the process of introducing themselves to their assigned children and getting to know them. After being matched with a child, CASA volunteers first introduce themselves to the children's social workers, attorneys, and caregivers before meeting the children. Because CASA volunteers are able to spend much more time on the case (10–15 hours per month, on average) than can social workers with daunting social workers, CASA volunteers develop a keen understanding of each child and their unique circumstances. In addition to ensuring equitable access to behavioral and mental health services for youth in foster care, CASA volunteers benefit children in foster care in several ways based on the specific needs of each individual child. For example, these CASA volunteers will facilitate children's involvement in extracurricular activities; preserve children's connections with siblings; help families stabilize and reunify, thereby reducing feelings of isolation, loneliness, depression, and anxiety; ensure children live in healthful environments; enhance emotional growth; and overcome logistical barriers to mental

health services and beneficial activities. In addition, these CASA volunteers will address each child's educational and physical health needs.

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period:

15

Story Behind the Number:

As of October 31, 2024, 15 underserved Coachella Valley youth in foster care were matched with Court Appointed Special Advocate (CASA) volunteers through funding from this grant and 104 Coachella Valley children overall.

Each of these children had experienced multiple traumatic experiences in the form of child abuse and neglect at the hands of a caregiver or parent. Isolation and loneliness are hallmarks of foster care, as children are uprooted from their families, neighborhood friends, and schools and often placed with strangers in unfamiliar neighborhoods for their safety. The isolation, uncertainty, powerlessness, loneliness, hopelessness, and stigma inherent in foster care, combined with the trauma of past abuse and neglect, contribute to a long list of adverse impacts that individuals can experience during and after foster care. These impacts include myriad mental and physical health issues, barriers to healthcare, unstable housing or homelessness, insufficient elementary and secondary education, and lack of social connections.

Children in foster care are twice as likely as are their peers to have mental and physical health challenges, including developmental delays, anxiety, depression, and obesity (Turney and Wildeman, "Mental and Physical Health of Children in Foster Care," Pediatrics, Nov. 2016). Children in foster care score lower than their peers on most measures of well-being—they are more likely to have anxiety (5x more likely), behavioral challenges (6x), and depression (7x).

Of the 15 youth served through this grant, eight are girls and seven are boys. The youth range in age from 1 to 19 years old. Twelve of the youth are Hispanic or Latino and three were white or Caucasian (not Hispanic or Latino).

Geographic Area(s) Served During This Reporting Period:

Cathedral City, Coachella, Indio, Palm Desert, Palm Springs, Thermal

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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

VFC's greatest challenge is recruiting sufficient numbers of CASA volunteers. Although we continue to serve more children each and every year, the number of Riverside

County in foster care continues to climb. This year, approximately 6,000 Riverside County youth are expected to spend time in foster care, up from the 5,000 we anticipated when we applied for this grant. While we served a record number of Riverside County youth in FY 2023–24 and will increase that number in FY 2024–25 to 625 youth overall, the reality is thousands of children in foster care go without the benefits of CASA advocacy each year. More than 115 children are currently on our waiting list (after being referred to VFC for CASA advocacy by judges, social workers, attorneys, and others), including 36 (31% of overall waiting list) from Desert Healthcare District cities. So prudent growth remains a priority for VFC. To bolster our recruitment efforts, we have hired an Outreach Coordinator to support our CASA Recruitment and Outreach Manager in organizing presentations, event booths, and more in order to boost awareness of the need for CASA volunteers particularly men, Spanish-speakers, and persons of color, throughout Riverside County. We support these efforts with marketing. Toward the end of the reporting period, VFC began an advertising campaign at the Palm Springs Airport in time for the busy holiday travel season. We expect this campaign and other marketing efforts to boost the number of Coachella Valley applicants so that we can more easily serve youth from the Coachella Valley and surrounding areas. This is a critical need, as CASA volunteers from the more populous western regions of the county are often reticent to accept appointments to children in the Eastern portion of the county due to long drives to visit youth and to attend important meetings and court hearings. We have also hired a program manager for our Palm Desert offices, providing additional support to those staff and CASA volunteers serving youth from the Coachella Valley and elsewhere in eastern Riverside County.

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

CASA [REDACTED] has been assigned to [REDACTED] (17), [REDACTED] (16), and [REDACTED] (14) for two short months and has already made a significant difference in their lives (names have been changed to preserve confidentiality). The girls were removed from their parents due to emotional and sexual abuse that occurred when they were younger, and their mother is working toward reunification. All three girls are placed together. CASA [REDACTED] earned the girls' trust very early by showing up weekly and being a consistent and fun presence in their lives. CASA [REDACTED] soon learned that their foster family agency (FFA) foster home was adversely affecting their mental health. The girls confided in [REDACTED] that their caregiver belittled them and discouraged them from going to the gym, accusing them of trying to get male attention. The caregiver also refused to call the girls by name and instead just referred to them by age. As soon as [REDACTED] learned about this, she collaborated with her Advocacy Supervisor and involved the children's attorney, social worker, and the FFA social worker to report the situation and have the girls removed. [REDACTED] asked the girls for statements, which were forwarded to their attorney. In each statement, the girls referenced how grateful they were that [REDACTED] came into their lives when she did and said she is one of the only adults they trust. The girls' mother has since petitioned for an extended visit that will likely turn into family maintenance. The girls will now be able to stay together and have found a fast and steady advocate in CASA [REDACTED]. The support of the Desert Healthcare District continues to enable VFC to help more children like [REDACTED], [REDACTED], and [REDACTED] by providing them with dedicated, caring CASA volunteers like [REDACTED].

GRANT PROGRESS REPORT #4

Coachella Valley Volunteers In Medicine, Grant # 1408

ABOUT THE ORGANIZATION

Coachella Valley Volunteers In Medicine
82915 Avenue 48
Indio, CA 92201
760-342-4414

Progress Report Contact:

Doug Morin, Executive Director
doug.morin@cvvim.org

PROJECT INFORMATION

Project Title:

Ensuring access to healthcare through awareness and continuation of services delivery

Grant Term: 11/01/2023 - 10/31/2024

Total Grant Amount Awarded: \$478,400.00

Reporting Period: 08/01/2024 - 10/31/2024

Report Due Date: 12/01/2024

DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT

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

Strategy 2.4: Improve accessibility of primary and specialty care services by increasing available telehealth services in Coachella Valley (Priority: High)

Strategy 2.7: Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley (Priority: High)

PROGRESS TOWARDS PROJECT DELIVERABLES

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

Project Deliverable #1:

By October 31, 2024, provide in-person primary medical care services to 1,500 individuals.

Progress towards Deliverable #1:

During the 4th quarter, we provided a total of 588 visits to 365 unique patients.

Project Deliverable #2:

By October 31, 2024, provider telehealth primary medical care services to 120 individuals.

Progress towards Deliverable #2:

20 telehealth visits were provided to 20 patients.

Project Deliverable #3:

Provide various health related services or "encounters" (Health Education; Diabetes and General Case Management; Social Service Interventions; Medical Outreach to Unhoused Persons) to 500 patients based upon their needs as assessed by their medical provider or VIM Social Worker.

Progress towards Deliverable #3:

During this period, 511 contacts were provided to 285 unique patients with various health-related services. The reasons for the contacts were Behavioral Health (89), Case/Disease Management (202), Education (59), Food Security (30), RCRMC (64), SDOH (26), Street Medicine (30), and Vision (11).

Project Deliverable #4:

By October 31, 2024, hire a community health worker and contract promotores to increase awareness of VIM services in the community through a minimum of 6 community health fairs and 8 community-based presentations with an expected reach of 600 community members.

Progress towards Deliverable #4:

All six promotoras worked and submitted time sheets during this period. A total of 16 community/health fairs were attended by our CHW and promotoras who had meaningful contacts with 421 individuals, 134 of whom were connected to primary care services (referral to VIM).

PROGRESS TOWARDS PERFORMANCE MEASURES

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

PM 2.4: # of telehealth visits:

20

Story Behind the Number:

20 patients either requested a telehealth visit and were accommodated, or they called to cancel a previously made appointment and our staff offered a telehealth visit as opposed to canceling the appointment.

PM 2.4: # of clients served as a result of telehealth access:

20

Story Behind the Number:

PM 2.4: % increase in services delivered:

100

PM 2.7: # of Community Navigators trained:

0

Story Behind the Number:

All navigators were previously trained in another quarter.

PM 2.7: # of Community Navigators hired:

0

Story Behind the Number:

All navigators were hired in a previous quarter.

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

421

Story Behind the Number:

The CHW, working with promotoras, attended a total of 16 community/health fairs and had meaningful healthcare conversations with 421 individuals, of whom 134 applied for service.

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

345

Story Behind the Number:

Number of patients seen (365) less telehealth patients (20)

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

285

Story Behind the Number:

285 unique patients were connected to care via supportive services via 511 contacts: Behavioral Health (89); Case Mgmt/Disease Case Mgmt (202); Education (59); Food Security (30); SDOH (26); RCRMC(64); Street Medicine (30); Vision (11)

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period:

786

Story Behind the Number:

Total number of unique patients provided a medical visit PLUS number of unique individuals who had meaningful conversations regarding healthcare at a community/health fair.

365 unique patients seen

421 connections via outreach

Geographic Area(s) Served During This Reporting Period:

Bermuda Dunes, Cathedral City, Coachella, Desert Edge, Desert Hot Springs, Desert Palms, Garnet, Indian Wells, Indio, Indio Hills, La Quinta, Mecca, North Shore, Oasis, Palm Desert, Palm Springs, Rancho Mirage, Sky Valley, Thermal, Thousand Palms, Vista Santa Rosa

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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

Nothing unexpected. Outreach activities tend to decrease over the summer and start up again in the fall.

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

█████ came to a community health fair organized by another community health organization and was unaware of VIM services. █████ explained he had to pay something for a visit to see his physician with the other organization and was unaware that there would be no charge for medical visits or any labs or imaging services from VIM. He was excited about the opportunity to save some money because, he said, he was paying out \$30 - \$50 per month to see his doctor because his diabetes was not controlled. He had yet to be offered any disease or nutrition education from the

organization he was visiting. The CHW explained how VIM works and that we never charge a patient for any of the services they receive from our clinic. [REDACTED] was excited, took an application with him, and called our offices the following week of the health fair to become a patient with VIM. Since then, he has completed our 16-hour Diabetes education and also had one-to-one nutrition training with one of our staff. He has now has a glucometer for his home use and has begun to realize decreases in his glucose levels.

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

BUILDING CONNECTED COMMUNITIES RFP
GRANT PROGRESS REPORT #1

Variety Children's Charities of the Desert Tent 66, Grant # 1432

ABOUT THE ORGANIZATION

Variety Children's Charities of the Desert Tent 66
42600 Cook Street, Ste 150
Palm Desert, CA 92211
760-773-9800

Progress Report Contact:

Heidi Maldoon, Executive Director
Heidi@varietyofthedesert.org

PROJECT INFORMATION

Project Title: Outreach and Future Program Expansion

Grant Term: 05/01/2024 - 04/30/2026

Total Grant Amount Awarded: \$102,949.00

Reporting Period: 05/01/2024 - 10/31/2024

Report Due Date: 12/01/2024

RFP BUILDING CONNECTED COMMUNITIES GOAL/STRATEGIES:

2021-2026 Desert Healthcare District Strategic Plan Goal 3:

Proactively expand community access to behavioral/mental health services.

RFP Strategy 1: Increase the number of community navigators serving Coachella Valley residents.

RFP Strategy 2: Increase awareness and access to behavioral/mental health resources.

RFP Strategy 3: Improve access to community support services through systems and environments that build connectedness

PROGRESS TOWARDS PROJECT DELIVERABLES

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

Project Deliverable #1:

By the end of the project, the Outreach Coordinator will be retained in the position and receive specialized training as a Community Navigator.

Progress towards Deliverable #1:

As of May 1, 2024, the Outreach Coordinator has been retained in this position and is receiving specialized training as a Community Navigator.

Project Deliverable #2:

By the project's end, the Outreach Program will reach an estimated 300 at-risk individuals through 24 awareness activities (workshops, educational classes, inclusive gatherings, etc.) access to social connectedness interventions in partnership with 15 community organizations and partners.

Progress towards Deliverable #2:

As of this progress report, the Outreach Program has reached 742 at-risk individuals through 10 awareness activities including workshops, educational classes, and inclusive classes with access to social connectedness interventions in partnership with 7 community organizations and partners.

Project Deliverable #3:

By the project's end, the Outreach Program will reach an estimated 50 at-risk individuals through culturally competent resources and case management services.

Progress towards Deliverable #3:

As of this progress report, the Outreach Program has reached 6 at-risk individuals through culturally competent resources and case management services.

