



BOARD OF DIRECTORS

*Luis Avila, President
Becky Campo, Vice-President
Timothy Benefield, Secretary
Anne Stokman, RN, Treasurer
(Vacant), Director*

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

BOARD OF DIRECTORS MEETING

September Agenda plus Monday, October 30, 2023 @ 6:00 pm

Del Puerto Health Center, 1700 Keystone Pacific Parkway, Ste B, North Conference Room

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 acting 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. Depending on the number of persons wishing to speak, speaking time may be reduced to allow all public members to address the Board. Public comments must be addressed to the board 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 Board President announces the item. 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.

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-meetings>.

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-meetings>.

NOTICE REGARDING NON-ENGLISH SPEAKERS: Board of Director meetings are conducted in English and translation to other languages is not provided. Please arrange 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 be silenced or set in a mode to not disturb District business during the meeting.

**DEL PUERTO HEALTH CARE DISTRICT
Board of Directors Meeting**

Monday, October 30, 2023 @ 6:00 pm

Del Puerto Health Center, 1700 Keystone Pacific Parkway, Ste B, North Conference Room

1. **Call to Order**
2. **Pledge of Allegiance**
3. **Board of Directors Roll Call**
4. **Reading the Vision, Mission, and Value Statements**
*Vision: "A locally cultivated, healthier community."
Mission: "To provide, promote, and partner in quality healthcare for all."
Values: "Compassion – Commitment – Excellence"*
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 the agenda are made when the Board considers each item. Each speaker is allowed a maximum of five minutes. Board members may not comment or act 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 moving any consent calendar item to the regular calendar or change the order of the agenda items.]*
8. **Consent Calendar*** *[Routine committee reports, minutes, and non-controversial items]* **Action**
 - A. SEP*Approve Financial Report – July 31, 2023
 - B. SEP *Approve Special Board Meeting Minutes – August 17, 2023
 - C. SEP Accept Finance Committee Minutes – August 23, 2023
 - D. SEP *Approve Regular Board Meeting Minutes – August 28, 2023
 - E. SEP *Accept Financial Report – August 31, 2023
 - F. SEP *Approve Budget Revision for 2023 Nexus Study (engagement approved Aug 28, 2023)
 - G. SEP *Approve Impact Fee 1-year and 5-year Reports as of June 30, 2023
 - H. SEP *Resolution 2023-15: Engagement of Underwriter for Building Project Financing
 - I. SEP *Mitigation Fund Reconciliation and Transfer of Funds
 - J. OCT *Adopt Cell Phone Business-Use and Work-use Policies
9. ****Regular Calendar**
 - A. **Any Consent Calendar items moved to the Regular Calendar* **Action**
 - B. SEP - 875 E Street Building – Emergency Power Solution **Action**
 - C. OCT – Accept Behavioral Health Market Analysis Grant **Action**
10. **Strategic Planning**
 - A. Board Self-Assessment Review of Results
 - B. Foundation Clarifying Purpose and Priorities
 - C. Strategic Plan Timeline Review
11. **Verbal Reports**

<u>A. Employee Anniversaries & New Hires</u>	<u>September & October</u>	<u>Years</u>
Ambulance	Brandon Cousins	8
	Lisa Vasquez	3
Health Center	Araceli Ortiz Rodriguez	6
	Yaneth Casillas	8
	Yesenia Sanchez	8
	Jessica Herrera-Gomez	2
Administration	Maria Reyes-Palad	5
	Cheryle Pickle	5
	Danae Skinner	5
B. Del Puerto Hospital Foundation – Directors Stokman and Avilla		
C. West Side Health Care Task Force – Director Benefield		

**DEL PUERTO HEALTH CARE DISTRICT
Board of Directors Meeting**

Monday, October 30, 2023 @ 6:00 pm

Del Puerto Health Center, 1700 Keystone Pacific Parkway, Ste B, North Conference Room

- D. Election Update – March 2024
 - E. Special District Leadership Academy, Oct 22-25
12. **Written Reports** (Directors may raise any questions they have)
- A. Ambulance (September and October) – Mr. Willette
 - B. Health Center (September and October) – Ms. Benitez
 - C. Administration (September and October) – Ms. Freese
 - D. Legislative Update – Director Avila and Ms. Freese
13. **Director Correspondence, Comments, Future Agenda Items** **Information**
14. **Upcoming Regular Board and Standing Committee Meeting Dates Information**
- | | |
|----------------------------------------|-------------------------------------|
| Finance – Mon, Nov 27, 2023 @ 4:30 PM | Board – Mon, Nov 27, 2023 @ 6:00 PM |
| Finance – Dec TBD | Board – Dec TBD |
| Finance – Wed, Jan 24 , 2024 @ 8:30 AM | Board – Mon, Jan 29, 2024 @ 6:00 PM |
15. **Adjourn**

Del Puerto Health Care District
Balance Sheet
As of July 31, 2023

	Jul 31, 23	Jun 30, 23	% Change	Jul 31, 22	Change	Notes
ASSETS						
Current Assets						
Total Checking/Savings	3,760,978	3,927,393	(4%)	2,810,302	34%	
Total Accounts Receivable	955,260	904,743	6%	518,468	84%	
Total Other Current Assets	429,519	201,700	113%	485,318	(11%)	
Total Current Assets	5,145,757	5,033,836	2%	3,814,088	35%	
Fixed Assets						
Total 151.000 - Capital assets	4,934,231	4,960,748	(1%)	5,098,145	(3%)	
Total Fixed Assets	4,934,231	4,960,748	(1%)	5,098,145	(3%)	
Other Assets						
150.000 - Lease Receivable - Non Current	327,809	327,809		327,809		
Total Other Assets	327,809	327,809		327,809		
TOTAL ASSETS	10,407,797	10,322,393	1%	9,240,042	13%	
LIABILITIES & EQUITY						
Liabilities						
Total Current Liabilities	517,105	556,043	(7%)	516,473	0%	
Total Long Term Liabilities	1,776,451	1,782,077	(0%)	1,844,576	(4%)	
Total Liabilities	2,293,556	2,338,120	(2%)	2,361,049	(3%)	
Equity						
350.000 - Unrestricted Assets	2,612,425	1,396,247	87%	2,028,461	29%	
Total 360.000 - Assigned Fund Balance	2,636,216	2,636,216		2,004,002	32%	
Total 370.000 - Restricted Fund Balance	242,870	242,870		242,870		
390.000 - Net Fixed Assets (Capital)	2,492,762	2,492,762		2,492,762		
Net Income	129,970	1,216,178	(89%)	110,899	17%	1st Month Overall Result
Total Equity	8,114,243	7,984,273	2%	6,878,994	18%	
TOTAL LIABILITIES & EQUITY	10,407,799	10,322,393	1%	9,240,043	13%	

	Jul 31, 23	Jun 30, 23
Month End Cash Balance	3,760,978	3,927,393
101.015 - TCB Keystone C 8641	(309,685)	(297,642)
103.100 - TCB USDA Debt Reserve 7237	(122,938)	(122,936)
370.010 - Mitigation Fees	(122,150)	(122,150)
360.030 - Asset Replacement Fund	(1,145,216)	(1,145,216)
AP & Payroll Liabilities	(443,767)	(482,995)
UNENCUMBERED CASH	1,617,222	1,756,454
Percent of Operating Reserve	108%	118%
360.070 - Operating Reserve	1,491,000	1,491,000

Del Puerto Health Care District
YTD by Class
July 2023

	Total 00 Tax Revenue			Total 01 DPHCD			Total 02 Patterson District Ambulance			Total 03 Del Puerto Health Center			Total 06 Keystone Bldg C			TOTAL			
	Jul 23	Budget	Budget	Jul 23	Budget	Budget	Jul 23	Budget	Budget	Jul 23	Budget	Budget	Jul 23	Budget	Budget	Jul 23	Budget	Budget	
			FY23-24			FY23-24			FY23-24			FY23-24			FY23-24				
Ordinary Income/Expense																			
Income																			
401.000 · Gross Patient Service Revenue							1,049,456	862,223	10,346,675	426,476	289,374	3,472,486				1,475,932	1,151,597	13,819,161	
403.000 · Adjustments							(626,585)	(563,145)	(6,757,739)	(96,358)	(23,590)	(283,076)				(722,943)	(586,735)	(7,040,815)	
405.000 · Bad Debt							(172,527)	(63,426)	(761,111)	(13,760)						(186,287)	(63,426)	(761,111)	
407.000 · Other Income				250	3,000		15	475	5,700	335	833	10,000				350	1,558	18,700	
Total Income				250	3,000		250,359	236,127	2,833,525	316,693	266,618	3,199,410				567,052	502,995	6,035,935	
Gross Profit				250	3,000		250,359	236,127	2,833,525	316,693	266,618	3,199,410				567,052	502,995	6,035,935	
Expense																			
601.000 · Salaries & Wages				51,861	40,466	500,829	150,265	136,948	1,623,442	98,545	116,266	1,434,969				300,671	293,680	3,559,240	
602.000 · Employee Benefits				10,896	11,361	138,228	33,594	34,670	416,207	31,395	34,980	419,925				75,885	81,011	974,360	
603.000 · Professional Fees				2,980	1,250	49,000	10,675	4,406	52,874	37,241	39,409	411,920				50,896	45,065	513,794	
604.000 · Purchased Services				2,132	9,646	16,885	22,026	21,490	277,884	22,150	32,066	384,793				46,308	63,202	679,562	
605.000 · Supplies				428	686	8,258	6,475	7,570	90,837	3,704	7,867	94,404				10,607	16,123	193,499	
606.000 · Utilities				634	643	7,708	2,010	1,954	23,447	3,695	3,857	46,279				6,339	6,454	77,434	
607.000 · Rental and Lease						300				203	203	2,430				203	203	2,730	
608.000 · Insurance Coverages				3,599	3,359	40,317	18,430	20,338	244,060	10,423	10,619	127,426				32,452	34,316	411,803	
609.000 · Maintenance & Repairs				111	202	2,418	11,226	6,972	83,660	1,926	2,782	33,381				13,263	9,956	119,459	
610.000 · Depreciation and Amortization				1,981	1,583	18,963	16,002	15,798	189,570	8,218	7,559	90,708	4,031	3,966	47,597	30,232	28,906	346,838	
611.000 · Other operating expenses				25,756	5,736	6,306	20,101	15,925	480,983	12,823	11,379	105,554				38,660	33,610	687,357	
699.999 · Condensed Item Adj. Expense						0		0			0						0	0	
Total Expense				25,756	80,359	75,502	857,970	290,805	266,071	3,482,964	230,322	266,987	3,151,789	4,031	3,966	47,597	605,517	612,526	7,566,076
Net Ordinary Income				(25,756)	(80,359)	(75,252)	(854,970)	(40,445)	(29,944)	(649,439)	86,371	(369)	47,621	(4,031)	(3,966)	(47,597)	(38,464)	(109,531)	(1,530,141)
Other Income/Expense																			
Other Income																			
701.000 · District Tax Revenues	134,144	134,144	1,609,732				20,617	20,617	247,409								154,761	154,761	1,857,141
703.000 · Investment Income				7,664	5,334	40,000	0				0						7,664	5,334	40,000
704.000 · Interest Expense										(4,434)	(4,399)	(52,792)					(4,434)	(4,399)	(52,792)
705.000 · Tenant Revenue													11,636	9,746	116,956		11,636	9,746	116,956
710.000 · Misc Other Income											317	3,800						317	3,800
Total Other Income	134,144	134,144	1,609,732	7,664	5,334	40,000	20,617	20,617	247,409	(4,434)	(4,083)	(48,992)	11,636	9,746	116,956	169,627	165,758	1,965,105	
Other Expense																			
802.000 · Keystone District Expense													1,192	1,495	17,936		1,192	1,495	17,936
Total Other Expense													1,192	1,495	17,936		1,192	1,495	17,936
Net Other Income	134,144	134,144	1,609,732	7,664	5,334	40,000	20,617	20,617	247,409	(4,434)	(4,083)	(48,992)	10,444	8,252	99,020	168,435	164,264	1,947,169	
Net Income	134,144	134,144	1,583,976	(72,695)	(69,918)	(814,970)	(19,828)	(9,327)	(402,030)	81,937	(4,452)	(1,371)	6,412	4,285	51,423	129,970	54,732	417,028	
699.999 · Condensed Item Adj. Expense				(75,537)	(67,208)	(806,492)	37,769	33,604	403,246	37,769	33,604	403,246							
NET after Admin Cost	134,144	134,144	1,583,976	2,842	(2,710)	(8,478)	(57,597)	(42,931)	(805,276)	44,168	(38,056)	(404,617)	6,412	4,285	51,423	129,970	54,732	417,028	

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

July 2023

Type	Date	Num	Name	Credit	Notes
101.000 - Cash and cash equivalents					
101.010 - Tri Counties Bank					
101.011 - TCB-Operating Checking 1739					
Bill Pmt -Check	07/12/2023	EFT	Umpqua Bank	17,342.62	
Bill Pmt -Check	07/19/2023	EFT	City Of Patterson-H2O, sewer, garbag	497.07	
Bill Pmt -Check	07/19/2023	EFT	ABW Medical, LLC	12,688.20	
Bill Pmt -Check	07/25/2023	EFT	Athena Health, Inc.	8,148.02	
Bill Pmt -Check	07/03/2023	32107	ACETECH Corp	11,872.00	Fixed Asset - Bldg Cameras
Bill Pmt -Check	07/03/2023	32108	Airgas USA, LLC	143.80	
Bill Pmt -Check	07/03/2023	32109	Alliant Insurance Services	22,906.23	Prepaid Insurance
Bill Pmt -Check	07/03/2023	32110	Beta Healthcare Group	70,638.93	Prepaid Insurance
Bill Pmt -Check	07/03/2023	32111	DeHart Plumblng Heating & Air Inc	1,222.00	
Bill Pmt -Check	07/03/2023	32112	DeliverHealth	237.00	
Bill Pmt -Check	07/03/2023	32113	GreenWorks Janitorial Services	4,145.00	
Bill Pmt -Check	07/03/2023	32114	Life-Assist	519.42	
Bill Pmt -Check	07/03/2023	32115	McKesson Medical Surgical Inc.	329.48	
Bill Pmt -Check	07/03/2023	32116	MD - Rodriguez, Jose	35,333.33	
Bill Pmt -Check	07/03/2023	32117	Mission Linen Supply	1,067.68	
Bill Pmt -Check	07/03/2023	32118	PG&E	41.94	
Bill Pmt -Check	07/03/2023	32119	Verizon Wireless	641.32	
Bill Pmt -Check	07/03/2023	32120	Westside Landscape & Concrete	152.00	
Check	07/12/2023	32121	REFUND - Ambulance:REFUND - Rar	189.75	
Bill Pmt -Check	07/12/2023	32122	Airgas USA, LLC	99.77	
Bill Pmt -Check	07/12/2023	32123	Alliant Insurance Services	3,539.07	Prepaid Insurance
Bill Pmt -Check	07/12/2023	32124	AMR-American Medical Response	6,816.00	
Bill Pmt -Check	07/12/2023	32125	BICSEC Security, Inc	25.00	
Bill Pmt -Check	07/12/2023	32126	Bound Tree Medical LLC	714.26	
Bill Pmt -Check	07/12/2023	32127	Cole Huber (Cota Cole)	4,858.32	
Bill Pmt -Check	07/12/2023	32128	Comcast - Other	191.12	
Bill Pmt -Check	07/12/2023	32129	Data Path, Inc	5,946.24	
Bill Pmt -Check	07/12/2023	32130	DeliverHealth	79.00	
Bill Pmt -Check	07/12/2023	32131	Frontier-3755	259.17	
Bill Pmt -Check	07/12/2023	32132	Frontier - HC 8639	259.17	
Bill Pmt -Check	07/12/2023	32133	Language Line	287.46	
Bill Pmt -Check	07/12/2023	32134	McAuley Ford	1,721.83	
Bill Pmt -Check	07/12/2023	32135	McKesson Medical Surgical Inc.	3,581.98	
Bill Pmt -Check	07/12/2023	32136	MedStatix, Inc	160.00	
Bill Pmt -Check	07/12/2023	32137	Modesto Welding Products	86.30	
Bill Pmt -Check	07/12/2023	32138	Mr. Rooter Plumbing	356.98	
Bill Pmt -Check	07/12/2023	32139	O'Reilly Auto Parts	19.40	
Bill Pmt -Check	07/12/2023	32140	Pacific Records Management	356.52	
Bill Pmt -Check	07/12/2023	32141	Patterson Irrigator	30.00	
Bill Pmt -Check	07/12/2023	32142	Patterson Tire	1,870.03	
Bill Pmt -Check	07/12/2023	32143	Paul Oil Co., Inc.	3,041.83	
Bill Pmt -Check	07/12/2023	32144	Physicians Service Bureau	262.77	
Bill Pmt -Check	07/12/2023	32145	Sanofi Pasteur, Inc	2,374.02	
Bill Pmt -Check	07/12/2023	32146	Smile Makers	113.70	
Bill Pmt -Check	07/12/2023	32147	Stan Med Soc / CA Medical	380.00	
Bill Pmt -Check	07/12/2023	32148	Stanislaus Foundation for Medical Car	50.00	
Bill Pmt -Check	07/12/2023	32149	Stericycle / Shred-it	107.34	

Del Puerto Health Care District Warrants by Bank Account

July 2023

Type	Date	Num	Name	Credit	Notes
					<i>June Bill (MD Contract, Incentive Policy, Litigation & Board agendas)</i>
Bill Pmt -Check	07/12/2023	32150	Cole Huber (Cota Cole)	8,864.57	
Bill Pmt -Check	07/12/2023	32151	Stericycle / Shred-it	311.36	
Bill Pmt -Check	07/12/2023	32152	Streamline	3,576.00	<i>Prepaid Website Fee</i>
Bill Pmt -Check	07/12/2023	32153	Stryker Sales Corporation	432.00	
Bill Pmt -Check	07/12/2023	32154	Terminix	68.00	
Bill Pmt -Check	07/12/2023	32155	TID Turlock Irrigation District +06	1,624.40	
Bill Pmt -Check	07/12/2023	32156	Westside Landscape & Concrete	907.50	
Bill Pmt -Check	07/12/2023	32157	Workbench True Value Hdwe.	47.43	
Bill Pmt -Check	07/12/2023	32158	Zoll	1,117.59	
Check	07/19/2023	32159	REFUND - Ambulance:REFUND - Lan	384.54	
Check	07/19/2023	32160	REFUND - Ambulance:REFUND - Del	100.00	
Check	07/19/2023	32161	REFUND - Ambulance:REFUND - Mul	490.99	
Bill Pmt -Check	07/19/2023	32162	Airgas USA, LLC	89.32	
Bill Pmt -Check	07/19/2023	32163	Amazon	742.39	
Bill Pmt -Check	07/19/2023	32164	Bound Tree Medical LLC	1,092.04	
Bill Pmt -Check	07/19/2023	32165	City of Patterson-Business Licenses	236.00	
Bill Pmt -Check	07/19/2023	32166	City Of Patterson-H2O, sewer, garbag	531.58	
Bill Pmt -Check	07/19/2023	32167	Comcast Business Voice Edge	1,970.15	
Bill Pmt -Check	07/19/2023	32168	Crescent Work & Outdoor #1	87.10	
Bill Pmt -Check	07/19/2023	32169	Health Financial Systems	400.00	
Bill Pmt -Check	07/19/2023	32170	Life-Assist	2,115.24	
Bill Pmt -Check	07/19/2023	32171	McKesson Medical Surgical Inc.	1,763.84	
Bill Pmt -Check	07/19/2023	32172	MD - Rodriguez, Jose	13,944.60	<i>Q1 & Q2 Prod Bonus</i>
Bill Pmt -Check	07/19/2023	32173	Mission Linen Supply	820.13	
					<i>5yr GEMT cost report review fee</i>
Bill Pmt -Check	07/19/2023	32174	Public Consulting Group	5,000.00	
Bill Pmt -Check	07/19/2023	32175	Sanofi Pasteur, Inc	2,747.04	
Bill Pmt -Check	07/19/2023	32176	SEMSA Sierra Medical Services Allian	8,940.33	
Bill Pmt -Check	07/19/2023	32177	Staples Advantage	155.74	
Bill Pmt -Check	07/19/2023	32178	Symbol Arts	766.98	
Bill Pmt -Check	07/19/2023	32179	V2V Management Solutions	450.00	
Bill Pmt -Check	07/19/2023	32180	Staples Advantage	140.83	
Bill Pmt -Check	07/19/2023	32181	Stericycle	607.75	
Bill Pmt -Check	07/19/2023	32182	Stericycle	182.33	
Check	07/25/2023	32183	REFUND - Ambulance:REFUND - HP!	422.07	
Check	07/25/2023	32184	REFUND - Ambulance:REFUND - HP!	402.90	
Check	07/25/2023	32185	REFUND - Ambulance:REFUND - HP!	70.29	
Check	07/25/2023	32186	REFUND - Ambulance:REFUND - HP!	339.00	
Bill Pmt -Check	07/25/2023	32187	Beta Healthcare - Workers Comp	6,645.75	
Bill Pmt -Check	07/25/2023	32188	Beta Healthcare Group	18,667.93	
					<i>Employment Policies Review</i>
Bill Pmt -Check	07/25/2023	32189	Blanchard Saiger Law	4,275.00	
Bill Pmt -Check	07/25/2023	32190	Cole Huber (Cota Cole)	811.24	
Bill Pmt -Check	07/25/2023	32191	Lecticon	1,560.00	
Bill Pmt -Check	07/25/2023	32192	Paul Oil Co., Inc.	3,942.89	
Bill Pmt -Check	07/25/2023	32193	Riggs Ambulance Service, Inc.	529.25	
Bill Pmt -Check	07/25/2023	32194	West Side Storage Baldwin	202.50	
Total 101.011 · TCB-Operating Checking 1739				324,279.66	

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

July 2023

Type	Date	Num	Name	Credit	Notes
101.012 - TCB-Payroll Account 2999					
Liability Check	07/05/2023		Payroll Direct Deposit	95,611.34	
Liability Check	07/19/2023		Payroll Direct Deposit	85,281.18	
Liability Check	07/20/2023		Payroll Direct Deposit	600.36	
Liability Check	07/06/2023	EFT	AIG (VALIC)	16,321.52	
Liability Check	07/06/2023	EFT	California State Disbursement Unit	482.76	
Liability Check	07/20/2023	EFT	California State Disbursement Unit	482.76	
Liability Check	07/21/2023	EFT	AIG (VALIC)	14,987.40	
Liability Check	07/06/2023	E-pay	EDD State of California	7,970.67	
Liability Check	07/06/2023	E-pay	Internal Revenue Service	40,851.00	
Liability Check	07/20/2023	E-pay	EDD State of California	6,783.38	
Liability Check	07/20/2023	E-pay	Internal Revenue Service	36,203.32	
Liability Check	07/20/2023	E-pay	EDD State of California	7.29	
Liability Check	07/20/2023	E-pay	Internal Revenue Service	229.70	
Paycheck	07/06/2023	25483	Employee Payroll	3,324.79	
Paycheck	07/06/2023	25484	Employee Payroll	818.76	
Paycheck	07/06/2023	25485	Employee Payroll	196.66	
Paycheck	07/06/2023	25486	Employee Payroll	197.83	
Paycheck	07/06/2023	25487	Employee Payroll	1,610.53	
Paycheck	07/06/2023	25488	Employee Payroll	1,068.19	
Check	07/06/2023	25489	Franchise Tax Board	VOID	
Liability Check	07/06/2023	25490	Franchise Tax Board	1,001.36	
Liability Check	07/06/2023	25491	Franchise Tax Board	742.31	
Liability Check	07/06/2023	25492	United Steelworkers	302.42	
Paycheck	07/20/2023	25493	Employee Payroll	2,671.13	
Paycheck	07/20/2023	25494	Employee Payroll	225.02	
Paycheck	07/20/2023	25495	Employee Payroll	638.02	
Paycheck	07/20/2023	25496	Employee Payroll	555.78	
Paycheck	07/20/2023	25497	Employee Payroll	197.84	
Paycheck	07/20/2023	25498	Employee Payroll	1,356.61	
Paycheck	07/20/2023	25499	Employee Payroll	1,205.51	
Liability Check	07/20/2023	25500	Franchise Tax Board	968.00	
Liability Check	07/20/2023	25501	Franchise Tax Board	665.16	
Liability Check	07/20/2023	25502	United Steelworkers	382.88	
Paycheck	07/21/2023	25503	Employee Payroll	2,491.03	
Liability Check	07/20/2023	25504	CA Choice	41,320.17	
Liability Check	07/20/2023	25505	AFLAC	1,585.24	
Liability Check	07/20/2023	25506	LegalShield	385.95	
Liability Check	07/20/2023	25507	Principal Life Insurance Co	5,327.27	
Total 101.012 - TCB-Payroll Account 2999				<u>375,051.14</u>	
101.015 - TCB - Keystone C 8641					
Bill Pmt -Check	07/12/2023	10354	DeHart Plumbing Heating & Air Inc	573.00	
Bill Pmt -Check	07/12/2023	10355	Gilberto Arroyo-06	325.00	
Bill Pmt -Check	07/12/2023	10356	Terminix	89.00	
Bill Pmt -Check	07/12/2023	10357	TID Turlock Irrigation District +06	398.09	
Bill Pmt -Check	07/19/2023	10358	City Of Patterson-H2O, sewer, garbag	184.12	
Total 101.015 - TCB - Keystone C 8641				<u>1,569.21</u>	
Total 101.010 - Tri Counties Bank				<u>700,900.01</u>	
Total 101.000 - Cash and cash equivalents				<u>700,900.01</u>	
103.000 - Restricted Funds					
103.100 - TCB-USDA Debt Reserve 7237					

Del Puerto Health Care District
Warrants by Bank Account

July 2023

Type	Date	Num	Name	Credit	Notes
Check	07/15/2023	eft	USDA Rural Development Loan-EFT	10,060.00	
Total 103.100 · TCB-USDA Debt Reserve 7237				<u>10,060.00</u>	
Total 103.000 · Restricted Funds				<u>10,060.00</u>	
TOTAL				<u>710,960.01</u>	
			Less: Irregular Items (highlighted)	144,616.40	
			NET WARRANTS ISSUED - July 2023	<u>566,343.61</u>	



BOARD OF DIRECTORS BOARD OF DIRECTORS

Luis Avila, President
 Becky Campo, Vice-President
 Timothy Benefield, Secretary
 Anne Stokman, RN, Treasurer

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

BOARD OF DIRECTORS MEETING MINUTES
Monday, August 17, 2023 @ 6:00 pm

1. **Call to order** at 6:01 PM by President Luis Avila
2. **Pledge of Allegiance**
3. **Roll Call**
 - Directors Present:** President, Luis Avila
 Treasurer, Anne Stokman
 Secretary, Timothy Benefield
 - Directors Absent:** Vice President, Becky Campo (Arrived @ 6:02 pm)
 - Staff Present:** CEO, Karin Freese
 Ambulance Director, Paul Willette
 Health Center Manager, Suzie Benitez
 Financial Accounting Manager, Maria Reyes Palad
 Clinical ED & QI Manager, Jim Whitworth
 Clerk of the Board/HR Manager, Cheryle Pickle
 - District Legal Council:** Dave Ritchie, Cole Huber, LLP
 - Members of the Public:** none

We have a quorum.
4. **Reading of the District's Vision, Mission, and Value Statements:**
 - Vision:* "A locally cultivated, healthier community."
 - Mission:* "To provide, promote, and partner in quality healthcare for all."
 - Values:* "Compassion – Commitment – Excellence"
5. **Public Comment Period**
None
6. **Declarations of Conflict** [Board members disclose any conflicts of interest with agenda items]
None
7. **Approval of Agenda:**
 - M/S/C:** To approve the agenda as posted.
 Directors Stokman/Benefield
 - Ayes:** Directors Avila, Stokman, Campo, Benefield
 - Nays:** None
 - Abstain:** None
 - Motion:** Passed
8. **Consent Calendar*** [Routine committee reports, minutes, and non-controversial items]
 - A. *Regular Board Meeting Minutes – July 31, 2023
 - M/S/C.** Approve the Consent Calendar.
 Directors Benefield/ Stokman
 - Ayes:** Directors: Avila, Stokman, Campo, Benefield
 - Nays:** None
 - Abstain:** None
 - Motion:** Passed

9. Closed Session Entered at 6:05 PM

Gov't Code section 54956.8 Conference with Real Property Negotiator
Property: APN 000-131-024-008

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

10. Reconvene to Open Session – Report of Closed Session

No reportable action was taken; instructions were given to staff.

11. Regular Calendar* *[Members of the public may address the Board as the Board considers each item. Each speaker is allowed a maximum of five minutes.]*

A. No Items were moved from the consent calendar.

B. **Review Proposals and Award Contract for Development Impact Fee Nexus Study.**
No action was taken; instructions were given to staff—the item was tabled to the August 28, 2023 meeting.

C. Review and Approve Building Cash Flow Through December 2023

Ms. Freese presented an updated estimate for the building project and cash flow projection through November 2025 and requested authorization for all expenses identified through December 2023.

M/S/C. Approve expenses associated with the RFQ, RFP, and Design-Build contract drafting with a maximum limit of \$263,043 and empower the CEO to procure all necessary services to facilitate the RFQ, RFP, and Design-Build Contract drafting process by Directors Stokman/Campo.

Ayes: Directors: Avila, Stokman, Campo, Benefield

Nays: None

Abstain: None

Motion: Passed

D. Review Proposals and Award a Contract for D-B Construction Legal Services

After a review of two proposals from qualified legal firms and a discussion among board members and staff, the following action was taken:

M/S/C. Approve and engage the law firm of Austin Murphy to provide legal counsel related to the Design-Build Construction project, including legal review of the RFQ, RFP, and Design-Build Contract by Directors Benefield/Stokman.

Ayes: Directors: Avila, Stokman, Campo, Benefield

Nays: None

Abstain: None

Motion: Passed

E. Adopt Resolution 2023-14 Authorizing Purchase of Real Property

M/S/C. to adopt Resolution 2023-14 authorizing the purchase of Real Property by Directors Benefield/Campo.

Ayes: Directors: Avila, Stokman, Benefield
Nays: None
Abstain: Campo
Motion: Passed

12. Upcoming Regular Board and Standing Committee Meeting Dates Information

Finance – Wed, Sep 20, 2023 @ 8:00 AM	Board – Mon, Sep 26, 2023 @ 6:00 PM
Finance – Wed, Oct 25, 2023 @ 8:00 AM	Board – Mon, Oct 30, 2023 @ 6:00 PM
Finance – Mon, Nov 27, 2023 @ 4:30 PM	Board – Mon, Nov 27, 2023 @ 6:00 PM

13. Adjourn @ 7:55 PM

Respectfully Submitted:

Timothy Benefield, Board Secretary

Date Signed

DEL PUERTO HEALTH CARE DISTRICT
875 E Street, Patterson, CA 95363
FINANCE MEETING
MINUTES August 23, 2023

1. **Call to order/Attendance**
The meeting was called to order by Anne Stokman, Committee Chair, 8:07 AM
Other Board Members Present: Becky Campo, Committee Member
Staff Members Present: Maria Reyes-Palad, Financial Accounting Manager; and Danae Skinner, Administrative Staff Accountant. Suzie Benitez, Health Center Manager, arrived at 8:17 AM
2. **Public Participation** – there were no comments.
3. **Acceptance of Agenda**
M/S/C Anne Stokman/Becky Campo to accept the agenda as presented.
4. **Finance Report Review**
 - A. Review for Approval: July 31, 2023 Finance Meeting Minutes
M/S/C Becky Campo/Anne Stokman to accept the minutes for July 31, 2023 as presented.
 - B. Review Financial Reports for June 2023
Maria Reyes-Palad reviewed the Financial Reports for June 2023 and answered all questions regarding the reports.
M/S/C M/S/C Anne Stokman/Becky Campo to recommend to the Board to accept the June 2023 Financial Reports as presented.
 - C. Review for Recommendation June 2023 Warrants
Maria Reyes-Palad reviewed the report and answered all questions regarding the Warrants.
M/S/C Becky Campo/Anne Stokman to recommend to the Board to accept the Warrants as presented.
5. **Old Business**
 - A. FY 2023-24 Budget Revision Regarding Additional Costs
Maria Reyes-Palad reviewed FY 2023-24 Budget Revision Regarding Additional Costs and answered all questions.
Information Only – No Action Taken.
6. **New Business**
 - A. Imaging Project Costs
The committee asked that the staff present a report to the Board with details of the program.
Information Only – No Action Taken.
7. **Accounting and Finance Manager Report**
 - A. Asset Replacement Fund Update 2023
Maria Reyes-Palad reviewed the Asset Replacement Fund update and answered all questions regarding the report.
Information Only – No Action Taken.
 - B. E Street Land & Building Details
Maria Reyes-Palad reviewed the E Street Land & Building Details and answered all questions regarding the report.
Information Only – No Action Taken.
 - C. Set Schedule for Committee Review of Account Reconciliations
Becky Campo reviewed the Credit Card Account Reconciliation after the meeting.
8. **Meeting adjourned – 8:53 AM** **Next Meeting: 8:00 AM**

Respectfully submitted,

Anne Stokman, Treasurer



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BOARD OF DIRECTORS MEETING MINUTES
Monday, August 28, 2023 @ 6:00 pm

1. **Call to order** at 6:00 pm by President, Luis Avila
2. **Pledge of Allegiance**
3. **Roll Call**

Directors Present:	President, Luis Avila Treasurer, Anne Stokman Secretary, Timothy Benefield
Directors Absent:	Vice President, Becky Campo (Arrived @ 6:02 pm)
Staff Present:	CEO, Karin Freese Ambulance Director, Paul Willette Health Center Manager, Suzie Benitez Financial Accounting Manager, Maria Reyes Palad Clinical ED & QI Manager, Jim Whitworth Clerk of the Board/HR Manager, Cheryle Pickle
District Legal Council:	Dave Ritchie, Cole Huber, LLP
Members of the Public:	none

We have a quorum.
4. **Reading of the District's Vision, Mission, and Value Statements:**

<i>Vision:</i>	<i>"A locally cultivated, healthier community."</i>
<i>Mission:</i>	<i>"To provide, promote, and partner in quality healthcare for all."</i>
<i>Values:</i>	<i>"Compassion – Commitment – Excellence"</i>
5. **Public Comment Period**
None
6. **Declarations of Conflict** [Board members disclose any conflicts of interest with agenda items]
None.
7. **Approval of Agenda:**
Ms. Freese indicated that Item 8.A had been labeled as a regular board meeting and it was actually a special meeting. The minutes have not been included in the packets, so she would like to strike this item from the agenda to be brought to the board in the next meeting.

M/S/C:	To strike Item 8.A and approve the agenda.
Directors:	Stokman/Benefield
Ayes:	Directors Avila, Stokman, Campo, Benefield
Nays:	None
Abstain:	None
Motion:	Passed
8. **Consent Calendar*** [Routine committee reports, minutes, and non-controversial items]
 - A. ~~*Regular Board Meeting Minutes – August 17, 2023~~
 - B. *Financial Reports from June 30, 2023 (*TENTATIVE FYE*)

C. *Finance Committee Meeting Minutes – July 31, 2023

M/S/C. Approve the Consent Calendar.

Directors Stokman/Benefield

Ayes: Directors: Avila, Stokman, Campo, Benefield**Nays:** None**Abstain:** None**Motion: Passed****9. Regular Calendar*** *[Members of the public may address the Board as the Board considers each item. Each speaker is allowed a maximum of five minutes.]*

- A. No Items were moved from the consent calendar.
- B. After-Hours Health Care Access Project: Update & Draft Budget
Mr. Freese reviewed the presentation (handout attached) that she gave to the county and the potential partners we had for the project. This included the budgetary projections. There is a projected loss for the first 3 years. The County is asking the other partners (insurance companies) to make a commitment to help cover the projected losses for the first three years. The provider(s) will be a leased employees of Sutter. We will supply the support staff. Health plan of San Joaquin, Health Net, and Blue Cross and Blue Shield we already have contracts with. We received news today that Sutter will allow their patients to come to our clinic (the contract is in the works). We will continue to try and contract with other carriers such as Kaiser. The project will invest into marketing right before the holidays with a projected start date in ry January, 2024.

M/S/C. Approve the Consent Calendar.

Directors Stokman/Benefield

Ayes: Directors: Avila, Stokman, Campo, Benefield**Nays:** None**Abstain:** None**Motion: Passed**

- C. Review Proposals and Award Contract for Dev. Impact Fee Nexus Study
After the last meeting Ms. Freese researched the companies that we had proposals from. One company was not able to complete the project. The other company did not have good recommendations. So, she called EPS and discussed their proposal. One of the reasons their proposal was so high was they had included multiple public meetings. They adjusted their bid to include only one public meeting which lowered the cost. They included a \$7,500 option to add an additional public meeting. (EPS Scope of Work and Estimate attached)

M/S/C. Accept the proposal for a Nexus Study of Development Impact Fees for the Del Puerto Health Care District from EPS in an amount not to exceed \$45,000 and if an additional public meeting is needed, it needs to be approved by the Board.

Directors Campo/Benefield

Ayes: Directors: Avila, Stokman, Campo, Benefield**Nays:** None**Abstain:** None**Motion: Passed**

- D. Review and Approval Personnel Rules Update Section 7 and 10
Ms. Freese explained that the Personnel Rules were reviewed by an attorney that specializes in Employment Law. She had made several insignificant changes to the document. However,

section 7 – Payroll, Wage & Hour Guidelines and Section 10 – Leaves of Absence had more significant changes to bring the document in compliance with current law. Therefore, we wanted to bring these changes to the Board for approval.

Council, Dave Ritchie stated that the only other change he knew of was the changes in bereavement law. Ms. Freese added that our policies already meet the new standard of bereavement leave.

There is no fiscal impact.

M/S/C. Approve the updates to Sections 7 and 10 of the updates to Section 7 and 10 of the Personnel Rules effective 10/01/2023.

Directors Benefield/Stakeman

Ayes: Directors: Avila, Stokman, Campo, Benefield

Nays: None

Abstain: None

Motion: Passed

10. Strategic Planning

A. “Community Engagement” Review

Ms. Freese explained that she would like guidance on which community events we should provide support for. For example, the Farm to Fork event. It will support the community youth sports program. Discussion was given to buying tickets vs. buying a table. Discussion was had regarding supporting all nonprofits in the area. It was decided to purchase a table at the Farm to Fork event and then bring a list of other nonprofits events to future board meetings for discussion regarding support.

B. Strategic Plan Timeline Review

Ms. Freese reviewed the worklist.

11. Verbal Reports

A. Employee Anniversaries & New Hires	August	Years
Ambulance	Raquel Barbosa	2
	Tyler Slaughter	2
Health Center	Yesenia Rodriguez	2
	Karen Govea	2

B. Del Puerto Hospital Foundation – Directors Stokman and Avila – No Report

C. West Side Health Care Task Force – Director Benefield – No Report

12. Written Reports (Directors may raise any questions they have)

- A. Ambulance – Mr. Willette (Report Attached)
- B. Health Center – Ms. Benitez (Report Attached)
- C. Administration – Ms. Freese (Report Attached)
- D. Legislative Update – Director Avila and Ms. Freese

13. Director Correspondence, Comments, Future Agenda Items

- A. Special District Leadership Academy, Oct 22-25, DPHCD Attendees
- B. Call for Election: March 2024 Zone 4 Vacant Seat
- C. Employee Newsletter – August 2023
- D. Board Calendar for Sept – Board Self-Assessment Results
- E. Annual Board Self-Assessment Survey Distribution

Adjourned to Closed Session @7:09

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

A. Gov't Code section 54956.8 Conference with Real Property Negotiator
Property: APN 0131-024-008

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

15. Reconvene to Open Session @ 7:44 pm

– **Report of Closed Session** : No reportable action was taken. Direction was given to staff.

16. Upcoming Regular Board and Standing Committee Meeting Dates Information

Finance – Wed, Sep 20, 2023 @ 8:00 AM	Board - Mon, Sep 26, 2023 @ 6:00 PM
Finance – Wed, Oct 25, 2023 @ 8:00 AM	Board – Mon, Oct 30, 2023 @ 6:00 PM
Finance – Wed, Nov 27, 2023 @ 4:30 PM	Board – Mon, Nov 27, 2023 @ 6:00 PM

17. Adjourn @ 7:46 pm

Respectfully Submitted:

Timothy Benefield, Board Secretary

Date Signed

Del Puerto Health Care District
Balance Sheet
As of August 31, 2023

	Aug 31, 23	Jul 31, 23	% Change	Aug 31, 22	% Change	Notes
ASSETS						
Current Assets						
Total Checking/Savings	3,752,327	3,760,978	(0%)	3,112,961	21%	
Total Accounts Receivable	911,990	955,260	(5%)	301,325	203%	
Total Other Current Assets	580,707	429,519	35%	532,681	9%	
Total Current Assets	5,245,024	5,145,757	2%	3,946,967	33%	
Fixed Assets						
Total 151.000 · Capital assets	4,946,444	4,934,231	0%	5,074,237	(3%)	
Total Fixed Assets	4,946,444	4,934,231	0%	5,074,237	(3%)	
Other Assets						
150.000 · Lease Receivable - Non Current	327,809	327,809		327,809		
Total Other Assets	327,809	327,809		327,809		
TOTAL ASSETS	10,519,277	10,407,797	1%	9,349,013	13%	
LIABILITIES & EQUITY						
Liabilities						
Total Current Liabilities	455,649	517,105	(12%)	426,858	7%	
Total Long Term Liabilities	1,770,955	1,776,451	(0%)	1,839,289	(4%)	
Total Liabilities	2,226,604	2,293,556	(3%)	2,266,147	(2%)	
Equity						
350.000 · Unrestricted Assets	2,398,873	2,612,425	(8%)	2,028,461	18%	
Total 360.000 · Assigned Fund Balance	2,636,216	2,636,216		2,004,002	32%	
Total 370.000 · Restricted Fund Balance	456,422	242,870	88%	242,870	88%	
390.000 · Net Fixed Assets (Capital)	2,492,762	2,492,762		2,492,762		
Net Income	308,402	129,970	137%	314,770	(2%)	<i>Overall Result</i>
Total Equity	8,292,675	8,114,243	2%	7,082,865	17%	
TOTAL LIABILITIES & EQUITY	10,519,279	10,407,799	1%	9,349,012	13%	

	Aug 31, 23	Jul 31, 23
Month End Cash Balance	3,752,327	3,760,978
101.015 - TCB Keystone C 8641	(321,777)	(309,685)
103.100 - TCB USDA Debt Reserve 7237	(122,940)	(122,938)
370.010 - Mitigation Fees	(120,720)	(120,720)
360.030 - Asset Replacement Fund	(1,491,000)	(1,491,000)
AP & Payroll Liabilities	(106)	(97)
UNENCUMBERED CASH	1,695,784	1,716,538
Percent of Operating Reserve	114%	115%
360.070 - Operating Reserve	1,491,000	1,491,000

Del Puerto Health Care District
YTD by Class
July through August 2023

	Total 00 Tax Revenue			Total 01 DPHCD			Total 02 Patterson District Ambulance			Total 03 Del Puerto Health Center			Total 06 Keystone Bldg C			TOTAL			
	Jul - Aug	Budget	Budget	Jul - Aug	Budget	Budget	Jul - Aug	Budget	Budget	Jul - Aug	Budget	Budget	Jul - Aug	Budget	Budget	Jul - Aug	Budget	Budget	
	23		FY23-24	23		FY23-24	23		FY23-24	23		FY23-24	23		FY23-24	23		FY23-24	
Ordinary Income/Expense																			
Income																			
401.000 · Gross Patient Service Revenue							1,982,847	1,724,446	10,346,675	775,690	578,748	3,472,486				2,758,537	2,303,194	13,819,161	
403.000 · Adjustments							(1,092,335)	(1,126,290)	(6,757,739)	(141,661)	(47,179)	(283,076)				(1,233,996)	(1,173,469)	(7,040,815)	
405.000 · Bad Debt							(223,263)	(126,852)	(761,111)	(7,293)						(230,556)	(126,852)	(761,111)	
407.000 · Other Income							500	3,000	55	950	5,700	770	1,667	10,000		825	3,117	18,700	
Total Income							500	3,000	667,304	472,254	2,833,525	627,506	533,235	3,199,410		1,294,810	1,005,989	6,035,935	
Gross Profit							500	3,000	667,304	472,254	2,833,525	627,506	533,235	3,199,410		1,294,810	1,005,989	6,035,935	
Expense																			
601.000 · Salaries & Wages				96,442	84,697	500,829	291,479	275,573	1,623,442	234,877	242,483	1,434,969				622,798	602,753	3,559,240	
602.000 · Employee Benefits				22,451	22,722	138,228	66,673	69,335	416,207	65,204	69,960	419,925				154,328	162,017	974,360	
603.000 · Professional Fees				4,980	2,500	49,000	12,675	8,812	52,874	70,575	73,273	411,920				88,230	84,585	513,794	
604.000 · Purchased Services				3,111	10,223	16,885	43,642	42,981	277,884	53,943	64,132	384,793				100,696	117,336	679,562	
605.000 · Supplies				818	1,375	8,258	13,832	15,139	90,837	12,937	15,734	94,404				27,587	32,248	193,499	
606.000 · Utilities				1,335	1,285	7,708	4,315	3,908	23,447	7,695	7,713	46,279				13,345	12,906	77,434	
607.000 · Rental and Lease						300				405	405	2,430				405	405	2,730	
608.000 · Insurance Coverages				6,848	6,719	40,317	36,860	40,677	244,060	20,846	21,238	127,426				64,554	68,634	411,803	
609.000 · Maintenance & Repairs				184	403	2,418	13,354	13,943	83,660	5,652	5,564	33,381				19,190	19,910	119,459	
610.000 · Depreciation and Amortization				3,962	3,163	18,963	32,033	31,595	189,570	16,435	15,118	90,708	8,063	7,933	47,597	60,493	57,809	346,838	
611.000 · Other operating expenses			25,756	11,465	12,557	75,064	133,899	34,930	480,983	22,337	19,642	105,554				167,701	67,129	687,357	
699.999 · Condensed Item Adj. Expense						0												0	
Total Expense			25,756	151,597	145,644	857,970	648,761	536,893	3,482,964	510,906	535,262	3,151,789	8,063	7,933	47,597	1,319,327	1,225,732	7,566,076	
Net Ordinary Income			(25,756)	(151,597)	(145,144)	(854,970)	18,543	(64,639)	(649,439)	116,600	(69,234)	47,621	(8,063)	(7,933)	(47,597)	(24,517)	(286,950)	(1,530,141)	
Other Income/Expense																			
Other Income																			
701.000 · District Tax Revenues	268,288	268,289	1,609,732				41,234	41,235	247,409							309,522	309,524	1,857,141	
703.000 · Investment Income				11,487	7,668	40,000	0			0						11,487	7,668	40,000	
704.000 · Interest Expense										(8,998)	(8,799)	(52,792)				(8,998)	(8,799)	(52,792)	
705.000 · Tenant Revenue													23,272	19,493	116,956	23,272	19,493	116,956	
710.000 · Misc Other Income												633	3,800			633	3,800		
Total Other Income	268,288	268,289	1,609,732	11,487	7,668	40,000	41,234	41,235	247,409	(8,998)	(8,165)	(48,992)	23,272	19,493	116,956	335,283	328,520	1,965,105	
Other Expense																			
802.000 · Keystone District Expense													2,364	2,989	17,936	2,364	2,989	17,936	
810.000 · Misc Other Expense																			17,936
Total Other Expense									0				2,364	2,989	17,936	2,364	2,989	17,936	
Net Other Income	268,288	268,289	1,609,732	11,487	7,668	40,000	41,234	41,235	247,409	(8,998)	(8,165)	(48,992)	20,908	16,503	99,020	332,919	325,530	1,947,169	
Net Income	268,288	268,289	1,583,976	(140,110)	(137,476)	(814,970)	59,777	(23,404)	(402,030)	107,602	(77,399)	(1,371)	12,845	8,571	51,423	308,402	38,581	417,028	
699.999 · Condensed Item Adj. Expense				(142,501)	(134,415)	(806,492)	71,251	67,208	403,246	71,251	67,208	403,246							
NET after Admin Cost	268,288	268,289	1,583,976	2,391	(3,061)	(8,478)	(11,474)	(90,612)	(805,276)	36,351	(144,607)	(404,617)	12,845	8,571	51,423	308,402	38,581	417,028	

