

March 23, 2022

Courtesy Notice

Board Members and Staff,

Just a friendly reminder that your form 700 is due on April 01, 2022. You will find a copy of the California Form 700, Statement of Economic Interest enclosed for your completion. You may also access the form electronically at:

http://www.fppc.ca.gov/content/dam/fppc/NS-Documents/TAD/Form%20700/2019-2020/Amendments_Form_700_2019.20%20IA.pdf

Please complete this form and return to my office as soon as possible. **Late statements are subject to a \$10.00 fine per day (you will be personally liable for this fine if your statement is late.)**

If you have previously filed this form with the District, it is required to be completed annually. I am happy to provide a copy of a previous statement for your reference.

If you have any questions, or I can assist you in any way, please just call and I will be happy to assist you.

Thank You



Cheryle Pickle
Clerk of the Board

2021-2022 Statement of Economic Interests



Form 700

A Public Document

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Helpful Resources

- Video Tutorials
- Reference Pamphlet
- Excel Version
- FAQs
- Gift and Travel Fact Sheet for State and Local Officials

California Fair Political Practices Commission

1102 Q Street, Suite 3000 • Sacramento, CA 95811

Email Advice: advice@fppc.ca.gov

Toll-free advice line: 1 (866) ASK-FPPC • 1 (866) 275-3772

Telephone: (916) 322-5660 • Website: www.fppc.ca.gov

Quick Start Guide

Detailed instructions begin on page 3.

WHEN IS THE ANNUAL STATEMENT DUE?

- March 1 – Elected State Officers, Judges and Court Commissioners, State Board and Commission members listed in Government Code Section 87200
- April 1 – Most other filers

WHERE DO I FILE?

Most people file the Form 700 with their agency. If you're not sure where to file your Form 700, contact your filing officer or the person who asked you to complete it.

ITEMS TO NOTE!

- The Form 700 is a public document.
- Only filers serving in active military duty may receive an extension on the filing deadline.
- You must also report interests held by your spouse or registered domestic partner.
- Your agency's conflict of interest code will help you to complete the Form 700. You are encouraged to get your conflict of interest code from the person who asked you to complete the Form 700.

NOTHING TO REPORT?

Mark the "No reportable interests" box on Part 4 of the Cover Page, and submit only the signed Cover Page. Please review each schedule carefully!

Schedule	Common Reportable Interests	Common Non-Reportable Interests
A-1: Investments	Stocks, including those held in an IRA or 401K. Each stock must be listed.	Insurance policies, government bonds, diversified mutual funds, funds similar to diversified mutual funds.
A-2: Business Entities/Trusts	Business entities, sole proprietorships, partnerships, LLCs, corporations and trusts. (e.g., Form 1099 filers).	Savings and checking accounts, and annuities.
B: Real Property	Rental property in filer's jurisdiction, or within two miles of the boundaries of the jurisdiction.	A residence used exclusively as a personal residence (such as a home or vacation property).
C: Income	Non-governmental salaries. Note that filers are required to report only half of their spouse's or partner's salary.	Governmental salary (from school district, for example).
D: Gifts	Gifts from businesses, vendors, or other contractors (meals, tickets, etc.).	Gifts from family members.
E: Travel Payments	Travel payments from third parties (not your employer).	Travel paid by your government agency.

Note: Like reportable interests, non-reportable interests may also create conflicts of interest and could be grounds for disqualification from certain decisions.

QUESTIONS?

- advice@fppc.ca.gov
- (866) 275-3772 Mon-Thurs, 9-11:30 a.m.

E-FILING ISSUES?

- If using your agency's system, please contact technical support at your agency.
- If using FPPC's e-filing system, write to form700@fppc.ca.gov.

What's New

Gift Limit Increase

The gift limit increased to **\$520** for calendar years **2021** and **2022**. The gift limit in 2020 was **\$500**.

Who must file:

- Elected and appointed officials and candidates listed in Government Code Section 87200
- Employees, appointed officials, and consultants filing pursuant to a conflict of interest code ("code filers"). **Obtain your disclosure categories, which describe the interests you must report, from your agency;** they are not part of the Form 700
- Candidates running for local elective offices that are designated in a conflict of interest code (e.g., county sheriffs, city clerks, school board trustees, and water board members)

Exception:

- Candidates for a county central committee are not required to file the Form 700
- Employees in newly created positions of existing agencies

For more information, see Reference Pamphlet, page 3, at www.fppc.ca.gov.

Where to file:

87200 Filers

State offices	⇒	Your agency
Judicial offices	⇒	The clerk of your court
Retired Judges	⇒	Directly with FPPC
County offices	⇒	Your county filing official
City offices	⇒	Your city clerk
Multi-County offices	⇒	Your agency

Code Filers — State and Local Officials, Employees, and Consultants Designated in a Conflict of Interest

Code: File with your agency, board, or commission unless otherwise specified in your agency's code (e.g., Legislative staff files directly with FPPC). In most cases, the agency, board, or commission will retain the statements.

Members of Newly Created Boards and Commissions: File with your agency or with your agency's code reviewing body pursuant to Regulation 18754.

Employees in Newly Created Positions of Existing Agencies: File with your agency or with your agency's code reviewing body. (See Reference Pamphlet, page 3.)

Candidates file as follow:

State offices, Judicial offices and multi-county offices	⇒	County elections official with whom you file your declaration of candidacy
County offices	⇒	County elections official
City offices	⇒	City Clerk
Public Employee's Retirement System (CalPERS)	⇒	CalPERS
State Teacher's Retirement Board (CalSTRS)	⇒	CalSTRS

How to file:

The Form 700 is available at www.fppc.ca.gov. Form 700 schedules are also available in Excel format. Each Statement must have a handwritten "wet" signature or "secure electronic signature," meaning either (1) a signature submitted using an approved electronic filing system or (2) if permitted by the filing officer, a digital signature submitted via the filer's agency email address. (See Regulations 18104 and 18757.) Companies such as Adobe and DocuSign offer digital signature services. All statements are signed under the penalty of perjury and must be verified by the filer. See Regulation 18723.1(c) for filing instructions for copies of expanded statements.

When to file:

Annual Statements

⇒ March 1, 2022

- Elected State Officers
- Judges and Court Commissioners
- State Board and State Commission Members listed in Government Code Section 87200

⇒ April 1, 2022

- Most other filers

Individuals filing under conflict of interest codes in city and county jurisdictions should verify the annual filing date with their filing official or filing officer.

Statements postmarked by the filing deadline are considered filed on time.

Statements of 30 pages or less may be emailed or faxed by the deadline as long as the originally signed paper version is sent by first class mail to the filing official within 24 hours.

Assuming Office and Leaving Office Statements

Most filers file within 30 days of assuming or leaving office or within 30 days of the effective date of a newly adopted or amended conflict of interest code.

Exception:

If you assumed office between October 1, 2021, and December 31, 2021, and filed an assuming office statement, you are not required to file an annual statement until March 1, 2023, or April 1, 2023, whichever is applicable. The annual statement will cover the day after you assumed office through December 31, 2022. (See Reference Pamphlet, page 6, for additional exceptions.)

Candidate Statements

File no later than the final filing date for the declaration of candidacy or nomination documents. A candidate statement is not required if you filed an assuming office or annual statement for the same jurisdiction within 60 days before filing a declaration of candidacy or other nomination documents.

Late Statements

There is no provision for filing deadline extensions unless the filer is serving in active military duty. (See page 19 for information on penalties and fines.)

Amendments

Statements may be amended at any time. You are only required to amend the schedule that needs to be revised. It is not necessary to amend the entire filed form. Obtain amendment schedules at www.fppc.ca.gov.

Types of Statements

Assuming Office Statement:

If you are a newly appointed official or are newly employed in a position designated, or that will be designated, in a state or local agency's conflict of interest code, your assuming office date is the date you were sworn in or otherwise authorized to serve in the position. If you are a newly elected official, your assuming office date is the date you were sworn in.

- Report: Investments, interests in real property, and business positions held on the date you assumed the office or position must be reported. In addition, income (including loans, gifts, and travel payments) received during the 12 months prior to the date you assumed the office or position.

For positions subject to confirmation by the State Senate or the Commission on Judicial Appointments, your assuming office date is the date you were appointed or nominated to the position.

- Example: Maria Lopez was nominated by the Governor to serve on a state agency board that is subject to state Senate confirmation. The assuming office date is the date Maria's nomination is submitted to the Senate. Maria must report investments, interests in real property, and business positions she holds on that date, and income (including loans, gifts, and travel payments) received during the 12 months prior to that date.

If your office or position has been added to a newly adopted or newly amended conflict of interest code, use the effective date of the code or amendment, whichever is applicable.

- Report: Investments, interests in real property, and business positions held on the effective date of the code or amendment must be reported. In addition, income (including loans, gifts, and travel payments) received during the 12 months prior to the effective date of the code or amendment.

Annual Statement:

Generally, the period covered is January 1, 2021, through December 31, 2021. If the period covered by the statement is different than January 1, 2021, through December 31, 2021, (for example, you assumed office between October 1, 2020, and December 31, 2020 or you are combining statements), you must specify the period covered.

- Investments, interests in real property, business positions held, and income (including loans, gifts, and travel payments) received during the period covered by the statement must be reported. Do not change the preprinted dates on Schedules A-1, A-2, and B unless you are required to report the acquisition or disposition of an interest that did not occur in 2021.

- If your disclosure category changes during a reporting period, disclose under the old category until the effective date of the conflict of interest code amendment and disclose under the new disclosure category through the end of the reporting period.

Leaving Office Statement:

Generally, the period covered is January 1, 2021, through the date you stopped performing the duties of your position. If the period covered differs from January 1, 2021, through the date you stopped performing the duties of your position (for example, you assumed office between October 1, 2020, and December 31, 2020, or you are combining statements), the period covered must be specified. The reporting period can cover parts of two calendar years.

- Report: Investments, interests in real property, business positions held, and income (including loans, gifts, and travel payments) received during the period covered by the statement. Do not change the preprinted dates on Schedules A-1, A-2, and B unless you are required to report the acquisition or disposition of an interest that did not occur in 2021.

Candidate Statement:

If you are filing a statement in connection with your candidacy for state or local office, investments, interests in real property, and business positions held on the date of filing your declaration of candidacy must be reported. In addition, income (including loans, gifts, and travel payments) received during the 12 months prior to the date of filing your declaration of candidacy is reportable. Do not change the preprinted dates on Schedules A-1, A-2, and B.

Candidates running for local elective offices (e.g., county sheriffs, city clerks, school board trustees, or water district board members) must file candidate statements, as required by the conflict of interest code for the elected position. The code may be obtained from the agency of the elected position.

Amendments:

If you discover errors or omissions on any statement, file an amendment as soon as possible. You are only required to amend the schedule that needs to be revised; it is not necessary to refile the entire form. Obtain amendment schedules from the FPPC website at www.fppc.ca.gov.

Note: Once you file your statement, you may not withdraw it. All changes must be noted on amendment schedules.

Expanded Statement:

If you hold multiple positions subject to reporting requirements, you may be able to file an expanded statement for each position, rather than a separate and distinct statement for each position. The expanded statement must cover all reportable interests for all jurisdictions and list all positions for which it is filed. The rules and processes governing the filing of an expanded statement are set forth in Regulation 18723.1

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County County of
City of Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2021, through December 31, 2021.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete) Total number of pages including this cover page:
Schedules attached
Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Signature
(month, day, year) (File the originally signed paper statement with your filing official.)

Enter your name, mailing address, and daytime telephone number in the spaces provided. **Because the Form 700 is a public document, you may list your business/office address instead of your home address.**

Part 1. Office, Agency, or Court

- Enter the name of the office sought or held, or the agency or court. Consultants must enter the public agency name rather than their private firm’s name. (Examples: State Assembly; Board of Supervisors; Office of the Mayor; Department of Finance; Hope County Superior Court).
- Indicate the name of your division, board, or district, if applicable. (Examples: Division of Waste Management; Board of Accountancy; District 45). **Do not use acronyms.**
- Enter your position title. (Examples: Director; Chief Counsel; City Council Member; Staff Services Analyst).
- If you hold multiple positions (i.e., a city council member who also is a member of a county board or commission) you may be required to file separate and distinct statements with each agency. To simplify your filing obligations, in some cases you may instead complete a single expanded statement and file it with each agency.
 - The rules and processes governing the filing of an expanded statement are set forth in Regulation 18723.1. To file an expanded statement for multiple positions, enter the name of each agency with which you are required to file and your position title with each agency in the space provided. **Do not use acronyms.** Attach an additional sheet if necessary. Complete one statement disclosing all reportable interests for all jurisdictions. Then file the expanded statement with each agency as directed by Regulation 18723.1(c).

If you assume or leave a position after a filing deadline, you must complete a separate statement. For example, a city council member who assumes a position with a county special district after the April annual filing deadline must file a separate assuming office statement. In subsequent years, the city council member may expand their annual filing to include both positions.

Example:

Brian Bourne is a city council member for the City of Lincoln and a board member for the Camp Far West Irrigation District – a multi-county agency that covers the Counties of Placer and Yuba. The City is located within Placer County. Brian may complete one expanded statement to disclose all reportable interests for both offices and list both positions on the Cover Page. Brian will file the expanded statement with each the City and the District as directed by Regulation 18723.1(c).

Part 2. Jurisdiction of Office

- Check the box indicating the jurisdiction of your agency and, if applicable, identify the jurisdiction. Judges, judicial candidates, and court commissioners have statewide jurisdiction. All other filers should review the Reference Pamphlet, page 13, to determine their jurisdiction.
- If your agency is a multi-county office, list each county in which your agency has jurisdiction.