PROGRESS TOWARDS PERFORMANCE MEASURES

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

of Community Navigator positions allocated to the project

1

of Community Navigators trained

1

of Community Navigators retained

1

Story Behind the Number:

As of May 1, 2024, the Outreach Coordinator has been retained in this position and is receiving specialized training as a Community Navigator.

of clients provided service in their native language

742

Story Behind the Number:

Clients were served through socially inclusive workshops, activities, and support groups. Clients received support and resources in their native and preferred language which is typically English and Spanish.

of cultural competency resources disseminated

22

Story Behind the Number:

Resources promoting COVID-19 health considerations, access to socially inclusive activities, workshops and support groups, and access to developmental screenings were provided to clients. Distribution took place at the Variety Resource Center in Palm Desert and at resource fairs in Indio and Palm Desert. Materials were typically created and distributed in English and Spanish.

of community engagement/awareness activities

10

of clients reached through awareness efforts

742

Story Behind the Number:

Clients were reached through activities which included the Fall Carnival and Resource Fair held in Indio and in partnership with 20+ community partners. La Ponderosa was a main media partner assisting to increase community awareness in the Spanish speaking community. Over 300 individuals were served at this event and gained information, education, and support from multiple community organizations. Additionally, a partnership with the JW Marriott to provide resources and education to the staff members of the resort was held on the hotel property to ensure services were made available directly to staff members.

of clients who were directly connected to behavioral/mental health services

371

Story Behind the Number:

An estimated 50% of clients increased their awareness and knowledge of behavioral health resources through interactions with staff members, access to educational materials, developmental screenings, etc.

of clients who increased their knowledge of behavioral/mental health resources

0

Story Behind the Number:

None at this time.

of clients reached

98

Story Behind the Number:

Clients were reached through activities which included the Fall Carnival and Resource Fair held in Indio and in partnership with 20+ community partners. La Ponderosa was a main media partner assisting to increase community awareness in the Spanish speaking community. Over 300 individuals were served at this event and gained

information, education, and support from multiple community organizations. Additionally, a partnership with the JW Marriott to provide resources and education to the staff members of the resort was held on the hotel property to ensure services were made available directly to staff members.

of clients connected to community groups/organizations for practical and emotional support

92

Story Behind the Number:

Clientele were connected to groups such as the Behavioral Lab, FIND Food Bank, pediatricians, occupational therapists, and more.

of clients who report reduced levels of isolation and/or loneliness as a result of improved access to supportive services

98

Story Behind the Number:

All clients who attended a workshop, activity, support group, or other supportive service were satisfied with services. For this reason, an estimated 100% of clients had reduced levels of isolation and/or loneliness.

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period:

742

Story Behind the Number:

In the reporting period, two major events took place which provided the opportunity to reach a significant number of residents. These events included the Fall Carnival and JW Marriott resource fair.

Geographic Area(s) Served During This Reporting Period:

Bermuda Dunes, Cathedral City, Coachella, Desert Edge, Desert Hot Springs, Desert Palms, Garnet, Indian Wells, Indio, Indio Hills, La Quinta, Mecca, North Shore, Oasis, Palm Desert, Palm Springs, Rancho Mirage, Sky Valley, Thermal, Thousand Palms, Vista Santa Rosa

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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

A change in Program Management was experienced. The team handled this adjustment with professionalism and dedication, and all events and activities were successful.

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

Partnering with the JW Marriott to bring resources and services directly to the staff members of the resort was a new and innovative idea which proved to be a great success. Partnerships with other large hospitality groups are being planned based on the success of this event.

GRANT PROGRESS REPORT #2

Voices for Children, Grant # 1413

ABOUT THE ORGANIZATION

Voices for Children
2851 Meadow Lark Drive
San Diego, CA 92123
858-569-2019

Progress Report Contact:

Brian Hutchins, Grants Officer
brianh@speakupnow.org

PROJECT INFORMATION

Project Title: 1413 Court Appointed Special Advocate (CASA) Program

Grant Term: 11/01/2023 - 10/31/2024

Total Grant Amount Awarded: \$81,055.00

Reporting Period: 05/01/2024 - 10/31/2024

Report Due Date: 12/01/2024

DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT

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

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

Strategy 2.7: Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley

Strategy 3.6: Increase awareness of behavioral/mental health resources for residents in Coachella Valley

PROGRESS TOWARDS PROJECT DELIVERABLES

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

Project Deliverable #1:

By October 31, 2024, 40 underserved Coachella Valley youth in foster care will be matched with a CASA who will ensure that they receive primary and/or specialty healthcare services. This project goal coincides with the District and Foundation's Strategic Plan performance measure: "# of individuals who were connected to primary and specialty healthcare services in underserved communities" under strategy 2.7: "Utilize an equity lens to expand services and resources to underserved communities."

Progress towards Deliverable #1:

Voices for Children (VFC) is pleased to report that we met Deliverable #1. As of October 31, 2024, 21 additional underserved Coachella Valley youth in foster care were matched with Court Appointed Special Advocate (CASA) volunteers through this grant, for a total of 40 over the period of the grant. Of these 21 additional youth, 11 are girls and 10 are boys (18 girls and 22 boys for the full grant period). They range in age from 6 to 18 years. Thirteen of the 21 additional youth are Hispanic/Latino, four are Black/African American, and one is multiracial. For the full grant, 29 of the 40 youth are Hispanic, nine are Black/African American, and one is multiracial. The CASA volunteers are ensuring that the youth are receiving primary and, if necessary, specialty healthcare services. Each youth was referred for CASA services by judges, attorneys, and social workers. Each CASA volunteer completed 35 hours of initial training through Advocate University, VFC's internal CASA training program, and receives 12 hours of Continuing Education each year. VFC Advocacy Supervisors are monitoring each child's access to healthcare services through monthly updates from CASA volunteers. Advocacy Supervisors maintain detailed case notes about each child's overall health, emerging health issues, and medical care. Every six months, Advocacy Supervisors and CASA volunteers submit comprehensive court reports for each youth. These reports include information about the child's health, including their medical and dental exams, immunizations, prescribed medications, developmental milestones, and access to healthcare services.

Project Deliverable #2:

By October 31, 2024, the 40 underserved Coachella Valley youth in foster care who have been matched with a CASA will receive access to any necessary behavioral/mental health services.

This project goal coincides with the District and Foundation's Strategic Plan performance measure "# of individuals who were connected to behavioral/mental health services" under strategy 3.7 "Collaborate/partner with community providers to enhance access to culturally-sensitive behavioral/mental health services."

Progress towards Deliverable #2:

As of October 31, 2024, the 40 Coachella Valley youth in foster care who have been matched with CASA volunteers through this grant award are receiving access to any necessary behavioral and mental healthcare services. VFC Advocacy Supervisors monitor each child's behavioral and mental health on a monthly basis as they receive updates from the CASA volunteers. The comprehensive court report that Advocacy

Supervisors and CASA volunteers develop every six months includes information about each child's mental health, access to behavioral and mental healthcare services, therapeutic goals and progress, and any prescribed medications.

PROGRESS TOWARDS PERFORMANCE MEASURES

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

PM 2.7: # of Community Navigators trained:

65

Story Behind the Number:

During the reporting period, VFC trained 65 new CASA volunteers (Community Navigators), including 10 from Desert Healthcare District cities (Desert Hot Springs, Indio, La Quinta, Palm Desert, and Palm Springs). Each of these new volunteers participated in 35 hours of initial training and multiple screening interviews and background checks before being matched with a child in foster care. VFC's CASA training, also called Advocate University, covers dependency law, child development, the impact of childhood trauma and abuse, privilege and bias, educational advocacy, and other relevant topics. Sixty-four of these new CASA volunteers are now advocating on behalf of children in foster care throughout Riverside County.

VFC relies on the selflessness of our CASA volunteers. They are the heart and soul of our organization. We ask a great deal of our volunteers in terms of time, commitment, and emotional involvement. CASA volunteers help to break down obstacles that stand in the way of youth in foster care to access the supportive services they need to address past trauma and create brighter, more hopeful futures. On average, volunteers spend 10 hours per month on their cases. Many volunteers report that they receive far more than they give through this experience.

VFC holds multiple information sessions each month for prospective CASA volunteers. In order to become a CASA, volunteers must be at least 21 years of age, have access to a car, maintain a clean driving record, and commit to serving for at least one year.

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

21

Story Behind the Number:

During the reporting period, VFC provided CASA advocacy to 504 Riverside County youth in foster care, including 21 youth from Desert Healthcare District cities who were funded by this grant. CASA volunteers ensure that children have consistent access to mental and physical healthcare services. CASA volunteers also communicate with medical providers; monitor children's health needs, medications, and referrals; and prevent needs from being overlooked.

Specifically, VFC trains and supervises our CASA volunteers to address any medical and dental concerns, including whether each child is current on their wellness exams and immunizations. CASA volunteers also collect and report information about any prescribed medications, any therapy (and whether it appears to be effective), and any other developmental or health related services, including physical therapy, occupational therapy, and speech therapy. In addition, for children 12 and up, CASA volunteers are trained and directed to determine whether each youth has received the required reproductive and sexual health care education and been informed by the social worker of their right to access and receive confidential medical care and resources pertaining to their reproductive health.

Each child and youth provided a CASA volunteer benefits from this advocacy based on their specific needs. Because CASA volunteers are able to spend much more time on the case (10–15 hours per month, on average) than can social workers with daunting social workers, CASA volunteers develop a keen understanding of each child and their unique circumstances. The children’s needs range from routine dental work and optometry needs to intensive therapy and developmental services.

PM 3.6: # of Community Navigators trained:

65

Story Behind the Number:

During the reporting period, VFC trained 65 new CASA volunteers (Community Navigators), including 10 from Desert Healthcare District cities (Desert Hot Springs, Indio, La Quinta, Palm Desert, and Palm Springs). Each of these new volunteers participated in 35 hours of initial training and multiple screening interviews and background checks before being matched with a child in foster care. VFC’s CASA training, also called Advocate University, covers dependency law, child development, the impact of childhood trauma and abuse, privilege and bias, educational advocacy, and other relevant topics. Sixty-four of these new CASA volunteers are now advocating on behalf of children in foster care throughout Riverside County.

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

21

Story Behind the Number:

During the reporting period, VFC provided CASA advocacy to 504 Riverside County youth in foster care, including 21 youth from Desert Healthcare District cities who were funded by this grant. CASA volunteers ensure that children have consistent access to mental and physical healthcare services. CASA volunteers also communicate with medical providers; monitor children’s health needs, medications, and referrals; and prevent needs from being overlooked.

Specifically, VFC trains and supervises our CASA volunteers to address any medical and dental concerns, including whether each child is current on their wellness exams

and immunizations. CASA volunteers also collect and report information about any prescribed medications, any therapy (and whether it appears to be effective), and any other developmental or health related services, including physical therapy, occupational therapy, and speech therapy. In addition, for children 12 and up, CASA volunteers are trained and directed to determine whether each youth has received the required reproductive and sexual health care education and been informed by the social worker of their right to access and receive confidential medical care and resources pertaining to their reproductive health.

Each child and youth provided a CASA volunteer benefits from this advocacy based on their specific needs. Because CASA volunteers are able to spend much more time on the case (10–15 hours per month, on average) than can social workers with daunting social workers, CASA volunteers develop a keen understanding of each child and their unique circumstances. The children’s needs range from routine dental work and optometry needs to intensive therapy and developmental services.

Story Behind the Number/Percent:

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period:
104

Story Behind the Number:

As of October 31, 2024, 104 underserved Coachella Valley youth in foster care were matched with Court Appointed Special Advocate (CASA) volunteers, including 40 children funded through this grant.

Each child in foster care has experienced multiple traumatic experiences in the form of child abuse and neglect at the hands of a caregiver or parent. Isolation and loneliness are hallmarks of foster care, as children are uprooted from their families, neighborhood friends, and schools and often placed with strangers in unfamiliar neighborhoods for their safety. The isolation, uncertainty, powerlessness, loneliness, hopelessness, and stigma inherent in foster care, combined with the trauma of past abuse and neglect, contribute to a long list of adverse impacts that individuals can experience during and after foster care. These impacts include myriad mental and physical health issues, barriers to healthcare, unstable housing or homelessness, insufficient elementary and secondary education, and lack of social connections.

Children in foster care are twice as likely as are their peers to have mental and physical health challenges, including developmental delays, anxiety, depression, asthma, obesity, and vision problems (Turney and Wildeman, “Mental and Physical Health of Children in Foster Care,” *Pediatrics*, Nov. 2016). Children in foster care score lower than their peers on most measures of well-being—they are more likely to have anxiety (5x more likely), behavioral challenges (6x), and depression (7x).

Of the 104 youth, 55 are boys, 48 are girls, and one is genderqueer. The youth range in age from 1 to 19 years old. Sixty-seven of the youth are Hispanic or Latino; 19 are Black or African-American; 19 are White or Caucasian; one is multi-racial; and one is of another race.

Geographic Area(s) Served During This Reporting Period:

Cathedral City, Coachella, Desert Hot Springs, Indio, La Quinta, Mecca, Palm Desert, Palm Springs, Thermal

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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

VFC continues to face challenges in recruiting sufficient numbers of CASA volunteers. Although we continue to serve more children each and every year, the number of Riverside County in foster care continues to climb. This year, approximately 6,000 Riverside County youth are expected to spend time in foster care. While we served a record number of Riverside County youth in FY 2023–24 and will increase that number in FY 2024–25 to 625 youth overall, the reality is thousands of children in foster care go without the benefits of CASA advocacy each year. So prudent growth remains a priority for VFC. To bolster our recruitment efforts, we have hired an Outreach Coordinator to support our CASA Recruitment and Outreach Manager in organizing presentations, event booths, and more in order to boost awareness of the need for CASA volunteers particularly men, Spanish-speakers, and persons of color, throughout Riverside County. We support these efforts with marketing. Toward the end of the reporting period, VFC began an advertising campaign at the Palm Springs Airport in time for the busy holiday travel season. We expect this campaign and other marketing efforts to boost the number of Coachella Valley applicants so that we can more easily serve youth from the Coachella Valley and surrounding areas. This is a critical need, as CASA volunteers from the more populous western regions of the county are often reticent to accept appointments to children in the Eastern portion of the county due to long drives to visit youth and to attend important meetings and court hearings. We have also hired a program manager for our Palm Desert offices, providing additional support to those staff and CASA volunteers serving youth from the Coachella Valley and elsewhere in eastern Riverside County.