Del Puerto Health Care District Warrants by Bank Account

Type	Date	Num	August 2023 Name	Credit	Notes
101.000 - Cash and cash equivalents					
101.010 - Tri Counties Bank					
101.011 - TCB-Operating Checking 1739					
Bill Pmt -Check	08/07/2023	EFT	Umpqua Bank	15,171.29	
Bill Pmt -Check	08/17/2023	EFT	Athena Health, Inc.	12,222.75	
Bill Pmt -Check	08/17/2023	EFT	City Of Patterson-H2O, sewer, garbag	579.07	
Bill Pmt -Check	08/01/2023	EFT	FP Mailing Solutions	300.00	
Bill Pmt -Check	08/21/2023	EFT	ABW Medical, LLC	8,230.00	
Bill Pmt -Check	08/01/2023	32195	Airgas USA, LLC	284.33	
Bill Pmt -Check	08/01/2023	32196	Amazon	61.43	
Bill Pmt -Check	08/01/2023	32197	Bound Tree Medical LLC	1,364.31	
Bill Pmt -Check	08/01/2023	32198	Chapman & Patton	8,000.00	<i>PJUSD Appraisal cost</i>
Bill Pmt -Check	08/01/2023	32199	Crescent Work & Outdoor #1	397.36	
Bill Pmt -Check	08/01/2023	32200	DeHart Plumbing Heating & Air Inc	158.00	
Bill Pmt -Check	08/01/2023	32201	DeliverHealth	237.00	
Bill Pmt -Check	08/01/2023	32202	GreenWorks Janitorial Services	4,145.00	
Bill Pmt -Check	08/01/2023	32203	LDA Partners, LLP	1,600.00	<i>Building Project</i>
Bill Pmt -Check	08/01/2023	32204	Life-Assist	1,153.39	
Bill Pmt -Check	08/01/2023	32205	McKesson Medical Surgical Inc.	1,512.68	
Bill Pmt -Check	08/01/2023	32206	MD - Rodriguez, Jose	35,333.33	
Bill Pmt -Check	08/01/2023	32207	NVB Equipment	5,275.37	<i>0901 AC unit</i>
Bill Pmt -Check	08/01/2023	32208	Patterson Irrigator	30.00	
Bill Pmt -Check	08/01/2023	32209	PG&E	54.06	
Bill Pmt -Check	08/01/2023	32210	Staples Advantage	352.44	
Bill Pmt -Check	08/01/2023	32211	Teleflex / Arrow	605.81	
Bill Pmt -Check	08/01/2023	32212	Terminix	218.00	
Bill Pmt -Check	08/01/2023	32213	TID Turlock Irrigation District +06	1,911.68	
Bill Pmt -Check	08/01/2023	32214	Verizon Wireless	533.64	
Bill Pmt -Check	08/01/2023	32215	Data Path, Inc	5,946.24	
Bill Pmt -Check	08/01/2023	32216	Mr. Rooter Plumbing	561.22	
Bill Pmt -Check	08/01/2023	32217	Pacific Records Management	1,211.83	<i>Digitization fee included</i>
Bill Pmt -Check	08/01/2023	32218	Staples Advantage	57.20	
Bill Pmt -Check	08/16/2023	32219	Santos, Brian - REIMB	280.00	
Bill Pmt -Check	08/17/2023	32220	ADT / Protection One	298.32	
Bill Pmt -Check	08/17/2023	32221	Airgas USA, LLC	296.09	
Bill Pmt -Check	08/17/2023	32222	AMR-American Medical Response	8,463.20	
Bill Pmt -Check	08/17/2023	32223	BICSEC Security, Inc	25.00	
Bill Pmt -Check	08/17/2023	32224	CAA California Ambulance Associator	300.00	
Bill Pmt -Check	08/17/2023	32225	City Of Patterson-H2O, sewer, garbag	502.88	
Bill Pmt -Check	08/17/2023	32226	Cole Huber (Cota Cole)	4,487.91	
Bill Pmt -Check	08/17/2023	32227	Comcast - Other	191.71	
Bill Pmt -Check	08/17/2023	32228	Comcast Business Voice Edge	1,992.85	
Bill Pmt -Check	08/17/2023	32229	Crescent Work & Outdoor #1	166.57	
Bill Pmt -Check	08/17/2023	32230	Data Path, Inc	1,118.16	
Bill Pmt -Check	08/17/2023	32231	DeliverHealth	79.00	
Bill Pmt -Check	08/17/2023	32232	Frontier-3755	259.17	
Bill Pmt -Check	08/17/2023	32233	Frontier - HC 8639	259.17	
Bill Pmt -Check	08/17/2023	32234	Language Line	106.00	
Bill Pmt -Check	08/17/2023	32235	Life Line	564.85	
Bill Pmt -Check	08/17/2023	32236	McAuley Ford	379.00	
Bill Pmt -Check	08/17/2023	32237	MedStatix, Inc	320.00	
Bill Pmt -Check	08/17/2023	32238	Mission Linen Supply	1,099.26	
Bill Pmt -Check	08/17/2023	32239	MO-CAL Office Solutions	130.06	
Bill Pmt -Check	08/17/2023	32240	O'Reilly Auto Parts	36.09	

Del Puerto Health Care District Warrants by Bank Account

Type	Date	Num	August 2023 Name	Credit	Notes
Bill Pmt -Check	08/17/2023	32241	Patterson Tire	1,203.53	
Bill Pmt -Check	08/17/2023	32242	Paul Oil Co., Inc.	4,458.81	
Bill Pmt -Check	08/17/2023	32243	Physicians Service Bureau	269.92	
Bill Pmt -Check	08/17/2023	32244	Quest Diagnostics	100.00	
Bill Pmt -Check	08/17/2023	32245	Stanislaus County EMS Agency	250.00	
Bill Pmt -Check	08/17/2023	32246	Staples Advantage	476.87	
Bill Pmt -Check	08/17/2023	32247	Stericycle	607.75	
Bill Pmt -Check	08/17/2023	32248	Stericycle / Shred-it	107.85	
Bill Pmt -Check	08/17/2023	32249	Stericycle	182.33	
Bill Pmt -Check	08/17/2023	32250	Stericycle / Shred-it	312.78	
Bill Pmt -Check	08/17/2023	32251	Westside Landscape & Concrete	292.50	
Bill Pmt -Check	08/17/2023	32252	Workbench True Value Hdwe.	36.66	
Bill Pmt -Check	08/17/2023	32253	Zoll	649.70	
Bill Pmt -Check	08/17/2023	32254	Amazon	2.00	
Bill Pmt -Check	08/22/2023	32255	Airgas USA, LLC	345.09	
Bill Pmt -Check	08/22/2023	32256	Beta Healthcare - Workers Comp	6,645.75	
Bill Pmt -Check	08/22/2023	32257	Beta Healthcare Group	18,667.93	
Bill Pmt -Check	08/22/2023	32258	Bound Tree Medical LLC	821.64	
Bill Pmt -Check	08/22/2023	32259	DeHart Plumbing Heating & Air Inc	1,700.00	HC AC blowers
Bill Pmt -Check	08/22/2023	32260	Graphic Print Stop	47.96	
Bill Pmt -Check	08/22/2023	32261	Life-Assist	2,007.55	
Bill Pmt -Check	08/22/2023	32262	McKesson Medical Surgical Inc.	4,271.81	
Bill Pmt -Check	08/22/2023	32263	PG&E	26.28	
Bill Pmt -Check	08/22/2023	32264	Sanofi Pasteur, Inc	2,202.62	
Bill Pmt -Check	08/22/2023	32265	SEMSA Sierra Medical Services Allian	12,161.07	
Bill Pmt -Check	08/22/2023	32266	Staples Advantage	119.02	
Bill Pmt -Check	08/22/2023	32267	West Side Storage Baldwin	202.50	
Bill Pmt -Check	08/22/2023	32268	Paul Oil Co., Inc.	3,636.75	
Bill Pmt -Check	08/29/2023	32269	CA Occupational Physicians	595.00	
Bill Pmt -Check	08/29/2023	32270	DeliverHealth	237.00	
Bill Pmt -Check	08/29/2023	32271	McKesson Medical Surgical Inc.	730.41	
Bill Pmt -Check	08/29/2023	32272	MD - Rodriguez, Jose	35,333.33	
Bill Pmt -Check	08/29/2023	32273	MedStatix, Inc	160.00	
Bill Pmt -Check	08/29/2023	32274	Mr. Rooter Plumbing	578.31	
Bill Pmt -Check	08/29/2023	32275	PG&E	23.13	
Bill Pmt -Check	08/29/2023	32276	Sam Farias Fencing Inc.	41,865.00	Fence cost
Bill Pmt -Check	08/29/2023	32277	Terminix	68.00	
Bill Pmt -Check	08/29/2023	32278	Verizon Wireless	533.66	
Total 101.011 - TCB-Operating Checking 1739				270,793.23	
101.012 - TCB-Payroll Account 2999					
Liability Check	08/02/2023		Payroll Direct Deposit	87,449.70	
Liability Check	08/16/2023		Payroll Direct Deposit	88,109.68	
Liability Check	08/30/2023		Payroll Direct Deposit	86,551.68	
Liability Check	08/03/2023	EFT	AIG (VALIC)	14,683.77	
Liability Check	08/03/2023	EFT	California State Disbursement Unit	482.76	
Liability Check	08/17/2023	EFT	AIG (VALIC)	14,814.03	
Liability Check	08/31/2023	EFT	AIG (VALIC)	15,619.60	
Liability Check	08/03/2023	E-pay	EDD State of California	6,897.60	
Liability Check	08/03/2023	E-pay	Internal Revenue Service	36,289.92	
Liability Check	08/17/2023	E-pay	EDD State of California	7,264.81	
Liability Check	08/17/2023	E-pay	Internal Revenue Service	37,546.80	
Liability Check	08/31/2023	E-pay	EDD State of California	6,528.99	
Liability Check	08/31/2023	E-pay	Internal Revenue Service	34,258.60	
Paycheck	08/03/2023	25508	Employee Payroll	2,286.50	

Del Puerto Health Care District Warrants by Bank Account

Type	Date	Num	August 2023 Name	Credit	Notes
Paycheck	08/03/2023	25509	Employee Payroll	400.04	
Paycheck	08/03/2023	25510	Employee Payroll	119.71	
Paycheck	08/03/2023	25511	Employee Payroll	358.48	
Paycheck	08/03/2023	25512	Employee Payroll	197.84	
Paycheck	08/03/2023	25513	Employee Payroll	1,554.67	
Paycheck	08/03/2023	25514	Employee Payroll	1,379.44	
Liability Check	08/03/2023	25515	Franchise Tax Board	888.31	
Liability Check	08/03/2023	25516	Franchise Tax Board	446.97	
Liability Check	08/03/2023	25517	United Steelworkers	327.97	
Paycheck	08/17/2023	25518	Employee Payroll	2,286.51	
Paycheck	08/17/2023	25519	Employee Payroll	259.74	
Paycheck	08/17/2023	25520	Employee Payroll	188.73	
Paycheck	08/17/2023	25521	Employee Payroll	197.83	
Paycheck	08/17/2023	25522	Employee Payroll	1,675.08	
Paycheck	08/17/2023	25523	Employee Payroll	1,371.24	
Liability Check	08/17/2023	25524	Franchise Tax Board	989.70	
Liability Check	08/17/2023	25525	Franchise Tax Board	226.76	
Liability Check	08/17/2023	25526	United Steelworkers	316.60	
Liability Check	08/17/2023	25527	California State Disbursement Unit	482.76	
Liability Check	08/21/2023	25528	AFLAC	1,474.42	
Liability Check	08/21/2023	25529	CA Choice	41,671.54	
Liability Check	08/21/2023	25530	Principal Life Insurance Co	5,156.95	
Paycheck	08/31/2023	25531	Employee Payroll	3,172.83	
Paycheck	08/31/2023	25532	Employee Payroll	528.49	
Paycheck	08/31/2023	25533	Employee Payroll	1,364.87	
Liability Check	08/29/2023	25534	LegalShield	405.90	
Liability Check	08/31/2023	25535	California State Disbursement Unit	482.76	
Liability Check	08/31/2023	25536	Franchise Tax Board	760.24	
Liability Check	08/31/2023	25537	Franchise Tax Board	416.87	
Liability Check	08/31/2023	25538	United Steelworkers	316.95	
Total 101.012 - TCB-Payroll Account 2999				508,204.64	
101.015 - TCB - Keystone C 8641					
Bill Pmt -Check	08/01/2023	10359	Terminix	89.00	
Bill Pmt -Check	08/01/2023	10360	TID Turlock Irrigation District +06	524.36	
Bill Pmt -Check	08/17/2023	10361	City Of Patterson-H2O, sewer, garbag	219.92	
Bill Pmt -Check	08/17/2023	10362	Gilberto Arroyo-06	365.00	
Bill Pmt -Check	08/29/2023	10363	Terminix	89.00	
Total 101.015 - TCB - Keystone C 8641				1,287.28	
Total 101.010 - Tri Counties Bank				780,285.15	
Total 101.000 - Cash and cash equivalents				780,285.15	
103.000 - Restricted Funds					
103.100 - TCB-USDA Debt Reserve 7237					
Check	08/15/2023	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				790,345.15	
Less:					
Irregular items (highlighted)				59,652.2	
3rd Payroll				144,935.69	
				204,587.9	
NET WARRANTS ISSUED - August 2023				585,757.26	

Del Puerto Health Care District
Proposed Budget Adjustment
July 2023 through June 2024

	Total 00 Tax Revenue	Total 01 DPHCD	Total 02 Patterson District Ambulance	Total 03 Del Puerto Health Center	Total 06 Keystone Bldg C	TOTAL
	Jul '23 - Jun 24	Jul '23 - Jun 24	Jul '23 - Jun 24	Jul '23 - Jun 24	Jul '23 - Jun 24	Jul '23 - Jun 24
Ordinary Income/Expense						
Income						
401.000 · Gross Patient Service Revenue			10,346,675	3,472,486		13,819,161
403.000 · Adjustments			(6,757,739)	(283,076)		(7,040,815)
405.000 · Bad Debt			(761,111)			(761,111)
407.000 · Other Income		3,000	5,700	10,000		18,700
Total Income		3,000	2,833,525	3,199,410		6,035,935
Gross Profit		3,000	2,833,525	3,199,410		6,035,935
Expense						
601.000 · Salaries & Wages		500,829	1,623,442	1,434,969		3,559,240
602.000 · Employee Benefits		138,228	416,207	419,925		974,360
603.000 · Professional Fees						
603.010 · Medical			24,000	405,544		429,544
603.040 · Legal & Attorney		15,000	28,874	6,376		50,250
603.050 · Administrative Consultants		45,000				45,000
603.070 · Accountants		34,000				34,000
Total 603.000 · Professional Fees		94,000	52,874	411,920		558,794
604.000 · Purchased Services		16,885	277,884	384,793		679,562
605.000 · Supplies		8,258	90,837	94,404		193,499
606.000 · Utilities		7,708	23,447	46,279		77,434
607.000 · Rental and Lease		300		2,430		2,730
608.000 · Insurance Coverages		40,317	244,060	127,426		411,803
609.000 · Maintenance & Repairs		2,418	83,660	33,381		119,459
610.000 · Depreciation and Amortization		18,963	189,570	90,708	47,597	346,838
611.000 · Other operating expenses	25,756	75,064	480,983	105,554		687,357
699.999 · Condensed Item Adj. Expense		(806,492)	403,246	403,246		
Total Expense	25,756	96,478	3,886,210	3,555,035	47,597	7,611,076
Net Ordinary Income	(25,756)	(93,478)	(1,052,685)	(355,625)	(47,597)	(1,575,141)
Other Income/Expense						
Other Income						
701.000 · District Tax Revenues	1,609,732		247,409			1,857,141
703.000 · Investment Income		40,000				40,000
704.000 · Interest Expense				(52,792)		(52,792)
705.000 · Tenant Revenue					116,956	116,956
710.000 · Misc Other Income				3,800		3,800
Total Other Income	1,609,732	40,000	247,409	(48,992)	116,956	1,965,105
Other Expense						
802.000 · Keystone District Expense					17,936	17,936
Total Other Expense					17,936	17,936
Net Other Income	1,609,732	40,000	247,409	(48,992)	99,020	1,947,169
Net Income	1,583,976	(53,478)	(805,276)	(404,617)	51,423	372,028
					Previous FYE Balance	417,028

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**Board Meeting – September 25, 2023****8G. Mitigation Fee 1-year & 5-year Reports for June 30, 2023****Page 1 of 1**

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: Yes

4/5 Vote Required: No

SUBJECT: Mitigation Fee 1-year & 5-year Reports for June 30, 2023

STAFF REPORT: The Mitigation Fee Act, under Government Code Sections 66006(b)(1) and 66001, permits entities like the Del Puerto Health Care District to use fees to offset development impacts. The District has crafted an Annual Report and a Five Year Report based on these specific codes. As per Government Code Section 66006(b)(2), they are obligated to review this information in a public meeting at least 15 days after its release. This report was made available on August 13, 2023, and was the subject of a meeting on September 25, 2023. The District is set to review and approve both reports following the guidelines of the Act.

DISTRICT PRIORITY: Fiscal Transparency**FISCAL IMPACT:** None**STAFFING IMPACT:** Non**CONTACT PERSON:** Maria Reyes

ATTACHMENT(S): Resolution 2023-17
Mitigation Fee Annual & 5-Year Report

RECOMMENDED BOARD ACTION:

ROLL CALL REQUIRED: YES / NO

RECOMMENDED MOTION: *I move the Board of Directors to adopt Resolution 2023-17, accepting the Annual and 5-year Mitigation Fee Report.*

<i>Motion Made By</i>	<i>Motion</i>	<i>Second</i>
<i>Director Avila</i>		
<i>Director Campo</i>		
<i>Director Benefield</i>		
<i>Director Stokman</i>		
<i>[vacant]</i>		

<i>Roll Call Vote</i>	<i>Aye</i>	<i>No</i>	<i>Abstain</i>	<i>Absent</i>
<i>Director Avila</i>				
<i>Director Campo</i>				
<i>Director Benefield</i>				
<i>Director Stokman</i>				
<i>[vacant]</i>				

DEL PUERTO HEALTH CARE DISTRICT
SUMMARY OF RECEIPTS, EXPENDITURES & FUND BALANCES

FISCAL YEAR ENDED JUNE 30, 2023

Fiscal Year	Fees Collected (DR)	Interest Earned (DR)	Expenditures Claimed	Department	Expenditures (CR)	Bank Charge (CR)	Balance (i+b+c-f-h)
2013-2014	6,882	16	Balance Forwarded				226,037
2014-2015	128,824	29	4 Stryker Gurneys plus installation	Ambulance	134,751		232,935
2015-2016	12,627	118					227,037
2016-2017	20,051	106					239,782
2017-2018	229,557	207	2018 Ambulance Ford Econoline	Ambulance	222,299		259,940
2018-2019	46,682	317					267,405
2019-2020		133				68	314,404
2020-2021		15					314,470
2021-2022	2,346	15					314,485
2022-2023		15	E Street Building Project	Admin/Ambulance	61,159		316,846
Total	\$ 2,618,574	\$ 1,138			\$ 2,363,791	\$ 220	255,702

DEL PUERTO HEALTH CARE DISTRICT**RESOLUTION NO. 2023-17**

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE DEL PUERTO HEALTH CARE DISTRICT, MAKING ONE AND FIVE-YEAR FINDINGS REGARDING THE CITY'S FISCAL YEAR 2022-2023 DEVELOPMENT IMPACT FEE REPORT AND FIVE-YEAR REPORT AS REQUIRED BY CALIFORNIA GOVERNMENT CODE SECTION 66000 et. seq.

WHEREAS, the Mitigation Fee Act, Government Code Section 66000 et seq., authorizes Local Government Agencies, including Special Districts such as the Del Puerto Health Care District ("District") to impose, collect, and expend mitigation fees to offset the impacts of development within the District; and,

WHEREAS, the District has drafted a report containing the annual accounting and information required by Government Code Section 66006(b)(1) ("Annual Report") and a Five Year Report ("Five Year Report") required by Government Code Section 66001 with respect to the development impact fees; and,

WHEREAS, Government Code section 66001(d)(1) requires the District to make certain findings every fifth fiscal year following the first deposit into the account or fund, and every five years thereafter, regarding any unexpended funds remaining; and,

WHEREAS, California Government Code Section 66006(b)(2) requires that the District to review the information made available to the public at a regularly scheduled public meeting not less than 15 days after the information is made available to the public; and,

WHEREAS, this report was filed with the Board Clerk's office and available for public review on **August 13, 2023**; and,

WHEREAS, the District held a duly noticed, regularly scheduled public meeting on June 28, 2022 at which oral and written testimony was received regarding the Annual Reports and the Five Year Report; and,

WHEREAS, the District wishes to review and approve the Annual Report required by the Mitigation Fee Act under the annual information disclosure requirements of Government Code Section 66006(b) and the Five Year Report pursuant to Government Code Section 66001(d).

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Del Puerto Health Care District hereby finds and determines the following:

Section 1. The Board of Directors has considered the full record before it, which may include but is not limited to such things as the staff report, testimony by staff and the public, and other materials and evidence submitted or provided to it. That the Board of Directors does hereby find and determine that the foregoing recitals and determinations are true and correct and are incorporated herein by reference.

Section 2. That the Board of Directors of the Del Puerto Health Care District, at a public meeting, has reviewed the following information pursuant to California Government Code Section 66006(b)(1), as is required by California Code Section 66006(b)(2) and finds that the Annual Report describes and includes:

- A. A brief description of the type of fee in the account or fund;
- B. The amount of the fee;
- C. The beginning and ending balance of the account or fund;

DEL PUERTO HEALTH CARE DISTRICT

D. The amount of fees collected and the interest earned;

E. An identification of each public improvement on which fees were expended and the amount of the expenditure of each improvement, including the total percentage of the cost of any public improvement that was funded with fees;

F. An identification of an approximate date by which the construction of any public improvement will commence if the local agency determines that sufficient funds have been collected to complete financing on an incomplete public improvement, as identified in Government Code Section 66001(a)(2), and the public improvement remains incomplete;

G. The amount of refunds made pursuant to Government Code Section 66001(e) and any allocations pursuant to Section 66001(f).

Section 3. That the Board of Directors of the Del Puerto Health Care District, at a public meeting, pursuant to California Government Code Section 66001(d)(1) finds that the Five Year Report makes findings for unexpended funds, including;

1. Identifying the purpose for which the fund is to be put;
2. Demonstrating a reasonable relationship between the fee and the purpose for which it is charged;
3. Identifying all sources and amounts of funding anticipated to complete financing incomplete improvements; and
4. Designating the approximate dates on which the funding is expected to be deposited into the appropriate account or fund for incomplete improvements.

Section 4. That the Board of Directors of the Del Puerto Health Care District hereby determines that all reportable fee, collections and expenditures have been received, deposited, invested and expended in compliance with the relevant sections of the California Government Code and all other applicable laws for the fiscal year 2022-2023.

Section 5. That the Board of Directors of the Del Puerto Health Care District hereby determines that no refunds and allocation of reportable fees, as required by California Government Code Section 66001, are deemed payable at this time.

Section 6. That the Board of Directors of the Del Puerto Health Care District hereby determines that the City is in compliance with California Government Code Section 66000, et seq., relative to receipt, deposit, investment, expenditure or refund of reportable fees received and expended relative to City Facilities for new development for the fiscal year 2022-2023.

Section 7. That the Board of Directors of the Del Puerto Health Care District hereby approves a resolution to receive and file the Fiscal Year 2022-2023 Development Impact Fee report and Five-Year Report (2017-2018 through 2022-2023) and make certain findings, as required by California Government Code Section 66000 et seq.

PASSED AND ADOPTED by the Board of Directors of the Del Puerto Health Care District at a meeting on August 28, 2023, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

DEL PUERTO HEALTH CARE DISTRICT

APPROVED:

ATTEST:

Luis Avila, Board President

Cheryle Pickle, Clerk of the Board

APPROVED AS TO FORM:

David G. Ritchie, City Attorney

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**Board Meeting – September 25, 2023****8H. Res. 2023-15: Engagement of Underwriter for Building Project Financing Page 1 of 1**

Department: Chief Executive Office
 Consent Calendar: Yes

CEO Concurrence: Yes
 4/5 Vote Required: No

SUBJECT: Engagement of Underwriter for Building Project Financing

STAFF REPORT: The initial resolution to retain services and prepare for bond financing of the building project did not specify the engagement of and Underwriter and their Bond counsel. This resolution clarifies the Board’s approval of retaining an Underwriter and Bond counsel. Staff and the finance committee vetted and selected the underwriter. The Board is asked to ratify the selection and approve the engagement of the Underwriter and Bond Counsel – Piper Sandler

DISTRICT PRIORITY: Fiscal transparency

FISCAL IMPACT: The fees for the underwriter and bond legal counsel are paid for from the Bond proceeds.

STAFFING IMPACT: Provides the tools required to pursue financing for the building project.

CONTACT PERSON: Karin Freese

ATTACHMENT(S): Summary of Underwriter Qualifications

RECOMMENDED BOARD ACTION:

ROLL CALL REQUIRED: YES

RECOMMENDED MOTION: *I move the Board of Directors to adopt Resolution 2023-15 to engage Piper-Sandler as the underwriter for the Ambulance-Administration building project.*

<i>Motion Made By</i>	<i>Motion</i>	<i>Second</i>
<i>Director Avila</i>		
<i>Director Campo</i>		
<i>Director Benefield</i>		
<i>Director Stokman</i>		
<i>[vacant]</i>		

<i>Roll Call Vote</i>	<i>Aye</i>	<i>No</i>	<i>Abstain</i>	<i>Absent</i>
<i>Director Avila</i>				
<i>Director Campo</i>				
<i>Director Benefield</i>				
<i>Director Stokman</i>				
<i>[vacant]</i>				

DEL PUERTO HEALTH CARE DISTRICT

RESOLUTION NO. 2023-16

RESOLUTION OF THE BOARD OF DIRECTORS OF THE DEL PUERTO HEALTH CARE DISTRICT RETAINING A BOND UNDERWRITER

RESOLVED, by the Board of Directors (the “Board”) of the Del Puerto Health Care District (the “District”), as follows:

WHEREAS, the District On July 31, 2023, approved to finance the construction of an Ambulance/Administration Center at 875 E Street, Patterson, California; and

WHEREAS, the District reasonably expects a portion or all of the project will be financed; and

WHEREAS, the District needs to engage an Underwriter and Bond Counsel for the financing of the project; and

WHEREAS, the District has, through their Municipal Advisors, sought, received, and reviewed RFPs and have interviewed two qualified candidates;

NOW, THEREFORE, it is hereby resolved the District will engage Piper Sandler as the Underwriter for the proposed project financing, including FisherBroyles and the Underwriter’s & Disclosure Counsel.

Passed and adopted this 25th day of August 2023, by the following votes:

AYES:

NOES:

ABSENT:

President, Board of Directors
Del Puerto Health Care District

ATTEST:

Secretary of the District

Del Puerto Healthcare District
Summary of Underwriter/Placement Agent Proposals
August 28, 2023

Three of the four firms that were invited to respond to the request proposal submitted a proposal. The firm that did not submit a proposal was Bank of America. The firms that submitted proposals include Hilltop Securities, Piper Sandler and Ziegler.

	Hilltop Securities	Piper Sandler	Ziegler
Location of Lead Banker	San Diego	Kansas City	Cleveland
Team Lead	Mike Cavanaugh (32 years of experience)	Todd VanDeventer (25+ years of experience)	John Hanley (30+ years of experience)
California Healthcare Experience (since 2019)	18 financings for CA healthcare Districts since 2019 6 financings with Cal-Mortgage	18 financings for CA healthcare Districts since 2019 11 financings with Cal-Mortgage	12 financings with CA healthcare 5 financings with Cal-Mortgage
Fees			
Cal-Mortgage Insured	\$4.95/bond -> \$79,200*	\$8.50/bond -> \$136,000*	\$10.00/bond -> \$160,000*
Rated (below BBB-)	\$8.70/bond -> \$139,200*	\$12.50/bond -> \$200,000*	\$13.00/bond -> \$208,000*
Non-Rated	\$8.70/bond -> \$139,200*	\$15.50/bond -> \$248,000*	\$13.00/bond -> \$208,000*
Private Placement	\$40,000	\$7.50/bond -> \$120,000*	\$10.00/bond -> \$160,000*
Underwriter & Disclosure Counsel Expenses (est.)	\$25,000 Quint & Thimmig (Disclosure Counsel only, Underwriter's Counsel fee of \$7,500 is included in above fees)	\$35,000 FisherBroyles (Underwriter's & Disclosure Counsel)	\$50,000 Dinsmore & Shohl (Underwriter's & Disclosure Counsel)

**Based on estimated par amount of bonds of \$16 million*

KRF ADDED NOTE: *When fees, expenses, and rates are combined there is only an insignificant cost difference between HS and PS.*

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**Board Meeting – September 25, 2023****8I. Mitigation Fund Reconciliation and Transfer of Funds****Page 1 of 1**

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: Yes

4/5 Vote Required: No

SUBJECT: Mitigation Fund Reconciliation and Transfer of Funds

STAFF REPORT: The mitigation fee account has operated since before 2004. It is essential for such accounts to be periodically reconciled to maintain transparency and financial integrity. The most recent reconciliation process revealed some discrepancies requiring our attention. Our Finance Department recently completed an audit of all mitigation funds received and spent. Attached is the reconciliation of all development impact fees received and spent on qualified expenses.

DISTRICT PRIORITY: Fiscal transparency

FISCAL IMPACT: \$133,552 transfer from unrestricted operating funds to restricted mitigation fee fund.

STAFFING IMPACT: Staff evaluated potential measures and modifications to prevent future discrepancies. This will encompass conducting reconciliations more frequently.

CONTACT PERSON: Maria Reyes

ATTACHMENT(S): Mitigation Fee Reconciliation and calculation of required transfer

RECOMMENDED BOARD ACTION:

ROLL CALL REQUIRED: YES / NO

RECOMMENDED MOTION: *I move the Board of Directors to accept the Mitigation Fee reconciliation report and approve the transfer of \$133,552 from operating, unrestricted funds to the Mitigation Fee account.*

<i>Motion Made By</i>	<i>Motion</i>	<i>Second</i>
<i>Director Avila</i>		
<i>Director Campo</i>		
<i>Director Benefield</i>		
<i>Director Stokman</i>		
<i>[vacant]</i>		

<i>Roll Call Vote</i>	<i>Aye</i>	<i>No</i>	<i>Abstain</i>	<i>Absent</i>
<i>Director Avila</i>				
<i>Director Campo</i>				
<i>Director Benefield</i>				
<i>Director Stokman</i>				
<i>[vacant]</i>				

DEL PUERTO HEALTH CARE DISTRICT
SUMMARY OF RECEIPTS, EXPENDITURES & FUND BALANCES

FISCAL YEAR ENDED JUNE 30, 2023

Fiscal Year	Fees Collected (DR)	Interest Earned (DR)	Expenditures Claimed	Department	Expenditures (CR)	Bank Charge (CR)	Balance (i+b+c-f-h)	Notes
1997-1998	37,904		SUV- expand service	Ambulance	65,000		(27,096)	
1998-1999	47,470				-		20,374	
1999-2000	-		Ambulance-backup unit for off-hours calls	Ambulance	120,000		(99,626)	
2000-2001	-		Ambulance/Equipment-Expand hours	Ambulance	150,000		(249,626)	
2001-2002	78,309		District/Ambulance Facilities & Urgent Care Feasibility/Impact	Admin/Ambulance	765,348		(936,665)	
			Urgent Care Feasibility/Impact	Health Center			(936,665)	
2002-2003	36,942		Health Care Center Equipment & Facilities	Health Center	127,847		(1,027,570)	
2003-2004	327,462		Ambulance Equipment & Health Center EQ/Facilities	Ambulance/Health Center	132,555		(832,663)	no QB entries
			Ambulance-back-up unit for 12-hour vehicle & Health Center EQ/Facilities	Ambulance/Health Center	291,000		(310,881)	
2004-2005	812,782		Health Center EQ/Facilities	Health Center	91,930		16,616	
2005-2006	419,427		Ambulance Equipment	Ambulance	105,532		142,818	
2006-2007	231,733		Health Center Electronic Records/Equipment	Health Center			142,818	
2007-2008	54,475	41	Ambulance Equipment/Locators & Health Center expand EHR Access (covered and refunded for prior fees paid (Patterson Seniors, LLC 6443/Diablo builder 2347)	Ambulance/Health Center	31,155		166,179	
2008-2009	(8,095)	8		Ambulance	-	80	158,012	
2009-2010	47,840	2	Capital Exp WIP: New Facility (???)	Ambulance	65,215		140,638	
2010-2011	-	16				72	140,582	
2011-2012	8,905	70					149,557	
2012-2013	76,450	29					226,037	
2013-2014	6,882	16					232,935	
2014-2015	128,824	29	Stryker Gurneys 4 each plus installation for 2	Ambulance	134,751		227,037	reported by Yumi
2015-2016	12,627	118					239,782	
2016-2017	20,051	106					259,940	
2017-2018	229,557	207	2018 Ambulance (Bd app 2/2018 to use IMF)	Ambulance	222,299		267,405	
2018-2019	46,682	317					314,404	
2019-2020		133				68	314,470	
2020-2021		15					314,485	
2021-2022	2,346	15					316,846	covering the 5 year required reporting
2022-2023		15	E Street Building Project Cost	Admin/Ambulance	61,159		255,702	
Total	\$ 2,618,574	\$ 1,138			\$ 2,363,791	\$ 220	255,702	

255,702

Funds Received and Interest	2,619,712
Cost of Expenditures and Bank Charges	2,364,011
Mitigation Fund Balance	255,702

Less: Bank Balance 148,639

a. Variance/Need to transfer to Bank 107,063

Mitigation Fund Equity Account Balance 122,150

b. Variance/Need to transfer to Equity Acct from Unrestricted 133,552

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**Board Meeting – October 30, 2023****8J. Cell Phone Work-Related Use Policies and Business-Related Use****Page 1 of 2**

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: Yes

4/5 Vote Required: No

SUBJECT: Adoption of Cell Phone Business-Use and Work-Use Policies

STAFF REPORT: Work-Related Use of Employee Personal Cell Phones: The second proposal concerns the work-related use of employee personal cell phones for essential workplace functions such as scheduling communication, clocking in and out, and occasional multi-factor authentication. This policy addresses the practical need to leverage personal devices for efficient operations in an era of remote work and evolving communication technologies. It seeks to balance convenience and security while fostering an agile and connected work environment.

Business-Related Use of Personal Cell Phones Reimbursement: We propose a policy that addresses the business-related use of personal cell phones by certain management employees, focusing on reimbursement through a stipend. In today's interconnected world, many of our management personnel rely on their personal devices for work-related tasks. This policy aims to establish clear guidelines for such usage, ensuring transparency and accountability while offering fair compensation to these individuals who frequently employ their personal cell phones to enhance organizational efficiency.

We look forward to the board's deliberation and decision on these two vital policy initiatives.

DISTRICT PRIORITY: Fiscal Transparency; HR policies**FISCAL IMPACT:** Stipend costs of \$1,800 already in budget**STAFFING IMPACT:** None**CONTACT PERSON:** Karin Freese**ATTACHMENT(S):** Policy 5110 Work-Related Use of Employee Personal Cell Phones
Policy 5111 Business-Related Use of Employee Personal Cell Phones**RECOMMENDED BOARD ACTION:**

ROLL CALL REQUIRED: YES / NO

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**Board Meeting – October 30, 2023****8J. Cell Phone Work-Related Use Policies and Business-Related Use****Page 2 of 2**

RECOMMENDED MOTION: *I move the Board of Directors to adopt Policies 5110 Work-Related Use of Personal Cell Phones and 5111 Business-Related Use of Personal Cell Phones.*

<i>Motion Made By</i>	<i>Motion</i>	<i>Second</i>
<i>Director Avila</i>		
<i>Director Campo</i>		
<i>Director Benefield</i>		
<i>Director Stokman</i>		
<i>[vacant]</i>		

<i>Roll Call Vote</i>	<i>Aye</i>	<i>No</i>	<i>Abstain</i>	<i>Absent</i>
<i>Director Avila</i>				
<i>Director Campo</i>				
<i>Director Benefield</i>				
<i>Director Stokman</i>				
<i>[vacant]</i>				

DEL PUERTO HEALTH CARE DISTRICT
POLICY AND PROCEDURE

SECTION: TECHNOLOGY MGMT
POLICY NUMBER: 5110
PAGE: 1/2

WORK-RELATED USE OF PERSONAL PHONES	EFFECTIVE DATE
	NOVEMBER 1, 2023

REVIEW DATE:	REVISION DATE:
POLICY SOURCE: CPA Guidance	

Purpose: This policy sets forth the criteria and standards governing using personal phones for work-related purposes, including multi-factor authentication (MFA), timekeeping, work-related calls, and internet access for scheduling activities such as shift bidding or requesting paid time off (PTO).

Regarding Reimbursement: As a general guideline, if work-related usage of a personal phone exceeds 5% of the total phone usage, it is eligible for reimbursement as a district expense. This policy recognizes that employees below the managerial level typically do not surpass the 5% threshold for phone use reimbursement.

Definitions:

1. **Business Use:** Activities typically conducted by managers or above directly supporting the district's business. Manager-level and above positions use their personal phone for business use more than 5% of the time and are entitled to a monthly stipend.
2. **Work-Related Use:** Activities that assist the district employees, including multi-factor authentication (MFA), clocking in and out, receiving calls about work, and accessing the internet for shift bidding or submitting paid time off (PTO) requests.

Policy: Personal cell phones and other devices may be authorized for responsible work-related use by employees to enhance the efficiency and effectiveness of technology and communications for work-related use:

1. **Multi-Factor Authentication (MFA):** Employees may use their personal phones for MFA when accessing work-related applications, systems, or data. This is an important security measure to protect sensitive information and ensure secure access. It is the responsibility of employees to install and configure MFA applications as per the district's guidelines.
2. **Clocking In and Out:**
 - a. Clocking In: Employees may use their personal phones as a convenience for clocking in/out when a district-approved time-tracking application or system is not available or accessible.
 - b. District-Provided Alternatives: Employees should use district-provided devices or systems for timekeeping when possible. Personal phone usage should only be a secondary option.
3. **Receiving Calls About Work:** Employees may receive calls related to scheduling changes, shift swaps, or other work-related matters on their personal phones. They are responsible for ensuring they are reachable during their scheduled working hours and promptly responding to such calls or messages from supervisors or scheduling personnel.
4. **Accessing the Internet for Scheduling Matters, Shift Bidding, or PTO Requests:**
 - a. Shift Bidding: Employees may use their personal phones to access the internet for shift bidding purposes, subject to district guidelines and policies related to cell phone use.

DEL PUERTO HEALTH CARE DISTRICT
POLICY AND PROCEDURE

SECTION: TECHNOLOGY MGMT
POLICY NUMBER: 5110
PAGE: 2/2

WORK-RELATED USE OF PERSONAL PHONES	EFFECTIVE DATE
	NOVEMBER 1, 2023

- b. **PTO Requests:** Personal phones may be used to submit PTO requests through the district's designated time-off request system, if applicable.

5. Responsible Usage:

- a. Employees are expected to use their personal phones for work-related purposes responsibly and within the boundaries of applicable laws and district policies.
- b. Personal phone usage should not interfere with job duties or compromise workplace productivity.

- 6. Reimbursement and Costs:** Generally, the district does not reimburse for work-related use of personal phones unless consistent business usage is greater than 5% of total usage.

7. Confidentiality and Security:

- a. Employees should exercise caution and ensure the security of work-related information when using their personal phones.
- b. Lost or stolen personal phones should be reported immediately to the employee's supervisor.

- 8. Compliance:** Employees are expected to comply with this policy and any additional district guidelines or procedures regarding using personal phones for work-related tasks.

- 9. Policy Review:** This policy will be periodically reviewed and updated triennially or as needed. Employees will be notified of any revisions to this policy.

EMPLOYEE ACKNOWLEDGMENT:

By using their personal phones for work-related tasks, employees acknowledge their understanding of and compliance with this policy.

Signature: _____ **Date:** _____

Employee Name: _____

Position/Title: _____

DEL PUERTO HEALTH CARE DISTRICT
POLICY AND PROCEDURE

SECTION: TECHNOLOGY MGMT
POLICY NUMBER: 5111
PAGE: 1/2

BUSINESS-RELATED USE OF PERSONAL PHONES	EFFECTIVE DATE
	NOVEMBER 1, 2023

REVIEW DATE:	REVISION DATE:
POLICY SOURCE: CPA Guidance	

Purpose: Employees who engage in business activities, primarily managers or above, that directly support the district's operations and use their personal phones for business-related tasks for more than 5% of their total personal phone use are eligible to receive a monthly stipend to cover the costs associated with the business use of their personal phones.

Definitions: Business-Related Use: Business use encompasses activities conducted by managers or above essential for supporting the district's operations. Such activities may include but are not limited to communication with employees, vendors, or stakeholders, accessing business-related applications or data, and responding to business-related emails and messages.

Policy: Personal cell phones and other devices may be authorized for responsible use by employees to enhance the efficiency and effectiveness of technology and communications for district-related use. Eligible employees are entitled to receive a monthly stipend to compensate for the costs incurred due to using their personal phones for business-related purposes consistently more than 5% of total personal phone usage. The stipend is intended to offset a portion of the expenses related to data usage, phone calls, or any other expenses directly associated with business-related tasks performed on their personal phones.

1. **Stipend Amount:** The stipend amount is \$75.00 per month. The stipend amount is subject to periodic reviews and adjustments based on the district's changing needs.
2. **Stipend Disbursement:** The stipend will be disbursed to eligible employees in bi-monthly payments of \$37.50 and will not be subject to applicable tax deductions.
3. **Compliance with Company Guidelines:** Employees receiving the monthly stipend are expected to comply with company guidelines and policies for using personal phones for business-related purposes. They should use their personal phones responsibly and ensure the security of any work-related information.
4. **Eligible Employees:** Eligible employee positions include the Health Center Manager, Ambulance Quality Improvement and Continuing Education Manager, Director of Ambulance Operations, and the Chief Executive Officer.
5. **Changes in Eligibility:** If an employee's role or responsibilities change such that they no longer meet the eligibility criteria for the monthly stipend, the stipend will be discontinued.
6. **Policy Review:** This policy will be reviewed and updated triennially or as needed. Employees will be notified of any revisions to this policy.

DEL PUERTO HEALTH CARE DISTRICT
POLICY AND PROCEDURE

SECTION: TECHNOLOGY MGMT
POLICY NUMBER: 5111
PAGE: 2/2

BUSINESS-RELATED USE OF PERSONAL PHONES	EFFECTIVE DATE
	NOVEMBER 1, 2023

EMPLOYEE ACKNOWLEDGMENT:

By using their personal phones for business use, employees acknowledge their understanding of and compliance with this policy.

Signature: _____ **Date:** _____

Employee Name: _____

Position/Title: _____

DRAFT

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT

Board Meeting – September 25, 2023

9B. Generator for 875 E Street Building

Page 1 of 2

Department: Facilities & Operations

CEO Concurrence: Yes

Consent Calendar: No

4/5 Vote Required: No

SUBJECT: **Emergency Power Generator for 875 E Street**

STAFF REPORT: Currently, the ambulance operations and district office building is not equipped to continue functioning in a power outage. Our recent experience with eight hours of a blackout for the building and a majority of Patterson and Diablo Grande demonstrated the vulnerability of our ambulance services and the need to install emergency power generation.

Continued Operation Until Transition: Even if the current building is set to be vacated in two years, it's essential to maintain its functionality until that time. Investing in emergency power ensures critical operations and services in the existing building continue without interruption. A lot can happen before we move, and it would be imprudent to risk potential disruptions, especially if they can have significant repercussions.

Asset Transferability: Emergency power equipment, such as generators, retain value and can often be transferred or repurposed. Therefore, the equipment can be repurposed or sold once the new building is finished.

Safety and Security: Regardless of the building's future, ensuring that all systems (like lights, security, charging for life-saving equipment and radio batteries, and ventilation) continue to operate during power outages is crucial.

DISTRICT PRIORITY: Emergency Preparedness. Operations Continuity.

FISCAL IMPACT: \$32,500

STAFFING IMPACT: Installation.

CONTACT PERSON: Paul Willette

ATTACHMENT(S): Generator Cost Estimate

RECOMMENDED BOARD ACTION:

ROLL CALL REQUIRED: YES

RECOMMENDED MOTION: *I move the Board of Directors to approve the purchase and installation of an appropriately sized generator to provide uninterrupted Emergency*

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT

Board Meeting – September 25, 2023

9B. Generator for 875 E Street Building

Page 2 of 2

Ambulance services during any power outage at a cost not to exceed \$32,500.

