



**DESERT HEALTHCARE DISTRICT
BOARD MEETING
Board of Directors
January 26, 2021
5:30 P.M.**

In accordance with the current State of Emergency and the Governor’s Executive Order N- 25-20, of March 12, 2020, revised on March 18, 2020, teleconferencing will be used by the Board members and appropriate staff members during this meeting. In lieu of attending the meeting in person, members of the public will be able to participate by webinar by using the following link:

**<https://us02web.zoom.us/j/89930911554?pwd=NIUwY050N3hnOVIsOEJGcnp4VnExZz09>
Password: 854082**

Participants will need to download the Zoom app on their devices. Members of the public may also be able to participate by telephone, using the follow dial in information:

Dial in #: **(669) 900-6833** To Listen and Address the Board when called upon:
Webinar ID: 899 3091 1554
Password: 854082

You may also email ahayles@dhcd.org with your public comment no later than 4 p.m., Tuesday, 01/26

<i>Page(s)</i>	AGENDA	<i>Item Type</i>
	<i>Any item on the agenda may result in Board Action</i>	
	A. CALL TO ORDER – President De Lara Roll Call Director Zavala____Director Shorr____Director Zandle, MD____ Director PerezGil____Director Rogers, RN____ Vice-President/Secretary Borja____President De Lara	
	B. PLEDGE OF ALLEGIANCE	
1-3	C. APPROVAL OF AGENDA	Action
	D. PUBLIC COMMENT At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Board has a policy of limiting speakers to no more than three minutes. The Board cannot take action on items not listed on the agenda. Public input may be offered on agenda items when they come up for discussion and/or action.	
	E. CONSENT AGENDA All Consent Agenda item(s) listed below are considered routine by the Board of Directors and will be enacted by one motion. <u>There will be no separate discussion of items unless a Board member so requests, in which event the item(s) will be considered following approval of the Consent Agenda.</u>	Action



	1. BOARD MINUTES	
4-5	a. Special Meeting of the Board of Directors – December 10, 2020	
6-14	b. Board of Directors Meeting – December 15, 2020	
	2. FINANCIALS	
15-38	a. Approval of the December 2020 Financial Statements – F&A Approved January 12, 2021	
	3. AGREEMENTS	
39-43	a. T-Mobile 3rd Amendment to the Communications Cell Site Lease Renewal Sublease Agreement at Desert Regional Medical Center	
	4. GRANTS	
44-70	a. Consideration to approve Grant #1147 – Alzheimer’s Association Critical Program Support – \$33,264	
71-96	b. Consideration to approve Grant #1136 – Inland Empire Ronald McDonald House – Temporary Housing and Family Support Services – \$119,432	
97-126	c. Consideration to approve Grant #1162 – Cove Communities Senior Association dba The Joslyn Center – Joslyn Wellness Center Program Support – \$109,130	
127	F. APPOINTMENT OF COMMITTEES	Action
	G. DESERT HEALTHCARE DISTRICT CEO REPORT	
	– Conrado E. Bázquez, MD	
128-129	1. COVID-19 Vaccination Campaign for Underserved Communities in the Coachella Valley	Information
130-154	2. Cybersecurity and Infrastructure Security Agency (CISA) – Essential Critical Infrastructure Workers Ability to Work During the COVID-19 Response	Information
155-159	3. Consideration to approve the MVP Consulting Group Proposal for recruiting a Senior Program Officer	Action
	H. DESERT REGIONAL MEDICAL CENTER CEO REPORT	Information
	– Michele Finney, CEO	
	I. COMMITTEE MEETINGS	
	1. PROGRAM COMMITTEE – Chair/Director Evett PerezGil, Vice-President Karen Borja, and Director Carole Rogers, RN	
160-165	1. Draft Meeting Minutes – January 12, 2021	Information
166-170	2. Pending Funding Requests	Information
171	3. Grant Payment Schedule	Information



	2. FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE COMMITTEE – Chair/Director Arthur Shorr and President Leticia De Lara	
172-176	1. Draft Meeting Minutes – January 12, 2021	Information
	3. STRATEGIC PLANNING COMMITTEE – Chair/Director Les Zendle, MD; President Leticia De Lara, and Director Arthur Shorr	
177-183	1. Draft Meeting Minutes – January 19, 2021	Information
	2. Housing as a Social Determinant of Health – Coachella Valley Housing Catalyst Fund – Lift to Rise & Riverside County Housing Authority	Information Information
184-211	3. Community Health Needs Assessment and Health Improvement Plan Update	Information
	4. 2021 Strategic Plan Input/Feedback	Information
	J. OLD BUSINESS	
212-215	1. CV Link Q4 Progress Report	Information
216-219	K. LEGAL	
	1. Update on Applicability of AB 571	Information
	2. Preview of 2021 Legislation	Information
	L. IMMEDIATE ISSUES AND BOARD COMMENTS	
	M. ADJOURNMENT	

If you have any disability which would require accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer, at ahayles@dhcd.org or call (760) 567-0298 at least 24 hours prior to the meeting.



**DESERT HEALTHCARE DISTRICT
SPECIAL MEETING OF THE BOARD OF DIRECTORS
SPECIAL MEETING MINUTES
December 10, 2020**

Directors Present	District Staff Present	Absent
President Leticia De Lara Vice-President/Secretary Karen Borja Director Carole Rogers, RN Director Evett PerezGil Director Les Zendle, MD Director Arthur Shorr Director Carmina Zavala	Conrado E. Bázquez, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Andrea S. Hayles, Clerk of the Board <u>Legal Counsel</u> Jeff Scott	
AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order	President De Lara called the meeting to order at 5:03 p.m.	
Roll Call	The Clerk of the Board called the roll with all Directors present.	
B. Pledge of Allegiance	President De Lara asked those in attendance to recite the Pledge of Allegiance.	
C. Approval of Agenda	President De Lara called for approval of the agenda.	#21-14 MOTION WAS MADE by Director Shorr and seconded by Director Zendle to approve the agenda. Motion passed unanimously. AYES – 7 President De Lara, Vice-President Karen Borja, Director Rogers, Director PerezGil, Director Zendle, Director Shorr, and Director Zavala NOES – 0 ABSENT – 0
D. Public Comment	There was no public comment.	
E. Swearing-In Ceremony 1. Administration of Oath of Office, Jeffrey G. Scott, Esq., Legal Counsel, Law Offices of Jeffrey G. Scott a. Les Zendle, MD, Zone 1; Carmina Zavala, Zone 3; Arthur Shorr, Zone 5; and Leticia De Lara, Zone 7	Jeff Scott, Legal Counsel, provided a history and overview of the nation's oath of office followed by the administering of the oath of office to Les Zendle, MD, Zone 1; Carmina Zavala, Zone 3; Arthur Shorr, Zone 5; and Leticia De Lara, Zone 7.	



**DESERT HEALTHCARE DISTRICT
SPECIAL MEETING OF THE BOARD OF DIRECTORS
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<p>2. Workshop and Training on Governance and Policies</p>	<p>Martin Rauch, President, Senior Consultant, Rauch Communication Consultants, commenced the Workshop with a summary of the work plan with prior topics, discussions, and suggestions.</p> <p>Board members discussed more opportunities to implement the community engagement policy, a succession of officers, restructuring meetings, unanimous and debatable voting, evaluating where the Board stands on issues, using multi-set decision-making when appropriate, conducting a thorough and fair deliberative process, staff report content, presentation time limits, conducting a new Board self-assessment, strategic goals and priorities, developing and implementing a public outreach program, future agenda items, and the next steps.</p>	
<p>J. Adjournment</p>	<p>President De Lara adjourned the meeting at 7:14 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agenda-Board-of-Directors</p>

ATTEST: _____
Karen Borja, Vice-President/Secretary
Desert Healthcare District Board of Directors

Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board



**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
December 15, 2020**

Directors Present – Video Conference	District Staff Present – Video Conference	Absent
President Leticia De Lara Vice-President/Secretary Karen Borja Director Carole Rogers, RN Director Evett PerezGil Director Les Zendle, MD Director Arthur Shorr Director Carmina Zavala	Conrado E. Bázquez, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Will Dean, Marketing and Communications Director Alejandro Espinoza, Program Officer and Outreach Director Eric Taylor, Accounting Manager Meghan Kane, Programs and Research Analyst Vanessa Smith, Special Projects and Program Manager Erica Huskey, Administrative and Program Assistant Andrea S. Hayles, Clerk of the Board <u>Legal Counsel</u> Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President De Lara called the meeting to order at 5:40 p.m. due to technical difficulties. The Clerk of the Board called the roll with all Directors' present.	
B. Pledge of Allegiance	President De Lara asked Director Zendle to lead and recite the Pledge of Allegiance.	
C. Approval of Agenda	President De Lara asked for a motion to approve the agenda.	#21-15 MOTION WAS MADE by Director Rogers and seconded by Director Shorr to approve the agenda. Motion passed unanimously. AYES – 7 President De Lara, Vice-President Borja, Director Rogers, Director PerezGil, Director Zendle, Director Shorr, and Director Zavala NOES – 0 ABSENT – 0

DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
December 15, 2020

<p>D. Public Comment</p>	<p>There was no public comment for items not listed on the agenda.</p>	
<p>E. Consent Agenda</p> <p>1. BOARD MINUTES a. Board of Directors Meeting – November 24, 2020</p> <p>2. FINANCIALS a. Approval of the November 2020 Financial Statements – F&A Approved December 08, 2020</p> <p>3. LAS PALMAS MEDICAL PLAZA FIRE SPRINKLER PROJECT a. Professional Services by Chris Mills, Prest Vuksic, Greenwood Architects, for the interior fire sprinkler system installation at the Las Palmas Medical Plaza– Estimated \$12,000</p> <p>3. GRANTS a. Consideration to approve Grant #1149 for \$40,000 – Voices for the Children – Court Appointed Special Advocates (CASA) Program</p>	<p>President De Lara asked for a motion to approve the consent agenda.</p>	<p>#21-16 MOTION WAS MADE by Director Rogers and seconded by Director PerezGil to approve the consent agenda. Motion passed unanimously. AYES – 7 President De Lara, Vice-President Borja, Director Rogers, Director PerezGil, Director Zendle, Director Shorr, and Director Zavala NOES – 0 ABSENT – 0</p>
<p>F. ANNUAL ELECTION OF OFFICERS</p>	<p>Jeff Scott, Legal Counsel, opened the annual election of officers with nominations for President.</p> <p>Vice-President Borja nominated President De Lara; President De Lara nominated Vice-President Borja with Vice-President Borja declining the nomination. Director PerezGil</p>	<p>#21-17 MOTION WAS MADE by Director PerezGil and seconded by Director Shorr to nominate President De Lara to a second term. Motion passed unanimously. AYES – 7 President De Lara, Vice-President Borja, Director Rogers, Director PerezGil,</p>



**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
December 15, 2020**

	<p>motioned, moved by Director Zendle, and second by Director Shorr to nominate President De Lara to a second term.</p> <p>Director Rogers nominated Vice-President Borja to a second term as Vice-President, moved by Director Zendle, and seconded by Director Shorr.</p> <p>Director Zendle moved for Director Shorr to serve as Treasurer and seconded by President De Lara.</p>	<p>Director Zendle, Director Shorr, and Director Zavala NOES – 0 ABSENT – 0</p> <p>#21-17 MOTION WAS MADE by Director Zendle and seconded by Director Shorr to nominate Vice-President Borja to a second term. Motion passed unanimously. AYES – 7 President De Lara, Vice-President Borja, Director Rogers, Director PerezGil, Director Zendle, Director Shorr, and Director Zavala NOES – 0 ABSENT – 0</p> <p>#21-18 MOTION WAS MADE by Director Zendle and seconded by President De Lara to nominate Director Shorr as Treasurer. Motion passed unanimously. AYES – 7 President De Lara, Vice-President Borja, Director Rogers, Director PerezGil, Director Zendle, Director Shorr, and Director Zavala NOES – 0 ABSENT – 0</p>
<p>G. Desert Healthcare District CEO Report</p> <p>1. COVID-19 Federally Qualified Health Centers (FQHC) – Update</p>	<p>Conrado Bárzaga, MD, CEO, explained the 18% COVID positivity rate and the importance of the work with the collaborations in underserved areas with a 23% positivity rate. The FQHC's are assessing the challenges and funding from the District to deploy the COVID vaccines for equity and access to</p>	



**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
December 15, 2020**

<p>2. Community Health Needs Assessment and Health Improvement Plan – Update</p> <p>3. Association of California Healthcare Districts (ACHD) CEO Appointment to the Board of Directors</p> <p>4. Association of California Healthcare Districts (ACHD) Legislative Tour</p>	<p>healthcare as illustrated in the staff report of the Board packet.</p> <p>Director Zendle inquired about additional funding by the District to provide grants to the non-profits as an agenized item in January. Director Shorr requested to include agencies that directly distribute food due to the lack of financial resources by the federal government and the growing need of food insecurity. President De Lara and the Board directed the CEO to include funding to FIND Food Bank or another entity in addition to the non-profit agencies. Consideration of a special meeting instead of waiting until the end of January is also an option.</p> <p>Dr. Bárzaga, CEO, explained that Health Assessment and Research for Communities (HARC) has completed over thirty focus groups and is currently analyzing the data with community members and service providers.</p> <p>Dr. Bárzaga, CEO, explained that the Association of California Healthcare Districts (ACHD) Board unanimously approved his appointment to the ACHD Board of Directors. President De Lara and Director Zavala congratulated Dr. Bárzaga considering his involvement with other numerous activities.</p> <p>Dr. Bárzaga, CEO, explained that approximately sixty attendees attended the virtual legislative tour. Dr. Bárzaga provided details at the tour of the District's role in the pandemic, the importance of modifying the deadline for the hospital's retrofit, including the inequities between the</p>	
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**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
December 15, 2020**

	<p>east, and west concerning tax collections, and building a healthcare infrastructure in parts of the District.</p>	
<p>H. Desert Regional Medical Center CEO Report</p>	<p>Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center, congratulated the Board members on their reelections and explained that since the December Board meeting is earlier in the month, the DRMC Governing Board will meet later in the month, there are limited updates at this time. Describing prior conversations concerning contract negotiations, a tentative agreement was reached in early December with SEIU, and the negotiations were completed without a strike. On December 10, the contract was presented to the members with ratifications, and a new contract is currently in place through 2023.</p> <p>The hospital is anticipating receiving 1,140 COVID-19 vaccines in the coming week describing the ultra-cold freezer capabilities directly from the manufacturer. A vaccination plan is developed that includes the flow of vaccinations with prioritization and consent or declination forms. The side effects require staggering departments in the event of injection site pain, headache, fatigue, chills, diarrhea, or fever, which is similar to COVID symptoms.</p> <p>Mrs. Finney described several newspaper articles concerning some facilities COVID care levels exceeding their peak census levels than initially encountered in July. DRMC had a peak census of 106 COVID positive PUI patients. In December, month-to-date, the peak census has been 61 COVID</p>	



**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
December 15, 2020**

	<p>positive PUI patients. In July, the peak critical care census was 48 PUI patients with 35 in December thus far in critical care.</p> <p>The acute rehab unit was moved to a location on the orthopedic floor for physical plant space to a higher level of care as the hospital continues critical care to the patient population.</p>	
<p>I.1. Program Committee</p> <ol style="list-style-type: none"> 1. Draft Meeting Minutes – December 08, 2020 2. Funding Requests 3. Progress and Final Reports Schedule 4. Grants Payment Schedule 5. Coachella Valley Housing Catalyst Fund – A Bold Housing Investment Solution, Lift to Rise & Riverside County Housing Authority <p>I.2. Finance, Legal, Administration & Real Estate</p>	<p>Director PerezGil inquired on any questions of the Board concerning the minutes, funding requests, progress and final reports, and grants payment schedule with none.</p> <p>Dr. Bárzaga, CEO, described the conversations in the individual committees, and from the staff’s perspective, more discussions are necessary to discuss the fit within the District and make recommendations. The report presented to the Board highlights the connection of housing as a social determinant of health, legal counsels review of the funding mechanisms, and whether a recoverable grant is in the best interest of all parties. The housing catalyst has the potential as an action item at the January Board meeting after further evaluation. The timeline for moving forward with an announcement from Lift to Rise as inquired by Vice-President Borja is February.</p>	



**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
December 15, 2020**

<p>1. Draft Meeting Minutes December 08, 2020</p> <p>2. Coachella Valley Housing Catalyst Fund – A Bold Housing Investment Solution, Lift to Rise & Riverside County Housing Authority</p>	<p>Director Shorr described the minutes of the December 8, F&A Committee meeting.</p> <p>Director Shorr explained the lengthy discussion concerning the Housing Catalyst Fund and the matter as outlined by Dr. Bárzaga, which was deferred to legal counsel. Counsel will produce recommendations and supposing there is a pathway for the fund, there will be an evaluation of the program as opposed to supporting other programs and the magnitude of the request, including capacity. The committee will revisit once counsel provides direction at the next meeting.</p> <p>Director Zendle explained that the Strategic Planning Committee has not discussed the catalyst fund and the importance of whether it fits in the Districts long term and short-term strategic goals for scheduling in January.</p> <p>Director Rogers inquired on the history of the District in terms of past investments in housing, such as the housing initiation of the Desert AIDS Project, or other instances that the District has made similar investments in other Special Districts. President De Lara directed the CEO and CAO to respond to the history of the District and other Districts investments in housing.</p> <p>Greg Rodriguez, Government Relations and Public Policy Advisor, Office of Supervisor Perez, explained that the fund is not a one-time project but the development of a long-term capital</p>	
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**DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
December 15, 2020**

	<p>fund leveraging monies from private, state, and county entities. As the discussions move forward, the District does not necessarily need to decide in January and agrees with President De Lara concerning additional education and what contributions would mean for the District.</p>	
<p>J. Old Business</p>	<p>There was no old business.</p>	
<p>K. New Business</p>	<p>There was no new business</p>	
<p>L. Legal</p> <ol style="list-style-type: none"> 1. AB 571 – Political Reform of 1974: Contribution Limits 2. AB 2151 – Political Reform Act of 1974: Online Filing and Disclosure System 	<p>Jeff Scott, Legal Counsel, described and provided background on AB 571 and AB 2151. Counsel Scott will provide additional information on contribution limitations related to Special Districts.</p>	
<p>M. Immediate Issues and Comments</p>	<p>In February 2017, Director Rogers explained that the Board approved a \$2M allocation to the Behavioral Health initiative with a plan for activities and final deliveries. In March 2019, the Board approved a mental health needs assessment conducted by EVALCORP with findings and recommendations presented at Supervisor Perez’s Green Ribbon Committee Summit, and the Directors unanimous agreement in October 2019 with proactive steps for resources and accountability with direction from the Board to the CEO to include a proposal and budget for a Behavioral Health Coordinator. Given that the matters of Behavioral Health and Homelessness are tied together as District priorities, Director Rogers requested standing progress reports on Board agendas for both items. Dr. Bárzaga will provide a</p>	

DESERT HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
December 15, 2020

	<p>report update next month with ongoing reports per the direction of President De Lara.</p> <p>President De Lara explained that she is pleased that Director Zavala is joining the Board and looks forward to orienting her on current matters, major issues, and future anticipated topics.</p>	
<p>N. Adjournment</p>	<p>President De Lara adjourned the meeting at 7:00 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
Karen Borja, Vice-President/Secretary
Desert Healthcare District Board of Directors

Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board

DRAFT

DESERT HEALTHCARE DISTRICT
DECEMBER 2020 FINANCIAL STATEMENTS
INDEX
Year to Date Variance Analysis
Cumulative Profit & Loss Budget vs Actual - Summary
Cumulative Profit & Loss Budget vs Actual - District Including LPMP
Cumulative Profit & Loss Budget vs Actual - LPMP
Balance Sheet - Condensed View
Balance Sheet - Expanded View
Accounts Receivable Aging
Deposit Detail - District
Property Tax Receipts - YTD
Deposit Detail - LPMP
Check Register - District
Credit Card Expenditures
Check Register - LPMP
Retirement Protection Plan Update
Grants Schedule

**DESERT HEALTHCARE DISTRICT
YEAR TO DATE VARIANCE ANALYSIS
ACTUAL VS BUDGET
SIX MONTHS ENDED DECEMBER 31, 2020**

Scope: \$25,000 Variance per Statement of Operations Summary

Account	YTD		Over(Under)	Explanation
	Actual	Budget	Budget	
4000 - Income	\$ 3,234,698	\$ 3,872,970	\$ (638,272)	Lower interest income and market fluctuations (net) from FRF investments \$618k; lower grant income \$20k;
4500 - LPMP	\$ 620,949	\$ 594,462	\$ 26,487	Higher rent revenue \$26k
5000 - Direct Expenses	\$ 572,669	\$ 841,830	\$ (269,161)	Lower wage related expenses \$133k due to open positions; lower board expenses \$47k; lower education expense \$44k; lower health insurance expense \$36k; lower workers comp expense \$5k; lower retirement expense \$4k
6000-General & Admin Expense	\$ 245,268	\$ 284,970	\$ (39,702)	Lower computer services expense \$12k; lower travel expense \$10k; higher dues and membership expense \$8k; lower supplies expense \$6k; lower personnel expense \$5k; lower staff mileage expense \$4k; lower meals & entertainment expense \$3k; lower various \$8k
6445 - LPMP Expense	\$ 489,185	\$ 587,730	\$ (98,545)	Lower landscaping expense \$84k; lower depreciation expenses \$15k; higher bank charges \$7k; higher bad debt expense \$6k; lower marketing expense \$5k; lower deferred maintenance expense \$5k; higher interior building expense \$5k; higher interior plumbing expense \$4k; lower lighting expense \$3k; lower various \$9k
6500 - Professional Fees Expense	\$ 204,630	\$ 629,316	\$ (424,686)	Lower Professional Services expense \$368k; lower PR/Communications expense \$49k; lower legal expense \$8k
7000 - Grants Expense	\$ 612,621	\$ 2,041,998	\$ (1,429,377)	Budget of \$4 Million for fiscal year is amortized straight-line over 12-month fiscal year.
Las Palmas Medical Plaza - Net	\$ 131,764	\$ 6,732	\$ 125,032	LPMP expenses lower \$99k; LPMP revenue higher \$26k

Desert Healthcare District
Profit & Loss Budget vs. Actual
July through December 2020

	MONTH			TOTAL		
	Dec 20	Budget	\$ Over Budget	Jul - Dec 20	Budget	\$ Over Budget
Income						
4000 · Income	562,084	645,495	(83,411)	3,234,698	3,872,970	(638,272)
4500 · LPMP Income	102,619	99,077	3,542	620,949	594,462	26,487
4501 · Miscellaneous Income	750	950	(200)	4,500	5,700	(1,200)
Total Income	665,453	745,522	(80,069)	3,860,147	4,473,133	(612,986)
Expense						
5000 · Direct Expenses	53,847	140,305	(86,458)	572,669	841,830	(269,161)
6000 · General & Administrative Exp	40,421	47,495	(7,074)	245,268	284,970	(39,702)
6325 · CEO Discretionary Fund	9,000	2,083	6,917	9,000	12,498	(3,498)
6445 · LPMP Expenses	89,169	97,955	(8,786)	489,185	587,730	(98,545)
6500 · Professional Fees Expense	17,906	104,886	(86,980)	204,630	629,316	(424,686)
6700 · Trust Expenses	7,958	8,792	(834)	52,366	52,752	(386)
Total Expense	218,301	401,516	(183,215)	1,573,120	2,409,116	(835,996)
7000 · Grants Expense	44,873	340,333	(295,460)	612,621	2,041,998	(1,429,377)
Net Income	402,279	3,673	398,606	1,674,406	22,019	1,652,387

Desert Healthcare District
Profit & Loss Budget vs. Actual
 July through December 2020

	MONTH			TOTAL		
	Dec 20	Budget	\$ Over Budget	Jul - Dec 20	Budget	\$ Over Budget
Income						
4000 · Income						
4010 · Property Tax Revenues	516,447	516,447	0	3,098,682	3,098,682	0
4200 · Interest Income						
4220 · Interest Income (FRF)	110,440	86,965	23,475	549,095	521,790	27,305
9999-1 · Unrealized gain(loss) on invest	(71,805)	33,333	(105,138)	(445,701)	199,998	(645,699)
Total 4200 · Interest Income	38,635	120,298	(81,663)	103,394	721,788	(618,394)
4300 · DHC Recoveries	1,805	1,750	55	10,771	10,500	271
4400 · Grant Income	5,197	7,000	(1,803)	21,851	42,000	(20,149)
Total 4000 · Income	562,084	645,495	(83,411)	3,234,698	3,872,970	(638,272)
4500 · LPMP Income	102,619	99,077	3,542	620,949	594,462	26,487
4501 · Miscellaneous Income	750	950	(200)	4,500	5,700	(1,200)
Total Income	665,453	745,522	(80,069)	3,860,147	4,473,133	(612,986)
Expense						
5000 · Direct Expenses						
5100 · Administration Expense						
5110 · Wages Expense	73,701	113,645	(39,944)	479,251	681,870	(202,619)
5111 · Allocation to LPMP - Payroll	(5,161)	(5,166)	5	(30,966)	(30,996)	30
5112 · Vacation/Sick/Holiday Expense	14,758	10,000	4,758	69,685	60,000	9,685
5114 · Allocation to Foundation	(67,172)	(37,196)	(29,976)	(177,198)	(223,176)	45,978
5115 · Allocation to NEOPB	(5,197)	(7,571)	2,374	(21,670)	(45,426)	23,756
5119 · Allocation to RSS/CVHIP-DHCF	0	(1,431)	1,431	(903)	(8,586)	7,683
5120 · Payroll Tax Expense	4,564	8,694	(4,130)	33,593	52,164	(18,571)
5130 · Health Insurance Expense						
5131 · Premiums Expense	12,392	16,795	(4,403)	73,004	100,770	(27,766)
5135 · Reimb./Co-Payments Expense	3,327	3,000	327	9,889	18,000	(8,111)
Total 5130 · Health Insurance Expense	15,719	19,795	(4,076)	82,893	118,770	(35,877)
5140 · Workers Comp. Expense	862	1,193	(331)	2,529	7,158	(4,629)
5145 · Retirement Plan Expense	6,836	7,848	(1,012)	42,967	47,088	(4,121)
5160 · Education Expense	(285)	7,250	(7,535)	(215)	43,500	(43,715)
Total 5100 · Administration Expense	38,625	117,061	(78,436)	479,966	702,366	(222,400)
5200 · Board Expenses						
5210 · Healthcare Benefits Expense	(1,060)	5,834	(6,894)	14,221	35,004	(20,783)
5230 · Meeting Expense	750	1,667	(917)	1,100	10,002	(8,902)
5235 · Director Stipend Expense	4,515	4,410	105	14,280	26,460	(12,180)
5240 · Catering Expense	600	708	(108)	600	4,248	(3,648)
5250 · Mileage Reimbursement Expense	0	208	(208)	0	1,248	(1,248)
5270 · Election Fees Expense	10,417	10,417	0	62,502	62,502	0
Total 5200 · Board Expenses	15,222	23,244	(8,022)	92,703	139,464	(46,761)
Total 5000 · Direct Expenses	53,847	140,305	(86,458)	572,669	841,830	(269,161)
6000 · General & Administrative Exp						
6110 · Payroll fees Expense	174	208	(34)	1,077	1,248	(171)
6120 · Bank and Investment Fees Exp	9,671	9,833	(162)	57,532	58,998	(1,466)

Desert Healthcare District
Profit & Loss Budget vs. Actual
July through December 2020

	MONTH			TOTAL		
	Dec 20	Budget	\$ Over Budget	Jul - Dec 20	Budget	\$ Over Budget
6125 · Depreciation Expense	1,102	1,167	(65)	6,612	7,002	(390)
6126 · Depreciation-Solar Parking lot	15,072	15,072	0	90,432	90,432	0
6130 · Dues and Membership Expense	2,290	3,337	(1,047)	27,736	20,022	7,714
6200 · Insurance Expense	2,343	2,417	(74)	14,058	14,502	(444)
6300 · Minor Equipment Expense	0	42	(42)	0	252	(252)
6305 · Auto Allowance & Mileage Exp	462	600	(138)	3,002	3,600	(598)
6306 · Staff- Auto Mileage reimb	0	625	(625)	56	3,750	(3,694)
6309 · Personnel Expense	0	1,167	(1,167)	1,800	7,002	(5,202)
6310 · Miscellaneous Expense	0	42	(42)	0	252	(252)
6311 · Cell Phone Expense	639	776	(137)	3,494	4,656	(1,162)
6312 · Wellness Park Expenses	0	83	(83)	0	498	(498)
6315 · Security Monitoring Expense	0	42	(42)	341	252	89
6340 · Postage Expense	0	417	(417)	942	2,502	(1,560)
6350 · Copier Rental/Fees Expense	394	458	(64)	1,970	2,748	(778)
6351 · Travel Expense	0	1,667	(1,667)	0	10,002	(10,002)
6352 · Meals & Entertainment Exp	2,281	875	1,406	2,281	5,250	(2,969)
6355 · Computer Services Expense	2,209	3,775	(1,566)	10,343	22,650	(12,307)
6360 · Supplies Expense	1,657	2,167	(510)	6,419	13,002	(6,583)
6380 · LAFCO Assessment Expense	0	208	(208)	1,727	1,248	479
6400 · East Valley Office	2,127	2,517	(390)	15,446	15,102	344
Total 6000 · General & Administrative Exp	40,421	47,495	(7,074)	245,268	284,970	(39,702)
6325 · CEO Discretionary Fund	9,000	2,083	6,917	12,498	9,000	(3,498)
6445 · LPMP Expenses	89,169	97,955	(8,786)	489,185	587,730	(98,545)
6500 · Professional Fees Expense						
6516 · Professional Services Expense	16,097	77,198	(61,101)	95,174	463,188	(368,014)
6520 · Annual Audit Fee Expense	1,313	1,313	0	7,878	7,878	0
6530 · PR/Communications/Website	382	11,375	(10,993)	19,195	68,250	(49,055)
6560 · Legal Expense	114	15,000	(14,886)	82,383	90,000	(7,617)
6561 · Payroll Preparation Fees	0			0		
Total 6500 · Professional Fees Expense	17,906	104,886	(86,980)	204,630	629,316	(424,686)
6700 · Trust Expenses						
6720 · Pension Plans Expense						
6721 · Legal Expense	0	167	(167)	0	1,002	(1,002)
6725 · RPP Pension Expense	7,500	7,500	0	45,000	45,000	0
6728 · Pension Audit Fee Expense	458	1,125	(667)	7,366	6,750	616
Total 6700 · Trust Expenses	7,958	8,792	(834)	52,366	52,752	(386)
Total Expense Before Grants	218,301	401,516	(183,215)	1,573,120	2,409,116	(835,996)
7000 · Grants Expense						
7010 · Major Grant Awards Expense	39,676	333,333	(293,657)	590,770	1,999,998	(1,409,228)
7027 · Grant Exp - NEOPB	5,197	7,000	(1,803)	21,851	42,000	(20,149)
Total 7000 · Grants Expense	44,873	340,333	(295,460)	612,621	2,041,998	(1,429,377)
Net Income	402,279	3,673	398,606	1,674,406	22,019	1,652,387

Las Palmas Medical Plaza
Profit & Loss Budget vs. Actual
July through December 2020

	MONTH			TOTAL		
	Dec 20	Budget	\$ Over Budget	Jul - Dec 20	Budget	\$ Over Budget
Income						
4500 · LPMP Income						
4505 · Rental Income	74,600	71,672	2,928	451,247	430,032	21,215
4510 · CAM Income	28,019	27,372	647	169,702	164,232	5,470
4513 · Misc. Income	0	33	(33)	0	198	(198)
Total 4500 · LPMP Income	102,619	99,077	3,542	620,949	594,462	26,487
Expense						
6445 · LPMP Expenses						
6420 · Insurance Expense	2,599	2,750	(151)	15,594	16,500	(906)
6425 · Building - Depreciation Expense	21,487	21,879	(392)	128,922	131,274	(2,352)
6426 · Tenant Improvements -Dep Exp	15,320	16,833	(1,513)	88,770	100,998	(12,228)
6427 · HVAC Maintenance Expense	2,414	1,333	1,081	6,039	7,998	(1,959)
6428 · Roof Repairs Expense	0	208	(208)	0	1,248	(1,248)
6431 · Building -Interior Expense	6,075	833	5,242	10,235	4,998	5,237
6432 · Plumbing -Interior Expense	1,355	333	1,022	6,228	1,998	4,230
6433 · Plumbing -Exterior Expense	0	208	(208)	0	1,248	(1,248)
6434 · Allocation Internal Prop. Mgmt	5,161	5,166	(5)	30,966	30,996	(30)
6435 · Bank Charges	2,897	1,125	1,772	13,895	6,750	7,145
6437 · Utilities -Vacant Units Expense	139	83	56	1,224	498	726
6439 · Deferred Maintenance Repairs Ex	0	833	(833)	0	4,998	(4,998)
6440 · Professional Fees Expense	10,117	10,472	(355)	60,702	62,832	(2,130)
6441 · Legal Expense	0	83	(83)	0	498	(498)
6455 · Bad Debt Expense	0	0	0	5,543	0	5,543
6458 · Elevators - R & M Expense	1,640	1,000	640	6,791	6,000	791
6460 · Exterminating Service Expense	0	333	(333)	1,025	1,998	(973)
6463 · Landscaping Expense	0	14,167	(14,167)	850	85,002	(84,152)
6467 · Lighting Expense	0	500	(500)	0	3,000	(3,000)
6468 · General Maintenance Expense	0	83	(83)	0	498	(498)
6471 · Marketing-Advertising	0	1,250	(1,250)	2,507	7,500	(4,993)
6475 · Property Taxes Expense	6,000	6,008	(8)	36,000	36,048	(48)
6476 · Signage Expense	0	125	(125)	0	750	(750)
6480 · Rubbish Removal Medical Waste E	1,544	1,583	(39)	8,354	9,498	(1,144)
6481 · Rubbish Removal Expense	2,376	2,250	126	13,585	13,500	85
6482 · Utilities/Electricity/Exterior	532	625	(93)	2,889	3,750	(861)
6484 · Utilities - Water (Exterior)	427	625	(198)	3,525	3,750	(225)
6485 · Security Expenses	9,086	7,167	1,919	45,241	43,002	2,239
6490 · Miscellaneous Expense	0	100	(100)	300	600	(300)
6445 · LPMP Expenses	89,169	97,955	(8,786)	489,185	587,730	(98,545)
Net Income	13,450	1,122	12,328	131,764	6,732	125,032

Desert Healthcare District
Balance Sheet
As of December 31, 2020

			Dec 31, 20
ASSETS			
Current Assets			
Checking/Savings			
	1000	· CHECKING CASH ACCOUNTS	2,571,563
	1100	· INVESTMENT ACCOUNTS	58,931,311
Total Checking/Savings			61,502,874
Total Accounts Receivable			66,241
Other Current Assets			
	1204.1	· Rent Receivable-Deferred COVID	186,436
	1270	· Prepaid Insurance -Ongoing	33,380
	1279	· Pre-Paid Fees	23,913
	1281	· NEOPB Receivable	9,214
	1295	· Property Tax Receivable	1,665,423
Total Other Current Assets			1,918,366
Total Current Assets			63,487,481
Fixed Assets			
	1300	· FIXED ASSETS	4,913,164
	1335-00	· ACC DEPR	(2,130,034)
	1400	· LPMP Assets	6,731,029
Total Fixed Assets			9,514,159
Other Assets			
	1700	· OTHER ASSETS	2,909,152
TOTAL ASSETS			75,910,792

Desert Healthcare District
Balance Sheet
As of December 31, 2020

				Dec 31, 20
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
		2000 · Accounts Payable		17,013
		2001 · LPMP Accounts Payable		7,683
		Total Accounts Payable		24,696
Other Current Liabilities				
		2002 · LPMP Property Taxes		25
		2131 · Grant Awards Payable		2,166,446
		2133 · Accrued Accounts Payable		202,052
		2141 · Accrued Vacation Time		69,743
		2188 · Current Portion - LTD		7,402
		2190 · Investment Fees Payable		24,562
		Total Other Current Liabilities		2,470,230
		Total Current Liabilities		2,494,926
Long Term Liabilities				
		2170 · RPP - Pension Liability		4,649,254
		2171 · RPP-Deferred Inflows-Resources		370,700
		2280 · Long-Term Disability		28,809
		2281 · Grants Payable - Long-term		6,660,000
		2286 · Retirement BOD Medical Liabilit		62,021
		2290 · LPMP Security Deposits		57,514
		Total Long Term Liabilities		11,828,298
		Total Liabilities		14,323,224
Equity				
		3900 · *Retained Earnings		59,913,158
		Net Income		1,674,406
		Total Equity		61,587,564
TOTAL LIABILITIES & EQUITY				75,910,792

Desert Healthcare District
Balance Sheet
As of December 31, 2020

			Dec 31, 20
ASSETS			
Current Assets			
Checking/Savings			
1000 · CHECKING CASH ACCOUNTS			
		1010 · Union Bank - Checking	2,472,292
		1046 · Las Palmas Medical Plaza	98,771
		1047 · Petty Cash	500
		Total 1000 · CHECKING CASH ACCOUNTS	2,571,563
1100 · INVESTMENT ACCOUNTS			
		1130 · Facility Replacement Fund	57,796,552
		1135 · Unrealized Gain(Loss) FRF	1,134,759
		Total 1100 · INVESTMENT ACCOUNTS	58,931,311
		Total Checking/Savings	61,502,874
Accounts Receivable			
		1201 · Accounts Receivable	
		1204 · LPMP Accounts Receivable	(8,409)
		1205 · Misc. Accounts Receivable	7,478
		1211 · A-R Foundation - Exp Allocation	67,172
		Total Accounts Receivable	66,241
Other Current Assets			
		1204.1 · Rent Receivable-Deferred COVID	186,436
		1270 · Prepaid Insurance -Ongoing	33,380
		1279 · Pre-Paid Fees	23,913
		1281 · NEOPB Receivable	9,214
		1295 · Property Tax Receivable	1,665,423
		Total Other Current Assets	1,918,366
		Total Current Assets	63,487,481
Fixed Assets			
1300 · FIXED ASSETS			
		1310 · Computer Equipment	94,034
		1315 · Computer Software	68,770
		1320 · Furniture and Fixtures	33,254
		1325 · Offsite Improvements	300,849
		1331 · DRMC - Parking lot	4,416,257
		Total 1300 · FIXED ASSETS	4,913,164
1335-00 · ACC DEPR			
		1335 · Accumulated Depreciation	(217,062)

Desert Healthcare District
Balance Sheet
As of December 31, 2020

			Dec 31, 20
		1336 · Acc. Software Depreciation	(68,770)
		1337 · Accum Deprec- Solar Parking Lot	(1,688,235)
		1338 · Accum Deprec - LPMP Parking Lot	(155,967)
		Total 1335-00 · ACC DEPR	(2,130,034)
		1400 · LPMP Assets	
		1401 · Building	8,705,680
		1402 · Land	2,165,300
		1403 · Tenant Improvements -New	2,187,796
		1404 · Tenant Improvements - CIP	129,550
		1406 · Building Improvements	
		1406.1 · LPMP-Replace Parking Lot	676,484
		1406.2 · Building Improvements-CIP	69,704
		1406 · Building Improvements - Other	1,559,534
		Total 1406 · Building Improvements	2,305,722
		1407 · Building Equipment Improvements	375,185
		1409 · Accumulated Depreciation	
		1410 · Accum. Depreciation	(7,526,837)
		1412 · T I Accumulated Dep.-New	(1,611,367)
		Total 1409 · Accumulated Depreciation	(9,138,204)
		Total 1400 · LPMP Assets	6,731,029
		Total Fixed Assets	9,514,159
		Other Assets	
		1700 · OTHER ASSETS	
		1731 · Wellness Park	1,693,800
		1740 · RPP-Deferred Outflows-Resources	1,204,238
		1741 · OPEB-Deferrred Outflows-Resourc	11,114
		Total Other Assets	2,909,152
		TOTAL ASSETS	75,910,792