- If your agency is not a state office, court, county office, city office, or multi-county office (e.g., school districts, special districts and JPAs), check the “other” box and enter the county or city in which the agency has jurisdiction.

Example:

This filer is a member of a water district board with jurisdiction in portions of Yuba and Sutter Counties.

1. Office, Agency, or Court	
Agency Name (Do not use acronyms) Feather River Irrigation District	
Division, Board, Department, District, if applicable N/A	Your Position Board Member
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)	
Agency: N/A	Position:
2. Jurisdiction of Office (Check at least one box)	
<input type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)
<input checked="" type="checkbox"/> Multi-County Yuba & Sutter Counties	<input type="checkbox"/> County of _____
<input type="checkbox"/> City of _____	<input type="checkbox"/> Other _____

Part 3. Type of Statement

Check at least one box. The period covered by a statement is determined by the type of statement you are filing. If you are completing a 2021 annual statement, **do not** change the pre-printed dates to reflect 2022. Your annual statement is used for reporting the **previous year’s** economic interests. Economic interests for your annual filing covering January 1, 2022, through December 31, 2022, will be disclosed on your statement filed in 2023. See Reference Pamphlet, page 4.

Combining Statements: Certain types of statements for the same position may be combined. For example, if you leave office after January 1, but before the deadline for filing your annual statement, you may combine your annual and leaving office statements. File by the earliest deadline. Consult your filing officer or the FPPC.

Part 4. Schedule Summary

- Complete the Schedule Summary after you have reviewed each schedule to determine if you have reportable interests.
- Enter the total number of completed pages including the cover page and either check the box for each schedule you use to disclose interests; **or** if you have nothing to disclose on any schedule, check the “No reportable interests” box. Please **do not** attach any blank schedules.

Part 5. Verification

Complete the verification by signing the statement and entering the date signed. Each statement must have an original “wet” signature unless filed with a secure electronic signature. (See page 3 above.) All statements must be signed under penalty of perjury and be verified by the filer pursuant to Government Code Section 81004. See Regulation 18723.1(c) for filing instructions for copies of expanded statements.

When you sign your statement, you are stating, under penalty of perjury, that it is true and correct. Only the filer has authority to sign the statement. An unsigned statement is not considered filed and you may be subject to late filing penalties.

**BOARD OF DIRECTORS**

*Becky Campo, President
Luis Avila, Vice-President
George Gallo MacMaster, Secretary
Anne Stokman, RN, Treasurer
Steve Pittson, DC, Board Member*

*PO Box 187, Patterson, CA 95363
Phone (209) 892-8781 Fax (209) 892-3755*

BOARD OF DIRECTORS REGULAR MEETING

Monday March 28, 2022 @ 6:30 pm

Our meeting will be held in a conference room at 1700 Keystone Pacific Parkway, Bldg B.

PUBLIC COMMENT PERIOD: Matters under the jurisdiction of the Board, and not on the posted agenda, may be addressed by the general public at the beginning of the regular agenda. If you wish to speak on an item on the agenda, you are welcome to do so during consideration of the agenda item itself. If you wish to speak on a matter that does not appear on the agenda, you may do so during the Public Comment period, however California law prohibits the Board from taking action on any matter which is not on the posted agenda unless it is determined to be an emergency by the Board of Directors. Persons speaking during the Public Comment will be limited to five minutes or, depending on the number of persons wishing to speak, it may be reduced to allow all members of the public the opportunity to address the Board. Public comments must be addressed to the board as a whole through the President. Comments to individuals or staff are not permitted.

CONSENT CALENDAR: These matters include routine financial and administrative actions and are identified with an asterisk (*). All items on the consent calendar will be voted on as a single action at the beginning of the meeting under the section titled "Consent Calendar" without discussion. If you wish to discuss an item on the Consent Calendar, please notify the Clerk of the Board prior to the beginning of the meeting or you may speak about the item during Public Comment Period.

REGULAR CALENDAR: These items will be individually discussed and include all items not on the consent calendar, all public hearings and correspondence.

CLOSED SESSION: Is the portion of the meeting conducted in private without the attendance of the public or press to discuss certain confidential matters specifically permitted by the Brown Act. The public will be provided an opportunity to comment on any matter to be considered in closed session prior to the Board adjourning into closed session.

ANY MEMBER OF THE AUDIENCE DESIRING TO ADDRESS THE BOARD ON A MATTER ON THE AGENDA: Please raise your hand or step to the podium at the time the item is announced by the Board President. In order that interested parties have an opportunity to speak, any person addressing the Board will be limited to a maximum of 5 minutes unless the President of the Board grants a longer period of time.

BOARD AGENDAS AND MINUTES: Board agendas and minutes are typically posted on the Internet on Friday afternoons preceding a Monday meeting at the following website: <https://dphealth.specialdistrict.org/board-meeting-agendas>.

Materials related to an item on this Agenda submitted to the Board after distribution of the agenda packet are available for public inspection in the District office at 875 E Street, Patterson, CA during normal business hours. Such documents are also available online, subject to staff's ability to post the documents before the meeting, at the following website <https://dphealth.specialdistrict.org/board-meeting-agendas>.

NOTICE REGARDING NON-ENGLISH SPEAKERS: Board of Director meetings are conducted in English and translation to other languages is not provided. Please make arrangements for an interpreter if necessary.

REASONABLE ACCOMMODATIONS: In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Clerk of the Board at (209) 892-8781. Notification 72 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to this meeting.

Cell phones must to be silenced or set in a mode that will not disturb District business during the meeting.

Del Puerto Health Care District Board of Directors

March 28, 2022

Board Meeting Agenda

Page 2 of 3

1. **Call to Order**
2. **Pledge of Allegiance**
3. **Board of Directors Roll Call**
4. **Reading of the Draft Mission Statement**
"The District's primary mission is to deliver quality, personalized, and compassionate health care and build partnerships that expand healthcare services for our West Side communities."
5. **Public Comment Period** *[Members of the public may address the Board on any issues on the Consent Calendar and items not listed on the agenda that are within the purview of the District. Comments on matters that are list on the agenda may be made at the time the Board is considering each item. Each speaker is allowed a maximum of five minutes. Board members may not comment or acting on items not on the agenda.]*
6. **Declarations of Conflict** *[Board members disclose any conflicts of interest with agenda items]*
7. **Approval of Agenda** **Action**
*[*Directors may request any consent calendar item be moved to regular calendar or change the order of the agenda items.]*
8. **Public Hearing #5 – Election Zones** (Final Map Selection) **Action**
9. **Consent Calendar*** *[Routine committee reports, minutes, and non-controversial items]* **Action**
 - A. *Approve Board Meeting Minutes February 28, 2022
 - B. *Accept Finance Committee Minutes February 23, 2022
 - C. *Accept Financial Reports – February 28, 2022
 - D. *Resolution 2022-05 Increase Asset Replacement Fund
10. ***Regular Calendar**
 - A. **Any Consent calendar items moved to regular calendar* **Action**
 - B. Salary Scale Increase Proposal **Action**
 - C. Resolution to Oppose Initiative 21-0042A1 **Action**
11. **Reports**

<u>Employee Anniversaries & New Hires</u>	<u>March</u>	<u>Years</u>
Health Center:	Lizandro Barragan, PA	New
	Marisol Juarez-Pinon	New
	Jacqueline Palominos	10
B. West Side Health Care Task Force – Director Avila		
C. Del Puerto Hospital Foundation – Director Mac Master		
D. Legislative Advocacy Committee – Director Avila and Campo		
E. Ambulance – Director, Paul Willette		
F. Health Center – Manager, Suzie Benitez		
G. Administration – Administrative Director/CEO, Karin Hennings		
12. **Strategic Planning** **Discussion**
13. **Director Correspondence, Comments, Future Agenda Items** **Information**

Del Puerto Health Care District Board of Directors

March 28, 2022

Board Meeting Agenda

Page 3 of 3

14. Upcoming Regular Board and Standing Committee Meeting Dates

Finance – Wednesday, Apr 20, 2022 @ 8:30 AM

Board – Monday, Apr 25, 2022 @ 6:30 PM

Finance – Wednesday, May 18, 2022 @ 8:30 AM

Board – Monday, May 23, 2022 @ 6:30 PM

Finance – Wednesday June 22, 2022 @ 830 AM

Board – Monday, June 27, 2022 @ 630 PM

15. Closed Session *[Board of Directors may recess to closed session for discussion of certain matters as legally permitted. Any action taken shall be reported in open session.]*

A. Gov't Code § 54956.9(b)

Conference with Legal Counsel – Anticipated litigation or significant exposure to litigation: One (1) potential case.

B. Gov't Code § 54956.9 Existing Litigation

Case CV-21-003566 Stanislaus County
Parente & Parente v. Del Puerto Health Care District

16. Reconvene to Open Session – Report of Closed Session

17. Adjourn



BOARD OF DIRECTORS MEETING

February 28, 2022 @ 6:30 pm

Board of Directors Minutes

1. **Call to order** @ 6:30 pm by Vice President Luis Avila
2. **Pledge of Allegiance**
3. **Board of Directors Roll Call.**

Directors Present: Vice President, Luis Avila
 Secretary, George Gallo Mac Master
 Treasurer, Anne Stokman
 Director, Steve Pittson (arrived @6:32 pm)

Directors Absent: President, Becky Campo

Staff Present: Administrative Director/CEO, Karin Hennings
 Ambulance Director, Paul Willette
 Health Center Manager, Suzie Benitez
 Clerk of the Board, Cheryle Pickle

District Legal Council: Dave Ritchie, Cole Huber, LLP

We have a Quorum

4. **Reading of the *DRAFT* Mission Statement**

"The District's primary mission is to deliver quality, personalized, and compassionate health care and build partnerships that expand healthcare services for our West Side communities."

5. **Public Comment Period - Present:** None

6. **Declarations of Conflict:** There were no conflicts of interest.

7. **Approval of Agenda:** **M/S/C to accept the agenda.** Director Stokman/Director Mac Master
Ayes: Directors Avila, Stokman, Mac Master, Pittson
Nays: None
Abstain: None
Passed

8. **Public Hearing #4 – Election Zones** *[discuss and revise the draft maps]*
Started @ 6:33 pm

- A. Presentation by Consultant Jeff Tilton, PhD, National Demographics Corporation
 Reviewed the process and the rules. Reviewed each of the proposed maps and their demographic summary.
- B. Board Comments
 The board reviewed the proposed maps and demographic statistics. Discussion was made regarding each of the maps reviewing their pros and cons. After discussion the board decided to recommend Map 103.
- C. Public Comments - No comments
- D. Final Map Selection – March 28, 2022, Board Meeting

Closed @ 5:53 pm

9. **Presentation – CSDA Update, Dane Wadle**



BOARD OF DIRECTORS MEETING

February 28, 2022 @ 6:30 pm

Board of Directors Minutes

Mr. Wadle gave an overview of the CSDA and their advocacy. CSDA's advocacy was able to help bring the California Covid Fiscal Relief Funding to special districts. They also provide advocacy at the federal level. They are working on the issues of cybersecurity and grant assistance. CSDA has resource training for both board members and staff. He also provided an update on the Stanislaus County chapter.

10. Consent Calendar* [*Routine committee reports, minutes, and non-controversial items*]

- A. *Approve Board Meeting Minutes January 31, 2022
- B. *Accept Finance Committee Minutes January 19, 2022
- C. *Accept Financial Reports – Jan 31, 2022
- D. *Approve FY21-22 Budget Mid-Year Revision
- E. *Continuing Resolution 2022-02 Option to Continue Use of Emergency Meeting Protocols
- F. *Update Investment Policy to remove length of investment restrictions
- G. *Adopt Cycle 3 Restatement for Retirement Plan-001
- H. *Resolution 2022-04 Declare 2014 Ambulance Surplus

M/S/C That the Board of Directors accept the Consent Calendar as presented. /Director Stokman / Director Mac Master

Ayes: Directors Avila, Stokman, Mac Master. Pittson

Nays: None

Abstains: None

Passed by roll call vote

11. Regular Calendar

- A. *Any Consent calendar items moved to regular calendar
- B. District General Counsel Contract Renewal

None

Discussion was had. Questions were answered.

M/S/C That the Board of Directors approve the contract with Cole Huber as general and employment legal counsel and authorize the CEO to execute the contract.

M/S/C Director Stokman / Director Mac Master

Ayes: Directors Avila, Stokman, Mac Master. Pittson

Nays: None

Abstains: None

Passed by roll call vote

- C. Approval to obtain a Design-Build Legal Opinion

Discussion was had on whether we needed to explore the benefits of building with a design-build contract. It was pointed out we need to know if design-build contracting is an option. Mr. David Gehrig of Hanson Bridgett wrote the legislation regarding health care district design-build. His written legal opinion would be valuable to defend our decision to use this approach. It was discussed that after we get this decision, we would then need to evaluate our options weighing the pros and cons of both the design-build and design-bid-build methods. Ms. Hennings will other districts that have used the design-build method for their projects and get more information from them about the process. After we get the decision from the attorney, the board wants to discuss the pros and cons of each method before proceeding.