<i>Motion Made By</i>	<i>Motion</i>	<i>Second</i>
<i>Director Avila</i>		
<i>Director Campo</i>		
<i>Director Benefield</i>		
<i>Director Stokman</i>		
<i>[vacant]</i>		

<i>Roll Call Vote</i>	<i>Aye</i>	<i>No</i>	<i>Abstain</i>	<i>Absent</i>
<i>Director Avila</i>				
<i>Director Campo</i>				
<i>Director Benefield</i>				
<i>Director Stokman</i>				
<i>[vacant]</i>				

Description	Cost
Generac 45kW Protector Series RG045	\$ 16,997.00
Generator Parts	\$ 1,148.97
200A Panel E	\$ 691.55
Circuit Breakers for Panel E	\$ 683.70
Conduit	\$ 482.45
Wire	\$ 761.90
Concete Slab	\$ 2,000.00
Plumbing - Gas Line	\$ 4,000.00
City of Patterson Permit	\$ 500.00
SubTOTAL	\$ 27,265.57
10% Contingency	\$ 2,726.56
SubTOTAL	\$ 29,992.13
Sales Tax 7.88%	\$ 2,363.38
Project TOTAL	\$ 32,355.51

NATURAL GAS FUELED GENERATORS	Model Number	Generac Price		Generators Direct	Platt	NG kW	NG Amps	97 Temp Derate Amps	CB Size	Additional kW from base	Cost Add	Cost % from Base
Generac 22kW Protector QS Series	RG022	\$ 11,219.00	RG02224ANAX	\$ 10,997.00		22	92	3.036	100A	N/A	N/A	
Generac 27kW Protector QS Series	RG027	\$ 13,259.00	RG02724ANAX	\$ 12,500.00		25	104	3.432	125A	13.64%	\$ 2,040.00	18%
Generac 32kW Protector QS Series	RG032	\$ 14,279.00	RG03224ANAX	\$ 13,997.00		32	133	4.389	150A	45.45%	\$ 3,060.00	27%
Generac 38kW Protector QS Series	RG038	\$ 15,499.00	RG03824ANAX	\$ 15,197.00		38	158	5.214	175A	72.73%	\$ 4,280.00	38%
Generac 45kW Protector Series	RG045	\$ 16,119.00	RG04524ANAC	\$ 16,997.00	\$ 17,299.00	45	188	6.204	200A	104.55%	\$ 4,900.00	44%

DIESEL FUELED GENERATORS	Model Number	Generac Price		Generators Direct	Platt		Prime kW	Prime Amps	Fuel Rate gal/hr @ 50% load		Run Time Hours @ 50%	Fuel Tank Gallons
Generac 15kW Protector Series - Diesel	RD01525	\$ 13,709.00	RD01525ADAL	\$ 13,957.00			12	50	0.85		39/115.8	32/95
Generac 20kW Protector Series - Diesel	RD02025	\$ 15,089.00	RD02025ADA	\$ 15,347.00			16	67	1.03		31/92.2	32/95
Generac 30kW Protector Series - Diesel	RD03022	\$ 17,329.00	RD03022ADAL	\$ 17,517.00			24	100	1.37		41.6/96.4	57/132
Generac 48kW Protector Series - Diesel	RD04833	\$ 19,949.00	RD04833ADAL	\$ 20,027.00			38.4	183	2.02		28.2/65.3	57/132

* Diesel Generator Initial Fuel Up - estimated at \$600 - \$800

Generator Parts						
Description	Model Number	Generac Price	Quantity	Toatal	Generators Direct	Platt
Generac 200A SER ATS	RSXW200A3	\$ 819.00	1	\$ 819.00	\$ 799.00	\$ 700.00
Smart Module 50A (Generators Direct)	G007000-0	\$ 152.99	2	\$ 305.98		
Base Plug Kit	G005651-0	\$ 23.99	1	\$ 23.99		
SubTotal Generator Parts				\$ 1,148.97		

200A Emergency Power Panel E				
Description	Model #	Unit Cost	Quantity	Total
200A Load Center Main Breaker 42/84 NEMA 3R	CHP42B200R	\$ 657.09	1	\$ 657.09
Ground Bar Kit 21 terminal (1) 2/0 lug	GBKP2120	\$ 34.46	1	\$ 34.46
SubTotal Panel E				\$ 691.55

Circuit Breakers for Panel E				
Description	Model #	Unit Cost	Quantity	Total
BR 20A Circuit Breaker 10kAIC	BR120	\$ 10.50	22	\$ 231.00
BR 20A Circuit Breaker 22kAIC	BRH120	\$ 51.47		\$ -
BR 20A Arc Fault Circuit Breaker 10kAIC	BRP120AF	\$ 65.30	2	\$ 130.60
BR 20A Arc GFCI Circuit Breaker	BRP120GF	\$ 77.99	2	\$ 155.98
BR 20A Arc Dual Function Circuit Breaker	BRP120DF	\$ 71.50		\$ -
BR 30A 2P plug-on Circuit Breaker 10kAIC	BR230	\$ 25.92	2	\$ 51.84
BR 30A 2P plug-on Circuit Breaker 22kAIC	BRH230	\$ 109.40		\$ -
BR 50A 2P plug-on Circuit Breaker 10kAIC	BR250	\$ 33.84	1	\$ 33.84
BR 50A 2P plug-on Circuit Breaker 22kAIC	BRH250	\$ 106.84		\$ -
BR 100A Circuit Breaker 10kAIC	BR2100	\$ 80.44	1	\$ 80.44
BR 100A Circuit Breaker 22kAIC	BRH2100	\$ 196.44		\$ -
SubTotal Circuit Breakers				\$ 683.70

Conduit				
Description	Model #	Unit Cost	Quantity	Total
Sch 40 PVC 2" (per foot)		\$ 2.73	30	\$ 81.90
Sch 40 PVC 2" LR 90		\$ 53.90	2	\$ 107.80
Sch 40 PVC 2" 45		\$ 15.99	2	\$ 31.98
Sch 40 PVC 2" Coupling		\$ 1.41	4	\$ 5.64
Sch 40 PVC 2" TA		\$ 2.09	2	\$ 4.18
2" Liquid Tite (per foot)		\$ 7.85	3	\$ 23.55
2" LT STR connector		\$ 113.70	2	\$ 227.40
Conduit SubTotal				\$ 482.45

Wire				
Description	# of Runs	Unit Cost	Quantity	Total
2/0 THWN - Black (per foot)	1	\$ 2.82	60	\$ 169.20
2/0 THWN - Red	1	\$ 2.82	60	\$ 169.20
2/0 THWN - White	1	\$ 2.82	60	\$ 169.20
#4 THWN - Green	1	\$ 1.06	80	\$ 84.80
#16 TFFN	6	\$ 0.15	40	\$ 36.00
#12 THWN - Black/Red/White	1	\$ 0.15	500	\$ 75.00
#10 THWN - Black/Red	1	\$ 0.24	100	\$ 24.00
#6 THWN - Black/Red	1	\$ 0.69	50	\$ 34.50
Wire SubTotal				\$ 761.90

Misc / Sub Contractors				
Concrete Pad	\$ 2,000.00			\$ 2,000.00
Min pad 63" x 31" +12" each dimension = 75" x 43"				
Plumbing - run gas line	\$ 4,000.00			\$ 4,000.00

Permit				
City of Patterson	\$ 500.00			\$ 500.00
Permits SubTotal				\$ 500.00

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT

Board Meeting – October 30, 2023

9C. Facility Sizing Budget and Behavioral Health Needs Analysis Grant

Page 1 of 2

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: Yes

4/5 Vote Required: No

SUBJECT: Facility Sizing and Cost Estimations Budget plus Receive Behavioral Health Needs Analysis Grant

STAFF REPORT: Building Costs Update: As previously discussed, the district's 2006 building infrastructure plan requires an update, primarily focusing on revising the project costs. The updated building costs are essential for our Development Impact Fee assessments, which play a vital role in financing the necessary infrastructure to accommodate the needs of our growing community.

Behavioral Health Needs Assessment: Wipfli presented a comprehensive proposal of \$75,000 to refresh the 2006 needs assessment while adding a behavioral health center component and updating the building costs. However, given the non-uniform growth pattern in Patterson, staff believe it prudent to conduct each "needs" assessment closer to their respective project dates.

When staff requested only the “building cost updates” from Wipfli, they proposed an alternative plan, suggesting \$25,000 for a new behavioral health needs assessment, which is essential to project the needs and costs of a behavioral health center, and an additional \$25,000 to update the building costs for all projects.

The DPHCD board approved the \$25,000 for updating the building costs. A request was made to Legacy Health Endowment and they have approved a matching funds grant of \$25,000 for the behavioral health needs assessment.

DISTRICT PRIORITY: Community Market Needs Assessment

FISCAL IMPACT: Matching grant funds

STAFFING IMPACT: None

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT

Board Meeting – October 30, 2023

9C. Facility Sizing Budget and Behavioral Health Needs Analysis Grant

Page 2 of 2

CONTACT PERSON: Karin Freese

ATTACHMENT(S): **Wipfli Proposal for Facility Sizing and Cost Estimation
Wipfli Market & Financial Planning Process**

RECOMMENDED BOARD ACTION:

ROLL CALL REQUIRED: YES / NO

RECOMMENDED MOTION: *I move the Board of Directors to accept the matching funds grant of \$25,000 from Legacy Health Endowment for a behavioral health market needs assessment.*

Motion Made By	Motion	Second
<i>Director Avila</i>		
<i>Director Campo</i>		
<i>Director Benefield</i>		
<i>Director Stokman</i>		
<i>[vacant]</i>		

Roll Call Vote	Aye	No	Abstain	Absent
<i>Director Avila</i>				
<i>Director Campo</i>				
<i>Director Benefield</i>				
<i>Director Stokman</i>				
<i>[vacant]</i>				

Proposal for

professional services

Facility Sizing and Cost Estimation Services

Del Puerto Health Care District

September 18, 2023

WIPFLI



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Professional profiles
Terms and conditions



Executive summary

Del Puerto Health Care District (DPHCD), located in western Stanislaus County, serves the healthcare needs of the residents and employees living in the city of Patterson, California, and surrounding areas. In 2006, HFS Consultants completed a project sizing and cost analysis to inform the impact of future residential and commercial developments on the healthcare needs of the District's service area to inform the creation of a Development Impact Fee to provide a source of revenue for the District to offset the increased demand for healthcare services these developments have produced. The District's service area has experienced considerable growth since the completion of the original impact fee study, with many of the proposed developments having come to fruition.

Based on our recent conversation, we understand that DPHCD is seeking to understand opportunities to grow services and invest strategically in its facilities in a way that will continue to meet the community's growing and evolving healthcare needs while maintaining financial viability. Notably, DPHCD is interested in updating the strategic project sizing and cost analysis performed in 2006 to inform the development of an updated impact fee study, with the overarching goal of this plan being to develop a roadmap to base future facility related investments in a data-driven strategic market plan.

We are proposing a scope of work that would be the foundation for DPHCD's strategic reinvestment in both facility resources and organizational success. The analyses that we conduct build upon each other to develop a logical framework for future reinvestment in your campus. Ultimately, the proposed scope of work will provide you with the appropriate data-driven justification to support the development of a revised Development Impact Fee for the District (Nexus Study).

As HFS Consultants' acquiring firm, Wipfli is unique in that we have an integrated strategic, facility, and financial planning team that has assisted Rural Health Clinics, community hospitals, Critical Access Hospitals, and health systems across the country in developing facility strategies that align their strategic vision with a sustainable and affordable plan. Our team approach and breadth of regional and national experience make us an excellent partner for DPHCD as you work toward not only developing a meaningful capital plan for your organization, but bringing your vision into reality.

We sincerely appreciate the opportunity to assist DPHCD with this important process. As you make your final decision, we'd like to keep the lines of communication open. Please reach out to John Dao at jdao@wipfli.com or (952) 548 3425 to discuss any concerns, observations, or questions with us before making your final decision.

Sincerely,
Wipfli LLP

Planning process and scope of work

Our planning philosophy

We believe our market and facility planning process is one of the most holistic, detailed, and data-driven methodologies in the market. You can be confident that the facility project options created using our methodologies are driven by your own data and customized to your service area's exact needs. At Wipfli, we firmly believe that the most successful facility plans have their roots firmly planted within the strategic plan of the organization. Your strategic plan should drive future facility needs based on growth or contraction of service lines being offered, opportunity for new service lines, provider recruitment, and expected future volumes. The facility plan should not be a standalone endeavor, but instead should directly support and execute the strategic vision of the District.

Our approach

Our job is to help you develop the rationale and appropriate support to make critical strategic facility investment decisions based on a holistic understanding of your community's future needs. The following outlines our recommended approach and key components of the planning process:

Phase 1: Market demand analysis

To effectively size and scope the potential facility needs for DPHCD, the planning process will include a detailed market analysis to understand the service area and the competitive environment in which the District operates. Through the market analysis, we will seek to understand the healthcare needs of your service area, as growth, recruitment, and the overall scope of services offered by DPHCD will inform the facility plan developed in Phase 2.

Geographic source of patients: The first step of the market analysis is to define the geographic source of patients for key clinical services (inpatient, outpatient, and/or skilled nursing) by ZIP code and/or county to ensure that we are focusing the analysis on the needs for the community specifically served by DPHCD. In this step, we either use your existing defined service area or work with you to redefine your service areas based on historical patient origin information.

Population trends by area and age cohorts: Demographic trends can have a dramatic impact on utilization and associated service/facility need. Understanding your historical, projected, and age-specific population trends is crucial in estimating your existing and

future facility needs. For this step of the analysis, we will rely on the demographic projections from a nationally recognized demographer service, ESRI Business Information Solutions, to determine how DPHCD's community will evolve over a 10- or 15-year time frame. These demographic estimates will be adjusted to account for any planned residential or commercial developments in the service area that may impact future demand for healthcare services.

Utilization and in/out-migration trends: Utilization rate analyses are key to preparing future volume projections for all healthcare services. Historical market utilization and market share trends will be analyzed to determine the demand for healthcare services in DPHCD's service area. Wipfli will utilize information from the California Department of Health Care Access and Information public data portals and other data sources to estimate historical utilization trends for key healthcare services, which will provide a sense of patient out-migration and demand for healthcare service lines today. Future demand for healthcare services will be projected at a service line level for hospital, clinical, surgical, senior living, and emergency medical services based on historical utilization rates and projected population trends. These assumptions are crucial and will serve as the primary driver of clinical space need.

Provider demand analysis: Provider practice patterns and overall presence can have a direct and dramatic impact on whether a community's healthcare needs are being met, as well as influence patient migration patterns. The provider demand analysis will include:

- Size of existing medical staff by category and specialty (primary care, medical, and surgical specialties) for the service area
- Additions and deletions to the medical staff over the past several years
- Provider to population ratios calculated to estimate future provider need by specialty, in full-time equivalents (FTEs)

A strong understanding of the provider landscape will reveal where gaps exist in key service lines today, and opportunities for strategic provider recruitment and growth in the service area. The provider demand analysis will be utilized to help inform growth in healthcare services needed to support the District's healthcare needs.

Projected service volume/census: All of the previous analyses will serve as the foundation to estimate future volumes for the major services that will be required to support DPHCD's service area population. A detailed analytical model will be developed that allows us to make assumptions about future population growth (by age cohort), use rates (by major service line), market shares and/or capture rates (by major service line and/or service area), and in-migration rates. Volumes for each covered service line will be developed including acute care, primary care, senior living, behavioral health and emergency services.

Phase 1 Deliverable: PowerPoint document that summarizes all the key findings and assumptions from the work steps above. Wipfli will be available to present these findings (on-site or via webinar) as necessary.

Phase 2: Facility sizing and cost estimation

Translation of demand into key room and space drivers: The future projected volumes (calculated in the previous step) will be translated into facility/space requirements by applying projected volume to throughput benchmarks/planning standards to generate key planning units (KPU, e.g., inpatient beds, operating rooms, nursing home beds, etc.). For example, inpatient discharges and days will be converted into bed need, surgical cases will be converted to operating room/ambulatory surgery need, and so forth.

Existing capacity analysis and future space drivers: Future projected KPU needs calculated in the previous step will be compared to the existing facilities supplied by any local and regional clinics, hospitals, emergency medical services operators, and/or senior living organizations to estimate if the District's healthcare infrastructure is currently sufficient to meet the projected demand for healthcare services, or if current capacity will be exceeded. The variance between KPU supply and demand will be utilized as the basis of calculating future project size by applying KPUs to contemporary space planning benchmarks to generate square footage estimates by major service offering.

Development of cost estimates: Based on the proposed space requirements needed to service the District's future healthcare needs, we will develop preliminary projections of capital project costs by major service offering (e.g., hospital, medical office building, emergency medical services, etc.) by surveying local and/or regional architects to obtain recent cost per square foot estimates and applying those estimates to the square footage projections identified in the previous step. These cost projections should be considered guidelines but will be sufficiently accurate to base the Development Impact Fee estimates on.

Phase 2 Deliverable: PowerPoint document that summarizes all the key findings and assumptions from the work steps above. Wipfli will be available to present these findings (on-site or via webinar) as necessary.

Engagement timetable

Below you will find the estimated timetable for each phase of the engagement. This planning process typically takes between three to four months to complete, subject to timing of data gathering and scheduling of meetings. Wipfli will supplement on-site meetings with periodic check-in calls as necessary.

Engagement Steps	Month 1	Month 2	Month 3	Month 4
Phase 1: Market demand analysis	X			
Phase 2: Facility sizing and cost estimation				
Final report to DPHCD				X

X = On-site or virtual meeting with the District



It is important to us that we foster a long-term relationship with DPHCD during and beyond this planning process. We want our pricing to reflect our commitment to developing that relationship, knowing that you are seeking a cost-effective planning approach. Our fees represent a small percentage of the overall cost of a major capital project, and our clients find that our unbiased expertise is an invaluable resource to ensure that future capital investments are based in your community's data-driven needs. This fee quote is valid for a period of 60 days from the date of this proposal:

Professional fees	Fee
Phase 1: Market demand analysis	\$50,000
Phase 2: Facility sizing and cost estimation	\$25,000
Grand total (not to exceed)	\$75,000

In addition to the professional fees quoted above, out-of-pocket expenses (i.e., travel costs) will be charged at actual cost, without a markup. We invoice professional fees and expenses on a monthly basis. Payment is appreciated within 30 days of invoicing.



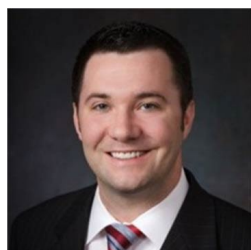
Your engagement team

Wipfli has a dedicated facility and capital planning team who are well-versed to assist healthcare organizations throughout the entire continuum of planning for and constructing facilities. Meet your project team:



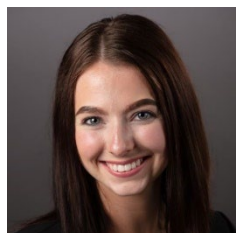
John Dao, MHA
Engagement Principal

John Dao is a principal in Wipfli LLP's Spokane office and will be the lead for this engagement. He has a wide breadth of hospital and ambulatory healthcare experience, ranging from large academic hospitals and integrated delivery systems to Critical Access Hospitals.



Patrick Carroll
Senior Manager

Patrick Carroll is a senior manager in Wipfli LLP's Milwaukee office. He specializes in the senior living industry and concentrates on financial feasibility studies, market research and analysis, market demand analysis, strategic planning, and financial assessment for senior living organizations.



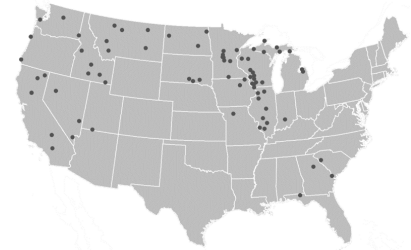
Sydney Diekmann
Senior Consultant

Sydney Diekmann will provide analytical and project management support for all project phases of this engagement. Her expertise lies in market share projections, service line volume projections and facility assessments. Sydney has nearly 4 years of consulting experience, all with Wipfli.

The consultants included in this proposal have direct “hands-on” management experience with hospitals, physician groups, physician networks, and integrated health systems. Our approach is to provide practical and useful advice and recommendations based on our extensive management and consulting experience.

Client references and experience

Our team has provided facility and capital planning services to a wide range of facilities, from academic medical centers to small Rural Health Clinics, County hospitals, and Critical Access Hospitals, nationwide. A significant portion of our clients originate in the Midwest region and along the West Coast.



The following is a sample of hospitals we have continued to work with over the years on their facility, capital, and financial planning needs:

Samaritan Healthcare

50-bed community healthcare system, Moses Lake, Washington
 Alex Town, CFO
atown@samaritanhealthcare.com
 509-999-5046

Wipfli has assisted Samaritan Healthcare (SHC), a 50-bed independent hospital located in central Washington, through the full scope of planning efforts to support a major campus and hospital replacement project that has a project budget of \$140M plus. Our team has assisted SHC with their debt capacity study, market and physician demand analyses, existing space evaluation and benchmarking, the decision to “renovate versus replace”, and facility/space programming to support their current proposed project. We are currently assisting with an examined forecast and feasibility study to help SHC secure financing through the USDA rural lending program, a program many of our clients utilize to access affordable financing for their capital projects.

Forks Community Hospital

Critical Access Hospital, Forks, Washington
 Paul Babcock, CFO
paulb@forkshospital.org
 360-327-8327

Wipfli recently partnered with Forks Community Hospital (FCH) in 2021 to complete a comprehensive debt capacity analysis, market/demand analysis, and facility master plan. Our deliverable helped FCH to create a road map for future facility and campus development for the next 30+ years. A typical Hill-Burton vintage hospital with facilities that are 50-60 years old and reaching the end of useful life, FCH’s facilities featured significant space shortages, patient flow/wayfinding issues, and a campus that constrained the ability for major expansion

projects to meet their community's growing needs. FCH also had a 20-bed attached skilled nursing facility which was diluting their CAH reimbursement and negatively impacting their profitability year after year. Wipfli performed an analysis that showed that if FCH were able to convert their skilled nursing beds to swing beds that they could afford an \$80+ million replacement hospital versus putting "band-aids" on an already outdated hospital. The FCH Board recently approved the conversion of skilled nursing beds to swing beds and FCH has plans to move forward into replacement hospital development.

Kirby Medical Center

Critical Access Hospital, Monticello, Illinois

Steve Tenhouse, CEO

651 254 5136

heidi.g.conrad@healthpartners.com

Wipfli has worked with Kirby Medical Center (KMC) over the past 10+ years, providing ongoing support on demographics, market planning, volume projections, and facility planning for various initiatives, including the market, facility, and financial planning associated with their major campus and hospital replacement project in the early 2000s. Since the wholesale replacement of their Hill-Burton vintage facility in the early 2000s, KMC has experienced significant success in growing their major service lines and recruitment efforts. We are currently assisting KMC with a major wellness center construction project and hospital expansion project to support growth in their burgeoning outpatient services, including service line modeling for rehab, primary care, and surgical services and their downstream impact of hospital-based ancillary and support services.

Why Wipfli?

Experience

The Wipfli professionals who will be working with you know community hospitals, Critical Access Hospitals, skilled nursing facilities, and provider-based rural health clinics. We have years of experience working with healthcare entities of all sizes and types. We are professionals who understand your operations and add value to the audit process by offering proactive advice on Medicare and Medicaid reimbursement, physician issues, compliance, tax-exempt financing, personnel issues, and information systems consulting and implementation.

We constantly monitor industry developments through access to the latest industry news and regulatory authorities and share this knowledge internally within our healthcare group. We then keep you updated on the latest reimbursement and compliance issues and information on regional and national healthcare trends through our publications, our Web-based communications, and our training seminars. Furthermore, you can continue to count on our expertise when you need advice on financial reporting, internal controls, enterprise risk assessment, new accounting pronouncements, the latest tax and compliance issues, and information on regional and national healthcare trends.

Dedication

Our size has enabled us to develop an exceptional professional staff dedicated exclusively to our healthcare clients. A team of 150+ healthcare professionals located in various offices across the country, are all available to serve your organization. Wipfli healthcare professionals receive a significant amount of training, both internally and externally, on issues specific to healthcare. Examples of internal training include audit and accounting, debt financing, audit efficiency, and leadership training.

Healthcare clients by the numbers



Expertise

Our healthcare group includes professionals who want to serve healthcare clients and who spend the majority of their time in this industry. The quality of our people and their commitment to your industry are evident in the attention and dedication they demonstrate during the accounting process. We strive to maintain continuity for the benefit of our clients and our firm, so as not to incur time by either party in ramping up engagement personnel about your business, operations, and other aspects that may be unique to properly serving you. However, our healthcare practice is large enough to introduce additional resources to the engagement team as part of our continuous process improvement philosophy.



Collectively, our healthcare professionals and/or the firm maintain memberships in a variety of professional associations designed to keep Wipfli on the leading edge of healthcare consulting services. Some of these associations include the American Institute of Certified Public Accountants (AICPA), Healthcare Financial Management Association (HFMA), The National CPA Healthcare Advisors Association, Medical Group Management Association (MGMA), National Rural Health Association, National Association of Rural Health Clinics, and other healthcare and senior services associations.

People

Wipfli professionals are more than certified public accountants and specialists. They are people who joined Wipfli because they enjoy the personal relationships they can develop working with our clients' management and staff. Those Wipfli professionals include registered nurses, certified coders, former health provider administrators, etc. Our healthcare team is keenly in tune with what matters most to our clients—an understanding of their industry, the ability to deliver quality work on time, a positive working relationship, and an impact on their bottom line. Attention to these areas is what sets Wipfli's people apart from the rest

Healthcare practice experience

150
Associates

28
Partners



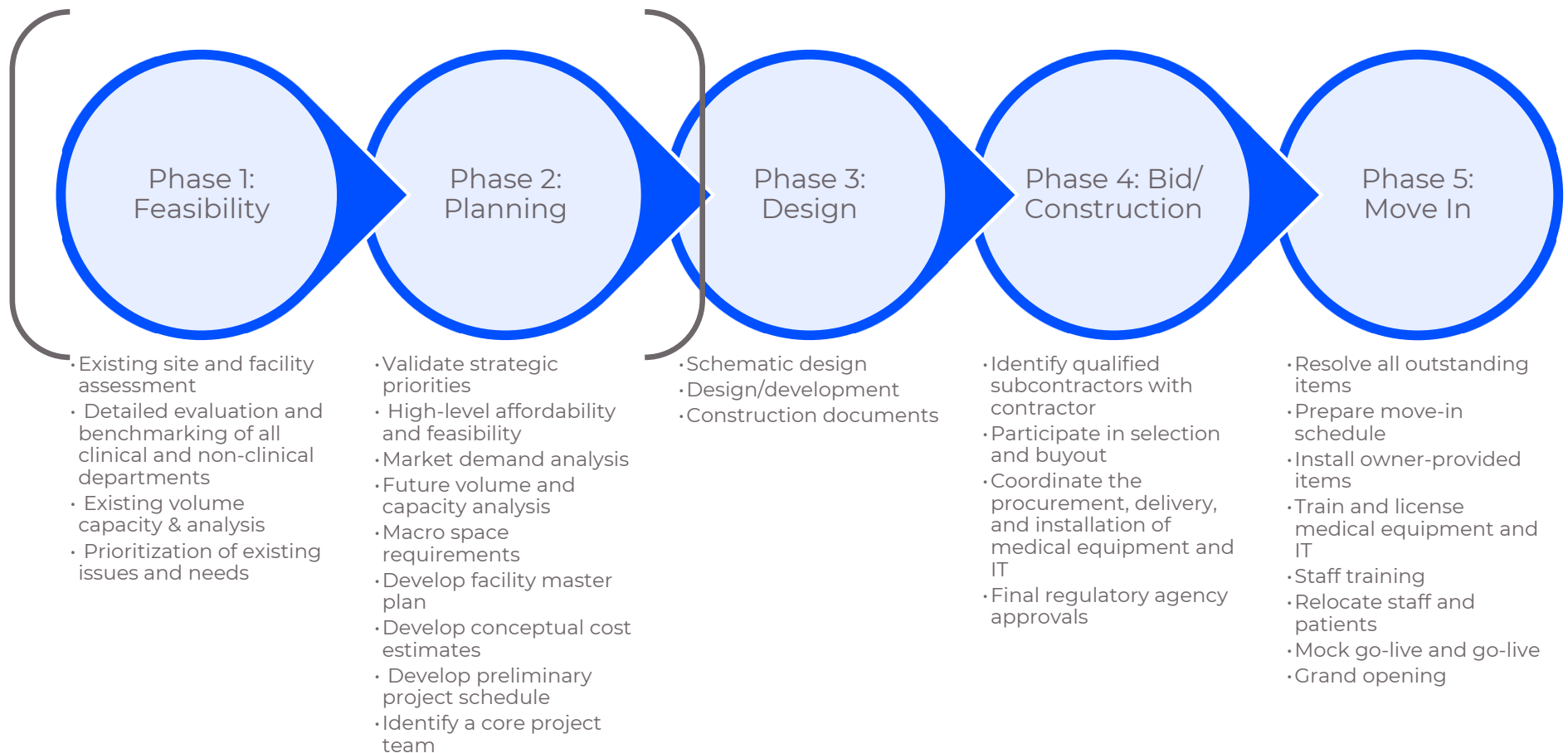


Market & Financial Planning Process

Presented to: Del Puerto HC
District

WIPFLI

Key Phases of Major Construction Project

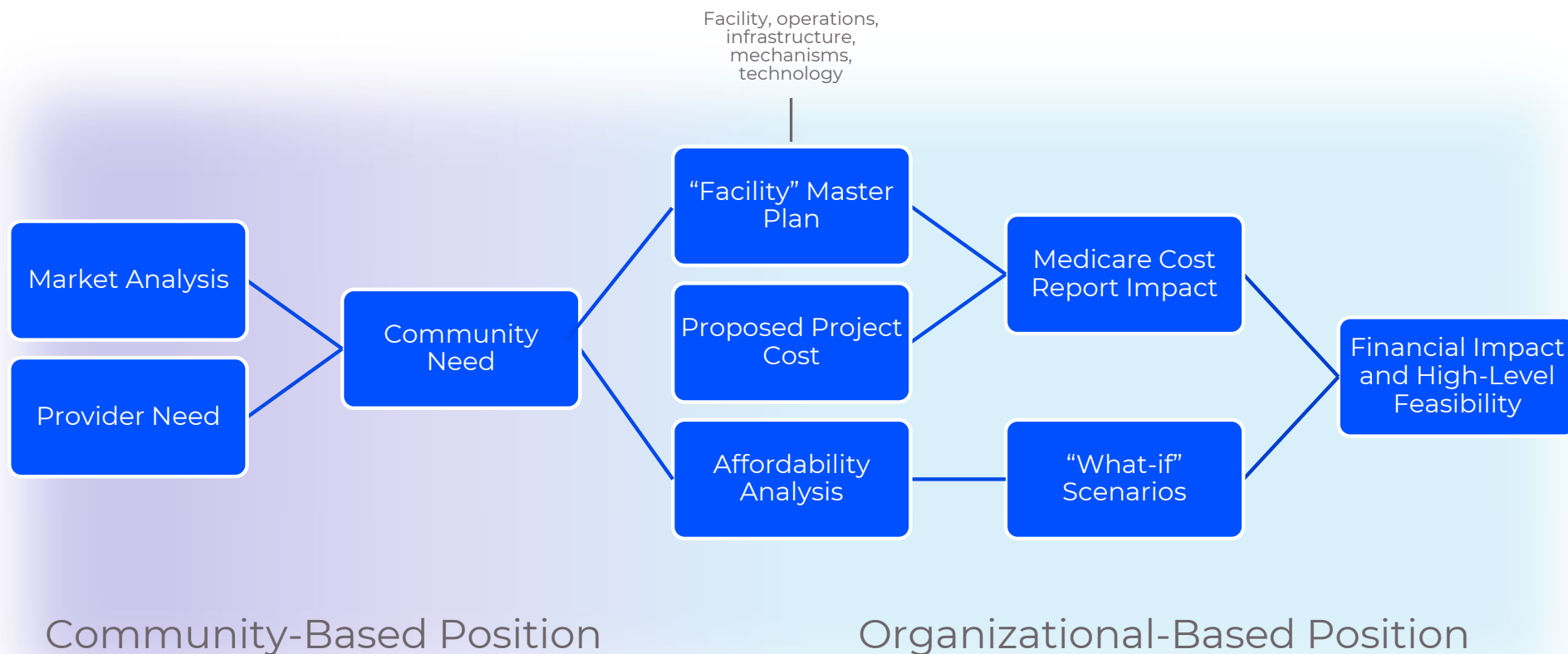


Wipfli's Facility Planning Philosophy

Ultimately, any facility planning approach should lead to a set of facility development scenarios that respond to the facility priorities on your campus – our process expands on these core needs in several important ways:

- Facility plans driven by *strategy*
- Facility plans that are *affordable*
- Facility plans that *operationally efficient*
- Facility plans that are *flexible*

Determining the organizational position to take on a major capital investment project



Phase 1: Existing State Assessment

The existing state assessment: where are we now?



People

- Service area definition
- Population demographic trends
- Utilization trends



Market

- Market share
- Growth opportunities
- Volume projections
- Provider need



Facility

- Existing campus, facility, infrastructure
- Flow, space, design, customer service



Finance

- Financial performance
- Affordability

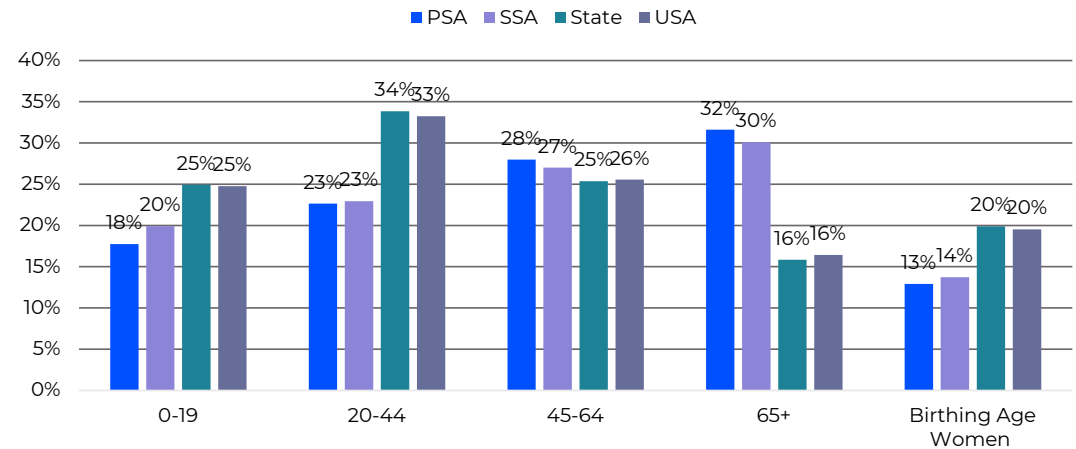


Phase 1a: Population

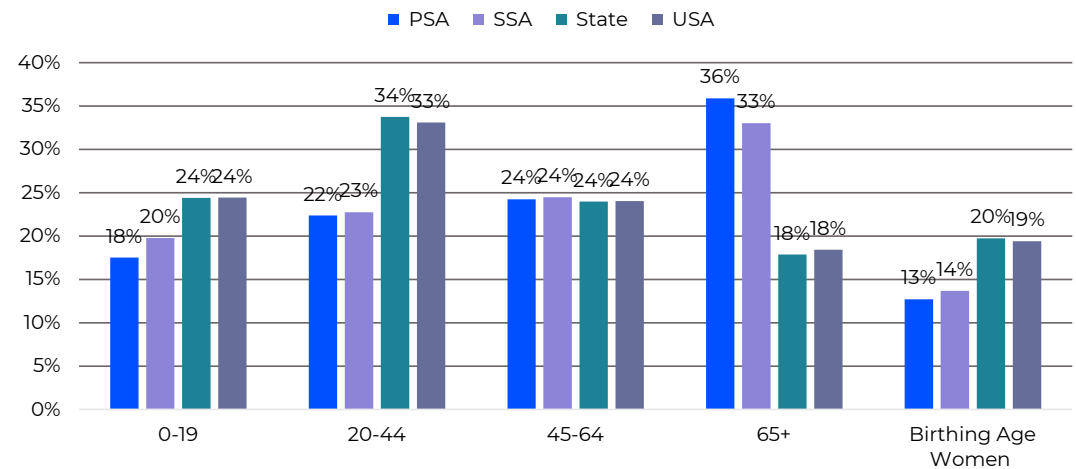
Service area definition and population demographic trends

- Define the service area and key population demographics that impact service utilization
- Analyze historical and future estimated population, and age demographics
 - ▶ Translate future population into anticipated services and physicians needed to serve the community
- Compare demographics and utilization trends to state and national benchmarks

2019 Population Distribution



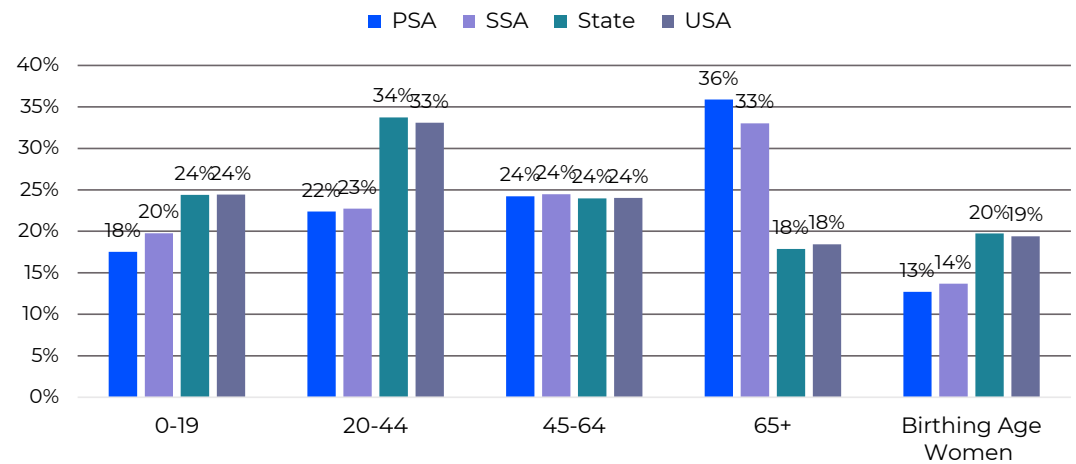
2024 Population Distribution



Example:

- The primary service area is anticipated to grow at a rate of 7.1% over the next five years, which will significantly impact demand for services
 - ▶ High proportion of the population falls above the age of 65, further increasing anticipated utilization

2024 Population Distribution



	2019	2024	2029	2019-2024 Change	2019-2024 Percent Change	2019-2024 Change	2019-2024 Percent Change
Primary Service Area	58,583	62,742	67,697	4,159	7.1%	4,955	7.9%
Secondary Service Area	4,898	5,142	5,444	244	5.0%	302	5.9%
Tertiary Service Area	5,943	6,215	6,579	272	4.6%	364	5.9%
Total Service Area	69,424	74,099	79,720	4,675	6.7%	5,621	7.6%
State	29,443,411	31,853,753	34,572,179	2,410,342	8.2%	2,718,426	8.5%
United States	332,417,793	345,487,602	360,581,914	13,069,809	3.9%	15,094,312	4.4%

Phase 1b: Market

Market share analysis and growth opportunities

Determine the hospital's market share, influence of the hospital's competitors on the market today, and areas for targeted capture by service area, zip code, and/or service line

Annual Discharges by Hospital

Primary Service Area	2017	2018	2019	Change	
				2017-2019	% Change 2017-2019
Hospital 1	131	141	136	5	4%
Hospital 2	1,605	1,271	1,987	382	24%
Hospital 3	705	874	895	190	27%
Hospital 4	601	802	346	(255)	(42%)
Hospital 5	402	443	401	(1)	(0%)
Hospital 6	276	293	344	68	25%
Hospital 7	176	162	161	(15)	(9%)
Hospital 8	152	150	122	(30)	(20%)
Hospital 9	103	82	112	9	9%
All Others	1,915	1,870	1,826	(89)	(5%)
Total	5,935	5,947	6,194	259	4%

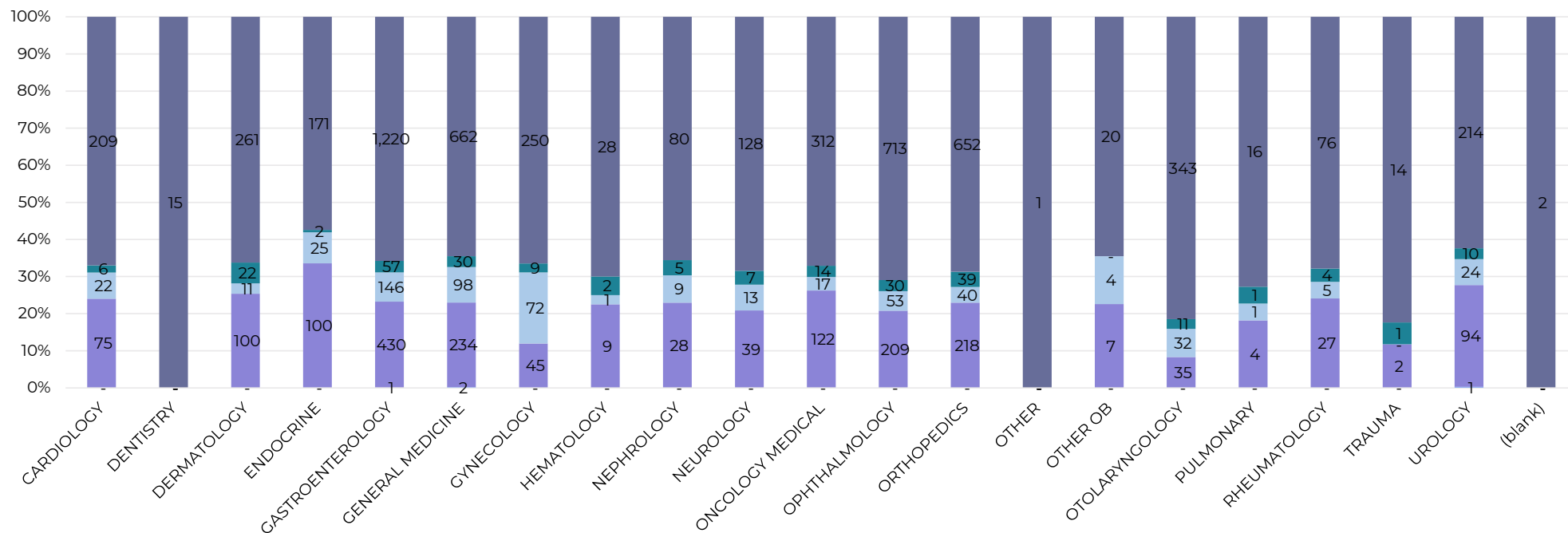
Annual Market Share by Hospital

Primary Service Area	2017	2018	2019	Change	
				2017-2019	% Change 2017-2019
Hospital 1	2.2%	2.4%	2.2%	0.0%	
Hospital 2	27.0%	21.4%	32.1%	5.1%	
Hospital 3	11.9%	14.7%	14.4%	2.5%	
Hospital 4	10.1%	13.5%	5.6%	-4.5%	
Hospital 5	6.8%	7.4%	6.5%	-0.3%	
Hospital 6	4.7%	4.9%	5.6%	0.9%	
Hospital 7	3.0%	2.7%	2.6%	-0.4%	
Hospital 8	2.6%	2.5%	2.0%	-0.6%	
Hospital 9	1.7%	1.4%	1.8%	0.1%	
All Others	32.3%	31.4%	29.5%	-2.8%	
Total	100.0%	100.0%	100.0%		

Example: Hospital market share by service area and major service line

Identify unmet needs and opportunities by service line

2019 Primary Service Area Outpatient Surgery Market Share by Service Line



Market utilization trends and future volume forecast

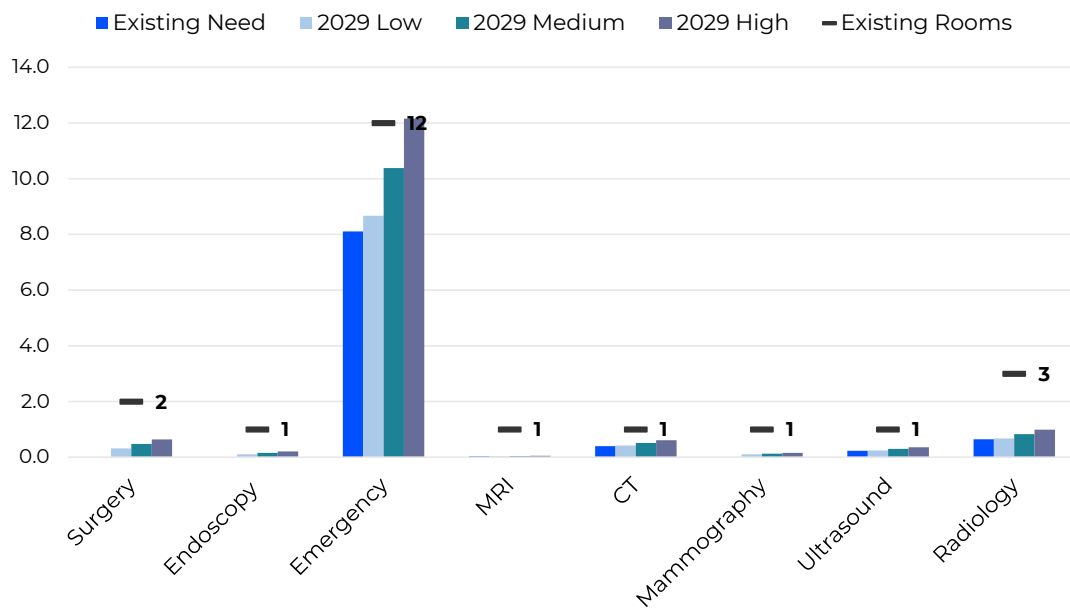
- Compare utilization trends to state and national benchmarks
- Based on historical market trends and anticipated future trends, forecast anticipated volume to be produced by each market over the next 10 years

Inpatient Utilization per 1,000 Population									
	2017	2018	2019	Low 2024	Medium 2024	High 2024	Low 2029	Medium 2029	High 2029
Population									
Primary Service Area	56,475	57,513	58,583	62,742	68,622	74,501	67,697	79,646	91,595
Secondary Service Area	4,777	4,835	4,898	5,142	5,245	5,348	5,444	5,624	5,804
Tertiary Service Area	5,802	5,871	5,943	6,215	6,614	7,013	6,579	7,329	8,079
Total	67,054	68,219	69,424	74,099	80,481	86,862	79,720	92,599	105,478
Inpatient Discharges									
Primary Service Area	5,935	5,947	6,194	6,566	7,181	7,796	7,013	8,251	9,489
Secondary Service Area	610	659	540	561	572	583	588	607	627
Tertiary Service Area	524	504	495	513	545	578	537	598	660
Total	7,069	7,110	7,229	7,640	8,298	8,957	8,138	9,456	10,776
Inpatient Utilization Rate per 1,000									
Primary Service Area	105.1	103.4	105.7	104.6	104.6	104.6	103.6	103.6	103.6
Secondary Service Area	127.7	136.3	110.2	109.1	109.1	109.1	108.0	108.0	108.0
Tertiary Service Area	90.3	85.9	83.3	82.5	82.5	82.5	81.6	81.6	81.6
Total	105.4	104.2	104.1	103.1	103.1	103.1	102.1	102.1	102.2
State Use Rate									
	98.0								
				Low 2024	Medium 2024	High 2024	Low 2029	Medium 2029	High 2029
PSA Service Area Discharges	5,947	6,194	6,566	7,181	7,796	7,013	8,251	9,489	
PSA Market Share	2.4%	2.2%	2.2%	2.3%	2.5%	2.2%	2.3%	2.5%	
PSA Hospital Discharges	141	136	144	169	195	154	194	237	
SSA Service Area Discharges	659	540	561	572	583	588	607	627	
SSA Market Share	0.2%	0.0%	2.0%	6.0%	10.0%	2.0%	6.0%	10.0%	
SSA Hospital Discharges	1	0	11	34	58	12	36	63	
TSA Service Area Discharges	504	495	513	545	578	537	598	660	
TSA Market Share	0.0%	0.0%	1.0%	3.0%	5.0%	1.0%	3.0%	5.0%	
TSA Hospital Discharges	0	0	5	16	29	5	18	33	

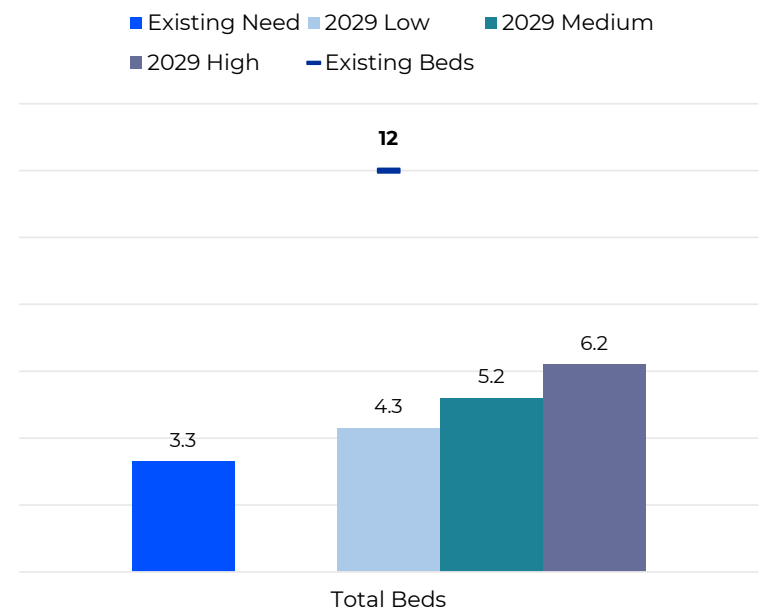
Volume forecast and impact on future bed and ancillary need

Translate future volumes into key rooms for varying growth scenarios: inpatient beds, ancillary services, emergency department exam rooms, surgery/endo suites

Ancillary Need by Major Modality



Bed Need by Bed Type



Ancillary volume forecast by major modality

- Building on historical volumes and future utilization, project key inpatient, clinical, and ancillary volumes out 10 years under varying growth assumptions

	Historical		Low	Medium	High	Low	Medium	High
	2018	2019	2024	2024	2024	2029	2029	2029
Diagnostic Radiology Cases								
Total Cases	5,524	6,459	6,411	7,160	7,940	6,775	8,274	9,883
Cases per 1,000 ED Visits	624.3	664.1	650.8	664.1	677.4	650.8	664.1	677.4
% Outpatient	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Mammography Cases								
Total Cases	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Cases per 1,000 Population	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CT Cases								
Total Cases	2,698	3,206	3,182	3,554	3,941	3,363	4,106	4,905
Cases per 1,000 ED Visits	304.9	329.6	323.0	329.6	336.2	323.0	329.6	336.2
MRI Cases								
Total Cases	195	212	210	235	261	222	272	324
Cases per 1,000 ED Visits	22.0	21.8	21.4	21.8	22.2	21.4	21.8	22.2
Ultrasound Cases								
Total Cases	768	798	792	884	980	837	1,022	1,220
Cases per 1,000 ED Visits	86.8	82.0	80.4	82.0	83.6	80.4	82.0	83.6
Physical Therapy Cases								
Total Cases	3,167	3,173	3,349	3,483	3,614	3,633	3,929	4,218
Cases per 1,000 Population	22.7	22.3	21.9	21.6	21.4	21.9	21.6	21.4
Clinic Visits								
Total Visits	4,294	4,233	4,461	6,154	7,855	4,839	6,767	8,710
Visits per 1,000 Population	30.8	29.7	29.1	29.7	30.3	29.1	29.7	30.3

Population-based provider need analysis to identify shortages in the workforce and opportunities for growth

- Identify physician shortages and potential recruitment opportunities by key specialty area
- Evaluate potential impact of recruitment strategies on overall campus space needs (i.e. operating rooms, clinic exam rooms, etc.)