Desert Healthcare District
Balance Sheet
As of December 31, 2020

				Dec 31, 20
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
		2000 · Accounts Payable		17,013
		2001 · LPMP Accounts Payable		7,683
		Total Accounts Payable		24,696
Other Current Liabilities				
		2002 · LPMP Property Taxes		25
		2131 · Grant Awards Payable		2,166,446
		2133 · Accrued Accounts Payable		202,052
		2141 · Accrued Vacation Time		69,743
		2188 · Current Portion - LTD		7,402
		2190 · Investment Fees Payable		24,562
		Total Other Current Liabilities		2,470,230
		Total Current Liabilities		2,494,926
Long Term Liabilities				
		2170 · RPP - Pension Liability		4,649,254
		2171 · RPP-Deferred Inflows-Resources		370,700
		2280 · Long-Term Disability		28,809
		2281 · Grants Payable - Long-term		6,660,000
		2286 · Retirement BOD Medical Liabilit		62,021
		2290 · LPMP Security Deposits		57,514
		Total Long Term Liabilities		11,828,298
		Total Liabilities		14,323,224
Equity				
		3900 · *Retained Earnings		59,913,158
		Net Income		1,674,406
		Total Equity		61,587,564
TOTAL LIABILITIES & EQUITY				75,910,792

Desert Healthcare District
A/R Aging Summary
As of December 31, 2020

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL	COMMENT
Desert Healthcare Foundation-	30,794	36,378	0	0	0	67,172	Due from Foundation
Hassan Bencheqroun, M.D.	0	58	0	0	0	58	Slow pay
Laboratory Corporation of America	0	(4,689)	85	0	0	(4,604)	Prepaid
Mark Matthews	0	4,116	448	0	664	5,228	Director Premiums
Quest Diagnostics Incorporated	0	(3,864)	0	0	0	(3,864)	Prepaid
Sovereign	750	0	750	750	0	2,250	Slow pay
TOTAL	31,544	31,999	1,283	750	664	66,240	

Desert Healthcare District
Deposit Detail
December 2020

Type	Date	Name	Amount
Deposit	12/02/2020		1,749
		T-Mobile	(1,749)
TOTAL			(1,749)
Deposit	12/08/2020		4,593
		Riverside County Treasurer - CalFresh	(4,593)
TOTAL			(4,593)
Deposit	12/10/2020		10,619
		Riverside County Treasurer - Property Tax	(10,619)
TOTAL			(10,619)
Deposit	12/14/2020		739
		Riverside County Treasurer - Property Tax	(739)
TOTAL			(739)
Deposit	12/15/2020		1,556
		California Business Bureau, Inc.	(56)
Payment	12/15/2020	Sovereign	(1,500)
TOTAL			(1,556)
Deposit	12/15/2020		1,268,071
		Riverside County Treasurer - Property Tax	(1,268,071)
TOTAL			(1,268,071)
Deposit	12/21/2020		400,000
		Public Health Institute Funding (Transferred to Foundation)	(400,000)
TOTAL			(400,000)
		TOTAL	1,687,327

DESERT HEALTHCARE DISTRICT										
PROPERTY TAX RECEIPTS FY 2020 - 2021										
RECEIPTS - SIX MONTHS ENDED DECEMBER 31, 2020										
	FY 2019-2020 Projected/Actual					FY 2020-2021 Projected/Actual				
	Budget %	Budget \$	Act %	Actual Receipts	Variance	Budget %	Budget \$	Act %	Actual Receipts	Variance
July	2.5%	\$ 168,407	1.3%	\$ -	\$ (168,407)	2.5%	\$ 154,934	0.0%	\$ -	\$ (154,934)
Aug	1.6%	\$ 107,780	1.3%	\$ 207,292	\$ 99,512	1.6%	\$ 99,158	2.4%	\$ 149,547	\$ 50,390
Sep	2.6%	\$ 175,143	2.4%	\$ -	\$ (175,143)	2.6%	\$ 161,131	0.0%	\$ -	\$ (161,131)
Oct	0.0%	\$ -	0.0%	\$ 158,895	\$ 158,895	0.0%	\$ -	2.6%	\$ 162,968	\$ 162,968
Nov	0.4%	\$ 26,945	0.0%	\$ -	\$ (26,945)	0.4%	\$ 24,789	0.0%	\$ -	\$ (24,789)
Dec	16.9%	\$ 1,138,429	17.8%	\$ 1,222,723	\$ 84,294	16.9%	\$ 1,047,354	20.6%	\$ 1,279,429	\$ 232,075
Jan	31.9%	\$ 2,148,868	19.7%	\$ 2,228,697	\$ 79,829	31.9%	\$ 1,976,959	0.0%		
Feb	0.0%	\$ -	13.9%	\$ 69,468	\$ 69,468	0.0%	\$ -	0.0%		
Mar	0.3%	\$ 20,209	0.7%	\$ 71,486	\$ 51,277	0.3%	\$ 18,592	0.0%		
Apr	5.5%	\$ 370,495	5.9%	\$ 405,506	\$ 35,012	5.5%	\$ 340,855	0.0%		
May	19.9%	\$ 1,340,517	20.3%	\$ 1,01,619	\$ (1,238,897)	19.9%	\$ 1,233,275	0.0%		
June	18.4%	\$ 1,239,473	22.3%	\$ 2,695,867	\$ 1,456,394	18.4%	\$ 1,140,315	0.0%		
Total	100%	\$ 6,736,264	105.6%	\$ 7,161,553	\$ 425,289	100.00%	\$ 6,197,363	25.7%	\$ 1,591,944	\$ 104,577

Las Palmas Medical Plaza
Deposit Detail
December 2020

Type	Date	Name	Amount
Deposit	12/07/2020		31,772
Payment	12/03/2020	Pathway Pharmaceuticals, Inc.	(2,296)
Payment	12/03/2020	Aijaz Hashmi, M.D., Inc.	(2,803)
Payment	12/03/2020	Brad A. Wolfson, M.D.	(3,430)
Payment	12/03/2020	Cohen Musch Thomas Medical Group	(4,349)
Payment	12/03/2020	Cure Cardiovascular Consultants	(2,962)
Payment	12/03/2020	Derakhsh Fozouni, M.D.	(5,969)
Payment	12/03/2020	Palmtree Clinical Research	(6,717)
Payment	12/03/2020	Ramy Awad, M.D.	(3,246)
TOTAL			(31,772)
Deposit	12/08/2020		17,911
Payment	12/08/2020	Peter Jamieson, M.D.	(3,184)
Payment	12/08/2020	EyeCare Services Partners Management LLC	(7,079)
Payment	12/08/2020	Steven Gundry, M.D.	(5,471)
Payment	12/08/2020	Desert Oasis Healthcare Medical Group	(2,177)
TOTAL			(17,911)
Deposit	12/09/2020		5,416
Payment	12/08/2020	Desert Regional Medical Center	(5,416)
TOTAL			(5,416)
Deposit	12/10/2020		3,570
Payment	12/10/2020	Desert Family Medical Center	(3,570)
TOTAL			(3,570)
Deposit	12/16/2020		37,581
Payment	12/15/2020	Tenet HealthSystem Desert, Inc	(6,066)
Payment	12/15/2020	Tenet HealthSystem Desert, Inc.	(31,515)
TOTAL			(37,581)

Las Palmas Medical Plaza
Deposit Detail
December 2020

Type	Date	Name	Amount
Deposit	12/22/2020		4,774
Payment	12/21/2020	Laboratory Corporation of America	(4,774)
TOTAL			(4,774)
Deposit	12/24/2020		3,864
Payment	12/24/2020	Quest Diagnostics Incorporated	(3,864)
TOTAL			(3,864)
		TOTAL	104,888

Desert Healthcare District
Check Register
As of December 31, 2020

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1010 - Union Bank - Checking				
Check	12/07/2020	Auto Pay	Calif. Public Employees'Retirement System	(12,733)
Bill Pmt -Check	12/08/2020	16226	Coachella Valley Rescue Mission	(16,296)
Bill Pmt -Check	12/08/2020	16227	Desert Cancer Foundation	(67,500)
Bill Pmt -Check	12/08/2020	16228	Greater Coachella Valley Chamber of Com	(310)
Bill Pmt -Check	12/08/2020	16229	HARC, INC.	(12,656)
Bill Pmt -Check	12/08/2020	16230	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	12/08/2020	16231	Olive Crest Treatment Center, Inc.	(22,500)
Bill Pmt -Check	12/08/2020	16232	Rauch Communication Consultants	(3,981)
Bill Pmt -Check	12/08/2020	16233	Rogers, Carole - Stipend	(630)
Bill Pmt -Check	12/08/2020	16234	So.Cal Computer Shop	(810)
Bill Pmt -Check	12/08/2020	16235	Staples Credit Plan	(727)
Bill Pmt -Check	12/08/2020	16236	State Compensation Insurance Fund	(862)
Bill Pmt -Check	12/08/2020	16237	Top Shop	(282)
Bill Pmt -Check	12/08/2020	16238	Total Compensation Systems, Inc.	(608)
Bill Pmt -Check	12/08/2020	16239	Underground Service Alert of Southern Cal	(2)
Bill Pmt -Check	12/08/2020	16240	Verizon Wireless	(769)
Bill Pmt -Check	12/08/2020	16241	First Bankcard (Union Bank)	(235)
Bill Pmt -Check	12/08/2020	16242	First Bankcard (Union Bank)	(1,364)
Bill Pmt -Check	12/10/2020	ACH12102020	First Bankcard (Union Bank)	(8,823)
Liability Check	12/11/2020		QuickBooks Payroll Service	(40,760)
Bill Pmt -Check	12/15/2020	16243	Evelt PerezGil - Stipend	(945)
Bill Pmt -Check	12/15/2020	16244	CoPower Employers' Benefits Alliance	(1,860)
Bill Pmt -Check	12/15/2020	16245	Time Warner Cable	(250)
Bill Pmt -Check	12/16/2020	16246	Hope Through Housing Foundation	(9,000)
Bill Pmt -Check	12/16/2020	16247	Evelt PerezGil - Stipend	(420)
Bill Pmt -Check	12/16/2020	16248	Karen Borja - Stipend	(1,680)
Bill Pmt -Check	12/21/2020	16249	Lund & Guttry LLP	(500)
Bill Pmt -Check	12/21/2020	16250 - VOID	OneFuture Coachella Valley	0
Bill Pmt -Check	12/21/2020	16251	Principal Life Insurance Co.	(1,685)
Bill Pmt -Check	12/21/2020	16252	Xerox Financial Services	(394)
Bill Pmt -Check	12/21/2020	16253	OneFuture Coachella Valley	(78,750)
Bill Pmt -Check	12/21/2020	16254	Zendle, Les - Stipend	(315)
Bill Pmt -Check	12/21/2020	16255	Regional Access Project Foundation	(2,127)
Bill Pmt -Check	12/21/2020	16256	Alejandro Espinoza-	(129)
Bill Pmt -Check	12/21/2020	16257	Conchita Pozar	(100)
Bill Pmt -Check	12/21/2020	16258	Well in the Desert	(5,000)
Bill Pmt -Check	12/22/2020	16259	Liebert Cassidy Whitmore	(114)

Desert Healthcare District
Check Register
As of December 31, 2020

Type	Date	Num	Name	Amount
Bill Pmt -Check	12/23/2020	IC 12232020	Public Health Institute Funding (Transfer to Foundation)	(400,000)
Liability Check	12/24/2020		QuickBooks Payroll Service	(40,546)
Check	12/28/2020		Bank Service Charge	(636)
TOTAL				(736,799)

Desert Healthcare District								
Details for credit card Expenditures								
Credit card purchases - November 2020 - Paid December 2020								
Number of credit cards held by District personnel -2								
Credit Card Limit - \$10,000								
Credit Card Holders:								
Conrado Bárzaga - Chief Executive Officer								
Chris Christensen - Chief Administration Officer								
Routine types of charges:								
Office Supplies, Dues for membership, Computer Supplies, Meals, Travel including airlines and Hotels, Catering, Supplies for BOD meetings, CEO Discretionary for small grant & gift items								
Statement								
Year	Month	Total Charged	Expense Type	Amount	Purpose	Description	Participants	
		\$ 10,421.52						
Chris' Statement:								
2020	November	\$ 235.11	District					
			GL	Dollar	Descr			
			6360	\$ 114.93	Zoom Videoconference/Webinar Expense			
			6355	\$ 26.62	Premiere Global Services			
			6355	\$ 79.99	CalChamber 2020 Employee Handbook Creator			
			6360	\$ 13.57	Zoom Videoconference/Webinar Expense			
		\$ 235.11						
Conrado's Statement:								
2020	November	\$ 1,363.82	District					
			GL	Dollar	Descr			
			6355	\$9.95	Chegg Citation Machine Monthly Subscription			
			6352	\$101.79	LuLu California Bistro - Lunch Meeting - Conrado, Alejandro & IEHP Staff			
			6352	\$6.58	Tower Market - RUHS Public Health Visit			
			6130	\$99.00	Desert Sun - Annual Subscription			
			5230	\$375.00	California Hospital Association Virtual Behavior Health Care Symposium - Carole			
			5230	\$375.00	California Hospital Association Virtual Behavior Health Care Symposium - Evett			
			5240	\$150.00	Grubhub - 11/24/20 Board Meeting Food			
			5240	\$25.00	Grubhub - 11/24/20 Board Meeting Food			
			5240	\$25.00	Uber Eats - 11/24/20 Board Meeting Food			
			5160	\$ 110.00	CSDA Guide to Creating New Board Member Orientation webinar - Chris & Andrea			
			6360	\$ 86.50	Director Matthews 23-year Tenure Award			
		\$1,363.82						
2020	December	\$ 8,822.59	District					
			GL	Dollar	Descr			
			6325	\$2,500.00	Planned Parenthood Donation			
			5160	(\$395.00)	Reversal of National Conference for Health Disparities Fee for Cancelled Event			
			6325	\$1,500.00	Coachella Valley Rescue Mission Donation			
			6355	\$9.95	Chegg Citation Machine Monthly Subscription			
			6325	\$5,000.00	ACT for Multiple Sclerosis Donation for Amy Zende			
			6352	\$172.64	Tack Room - Lunch after COVID-19 Test Event - Conrado, Alejandro, Will, DPH, Vision Y Comromiso			
			6120	\$35.00	Overlimit Fee			
		\$8,822.59			* Payment made in December			

**Las Palmas Medical Plaza
Check Register
As of December 31, 2020**

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1046 - Las Palmas Medical Plaza				
Bill Pmt -Check	12/08/2020	10277	Imperial Security	(1,946)
Bill Pmt -Check	12/08/2020	10278	Palm Springs Disposal Services Inc	(2,301)
Bill Pmt -Check	12/08/2020	10279	Stericycle, Inc.	(1,544)
Bill Pmt -Check	12/08/2020	10280	Desert Water Agency	(159)
Bill Pmt -Check	12/10/2020	10281	INPRO-EMS Construction	(8,930)
Bill Pmt -Check	12/10/2020	10282	INPRO-EMS Construction	(10,117)
Bill Pmt -Check	12/15/2020	10283	Brad Wolfson MD	(9,575)
Bill Pmt -Check	12/15/2020	10284	Imperial Security	(1,785)
Bill Pmt -Check	12/15/2020	10285	Frontier Communications	(230)
Bill Pmt -Check	12/15/2020	10286	Southern California Edison	(671)
Bill Pmt -Check	12/21/2020	10287	Imperial Security	(1,785)
Bill Pmt -Check	12/21/2020	10288	Amtech Elevator Services	(1,410)
Bill Pmt -Check	12/22/2020	10289	Desert Air Conditioning Inc.	(2,414)
Check	12/22/2020		Bank Service Charge	(2,897)
TOTAL				(45,764)



MEMORANDUM

DATE: January 12, 2021

TO: F&A Committee

RE: Retirement Protection Plan (RPP)

Current number of participants in Plan:

	<u>Nov</u>	<u>Dec</u>
Active – still employed by hospital	96	96
Vested – no longer employed by hospital	60	60
Former employees receiving annuity	<u>7</u>	<u>7</u>
Total	<u>163</u>	<u>163</u>

The outstanding liability for the RPP is approximately **\$4.0M** (Actives - \$2.6M and Vested - \$1.4M). US Bank investment account balance \$4.8M. Per the June 30, 2020 Actuarial Valuation, the RPP has an Unfunded Pension Liability of approximately **\$4.6M**. A monthly accrual of \$7.5K is being recorded each month as an estimate for FY2021.

The payouts, excluding monthly annuity payments, made from the Plan for the Six (6) months ended December 31, 2020 totaled **\$231K**. Monthly annuity payments (7 participants) total **\$1.0K** per month.

DESERT HEALTHCARE DISTRICT OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE As of 12/31/20 TWELVE MONTHS ENDED JUNE 30, 2021						
Grant ID Nos.	Name	Approved Grants - Prior Yrs	Current Yr 2020-2021	6/30/2020 Bal Fwd/New	Total Paid July-June	Open BALANCE
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000		\$ 8,330,000	\$ -	\$ 8,330,000
2018-974-BOD-09-25-18	HARC - 2019 Coachella Valley Community Health Survey - 2 Yr	\$ 399,979		\$ 39,999	\$ -	\$ 39,999
2019-985-BOD-03-26-19	Coachella Valley Volunteers in Medicine - Primary Healthcare & Support Services - 1 Yr	\$ 121,500		\$ 12,150	\$ 12,150	\$ -
2019-986-BOD-05-28-19	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr	\$ 200,000		\$ 20,000	\$ 20,000	\$ -
2019-997-BOD-05-28-19	Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	\$ 200,896		\$ 20,090	\$ 20,090	\$ -
2019-989-BOD-05-28-19	Pegasus Riding Academy - Cover the Hard Costs of Pegasus Clients - 1 Yr	\$ 109,534		\$ 10,954	\$ 10,954	\$ -
2019-994-BOD-05-28-19	One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yr	\$ 700,000		\$ 385,000	\$ 157,500	\$ 227,500
2019-1000-BOD-05-28-19	Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$ 24,000		\$ 2,400	\$ 2,400	\$ -
2019-1017-BOD-09-24-19	Jewish Family Services - Case Management Services for Homeless Prevention - 1 Yr	\$ 90,000		\$ 9,000	\$ 8,855	\$ 145
	3 Unexpended funds Grant #1017					\$ (145)
2019-1023-BOD-10-22-19	CVRM - Transportation for Seniors & Homeless Hospital Discharge Referrals - 1 Yr	\$ 216,200		\$ 118,910	\$ 113,586	\$ 5,324
	3 Unexpended funds Grant #1023					\$ (5,324)
2019-1021-BOD-11-26-19	Neuro Vitality Center - Community Based Adult Services Program - 6 Months	\$ 143,787		\$ 79,083	\$ 50,323	\$ 28,760
	1 Unexpended funds Grant #1021					\$ (28,760)
2020-1045-BOD-03-24-20	FIND Food Bank - Ending Hunger Today, Tomorrow, and for a Lifetime - 1 Yr	\$ 401,380		\$ 311,069	\$ 180,622	\$ 130,447
2020-1129-BOD-05-26-20	Coachella Valley Volunteers In Medicine - Response to COVID-19	\$ 149,727		\$ 149,727	\$ 149,727	\$ -
2020-1085-BOD-05-26-20	Olive Crest Treatment Center - General Support for Mental Health Services	\$ 50,000		\$ 27,500	\$ 22,500	\$ 5,000
2020-1057-BOD-05-26-20	Desert Cancer Foundation - Patient Assistance Program	\$ 150,000		\$ 82,500	\$ 67,500	\$ 15,000
2020-1124-BOD-06-23-20	Regents of UCR - COVID-19 Testing & Health Education for Eastern Valley - 5 Months	\$ 149,976		\$ 149,976	\$ 149,976	\$ -
2020-1134-BOD-07-28-20	1 Desert Healthcare Foundation - Addressing Healthcare Needs of Black Communities		\$ 500,000	\$ 500,000	\$ 500,000	\$ -
2020-1139-BOD-09-22-20	1 CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr		\$ 50,000	\$ 50,000	\$ 22,500	\$ 27,500
2020-1135-BOD-11-24-20	5 Hope Through Housing Foundation - Family Resilience - 1 Yr		\$ 20,000	\$ 20,000	\$ 9,000	\$ 11,000
2020-1149-BOD-12-15-20	1 Voices for Children - Court Appointed Special Advocate Program - 1 Yr		\$ 40,000	\$ 40,000	\$ -	\$ 40,000
TOTAL GRANTS		\$ 13,106,979	\$ 610,000	\$ 10,358,358	\$ 1,497,683	\$ 8,826,445
Amts available/remaining for Grant/Programs - FY 2020-21:						
Amount budgeted 2020-2021			\$ 4,000,000		G/L Balance:	12/31/2020
Amount granted through December 31, 2020:			\$ (610,000)		2131	\$ 2,166,446
Mini Grants:	1132, 1163		\$ (10,000)		2281	\$ 6,660,000
Financial Audits of Non-Profits	8/15/20		\$ (5,000)			
Net adj - Grants not used:	1017, 1021, 1023		\$ 34,229		Total	\$ 8,826,446
Matching external grant contributions			\$ -			\$ (0)
Balance available for Grants/Programs			\$ 3,409,229			
Strategic Focus Areas FY20-21:						
		Grant Budget	Granted YTD	Available		
1	Healthcare Infrastructure and Services	\$ 1,500,000	\$ (561,240)	\$ 938,760		
2	Behavioral Health/Mental Health	\$ 500,000		\$ 500,000		
3	Homelessness	\$ 500,000	\$ 469	\$ 500,469		
4	Vital Human Services to People with Chronic Conditions	\$ 1,000,000		\$ 1,000,000		
5	Economic Protection, Recovery and Food Security	\$ 500,000	\$ (30,000)	\$ 470,000		
Balance available for Grants/Programs		\$ 4,000,000	\$ (590,771)	\$ 3,409,229		



Chief Administration Officer's Report

January 12, 2021

Landscape Renovation and Fire Alarm Electrical Connection project –

A pre-construction meeting was held with District Staff, Marina Landscape construction superintendents, and Chris Mills, project manager. The project will begin January 11, 2021 with scheduled completion by end of March 2021.

Las Palmas Medical Plaza - Property Management:

Occupancy:

See attached unit rental status report.

92% currently occupied –

Total annual rent including CAM fees is **\$1,240,361**.

Leasing Activity:

Leasing activity has continued to be slow due to the COVID-19 virus. Rob Wenthold, the broker staff is working with, indicated prospective tenants are apprehensive during this period of time.

Las Palmas Medical Plaza

Unit Rental Status

As of January 1, 2021

Unit	Tenant Name	Deposit	Lease Dates		Term	Unit Sq Feet	Percent of Total	Monthly Rent	Annual Rent	Rent Per Sq Foot	Monthly CAM	Total Monthly Rent Inclg CAM	Total Annual Rent Inclg CAM
			From	To									
											\$ 0.62		
3W, 101	Vacant					1,656	3.36%						
2W, 107	Vacant					1,024	2.07%						
1W, 204	Vacant					1,280	2.59%						
Total - Vacancies						3,960	8.02%						
Total Suites-33 - 31 Suites Occupied		\$ 57,513.50				49,356	92.0%	\$ 75,344.39	\$ 904,132.68	\$ 1.66	\$ 28,019.04	\$ 103,363.43	\$ 1,240,361.16
Summary - All Units													
			Occupied	45,396	92.0%								
			Vacant	3,960	8.0%								
			Pending	0	0%								
			Total	49,356	100%								



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: January 26, 2021
To: Board of Directors
Subject: T-Mobile 3rd Amendment to the Communications Site Sublease Agreement

Recommendation:

Consideration to approve the 3rd Amendment to the T-Mobile Communications Site Sublease Agreement.

Background:

- In 1996, T-Mobile, formerly Pacific Bell, installed a cellular communications tower at the hospital (DRMC).
- The original terms of the Sublease
 - *Five (5) year lease with four (4) additional renewal terms*
 - *\$1,000 per month with 15% annual increases*
 - *The current rent is \$1749.01 per month.*
- The original Sublease expires 8/14/2021.
- **At the November 12, 2019 F&A Committee meeting, staff presented the following proposed terms.**
- T-Mobile desires to extend the Sublease for five (5) additional and successive five (5) year terms.
- The beginning monthly rate *of \$1,650.*
- All other terms remain unchanged.
- **The Committee recommended speaking with an individual experienced with Cell Site leases to determine if these are the best terms.**

January 14, 2020 F&A Committee Meeting:

- Staff received the following guidance from Al Martini, an individual familiar with cellular leases, to propose to T-Mobile:
 - a monthly rate between \$2,000-\$2,500
 - a \$25,000 signing bonus (\$1,000 per year for the life of the lease, including extensions)
- The T-Mobile representative responded with the following:
 - *\$1,749.01 per month rent*
 - *15% escalator per five-year term*
 - *Five (5), 5-year terms for a total of 25 additional years.*
 - *T-Mobile will reject the proposed \$25,000 signing bonus.*
- The Committee recommended researching and soliciting proposals with other cellular providers

Current Update January 12, 2021:

- Staff again communicated with Al Martini and also solicited other cellular providers (AT&T, Verizon and Sprint), but received no response of interest.
 - It is possible that with taller buildings, like the Rowan Hotel, downtown, these facilities may be of more interest to the providers for the new 5G technology.

- The T-Mobile representative indicated the following terms should be acceptable to T-mobile:
 - *\$2,000.00 per month rent*
 - *15% escalator per five-year term*
 - *Five (5), 5-year terms for a total of 25 additional years.*
- At the January 12, 2021 Finance & Audit Committee meeting, the Committee approved the request and recommended forwarding to the Board for consideration of approval.
- Staff recommends approval of the T-Mobile 3rd Amendment for the Communications Site Sublease Agreement as presented.

Fiscal Impact:

\$809,086 Revenue over the 25-year life of the lease

Third Amendment To The Communications Site Sublease Agreement

This Third Amendment to The Communications Site Sublease Agreement (the "**Amendment**") is effective as of the date of execution by the last party to sign (the "**Effective Date**") by and between Desert Hospital District, a political subdivision of the State of California, also known as Desert Healthcare District, ("Sublessor") and T-Mobile West, LLC, a Delaware limited liability corporation ("**Sublessee**") (each a "**Party**", or collectively, the "**Parties**").

Landlord and Sublessee (or their predecessors-in-interest) entered into that certain The Communications Site Sublease Agreement dated April 19, 1996, including that certain First Amendment dated February 5, 1998, and also including that certain Second Amendment dated April 29, 1998 (including all amendments, collectively, the "**Lease**") regarding the leased premises ("**Premises**") located at 1150 N. Indian Canyon Dr., Palm Springs, CA 92262 (the "**Property**").

For good and valuable consideration, Landlord and Sublessee agree as follows:

1. The Lease is in full force and effect and neither Landlord nor Sublessee is in breach under the terms of the Lease.
2. Commencing on August 15, 2021, the Term of the Lease will automatically be extended for five (5) additional and successive five (5) year terms (each a "**Renewal Term**"), provided, that Sublessee may elect not to renew by providing Landlord sixty (60) days' notice prior to the expiration of the then current Renewal Term.
3. At the commencement of the first Renewal Term provided for in this Amendment, Sublessee shall pay Landlord Two Thousand Dollars and 00/00 (\$2,000.00) per month ("**Rent**") in advance, by the fifth (5th) day of each month. Any Rent previously paid from and after the commencement of the first Renewal Term provided for in this Amendment shall be offset against the new Rent. Rent shall be adjusted, effective on the first day of the second Renewal Term and each subsequent Renewal Term, by an amount equal to fifteen percent (15 %) over the Rent for the immediately preceding Renewal Term.
4. Sublessee may transmit and receive on any frequencies permitted by law.
5. Sublessee shall have the right to enlarge the Premises, to the extent practicable, so that Sublessee may implement any necessary upgrades and additions ("**Additional Premises**"), for a mutually agreed upon increase in monthly rent. Addition of coaxial cables, raceways, conduits and other ancillary equipment shall not require increased Rent. Any enlargement of the Premises shall require the written approval of Sublessor, which shall not be unreasonably withheld.

6. Sublessee may terminate the Lease by providing Landlord at least six (6) months' advance written notice of termination due to technological, regulatory, or economic reasons.
7. Sublessee shall have the right to connect to and otherwise utilize any and all pre-existing utility related equipment or alternatively, install new utility related equipment (collectively, the "**Utility Facilities**") located on or serving the Property which are either owned by or available to Landlord and to construct, install, operate, maintain, repair, add, upgrade, remove or replace Utility Facilities on the Property.
8. Should Landlord receive a bona fide offer from a third party that would result in an assignment of some or all of the Rent ("**Rental Stream Offer**"), Landlord shall immediately notify Sublessee, and Sublessee shall have the right to match the terms of the Rental Stream Offer within forty-five (45) days. No Rental Stream Offer may be entered into by Landlord without the prior written consent of Sublessee.
9. Any charges payable under the Lease other than Rent shall be billed by Landlord to Sublessee within twelve (12) months from the date in which the charges were incurred or due; otherwise the same shall be deemed time-barred and be forever waived and released by Landlord.
10. All notices, requests, demands and other communications shall be in writing and shall be effective three (3) business days after deposit in the U.S. mail, certified, return receipt requested or upon receipt if personally delivered or sent via a nationally recognized courier to the addresses set forth below. Landlord or Sublessee may from time to time designate any other address for this purpose by providing written notice to the other Party.

If to Sublessee:

T-Mobile USA, Inc.
 12920 SE 38th Street
 Bellevue, WA 98006
 Attn: Lease Compliance/ IE04463A

If to Landlord:

Desert Healthcare District
 1140 North Indian Canyon Drive
 Attn: Chief Executive Officer
 Palm Springs, CA 92263

11. Sublessee reserves the right to update the description of the Premises to reflect any modifications or changes, from time to time during the Term of the Lease.
12. Sublessee and Landlord will reasonably cooperate with each other's requests to approve permit applications and other documents related to the Property.

13. Landlord will execute a Memorandum of Lease at Sublessee 's request. If the Property is encumbered by a deed, mortgage or other security interest, Landlord will also execute a subordination, non-disturbance and attornment agreement.
14. Except as expressly set forth in this Amendment, the Lease otherwise is unmodified. To the extent any provision contained in this Amendment conflicts with the terms of the Lease, the terms and provisions of this Amendment shall control. Each reference in the Lease to itself shall be deemed also to refer to this Amendment.
15. This Amendment may be executed in duplicate counterparts, each of which will be deemed an original. Signed electronic copies of this Amendment will legally bind the Parties to the same extent as originals.
16. Each of the Parties represents and warrants that it has the right, power, legal capacity and authority to enter into and perform its respective obligations under this Amendment. Landlord represents and warrants to Sublessee that the consent or approval of a third party has either been obtained or is not required with respect to the execution of this Amendment.
17. This Amendment will be binding on and inure to the benefit of the Parties herein, their heirs, executors, administrators, successors-in-interest and assigns.

IN WITNESS, the Parties execute this Amendment as of the Effective Date.

LANDLORD:

Desert Healthcare District, a political subdivision of the State of California

By: _____

Print Name: _____

Title: _____

Date: _____

SUBLESSEE:

T-Mobile West, LLC, a Delaware limited liability corporation

By: _____

Print Name: _____

Title: _____

Date: _____

T-Mobile Contract Attorney
as to form



Date: 1/26/2021

To: Board of Directors

Subject: Grant #1147 Alzheimer's Association

Grant Request: Alzheimer's Association Critical Support

Amount Requested: \$33,264.00

Project Period: 2/1/2021 to 1/31/2022

Project Description and Use of District Funds:

The Alzheimer's Association provides free, critically needed outreach, education, and support services for Coachella Valley individuals with Alzheimer's or dementia and their families. Specific services provided by the Alzheimer's Association include referral services, general community education, specialized family caregiving, comprehensive caregiver training, support groups, counseling, and individualized Case Consultations.

Since COVID-19 hit in March, the Alzheimer's Association has experienced three times the typical requests for Care Consultations and crisis management as there has been significant increases with social and emotional isolation and financial hardships. Staff quickly transitioned to working remotely and training themselves, and their clients, on virtual platforms to maintain and continue support services in addition to developing safe opportunities for social engagements.

The funds provided by Desert Healthcare District will be used to continue offering services, to a particularly vulnerable population, by partially funding their Program and Education Manager and helping with costs incurred for their 4-week comprehensive Caregiver EssentialALZ training program.

Strategic Plan Alignment:

Vital Human Services to People with Chronic Conditions / Strengthened organizational capacity

Geographic Area(s) Served:

Cathedral City; Coachella; Desert Hot Springs; Indio; Indian Wells; La Quinta; Palm Desert; Palm Springs; Rancho Mirage; Bermuda Dunes



Action by Program Committee: (Please select one)

- ✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$33,264.00 be approved.

Recommendation with modifications

Deny

Full Grant Application Summary

Alzheimer's Association, Grant #1147

About the Organization

Alzheimer's Association
74020 Alessandro Drive, Suite A
Palm Desert, California 92260
Tel: 760-328-6767
Fax: (760) 328-2747
<http://www.alz.org/socal>

Primary Contact:

Cortney Weir
Tel: (760) 996-0006
Fax: (760) 328-2747
cjweir@alz.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
1999		\$3,500	Grant	12/31/1999	
2004	Spanish outreach network	\$37,000	Grant	11/22/2004	Grant budget
2008	New Directions in Dementia	\$1,000	CEO Discretionary	11/21/2008	CEO Discretionary
2009	Latino Healthcare Project	\$53,595	Improving Lives	10/27/2009	Grant budget

Program/Project Information

Project Title: Alzheimer's Association Critical Support

Start Date: 2/1/2021 **End Date:** 1/31/2022

Term: 12 months

Total Project Budget: \$152,400

Requested Amount: \$33,264

Executive Summary:

The Alzheimer's Association has been serving the Coachella Valley with free programs and services, education and outreach, and care and support for over 20 years. As there is still no cure for Alzheimer's disease, nor any meaningful treatments to help slow or mitigate the progression of its devastating effects, our services are crucially needed to ensure that our desert population living with Alzheimer's and other dementias have the support, education and resources to navigate what can often be a very long journey. The Alzheimer's Association is a 40 year old organization recognized globally as the

leader in providing strategic, evidence based programming that arms our constituents with the tools, information and education necessary to succeed in an extremely challenging and taxing situation. 70% of caregivers will end up with a serious health concern directly related to the stressful dynamic of caregiving, and 18% of those will pass away before their loved one with dementia. Alzheimer's is the single most expensive disease a family can bear, and it routinely devastates the carefully planned for and protected savings that a family accumulated over their working life. This disease devastates families; financially, emotionally, physically and in every other possible way. Our ability to provide free education, care and support to these families can often make the difference between successful navigation of this terrible new normal, and tragedy. Through programs like our Caregiver EssentialALZ and Care Consultations, we are able to empower our families living with Alzheimer's with strategies, tools and education, that can be as basic as learning to effectively communicate with your loved one who's dementia is progressing, or as potentially life saving as knowing what signs to look for that might indicate a serious health problem (cancer, diabetes, etc.) in a person who cannot communicate their physical changes or discomfort. No one is born knowing how to care for a loved one whose mind is slipping away, and the attendant feelings of frustration, hopelessness, isolation and despair can overwhelm the strongest individual, and test the longest bonds. Providing families with resources, tools and support to help them manage those feelings and ensure that they know they are not alone and have a community behind them is a life changing experience for our participants. Empowering them with information and education enables them to take back some of the control that they have lost, and to be proactive in the care of their loved one and themselves. This dynamic has a ripple effect through our community, as families connect together through our programming and become resources for each other, drawing strength from their shared experience and knowledge. We are extremely grateful to be serving our Alzheimer's community here in the desert, humbled by the many community partners who support our efforts and appreciative of the board and staff of the Desert Healthcare District for considering our request for funding during this extremely difficult year for our constituents.

Program/project Background and Community Need:

In the midst of this pandemic, Alzheimer's disease marches firmly on, destroying the finances and lives of millions of families across the United States. (Nearly 6 million people in the United States have an Alzheimer's diagnosis, and it is currently the 3rd leading cause of death in California and the 2nd leading cause of death for women in California). In the Coachella Valley, as our population skews older, we have an unusually high incidence of families living with Alzheimer's and other forms of dementia. Because of this, the Alzheimer's Association is a crucially needed resource for education, care and support services. In Fiscal Year 20, our small staff of 4, together with our many community volunteers, served 1,491 unduplicated contacts. This number typically represents an additional 1-3 family members who we will also serve in some capacity. The contacts are also only counted one time, although our constituents typically interact with us often on a weekly or monthly basis through our various programs. Our programs and services are a lifeline for this community, providing not just education and support, but life changing social opportunities for people with disease who have lost their typical outlets and opportunities to interact and engage. Our Songshine music program, Art Expressions program and ALZ Explorers programs allow both the caregivers and their loved ones to be active participants in their community and

to have meaningful interactions that can help mitigate disease progression and behavioral issues. Before the pandemic, our office was a thriving center of community, resources, engagement and hope. Since the pandemic, we have striven to meet our people where we can, and are dedicated daily to providing them the best care possible within the restrictions necessary to ensure that this most vulnerable population is protected. We will not abandon them.

Strategic Plan Alignment:

Vital Human Services to People with Chronic Conditions / Strengthened organizational capacity

Program/project description:

The Alzheimer's Association has provided critically needed outreach and education, care and support services for the Coachella Valley for over 20 years, and for all of that time, we have never charged for any of these programs. Our local community office has been a hub of activity, support and social engagement for the Alzheimer's and dementia community, which typically included the person with disease (PWD), their primary and secondary family caregivers, and extended family who are interested and vested in their care. In addition to providing information and referral services, we also offer general community education, specialized family caregiving, such as our 4 week comprehensive series Caregiver EssentiALZ, support groups and individual Care Consultations with families in need of short term and long term planning, as well as crisis counseling. Since March, and the impact of Covid19 on our valley, we have seen a sharp and alarming trend with our Alzheimer's patients and families. The isolation, financial hardships and general stressors of caregiving have been compounded exponentially in this vulnerable population due to the pandemic. While the shut downs and social changes, job losses, etc. have been difficult for many people, the Alzheimer's population has been hit particularly hard, as they were very dependent on having the ability to engage, receive education and support and social outlets for both the caregivers and PWD through our services. Once we settled in to our new reality of working remotely, we saw a sharp uptick in calls to our local office, requests for Care Consultations, crisis management strategies and just general despondency and hopelessness. In addition to shifting all of our programs and services to virtual platforms, and providing extensive training to our senior population on utilizing these new forms of program delivery, we quickly realized that we had to add socialization opportunities for our community to have breaks, opportunities to see one another and our staff, have things to look forward to for both the caregivers and PWD and a means to check in on health and safety concerns. We are currently offering 2 educational opportunities per week, in addition to our outreach to the general population (rotaries, chambers, etc), as well as 3 different social engagement opportunities for both the caregivers and PWD. We have also run several sessions of a new, strategic educational program, "Caregiving During Covid", which addressed the particular safety concerns and protocols regarding the pandemic. We have moved all of our support groups to virtual platforms and negotiated the transitionary period for our seniors into a smoothly running system. We have also tripled the number of Care Consultations that we were doing pre-pandemic. The funds provided by Desert Healthcare District will be used to continue our service to this particularly vulnerable population at a time when our own fundraising efforts have also been severely impacted as our Reason to Hope event scheduled for April 2020 had to be cancelled and our Walk to End Alzheimer's is

tracking severely behind. Sustaining and expanding our outreach to the community at this most critical time is of utmost importance to the thousands of families living with Alzheimer's and other dementias in the Coachella Valley.

Description of the target population (s):

Our demographic is as varied and diverse as the Coachella Valley itself. Alzheimer's disease does not discriminate and as a result, our constituents come from every pocket and group in the Coachella Valley. Because the majority of our clients served are seniors and their families, our clientele is older, and many of them are veterans. We estimate that the LGBTQ community makes up about 36% of our program participant base, and we have specific outreach to the LatinX, LGBTQ, African American and Native American populations in the CV.