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

██████ has been ██████'s CASA since 2022 (names have been changed to preserve confidentiality). In June 2024, ██████ turned 18. He had been in group homes during his entire dependency and upon turning 18 he moved into an apartment in a transitional housing program and began to navigate life as an adult. ██████ began to have panic attacks and became extremely distressed during these episodes. He knew he could

always call CAASA [REDACTED] and she would listen and talk with him until he felt calm. CASA [REDACTED] also advocated for him to resume seeing his therapist for professional support. In addition, she played a critical role in keeping him enrolled in college, from which he was considering dropping out of due to poor grades. For example, when he faced transportation issues that prevented him from attending class, she advocated for a bicycle through the One Simple Wish program. He received the bike and is now able to attend class consistently. His grades—and fitness—are improving. VFC is very grateful for the support of the Desert Healthcare District, which is enabling us to provide more Coachella Valley children like [REDACTED] with the ongoing and comprehensive support of CASA advocacy from volunteers like [REDACTED].

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

FINAL GRANT REPORT

Voices for Children, Grant # 1413

ABOUT THE ORGANIZATION

Voices for Children
2851 Meadow Lark Drive
San Diego, CA 92123
858-569-2019

Final Report Contact:

Brian Hutchins, Grants Officer
brianh@speakupnow.org

PROJECT INFORMATION

Project Title: 1413 Court Appointed Special Advocate (CASA) Program

Grant Term: 11/01/2023 - 10/31/2024

Total Grant Amount Awarded: \$81,055.00

Reporting Period: 11/01/2023 - 10/31/2024

Report Due Date: 12/15/2024

DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT

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

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

Strategy 2.7: Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley

Strategy 3.6: Increase awareness of behavioral/mental health resources for residents in Coachella Valley

PROGRESS TOWARDS PROJECT DELIVERABLES

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

Project Deliverable #1:

By October 31, 2024, 40 underserved Coachella Valley youth in foster care will be matched with a CASA who will ensure that they receive primary and/or specialty healthcare services. This project goal coincides with the District and Foundation's Strategic Plan performance measure: "# of individuals who were connected to primary and specialty healthcare services in underserved communities" under strategy 2.7: "Utilize an equity lens to expand services and resources to underserved communities."

Final Outcomes towards Deliverable #1:

Voices for Children (VFC) is pleased to report that we met Deliverable #1. As of October 31, 2024, 40 underserved Coachella Valley youth in foster care were matched with Court Appointed Special Advocate (CASA) volunteers through this grant. Of these youth, 18 are girls and 22 are boys. They range in age from 5 to 19 years. For the full grant, 29 of the 40 youth are Hispanic, nine are Black/African American, and one is multiracial. The CASA volunteers are ensuring that the youth are receiving primary and, if necessary, specialty healthcare services. Each youth was referred for CASA services by judges, attorneys, and social workers. Each CASA volunteer completed 35 hours of initial training through Advocate University, VFC's internal CASA training program, and receives 12 hours of Continuing Education each year. VFC Advocacy Supervisors are monitoring each child's access to healthcare services through monthly updates from CASA volunteers. Advocacy Supervisors maintain detailed case notes about each child's overall health, emerging health issues, and medical care. Every six months, Advocacy Supervisors and CASA volunteers submit comprehensive court reports for each youth. These reports include information about the child's health, including their medical and dental exams, immunizations, prescribed medications, developmental milestones, and access to healthcare services.

Project Deliverable #2:

By October 31, 2024, the 40 underserved Coachella Valley youth in foster care who have been matched with a CASA will receive access to any necessary behavioral/mental health services.

This project goal coincides with the District and Foundation's Strategic Plan performance measure "# of individuals who were connected to behavioral/mental health services" under strategy 3.7 "Collaborate/partner with community providers to enhance access to culturally-sensitive behavioral/mental health services."

Final Outcomes towards Deliverable #2:

As of October 31, 2024, the 40 Coachella Valley youth in foster care who have been matched with CASA volunteers through this grant award are receiving access to any necessary behavioral and mental healthcare services. VFC Advocacy Supervisors monitor each child's behavioral and mental health on a monthly basis as they receive updates from the CASA volunteers. The comprehensive court report that Advocacy Supervisors and CASA volunteers develop every six months includes information about

each child's mental health, access to behavioral and mental healthcare services, therapeutic goals and progress, and any prescribed medications.

PROGRESS TOWARDS PERFORMANCE MEASURES

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

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

40

Story Behind the Number:

During the grant period, VFC provided CASA advocacy to 40 youth from Desert Healthcare District cities funded by this grant. CASA volunteers ensure that children have consistent access to mental and physical healthcare services. CASA volunteers also communicate with medical providers; monitor children's health needs, medications, and referrals; and prevent needs from being overlooked.

Specifically, VFC trains and supervises our CASA volunteers to address any medical and dental concerns, including whether each child is current on their wellness exams and immunizations. CASA volunteers also collect and report information about any prescribed medications, any therapy (and whether it appears to be effective), and any other developmental or health related services, including physical therapy, occupational therapy, and speech therapy. In addition, for children 12 and up, CASA volunteers are trained and directed to determine whether each youth has received the required reproductive and sexual health care education and been informed by the social worker of their right to access and receive confidential medical care and resources pertaining to their reproductive health.

Each child and youth who is provided a CASA volunteer benefits from this advocacy based on their specific needs. Because CASA volunteers are able to spend much more time on the case (10–15 hours per month, on average) than can social workers with daunting caseloads, CASA volunteers are able to develop a keen understanding of each child and their unique circumstances. The children's needs range from routine dental work and optometry needs to intensive therapy and developmental services.

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

40

Story Behind the Number:

During the grant period, VFC provided CASA advocacy to 40 youth in foster care from Desert Healthcare District cities who were directly funded by this grant. CASA volunteers ensure that children have consistent access to mental and physical healthcare services. CASA volunteers also communicate with medical providers;

monitor children's health needs, medications, and referrals; and prevent needs from being overlooked.

Specifically, VFC trains and supervises our CASA volunteers to address any medical and dental concerns, including whether each child is current on their wellness exams and immunizations. CASA volunteers also collect and report information about any prescribed medications, any therapy (and whether it appears to be effective), and any other developmental or health related services, including physical therapy, occupational therapy, and speech therapy. In addition, for children 12 and up, CASA volunteers are trained and directed to determine whether each youth has received the required reproductive and sexual health care education and been informed by the social worker of their right to access and receive confidential medical care and resources pertaining to their reproductive health.

Each child and youth provided a CASA volunteer benefits from this advocacy based on their specific needs. Because CASA volunteers are able to spend much more time on the case (10–15 hours per month, on average) than can social workers with daunting caseloads, CASA volunteers develop a keen understanding of each child and their unique circumstances. The children's needs range from routine dental work and optometry needs to intensive therapy and developmental services. Whatever their needs are, their CASA volunteer works to ensure they have access to the most appropriate services and resources to address those needs.

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

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

40

Story Behind the Number:

During the grant period, 40 underserved Coachella Valley youth in foster care were matched with Court Appointed Special Advocate (CASA) volunteers through funding from this grant.

Of these youth, 18 are girls and 22 are boys. They range in age from 5 to 19 years. Overall, 87.5% of the youth served were of colored. Twenty-nine of the 40 youth are Hispanic or Latino, nine are Black/African American (including four who are Hispanic or Latino), and one is multiracial (non-Hispanic or Latino).

Each child in foster care has experienced multiple traumatic experiences in the form of child abuse and neglect. Isolation and loneliness are hallmarks of foster care, as children are uprooted from their families, neighborhood friends, and schools and often placed with strangers in unfamiliar neighborhoods for their safety. The isolation, uncertainty, powerlessness, loneliness, hopelessness, and stigma inherent in foster care, combined with the trauma of past abuse and neglect, contribute to a long list of adverse impacts that individuals can experience during and after foster care. These impacts include myriad mental and physical health issues, barriers to healthcare,

unstable housing or homelessness, insufficient elementary and secondary education, and lack of social connections.

Children in foster care are twice as likely as are their peers to have mental and physical health challenges, including developmental delays, anxiety, depression, asthma, obesity, and vision problems (Turney and Wildeman, "Mental and Physical Health of Children in Foster Care," *Pediatrics*, Nov. 2016). Children in foster care score lower than their peers on most measures of well-being—they are more likely to have anxiety (5x more likely), behavioral challenges (6x), and depression (7x).

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

Cathedral City, Coachella, Desert Hot Springs, Desert Palms, Indio, La Quinta, Mecca, Palm Desert, Palm Springs, Thermal

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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

During the grant period, VFC's greatest challenge was recruiting sufficient numbers of CASA volunteers to meet demand. Although we continue to serve more children each and every year, the number of Riverside County in foster care continues to climb, with 6,000 Riverside County children expected to spend time in foster care this year. This means, despite years of managed growth, we still serve only slightly more than 10 percent of the Riverside County children in foster care. At the time of the report, 149 children were on our waiting list to be assigned CASA volunteers. This lengthy list may limit the number of referrals we receive, as the judges, lawyers, and social workers who refer children to VFC save referrals for only those they consider at gravest need of advocacy. This keeps hundreds more children who would benefit from ongoing and comprehensive CASA advocacy from even being added to our waiting list. To bolster our recruitment efforts, we have hired an Outreach Coordinator to support our CASA Recruitment and Outreach Manager in organizing presentations, event booths, and more in order to boost awareness of the need for CASA volunteers particularly men, Spanish-speakers, and persons of color, throughout Riverside County. In addition, during the grant period, we established a CASA Outreach Team, a group of approximately 35 existing CASAs that will help us staff event booths, make presentations to community groups, and more. Their ability to share their positive experiences of being CASA volunteers resonates strongly with prospective volunteers. We support these efforts with marketing and have retained a public relations consultant to bolster our efforts throughout Riverside County. For example, toward the end of the reporting period, VFC began an advertising campaign at the Palm Springs Airport in time for the busy holiday travel season. We expect this campaign and other marketing efforts to boost the number of Coachella Valley applicants so that we can more easily serve youth from the Coachella Valley and surrounding areas. This is a critical need, as

CASA volunteers from the more populous western regions of the county are often reticent to accept appointments to children in the Eastern portion of the county due to long drives to visit youth and to attend important meetings and court hearings. We have also hired a program manager for our Palm Desert offices, providing additional support to those staff and CASA volunteers serving youth from the Coachella Valley and elsewhere in eastern Riverside County. Another challenge we face is that many Riverside County youth end up placed outside of Riverside County due to limited foster placements, a situation aggravated by the increasing numbers of youth in foster care. Too often, these youth cannot be assigned CASA volunteers due to logistical challenges in visiting them at least once a month. To counter this, VFC created a new position, a Distance Advocacy Specialist. The Distance Advocacy Specialist is a staff member who travels to visit youth placed outside of the county and build a trusting relationship, much as a CASA volunteer would visit with a youth placed within Riverside County. The key differences between our Distance Advocacy Supervisor and our CASA volunteers is that the Distance Advocacy Specialist has a caseload of youth, rather than a single child or sibling group, and the Distance Advocacy Specialist cannot hold a youth's educational rights. Thus far, this program has provided ongoing and comprehensive advocacy to more than 20 Riverside County youth placed outside of Riverside County.

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

Overall, VFC is very satisfied with the results of this project, which were largely as expected. We have been providing CASA services in Riverside County for nearly 10 years and in San Diego County for nearly 45 years. We understand why our program works as well as it does. That said, we are always trying to innovate and enhance the advocacy that we provide. With that in mind, here are five ways we could improve the project. 1) Increase Project Size: We are compelled to grow our program throughout Riverside County, including in the Desert Healthcare District service area, in order to provide comprehensive, ongoing CASA advocacy to more Riverside County children in foster care. Our growth is limited by our ability to raise funds, so we would seek additional funding if feasible. 2) Expand CASA recruitment initiatives. Our growth is also limited by the size of our volunteer corps. It is critical that we continue to recruit, screen, and train new CASA volunteers to advocate on behalf of children entering foster care every day. To this end, we would like to enhance our recruitment efforts in the service area. In addition, we will continue to hone our recruitment campaigns targeting underrepresented demographics in our volunteer corps, notable Spanish speakers and men. 3) Expand Program Reach: Currently, nearly 40% of Riverside County youth in foster care are ages 0-5; however, less than 10% of the children VFC serves in VFC are in that age range. CASA volunteers can make a tremendous impact on children in this age range, notably by ensuring that they receive beneficial developmental services, such as speech, physical, and occupational therapy as needed, and early childhood education. Early intervention can provide life-long benefits and prevent delays from becoming life-long impediments. VFC is actively educating judges, lawyers, and social workers about the benefits CASA volunteers can make through early intervention in

hopes of bolstering the number of referrals we receive for this age group. 4) Add Coachella Valley Staff: VFC recognizes the importance of having a physical presence in throughout Riverside County and is currently increasing the number of our Palm Desert-based staff in order to better serve the Desert Healthcare District service area and eastern Riverside County overall. 5) Expand Distance Advocacy Specialist program: VFC is very pleased with the early results of our Distance Advocacy Specialist program, in which a staff member travels to provide the ongoing and comprehensive advocacy of a CASA volunteer to youth placed outside of Riverside County. As the number of such youth has been increasing with the number of youth overall placed in foster care, this is a population that would be unserved if not for the Distance Advocacy Specialist.