BOARD OF DIRECTORS MEETING

February 28, 2022 @ 6:30 pm

Board of Directors Minutes

M/S/C That the Board of Directors approve the engagement of David Gehrig of Hanson Bridgett to provide legal services related to design-build contracting, including research and advice on legislative authority, and assistance with contract documents not to exceed \$16, 000. Then bring this opinion back to the board /Director Stokman / Director Pittson

Ayes: Directors Stokman, Mac Master. Pittson

Nays: None

Abstains: Director Avila

Passed by roll call vote

12. Reports

A. Employee Anniversaries & New Hires

Ambulance:

February

Years

Chuck Coelho (PT)

10

Lori Valdovinos (PT)

10

Health Center:

Susi Perez

6

Yesenia Sanchez

7

Laura Palafox

New

B. West Side Health Care Task Force – Director Avila - There will be a meeting on 03/10/2022

C. Del Puerto Hospital Foundation – Director Mac Master
Meeting will be 03/23/2022 after the Finance Committee Meeting

D. Legislative Advocacy Committee – Director Avila and Campo
Proposed legislation (SB 1993) that would require all eligible employees to have Covid vaccines.

E. Ambulance – Director, Paul Willette
Mr. Willette reviewed the Ambulance report for January. It was another busy month. The payor mix has not been favorable. There is still a large amount of mutual aid out of the District. We have been trying to staff P93 when WS is down an ambulance. Lots of calls into the Modesto/Turlock area.

F. Health Center – Manager, Suzie Benitez
Ms. Benitez reviewed the Health Center Report. Covid testing has slowed way down with very few positive results.

G. Administration – Administrative Director/CEO, Karin Hennings
Written report submitted Ms. Hennings stated that Keystone C was paid off. 800K was transferred to Stifel Investment Account per Board direction. The state of California has granted up to 80 hours of Covid-19 related leave to all employees. Enclosed Walker Report for board education.

13. Strategic Planning

Addressed in CEO's written report.



BOARD OF DIRECTORS MEETING

February 28, 2022 @ 6:30 pm

Board of Directors Minutes

14. Director Correspondence, Comments, Future Agenda Items

- Thank You note from Evan Schutt.
- News article regarding Community Health Centers of America opening a clinic in Gustine.

15. Upcoming Regular Board and Standing Committee Meeting Dates

Finance – Wednesday, Mar 23, 2022 @ 8:30 AM Board – Monday, Mar 28, 2022 @ 6:30 PM
 Finance – Wednesday, Apr 20, 2022 @ 8:30 AM Board – Monday, Apr 25, 2022 @ 6:30 PM
 Finance – Wednesday, May 18, 2022 @ 8:30 AM Board – Monday, May 23, 2022 @ 6:30 PM

Adjourned to Closed Session @ 8:05 pm

16. Closed Session *[Board of Directors may recess to closed session for discussion of certain matters as legally permitted. Any action taken shall be reported in open session.]*

A. Gov't Code § 54956.9(b) Conference with Legal Counsel – Anticipated litigation or significant exposure to litigation: One (1) potential case.

B. Gov't Code § 54956.9 Existing Litigation
 Case CV-21-003566 Stanislaus County
 Parente & Parente v. Del Puerto Health Care District

17. Reconvene to Open Session – Report of Closed Session

Reconvened @ 8:24 pm.
 No reportable items. Instructions given to staff.

18. Adjourn @ 8:25 pm

Respectfully Submitted by:

George "Gallo" Mac Master

Date

DEL PUERTO HEALTH CARE DISTRICT
875 E Street – Patterson, California 95363
FINANCE MEETING
MINUTES February 23, 2022

1. **Call to order/Attendance**
The meeting was called to order by Anne Stokman, Committee Chair, 8:33 AM
Other Board Members Present: George Gallo Mac Master, Committee Member
Staff Members Present: Karin Hennings, Administrative Director/CEO; Paul Willette, Ambulance Director; Maria Reyes-Palad, Financial Accounting Manager; and Danae Skinner, Administrative Staff Accountant.
2. **Public Participation** – there were no comments
3. **Acceptance of Agenda**
M/S/C Anne Stokman/George Gallo Mac Master to accept the agenda with correction of item 4.B.
4. **Finance Report Review**
 - A. Review for Approval: January 19, 2022 Finance Meeting Minutes
M/S/C Anne Stokman/George Gallo Mac Master to accept the minutes for January 19, 2022 as presented.
 - B. Review Financial Reports for January 2022
Maria Reyes-Palad reviewed the Financial Reports for January 2022 and answered all questions regarding the reports.
M/S/C Anne Stokman/George Gallo Mac Master to recommend to the Board to accept the Preliminary Financial Reports as presented.
 - C. Review for Recommendation January 2022 Warrants
Maria Reyes-Palad reviewed the report and answered all questions regarding the Warrants.
M/S/C Anne Stokman/George Gallo Mac Master to recommend to the Board to accept the Warrants as presented.
5. **Old Business**
 - A. Investment Policy Update to Board
M/S/C George Gallo Mac Master/Anne Stokman to recommend to the Board to accept the Investment Policy Update
6. **New Business**
 - A. FY21-22 Mid-Year Budget Revision
M/S/C Anne Stokman/George Gallo Mac Master to recommend to the Board to accept the FY21-22 Mid-Year Budget Revision as presented.
 - B. RFP for Auditors FY2022-2024
Karin Hennings and Maria Reyes-Palad informed the committee that our audit contract with Wipfli expires this year and the committee agreed the District should publish an RFP to get bids from potential auditors.
Information Only – No Action Taken

**DEL PUERTO HEALTH CARE DISTRICT
875 E Street – Patterson, California 95363
FINANCE MEETING
MINUTES February 23, 2022**

C. Collection Process – Amounts Due From Former Employees

Karin Hennings and Maria Reyes-Palad informed the committee of the impact of California State Law regarding employee leaves. The law requires that the employer pay for the medical benefits of employees while they are on leave. If the employee does not return from leave then the employee owes the employer for the benefits paid on their behalf while on leave. We currently have two employees that went on leave and the District covered their benefits during that time and they did not return from the leave and now owe the District for those benefits. The District has been unable to collect these monies from the former employees. The District currently does not have a policy regarding collecting monies from former employees.

Karin Hennings is going to write a policy addressing collecting from former employees to be presented to the committee for review.

7. Accounting and Finance Manager Report

A. Update on COVID19 Stimulus P&L

Information Only – No Action Taken

B. Set Schedule for Committee Review of Account Reconciliations

Anne Stokman reviewed the Account Reconciliations after the meeting was adjourned.

Meeting adjourned – 10:17 AM

Respectfully submitted,



Anne Stokman, Treasurer

Del Puerto Health Care District
Balance Sheet
As of February 28, 2022

	Feb 28, 22	Jan 31, 22	% Change	Feb 28, 21	% Change	Notes
ASSETS						
Current Assets						
Total Checking/Savings	2,679,849	3,542,017	(24%)	2,698,939	(1%)	
Total Accounts Receivable	735,825	723,907	2%	680,059	8%	
Total Other Current Assets	196,532	67,782	190%	215,416	(9%)	
Total Current Assets	3,612,206	4,333,706	(17%)	3,594,414	0%	
Fixed Assets						
Total 151.000 - Capital assets	5,232,112	5,261,098	(1%)	5,233,905		
Total Fixed Assets	5,232,112	5,261,098	(1%)	5,233,905		
TOTAL ASSETS	8,844,318	9,594,804	(8%)	8,828,319	0%	
LIABILITIES & EQUITY						
Liabilities						
Total Current Liabilities	468,790	569,708	(18%)	451,408	4%	
Total Long Term Liabilities	1,462,553	2,073,196	(29%)	2,208,168	(34%)	
Total Liabilities	1,931,343	2,642,904	(27%)	2,659,576	(27%)	
Equity						
350.000 - Unrestricted Assets	1,597,783	1,593,408	0%	1,076,284	48%	
Total 360.000 - Assigned Fund Balance	2,005,757	2,010,132	(0%)	2,292,357	(13%)	
Total 370.000 - Restricted Fund Balance	242,870	242,870		240,524	1%	
390.000 - Net Fixed Assets (Capital)	2,492,762	2,492,762		2,492,762		
Net Income	573,804	612,730	(6%)	66,823	759%	
Total Equity	6,912,976	6,951,902	(1%)	6,168,750	12%	
TOTAL LIABILITIES & EQUITY	8,844,319	9,594,806	(8%)	8,828,326	0%	

	Jan 31, 22	Jan 31, 22
Month End Cash Balance	2,679,849	3,542,017
101.015 - TCB Keystone C 8641	(141,144)	(134,253)
103.100 - TCB USDA Debt Reserve 7237	(122,903)	(94,247)
370.010- Mitigation Fees	(122,150)	(122,150)
360.030- Asset Replacement Fund	(589,757)	(594,132)
AP & Payroll Liabilities	(295,792)	(301,461)
UNENCUMBERED CASH	1,408,103	2,295,774
Percent of Operating Reserve Goal	99%	162%
360.070- Operating Reserve	1,416,000	1,416,000
108.000 - Stifel Investment Account	(800,000)	0

Del Puerto Health Care District
YTD by Class
July 2021 through February 2022

	Total 00 Tax Revenue			Total 01 DPHCD			Total 02 Patterson District Ambulanc			Total 03 Del Puerto Health Center			Total 06 Keystone Bldg C			TOTAL		
	Jul '21 - Feb 22	Budget	% of Budget	Jul '21 - Feb 22	Budget	% of Budget	Jul '21 - Feb 22	Budget	% of Budget	Jul '21 - Feb 22	Budget	% of Budget	Jul '21 - Feb 22	Budget	% of Budget	Jul '21 - Feb 22	Budget	% of Budget
Ordinary Income/Expense																		
Income																		
401.000 · Gross Patient Service Revenue							6,708,742	5,954,260	113%	1,355,742	1,685,200	80%				8,064,484	7,639,460	106%
403.000 · Adjustments							(4,640,090)	(3,971,934)	117%	3,387	(80,000)	(4%)				(4,636,703)	(4,051,934)	114%
405.000 · Bad Debt							(593,634)	(509,831)	116%	(33,799)	(13,333)	253%				(627,433)	(523,164)	120%
407.000 · Other Income				2,094	1,336	157%	38,217	38,333	100%	566,300	562,000	101%				606,611	601,669	101%
Total Income				2,094	1,336	157%	1,513,234	1,510,829	100%	1,891,630	2,153,867	88%				3,406,958	3,666,032	93%
Gross Profit				2,094	1,336	157%	1,513,234	1,510,829	100%	1,891,630	2,153,867	88%				3,406,958	3,666,032	93%
Expense																		
601.000 · Salaries & Wages				296,076	288,124	103%	868,177	848,582	102%	564,080	723,638	78%				1,728,333	1,860,344	93%
602.000 · Employee Benefits				85,375	90,414	94%	208,636	203,380	103%	180,673	220,266	82%				474,684	514,060	92%
603.000 · Professional Fees				30,945	82,333	38%	6,143	6,760	91%	473,268	415,719	114%				510,356	504,812	101%
604.000 · Purchased Services				7,820	7,570	103%	159,499	152,242	105%	136,903	134,027	102%				304,222	293,839	104%
605.000 · Supplies				5,318	4,253	125%	65,225	59,667	109%	57,329	54,767	105%				127,872	118,687	108%
606.000 · Utilities				5,189	5,233	99%	13,518	12,133	111%	29,392	28,267	104%				48,099	45,633	105%
607.000 · Rental and Lease				2,756	2,745	100%	253	253	100%	1,517	1,500	101%				4,526	4,498	101%
608.000 · Insurance Coverages				26,700	26,698	100%	119,842	119,187	101%	75,555	75,555	100%				222,097	221,440	100%
609.000 · Maintenance & Repairs				3,219	1,753	184%	46,497	39,667	117%	26,859	21,596	124%				76,575	63,016	122%
610.000 · Depreciation and Amortization				12,688	12,833	99%	105,875	104,397	101%	53,244	52,550	101%	31,731	31,731	100%	203,538	201,511	101%
611.000 · Other operating expenses				25,009	31,481	79%	124,625	124,929	100%	121,567	109,984	111%	150		100%	271,351	266,394	102%
Total Expense				501,095	553,437	91%	1,718,289	1,671,197	103%	1,720,389	1,837,868	94%	31,882	31,731	100%	3,971,655	4,094,233	97%
Net Ordinary Income				(499,001)	(552,101)	90%	(205,055)	(160,368)	128%	171,241	315,999	54%	(31,882)	(31,731)	100%	(564,697)	(428,201)	132%
Other Income/Expense																		
Other Income																		
701.000 · District Tax Revenues	940,720	923,467	102%				160,152	160,467	100%							1,100,872	1,083,934	102%
702.000 · Impact Mitigation Fees	2,346		100%													2,346		100%
703.000 · Investment Income				1,553	4,333	36%	0					100%				1,553	4,333	36%
704.000 · Interest Expense										(38,988)	(38,993)	100%	(19,759)	(19,352)	102%	(58,747)	(58,345)	101%
705.000 · Tenant Revenue										600	600	100%	88,978	87,136	102%	89,578	87,736	102%
710.000 · Misc Other Income							3,980		100%	6,795	3,000	227%				10,775	3,000	359%
Total Other Income	943,066	923,467	102%	1,553	4,333	36%	164,132	160,467	102%	(31,592)	(35,393)	89%	69,219	67,784	102%	1,146,378	1,120,658	102%
Other Expense																		
802.000 · Keystone District Expense													7,877	7,470	105%	7,877	7,470	105%
810.000 · Misc Other Expense																		
Total Other Expense													7,877	7,470	105%	7,877	7,470	105%
Net Other Income	943,066	923,467	102%	1,553	4,333	36%	164,132	160,467	102%	(31,592)	(35,393)	89%	61,342	60,314	102%	1,138,501	1,113,188	102%
Net Income	943,066	923,467	102%	(497,448)	(547,768)	91%	(40,923)	99	(41,541%)	139,649	280,606	50%	29,460	28,583	103%	573,804	684,987	84%