Geographic Area(s) Served:

Cathedral City; Coachella; Desert Hot Springs; Indio; Indian Wells; La Quinta; Palm Desert; Palm Springs; Rancho Mirage; Bermuda Dunes

Age Group:

(25-64) Adults
(65+) Seniors

Total Number of District Residents Served:

468

Program/Project Goals and Evaluation

<p>Goal #1: To continue to deliver Care Consultations to individual families. These entail a private individualized planning session with a Program Manager who does a full assessment of the current situation, challenges, and very often crisis management and mitigation. There is also significant follow up with these families, and multiple Care Consultations that take place as their loved one's disease progresses and needs change. Goal: To deliver 100 unduplicated Care Consultations to District families, which incorporates an average of two additional family members for a total of 300 District residents served.</p>	<p>Evaluation #1: Data will be collected and recorded for each individual Care Consultation via our proprietary data management tool, Personify, including information about each family, address, situation, plan of action, plan of follow up and subsequent contact.</p>
<p>Goal #2: Goal: To deliver approximately 150 follow up Care Consultations with families who are</p>	<p>Evaluation #2: Data will be collected and recorded for each individual Care Consultation via our</p>

<p>established with us through a previous CC to monitor progress, changing circumstances and challenges related to their loved ones disease progression.</p>	<p>proprietary data management tool, Personify, including information about each family, address, situation, plan of action, plan of follow up and subsequent contact.</p>
<p>Goal #3: Goal: To deliver a new Caregiver EssentiALZ 4 week series each month in 2021, with an average of 14 caregivers in attendance during each session. This will be a total of 168 district residents/families served, who will then go on through the programmatic continuum of services we provide, including ongoing support groups, additional targeted education and the opportunity to participate with their loved one in social engagement programs.</p>	<p>Evaluation #3: Data will be collected and recorded for each attendee every month and entered into Personify and evaluations completed by each participant both pre and post the class series will determine the effectiveness of the information delivered on the caregiver's knowledge base, comfort level, overall stress level and ability to be successful and effective in their caregiver role.</p>
<p>Goal #4:</p>	<p>Evaluation #4:</p>
<p>Goal #5:</p>	<p>Evaluation #5:</p>

Proposed Program / Project Evaluation Plan

Utilizing our proprietary Association internal database, Personify, the Alzheimer's Association carefully collects data from every interaction that occurs between our staff, volunteers and community members. For each Care Consultation a record is made for the family in question, with detailed notes regarding their specific situation, challenges, and the resources, strategies and action plan that is developed with their Program Manager. Additionally, for every education class, data is entered regarding the name, email and zip code of each participant in attendance, whether in person or virtually. All class participants are also given a post class evaluation, including a pre and post survey for the Caregiver EssentiALZ 4 part series which measures their growth in knowledge, comfort level and overall stress level before they begin the series and after it is completed. After the class concludes, most Caregiver EssentiALZ class groups form their own Support Group, or migrate into an existing Support Group, where their knowledge base and self assessed stress levels are also routinely monitored. The Association collects unduplicated numbers with regard to family members utilizing our services; EG one family may access several of our programs and services multiple times, (attend a support group every week for several months/years, attend an occasional educational or social engagement class, participate in one of more Care Consultation. For our purposes of increasing our reach and focusing on serving the greatest number of families living with Alzheimer's, we count each of these instances as an unduplicated contact only one time for our yearly total number of families served. For the purposes of this grant request, some averages have been made based on the actual number of district residents that are being served by the programs in question.

Organizational Capacity and Sustainability

Organizational Capacity

We have 2 full time Program Managers, and one will be funded 50% through this request to deliver our Care Consultations and Caregiver EssentiALZ programs. This will represent approximately 19 hours per week to prep for the programs/consultations, market the programs, deliver the programs, and complete the necessary data entry and follow up for each.

Organizational Sustainability:

The programs in question, Care Consultations and our 4 week Caregiver EssentiALZ program are integral parts of our overall programmatic activity as part of the Care and Support pillar of delivering education and support directly to family caregivers. The additional pillars are Concern and Awareness, Advocacy and Public Policy, Diversity and Inclusion, Accelerating Research and Increasing Funding

Partnerships:

Key Partners:

KESQ, News Channel 3: (A community partner with a representative on our Advisory Council), have given us in kind donations of air time and production for a 30 second PSA detailing our programs and services locally.

Ombudsmans Office Long Term Care: Have provided speakers for our Caregiver EssentiALZ class regarding residential placement criteria and dangers to look for/be aware of in placing a loved one.

Home Care Assistance and Senior Living Options: Have provided speakers for Caregiver EssentiALZ class for information on in-home care options.

Edward Jones: Advisory Council member Eric Mosser has delivered the Alzheimer's Association/Edward Jones "Legal and Financial Planning" presentation to our Caregiver EssentiALZ class participants, which details the plans they should have in place for their loved one with Alzheimer's.

Eisenhower Health: Has hosted sessions of our Caregiver EssentiALZ series at their adult day care site, run by our staff in conjunction with our long running support group at EH.

Various Yoga Practitioners: Have delivered a brief chair yoga presentation as part of our stress relieving module during week 3 of Caregiver EssentiALZ

Various Therapists/Counselors: Have led a discussion about grief, stress and self care during Caregiver EssentiALZ

Caregiver EssentiALZ Program Curriculum

Caregiver EssentiALZ is a four week, comprehensive series designed to prepare family caregivers for the important role of caring for a loved one through their Alzheimer's or dementia journey. Based on a combination of two proprietary Alzheimer's Association programs entitled "Living with Alzheimer's" and "The Savvy Caregiver", this class was created to arm the caregiver with the knowledge base, tools and strategies necessary to enable them to be successful in fulfilling this role for their loved one. A special emphasis on caregiver self-care and stress management has been incorporated throughout, including weekly "Me Moments", where simple stress relieving techniques will be presented and practiced. Participants take a self-assessment of their knowledge base and comfort level before the class series commences, and once it is completed.

Week One: Welcome, Establishing Your Baseline, Understanding the Disease and Common Challenges

1. Welcome and Introductions- *Interactive Activity*
2. Stages of the Disease-Understanding Alzheimer's
3. Symptoms and Care Needs Associated with the Different Stages of Alzheimer's
4. Seven Stages of Grief (Kubler-Ross Model) Self Assessment-*Interactive Discussion*
5. Behavioral Changes
6. Confusion – Tips and Suggestions on Managing this Behavior
7. Repetition – Tips and Suggestions on Managing this Behavior
8. Agitation and Aggression – Tips and Suggestions on Managing this Behavior
9. Hallucinations – Tips and Suggestions on Managing this Behavior
10. Suspicion – Tips and Suggestions on Managing this Behavior
11. Sundowning- Tips and Suggestions on Managing this Behavior
12. Sleep Issues - Tips and Suggestions on Managing this Behavior
13. ME Moment – Breathing Exercise for Stress Management
14. Homework – Practice Deep Breathing and Try New Tip or Response to Manage Behavior

Week Two: The Importance of Self Care and Stress Management, Accepting Your New Role and Relationship, How to Effectively Communicate

1. Check-In and Homework-*Interactive Activity*
2. The Importance of Self-Care
3. Stressors and Their Consequences
4. Caregiver Stress Check-*Interactive Activity*
5. Self Care Ideas
6. Taking Care of You
7. Stress Management
8. Accepting Help
9. Changes in Your Relationship
10. Changes in Your Role as a Caregiver
11. Changes in Intimacy
12. Changes in Communication
13. Compassionate and Effective Communication-Tips and Strategies
14. ME Moment – Aromatherapy (*Guest Speaker when available*)
15. Homework – Me Moment and Try a New Communication or Stress Management Technique

Week Three: Daily Life Planning, Tips and Strategies

1. Check-In and Homework-*Interactive Activity*
2. Importance of Day to Day Planning
3. How to Make a Solid Plan
4. Mealtime Solutions
5. Grooming Tips and Tricks
6. Bathing 101
7. Dental Care Tips
8. Toileting Tips and Resources
9. Pleasant Events to Share with your Loved One- *Interactive Activity*
10. Staying Safe in the Home-Review Safety Check List
11. Managing Trips to the Hospital
12. Preparing for Emergencies
13. Driving – Having the Conversation About When It Is Unsafe
14. ME Moment – Visualization and Meditation (*Guest Speaker when available*)
15. Homework – Complete your Home Safety Check List

Week Four: Long Term Planning and Resources

1. Check-In and Homework-*Interactive Activity*
2. Legal and Financial Planning- *Guest Speaker, Professional Advisor*
3. Legal Tips and Resources
4. Financial Tips and Resources
5. Informal Care Options – Family and Friends
6. Respite Care – The Importance of Respite and local Resources
7. In-Home Care – Tips and Resources
8. Senior Living Options – local CCRC and Different Options- *Guest Speaker, Placement Professional*
9. Alzheimer’s Association Resources and Help Line
10. Alzheimer’s Support Groups and Education
11. Local Resource Guide
12. ME Moment – Chair Yoga-*Guest Speaker, Professional Yogi*
13. Celebration – End of Class-*Interactive Social Celebration and Conversation*

Line Item Budget Operational Costs

PROGRAM OPERATIONS	Total Program/Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs Detail on sheet 2	152,400	90000	30000
Equipment (itemize)			
1			0
2			0
3			0
4			0
Supplies (itemize)			
1	Materials printed for classes and programs		800
2			0
3			0
4			0
Printing/Duplication			
Mailing/Postage			
Travel/Mileage			
Education/Training			
Office/Rent/Mortgage			
Telephone/Fax/Internet			
Utilities			
Insurance			
Other facility costs not described above (itemize)			
1			0
2			0
3			0
4			0
Other program costs not described above (itemize)			
1	Indirect Expenses		2,464
2			
3			
4			0
Total Program Budget		152400	90000
			33,264
Budget Narrative	This budget request represents a percentage of the Program and Education Manager's salary based on their job description and their responsibilities as they relate to delivering Care Consultations as well as our 4 week comprehensive program, Caregiver EssentiALZ, which are both now critically focused on managing Covid related crisis situations and education regarding protocols in caregiving during the pandemic.		

Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
Employee Position/Title					
1	Program and Education Manager	\$62,000	80%	\$78,740	\$30,000
2					
3					
4					
5					
6					
7					
8					
Total Employee Benefits					
Enter this amount in Section 1; Staffing Costs				Total >	30000
Budget Narrative	<p style="color: red;">Our Program and Education Manager is tasked with providing community education, outreach, care and support. This includes performing Care Consultations, which are one on one counseling sessions with families for short and long term planning as well as crisis management. Our Program and Education Manager also leads our Caregiver EssentialZ 4 week comprehensive Program which provides a full range of strategies, education and practical tips, as well as community resources for our participants. They also do a tremendous amount of information and referral regarding home safety, crisis management regarding the pandemic, placement and housing counseling and education on effective communication with loved ones, physician's and other services within the community.</p>				
Budget Narrative	<p style="color: red;">The Alzheimer's Association offers comprehensive medical, dental, vision and life insurance benefits at a rate that adds in general 27% onto the employees base salary for the portion paid by the Association. The employee is responsible for approximately 30% of the costs related to these benefits.</p>				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1					
2					
3					
4					
5					
Enter this amount in Section 1; Staffing Costs				Total >	0
Budget Narrative	<p style="color: red;">Please describe in detail the scope of work for each professional service/consultant on this grant.</p>				

Line Item Budget Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project		Amount
Fees		
Donations		
Grants (List Organizations)		
1	Willmas Family Foundation	\$10,000
2	Barker Foundation	\$20,000
3	Veit Family Foundatioin	\$15,000
4		
Fundraising (describe nature of fundraiser)		
1	Walk to End Alzheimer's, November 14, 2020	\$45,000
2		
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)		
1		
2		
3		
4		
Total funding in addition to DHCD request		90000
Budget Narrative	The Grants listed are actual, received amounts for FY21. The Walk to End Alzheimer's is a projected amount, based on our current fundraising to date, and the amount that would be allocated to staff salaries and program support from the Walk.	

Jewish Family Service of the Desert

490 S. Farrell Drive, Suite C208, Palm Springs, CA 92262

PHONE (760) 325-4088 FAX (760) 778-3781 WEB www.jfsdesert.org



Desert Healthcare District
1140 N. Indian Canyon Drive
Palm Springs, CA 92262

December 17, 2020

Dear DHCD Board Members,

Jewish Family Service of the Desert (JFS) proudly supports the Alzheimer's Association, Coachella Valley, in their efforts to improve our community.

JFS provides several social services, but we are certainly not experts as it relates to dementia, particularly Alzheimer's disease. To improve the service of our clients dealing with this insidious disease, referrals are made to the experts at the Alzheimer's Association in an effort to tap into their programs. We have seen the benefit provided by the Alzheimer's Association and knowingly continue to make referrals.

The Alzheimer's Association serves a critical need in the Coachella Valley, particularly at this challenging time, as the demographic that they serve is extremely vulnerable to the isolation resulting from COVID-19, and to the virus itself. The support and educational services provided by the staff are critically needed here in the Coachella Valley as they are providing essential services to this fragile population. It is my pleasure to provide an endorsement of their programs and services.

Sincerely,

Kraig Johnson
Executive Director

December 15, 2020

Desert Healthcare District Foundation
1140 N. Indian Canyon Drive
Palm Springs, CA 92262

Re: Grant Request – Alzheimer’s Association – Letter of Support

Dear District Board/Foundation Members:

This letter is written in support of the funding request by the Alzheimer’s Association, Coachella Valley, their staff members, volunteers, programs and services.

Through my role as Chief Strategy Officer for Desert Care Network (DCN), I have participated in coordinating with the Alzheimer’s Association to deliver educational programming and support to our healthcare providers and community members via DCN network locations and facilities. I have also worked as a volunteer committee member for this organization and seen first-hand the level of crucial services provided to our desert community and the dedication of their staff and volunteers. DCN has been a proud sponsor of several Alzheimer’s Association events because we recognize the need to bring awareness to this devastating disease.

Additionally, as Mayor of the City of La Quinta, I have had the opportunity to also partner with the Alzheimer’s Association on program delivery throughout the La Quinta service area, including support groups, education, arts and culture, and care and support services. This year, the Greater Coachella Valley Chamber of Commerce presented the Volunteer of the Year award for the City of La Quinta to Mary Lou Green, an Alzheimer’s Association volunteer, for her incredible work for the organization and the clients it serves.

The Alzheimer’s Association is serving a critical need in the Coachella Valley, particularly at this challenging time, as the demographic that they serve is particularly vulnerable to the isolation resulting from COVID-19, and to the virus itself. The support and educational services provided by the staff are critically needed in the Coachella Valley, as they are providing essential services to a very fragile population. It is my pleasure to provide an endorsement of their programs and services, and their community partnerships.

If you need additional information or have any questions regarding the content of this letter, please feel free to contact me through email at levans@laquintaca.gov or at 760-899-3279. Thank you.

Sincerely,

A handwritten signature in blue ink that reads "Linda Evans".

Linda Evans
Mayor, City of La Quinta



Cove Communities Senior Association
THE JOSLYN CENTER
"ENRICHING LIVES EVERY DAY"

73-750 Catalina Way • Palm Desert, California 92260
760.340.3220 • Fax 760.568.9230

December 15, 2020

Desert Healthcare District
1140 N. Indian Canyon Drive
Palm Springs, CA 92262

Dear DHCD Board Members,

This letter is written in support of the grant application of the Alzheimer's Association, Coachella Valley, their staff members, volunteers, programs and services.

The Joslyn Center has worked with the Alzheimer's Association in presenting programs and support to our members and through Joslyn Wellness Center programming. The Alzheimer's Association provides critical services provided to our desert community and The Joslyn Center members and clients.

The Alzheimer's Association is serving a vital need in the Coachella Valley, particularly at this challenging time, as the demographic that they serve is particularly vulnerable to the isolation resulting from COVID-19, and to the virus itself. The support and educational services provided by the staff at the Alzheimer's Association are a crucial component in the Coachella Valley as they are providing essential services to this fragile population. It is my pleasure to provide an endorsement of their programs and services, and their community partnerships.

Sincerely,

Jack Newby
Executive Director

Grant Scoring Review

Grant Staff Review # 1 of 3

Executive Summary: 9

Community Need and Alignment: 9

Goals: 8

Proposed Evaluation Plan: 8

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 9

Total Score: 70.00

Reviewer Comments: This organization has been serving Coachella Valley families living with Alzheimer's and other forms of dementia with free programs and services, education and outreach, and care and support. This funding will allow the Program and Education Manager to continue to deliver unduplicated Care Consultations to approximately 250 individual families. This funding will also allow the Program and Education Manager to deliver a new Caregiver EssentiALZ 4 week series each month, for an approximate total of 168 residents/families taking the course.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 18 (2 of 2)

Grant Program Staff Review Stage: 70 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 36 (2 of 2)

Grant Program Staff Review Stage: 210 (3 of 3)

Total average proposal score: 88/100

Grant Scoring Review

Grant Staff Review # 2 of 3

Executive Summary: 9

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 8

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 10

Total Score: 72.00

Reviewer Comments: The Alzheimer's Association proposed grant provides much needed support to individuals suffering with Alzheimer's and their primary and secondary caregivers. A key component of the proposed grant are Care Consultations, where the person with the disease and their caretakers and/or family members meet with a Program Manager to develop an individualized care plan is developed to mitigate the impact of the disease. Once the plan is developed follow-up Care Consultations provide an opportunity to modify or enhance the individual care plan to ensure as the needs of the person with the disease changes so does the care plan. The Caregiver EssentiALZ 4-week class provides caretakers with the tools and on-going support to ensure they provide the best care possible for the person under their care and themselves. DHCD grant dollars will expand these services in this great time of need, and provide much needed support to a vulnerable population and their caretakers. I support fully funding this proposed grant.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 18 (2 of 2)

Grant Program Staff Review Stage: 70 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 36 (2 of 2)

Grant Program Staff Review Stage: 210 (3 of 3)

Total average proposal score: 88/100

Grant Scoring Review

Grant Staff Review # 3 of 3

Executive Summary: 8

Community Need and Alignment: 8

Goals: 9

Proposed Evaluation Plan: 8

Applicant Capacity and Infrastructure: 8

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 9

Total Score: 68.00

Reviewer Comments: Alzheimer's Association continues to offer free family and caregiver support to families living with members suffering from Alzheimer's and other dementias. The Alzheimer's Association staff provides the tools, resources, and education to manage and understand the financial, emotional, and physical impact and challenges faced when dealing with Alzheimer's and dementia. Staff meets with families on an ongoing basis to empower them with information and education and offer training sessions directly to caregivers. Amidst the challenges of the pandemic, the Alzheimer's Association adapted their program to continue their support services and increase their capacity to handle a rise in care consultations requests.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 18 (2 of 2)

Grant Program Staff Review Stage: 70 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 36 (2 of 2)

Grant Program Staff Review Stage: 210 (3 of 3)

Total average proposal score: 88/100

Grant Scoring Review

Fiscal Staff Review # 1 of 2

Fiduciary Compliance: 9

Financial Stability: 8

Total Score: 17.00

Reviewer Comments: Grantee's audit report has an unmodified opinion

Current Ratio of 1:1 Grantee needs financial support

District's grant funding is 22% of the Program Budget and is supported by various other funding sources.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 18 (2 of 2)

Grant Program Staff Review Stage: 70 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 36 (2 of 2)

Grant Program Staff Review Stage: 210 (3 of 3)

Total average proposal score: 88/100

Grant Scoring Review

Fiscal Staff Review # 2 of 2

Fiduciary Compliance: 9

Financial Stability: 10

Total Score: 19.00

Reviewer Comments: Audited financial statements presented and approved by board in timely fashion and has positive cash flow for latest fiscal year. Strategic plan in place, including 10-year vision, with multiple sources of funding. Grant request is reasonable compared to overall organizational budget.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 18 (2 of 2)

Grant Program Staff Review Stage: 70 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 36 (2 of 2)

Grant Program Staff Review Stage: 210 (3 of 3)

Total average proposal score: 88/100



FY 2020-2021: Grant Application Scoring Rubric



Category	Meets expectations <i>(10-6 points)</i>	Does not meet expectations <i>(0-5 points)</i>
Programmatic Review		
Executive Summary (10 points)	The applicant includes and describes the project’s mission and vision, the target population the project will serve, the expected benefits to the community, the need for the project in the community with proposed evidence-based methods, interventions, and strategies that are realistic, attainable, effective, and outcome-oriented.	The applicant is unclear or does not include or describe the project’s mission and vision, the target population the project will serve, the expected benefits to the community, the need for the project in the community with proposed evidence-based methods, interventions, and strategies that are realistic, attainable, effective, and outcome-oriented.
Community Need & Alignment (10 points)	The applicant identifies and defines a specific need(s) for the project within the identified community and effectively describes the alignment of that need to one of the Desert Healthcare District and Foundation five strategic focus areas by using one or more of the following: data, case studies, interviews, focus group results, media coverage, etc.	The applicant does not sufficiently identify or describe a need for the project and/or its alignment to one of the Desert Healthcare District and Foundation five strategic focus areas by using one or more of the following: data, case studies, interviews, focus group results, media coverage, etc.
Goals (10 points)	The applicant has provided SMART goals with an evaluation plan that is comprehensively developed. The SMART goals are specific, measurable, ambitious, realistic, and time-bound , and the evaluation plan will accurately measure the project’s effectiveness and impact.	The applicant has provided very limited goals and evaluation plans. The goals are not specific, measurable, ambitious, realistic, time-bound goals and will not measure the project’s effectiveness or impact.

<p>Proposed Program/Project Evaluation Plan (10 points)</p>	<p>The applicant provides a detailed plan of action for evaluation that includes both qualitative and/or quantitative assessment(s). The plan includes well-defined data reporting mechanisms and/or a clear and transparent narrative.</p> <ul style="list-style-type: none"> • Evaluation measures and methods are clear; the applicant defines how they envision success. • Evaluation is in alignment with the SMART goals of the project. • An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding. 	<p>The applicant does not provide, or vaguely describes, a plan of action with limited qualitative and/or quantitative assessment(s). The plan includes poorly defined data reporting mechanisms and/or a narrative.</p> <ul style="list-style-type: none"> • Evaluation measures and methods are not clear; the applicant vaguely defines how they envision success. • Evaluation is not in alignment with the SMART goals of the project. • An explanation is not provided on how the data collected from the project will be utilized.
<p>Applicant Capacity and Infrastructure to Execute Proposal (10 points)</p>	<p>The applicant includes examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant demonstrates reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>	<p>The applicant does not include examples that demonstrate the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant is limited in its ability to demonstrate reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>
<p>Organization Sustainability (10 Points)</p>	<p>The applicant demonstrates that it has a current Strategic Plan with measurable outcomes and includes the proposed program. The applicant demonstrates strong Board engagement, governance, and fundraising support.</p>	<p>The applicant does not sufficiently demonstrate that it has a current Strategic Plan with measurable outcomes. The proposed program is not identified in the current Strategic Plan and the applicant organization has limited Board engagement, governance, and fundraising support.</p>

<p>Budget (10 points)</p>	<p>The budget is specific and reasonable, and all items align with the described project. The proposed budget is accurate, cost-effective, and linked to activities and outcomes.</p> <ul style="list-style-type: none"> • There are no unexplained amounts. • The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable. • All line items are identified clearly in the budget narrative. • The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project. 	<p>The budget is not specific and/or reasonable, and the items are poorly aligned with the described project. The budget is included in the application but seems incomplete or not reflective of actual costs.</p> <ul style="list-style-type: none"> • There are unexplained amounts. • The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are not reasonable. • Line items are not clearly defined in the budget narrative. • The budget does not show committed, in-kind, or other funds that have been identified, secured, and in place to support the project.
<p>Key Partners / Collaboration (10 points)</p>	<p>The proposal demonstrates a collaborative process that includes multiple community partners involved in planning and implementation, with contributions from collaborators articulated in detail via letters of support and/or memorandums of understanding.</p>	<p>The proposal does not demonstrate a collaborative process and it does not involve multiple community partners in planning and implementation. Potential for collaboration exists but is not articulated.</p>
<p>Fiscal Review</p>		
<p>Fiduciary Compliance (10 Points)</p>	<p>The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financial statements produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, and the Board reviews financial statements regularly.</p>	<p>The applicant does not demonstrate a financial history that shows a continuous cycle of fiduciary responsibility of the Board through audited financial statements. Positive cash flow at the end of each fiscal year is not consistent. and the Board does not review financials regularly.</p>

<p>Financial Stability (10 Points)</p>	<p>Funding sources for operations and programs are from multiple sources and are driven by a strategic plan for stability for both short- and long-term growth. Fund development and/or business plan is in place to identify future sources of funding. The requested grant amount is reasonable in comparison to the overall organizational budget.</p>	<p>Source of funds for operations and programs are from limited sources and are not driven by a strategic plan. There is no plan for stability in place currently, including a fund development plan and/or business plan. The requested grant amount is unreasonable in comparison to the overall organizational operating budget.</p>
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Total Score: ____ / 100

Recommendation:

- Fully Fund
- Partially Fund – Possible restrictions/conditions
- No Funding

Grant #1147

EXHIBIT B**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
Alzheimer's Association Critical Support	2/01/2021 1/31/2022

PAYMENTS:

(2) Payments: \$14,969.00
10% Retention: \$3,326.00

Total request amount: \$33,264.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
2/01/2021	Signed Agreement submitted & accepted.	Advance of \$14,969.00 for time period 2/01/2021 - 7/31/2021
8/01/2021	1 st six-month (2/01/2021 - 7/31/2021) progress report, budget reports and receipts submitted & accepted	Advance of \$14,969.00 for time period 8/01/2021 - 1/31/2022
2/01/2022	2 nd six-month (8/01/2021 - 1/31/2022) progress report, budget reports and receipts submitted & accepted	\$0
2/28/2022	Final report (2/01/2021 - 1/31/2022) and final budget report submitted & accepted	\$3,326.00 (10% retention)

TOTAL GRANT AMOUNT: \$33,264.00

DELIVERABLES:

Program/Project Goals and Evaluation

<p>Goal #1: To continue to deliver Care Consultations to individual families. These entail a private individualized planning session with a Program Manager who does a full assessment of the current situation, challenges, and very often crisis management and mitigation. There is also significant follow up with these families, and multiple Care Consultations that take place as their loved one's disease progresses and needs change. Goal: To deliver 100 unduplicated Care Consultations to District families, which incorporates an average of two additional family members for a total of 300 District residents served.</p>	<p>Evaluation #1: Data will be collected and recorded for each individual Care Consultation via our proprietary data management tool, Personify, including information about each family, address, situation, plan of action, plan of follow up and subsequent contact.</p>
<p>Goal #2: Goal: To deliver approximately 150 follow up Care Consultations with families who are established with us through a previous CC to monitor progress, changing circumstances and challenges related to their loved ones disease progression.</p>	<p>Evaluation #2: Data will be collected and recorded for each individual Care Consultation via our proprietary data management tool, Personify, including information about each family, address, situation, plan of action, plan of follow up and subsequent contact.</p>
<p>Goal #3: Goal: To deliver a new Caregiver EssentiALZ 4-week series each month in 2021, with an average of 14 caregivers in attendance during each session. This will be a total of 168 district residents/families served, who will then go on through the programmatic continuum of services we provide, including ongoing support groups, additional targeted education and the opportunity to participate with their loved one in social engagement programs.</p>	<p>Evaluation #3: Data will be collected and recorded for each attendee every month and entered into Personify and evaluations completed by each participant both pre- and post-the class series will determine the effectiveness of the information delivered on the caregiver's knowledge base, comfort level, overall stress level and ability to be successful and effective in their caregiver role.</p>



Date: 1/26/2021

To: Board of Directors

Subject: Grant #1136 Inland Empire Ronald McDonald House

Grant Request: Temporary Housing and Family Support Services

Amount Requested: \$119,432.00

Project Period: 2/1/2021 to 1/31/2022

Project Description and Use of District Funds:

The Inland Empire Ronald McDonald House's (IERMH) primary objective is to boost the innate strengths of families during a time of crisis, keeping them close together and allowing them to focus on their child's health and well-being and stay within minutes of the hospital. Of the families served, at least 85% are low income. The IE Ronald McDonald House provides a "home away from home" for these families ensuring they have access to life-saving pediatric treatments, mental health care services, and on-site Family Support Services team and minimize the financial strain a family would experience trying to stay local in a hotel. The family is provided a private guest room, private bathroom, shared common areas, basic essentials and much more.

The IE Ronald McDonald House continues to serve families during the pandemic. Due to COVID-19 occupancy limits and restrictions in place, the number of families served has dropped; however, the IERMH has adapted to support as many families as possible within the limits of the pandemic. From January to November 2020, they have accommodated 347 stay requests. Of that number, 78 of the families were from Coachella Valley, representing 264 people using in total 1,522 nights. These numbers show that more than 22% of the overall occupancy is coming from the Coachella Valley.

The District's funds will help to offset the cost of the family stay (house program), the Family Support Services program, and expenses incurred traveling to and from a child's bedside for those families from the Coachella Valley.

Strategic Plan Alignment:

Healthcare Infrastructure and Services / Increase access to healthcare for traditionally underserved populations



Geographic Area(s) Served:

Cathedral City; Coachella; Desert Hot Springs; Indio; La Quinta; Palm Desert; Palm Springs; Thermal; Thousand Palms; Bermuda Dunes

Action by Program Committee: (Please select one)

- ✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$119,432.00 be approved.

Recommendation with modifications

Deny

Full Grant Application Summary

Inland Empire Ronald McDonald House, Grant #1136

About the Organization

Inland Empire Ronald McDonald House
11365 Anderson Street
Loma Linda, CA 92354
Tel:
<http://11365 Anderson Street>

Primary Contact:

Karen Hooper
Tel: (909) 747-1260
khooper@rmhcsc.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2018	Temporary Housing and Family Support Services Program	\$200,000	Grant	4/16/2019	

Program/Project Information

Project Title: Temporary Housing and Family Support Services

Start Date: 2/1/2021 **End Date:** 1/31/2022

Term: 12 months

Total Project Budget: \$198,244

Requested Amount: \$119,432

Executive Summary:

The mission of the Inland Empire Ronald McDonald House is to provide comfort, care and support to children and families in southern California. Our Vision is a community where children and their families embrace life and healing with a sense of hope, enthusiasm, courage and joy.

Our overall goal is to continue to provide temporary housing for up to 54 families nightly, 365 days a year, 24/7, provide accommodations for every stay request from a family who needs our services; to help alleviate the financial burden placed on families when they need to relocate for short and long periods of time; To provide supportive services through our Family Support Services (FSS) program giving every family the opportunity to meet with one of the FSS team members to assist them with emotional support; provide resources needed to navigate through the challenges faced from losing their home or apartment, increased medical bills, lack of funds, and assist them with making community support connections; provide supportive services to our medical partners to assist those pediatric parents that choose to stay bedside by providing more than 300 Ronald McDonald House comfort bedside bags, provide food and gas cards as

available; and to provide access to local resources, educational material and tools for families to gain a broader knowledge of their child's medical condition and treatment.

Our target population is any family whose child, age newborn to 21 years of age, is receiving medical treatment at the nearby children's hospital and other surrounding medical facilities providing pediatric medical care. If the child receiving treatment is an in-patient or out-patient and it is closer for the family to stay here at the IERMH than their house to the hospital to obtain the specialized care, they are eligible to submit a stay request. Since opening in 1996, we have accommodated over 27,000 stay requests. During any given year 20% of those families served through the program come from the Coachella Valley. As we continue to serve the families during the pandemic, while our number of families served has dropped due to restrictions that were in place, from January to November we still have accommodated 347 stay requests. Of that number, the statistics for Coachella Valley are 78 families, 264 people, using in total 1,522 nights, more than 22% of the overall occupancy. Since we are now in Phase 3, we are beginning to see our occupancy slowly rise and we are confident that we will meet the goal set for 2021. As the environment improves, we are optimistic that we will exceed the goal expected for Coachella Valley families. The average cost savings to a family each day they remain at the RMH is \$150/day for room meals and essentials for two, savings to the families rise if the family is larger. This does not include the savings of the value of the services received through our FSS program.

Studies have shown that parental absence is detrimental to the recovery of a seriously ill child. Studies have also shown when parents are coping well with a child's illness that the child does better. By staying at the House along with our supportive services, it offers the family the opportunity to be near their child and actively participate in their child's care and recovery. It gives families the opportunity to have easier accessibility to doctors, medical library, mental health resources, support groups and local resources. Studies also show that being close to their child affords the parents the chance to participate more readily in educational training for care and treatment of the patient. What has also been learned is the even more important psychosocial benefits that are facilitated by allowing families to get to know others going through similar circumstances, from being rested so they are better equipped to deal with the stress of their child's medical condition, and from being able to stay in a supportive environment that keeps them together with their child and other members of their family. When families return home it is an easier transition for them to return to normalcy.

Ronald McDonald House services are aligned in regards to the Health of our community. Our services reach out to all families, including those who are low-income to ensure the basic needs of shelter and food are met during their time with us. When families travel from great distances to be near their child, having a place to stay with little or no expenses plays a significant role in reducing a families financial burden. Our services help improve the quality of life of both a child and their families by alleviating some of the stress associated with having a child in the hospital.

A study published in the Journal of Health Organization and Management finds that a strong majority of hospital administrators agree that Ronald McDonald Houses play a significant and important role in family-centered care for children with serious medical

needs. The study also suggests that many hospital leaders worldwide believe that their partnership with RMH enhances the patient experience, enhances hospital marketing and reach, and reduces staff and economic burdens on the hospital associated with assisting patient families with affordable lodging and other accommodations.

NOTE: On the current financial statement attached, which is our consolidated report for October, it does not yet reflect the PPP money of approximately \$210,000, and we were recently approved and awarded the grant from San Manuel Band of Mission Indians for \$200,000. We are expecting these both to post in December, 2020.

Program/project Background and Community Need:

Our program and services include providing temporary housing for up to 54 families nightly 365 days a year; providing a private guest room with shared common spaces; provide every family with the opportunity to meet with our Family Support Services (FSS) team for emotional support; provide families the resources needed to navigate through the challenges they face, and assist them with making community support connections. IERMH is a vital part of the local healthcare community, offering essential services that ensure families have access to life-saving pediatric treatments at our local children's hospital, and other medical and mental health facilities. Children whose families stay at Ronald McDonald Houses tend to be the sickest, travel the furthest distances for care, and spend the longest time in the hospital. Program goals are: to service every family and child who needs us by providing a safe place to stay; to keep families close to their children during medical treatment; to help alleviate financial burden placed on families when they need to relocate for short and long periods of time; to provide access to local resources, educational material and tools for families to gain a broader knowledge of their child's medical condition and treatment; and provide additional support services through FSS. Twenty percent of the families served annually are from the Coachella Valley referred here by the low desert hospitals for intensive and specialized medical treatments at the Children's Hospital. We have served families from each of the cities in the DHCD geographical area.

Strategic Plan Alignment:

Healthcare Infrastructure and Services / Increase access to healthcare for traditionally underserved populations

Program/project description:

Our primary objective is to boost the innate strengths of families during a time of crisis, keeping them close together and allowing them to focus on their child's health and well-being and stay within minutes of the hospital. 85% plus of the families served are low income. The IE Ronald McDonald House (IERMH) provides a "home away from home" for these families ensuring they have access to life-saving pediatric treatments, mental health care services, and our on-site Family Support Services team and minimize the financial strain a family would experience trying to stay local in a hotel. Most would just sleep in their car. The family is provided a private guest room, private bathroom, and share common areas such as kitchens, pantries, dining, library, play and activity centers, sanctuary, and much more. Basic essentials are also available to the families. Our standard operating model supports families at the IERMH for approximately \$100 per night. This cost does not include the regular meals and activities that are provided to our guests nearly every day. Your funding helps to offset the cost of the family stay

(house program) and our Family Support Services program for those families from the Coachella Valley.

Description of the target population (s):

In 2019 we serve 1,581 families. Our target population is any family whose child is receiving treatment, newborn to 21 years of age is eligible for our program and services. We have served many families across the population stated: Veterans, single parent, same sex couples, seniors, homeless, LGBTQ, uninsured/underinsured, low income/no income, etc. Our racial/ethnic groups for 2019 were as follows:

- African American (10%)
- Asian/Pacific Islander (4%)
- Bi-Racial (12%)
- Caucasian (26%)
- Hispanic (41%)
- Middle Eastern (1%)
- Native American (1%)
- Other (3%)
- Declined to State (2%)

Geographic Area(s) Served:

Cathedral City; Coachella; Desert Hot Springs; Indio; La Quinta; Palm Desert; Palm Springs; Thermal; Thousand Palms; Bermuda Dunes

Age Group:

- (0-5) Infants
- (06-17) Children
- (18-24) Youth
- (25-64) Adults
- (65+) Seniors

Total Number of District Residents Served:

325

Program/Project Goals and Evaluation

<p>Goal #1: By January 31, 2022, 100 Coachella Valley families will be provided temporary housing for a total of 1,600 nights to alleviate the financial burden placed on these families who have to temporarily relocate.</p>	<p>Evaluation #1: Action and evaluation of Stay Requests happens on a day to day basis. Monthly reports are reviewed to evaluate support to the Coachella Valley families. The stay requests are submitted to the IE Ronald McDonald House by the social workers at our partnering hospital and other medical facilities that utilize our program. The requests are evaluated and prioritized based on distance and diagnosis of the child and</p>
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	<p>confirmation of completed medical protocol. Once all is met, those families are then scheduled to check in to the Ronald McDonald House. They are entered in to our Guest Information System where all pertinent data is entered and tracked. This data is then used to produce our monthly occupancy reports for our Chapter office, Board of Trustees, as well as for necessary reporting to our grantors. To ensure that families know of our program and services, House brochures are taken to the hospital on a regular basis to stock the children's hospital guest services desk, the nurses stations on each pediatric floor, and all the social workers have brochures on hand to provide to families. We will also be placing brochures at the Loma Linda University Health center in Indio.</p>
<p>Goal #2: By January 31, 2022, 80% of Coachella Valley families served will receive supportive services through the Family Support Services (FSS) program.</p>	<p>Evaluation #2: The FSS team keeps robust statistical data in regards to which families they meet with, hours in family meetings, support groups held, weekly check-ins, hours out and about the House, hours providing therapeutic fun clubs for the children, parents and families, and education workshops for families and staff. This data is readily available and will be shared at each of the reporting periods. Surveys are also taken when the family is at the House and three months after returning home to collect further data.</p> <p>We currently have a team of four providing these services. They work throughout the House, creating supportive environments wherever and whenever families or members of the House staff need emotional support, compassion and care. FSS is available to the house and families seven days a week, 24 hours a day, every day of the year. These services are offered in English/Spanish. The House has translation services in place to accommodate any potential language needed. Evaluations have shown that families appreciate and feel the supportive impact of FSS. They have</p>

	demonstrated the importance of the program as part of the spectrum of care families receive.
<p>Goal #3: Provide supportive services to our medical partners to assist those pediatric parents from Coachella Valley that choose to stay bedside by providing comfort bedside bags, provide food and gas cards as available. The goal is to support an additional 50 families through this service. By January 31, 2022, \$25.00 gas cards will be provided to 50 Coachella Valley families to assist with travel expense due to financial hardship.</p>	<p>Evaluation #3: Each of our partnering medical facilities has a request sheet which outlines items of support that they can request for families. They turn those in to our Operations team to fulfill. Our Operations team, working with the community and volunteers, assemble the bags to fit the needs requested and distribute appropriately. A spreadsheet is kept of the number given to each medical partner, typically the Director of Social Work, in support of those families staying bedside. Data is collected from the social workers as to the distribution on their end. The food cards and gas cards are given to the families who are struggling with finances and have to travel back and forth from home to hospital. These cards are logged and tracked as to which families received which type card and the value given. These cards would be tracked specifically for Coachella Valley families.</p>
<p>Goal #5:</p>	<p>Evaluation #5:</p>

Proposed Program / Project Evaluation Plan

Our projects will be carefully evaluated by monitoring and collecting data on various levels. The House program collects surveys from every family regarding their guest experience and how it has impacted the child undergoing treatment and the family as a whole. The comments provided are used to access where changes need to be made or what other types of support a family is requesting that we could potentially provide. For example, we had families that were struggling with transportation to get back and forth to one of our other medical facilities. After evaluating, we established a shuttle service specifically to that location. FSS also does independent surveys of the families seen through their program and a follow-up survey is done three months after the family has returned home. All survey data and comments are used to evaluate the effectiveness of each of our programs and to determine possible enhancements. The House also captures statistical data on each family (person), i.e., # of families served, # of in or out-patients, diagnosis, # of adults, # of children, ethnicity, income level, place of origin, # of new families, # of returning families, etc. FSS also collects statistical data such as # of hours in family meetings and support groups, # of check-ins with families, # of hours spent in therapeutic fun clubs for children, parents, and families, # of hours providing educational workshops, # of hours putting on activities. We will have very rich data to share on all these dimensions and look forward to reporting this information to you.

Organizational Capacity and Sustainability

Organizational Capacity

Our current staff consists of the following full-time staff: Executive Director, Admin Assistance, Operations Director, Operations Manager for Guest Services, Guest Services Lead, Facilities Associate, Housekeeping Supervisor, two Lead Housekeepers, Development Director, Development Manager, Event Coordinator, and a Volunteer Coordinator. Our part-time staff includes: five Housekeepers, eight Guest Services Associates, and a Community Liaison. Our FSS team consist of a licensed phycologist who oversees four Marital, Family, Therapy interns. The program capacity is serving up to 54 families nightly, however, being in the midst of COVID, moving through our reinstatement plan and the current state of the county, we have seen lower occupancy through the program. We are currently in Phase 3 of our reinstatement plan which allows us to go to 75% occupancy. One of the main components of our reinstatement is that any new family requesting to stay, must take a COVID test and provide us with the negative results prior to check-in. We are also doing daily/hourly disinfecting protocol to ensure the safety and overall health of staff and families.