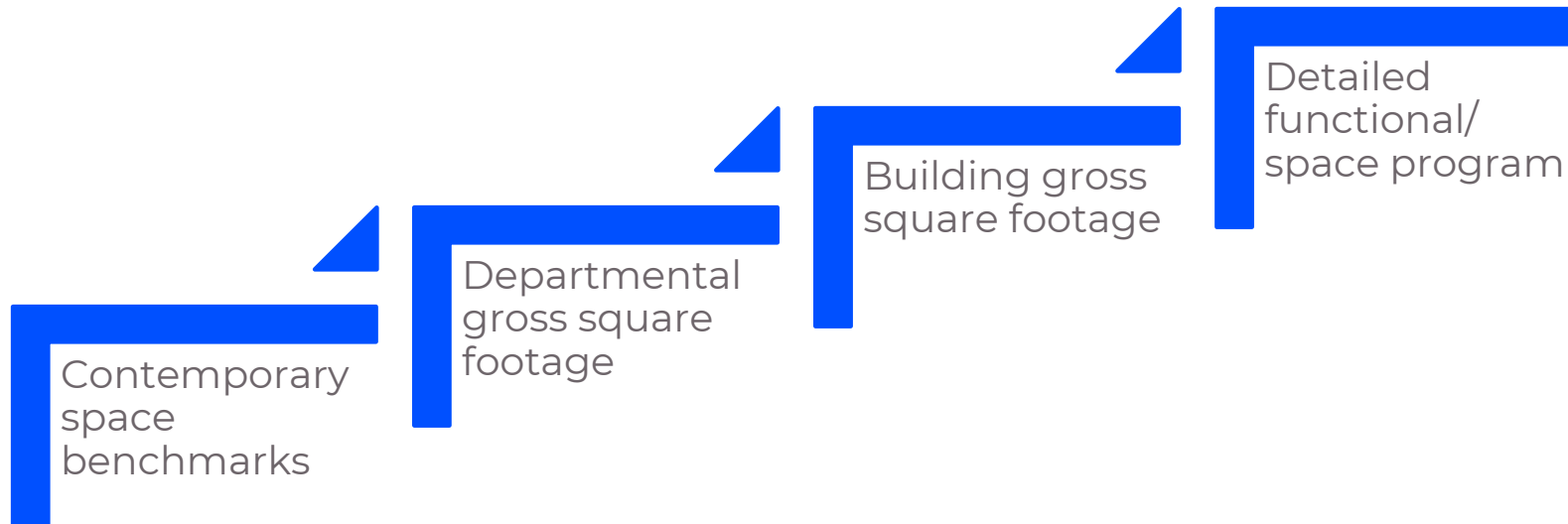
2019	Hospital			2024	Hospital		
	Supply	Demand	Variance		Supply	Demand	Variance
Primary Care				Primary Care			
Family Practice	8.4	2.4	6.0	Family Practice	8.4	2.6	5.8
Internal Medicine	0.0	2.1	(2.1)	Internal Medicine	0.0	2.3	(2.3)
Pediatrics	0.0	1.1	(1.1)	Pediatrics	0.0	1.2	(1.2)
Total	8.4	5.6	2.8	Total	8.4	6.1	2.3
Medical Subspecialties				Medical Subspecialties			
Allergy	0.0	0.1	(0.1)	Allergy	0.0	0.1	(0.1)
Cardiology	0.1	0.5	(0.4)	Cardiology	0.1	0.5	(0.4)
Dermatology	0.0	0.3	(0.3)	Dermatology	0.0	0.3	(0.3)
Endocrinology	0.0	0.2	(0.2)	Endocrinology	0.0	0.2	(0.2)
Gastroenterology	0.1	0.3	(0.2)	Gastroenterology	0.1	0.4	(0.3)
Hematology/Oncology	0.0	0.3	(0.3)	Hematology/Oncology	0.0	0.3	(0.3)
Infectious Disease	0.0	0.2	(0.2)	Infectious Disease	0.0	0.2	(0.2)
Nephrology	0.0	0.2	(0.2)	Nephrology	0.0	0.2	(0.2)
Neurology	0.0	0.3	(0.3)	Neurology	0.0	0.3	(0.3)
Obstetrics/Gynecology	0.0	1.1	(1.1)	Obstetrics/Gynecology	0.0	1.2	(1.2)
Pulmonary Medicine	0.0	0.2	(0.2)	Pulmonary Medicine	0.0	0.2	(0.2)
Rheumatology	0.0	0.1	(0.1)	Rheumatology	0.0	0.1	(0.1)
Total	0.2	3.8	(3.6)	Total	0.2	4.0	(3.8)
Surgical Specialties				Surgical Specialties			
General Surgery	0.1	0.7	(0.6)	General Surgery	0.1	0.8	(0.7)
Cardio/Thoracic Surgery	0.0	0.1	(0.1)	Cardio/Thoracic Surgery	0.0	0.1	(0.1)
Neurosurgery	0.0	0.1	(0.1)	Neurosurgery	0.0	0.1	(0.1)
Ophthalmology	0.2	0.4	(0.2)	Ophthalmology	0.2	0.5	(0.3)
Orthopedic Surgery	0.2	0.5	(0.3)	Orthopedic Surgery	0.2	0.6	(0.4)
Otolaryngology	0.1	0.3	(0.2)	Otolaryngology	0.1	0.3	(0.2)
Plastic Surgery	0.0	0.2	(0.2)	Plastic Surgery	0.0	0.2	(0.2)
Urology	0.0	0.3	(0.3)	Urology	0.0	0.3	(0.3)
Vascular Surgery	0.0	0.1	(0.1)	Vascular Surgery	0.0	0.1	(0.1)
Total	0.6	2.7	(2.1)	Total	0.6	3.0	(2.4)

Clinic market share analysis will identify where primary care expansion opportunities exist by zip code

- Identify where your hospital has strong market capture today at the zip code level
- Quantify opportunity to expand into new markets

	2020 Pop.	Primary Care Office Visits per 100 Population	2020 Market Visits	2020 Clinic Visits	2020 Market Share	
Primary Service Area						
Zip Code 1	11,068	159.8	17,686	11,727	66%	
Zip Code 2	3,257		5,205	3,542	68%	
TOTAL	14,325		22,891	15,269	67%	
Secondary Service Area						
Zip Code 3	128		204	139	68%	
Zip Code 4	496		792	165	21%	
Zip Code 5	564		901	170	19%	
Zip Code 6	1,469		2,348	231	10%	
Zip Code 7	145		231	331	143%	
Zip Code 8	2,449	3,914	700	18%		
Zip Code 9	2,841	4,541	800	18%		
TOTAL	8,092	8,454	1,500	18%		
GRAND TOTAL	22,417		31,346	16,769	53%	

Estimate macro space requirements using grossing factors to provide an accurate assessment of total space needs



Develop high-level cost estimates for the proposed facility project to ensure affordability and feasibility

Breakdown of cost by department across varying region-specific cost scenarios, while providing opportunities to scale back for savings

	Level of construction	Cost per DGSF (low)	Cost per DGSF (high)	Total DGSF	Total construction cost (low)	Total construction cost (high)	Project factor	Total project factor cost (low)	Total project factor cost (high)	Estimated project cost (low)	Estimated project cost (high)
Option 2: Single Addition											
Dietary											
Kitchen addition*	Addition	\$285	\$305	670	\$190,950	\$204,350	35%	\$66,833	\$71,523	\$257,783	\$275,873
Kitchen remodel	Remodel	\$220	\$240	675	\$148,500	\$162,000	35%	\$51,975	\$56,700	\$200,475	\$218,700
Servery remodel	Remodel	\$220	\$240	880	\$193,600	\$211,200	35%	\$67,760	\$73,920	\$261,360	\$285,120
Dining addition*	Addition	\$285	\$305	1,200	\$342,000	\$366,000	35%	\$119,700	\$128,100	\$461,700	\$494,100
Dining remodel	Remodel	\$220	\$240	860	\$189,200	\$206,400	135%	\$255,420	\$278,640	\$444,620	\$485,040
Conference center addition*	Addition	\$285	\$305	1,077	\$306,945	\$328,485	35%	\$107,431	\$114,970	\$414,376	\$443,455
Conference center remodel	Remodel	\$220	\$240	438	\$96,360	\$105,120	35%	\$33,726	\$36,792	\$130,086	\$141,912
Rehab											
Rehab addition*	Addition	\$285	\$305	7,350	\$2,094,750	\$2,241,750	35%	\$733,163	\$784,613	\$2,827,913	\$3,026,363
Rehab remodel	Remodel	\$220	\$240	6,269	\$1,379,180	\$1,504,560	135%	\$1,861,893	\$2,031,156	\$3,241,073	\$3,535,716
Clinic											
MHC addition*	Addition	\$285	\$305	4,240	\$1,208,400	\$1,293,200	35%	\$422,940	\$452,620	\$1,631,340	\$1,745,820
MHC remodel	Remodel	\$220	\$240	4,760	\$1,047,200	\$1,142,400	35%	\$366,520	\$399,840	\$1,413,720	\$1,542,240
MHSC remodel*	Remodel	\$220	\$240	5,605	\$1,233,100	\$1,345,200	35%	\$431,585	\$470,820	\$1,664,685	\$1,816,020
Total					\$8,430,185	\$9,110,665		\$4,518,946	\$4,899,694	\$12,949,131	\$14,010,359

* Denotes departments that can be scaled back for financial savings



SUMMARY RESULTS

Del Puerto Health Care District 2023 Governance Self-Assessment

Provided as a Member Service By



ACHD
ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS

Self-Assessment Overview

In September 2023 the Del Puerto Health Care District Board of Directors assessed the board's overall governing performance. The board also identified issues and priorities for the future.

Board members assessed the board's overall performance in eight governance areas, including:

- Mission, values and vision;
- Strategic direction;
- Leadership structure and processes;
- Community relationships;
- Relationship with the CEO;
- Financial leadership;
- Community health; and
- Organizational ethics.

Board members rated 120 total criteria in these eight areas.

How the Self-Assessment Was Conducted

The governance self-assessment was conducted using an online survey. Four Del Puerto Health Care District board members completed the self-assessment.

Respondents rated a variety of statements in the eight areas above, using a scale ranging from "Level 5 (Strongly Agree)" to "Level 1 (Completely Disagree)." "Not Sure" and "Not Applicable" choices were also available for each statement.

Mean scores for each statement were calculated using a five point scale (Level 5 - Level 1). No points were assigned to "Not Sure" and "Not Applicable" ratings.

Finally, board members provided insights about their priorities for the board in the next year; identified key issues that should occupy the board's time and attention in the next year; provided insights about the most significant trends the board must be able to understand and deal with in the next year; and identified critical factors that must be addressed for the district to successfully achieve its goals.

Rating Methodology

The following rating scale was used to evaluate overall board performance:

- **Level 5:** I *strongly agree* with this statement. We always practice this as a part of our governance. Our performance in this area is *outstanding*.
- **Level 4:** I *generally agree* with this statement. We usually practice this as a part of our governance, but not always. We perform *well* in this area.
- **Level 3:** I *somewhat agree* with this statement. We often practice this in our governance, but we are not consistent. We perform *fairly well* in this area.
- **Level 2:** I *somewhat disagree* with this statement. We inconsistently practice this as a part of our governance. We *do not perform well* in this area.
- **Level 1:** I *disagree* with this statement. We never practice this as a part of our governance. We perform *very poorly* in this area.
- **N/S:** Not sure. I do not have enough information to make a determination about our performance in this area.
- **N/A:** Not applicable.

Reviewing This Report

Board member ratings of board self-assessment criteria are depicted throughout this report in graphs.

The criteria in each graph are displayed in order from highest to lowest mean score. The mean score for each individual rating criterion appears to the right of the graph.

To facilitate the identification of areas that may require governance and/or management attention, each graph includes the number of Level 5 - Level 1 responses to each statement in the color-coded bars. Responses are grouped and color coded, with "Level 5" appearing in dark green, "Level 4" in light green, "Level 3" in yellow, "Level 2" in orange, and "Level 1" in red. "Not Sure" responses appear in gray, and "Not Applicable" responses appear in white.

Longer lists of criteria have been separated into higher and lower rated sections for ease of display and analysis.

Board member responses to all open-ended questions appear throughout the report, where applicable, and on page 20.

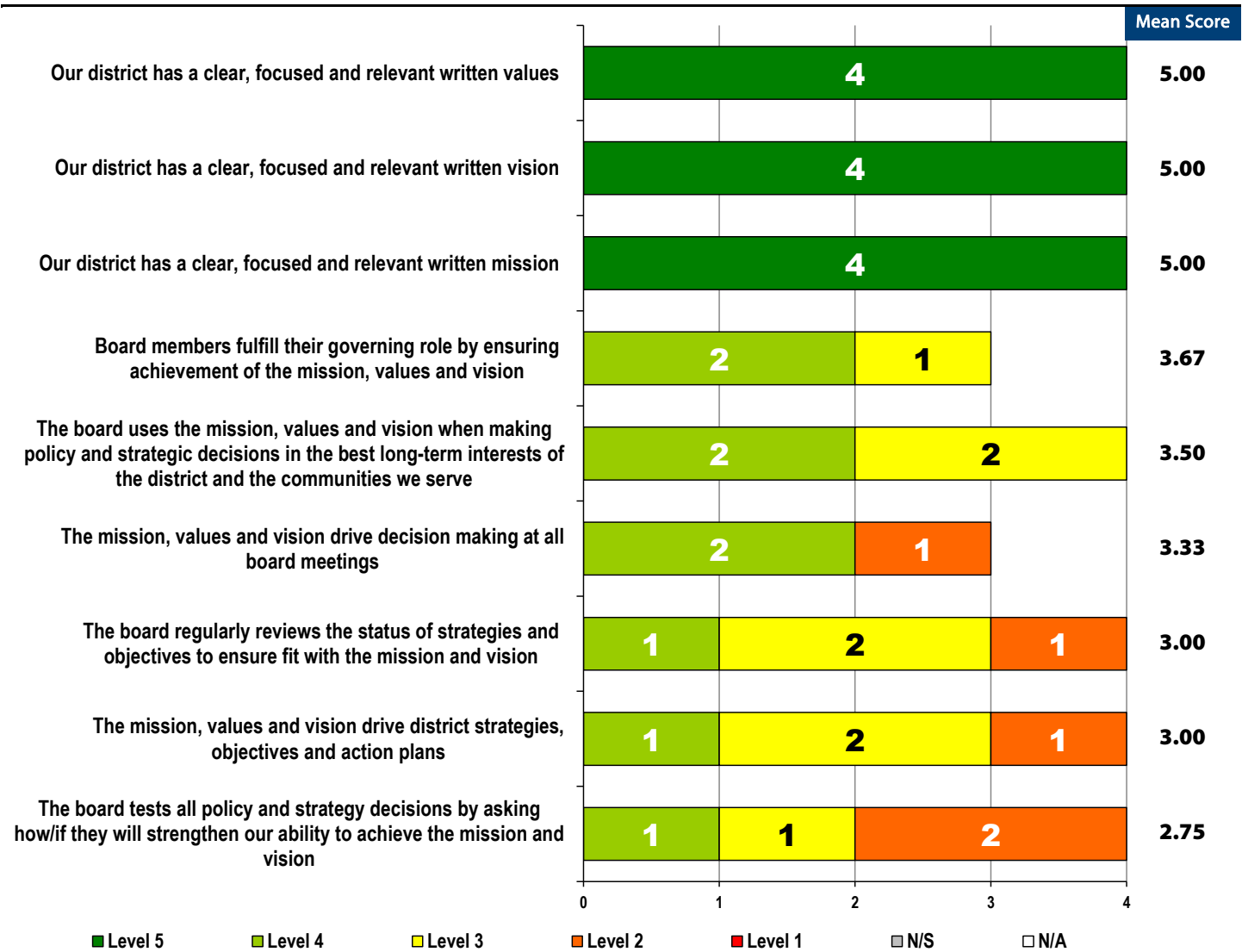
SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

Mission, Values and Vision

Mission, Values and Vision

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

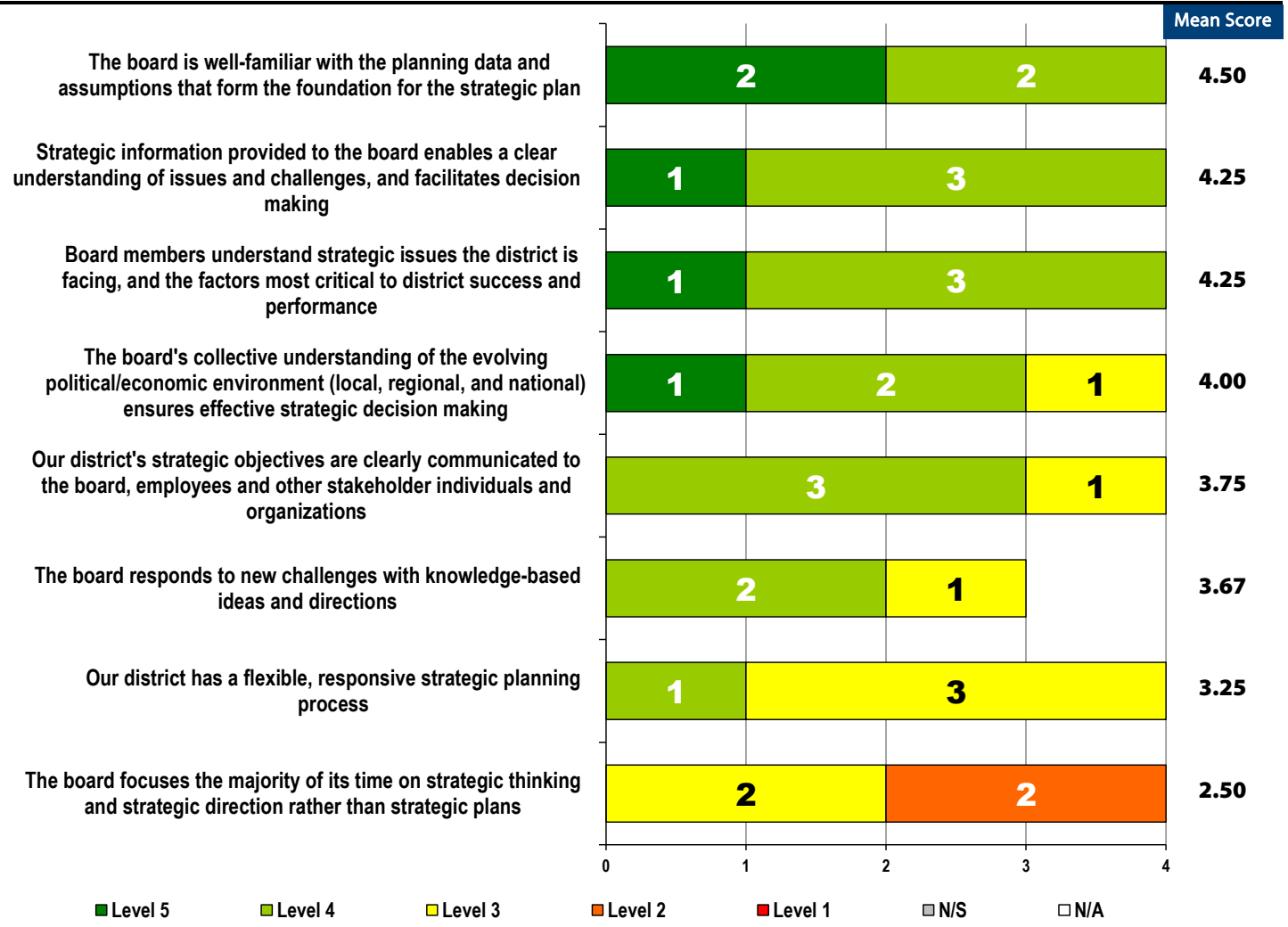
Board members provided the following suggestions for governance improvement in this section:

- When votes arise to be taken, reference mission, vision and values statement.
- This concept is fairly new. We have no previous data/history to measure.

Strategic Direction

The Strategic Planning Process

(sorted by highest to lowest mean score)

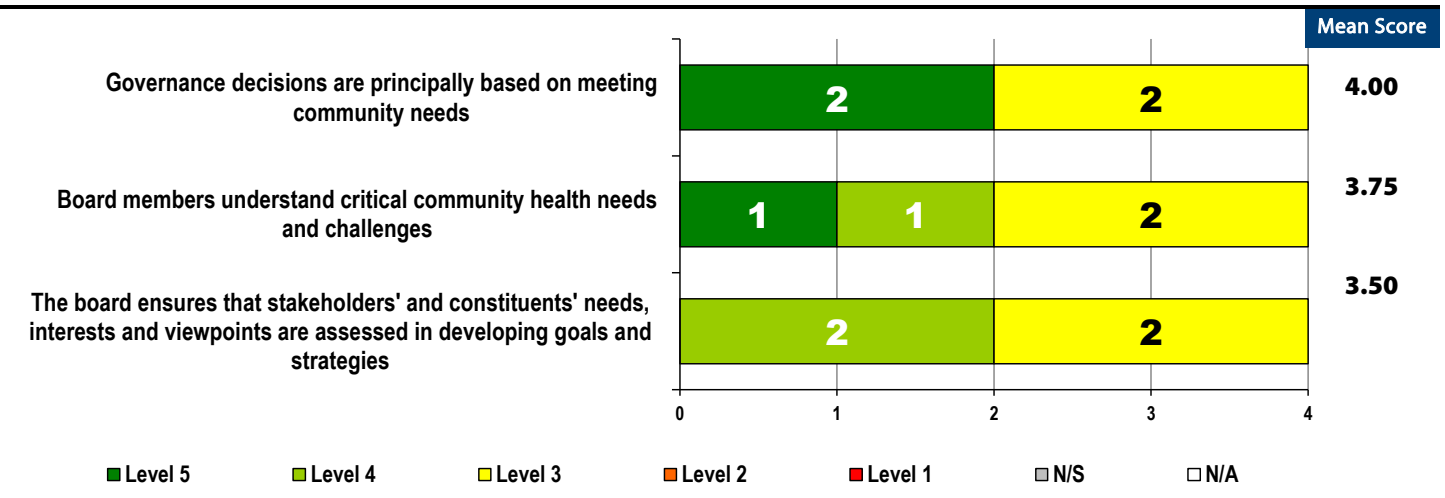


SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

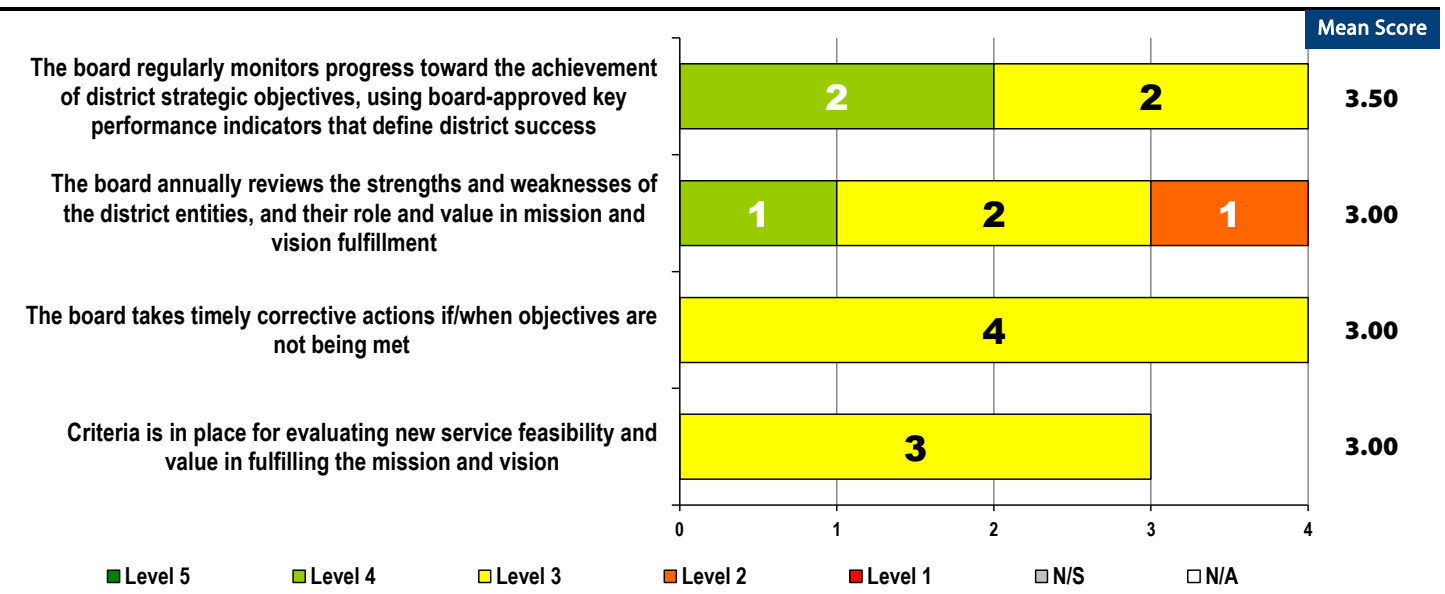
Community and Stakeholder Perspectives

(sorted by highest to lowest mean score)



Monitoring Progress

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

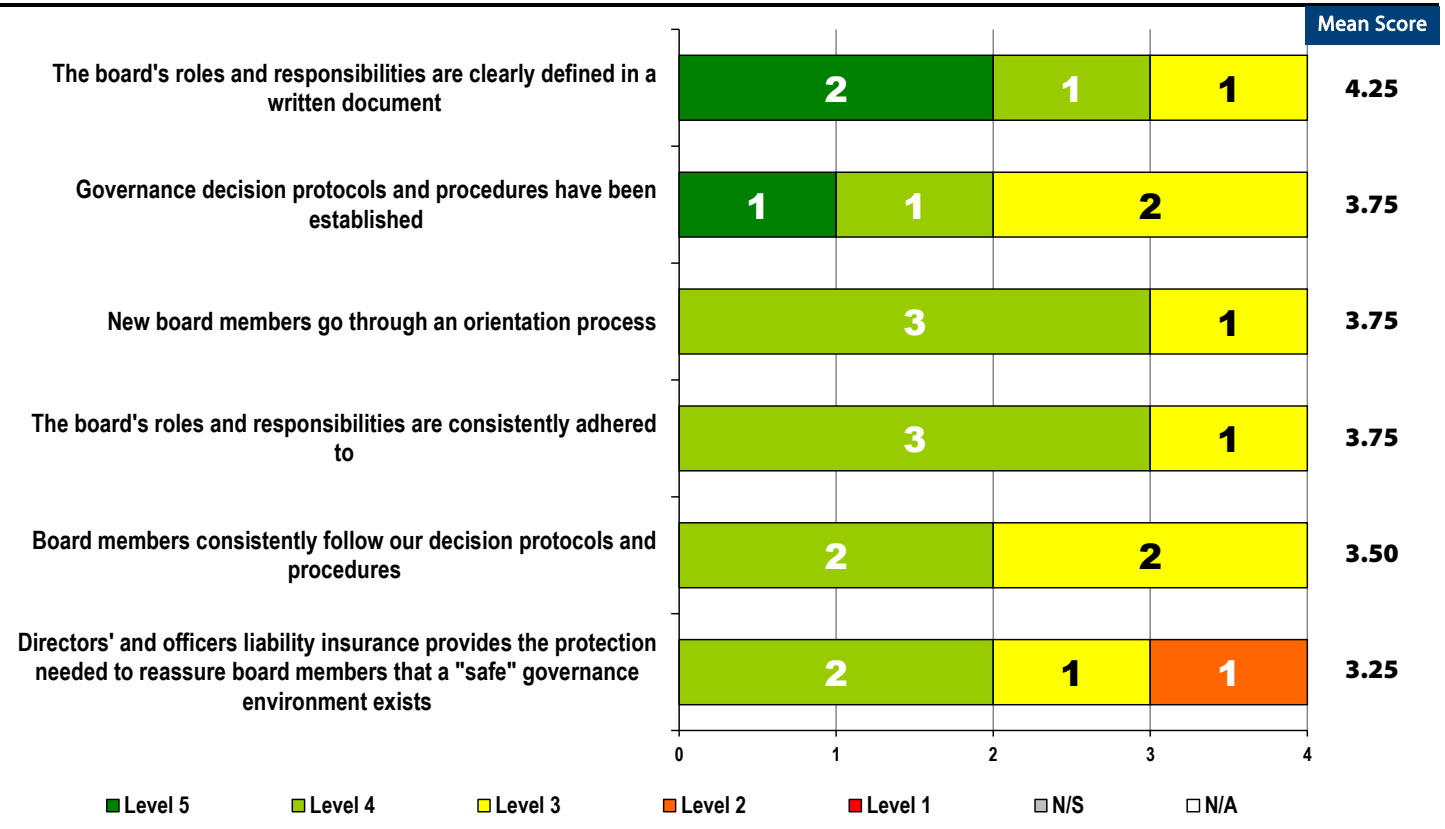
Board members provided the following suggestions for governance improvement in this section:

- We're trying to improve in this area. We need the CEO's guidance in this area.

Leadership Structure and Processes

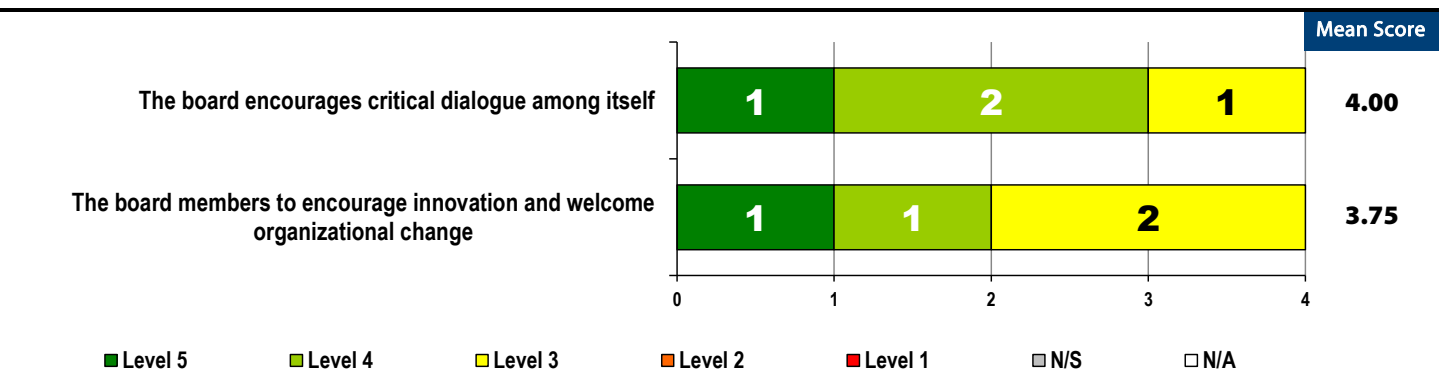
Board Roles and Responsibilities

(sorted by highest to lowest mean score)



Board Structure and Composition

(sorted by highest to lowest mean score)

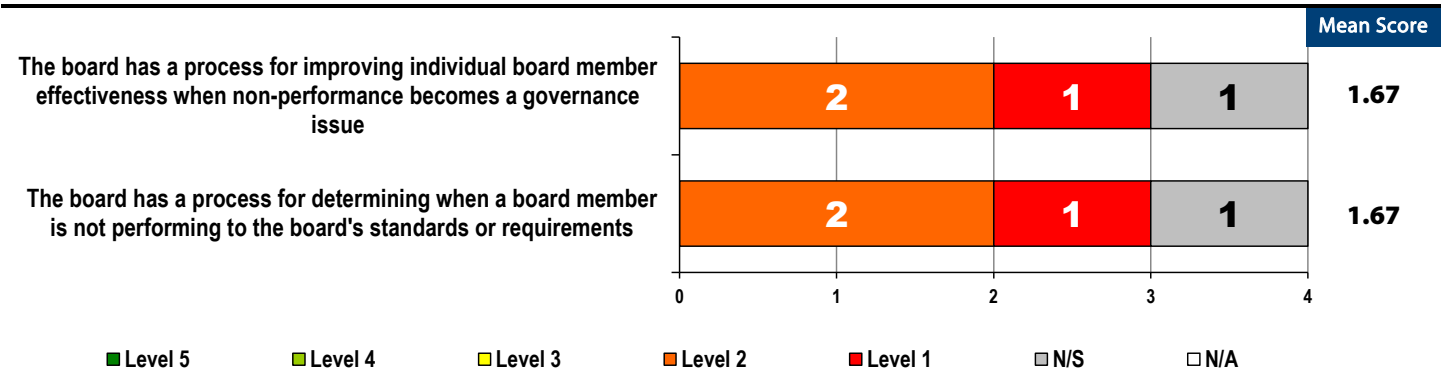


SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

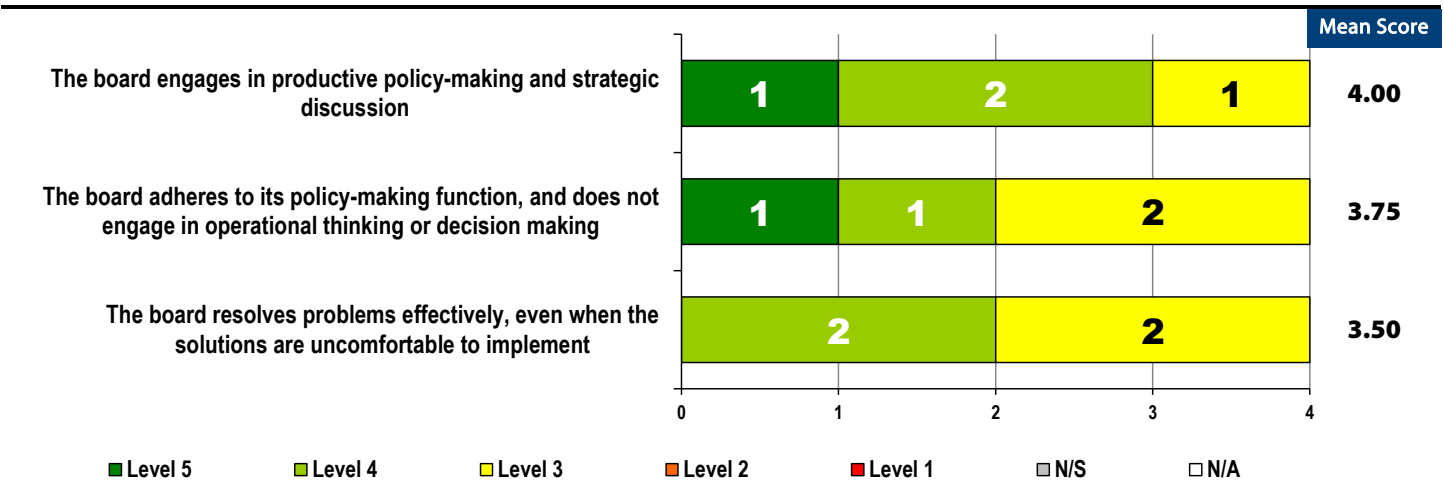
Board Member Performance

(sorted by highest to lowest mean score)



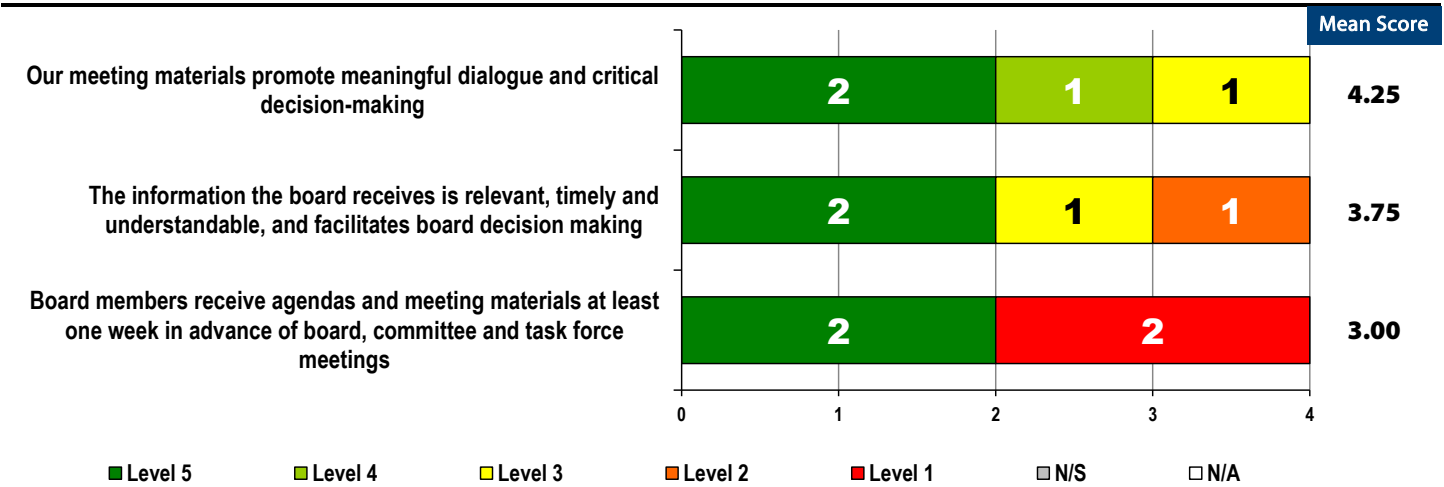
Strategic Focus

(sorted by highest to lowest mean score)



Meeting Materials

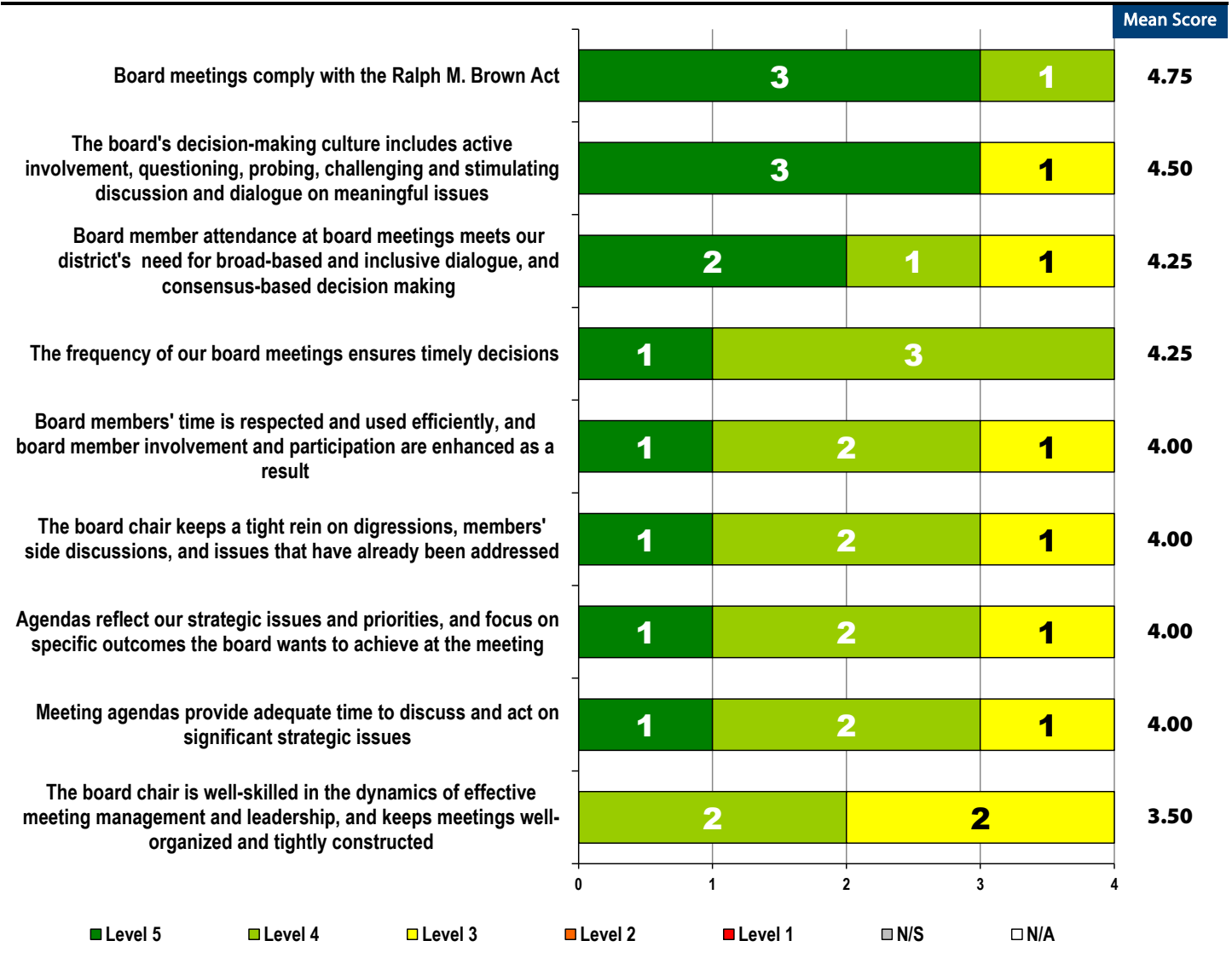
(sorted by highest to lowest mean score)



2023 Del Puerto Health Care District Governance Self-Assessment

Board Meetings

(sorted by highest to lowest mean score)

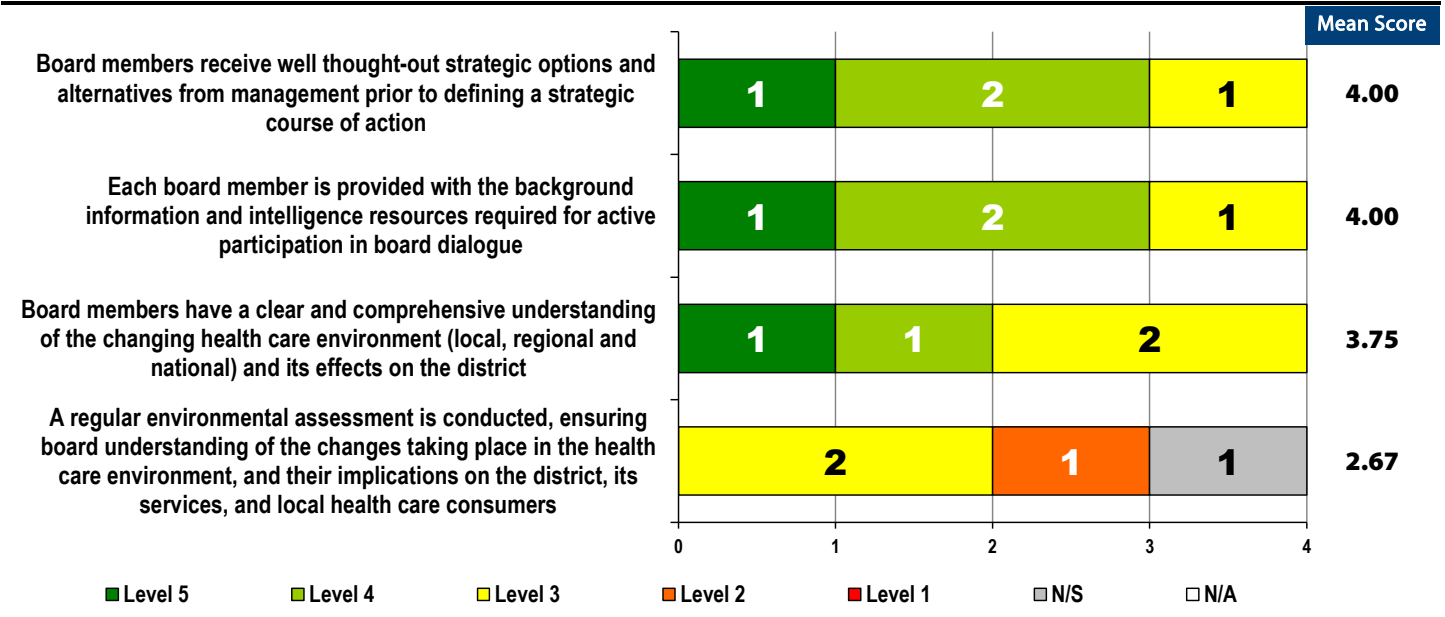


SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

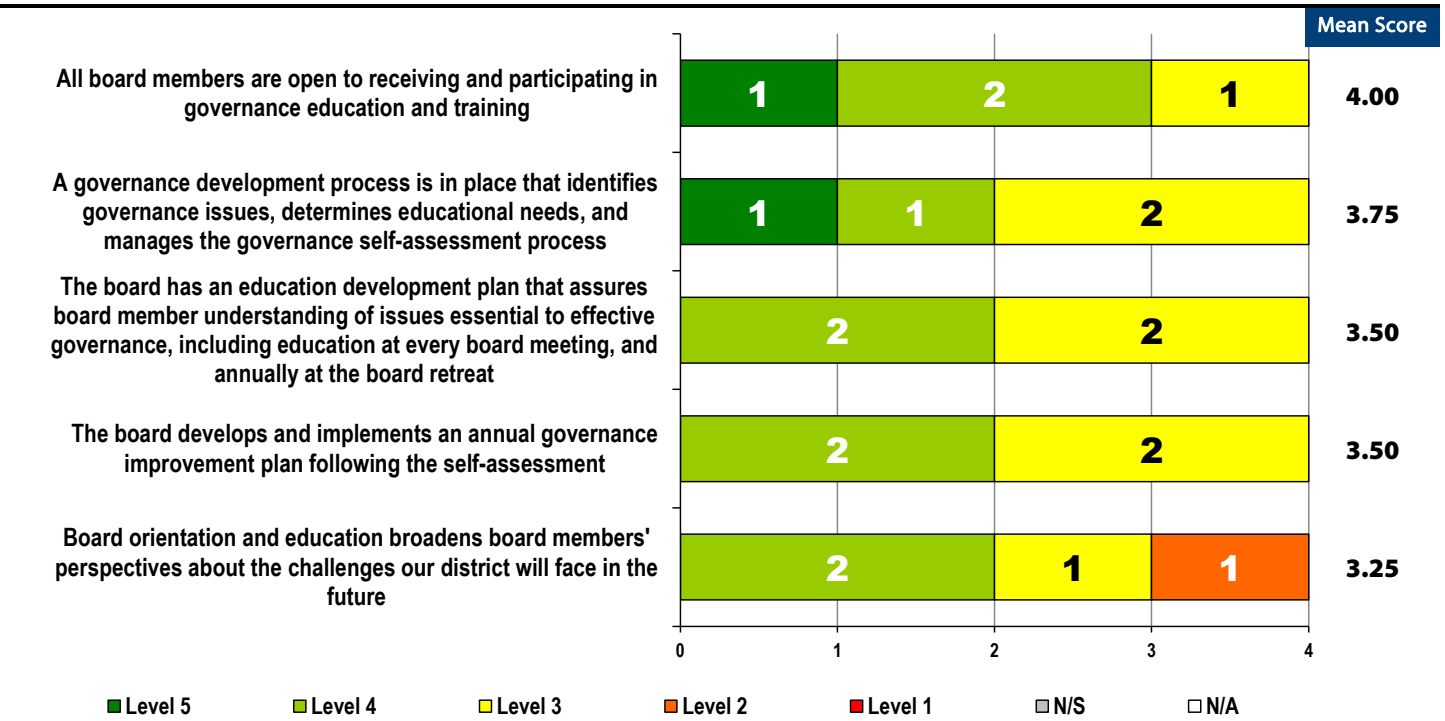
Board Member Knowledge

(sorted by highest to lowest mean score)



Governance Development

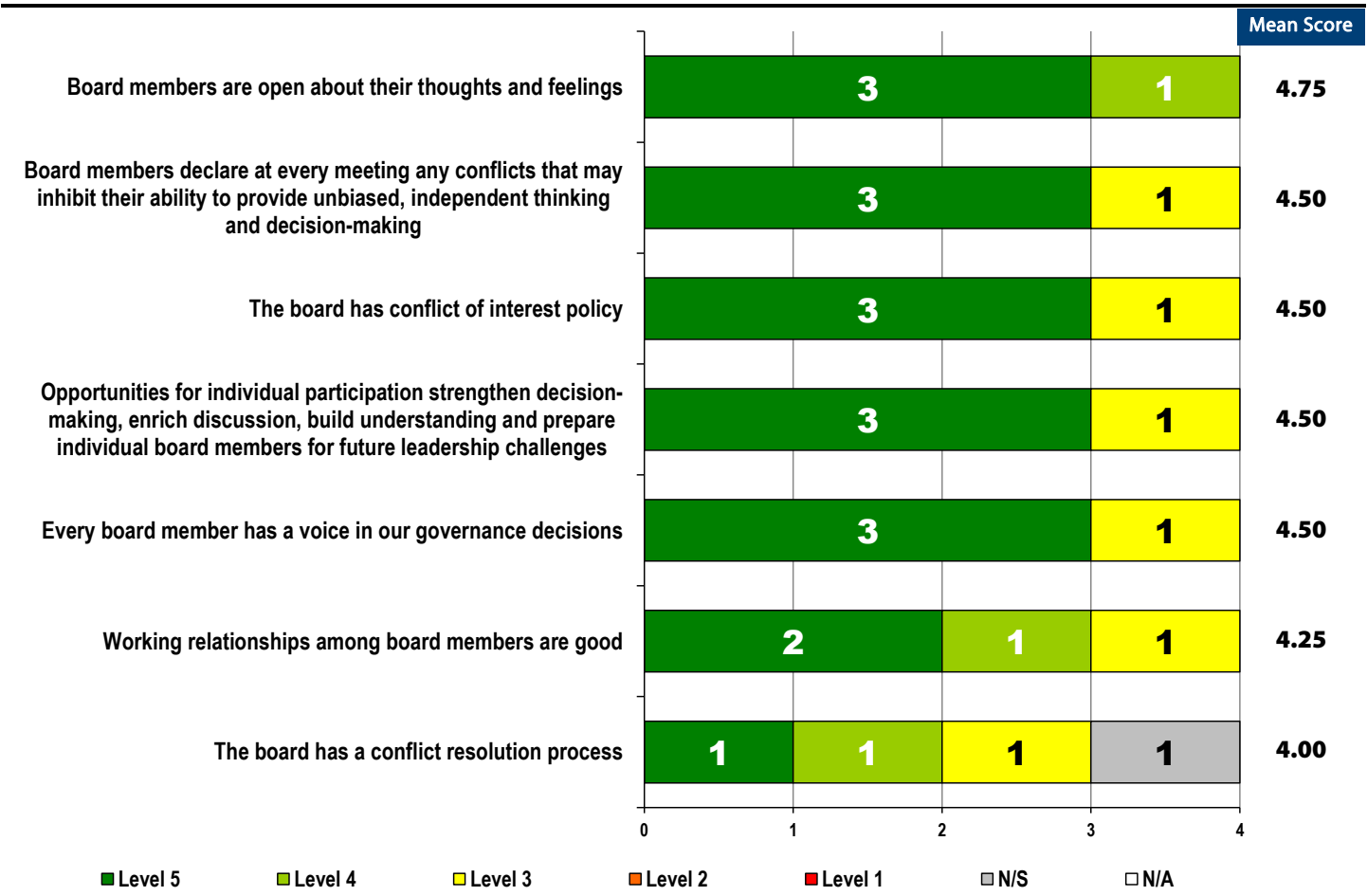
(sorted by highest to lowest mean score)



SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

Board Relationships and Communication

(sorted by highest to lowest mean score)

Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- Working progress.