Del Puerto Health Care District
Warrants by Bank Account

Type	Date	Num	February 2022 Name	Credit	Notes
101.000 - Cash and cash equivalents					
101.010 - Tri Counties Bank					
101.011 - TCB-Operating Checking 1739					
Bill Pmt -	02/01/2022	EFT	U.S. Bank Equipment Finance - EFT	126.27	
Bill Pmt -	02/03/2022	EFT	Umpqua Bank	8,510.56	
Bill Pmt -	02/24/2022	EFT	Athena Health, Inc.	8,893.12	
Check	02/01/2022	30830	REFUND - Ambulance:REFUND - EMI	4,293.68	
Bill Pmt -	02/01/2022	30831	DeliverHealth	237.00	
Bill Pmt -	02/01/2022	30832	MD - Rodriguez, Jose	35,333.33	
Bill Pmt -	02/01/2022	30833	Mission Linen Supply	212.14	
Bill Pmt -	02/01/2022	30834	Mountain-Valley EMS Agency	5,000.00	<i>one time ePCR interface</i>
Bill Pmt -	02/01/2022	30835	Patterson Irrigator	180.00	
Bill Pmt -	02/01/2022	30836	PG&E	872.75	
Bill Pmt -	02/01/2022	30837	SEMSA Sierra Medical Services Allianc	9,107.16	
Bill Pmt -	02/01/2022	30838	TID Turlock Irrigation District +06	968.08	
Bill Pmt -	02/01/2022	30839	Verizon Wireless	454.66	
Bill Pmt -	02/01/2022	30840	Weatherby Locums, Inc	12,419.68	<i>Locums Pay - January</i>
Bill Pmt -	02/03/2022	30841	City Signs	478.75	
Bill Pmt -	02/09/2022	30842	ADT / Protection One	251.11	
Bill Pmt -	02/09/2022	30843	Airgas USA, LLC	521.11	
Bill Pmt -	02/09/2022	30844	Amazon	126.14	
Bill Pmt -	02/09/2022	30845	AMR-American Medical Response	8,412.55	
Bill Pmt -	02/09/2022	30846	AMS Software Inc.	181.00	
Bill Pmt -	02/09/2022	30847	BICSEC Security, Inc	25.00	
Bill Pmt -	02/09/2022	30848	Bound Tree Medical LLC	1,107.67	
Bill Pmt -	02/09/2022	30849	City Of Patterson-H2O, sewer, garbage	451.24	
Bill Pmt -	02/09/2022	30850	Cole Huber (Cota Cole)	1,218.27	
Bill Pmt -	02/09/2022	30851	Comcast - Other	106.70	
Bill Pmt -	02/09/2022	30852	Crescent Work & Outdoor #1	102.43	
Bill Pmt -	02/09/2022	30853	Data Path, Inc	5,506.31	
Bill Pmt -	02/09/2022	30854	Frontier-3755	212.01	
Bill Pmt -	02/09/2022	30855	Frontier - HC 8639	213.54	
Bill Pmt -	02/09/2022	30856	Language Line	453.25	
Bill Pmt -	02/09/2022	30857	Life-Assist	2,497.48	
Bill Pmt -	02/09/2022	30858	McAuley Ford	3,507.18	
Bill Pmt -	02/09/2022	30859	McKesson Medical Surgical Inc.	1,157.58	
Bill Pmt -	02/09/2022	30860	MedTech Billing Services, Inc	6,900.00	
Bill Pmt -	02/09/2022	30861	Mission Linen Supply	471.21	
Bill Pmt -	02/09/2022	30862	Pacific Records Management	218.55	
Bill Pmt -	02/09/2022	30863	Patterson Irrigator	30.00	
Bill Pmt -	02/09/2022	30864	Paul Oil Co., Inc.	3,921.62	
Bill Pmt -	02/09/2022	30865	Physicians Service Bureau	297.87	
Bill Pmt -	02/09/2022	30866	Quest Diagnostics	200.00	
Bill Pmt -	02/09/2022	30867	Sanofi Pasteur, Inc	2,509.02	
Bill Pmt -	02/09/2022	30868	Stericycle	716.63	
Bill Pmt -	02/09/2022	30869	Streamline/Digital Deployment	260.00	
Bill Pmt -	02/09/2022	30870	Stryker Sales Corporation	4,798.88	
Bill Pmt -	02/09/2022	30871	Terminix	133.00	
Bill Pmt -	02/09/2022	30872	Thompson Chevrolet Buick GMC Inc.	468.82	
Bill Pmt -	02/09/2022	30873	Vortex	2,680.58	

Del Puerto Health Care District Warrants by Bank Account

			February 2022		
Type	Date	Num	Name	Credit	Notes
Bill Pmt -	02/09/2022	30874	Weatherby Locums, Inc	17,315.75	
Bill Pmt -	02/09/2022	30875	Westside Landscape & Concrete	292.50	
Bill Pmt -	02/09/2022	30876	WIPFLi LLP	540.00	
Bill Pmt -	02/09/2022	30877	Workbench True Value Hdwe.	40.16	
Bill Pmt -	02/09/2022	30878	Crescent Work & Outdoor #1	129.45	
Bill Pmt -	02/09/2022	30879	GreenWorks Janitorial Services	4,145.00	
Bill Pmt -	02/16/2022	30880	Airgas USA, LLC	145.99	
Bill Pmt -	02/16/2022	30881	DeliverHealth	79.00	
Bill Pmt -	02/16/2022	30882	Life-Assist	3,170.80	
Bill Pmt -	02/16/2022	30883	MO-CAL Office Solutions	636.78	
Bill Pmt -	02/16/2022	30884	Patterson Tire	565.19	
Bill Pmt -	02/16/2022	30885	ReadyRefresh by Nestle	30.73	
Bill Pmt -	02/16/2022	30886	Staples Advantage	272.87	
Bill Pmt -	02/16/2022	30887	Terminix	63.00	
Bill Pmt -	02/16/2022	30888	Weatherby Locums, Inc	6,469.10	
Check	02/16/2022	30889	Tri Counties Bank	668,736.01	Loan full payment
Check	02/24/2022	30890	REFUND - Ambulance:REFUND - Ritcl	200.00	
Check	02/24/2022	30891	REFUND - Ambulance:REFUND - Johr	150.00	
Check	02/24/2022	30892	REFUND - Ambulance:REFUND - EMI	300.00	
Check	02/24/2022	30893	REFUND - Ambulance:REFUND - Antf	3,285.25	
Check	02/24/2022	30894	REFUND - Ambulance:REFUND - Antf	300.00	
Bill Pmt -	02/24/2022	30895	A West Side Self Storage	244.20	
Bill Pmt -	02/24/2022	30896	Airgas USA, LLC	138.53	
Bill Pmt -	02/24/2022	30897	Amazon	102.14	
Bill Pmt -	02/24/2022	30898	Beta Healthcare - Workers Comp	5,830.00	
Bill Pmt -	02/24/2022	30899	Beta Healthcare Group	16,560.91	
Bill Pmt -	02/24/2022	30900	DHCS GEMT-QAF	18,080.22	4th Qtr 2021
Bill Pmt -	02/24/2022	30901	Hospital Biomedical Services	4,411.97	
Bill Pmt -	02/24/2022	30902	McKesson Medical Surgical Inc.	1,130.69	
Bill Pmt -	02/24/2022	30903	Mission Linen Supply	516.32	
Bill Pmt -	02/24/2022	30904	Paul Oil Co., Inc.	3,244.03	
Bill Pmt -	02/24/2022	30905	PG&E	146.07	
Bill Pmt -	02/24/2022	30906	Stericycle / Shred-it	86.40	
Bill Pmt -	02/24/2022	30907	Weatherby Locums, Inc	6,469.10	
Bill Pmt -	02/24/2022	30908	West Side Storage Baldwin	193.50	
Total 101.011 - TCB-Operating Checking 1739				900,765.59	
101.012 - TCB-Payroll Account 2999					
Liability C	02/02/2022		Payroll Direct Deposit	60,940.57	
Liability C	02/16/2022		Payroll Direct Deposit	58,902.61	
Liability C	02/03/2022	EFT	AIG (VALIC)	10,998.95	
Liability C	02/17/2022	EFT	AIG (VALIC)	11,229.54	
Liability C	02/03/2022	E-pay	EDD State of California	4,809.88	
Liability C	02/03/2022	E-pay	Internal Revenue Service	24,624.50	
Liability C	02/17/2022	E-pay	EDD State of California	4,666.57	
Liability C	02/17/2022	E-pay	Internal Revenue Service	24,087.32	
Paycheck	02/03/2022	25064	Employee Payroll	3,337.06	
Paycheck	02/03/2022	25065	Employee Payroll	1,089.04	
Paycheck	02/03/2022	25066	Employee Payroll	1,018.74	
Paycheck	02/03/2022	25067	Employee Payroll	413.24	
Liability C	02/03/2022	25068	Principal Life Insurance Co	4,716.75	

**Del Puerto Health Care District
Warrants by Bank Account**

Type	Date	Num	February 2022 Name	Credit	Notes
Liability C	02/03/2022	25069	AFLAC	1,833.02	
Liability C	02/03/2022	25070	United Steelworkers	372.83	
Paycheck	02/17/2022	25071	Employee Payroll	3,395.12	
Paycheck	02/17/2022	25072	Employee Payroll	959.22	
Paycheck	02/17/2022	25073	Employee Payroll	990.30	
Paycheck	02/17/2022	25074	Employee Payroll	1,015.48	
Liability C	02/17/2022	25075	United Steelworkers	361.36	
Liability C	02/17/2022	25076	CA Choice	37,326.34	
Liability C	02/17/2022	25077	LegalShield	485.60	
Liability C	02/17/2022	25078	Principal Life Insurance Co	6,036.02	
Paycheck	02/17/2022	25080	Employee Payroll	136.88	
Total 101.012 · TCB-Payroll Account 2999				263,746.94	
101.015 · TCB - Keystone C 8641					
Bill Pmt -	02/17/2022	EFT	Tri Counties Bank	7,442.07	
Bill Pmt -	02/01/2022	10272	TID Turlock Irrigation District +06	328.38	
Bill Pmt -	02/09/2022	10273	City Of Patterson-H2O, sewer, garbage	237.92	
Bill Pmt -	02/09/2022	10274	Gilberto Arroyo-06	325.00	
Bill Pmt -	02/24/2022	10275	City Signs	873.57	
Total 101.015 · TCB - Keystone C 8641				9,206.94	
Total 101.010 · Tri Counties Bank				1,173,719.47	
Total 101.000 · Cash and cash equivalents				1,173,719.47	
103.000 · Restricted Funds					
103.100 · TCB-USDA Debt Reserve 7237					
Check	02/15/2022	eft	USDA Rural Development Loan-EFT	10,060.00	
Total 103.100 · TCB-USDA Debt Reserve 7237				10,060.00	
Total 103.000 · Restricted Funds				10,060.00	
TOTAL				1,183,779.47	
Less: Irregular Items					
TCB Loan Full Payment				-668,736.01	
4th Qtr GEMT QAF				-18,080.22	
January 2022 Locums Pay				-12,419.68	
One Time ePCR interface charge				-5,000.00	
				-704,235.91	
NET WARRANT ISSUED - February 2022				479,543.56	

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**Board Meeting****Agenda Item # TBD - Resolution 2022-05 for Asset Replacement Funding****Page 1 of 2**

DEPT: CHIEF EXECUTIVE OFFICE	BOARD AGENDA:	#
CONSENT CALENDAR: NO	AGENDA DATE:	March 28, 2022
CEO CONCURRENCE: YES	4/5 VOTE REQUIRED:	NO

SUBJECT: Resolution 2022-05: Transfers to Asset Replacement Fund Reserves**RECOMMENDATION:** The Administrative Director / CEO recommends increase current Asset Replacement Fund by \$290,000 which is the total amount of FY2020-21 depreciation cost.**CONSIDERATIONS:**

Depreciation is an operating expense as an asset is consumed from purchase to end of useful life. The expectation is that the asset would have to be replaced at the end of its useful life.

The **Equity: Asset Replacement Fund** holds monies set aside for the replacement or acquisition of equipment, buildings, and property. Capital expenses (the Capital Expense Budget is separate from the Operating budget) are paid out of the Asset Replacement Fund.

PLEASE NOTE: A transfer from Equity: Unrestricted to Equity: Asset Replacement Fund is NOT an approval to spend money. All Capital purchases and funds spent from Asset Replacement require separate Board approval for items and amounts.

POLICY:

The Administrative Director / CEO is to manage available funds including evaluate the fiscal year-end financial situation of the organization and recommend to the Board the transfer of funds into appropriate restricted accounts.

FISCAL IMPACT: None (Transfer between Equity Accounts)**DISTRICT PRIORITY:** Fiscal responsibility, transparency, and planning**STAFFING IMPACT:** None**CONTACT PERSON:** Karin Hennings**BOARD ACTION:**ROLL CALL REQUIRED: **YES****RECOMMENDED RESOLUTION:****Whereas**, the Board desires to designate funds as an Operating Reserve; and**Whereas**, the Board desires to designate specific funds for future replacement or acquisition of equipment, buildings, or property;**Be it now resolved**, the Board of Directors directs the Administrative Director / CEO to make a Balance Sheet transfer of \$290,000 to the Equity: Asset Replacement Fund account.