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

VFC is committed to the sustainability of the CASA program for years to come. Creating and maintaining a diverse revenue stream supports our sustainability. The fiscal year (FY) 2024–25 Riverside County CASA program budget is comprised of revenue generated primarily through foundation and corporate support (19%), government grants (73%), and individual philanthropy and other revenue (8%). We are striving to build our foundation, corporate, and individual support in the coming years. This will be especially important as more than half of our government funding, a three-year state appropriation for CASA programs administered by California CASA, is set to expire in 2026. We solicit support through grant requests, major gift solicitations, and direct mail campaigns. Our Community Advisory Committee is actively engaged in expanding the organization's visibility in the community and our network of supporters.

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

The following success stories demonstrate how CASA volunteers transform and improve the lives of children in foster care. Names have been changed to preserve confidentiality.

CASA [REDACTED] has been assigned to 15-year-old [REDACTED] for nearly two years. [REDACTED] recently ran away and was classified as a CSEC (commercial sexual exploitation of children) case. She also abuses marijuana. At an emergency meeting to address how to handle the situation, CASA [REDACTED] was very prepared. She made sure to touch base with the case team prior to the meeting to find details, connected with her VFC Advocacy Supervisor to discuss placement options and resources, and spoke articulately and professionally during the meeting. Although the team was unable to come up with an immediate solution, CASA [REDACTED] stayed on top of her advocacy and adamantly said that [REDACTED] needed a rehabilitation facility where she can be closely monitored. [REDACTED] also needs assistance with schooling, as it was not a good idea for her to go back to a public school where she has access to bad influences and marijuana. CASA [REDACTED] is continuing to demonstrate that she is the most stable and consistent adult presence for [REDACTED] and is highly invested in [REDACTED]'s physical and

mental health. CASA [REDACTED] did not stop advocating until [REDACTED] was placed in an appropriate facility to address all of her needs. CASA [REDACTED] said that her main concern is to make sure [REDACTED] feels like she can be herself and enjoy these last few years of her childhood as she should have been able to before she came into foster care.

CASA [REDACTED] has been [REDACTED]'s CASA for three years. This has been a challenging case due to frequent hospitalizations, behavior and mental health issues, and nearly 20 placement changes. CASA [REDACTED] had difficulties with this case due to difficulty in visiting due to distances and [REDACTED]'s frequent placement changes. Currently, [REDACTED] lives in a group home three hours away from CASA [REDACTED]; however, CASA [REDACTED] has recently been able to meet with [REDACTED] in person by arranging transportation with the group home. Although [REDACTED] has a hard time with authority figures, he respects CASA [REDACTED] and has never been disrespectful toward her. The CASA also shares educational rights with [REDACTED]'s mother. This has helped [REDACTED] get the services he needs, as his school attendance had been erratic due to the frequent placement changes and hospitalizations. [REDACTED] is now receiving therapy through his school and the group home and has been attending school consistently. His behaviors and school performance are both improving since he attained a measure of stability. CASA [REDACTED] remains the one consistent person in [REDACTED]'s life and has played a significant role in helping [REDACTED] gain stability at long last.

CASA [REDACTED] is a great advocate for [REDACTED]'s mental health. [REDACTED] recently contacted CASA [REDACTED] after she was taken to the principal's office because she was being bullied. She told CASA [REDACTED] how she was embarrassed and scared that this could escalate. CASA [REDACTED] went to the school in person and was able to speak to [REDACTED]. CASA [REDACTED] helped [REDACTED] understand her feelings and gave them validation. [REDACTED] has requested therapy for the last couple of months, but since she had to move, the request took longer than usual and was then declined. However, CASA [REDACTED] continued to work with the social worker to find an appropriate therapy program near [REDACTED]'s new placement. One month ago, [REDACTED] finally began sessions with her new therapist and is optimistic that the therapy will help.

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

VFC greatly appreciates the support and partnership of the Desert Healthcare District Board and staff. Together, we have improved the lives of more than 100 Coachella Valley youth in foster care since 2019. We look forward to continuing to work with the Desert Healthcare District as we grow and transform the lives of many more vulnerable youth throughout the Coachella Valley.

Grant Progress Report

Organization Name: Lift to Rise

Grant #: 1391

Project Title: Driving Regional Economic Stability Through Collective Impact

Contact Information:

Contact Name: Heather Vaikona

Phone: 760-601-5578

Email: heather@lifttorise.org

Grant Information

Total Grant Amount Awarded: \$900,000.00

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

Reporting Period (example 7/1/22 – 10/31/22): 9/1/24 – 11/30/24

Desert Healthcare District Strategic Plan Alignment

Goal: 5

Strategy: 5.1, 5.2, 5.3, 5.4

Progress This Reporting Period

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

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

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

- Identify 3,000 new units for pipeline by 12/31/2023 and another 3,000 by 12/31/2024
 - During the reporting period, approximately 120 additional affordable units have been added to the pipeline, bringing the total to nearly 7,720 units.
- Review local housing elements and creatively activate or re-purpose vacant land in partnership with county and municipal governments, school districts, utilities and others

- We have continued to look for vacant land and spot opportunities for development outside of the traditional government-owned parcels. During the reporting period, we have met with representatives from three different potential projects – two in Desert Hot Springs and one in unincorporated Riverside County – who are private landowners wishing to build affordable housing on vacant parcels. We have provided them with technical assistance around financing and connections with local affordable housing developers. We also provided technical assistance to a project in Palm Springs that is being developed by a local church around the use of SB4, a recent state law that allows for streamlining of affordable housing projects on faith-based institution land.
- Develop criteria for health and Early Childcare and Education co-location, and develop healthcare and childcare plans to be connected to housing
 - Lift to Rise has continued to collaborate with Build Up Riverside and affordable housing developer Abode Communities on the ECE center in their upcoming project in the City of Indio called Sonora Homes. We have also made progress in securing partnerships with healthcare providers for potential co-location projects, as indicated by Lift to Rise’s participation in Riverside University Health Systems’ (RUHS) Riverside County Health Coalition. Lift to Rise has also continued to strengthen our partnerships with Inland Empire Health Plan (IEHP) and DAP Health, which includes advocacy for the combination of affordable housing and healthcare services. Lift to Rise was proud to attend the ribbon cutting for the Vista Sunrise project in Palm Springs, located on DAP Health’s campus, to which Lift to Rise’s Catalyst Fund deployed a crucial predevelopment loan.
- Identify 3-4 infrastructure plays that could accelerate development.
 - During the reporting period, Lift to Rise met with MSA Consulting, a planning and entitlements firm that works with local affordable housing developers to get connected to power via local utility providers SCE and IID. In this meeting, Lift to Rise was able to better understand additional infrastructure barriers that affordable housing developers face and was able to formulate suggested improvements for IID to better serve affordable housing developments. We also met with State Senator Steve Padilla, whose district includes the Eastern Coachella Valley and most of Imperial County – and therefore IID’s territory – to further discuss strategies for addressing challenges with IID’s power capacity which is holding back development.

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

- Monitor and track the # of units identified (120 during reporting period) as well as the # of units that move from planned to under development in the “Development Status” field within our Affordable Housing Pipeline Portal (120 during reporting period).
- Monitor and track the # of sites within each city’s Housing Element Update sites

inventory that are being considered for affordable housing development via an RFP process issued by a city or negotiations with an affordable housing developer (3 during reporting period across cities with compliant housing elements).

- Monitor and track the # of projects that have an ECE facility either co-located within the development or associated with the development (2 during reporting period); monitor and track the # of projects that have health facility either co-located within the development or associated with the development (1 during reporting period).
- Monitor and track the # of catalytic infrastructure investments made and the \$ amount of those investments (0 during reporting period); monitor and track the # of affordable units unlocked via such investments (0 during reporting period).

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

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

- Raise \$30 million in grants for We Lift's loan loss pool, which will be matched by \$30 million in CDFI and other funds to support predevelopment costs, helping developers secure land and permanent financing to move to construction
 - During the reporting period, Lift to Rise has continued the lengthy process of working with SCAG to arrive at a Scope of Work, MOU, and other details required by SCAG to release the \$5 million in REAP 2.0 funds to the Catalyst Fund. This will amount to an additional \$10 million in loan capital available to meet demand for loans in the ecosystem. We anticipate a fully executed MOU during the next reporting period. Lift to Rise has also made proposals to several local cities, urging them to contribute capital to the Catalyst Fund, as well as actively soliciting philanthropic contributions.
- Raise \$10 million in grant dollars to support housing connected to health and ECE outcomes
 - During the reporting period, no funds were raised to support housing connected to health and ECE outcomes – fundraising for these efforts will occur in subsequent reporting periods during the three-year grant term.
- Deploy We Lift loans to at least four projects per year
 - During the reporting, Lift to Rise deployed loans to two projects: one multifamily rental apartment project in Coachella and one senior rental apartment project in Coachella, both being developed by local non-profit affordable housing developer Coachella Valley Housing Coalition. Together, these projects represent an additional 150 units of affordable housing made possible by the We Lift Catalyst Fund.
- NOTE – Lift to Rise is not proposing that District funds be allocated into the We Lift fund – the funds will be used as organizational operating support, which includes administering the We Lift fund and building the local market for affordable housing investment.

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

- Track the \$ amount of funding secured for the We Lift fund (\$0 million during reporting period)
- Track the \$ amount of funding leveraged to support housing connect to health and ECE outcomes (\$0 during reporting period)
- Track the # of loans deployed to projects (2 during reporting period)
- Track the # of units catalyzed through deployed loans (150 during reporting period)

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

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

- Federal focus: Seek opportunities for the region to access CDFI Capital Magnet Fund and HUD and USDA housing programs.
 - During the reporting period, Lift to Rise and Housing CAN partners developed a list of policy and regulatory priorities for federal agencies. However, given the election results, our strategy will need to shift to build a framework with bi-partisan appeal. We also met with US Senator Alex Padilla's office to start to build a relationship and delivered his office a set of federal policy recommendations. In the next reporting period, we plan to reach out to and make inroads with newly elected Senator Adam Schiff as well as continue to work with incumbent Members of Congress Representatives Ken Calvert and Raul Ruiz to continue to bring resources to our region.
- State focus: Re-orient climate and density goals to fit inland California regions in the guidelines and regulations of state funding programs.
 - During the reporting period, Lift to Rise produced a set of proposed changes to TCAC and CDLAC scoring methodologies that, if accepted by those state agencies, would make affordable housing projects in our region more competitive for Low Income Housing Tax Credits. We are now in the process of soliciting feedback on and support of our proposed changes from other statewide affordable and rural housing advocates so that we may submit these changes to TCAC and CDLAC in coalition with multiple partners.
- County focus: Work with health and childcare agencies to support affordable housing tied to health and ECE, and unlock new funding for development
 - During the reporting period, Lift to Rise hosted a Developer's Roundtable targeted at city and developer partners in the Housing CAN. The roundtable's focus was unlocking new funding for affordable housing development outside of the Low Income Housing Tax Credit (LIHTC) Program. We welcomed three experts in LIHTC alternative financing

including municipal bonds, federal agency financing, and non-profit bonds, who gave presentations and then technical assistance to developers and city staffers working on projects locally. The roundtable was attended by over 40 folks.

- City focus: Support all nine Coachella Valley cities to earn the HCD Pro-Housing Designation and with emphasize by right development and streamlined entitlement.
 - During the reporting period, Lift to Rise advised the City of Palm Springs on the requirements and process for obtaining the HCD Pro-Housing Designation.

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

- Monitor and track # of affordable housing / infrastructure-related NOFAs and funding opportunities made available via Federal agencies that apply to local governments or community based organizations in our region (1 during reporting period).
- Monitor and track the # of public comments for bills and regulations at the State level that Lift to Rise and partners submitted (12 during reporting period); # of bills and regulations updated as a result of our shared advocacy (0 during reporting period).
- Monitor and track the # of local jurisdictions, including Riverside County, who have applied for the Pro-housing Designation (0 during reporting period); monitor and track the # of local jurisdictions, including Riverside County, who have received the Pro-housing Designation (0 during reporting period).
- Monitor and track the # of healthcare and ECE agencies engaged around collaborative efforts to co-locate affordable housing with health and ECE infrastructure (2 during reporting period).

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

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

- Build a compelling case for affordable housing and support media and materials through work with The Case Made and Swell Creative Group.
 - During the reporting period, Lift to Rise hosted its Second Annual Community Investment Awards, which honored local, state, and national leaders prioritizing equity and investment in the Coachella Valley. The event was part of an overarching strategic communications campaign to make the case for affordable housing and collaborative action around our regional housing needs. The work of Lift to Rise and the Housing CAN was also featured in several national media pieces including a piece by the Collective Impact Forum, a piece in the Stanford Social Innovation

Review, and a podcast by the Brookings Institution. Our strategic communications team has become stronger recently such that we no longer require the services of communications firms The Case Made and Swell Creative Group.