Organizational Sustainability:

Within our Strategic Plan we have four core priorities. They are 1) Meeting Community Needs, 2) Funding the Mission, 3) Building Relationships, and 4) Brand Awareness. Our number one focus is "Meeting Community Needs" which encompasses continually enhancing the impact of our services to ensure no family is ever turned away and are fully supported during their entire stay. This included completion of our expansion. With 54 guest rooms, we have not turned away a family due to lack of space. This program provides access to specialized health care and mental health care that is not available in their local community. Other focuses are enhancing cost effectiveness of services, providing the best possible guest service/experience, minimizing their financial burden, providing external and internal resources such as our Family Support Services program. All priorities are set with clear intentional efforts of keeping families together to help kids heal and cope better. Our board consists of 20 members that live throughout our various services areas. They are a fundraising board and last year were instrumental in helping us to raise over \$400,000. The board has a "give or get" policy requiring a minimum a \$3,000 annual gift and many far exceed.

Partnerships:

Key Partners:

Loma Linda University Children's Hospital supports through in-kind gifts such as security support, use of their sports center, spa, and pool for use by families free of charge, sponsorships of events and local shuttle. Our mission partner, McDonald's provides annual support through their round-up program, Walk for Kids giving, and representation on our Board of Trustees. Sponsors for our annual Walk for Kids include the Fontana Foundation of Hope, iHerb Foundation, Bass Pro, and IngramMicro. Our key supporters of our Adopt-a-Room fundraiser include Stater Bros. Charities, Teamsters, Lake Arrowhead Rotary, Cabazon Band of Mission Indians, Chino Lions, SR Machining. Other funders include Merrell Foundation, Vickter Foundation, Versacare, and San Manuel Band of Mission Indians. We are hopeful that the Berger

Foundation will continue support for 2021 supporting Coachella Valley families. The impact of COVID has presented a challenge in our fundraising efforts and some of the key foundations have chosen to support other critical areas. We've also shifted our on-site events to virtual events and we've realized a significant decrease in attendance and donations. We were able to host our annual golf tournament in November which was very successful.

Continued strategy for fundraising include donor engagement and cultivation strengthening our major donors, recurring gifts, and planned giving to build monthly and long term stability. We continue to work with talented committee members ensuring the success of our remaining events for 2020 whether done virtually or in person. We recently activated a "Circle of Healing" campaign to attract monthly giving donors. We remain focused on increasing the number of grant requests submitted with a goal of increasing applications and support by 10% each year. Our community liaison works directly with the broader community to develop and execute new third party fundraising opportunities and increase the workplace giving through our "Heroes" program.

Line Item Budget

Operational

Costs
2020

PROGRAM OPERATIONS - Coachella Valley Families		Total Program/Project Budget	Funds from Other Sources <i>Detail on sheet 3</i>	Amount Requested from DHCD
Total Staffing Costs <i>Detail on sheet 2</i>		136242	40000	96242
Equipment (itemize)				
1	Guest Business Center Computers/Supplies	420		210
2	Website Mgmt & Software Maintenance			0
3	Equipment Leases / Rentals	960		480
4	Equipment Purchases			0
Supplies (itemize)				
1	Program Supplies	2800		1400
2	Office Supplies	1008		504
3	Publications/Dues/Subscriptions			0
Printing/Duplication		250		125
Mailing/Postage		100		50
Travel/Mileage/Auto Expense		500		250
Education/Training				0
Office/Rent/Mortgage/Property Tax				0
Telephone/Fax/Internet		4636		2318
Utilities		10481		5240
Insurance		14187		0
Other facility costs not described above (itemize)				
1	Repair & Maintenance	8001		4000
2	Janitorial	2040		1020
3	Waste Management	1500		750
4	Gardening	1234		0
Other program costs not described above (itemize)				
1	Family Support Services Program	8160		4080
2	Guest Food/Services/Transportation	3025		1513
3	Bank Charges/Misc. Expense			0
4	Business & Staff Meetings/Meals			0
5	Professional Fees	200		0
6	Event Fundraising Costs			0
7	Gas Cards-Supplemental Transportation Support	2500	0	1250
Total Program Budget		198244	40000	119432
Budget Narrative	<p>Our program budget includes all the amenities and services that family have accessible to them during their stay at the IE Ronald McDonald House (IERMH) and encompasses all expenses that are the make-up of their guest room, private restroom, and all common areas within the IERMH that includes, five full kitchens, pantries, refrigeration/freezers, dining space, living room, outdoor play space, library, toddler play area, family activity center, movie room, arts/craft center, guest business center, sanctuary, and day use shower and nap room. The guest business center and computers are available to the patients, siblings, and adults who need to continue their schooling while at the IERMH or for those parents needing to do research on their child's diagnosis. We also have our Family Support Services program which offers comprehensive support to parents and their children. They provide compassionate emotional support, welcome meetings to orient families as well as offering additional or impromptu support meetings. Guest transportation is provided for those families needing to get to appointments at other clinical sites. We also offer weekend shuttle services around town and to the local shopping center. We also like to have gas and food cards on hand for the families who struggle to get back and forth from their home to the hospital and need personal groceries. The biggest percentage of our families come from more than 50 miles away. Many of our families struggle financially and one of the parents tries to stay employed and therefore, will go back and forth to their hometown and back to Loma Linda when time permits to be with their family and child. Guest Food is based on the expectation that we will be successful obtaining funding for our Meals of Love program through grant support. This funding helps stock the freezer and common refrigerator with basic fresh/frozen food items for the families beyond what is typically donated. It also supplements meals on those days not provided by outside groups or cancelled last minute. Right now, our goal is to have one meal a day for at least five out of the seven days. Our hope, through additional funding, would be to increase meals to one a day, seven days a week.</p>			

Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary (based on serving Coachella Valley families)	Amount of Salary Paid by DHCD Grant
Employee Position/Title					
1	Operational Staff	231118	100%	46223	26223
2	Housekeeping Staff	219152	100%	43830	33830
3	Guest Services Staff	230947	100%	46189	36189
4	Development Staff	299850			0
5	Chapter Support Staff	62015			0
6	Social Security/Medicare Taxes	79827			0
7	Benefits	40276			0
8	Insurances	151990			0
Total Employee Benefits		1315175		136242	
Enter this amount in Section 1; Staffing Costs				Total >	96242
Budget Narrative	<p>The Operations staff consists of four full-time staff which includes the Operations Director, Operations Manager-Guest Services, Facilities Associate, and Volunteer Coordinator. The housekeeping staff consists of three full-time housekeepers and five part-time. The guest services associates (GSA) team consists of one full-time and seven part-time GSA's. Both housekeepers and GSA's are on shift 24/7. The Development team consists of the Development Director, Development Manager, Event Coordinator, and part-time Community Liaison. The Executive Director is reflected on both operations and development. The Chapter Support Staff consists of shared expenses for IT Management/Support, Accounting, and Website Management/Support. I am happy to provide job descriptions for each of these positions upon request.</p>				
Budget Narrative	<p>Benefits costs are the total dollars matched against the employees contribution in to their 401K plan.</p>				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1					0
2					0
3					0
4					
5					
Enter this amount in Section 1; Staffing Costs				Total >	0
Budget Narrative					

Line Item Budget Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project - Coachella Valley Families Only		Amount	
Fees		0	
Donations		0	
Grants (List Organizations)			
2021 projected	1	Berger Foundation	40000
	2		
	4		
	5		
	6		
	8		
	9		
Fundraising (describe nature of fundraiser)			
2021 projected	1		
	2		
	3		
	4		
	5		
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)			
	1		
	2		
	3		
	4		
	5		
	6		
	7		
Total funding in addition to DHCD request		40000	
Budget Narrative	<p>We continue to work daily to build and cultivate our current donor relationships as well as establishing new donors. Our grant supporters have been strong and we are always looking for new opportunities to engage foundations that are in all our service areas. Our strongest support in the Coachella Valley are DHCD and Berger Foundation. Our four signature fundraisers have grown over the years, however, it is certainly different in light of the pandemic. Our other areas of revenue/fundraising have dipped a bit as well, however, our team continues to reach out to foster strong support in each of these areas and work hard to meet our revenue goals.</p>		

The H.N.
and
Frances C.



BERGER
FOUNDATION

January 23, 2020

Ms. Karen Hooper

Ronald McDonald House Loma Linda
11365 Anderson St.
Loma Linda, CA 92354

Re: Grant No. 20-03

Dear Ms. Hooper:

In regard to our grant agreement letter dated January 8, 2020, Grant No. 20-03, the H.N. and Frances C. Berger Foundation is pleased to make a grant in the amount of \$40,000.00 to the Ronald McDonald House Loma Linda.

The grant is to support your temporary housing program, as outlined in our agreement letter.

The check for \$40,000.00 is being transmitted with this letter.

We wish you outstanding success in this endeavor and look forward to hearing from you in the near future.

Sincerely,

H.N. AND FRANCES C. BERGER FOUNDATION



Catharine N. Reed
Vice President Charitable Programs

CNM/rm

P.O. Box 13390
Palm Desert CA
92255-3390
TEL (760) 341-5293
FAX (760) 341-3518

Grant Scoring Review

Grant Staff Review # 1 of 3

Executive Summary: 10

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 8

Applicant Capacity and Infrastructure: 10

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 10

Total Score: 74.00

Reviewer Comments: Inland Empire Ronald McDonald House provides emotional support and financial assistance through temporary housing, navigation services, and resources to families whose child is receiving medical treatment. Our funds target the specific families living in Coachella Valley. Throughout the COVID-19 pandemic, the I.E. Ronald McDonald House has adapted their family accommodations to follow all regulations and procedures set forth by the State and County while still safely supporting families across the Valley. Their mission directly aligns with the Desert Healthcare District’s focus on increasing access to healthcare for traditionally underserved populations as they do not only provide support care for children but the support care for entire families.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 72.666666666666666666666666666667 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 218 (3 of 3)

Total average proposal score: 90/100

Grant Scoring Review

Grant Staff Review # 2 of 3

Executive Summary: 9

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 9

Total Score: 72.00

Reviewer Comments: The applicant provides a safe haven for families with children undergoing procedures and intensive and specialized medical treatments at Children's Hospital. In particular, Coachella Valley families must go outside of the Valley to seek services as these intensive and specialized medical treatments, such as oncology, transplants, etc. are not available in the CV. The applicant provides a much-needed service to fill the gaps.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 72.666666666666666666666666666667 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 218 (3 of 3)

Total average proposal score: 90/100

Grant Scoring Review

Grant Staff Review # 3 of 3

Executive Summary: 10

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 8

Budget: 8

Key Partners/Collaborations: 10

Total Score: 72.00

Reviewer Comments: The Inland Empire Ronald McDonald House has been providing crucial services to families whose children need specialized care at children's hospitals. Outside of providing families with a place to stay during the duration of their child's medical treatment, they provide case management to ensure the families are connected with additional programs and services. The DHCD grant funds will only assist Coachella Valley families. I support fully funding this grant application.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 72.666666666666666666666666666667 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 218 (3 of 3)

Total average proposal score: 90/100

Grant Scoring Review

Fiscal Staff Review # 1 of 2

Fiduciary Compliance: 9

Financial Stability: 9

Total Score: 18.00

Reviewer Comments: Grantee possesses strong 12/31/2019 financial statements with annual audit report approved by the Board

Quick Ratio 15:1 demonstrates ability to cover current liabilities

Current year Revenue and Net Income is down significantly

Grant request represents 60% of the total budget. No diversity of sources of additional funding.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 72.6666666666666666666666666667 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 218 (3 of 3)

Total average proposal score: 90/100

Grant Scoring Review

Fiscal Staff Review # 2 of 2

Fiduciary Compliance: 9

Financial Stability: 8

Total Score: 17.00

Reviewer Comments: Unmodified audited financial statements reviewed and approved by Board with assets to meet liabilities and positive cash flow demonstrated. Funding comes from multiple sources but strategic plan only documented short-term goals. Grant amount is reasonable in comparison with overall organizational budget.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 72.666666666666666666666666666667 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 218 (3 of 3)

Total average proposal score: 90/100



FY 2020-2021: Grant Application Scoring Rubric



Category	Meets expectations <i>(10-6 points)</i>	Does not meet expectations <i>(0-5 points)</i>
Programmatic Review		
Executive Summary (10 points)	The applicant includes and describes the project’s mission and vision, the target population the project will serve, the expected benefits to the community, the need for the project in the community with proposed evidence-based methods, interventions, and strategies that are realistic, attainable, effective, and outcome-oriented.	The applicant is unclear or does not include or describe the project’s mission and vision, the target population the project will serve, the expected benefits to the community, the need for the project in the community with proposed evidence-based methods, interventions, and strategies that are realistic, attainable, effective, and outcome-oriented.
Community Need & Alignment (10 points)	The applicant identifies and defines a specific need(s) for the project within the identified community and effectively describes the alignment of that need to one of the Desert Healthcare District and Foundation five strategic focus areas by using one or more of the following: data, case studies, interviews, focus group results, media coverage, etc.	The applicant does not sufficiently identify or describe a need for the project and/or its alignment to one of the Desert Healthcare District and Foundation five strategic focus areas by using one or more of the following: data, case studies, interviews, focus group results, media coverage, etc.
Goals (10 points)	The applicant has provided SMART goals with an evaluation plan that is comprehensively developed. The SMART goals are specific, measurable, ambitious, realistic, and time-bound , and the evaluation plan will accurately measure the project’s effectiveness and impact.	The applicant has provided very limited goals and evaluation plans. The goals are not specific, measurable, ambitious, realistic, time-bound goals and will not measure the project’s effectiveness or impact.

<p>Proposed Program/Project Evaluation Plan (10 points)</p>	<p>The applicant provides a detailed plan of action for evaluation that includes both qualitative and/or quantitative assessment(s). The plan includes well-defined data reporting mechanisms and/or a clear and transparent narrative.</p> <ul style="list-style-type: none"> • Evaluation measures and methods are clear; the applicant defines how they envision success. • Evaluation is in alignment with the SMART goals of the project. • An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding. 	<p>The applicant does not provide, or vaguely describes, a plan of action with limited qualitative and/or quantitative assessment(s). The plan includes poorly defined data reporting mechanisms and/or a narrative.</p> <ul style="list-style-type: none"> • Evaluation measures and methods are not clear; the applicant vaguely defines how they envision success. • Evaluation is not in alignment with the SMART goals of the project. • An explanation is not provided on how the data collected from the project will be utilized.
<p>Applicant Capacity and Infrastructure to Execute Proposal (10 points)</p>	<p>The applicant includes examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant demonstrates reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>	<p>The applicant does not include examples that demonstrate the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant is limited in its ability to demonstrate reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>
<p>Organization Sustainability (10 Points)</p>	<p>The applicant demonstrates that it has a current Strategic Plan with measurable outcomes and includes the proposed program. The applicant demonstrates strong Board engagement, governance, and fundraising support.</p>	<p>The applicant does not sufficiently demonstrate that it has a current Strategic Plan with measurable outcomes. The proposed program is not identified in the current Strategic Plan and the applicant organization has limited Board engagement, governance, and fundraising support.</p>

<p>Budget (10 points)</p>	<p>The budget is specific and reasonable, and all items align with the described project. The proposed budget is accurate, cost-effective, and linked to activities and outcomes.</p> <ul style="list-style-type: none"> • There are no unexplained amounts. • The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable. • All line items are identified clearly in the budget narrative. • The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project. 	<p>The budget is not specific and/or reasonable, and the items are poorly aligned with the described project. The budget is included in the application but seems incomplete or not reflective of actual costs.</p> <ul style="list-style-type: none"> • There are unexplained amounts. • The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are not reasonable. • Line items are not clearly defined in the budget narrative. • The budget does not show committed, in-kind, or other funds that have been identified, secured, and in place to support the project.
<p>Key Partners / Collaboration (10 points)</p>	<p>The proposal demonstrates a collaborative process that includes multiple community partners involved in planning and implementation, with contributions from collaborators articulated in detail via letters of support and/or memorandums of understanding.</p>	<p>The proposal does not demonstrate a collaborative process and it does not involve multiple community partners in planning and implementation. Potential for collaboration exists but is not articulated.</p>
<p>Fiscal Review</p>		
<p>Fiduciary Compliance (10 Points)</p>	<p>The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financial statements produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, and the Board reviews financial statements regularly.</p>	<p>The applicant does not demonstrate a financial history that shows a continuous cycle of fiduciary responsibility of the Board through audited financial statements. Positive cash flow at the end of each fiscal year is not consistent. and the Board does not review financials regularly.</p>

<p>Financial Stability (10 Points)</p>	<p>Funding sources for operations and programs are from multiple sources and are driven by a strategic plan for stability for both short- and long-term growth. Fund development and/or business plan is in place to identify future sources of funding. The requested grant amount is reasonable in comparison to the overall organizational budget.</p>	<p>Source of funds for operations and programs are from limited sources and are not driven by a strategic plan. There is no plan for stability in place currently, including a fund development plan and/or business plan. The requested grant amount is unreasonable in comparison to the overall organizational operating budget.</p>
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Total Score: ____ / 100

Recommendation:

- Fully Fund
- Partially Fund – Possible restrictions/conditions
- No Funding

Grant #1136

EXHIBIT B

PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES

<u>Project Title</u>	<u>Start/End</u>
Temporary Housing and Family Support Services	2/01/2021 1/31/2022

PAYMENTS:

(2) Payments: \$53,744.00
10% Retention: \$11,944.00

Total request amount: \$119,432.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
2/01/2021	Signed Agreement submitted & accepted.	Advance of \$53,744.00 for time period 2/01/2021 - 7/31/2021
8/01/2021	1 st six-month (2/01/2021 - 7/31/2021) progress report, budget reports and receipts submitted & accepted	Advance of \$53,744.00 for time period 8/01/2021 - 1/31/2022
2/01/2022	2 nd six-month (8/01/2021 - 1/31/2022) progress report, budget reports and receipts submitted & accepted	\$0
2/28/2022	Final report (2/01/2021 - 1/31/2022) and final budget report submitted & accepted	\$11,944.00 (10% retention)

TOTAL GRANT AMOUNT: \$119,432.00

DELIVERABLES:

Program/Project Goals and Evaluation

<p>Goal #1: By January 31, 2022, 100 Coachella Valley families will be provided temporary housing for a total of 1,600 nights to alleviate the financial burden placed on these families who have to temporarily relocate.</p>	<p>Evaluation #1: Action and evaluation of Stay Requests happens on a day to day basis. Monthly reports are reviewed to evaluate support to the Coachella Valley families. The stay requests are submitted to the IE Ronald McDonald House by the social workers at our partnering hospital and other medical facilities that utilize our program. The requests are evaluated and prioritized based on distance and diagnosis of the child and confirmation of completed medical protocol. Once all is met, those families are then scheduled to check in to the Ronald McDonald House. They are entered in to our Guest Information System where all pertinent data is entered and tracked. This data is then used to produce our monthly occupancy reports for our Chapter office, Board of Trustees, as well as for necessary reporting to our grantors. To ensure that families know of our program and services, House brochures are taken to the hospital on a regular basis to stock the children's hospital guest services desk, the nurses stations on each pediatric floor, and all the social workers have brochures on hand to provide to families. We will also be placing brochures at the Loma Linda University Health center in Indio.</p>
<p>Goal #2: By January 31, 2022, 80% of Coachella Valley families served will receive supportive services through the Family Support Services (FSS) program.</p>	<p>Evaluation #2: The FSS team keeps robust statistical data in regards to which families they meet with, hours in family meetings, support groups held, weekly check-ins, hours out and about the House, hours providing therapeutic fun clubs for the children, parents and families, and education workshops for families and staff. This data is readily available and will be shared at each of the reporting periods. Surveys are also taken when</p>

	<p>the family is at the House and three months after returning home to collect further data.</p> <p>We currently have a team of four providing these services. They work throughout the House, creating supportive environments wherever and whenever families or members of the House staff need emotional support, compassion and care. FSS is available to the house and families seven days a week, 24 hours a day, every day of the year. These services are offered in English/Spanish. The House has translation services in place to accommodate any potential language needed. Evaluations have shown that families appreciate and feel the supportive impact of FSS. They have demonstrated the importance of the program as part of the spectrum of care families receive.</p>
<p>Goal #3: Provide supportive services to our medical partners to assist those pediatric parents from Coachella Valley that choose to stay bedside by providing comfort bedside bags, provide food and gas cards as available. The goal is to support an additional 50 families through this service. By January 31, 2022, \$25.00 gas cards will be provided to 50 Coachella Valley families to assist with travel expense due to financial hardship.</p>	<p>Evaluation #3: Each of our partnering medical facilities has a request sheet which outlines items of support that they can request for families. They turn those in to our Operations team to fulfill. Our Operations team, working with the community and volunteers, assemble the bags to fit the needs requested and distribute appropriately. A spreadsheet is kept of the number given to each medical partner, typically the Director of Social Work, in support of those families staying bedside. Data is collected from the social workers as to the distribution on their end. The food cards and gas cards are given to the families who are struggling with finances and have to travel back and forth from home to hospital. These cards are logged and tracked as to which families received which type card and the value given. These cards would be tracked specifically for Coachella Valley families.</p>



Date: 1/26/2021

To: Board of Directors

Subject: Grant #1162 Cove Communities Senior Association dba The Joslyn Center

Grant Request: Joslyn Wellness Center

Amount Requested: \$109,130.00

Project Period: 2/1/2021 to 1/31/2022

Project Description and Use of District Funds:

The Joslyn Center is requesting support to continue to address two heightened challenges faced by a vulnerable population: mental health support and food security. Both of these focuses directly align with the strategic priorities of the Desert Healthcare District.

Our funds will support Joslyn's Wellness Center's mental health clinicians in providing behavioral health assessments, treatment plans, and continued follow-up counseling care to low-income District seniors.

Additionally, our funds will target food insecurity, through the meals on wheels program, by providing 40 residents up to seven meals weekly for the duration of the grant with wellness checks during meal drop off. The Joslyn Center continues to look for opportunities to expand their reach, increase partnerships, and strengthen sustainability efforts.

Strategic Plan Alignment: Behavioral Health/Mental Health / Increase the number of peer mental health educators

Geographic Area(s) Served: Cathedral City; Coachella; Indio; Indian Wells; La Quinta; Palm Desert; Rancho Mirage; Thousand Palms; Bermuda Dunes



Action by Program Committee: (Please select one)

- ✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$109,130.00 be approved.

Recommendation with modifications

Deny

Full Grant Application Summary

Cove Communities Senior Association dba The Joslyn Center, Grant #1162

About the Organization

Cove Communities Senior Association dba The Joslyn Center
73-750 Catalina Way
Palm Desert, California 92260
Tel: 17603403220
<http://www.joslyncenter.org>

Primary Contact:

Jack Newby
Tel: (760) 340-3220
jackn@joslyncenter.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
1999	grant # 2000-052	\$3,000	Grant	6/30/2000	
2000	grant # 2001-017	\$25,000	Grant	6/30/2001	
2001	grant #s: 2001-005 & 006	\$21,000	Grant	11/20/2001	
2003	historical from COO grant summary	\$80,000	Grant	6/30/2004	
2004	New exercise and dance floor	\$25,000	Grant	11/22/2004	Grant budget
2009	Meals-on-Wheels at Joslyn Senior Center	\$3,580	Improving Lives	3/4/2010	Grant budget
2010	Meals-on-Wheels at Joslyn Center	\$3,858	Food Assistance	8/16/2010	Grant budget
2010	Meals-on-Wheels at Joslyn Center	\$4,000	Food Assistance	10/25/2010	Grant budget
2010	Meals-on-Wheels at Joslyn Center	\$5,000	Food Assistance	3/4/2011	Grant budget
2011	Meals on Wheels at Joslyn Center	\$5,000	Food Assistance	8/8/2011	Grant budget
2011	Meals on Wheels	\$15,000	Food Assistance	11/4/2011	Grant budget
2017	Joslyn Wellness Center Educational Programming	\$5,000	Mini-Grant	4/4/2018	Grant budget
2018	Joslyn Wellness Center Senior Behavioral Services Program	\$112,050	Grant	10/23/2018	Grant budget
2019	Joslyn Center Nutrition Programs - Meals on Wheels and Penny's Pantry	\$10,000	Grant	4/1/2020	

Program/Project Information**Project Title:** Joslyn Wellness Center**Start Date:** 2/1/2021 **End Date:** 1/31/2022**Term:** 12 months**Total Project Budget:** \$247,630**Requested Amount:** \$109,130**Executive Summary:**

This request supports the evidence/research-based and innovative Joslyn Wellness Center counseling program; increases community collaboration with local senior centers and senior-focused organizations; and utilizes technology to expand access to early intervention and counseling programs to seniors in need during the COVID crisis and beyond. In addressing seniors' behavioral health needs, the program follows the guidance of the American Psychological Association (2020), which prioritizes the importance of utilizing technology to expand access; decreasing the stigma of seeking mental health support; increasing an understanding of depression and anxiety in seniors; and identifying seniors in need of prevention. The program's mission is to provide easily accessible evidence-based counseling services designed for older adults. Our vision is to improve wellness for Valley's seniors through innovative programming. The target population is adults age 60 and above, including veterans, who are living at or below 250% of poverty level. The program emphasizes service provision to the Latinx population through collaborations with key senior organizations. In 2019, HARC estimated that there were approximately 130,000 Valley residents age 65 and older, representing over 30% of the total population; 28% were Latinx. In 2018, HARC reported that 22% of seniors had diagnosed mental health disorders.

The proposed program will strengthen and expand community access to behavioral health services led by our LCSW Program Director who supervises two AMFT counselors and one peer counselor serving homebound seniors utilizing the PEARLS program. The LCSW provides weekly supervision of counselors, reviews clients' progress, and oversees development of individualized treatment plans. The AMFT counselors utilize Problem Solving Therapy, a SAMHSA supported evidence-based cognitive behavioral intervention that improves an individual's ability to cope with stressful life experiences, and is an effective intervention for seniors for anxiety and depression. We will strengthen collaborative partnerships with organizations that service the Latinx community to provide accessible counseling at satellite locations utilizing our bi-lingual counselor. Grant funds will provide counseling for 52 counseling clients; 15% will be from the Latinx community; 60% of clients will demonstrate clinically-assessed or self-reported improvement in presenting problem; 40 clients will experience reduced food insecurity anxiety through receiving regular home delivered meals. Program evaluation will track quantitative and qualitative data, including the number of behavioral health outpatient treatment sessions, clinical assessments, treatment plan development, achievement of treatment goals, and client surveys tracking self-report of improvement in presenting problem and reduction in food insecurity anxiety.

Program/project Background and Community Need:

The Joslyn Wellness Center, established in 2018, utilizes an innovative holistic approach based around four pillars of need: Mental Health, Healthy Aging, Exercise and Active Living. The program was nationally recognized by the National Council on Aging (NCOA)/National Institute of Senior Centers as a program of excellence in June, 2020. This request is focusing on the counseling aspects of the program.

The Coachella Valley is the epicenter of a rapidly growing senior population. The most recent Health Assessment and Research for Communities (HARC) report estimated that there are approximately 130,000 individuals age 65 and older in our Valley. This represents over 30% of the total population. In California generally, the 2019 estimate of those 65 and older was approximately 14%. In the mid-Valley, the 2019 Census estimate shows that over 45% of the total population is over age 65 with almost 17% over age 75. This is three times the California average for the same age groups. The HARC special COVID Report found that more individuals are experiencing increased stress, anxiety and isolation. In both the most recent HARC report and the Desert Healthcare District Needs Assessment, mental and behavioral health services were identified as a priority need for seniors.

Strategic Plan Alignment:

Behavioral Health/Mental Health / Increase the number of peer mental health educators

Program/project description:

This request supports the evidence/research-based and innovative Joslyn Wellness Center counseling program, increases community collaboration, and expands technology to bring early intervention and counseling programs to seniors in need during the COVID crisis and beyond. The importance of developing technology and decreasing the stigma of seeking mental health support, increasing an understanding of depression and anxiety in seniors, and identifying seniors in need of prevention is prioritized by the American Psychological Association (2020).

The Joslyn Wellness Center would strengthen and expand the counseling aspects of this program by supporting our licensed associate/intern program under the supervision of a licensed LCSW. The LCSW provides weekly supervision of the associate/intern counselors and reviews the progress of each client as well as developing and supervising the treatment plan in order to ensure high quality outcomes for the client. Additionally, the LCSW would supervise and support the peer counselor in the PEARLS program for homebound seniors providing additional safety net mental health support to this vulnerable population. To effectively address locally underserved communities our program utilizes a Spanish speaking counselor. Problem Solving Therapy, is a SAMHSA supported evidence-based cognitive behavioral intervention that improves an individual's ability to cope with stressful life experiences, and is an effective intervention for seniors for anxiety and depression. Utilizing our existing program infrastructure and through other funding sources we will strengthen our established collaboration with local senior service providers in order to bring this counseling model to the local community as well as underserved Spanish speaking clients utilizing our Spanish speaking AMFT.

Other programs under the auspices of the Wellness Center such as the UCLA Longevity Center Brain Boot Camp, the National Council on Aging, Aging Mastery Program, and PEARLS peer counseling for homebound seniors will continue to provide resources and referrals to the Problem Solving Strategies counseling program.

Description of the target population (s):

The priority population is seniors and older adults, including veterans, age 60 and above who are living at or below 250% of the poverty level. A special emphasis is to provide services to the Spanish speaking Latinix population.

Geographic Area(s) Served:

Cathedral City; Coachella; Indio; Indian Wells; La Quinta; Palm Desert; Rancho Mirage; Thousand Palms; Bermuda Dunes

Age Group:

(25-64) Adults

(65+) Seniors

Total Number of District Residents Served:

92

Program/Project Goals and Evaluation

<p>Goal #1: By January 31, 2022, a total of 52 low-income older District residents age 60 and above, including 15% from the Coachella Valley's Latinix community, will have received behavioral health assessments by the Joslyn Wellness Center's mental health clinicians to identify behavioral health issues that result in development of a treatment/action plan with specified goals and timeline for goal achievement.</p>	<p>Evaluation #1: Progress towards goal achievement will be tracked and monitored by the Program Director, a Licensed Clinical Social Worker (LCSW), in conjunction with two Associate Marriage and Family Therapist (AMFT) peer counselors and the Program Administrator, who tracks data via an Excel spreadsheet from clinician notes and assessments. Quantitative data includes age, ethnicity, language preference, and zip code. Qualitative data includes counseling sessions, clinical assessments and treatment plans provided. Grant funds will service 52 clients, 30% of the projected 175 program clients for grant period. To monitor outreach to the Latinix community, the Program Director will track and report to the Executive Director the ability to secure at least three satellite counseling locations that are in neighborhoods accessible to the Latinix community. Ongoing program monitoring will track progress towards providing projected assessments and</p>
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	<p>treatment plans, as well as enrolling clients from the Latinx community. A general client satisfaction survey is conducted annually or upon client's exit from program to elicit qualitative feedback on program and staff; and ask open-ended questions about overall agency performance. Results are reviewed, summarized, and presented to staff and Board. Information is used to develop an action plan addressing necessary changes to programs, services, and administrative operations.</p>
<p>Goal #2: By January 31, 2022, a minimum of 31 low-income older District residents age 60 and above receiving behavioral health services through the program will demonstrate progress in resolving presenting issue through clinical assessment, self-report, and/or achievement of at least one treatment goal identified in behavioral health treatment plans developed in collaboration with the program's mental health clinicians.</p>	<p>Evaluation #2: Evaluation of goal achievement will be tracked and monitored on an ongoing basis by the Program Director in conjunction with peer counselors and with support from the Program Administrator. Clients are eligible to participate in up to 12 counseling sessions at which point they are re-evaluated for resolution of presenting issues, and/or manifestation of additional presenting issues that may require subsequent treatment at Joslyn or referral to other community-based behavioral health treatment providers. Clinicians monitor client engagement in treatment as indicated by participation in a minimum of three sessions. Clinicians administer Depression Screening tool Patient Health Questionnaire (PHQ-9) assessments on a pre and post treatment basis. Staff administer client surveys in both English and Spanish to ascertain improvement in quality of life and overall program satisfaction. Program success is evaluated by a minimum of 60% (31) of clients self reporting improvement or resolution in presenting issues, improvement in clinical assessments as measured by pre and post PHQ-9 assessments, and/or achievement of a minimum of one goal identified in treatment plans. The Program Administrator tracks quantitative and qualitative data via an Excel spreadsheet from reports provided by clinicians. Program results are monitored on an ongoing basis by the Program Director.</p>

<p>Goal #3: By January 31, 2022, a total of 40 low-income older District residents age 60 and above will report experiencing reduced anxiety about food insecurity and decreased depression because of socialization with caring Joslyn Center volunteers by receiving up to seven nutritious meals per week with each meal meeting up to a minimum of one-third of the Dietary Reference Intakes by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences.</p>	<p>Evaluation #3: Evaluation of goal achievement will be tracked and monitored on an ongoing basis by the Executive Director in conjunction with the Program Director with support from the Program Administrator. The Program Administrator will track data via an Excel spreadsheet. Quantitative data includes number of unduplicated clients served, number of meals provided, age, ethnicity, language preference, and zip code. Qualitative data includes anxiety regarding food insecurity and depression as measured by client surveys. Wellness Center staff will follow-up with clients expressing anxiety, depression or other mental health issues for potential intake into the Problem Solving Strategies counseling program. Grant funds will service 40 clients, 32% of the projected 125 program clients for grant period. Clients are surveyed at periodic intervals to ascertain reduction in food insecurity anxiety. Surveys are conducted in English and Spanish. A general client satisfaction survey is conducted annually or upon client's exit from program to elicit direct feedback on program and staff; and ask open-ended questions about overall agency performance. Results are reviewed, summarized, and presented to staff and the Board. The information is used to develop an action plan addressing necessary changes to programs, services, and overall administrative operation.</p>
<p>Goal #4:</p>	<p>Evaluation #4:</p>
<p>Goal #5:</p>	<p>Evaluation #5:</p>

Proposed Program / Project Evaluation Plan

Success is measured by achieving benchmarks, objectives and positive mental health outcomes. Counseling benchmarks include number of unduplicated clients participating in behavioral health treatment; attendance at a minimum of three counseling sessions; meeting of treatment goals; and improvement in presenting problem demonstrated through clinical assessments and client self-reports. Last year, 94 clients participated in our counseling program; 100% received clinical assessments and treatment plans. Of these, 80% completed treatment with 67% achieving treatment goals. The Program Administrator tracks demographics and outcome data via an Excel spreadsheet from

data collected by clinicians. Quantitative data includes gender, age, zip code, income, ethnicity, and other data. Qualitative data tracked includes the number of behavioral health outpatient treatment sessions, clinical assessments, treatment plan development, and achievement of treatment goals. Progress notes are maintained in confidential client files. Improvements in clinical assessments and achievement of treatment goals are reported at minimum of six-month intervals. All data is kept in secure, HIPAA-compliant electronic and printed client files that are maintained in locked cabinets with restricted access to authorized personnel only. We utilize evaluation processes that are consistent with the International Classification of Diseases and Related Health Problems (ICD 10), including the Patient Health Questionnaire (PHQ-9), which are collected at intake and at periodic treatment intervals. Client self-reporting of Quality of Life, reduction in food insecurity anxiety, and improvement in symptoms are measured by surveys administered by with results tracked via Excel spreadsheets and reported quarterly. Program results are analyzed by staff under the direction of the Program Director, a Licensed Clinical Social Worker, and reported monthly to the Executive Director and at regular intervals to the Board of Directors. We are investigating affordable options for HIPAA compliant, cloud-based Electronic Health Records databases to monitor and report client data, clinician notes, and program objectives and outcomes.

Organizational Capacity and Sustainability

Organizational Capacity

Since 1981, the Joslyn Center has provided a multitude of educational programs, recreational activities, and vital services including food delivery to thousands of older Valley adults. In 2018, we launched the Joslyn Wellness Center to address local seniors emerging needs as they live longer than their predecessors and many are unprepared for physical, emotional and financial challenges they confront. The Wellness Center's Senior Behavioral Health Services program provides broad based, inter-related components that create a holistic approach to mental health wellness in the Valley's aging population. Staff include an LCSW Program Director, with specialized supervision training, who oversees two AMFT. The Program Director meets weekly with AMFT to review case files and assess clients' progress in achieving treatment goals. One peer counselor for homebound seniors utilizes the CDC-approved evidence-based intervention, Program to Encourage Active, Rewarding Lives (PEARLS). Other program staff includes a program intake/data entry position and a Program Manager to ensure program goals are achieved and provide outreach to facilitate and strengthen collaboration with community partners. Since the COVID-19 pandemic's onset, we have provided virtual counseling via the encrypted, HIPAA-compliant Zoom platform. Last year, 94 clients participated in our counseling program; 80% completed treatment with 67% achieving treatment goals.

Organizational Sustainability:

The Joslyn Wellness Center's establishment was a key component of our 2017 Strategic Plan. The stated goal was: To Continue Growing Wellness Center and Evaluate Programs and Services. Objectives included to refine programs and services that are suited to community collaboration; assess additional programs and services related to the Wellness Center and monitor effectiveness; and establish a stable funding base. Each month, our Board monitors progress towards strategic goals, including client

statistics and outcomes, and development of community collaborations. The Wellness Center's continued development is among the Board's highest priorities. The program has varied funding sources that provide a strong basis of financial support and reduce vulnerability to reductions from any one funding sources, including grants, fundraising, membership, and contributions from the cities of Rancho Mirage, Indian Wells and Palm Desert. Since inception, significant funding support has been received from the Desert Healthcare District, major gifts; and the Auen, Spearman, Kaiser, and Coachella Valley Wellness Foundations. Our next planning process in 2021 will include focus on behavioral health services. We are investigating application processes for reimbursable behavioral health services from government and private insurance programs, including the Veterans Administration, which will increase program sustainability and enable continued expansion.

Partnerships:

Key Partners:

Establishing and building on collaborative partnerships with various organizations is a vital component of our overall strategic plan relating to the Wellness Center's programming. The Joslyn Wellness Center has been developing and strengthening key collaborative partnerships with numerous Valley-based organizations. Our collaborations with both the Cathedral City and Indio Senior Centers have been vital in expanding the Wellness Center's outreach to the Latinx community. We are working with both senior centers to provide on-site programming, education and counseling. Both senior centers joined with Joslyn to co-sponsor Eisenhower Health lectures to our respective members. Our Spanish speaking counselor has met with the coordinator of Indio Senior Center and informational flyers have been distributed to Indio members about the programs. This has resulted in the recruitment of Latinx clients to our counseling program. Other key partners and collaborators include The Braille Institute, Alzheimer's Coachella Valley, and Coachella Valley Alzheimer's Association. Presentations, classes, and counseling have been provided to their respective members through the Problem Solving Strategies counseling program. Problem Solving Therapy is found to be especially effective for older adults in coping with the onset of macular degeneration. We have also established a new collaborative partnership with Mizell Center to provide Wellness Center counseling and programming. We collaborate closely with medical and behavioral health providers at Desert Oasis Healthcare, Eisenhower Health and Desert Regional Medical Center, among others. A key part of our program includes hiring a program manager/outreach coordinator to affirm these collaborations and coordinate program outreach on a consistent basis. Included with this application are letters of commitment from Indio Senior Center, the Cathedral City Senior Center and Mizell Senior Center that outline our respective support and collaborative activities that will be undertaken to expand the program to reach more seniors and older adults.