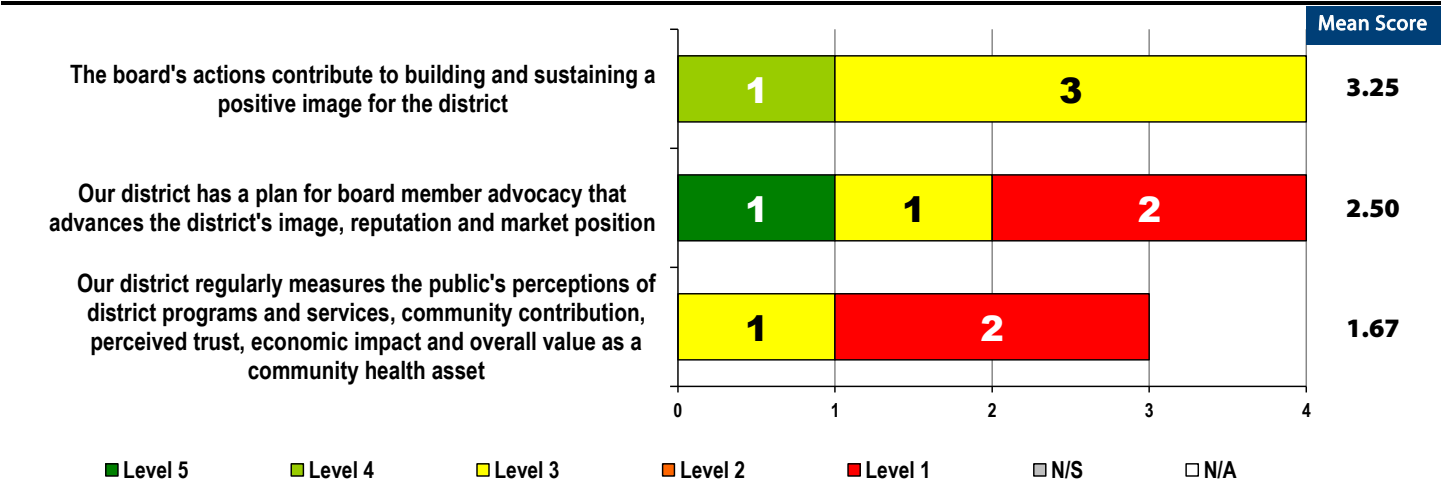
SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

Community Relationships

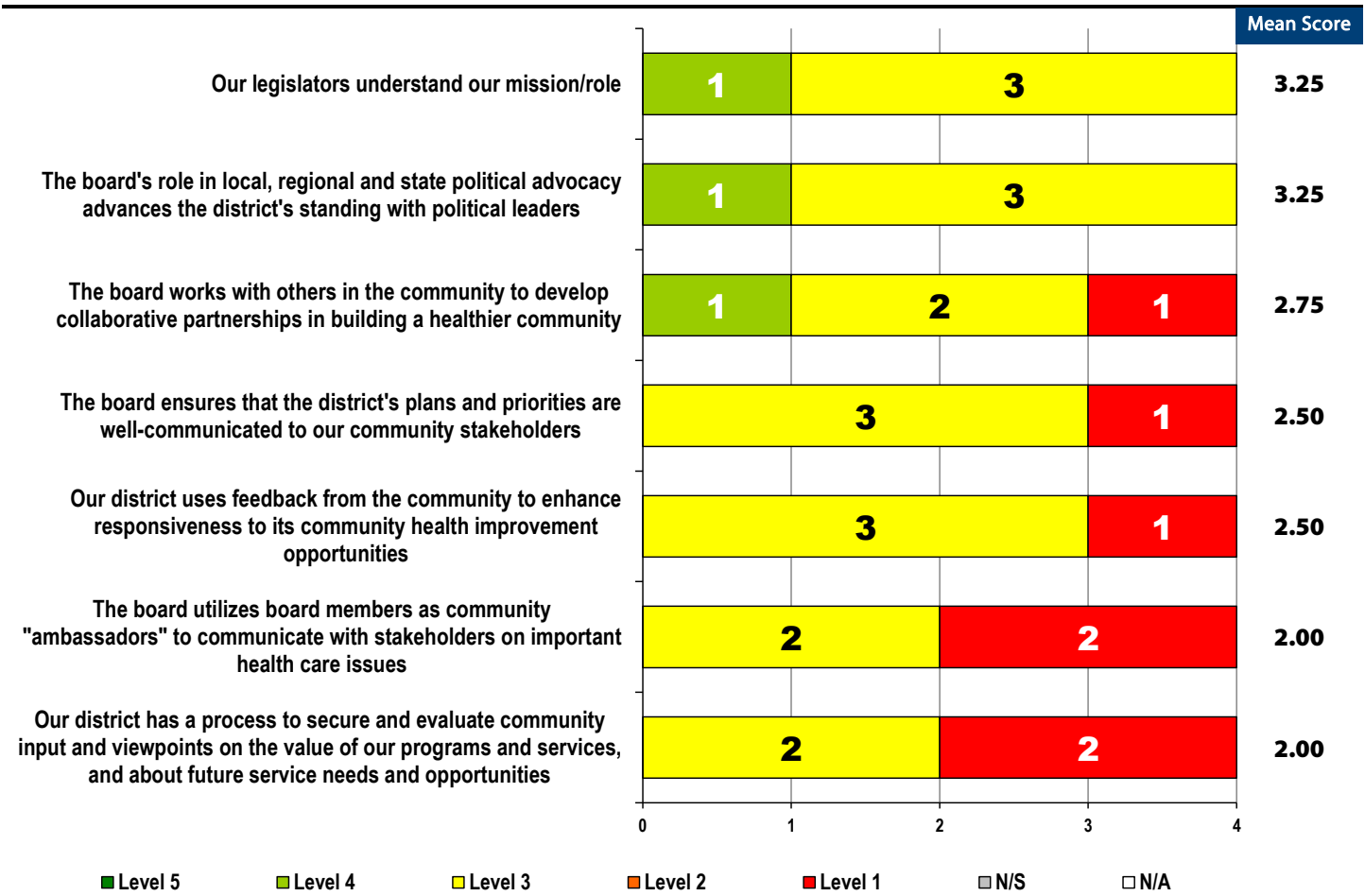
Ensuring Public Trust and Confidence

(sorted by highest to lowest mean score)



Ensuring Community Communication and Feedback

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- We need to improve in this area.

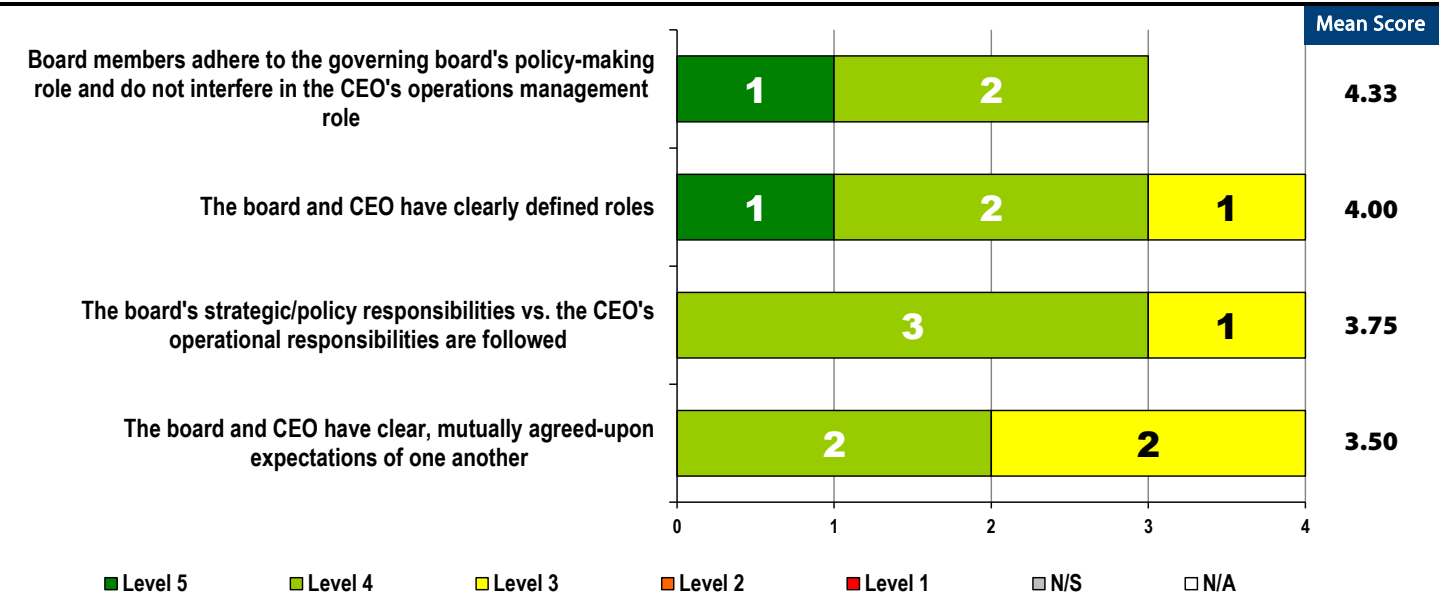
SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

Relationship with the CEO

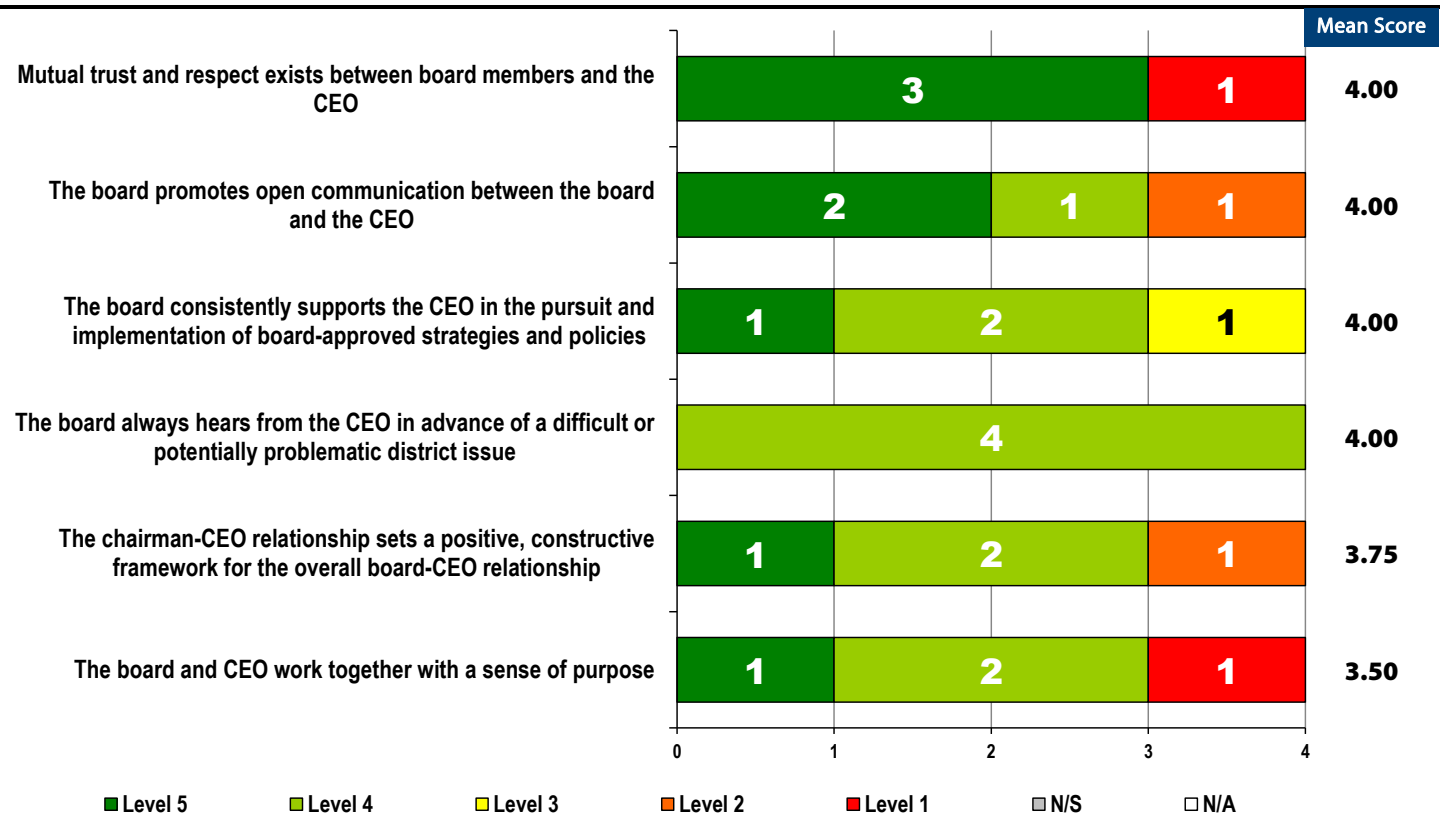
Board and CEO Roles

(sorted by highest to lowest mean score)



Communication, Support and Shared Goals

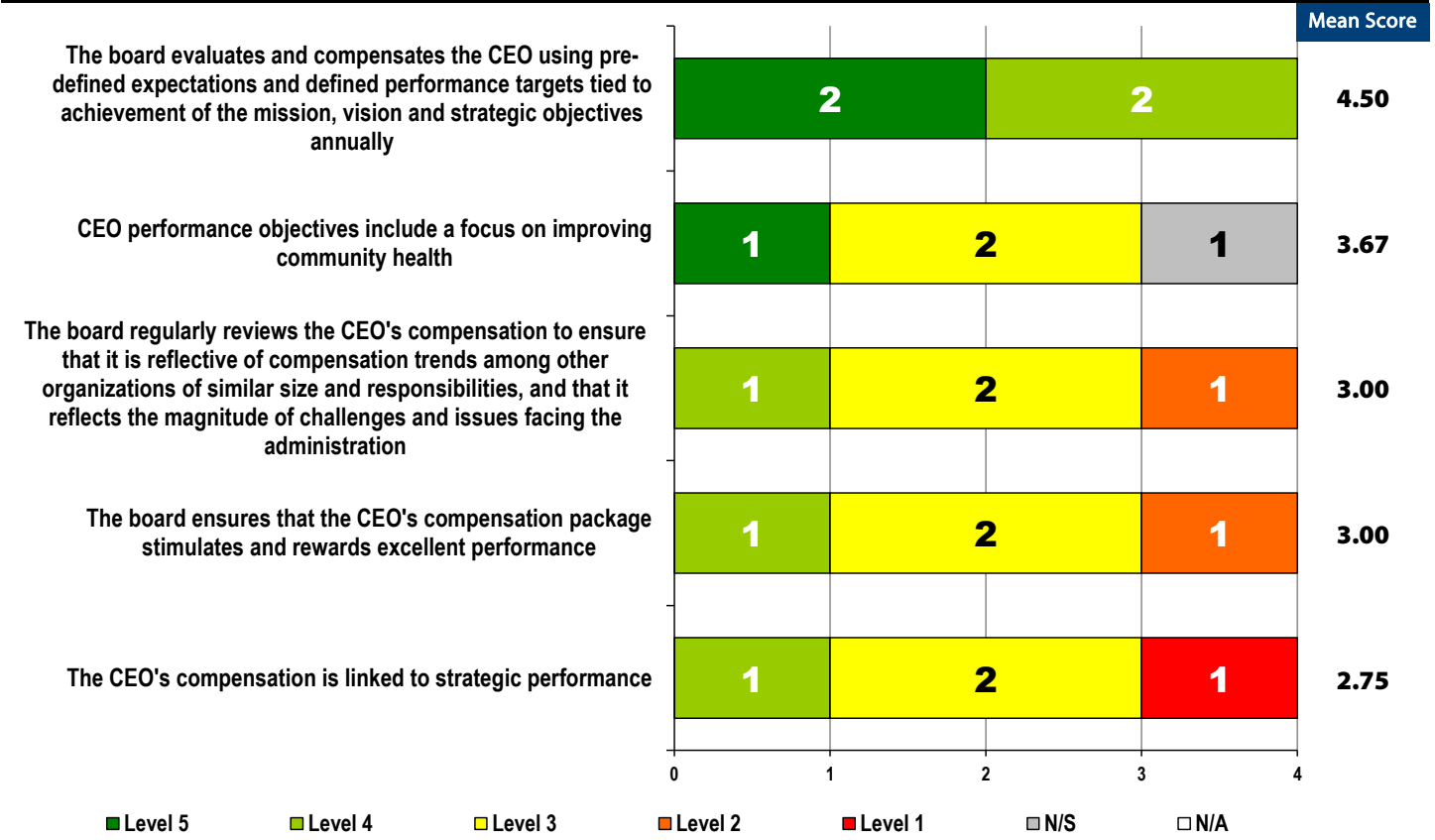
(sorted by highest to lowest mean score)



2023 Del Puerto Health Care District Governance Self-Assessment

CEO Evaluation

(sorted by highest to lowest mean score)



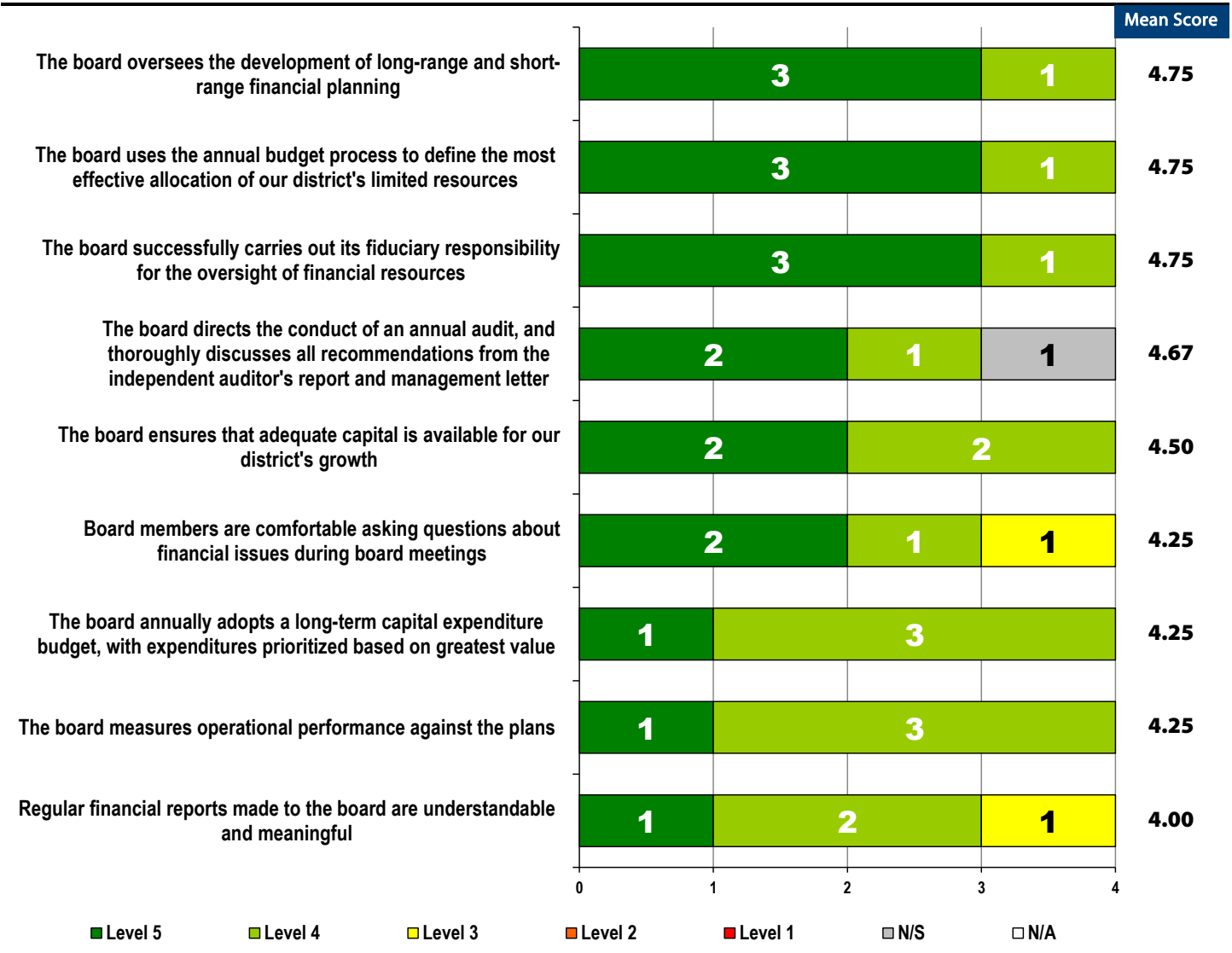
Suggestions for Governance Improvement

No comments or suggestions for governance improvement were provided in this section.

Financial Leadership

The Fiduciary Responsibility

(sorted by highest to lowest mean score)

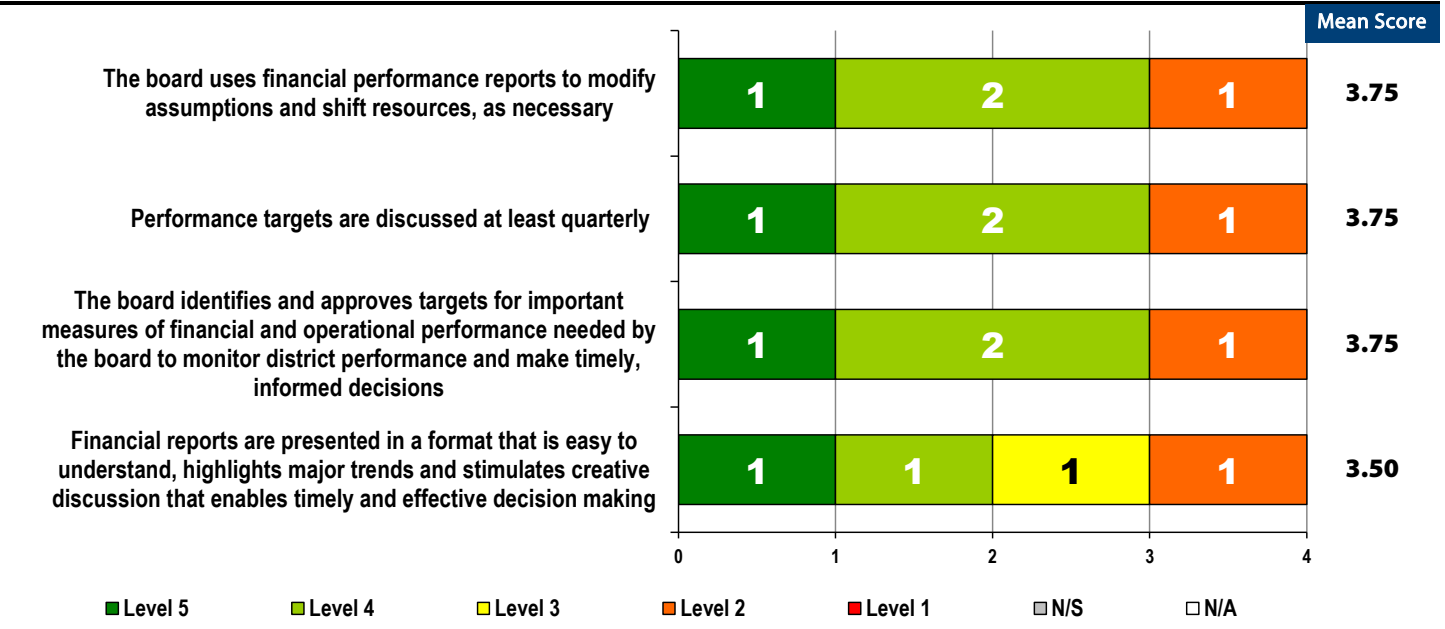


SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

Monitoring Progress

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

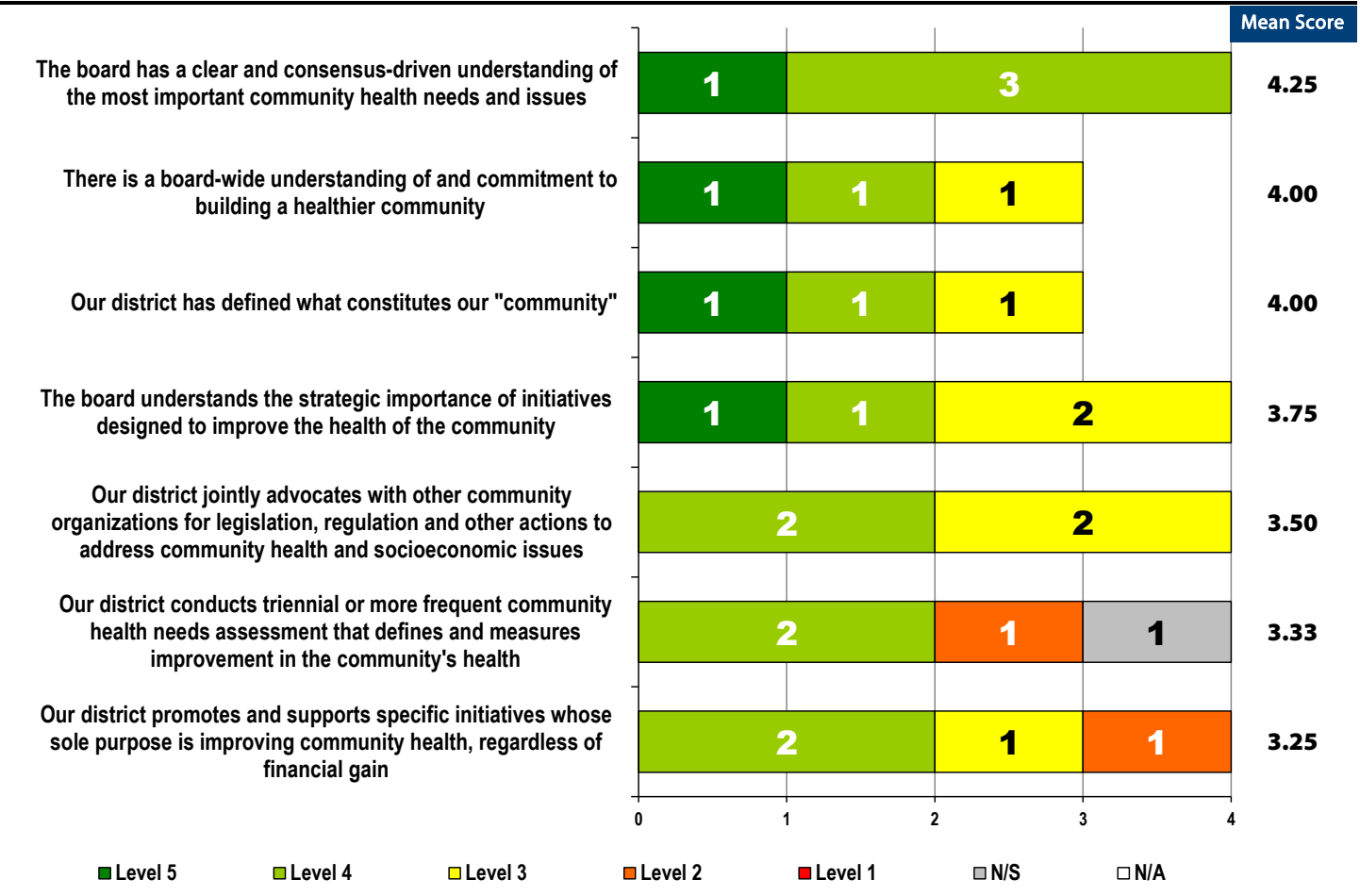
Board members provided the following suggestions for governance improvement in this section:

- Some of us just go with the flow due to being new or not understanding finances.

Community Health

Development and Support of Community Health Initiatives

(sorted by highest to lowest mean score)

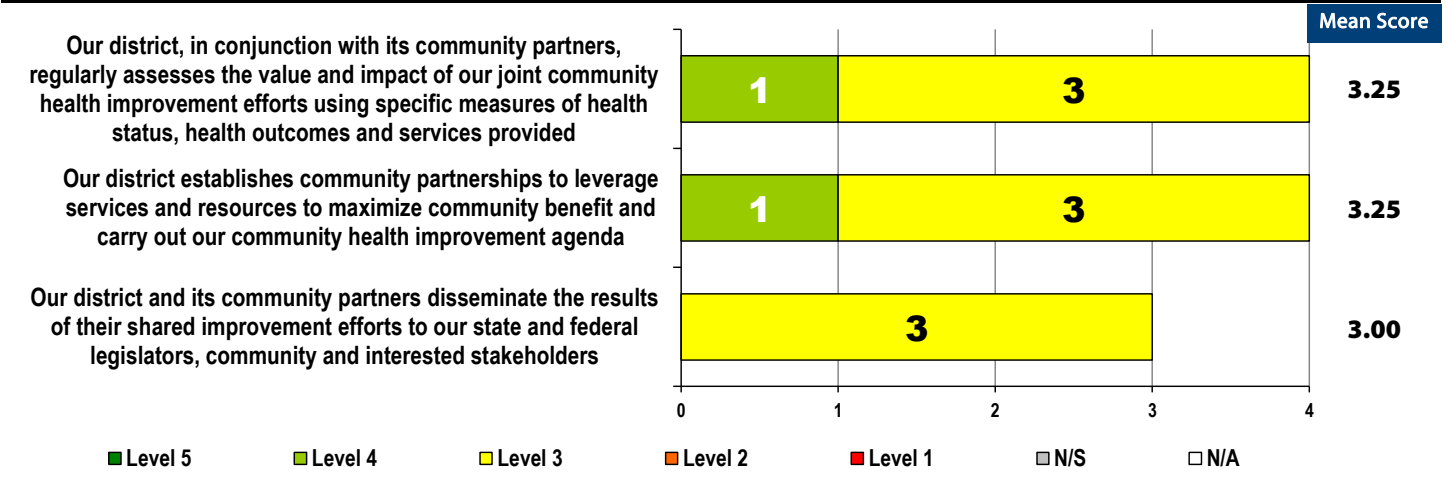


SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

Community Involvement and Communication

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- We need improvement in this area.

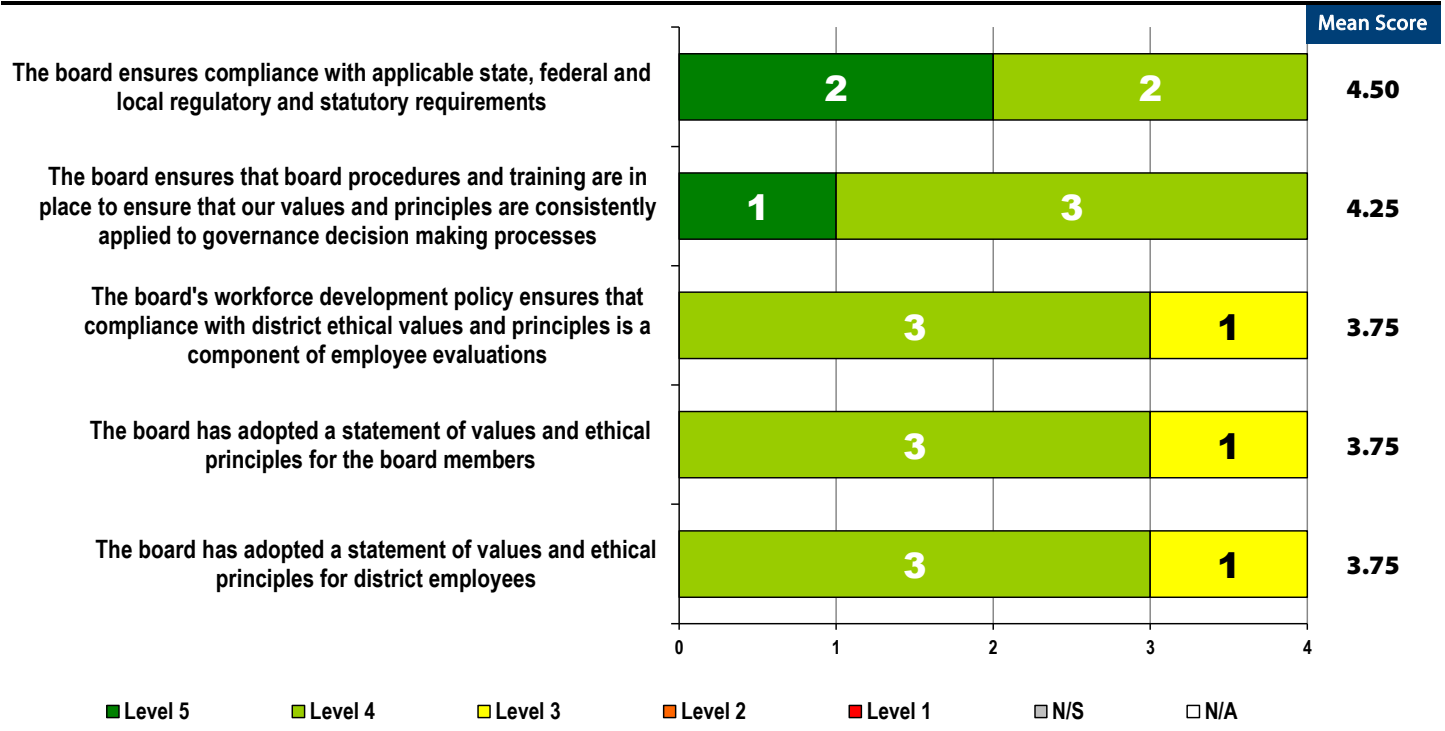
SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

Organizational Ethics

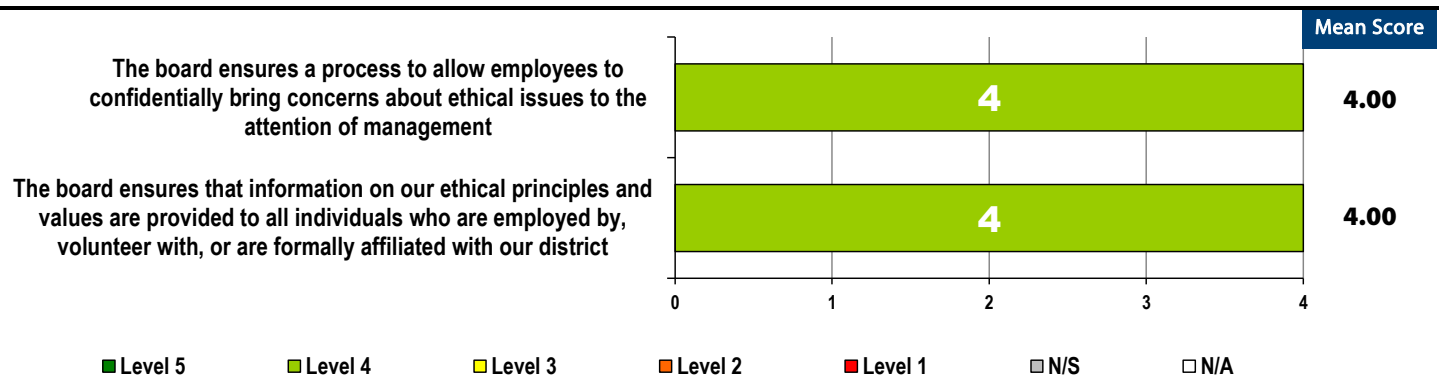
Ensuring Development and Implementation of Organizational Ethics

(sorted by highest to lowest mean score)



Awareness of Ethical Issues

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- I have not experienced a concern, but I feel we may need to review to ensure all policies above are in place.

Issues and Priorities

Highest Priority for the Board in the Next Year

Question: What is your single highest priority for the board in the next year?

- Increase patient encounters - reach out to underrepresented groups.
- Grow and expand primary care clinical services.
- Progression on new building.

Key Issues for Board Focus in the Next Year

Question: What key issues should occupy the board's time and attention in the next year?

- Increase patient encounters - reach out to underrepresented groups.
- The expansion of our ambulance quarters.
- Additional clinical services.
- Financing new building.
- After hour clinical.
- Community report.

Significant Trends the Board Must Understand and Deal with in the Next Year

Question: What do you see as the most significant trends that the board must be able to understand and deal with in the next year?

- Deal with rising costs and how to meet our obligations.
- Mental health and addiction care.
- Financing new building.
- After hour clinical.
- Community report.

Critical Factors to Address to Successfully Achieve Goals

Question: What factors are most critical to be addressed if the district is to successfully achieve its goals?

- Infrastructure budget should be spent on clinical service expansion versus administrative office expansion.
- Community annual report.
- Marketing of services.
- Stay focused on and give CEO clear direction.



SUMMARY RESULTS

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HEALTHCARE DISTRICTS

SUMMARY RESULTS

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Rating Methodology

The following rating scale was used to evaluate overall board performance:

- **Level 5:** I *strongly agree* with this statement. We always practice this as a part of our governance. Our performance in this area is *outstanding*.
- **Level 4:** I *generally agree* with this statement. We usually practice this as a part of our governance, but not always. We perform *well* in this area.
- **Level 3:** I *somewhat agree* with this statement. We often practice this in our governance, but we are not consistent. We perform *fairly well* in this area.
- **Level 2:** I *somewhat disagree* with this statement. We inconsistently practice this as a part of our governance. We *do not perform well* in this area.
- **Level 1:** I *disagree* with this statement. We never practice this as a part of our governance. We perform *very poorly* in this area.
- **N/S:** Not sure. I do not have enough information to make a determination about our performance in this area.
- **N/A:** Not applicable.

Reviewing This Report

Board member ratings of board self-assessment criteria are depicted throughout this report in graphs.

The criteria in each graph are displayed in order from highest to lowest mean score. The mean score for each individual rating criterion appears to the right of the graph.

To facilitate the identification of areas that may require governance and/or management attention, each graph includes the number of Level 5 - Level 1 responses to each statement in the color-coded bars. Responses are grouped and color coded, with "Level 5" appearing in dark green, "Level 4" in light green, "Level 3" in yellow, "Level 2" in orange, and "Level 1" in red. "Not Sure" responses appear in gray, and "Not Applicable" responses appear in white.

Longer lists of criteria have been separated into higher and lower rated sections for ease of display and analysis.

Board member responses to all open-ended questions appear throughout the report, where applicable, and on page 20.

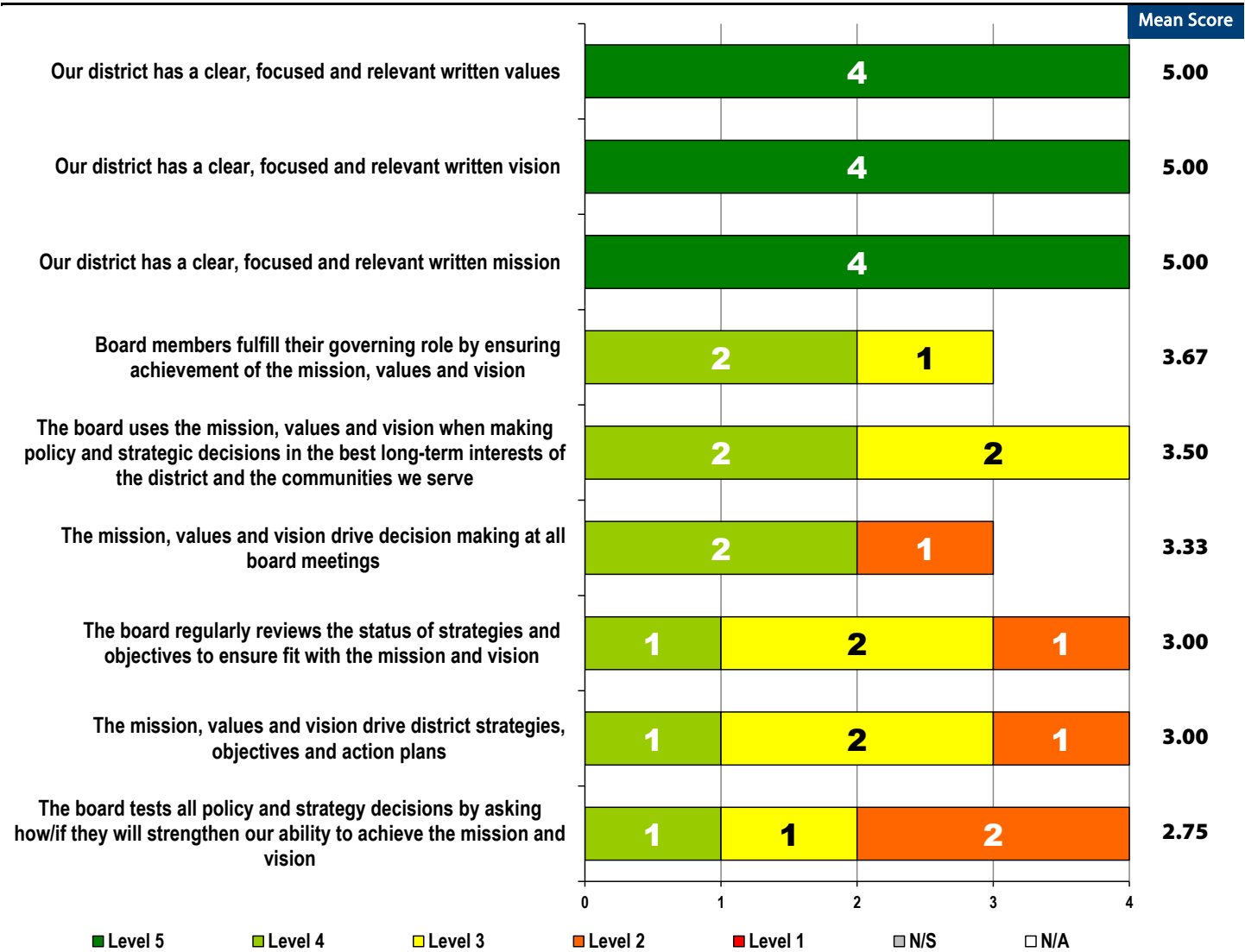
SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

Mission, Values and Vision

Mission, Values and Vision

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

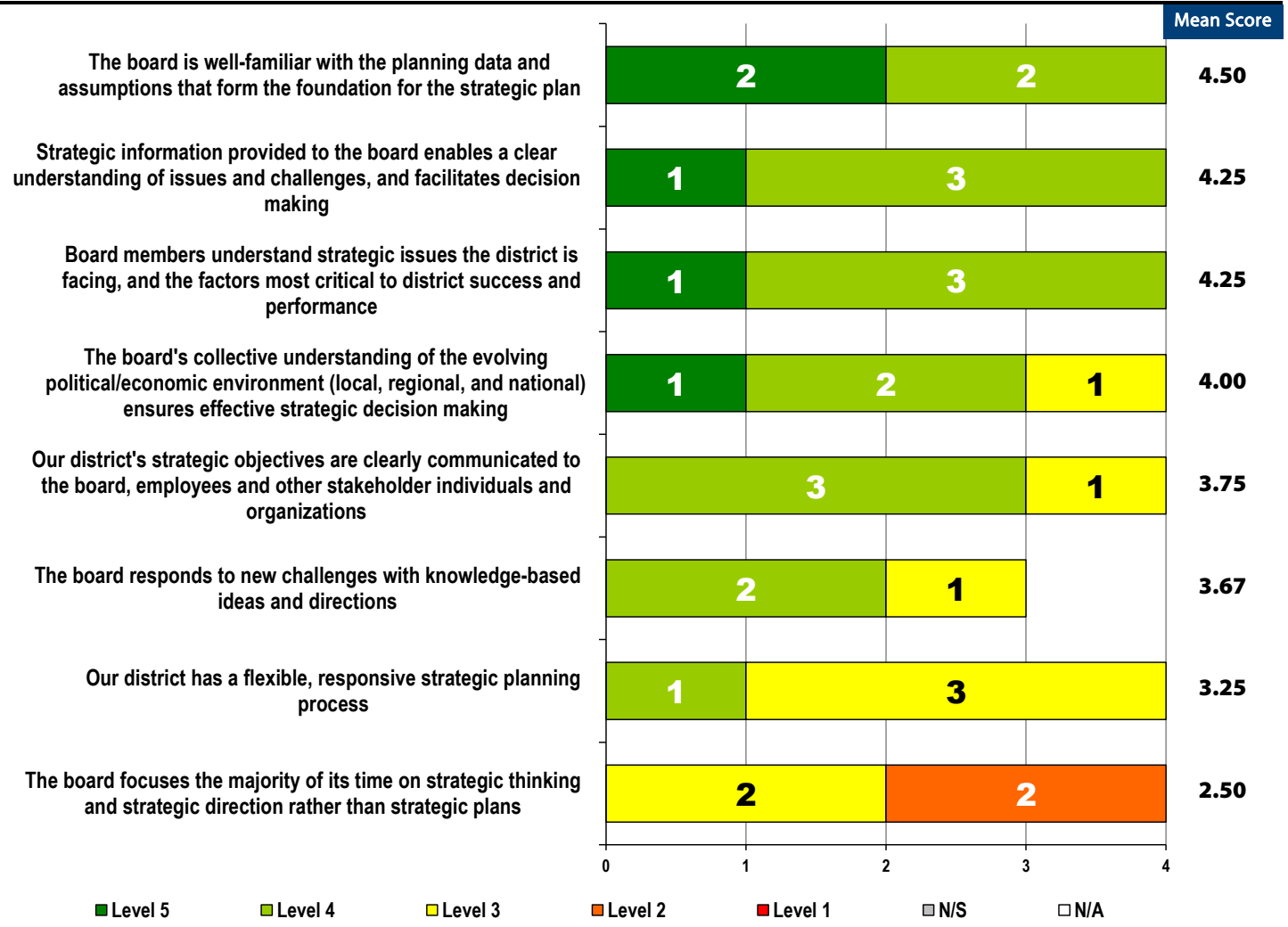
Board members provided the following suggestions for governance improvement in this section:

- When votes arise to be taken, reference mission, vision and values statement.
- This concept is fairly new. We have no previous data/history to measure.

