



DESERT HEALTHCARE DISTRICT & FOUNDATION

EQUITY, FAIRNESS, TRANSPARENCY AND ACCOUNTABILITY IN GRANTMAKING

The Desert Healthcare District and Foundation (DHCD) began the year 2020 by launching an unprecedented, participatory, community-driven health needs assessment and a long-term health improvement plan. The results of this work will inform our collective investments for years to come, and provide access to meaningful, comprehensible data to our stakeholders. This body of work is expected to be completed by early 2021. In the meantime, the outbreak of COVID-19 exposed the inadequacy of our healthcare infrastructure to respond to unexpected health-related events, and amplified the intersection of public health, healthcare, and the economy. DHCD reacted to the unforeseen events by repurposing and focusing its grantmaking dollars. Grants were made to support the critical work of healthcare providers and human service programs serving vulnerable populations. Additionally, we contributed to a collaborative economic protection plan to safeguard Coachella Valley families.

As the fiscal year 2019-2020 ends, we continue to work under challenging circumstances, and have prepared a grantmaking budget for the upcoming fiscal year 2020-2021 that reflect this new reality. The proposed budget is responsive to the specific needs of the community, and promotes equity, fairness, transparency and accountability.

To ensure our grantmaking is responsive to the needs in our community, we launched a rapid **community survey** while we wait for the community needs assessment due at the end of 2020. A summary of the survey findings is presented to you in this document. Additionally, a detailed PowerPoint presentation is enclosed.

To warrant equity, fairness and transparency, our **grantmaking process** will offer clear guidelines and be open to our stakeholders, partners and grantees. Additional work may be needed to further simplify our application process for future grant seekers. Our grantmaking allocations, proposed outcomes, and philosophy are also outlined in this paper.

COMMUNITY SURVEY

DHCD invited nonprofit organizations to participate in a 17-question survey to assess the impact of COVID-19 on local organizations and help determine community funding needs, impact, and priorities for the upcoming fiscal year. Staff reached out to 138 contacts within a variety of nonprofit organizations. 48 organizations completed the survey.

There was great operational diversity amongst respondents. The primary focus of the respondent organizations included healthcare, primary and specialty care, dental care, human services, education, mental health, food services, recreation, housing, workforce development and the environment. The primary service recipients of the respondents varied from children 0-5 to seniors, as well as homeless, veterans, farmworkers, people with chronic conditions, LGBTQ, etc.

Key findings:

[Most organizations have a small operating budget.](#)

60% of the respondents have an operating budget below \$1million. Only 16% of the respondents have an operating budget above \$5million.

[There is high dependency on grant revenues.](#)

Grants are the primary source of revenue to 16 (33%) respondents and a secondary source of revenue for 21 (44%), totaling 77%. Fee for service was the second most common source of revenue with special events also representing a significant source of funding.

[Most organizations continue to provide services.](#)

Only 6 (13%) of the respondents stopped their services. Most organizations (73%) are providing COVID-19-related services.

[All organizations have been financially impacted.](#)

56% of the organizations estimate their deficit between 21% and 60%. Some have suffered a higher deficit. The reasons for their deficit include decreased fee-for-service revenues; decreased grants; cancelation of special events; closing of retail stores; increased demand for services; additional expenses related to cleaning, proper PPE, technology; and reduced patient income.

[Most organizations have received financial assistance.](#)

Nearly 70% of the respondents confirmed they have received financial assistance. This also means that 30% have received NONE. The sources of

financial assistance include DHCD and local funders like the RAP, the Auen, and the Berger foundations; the federal government, including the Small Business Administration Payment Protection Program and HRSA Grant Funding; DHCD/RAP Collaborative Fund; the Inland Empire Funders Alliance; Riverside County's Continuum of Care, the Office on Aging, and Substance Abuse Prevention and Treatment Grant. Funding in the amount of \$6.6 million has been received by the respondents that quantified their financial assistance.

[Most organizations are keeping their staff.](#)

Only 17 (35%) respondents reported furloughing or laying off staff. They also reported plans to rehire staff considering the following factors: additional revenue; grant funding; time; back to full patient capacity; reopening resale stores; and shelter in place orders lifted. Organizations also expressed their need for internal assessments and revised strategic plans to understand their staffing needs.

[Most organizations are planning for their recovery.](#)

Most organizations reported plans for recovery. Their ideas include both cost reductions and increasing revenues. Their strategies include revising strategic plans; converting to virtual services; increasing use of telehealth; increasing outreach efforts; reducing expenses; contracting with development consultants; developing alternative fundraising events; collaborating and building meaningful partnerships with other organizations; preparing for possible second wave of COVID-19; creating multi-phase reopening plans; and increasing social distance learning/services.

Key message to funders:

The survey asked what message they wanted to convey to funders in Coachella Valley. The following are summarized responses:

- Redirect funding to core operating support vs. programmatic support
- Assistance in refining current operations
- Provide technical support and infrastructure
- Budget assistance
- Provide unrestricted support
- Continue disseminating safety procedures and resource connectivity
- Flexibility
- Continue support outside of solely COVID recovery
- Create funding resource hub
- There will be a need for short-term and long-term recovery funding

We thank all the respondents who took the time to provide their valuable input to the District. It is our hope that other funders in Coachella Valley will read this report and that the information provided will help spark more partnership amongst local foundations and inspire us to implement a collective impact approach in order to reduce duplication of services and foster deeper collaboration between local agencies.