- Identify other housing advocates in the region and build partnerships around shared agenda interests:
 - Lift to Rise deepened its partnerships with several organizations, including Housing California, California Coalition for Rural Housing, and Inland Empire Latino Lawyers Association.
- Activate the Resident Leadership Table to educate residents and increase civic engagement through attendance at public meetings, letters of support, and other activities:
 - Three meetings were held with the Resident Leadership Table during the reporting period, continuing to mobilize residents to provide public comments at city council meetings. Approximately 24 residents participated, focusing on supporting housing projects in the cities of Indio, Coachella, and Palm Springs.
- Mobilize CAN members and their networks to support affordable housing proposals:
 - Lift to Rise held two meetings with the Housing CAN during the reporting period, successfully mobilizing members to give public comment on key city housing policy discussions, including policy changes in Desert Hot Springs and Cathedral City. The members' coordinated efforts contributed to favorable city council outcomes for pro-housing policies.
- Design and deliver curricula to educate public officials and community members who wish to advocate for affordable housing:
 - This deliverable has been completed.
- Develop materials and work with partners to equip elected and appointed public officials with data and arguments in support of affordable housing:
 - Ongoing efforts to provide public officials with compelling data and visuals continued. These materials are core to our ongoing advocacy campaigns.

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

- Monitor and track the # of community residents actively participating in the Resident Leadership Table (25 during reporting period).
- Monitor and track the # of community residents attending Lift 101 and Lift to Rise Townhall events (22 during reporting period).
- Monitor and track the # of community residents mobilized in support of affordable housing projects at local city council and planning commission public meetings

(24 during reporting period).

- Monitor and track # of local elected officials engaged around an affordable housing education campaign / curriculum targeted at local elected officials (16 during reporting period).

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

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

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

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

- Monitor and track the # of employees hired by Lift to Rise and the length of time they stay at the organization (0 during reporting period)
- Monitor and track the # of professional development trainings/resources accessed by Lift to Rise employees (3 during reporting period).

Progress on the Number of District Residents Served

Number of Unduplicated District Residents Directly Served During This Reporting Period: 400

Number of Unduplicated District Residents Indirectly Served During This Reporting Period: 1,200

Please answer the following questions:

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



Grant Progress Report

Organization Name: Jewish Family Service of the Desert

Grant #: 1362

Project Title: Mental Health Counseling Services for Underserved Coachella Valley Residents

Contact Information:

Contact Name: Kraig Johnson
Phone: (760) 325-4088 ext. 101
Email: kjohnson@jfsdesert.org

Grant Information

Total Grant Amount Awarded: \$160,000.00

Grant Term (example 7/1/22 – 6/30/23): 11/1/22 – 10/31/24

Reporting Period (example 7/1/22 – 10/31/22): 5/1/24 – 10/31/24

Desert Healthcare District Strategic Plan Alignment

Goal: Goals #3, #4, and #5

Strategy: Strategies 3.2, 3.4, 3.7, 4.1, 4.5, 5.1, and 5.2

Progress This Reporting Period

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

Jewish Family Service of the Desert (JFS) continues to provide mental health counseling services to Coachella Valley residents, made possible, in part, through the generous support of the Desert Healthcare District & Foundation.

During the 6-month reporting period, 321 unduplicated Coachella Valley residents received mental health counseling services. This number is less than reported in the previous quarter, primarily due to a slowing of received referrals from insurance providers. Historically, it is not unusual to see a slowing of referrals during this period,

and JFS has been in contact with all providers to remind them that we are available to serve their clients with minimal wait times for initial assessments.

The “Increasing Current and Future Access to Mental Health Services in the Coachella Valley” program continues to grow; we added a small number of partner agencies during the reporting period. The agency now has 6 clinical interns, and two of the interns have expressed an interest in offering support for youth, 5-17 years old. To help identify agencies whose clients fall within this age range, JFS contacted the Anderson Children’s Foundation (ACF) who referred JFS to ACF’s published list of grantees. This led to an agreement with About Families, and JFS will be providing in-person support to About Families’ clients. In addition to About Families, JFS has also partnered with the Alzheimer’s Association of the Coachella Valley and OneFuture Coachella Valley during this reporting period, bringing the number of partnering agencies to seventeen (17). Discussions with Xavier College Preparatory High School and Cathedral City High School to offer no-cost counseling to their students have recently begun.

JFS currently has six clinical interns, but our supervision capacity will be lessened somewhat as full-time therapist and intern supervisor Christina Baisden leaves the agency to focus on her private practice. Fortunately, a current part-time therapist will take on Christina’s supervision, but the overall agency clinical bandwidth will be somewhat diminished.

During the reporting period, 3,070 clinical sessions were completed. 2698 of those sessions were offered via telecare, and 258 of those sessions were completed by clinical interns. The number of clinical services offered remains steady despite the fact that our estimate of unduplicated clients during the reporting period was not met.

Progress of Goal #1: Goal #1: 1,344 counseling clients per fiscal year

During the reporting period, JFS provided counseling services to 321 unduplicated clients. JFS provided services to 462 unduplicated clients during the last reporting period, bringing the yearly total to 783, much less than anticipated in Goal #1. The intentional reduction of unduplicated clients has been previously reported. Due to financial constraints realized at the end of the 2023-2024 fiscal year, JFS had to lay off a part-time clinician, leading to an additional reduction in the number of unduplicated clients seen. Currently, the agency is within budgetary expectation, and no further layoffs are anticipated. Additionally, the laid off clinician was falling far short of productivity expectations, unduly cancelling client sessions without reason. We believe current productivity expectations and levels are sustainable and will help the program remain solvent.

Progress of Goal #2: Goal #2: 70% of adult clients (847) will attend 3 or more sessions.

Of the 321 unduplicated clients this reporting period, 286 were adults. Of the 286 adult

clients, 250 attended 3 or more sessions, representing 87% of the adult client population. This number exceeds the mark noted in Goal #2 and illustrates adult clients who are “engaged” in achieving their clinical goals. As previously noted, research shows that attending a minimum number of sessions is typically required to achieve positive clinical outcomes.

Progress of Goal #3: Goal #3: 100% of adult clients will be administered depression screening tools.

As previously reported, JFS has a new electronic health record (EHR), and it includes a client portal that makes it easier for clients to provide necessary paperwork while making it easier for JFS to send clients information. As part of the onboarding process, all new clients are asked to complete a depression screening tool, i.e., a “mood scale,” and results are provided to clinicians prior to or during the initial assessment. Clients are reissued the same scale, and results are compared to initial findings to help clinicians measure clinical progress. All of the clients’ mood scale information is maintained with the EHR, streamlining clinical monitoring. Through the JFS onboarding process, Goal #3 was met.

Progress of Goal #4: Goal #4: 10 local youth will attend the "Whole Soul" group in FY23.

Goal #4 was not met during the reporting period. The “Whole Soul” group has been suspended due to lack of client engagement. The JFS Clinical Director queried the clinical team and two parent teams of previous Whole Soul clients to help determine why the interest in participating has decreased. Our best estimate is that youth are reluctant to share their feelings among a group of peers, even if there is a promise of confidentiality. Youth appear willing to share feelings willingly in a private setting, but there appears to be feelings of embarrassment brought on by the group dynamic. Parents indicated a desire to honor their children’s preferences, although there was some indication that parents’ participation was made difficult because of their need to attend to an otherwise busy schedule. It was clear, however, that the parents who were queried would make the addition to their schedule if their children requested it. While we believe in the benefits of the Whole Soul curriculum, it appears that youth are less willing to engage in group counseling.

Members of the JFS clinical team note using aspects of the Whole Soul curriculum in their one-on-one clinical sessions with youth clients.

Progress of Goal #5: JFS ensures that all adult clients are made aware of JFS case management services in two ways. First, availability is noted in new client paperwork, and the receipt of client attestation that all intake information has been reviewed is the first step. Secondly, the JFS clinical team has been instructed to personally inform adult

clients of case management services, and many counseling clients take advantage of the seamless referral. All referrals to the case management program are responded to, and JFS seeks to offer support to all those clients. But, referrals received from the JFS counseling program take on special consideration due to the understanding that these clients are often facing additional challenges and barriers that may prevent them from connecting to support otherwise. We believe that goal #5 is met in all cases.

Progress on the Number of District Residents Served

Number of Unduplicated District Residents Directly Served During This Reporting Period: 321

Number of Unduplicated District Residents Indirectly Served During This Reporting Period: 1,445

Please answer the following questions:

- **Is the project on track in meeting its goals?**

JFS is on track to meet Goals #2, #3, and #5, but Goals #1 and #4 will not be met.

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

Goal #1 will not be met for a number of reasons. First, as previously described, the number of new referrals was intentionally reduced to ensure an appropriate number of sessions were available for existing JFS counseling clients. Accepting new referrals limits the availability of sessions; JFS clinical bandwidth is finite, and we've been unable to add new licensed clinical staff. This, we believe, is due to our need to keep clinical staff salaries in the "moderate" range, and we know of agencies offering higher salaries under an independent contractor model. This model, however, was made illegal in California with the advent of state law AB5 that went into effect on January 1, 2020. Despite our moderate salaries and, we believe, our generous 28% benefits package and the maintenance of a "staff-friendly" environment offer us a chance to add clinical staff. But, we continue to have difficulty adding licensed clinicians to our staff. Further complicating these efforts is the realization that clinicians need to maintain at least a 90% productivity mark in order to be "profitable," and the current rate of late-cancellations and no-shows makes this goal difficult to achieve.

Goal #4 will not be met because the "Whole Soul" group has been suspended due to lack of client engagement. We continue to offer counseling services to all three local

school districts and individual schools, and we believe that Whole Soul can be successful in an intensive outpatient program (IOP) setting such as a school.

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

In order to serve an elevated number of unduplicated clients, JFS needs to increase its clinical bandwidth. We believe there are at least two means by which this can be accomplished: add clinical staff by continuous marketing and, perhaps, by increasing proposed salaries. This, of course, means increasing financial support for the clinical program, whether that be through philanthropic gifts or grants. The state's CalAIM initiative is an effort to improve Medi-Cal services by the addition of ancillary benefits for clients, but there may also be a way to increase clinical staff through the movement's "PATH" provision. JFS will seek to learn more about this potential opportunity and if it can be used to increase clinical bandwidth. JFS will also seek to continue to add clinical interns to the staff roster, but doing so means increasing the agency's ability to offer supervision. The current staff supervisors are at their limit, and we cannot afford (literally) to reduce the number of clients they see in order to increase supervision bandwidth. We believe that we're currently at our limit in hosting clinical interns, but marketing for additional licensed staff will continue.

As noted above, the agency is currently experiencing an approximate 15%-20% late-cancellation or no-show rate. To combat this, the agency has begun maintaining client credit card information in order to "automatically" charge a nominal fee for those occurrences. This, of itself, will not make up for the financial loss, but we hope that it becomes a deterrent for continued cancellations.

The agency is also considering adding fundraising opportunities to increase philanthropic support for the counseling program. To this end, a potential golf fundraiser is being considered. Interestingly, some Board members believe that JFS should reduce the number of events offered in exchange for a "large" event, citing the potential to "burn out" patrons and donors with the addition of fundraising events. All options will continue to be considered.

Finally, JFS will continue to seek out novel marketing opportunities, and the use of social media platforms to recruit out-of-state clinicians who may be more willing to accept a "moderate" California salary range.

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

One of the benefits of engaging with so many partner agencies to offer no-cost counseling is being able to offer additional support, when needed and appropriate. Family YMCA of the Desert hosts a summer camp at Camp Oakes near Big Bear Lake, California, and JFS provided scholarships to nine kids, enabling their participation in the camp. The offer to provide no-cost counseling led to a discussion

of additional JFS services, including the camp scholarships. JFS views this as an unexpected success.

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Organization Name: Jewish Family Service of the Desert

Grant #: 1362

Project Title: Mental Health Counseling Services for Underserved Coachella Valley Residents

Desert Healthcare District Strategic Plan Alignment

Goals #3 Proactively expand community access to behavioral/mental health services

Strategy 3.2 Provide funding to Community-Based Organizations to support an increase in the number of days and hours of operation of behavioral/mental health services (Priority: High)

Strategy 3.4 Provide funding support to Community-Based Organizations providing tele-behavioral/mental health services (Priority: High)

Strategy 3.7 Collaborate/Partner with community providers to enhance access to culturally sensitive behavioral/mental health services (Priority: Moderate)

Grant Information

Total Grant Amount Awarded: \$160,000.00

Grant Term (example 7/1/22 – 6/30/23): 11/01/2022 – 10/31/2024

Reporting Period (example 7/1/22 – 10/31/22): 11/01/2022 – 10/31/2024

Contact Information:

Contact Name: Kraig Johnson

Email: kjohnson@jfsdesert.org

Final Progress:

Final Outcomes on Goals and Evaluation

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

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Goal #1: For the grant term of 11/1/2022 through 10/31/2024 JFS will provide low- or no-cost mental health counseling services for 1,344 unduplicated clients per year for two years. (2,688 over the grant term)

Final Progress of Goal #1: For the grant period, Jewish Family Service of the Desert (JFS) offered low- or no-cost counseling services to 1,143 unduplicated clients.