Line Item Budget Operational Costs

PROGRAM OPERATIONS	Total Program/Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs Detail on sheet 2	\$158,750.00		\$51,750.00
Equipment (itemize)			
1			0
2			0
3			0
4			0
Supplies (itemize)			
1	Program Licensing Fees	\$3,000.00	\$0.00
2	Training Manuals/Aging Mastery BBC	\$2,000.00	\$0.00
3	Marketing Brochures/Flyers	\$1,000.00	\$0.00
4	Meeting Supplies/Participant Snacks	\$500.00	\$0.00
5	Office Supplies	\$1,000.00	\$0.00
Printing/Duplication		\$500.00	\$0.00
Mailing/Postage			\$0.00
Travel/Mileage		\$500.00	\$0.00
Education/Training		\$4,000.00	\$3,000.00
Office/Rent/Mortgage - Allocation		\$2,000.00	\$0.00
Telephone/Fax/Internet		\$1,500.00	\$0.00
Utilities			\$0.00
Insurance			\$0.00
Other facility costs not described above (itemize)			
1			0
2			0
3			0
4			0
Other program costs not described above (itemize)			
1	Meals on Wheels Food Costs	\$50,000.00	\$50,000.00
2	Marketing and Advertising	\$6,000.00	\$0.00
3	Encrypted Zoom and e-mail	\$2,500.00	\$0.00
4	Indirect at 8%	\$14,380.00	\$4,380.00
Total Program Budget		\$247,630.00	\$138,500.00
Budget Narrative	<p>Program Licensing Fees: The licensing fees for evidence based programs Training Educational Materials/Aging: Training Materials for counseling programs programs and Office supplies: printer cartridges, paper, pens, writing tablets, etc. Marketing Brochures: Purchase of brochures for evidence based programs as well as designing and printing of class brochures and flyers Meeting Supplies and Participant Snacks: Flip charts, pens, paper pads, and snacks for participants in Evidence based programs Printing/Duplication: printing and duplication of course materials, flyers, etc. Education/Training Training costs for evidence based courses, Mental Health First Aid, and staff training for HIPAA compliance Office Rent: Allocation of dedicated space for counseling rooms, and program office Telephone/FAX/Internet: Costs of telephones for office space, internet access for email Meals on Wheels Food Costs: Costs of food preparation and packaging to provide meals to approximately 25% of unduplicated Meals on Wheels clients. Marketing and Advertising: Print and internet advertising in publications with a large senior and older adult readership Encrypted Zoom and email Utilized to insure confidentiality per HIPAA Indirect Costs: Administration, accounting for reporting compliance, audit, security, utilities, insurance, and other overhead costs for the counseling program.</p>		

Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
Employee Position/Title					
1	LCSW Wellness Center Superviso	\$124,800.00	0.40	\$46,800.00	\$30,000.00
2	Program Manager	\$60,000.00	0.40	\$24,000.00	\$0.00
3	Program Intake/Data Entry	\$35,000.00	0.75	\$26,250.00	\$0.00
4	Behavioral Health Prog. Interns (2)	\$62,000.00	0.50	\$31,000.00	\$15,000.00
5	Program Peer Educators (1)	\$40,000.00	0.25	\$10,000.00	\$0.00
6					
7					
8					
Total Employee Taxes/Benefits@ 15%				\$20,700.00	\$6,750.00
Enter this amount in Section 1;Staffing Costs				Total ›	\$51,750.00
Budget Narrative	<p>LCSW Wellness Center Supervisor: Salary of Wellness Center Supervisor LCSW licensed to allow for counseling and supervision of interns and peer counselors (.40 FTE) Program Manager: Tracks program results and develops strategies for marketing and outreach. Supervises Program Intake/Data entry. Program Intake/Data Entry: Serves as program intake for all programs, data entry for reports, office coordinator. Behavioral Health Interns (2) Based on 18 hours per intern per week. Deliver Problem Solving Therapy at low/no cost. Peer Educators: Trained to deliver PEARLS evidence based program based on Problem Solving Therapy.</p>				
Budget Narrative	<p>Employee benefits are calculated for state, federal and other taxes as well as Workers' Compensation Insurance and medical insurance if applicable to the position. Under newly enacted California laws, we cannot enter into Independent Contractor Agreements with the Wellness Center Director, Behavioral Health Interns or Program Peer Educators.</p>				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1					
2					
3					
4					
5					
Enter this amount in Section 1;Staffing Costs				Total ›	\$0.00
Budget Narrative					

Line Item Budget Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project		Amount
Fees		\$5,000.00
Donations		
Grants (List Organizations)		
1	Kaiser Foundation	\$10,000.00
2	Grace Helen Spearman Foundation	\$25,000.00
3	Auen Foundation	\$17,500.00
4	Regional Access Project Foundation	\$10,000.00
5	City of Palm Desert CDBG	\$55,000.00
Fundraising (describe nature of fundraiser)		
1	Allocation from Fundraising Events	\$16,000.00
2		
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)		
1		
2		
3		
4		
Total funding in addition to DHCD request		\$138,500.00
Budget Narrative	<p style="color: red;">The fees are projected from experience with the programs. The grants from Kaiser Foundation, Grace Helen Spearman Foundation, Auen Foundation and Regional Access Project Foundation are allocated grants to the potential funded program period. Pending/renewal requests for continued funding will be submitted to these same foundations. The Palm Desert CDBG is for the FY 2020-21 and is allocated to the potential funded program period. It should be noted that actual grants from Kaiser, Grace Helen Spearman Foundation, Regional Access Project and Auen Foundation are in excess of the amount indicated, but are allocated to cover expenses incurred when funding from the Desert Healthcare District is expired or in process. This allows The Joslyn Wellness Center operations and programs to continue uninterrupted and provide for a sustainable program.</p>	



December 17, 2020

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37-171 W. Buddy Rogers Ave.
Cathedral City, CA 92234
760.321.1548
www.theccsc.org
Tax ID 95-3618489
Platinum GuideStar Rating

Desert Healthcare District
1140 N. Indian Canyon Drive
Palm Springs, CA 92262

Dear Desert Healthcare District Board Members,

I write this letter in full support of the Joslyn Center Wellness Center's grant application, staff members, volunteers, programs, and services.

The Joslyn Center has been exceptionally generous in working with the Cathedral City Senior Center (CCSC), especially in presenting programs and supporting our members through Joslyn Wellness Center programming. Our members benefit from these programs, which CCSC would otherwise not be able to provide them. Many CCSC members cannot travel to other senior centers, so having this vital wellness programming on-site is beneficial. An informal survey of our regular participants revealed that 76% of them are easily considered "low-income." Therefore, accessing multiple community services all in one place is crucial.

The Joslyn Center/Joslyn Wellness Center will collaborate with the Cathedral City Senior Center by:

1. Providing information and outreach about Problem Solving Strategies and other Wellness Center programming to the Cathedral City Senior Center;
2. Provide qualified program instructors, LCSW, Associate LCSW, or Associate MFT for counseling or program service, including Spanish speaking counselors as necessary;
3. Coordinate appointments for Problem Solving Strategies with the Cathedral City Senior Center through the Joslyn Wellness Center to maintain confidentiality;
4. Arrange for space and mutually agreed upon lecture dates to provide counseling and educational opportunities to the Cathedral City Senior Center members.



The Cathedral City Senior Center will collaborate with The Joslyn Wellness Center by:

1. Establishing agreed-upon dates and times for Problem Solving Strategies outreach and information to Cathedral City Senior Center clients and support group participants;
2. Providing space for marketing material and flyers for Joslyn Wellness Center programs;
3. Coordinating appointments for Problem Solving Strategies with the Joslyn Wellness Center to maintain confidentiality;
4. Providing appropriately sized rooms and set-up required for each class or counseling session if desired to occur at the Cathedral City Senior Center offices.

It is the intention of the parties hereto that the Joslyn Wellness Center and the Cathedral City Senior Center will work collaboratively to provide mutually beneficial programs and services to their clients through outreach, distribution of flyers and marketing materials, as well as presentations and providing space for programs on a mutually agreed upon date and time.

Additionally, we share a priority commitment to increase program and service outreach that is culturally appropriate to the Latinx community. Working with Joslyn Center Wellness Center will enhance a unique board-designated high-priority project to expand outreach and increase Cathedral City's majority Latinx community involvement. A recent grant award assists in establishing CCSC@Home Español, and we have robust plans to increase participation at CCSC. We are honored to work with Joslyn Center and support them in their bid to continue this important work with seniors, especially as we endure and eventually heal from a pandemic that has affected them.

Thank you for your consideration.

Sincerely,



Geoff Corbin
Executive Director
Cathedral City Senior Center
404.759.8443



December 16, 2020

Desert Healthcare District
1140 N. Indian Canyon Drive
Palm Springs, CA 92262

Dear DHCD Board Members,

This letter is written in support of the grant application of The Joslyn Wellness Center, their staff members, volunteers, programs and services.

The Joslyn Center and the Mizell Center have previously collaborated in providing the A Matter of Balance senior fall prevention program and in presenting programs and support to our respective members and clients in order to provide essential services to local area seniors and older adults.

Mizell Senior Center will collaborate with The Joslyn Wellness Center in providing information and referrals to their Problem Solving Strategies senior counseling program and will provide in-person counseling space upon a mutually agreed upon schedule. This collaboration will include the Joslyn Wellness Center providing licensed intern therapists under the supervision of a Licensed Clinical Social worker to members and clients of Mizell Senior Center. Our respective organizations serve a vital need in the Coachella Valley, particularly at this challenging time, as the demographic we serve is particularly vulnerable to the isolation resulting from COVID-19, and to the virus itself. The support and educational services provided by the Joslyn Wellness Center counseling program are a significant component in the Coachella Valley safety net as they are providing essential services to this fragile population. It is my pleasure to provide an endorsement of their programs and services, and their community partnerships.

Sincerely,

Wes Winter
Executive Director

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Executive Director

Jack Newby

To: Argelia Jimenez
Subject: RE: The Joslyn Wellness Center - Desert Healthcare District Grant Application

From: Argelia Jimenez <Ajimenez@indio.org>
Sent: Friday, December 18, 2020 4:25 PM
To: Jack Newby <JackN@joslyncenter.org>
Subject: RE: The Joslyn Wellness Center - Desert Healthcare District Grant Application

Hi Jack,

Attached the letter of support from the ISC. Let me know if you need anything else, I am more than happy to help in any way possible.

Have a wonderful Holidays and a happy New Years!

Best,

Argelia Jimenez
Community Program Administrator
Indio Senior Center
45-700 Aladdin St.
Indio, CA 92201
760-391-4170
M-F 7:30am-4:30pm
www.indio.org/seniorcenter

December 17, 2020

Desert Healthcare District
1140 N. Indian Canyon Drive
Palm Springs, CA 92262

Dear DHCD Board Members,

This letter is written in support of the grant application of The Joslyn Wellness Center, their staff members, volunteers, programs and services.

The Joslyn Center and the Indio Senior Center have been collaborating in providing educational seminars provided by Eisenhower Health. Additionally, Indio Senior Center has distributed information to our members about The Joslyn Wellness Center Problem Solving Strategies counseling program.

Indio Senior Center will collaborate with The Joslyn Wellness Center in providing information and referrals to their Problem Solving Strategies senior counseling program and will provide in-person counseling space upon a mutually agreed schedule. This collaboration will include the Joslyn Wellness Center providing licensed intern counselors under the supervision of a Licensed Clinical Social worker to members and clients of Indio Senior Center. The Joslyn Wellness Center will provide a Spanish speaking counselor to our clients as needed. Our respective organizations serve a vital need in the Coachella Valley, particularly at this challenging time, as the demographic we serve is particularly vulnerable to the isolation resulting from COVID-19, and to the virus itself. The support and educational services provided by the Joslyn Wellness Center counseling program are a significant component in the Coachella Valley safety net as they are providing essential services to this fragile population. It is my pleasure to provide an endorsement of their programs and services, and their community partnerships.

Sincerely,



Argelia Jimenez
Community Program Administrator

Grant Scoring Review

Grant Staff Review # 1 of 3

Executive Summary: 10

Community Need and Alignment: 8

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 10

Total Score: 73.00

Reviewer Comments: The Joslyn Center is requesting support to continue to address two heightened challenges faced by a vulnerable population: mental health support and food security. Both of these focuses directly align with the strategic priorities of the Desert Healthcare District. Our funds will support Joslyn's Wellness Center's mental health clinicians in providing behavioral health assessments, treatment plans, and continued follow-up counseling care to low-income District seniors. Additionally, our funds will target food insecurity, through the meals on wheels program, by providing 40 residents up to seven meals weekly for the duration of the grant with wellness checks during meal drop off. The Joslyn Center continues to look for opportunities to expand their reach, increase partnerships, and strengthen sustainability efforts and I fully support funding this proposal.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19 (2 of 2)

Grant Program Staff Review Stage: 72 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 38 (2 of 2)

Grant Program Staff Review Stage: 216 (3 of 3)

Total average proposal score: 91/100

Grant Scoring Review

Grant Staff Review # 2 of 3

Executive Summary: 9

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 8

Budget: 9

Key Partners/Collaborations: 9

Total Score: 71.00

Reviewer Comments: Mental health counseling and provisions of meals are services that Joslyn Center provides is, now more than ever during the pandemic, crucial. This program strengthens and expands community access to behavioral health services led by Joslyn's LCSW Program Director and supervises 2 interns and one peer counselor serving homebound seniors. Clients requiring the services of Meals on Wheels has increased exponentially and funding by the District is imperative to ensure the homebound clients receive continuous and healthy food.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19 (2 of 2)

Grant Program Staff Review Stage: 72 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 38 (2 of 2)

Grant Program Staff Review Stage: 216 (3 of 3)

Total average proposal score: 91/100

Grant Scoring Review

Grant Staff Review # 3 of 3

Executive Summary: 10

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 8

Budget: 9

Key Partners/Collaborations: 9

Total Score: 72.00

Reviewer Comments: The COVID-19 epidemic has increased the need for two crucial services provided the Joslyn Center, which are mental health and food insecurity. District funds will assist the Joslyn Center increase their capacity in their delivery of mental health services provided by their mental health clinicians, and enroll 40 seniors into their meals on wheels program. I support fully funding the proposed grant application.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19 (2 of 2)

Grant Program Staff Review Stage: 72 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 38 (2 of 2)

Grant Program Staff Review Stage: 216 (3 of 3)

Total average proposal score: 91/100

Grant Scoring Review

Fiscal Staff Review # 1 of 2

Fiduciary Compliance: 10

Financial Stability: 9

Total Score: 19.00

Reviewer Comments: Grantee possesses strong financial statements with annual audit report approved by the Board

Quick Ratio 8:1 demonstrates ability to cover current liabilities

Grant request represents 44% of the total budget with varied sources of additional funding.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19 (2 of 2)

Grant Program Staff Review Stage: 72 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 38 (2 of 2)

Grant Program Staff Review Stage: 216 (3 of 3)

Total average proposal score: 91/100

Grant Scoring Review

Fiscal Staff Review # 2 of 2

Fiduciary Compliance: 9

Financial Stability: 10

Total Score: 19.00

Reviewer Comments: Unmodified audit approved in a timely fashion, positive cash flow for 2020, sufficient assets to address liabilities and Board reviews financial statements regularly. Strategic plan in place to improve growth and grant amount is reasonable compared to overall organizational budget.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19 (2 of 2)

Grant Program Staff Review Stage: 72 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 38 (2 of 2)

Grant Program Staff Review Stage: 216 (3 of 3)

Total average proposal score: 91/100



FY 2020-2021: Grant Application Scoring Rubric



Category	Meets expectations <i>(10-6 points)</i>	Does not meet expectations <i>(0-5 points)</i>
Programmatic Review		
Executive Summary (10 points)	The applicant includes and describes the project’s mission and vision, the target population the project will serve, the expected benefits to the community, the need for the project in the community with proposed evidence-based methods, interventions, and strategies that are realistic, attainable, effective, and outcome-oriented.	The applicant is unclear or does not include or describe the project’s mission and vision, the target population the project will serve, the expected benefits to the community, the need for the project in the community with proposed evidence-based methods, interventions, and strategies that are realistic, attainable, effective, and outcome-oriented.
Community Need & Alignment (10 points)	The applicant identifies and defines a specific need(s) for the project within the identified community and effectively describes the alignment of that need to one of the Desert Healthcare District and Foundation five strategic focus areas by using one of more of the following: data, case studies, interviews, focus group results, media coverage, etc.	The applicant does not sufficiently identify or describe a need for the project and/or its alignment to one of the Desert Healthcare District and Foundation five strategic focus areas by using one or more of the following: data, case studies, interviews, focus group results, media coverage, etc.
Goals (10 points)	The applicant has provided SMART goals with an evaluation plan that is comprehensively developed. The SMART goals are specific, measurable, ambitious, realistic, and time-bound , and the evaluation plan will accurately measure the project’s effectiveness and impact.	The applicant has provided very limited goals and evaluation plans. The goals are not specific, measurable, ambitious, realistic, time-bound goals and will not measure the project’s effectiveness or impact.

<p>Proposed Program/Project Evaluation Plan (10 points)</p>	<p>The applicant provides a detailed plan of action for evaluation that includes both qualitative and/or quantitative assessment(s). The plan includes well-defined data reporting mechanisms and/or a clear and transparent narrative.</p> <ul style="list-style-type: none"> • Evaluation measures and methods are clear; the applicant defines how they envision success. • Evaluation is in alignment with the SMART goals of the project. • An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding. 	<p>The applicant does not provide, or vaguely describes, a plan of action with limited qualitative and/or quantitative assessment(s). The plan includes poorly defined data reporting mechanisms and/or a narrative.</p> <ul style="list-style-type: none"> • Evaluation measures and methods are not clear; the applicant vaguely defines how they envision success. • Evaluation is not in alignment with the SMART goals of the project. • An explanation is not provided on how the data collected from the project will be utilized.
<p>Applicant Capacity and Infrastructure to Execute Proposal (10 points)</p>	<p>The applicant includes examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant demonstrates reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>	<p>The applicant does not include examples that demonstrate the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant is limited in its ability to demonstrate reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>
<p>Organization Sustainability (10 Points)</p>	<p>The applicant demonstrates that it has a current Strategic Plan with measurable outcomes and includes the proposed program. The applicant demonstrates strong Board engagement, governance, and fundraising support.</p>	<p>The applicant does not sufficiently demonstrate that it has a current Strategic Plan with measurable outcomes. The proposed program is not identified in the current Strategic Plan and the applicant organization has limited Board engagement, governance, and fundraising support.</p>

<p>Budget (10 points)</p>	<p>The budget is specific and reasonable, and all items align with the described project. The proposed budget is accurate, cost-effective, and linked to activities and outcomes.</p> <ul style="list-style-type: none"> • There are no unexplained amounts. • The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable. • All line items are identified clearly in the budget narrative. • The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project. 	<p>The budget is not specific and/or reasonable, and the items are poorly aligned with the described project. The budget is included in the application but seems incomplete or not reflective of actual costs.</p> <ul style="list-style-type: none"> • There are unexplained amounts. • The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are not reasonable. • Line items are not clearly defined in the budget narrative. • The budget does not show committed, in-kind, or other funds that have been identified, secured, and in place to support the project.
<p>Key Partners / Collaboration (10 points)</p>	<p>The proposal demonstrates a collaborative process that includes multiple community partners involved in planning and implementation, with contributions from collaborators articulated in detail via letters of support and/or memorandums of understanding.</p>	<p>The proposal does not demonstrate a collaborative process and it does not involve multiple community partners in planning and implementation. Potential for collaboration exists but is not articulated.</p>
<p>Fiscal Review</p>		
<p>Fiduciary Compliance (10 Points)</p>	<p>The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financial statements produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, and the Board reviews financial statements regularly.</p>	<p>The applicant does not demonstrate a financial history that shows a continuous cycle of fiduciary responsibility of the Board through audited financial statements. Positive cash flow at the end of each fiscal year is not consistent. and the Board does not review financials regularly.</p>

<p>Financial Stability (10 Points)</p>	<p>Funding sources for operations and programs are from multiple sources and are driven by a strategic plan for stability for both short- and long-term growth. Fund development and/or business plan is in place to identify future sources of funding. The requested grant amount is reasonable in comparison to the overall organizational budget.</p>	<p>Source of funds for operations and programs are from limited sources and are not driven by a strategic plan. There is no plan for stability in place currently, including a fund development plan and/or business plan. The requested grant amount is unreasonable in comparison to the overall organizational operating budget.</p>
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Total Score: ____ / 100

Recommendation:

- Fully Fund
- Partially Fund – Possible restrictions/conditions
- No Funding

Grant #1162

EXHIBIT B

PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES

<u>Project Title</u>	<u>Start/End</u>
Joslyn Wellness Center	2/01/2021 1/31/2022

PAYMENTS:

(2) Payments: \$49,108.00
10% Retention: \$10,914.00

Total request amount: \$109,130.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
2/01/2021	Signed Agreement submitted & accepted.	Advance of \$49,108.00 for time period 2/01/2021 - 7/31/2021
8/01/2021	1 st six-month (2/01/2021 - 7/31/2021) progress report, budget reports and receipts submitted & accepted	Advance of \$49,108.00 for time period 8/01/2021 - 1/31/2022
2/01/2022	2 nd six-month (8/01/2021 - 1/31/2022) progress report, budget reports and receipts submitted & accepted	\$0
2/28/2022	Final report (2/01/2021 - 1/31/2022) and final budget report submitted & accepted	\$10,914.00 (10% retention)

TOTAL GRANT AMOUNT: \$109,130.00

DELIVERABLES:

Program/Project Goals and Evaluation

<p>Goal #1: By January 31, 2022, a total of 52 low-income older District residents age 60 and above, including 15% from the Coachella Valley’s Latinx community, will have received behavioral health assessments by the Joslyn Wellness Center’s mental health clinicians to identify behavioral health issues that result in development of a treatment/action plan with specified goals and timeline for goal achievement.</p>	<p>Evaluation #1: Progress towards goal achievement will be tracked and monitored by the Program Director, a Licensed Clinical Social Worker (LCSW), in conjunction with two Associate Marriage and Family Therapist (AMFT) peer counselors and the Program Administrator, who tracks data via an Excel spreadsheet from clinician notes and assessments. Quantitative data includes age, ethnicity, language preference, and zip code. Qualitative data includes counseling sessions, clinical assessments and treatment plans provided. Grant funds will service 52 clients, 30% of the projected 175 program clients for grant period. To monitor outreach to the Latinx community, the Program Director will track and report to the Executive Director the ability to secure at least three satellite counseling locations that are in neighborhoods accessible to the Latinx community. Ongoing program monitoring will track progress towards providing projected assessments and treatment plans, as well as enrolling clients from the Latinx community. A general client satisfaction survey is conducted annually or upon client’s exit from program to elicit qualitative feedback on program and staff; and ask open-ended questions about overall agency performance. Results are reviewed, summarized, and presented to staff and Board. Information is used to develop an action plan addressing necessary changes to programs, services, and administrative operations.</p>
<p>Goal #2: By January 31, 2022, a minimum of 31 low-income older District residents age 60 and above receiving behavioral health services through the program will demonstrate progress in resolving presenting issue through clinical assessment, self-report, and/or achievement of at least one treatment goal identified in behavioral health treatment plans developed in</p>	<p>Evaluation #2: Evaluation of goal achievement will be tracked and monitored on an ongoing basis by the Program Director in conjunction with peer counselors and with support from the Program Administrator. Clients are eligible to participate in up to 12 counseling sessions at which point they are re-evaluated for resolution of presenting issues, and/or manifestation of additional presenting issues that may require subsequent treatment at Joslyn or referral to other community-based behavioral health treatment providers. Clinicians monitor client engagement in treatment as</p>

<p>collaboration with the program’s mental health clinicians.</p>	<p>indicated by participation in a minimum of three sessions. Clinicians administer Depression Screening tool Patient Health Questionnaire (PHQ-9) assessments on a pre and post treatment basis. Staff administer client surveys in both English and Spanish to ascertain improvement in quality of life and overall program satisfaction. Program success is evaluated by a minimum of 60% (31) of clients self reporting improvement or resolution in presenting issues, improvement in clinical assessments as measured by pre and post PHQ-9 assessments, and/or achievement of a minimum of one goal identified in treatment plans. The Program Administrator tracks quantitative and qualitative data via an Excel spreadsheet from reports provided by clinicians. Program results are monitored on an ongoing basis by the Program Director.</p>
<p>Goal #3: By January 31, 2022, a total of 40 low-income older District residents age 60 and above will report experiencing reduced anxiety about food insecurity and decreased depression because of socialization with caring Joslyn Center volunteers by receiving up to seven nutritious meals per week with each meal meeting up to a minimum of one-third of the Dietary Reference Intakes by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences.</p>	<p>Evaluation #3: Evaluation of goal achievement will be tracked and monitored on an ongoing basis by the Executive Director in conjunction with the Program Director with support from the Program Administrator. The Program Administrator will track data via an Excel spreadsheet. Quantitative data includes number of unduplicated clients served, number of meals provided, age, ethnicity, language preference, and zip code. Qualitative data includes anxiety regarding food insecurity and depression as measured by client surveys. Wellness Center staff will follow-up with clients expressing anxiety, depression or other mental health issues for potential intake into the Problem Solving Strategies counseling program. Grant funds will service 40 clients, 32% of the projected 125 program clients for grant period. Clients are surveyed at periodic intervals to ascertain reduction in food insecurity anxiety. Surveys are conducted in English and Spanish. A general client satisfaction survey is conducted annually or upon client’s exit from program to elicit direct feedback on program and staff; and ask open-ended questions about overall agency performance. Results are reviewed, summarized, and presented to staff and the Board. The information is used to develop an action plan addressing necessary changes to programs, services, and overall administrative operation.</p>



BOARD OF DIRECTORS

2021 Elected and Appointed Officials

Leticia De Lara	President	2024 - Term
Karen Borja	Vice-President/Secretary	2022 - Term
Arthur Shorr	Treasurer	2024 – Term
Les Zendle, MD	Director	2024 - Term
Carmina Zavala	Director	2024 - Term
Carole Rogers, RN	Director	2022 - Term
Evelt PerezGil	Director	2022 - Term

STANDING COMMITTEE ASSIGNMENTS

Finance & Administration - Second Tuesday @ 3:30 p.m.

Arthur Shorr, Chair
Leticia De Lara
Les Zendle, MD

Program Committee - Second Tuesday @ 12:00 p.m.

Evelt PerezGil, Chair
Karen Borja
Carmina Zavala

Hospital Lease Oversight Committee – Quarterly Third Thursday @ 9:30 a.m.

Les Zendle, MD, Chair
Carole Rogers, RN
Carmina Zavala

Strategic Planning Committee – Quarterly Second Tuesday @ 4:30 p.m.

Les Zendle, MD, Chair
Leticia De Lara
Karen Borja

Board and Staff Communications and Policies - Quarterly

Leticia De Lara, Chair
Les Zendle, MD
Evelt PerezGil

AD HOC COMMITTEE ASSIGNMENTS

Tenet Lease (Negotiations) Ad Hoc Committee

Arthur Shorr, Chair
Carole Rogers, RN
Karen Borja

Coachella Valley Association of Governments Homelessness Committee - Third Wednesday @ 10:00 a.m.

Carole Rogers, RN, District Designee

Desert Regional Medical Center Governing Board - Third Thursday @ 12:00 p.m.

Les Zendle, MD and Carole Rogers, RN

AB 617 Steering Committee

Karen Borja, District Designee and Leticia De Lara, Alternate



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: January 26, 2021
To: Board of Directors
Subject: COVID-19 Vaccination Campaign for Underserved Communities
in the Coachella Valley - UPDATE

Background:

- On Friday, January 15, 2021, the CEO of the Desert Healthcare District, along with Riverside County Department of Public Health, called a meeting of key stakeholders and community partners to discuss:
 - COVID-19 Vaccine Equity Distribution Strategies
 - Vaccine availability
 - Vulnerable populations as identified by the Coachella Valley Equity Collaborative
 - Development of a COVID-19 Vaccination Campaign Collaboration with a purpose to:
 - Determine available community resources
 - Distribution logistics
 - Vaccine Prep campaign-messaging

Attendees:

- Coachella Valley Volunteers in Medicine – Executive Director Doug Morin; Founding member Rosa Lucas; Alexander Domingo Cruz
- Clinicas de Salud del Pueblo – Claudia Galvez; Joey Acuna; Luz Moreno; Dr. Baig
- CSUSB Palm Desert School of Nursing – Diane Vines
- Desert AIDS Project – CEO David Brinkman
- Riverside County Public Health – Kim Saruwatari; Robin Bishop
- Riverside County 4th District Supervisor – Greg Rodriguez; Supervisor V. Manuel Perez
- Desert Care Network – Linda Evans (also as Mayor of La Quinta)
- Vision Y Compromiso – Melinda Cordero-Bárzaga
- City of Palm Springs – Councilperson Grace Garner (also on the DRMC Governing Board)
- Congressman Raul Ruiz’s office – Lisa Olmstead
- Borrego Health – Corina Velasquez, Ex. VP; Dr. Edgar Bullock, Interim CEO and Chief Medical Officer; Gabriella Sanchez, Nursing Officer
- UCR School of Medicine – Dr. Don Larsen, CEO UCR Health; Linda Roney (?); Andre ____, Chief Medical Officer
- SACH Health System – Dr. J. Lohr
- Desert Healthcare District – Dr. Les Zendle; Dr. Conrado Bárzaga, CEO; Donna Craig, Alejandro Espinoza; Will Dean

Invited but did not Attend:

- Eisenhower Health

Outcomes:

Kim Saruwatari asked for assistance from the attending health organizations in getting the COVID-19 vaccine “into arms” of the qualified populations identified in the Tier distribution protocols.

Dr. Bárzaga put that request for assistance to the group by asking the following:

“What are you willing to offer to these efforts?” and “Do you have the capacity to provide resources for this effort?”

Commitments/Pledges/Offers:

- Coachella Valley Volunteers in Medicine- if a sanctified event hosted by CVVIM, can volunteer physicians and nurses; also offered to do pre- and post- vaccination education
- Clinicas de Salud del Pueblo – offered utilization of clinics and their ultra-freezer at their Mecca clinic for vaccine storage
- CSUSB Palm Desert School of Nursing – 45 nursing students can be mobilized
- Desert AIDS Project – offered: mobile testing clinics with 2 exam rooms; utilization of their Community Health Department staff; database of volunteer clinicians and nurses; and the on-site vaccine clinic
- Desert Care Network – offered: nursing and pharmacy students; residents; cold storage; and logistical and communication support
- Borrego Health – offered: mobile units; workflow in place in bricks and mortar locations; communications to dispel rumors of vaccinations
- UCR School of Medicine – offered: at least 100 medical students plus some residents available; mental/behavioral health resources; all UCs are committed to the effort
- SACH Health System – offered: mobile units; the utilization of medical, dental, and nursing students through Loma Linda

Next steps:

- Public Health department will electronically build a schedule
- Utilize County GIS to map out and fill slots
- CV Equity Collaborative’s Communication Sub-committee will develop a common message



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: January 26, 2021
To: Board of Directors
Subject: Cybersecurity and Infrastructure Security Agency (CISA) – Guidance for Essential Critical Infrastructure Worker’s Ability to Work During the Covid-19 Response

Recommendation:

Information Item Only

Background:

- On December 16, 2020, the U.S. Department of Homeland Security – Cybersecurity and Infrastructure Security Agency (CISA) issued an Advisory Memorandum on Ensuring Essential Critical Infrastructure Workers’ Ability to Work During the COVID-19 Response.
- The memorandum re-promotes guidance provided in Version 4.0 of the Essential Critical Infrastructure Workforce Guidance released August 18, 2020.
- The Desert Healthcare District and Foundation qualifies under the Healthcare/Public Health section as a governmental entity who conducts public health functions.
- The District has been involved with COVID-19 testing sites as part of the Coachella Valley Equity Collaborative.
- One and, sometimes more, of the District’s staff perform work activities at the testing sites.
- Staff and all others on the test sites are required to follow proper safety measures.
- The Advisory Memorandum is included for your information.

Fiscal Impact:

None



December 16, 2020

ADVISORY MEMORANDUM ON ENSURING ESSENTIAL CRITICAL INFRASTRUCTURE WORKERS' ABILITY TO WORK DURING THE COVID-19 RESPONSE

FROM: Brandon Wales 
Acting Director
Cybersecurity and Infrastructure Security Agency (CISA)

As the Nation continues to respond to COVID-19, it is important that considerations regarding essential critical infrastructure workers continue to inform response policies and activities. The ability of these workers to perform their jobs safely is critical to our Nation's ability to maintain resilience of National Critical Functions. It is for this reason that the Cybersecurity and Infrastructure Security Agency (CISA), in collaboration with other federal agencies, State and local governments, and the private sector, has issued the Essential Critical Infrastructure Workforce Guidance for COVID-19 response. The current version of this guidance, Version 4.0, was released in August 2020. This guidance is intended to help State, local, tribal, and territorial officials and organizations protect their workers and communities and ensure the continued safe and secure operation of critical infrastructure, by identifying the universe of essential workers that may require specialized risk management strategies so that they can work safely. It can also be used to begin planning and preparing for the allocation of scarce resources used to protect essential workers against COVID-19.

We are now entering a new phase of our pandemic response, when vaccines are available but in short supply and when infection rates are driving the continued application of public health measures in communities. For this reason, we want to re-promote the Essential Critical Infrastructure Workforce Guidance Version 4.0. Although this version of the guidance is unchanged from the August 2020 release, we want to reiterate our belief that it remains an important tool for COVID-19 planning, even in this new environment.

The advisory list identifies workers who conduct a range of operations and services that are typically essential to continued critical infrastructure viability, including staffing operations centers, maintaining and repairing critical infrastructure, operating call centers, working construction, and performing operational functions, among others. It also includes workers who support crucial supply chains and enable functions for critical infrastructure. This includes critical workers who will be involved in the research, development, manufacturing, distribution, and administration of COVID-19 vaccines. The industries that essential workers support represent, but are not limited to, medical and healthcare, telecommunications, information technology systems, defense, food and agriculture, transportation and logistics, energy, water and wastewater, and law enforcement.

This is the fourth version of the list, as it has evolved over time based on lessons learned from the pandemic and as additional essential workers returned to work. The earlier versions of the list were meant to assist officials and organizations identify essential work functions and to allow essential workers access to their workplaces during times of community restrictions. Now, many months into the pandemic, most essential workers have the necessary access and freedom of movement to perform their critical work functions. However, given the recent surge of increased nationwide infection and subsequent community restrictions, this list can continue to be used for the purpose of worker access.

The list is also useful as a tool to help appropriate officials identify essential critical infrastructure workers that may need specialized risk management strategies to ensure that they can work safely and to begin planning and preparing for the allocation of scarce resources used to protect essential workers against COVID-19.

To that end, this guidance may be used to support prioritization decisions related to COVID-19 vaccines, especially in the early stages when the vaccines are in short supply. This guidance is referenced in the Centers for Disease Control and Prevention (CDC) [COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations](#) as one framework against which jurisdictions could evaluate essential worker populations for the purposes of vaccine allocation. The CDC Playbook details certain essential critical infrastructure workers and vulnerable populations that will be prioritized for vaccines in the early phases of distribution as well as the plan for the eventual vaccination of the entire population.

State, local, tribal, and territorial governments are responsible for implementing and executing response activities in their communities, while the Federal Government is in a supporting role. Officials should use their own judgment in making decisions regarding resource allocation and other public health measures. Similarly, while adhering to relevant public health guidance, critical infrastructure owners and operators are expected to use their own judgement on issues of the prioritization of business processes and workforce allocation to best ensure worker safety and the continuity of the essential goods and services they support. All decisions should appropriately balance public safety, the health and safety of the workforce, and the continued delivery of essential critical infrastructure services and functions.

CISA will continue to work with our partners in the critical infrastructure community to update this advisory list, if necessary, as the Nation's response to COVID-19 evolves.

Should you have questions about this list, please contact CISA at CENTRAL@CISA.GOV.

Should you have questions regarding COVID-19 vaccine planning in your state, please reach out to your state COVID-19 Vaccine Planning and Coordination Team.

Below is a link to additional vaccine distribution information:

- [From the Factory to the Frontlines - The Operation Warp Speed Strategy for Distributing a COVID-19 Vaccine](#)

Attachment: “Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response Version 4.0”



Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response



DEFEND TODAY,
SECURE TOMORROW

Version 4.0 (August 18, 2020)

ENSURING ESSENTIAL CRITICAL INFRASTRUCTURE WORKERS HAVE THE ABILITY TO WORK SAFELY

Functioning critical infrastructure is imperative during the response to the COVID-19 emergency for both public health and security as well as community well-being. While stopping the spread of the virus and protecting the most vulnerable among us rightfully remain national priorities, a degradation of infrastructure operations and resilience only makes achieving those missions more difficult. Recognizing this, CISA published guidance identifying Essential Critical Infrastructure Workers at the outset of the COVID-19 pandemic. This guidance was adopted broadly across the country and was subsequently updated as the response evolved. This update, Version 4.0, continues to advance the guidance considering developments in pandemic response to support a risk-based approach towards worker safety to ensure the continuity of critical functions.

CISA appreciates the partnership with the critical infrastructure community in developing the guidance. The Nation's infrastructure resilience was undoubtedly enhanced by a common approach to, and prioritization of, essential critical infrastructure workers being able to work during periods of community restrictions. As with previous guidance, this list is advisory in nature. It is not, nor should it be considered, a federal directive or standard. Additionally, this advisory list is not intended to be the exclusive list of critical infrastructure sectors, workers, and functions that should continue during the COVID-19 response across all jurisdictions. Individual jurisdictions and critical infrastructure owners and operators should add or subtract essential workforce categories based on their own requirements and discretion.

Central to the value of the guidance in the early months of the pandemic was the discrete problem it was intended to support solutions for – enabling essential workers to work during community restrictions. While CISA continues to engage with stakeholders to identify workforce limitations that may impact infrastructure resilience, it is our assessment that, for the most part, essential workers are able to work – what is now most important is that essential workers are able to work in a safe environment.

Recognizing this, the Essential Critical Infrastructure Workers guidance can add the most value going forward by illuminating the universe of workers that require particularly thoughtful and deliberate risk management strategies so that they can continue to *work safely*.

CISA recognizes that states and localities across the country have undergone a phased re-opening of businesses, public lands, and other places of community and civic importance. Previous versions of the list did not include essential workers in critical infrastructure work settings, such as schools, that were presumed to be closed at the time of publication. Reflecting ongoing national discussions around reopening, this version includes these workers, in addition to other adjustments. As we enter the next stage in the pandemic response and schools and additional businesses reopen, CISA encourages jurisdictions and critical infrastructure owners to use the list to assist in prioritizing the ability of essential workers to work safely to ensure ongoing infrastructure operations and resilience.

Doing so will require looking at the universe of workers on the Essential Critical Infrastructure Workforce list and identifying tailored risk mitigation strategies for specific workplace settings. These could include:

Creating a Risk Categorization Methodology for Worker Safety. We recommend that organizations continue to categorize their employees against a risk factor matrix so that mitigation strategies can be implemented to enhance safety. The risk categorization factors that should be considered include:

Setting: Are workers indoors or outdoors?

Proximity: How physically close are workers (and customers) to each other?

Type of contact: Do workers touch shared surfaces, common items, and other workers or customers?

Duration: How long does an average interaction last?

Number of different contacts: How many interactions occur daily?

Employee risk factors: Which workers face heightened risk due to their age or underlying medical conditions?

Capability to assess possible infection: Are there screening protocols that protect workers (and customers) from interactions with contagious people?

Cleaning: How frequently can the facility be sanitized and cleaned?

Based on the responses to these risks, organizations can categorize the conditions that their workers face and continue to implement measures to increase worker well-being. In other words, increased protective measures should be based on those with high risk factors. Risk categorization guidance assistance can be found at [OSHA](#).

Identifying those workers that can potentially transition to working from home based on the lessons learned over the past few months from the unprecedented number of teleworkers. We encourage employers to take a fresh look at the job functions of their workforce to determine if it is necessary for workers to be in the office given the technology breakthroughs that have eased some of the roadblocks to working remotely.

Determining the criticality, uniqueness, or specialty of a worker's role to reduce the need to be at the workplace or working together in close proximity. There are some functions that are either so essential to supporting the national critical functions and other lifeline support, such as first responders or utility workers, or that are unique or require a special skill set, that these workers must often be at the same workplace or together out in the field. We recommend that organizations re-examine whether these job functions can be conducted from home and if not, if shift work or remaining with a cohort can be conducted to allow for more social distancing.

Determining the allocation of scarce resources for workers, such as personal protective equipment (PPE), other protection, access to medical evaluation, testing, and vaccines. We recommend that jurisdictions and organizations use the essential critical infrastructure worker list as a tool to begin engaging with the essential worker community in the planning for the allocation of potential scarce resources should COVID-19 cases continue to increase or enter a second wave. Planning is critical to ensuring that workers are able to continue performing essential tasks supporting critical infrastructure. Furthermore, it will be critical that workers who perform essential tasks and/or have consistent interactions with at-risk populations (e.g., the elderly or those with pre-existing conditions) obtain the necessary resources to reduce the transmission of the virus.

In addition to the aforementioned characteristics of the worker and workplace, there may be local factors that influence COVID-19 risk mitigation plans including, infection rate and trends, the availability and timeliness of testing, the criticality of the business and worker to the local or state economy, and the need to prepare and respond to other localized events such as hurricanes, wildfires, or tornadoes.

The following links can provide additional guidance on health, workplace, and worker safety issues related to the pandemic:

CDC Safety Practices for Critical Infrastructure Workers: [Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#)

OSHA/HHS Workplace Guidance: [Guidance for Preparing Workplaces for COVID-19](#)

CISA Telework Guidance: [Telework Guidance and Resources](#)

CISA General Guidance: [CISA Information & Updates on COVID-19](#)

CISA will continually solicit and accept feedback on the list and will evolve the list in response to stakeholder feedback. We will also use our various stakeholder engagement mechanisms to work with partners on how they are using this list and share those lessons learned and best practices broadly. Feedback can be sent to CENTRAL@CISA.DHS.GOV.