BOARD MEETING ACTION SUMMARY

MOTION AMENDED: YES NO

AMENDMENT: _____

<i>Made By</i>	<i>Motion</i>	<i>Second</i>
<i>President Campo</i>		
<i>Vice President Avila</i>		
<i>Secretary Macmaster</i>		
<i>Treasurer Stokman</i>		
<i>Director Pittson</i>		

VOICE VOTE TAKEN: YES NO

_____ *Pass* _____ *Fail* _____ *Mixed – take Roll Call Vote*

<i>Roll Call Vote</i>	<i>Aye</i>	<i>No</i>	<i>Abstain</i>	<i>Absent</i>
<i>President Campo</i>				
<i>Vice President Avila</i>				
<i>Secretary Macmaster</i>				
<i>Treasurer Stokman</i>				
<i>Director Pittson</i>				

MOTION IS:

- _____ *Approved*
- _____ *Denied*
- _____ *Approved as amended*
- _____ *Other*

Del Puerto Health Care District Proposed Transfer of FY20-21 Depreciation to Asset Replacement Fund

Report from February 28, 2022 Balance Sheet	Cash	FY21 Allocation to Reserve Accounts	Allocation Description	New Balances	NOTES
Unencumbered Cash	\$ 1,408,103	\$ (290,000)		\$ 1,118,103	
Mitigation Fees	\$ 122,150	\$ -		\$ 122,150	
Current Liabilities	\$ 295,792	\$ -		\$ 295,792	<i>Payables & Payroll</i>
Keystone Checking/Reserve	\$ 141,144	\$ -		\$ 141,144	<i>Keystone Account</i>
Asset Replacement Fund	\$ 589,757	\$ 290,000	<i>FYE 2021 depreciation expenses</i>	\$ 879,757	New Balance available for Capital Expenses
Restricted for Debt Service	\$ 122,903	\$ -		\$ 122,903	12 mos of loan payments
TOTAL CASH as of February 28, 2022	\$ 2,679,849			\$ 2,679,849	

10:01 AM
03/17/22
Accrual Basis

Del Puerto Health Care District
Profit & Loss
July 2020 through June 2021

	<u>Jul '20 - Jun 21</u>
Ordinary Income/Expense	
Income	
401.000 · Gross Patient Service Revenue	11,213,173
403.000 · Adjustments	(6,387,727)
405.000 · Bad Debt	(961,025)
407.000 · Other Income	294,950
Total Income	<u>4,159,371</u>
Gross Profit	4,159,371
Expense	
601.000 · Salaries & Wages	2,474,515
602.000 · Employee Benefits	660,424
603.000 · Professional Fees	799,281
604.000 · Purchased Services	447,111
605.000 · Supplies	176,218
606.000 · Utilities	66,812
607.000 · Rental and Lease	9,856
608.000 · Insurance Coverages	332,807
609.000 · Maintenance & Repairs	86,664
610.000 · Depreciation and Amortization	290,632
611.000 · Other operating expenses	368,409
Total Expense	<u>5,712,729</u>
Net Ordinary Income	(1,553,358)
Other Income/Expense	
Other Income	
701.000 · District Tax Revenues	1,729,617
703.000 · Investment Income	6,609
704.000 · Interest Expense	(94,968)
705.000 · Tenant Revenue	142,935
710.000 · Misc Other Income	15,851
Total Other Income	<u>1,800,044</u>
Other Expense	
802.000 · Keystone District Expense	9,440
810.000 · Misc Other Expense	
Total Other Expense	<u>9,440</u>
Net Other Income	<u>1,790,604</u>
Net Income	<u><u>237,246</u></u>

Del Puerto Health Care District
Asset Replacement Fund Details
 Updated as of February 28, 2022

Type	Date	Num	Name	Memo	Class	Debit	Credit	Balance	NET
360.031 - APPROVED CAPITAL EXPENSES									
DPHCD Capital Projects									
AMB 2021 Ambulance									
General Journal	03/31/2021	JE 03-12	DPHCD Capital Projects:AMB 2021 Ambul New Ambulance purchase approved per B	02 Patterson District Ambulance		254,000.00	254,000.00		
General Journal	11/30/2021	JE 11-07	DPHCD Capital Projects:AMB 2021 Ambul To record PAID/purchase 2021 Ambulance	02 Patterson Distric		240,829.00		13,171.00	
General Journal	02/28/2022	JE 02-10	DPHCD Capital Projects:AMB 2021 Ambul To transfer CIP total amount re: 2021 Amb	02 Patterson Distric		4,375.30		8,795.70	
Total AMB 2021 Ambulance						245,204.30	254,000.00	8,795.70	8,796
AMB Crew Quarters									
General Journal	05/02/2019	JE 05-06	DPHCD Capital Projects:AMB Crew Quarte Crew Quarter alerting system, crew locker	02 Patterson District Ambulance		35,000.00	35,000.00		
General Journal	06/30/2021	JE 06-21	DPHCD Capital Projects:AMB Crew Quarte Paid capital expense re: AMB Bathroom re	02 Patterson Distric		9,456.00		25,544.00	
Total AMB Crew Quarters						9,456.00	35,000.00	25,544.00	25,544
HC Drinking Water System									
General Journal	07/02/2019	JE 07-04	DPHCD Capital Projects:HC Drinking Water HC cost for 3 drinking water dispensers ap	03 Del Puerto Health Center			3,550.00	3,550.00	
General Journal	02/29/2020	JE 02-09	DPHCD Capital Projects:HC Drinking Water PAID capital expenses.	03 Del Puerto Healt		1,579.00		1,971.00	
Total HC Drinking Water System						1,579.00	3,550.00	1,971.00	1,971
HC Exhaust Fans Replacement									
General Journal	07/02/2019	JE 07-04	DPHCD Capital Projects:HC Exhaust Fans HC cost for replacement of exhaust fans (6	03 Del Puerto Health Center			3,650.00	3,650.00	
Total HC Exhaust Fans Replacement							3,650.00	3,650.00	3,650
Total DPHCD Capital Projects						669,489.66	708,753.64	39,263.98	
TOTAL						671,068.18	710,332.16	39,263.98	39,264
360.030 - ASSET REPLACEMENT FUND (Unassigned)									550,493
TOTAL ASSET REPLACEMENT FUND BALANCE									\$ 589,757

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT

Board Meeting – March 28, 2022

Proposal to Increase Wages for Hourly Employees

Page 1 of 1

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: No

4/5 Vote Required: No

SUBJECT: Proposal to Increase Wages for Hourly Employees

STAFF REPORT: The District has made annual adjustments to wages attempting to keep up with the California minimum wage increases from \$10.00 per hour in 2016 to \$15.00 per hour in 2022. Today fast-food franchises offer \$16.00 per hour for untrained, inexperienced employees. Our employees bring with them training, education, and prior experience in the EMS and primary healthcare fields. Also, the annual cost of living increased by 7% as of December 2021. It is becoming difficult to recruit, and we are losing employees to other opportunities.

CONSIDERATIONS: To remain competitive, the district should increase the pay scales for all hourly employees. Kaiser and Sutter are paying \$24 per hour for MAs with an entry level rate of \$17.15 (for Medics & EMTs see rate comparison sheets for local market).

RECOMMENDATION: Management proposes a 13% increase for all hourly employees effective with the current pay period. This increase would replace the increases scheduled for July 1, 2022.

EMT	A	B	C	D	E	E+5yrs	E+10yrs	E+15yrs
Current	\$14.19	\$14.93	\$15.72	\$16.55	\$17.42	\$18.29	\$19.20	\$20.16
Max 13% increase	\$16.03	\$16.87	\$17.76	\$18.70	\$19.68	\$20.67	\$21.70	\$22.78
Paramedic	A	B	C	D	E	E+5yrs	E+10yrs	E+15yrs
Current	\$17.44	\$18.35	\$19.32	\$20.34	\$21.10	\$22.48	\$23.60	\$24.78
Max 13% increase	\$19.71	\$20.74	\$21.83	\$22.97	\$24.18	\$25.39	\$26.67	\$28.00

Clerk	Patient Services Representative - Level I				Patient Services Representative - Level II							
Administrative	Administrative MA - Level I				Administrative MA - Level II							
Clinical MA	Clinical MA - Level I				Clinical MA - Level II							
Admin & Clinical MA					Senior MA - Level III				Senior MA - Level IV			
S	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10	Step 11	Step 12
Current	\$ 14.30	\$ 15.10	\$ 15.94	\$ 16.54	\$ 17.16	\$ 17.81	\$ 18.48	\$ 19.18	\$ 19.91	\$ 20.67	\$ 21.26	\$ 21.87
Proposed 13% increase	\$ 16.16	\$ 17.06	\$ 18.02	\$ 18.69	\$ 19.39	\$ 20.13	\$ 20.88	\$ 21.68	\$ 22.50	\$ 23.35	\$ 24.02	\$ 24.72
Minimum Wage + 10%	\$ 16.50	\$ 17.42	\$ 18.40	\$ 19.09	\$ 19.81	\$ 20.56	\$ 21.34	\$ 22.15	\$ 22.99	\$ 23.86	\$ 24.54	\$ 25.25

DISTRICT PRIORITY: Competitive Wages, Recruitment & Retention of Qualified Employees

FISCAL IMPACT: \$73,000 in additional wages to be paid this fiscal year, but no increase to the 2021-22 Budget as we are currently understaffed. FY 2023 budget will have additional income for the HC from encounter adjustments and the AMB will benefit from an EMS public agency reimbursement program effective Jan 2023.

CONTACT PERSON: Karin Hennings / Paul Willette / Suzie Benitez

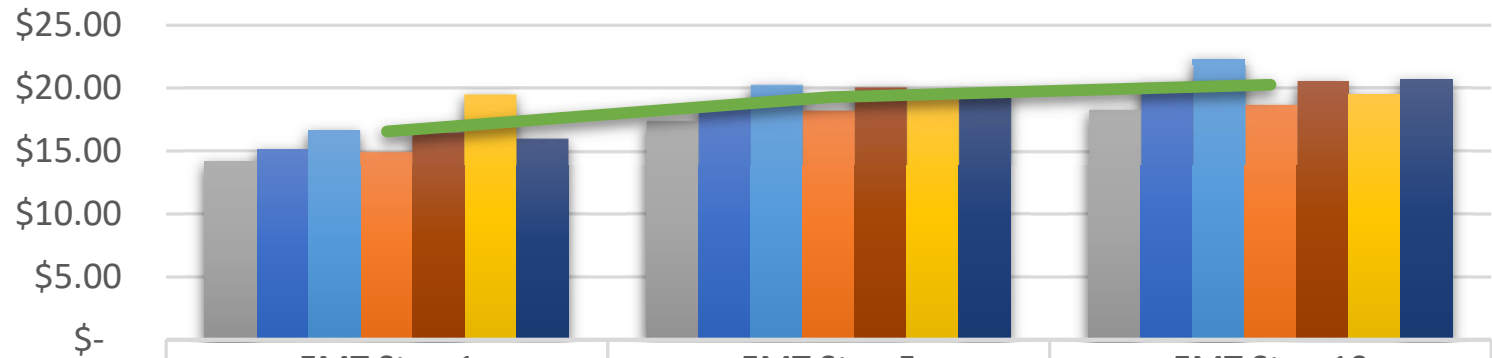
RECOMMENDED BOARD ACTION:

ROLL CALL REQUIRED: YES

RECOMMENDED MOTION: *I move the Board of Directors approve a 13% increase to all hourly employee pay scales effective with the current pay period beginning March 27, 2022.*

**Patterson District Ambulance
Market Wages**

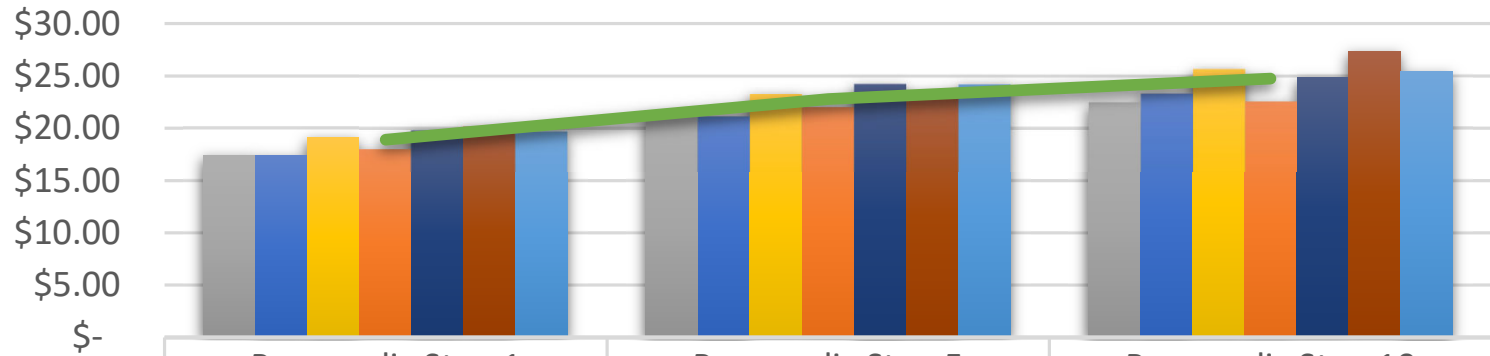
2021 EMT Wages



	EMT Step 1	EMT Step 5	EMT Step 10
■ PDA	\$14.19	\$17.42	\$18.29
■ Oak Valley FT	\$15.14	\$18.40	\$20.29
■ Oak Valley PT	\$16.65	\$20.24	\$22.32
■ West Side FT	\$14.99	\$18.23	\$18.69
■ West Side PT	\$16.49	\$20.05	\$20.55
■ Riggs	\$19.50	\$19.50	\$19.50
■ PDA 13% increase	\$16.03	\$19.68	\$20.67
— Average	\$16.55	\$19.28	\$20.27

**Patterson District Ambulance
Market Wages**

2021 Paramedic Wages



	Paramedic Step 1	Paramedic Step 5	Paramedic Step 10
■ PDA	\$17.44	\$21.41	\$22.48
■ Oak Valley FT	\$17.40	\$21.16	\$23.33
■ Oak Valley PT	\$19.15	\$23.27	\$25.66
■ West Side FT	\$18.02	\$22.02	\$22.57
■ West Side PT	\$19.82	\$24.23	\$24.84
■ Riggs	\$20.18	\$23.16	\$27.37
■ PDA 13% increase	\$19.71	\$24.19	\$25.40
— Average	\$18.91	\$22.77	\$24.75

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**Board Meeting – March 28, 2022****Resolution to Oppose Initiative 20-0042A1 Resolution to Oppose Initiative 20-0042A1 Page
1 of 1**

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: No

4/5 Vote Required: No

SUBJECT: Resolution to Oppose Initiative 20-0042A1

STAFF REPORT: CSDA has joined a coalition of local government leaders in adopting an Oppose position on Initiative 21-0042A1 and encourages all special districts, partners, and community leaders to join the coalition by passing a board resolution. The initiative includes provisions that would retroactively void all state and local taxes or fees adopted after January 1, 2022 if they did not align with the provisions of this initiative. This may also affect indexed fees that adjust over time for inflation or other factors. Effectively, it would allow voters throughout California to invalidate the prior actions of local voters, undermining local control and voter-approved decisions about investments needed in their communities.