Final Evaluation of Goal #1: The number of unduplicated counseling clients served during the two-year grant period is noticeably less than anticipated. As the last two 6-month reports described, we believe a few significant factors contributed to this realization. First, and probably most importantly, the JFS clinical team, led by JFS Clinical Director Judith Monetathchi, LMFT, noted that the agency's historic rate of referral acceptance did not offer enough counseling sessions to existing clients. In other words, we were accepting too many new clients rather than ensuring available counseling sessions for current clients. This compelled the agency to intentionally reduce the number of incoming referrals by contacting insurance providers. In response, insurance providers reduced their referrals, and we're receiving about 10 total referrals per month, on average.

Goal #2: For the grant term of 11/1/2022 through 10/31/2024 at least 70% of JFS' adult mental health clients (847 clients) each year will attend three or more counseling sessions.

Final Progress of Goal #2: During the program period, 84% of adult counseling clients attended three or more counseling sessions, easily surpassing the 70% goal. As noted, the overall number of clients achieving this goal was less than expected, but the percentage goal was met.

Final Evaluation of Goal #2: JFS counselors continue to offer meaningful support as noted by the high rate of client engagement. Attending three counseling sessions is used as a measure of engagement, believing that increased client engagement leads to better clinical outcomes.

Goal #3: For the grant term of 11/1/2022 through 10/31/2024 JFS therapists will administer a depression scale to 100% of adult counseling clients (1,210 clients) annually.

Final Progress of Goal #3: The goal of administering a depression scale to 100% of

Final Report

JFS counseling clients was reached.

Final Evaluation of Goal #3: Goal #3 was reached because A) new adult clients are asked to complete a depression scale as part of their new client paperwork and/or B) clinicians either review scale results or issue a scale during the first session (assessment). JFS clinicians realize the importance of setting clinical expectations and monitoring progress. Clinicians and clients agree to clinical goals during the assessment, and mood scale results, along with client-reported information, are used to track progress toward achieving those goals.

Goal #4: In FY23, JFS will launch the “Hole Soul to a Whole Soul” group, which will engage with at least 10 local youth.

Final Progress of Goal #4: Four (4) local youth engaged in the “Hole Soul to a Whole Soul” group during the program period.

Final Evaluation of Goal #4: We’re very disappointed that the “Whole Soul” group was not more popular. We believe that the curriculum is strong, the exercises were appropriate, and the outcomes would have been significant. The four clients who completed the program, along with their parents, agree. The JFS clinical team believe the lack of interest in participating stems mainly from stigma, embarrassment, and fear of being ridiculed; many youth do not feel comfortable sharing their feelings around others, and the opinions of their peers matter greatly.

Goal #5: For the grant term of 11/1/2022 through 10/31/2024: JFS will ensure that 100% of adult mental health clients (1,210 clients) are aware of case management services, including emergency financial assistance.

Final Progress of Goal #5: All adult counseling clients (989 adult clients) served during the program period were made aware of case management services.

Final Evaluation of Goal #5: The onboarding process for new counseling clients includes the provision of information about ancillary JFS services, including case management services. Clients are asked to “check a box” denoting their review and understanding of the information during the new client registration process. Further, clinical team members are instructed to run through much of this information during new client assessments, with a special emphasis on ensuring client understanding of available case management support.

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Final Number of District Residents Served:

Proposed number of District residents to be directly served: 2,688

**Final number of District residents directly served during the entire grant term:
1,143**

Please answer the following questions

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

Several barriers to meeting stated goals were encountered during the program period. First, JFS saw a reduction in our clinical bandwidth due to the retirement of a full-time therapist and the layoff of a part-time therapist. Neither of these were expected; the full-time therapist gave the agency two-month's notice, and the part-time therapist was laid off in June, 2024 due to a fiscal year budgetary shortfall and her lack of productivity.

JFS currently has seventeen partners in its "Increasing Current and Future Access to Mental Health Services in the Coachella Valley" program that utilizes supervised interns to provide no-cost counseling. We expected a significant number of referrals for counseling services through this program, but referrals have not been received at a notable rate. Partner agencies inform us that their clients are either reluctant to engage in therapy because "they don't need it" or that clients prefer to utilize their insurance to engage with a licensed clinician. The promise of no-cost services with minimal wait times has not been enough to convince many to engage with the program.

Reluctance to engage in the "Whole Soul" group cohort, we believe, stems from youth client concerns about sharing their thoughts with and around peers, potential fallout from sharing, and the stigma that still comes with receiving mental health services. Engaging with parents has been historically difficult, and the results of minimal interest from parents to participate in "Whole Soul" programming is further evidence of this reluctance.

But, the main barrier preventing our attaining of the proposed unduplicated client number was our intentional reduction of accepting new referrals to ensure the availability of an appropriate number of sessions for existing clients. We continue to believe that this was an appropriate step, and client progress noted by those reaching at least one clinical goal and improved mood scale scores, supports this supposition.

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

Our connection to partner agencies has led to their increased understanding of JFS'

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capabilities and increased requests for services. Specifically, we have seen a noticeable increase in referrals to the JFS Case Management program from partners in addition to an increased number of camp scholarship applications. Case management referrals have primarily been requests for emergency financial assistance, and several requests have been approved. Our modest awards (typically \$200-\$400) are often enough to stabilize a household's finances, and offering awards of this size allows us to service many more clients than we could if awards were larger. Of course, we'd relish the chance to offer more significant support, but we believe our model best serves our community because of our limited pass-through funds. To date, we've offered scholarships to 24 local youth who participate in partner programs, and we're excited to be able to continue to offer the Debra Dann Kay Campership program.

As described earlier, JFS did not receive as many referrals for no-cost counseling from partner agencies as expected. This led to the need to engage with a larger number of partners than originally estimated. The success in this is that more local service providers connected with JFS. We've had the opportunity to refer several of our clients to partners, and onboarding, we believe, was made much more quickly because of the established relationship. When we began the program, we underestimated the benefits our clients would receive through these partnerships.

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

The JFS Counseling program is supported by four income sources: reimbursement from insurance providers, grants, philanthropic gifts (fundraisers), and income gained by investing the agency's endowment funds in "safe" financial vehicles, currently treasury bills and/or certificates of deposit (CD's). The program will continue to be sustained through these sources. Accordingly, the management team, Board of Directors, and volunteers are seeking ways to improve returns in all these areas. The JFS Office Manager continues to lobby insurance providers to increase reimbursement rates, and she works with a revenue cycle management service (RCMS) through the agency's electronic health record (EHR) provider to maximize insurance reimbursement procurement.

We're considering expanding our fundraising efforts to include a golf (putters) tournament in April, 2025, and we've asked our Board members to host "parlor" meetings, gathering small groups of friends for a fun, social event that also includes a brief presentation from the JFS Executive Director and/or the JFS Director of Major Gifts and Fundraising. We've found that 1) many people do not know of JFS' services and 2) those who can support the agency are much more likely to do so once they are informed of the agency's good works.

We'll continue to invest endowment funds in safe financial vehicles; over the last two years, we've earned nearly \$50,000 in investment returns.

Lastly, we'll be exploring additional opportunities to support the program via grants

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through the state's CalAIM program, specifically, the PATH provision of CalAIM. And, we have a goal of submitting an application to the Substance Abuse and Mental Health Services Administration (SAMHSA) to help support our counseling program.

Mental health counseling continues to be an increasing need locally and throughout our region, and JFS remains committed to providing low- to no-cost counseling services via in-person and telecare platforms in the clients' preferred language to help meet this need.

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

1. We'd offer a more accurate number of unduplicated clients to be seen over the two-year period.
2. We'd be more aggressive in our seeking of alternative, additional grant sources such as the PATH program and other state or federal opportunities.
3. We need to assess alternative employment models (S-Corps) to determine if they may improve the likelihood that we're able to recruit additional licensed clinicians.
4. If the "Hole Soul to a Whole Soul" group was offered again, we'd see partners to help recruit youth and parent clients such as local schools.
5. We'd consider another way of controlling the number of incoming referrals as opposed to asking insurance providers to slow down their submissions.



**DESERT HEALTHCARE
DISTRICT & FOUNDATION**

Date: February 11, 2025
To: Program Committee
Subject: Grant Applications Status Report

Staff Recommendation: Information only.

Grant Applications: The following grant and mini grant applications have been submitted and are under review by the grants team and are pending either grant application consultations and/or a site visit. Recommendations/suggested decisions will be brought forward to the Program Committee for possible action:

1. Grant # 1478 St. John's Community Health - \$1,000,000 for 12 months to support initial core staffing costs for the Indio clinic ramp up.
 - a. **Status: Grant application on the agenda of the 2/11/15 Program Committee meeting.**
2. Grant # 1468 UCR - \$500,000 for 2 years to support expanding mental health services at the CARE space in Desert Hot Springs and in Mecca at the CV Free Clinic.
 - a. **Status: Grant application on the agenda of the 2/11/15 Program Committee meeting.**
3. Grant#1468 Eisenhower Health - \$1,989,493 for 3 years to support psychiatric care expansion and development of a psychiatry residency program
 - a. Status: Staff is finalizing full due diligence of the application process as directed by the District board and will be placed on a future Program Committee agenda for action once the LPA verification process has been completed. The LPA verification process has been published in the Desert Sun (Sunday 2/2/25).
4. Grant #1488 Planned Parenthood of the Pacific Southwest - \$170,000 to support 50% of the salary of the organization's first Coachella Valley-based physician, who will provide at the Rancho Mirage clinic, direct medical care to patients, including consultations, screenings, diagnosis, and treatment for a variety of advanced sexual and reproductive health care needs. He will also provide previously unavailable services such as complex gynecological care, LEEP procedures, and in-clinic abortions up to 18 weeks gestation.
 - a. Status: Pending application and budget scoring while waiting for PPPSW board minutes indicating approval of financial audit.
5. Grant #1493 CSUSB Foundation – \$89,988 for continued support of the Nursing Street Medicine Program

- a. Status: Pending receipt of board minutes indicating approval of financial audit
6. Grant #1496 Dr. Carreon Foundation \$230,000 to support health scholarship program over a two-year period (3/1/25 – 3/1/27)
 - a. Status: pending District legal counsel review of IRS determination letter pertaining to reporting requirement due to a ruling of the operation as a public entity.
7. Mini Grant #1490 Birth Choice of the Desert - \$10,000 for support of every phase of prenatal and perinatal care
 - a. Status: Waiting for specific financial documents for review
 - b. Status: Pending review with grantee
8. Mini Grant #1495 Friends of the Desert Mountains - 9,990 to cover the salary for the organization's Environmental Educator to continue their environmental education programs.
 - a. Pending grants team review

Recently Board-approved GRANTS: none at this time.

Recently Staff-approved MINI GRANTS:

1. Mini Grant #1492 Shay's Warriors - \$10,000 for support of retention of mental health support services for cancer survivors
2. Mini Grant #1494 California Care Force - \$10,000 for the 2025 Riverside Free Healthcare Clinic project to provide disposable dental and vision supplies. The clinic runs from 2/28/25 thru 3/2/25.

Recently declined MINI GRANTS: None at this time.