CONSIDERATIONS FOR GOVERNMENT AND BUSINESS

This list was developed in consultation with federal agency partners, industry experts, and State and local officials, and is based on several key principles:

1. Response efforts to the COVID-19 pandemic are locally executed, state managed, and federally supported.
2. Critical infrastructure workers and employers should follow Businesses and Workplace guidance from the Centers for Disease Control and Prevention (CDC), as well as state and local government officials, regarding strategies to limit disease spread.
3. Employers must comply with applicable Occupational Safety and Health Administration (OSHA) requirements and guidance for protecting critical infrastructure workers who remain on or return to the job during the COVID-19 pandemic. As the nation relies on these workers to protect public health, safety, and community well-being, they must be protected from exposure to and infection from the virus so that they can continue to carry out their responsibilities. OSHA has guidance and enforcement information for workplaces at www.osha.gov/coronavirus.
4. Businesses and government agencies may continue to implement organization-specific measures as appropriate and consistent with applicable Federal, state, local, or other requirements, which protect the workforce while meeting mission needs.
5. Workers should be encouraged to work remotely when possible and, organizations are encouraged to identify alternative methods for safely engaging in activities that typically required in-person, non-mandatory interactions.
6. When continuous remote work is not possible, businesses should enlist strategies to reduce the likelihood of spreading the disease. This includes, but is not limited to, physically separating staff, staggering work shift hours or days, and other social distancing measures. While the CDC recommends that everyone wear a mask to contain respiratory droplets when around others, critical infrastructure employers must consider how best to implement this public health recommendation for source control in the workplace. For example, employers may provide disposable facemasks (e.g., surgical masks) instead of cloth face coverings when workers would need to wear masks for extended periods of time (e.g., the duration of a work shift) or while performing tasks in which the face covering could become contaminated.
7. Consider the impact of workplace sick leave policies that may contribute to an employee decision to delay reporting medical symptoms. Sick employees should not return to the workplace until they meet the criteria to stop home isolation. CDC has the following guidance on when it is safe to stop home isolation at <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>.
8. Critical infrastructure employers have an obligation to limit to the extent possible the reintegration of in-person workers who have experienced an exposure to COVID-19 but remain asymptomatic in ways that best protect the health of the worker, their co-workers, and the general public. An analysis of core job tasks and workforce availability at worksites can allow the employer to match core activities to other equally skilled and available in-person workers who have not experienced an exposure. CDC guidance on safety practices for critical infrastructure workers is maintained at <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>.
9. All organizations should implement their business continuity and pandemic plans or put plans in place if they do not exist. Delaying implementation is not advised and puts at risk the viability of the business and the health and safety of workers. The CDC and OSHA have guidance for workplaces and businesses to assist them plan, prepare, and respond to the pandemic at <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html> and <https://www.osha.gov/SLTC/covid-19>.
10. Ensure that certain workers have consistent access to specific sites, facilities, and assets to ensure continuity of functions. Most of our economy relies on technology and therefore information technology (IT) and operational technology (OT) workers for critical infrastructure operations are essential. This includes workers in many roles, including workers focusing on management systems, control systems, and Supervisory Control and Data Acquisition (SCADA) systems, and data centers; cybersecurity engineering; and cybersecurity risk management.

11. Government workers, such as emergency managers, and the business community need to establish and maintain the practice of openly communicating with one another on such issues as workforce needs and safety as well as the continuity of critical functions.
12. Ensure that essential critical infrastructure workers have continued and unimpeded access to sites, facilities, and equipment within quarantine zones, containment areas, areas under curfew restrictions, or other areas where access or movement is limited, in order to perform functions for community relief and stability; for public safety, security and health; for maintaining essential supply chains for maintaining critical information technology services, and preserving local, regional, and national economic well-being.
13. Whenever possible, local governments should consider adopting specific provisions of state orders or guidance on sustained access and mobility of essential workers to reduce potential complications of workers crossing jurisdictional boundaries to perform critical functions, including during times of quarantine. When this is not possible, local jurisdictions should consider aligning access and movement control policies with neighboring jurisdictions to reduce the burden of cross-jurisdictional movement of essential critical infrastructure workers.

IDENTIFYING ESSENTIAL CRITICAL INFRASTRUCTURE WORKERS

The following list of identified essential critical infrastructure workers is intended to be overly inclusive reflecting the diversity of industries across the United States.



HEALTHCARE / PUBLIC HEALTH

- Workers, including laboratory personnel, that perform critical clinical, biomedical and other research, development, and testing needed for COVID-19 or other diseases.
- Healthcare providers including, but not limited to, physicians (MD/DO/DPM); dentists; psychologists; mid-level practitioners; nurses; emergency medical services personnel, assistants and aids; infection control and quality assurance personnel; phlebotomists; pharmacists; physical, respiratory, speech and occupational therapists and assistants; social workers; optometrists; speech pathologists; chiropractors; diagnostic and therapeutic technicians; and radiology technologists.
- Workers required for effective clinical, command, infrastructure, support service, administrative, security, and intelligence operations across the direct patient care and full healthcare and public health spectrum. Personnel examples may include, but are not limited, to accounting, administrative, admitting and discharge, engineering, accrediting, certification, licensing, credentialing, epidemiological, source plasma and blood donation, food service, environmental services, housekeeping, medical records, information technology and operational technology, nutritionists, sanitarians, etc.
 - Emergency medical services workers including clinical interns.
 - Prehospital workers included but not limited to urgent care workers.
 - Inpatient & hospital workers (e.g. hospitals, critical access hospitals, long-term acute care hospitals, long-term care facilities including skilled nursing facilities, inpatient hospice, ambulatory surgical centers, etc.).
 - Outpatient care workers (e.g. end-stage-renal disease practitioners and staff, Federally Qualified Health Centers, Rural Health Clinics, community mental health clinics, organ transplant/procurement centers, and other ambulatory care settings/providers, comprehensive outpatient rehabilitation facilities, etc.).
 - Home care workers (e.g. home health care, at-home hospice, home dialysis, home infusion, etc.).
 - Workers at Long-term care facilities, residential and community-based providers (e.g. Programs of All-Inclusive Care for the Elderly (PACE), Intermediate Care Facilities for Individuals with Intellectual Disabilities, Psychiatric Residential Treatment Facilities, Religious Nonmedical Health Care Institutions, etc.).
 - Workplace safety workers (i.e., workers who anticipate, recognize, evaluate, and control workplace conditions that may cause workers' illness or injury).

- Workers needed to support transportation to and from healthcare facility and provider appointments.
- Workers needed to provide laundry services, food services, reprocessing of medical equipment, and waste management.
- Workers that manage health plans, billing, and health information and who cannot work remotely.
- Workers performing cybersecurity functions at healthcare and public health facilities and who cannot work remotely.
- Workers performing security, incident management, and emergency operations functions at or on behalf of healthcare entities including healthcare coalitions, who cannot practically work remotely.
- Vendors and suppliers (e.g. imaging, pharmacy, oxygen services, durable medical equipment, etc.).
- Workers at manufacturers (including biotechnology companies and those companies that have shifted production to medical supplies), materials and parts suppliers, technicians, logistics and warehouse operators, printers, packagers, distributors of medical products and equipment (including third party logistics providers, and those who test and repair), personal protective equipment (PPE), isolation barriers, medical gases, pharmaceuticals (including materials used in radioactive drugs), dietary supplements, commercial health products, blood and blood products, vaccines, testing materials, laboratory supplies, cleaning, sanitizing, disinfecting or sterilization supplies (including dispensers), sanitary goods, personal care products, pest control products, and tissue and paper towel products.
- Donors of blood, bone marrow, blood stem cell, or plasma, and the workers of the organizations that operate and manage related activities.
- Pharmacy staff, including workers necessary to maintain uninterrupted prescription, and other workers for pharmacy operations.
- Workers and materials (e.g., laboratory supplies) needed to conduct bloodspot and point of care (i.e., hearing and critical congenital heart disease) newborn screening as well as workers and materials need for confirmatory diagnostic testing and initiation of treatment.
- Home health workers (e.g., nursing, respiratory therapists, health aides) who enter the need to go into the homes of individuals with chronic, complex conditions and/or disabilities to deliver nursing and/or daily living care.
- Workers in retail facilities specializing in medical good and supplies.
- Public health and environmental health workers, such as:
 - Workers specializing in environmental health that focus on implementing environmental controls, sanitary and infection control interventions, healthcare facility safety and emergency preparedness planning, engineered work practices, and developing guidance and protocols for appropriate PPE to prevent COVID-19 disease transmission.
 - Public health/community health workers (including call center workers) who conduct community-based public health functions, conducting epidemiologic surveillance and compiling, analyzing, and communicating public health information, who cannot work remotely.
- Human services providers, especially for at risk populations such as:
 - Home delivered meal providers for older adults, people with disabilities, and others with chronic health conditions.
 - Home-maker services for frail, homebound, older adults.
 - Personal assistance services providers to support activities of daily living for older adults, people with disabilities, and others with chronic health conditions who live independently in the community with supports and services.
 - Home health providers who deliver health care services for older adults, people with disabilities, and others with chronic health conditions who live independently in the community with supports and services.
 - Workers who provide human services, including but not limited to social workers, nutritionists, case managers or case workers, crisis counselors, foster care case managers, adult protective services personnel, child protective personnel, domestic violence counselors, human trafficking prevention and recovery personnel, behavior specialists, substance abuse-related counselors, and peer support counselors.

- Government entities, and contractors that work in support of local, state, federal, tribal, and territorial public health and medical mission sets, including but not limited to supporting access to healthcare and associated payment functions, conducting public health functions, providing medical care, supporting emergency management, or other services necessary for supporting the COVID-19 response.
- Workers for providers and services supporting effective telehealth.
- Mortuary service providers, such as:
 - Workers performing mortuary funeral, cremation, burial, cemetery, and related services, including funeral homes, crematoriums, cemetery workers, and coffin makers.
 - Workers who coordinate with other organizations to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental and behavioral health services to the family members, responders, and survivors of an incident.

LAW ENFORCEMENT, PUBLIC SAFETY, AND OTHER FIRST RESPONDERS

- Public, private, and voluntary personnel (front-line and management, civilian and sworn) in emergency management, law enforcement, fire and rescue services, emergency medical services (EMS), and security, public and private hazardous material responders, air medical service providers (pilots and supporting technicians), corrections, and search and rescue personnel.
- Personnel involved in provisioning of access to emergency services, including the provisioning of real-time text, text-to-911, and dialing 911 via relay.
- Personnel that are involved in the emergency alert system (EAS) (broadcasters, satellite radio and television, cable, and wireline video) and wireless emergency alerts (WEA).
- Workers at Independent System Operators and Regional Transmission Organizations, and Network Operations staff, engineers and technicians to manage the network or operate facilities.
- Workers at emergency communication center, public safety answering points, public safety communications centers, emergency operation centers, and 911 call centers.
- Fusion Center workers.
- Workers, including contracted vendors, who maintain, manufacture, or supply equipment and services supporting law enforcement, fire, EMS, and response operations (to include electronic security and life safety security personnel).
- Workers and contracted vendors who maintain and provide services and supplies to public safety facilities, including emergency communication center, public safety answering points, public safety communications centers, emergency operation centers, fire and emergency medical services stations, police and law enforcement stations and facilities.
- Workers supporting the manufacturing, distribution, and maintenance of necessary safety equipment and uniforms for law enforcement and all public safety personnel.
- Workers supporting the operation of firearm, or ammunition product manufacturers, retailers, importers, distributors, and shooting ranges.
- Public agency workers responding to abuse and neglect of children, spouses, elders, and dependent adults.
- Workers who support weather disaster and natural hazard mitigation and prevention activities.
- Security staff to maintain building access control and physical security measures.
- Workers who support child care and protective service programs such as child protective service.

EDUCATION

- Workers who support the education of pre-school, K-12, college, university, career and technical education, and adult education students, including professors, teachers, teacher aides, special education and special needs teachers, ESOL teachers, para-educators, apprenticeship supervisors, and specialists.
- Workers who provide services necessary to support educators and students, including but not limited to, administrators, administrative staff, IT specialists, media specialists, librarians, guidance counselors, school psychologists and other mental health professions, school nurses and other health professionals, and school safety personnel.
- Workers who support the transportation and operational needs of schools, including bus drivers, crossing guards, cafeteria workers, cleaning and maintenance workers, bus depot and maintenance workers, and those that deliver food and supplies to school facilities.
- Workers who support the administration of school systems including, school superintendents and their management and operational staff.
- Educators and operational staff facilitating and supporting distance learning.

FOOD AND AGRICULTURE

- Workers enabling the sale of human food, animal food (includes pet food, animal feed, and raw materials and ingredients), pet supply, and beverage products at groceries, pharmacies, convenience stores, and other retail (including unattended and vending), including staff in retail customer support and information technology support necessary for on-line orders, pickup, and delivery.
- Restaurant and quick serve food operations, including dark kitchen and food prep centers, carry-out, and delivery food workers.
- Food manufacturer workers and their supplier workers including those employed at food ingredient production and processing facilities; aquaculture and seafood harvesting facilities; slaughter and processing facilities for livestock, poultry, and seafood; animal food manufacturing and processing facilities; human food facilities producing by-products for animal food; industrial facilities producing co-products for animal food; beverage production facilities; and the production of food packaging.
 - Farmers, farm and ranch workers, and agribusiness support services, including workers involved in auction and sales; in food operations, including animal food, grain and oilseed storage, handling, processing, and distribution; in ingredient production, packaging, and distribution; in manufacturing, packaging, and distribution of veterinary drugs and biologics (e.g., vaccines); and in distribution and transport.
- Farmers, farm and ranch workers, and support service and supplier workers producing food supplies and other agricultural inputs for domestic consumption and export, to include those engaged in raising, cultivating, phytosanitation, harvesting, packing, storing, or distributing to storage or to market or to a transportation mode to market any agricultural or horticultural commodity for human or animal consumption.
- Workers at fuel ethanol facilities, biodiesel and renewable diesel facilities, and storage facilities.
- Workers and firms supporting the distribution of all human and animal food and beverage and ingredients used in these products, including warehouse workers, vendor-managed inventory controllers, and blockchain managers.
- Workers supporting the sanitation and pest control of all human and animal food manufacturing processes and operations from wholesale to retail.
- Workers supporting greenhouses as well as the growth and distribution of plants and associated products for home gardens.
- Workers in cafeterias used to feed workers, particularly worker populations sheltered against COVID-19

and those designated as essential critical infrastructure workers.

- Workers in animal diagnostic and food testing laboratories.
- Government, private, and non-governmental organizations' workers essential for food assistance programs (including school lunch programs) and government payments.
- Workers of companies engaged in the production, storage, transport, and distribution of chemicals, drugs, biologics (e.g. vaccines), and other substances used by the human and agricultural food and agriculture industry, including seeds, pesticides, herbicides, fertilizers, minerals, enrichments, equipment, and other agricultural production aids.
- Animal agriculture workers to include those employed in veterinary health (including those involved in supporting emergency veterinary or livestock services); raising, caring for and management of animals for food, as well as pets; animal production operations; livestock markets; slaughter and packing plants, manufacturers, renderers, and associated regulatory and government workforce.
- Transportation workers supporting animal agricultural industries, including movement of animal medical and reproductive supplies and materials, animal biologics (e.g., vaccines), animal drugs, animal food ingredients, animal food and bedding, live animals, and deceased animals for disposal.
- Workers who support sawmills and the manufacture and distribution of fiber and forestry products, including, but not limited to timber, paper, and other wood and fiber products, as well as manufacture and distribution of products using agricultural commodities.
- Workers engaged in the manufacture and maintenance of equipment and other infrastructure necessary for agricultural production and distribution.

ENERGY

- Workers supporting the energy sector, regardless of the energy source (including, but not limited to, nuclear, fossil, hydroelectric, or renewable), segment of the system, or infrastructure the worker is involved in, who are needed to construct, manufacture, repair, transport, permit, monitor, operate engineer, and maintain the reliability, safety, security, environmental health, and physical and cyber security of the energy system, including those who support construction, manufacturing, transportation, permitting, and logistics.
- Workers and contractors supporting energy facilities that provide steam, hot water or chilled water from central power plants to connected customers.
- Workers conducting energy/commodity trading/scheduling/marketing functions who can't perform their duties remotely.
- Workers supporting the energy sector through renewable energy infrastructure (including, but not limited to, wind, solar, biomass, hydrogen, ocean, geothermal, and hydroelectric) and microgrids, including those supporting construction, manufacturing, transportation, permitting, operation and maintenance, monitoring, and logistics.
- Workers and security staff involved in nuclear re-fueling operations.
- Workers providing services related to energy sector fuels including, but not limited to, petroleum (crude oil), natural gas, propane, liquefied natural gas (LNG), compressed natural gas (CNG), natural gas liquids (NGL), other liquid fuels, nuclear, and coal) and supporting the mining, processing, manufacturing, construction, logistics, transportation, permitting, operation, maintenance, security, waste disposal, storage, and monitoring of support for resources.
- Workers providing environmental remediation and monitoring, limited to immediate critical needs technicians.
- Workers involved in the manufacturing and distribution of equipment, supplies, and parts necessary to maintain production, maintenance, restoration, and service at energy sector facilities across all energy sector segments.

Electricity Industry

- Workers who maintain, ensure, restore, or who are involved in the development, transportation, fuel procurement, expansion, or operation of, the generation, transmission, and distribution of electric power, including call centers, utility workers, engineers, retail electricity, construction, maintenance, utility telecommunications, relaying, and fleet maintenance technicians who cannot perform their duties remotely.
- Workers at coal mines, production facilities, and those involved in manufacturing, transportation, permitting, operation, maintenance, and monitoring at coal sites.
- Workers who produce, process, ship, and handle coal used for power generation and manufacturing.
- Workers in the electricity industry including but not limited to those supporting safety, construction, manufacturing, transportation, permitting, operation/maintenance, engineering, physical and cyber security, monitoring, and logistics
- Workers needed for safe and secure operations at nuclear generation including, but not limited to, those critical to the broader nuclear supply chain, the manufacture and delivery of parts needed to maintain nuclear equipment, the operations of fuel manufacturers, and the production and processing of fuel components used in the manufacturing of fuel.

- Workers at fossil fuel (including but not limited to natural gas, refined, distillate, and/or coal), nuclear, and renewable energy infrastructure (including, but not limited to wind, solar, biomass, hydrogen, geothermal, and hydroelectric), and microgrids, including those supporting safety, construction, manufacturing, transportation, permitting, operation, maintenance, monitoring, and logistics.
- Workers at generation, transmission, and electric black start facilities.
- Workers at Reliability Coordinator, Balancing Authority, local distribution control centers, and primary and backup Control Centers, including, but not limited to, independent system operators, regional transmission organizations, and local distribution control centers.
- Workers that are mutual assistance/aid personnel, which may include workers from outside of the state or local jurisdiction.
- Vegetation management and traffic control for supporting those crews.
- Instrumentation, protection, and control technicians.
- Essential support personnel for electricity operations.
- Generator set support workers, such as diesel engineers used in power generation, including those providing fuel.

Petroleum Industry

- Workers who support onshore and offshore petroleum drilling operations; platform and drilling construction and maintenance; transportation (including helicopter operations), maritime transportation, supply, and dredging operations; maritime navigation; well stimulation, intervention, monitoring, automation and control, extraction, production; processing; waste disposal, and maintenance, construction, and operations.
- Workers in the petroleum industry including but not limited to those supporting safety, construction, manufacturing, transportation, permitting, operation/maintenance, engineering, physical and cyber security, monitoring, and logistics.
- Workers for crude oil, petroleum, and petroleum product storage and transportation, including pipeline, marine transport, terminals, rail transport, storage facilities, racks, and road transport for use as end-use fuels such as gasoline, diesel fuel, jet fuel, and heating fuels or feedstocks for chemical manufacturing.
- Petroleum and petroleum product security operations center workers and workers who support maintenance and emergency response services.
- Petroleum and petroleum product operations control rooms, centers, and refinery facilities.
- Retail fuel centers such as gas stations and truck stops, and the distribution systems that support them.
- Supporting new and existing construction projects, including, but not limited to, pipeline construction.
- Manufacturing and distribution of equipment, supplies, and parts necessary for production, maintenance, restoration, and service of petroleum and petroleum product operations and use, including end-users.
- Transmission and distribution pipeline workers, including but not limited to pump stations and any other required, operations maintenance, construction, and support for petroleum products.

Natural Gas, Natural Gas Liquids (NGL), Propane, and Other Liquid Fuels

- Workers who support onshore and offshore drilling operations, platform and drilling construction and maintenance; transportation (including helicopter operations); maritime transportation, supply, and dredging operations; maritime navigation; natural gas and natural gas liquid production, processing, extraction, storage and transportation; well intervention, monitoring, automation and control; waste disposal, and maintenance, construction, and operations.
- Workers in the natural gas, NGL, propane, and other liquid fuels industries including but not limited to those supporting safety, construction, manufacturing, transportation, permitting, operation/maintenance, engineering, physical and cyber security, monitoring, and logistics.
- Transmission and distribution pipeline workers, including compressor stations and any other required operations maintenance, construction, and support for natural gas, natural gas liquid, propane, and other liquid fuels.
- Workers at Liquefied Natural Gas (LNG) and Compressed Natural Gas (CNG) facilities.
- Workers at natural gas, propane, natural gas liquids, liquified natural gas, liquid fuel storage facilities, underground facilities, and processing plants and other related facilities, including construction, maintenance, and support operations personnel.
- Natural gas processing plants workers and those who deal with natural gas liquids.
- Workers who staff natural gas, propane, natural gas liquids, and other liquid fuel security operations centers, operations dispatch and control rooms and centers, and emergency response and customer emergencies (including leak calls) operations.
- Workers supporting drilling, production, processing, refining, and transporting natural gas, propane, natural gas liquids, and other liquid fuels for use as end-use fuels, feedstocks for chemical manufacturing, or use in electricity generation.
- Workers supporting propane gas service maintenance and restoration, including call centers.
- Workers supporting propane, natural gas liquids, and other liquid fuel distribution centers.
- Workers supporting propane gas storage, transmission, and distribution centers.
- Workers supporting new and existing construction projects, including, but not limited to, pipeline construction.
- Workers supporting ethanol and biofuel production, refining, and distribution.
- Workers in fuel sectors (including, but not limited to nuclear, coal, and gas types and liquid fuels) supporting the mining, manufacturing, logistics, transportation, permitting, operation, maintenance, and monitoring of support for resources.
- Workers ensuring, monitoring, and engaging in the physical security of assets and locations associated with natural gas, propane, natural gas liquids, and other liquid fuels.
- Workers involved in the manufacturing and distribution of equipment, supplies, and parts necessary to maintain production, maintenance, restoration, and service of natural gas, propane, natural gas liquids, and other liquid fuels operations and use, including end-users.

WATER AND WASTEWATER

Workers needed to operate and maintain drinking water and wastewater and drainage infrastructure, including:

- Operational staff at water authorities.
- Operational staff at community water systems.
- Operational staff at wastewater treatment facilities.
- Workers repairing water and wastewater conveyances and performing required sampling or monitoring, including field staff.
- Operational staff for water distribution and testing.
- Operational staff at wastewater collection facilities.
- Operational staff and technical support for SCADA Control systems.
- Laboratory staff performing water sampling and analysis.
- Suppliers and manufacturers of chemicals, equipment, personal protection equipment, and goods and services for water and wastewater systems.
- Workers who maintain digital systems infrastructure supporting water and wastewater operations.

TRANSPORTATION AND LOGISTICS

- Workers supporting or enabling transportation and logistics functions, including truck drivers, bus drivers, dispatchers, maintenance and repair technicians, warehouse workers, third party logisticians, truck stop and rest area workers, driver training and education centers, Department of Motor Vehicle (DMV) workers, enrollment agents for federal transportation worker vetting programs, towing and recovery services, roadside assistance workers, intermodal transportation personnel, and workers that construct, maintain, rehabilitate, and inspect infrastructure, including those that require cross-jurisdiction travel.
- Workers supporting the distribution of food, fuels, pharmaceuticals and medical material (including materials used in radioactive drugs), and chemicals needed for water or water treatment and energy maintenance.
- Workers supporting operation of essential highway infrastructure, including roads, bridges, and tunnels (e.g., traffic operations centers and moveable bridge operators).
- Workers of firms providing services, supplies, and equipment that enable warehouse and operations, including cooling, storing, packaging, and distributing products for wholesale or retail sale or use, including cold- and frozen-chain logistics for food and critical biologic products.
- Mass transit workers providing critical transit services and performing critical or routine maintenance to mass transit infrastructure or equipment.
- Workers supporting personal and commercial transportation services including taxis, delivery services, vehicle rental services, bicycle maintenance and car-sharing services, and transportation network providers.
- Workers, including police, responsible for operating and dispatching passenger, commuter, and freight trains and maintaining rail infrastructure and equipment.
- Maritime transportation workers, including port authority and commercial facility personnel, dredgers, port workers, security personnel, mariners, ship crewmembers, ship pilots, tugboat operators, equipment operators (to include maintenance and repair, and maritime-specific medical providers), ship supply workers, chandlers, repair company workers, and maritime and mariner training and education centers. Refer to the United States Coast Guard's Marine Safety Information Bulletin "Maintaining Maritime Commerce and Identification of Essential Maritime Critical Infrastructure Workers" for more information.

- Maritime transportation workers, including port authority and commercial facility personnel, dredgers, port workers, security personnel, mariners, ship crewmembers, ship pilots, tugboat operators, equipment operators (to include maintenance and repair, and maritime-specific medical providers), ship supply workers, chandlers, repair company workers, and maritime and mariner training and education centers. Refer to the United States Coast Guard's Marine Safety Information Bulletin "Maintaining Maritime Commerce and Identification of Essential Maritime Critical Infrastructure Workers" for more information.
- Workers, including truck drivers, railroad employees, maintenance crews, and cleaners, supporting transportation of chemicals, hazardous, medical, and waste materials that support critical infrastructure, capabilities, functions, and services, including specialized carriers, crane and rigging industry workers.
- Bus drivers and workers who provide or support intercity, commuter, and charter bus service in support of other essential services or functions, including school bus drivers.
- Vehicle repair, maintenance, and transportation equipment manufacturing and distribution facilities.
- Workers who support the construction and maintenance of electric vehicle charging stations.
- Transportation safety inspectors, including hazardous material inspectors and accident investigator inspectors.
- Manufacturers and distributors (to include service centers and related operations) of lighting and communication systems, specialized signage and structural systems, emergency response equipment and support materials, printers, printed materials, packaging materials, pallets, crates, containers, and other supplies needed to support manufacturing, packaging staging and distribution operations, and other critical infrastructure needs.
- Postal Service, parcel, courier, last-mile delivery, and shipping and related workers, to include private companies, who accept, process, transport, and deliver information and goods.
- Workers who supply equipment and materials for maintenance of transportation equipment.
- Workers who repair and maintain vehicles, aircraft, rail equipment, marine vessels, bicycles, and the equipment and infrastructure that enables operations that encompass movement of cargo and passengers.
- Workers who support air transportation for cargo and passengers, including operation distribution, maintenance, and sanitation. This includes air traffic controllers, flight dispatchers, maintenance personnel, ramp workers, fueling agents, flight crews, airport safety inspectors and engineers, airport operations personnel, aviation and aerospace safety workers, security, commercial space personnel, operations personnel, accident investigators, flight instructors, and other on- and off-airport facilities workers.
- Workers supporting transportation via inland waterways, such as barge crew, dredging crew, and river port workers for essential goods.
- Workers critical to the manufacturing, distribution, sales, rental, leasing, repair, and maintenance of vehicles and other equipment (including electric vehicle charging stations) and the supply chains that enable these operations to facilitate continuity of travel-related operations for essential workers.
- Warehouse operators, including vendors and support personnel critical for business continuity (including heating, ventilation, and air conditioning (HVAC) and electrical engineers, security personnel, and janitorial staff), e-commerce or online commerce, and customer service for essential functions.

PUBLIC WORKS AND INFRASTRUCTURE SUPPORT SERVICES

- Workers who support the construction, maintenance, or rehabilitation of critical infrastructure.
- Workers supporting construction materials production, testing laboratories, material delivery services, and construction inspection.
- Workers who support the operation, inspection, and maintenance of essential public works facilities and operations, including bridges, water and sewer main breaks, fleet maintenance personnel, construction of critical or strategic infrastructure, traffic signal maintenance, emergency location services for buried utilities, maintenance of digital systems infrastructure supporting public works operations, and other emergent issues.
- Workers such as plumbers, electricians, exterminators, builders (including building and insulation), contractors, HVAC Technicians, technicians for elevators, escalators and moving walkways, landscapers, and other service providers who provide services, including temporary construction, that are necessary to maintaining the safety, sanitation, and essential operation of residences, businesses and buildings, such as hospitals and senior living facilities.
- Workers personnel, who support operations that ensure, the availability of and access to needed facilities, transportation, energy, and communications through activities such as road and line clearing.
- Workers who support the effective removal, storage, and disposal of residential, industrial, and commercial solid waste and hazardous waste, including at landfill operations.
- Workers who support the operation, inspection, and maintenance of essential dams, locks, and levees.
- Workers who support the inspection and maintenance of aids to navigation and other government-provided services that ensure continued maritime commerce.
- Workers who support the operations and maintenance of parks and outdoor recreational facilities.

COMMUNICATIONS AND INFORMATION TECHNOLOGY

Communications

- Maintenance of communications infrastructure, -- including privately owned and maintained communication systems, -- supported by technicians, operators, call centers, wireline and wireless providers, cable service providers, satellite operations, Internet Exchange Points, Points of Presence, Network Access Points, back haul and front haul facilities, and manufacturers and distributors of communications equipment.
- Government and private sector workers, including government contractors, with work related to undersea cable infrastructure and support facilities, including cable landing sites, beach manhole vaults and covers, submarine cable depots, and submarine cable ship facilities.
- Government and private sector workers, including government contractors, supporting Department of Defense internet and communications facilities.
- Network Operations staff, engineers, and technicians to include IT managers and staff, HVAC and electrical engineers, security personnel, software and hardware engineers, and database administrators that manage the network or operate facilities.
- Workers responsible for infrastructure construction and restoration, including but not limited to engineers, technicians, and contractors for construction and engineering of fiber optic cables, buried conduit, small cells, other wireless facilities, and other communications sector-related infrastructure. This includes permitting, construction of new facilities, and deployment of new technology as required to address congestion or customer usage due to unprecedented use of remote services.
- Installation, maintenance, and repair technicians that establish, support, or repair service as needed.

- Central office personnel to maintain and operate central office, data centers, and other network office facilities, including critical support personnel assisting front line workers.
- Customer service and support staff, including managed and professional services, as well as remote providers of support to transitioning workers to set up and maintain home offices, who interface with customers to manage or support service environments and security issues including payroll, billing, fraud, logistics, and troubleshooting.
- Workers providing electronic security, fire, monitoring, and life safety services, and who ensure physical security, cleanliness, and the safety of facilities and personnel, including those who provide temporary licensing waivers for security personnel to work in other States or Municipalities.
- Dispatchers involved with service repair and restoration.
- Retail customer service personnel at critical service center locations to address customer needs, including new customer processing, distributing and repairing equipment, and addressing customer issues, in order to support individuals' remote emergency communications needs.
- Supply chain and logistics personnel to ensure goods and products are available to provision these front-line workers.
- External Affairs personnel to assist in coordinating with local, state, and federal officials to address communications needs supporting COVID-19 response, public safety, and national security.
- Workers responsible for ensuring that persons with disabilities have access to and the benefits of various communications platforms, including those involved in the provision of telecommunication relay services, closed captioning of broadcast television for the deaf, video relay services for deaf citizens who prefer communication via American Sign Language over text, and audio-description for television programming.

Information Technology

- Workers who support command centers, including, but not limited to, Network Operations Command Centers, Broadcast Operations Control Centers, and Security Operations Command Centers.
- Data center operators, including system administrators, HVAC and electrical engineers, security personnel, IT managers and purchasers, data transfer solutions engineers, software and hardware engineers, and database administrators for all industries, including financial services.
- Workers who support client service centers, field engineers, and other technicians and workers supporting critical infrastructure, as well as manufacturers and supply chain vendors that provide hardware and software, support services, research and development, information technology equipment (to include microelectronics and semiconductors), HVAC and electrical equipment for critical infrastructure, and test labs and certification agencies that qualify such equipment (to include microelectronics, optoelectronics, and semiconductors) for critical infrastructure, including data centers.
- Workers needed to preempt and respond to cyber incidents involving critical infrastructure, including medical facilities; state, local, tribal, and territorial (SLTT) governments and federal facilities; energy and utilities; banks and financial institutions; securities and other exchanges; other entities that support the functioning of capital markets, public works, critical manufacturing, food, and agricultural production; transportation; and other critical infrastructure categories and personnel, in addition to all cyber defense workers who can't perform their duties remotely.
- Suppliers, designers, transporters, and other workers supporting the manufacture, distribution, provision, and construction of essential global, national, and local infrastructure for computing services (including cloud computing services and telework capabilities), business infrastructure, financial transactions and services, web-based services, and critical manufacturing.

- Workers supporting communications systems, information technology, and work from home solutions used by law enforcement, public safety, medical, energy, public works, critical manufacturing, food and agricultural production, financial services, in person and remote education, and other critical industries and businesses.
- Workers required in person to support Software as a Service businesses that enable remote working, and education performance of business operations, distance learning, media services, and digital health offerings, or required for technical support crucial for business continuity and connectivity.

OTHER COMMUNITY- OR GOVERNMENT-BASED OPERATIONS AND ESSENTIAL FUNCTIONS

- Workers to ensure continuity of building functions, including but not limited to security and environmental controls (e.g., HVAC), building transportation equipment, the manufacturing and distribution of the products required for these functions, and the permits and inspections for construction supporting essential infrastructure.
- Elections personnel to include both public and private sector elections support.
- Workers supporting the operations of the judicial system, including judges, lawyers, and others providing legal assistance.
- Workers who support administration and delivery of unemployment insurance programs, income maintenance, employment services, vocational rehabilitation programs and services, disaster assistance, workers' compensation insurance and benefits programs, and pandemic assistance.
- Federal, State, and Local, Tribal, and Territorial government workers who support Mission Essential Functions and communications networks.
- Trade Officials (FTA negotiators; international data flow administrators).
- Workers who support radio, print, internet and television news and media services, including, but not limited to front line news reporters, studio, and technicians for newsgathering, reporting, and publishing news.
- Workers supporting Census 2020.
- Weather forecasters.
- Clergy and other essential support for houses of worship.
- Workers who maintain digital systems infrastructure supporting other critical government operations.
- Workers who support necessary permitting, credentialing, vetting, certifying, and licensing for essential critical infrastructure workers and their operations.
- Customs and immigration workers who are critical to facilitating trade in support of the national emergency response supply chain.
- Workers at testing and education centers for emergency medical services and other healthcare workers.
- Staff at government offices who perform title search, notary, and recording services in support of mortgage and real estate services and transactions.
- Residential and commercial real estate services, including settlement services.

- Workers supporting essential maintenance, manufacturing, design, operation, inspection, security, and construction for essential products, services, supply chain, and COVID-19 relief efforts.
- Workers performing services to animals in human care, including zoos and aquariums.
- Engineers performing or supporting safety inspections.
- Veterinary nurses, technicians, veterinarians, and other services supporting individuals and organizations with service animals, search and rescue dogs, and support animals.
- Workers providing dependent care services, including childcare, eldercare, and other service providers necessary to maintain a comprehensive, supportive environment for individuals and caregivers needing these services.

CRITICAL MANUFACTURING

- Workers necessary for the manufacturing of metals (including steel and aluminum), industrial minerals, semiconductors, materials and products needed for medical supply chains and for supply chains associated with transportation, building transportation equipment, aerospace, energy, communications, information technology, food and agriculture, chemical manufacturing, nuclear facilities, wood products, commodities used as fuel for power generation facilities, the operation of dams, water and wastewater treatment, processing and reprocessing of solid waste, emergency services, and the defense industrial base. Additionally, workers needed to maintain the continuity of these manufacturing functions and associated supply chains, and workers necessary to maintain a manufacturing operation in warm standby.
- Workers necessary for the manufacturing of materials and products needed to manufacture medical equipment, PPE, and sanctioned substitutes for PPE.
- Workers necessary for mining and production of critical minerals, materials and associated essential supply chains, and workers engaged in the manufacture and maintenance of equipment and other infrastructure necessary for mining production and distribution.
- Workers who produce or manufacture parts or equipment that supports continued operations for any essential services and increase in remote workforce, including computing and communication devices, semiconductors, and equipment such as security tools for Security Operations Centers (SOCs) or data centers.
- Workers manufacturing or providing parts and equipment that enable the maintenance and continued operation of essential businesses and facilities.

HAZARDOUS MATERIALS

- Workers who manage hazardous materials associated with any other essential activity, including but not limited to healthcare waste (medical, pharmaceuticals, medical material production, and testing operations from laboratories processing and testing kits) and energy (including nuclear facilities).
- Workers who support hazardous materials response and cleanup.
- Workers who maintain digital systems infrastructure supporting hazardous materials management operations.

FINANCIAL SERVICES

- Workers who are needed to provide, process, and maintain systems for processing, verification, and recording of financial transactions and services, including payment, clearing, and settlement; wholesale funding; insurance services; consumer and commercial lending; public accounting; and capital markets activities.
- Workers who are needed to maintain orderly market operations to ensure the continuity of financial transactions and services.
- Workers who are needed to provide business, commercial, and consumer access to bank and non-bank financial services and lending services, including ATMs, lending and money transmission, lockbox banking, and to move currency, checks, securities, and payments (e.g., armored cash carriers).
- Workers who support financial operations and those staffing call centers, such as those staffing data and security operations centers, managing physical security, or providing accounting services.
- Workers supporting production and distribution of debit and credit cards.
- Workers providing electronic point of sale support personnel for essential businesses and workers.
- Workers who support law enforcement requests and support regulatory compliance efforts critical to national security, such as meeting anti-money laundering and countering terrorist financing and sanctions screening requirements.

CHEMICAL

- Workers supporting the chemical and industrial gas supply chains, including workers at chemical manufacturing plants, laboratories, distribution facilities, and workers who transport basic raw chemical materials to the producers of industrial and consumer goods, including hand sanitizers, food and food additives, pharmaceuticals, paintings and coatings, textiles, building materials, plumbing, electrical, and paper products.
- Workers supporting the safe transportation of chemicals, including those supporting tank truck cleaning facilities and workers who manufacture packaging items.
- Workers supporting the production of protective cleaning and medical solutions, PPE, chemical consumer and institutional products, disinfectants, fragrances, and packaging that prevents the contamination of food, water, medicine, among others essential products.
- Workers supporting the operation and maintenance of facilities (particularly those with high-risk chemicals and sites that cannot be shut down) whose work cannot be done remotely and requires the presence of highly trained personnel to ensure safe operations, including plant contract workers who provide inspections.
- Workers (including those in glass container manufacturing) who support the production and transportation of chlorine and alkali manufacturing, single-use plastics, and packaging that prevents the contamination or supports the continued manufacture of food, water, medicine, and other essential products.

DEFENSE INDUSTRIAL BASE

- Workers who support the essential services required to meet national security commitments to the federal government and U.S. Military, including, but are not limited to, space and aerospace workers, nuclear matters workers, mechanical and software engineers (various disciplines), manufacturing and production workers, transportation logistics and cargo handling workers, IT support, security staff, security personnel, intelligence support, aircraft and weapon system mechanics and maintainers, and sanitary workers who maintain the hygienic viability of necessary facilities.
- Personnel working for companies, and their subcontractors, who perform under contract or sub-contract to the Department of Defense (DoD), the Department of Energy (DoE) (on nuclear matters), and Department of Transportation (DOT) as well as personnel at government owned/government operated and government-owned/contractor operated facilities and vessels, and who provide materials and services to DoE (on nuclear matters) and the DoD, including support for weapon systems, software systems and cybersecurity, defense and intelligence communications, surveillance, sale of U.S. defense articles and services for export to foreign allies and partners (as authorized by the U.S. government), transportation and logistics, and space systems and other activities in support of our military, intelligence, and space forces.