CONSIDERATIONS: If Initiative 21-0042A1 qualifies for the November 2022 ballot and is enacted, CSDA anticipates severe consequences for special districts and the communities they serve. Estimated impacts include:

- Jeopardizes the public health and safety of communities by cutting off new revenue intended to pay for essential local services and infrastructure.
- Substantially increases the legal and administrative cost of public infrastructure financing.
- Restricting local services and infrastructure to the lowest and minimum amount possible will disproportionately impact the most underserved communities the hardest.

DISTRICT PRIORITY: Legislative Advocacy**FISCAL IMPACT:** None**STAFFING IMPACT:** None**ATTACHMENT(S):** Resolution 2022-05 DRAFT**RECOMMENDED BOARD ACTION:**

ROLL CALL REQUIRED: YES

RECOMMENDED MOTION: *I move the Board of Directors adopt Resolution 2022-05 in Opposition to Initiative 21-0042A1.*

Del Puerto Health Care District Resolution 2022-05

RESOLUTION TO OPPOSE INITIATIVE 21-0042A1

WHEREAS, an association representing California's wealthiest corporations and developers is spending millions to push a deceptive proposition aimed for the November 2022 statewide ballot; and

WHEREAS, the proposed proposition, Initiative 21-0042A1, has received the official title: "LIMITS ABILITY OF VOTERS AND STATE AND LOCAL GOVERNMENTS TO RAISE REVENUES FOR GOVERNMENT SERVICES. INITIATIVE CONSTITUTIONAL AMENDMENT."

WHEREAS, the measure includes provisions that would make it more difficult for local voters to pass measures needed to fund local services and infrastructure, and would limit voter input by prohibiting local advisory measures where voters provide direction on how they want their local tax dollars spent; and

WHEREAS, the measure exposes taxpayers to a new wave of costly litigation, limits the discretion and flexibility of locally elected boards to respond to the needs of their communities, and injects uncertainty into the financing and sustainability of critical infrastructure; and

WHEREAS, the measure severely restricts state and local officials' ability to protect our environment, public health and safety, and our neighborhoods against corporations and others who violate the law; and

WHEREAS, the measure creates new constitutional loopholes that would allow corporations to pay less than their fair share for the impacts they impose on our communities, including local infrastructure, our environment, water quality, air quality, and natural resources; and

WHEREAS, the measure threatens billions of dollars currently dedicated to state and local services, and could force cuts to primary health care and emergency medical transportation services as well as public schools, fire and emergency response, law enforcement, public health, parks, libraries, affordable housing, services to address homelessness, mental health services, and more; and

WHEREAS, the measure would also reduce funding for critical infrastructure like streets and roads, public transportation, ports, drinking water, sanitation, utilities, and more.

THEREFORE, BE IT RESOLVED that the DEL PUERTO HEALTH CARE DISTRICT opposes Initiative 21-0042A1;

BE IT FURTHER RESOLVED, that the DEL PUERTO HEALTH CARE DISTRICT will join the No on Initiative 21-0042A1 coalition, a growing coalition of public safety, labor, local government, infrastructure advocates, and other organizations throughout the state.

We direct staff to email a copy of this adopted resolution to the California Special Districts Association at advocacy@csgda.net.

PASSED, APPROVED, AND ADOPTED this day 28 of March 2022.

I, George "Gallo" Mac Master, Secretary of the Board of Directors of the DEL PUERTO HEALTH CARE DISTRICT, do hereby CERTIFY that the foregoing is a full, true, and correct copy of an action duly adopted at a regular meeting of said Board of Directors held the 28th day of March 2022

George "Gallo" Mac Master, Secretary

Date



MARCH 2022

Lizandro Barragan

Physician Assistant

Welcome!



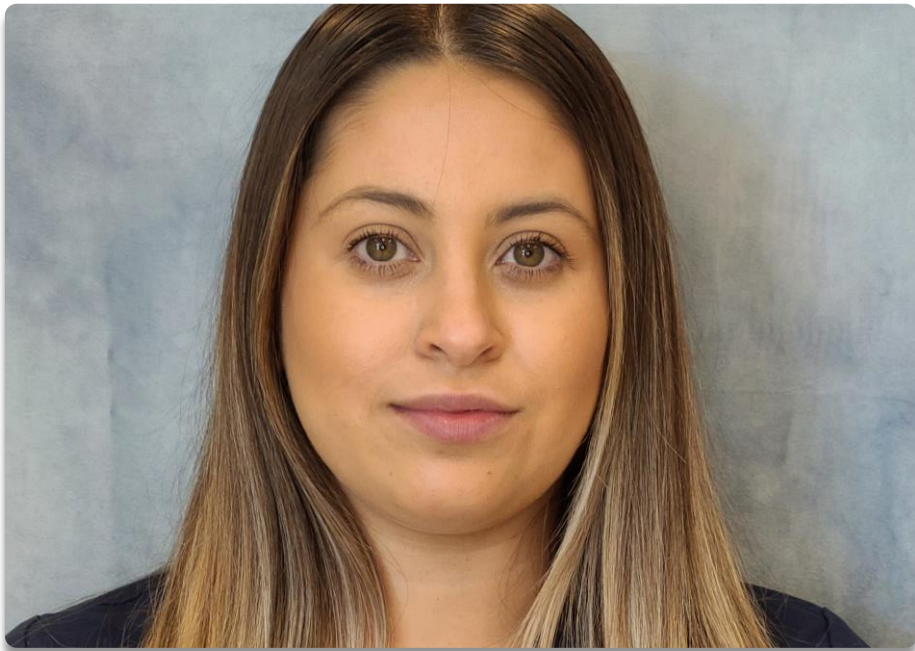
Marisol Juarez-Pinon

Medical Assistant

▶ Welcome!



Jacqueline Palominos



- ▶ Medical Records
- ▶ 10 Years

You have limited access to Smartsheet. [Upgrade to use premium features](#)

Executive Summary Snapshot

02/28/22 01/31/22 12 Month Avg



Revenue Cycle Performance

02/28/22 01/31/22 12 Month Avg

Gross Charges

\$684,619.00 \$878,362.00 \$811,918.42

Month Ending

02/28/22

Charges by Class

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	\$300,309.00	\$367,147.00	\$322,687.17
Medicaid	\$205,260.00	\$313,355.00	\$264,801.25
Insurance	\$153,620.00	\$128,040.00	\$132,575.42
Self Pay	\$25,430.00	\$69,820.00	\$91,854.58
Facility			

Transports & Billable Dry Runs

170 234 201

02/28/22 01/31/22 12 Month Avg

Collections

\$154,355.00 \$182,303.00 \$185,391.92

Collection % Gross

22.5% 20.8% 22.8%

Collections by Class

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	\$28,523.00	\$42,153.00	\$40,630.58
Medicaid	\$22,182.00	\$31,543.00	\$27,320.75
Insurance	\$91,097.00	\$97,460.00	\$105,828.33
Self Pay	\$12,553.00	\$11,147.00	\$11,612.25
Facility			

Contractual Adjustments

\$454,648.00 \$609,744.00 \$548,106.67

Accounted for Funds

89.0% 72.5% 78.8%

Write Offs

\$61,240.00 \$59,599.00 \$67,114.33

Aging by Range

Payor Class	Current Month	Previous Month	12 Month Avg
0 - 30	\$157,292.00	\$221,168.00	\$210,631.33
31 - 60	\$206,786.00	\$200,188.00	\$209,566.25
61 - 90	\$85,015.00	\$76,957.00	\$104,580.17
91 - 120	\$62,741.00	\$62,560.00	\$58,279.83
120+	\$158,544.00	\$166,738.00	\$131,504.17

Transports by Class

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	67	88	74
Medicaid	54	87	69
Insurance	34	33	30
Self Pay	15	26	29
Facility			

Average Daily Revenue

\$22,820.63 \$28,334.26 \$27,063.95

Revenue Per Transport

\$4,027.17 \$3,753.68 \$4,036.05

Aging Payor Class

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	\$103,521.00	\$71,421.00	\$60,671.00
Medicaid	\$49,942.00	\$43,774.00	\$48,220.83
Insurance	\$331,290.00	\$296,920.00	\$279,100.00
Self Pay	\$181,000.00	\$310,871.00	\$328,848.33
Facility	\$4,625.00	\$4,625.00	\$8,720.81

Pay Mix Transports

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	39.4%	37.6%	36.5%
Medicaid	31.8%	37.2%	34.5%
Insurance	20.0%	14.1%	14.8%
Self Pay	8.8%	11.1%	14.2%
Facility	0.0%	0.0%	0.0%

Collections Per Transport

\$907.97 \$779.07 \$921.58

Contractual Allowance Per Transport

\$2,674.40 \$2,605.74 \$2,724.64

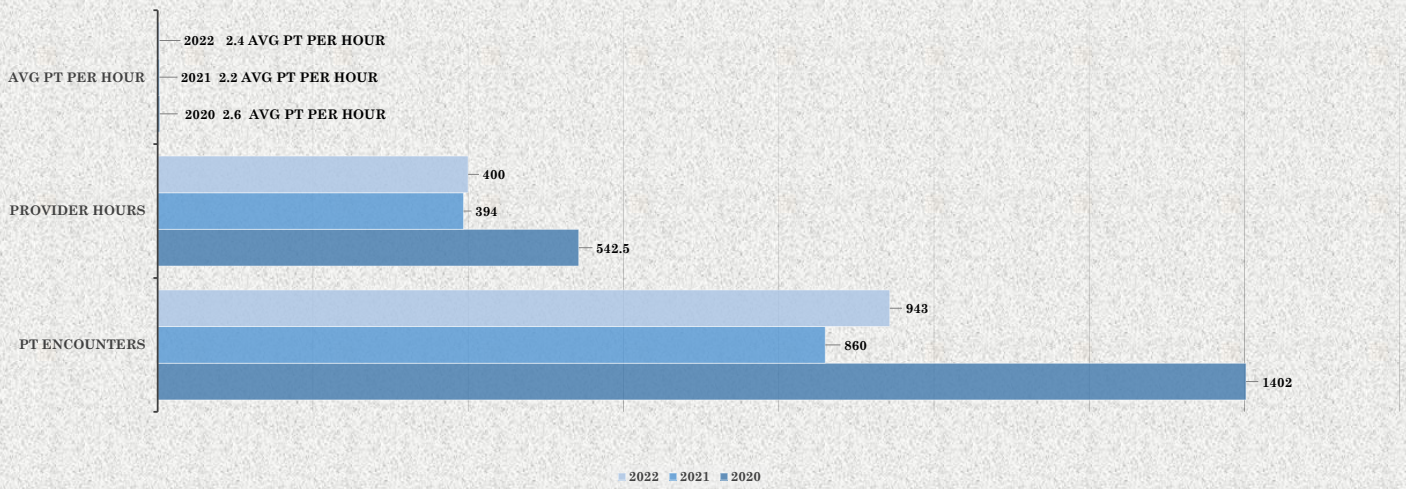
Days Sales Outstanding

29 32 31

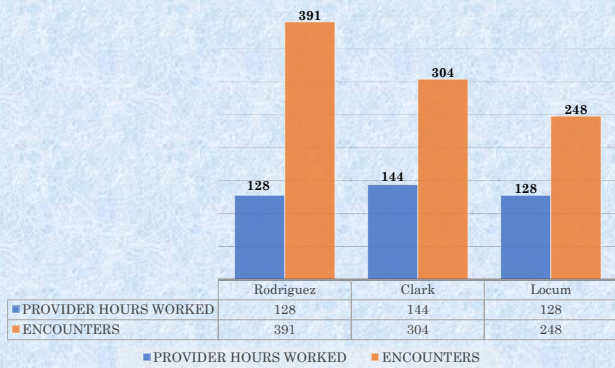
Pay Mix Aging

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	15.4%	9.8%	8.4%
Medicaid	7.4%	6.0%	6.6%
Insurance	49.4%	40.8%	38.4%
Self Pay	27.0%	42.7%	45.3%
Facility	0.7%	0.6%	1.2%