| DESERT HEALTHCARE DISTRICT | | | | | | | | | |
|---|--|-----------------------------|---------------------|----------------------|--------------------------------|---------------------------------|---------------------|---------------------|--|
| OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE | | | | | | | | | |
| January 31, 2025 | | | | | | | | | |
| TWELVE MONTHS ENDING JUNE 30, 2025 | | | | | | | | | |
| Grant ID Nos. | Name | Approved Grants - Prior Yrs | 6/30/2024 Bal Fwd | Current Yr 2024-2025 | Total Paid Prior Yrs July-June | Total Paid Current Yr July-June | Open BALANCE | | |
| 2014-MOU-BOD-11/21/13 | Memo of Understanding CVAG CV Link Support | \$ 10,000,000 | \$ 1,650,000 | \$ - | \$ - | \$ - | \$ 1,650,000 | | |
| 2022-1325-BOD-06-28-22 | Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs. | \$ 150,000 | \$ 15,000 | \$ - | \$ (3,063) | \$ - | \$ 18,063 | | |
| | Unexpended funds Grant #1325 | | | | | | \$ (18,063) | | |
| 2022-1327-BOD-06-28-22 | Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs. | \$ 50,000 | \$ 5,000 | \$ - | \$ 332 | \$ - | \$ 4,668 | | |
| | Unexpended funds Grant #1327 | | | | | | \$ (4,668) | | |
| 2022-1328-BOD-06-28-22 | EI Sol - Expanding Access to Educational Resources for Promotoras - 2 Yrs. | \$ 150,000 | \$ 15,000 | \$ - | \$ 12,032 | \$ - | \$ 2,968 | | |
| | Unexpended funds Grant #1328 | | | | | | \$ (2,968) | | |
| 2022-1331-BOD-06-28-22 | Pueblo Unido - Improving Access to Behavioral Health Education & Prevention Services - 2 Yrs. | \$ 50,000 | \$ 5,000 | \$ - | \$ 5,000 | \$ - | \$ - | | |
| 2022-1324-BOD-07-26-22 | Galilee Center - Our Lady of Guadalupe Shelter - 2 Yrs. | \$ 100,000 | \$ 10,000 | \$ - | \$ 10,000 | \$ - | \$ - | | |
| 2022-1332-BOD-07-26-22 | Allianza CV - Expanding & Advancing Outreach Through Increasing Capacity Development - 2 Yrs. | \$ 100,000 | \$ 10,000 | \$ - | \$ - | \$ - | \$ 10,000 | | |
| 2022-1329-BOD-09-27-22 | DPMG - Mobile Medical Unit - 3 Yrs. | \$ 500,000 | \$ 252,458 | \$ - | \$ 47,325 | \$ - | \$ 205,133 | | |
| 2022-1358-BOD-10-25-22 | Foundation for Palm Springs Unified School District - School-Based Wellness Center Project - 1 Yr. | \$ 110,000 | \$ 60,500 | \$ - | \$ 49,500 | \$ - | \$ 11,000 | | |
| 2022-1362-BOD-10-25-22 | Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 Yrs. | \$ 160,000 | \$ 16,000 | \$ - | \$ 16,000 | \$ - | \$ - | | |
| 2022-1326-BOD-12-20-22 | TODEC - TODEC's Equity Program - 2 Yrs. | \$ 100,000 | \$ 55,000 | \$ - | \$ 45,000 | \$ - | \$ 10,000 | | |
| 2022-1330-BOD-12-20-22 | OneFuture Coachella Valley - Building a Healthcare Workforce Pipeline - 2 Yrs. | \$ 605,000 | \$ 196,625 | \$ - | \$ 136,125 | \$ - | \$ 60,500 | | |
| 2023-1333-BOD-01-24-23 | Organizacion en California de Lideres Campesinas - Healthcare Equity for ECV Farmworker Women - 2 Yrs. | \$ 150,000 | \$ 48,750 | \$ - | \$ 33,750 | \$ - | \$ 15,000 | | |
| 2023-1363-BOD-01-24-23 | Pegasus Riding Academy - Pegasus Equine Assisted Therapy - 1 Yr. | \$ 60,092 | \$ 6,012 | \$ - | \$ 1,593 | \$ - | \$ 4,419 | | |
| | Unexpended funds Grant #1363 | | | | | | \$ (4,419) | | |
| 2023-1391-BOD-05-23-23 | Lift To Rise - Driving Regional Economic Stability Through Collective Impact - 3 Yrs. | \$ 900,000 | \$ 630,000 | \$ - | \$ 202,500 | \$ - | \$ 427,500 | | |
| 2023-1392-BOD-05-23-23 | Galilee Center - Galilee Center Extended Shelter - 1 Yr. | \$ 268,342 | \$ 26,834 | \$ - | \$ 26,834 | \$ - | \$ - | | |
| 2023-1393-BOD-06-27-23 | DAP Health - DAP Health Expands Access to Healthcare - 1 Yr. | \$ 1,025,778 | \$ 102,578 | \$ - | \$ 102,578 | \$ - | \$ - | | |
| 2023-1389-BOD-07-25-23 | Step Up on Second Street - Step Up's ECM/ILOS Programs in the Coachella Valley - 1 Yr. | \$ 64,401 | \$ 35,421 | \$ - | \$ 35,421 | \$ - | \$ - | | |
| 2023-1394-BOD-07-25-23 | CSU San Bernardino Palm Desert Campus Nursing Street Medicine Program - 1 Yr. | \$ 73,422 | \$ 7,342 | \$ - | \$ 6,290 | \$ - | \$ 1,052 | | |
| | Unexpended funds Grant #1394 | | | | | | \$ (1,052) | | |
| 2023-1400-BOD-09-26-23 | Desert Arc - Desert Arc Health Care Program - 1 Yr. | \$ 291,271 | \$ 94,663 | \$ - | \$ 94,663 | \$ - | \$ - | | |
| 2023-1404-BOD-09-26-23 | Martha's Village and Kitchen - Homeless Housing & Wrap-Around Services Expansion - 2 Yrs. | \$ 369,730 | \$ 203,352 | \$ - | \$ 83,189 | \$ - | \$ 120,163 | | |
| 2023-1405-BOD-09-26-23 | Variety Children's Charities of the Desert - Expansion of Core Programs & Services - 1Yr. | \$ 120,852 | \$ 12,086 | \$ - | \$ 12,086 | \$ - | \$ - | | |
| | Unexpended funds Grant#1405 | | | | | | \$ - | | |
| 2023-1408-BOD-10-24-23 | Coachella Valley Volunteers In Medicine - Ensuring Access to Healthcare - 1 Yr. | \$ 478,400 | \$ 155,480 | \$ - | \$ 107,640 | \$ - | \$ 47,840 | | |
| 2023-1410-BOD-10-24-23 | Allianza Nacional de Campesinas, Inc. - Coachella Valley Farmworkers Food Distribution - 1 Yr. | \$ 57,499 | \$ 5,749 | \$ - | \$ - | \$ - | \$ 5,749 | | |
| 2023-1413-BOD-10-24-23 | Voices for Children - Court Appointed Special Advocate Program - 1 Yr. | \$ 81,055 | \$ 8,107 | \$ - | \$ - | \$ - | \$ 8,107 | | |
| 2023-1412-BOD-10-24-23 | DPMG - DPMG Health Community Medicine - 2 Yrs. | \$ 1,057,396 | \$ 876,622 | \$ - | \$ 135,185 | \$ - | \$ 741,437 | | |
| 2023-1403-BOD-12-19-23 | Vision To Learn - Palm Desert & Coachella Valley VTL Program - 1 Yr. | \$ 50,000 | \$ 27,500 | \$ - | \$ 22,500 | \$ - | \$ 5,000 | | |
| 2023-1419-BOD-12-19-23 | Blood Bank of San Bernardino/Riverside Counties - LifeStream's Attracting New Donors Initiative - 1 Yr. | \$ 104,650 | \$ 57,558 | \$ - | \$ - | \$ - | \$ 57,558 | | |
| 2023-1420-BOD-12-19-23 | Braille Institute of America - Low Vision Telehealth Services - 1Yr. | \$ 36,697 | \$ 20,183 | \$ - | \$ 16,514 | \$ - | \$ 3,669 | | |
| 2023-1421-BOD-12-19-23 | Olive Crest - General Support for Counseling & Mental Health Services to Vulnerable Children & Families - 2 Yrs. | \$ 359,594 | \$ 278,686 | \$ - | \$ 80,908 | \$ - | \$ 197,778 | | |
| 2024-1429-BOD-02-27-24 | Desert Cancer Foundation - Patience Assistance Program & Community Outreach - 1 Yr. | \$ 163,750 | \$ 90,063 | \$ - | \$ 73,687 | \$ - | \$ 16,376 | | |
| 2024-1432-BOD-04-23-24 | Variety Children's Charities of the Desert - Outreach & Future Program Expansion - 2Yrs. | \$ 102,949 | \$ 79,786 | \$ - | \$ 23,163 | \$ - | \$ 56,623 | | |
| 2024-1437-BOD-04-23-24 | Youth Leadership Institute - Community Advocates for Resilient Emotional Safety - 2 Yrs. | \$ 100,000 | \$ 77,500 | \$ - | \$ - | \$ - | \$ 77,500 | | |
| 2024-1441-BOD-04-23-24 | DAP Health - DAP Health Community Health Workers Build Community Connections - 2 Yrs. | \$ 125,000 | \$ 96,875 | \$ - | \$ - | \$ - | \$ 96,875 | | |
| 2024-1443-BOD-04-23-24 | Voices for Children - Court Appointed Special Advocate Program - 2 Yrs. | \$ 60,000 | \$ 46,500 | \$ - | \$ 21,607 | \$ - | \$ 24,893 | | |
| 2024-1445-BOD-04-23-24 | The Joslyn Center - Increasing Behavioral Health Access & Social Connectedness - 2 Yrs. | \$ 200,000 | \$ 155,000 | \$ - | \$ - | \$ - | \$ 155,000 | | |
| 2024-1452-BOD-04-23-24 | EI Sol - Coachella Valley Community Assistance, Resources, & Empowerment Services - 2 Yrs. | \$ 200,000 | \$ 155,000 | \$ - | \$ - | \$ - | \$ 155,000 | | |
| 2024-1453-BOD-04-23-24 | Vision y Compromiso - Cultivando Community Connections - 2 Yrs. | \$ 199,914 | \$ 154,934 | \$ - | \$ - | \$ - | \$ 154,934 | | |
| 2024-1455-BOD-04-23-24 | Angel View - Outreach Program to Reduce Social Isolation & Loneliness - 2 Yrs. | \$ 86,250 | \$ 66,844 | \$ - | \$ - | \$ - | \$ 66,844 | | |
| 2024-1460-BOD-05-28-24 | ABC Recovery Center - Nursing Care and Prescription Medications - 1 Yr. | \$ 150,134 | \$ 82,574 | \$ - | \$ - | \$ - | \$ 82,574 | | |
| 2024-BOD-06-25-24 | Carry over of remaining Fiscal Year 2023/2024 Funds* | \$ 305,939 | \$ 305,939 | \$ - | \$ 305,939 | \$ - | \$ - | | |
| 2024-1469-MINI-08-01-24 | The Bridges 2 Hope - Mini-Grant - 1 Yr. | | | \$ 10,000 | \$ - | \$ 10,000 | \$ - | | |
| 2024-1473-MINI-08-14-24 | Theresa A. Mike Scholarship Foundation - Mini-Grant - 1 Yr. | | | \$ 10,000 | \$ - | \$ 10,000 | \$ - | | |
| 2024-1465-BOD-09-30-24 | UCR - Increasing Access to Primary Care for Latinx and Indigenous Latin American Patients in the CV - 2 Yrs. | | | \$ 228,863 | \$ - | \$ 51,494 | \$ 177,369 | | |
| 2024-1472-BOD-09-30-24 | Riverside County Office of Education Alternative Education - Cross County Support: Mental Health for CV Students - 1 Yr. | | | \$ 199,874 | \$ - | \$ 89,943 | \$ 109,931 | | |
| 2024-1476-BOD-12-17-24 | Desert Arc - Desert Arc Health Care Program - 1Yr. | | | \$ 139,495 | \$ - | \$ 62,773 | \$ 76,722 | | |
| 2024-1485-BOD-12-17-24 | OneFuture Coachella Valley - RN Expansion Project - 2 Yrs. | | | \$ 374,900 | \$ - | \$ 175,000 | \$ 199,900 | | |
| 2024-1494-MINI-01-23-25 | California CareForce - 2025 Riverside Free Healthcare Clinic | | | \$ 10,000 | \$ - | \$ 10,000 | \$ - | | |
| TOTAL GRANTS | | \$ 19,318,115 | \$ 6,198,521 | \$ 973,132 | \$ 1,704,298 | \$ 409,210 | \$ 5,026,975 | | |
| Amts available/remaining for Grant/Programs - FY 2024-25: | | | | | | | | | |
| Amount budgeted 2024-2025 | | | \$ 5,000,000 | | | | | | |
| Amount granted YTD: | | | \$ (973,132) | | | | | | |
| Financial Audits of Non-Profits; Organizational Assessments; | | | \$ - | | | | | | |
| Net adj. - Grants not used: FY 2023-2024 Carry Over Funds; 1325; 1327; 1328; 1363; 1394 | | | \$ 337,109 | | | | | | |
| Matching external grant contributions | | | \$ - | | | | | | |
| Balance available for Grants/Programs | | | \$ 4,363,977 | | | | | | |
| | | | | | | | Total | \$ 5,026,975 | |
| | | | | | | | | \$ (0) | |



**DESERT HEALTHCARE DISTRICT
F&A Committee Meeting
MEETING MINUTES**

February 11, 2025

| Directors Present | District Staff Present | Absent |
|--|---|---------------|
| Daniel Logsdon, MD, Chair Leticia Del Lara, MPA, Director Arthur Shorr, Director | Chris Christensen, CPA, Chief Executive Officer Eric Taylor, CPA, Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Andrea S. Hayles, MBA, Board Relations Officer | |

A. Call to Order

Chair Logsdon called the meeting to order at 3:01 p.m.

B. Approval of the Agenda

Chair Logsdon asked for a motion to approve the agenda.

Moved by: Daniel Logsdon, MD

Seconded by: Leticia De Lara

Yes Arthur Shorr, Leticia De Lara, and Daniel Logsdon, MD

Carried 3-0

C. Meeting Minutes

Chair Logsdon asked for a motion to approve the January 14, 2025, meeting minutes.

1. [F&A Meeting Minutes – January 14, 2025](#) 

Moved by: Leticia De Lara

Seconded by: Arthur Shorr

Yes Arthur Shorr, Leticia De Lara, and Daniel Logsdon, MD

Carried 3-0

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. Chief Executive Officer's Report

F. [Chief Administration Officer's Report](#) 

1. LPMP Leasing Update

Eric Taylor, CAO, described the Las Palmas Medical Plaza full occupancy rate, with a renewal lease for suite 3E 101-102 pending approval in other matters.

G. [Financial Reports](#)  **Actions**

Mr. Taylor, CAO, highlighted the profit and loss statement, addressing questions from the committee regarding the check register and the retirement protection plan.

Moved by: Arthur Shorr

Seconded by: Leticia De Lara

Yes Arthur Shorr, Leticia De Lara, and Daniel Logsdon, MD
Carried 3-0


1. District and LPMP Financial Statements
2. Accounts Receivable Aging Summary
3. District - Deposits
4. District - Property tax receipts
5. LPMP Deposits
6. District - Check Register
7. Credit Card – Detail of Expenditures
8. LPMP – Check Register
9. CEO Discretionary Fund
10. Retirement Protection Plan Update
11. Grant Payment Schedule

H. Other Matters

Chris Christensen, CEO, provided an overview of the 2025 Healthy Desert Healthy You Environmental Health Summit. Mr. Christensen proposed increasing the budget and the District's commitment from \$75,000 to \$100,000, which includes raising the contingency fund from \$10,000 to \$20,000.