Strategic Direction

The Strategic Planning Process

(sorted by highest to lowest mean score)

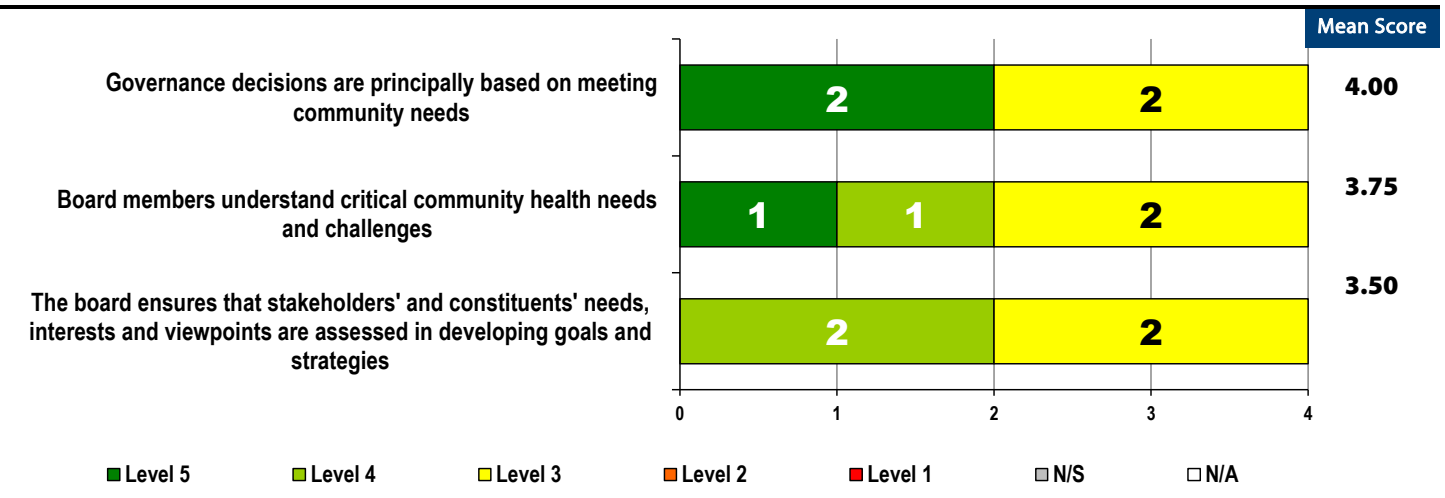


SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

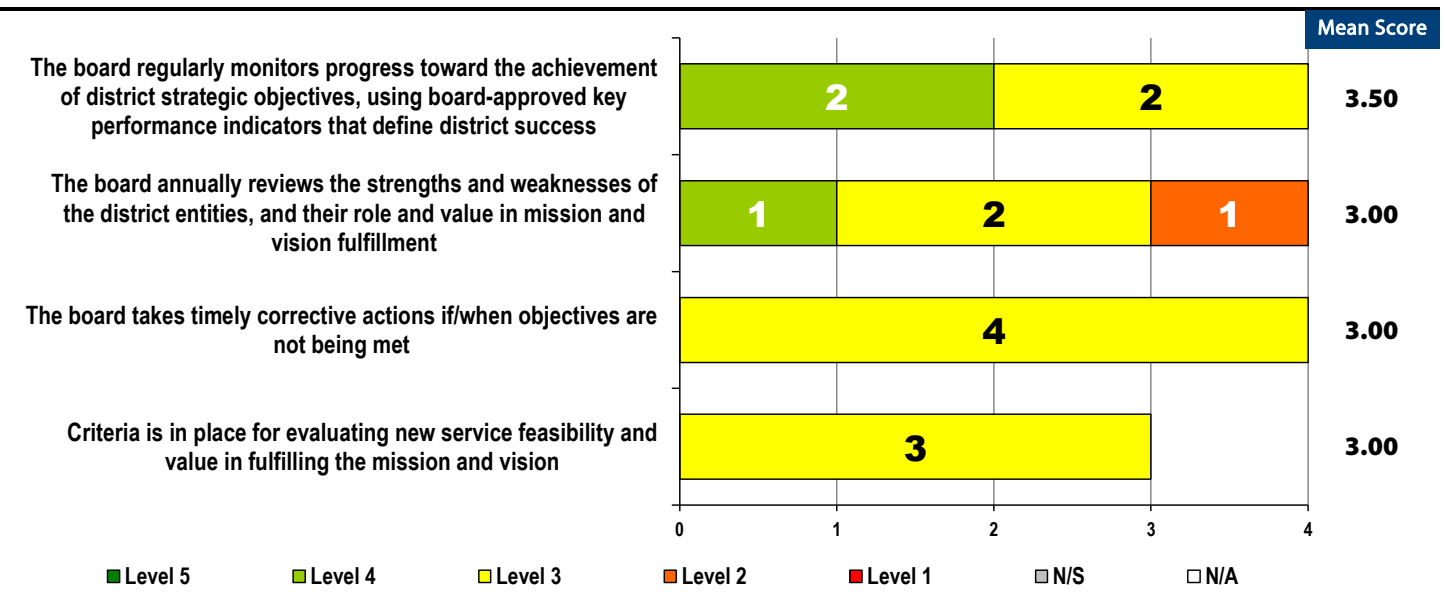
Community and Stakeholder Perspectives

(sorted by highest to lowest mean score)



Monitoring Progress

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

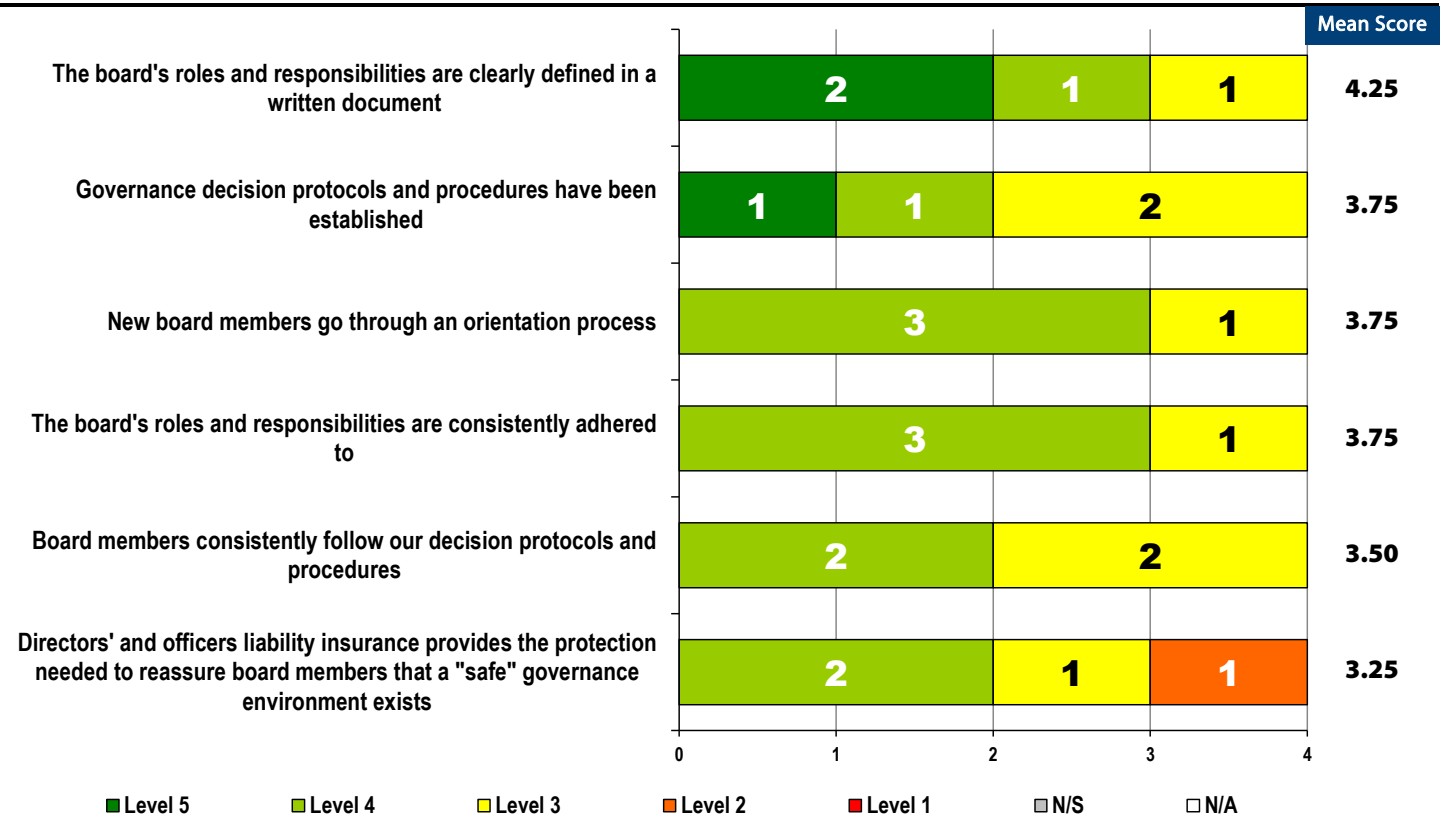
Board members provided the following suggestions for governance improvement in this section:

- We're trying to improve in this area. We need the CEO's guidance in this area.

Leadership Structure and Processes

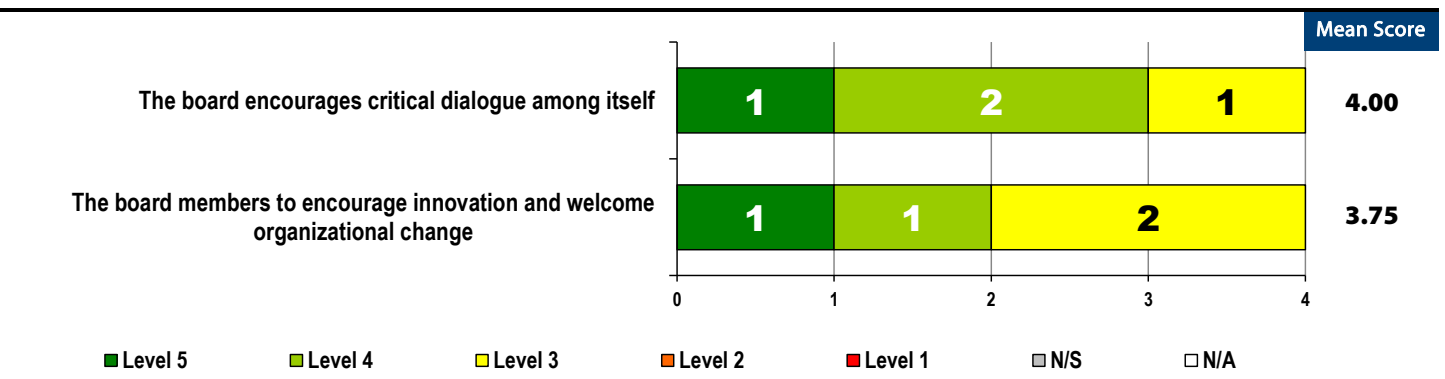
Board Roles and Responsibilities

(sorted by highest to lowest mean score)



Board Structure and Composition

(sorted by highest to lowest mean score)

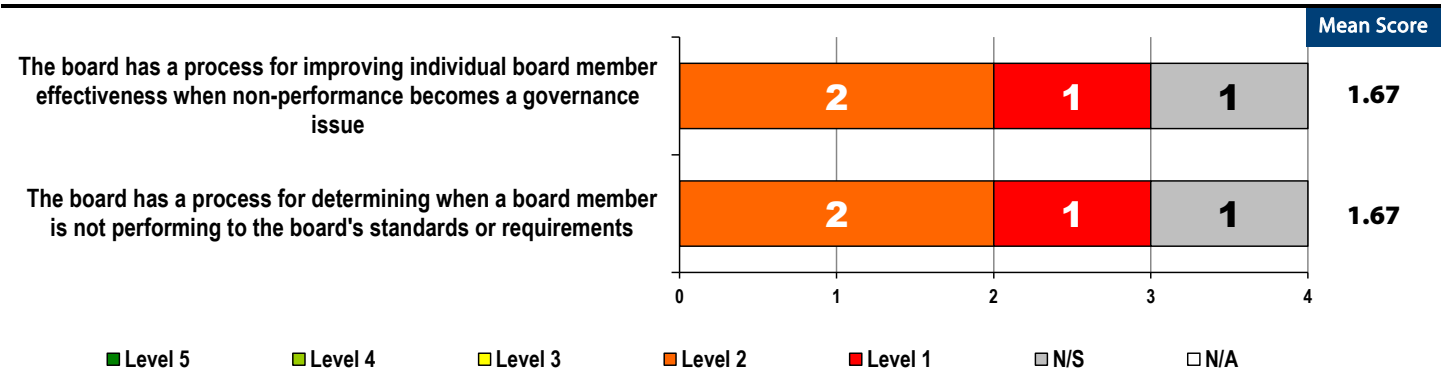


SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

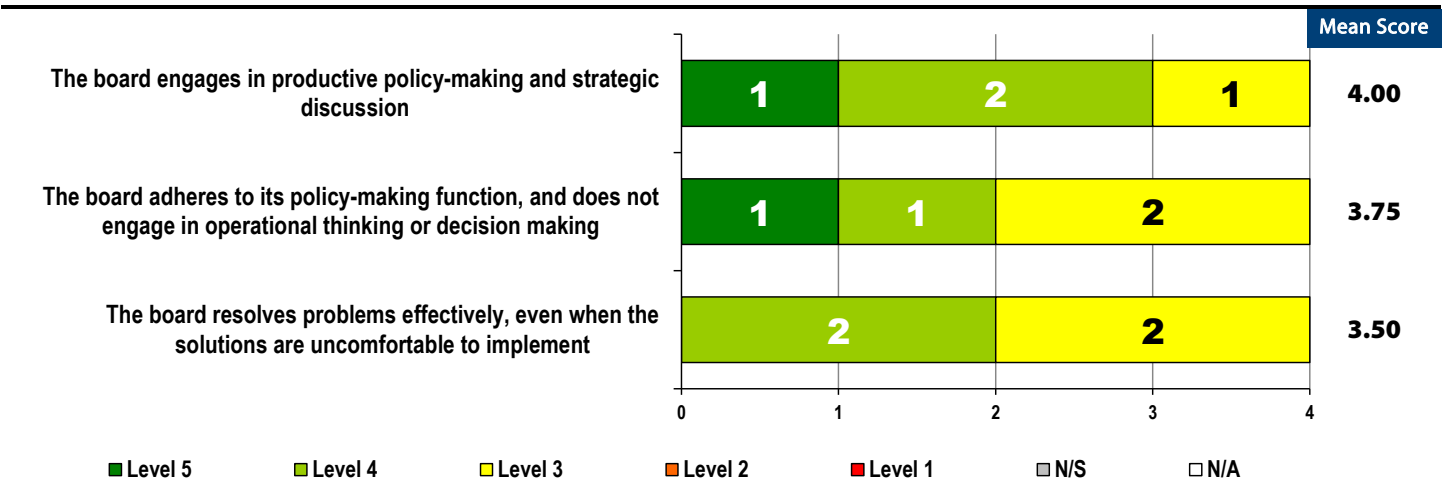
Board Member Performance

(sorted by highest to lowest mean score)



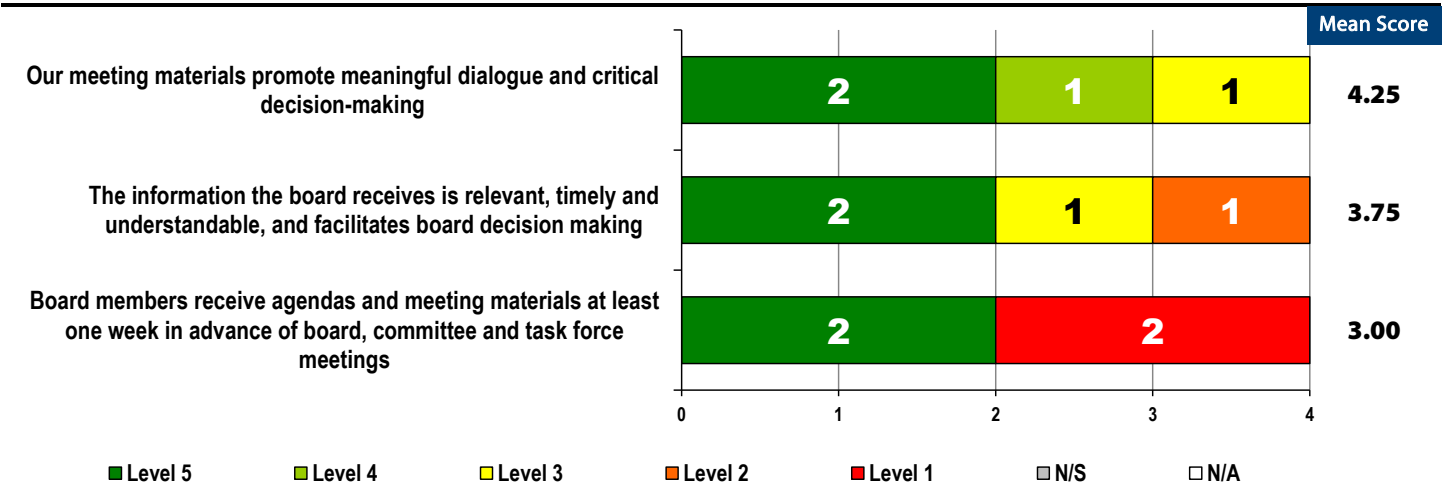
Strategic Focus

(sorted by highest to lowest mean score)



Meeting Materials

(sorted by highest to lowest mean score)

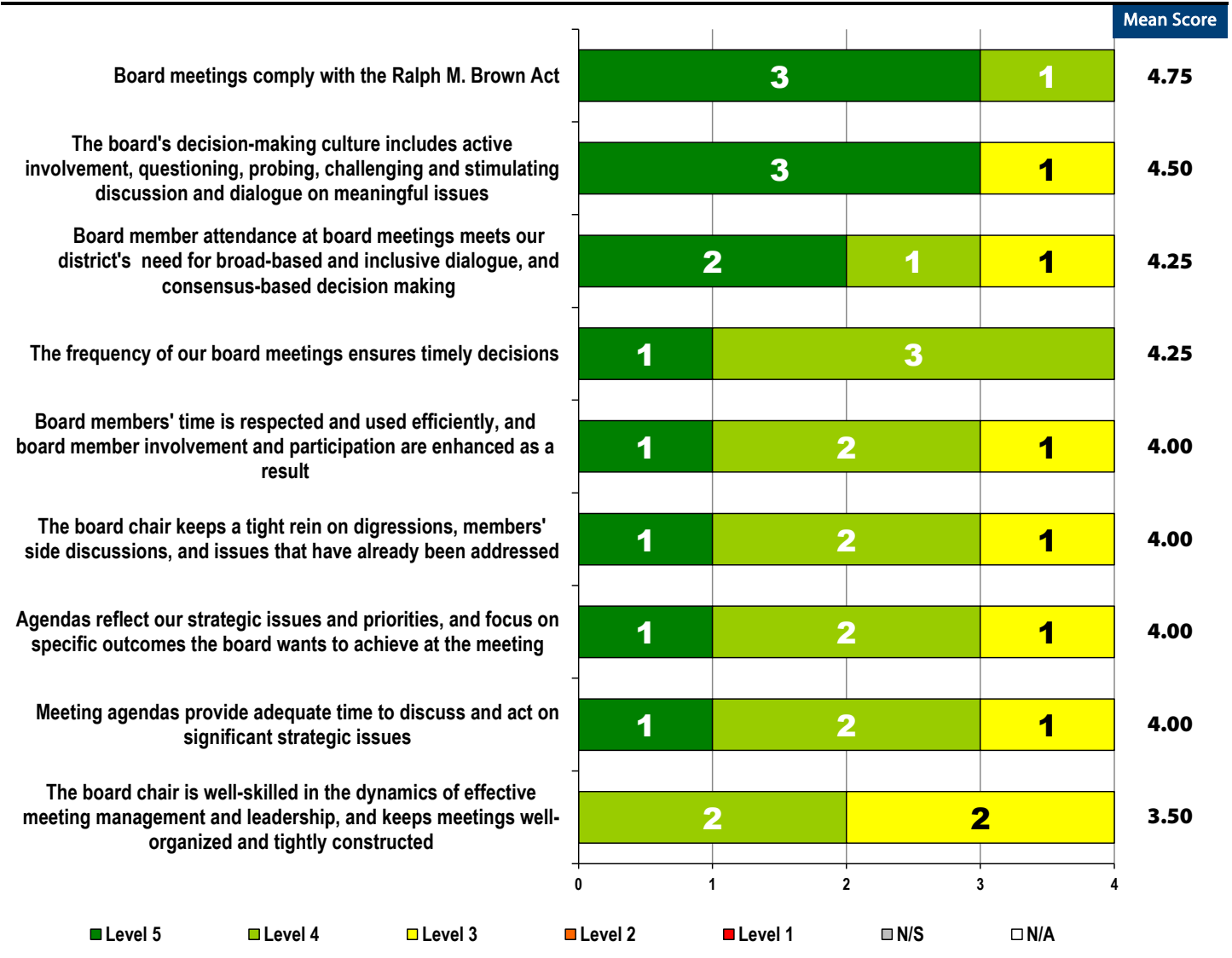


SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

Board Meetings

(sorted by highest to lowest mean score)

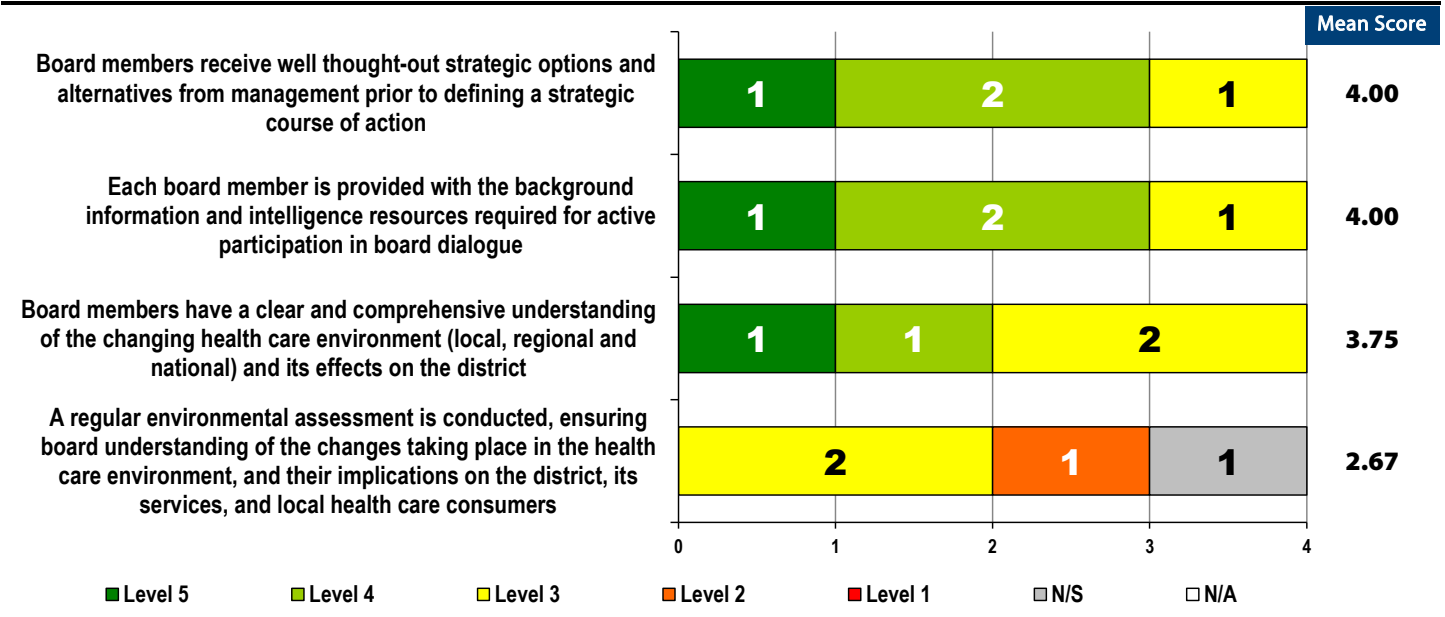


SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

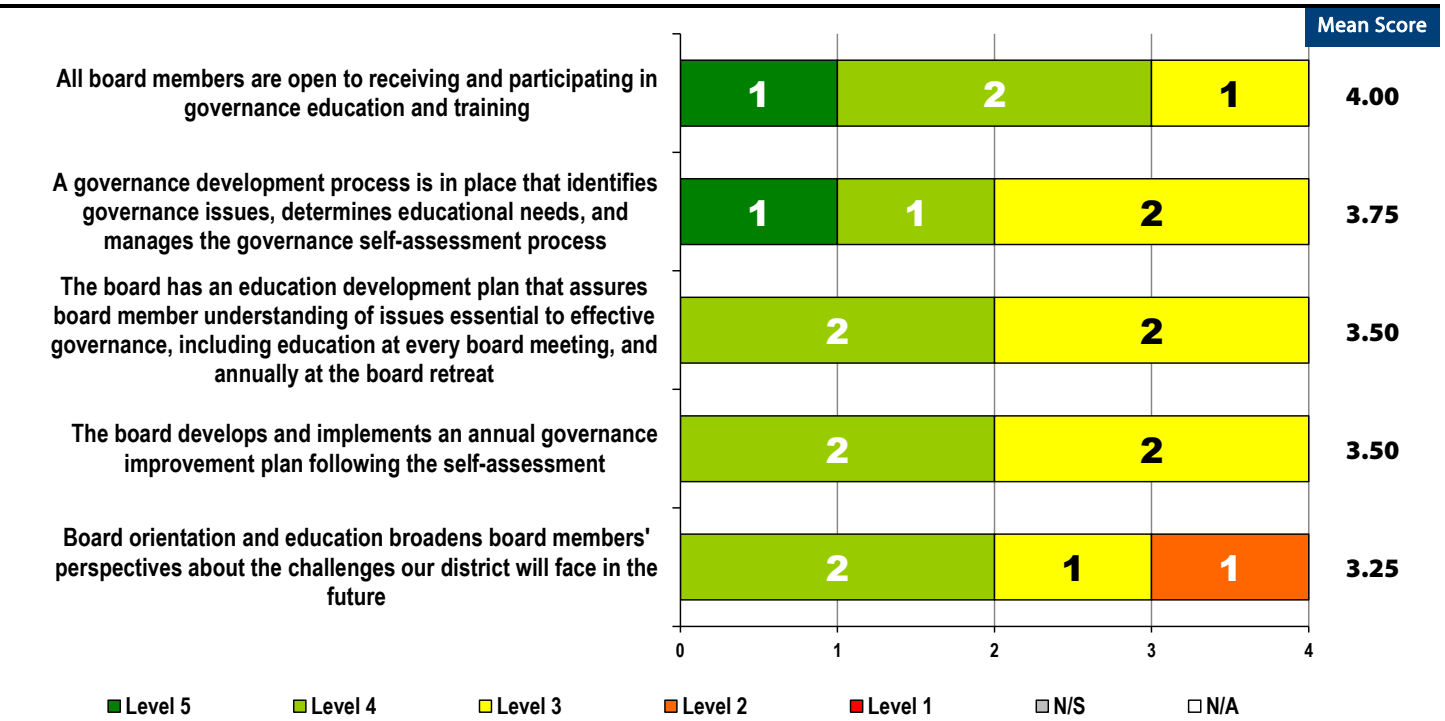
Board Member Knowledge

(sorted by highest to lowest mean score)



Governance Development

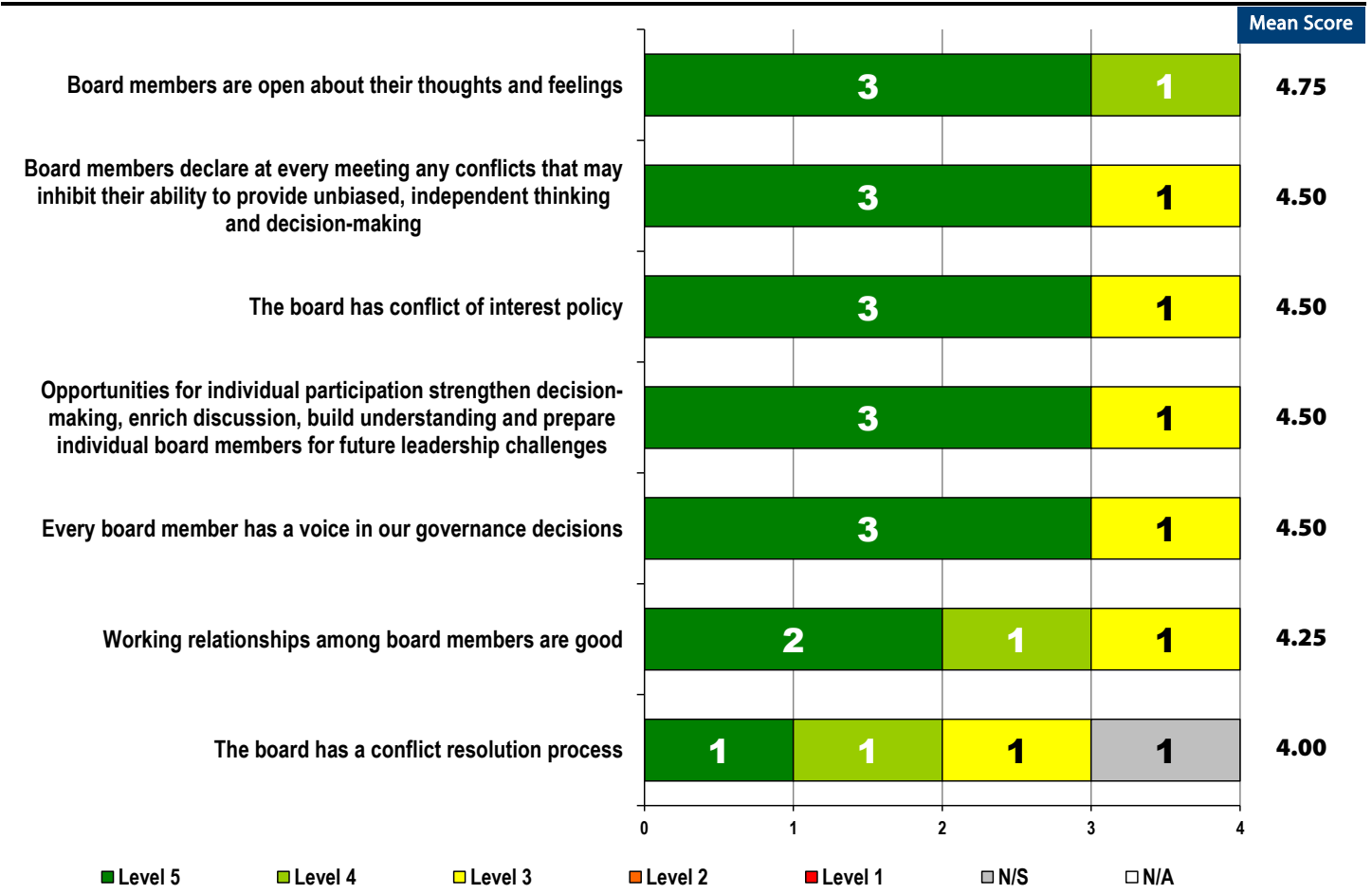
(sorted by highest to lowest mean score)



SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

Board Relationships and Communication *(sorted by highest to lowest mean score)*



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- Working progress.

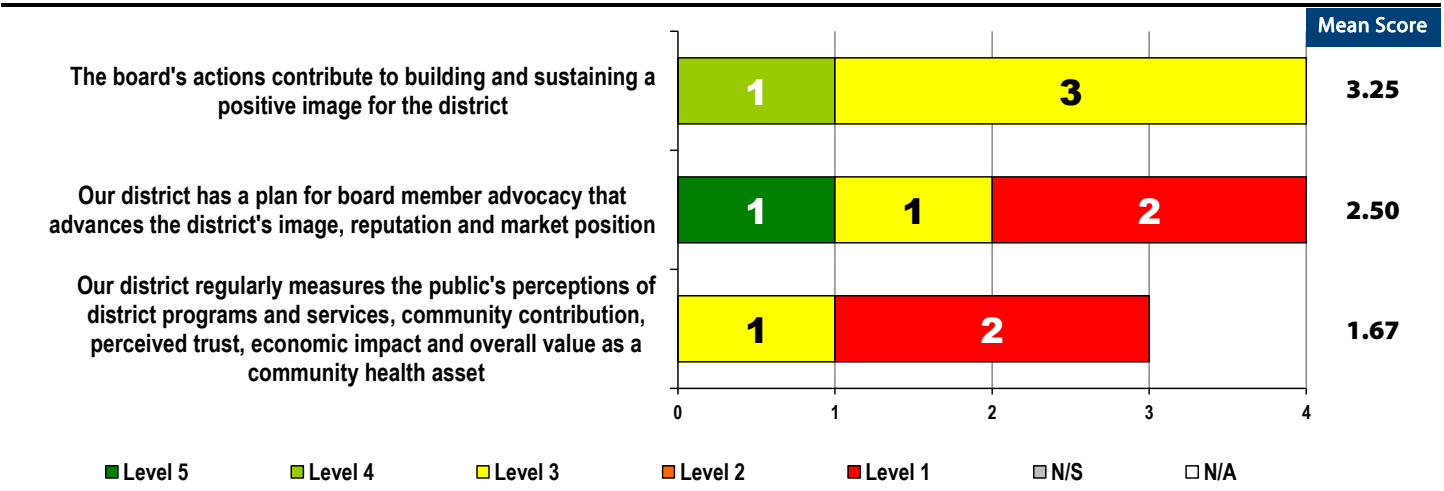
SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

Community Relationships

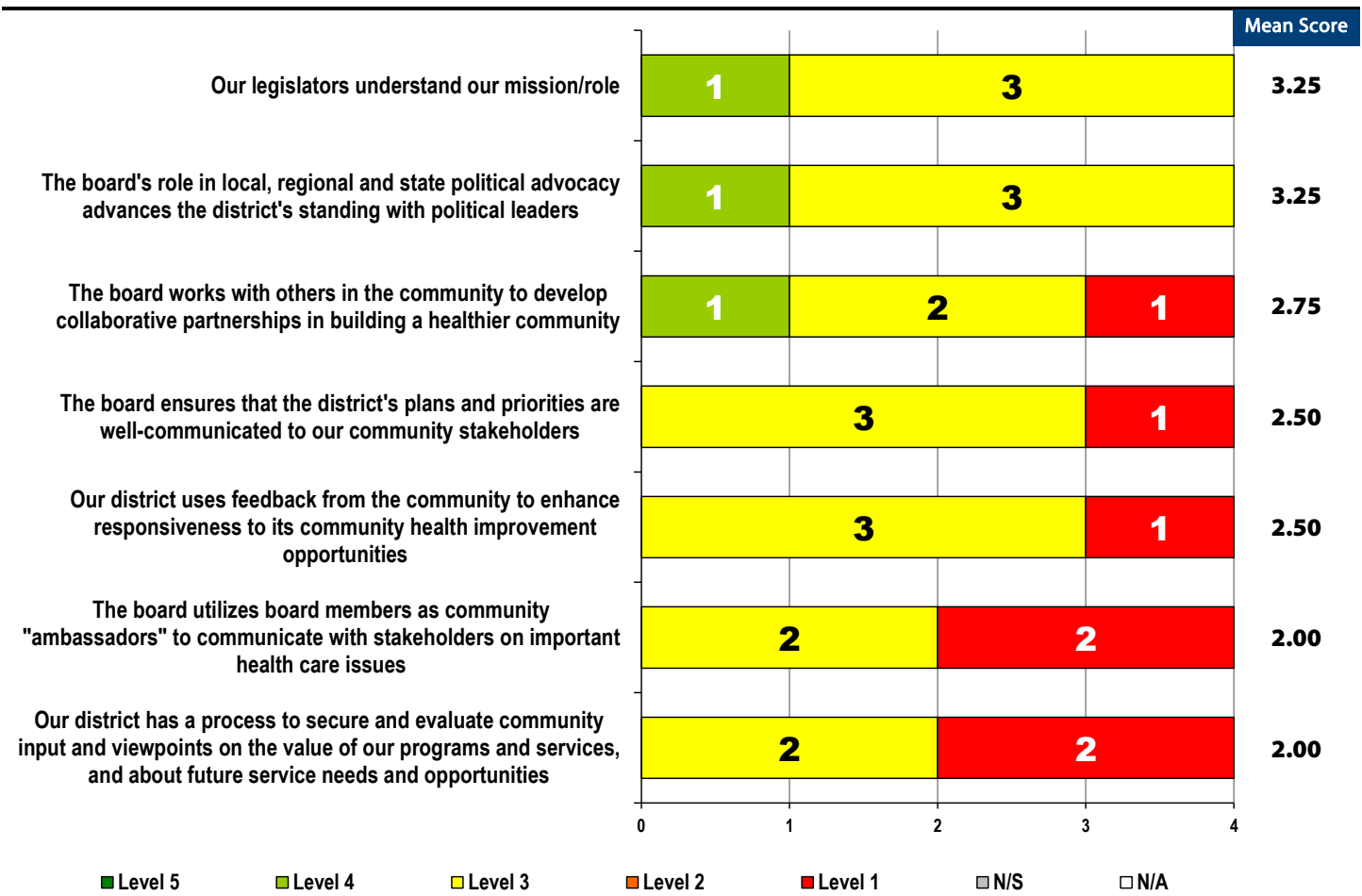
Ensuring Public Trust and Confidence

(sorted by highest to lowest mean score)



Ensuring Community Communication and Feedback

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- We need to improve in this area.

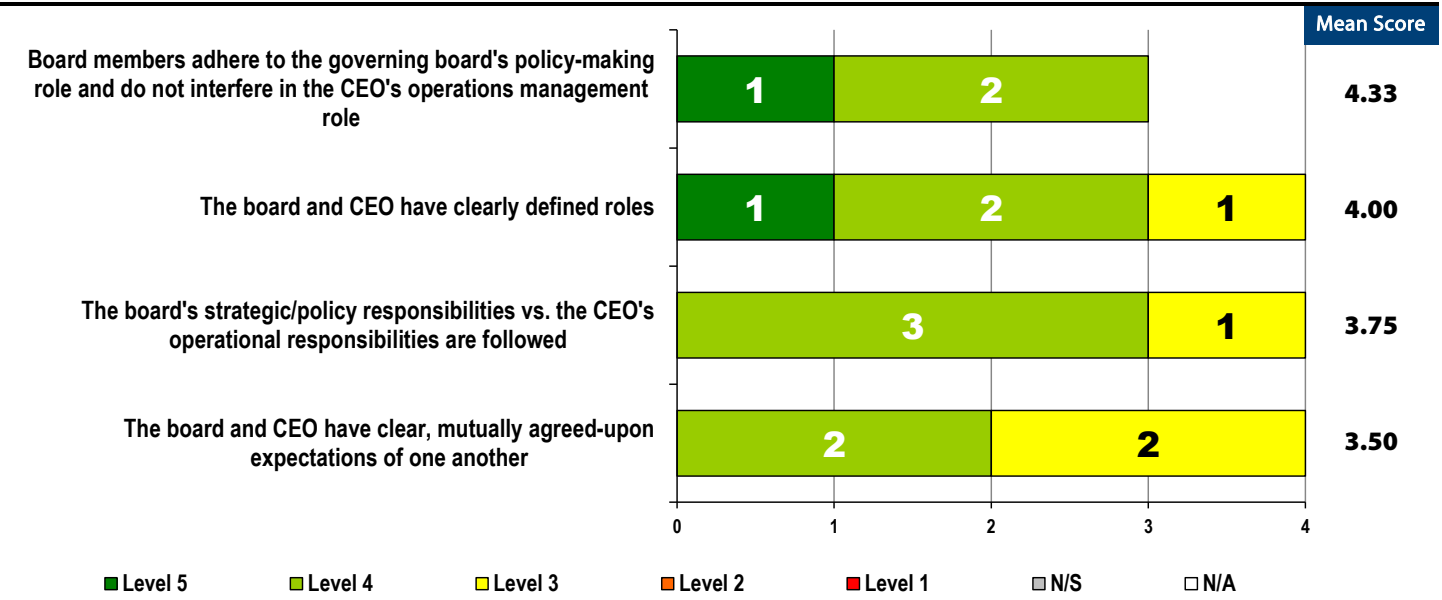
SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

Relationship with the CEO

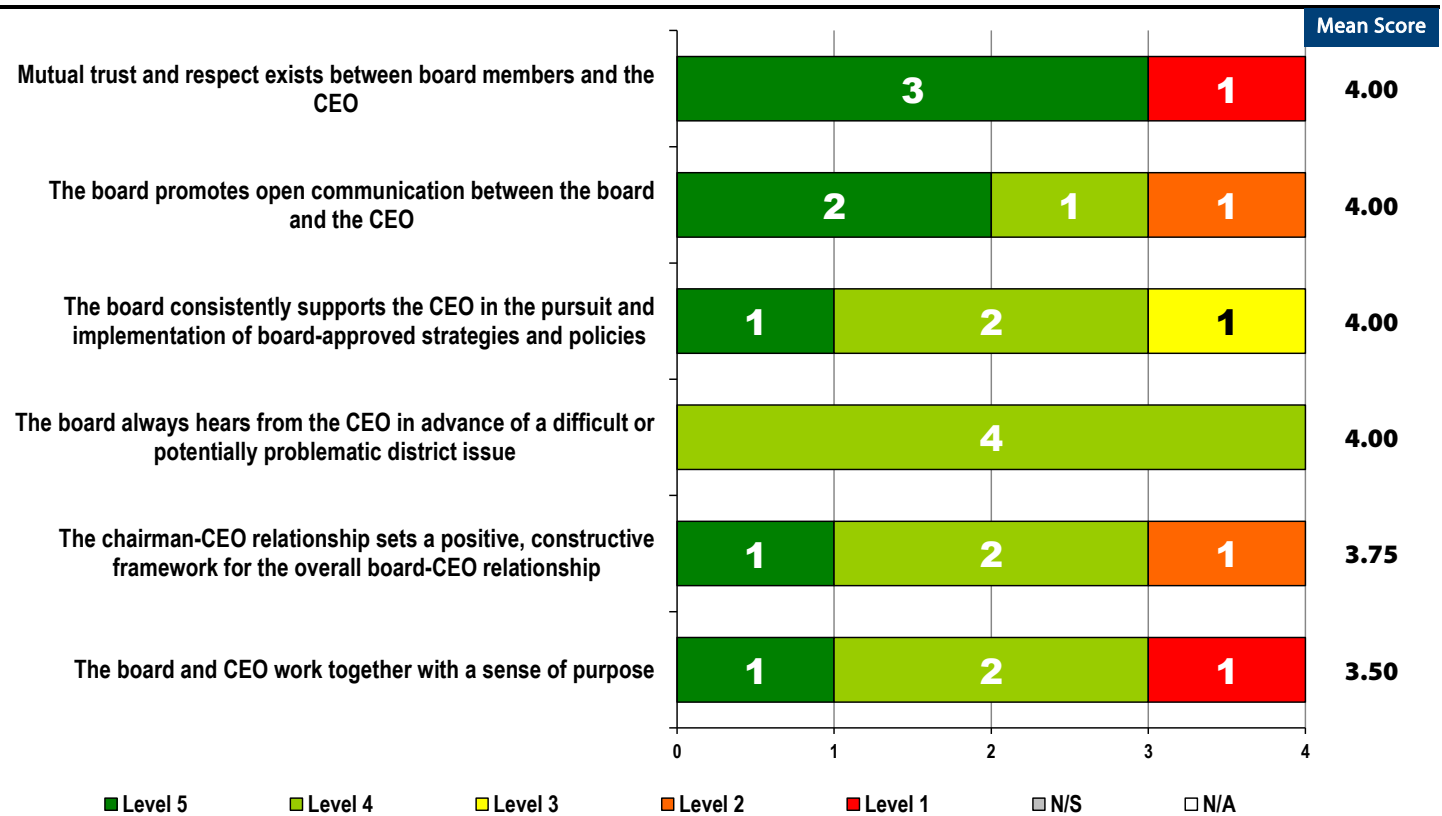
Board and CEO Roles

(sorted by highest to lowest mean score)



Communication, Support and Shared Goals

(sorted by highest to lowest mean score)

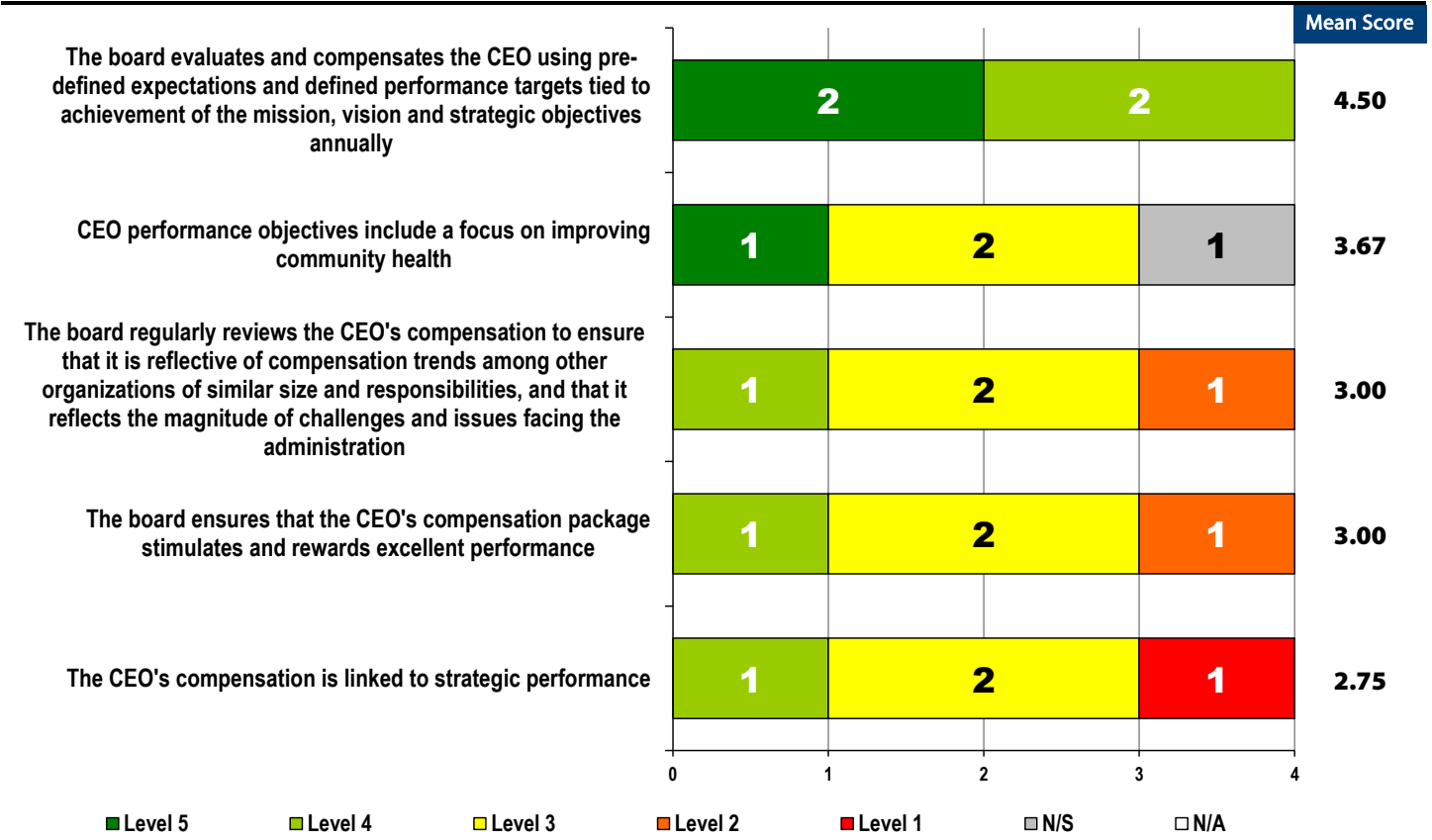


SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

CEO Evaluation

(sorted by highest to lowest mean score)



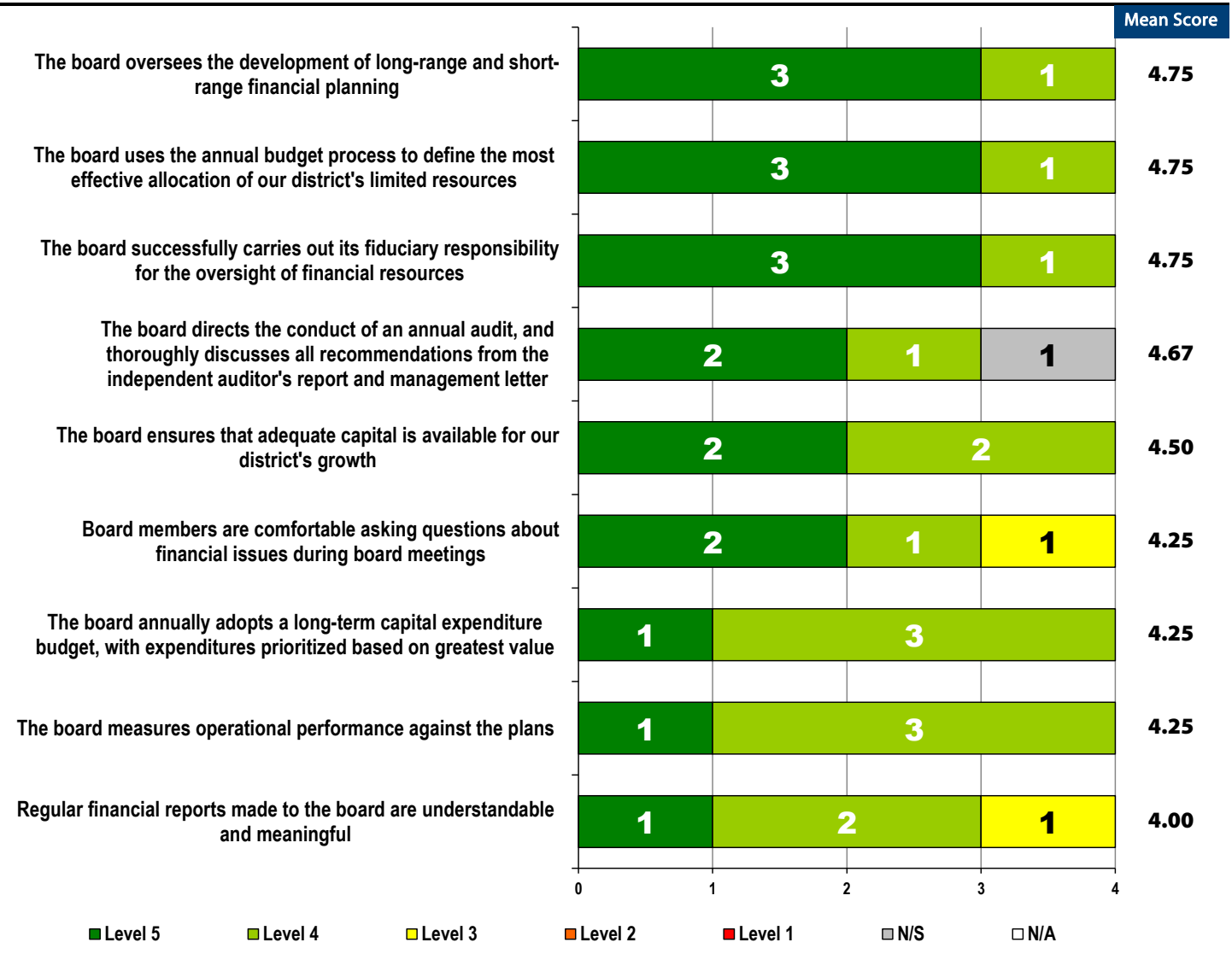
Suggestions for Governance Improvement

No comments or suggestions for governance improvement were provided in this section.