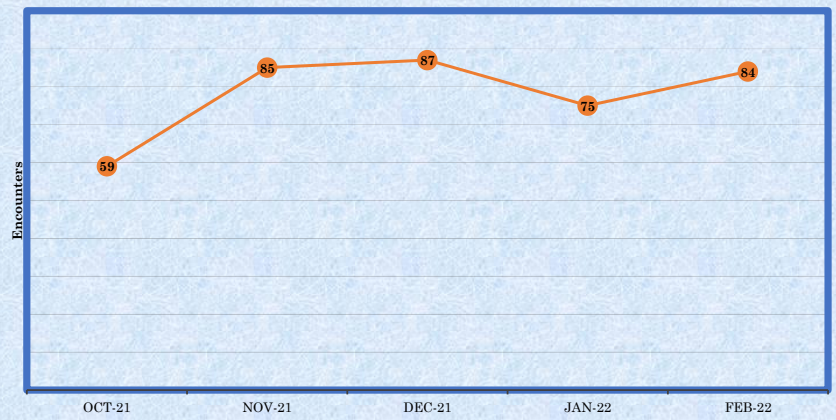
February 2020-2022 Primary Care Productivity (Combined)



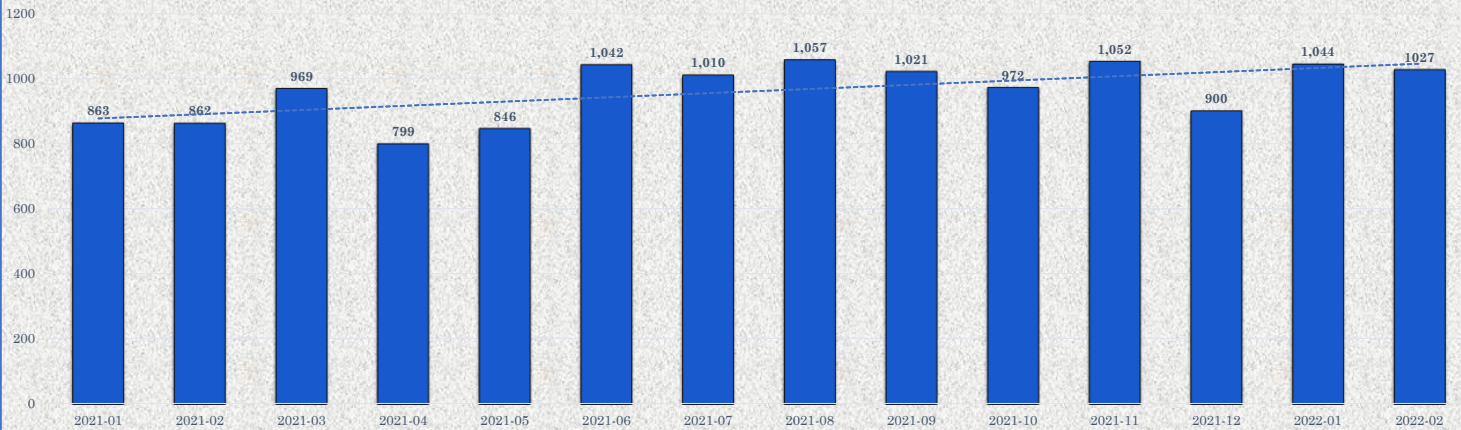
Encounters By Provider Primary Care



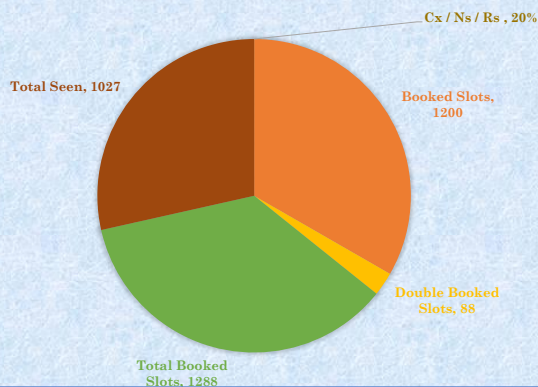
Behavioral Health Encounters



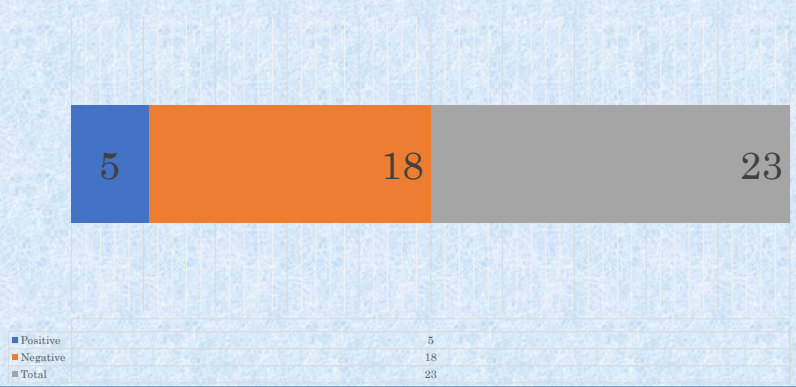
Monthly Encounter Totals January 2021 to Present



SCHEDULING RESULTS FEBRUARY 2022



COVID-19 Testing February 2022



Del Puerto Health Care District

Administrative Director / CEO Update – March 28, 2022

Karin Freese Hennings

Financial Summary Report in Board Packet

- Financial position as of August 31
 - \$2.68 million cash or cash assets
 - \$709k in accounts receivable
 - \$295k in current liabilities
- The District will release an RFP for a vendor to update the Nexus Impact Fee study.

Strategic Planning:

- Working on objectives by department - Human Resources Draft (attached)
- Special meeting proposed – date TBD

Health Center

- Working on MA staff development, leadership, and responsibilities
- LCSW interim report attached

Ambulance

- Growth projections for adding additional ambulance hours

Human Resources

- Responding to HC disciplinary items

Marketing

- Will run campaign in April with arrival of Raj Singh, NP

Legislation/Advocacy

- Information attached on earmarks for special project funding from state or federal budgets
- AB 2709 Oppose – max payment 125% Medicare (or average contracted) rate for ambulance transports (www.fundfirstresponders.org)
- SB 966 Support – expansion of services to be offered at RHCs

Association Memberships

- Association of California Healthcare Districts (ACHD) – Annual conf Sept 16-19, Anaheim
- California Ambulance Association (CAA) – Annual conference Sept 16-19 Anaheim
- California Special District Association (CSDA) – Legislative Days May 17, 2022

Community

- Meeting with City Manager: no action on hospital proposal, City will be putting forward the opportunity for grant requests
- Stanislaus County to accept grant requests for special districts in April (tentative)

Facilities

- No space in ambulance quarters for 3rd 24-hour crew

Board/Committee Deferred Items

- *none currently*

attachment included



P.O. Box 187
Patterson, CA. 95363

Phone 209-892-8781
Fax 209-892-3755

March 14, 2022

Jeffrey Lewis
President and CEO
Legacy Health Endowment
2881 Geer Road, Suite A
Turlock, CA 95382

VIA EMAIL: jeffrey@legacyhealthendowment.org

Dear Jeffrey,

Thank you for the extension until June 2022 for concluding the behavioral health grant we received through the Del Puerto Hospital Foundation. In the interim, I would like to provide this program update from Jessica Herrera, LCSW who was hired in September 2021.

Sincerely,

Karin Freese Hennings
Chief Executive Officer

Interim Report - March 9, 2022 by Jessica Herrera, LCSW

During the past six months I have enjoyed getting to know the staff, the providers, and the daily activities of Del Puerto Health Center. It has been a learning curve to have spearheaded the behavioral health services, however, after the initial 6 months, I feel that it is becoming a smooth process. From the beginning, an informed consent of the BH services was developed so patients are aware of what the service looks like when they willingly participate, and I try my best to address any of their questions or concerns. In the first few months, I completed training to be a certified grief counselor because in the first few months I was hired, I noticed many stressors around bereavement. I am also working on a dialectical behavior therapy (DBT) training when time permits at the clinic.

There are many patients that were attending counseling when BH services began, and slowly have decreased their attendance. Some have verbalized feeling better, others will have conflicting time with their schedules, and simply some decide not to return. Although some do not return, inbound referrals are frequent. For the most part, there are individuals who have been consistent and committed to participating in services. When they miss a few appointments, I call them to inquire how they are doing to maintain contact.

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Warm handoffs:

If available, the providers will brief me on the patient before going into the exam room. Once there, the provider introduces me and provides time for me to speak alone with the patient/and or caregiver to discuss counseling services and what their concerns/stressors are. Sometimes I am there to also observe and assess the patient if the provider feels that there may be something the patient is not willingly mentioning. There have been a few instances where I am unable to be introduced to a patient because I am concurrently in a session or meeting another patient. The providers and I do check in about patients before they attend their first appointment.

Collaboration/consults with providers:

Many of the patients do see me more regularly than they do their medical providers, so there are instances where they have questions about medications, experiencing symptoms or general concerns. I make it a priority to communicate with providers when needed and consult with them when such requests are out of my scope of practice.

Type of patients:

Most of the patients I'm working with experience Generalized Anxiety Disorder, followed by different Depressive Disorders in that diagnostic class. The youngest patient is 7 years old, while the oldest patient is 80 years old. I would say that half of the patients are monolingual Spanish speaking. Many of the current patients have encouraged their family members or acquaintances to seek counseling services at the clinic and have mentioned it when they are in consultation with me.

Future goals:

One of the goals I have is to begin a women's support group (open group) to create a space where they can drop in and share their stressors and gain support from other women. I have noticed similarities in patients during my individual sessions, and this space can provide a safe space where they don't feel so alone and gain insight from how others may be approaching their situation. Another goal is to have two older adult structured closed groups (one in Spanish and one in English) where I can provide psychoeducation, coping strategies, activities, and relapse prevention. I am thinking about 10-15 sessions in total for a fiscal year, every other week. My reason for this is to educate the older adult community about mental health, to reduce their social isolation and stigma, and to provide them with support as they navigate changes in this stage of their life (such as loss of independence, bereavement, social withdrawal).

Long-term goal (7-10 year):

I do see a need for a psychiatrist in the area (due to the high demand in multifaceted mental health services), and professionally I have considered going back to school to fill this role. I would like to become a lead psychiatrist or PA specializing in psychiatry and supervise another social worker or behavioral specialist to provide counseling and grow the integrated healthcare model. For the program itself, I see a behavioral health team with a lead psychiatrist, LCSW, ASW (in-training) and mental health MA who can manage patients along with scheduling. The MA component is necessary in maintaining the fluidity of the practice and not remove a medical provider's MA during high demand hours.

~ END~

KEEP AN EAR TO THE GROUND FOR EARMARKS

By Alex Yiannoutsos and Kristi More, The Ferguson Group

Congressional earmarks serve a critically important purpose. Most importantly, earmarks – funds set aside by Members of Congress for specific local or regional projects or programs – create a mechanism for federal elected officials – House and Senate members – to distribute federal funds more widely to meet high priority local needs. Without earmarks, unelected federal agency officials tend to allocate federal funds to fewer and larger local jurisdictions. The high priority community needs addressed by smaller, less populated, towns, cities and counties, and special districts are often overlooked.

A 2011 study by The Ferguson Group (TFG) bore this out. The study found that when funding decisions were left solely to the individual federal agencies, the result was disastrous for local governments and special districts. Without earmarks, federal agencies drastically cut the number of grants awarded and tended to award federal support to larger local governments. In many instances, local governments and special districts were never invited to apply for competitive grant funds and in other cases funds were allocated directly to the states, bypassing local jurisdictions altogether.

Earmarks represent the best, most efficient way for federal elected officials to allocate a fraction of available federal funds – less than one percent of discretionary spending – to meet critical, high priority local needs.

This year, congressional leaders announced the return of earmarks including reforms prioritizing “accountability, transparency, and strong community support”.

So, how does it work? The earmark process officially begins in early February when the president submits the Budget Request to Congress, establishing the Administration’s priorities for the upcoming fiscal year. Each congressional office has a separate application and sets its own deadlines for submitting earmark requests, but most occur in early to mid-March. Members evaluate their communities’ requests and submit the best for consideration in the relevant appropriations bills. House and Senate Appropriations subcommittees then negotiate funding amounts allocated to federal agencies and earmark requests each fiscal year. The spending allocations are approved upon final passage.

For the Fiscal Year 2022 (FY22) cycle, each House member was limited to ten requests and some members opted not to accept earmark requests entirely. There was no similar limitation for Senators. We expect House Members will face fewer restrictions on their earmark requests in the upcoming Fiscal Year 2023 appropriations process.

Earmarks are particularly valuable to special districts. David Guy, President of the Northern California Water Association (NCWA), and Lewis Bair, General Manager of Reclamation District 108, are part of the Floodplain Forward Coalition in the

Sacramento River Basin. The Coalition successfully requested congressionally directed spending for the Sacramento River Basin Flood Plain Reactivation project. The effort promotes floodplain reactivation and sustainable management of the rich fisheries and ecosystems there.

Earmarked funding is an important down payment on the initiative. Record-setting droughts threaten farms, fish, and wildlife in the Sacramento River Basin. Earmarks are a more direct and efficient way to get money on the ground to help California mitigate the effects of droughts on the environment.

Members in both chambers selected the Floodplain Forward Coalition's request for funding in the FY22 Appropriations bills. (The final amount remains under negotiation at the time of writing, but \$1 million was approved on the House side, while \$5 million

has been recommended by the Senate Committee on Appropriations). Guy and Bair credited their success to the strong support their request received from the Coalition's diverse coalition, which "made [our congressional delegation] feel comfortable supporting the project."

Earmarks can help address a multitude of high priority community needs from broadband, water supply, wastewater and transportation to economic development, business incubators and job training. Funds are available to address gaps in community healthcare, public safety, and education. For most priority community needs, there is a federal program available to help accelerate progress.