COMMERCIAL FACILITIES

- Workers who support the supply chain of building materials from production through application and installation, including cabinetry, fixtures, doors, cement, hardware, plumbing (including parts and services), electrical, heating and cooling, refrigeration, appliances, paint and coatings, and workers who provide services that enable repair materials and equipment for essential functions.
- Workers supporting e-commerce of essential goods through distribution, warehouse, call center facilities, and other essential operational support functions, that accept, store, and process goods, and that facilitate their transportation and delivery.
- Workers in retail and non-retail businesses – and necessary merchant wholesalers and distributors - necessary to provide access to hardware and building materials, consumer electronics, technology products, appliances, emergency preparedness supplies, home exercise and fitness supplies, and home school instructional supplies.
- Workers distributing, servicing, repairing, installing residential and commercial HVAC systems, building transportation equipment, boilers, furnaces and other heating, cooling, refrigeration, and ventilation equipment.
- Workers supporting the operations of commercial buildings that are critical to safety, security, and the continuance of essential activities, such as on-site property managers, building engineers, security staff, fire safety directors, janitorial personnel, and service technicians (e.g., mechanical, HVAC, plumbers, electricians, and elevator).
- Management and staff at hotels and other temporary lodging facilities that provide for COVID-19 mitigation, containment, and treatment measures or provide accommodations for essential workers.

RESIDENTIAL/SHELTER FACILITIES, HOUSING AND REAL ESTATE, AND RELATED SERVICES

- Workers who support food, shelter, and social services, and other necessities of life for needy groups and individuals, including in-need populations and COVID-19 responders, including traveling medical staff.
- Workers in animal shelters.
- Workers responsible for the leasing of residential properties to provide individuals and families with ready access to available housing.
- Workers responsible for handling property management, maintenance, and related service calls who can coordinate the response to emergency “at-home” situations requiring immediate attention, as well as facilitate the reception of deliveries, mail, and other necessary services.
- Workers performing housing and commercial construction related activities, including those supporting the sale, transportation, and installation of manufactured homes.
- Workers supporting government functions related to the building and development process, such as inspections, permitting, and plan review services that can be modified to protect the public health, but fundamentally should continue and enable the continuity of the construction industry (e.g., allow qualified private third-party inspections in case of federal government shutdown).
- Workers performing services in support of the elderly and disabled populations who coordinate a variety of services, including health care appointments and activities of daily living.
- Workers responsible for the movement and provisioning of household goods.

HYGIENE PRODUCTS AND SERVICES

- Workers who produce hygiene products.
- Workers in laundromats, laundry services, and dry cleaners.
- Workers providing personal and household goods, repair, and maintenance.
- Workers providing disinfection services for all essential facilities and modes of transportation and who support the sanitation of all food manufacturing processes and operations from wholesale to retail.
- Workers necessary for the installation, maintenance, distribution, and manufacturing of water and space heating equipment and its components.
- Support required for continuity of services, including commercial disinfectant services, janitorial and cleaning personnel, and support personnel functions that need freedom of movement to access facilities in support of front-line workers.
- Workers supporting the production of home cleaning, pest control, and other essential products necessary to clean, disinfect, sanitize, and ensure the cleanliness of residential homes, shelters, and commercial facilities.
- Workers supporting agriculture irrigation infrastructure.
- Workers supporting the production of home cleaning and pest control products.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: January 26, 2021
To: Board of Directors
Subject: Consideration to Approve a Recruiting Proposal for MVP Consulting Group LLC – for the Senior Program Officer, Behavioral Health position

Recommendation:

Consideration to Approve a Recruiting Proposal for MVP Consulting Group LLC – for the Senior Program Officer, Behavioral Health position

Background:

- As part of the Desert Healthcare District and Foundation’s Behavioral Health initiative, efforts have been made to recruit to fill the position of Senior Program Officer – Behavioral Health.
- Staff had performed an extensive recruitment prior to the COVID-19 pandemic. A candidate had been selected from the Washington DC area.
- Unfortunately, the pandemic interrupted the ability for the candidate to relocate.
- Subsequently, staff has been recruiting, but without success in identifying a qualified candidate.
- Staff has identified a recruiting firm who specializes in staffing behavioral health positions.
- MVP Consulting Group LLC possesses a history of successful recruitment in behavioral health.
- The recruitment fee is 20% of the successful candidates beginning annual salary, with an initial retainer of \$4,800.
- Staff recommends approval of the recruiting proposal for MVP Consulting Group LLC.

Fiscal Impact:

Initial retainer of \$4,800 included in the estimated total of \$24,000 (based on 20% of \$120,000 annual salary). The expense would be applied to the Behavioral Health collective fund.

MVP CONSULTING GROUP LLC

“CONSULTING SERVICES PROPOSAL”

Thank you for choosing MVP Consulting Group LLC to advise and aid in staffing efforts geared towards professionals in the behavioral health field. We are excited to work with you to build a successful business relationship.

TERM OF PROPOSAL

This Consulting Proposal (herein the “PROPOSAL”), by and between MVP Consulting Group LLC (herein the “Consultant”), and Desert Healthcare District (herein “Client”) and shall be held open January 15th, 2021. Dr. Conrado E. Barzaga, Chief Executive Officer of Client shall be the contact person and representative of Client. The Client has met with MVP Consulting Group and has reviewed our in depth experience in this field determining the Consultant to have the necessary qualifications and skillset to provide human resources/staffing consultation services to the Client.

SERVICES

Upon agreement to the terms identified in this proposal, Consultant agrees to render consultation services to the Company in the areas of:

- Staffing and Full Cycle Recruitment
- Interview and Selection of qualified candidates
- Business Development- Leveraging behavioral healthcare network, creating targeted job posts to attract new and highly qualified candidates to job pool
- Consultant will provide a written summary of each candidate referred to the organization

Additional General Consulting services may be included, and the cost of those services will be mutually agreed upon as an extension to this contract.

Services will be provided at Consultant’s offices, Client’s offices, or other locations, as appropriate and agreed upon in advance by the parties.

CLIENT REQUIREMENTS

- **Communication:** The Client shall provide the Consultant information and criteria regarding the Client’s requirement for staffing each position. This includes but not limited to- description of job duties, exclusionary information (i.e.- minimum of years of experience required, licensing requirements and government-Riverside County experience), salary range and organizational fit descriptions (if applicable). Communication will include but not limited to: Client’s Human Resources Department and specific hiring managers. Communication can take place via email, phone, teleconference or in person (see below). The Consultant will provide regular updates to Client regarding staffing candidates.
- **Transparency:** After successful completion of the first of this proposal, the Client and Consultant will discuss the yearly salary of **each** position the Consultant is asked to fill. This communication will be monitored through written email and any changes to salary expectations must be communicated in writing within 24 hours to the Consultant.

MVP Consulting Group LLC 100 Oceangate Suite 1200 Long Beach, CA. 90802
Office (786)-554-9441 Email: martin@mvpconsultinggroup.com www.MVPConsultingGroup.com

- **Exclusivity**- the Consultant will have exclusivity and no other outside consultants or staffing agencies will be employed to staff the Senior Program Officer position within 60 days of this agreement. This does not include the Client's internal Human Resources Department.

TERMINATION OF AGREEMENT

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

OWNERSHIP OF DOCUMENTS

All deliverables and other documents generated by Consultant in the performance of the Services, including all work papers, work-in-progress, documents, data, ledgers, journals and reports prepared by Consultant as a part of Consultant's Services shall belong to and be subject to the sole ownership and use of the District. The provisions of this Paragraph shall survive any termination of this Agreement.

INDEPENDENT CONTRACTOR STATUS

It is the express intention of the parties that the Consultant is an independent contractor and not an employee, agent, or partner of the Client. Nothing in this proposal shall be interpreted or construed as creating or establishing the relationship of employer and employee between the Company and the Consultant or any employee or agent of the Consultant. Both parties acknowledge that the Consultant is not an employee for State or Federal tax purposes.

The Consultant will determine the method, details, and means of performing the services described above. The Client shall have no right to, and shall not control the manner or determine the method of accomplishing the Consultant's services.

CONFIDENTIALITY

Consultant acknowledges that all information disclosed by Client, or which comes to Consultant's attention during the course of work constitutes a valuable asset of and is proprietary to the Client. Consultant agrees not to disclose or use for any unauthorized purpose any such proprietary and confidential information. Consultant shall not disclose said information or knowingly permit employees or agents to disclose said information to any person within her/his employment not having a specific need to know in performance of work.

INDEMNITY

Consultant is not an attorney, and any consultation given under the terms of this agreement is provided in a professional capacity only, based upon the Consultant's extensive background and knowledge of staffing matters. It does not constitute legal advice and should not be used in place of consultation with legal counsel. Consultant agrees to indemnify and hold Client, its governing body, officers, employees, representatives, agents, successors and assigns, harmless from and against any and all losses, liabilities, claims, causes of action or costs and expenses of whatever nature or kind, incurred or suffered by Client including indemnity claims arising out

of or in connection with the negligent act(s) or omission(s), recklessness, or willful misconduct of Consultant, its officers, employees, subcontractors, or representatives, relating to the performance of the services outlined in this Agreement. Client agrees to indemnify and hold Consultant, its governing body, officers, employees, representatives, agents, successors and assigns, harmless from and against any and all losses, liabilities, claims, causes of action or costs and expenses of whatever nature or kind, incurred or suffered by Consultant including indemnity claims arising out of or in connection with the negligent act(s) or omission(s), recklessness, or willful misconduct of Client, its officers, employees, subcontractors, or representatives, relating to the performance of the services outlined in this Agreement.

Consultant shall at all times provide services to Client in accordance with experience, expertise and in good faith. It will be at the discretion of the Client to implement recommendations made. Nothing herein shall be construed to require Consultant to take any action inconsistent with Consultant's professional judgment concerning service to be rendered to company. Nothing herein shall be construed as a guarantee of any outcome, which may be beyond the control of Consultant.

FEE STRUCTURE

Commencement of this agreement shall begin upon signature of this agreement from all parties and the client renders a non-refundable retainer of 20% of contingency fee (based off of \$120,000 annually salary; -20%- \$24,000; = **\$4,800 retainer**). The Consultant will provide premium quality candidates to Client within 45-60 day time frame. The remaining payment (\$19,200) will be due on the date of hire of Senior Program Officer (Candidate). Consultant will submit an invoice once an offer is made to candidate.

Furthermore, the Consultant will be responsible for replacing the Senior Program Officer and other management level candidates, staffed by Consultant, that resign or are terminated within 90 days of employment at no additional cost to the client.

All other candidates will be billed at a 20% contingency rate of the first year base pay. This fee will be due upon the date of hire of each candidate. There will be no fees collected up front following placement of the Senior Program Officer.

Billing will be by invoice, not less frequently than monthly, payable within (5) business days by wire or mailed check.

- 1099 Employer Identification Number. EIN 84-4215296
- Banking Information- Routing: 256074974 Account: 7095768797
- Billing Address: MVP Consulting Group, 550 Orange Ave, Suite 144, Long Beach, Ca. 90802
- Email contact: martin@mvpconsultinggroup.com. Phone Cell. 786-554-9441

In alignment with the organizational belief, "to achieve optimal health at all stages of life for all District residents", the MVP Consulting Group is excited to partner with the Desert Healthcare District and Foundation to provide access to the most valuable performers to ensure this belief continues to be carried out.

Endorsement Page

BY: Desert Healthcare District

By: _____

Dr. Conrado E. Barzaga, CEO

Date: January __, 2021

BY: Martin LaRoche/ MVP Consulting Group

By: _____

Date: January __, 2021



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
January 12, 2021**

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Chair Evett PerezGil Vice-President Karen Borja	Conrado E. Bázquez, MD, Chief Executive Officer Chris Christensen, Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, Program Officer and Director of Outreach Meghan Kane, Programs and Research Analyst Erica Huskey, Administrative and Programs Assistant Andrea S. Hayles, Clerk of the Board	Director Carole Rogers, RN

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 12:08 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	Moved and seconded by Vice-President Borja and Director PerezGil to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. December 08, 2020	Chair PerezGil asked for a motion to approve the December 08, 2020 meeting minutes.	Moved and seconded by Vice-President Borja and Director PerezGil to approve the December 08, 2020 meeting minutes. Motion passed unanimously.
IV. Public Comment	Heather Vaikona, Chief Executive Officer, Lift to Rise, explained that on behalf of Mike Walsh, Deputy Director, Housing Authority of the County of Riverside, and Miguel Romero, Field Representative, Office of Assemblymember Eduardo Garcia, they are grateful for their participation in the prior Program Committee meetings regarding the Housing Fund and the possibility of the District making a catalytic investment. Over the holiday break Lift to Rise made progress with the Department of Finance and the Treasury with the partnership of	

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
January 12, 2021**

	<p>Assemblymember’s Garcia and Mayes. As part of the potential investment from the state, feedback with the potential difficulty of structuring a zero percent investment with the District, and in conversations with the state and the treasury, there is a prospect of zero percent funding from the treasury that would alter the nature of the request to the District, resulting in the best catalytic investment to the fund with grant monies given the feedback from the District.</p> <p>Miguel Romero, Field Representative, Office of Assemblymember Eduardo Garcia explained the Assemblymember's support, as well as Assemblymember Mayes working to support funding to the region with Lift to Rise through the state budget and Treasurer Maus’ office, further describing an opportunity for the District to engage in the interception of housing and health.</p> <p>Mike Walsh, Deputy Director, Housing Authority of the County of Riverside highlighted the feedback from the Program Committee and District Counsel concerning the original structure and how to leverage greater funding from the state with additional information forthcoming to provide the committee with an update.</p>	
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**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
January 12, 2021**

<p>V. Old Business</p> <p>1. Funding Requests</p> <p>2. Grant Payment Schedule</p>	<p>Chair PerezGil summarized the funding requests and the grants payment schedule with Donna Craig, Chief Program Officer answering questions from the committee.</p> <p>Vice-President Borja inquired on the Coachella Valley Association of Governments (CVAG) letter of intent request for \$700,000, a continuation of the District’s funding match to assist with sustaining the Coachella Valley Housing First program, the Barbara Poppe assessment, and the District’s efforts regarding the discontinuation of a formal structure.</p> <p>Donna Craig, Chief Program Officer, explained the meeting with Greg Rodriguez, Government Affairs and Public Policy Advisor, Office of Supervisor Perez, and the District’s concern with the Barbara Poppe expenditure and the discontinuation of the efforts to create a formal structure specific to the Coachella Valley. The regional collaborative approach is still in place with Riverside County and the continuum of care. The purpose is the same, according to Ms. Poppe but in a different manner with the crisis stabilization unit.</p> <p>Greg Rodriguez, Government Relations and Public Policy</p>	
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**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
January 12, 2021**

<p>3. Lift to Rise Rental Assistance Program</p>	<p>Advisor, Office of Supervisor Perez, described his call with Barbara Poppe and the meeting with District staff concerning the benefits of Barbara’s report that has led the county on the right path with a regional collaborative approach. Over the past year, the county has identified which organizations qualify for state, county, federal funding, and augmentations where the District can assist.</p> <p>Ms. Craig also answered questions from Vice-President Borja concerning the Youth Leadership Institute’s withdrawal for funding.</p> <p>Conrado Bárzaga, MD, CEO, described Lift to Rises’ efforts to obtain more rental assistance funding with additional information forthcoming in the next few weeks.</p> <p>Heather Vaikona, Chief Executive Officer, Lift to Rise, described the work with the county to leverage additional resources with the cities of Indio and Palm Springs, who are allocating Community Development Block Grants (CDBG) funds to assist with the program that has \$5M of applications on the wait list. The continued need is incredibly high, and Ms. Vaikona will provide Dr. Bárzaga and Ms. Craig the data analysis from the last six months to better</p>	
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DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
January 12, 2021

	understand the demographic impact.	
<p>VI. Program Staff Updates</p> <p>1. Community Health Needs Assessment and Health Improvement Plan</p>	<p>Meghan Kane, Programs and Research Analyst explained that the focus groups are complete with Health Assessment and Research for Communities (HARC) conducting 40 virtual focus groups with 205 participants of community residents, and 8 of the focus groups with the advisory council consisting of service providers throughout the Coachella Valley. HARC is currently analyzing the data and the visualization component. HARC is also preparing to present updates and findings to the strategic planning committee, including the health needs tool kit to combine the feedback and secondary data.</p>	
<p>VII. Grant Funding Requests</p> <p>1. Consideration to approve Grant #1136 – Inland Empire Ronald McDonald House – Temporary Housing and Family Support Services – \$119,432</p> <p>2. Consideration to approve Grant #1147 – Alzheimer’s Association Critical Program Support – \$33,264</p>	<p>Donna Craig, Chief Program Officer, provided an overview of the Inland Empire Ronald McDonald House grant request, which is a continuation with 20% of the clients in the Coachella Valley for case management and some travel for the clients.</p> <p>Donna Craig, Chief Program Officer, described the Alzheimer’s Association caregiver training program grant request and consideration for approval by the committee.</p>	<p>Moved and seconded by Vice-President Borja and Director PerezGil to approve Grant #1136 – Inland Empire Ronald McDonald House – Temporary Housing and Family Support Services – \$119,432 and forward to the Board for approval. Motion passed unanimously.</p> <p>Moved and seconded by Vice-President Broaj and Director PerezGil to approve Grant #1147 – Alzheimer’s Association Critical Program Support – \$33,264 and forward to the Board for approval.</p>

DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
January 12, 2021

<p>3. Consideration to approve Grant #1162 – Cove Communities Senior Association dba The Joslyn Center – Joslyn Wellness Center Program Support – \$109,130</p>	<p>Vice-President Borja thanked the Alzheimer’s Association for their work, reaching out to the staff for consideration of the grant request, to continue their work with the District given the important work they do, and thanking the reviewers for evaluating the grants.</p> <p>Donna Craig, Chief Program Officer, described the Joslyn Center’s grant request to support behavioral health assessments and treatment plans through telehealth and targeting food insecurities through meals on wheels with an increase during the pandemic.</p> <p>Vice-President Borja thanked the Joslyn Center for their work describing the Indio Senior Center’s participation in the meals on wheels programs and the going beyond food and providing other resources.</p>	<p>Motion passed unanimously.</p> <p>Moved and seconded by Vice-President and Director PerezGil to approve Grant #1162 – Cove Communities Senior Association dba The Joslyn Center – Joslyn Wellness Center Program Support – \$109,130 and forward to the Board for approval.</p> <p>Motion passed unanimously.</p>
<p>VII. Committee Members Comments</p>	<p>There were no committee member comments.</p>	
<p>V. Adjournment</p>	<p>Chair PerezGil adjourned the meeting at 12:39 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
Evelt PerezGil, Chair/Director
Program Committee

Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board

FUNDING REQUESTS UPDATE for January 2020

Information only – status update of new letters of interest and pending applications

(includes both mini grants and full grants)

The five (5) strategic focus areas for FY 2020-2021 are:

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

Letters of Interest				
Agency	Staff Notes	Status & Staff Notes	Funding Allocation	Strategic Focus Areas FY 2020-2021
Blood Bank of San Bernardino and Riverside Counties	LOI received requesting \$150,000 to support the purchase of two bloodmobiles, which cost \$250,000 each.	Staff will be scheduling a proposal review.	District	Healthcare Infrastructure and Services
Jewish Family Service of the Desert	LOI received requesting \$80,000 to support staffing positions for mental health counseling	Stage 2 – the application – has been generated	District	Behavioral Health/Mental Health
Healing California	LOI received requesting \$19,786 to support mobile dental and vision services to residents of Eastern Coachella Valley	UPDATE FOR JANUARY: The grants team conducted a proposal conference on October 12 th . It was determined that Healing CA will send us a list of upcoming sites and apply for a mini grant instead.	District	Healthcare Infrastructure and Services

		Nothing further has been received from the organization.		
Youth Leadership Institute	LOI received requesting \$30,000 Que Madre Program	UPDATE FOR JANUARY: <i>withdrawn by applicant</i> as agency's efforts are tied to funding through the CV Equity Collaborative's COVID-19 outreach and education campaign in underserved areas and populations of the Coachella Valley		Behavioral Health/Mental Health
CVAG	LOI received requesting \$700,000 for the continuation of the District's funding match to help sustain the success of the CV Housing First program.	UPDATE FOR JANUARY: Staff met with Greg Rodriguez to discuss the request, bringing up concerns that included: <ul style="list-style-type: none"> • disparities in the amount of the request of \$700K from the District vs. only \$100k from the cities and \$300K from the County. • the District's \$54,500 investment in Barbara Poppe's assessment and recommendations for a collective and collaborative approach to end homelessness in 	District	Homelessness

		<p>the CV (and approved by DHCD board and CVAG Homelessness Committee) when in November, CVAG approved a recommendation by Greg Rodriguez to <i>discontinue</i> efforts to create a formal collaborative structure specifically for the CV and instead support the regional efforts being pursued by Riverside County and the Continuum of Care.</p> <ul style="list-style-type: none"> • By dismantling the effort to create a collaborative the District now must take care of own needs and those of the CBOs that take care of the homeless (Martha's, CVRM, 		
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		<p>etc.) as there is enough need out there that requires our contributions.</p> <p>Staff will be bringing forward a recommendation for funding at a lower amount with specific and targeted deliverables.</p>		
Family YMCA of the Desert	LOI received requesting \$100,000 to offset staff salaries for 28 staff members working at the San Pablo YMCA & La Quinta Museum in support of the Y Distance Learning program.	UPDATE FOR JANUARY: after review by the grants team, it was determined that this request did not fall within the scope of the District's focus areas and was declined.	District	Vital Human Services to People with Chronic conditions
City of Palm Springs	LOI received requesting \$243,600 to support one Behavioral Health Specialist, one Mental Health Peer Specialist, Case Managers & Mental Health Peer Specialist	UPDATE FOR JANUARY: The LOI is currently on hold as the City has requested a 2 month no cost grant extension for the current open grant. The request will be on the agenda for the 1/26 board meeting.	District	Homelessness
Pending Applications				
Grantee	Staff Notes	Status	Funding Allocation	Strategic Focus Area FY 20/21

<p>Martha's Village & Kitchen</p>	<p>LOI received requesting \$200,896 to support the resources necessary to serve an expanded number of homeless individuals from within the DHCD's Western borders with evidence based best practices such as Housing First</p>	<p>UPDATE FOR JANUARY: Stage 2, the application, was generated, and MVK will concentrate the request on Housing First, the workforce of youth employment and training as well as wrap around services that are given at the Mecca and Desert Hot Springs satellite offices. It is anticipated to bring the full request to the February Program Committee meeting.</p>		
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DESERT HEALTHCARE DISTRICT							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
As of 12/31/20							
TWELVE MONTHS ENDED JUNE 30, 2021							
Grant ID Nos.	Name	Approved Grants - Prior Yrs	Current Yr 2020-2021	6/30/2020 Bal Fwd/New	Total Paid July-June	Open BALANCE	
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000		\$ 8,330,000	\$ -	\$ 8,330,000	
2018-974-BOD-09-25-18	HARC - 2019 Coachella Valley Community Health Survey - 2 Yr	\$ 399,979		\$ 39,999	\$ -	\$ 39,999	
2019-985-BOD-03-26-19	Coachella Valley Volunteers in Medicine - Primary Healthcare & Support Services - 1 Yr	\$ 121,500		\$ 12,150	\$ 12,150	\$ -	
2019-986-BOD-05-28-19	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr	\$ 200,000		\$ 20,000	\$ 20,000	\$ -	
2019-997-BOD-05-28-19	Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	\$ 200,896		\$ 20,090	\$ 20,090	\$ -	
2019-989-BOD-05-28-19	Pegasus Riding Academy - Cover the Hard Costs of Pegasus Clients - 1 Yr	\$ 109,534		\$ 10,954	\$ 10,954	\$ -	
2019-994-BOD-05-28-19	One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yr	\$ 700,000		\$ 385,000	\$ 157,500	\$ 227,500	
2019-1000-BOD-05-28-19	Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$ 24,000		\$ 2,400	\$ 2,400	\$ -	
2019-1017-BOD-09-24-19	Jewish Family Services - Case Management Services for Homeless Prevention - 1 Yr	\$ 90,000		\$ 9,000	\$ 8,855	\$ 145	
	3 Unexpended funds Grant #1017					\$ (145)	
2019-1023-BOD-10-22-19	CVRM - Transportation for Seniors & Homeless Hospital Discharge Referrals - 1 Yr	\$ 216,200		\$ 118,910	\$ 113,586	\$ 5,324	
	3 Unexpended funds Grant #1023					\$ (5,324)	
2019-1021-BOD-11-26-19	Neuro Vitality Center - Community Based Adult Services Program - 6 Months	\$ 143,787		\$ 79,083	\$ 50,323	\$ 28,760	
	1 Unexpended funds Grant #1021					\$ (28,760)	
2020-1045-BOD-03-24-20	FIND Food Bank - Ending Hunger Today, Tomorrow, and for a Lifetime - 1 Yr	\$ 401,380		\$ 311,069	\$ 180,622	\$ 130,447	
2020-1129-BOD-05-26-20	Coachella Valley Volunteers In Medicine - Response to COVID-19	\$ 149,727		\$ 149,727	\$ 149,727	\$ -	
2020-1085-BOD-05-26-20	Olive Crest Treatment Center - General Support for Mental Health Services	\$ 50,000		\$ 27,500	\$ 22,500	\$ 5,000	
2020-1057-BOD-05-26-20	Desert Cancer Foundation - Patient Assistance Program	\$ 150,000		\$ 82,500	\$ 67,500	\$ 15,000	
2020-1124-BOD-06-23-20	Regents of UCR - COVID-19 Testing & Health Education for Eastern Valley - 5 Months	\$ 149,976		\$ 149,976	\$ 149,976	\$ -	
2020-1134-BOD-07-28-20	1 Desert Healthcare Foundation - Addressing Healthcare Needs of Black Communities		\$ 500,000	\$ 500,000	\$ 500,000	\$ -	
2020-1139-BOD-09-22-20	1 CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr		\$ 50,000	\$ 50,000	\$ 22,500	\$ 27,500	
2020-1135-BOD-11-24-20	5 Hope Through Housing Foundation - Family Resilience - 1 Yr		\$ 20,000	\$ 20,000	\$ 9,000	\$ 11,000	
2020-1149-BOD-12-15-20	1 Voices for Children - Court Appointed Special Advocate Program - 1 Yr		\$ 40,000	\$ 40,000	\$ -	\$ 40,000	
TOTAL GRANTS		\$ 13,106,979	\$ 610,000	\$ 10,358,358	\$ 1,497,683	\$ 8,826,445	
Amts available/remaining for Grant/Programs - FY 2020-21:							
Amount budgeted 2020-2021			\$ 4,000,000		G/L Balance:		12/31/2020
Amount granted through December 31, 2020:			\$ (610,000)		2131	\$	2,166,446
Mini Grants:	1132, 1163		\$ (10,000)		2281	\$	6,660,000
Financial Audits of Non-Profits	8/15/20		\$ (5,000)				
Net adj - Grants not used:	1017, 1021, 1023		\$ 34,229		Total	\$	8,826,446
Matching external grant contributions			\$ -			\$	(0)
Balance available for Grants/Programs			\$ 3,409,229				
Strategic Focus Areas FY20-21:							
		Grant Budget	Granted YTD	Available			
1	Healthcare Infrastructure and Services	\$ 1,500,000	\$ (561,240)	\$ 938,760			
2	Behavioral Health/Mental Health	\$ 500,000		\$ 500,000			
3	Homelessness	\$ 500,000	\$ 469	\$ 500,469			
4	Vital Human Services to People with Chronic Conditions	\$ 1,000,000		\$ 1,000,000			
5	Economic Protection, Recovery and Food Security	\$ 500,000	\$ (30,000)	\$ 470,000			
Balance available for Grants/Programs		\$ 4,000,000	\$ (590,771)	\$ 3,409,229			



DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
January 12, 2021

Directors Present	District Staff Present	Absent
Chair/Director Arthur Shorr President Leticia De Lara, MPH Director Les Zendle, MD	Conrado E. Bárzaga, MD, Chief Executive Officer Chris Christensen, Chief Administration Officer Eric Taylor, Accounting Manager Andrea S. Hayles, Clerk to the Board Jeff Scott, Legal Counsel	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Shorr called the meeting to order at 3:30 p.m.	
II. Approval of Agenda	Chair Shorr asked for a motion to approve the agenda.	Moved and seconded by Director Zendle and President De Lara to approve the agenda. Motion passed unanimously.
III. Public Comment	There was no public comment.	
IV. Approval of Minutes 1. F&A Minutes – Meeting December 08, 2020	Chair Shorr motioned to approve the December 08, 2020 minutes.	Moved and seconded by President De Lara and Director Shorr to approve the December 08, 2020 meeting minutes. Motion passed unanimously.
V. CEO Report	Conrado Bárzaga, MD, CEO, explained that the District is monitoring the Governor’s budget, especially for the vaccine to ensure equitable distribution of the vaccine in certain areas of the District, and staff is meeting with the Riverside County Department of Public Health to partner with and distribute the vaccine. Funding allocations from the state for mental health as it relates to COVID are in process, and the District will be monitoring for underserved communities affected due to losses as a result of the pandemic affecting the mental health of those communities.	



DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
January 12, 2021

	<p>The Department of Homeland Security has issued guidance concerning critical infrastructure for the nation regarding workers to continue employment and perform their jobs safely that CSDA and ACHD supports. The Essential Critical Infrastructure Workers Ability to Work During the COVID-19 Response will be attached to the minutes.</p>	
<p>VI. Chief Administration Officer's Report</p>	<p>Chris Christensen, CAO, updated the committee on the landscape renovation project, which is in progress. Mr. Christensen explained a subleased unit with the expiration of the lease at the end of February that will not renew at this time, but a new lease for the sublet tenant with a month-to-month lease may be presented to the Committee in February, and possibly long-term in the future with no tenant improvement allowance.</p>	
<p>VII. Financial Reports</p> <ol style="list-style-type: none"> 1. District and LPMP Financial Statements 2. Accounts Receivable Aging Summary 3. District – Deposits 4. District – Property Tax Receipts 5. LPMP Deposits 6. District – Check Register 7. Credit Card – Detail of Expenditures 8. LPMP – Check Register 9. Retirement Protection Plan Update 10. Grant Payment Schedule 	<p>Director Shorr, Chair, thoroughly reviewed and discussed the financials with the committee.</p> <p>Chair Shorr inquired on the net income surplus with Chris Christensen, CAO, explaining that the labor costs are under budget due to vacancies, professional services fee consultants have not been engaged at this point, and the grant expenses are lower at this time until new grants are</p>	<p>Moved and seconded by President De Lara and Director Shorr to approve the December 2020 District Financial Reports - Items 1-10 and to forward to the Board for approval. Motion passed unanimously.</p>

**DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
January 12, 2021**

	<p>presented for approval to the Board.</p> <p>President De Lara inquired on line item – 6345 Bank Charges. The District incurs the bank fee for tenant's rent payments via credit card. President De Lara will research the Regional Access Project Foundation's rent payments and determine in what way the fees are incurred, and if the tenant incurs the costs.</p> <p>The committee inquired about various donations with the credit card, and an over-limit fee, also discussing the CEO's discretionary fund and a line item detailing the contribution if it relates to the fund. If a policy is in place concerning CEO gifts and contributions, the committee requested a copy. If the District does not have a policy concerning organizational donations, the policy committee should discuss implementing one at the next meeting.</p> <p>Chris Christensen, CAO described two or three retirement protection plan payouts in the coming month.</p>	
<p>VIII. Other Matters</p> <p>1. T-Mobile Cell Site Lease Renewal – 25 Year</p>	<p>Chris Christensen, CAO described the background of the cell tower mounted to the east tower of the hospital in 1996 – a five-year lease with four additional renewal terms</p>	<p>Moved and seconded President De Lara and Director Shorr to approve the T-Mobile Cell Site Lease Renewal – 25 Year and forward to the Board for approval. Motion passed unanimously.</p>

**DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
January 12, 2021**

<p>2. Park Imperial Ground Lease</p>	<p>with beginning rent of \$1,000/mo., 15% annual increases with each new term. The current lease rate is \$1,749/mo.</p> <p>Staff sought other cellular providers with no response or interest in providing estimates for service. The third amendment lease terms if approved by the committee will increase the rent to \$2,000/mo. and a 15% escalator for each five-year term for a total of twenty-five additional years.</p> <p>Chris Christensen, CAO, described the Park Imperial Ground Lease originating in 1959, a 98-year lease expiring in 2057. Offers in 2008 and 2018 by the subleasing party Brad Yochum to sell the sublease to the District were rejected by the committee.</p> <p>The homeowner's association of the property requested a new lease or a possible purchase of the land from the District that currently has 36-years remaining on the lease. The condo owners are concerned about the lease limitations that could potentially impact the mortgages. Staff is exploring the option to sell the land and provide additional information to the committee for their consideration.</p>	
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**DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
January 12, 2021**

IV. Adjournment	Director Shorr adjourned the meeting at 4:44 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents
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ATTEST: _____
Arthur Shorr, Director, Board of Directors
Finance & Administration Committee Member
Desert Healthcare District Board of Directors

Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board

DRAFT



**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
January 19, 2021**

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Director/Chair Les Zendle, MD President Leticia De Lara Director Arthur Shorr	Conrado E Brzsaga, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Meghan Kane, Programs and Research Analyst Andrea S. Hayles, Clerk to the Board	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Zendle called the meeting to order at 4:30 p.m.	
II. Approval of Agenda	Chair Zendle asked for a motion to approve the Agenda.	It was moved by Director Shorr and seconded by President De Lara to approve the agenda. Motion passed unanimously.
III. Approval of the Minutes – November 09, 2020	Chair Zendle asked for a motion to approve the minutes of the November 9, 2020 meeting.	It was moved by Director Shorr and seconded by President De Lara to approve the November 09, 2020 meeting minutes. Motion passed unanimously.
IV. Public Comment	There was no public comment.	
V. New Business		
1. Housing as a Social Determinant of Health – Coachella Valley Housing Catalyst Fund – Lift to Rise & Riverside County Housing Authority	Conrado Brzsaga, MD, CEO, explained the background of the housing catalyst fund, the exploratory role of the various committees, and the opportunity of the committee to request additional information from Lift to Rise. The discussions continue to evolve with rapidly changing market conditions, but a key component that requires resolve is the appropriate funding mechanism. The District is awaiting legal counsel’s conclusion to determine if a recoverable grant, a program-related	



**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
January 19, 2021**

	<p>investment, or whether moving the matter through the grant process similar to traditional organizations is appropriate for the District to join other funders, including how the catalyst fund fits in the strategic plan.</p> <p>Director Shorr explained that he was under the impression the committee would discuss whether there is an interest and if the concept fits in the overall broad-based mission. One dimension of the discussion is in comparison to housing support and how the District obtains the best use of the disbursement of funds. Dr. Bárzaga, CEO, explained that housing remains an important topic due to the affordability and safety of housing in the Coachella Valley as apparent in the work with the Community Health Needs Assessment that thus far, and the subject has elevated to one of the top five issues impacting the community.</p> <p>Heather Vaikona, CEO, Lift to Rise, described the District's assistance over the past year as Lift to Rise strives to building an economic community response and to date, there are 2,000 households awaiting assistance with approximately 8,000 individuals on the waiting list for rental assistance support. The current cash on hand through the month of February</p>	
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**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
January 19, 2021**

	<p>for 500 households will cost approximately \$2M. The level of need in the community is high, such as 2,000 applicants on the waiting list, and of those, 1,200 do not meet the financial criteria for rental assistance with incomes above 80% of the median income. To address the housing instability pre-COVID and now, 2 in 3 Coachella Valley households are experiencing a rent burden, further explaining the solutions, such as education on legal rights and rental aid assistance for coordinating and streamlining investments for an increase in housing production. It is the hope of Lift to Rise that the committee determines what type of investment the District could make to assist with increasing the supply of housing and to contribute to coordinating with other partners to leverage resources. If the District supports the fund via a grant even if recoverable, it would absorb the risk of other investments and the District would join other funders that are contributing.</p> <p>The committee discussed familiarity with the housing catalyst, the challenges, other collaborators, the request to the Treasury Department, and how the District can potentially support the cause.</p>	
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**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
January 19, 2021**

	<p>Director Shorr explained that it is clear there is an enormous housing need, but additional resources are necessary, and with the District's funding, it appears out of scope with the request based on the District's limited resources.</p> <p>President De Lara reminded the committee that the role of the committee is to determine if the housing catalyst fund connects to the upcoming strategic plan and whether it fits into last year's plan.</p> <p>Dr. Barzaga explained that in the prior year's strategic plan's homelessness was identified as a priority, an outcome related to other matters, and the health impact of housing affordability and insecurity.</p> <p>Chair Zendle outlined what the District envisions as the best position to fund matters that other organizations cannot fund or will not fund, such as the COVID testing in the East Valley. The District was the best group and assessing the other strategic areas the District should determine if it has unique role. Further, Chair Zendle explained that the committee should continue with the strategic planning, wait until there is a specific proposal, determine if the catalyst fund fits the strategic plan, and whether the Board wants to fund the catalyst.</p>	
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**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
January 19, 2021**

	<p>Concluding the discussion, the committee discussed the grant process as it relates to AB 2019, pressure from Lift to Rise for the District to decide, that a \$10M request is unreasonable, the organizational funding impact with the F&A Committee, and the expectations to move forward.</p> <p>Dr. Bárzaga, CEO, explained that the direction from the committee is hard to determine, but a letter of intent is a start by following the appropriate policy. However, the magnitude of the impact is why staff prepared the social determinants of health as it relates to housing.</p>	
<p>VI. Old Business</p> <p>1. Community Health Needs Assessment and Health Improvement Plan Update – Jenna LeComte-Hinely, PhD, Chief Executive Officer, Health Assessment and Research for Communities (HARC)</p> <p>a. Focus Groups</p>	<p>Casey Leier, PhD, Director of Research and Evaluation, Health Assessment and Research for Communities (HARC) described the results of the focus groups that included the advisory council focus groups, and the community focus groups. The top health needs identified by each focus group are access to healthcare, economic stability, education, environment, mental health, injury and violence, and nutrition, obesity, physical activity.</p> <p>The next steps were illustrated that include prioritizing community health needs in January, implementation strategies in January and</p>	



**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
January 19, 2021**

	<p>February, and in March the design evaluation.</p> <p>Dr. Bárzaga explained that access to healthcare is major component, but the social determinants of health with economic stability and education is high, including the environmental impact on the health population.</p>	
<p>VII. Strategic Plan 1. 2021- Strategic Plan a. Committee Input</p>	<p>Conrado Bárzaga, MD, CEO, described guidance and input on the committee’s vision for the strategic plan and developing the discussions as it relates to the capacity of the District for a strategic plan to outline the grantmaking for the next two to three years and to continue developing the conversations.</p> <p>Director Shorr suggests a planning structure and placing the matters annually in buckets of allocation that includes a multi-year plan with changes as necessary.</p> <p>President De Lara explained that a 3-year plan is necessary to include the data from HARC in the Community Health Needs Assessment, which would require modifications based on the ever-changing environment with goals for funding and resources. Evaluating the progress and effectiveness with the CEO’s input on his plan to measure the effectiveness for more accountability.</p>	



**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
January 19, 2021**

	<p>Director Zendle that more than 12 months is necessary, but the buckets should remain with potential modifications, possibly prioritizing the buckets differently, but to include staff and the Board’s experience of the buckets with a 3-year plan to measure over time.</p> <p>Staff will research various consultants to assist in the consideration of Board approval.</p>	
VIII. Adjournment	Chair Zendle adjourned the meeting at 5:55 p.m.	<p>Audio recording available on the website at https://www.dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
 Les Zendle, MD, Chair/Director, Strategic Planning Committee
 Desert Healthcare District Board of Directors

Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: January 26, 2021
To: Board of Directors
Subject: Community Health Needs Assessment and Health Improvement Plan (CHNA/CHIP) Update

Background:

- On June 23, 2020, the Board of Directors were notified that due to the COVID-19 pandemic, the staff and HARC made the decision to delay the completion of the CHNA/CHIP until March 2021.
- Staff and HARC have identified virtual focus groups to be the most safe, meaningful method to engage Coachella Valley residents this fall with financial incentives to ensure community participation.

Information:

- From September – December 2020, HARC engaged the Advisory Council to recruit community participants for virtual focus group.
 - A total of 40 focus groups were conducted with 205 community participants.
- During the month of November 2020, HARC engaged the Advisory Council members for virtual focus groups.
 - A total of 8 focus groups were conducted with 31 participants.
- The top five health needs identified within the context of the focus groups include: access to healthcare, economic stability, education, environment, and mental health.
 - Various sub-topics have been identified within each topic.
- HARC's next steps will be to weave together the prioritized health needs of the focus groups and the secondary data to produce a list of the top five health priorities for the CHIP.
 - The prioritization process will follow a guide that looks at various criteria areas including prevalence, severity, equity, root causes, etc.
- Staff continues to inform HARC about the District's intent and objectives of a community-driven, community-informed process, and specific data needs.