Financial Leadership

The Fiduciary Responsibility

(sorted by highest to lowest mean score)

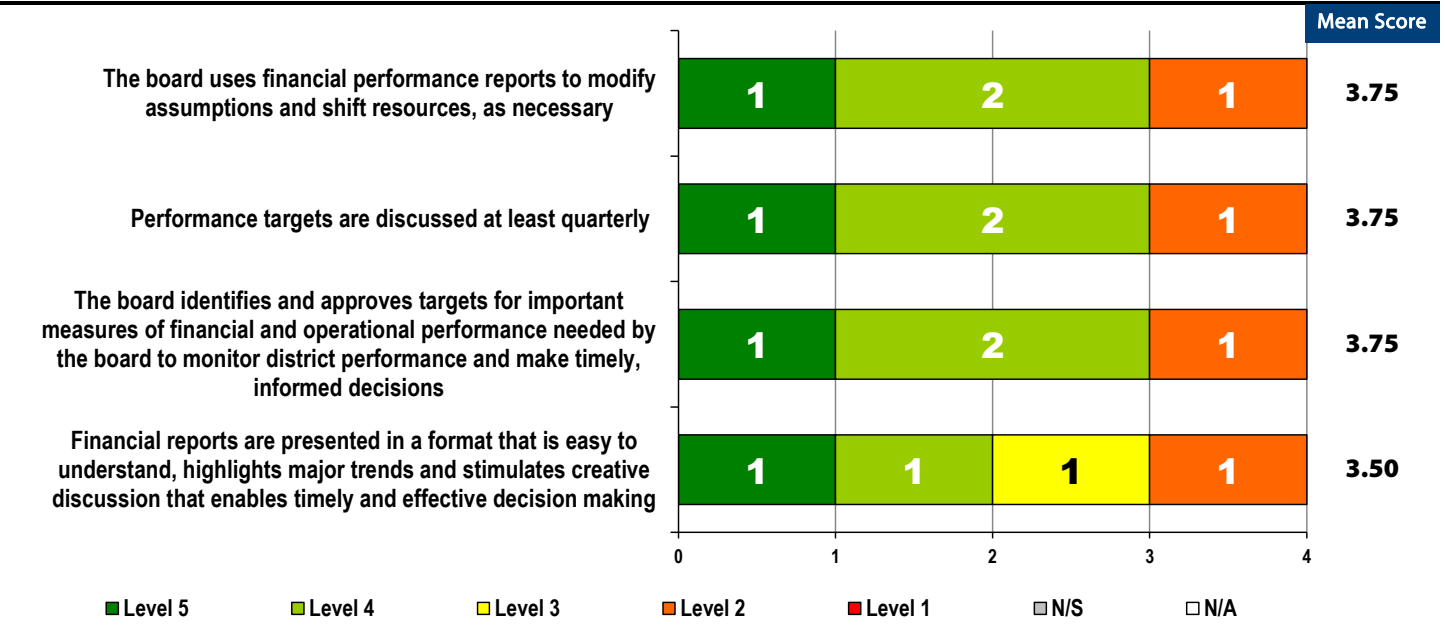


SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

Monitoring Progress

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

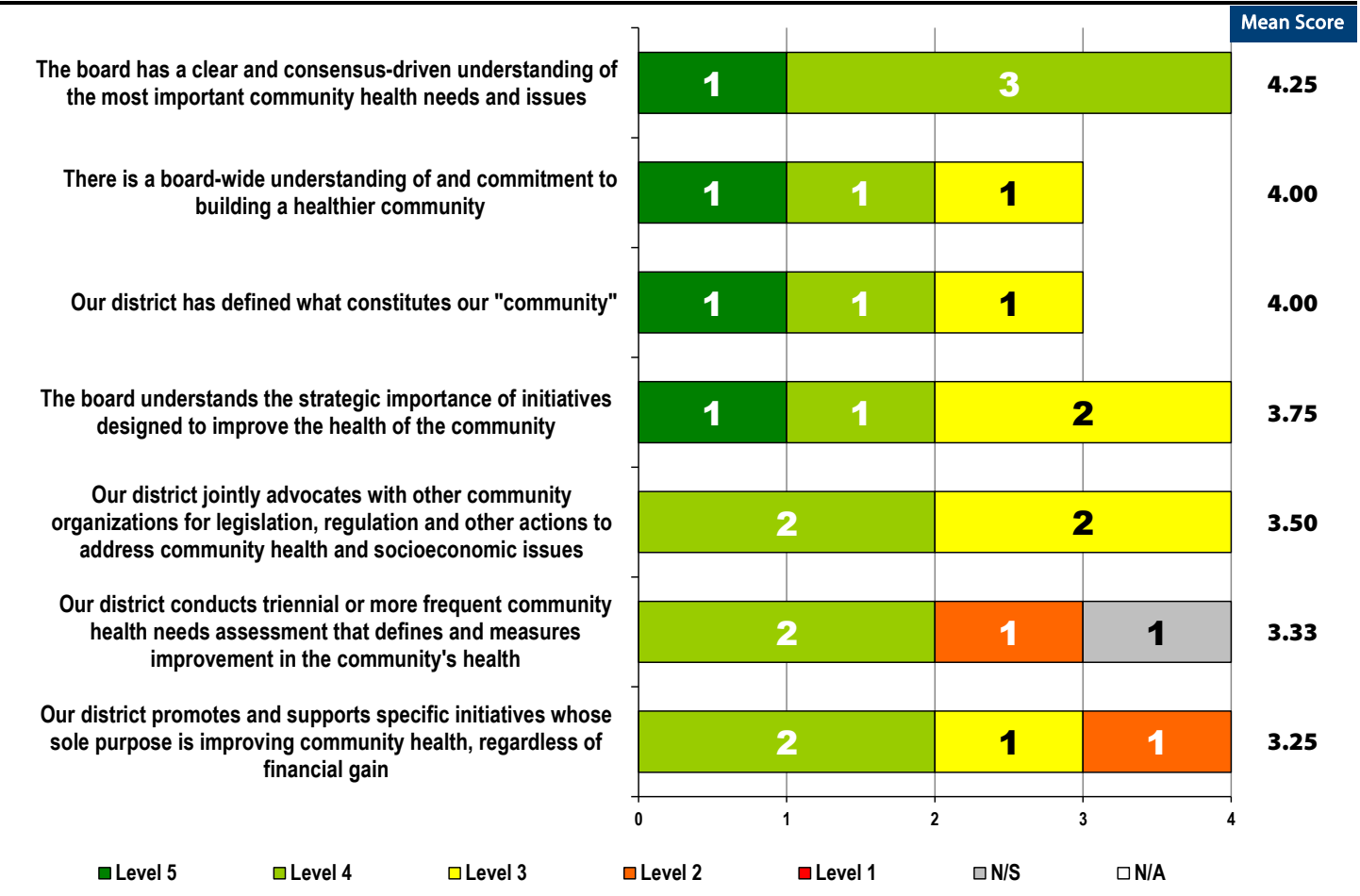
Board members provided the following suggestions for governance improvement in this section:

- Some of us just go with the flow due to being new or not understanding finances.

Community Health

Development and Support of Community Health Initiatives

(sorted by highest to lowest mean score)

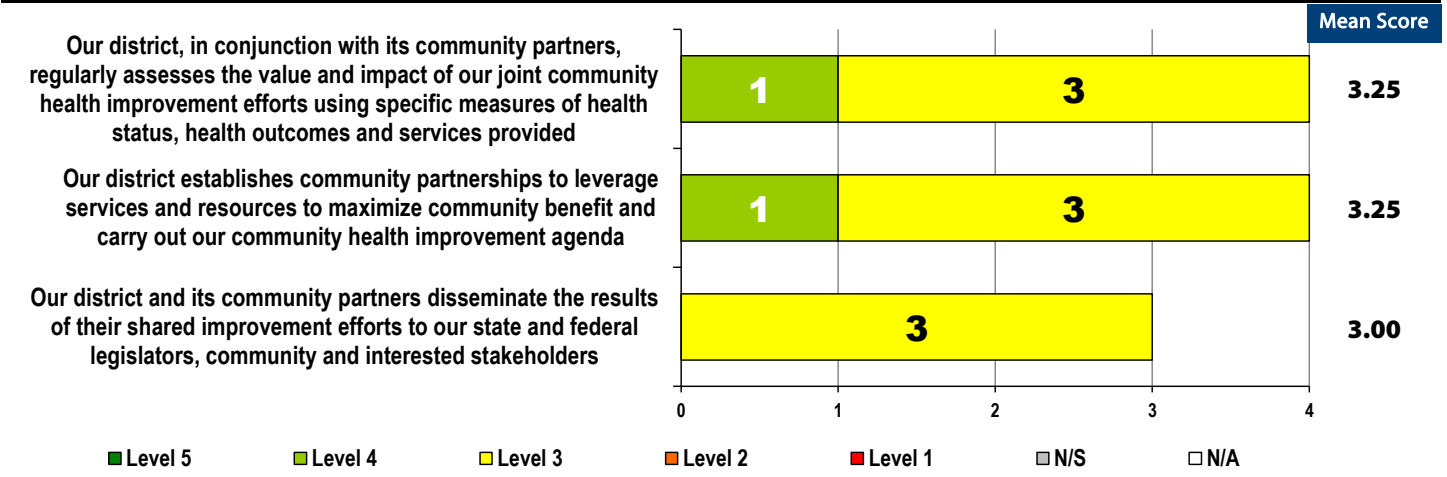


SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

Community Involvement and Communication

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- We need improvement in this area.

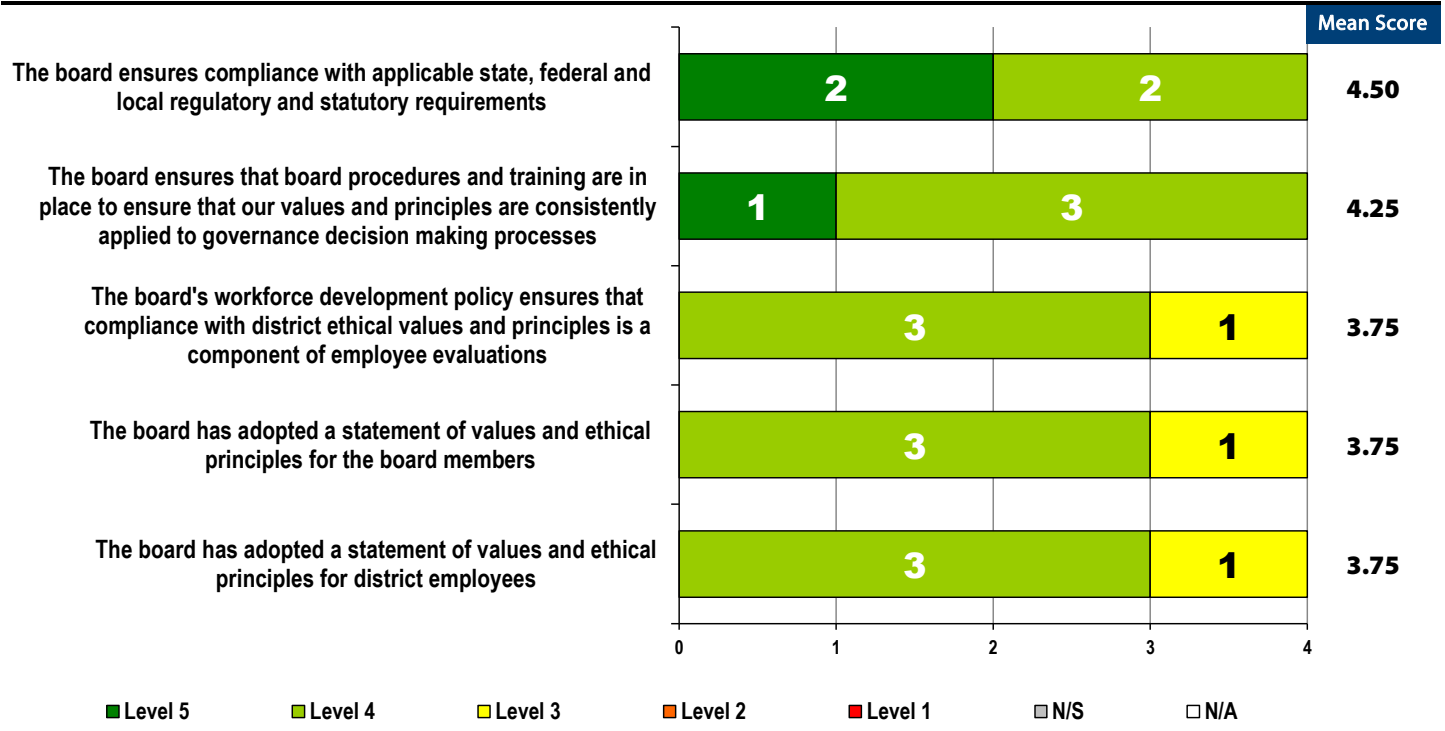
SUMMARY RESULTS

2023 Del Puerto Health Care District Governance Self-Assessment

Organizational Ethics

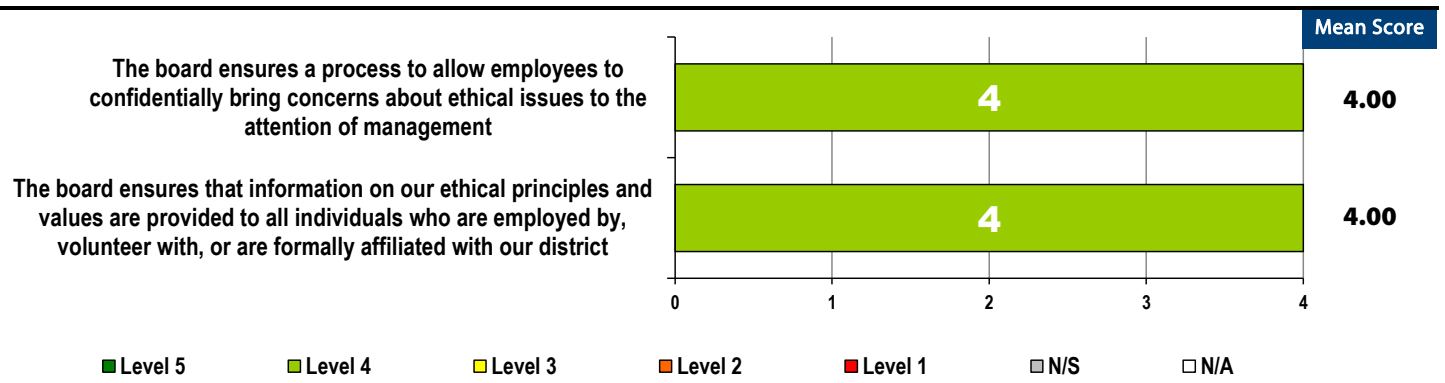
Ensuring Development and Implementation of Organizational Ethics

(sorted by highest to lowest mean score)



Awareness of Ethical Issues

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- I have not experienced a concern, but I feel we may need to review to ensure all policies above are in place.

Issues and Priorities

Highest Priority for the Board in the Next Year

Question: What is your single highest priority for the board in the next year?

- Increase patient encounters - reach out to underrepresented groups.
- Grow and expand primary care clinical services.
- Progression on new building.

Key Issues for Board Focus in the Next Year

Question: What key issues should occupy the board's time and attention in the next year?

- Increase patient encounters - reach out to underrepresented groups.
- The expansion of our ambulance quarters.
- Additional clinical services.
- Financing new building.
- After hour clinical.
- Community report.

Significant Trends the Board Must Understand and Deal with in the Next Year

Question: What do you see as the most significant trends that the board must be able to understand and deal with in the next year?

- Deal with rising costs and how to meet our obligations.
- Mental health and addiction care.
- Financing new building.
- After hour clinical.
- Community report.

Critical Factors to Address to Successfully Achieve Goals

Question: What factors are most critical to be addressed if the district is to successfully achieve its goals?

- Infrastructure budget should be spent on clinical service expansion versus administrative office expansion.
- Community annual report.
- Marketing of services.
- Stay focused on and give CEO clear direction.

Desert Healthcare Foundation Since 2003 (Desert Healthcare District Board Assumes Responsibility)							
Title	Year Funded	Structure	Funders	Funder's Restrictions	Purpose	DHCF SP Goal	Amount
The Wellness Park	2004	DHCD Project	DHCF	DHCD Area	Designed to encourage wellness, conservation, and mental well-being.	G-3 Support the increase of the availability and/or number of neighborhood facilities that support health and well-being.	\$1,000,000
Health Assessment Resource Center	2004	DHCF Project	CA Wellness Foundation	CV Region	To support restructuring of DHCF, complete a needs assessment and establish an ongoing system for doing needs assessment for the Coachella Valley region of California.	G-5 Increase the resources and revenues of the Foundation to achieve its goals and objectives.	\$200,000
Social Services Fund	2000 ?	DHCF Grants	DHCF	Greater CV	Emergent needs for hospital discharged patients and cancer center patients.	G-2 Support the practices and policy changes needed to achieve health equity, eliminate disparities, and improve health of all groups within the CV.	Max \$96,000 annually
Alliance for a Healthier Generation	5/22/2012	DHCF Grant	DHCF	CV K-12 Public Schools	Prevent childhood obesity in schools and build healthier school environments.	G-4 Promote and support healthy development and healthy behaviors across all life stages.	\$829,851
			Mayor's Race '12	PS Schools Only		G-5 Increase the resources and revenues of the Foundation to achieve its goals and objectives.	\$55,318.84 match
PS Mayor's Race Community Grants	6/1/2013	DHCF Grants	DHCF	CV	Support CHMI Blueprint Bold Steps and Desert Highland Gateway Health Needs Assessment	G-4 Promote and support healthy development and healthy behaviors across all life stages.	\$200,000
			Mayor's Race '13	CV			\$217,000
SMART Education Science and Math	7/27/2012	DHCF Grant	DHCF	CV	Support regional champion robotics "Team Up" Project	G-2 Support the practices and policy changes needed to achieve health equity, eliminate disparities, and improve health of all groups within the CV.	\$20,000
CV Health Portal (cvHIP)	2014, 2015, 2016	Collective Fund	DHCF	Greater CV	Support CHMI Blueprint Bold Steps which align with DHCD and DHCF strategies	G-4 Promote and support healthy development and healthy behaviors across all life stages.	\$300,000
			Mayor's Race '14, '15	CV		G-5 Increase the resources and revenues of the Foundation to achieve its goals and objectives.	\$200,000
Support physical activity infrastructure and programming across the Coachella Valley. Multiple strategies	Established 2013	Collective Fund	Multiple	Varies	Support CHMI Blueprint Bold Steps and Multiple DHCF Strategies		Varies
Strategy # 1: Youth focused physical activity programs (Mayor's Race); Third grade swim and nutrition education program	2014	DHCF Vendor Contract	DHCF '14	Greater CV	Support CHMI Blueprint Bold Steps which align with DHCD and DHCF strategies	G-2 Support the practices and policy changes needed to achieve health equity, eliminate disparities, and improve health of all groups within the CV.	\$100,000
			DHCD '15	DHCD Area		G-3 Support the increase of the availability and/or number of neighborhood facilities that support health and well-being.	\$100,000
			Mayor's Race '14, '15	CV		G-4 Promote and support healthy development and healthy behaviors across all life stages.	\$200,000
			Multiple local donors/in-kind	Varies		G-5 Increase the resources and revenues of the Foundation to achieve its goals and objectives.	\$11,000
Strategy # 2. a. Court Rehabilitation Project	2014	Re-grant via DHCF	TCE	Eastern CV	Support and replicate TCE's strategy to include all 3 CV school districts to promote Shared Use agreements in underserved areas in the CV, improving access to physical activity.	G-2 Support the practices and policy changes needed to achieve health equity, eliminate disparities, and improve health of all groups within the CV.	\$120,000
			RAP	CV		G-4 Promote and support healthy development and healthy behaviors across all life stages. G-5 Increase the resources and revenues of the Foundation to achieve its goals and objectives.	\$54,324
Strategy # 2. b. Shared Use Policy Development and Implementation	2014	DHCF Vendor Contract	TCE	Eastern CV	Support and replicate TCE's strategy to include all 3 CV school districts to promote Shared Use agreements in underserved areas in the CV, improving access to physical activity.	G-3 Support the increase of the availability and/or number of neighborhood facilities that support health and well-being.	\$10,000
			DHCD	DHCD Schools Only		G-5 Increase the resources and revenues of the Foundation to achieve its goals and objectives.	\$50,000
Strategy # 3: Cancer Patients and survivors' physical activity	2014	DRMC CCC Patient	DRMC CCC	DRMC CCC	Support and further develop physical activity classes offered at no charge to cancer patients, cancer survivors, hospital employees, residents.	G-4 Promote and support healthy development and healthy behaviors across all life stages.	\$2,500
			DHCD	DRMC CCC		G-5 Increase the resources and revenues of the Foundation to achieve its goals and objectives.	\$600 (CEO Fund)
Strategy # 4: Facilitate access to DHS playground (Wellness Center) through fencing reconfiguration.	2015	DHCF Grant	DHCD	DHS Wellness Center	Facilitate access to DHS playground at Wellness Center	G-3 Support the increase of the availability and/or number of neighborhood facilities that support health and well-being.	\$5,000
			Humana Foundation			G-5 Increase the resources and revenues of the Foundation to achieve its goals and objectives.	\$5,000
Coachella Valley ACA Implementation Project: Educate, Enroll, Connect	Established 2013	Collective Fund: Re-grant via DHCF; DHCF project management	TCE	CV Region	To support education, outreach, and MediCal and Covered California enrollment activities; and to strengthen community partnerships that result in improved access to health homes that support healthy behaviors for families in the Coachella Valley.	G-2 Support the practices and policy changes needed to achieve health equity, eliminate disparities, and improve health of all groups within the CV.	\$534,924
			DHCD	DHCD Residents		G-5 Increase the resources and revenues of the Foundation to achieve its goals and objectives.	Up to \$650,000
DHS Boys and Girls Club Stabilization Plan	2014	Collective Fund: Regrant via DHCF	DHCD	Operations of DHS Boys and Girls Club	To provide an on-going funding source to support operations of DHS Boys and Girls Club by leveraging best practices in support of the health and wellness of youth.	G-3 Support the increase of the availability and/or number of neighborhood facilities that support health and well-being.	To match \$1 for \$1 up to \$350,000
			RAP			G-4 Promote and support healthy development and healthy behaviors across all life stages.	\$150,000
			Private Donors			G-5 Increase the resources and revenues of the Foundation to achieve its goals and objectives.	\$45,000

Del Puerto Health Care District

For Consideration: Potential Del Puerto Hospital Foundation Project(s)

Stride Ahead Youth Programs (*Programas Juvenil Paso Adelante*)

PEDIATRIC OBESITY

Overview: Given the rising concern of pediatric obesity, the healthcare district can collaborate with the Del Puerto Foundation to initiate the Stride Ahead Youth Program. This bilingual program first aims to provide specialized care, intervention, and education to children and their families to tackle and prevent obesity in the community.

Implementation:

1. **Community Needs Assessment:** The healthcare district conducts research to determine the prevalence and risk factors of pediatric obesity in the community, pinpointing high-risk zones and demographics.
2. **Funding & Resources:** The foundation pools resources to create a community hub or center for pediatric obesity care. This includes the procurement of fitness equipment and educational materials, hiring of specialized staff (like dietitians, physical therapists, and counselors), and creating interactive digital platforms for virtual support.
3. **Clinical Intervention:**
 - **Screening and Monitoring:** Regular health check-ups and screenings for children to identify early signs of obesity and related health conditions.
 - **Tailored Health Plans:** Individualized health plans for children identified as at-risk, encompassing dietary guidance, physical activity, and psychological support.
4. **Educational Workshops:** Organize community workshops and school-based programs. Topics can include:
 - Nutrition and healthy eating habits
 - Importance of physical activity
 - Cooking demonstrations and classes for families
 - Stress management and emotional well-being for children
5. **Community Engagement and Physical Activities:**
 - **Sports Initiatives:** Collaborate with local schools and recreation centers to offer a variety of sports and physical activity programs.
 - **Playgrounds and Green Spaces:** With foundation support, enhance or establish playgrounds and green spaces to encourage outdoor play.
6. **Incorporate Digital Support and Monitoring:** Utilize a digital platform or mobile application where:
 - Families can monitor progress.
 - Access resources like diet charts, exercise videos, and counseling services.
 - Participate in community challenges or virtual physical activity events.
7. **Feedback and Continuous Improvement:** Collect and analyze data on the effectiveness of the interventions, the reach of educational programs, and the overall impact on pediatric obesity rates. Use this data to refine and expand the program.

Outcome: By focusing on early intervention, education, and community engagement, POPIP aims to reduce pediatric obesity rates. The collaborative effort between the healthcare district and the foundation ensures a holistic approach, addressing both the clinical and social aspects of the issue.

Del Puerto Health Care District

Future and/or additional **Stride Ahead Youth Programs** might include:

1. **Mental Health & Resilience Building:**

- *Program Focus:* Addressing the mental and emotional well-being of youth, providing resources, workshops, and counseling services.
- *Activities:* Peer support groups, workshops on stress management, coping mechanisms, resilience training, and professional counseling services for youths facing anxiety, depression, or other mental health challenges.

2. **Substance Abuse Prevention & Rehabilitation:**

- *Program Focus:* Educating youth about the dangers of substance abuse, including drugs, alcohol, and tobacco, and providing support for those seeking to overcome addiction.
- *Activities:* Awareness campaigns in schools and communities, peer education programs, and rehabilitation services for affected youths, including counseling and detoxification support.

3. **Nutritional Education & Healthy Eating:**

- *Program Focus:* Educating youth about the importance of a balanced diet, providing resources for healthy eating, and addressing eating disorders.
- *Activities:* Cooking classes focusing on nutritious meals, school-based nutrition programs, community gardens to promote fresh produce consumption, and support groups or counseling services for those battling eating disorders.

**Del Puerto Health Care District
FY 2023-24 Strategic Plan - Worklist**

Interest	Priority	Timing	Primary Responsibility	Status	Objective & Key Result (OKR)	Resource(s) Required	Cost
Community Engagement	Board discussion on the meaning of "Community" and establishing quantifiable goals	Jul-23	Board	Completed	Common understanding of "Community" and measurable engagements		\$ —
Strategic Planning	From the Board/Management strategic planning sessions, identify priorities, provide a timeline for the strategic plan completion process, and list of required resources (e.g., staffing, funding, time) required for the execution of the objectives to reach the goals.	Jul-23	CEO	Completed			\$ —
Community Engagement	Rebranding: two-year plan written and initiated (August 2023)	Aug-23	CEO	In progress	Plan delivered to Board of Directors		TBD
Human Resources	Evaluate benefit package for financial sustainability	Sep-23	CEO/HR		The same or greater benefits with minimal increase in ER and EE cost		\$ -
Community Engagement	Publish District Annual Report	Sep-23	CEO		All households in the district receive a summary report in the mail	Layout, print, Mail	\$10,000
Board	Facilitate annual Board self-evaluation (August-September 2023)	Sep-23	CEO		Review Self Evaluation in Sept 2023		\$ -
Employee Relations	The Board wishes to conduct a 360 Degree review of the CEO within the next couple of months:	Oct-23	CEO				
Employee Relations	Legal update to Personnel Rules Book	Oct-23	CEO/HR		Update and to Employees by October 1, 2023	Legal Counsel	\$ 4,175
DPAC	Selection of Design-Build Firm (target August 2023)	Nov-23	Bldg Team/Ad Hoc				
Community Engagement	Community Presentation on Depression with Promotoras	Dec-23	HC Mgr/MD		One event open to the public		\$ -
Health Center	Health Center Operations Policy and Procedure Manual review	Dec-23	HC Mgr		Pass state audits >95%		\$ -
Human Resources	Recruit, Hire, and On-board New HR Manager	Dec-23	CEO		New HR Manager onboarded by October 31, 2023		\$ -
Safety	Conduct Annual Safety Evaluations of each physical department (Administration, Health Center, Ambulance)	Annual	Dept Mgrs				
Board	Promote opportunities for Board members to attend an association or regional conference or training or event	Annual	CEO		Every Board member attends one conference or training event		\$12,500
Board	Facilitate monthly Board and Committee meetings with agenda and materials	Monthly	CEO		72 hours in advance	Board Clerk	\$ -
Patient Engagement	<u>Patient Satisfaction Surveys</u> are reviewed by me and discussed with the department manager to determine if systemic changes are needed in our operations or opportunities for additional training.	Monthly	Marketing				
Safety	Document employee safety training	Monthly	Dept Mgrs				
Patient Engagement	<u>Social Media</u> reviews. This is a work in progress, as there were several negative clinic reviews. However, our Patient Promoter program offers patients giving 9-10 NPSs the opportunity to link to our social media profiles and leave a review.	Ongoing	Marketing			Social Media Consult	\$ 6,000
Employee Relations	Institute quarterly and spot incentives for Health Center Employees	Ongoing	CEO HC Mgr Amb Dir		10% Increase in Employee Net Promoter Score	Incentives	\$ 5,000
Employee Relations	Regularly engage ambulance and health center staff of all levels where they work and in more formal settings (Quarterly update to the Board)	Ongoing	CEO		CEO meets at least once per year with each employee individually or lunches in small groups of 2-3		\$ 1,500
Community Engagement	Attend Patterson City Council meetings as issues arise	Ongoing	CEO		Attend at least quarterly		
Finance	Engage in Payer Contracting	Ongoing	FIN Mgr				
Legislation and Advocacy	Participate in Legislative meetings with community, county, state, and federal politicians.	Ongoing	Board/CEO				
Legislation and Advocacy	California Ambulance Association / American Ambulance Association	Ongoing	CEO/AMB Dir				
Legislation and Advocacy	Association of California Healthcare Districts	Ongoing	CEO/Board				
Legislation and Advocacy	California Special District Association	Ongoing	CEO/Board				
Legislation and Advocacy	California Primary Care Association (new membership)	Ongoing	CEO/HC Mgr				
Legislation and Advocacy	National Rural Health Clinic Association / California RHC Association	Ongoing	CEO/HC Mgr				
Patient Engagement	<u>Patient calls and emails</u> are typically handled by the department manager. If they are unable to address the concern, it is routed to me. We do not currently track complaints or resolutions. The manager works to address the problem at the operational level.	Ongoing	Dept Mgrs				
Patient Engagement	Track and analyze patient concerns and questions.	Ongoing	Dept Mgrs				
Safety	Safety Committee – quarterly meetings, chaired by Safety Officer, including staff representatives, and all department heads. Keep agendas and minutes and provide copies to all employees.	Quarterly	Safety Officer				
Patient Engagement	Conduct public focus groups and feedback sessions(1. accessing after-hours and urgent care; 2.[established by participants of first meeting])	Semi-annual	Marketing				
Ambulance	Ambulance Operations Policy and Procedure manual update	TBD	AMB Mgr				\$ -
Safety	Provide Active Shooter Training for all employees	TBD	Safety Officer				

**Del Puerto Health Care District
Board of Directors Perpetual Calendar**

	Board	Individuals	Staff
January	<p>AGENDA: Annual Meeting & Election of Officers;</p> <p>AGENDA: Banking Access & Security of Resolution;</p> <p>AGENDA: Biannual update of Conflict of Interest Policy in even years;</p> <p>AGENDA: Mid-Fiscal Year Operating Budget Update;</p>	ACTIVITY: Biennial Harrassment Training (Odd years)	Mid Fiscal Year Operating Budget Update;
February		ACTIVITY: Ethics training (Odd years)	
March	<p>Review of Policies (Finance, Governance, Personnel, Ambulance, Health Center)</p> <p>CEO Eval: Ad Hoc committee named</p>		PREPARE: Annual Review of Salary ranges
April	ACTIVITY: Annual Board Retreat for Strategic Plan Update	ACTIVITY: Form 700 due annually	<p>PREPARE: First Draft of next FY budget (EE COLA)</p> <p>CEO compiles accomplishments and suggested goals</p>
May	<p>CEO Eval: Distribute evaluation packet to Directors</p> <p>AGENDA: First Draft next FY budget to Board</p>	ACTIVITY: Complete CEO evaluation survey	<p>CEO: Annual Management Team Reviews</p> <p>PREPARE: Second Draft of next FY budget</p>
June	<p>CEO Eval: Compile results</p> <p>AGENDA: CEO Evaluation in Closed Session. Contract and Compensation in Open Session</p> <p>AGENDA: Adopt Budget for next Fiscal Year</p> <p>AGENDA: Resolution to determine necessity of annual Ambulance Assessment</p>		<p>PREPARE: Fall election (even years)</p> <p>PRESENT: Final Draft of next FY budget</p>
July	<p>AGENDA: Adoption of Election Actions for November ballot (even years)</p> <p>AGENDA: Presentation of Departmental Goals & Objectives</p>	Election notices and candidacy filing in even years	
August		ACTIVITY: Complete Board Self-Assessment Survey	
September	AGENDA: Annual Board Self-Assessment		
October			
November		Elections in even years for four year terms	
December	ACTIVITY: Installation of new or re-elected District Directors		



1



2



YESENIA SANCHEZ
CLINICAL MA
8YEARS

The slide features a portrait of Yesenia Sanchez, a woman with long brown hair and glasses, wearing a black top. The background is a light gray wall with a wooden floor at the bottom. On the left, there is a large purple circle with a white leaf pattern. A red wavy line connects the text to the portrait. The bottom right corner has a pink circular graphic.

3



**JESSICA
HERRERA-GOMEZ**
LCSW
2 years

The slide features a portrait of Jessica Herrera-Gomez, a woman with dark hair and glasses, smiling and wearing a black top. The background is a light gray wall with a wooden floor at the bottom. On the left, there is a large pink circle with a white leaf pattern. A red wavy line connects the text to the portrait. The right side of the slide has a purple circular graphic.

4

presentation title

20XX

5



DEL PUERTO
Health Care District

Administration

5



MARIA REYES-PALAD

FINANCIAL ACCOUNTING MANAGER

5 YEARS

6



Ambulance Report September 2023

Jim and I attended the CAA conference in South Lake Tahoe August 29 – 31. CAA conferences are very productive for networking among peers. This year's keynote speaker was Dan Dworkis, MD PhD FACEP who is the founder of The Emergency Mind Project, an ER physician, and assistant professor of emergency medicine at Keck School of Medicine of USC. The Emergency Mind Project focuses on strategies to allow people to perform their best in critical high stress situations. Jim and I had an opportunity to speak to Dr Dworkis during a break and discussed some EMS challenges at PDA including advanced airway management training strategies. Twenty minutes with Dr Dworkis was incredibly inciteful. Jim and I left with some new and novel approaches to advance our clinical instruction and EMS performance.

Other valuable presentations included "Having Critical Conversations – Risk Mitigation & Doing the Right Thing", "Critical Takeaways from EMS Murder Cases", and "It's Gonna Take More than a Change of Pace: Beating Burnout Beyond an Individual Approach".

On Saturday, September 9th the Patterson Jr Tigers (formerly known as the Ravens) had their first home football games of the 2023 season. They play four games back-to-back; scheduled at 1, 3, 5, 7PM. Patterson District Ambulance provides an EMT (sometimes a paramedic) to provide EMS coverage for their games at no cost. This has at times been contentious due to the poor behavior of coaches, parents, and other spectators. I was in Patterson this past Saturday to be present at some of the football games and had to engage a board official from the opposing team who was making derogatory comments to our EMT.

Also on Saturday, September 9th Patterson experienced a prolonged power outage as a result of numerous lightening strikes across Stanislaus County. The ambulance station was without power for almost 9 hours which created a number of logistical problems for continued ambulance operation from our station. Special thanks to Suzi and her husband Roger, Jim Whitworth, and Brandon Cousins worked into the night to provide logistical support to on duty crews.

On Tuesday, September 12th Jim and I attended Modesto Rotary to hear a presentation by Modesto Fire Deputy Chief Darin Jesberg speak about the evolution of the Modesto Fire since 2018 and their expansion in EMS.

Jim and I are participating in planning meetings for an active shooter MCI drill scheduled in Modesto in October.



Ambulance Report October 2023

Follow up on the Patterson Jr Tigers football game standby events and inappropriate conduct of an opposing team official: I witnessed and intervened when derogatory comments were directed toward our EMT. I contacted the Jr Tigers president and vice-president to file a report on the observed conduct. The representatives were advised that they were not following an agreed upon protocol. They have been in compliance since that date and no further adverse events have occurred.

On October 12th, Karin and I attended a retirement event at fire station #2 for Chief Gregory. It was a fitting tribute to Chief Gregory for his 37 year career serving the citizens of Patterson and surrounding communities.

Also on Friday, October 13th Patterson 91 and I participated in a multi-casualty drill involving an active shooter component hosted and coordinated by Doctors Medical Center. The drill involved Modesto PD and Fire, AMR, Patterson, and Oak Valley. The two trauma centers were the only hospital participants as they wanted to stress test their trauma teams and hospital staff. The drill was a great learning opportunity for all.

Also on October 13th, the Grayson Night Out event was held from 16:00 to 20:00. I attended this event with Patterson P91. I arranged for a medical helicopter crew, CalStar 12, to fly into Grayson. Supervisor Chance Condit and Patterson Unified School District Superintendent Reyes Gauna, and District CEO Karin Freese were in attendance at the event.

The Patterson Firefighters Local 4577 published an educational series of articles on their website and social media. While there is always room to improve, the information presented lacks context and at times is factually inaccurate. We are working to address those issues that directly reflect on the District and its' ambulance operations.

Jim Whitworth was on vacation from October 2nd through October 15th which kept me busier than normal. During that time we were able to shuffle four ambulances to Ceres for routine service since the large vehicle lift at McAuley Ford is still pending replacement.