TFG has worked with hundreds of public agencies nationwide to help them navigate and succeed in pursuing

earmarked funds for local priorities. CSDA members can now benefit from TFG's decades of federal funding expertise with access to discounted services.

The appropriations process for FY23 is rapidly approaching and the competition for earmarked funding with it. Now is the time to start the process of working with Congress to tackle the pressing priorities of your community. 🇺🇸

TAKE ACTION

SEASONS OF ADVOCACY: FALL

- **Host** your local lawmakers and their staff for tours of your district facilities.
- **Attend** your local lawmakers' community events and invite them to yours.
- **Watch** for opportunities to share positive stories in the news and on social media.

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CONTACT: Diana Moreno
info@the-caa.org
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CAA Fights for First Responder Funding

New website, www.fundfirstresponders.org is designed to educate and advocate support for our first responders and vulnerable Medi-Cal patients

California ranks 46th of 50 states when it comes to Medi-Cal reimbursement rates for our first responders. In the late 1990's the Medi-Cal reimbursement rate was \$135 per transport and now more than two decades later, that rate has actually gone down to just \$111. Florida pays nearly double, Texas triple and Arizona nearly four times what California pays its first responders who serve our most vulnerable communities.

“The EMS industry is at a crossroads.” said International Association of EMTs and Paramedics, SEIU Local 5000, National Director Philip Petit.

“It's been more than two decades since insurance payouts for EMS agencies have been updated, and after two years of unrelenting pandemic pressure, our frontline heroes need action. Higher payouts mean better wages, and better wages mean our first line of defense in healthcare gets the support they need to protect families across the nation.”

In less than a decade Medi-Cal has doubled its enrollment from seven million people in 2014 to 14 million people today. The number of calls for non-ambulatory services for Medi-Cal patients has shot up as well, but the staggeringly low reimbursement rate means that ambulance companies lose money on every Medi-Cal response and our first

responder EMS workers are barely making more than minimum wage. Fast food workers make more.

“Over the past twenty years, wages, insurance, and fuel have all gone up, but Medi-Cal reimbursements went down,” said Melissa Harris, President and CEO of AmbuServe Ambulance. “The rates currently paid by Medi-Cal to California's ambulance services are no longer sustainable. I want to pay my employees a fair wage, but with the rising costs for businesses in California, I need the state’s help to give my team members the pay they deserve.”

“Decades of below-cost Medi-Cal reimbursement, combined with Medi-Cal expansion, is impacting our ability to recruit and retain qualified Emergency Medical Technicians (EMTs) and Paramedics” said California Ambulance Association (CAA) President Jimmy Pierson.

“Unfortunately, this issue has been building long before the pandemic started, and it now threatens to undermine the stability of California’s emergency and non-emergency transport infrastructure. We are honored to stand with all of the regional ambulance associations, as well as our labor partners to bring this issue to light. Never before has our industry been so united in making sustainable and equitable change.”

The California Ambulance Association (CAA) is part of a coalition of first responders, healthcare workers and labor organizations who are advocating for a fair Medi-Cal reimbursement rate of \$350 per transport, which is still below the cost per service, but will attract new EMS recruits and fairly compensate current EMS workers to improve retention. Learn more at www.fundfirstresponders.org.

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SENATE COMMITTEE ON HEALTH
Senator Dr. Richard Pan, Chair

BILL NO: SB 966
AUTHOR: Limón
VERSION: February 9, 2022
HEARING DATE: March 23, 2022
CONSULTANT: Jen Flory

SUBJECT: Federally qualified health centers and rural health clinics: visits

SUMMARY: Allows the continued use of associate clinical social worker or associate marriage and family therapists beyond the emergency use permitted during the COVID-19 public health emergency and deletes the requirement that clinics adding the use of marriage and family therapists file for a change in the scope of services in order to bill such services as a separate clinic visit.

Existing law:

- 1) Establishes the Medi-Cal program, administered by the Department of Health Care Services (DHCS), under which low-income individuals are eligible for medical coverage. [WIC §14000, et seq.]
- 2) Requires federally qualified health centers (FQHC) and rural health clinics (RHC) services to be covered benefits under the Medi-Cal program and requires these services to be reimbursed on a per-visit basis, as defined. [WIC §14132.100]
- 3) Defines “visit” as a face-to-face encounter between a patient of an FQHC or RHC and a health care professional, including a physician, physician assistant, nurse practitioner, certified nurse-midwife, clinical psychologist, licensed clinical social worker, or a visiting nurse, podiatrist, dentist, optometrist, chiropractor, comprehensive perinatal services practitioner providing comprehensive perinatal services, a dental hygienist, a dental hygienist in alternative practice, or a marriage and family therapist (MFT), a four-hour day of attendance at an Adult Day Health Care Center; and, any other provider identified in the state plan’s definition of an FQHC or RHC visit. [WIC §14132.100]
- 4) Requires FQHC and RHC per-visit rates to be increased by the Medicare Economic Index (MEI) applicable to primary care services in the manner provided for in federal law. [WIC §14132.100]
- 5) Authorizes an FQHC or RHC to apply for an adjustment to its per-visit rate based on a change in the scope of services provided by the FQHC or RHC. Requires rate changes based on a change in the scope of services provided by an FQHC or RHC to be evaluated in accordance with Medicare reasonable cost principles. [WIC §14132.100]
- 6) Authorizes an FQHC or RHC that includes the cost of services of a dental hygienist in alternative practice or a MFT in establishing its FQHC or RHC rates to bill those services as separate services. Requires an FQHC or RHC seeking to bill those services as separate visits to apply and receive approval by DHCS for an adjustment to its per-visit rate. [WIC §14132.100]

This bill:

- 1) Modifies the definition of a visit to include a face-to-face encounter between an FQHC or RHC patient and an associate clinical social worker (ASW) or associate marriage and family therapist (AMFT) when supervised by a licensed behavioral health practitioner as required by the Board of Behavioral Sciences.
- 2) Implements this definition 60 days after the expiration of the existing COVID-19 public health emergency, during which the use of such providers is already permitted.
- 3) Permits clinics to ASWs or AMFTs without constituting a change in scope of services.
- 4) Deletes the requirement that clinics electing to add the services of MFTs and wishing to bill these services as a separate visit must process the addition of these services as a change in the scope of services, as is currently allowed during the existing public health emergency.

FISCAL EFFECT: This bill has not been analyzed by a fiscal committee.

COMMENTS:

- 1) *Author's statement.* According to the author, SB 966 would allow community health centers in California to continue to hire and use ASWs and AMFTs consistent with the temporary flexibility allowed during the declared public health emergency, therefore sustaining continuity of care for patients and increasing access to a diverse behavioral health workforce.
- 2) *Background on FQHC and RHC prospective payment system.* FQHCs and RHCs are federally designated clinics that provide primary care services to serve medically underserved populations. Medi-Cal reimbursement to FQHCs and RHCs is governed by state and federal law. FQHCs and RHCs are reimbursed by Medi-Cal on a per-visit rate which is known as the prospective payment system (PPS) rate. Each FQHC and RHC has a specific Medi-Cal PPS rate for each face-to-face encounter, irrespective of the reason for the visit. For Medi-Cal managed care plan patients, DHCS reimburses FQHCs and RHCs for the difference between its per-visit PPS rate and the payment made by the plan. This payment is known as a “wrap around” payment. The Medi-Cal managed care wrap-around rate was established to reimburse providers for the difference between their PPS rate and their Medi-Cal managed care reimbursement rate. The rationale for the enhanced reimbursement is to ensure that FQHCs and RHCs do not use federal grant funds intended for the uninsured and special needs populations to back-fill for potentially below-cost Medicare or Medi-Cal rates.
- 3) *Provision of mental health services at FQHCs and RHCs.* In recent years, FQHCs and RHCs have greatly expanded the provision of mental health services at their sites. In 2014, the Medi-Cal program began requiring Medi-Cal managed care plans to provide services for mild to moderate impairment of mental, emotional, or behavioral health functioning. Additionally, the Affordable Care Act's adult expansion in Medicaid caused the number of Medi-Cal enrollees to greatly increase. Given these changes, behavioral health care is now a greater part of primary care settings. More and more clinics have either fully-integrated or co-located mental health care rather than contracting or referring out those services. More recently, the COVID-19 public health emergency has caused growing concern about access to behavioral health treatment both due to the stressors of living through the pandemic and potential lasting effects of the disease itself. This impact has been felt hardest by low-income communities of color who bore a higher disease burden given job conditions, living conditions, and lack of meaningful economic choices to mitigate risk. Finally, in this context

of heightened need for behavioral health providers, FQHCs and RHCs, like all other medical providers, are also facing a workforce shortage.

- 4) *Temporary addition of provider types at FQHCs and RHCs due to COVID-19 public health emergency.* Given the severe challenges faced during the public health emergency, pursuant to State Plan Amendment 20-0024, DHCS issued guidance on May 20, 2020, temporarily adding the services ASWs and AMFTs at FQHCs and RHCs as billable visits. ASWs and AMFTs have completed their master's degree and are registered with the Board of Behavior Science but have yet to complete their years of clinical training. Licensed behavioral health practitioners must supervise and assume the professional liability of services furnished by the unlicensed ASW and AMFT practitioners. FQHCs or RHCs can be reimbursed for a visit between an FQHC or RHC patient and an ASW or AMFT. The visit may be conducted as a face to face encounter or meet the requirements of a visit provided via telehealth. While many FQHCs and RHCs had been using ASWs and AMFTs prior to the pandemic, they had not been permitted to bill Medi-Cal for the services rendered by the ASWs and AMFTs. The temporary public health emergency policies approved in the state plan amendment also allow DHCS to ignore the change in scope requirements should a clinic choose to add the use of MFTs if it previously had not used them.
- 5) *Related legislation.* SB 316 (Eggman) Requires Medi-Cal reimbursement to FQHCs and RHCs for two visits taking place on the same day at a single location when the patient suffers illness or injury requiring additional diagnosis or treatment after the first visit, or when the patient has a medical visit and another health visit with a mental health or dental provider. *SB 316 is in the Assembly inactive file.*

AB 2666 (Salas) establishes a grant program administered by the Department of Health Care Access and Information out to distribute stipends to students in behavioral health fields who have internships or are completing licensure hours through unpaid positions at federally qualified health centers. *AB 2666 is pending in the Assembly Health Committee.*

- 6) *Prior legislation.* AB 1863 (Wood, Chapter 610, Statutes of 2016) added licensed MFTs as providers who are permitted bill for visits at a FQHCs or RHC so long as the FQHC or RHC files for a change in scope of services with DHCS and the change is approved.

AB 858 (Wood of 2015) included a provision that added MFTs to the list of healthcare professionals that could bill Medi-Cal for purposes of an FQHC or RHC visit. *SB 858 was vetoed by Governor Brown who said it would require new spending at a time when there was considerable uncertainty in the funding of this program.*

AB 690 (Wood of 2015) also added MFTs to the list of healthcare professionals that could bill Medi-Cal for purposes of an FQHC or RHC visit. *AB 690 was held on the Assembly Appropriations suspense file.*

AB 1785 (Lowenthal of 2012) also added MFTs to the list of healthcare professionals that could bill Medi-Cal for purposes of an FQHC or RHC visit. *AB 1785 was held on the Assembly Appropriations suspense file.*

- 7) *Support.* This bill is co-sponsored by California Health+ Advocates and California Association of Marriage and Family Therapists. California Health+ Advocates write that the use of associate social workers and associate marriage and family therapists has greatly increased access to behavioral health services and helped meet the increased patient demand during COVID-19. They note that community health centers have decreased capacity to meet increased behavioral health needs given the extreme workforce shortage across the state and the impacts are disproportionately felt by people of color. They cite a California Health Care Foundation study finding roughly four in ten Black, Latino, or mixed-race individuals report symptoms of anxiety or depression at above-average rates. California Association of Marriage and Family Therapists write in reference to the removal of the change in scope-of-services requirement, this bill removes administrative barriers that have prevented MFTs from providing care and substance use disorder treatment in FQHCs and RHCs as initially envisioned in AB 1785 (2012). Supporters St. Johns Well Child & Family Center write that the requirement to be approved for a change in scope-of-services prior to billing for MFTs requires significant resources, and a state audit process which often takes as much as three years. They also note that in their experience, MFTs are more likely to be bilingual and have strong connections to the communities they serve.

SUPPORT AND OPPOSITION:

Support: California Association of Marriage and Family Therapists (co-sponsor)
 California Health+ Advocates (co-sponsor)
 Alameda Health Consortium
 AltaMed
 APLA Health
 Asian Health Services
 California Alliance of Child and Family Services
 California School Based Health Alliance
 Community Clinic Association of Los Angeles
 Community Medical Centers, Inc.
 DAP Health
 Depression and Bipolar Support Alliance
 Golden Valley Health Center
 Health Alliance of Northern California
 Health Center Partners of Southern California
 Herald Christian Health Center
 Hill Country Health and Wellness Center
 Inncare
 La Clinica de la Raza
 LifeLong Medical Care
 Marin Community Clinic
 National Association of Social Workers, California Chapter
 North Coast Clinics Network
 North East Medical Services
 Northeast Valley Health Corporation
 Peach Tree Health
 Redwood Community Health Coalition
 Ritter Center
 Saban Community Clinic
 San Francisco Community Clinic Consortium

SB 966 (Limón)

San Ysidro Health
Sierra Family Health Center
South Central Family Health Center
St. Johns Well Child & Family Health Center
St. Jude Neighborhood Health Center
Steinberg Institute
The Achievable Foundation
Tiburcio Vasquez Health Center INC
Venice Family Clinic
Vista Community Clinic
West Oakland Health
Westside Family Health Center

Oppose: One Individual

-- END --