The committee discussed various topics, including the sponsorship committee, free transportation from Sunline, and the inclusion of the Board President as a welcome speaker. The committee also discussed the cost per person, the possibility of increasing attendees to reduce costs through additional marketing, non-profit organizational support, and the potential implementation of a fee to discourage no-shows.

Chair Logsdon motioned for approval of the Summit Budget, Hocker Productions Contract Agreement, and the Westin Rancho Mirage Group Sales Agreement.

1. [2025 Healthy Desert, Healthy You: Environmental Health Summit – September 11, 2025 and September 12, 2025](#) 

- a. [Summit Draft Agenda and Schedule of Activities](#) 
- b. [Sponsorship Levels](#) 
- c. [Summit Budget](#)  Action
- d. [Hocker Productions – Contract Agreement](#)  Action
- e. [Group Sales Agreement – The Westin Rancho Mirage](#)  Action

Moved by: Leticia De Lara

Seconded by: Arthur Shorr

Yes Arthur Shorr, Leticia De Lara, and Daniel Logsdon, MD

Carried 3-0

2. [Existing Policy Revisions – Actions](#) 

- a. [Policy #FIN-02 – Authorized Check Signers](#) 
- b. [Policy #FIN-06 – Financial Reserve Policy](#) 

Mr. Taylor, CAO, provided an overview of the revisions to Policy #FIN-02 and Policy #FIN-06, highlighting the transfer authorization and notifying the Board when significant transfers occur.

Moved by: Leticia De Lara
Seconded by: Arthur Shorr

Yes Arthur Shorr, Leticia De Lara, and Daniel Logsdon, MD

Carried 3-0

Policy #FIN-02 – Authorized Check Signers

Moved by: Leticia De Lara
Seconded by: Arthur Shorr

Yes Arthur Shorr, Leticia De Lara, and Daniel Logsdon, MD

Carried 3-0

Policy #FIN-06 – Financial Reserve Policy

Moved by: Leticia De Lara
Seconded by: Arthur Shorr

Yes Arthur Shorr, Leticia De Lara, and Daniel Logsdon, MD

Carried 3-0

3. Proposed New Sponsorships Policy – Action

a. [Policy #OP-17 - Sponsorships](#) 

Mr. Taylor, CAO, provided an overview of the Board's request for a sponsorship policy. Mr. Christensen, CEO, described how the request relates to the sponsorship budget.

The committee discussed secondary contributions, such as events that do not exceed the \$25,000 fiscal year maximum amount versus a donation.

The committee also considered the difference between sponsorships and donations, including the importance of having a budget from the requesting organization regarding the use of the sponsorship funds.

Further, the committee requested that budget language is included in line


item 3.3. After discussion, staff was directed to provide modifications to the CEO Discretionary Fund concerning donations at a later date.

Moved by: Arthur Shorr

Seconded by: Leticia De Lara

Yes Arthur Shorr, Leticia De Lara, and Daniel Logsdon, MD

Carried 3-0

4. Las Palmas Medical Plaza 5-Year Lease – Desert Regional Medical Center – Suite 3E-101-102  Action


Mr. Taylor, CAO, discussed the lease renewal for the Desert Regional Medical Center, providing details about the usual lease terms.

Moved by: Leticia De Lara

Seconded by: Arthur Shorr

Yes Arthur Shorr, Leticia De Lara, and Daniel Logsdon, MD

Carried 3-0

5. Inclusion of a FY24-25 new budget line item for sponsorships – NTE \$75,000 – Action 

Mr. Taylor, CAO, proposed a new budget item of \$75,000 for sponsorships, contributing to a budgeted net income of \$896,994 for FY24-25.

Moved by: Leticia De Lara

Seconded by: Arthur Shorr

Yes Arthur Shorr, Leticia De Lara, and Daniel Logsdon, MD

Carried 3-0

6. Request for Proposals (RFP) process discussion and direction for Legal Counsel, Audit, and Investment Firms

Mr. Christensen, CEO, discussed the possibility of issuing a Request for Proposal (RFP) for legal counsel, highlighting that there has been no consideration given to other counsel due to the long-term relationship. The audit firm is in its third year with the District, with Mr. Christensen recommending delaying any decisions for the investment firm until the strategic planning process is concluded, considering the financial resources.

The committee considered the current legal counsel, their billing rates, and the current five-year policy for reviewing legal and auditing firms. Additionally, the committee discussed the importance of transparency in the RFP process for legal counsel, especially as a public entity, in comparison to other services. The committee recommended revisiting the matter in six months.

7. [Pink Journey Foundation – Services Contract to participate in five \(5\) mobile mammography clinic events – NTE \\$50,000](#) Action

Alejandro Espinoza, Chief of Community Engagement, described the recent Women Wellness Clinic mammography screening event with the Pink Journey Foundation, the additional outreach locations, and cost not to exceed \$10,000 per event.

Moved by: Daniel Logsdon, MD

Seconded by: Arthur Shorr

Yes Arthur Shorr, Leticia De Lara, and Daniel Logsdon, MD

Carried 3-0

I. **Committee Member Comments**

J. **Adjournment**

Director Logsdon adjourned the meeting at 4:21 p.m.

Daniel Logsdon, MD, Chair/Treasurer, F&A Committee,
Board of Directors

Audio recording available on the website at <http://dhcd.org/Agendas-and-Documents>

Draft



Date: January 31, 2025

DHCD Progress Report #2024-4 for reporting period October 1, 2024, to December 31, 2024

Grantee: Coachella Valley Association of Governments (CVAG)

Project Title: CV Link Project

Project Manager/Contact: Jonathan Hoy, CVAG Director of Transportation (jhoy@cvag.org) or Murray Quance, Transportation Program Specialist – Transportation (mquance@cvag.org)

1. Provide a brief summary of the organization and the objectives of the project.

The Coachella Valley Association of Governments (CVAG) is a regional authority serving nine cities, the County of Riverside, and four Indian Tribes within the Coachella Valley. Its jurisdiction extends across eastern Riverside County, including the City of Blythe on the California-Arizona border.

CV Link is an alternative transportation corridor running along the Whitewater River levee. It will stretch from Desert Hot Springs in the northwest to the Salton Sea in the southeast, with the core project extending from Palm Springs to Coachella. The approved project spans over 40 miles but does not include Rancho Mirage or Indian Wells. It aims to provide significant environmental, health, and economic benefits to current and future residents and visitors. CV Link will connect users to various facilities such as employment centers, shopping centers, schools, and recreational opportunities. The corridor will have dual paths for bicycles, low-speed electric vehicles, and pedestrians, promoting healthier lifestyles, economic innovation, and making the Coachella Valley a more sustainable and appealing place to live, work, and play.

2. Summarize work completed during reporting period.

Construction progress continued throughout the fourth quarter in multiple cities along the project route. Significant work took place on the Jefferson Street undercrossing and UPRR undercrossing. In addition, work took place near the Jackson and Sierra Vista Parks.



Rebar install at Jefferson Undercrossing to prep for concrete placement.



CSP curing at Jefferson Undercrossing in La Quinta / Indio.



Fine grading for new concrete slope protection; Fred Waring to CONN_BUS.



Grading subgrade for Jointed Plain Concrete Paving; Indio Blvd to CONN-BUS.



Infill formwork at Sierra Vista Park Connector in Coachella.



Placing Jointed Plain Concrete Paving at Sierra Vista Park Connector.



Light columns and landscaping install at Jackson Park in Indio.



Irrigation and wall installation at Jackson Park.



Install of shade structure, benches and bike rack at Ave 52 Access Point in Coachella.



Thermo banding install at Fred Waring Drive Undercrossing.

In addition, CV Link pathway construction is taking place from Avenue 54 to Airport Blvd (CV Link Access Point).



Infill formwork at Ave 54.



Ave 54 to Airport wetside backfill.



In North Palm Springs, work continues from N. Palm Canyon to Visa Chino.



Placing Jointed Plain Concrete Paving; Indian Canyon to Gene Autry in Palm Springs.



Setting rebar for structural concrete at in-channel crossing; Sunrise Way to Gene Autry.



Grading and setting forms for minor concrete stadium seating structures; Whitewater Access Point.



Laying out and installing forms for lithocrete; N. Palm Canyon to Indian Canyon.



Placing shotcrete over in-channel culvert; Sunrise Way to Gene Autry



Setting forms for curb and gutter; North Palm Canyon to Indian Canyon.



CV Link construction begins from Ramon Road to Cathedral Canyon Drive.



Clearing and grubbing at multiple locations and removing trees that are in conflict with JPCP.



Grading and balancing dirt south of Dinah Shore.



Belco onsite excavating and installing conduit south of Dinah Shore bridge.



Placing Jointed Plain Concrete Paving on the West side of Lawrance Crossley



Grading and compaction along 34th Ave off-street path in Palm Springs.



Placing Jointed Plain Concrete Paving 8'' section on the west side of Cathedral Canyon.



CV Link construction also began on the Sunrise Way undercrossing and segment of pathway on the former Bel Air Greens golfcourse that connects Mesquite from Compadre Road to El Cielo.



Grading and balancing dirt on the east side of Sunrise Way in Palm Springs



Grading 6' DG path on the dry side between west side of E Cielo and Mesquite in Palm Springs.

As noted in previous reports, this construction is largely funded by the \$29.447 million in funds from the Active Transportation Program and State Transportation Improvement Program, which the California Transportation Commission (CTC) green lighted in 2020. CVAG is also drawing down its funding commitments, including those from the South Coast Air Quality Management District and the Desert Healthcare District. The Congressional Budget Office has estimated that every dollar spent on infrastructure produced an economic benefit of up to \$2.20, and the U.S. Council of Economic Advisers has calculated that \$1 billion of transportation infrastructure investment supports 13,000 jobs for a year. Based on these calculations, the \$52.7 million investment will produce an economic benefit of over \$116 million, and support more than 685 jobs for a year.

3. What challenges and opportunities have you encountered in accomplishing this portion of your Scope of Work?

Nearly finalized the conservation easement document with California Fish and Wildlife that mitigates the impact of CV Link on the Casey's June Beetle in Palm Springs.

Burrowing owls were found in the construction area in Indio. Stopped production in the area until a plan for relocating the owls could be received. Then successfully carried out.



4. Is your project on schedule?

Progress overall is on schedule with Segments 1 & 2 substantially complete. Certain segments have taken longer than expected, including the work in Palm Springs. But CVAG continues to adjust the timing of building various parts of the project, in large part to maximize the time that sub-contractors are deployed on the project. CVAG will continue to work with Caltrans to finalize the final design for Hwy 111 near the Palm Springs Visitors Center.

5. Provide an update on the financial report for the project.

CVAG has funding commitments from an array of sources, which is reflective of the broad support the project has. That includes:

| | |
|--|---------------------------------------|
| State Active Transportation Program: | \$21,692,000 |
| CVAG Transportation Funds: | \$20,000,000 |
| State Transportation Improvement Program: | \$18,655,000 |
| South Coast Air Quality Mitigation District: | \$19,125,603 |
| Federal Congestion Mitigation and Air Quality: | \$12,600,000 |
| Desert Healthcare District: | \$10,000,000 |
| California Strategic Growth Council: | \$1,000,000 |
| Riverside County Parks: | \$750,000 |
| Bicycle Transportation Account Grant: | \$748,500 (secured w/ Cathedral City) |
| Caltrans Environmental Justice Grant: | \$291,000 (secured w/ Palm Desert) |

6. Work planned for next reporting period:

In the first quarter of 2025, CVAG anticipates achieving the following milestones:

- Obtain approval from Caltrans on the CV Link/Hwy 111 at the Palm Springs Visitors Center. A Project Specific Maintenance Agreement is required which includes the City of Palm Springs.
- Complete major portions of Segment 6 (Tribal Lands in Palm Springs, Cathedral City and Indio).
- Continue construction on Segment 3/4/5 (North Palm Springs and Indio).
- Continue construction of the UPRR undercrossing in Indio.



- Continue construction and punch list items in all Segments along the project route. This includes:
 - Various undercrossings, namely Jefferson Street, Avenue 52 and Airport Blvd.
 - Pathway, namely Washington Street to Adams Street and Adams Street to Dune Palms Road.
 - Palm Springs pathway through Bel Air Greens that will connect Mesquite/Compadre with Mesquite/ El Cielo.

Looking ahead, CVAG anticipates finalizing construction on all project segments by June 30, 2025. CVAG is tentatively planning a CV Link Grand Opening in late Spring of 2025. CVAG will keep the District Board and staff aware of any other planned events as well. CVAG appreciates the continued support of this project. As always, CVAG welcomes input from the Desert Healthcare District, as your feedback as a participatory partner in the project is important to our progress and the finalization of the right of way and construction of CV Link.

If District staff or Board members have any questions or need additional information about the project, Jonathan Hoy, Transportation Director can best be reached at (760) 238-1540 or at jhoy@cvag.org and Murray Quance, Transportation Program Specialist can be reached at (760) 636-2373 or mquance@cvag.org.