Executive Summary Snapshot

08/31/23	07/31/23	12 Month Avg
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Gross Charges

\$927,374.00	\$1,022,099...	\$839,852.17
--------------	----------------	--------------

Transports & Billable Dry Runs

211	225	197
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Collections

\$402,494.00	\$216,189.00	\$223,755.75
--------------	--------------	--------------

Contractual Adjustments

\$553,431.00	\$586,447.00	\$521,001.33
--------------	--------------	--------------

Write Offs

\$29,683.00	\$77,054.00	\$59,124.58
-------------	-------------	-------------

Average Daily Revenue

\$30,912.47	\$32,970.94	\$27,995.07
-------------	-------------	-------------

Revenue Per Transport

\$4,395.14	\$4,542.66	\$4,263.21
------------	------------	------------

Collections Per Transport

\$1,907.55	\$960.84	\$1,135.82
------------	----------	------------

Contractual Allowance Per Transport

\$2,622.90	\$2,606.43	\$2,644.68
------------	------------	------------

Month Ending

08/31/23

08/31/23	07/31/23	12 Month Avg
----------	----------	--------------

Collection % Gross

43.4%	21.2%	26.6%
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Accounted for Funds

103.1%	75.3%	92.5%
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Aging by Range

Payor Class	Current Month	Previous Month	12 Month Avg
0 - 30	\$233,114.00	\$354,689.00	\$217,752.33
31 - 60	\$282,275.00	\$211,206.00	\$225,075.25
61 - 90	\$163,764.00	\$91,839.00	\$123,948.75
91 - 120	\$76,276.00	\$48,791.00	\$64,284.00
120+	\$222,795.00	\$254,696.00	\$215,268.08

Aging Payor Class

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	\$101,260.00	\$100,364.00	\$101,334.75
Medicaid	\$162,067.00	\$97,937.00	\$76,094.83
Insurance	\$334,976.00	\$443,761.00	\$370,417.42
Self Pay	\$375,296.00	\$314,534.00	\$291,901.83
Facility	\$4,625.00	\$4,625.00	\$6,371.38

Days Sales Outstanding

32	31	27
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Revenue Cycle Performance

08/31/23	07/31/23	12 Month Avg
----------	----------	--------------

Charges by Class

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	\$318,249.00	\$394,869.00	\$330,997.25
Medicaid	\$367,100.00	\$319,810.00	\$270,450.00
Insurance	\$159,390.00	\$176,940.00	\$147,857.92
Self Pay	\$82,635.00	\$130,480.00	\$90,547.00
Facility			

Collections by Class

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	\$67,711.00	\$43,184.00	\$45,815.33
Medicaid	\$108,303.00	\$48,968.00	\$43,896.92
Insurance	\$206,792.00	\$113,231.00	\$123,620.42
Self Pay	\$19,688.00	\$10,806.00	\$10,423.08
Facility			

Transports by Class

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	70	85	74
Medicaid	82	72	63
Insurance	35	37	32
Self Pay	24	31	27
Facility			

Pay Mix Transports

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	33.2%	37.8%	37.6%
Medicaid	38.9%	32.0%	32.1%
Insurance	16.6%	16.4%	16.5%
Self Pay	11.4%	13.8%	13.9%
Facility	0.0%	0.0%	0.0%

Pay Mix Aging

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	10.4%	10.4%	12.0%
Medicaid	16.6%	10.2%	9.0%
Insurance	34.2%	46.2%	43.8%
Self Pay	38.4%	32.7%	34.5%
Facility	0.5%	0.5%	0.8%



Executive Summary Snapshot

09/30/23	08/31/23	12 Month Avg
----------	----------	--------------

Gross Charges

\$841,914.00	\$927,374.00	\$840,034.83
--------------	--------------	--------------

Transports & Billable Dry Runs

186	211	195
-----	-----	-----

Collections

\$280,284.00	\$402,494.00	\$233,080.25
--------------	--------------	--------------

Contractual Adjustments

\$535,462.00	\$553,431.00	\$518,960.25
--------------	--------------	--------------

Write Offs

\$88,049.00	\$29,683.00	\$62,038.75
-------------	-------------	-------------

Average Daily Revenue

\$28,063.80	\$29,915.29	\$28,001.16
-------------	-------------	-------------

Revenue Per Transport

\$4,526.42	\$4,395.14	\$4,307.87
------------	------------	------------

Collections Per Transport

\$1,506.90	\$1,907.55	\$1,195.28
------------	------------	------------

Contractual Allowance Per Transport

\$2,878.83	\$2,622.90	\$2,661.33
------------	------------	------------

Month Ending

09/30/23		
09/30/23	08/31/23	12 Month Avg

Collection % Gross

33.3%	43.4%	27.7%
-------	-------	-------

Accounted for Funds

96.9%	101.1%	91.5%
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Aging by Range

Payor Class	Current Month	Previous Month	12 Month Avg
0 - 30	\$288,251.00	\$233,114.00	\$222,923.75
31 - 60	\$299,732.00	\$282,275.00	\$235,525.83
61 - 90	\$196,672.00	\$163,764.00	\$132,590.83
91 - 120	\$78,866.00	\$76,276.00	\$64,582.25
120+	\$249,757.00	\$222,795.00	\$219,765.08

Aging Payor Class

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	\$110,984.00	\$101,260.00	\$100,764.00
Medicaid	\$255,360.00	\$162,067.00	\$91,865.17
Insurance	\$404,809.00	\$334,976.00	\$374,408.83
Self Pay	\$337,501.00	\$375,296.00	\$302,534.75
Facility	\$4,625.00	\$4,625.00	\$6,091.06

Days Sales Outstanding

40	35	31
----	----	----

Revenue Cycle Performance

09/30/23	08/31/23	12 Month Avg
----------	----------	--------------

Charges by Class

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	\$303,809.00	\$318,249.00	\$330,293.58
Medicaid	\$320,755.00	\$367,100.00	\$271,439.58
Insurance	\$134,920.00	\$159,390.00	\$146,831.67
Self Pay	\$82,430.00	\$82,635.00	\$91,470.00
Facility	#NO MATCH		#NO MATCH

Collections by Class

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	\$41,265.00	\$67,711.00	\$46,094.50
Medicaid	\$110,975.00	\$108,303.00	\$50,573.83
Insurance	\$117,758.00	\$206,792.00	\$125,729.17
Self Pay	\$10,286.00	\$19,688.00	\$10,682.75
Facility	#NO MATCH		#NO MATCH

Transports by Class

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	64	70	73
Medicaid	68	82	63
Insurance	30	35	32
Self Pay	24	24	27
Facility			

Pay Mix Transports

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	34.4%	33.2%	37.5%
Medicaid	36.6%	38.9%	32.1%
Insurance	16.1%	16.6%	16.5%
Self Pay	12.9%	11.4%	13.9%
Facility	0.0%	0.0%	0.0%

Pay Mix Aging

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	10.0%	10.4%	11.5%
Medicaid	22.9%	16.6%	10.5%
Insurance	36.4%	34.2%	42.8%
Self Pay	30.3%	38.4%	34.6%
Facility	0.4%	0.5%	0.7%

Health Center Report September 2023/ Suzie Benitez

Encounters September 2023		
Primary Care		
Provider	Hrs worked	Encounters
Rodriguez	104	312
Singh	98	295
Barragan	144	352
Primary Total	346	959
Mental Health Encounters		
Herrera		91
Saturday Clinics		47
HC Total Encounters		1,097

Saturday Clinic Schedule		
Date	Time	Encounters
August 19th <i>*Sports Physicals</i>	8:00am-12:30pm	53 (two providers)
August 26th	8:00am-12:30pm	20 (one provider)
September 2nd	8:00am-12:30pm	20 (one provider)
September 16th	8:00am-12:30pm	13 (one provider)
September 23rd	8:00am-12:30pm	14 (one provider)
October 14th	8:00am-12:30pm	
October 21st	8:00am-12:30pm	
October 28th	8:00am-12:30pm	
November 11th	8:00am-12:30pm	
November 18th	8:00am-12:30pm	
December 9th	8:00am-12:30pm	
December 16th	8:00am-12:30pm	

September 6th-Health Net Provider Partnership Meeting

Result	Meaning
O	Met the MPL for that Measure
Blank	No one in that denominator
*	* Data yet to be added

HIGHLIGHTS
CARE GAPS CLOSED

CBP 3
WCV 16

Description	Measure	Aug	Sept	Oct
Breast Cancer Screening	BCS	9	8	8
Controlling Blood Pressure	CBP	10	8	5
Cervical Cancer Screening	CCS	46	60	57
A1C Controlled <9	HBD	12	10	11
Chlamydia Screening in	CHL	7	6	6
Childhood Immunization Status (Combo 10)	CIS10	5	6	6
Colorectal Cancer Screening	COL	29	37	37
Immunizations for Adolescent (Combo 2)	IMA	5	4	3
Lead Screening in Children	LCS	2	10	8
Prenatal and Postpartum Care	PPC_POST	1	6	4
Prenatal and Postpartum Care – Timeliness	PPC_PRE	2	4	4
0-15 Months	W30_1	3	4	4
15-30 Months	W30_2	2	6	6
Child and Adolescent Well-Care Visits	WCV	198	190	174
Depression Remission or Response for Adolescents and Adults	DRR-E	*	*	*
Depression Screening and Follow-Up for Adolescents and Adults*	DSF-E	425	450	489
Follow-Up After ED Visit for Mental Illness – 30 days*	FUM		2	2
Follow-Up After ED Visit for Substance Abuse – 30 days*	FUA			
Developmental Screening in the First Three Years of Life	DEV	10	20	20
Topical Fluoride for Children	TFL-CH	*	*	*
Asthma Medication Ratio*	AMR	0	0	0
Initial Health Assessment	IHA	12	4	2

September 27th Health Plan of San Joaquin Provider Partnership Meeting

Met with new Provider Relations, Judith Gonzalez, assigned to Del Puerto Health Center. Will have up to date data on the next monthly meeting.

Community Speech in Spanish

*Topic on "Depression" is scheduled for Tuesday, December 5th at the City Hall presented by Dr. Rodriguez and Jessica Herrera, LCSW. Partnering with Promotoras and Health Net.

October 12th-City of Patterson Employee Health and Wellness Fair

*Staff Provided Blood Pressure readings and Blood Glucose testing. They had a great turnout!

Encounters August 2023		
<i>Primary Care</i>		
Provider	Hrs worked	Encounters
Rodriguez	120	344
Singh	168	539
Barragan	164	404
Primary Total	452	1287
<i>Mental Health Encounters</i>		
Herrera		97
HC Total Encounters		1384
Saturday Clinic Schedule		
Date	Time	Encounters
August 19th <i>*Sports Physicals</i>	8:00am-12:30pm	53 (two providers)
August 26th	8:00am-12:30pm	20 (one provider)
Septemeber 2nd	8:00am-12:30pm	20 (one provider)
September 16th	8:00am-12:30pm	13 (one provider)
September 23rd	8:00am-12:30pm	
October 14th	8:00am-12:30pm	
October 21st	8:00am-12:30pm	
October 28th	8:00am-12:30pm	
November 11th	8:00am-12:30pm	
November 18th	8:00am-12:30pm	
December 9th	8:00am-12:30pm	
December 16th	8:00am-12:30pm	
August 5th-Back to School Block Party		
*Staff participated in the annual event, using the wheel of fun and handing out school supplies! Thank you Karin!		
August 21st-Emergency Operation Training		
*Health Center Staff participated in an emergency operation training which covered fire, earthquake, power outage, flood/water shut off, and threats. Thank you Paul and Jim!		
Gurnic Academy Student Rotation		
*LVN rotation to start soon *Medical Assistant Externship will start with their first student on September 25th.		
Community Speech in Spanish		
*Topic on "Depression" is scheduled for Tuesday, December 5th at the City Hall presented by Dr. Rodriguez and Jessica Herrera, LCSW. Partnering with Promotoras and Health Net.		
September 22nd-Fluoride/Varnish Training and Certified		
*Health Plan of San Joaquin will train and certify staff to apply fluoride. This is part of our HEDIS measures and is also a billable procedure.		
October 12th-City of Patterson Employee Health and Wellness Fair		
*Staff Providing Blood Pressure reading and Blood Glucose testing		

Del Puerto Health Care District

Chief Executive Report – September 25, 2023

Karin Freese

Financial Summary Report in Board Packet

- August 2023 Summary
 - Unencumbered Cash \$1,481,000 (including \$80k txfr to building project)
 - Current Liabilities \$ 455,649
 - Net Income FY-to-Date \$ 308,402

Administration

- Worked with municipal advisors to screen Underwriters for building project financing.
- Initiated cost updates for the District's future development projects.
- Delaying publication of updated personnel rules to allow for California legislation to be finalized and included for release on January 1, 2024
- Attended the Association of California Healthcare Districts' annual conference,
 - I participated in my final ACHD Board meeting after serving two terms, including years as Finance Chair, Vice-Chair, Board Chair, and immediate-past Board Chair.
 - Will continue participation on the Education and Finance Committees.
 - **DPHCD Board members are invited to participate on the ACHD Board if they are interested in one of the three positions opening this fall.**
 - ACHD has actively represented DPHCD's legislative interests at the State level, including the Health Care Minimum Wage.

Health Center

- Presented at Stanislaus County-sponsored West Side Healthcare Symposium with Supervisor Condit, AEO Imperial, Kaiser, and Blue Cross/Blue Shield. The next steps include a specific ask by the county of each payer to help support our initiation of after-hours care on the west side

Ambulance

- Preparing to participate in an active shooter drill at Doctor's Medical Center.
- I attended the California Ambulance Association Conference to learn about different administrative, legislative, and revenue cycle initiatives that will impact the PDA operation

Legislation/Advocacy

- Legislation deadline for amendments and passage by both houses was September 14. The governor now has until October 14 to sign, veto, or allow to become law by default. A supplemental report on specific legislation will be distributed at the Board meeting.

Community:

- Bronze Level Sponsorship of Farm-to-Fork Fundraiser for Recreation Department Youth Scholarships

Strategic Planning:

- Board self-assessment distributed on August 8. Awaiting completion

Del Puerto Health Care District

Financial:

- The annual audit is currently in progress, conducted by Wipfli, with on-site work taking place from October 16 to 19.
- Updated reporting requirements have been imposed by GASB and GAAP regarding the use of COVID-19 funds.

Administration:

- Collaborated with municipal advisors to evaluate underwriters for the financing of the building project.
- Successfully secured a \$25,000 matching grant for the Behavioral Health Center Market Analysis as part of the Nexus Study's Building Plan update.
- Attended the Special District Leadership Academy and recommended attendance for all board members, bringing along the management team (Suzie, Maria, Paul).
- Met with 5-Star Bank to explore potential enhancements in health services payment processing.

Health Center:

- Submitted funding requests to Sutter Health and Blue Shield Community Health for financial support ranging from \$65,000 to \$75,000 for the initial year(s) of urgent care at DPHC.
 - Sutter Health is actively working on establishing connectivity for electronic health record (EHR) information exchange, allowing Sutter Health primary care physicians to oversee Advanced Practice Clinicians providing after-hours care at DPHC.
 - Sutter Health is finalizing contracts or arrangements for APC(s) to deliver after-hours care at DPHC.
- Applied for a \$1.5 million grant aimed at improving outreach to disadvantaged communities, focusing on specific populations in underserved areas, enhancing workforce alignment with care needs, analyzing patients' social determinants of health, and boosting quality and safety (refer to attached application).
- Anthem Care More (Medicare Advantage plan) will no longer serve Stanislaus County.

Ambulance:

- Participated in Grayson National Night Out along with the ambulance team.
- Held discussions with union representatives and negotiated changes in employee benefits to reduce the overall cost for the district.

Legislation/Advocacy:

- Assessed the impact of SB 525, which pertains to healthcare minimum wage, on the district's current and future budgets
- See Item 12D ACHD End of Legislative Session synopsis.

Community Engagement:

- Retained a social media manager to handle DPHCD messaging on Facebook, Instagram, Indeed, and LinkedIn at a cost of \$600 per month or \$7,200 per year.
- Met with Jeffrey Lewis of Legacy Health Endowment to provide updates on current and upcoming projects at the health care district and advocate for ongoing support.

Strategic Planning:

- Scheduled a discussion on board self-assessment for the October 30, 2023 meeting.

Del Puerto Health Care District

Del Puerto Health Care District

Back to School Block Party



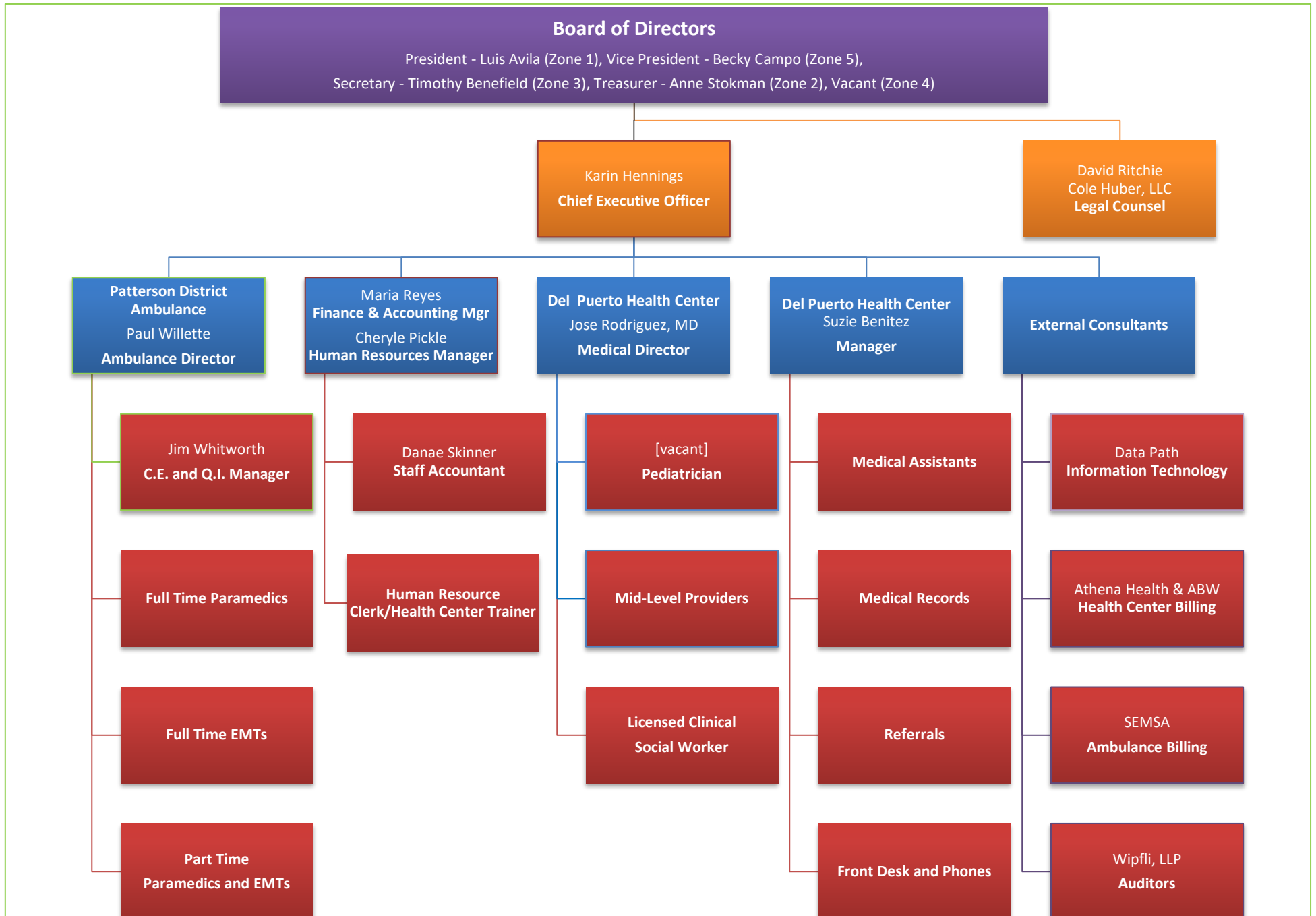
Farm to Fork



Del Puerto Health Care District

Organization Chart

2023



The **funds in this program will be proportionally allocated based on the number of activities chosen**. For example, if \$1 million of funding is approved by DHCS for 10 different activities, each milestone would be incentivized with 1/10 of \$1 million. Funding would be further divided among milestones within each activity.

By completing this application, **your practice is committing to the following** during the program (through 12/31/2028):

1. **Leadership buy-in and commitment of resources toward practice transformation**
2. **Commitment to required categories and activities**, which include "Empanelment & Access", "Data & Technology", and "Patient-Centered, Population-Based Care"
3. **Commitment to any other categories and activities** that that the practice selects
4. **Completion of the pmhCAT in 2024** in an electronic form to be released by DHCS
5. Practice will choose staff to **consistently attend EPT statewide learning collaborative sessions**

If you have questions about this program, please email ept@dhcs.ca.gov or reach out to a contracted Medi-Cal managed care plan (typically the quality team is best contact).

Only a person with signing authority for the practice may complete this application. The application MUST be completed during one session. We advise applicants to complete the PDF version of the application first, and then put in all the information in this form during one session (i.e. all at once).

NOTE: It is the policy of DHCS to assist persons with disabilities in communicating effectively with DHCS and its partners. DHCS will ensure effective communication applies to all qualified members of the public with disabilities, including those who simply make contact seeking information about programs, services, or activities. DHCS identifies common program documents that are critical to ensuring equal access to programs, benefits, and/or services and make those documents readily available in the following alternative formats: large print (20-point Arial), audio format, accessible electronic format (such as a data CD), and braille. Please contact us at ept@dhcs.ca.gov or call 916-964-6720 if you need to access this application in an alternative format.

Provider Group or Practice

1. Practice Name (please include both legal entity name and any "doing business as" (DBA) name) *

Del Puerto Health Care District DBA Del Puerto Health Center

2. What specialties does your practice provide? (Check all that apply. Please Specify other specialties, even if not primary care) *

- Family Medicine
- Internal Medicine
- Pediatrics
- Primary Care OB-GYN
- Integrated Behavioral Health
- Other

3. What type of practice is your organization? (mark all that apply; does not affect eligibility to apply) *

- Private practice
- County owned/operated
- Designated Public Hospital (DPHs) owned/operated
- District Municipal Public Hospitals (DMPH) owned/operated
- Owned/operated by another type of hospital not listed
- Federally Qualified Health Center (FQHC)
- Indian Health Services (IHS through Federal designation)
- Tribal health program
- Healthcare for the Homeless (HRSA designated)
- Rural Health Center (HRSA designation)
- School-Based Health Center
- FQHC look-alike
- Cost reimbursement clinic
- Special District (Health Care)

4. Is the entity applying a Clinically Integrated Network (CIN) or an Independent Provider Association (IPA)? (additional questions follow if yes) *

- Yes
- No

5. How many Medi-Cal managed care patients assigned to the practice at the time of application? Please include both Medi-Cal and D-SNP patients. Please only include assigned lives for those practices participating in the program (if not all locations of a practice are participating). *

6. Practice NPIs (provide NPIs for all clinical locations that will participate in the program) *

7. Please list the five-digit zip code(s) for each clinical site (do not include administrative only sites) at your practice that is participating in this program. List zip codes with a comma and a space between each value. (Example: if the practice has locations in zip codes 12345, 54321, and 98765, then the practice should enter "12345, 54321, 98765") *

8. In which counties does your practice operate in (select all that apply if in multiple counties)? *

- Alameda County
- Alpine County
- Amador County
- Butte County
- Calaveras County
- Colusa County
- Contra Costa County
- Del Norte County
- El Dorado County
- Fresno County
- Glenn County
- Humboldt County
- Imperial County
- Inyo County
- Kern County
- Kings County
- Lake County
- Lassen County

- Los Angeles County
- Madera County
- Marin County
- Mariposa County
- Mendocino County
- Merced County
- Modoc County
- Mono County
- Monterey County
- Napa County
- Nevada County
- Orange County
- Placer County
- Plumas County
- Riverside County
- Sacramento County
- San Benito County
- San Bernardino County
- San Diego County
- The City and County of San Francisco

San Joaquin County

San Joaquin County

San Luis Obispo County

San Mateo County

Santa Barbara County

Santa Clara County

Santa Cruz County

Shasta County

Sierra County

Siskiyou County

Solano County

Sonoma County

Stanislaus County

Sutter County

Tehama County

Trinity County

Tulare County

Tuolumne County

Ventura County

Yolo County

Yuba County

9. How many FTE equivalent of Medi-Cal billable primary care providers provide services (whether employer, contracted, or volunteer) at your practice across all sites (please include behavioral health providers working in integrated primary care settings)? (example: one full time primary clinician would be 1.0; a half-time clinician would be 0.5) *

10. Does your practice have a formal focus on any population that is affected by health inequities (e.g. people experiencing homelessness, patients involved in criminal justice system, elderly individuals, etc.)? If yes, give a brief description of how. *

11. Is your practice a Federally Qualified Health Center (FQHC)? (additional questions will follow if yes) *

 Yes No

12. Is your practice specifically applying to this program to pursue value-based care contracting with Medi-Cal health plan (HCP-LAN Category 3 or 4)? *

 Yes (note: practice must select the "risk bearing contract for primary care" under the activities section) No

13. Has your practice reviewed the pmhCAT tool (<https://phminitiative.com/phmcat/>) to help guide you in what areas to apply for in the EPT program? (note that this is *not* a required activity to complete an application, but it is *highly* recommended) *

- Yes
- No
- Partly

Patient Demographics

14. Does your practice collect data on the race/ethnicity of your patients? *

- Yes, routinely collect on all patients
- Yes, but only on some patients
- No

15. Does your practice collect SOGI (sexual orientation and gender identity) data on your patients? *

- Yes, routinely collect on all patients
- Yes, but only on some patients
- No

Primary Contact for Provider Practice or Provider Group

16. Full name *

Karin Freese

17. Job title/position *

Chief Executive Officer

18. Phone number *

209-894-8201

19. Email (must be single email address to get email confirmation of submission) *

karin.freese@dphealth.org

20. Mailing Address *

PO Box 187, Patterson, CA 95363

Back up contact for Primary Care Practice or Provider Group

21. Full name *

Suzie Benitez

22. Job title/position *

Health Center Manager

23. Phone number *

209-894-8210

24. Email *

suzie.benitez@dphealth.org

25. Mailing Address *

1700 Keystone Pacific Parkway, Unit B, Patterson, CA 95363

Primary Medi-Cal Managed Care Plan

Practices may only apply for a payment through a single Managed Care Plan which they will be contracted with in 2024 and beyond, regardless of how many Managed Care Plans they are contracted with and how many counties the practice operates in. The practice can choose which Managed Care Plan to apply through.

26. Which Medi-Cal Managed Care Plan are you applying with? *

- AIDS Healthcare Foundation, dba Positive Healthcare
- Alameda Alliance for Health
- Anthem Blue Cross Partnership Plan
- Blue Shield of California Promise Health Plan
- California Health & Wellness
- CalOptima
- CalViva Health
- CenCal Health
- Central California Alliance for Health
- Community Health Group Partnership Plan
- Community Health Plan of Imperial Valley
- Contra Costa Health Plan
- Gold Coast Health Plan
- Health Net Community Solutions Inc.
- Health Plan of San Joaquin
- Health Plan of San Mateo
- Inland Empire Health Plan
- Kaiser Permanente
- Kern Family Health Care

- L..A. Care Health Plan
- Molina Health Care of California Partner Plan Inc.,
- Partnership Health Plan of California
- San Francisco Health Plan
- Santa Clara Family Health Plan
- SCAN Health Plan

27. **Other Contracted Medi-Cal Managed Care Plans:** Please list all MCPs you have an active contract with at the time of this application. *

Health Net

EPT Provider Directed Payment Program Application: **Categories and Activities**

There are eight categories of activities, broken up into three required and five other (optional) categories.

Practices can apply for activities in any of the categories, and practices are prospectively committing to the activities they select. **Practices should reference the example steps in the program guidelines.** Exact milestones for financial payments will be released in Q4 2024

The **required categories are required of all practices applying.**

- **For the first two ("Empanelment & Access" and "Technology and Data"),** practices must apply for all activities in these categories or attest that they have already completed these activities. If a practice has completed these activities but desires to do further work, the practice can still apply in these categories (e.g. practice upgraded to a new EHR recently, but additionally desires a population health management software tool).
- **For the "Patient-Centered, Population-Based Care",** all practices must choose a focus population, a sub-population, and commit to all listed activities.

All practices must also choose a population of focus, including all the related activities.

Required Categories:

- 1) Empanelment & Access (commit or attest to all activities)
- 2) Technology and Data (commit or attest to all activities)
- 3) Patient-Centered, Population-Based Care (required of all practices)

Other Categories (Optional):

- 1) Evidenced-Based Models of Care
- 2) Value-Based Care & Alternative Payment Methodologies
- 3) Leadership & Culture
- 4) Behavioral Health
- 5) Social Health

Required Categories and Activities

28. Empanelment & Access: what activities are you applying for? *

- Empanelment & Access:** Identify a staff member who serves as panel manager, conduct initial patient assignment and supply/demand balancing, and implement ongoing management (panel monitoring, access metrics like third-next available appointments, empanelment, reports and panel adjustments)
- None:** by selecting this option, your practice is attesting they have completed all above activities (or practice is an FQHC in the PHMI program)

29. Technology & Data: what activities are you applying for? *

- Population Health & Quality Improvement Governance:** develop and implement a formal structure for population health and quality improvement, including regular meetings of key practice stakeholders whom review data and develop/implement strategies to improve population health and quality
- Dashboards and Business Intelligence:** determine the practice's key performance indicators (KPIs, inclusive of HEDIS metrics), collect ongoing data to evaluate KPIs, and present and disseminate KPI reports to stakeholders using business analytics tools (e.g. Excel, Power BI, Tableau, Arcadia, or another similar tool)
- Data and Quality Reporting Gaps:** determine, create, and implement a formal strategy to address gaps in data that includes a data validation process that identifies gaps and solutions for improving data quality, such as reconciliation with MCPs; data can refer to quality, operational, billing, population health, or other data
- New Electronic Health Record (EHR), Substantial Upgrade to Existing EHR, or Population Health Management Tool:** ensure the practice has the EHR and/or population health management tools need to maximize clinical, operational, financial, and population health needs. This activity is considered already met if the practice already has the tools they deem necessary
- Data Exchange:** establish, maintain, and use bilateral data feeds with a Data Exchange Framework (DxF) Qualifying Health Information Organization, as defined by the current DxF framework and to be further defined in future DxF policies
- None:** by selecting this option, your practice is attesting they have completed all above activities (or practice is an FQHC in the PHMI program)

30. **Technology & Data:** choose one of the options below *

- For any activities not selected above in Technology & Data, I attest that my practice has already these activities (or practice is an FQHC in the PHMI program)
- My practice is committing to all activities above in Data & Technology

31. **Patient-centered, population-based care:** what is your focus population? (a single choice is required of all applicants; must choose from list provided) *

- Pregnant people (prenatal and up to 12 months postpartum)
- Children and youth
- Adults with preventive care needs
- Adults with chronic conditions
- People living with behavioral health conditions

32. **Patient-centered, population-based care:** how many patients in the above focus population do you take care of in the last 12 months? (approximate number is acceptable) *

2274

The value must be a number

33. **Patient-centered, population-based care:** which further sub-population do you plan to focus on 2-3 years into the program (choose all that apply; must be from list below)? *

- Transitions from incarceration
- People experiencing homelessness
- Adults at risk of needing or receiving long-term care placement services
- People living with behavioral health conditions (including substance use disorders)
- Populations experiencing disparities because of race/ethnicity
- Foster youth
- LGBTQ+

34. **Patient-centered, population-based care:** all practices must commit to the following activities for their selected focus population:

1. **Care Team Design and Staffing:** Define and implement a care team that addresses population health management functions (e.g., gaps in care closure, care coordination) and team-based care for the population of focus
2. **Stratification to Identify Disparities:** Use data to stratify services and/or outcomes measures by a socioeconomic variable that can identify health disparities (e.g. race/ethnicity, sexual orientation/gender identity, etc.), and implement a strategy to decrease any disparities identified
3. **Clinical guidelines:** choose and implement evidence-based clinical guidelines
4. **Condition-specific registries:** create, implement, and use condition-specific registries
5. **Proactive Patient Outreach and Engagement:** create and implement a formal strategy to better engage and outreach to patients, including patients assigned by not seen
6. **Pre-visit Planning and Care Gap Reduction:** create and implement a formal process for pre-visit planning (that at minimum addresses gaps in care)
7. **Care Coordination:** create and implement a formal strategy to address care coordination needs for patients with more complex health and social needs

*

I understand my practices is committing to all of the above

Other Categories and Activities (Optional)

35. **Evidenced-Based Models of Care:** what activities, if any, are you applying for?

*

New/Expanded Care Delivery Model: choose and implement an evidenced-based model for focus population (e.g. Dyadic Care, Doulas, Centering pregnancy, group visits for conditions like diabetes, Project Dulce, collaborative care model for behavioral health, remote monitoring for patients with hypertension, Medication Assisted Treatment, etc.)

None

36. **Value-Based Care & Alternative Payment Methodologies:** which activities, if any, are you applying for? *

- FQHC APM:** for FQHCs only, complete readiness activities for the APM, apply for the FQHC APM, prepare for APM implementation, and implement the APM (FQHCs who have applied for and been accepted CAN still choose this activity)
- Risk-bearing contract for primary care:** complete readiness activities and then begin a value-based contract with at least one Medi-Cal MCP (consistent with HCP-LAN category 3 or 4)
- None**

37. **Leadership & Culture:** which activities, if any, are you applying for? *

- DEI Strategy:** create and implement an organizational-wide strategy to work on diversity, equity, and inclusion (DEI)
- Strategic Planning:** create and implement a formal process to address the practice's strategic planning (which must, at minimum, address DEI and patient and community partnership/engagement, patient access, quality metrics, health equity, workforce satisfaction and retention, and value-based care).
- Patient and Community Partnership/Engagement:** choose and implement a strategy to ensure patient and community input on practice governance and decision making (e.g., a patient advisory committee, seeking to increase patient representation on the organization's board, etc.)
- None**

38. **Behavioral Health:** what activities, if any, are you applying for? *

- Integrating BH in Primary Care:** integrate behavioral health into primary care practice to provide more comprehensive care for patients (*NOTE: Medication Assisted Treatment (MAT) may be the model of care chosen in "New/Expanded Care Delivery Model", which is an optional activity. Primary care-based MAT does not necessarily require full behavioral health integration (as medications are prescribed through primary care); however, a practice may decide to implement integrated behavioral to strengthen its MAT program.*)
- None**

39. **Social Health:** which activities, if any, are you applying for? *

- Social Needs/Risk Screening and Intervention:** create and implement a formal process for screening for and intervening on patients' social needs/risks
- None**

Overview & Program Information Section

40. Project Title (what you are calling your project(s)) *

Advancing Equity through Primary Care Practice Transformation in West Stanislaus County

41. Please give a 3-4 sentence overview of your project(s). *

Project objectives include enhancing technology and improving analytics capabilities to drive more informed medical and social interventions and individualized treatment regimens for patients suffering from one or more chronic conditions (e.g., diabetes, hypertension, obesity, kidney disease) to slow disease progression and lower the risk of complications (e.g., metabolic syndrome, heart disease, stroke). This will include integrating Del Puerto Health Care District's (DPHCD's) existing EHR, athenahealth, with a population health tool to share information with managed care plans to more closely (1) help manage gaps in care, (2) identify patients at higher risk due to race/ethnicity, (3) better address disparities by utilizing highly customized, evidence-based personalized care plans, and (4) push quality report cards/dashboards to providers for a more data driven approach to quality improvement. DPHCD will also use this funding to further train existing and more effectively onboard new staff, hire a qualified data analyst to support population-based care management, begin to transform practice operations, and seek to increase patient and community input into our community health needs assessment. All efforts will support and enhance our intention to forge partnerships to address high-quality, long-term solutions for community health needs.

42. Describe why your practice is interested in EPT and how you will leverage this opportunity to transform care, improve quality, and health equity outcomes. Specifically, what do you hope your practice will look like in 4-5 years (clinically and operationally)? *

DPHCD intends to utilize the EPT opportunity to transform into an analytically-driven organization, equipped with the tools and staff expertise needed to justly address the multifaceted needs of its diverse patient demographic. Despite implementing athenahealth three years ago, its population health capabilities remain underutilized due to staffing and capability constraints. DPHCD will leverage the EPT opportunity to invest in a new population health module, employ a quality data analyst, enact new clinical protocols, and train current and incoming staff to better identify, monitor, and manage adults with chronic conditions such as hypertension and diabetes. Ensuring the care and administrative team has the appropriate tools and training will enhance the accurate identification of patients requiring additional services like medication, transportation, and wellness education. This enriched information will enable effective chronic disease management strategies, including incorporating group visits to educate and support those living with chronic conditions like diabetes. DPHCD will collaborate with HPSJ on practice transformation and utilize guides from the Population Health Management Institute to lay a groundwork for robust population-based care, incorporating recommended clinical guidelines for adults with chronic diseases into daily workflows, standardized protocols, and standing orders. Over the next five years, DPHCD aims to intricately weave population-specific best practices into care planning and augment the expertise of clinical and administrative providers and staff, thereby enhancing the management of populations and improving patient care quality.

43. Describe how you will evaluate the success of the payments (beyond completion of activities). Please include information on metrics like HEDIS quality measures. *

Success will be measured through improvements in HEDIS quality measures, including controlling high blood pressure (CBP), controlling hemoglobin A1c for diabetic patients (HBD), blood pressure control for patients with diabetes (BPD), kidney health evaluation for patients with diabetes (KED), eye exam for patients with diabetes (EED), and plan all-cause readmissions rates (PCR) for patients with chronic conditions. Additionally, we will measure the overall improvement in patient experience through CAHPS scores for members with chronic conditions throughout the program.

44. What is the total cost of the project for which the practice is requesting support (which may be more than the maximum directed payment amount)? *

\$2,200,000

45. What other sources of funding are you using for this project if the directed payment does not cover the total cost? *

DPHCD will seek additional financial support through managed care plan (MCP) community reinvestment funds and/or county grants. If we are selected to participate in the EPT program, we will work with our Board of Directors on a plan for funding project-related costs not covered by the directed payments.

46. How many patients will be directly served by the work that will be done with this funding over the course of the program (through 12/31/2028)? (an estimate is acceptable) *

6,300

47. Please briefly describe how you collaborate with your contracted MCPs and the type of relationship you envision achieving through practice transformation in EPT. (Examples: sharing pharmacy data, sharing enrollment/member data, sharing ED/hospitalization data, receiving regular performance reports from health plans, regular Joint Operating meetings, or meetings with health plan quality staff, etc.) *

DPHCD will partner with MCPs to integrate quality reporting and member information into our practice's information systems, data monitoring processes, and work plans to address care gaps, improve quality, and manage population health. We plan to expand components of the partnership programs we participate in now, including HEDIS dashboards, total patient participation, and participation in the Health Plan of San Joaquin's Provider Partnership Program, which includes monthly meetings with quality improvement nurses to review HEDIS dashboards and identify opportunities for improvement. DPHCD will partner with HPSJ on practice transformation and equitable care design strategies by implementing patient incentives, coding improvement, and other point-of-care initiatives. DPHCD will also partner with all MCPs to coordinate community-based resources for patients in need of additional support outside of our primary care practice's clinical purview. These resources include transportation, counseling for substance abuse disorders, and other forms of social and behavioral care.

EPT Provider Directed Payment Program Application- **Certification and Requirements**

An individual with signing authority should read the attestations and sign & date below.

48. I acknowledge that the activities being completed in this program will not be funded by other federal funding sources. *

I acknowledge

49. **Practice Primary Contact**

I hereby certify that all information provided in this application is true and accurate to the best of my knowledge and that this application has been completed based on a thorough understanding of application requirements. *

I attest that the above is true and accurate

50. By typing your name here, you are indicating that you completed this application, have signing authority on behalf of your organization, and attest that the application is true and accurate to the best of your knowledge. *

Karin Freese

51. Do you have any comments or questions?

Thank you for this opportunity

ACHD Legislative Report

Access to Care

AB 4 *Arambula D* Covered California: expansion.

Would expand access to Covered California regardless of immigration status.

Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. on 7/13/2023)(May be acted upon Jan 2024)

Position: Support

AB 242 *Wood D* Critical access hospitals: employment.

Eliminates the sunset on the Critical Access Hospital (CAH) physician employment pilot.

Status: 10/10/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 641, Statutes of 2023.

Position: Support

AB 412 *Soria D* Distressed Hospital Loan Program.

Establishes an emergency loan program for hospitals that are in immediate financial distress.

Status: 6/14/2023-Referred to Com. on HEALTH.

Position: Support

AB 632 *Gipson D* Health care coverage: prostate cancer screening.

Prohibits cost sharing for prostate cancer screenings for specified enrollees.

Status: 10/7/2023-Vetoed by Governor.

Position: Support

SB 282 *Eggman D* Medi-Cal: federally qualified health centers and rural health clinics.

This bill would allow Federally Qualified Health Center (FQHCs) and Rural Health Clinics (RHCs) to bill Medi-Cal for two visit if a patient is provided mental health services on the same day they receive other medical services.

Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/16/2023)(May be acted upon Jan 2024)

Position: Support

SB 754 *Alvarado-Gil D* Communications: California High-Cost Fund-A Administrative Committee Fund program.

Preserves funding to small telecom ISPS to ensure they continue to meet FCC requirements to provide broadband in rural areas.

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/8/2023) (May be acted upon Jan 2024)

Position: Support

Community Health

AB 583 *Wicks D* Birthing Justice for California Families Pilot Project.

Establishes the Birthing Justice for California Families Pilot Project to remove the financial barrier to accessing doula care.

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/3/2023) (May be acted upon Jan 2024)

Position: Support

AB 1202 *Lackey R* Medi-Cal: health care services data: children and pregnant or postpartum persons.

This bill would require the department to determine information on disparities for Medi-Cal beneficiaries that are children, pregnant, or postpartum for the 2019,2020, and 2021 calendars years.

Status: 10/8/2023-Vetoed by Governor.

Position: Support

Emergency, Pandemic & Disaster Preparedness

AB 40 *Rodriguez D* Emergency medical services.

Requires the Emergency Medical Services Authority (EMSA) to, among other things, to adopt emergency regulations to develop an electronic signature for use between emergency department and emergency medical personnel, a statewide 30 minute standard for patient offload times, and an audit tool to improve the accuracy of such data.

Status: 10/13/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 793, Statutes of 2023.

Position: Neutral

AB 296 *Rodriguez D* Office of Emergency Services: 9-1-1 Public Education Campaign.

Establishes the 911 Public Education Campaign to educate the public on when it's appropriate to call 9-1-1 for assistance.

Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/14/2023)(May be acted upon Jan 2024)

Position: Support

AB 1168 *Bennett D* Emergency medical services (EMS): prehospital EMS.

Fractures the delivery of emergency medical services.

Status: 9/14/2023-Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/12/2023)(May be acted upon Jan 2024)

Position: Oppose

Finance

AB 112 *Committee on Budget* Distressed Hospital Loan Program.

Would establish the Distressed Hospital Loan Program.

Status: 5/15/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 6, Statutes of 2023.

Position: Support

AB 412 *Soria D* Distressed Hospital Loan Program.

Establishes an emergency loan program for hospitals that are in immediate financial distress.

Status: 6/14/2023-Referred to Com. on HEALTH.

Position: Support

SB 112 *Committee on Budget and Fiscal Review* Distressed Hospital Loan Program.

Would establish the Distressed Hospital Loan Program.

Status: 5/8/2023-Re-referred to Com. on BUDGET pursuant to Assembly Rule 97.

Position: Support

Labor Relations

AB 504 *Reyes D* State and local public employees: labor relations: strikes.

Would provide that it is not unlawful or a cause for discipline for a state or local public employee to refuse to enter a building or work with an employer that is involved in a primary labor dispute.

Status: 10/8/2023-Vetoed by Governor.

Position: Oppose

AB 524 *Wicks D* Discrimination: family caregiver status.

Creates a broad new protected class under FEHA: employees with family caregiver status, which would include any employee who "contributes" to the care of any person of their choosing.

Status: 10/8/2023-Vetoed by Governor.

Position: Oppose

AB 1484 *Zbur D* Temporary public employees.

Would prevent public providers covered under a collective bargaining agreement from utilizing temporary employees.

Status: 10/10/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 691, Statutes of 2023.

Position: Oppose unless Amended

AB 1577 *Low D* General acute care hospitals: clinical placements: nursing.

Would require a general acute care hospital, to provide clinical placements for postsecondary educational students enrolled in an approved school of nursing or an approved program of nursing education.

Status: 7/14/2023-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/14/2023)(May be acted upon Jan 2024)

Position: Oppose unless Amended

SB 399 *Wahab D* Employer communications: intimidation.

Would prohibit employer speech regarding religious and political matters, including unionization.

Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. on 7/11/2023)(May be acted upon Jan 2024)

Position: Oppose

SB 525 *Durazo D* Minimum wages: health care workers.

Would mandate a statewide \$25 minimum wage for all health care workers in any health care setting.

Status: 10/13/2023-Approved by the Governor. Chaptered by Secretary of State. Chapter 890, Statutes of 2023.

Position: Oppose

SB 627 *Smallwood-Cuevas D* Displaced workers: notice: opportunity to transfer.

Would require employers to hire based on seniority alone for nearly every industry and eliminates contracts for at-will employment.

Status: 10/8/2023-Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.

Position: Oppose

SB 784 *Becker D* Health care districts: employment.

Would allow district hospitals to directly employ physicians.

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. on 4/27/2023)(May be acted upon Jan 2024)

Position: Sponsor

SB 799 *Portantino D* Unemployment insurance: trade disputes: eligibility for benefits.

Would allow employees striking for more than two-weeks access to unemployment benefits.

Status: 9/30/2023-Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.

Position: Oppose

SB 809 *Smallwood-Cuevas D* California Fair Employment and Housing Act: Fair Chance Act: conviction history.

Would prohibit consideration of conviction history of an applicant or existing employee in employment decisions.

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/8/2023) (May be acted upon Jan 2024)

Position: Oppose

Local Government

AB 557 *Hart D* Open meetings: local agencies: teleconferences.

Would eliminate the sunset on the emergency remote meeting procedures and adjust the timeframe for the resolutions passed to renew an agency's temporary transition to emergency remote meetings to 45 days.

Status: 10/8/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 534, Statutes of 2023.

Position: Support

AB 817 *Pacheco D* Open meetings: teleconferencing: subsidiary body.

Authorizes local boards, commissions, subcommittees, etc. to meet remotely.

Status: 5/5/2023-Failed Deadline pursuant to Rule 61(a)(3). (Last location was L. GOV. on 3/16/2023)(May be acted upon Jan 2024)

Position: Support

AB 918 *Garcia D* Health care district: County of Imperial.

Would create a county wide healthcare district in the Imperial Valley.

Status: 10/8/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 549, Statutes of 2023.

Position: Concerns

AB 1637 *Irwin D* Local government: internet websites and email addresses.

Would require a local agency's internet website and email to utilize a ".gov" or a ".ca.gov" domain.

Status: 10/8/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 586, Statutes of 2023.

Position: Neutral

ACA 1 *Aguiar-Curry D* Local government financing: affordable housing and public infrastructure: voter approval.

Creates a new voter approved mechanism with a vote threshold of 55% to approve local general obligation (G.O.) bonds and special taxes for certain affordable housing and public infrastructure projects.

Status: 9/20/2023-Chaptered by Secretary of State- Chapter 173, Statutes of 2023

Position: Support

SB 34 *Umberg D* Surplus land disposal: violations: County of Orange.

Would require the County of Orange, if notified by the department that its planned sale or lease of surplus land is in violation of existing law, to cure or correct the alleged violation within 60 days until 2030.

Status: 10/11/2023-Approved by the Governor. Chaptered by Secretary of State. Chapter 772, Statutes of 2023.

Position: Neutral

SB 229 *Umberg D* Surplus land: disposal of property: violations: public meeting.

This bill would require a local agency that has received a notification of violation from the department to hold an open and public session to review and consider the substance of the notice of violation.

Status: 10/11/2023-Approved by the Governor. Chaptered by Secretary of State. Chapter 774, Statutes of 2023.

Position: Neutral

SB 532 *Wiener D* San Francisco Bay area toll bridges: tolls: transit operating expenses.

Amends the local ballot label issue created by AB 195 (Obernolte) in 2017.

Status: 8/23/2023-August 23 set for first hearing canceled at the request of author.

Position: Support

SB 747 *Caballero D* Land use: surplus land.

This bill would authorize a local agency to administratively declare that land is exempt surplus land.

Status: 10/11/2023-Approved by the Governor. Chaptered by Secretary of State. Chapter 786, Statutes of 2023.

Position: Support if Amended

Patient Safety & Loss Prevention

AB 33 *Bains D* Fentanyl Misuse and Overdose Prevention Task Force.

Establishes the Fentanyl Addiction and Overdose Prevention Task Force to combat the growing fentanyl crisis.

Status: 10/13/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 887, Statutes of 2023.

Position: Support

Public Works & Facilities

AB 286 *Wood D* Broadband infrastructure: mapping.

Would require the Public Utilities Commission to map and provide broadband service information for every address in the state.

Status: 10/10/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 645, Statutes of 2023.

Position: Support

AB 869 *Wood D* Hospitals: seismic safety compliance.

Would offer relief to qualifying small, rural, and public district hospitals with regard to meeting the Hospital Seismic Safety Act 2030 deadline.

Status: 7/14/2023-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/7/2023)(May be acted upon Jan 2024)

Position: Support

AB 1392 *Rodriguez D* Hospitals: procurement contracts.

Requires the Department of Health Care Access and Information (HCAI) to require hospitals to annually submit a detailed and verifiable plan, instead of the above-described report, for increasing procurement from minority, women, LGBT, and disabled veteran business enterprises.

Status: 10/13/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 840, Statutes of 2023.

Position: Oppose unless Amended

SB 65 *Ochoa Bogh R* Behavioral Health Continuum Infrastructure Program.

Establishes the Behavioral Health Continuum Infrastructure Program under the Department of Health Care Services.

Status: 5/18/2023-May 18 hearing: Held in committee and under submission.

Position: Support

Workers' Compensation

AB 597 *Rodriguez D* Workers' compensation: first responders: post-traumatic stress.

Expands the current workers' compensation presumption for Post Traumatic Stress Disorder (PTSD) to emergency medical technicians (EMT) and paramedics.

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was INS. on 2/17/2023)(May be acted upon Jan 2024)

Position: Oppose

AB 1156 *Bonta D* Workers' compensation: hospital employees.

Would create a workers' compensation presumption for hospital employees who provide direct patient care, with infectious disease, cancer, musculoskeletal injury, post-traumatic stress disorder, respiratory disease, including COVID-19, claims.

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was INS. on 3/2/2023)(May be acted upon Jan 2024)

Position: Oppose

AB 1213 *Ortega D* Workers' compensation: aggregate disability payments.

Complicates an already onerous claims-handling process and creates a disincentive for medical providers to comply with medical standards prescribed by the State of California.

Status: 10/8/2023-Vetoed by Governor.

Position: Oppose

SB 636 *Cortese D* Workers' compensation: utilization review.

Requires any psychologist or physician who conducts UR to be licensed in California and would also require them to "have the same duty of care to an employee as a treating physician".

Status: 9/14/2023-Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 8/28/2023)(May be acted upon Jan 2024)

Position: Neutral

Total Measures: 42

Total Tracking Forms: 42

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