GRANTMAKING PROCESS FY 2020-2021

DHCD is committing \$4million for its grant-making budget for FY2020-2021. This allocation will honor the spirit measure BB of 2018, which expanded the District's boundaries, and recognized that people living on one side of Cook Street often work, eat and play on the other side of Cook Street. COVID-19 emphasized the health of residents in one part of the Coachella Valley affects the health of ALL residents of the Valley. The District's grantmaking allocation will now be available to grant seekers serving the Coachella Valley, without distinctions between the former and the newer District's catchment area. This is an important principle to warrant equity in our funding.

Equally important is to us understanding the impact of social determinants of health in our community. The social determinants of health are environmental conditions in which people are born, live, learn, work, play, worship, and age. These determinants affect a wide range of outcomes and risks around health, functioning, and quality-of-life. Health insurance status and local emergency/health services, along with safe and affordable housing, good education opportunities, public safety, availability of healthy foods, and an environment free of life-threatening toxins play a role in maintaining good health.

Health starts in our homes, our neighborhoods, and our communities. Taking care of ourselves and our families by eating well, staying physically active, establishing a medical home, living a smoke-free life, getting recommended immunizations and screenings, seeing a medical provider regularly and when sick, all influence health. But our health is also determined in part by access to social and economic opportunities. Positive health outcomes are influenced by the resources and support available in our homes, neighborhoods and communities as well as the quality of our schooling, safety of our workplaces, cleanliness of our air and water, and our social interactions and relationships.

The conditions in which we live explain in part why some residents in Coachella Valley are healthier than others and why some are not as healthy as they could

be. We are therefore advancing a grantmaking budget that reflects this understanding.

The purpose of healthcare districts as defined by the California Health and Safety Code (j) To establish, maintain, and operate, or provide assistance in the operation of, one or more health facilities or health services, including, but not limited to, outpatient programs, services, and facilities; retirement programs, services, and facilities; chemical dependency programs, services, and facilities; or other health care programs, services, and facilities and activities at any location within or without the district for the benefit of the district and the people served by the district. (k) To do any and all other acts and things necessary to carry out this division. (m) To establish, maintain, and operate, or provide assistance in the operation of, free clinics, diagnostic and testing centers, health education programs, wellness and prevention programs, rehabilitation, aftercare, and any other health care services provider, groups, and organizations that are necessary for the maintenance of good physical and mental health in the communities served by the district.

Funding will be allocated in the following strategic areas:

- 1- Healthcare Infrastructure
- 2- Behavioral Health
- 3- Homelessness
- 4- Vital Human Services to People with Chronic Conditions
- 5- Economic Protection, Recovery, and Food Security

Each area has a funding allocation that aims at supporting its related needs and demands. Furthermore, to ensure greater transparency and accountability, each funding area will include a set of desired outcomes. Grant seekers will be asked to identify how their work will contribute to achieving such outcomes.

[Healthcare Infrastructure and Services \(\\$1.5million\).](#)

This funding allocation will prioritize providing core operating support for community actions that improve health-related infrastructure by:

- Increased access to healthcare for traditionally underserved populations
- Increased number of mobile and portable medical units
- Increased capacity to serve patients through telehealth technology

[Behavioral Health/Mental Health \(\\$500,000\).](#)

The COVID-19 outbreak is anticipated to have a devastating impact on mental health. It is paramount that we continue to implement our behavioral health plan, which stemmed from a recently completed assessment. We will explore

how funds from the Mental Health Service Act can be leveraged and aim at improving access to behavioral health service by:

- Maintaining number of mental health urgent care facilities (Crisis Stabilization Units)
- Increased tele-psych capacity to increase access to mental health services, aid in 5150s, and assist REACH & CREST teams
- Increased number of educators that receive training/certification in Mental Health First Aid
- Increased number of college counselors to meet the standard of one (FTE) counselor per 1,000 to 1,500 students
- Increased number of peer mental health educators

Homelessness (\$500,000).

It will add \$500,000 to the existing \$700,000 homelessness fund for a total of \$1.2million. It will seek to leverage and match other funds. It will support the ongoing CVAG CVHEART activities, including:

- Cooling centers
- Case management/ wraparound services
- Community outreach

Vital Human Services to People with Chronic Conditions (\$500.000).

This allocation will seek to support this important and at-risk community by:

- Strengthened organizational capacity
- Increased levels of services to meet increased demand post-COVID-19
- Support organizations undergoing organizational mergers
- Increased number of case managers

Economic Protection/ Recovery/ Food Security (\$500,000).

This portion will seek to provide needed support in areas of distress by:

- Sustaining ongoing efforts by collaborative partners
- Promoting community collaborations and regional work around these efforts (service caravans)
- Increased case management at food pantries through measurable food security, self-sufficiency, and quality of diet

Additional funding

Additional funding, which was previously reserved for eastern Coachella Valley, will be available through the Desert Healthcare Foundation. It is anticipated that between \$500,000 and \$600,000 of funding will be available and used to promote:

- Collective Impact
- Community collaboration

Much work is still needed. Staff needs to further simplify our application process for future grant seekers and make our best effort to be a resource to *all* our community partners, to better serve marginalized groups, and to maintain the highest level of accountability and transparency. The FY2020-2021 budget is a step in that direction.