Fiscal Impact:

- N/A.

JANUARY 19, 2021

UPDATE

2020 Community Health Needs Assessment (CHNA) & 2030 Community Health Improvement Plan (CHIP)



Methods

Recruitment

- Community partners were asked to partner in recruiting focus group participants
- Partners were also asked to participate in the same type of focus group, but separately from community residents
- \$25 Visa gift cards were offered to all *community residents* who participated

Focus Group Format

- 1-hour Zoom meeting included a data presentation and discussion
- All participants were asked “what are the most common issues in our community”, “what are the most **important** issues”, and “are there any **additional issues** in our community we haven’t yet discussed”?



Advisory Council Focus Groups

Timeframe

- Held in mid-November

Number of Participants

- There were a total of 8 focus groups with 31 participants

Organizations

- Braille Institute, CV Housing Coalition, CVUSD, Desert Highland Gateway, Desert Arc, Desert Oasis, DSUSD, Eisenhower Health, FIND Food Bank, IEHP, Molina Healthcare, OneFuture Coachella Valley, PSUSD, Pueblo Unido, RAP Foundation, Riverside County Office on Aging



Community Focus Groups

Timeframe

- Held between September and December of 2020

Number of Participants

- There were a total of 40 focus groups with 205 participants

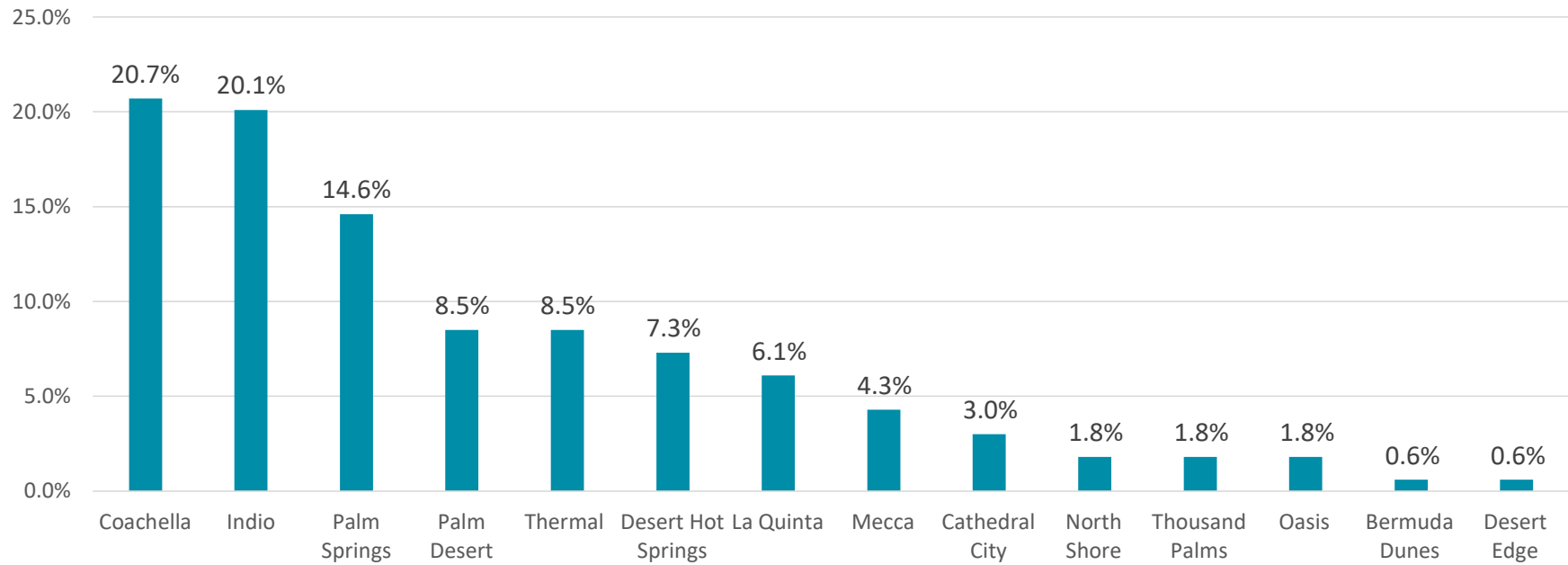
Language

- 31.7% were Spanish-speaking and 68.3% were English-speaking



Community Focus Groups

City of Residence



Note: $n = 205$



Top Health Needs Identified

Below are listed the top six priorities for each group; we retained the top five needs that are consistent for both groups (**listed in bold**).

Advisory Council	Community Residents
Access to healthcare	Access to healthcare
Economic stability	Economic stability
Education	Education
Environment	Environment
Mental health	Injury and violence
Nutrition, obesity, physical activity	Mental health



Top Health Needs Identified

Below are listed the top five priorities, along with the main subtopics for each top health need

Top Needs	Common Subtopics
Access to healthcare	Physician shortage, high costs, quality of care
Economic stability	Homelessness, affordable housing, higher paying jobs needed
Education	Community needs health education, more resources needed
Environment	Infrastructure lacking in ECV, poor air quality in ECV, transportation is lacking
Mental health	More services/resources needed, need education/resources



Next Steps

Prioritize Community Health Needs

- SMEs will prioritize health needs using data report and the prioritization process outlined by Bramlett et. al. (2019)
- Weave together three sources to identify final list of top priorities

January

Implementation Strategies

- Another round of input from the community, AC, and SC to develop strategies to address needs
- Develop a “next steps” plan
- Creation of an online “community dashboard”

*January
February*

Design Evaluation

- Design evaluation plan to measure progress at addressing the top health needs

March

Community Focus Group Results and Codebook

A total of **40** focus groups were held with **205** members of the Coachella Valley community. All community members were given a data presentation that highlighted key findings in the full Community Health Needs Assessment (CHNA) report. At the end of the data presentation, community members were asked to indicate the most common issue(s), the most important issue(s), and any additional community issues we should know about. Responses to each of these three questions were qualitatively coded separately and then combined to create an overall total count for each community issue.

TOPICS MOST COMMONLY MENTIONED

The topics most commonly mentioned include: access to healthcare ($n = 92$), economic stability ($n = 89$), environment ($n = 63$), education ($n = 48$), mental health ($n = 43$), and injury and violence ($n = 32$)

<i>Topic</i>	<i>Number of Mentions</i>
Access to healthcare	92
Economic stability	89
Environment	63
Education	48
Mental health	43
Injury and Violence	32

SUB-TOPICS MOST COMMONLY MENTIONED

The sub-topics most commonly mentioned include: homelessness ($n = 26$), affordable housing ($n = 23$), physician shortage ($n = 22$), crime ($n = 18$), and high cost of healthcare ($n = 16$).

<i>Topic</i>	<i>Number of Mentions</i>
Homelessness	26
Affordable housing	23
Physician shortage	22
Crime	18
Healthcare is expensive	16

The comprehensive analysis of topics and subtopics are detailed on the subsequent pages of this document.

*Community Focus Group
Results and Codebook*

Access to Healthcare

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Access to information/navigation needed	<ul style="list-style-type: none"> • People need help navigating how to access care 	2	6	0	8
East Valley Access	<ul style="list-style-type: none"> • Less access in the East Valley • Transportation issues in the East Valley 	5	8	0	13
Expensive	<ul style="list-style-type: none"> • Healthcare services • Insurance • Prescriptions 	8	7	1	16
Language Barrier	<ul style="list-style-type: none"> • Need more translators available • Indigenous Mexicans do not speak Spanish and have less access to resources 	1	2	0	3
More resources needed	<ul style="list-style-type: none"> • Need care facilities at schools • Need resources for underserved communities (e.g., medical resources, immediate care in schools, etc.) 	0	4	0	4
Physician Shortage	<ul style="list-style-type: none"> • Not enough doctors/specialists • Not enough Medi-Cal doctors • Not enough time with the doctor 	7	12	3	22
Quality of Care	<ul style="list-style-type: none"> • Need better quality of care • Doctors lack empathy and care • Hard to get an accurate diagnosis 	2	12	0	14
Resources for undocumented	<ul style="list-style-type: none"> • Undocumented need health resources • Immigrants lack health insurance 	1	2	0	3
Transportation	<ul style="list-style-type: none"> • Makes it difficult to get care 	3	0	0	3
Uninsured	<ul style="list-style-type: none"> • Many are uninsured 	6	0	0	6
TOTAL		35	53	4	92

*Community Focus Group
Results and Codebook*

Economic Stability

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Affordable Housing	<ul style="list-style-type: none"> Affordable housing is needed All our money goes to rent 	10	13	0	23
Higher paying jobs needed	<ul style="list-style-type: none"> Wages are unlivable Low wages 	8	2	1	11
Homelessness	<ul style="list-style-type: none"> Homelessness is an issue 	17	9	0	26
Internet	<ul style="list-style-type: none"> Lack of internet connection 	0	2	0	2
Little to no employment	<ul style="list-style-type: none"> Not enough jobs Unemployment 	6	0	0	6
Poverty	<ul style="list-style-type: none"> Many families live in poverty 	4	4	2	10
Substandard housing	<ul style="list-style-type: none"> Many living in poor conditions (e.g., missing gas for stove, crowded housing) 	4	2	0	6
Seniors have a hard time finding a job	<ul style="list-style-type: none"> Older people are overqualified or not considered 	1	0	0	1
Need better work conditions	<ul style="list-style-type: none"> Work conditions should be improved Jobs leave little time to take care of health 	1	2	0	3
Seasonal Employment	<ul style="list-style-type: none"> Weather inhibits people from working, making it hard to earn money 	1	0	0	1
TOTAL		56	34	3	89

*Community Focus Group
Results and Codebook*

Education

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Community [health] education	<ul style="list-style-type: none"> • Need more awareness on health issues • Need community education on issues not presented in schools 	8	7	0	15
Education	<ul style="list-style-type: none"> • Education is generally a high priority 	2	3	0	5
Educational attainment	<ul style="list-style-type: none"> • Educational attainment needs to be improved; more people need to go to college • Differences in educational attainment across districts 	2	4	0	6
Quality of education	<ul style="list-style-type: none"> • Need better quality education • Need teachers who are passionate/care 	5	2	0	7
Resources are needed	<ul style="list-style-type: none"> • Need for funding and resources (e.g., guidance counseling, computers for students, tutoring services, etc.) • Need for scholarships 	9	1	0	10
Resources needed in the ECV	<ul style="list-style-type: none"> • East Valley is lacking educational resources 	1	0	0	1
Vocational education	<ul style="list-style-type: none"> • More emphasis on vocational education • Vocational training needs to be made available 	4	0	0	4
TOTAL		31	17	0	48

*Community Focus Group
Results and Codebook*

Environment

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Air quality	<ul style="list-style-type: none"> Air quality negatively affects all of us 	1	2	0	3
Air quality in the ECV	<ul style="list-style-type: none"> The Salton Sea is causing poor air quality Poor air quality in ECV 	8	0	0	8
Allergies and asthma	<ul style="list-style-type: none"> "Allergies" There is a lot of asthma 	2	0	0	2
Infrastructure lacking in ECV	<ul style="list-style-type: none"> No sidewalks; poor lighting Poor Internet connectivity 	6	3	0	9
Heat	<ul style="list-style-type: none"> It is so hot in the Valley Air conditioners need to be made available 	2	1	1	4
Pesticides	<ul style="list-style-type: none"> Pesticide exposure from fields Pesticide contamination is a problem 	3	1	0	4
Pollution	<ul style="list-style-type: none"> People dump trash Pollution 	0	3	0	3
Poor water quality	<ul style="list-style-type: none"> Access to clean water 	0	1	0	1
Poor water quality in the ECV	<ul style="list-style-type: none"> Lacking potable water 	5	1	0	6
Salton Sea	<ul style="list-style-type: none"> Salton Sea is harming the health of residents (e.g., nosebleeds, colds, asthma, etc.) 	0	4	0	4
Traffic	<ul style="list-style-type: none"> Traffic has increased recently and needs attention 	1	0	0	1
Transportation	<ul style="list-style-type: none"> Lack of transportation No public transportation 	6	1	1	8
Transportation in the ECV	<ul style="list-style-type: none"> No public transportation in the ECV 	1	2	0	3
Walkability is low	<ul style="list-style-type: none"> Poor walkability leads to poor community cohesion 	0	5	2	7
TOTAL		35	24	4	63

*Community Focus Group
Results and Codebook*

Injury and Violence

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	TOTAL
Heart disease/hypertension	<ul style="list-style-type: none"> • Heart disease is high • Hypertension 	0	2	0	2
High crime	<ul style="list-style-type: none"> • Crime is high in the valley • There are fights and gang violence 	8	9	1	18
Leading causes of death	<ul style="list-style-type: none"> • Leading causes of death need attention • Diabetes (leading cause of death) 	1	3	0	4
Need domestic violence shelters	<ul style="list-style-type: none"> • There is only one shelter; women need a place to go 	1	0	0	1
Need more public safety	<ul style="list-style-type: none"> • Need more police presence • There are no firefighters 	3	4	0	7
TOTAL		13	18	1	32

*Community Focus Group
Results and Codebook*

Maternal, Infant, and Child Health

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Children in poverty	<ul style="list-style-type: none"> Poverty in children must be addressed 	0	3	0	3
Extracurricular activities needed	<ul style="list-style-type: none"> Children need physical activities Children need intellectual activities 	2	0	0	2
Infant mortality	<ul style="list-style-type: none"> Infant mortality rate needs to be addressed 	0	1	0	1
Maternal health	<ul style="list-style-type: none"> Need more pre-natal care Women need information on post-partum 	0	2	0	2
More child services needed	<ul style="list-style-type: none"> Children need more services (nutrition, oral health) We need to invest in our children Need resources for children with disabilities 	1	1	0	2
Nose bleeds among children	<ul style="list-style-type: none"> Chronic nose bleeds among children 	3	0	0	2
Parent – child relationship	<ul style="list-style-type: none"> Need better communication between parents and children 	2	0	0	2
TOTAL		7	7	0	14

*Community Focus Group
Results and Codebook*

Mental Health

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Cultural issues/stigma	<ul style="list-style-type: none"> Need education and awareness that is culturally sensitive Mexican culture does not talk about it 	1	2	0	3
Depression	<ul style="list-style-type: none"> "Depression" 	2	0	1	3
Expensive	<ul style="list-style-type: none"> Affordable mental health care is needed 	1	2	0	3
Gambling addiction	<ul style="list-style-type: none"> Many struggle with gambling addiction 	1	0	0	1
Homeless	<ul style="list-style-type: none"> Homeless struggle with mental health 	2	0	0	2
Isolation	<ul style="list-style-type: none"> Many are alone and in need of connection 	3	0	0	3
Lack of providers	<ul style="list-style-type: none"> There is a lack of mental health providers 	1	1	0	2
Mental health	<ul style="list-style-type: none"> Mental health is an important issue 	2	9	1	12
Need more education/awareness	<ul style="list-style-type: none"> People should know more about it People do not know how to get help 	0	5	0	5
Need more services/resources	<ul style="list-style-type: none"> Need more mental health clinics/resources 	5	4	0	9
TOTAL		18	23	2	43

*Community Focus Group
Results and Codebook*

Nutrition, Obesity, and Physical Activity

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Exercise opportunities	<ul style="list-style-type: none"> • Need “physical activities” 	0	1	0	1
Food shortage/Food access	<ul style="list-style-type: none"> • There is a lack of food • Food in general is an issue • Food access for low-income 	4	2	0	6
Healthy food is expensive	<ul style="list-style-type: none"> • Healthy food is more expensive than fast food 	1	0	0	1
Lack of education on nutrition	<ul style="list-style-type: none"> • Many are uneducated on how to make better choices • Lack of education on nutrition 	5	0	0	4
Obesity	<ul style="list-style-type: none"> • Obesity is a problem • Obesity among low income 	8	3	1	12
Poverty related to unhealthy eating	<ul style="list-style-type: none"> • Low-income have little access to healthy foods • Low-income need education on nutrition • Obesity in low-income households 	3	0	0	3
TOTAL		21	6	1	28

*Community Focus Group
Results and Codebook*

Oral Health

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Expensive	<ul style="list-style-type: none"> Dental care is expensive 	1	0	2	3
Need resources	<ul style="list-style-type: none"> There more low-cost dental care available Need more dental care 	1	1	0	2
People delay dental care	<ul style="list-style-type: none"> People delay care and it makes problems worse 	1	0	0	1
Uninsured	<ul style="list-style-type: none"> People can't afford dental insurance 	1	0	0	1
TOTAL		4	1	2	7

Preventative Care

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Need preventative care	<ul style="list-style-type: none"> More preventative care needs to be available 	0	3	0	3
TOTAL		0	3	0	3

*Community Focus Group
Results and Codebook*

Reproductive and Sexual Health

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
HPV Vaccine	<ul style="list-style-type: none"> HPV vaccine needs to be more widely available 	0	1	0	1
Sex Education is needed	<ul style="list-style-type: none"> Need sex education in schools 	11	1	0	12
Sexually transmitted diseases (STD's)	<ul style="list-style-type: none"> STD's HIV/AIDS 	2	2	1	5
TOTAL		13	4	1	18

Substance Use

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Drug treatment needed	<ul style="list-style-type: none"> Addiction treatment is needed for people without insurance 	1	3	0	4
Drug use/Addiction	<ul style="list-style-type: none"> Drug use is a problem Substance abuse rate is high Methamphetamine problem 	7	6	1	14
Marijuana use	<ul style="list-style-type: none"> Marijuana use, there are so many dispensaries 	1	2	0	3
Substance use among youth	<ul style="list-style-type: none"> Drug and alcohol use among underage youth Youth need education on substance abuse 	1	2	1	4
TOTAL		10	13	2	25

*Community Focus Group
Results and Codebook*

Overarching Issues

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Activities for youth	<ul style="list-style-type: none"> • Need parks and community centers to keep youth out of trouble 	0	1	0	1
Awareness of resources	<ul style="list-style-type: none"> • Community members need to know about all the resources available 	0	3	0	3
Disabilities	<ul style="list-style-type: none"> • Activities for people with disabilities • People with dementia 	2	0	0	2
Emergency services	<ul style="list-style-type: none"> • “Emergency services” are needed 	0	1	0	1
Farmworkers	<ul style="list-style-type: none"> • Migrant farmworkers need to be taken care of; better housing needed 	0	1	0	1
Greater community cohesion	<ul style="list-style-type: none"> • Neighbors need to know each other 	0	1	0	1
Health disparities	<ul style="list-style-type: none"> • Health disparities between racial/ethnic groups 	0	1	0	1
Quality of care at homeless shelters	<ul style="list-style-type: none"> • Need more workers with empathy • Many workers are insensitive 	3	0	0	3
Racism	<ul style="list-style-type: none"> • Racism is widespread 	1	0	1	2
Seniors	<ul style="list-style-type: none"> • Economic support for seniors • Seniors need affordable housing • Need geriatric physicians 	7	5	0	12
Veteran care	<ul style="list-style-type: none"> • Need local care for Veterans 	0	1	0	1
TOTAL		13	14	1	28

Advisory Council Focus Group Results and Codebook

A total of **8** focus groups were held with **31** community leaders serving on our Advisory Council. These community leaders were given the same data presentation as our community members and were asked the same questions. Specifically, community leaders were asked to indicate the most common issue(s), the most important issue(s), and any other community issues we should know about. Responses to each of these three questions were qualitatively coded separately and then combined to create an overall total count for each community issue.

TOPICS MOST COMMONLY MENTIONED

The topics most commonly mentioned include: environment ($n = 12$), economic stability ($n = 10$), nutrition, obesity, and physical activity ($n = 10$), education ($n = 7$), access to healthcare ($n = 7$) and mental health ($n = 7$).

<i>Topic</i>	<i>Number of Mentions</i>
Environment	12
Economic stability	10
Nutrition, obesity, and physical activity	10
Education	7
Access to healthcare	7
Mental health	7

SUB-TOPICS MOST COMMONLY MENTIONED

The sub-topics most commonly mentioned include: affordable housing, food access, mental health, obesity, and racism, ($n = 4$ for all).

<i>Topic</i>	<i>Number of Mentions</i>
Affordable housing is needed	4
Food access	4
Mental health	4
Obesity	4
Racism	4

The comprehensive analysis of topics and subtopics are detailed on the subsequent pages of this document.

*Advisory Council Focus Group Results
and Codebook*

Access to Healthcare

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Access to information	<ul style="list-style-type: none"> Many lack access to healthcare information 	1	0	0	1
Expensive	<ul style="list-style-type: none"> High deductibles 	0	1	0	1
Language Barrier	<ul style="list-style-type: none"> Many cannot communicate with doctors due to the language barrier 	0	1	0	1
Physician Shortage	<ul style="list-style-type: none"> Not enough doctors Hard to access doctors 	0	1	0	1
Transportation	<ul style="list-style-type: none"> Makes it difficult to get care 	0	0	1	1
Uninsured	<ul style="list-style-type: none"> Many are uninsured 	1	0	1	2
TOTAL		2	3	2	7

Economic Stability

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Affordable Housing	<ul style="list-style-type: none"> Affordable housing is needed Rental assistance is needed 	3	1	0	4
Homelessness	<ul style="list-style-type: none"> Homelessness is an issue 	1	0	0	1
Internet	<ul style="list-style-type: none"> People need more access to Internet and technology 	1	0	0	1
Poverty	<ul style="list-style-type: none"> Many families live in poverty 	2	1	0	3
Substandard housing	<ul style="list-style-type: none"> Mobily home parks have inadequate conditions (poor central air, poor water) 	0	0	1	1
TOTAL		7	2	1	10

*Advisory Council Focus Group Results
and Codebook*

Education

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	TOTAL
Community [health] education	<ul style="list-style-type: none"> Need community outreach and education on health 	0	1	0	1
Educational attainment	<ul style="list-style-type: none"> Educational attainment needs to be improved; need higher education levels locally to improve the economy 	0	2	0	2
Health literacy is needed	<ul style="list-style-type: none"> Need more awareness on health issues 	2	0	0	2
Low tech literacy	<ul style="list-style-type: none"> Many have low literacy about technology 	1	0	0	1
Poverty	<ul style="list-style-type: none"> Poverty hinders education (e.g., one student had to sacrifice his education to care for siblings) 	0	1	0	1
TOTAL		3	4	0	7

*Advisory Council Focus Group Results
and Codebook*

Environment

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Air quality in the ECV	<ul style="list-style-type: none"> The Salton Sea is causing poor air quality 	2	1	0	3
Childhood asthma	<ul style="list-style-type: none"> Childhood asthma is common, and resources are needed to help 	0	0	1	1
Lack of transportation	<ul style="list-style-type: none"> Lack of transportation makes it difficult for seniors and those living in the East Valley to access healthcare and other resources 	3	0	0	3
Poor walkability	<ul style="list-style-type: none"> No sidewalks Cities are not walkable or bikeable 	0	2	0	2
Poor water quality	<ul style="list-style-type: none"> Mobile homes in the east valley do not have access to potable water 	0	0	1	1
Road safety issues	<ul style="list-style-type: none"> High speed roads are unsafe New safety rules are needed (e.g., widen sidewalks, etc.) 	0	2	0	2
TOTAL		5	5	2	12

Injury and Violence

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Leading causes of death	<ul style="list-style-type: none"> Chronic health conditions Diabetes is a serious health issue 	0	2	0	2
TOTAL		0	2	0	2

*Advisory Council Focus Group Results
and Codebook*

Maternal, Infant, and Child Health

- No comments provided

Mental Health

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Lack of providers	<ul style="list-style-type: none"> • There is a lack of mental health providers 	1	1	0	2
Mental health	<ul style="list-style-type: none"> • Mental health is generally important 	2	2	0	4
Stigma	<ul style="list-style-type: none"> • Stigma prevents mental health treatment 	1	0	0	1
TOTAL		4	3	0	7

Nutrition, Obesity, and Physical Activity

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Exercise opportunities	<ul style="list-style-type: none"> • Need more exercise classes 	0	1	0	1
Food access	<ul style="list-style-type: none"> • Hard to access healthy foods • Grocery stores are spread out 	1	3	0	4
Food shortage	<ul style="list-style-type: none"> • There is a lack of food 	1	0	0	1
Obesity	<ul style="list-style-type: none"> • Obesity is a problem • Obesity is widespread 	4	0	0	4
TOTAL		6	4	0	10

*Advisory Council Focus Group Results
and Codebook*

Oral Health

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Dental care is important	<ul style="list-style-type: none"> Dental care is important for health 	1	1	0	2
Need resources	<ul style="list-style-type: none"> There is a lack of oral care in the region 	1	0	0	1
Transportation	<ul style="list-style-type: none"> Transportation makes it difficult for many to get oral health care 	0	1	0	1
TOTAL		2	2	0	4

Preventative Care

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Need preventative care	<ul style="list-style-type: none"> Need check-ups and preventative care 	1	0	0	1
TOTAL		1	0	0	1

Reproductive and Sexual Health

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Sex education is needed	<ul style="list-style-type: none"> Need check-ups and preventative care 	2	0	0	2
TOTAL		2	0	0	2

Substance Use

- No comments provided

*Advisory Council Focus Group Results
and Codebook*

Overarching Issues

<i>Subtopic</i>	<i>Description of subtopic</i>	<i>Number of Reponses</i>			
		<i>Common</i>	<i>Important</i>	<i>Additional Issues</i>	<i>TOTAL</i>
Awareness of resources	<ul style="list-style-type: none"> Community members need to know about all the resources available 	0	2	0	2
Disaster preparedness	<ul style="list-style-type: none"> People need to prepare for earthquakes, pandemics, etc. 	1	0	0	1
Health disparities	<ul style="list-style-type: none"> Need equal access to resources for all (e.g., medical, rental assistance, food). 	2	0	0	2
Racism	<ul style="list-style-type: none"> Racism is widespread Racism causes health disparities 	4	0	0	4
TOTAL		7	2	0	9



Date: January 11, 2021

DHCD Progress Report #2020-4 for reporting period October 1, 2020 to December 31, 2020

Grantee: Coachella Valley Association of Governments (CVAG)

Project Title: CV Link Project

Project Manager/ Contact: Martin Magaña, CVAG Director of Transportation (mmagana@cvag.org) or Erica Felci, Assistant to the Executive Director (efelci@cvag.org)

1. Provide a brief summary of the organization and the objectives of the project.

The Coachella Valley Association of Governments (CVAG) is a regional Joint Powers Authority that serves the nine cities, the County of Riverside, and three Indian Tribes within the Coachella Valley. CVAG's jurisdiction stretches across eastern Riverside County, and its membership includes the City of Blythe on the California-Arizona border.

CV Link is an alternative transportation corridor that runs generally along the levee of the Whitewater River that will ultimately stretch from the northwest corner of the CVAG area (Desert Hot Springs) to the southeast corner (the Salton Sea). The core project will generally stretch from the City of Palm Springs to the City of Coachella. The project approved under the Final Environmental Impact Report is more than 40 miles but does not extend through the Cities of Rancho Mirage or Indian Wells. It will provide significant environmental, health, and economic benefits to generations of current and future residents and visitors. CV Link will connect users to employment centers, shopping centers, schools, and recreational opportunities. Dual paths are planned to accommodate bicycles, low-speed electric vehicles and pedestrians. This alternative transportation corridor will enable healthier lifestyles, spur economic innovation, and make the Coachella Valley a more sustainable and appealing place to live, work and play.

2. Summarize work completed during reporting period.

In previous reports, CVAG indicated that it was planning more miles than initially expected in the next round of construction. Thanks to the progress made in the fourth quarter, CVAG was able to launch 20 miles in 2020. This is the largest single stage of construction for the project and, when combined with the previously-built miles in Cathedral City and Palm Springs, it will result in more than half of this ambitious project being completed.



The biggest milestone for the project occurred on October 19 when the CVAG Executive and Transportation Committees held a special joint meeting to award a number of construction-related contracts. This included authorizing the CVAG Executive Director to negotiate construction contracts worth \$52.733 million with Ames Construction Inc., who was the lowest qualified bidder for the 2020 construction plans. Contracts were also authorized for Alta Planning & Design and Terra Nova Planning and Research.

As Executive Director Tom Kirk said to the news media: *“This has been a long time coming and construction of this magnitude frankly couldn’t come at a better time. The COVID-19 crisis has really shown us how vital it is for a community to have access to safe routes for walking, biking or riding in low-speed neighborhood electric vehicles. CV Link, and active transportation projects like it are wide enough to allow for social distancing while encouraging people stay active and stay healthy.”*

As noted in the third quarter report and in a verbal report to the Desert Healthcare District Board, the contract with Ames was awarded after a competitive bidding process. Six bids were received by the August 10th deadline, with four of them competitively priced. The bid package encompasses about 13.5 miles in the cities of Palm Springs, Palm Desert, La Quinta, Indio, and Coachella as well as unincorporated Riverside County. In addition, CVAG identified three bid alternatives that add additional miles onto the contract, dependent on finalizing right-of-way approval with the State that is underway. Following the approval, Ames has been working with the previously hired CV Link construction manager – Anser Advisory Group – to organize the construction schedule, secure the final construction permits from cities and utilities, and prepare for a groundbreaking.

This stage of construction will largely be funded by the \$29.447 million in funds from the Active Transportation Program and State Transportation Improvement Program, which the California Transportation Commission (CTC) green lighted in 2020. CVAG also will be drawing down its funding commitments, including those from the Desert Healthcare District and South Coast Air Quality Management District.

The Congressional Budget Office has estimated that every dollar spent on infrastructure produced an economic benefit of up to \$2.20, and the U.S. Council of Economic Advisers has calculated that \$1 billion of transportation infrastructure investment supports 13,000 jobs for a year. Based on these calculations, the \$52.7 million investment will produce an economic benefit of over \$116 million, and support more than 685 jobs for a year.

In addition, CVAG continued to make significant progress on the construction in the City of Palm Desert for the part of the CV Link route that runs on-street in the City. This construction, which started in September 2020, was led by the City of Palm Desert under the terms of a cooperative agreement with CVAG. This portion runs along Painters Path from the Bump and Grind trail head



to Park View Drive; Park View Drive from Highway 111 to Monterey Avenue; Monterey Avenue from Park View Drive to Magnesia Falls Drive; and Magnesia Falls Drive from Monterey Avenue to Deep Canyon Road. The contract was for \$5.58 million, plus contingency. The city conducted its bidding according to the terms of the cooperative agreement, and CVAG reimburses the City for the work. Project signs identify several funding sources being used for that segment, including the Desert Healthcare District/ Foundation and the South Coast Air Quality Management District.

At the same time, CVAG continues to work with the County of Riverside's Economic Development Agency (EDA) on acquiring right-of-way for the remainder of the project. CVAG has obtained additional right-of-way in this reporting period, and is in the process of working with its state partners to get the approvals needed to execute contracts for the previously mentioned bid alternatives with Ames.

3. What challenges and opportunities have you encountered in accomplishing this portion of your Scope of Work?

CV Link has remained on schedule despite the unprecedented challenges the world has faced in the COVID-19 pandemic, and has resulted in unique working conditions at both CVAG and its member jurisdictions. As such, it has taken longer than hoped for the new contractor, Ames, to coordinate with cities and obtain the final permits needed to break ground. CVAG still anticipates groundbreakings in the first quarter of 2021, but more likely to occur in February 2021 than January 2021. CVAG intends to have more than one construction site underway at the same time, allowing the project to stay on schedule.

The COVID pandemic has also further complicated an already lengthy process to obtain the remainder of right-of-way agreements that are needed for the rest of the project. CVAG has to work with state and federal agencies on this process – including Caltrans and the Bureau of Indian Affairs – and there are additional steps that have resulted the work-from-home scenarios across the country. Despite this, CVAG continued to secure right of way through easements and other agreements in the fourth quarter of 2020.

4. Is your project on schedule?

Yes. The project schedule was revised with the CTC in January 2020 to establish a segmenting plan. CVAG's schedule called for about seven miles to be awarded in 2020. With the October 19 contract award, the 2021 construction plans include more miles than initially anticipated. CVAG also is working on acquiring right-of-way to get the remainder of the project under construction as soon as possible.



5. Provide an update on the financial report for the project.

CVAG has funding commitments from an array of sources, which is reflective of the broad support the project has. That includes:

State Active Transportation Program:	\$21,692,000
CVAG Transportation Funds:	\$20,000,000
State Transportation Improvement Program:	\$18,655,000
South Coast Air Quality Mitigation District:	\$17,400,000
Federal Congestion Mitigation and Air Quality:	\$12,600,000
Desert Healthcare District:	\$10,000,000
California Strategic Growth Council:	\$1,000,000
Riverside County Parks:	\$750,000
Bicycle Transportation Account Grant:	\$748,500 (secured w/Cathedral City)
Caltrans Environmental Justice Grant:	\$291,000 (secured w/Palm Desert)

6. Work planned for next reporting period:

CVAG is starting off 2021 by continuing the momentum demonstrated in recent months. In the first quarter, CVAG will achieve the following milestones:

1. Continue construction in the City of Palm Desert for approximately 3 miles of CV Link that are along city streets, including the access point at Bump and Grind trailhead.
2. Start construction on the work identified in the October 2020 construction. The first groundbreaking will be for 13.5 miles in the cities of Palm Springs, Palm Desert, La Quinta, Indio, and Coachella as well as unincorporated Riverside County. CVAG is also working with the contractor to start work on the additional miles identified in the three bid alternatives, which involves working with CVAG's state partners to finalize right-of-way approval.
3. Acquire additional right of way for future segments of CV Link.

With progress continuing, CVAG anticipates that the FY 2020/2021 invoice to the DHCD will reflect construction-related expenses. As always, CVAG welcomes input on any of these issues, as your feedback as a participatory partner in the project is important to our progress and the finalization of the right of way and construction of CV Link.

Because the COVID-19 pandemic has altered working conditions, CVAG staff continues to work both in-office and remotely. Martin Magaña, Transportation Director can best be reached at (760) 831-3215 or at mmagana@cvag.org and Erica Felci, Assistant to the Executive Director, can also be reached at (760) 534-1546 or at efelci@cvag.org.

LAW OFFICES OF
JEFFREY G. SCOTT

16935 WEST BERNARDO DRIVE, SUITE 170
SAN DIEGO, CA 92127

(858) 675-9896
FAX (858) 675-9897

JEFFREY G. SCOTT

Of Counsel
JAMES R. DODSON

DATE: January 21, 2021

TO: Board of Directors
Conrado Barzaga, Chief Executive Officer
Chris Christensen, Chief Administrative Officer

FROM: Jeffrey G. Scott, General Counsel

RE: Update on Applicability of AB 571 and Preview of 2021 Legislation

Update on AB 571:

At the December 15, 2020, Board meeting, I reported on AB 571, which was passed last year and applies to campaign limitations for California city and county candidates when the city or county has not already enacted laws addressing contribution limits. The bill does not apply to Special Districts like the Desert Healthcare District. During the discussion, there was a question raised whether the FPPC regulations that limit contributions apply to Special Districts. I have reviewed the FPPC regulations and confirmed that they do not apply to Special Districts. Consequently, there currently are no campaign contribution limits for Special Districts, however, while not common, Special District Boards have the authority to pass limitations.

Preview of 2021 Legislation:

Coming into 2021 there is a significant change in tone and feeling in Sacramento. Only a year ago Governor Newsom was riding the wave of an economy that seemed to surpass all expectations. The state was in great financial shape with strong reserves while chipping away at its debts. In March the pandemic hit, and the wave came crashing down. The budget quickly turned into a massive deficit and numerous programs were being cut. The Legislature was shut down for extended periods of time and the Governor began issuing numerous executive orders to try and manage the various impacts of the pandemic. For this, the Governor received accolades for acting quickly but faced significant criticisms from both the left and right ranging from not including the

Democrats in the Legislature in more of the actions around the state purchasing protective patient equipment (PPE) to bringing the economy to a screeching halt with his mandated shutdowns.

As the year wore on, the criticisms became more frequent and reached a height when he was spotted at the high-end French Laundry restaurant in Napa Valley celebrating the 50th birthday of a close friend who happens to be one of the top lobbyists in town. The scene was the Governor and his wife with a dozen friends not wearing masks and seated at arguably an indoor table, all of which violated the executive orders he put in place. Before this there had been some noise around a recall campaign being pushed by conservatives, but this event provided some momentum.

In December, Governor Newsom made some changes to his staff. Dee Dee Meyers was brought in as a senior adviser. Ms. Meyers became nationally known as press secretary for President Bill Clinton. He also brought in Jim De Boo, who is a well-known Sacramento operative with strong California connections. With these additions, his Chief of Staff, Ann O'Leary resigned. Although it is common for changes in staffing within an administration, hiring Ms. Meyers and Mr. De Boo can be seen as recognition of Governor Newsom's need for help with his critics.

With the pandemic growing, the Legislature began by delaying their return for the start of the two-year session by a week. The Legislature also has indicated the beginning of the legislative year would look similar to last year. Limitations on the number of policy committee hearings and the number of bills that would move forward. The consensus continues to be the Legislature will focus on issues targeting the impacts of the pandemic. In the health area, several issues that did not get resolved will be back including legislation on seismic requirements, hospital balance billing, market consolidation in the health care area, and more attempts to control health care costs. It is also anticipated that the California Nurses Association will be sponsoring another attempt to establish a single payer health system.

On January 8, 2021, **Governor Newsom released his proposed budget for 2021-2022 fiscal year.** The state is in remarkably good fiscal shape given the challenges with the pandemic. There is a \$14 billion surplus projected for the coming fiscal year. Governor Newsom is proposing to use this surplus along with an additional \$20 billion in current state reserves to create a resiliency fund to provide funding for various groups suffering during the pandemic. Below are a few of those programs:

- \$2.4 billion for Golden State Stimulus - \$600 state payment to low-income workers
- \$575 million for grants to small business and small non-profit cultural organizations

- Fee relief for impacted industries such as restaurants and personal services
- \$2 billion for the safe reopening of schools
- \$400 million to increase number of students receiving preventative and early intervention behavioral health services by schools
- \$777.5 million for a California Jobs Initiative to provide incentives targeted at accelerating investment and job creation
- \$500 million for infill infrastructure to accelerate housing development

There were several proposals in the health area. One statistic that stood out was the Governor estimating the Medi-Cal program will grow from 14,000,000 enrollees in 2020-2021 to more than 15,600,000 in 2021-2022. This growth in the Medi-Cal program is also leading to a number of proposals to address health care costs and affordability. These include:

- **Creation of the Office of Health Care Affordability** which will be charged with increasing transparency on cost and quality, developing cost targets for the health care industry, enforcing compliance through financial penalties, and filling gaps in market oversight of transactions that may adversely impact market competition.

The proposal also would include this new office and recast the Office of Statewide Health Planning and Development (OSHPD) under the umbrella of a new Department of Health Care Affordability and Infrastructure.

- This is interesting on a number of levels. Last year **SB 977** (Monning) was one of the most hotly lobbied bills. This bill was sponsored by Attorney General Xavier Becerra to establish new requirements for hospitals and physician groups to obtain approval by the Attorney General for when there is an acquisition or change in control between an entity and a hospital or physician group. This bill was defeated at the very end of session. There have been consistent rumors that the Chair of the Assembly Health Committee, Jim Wood, will be introducing a new version of **SB 977** this year. It will be interesting to see how the Governor's proposal compares to what the Legislature may want to move forward.
- **Continue to launch CalAim.** This proposal was pursued last year before the pandemic hit at which time it was placed on hold. This program looks to expand on previous Medi-Cal demonstration programs to:
 - Identify and manage Medi-Cal enrollees through whole person care approaches and addressing social determinants of health

- Make Medi-Cal more consistent and seamless by reducing complexity and increasing flexibility
- Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives
- modernization of systems and payment reform
- **Expand utilization of health information exchange** – the stated goals with this proposal include:
 - Enable the right access to health information at the right time resulting in improved health and outcomes
 - Identify and overcome barriers to exchanging health information between public programs, as well as with California providers and consumers
 - Engage consumers and their providers in managing medical, behavioral and social services through appropriate, streamlined access to electronic health information

This proposal also mentioned for hospitals, health plans, and medical groups as, a condition of participating in state health programs such as Medi-Cal, Covered California, and CalPERS, contribute to, access, exchange, and make available data through the network of health information exchanges for every person.

- **Health Plan Equity and Quality Standards** – Through the Department of Managed Health Care to establish a priority set of standard quality measures for full service and behavioral health plans, including quality and health equity benchmark standards and to take enforcement actions against non-compliant plans.
- **Funds for County Behavioral Health** – The Governor is proposing \$750 million in one-time funds for competitive grants to counties to acquire and rehabilitate real estate to expand the community continuum of behavioral health treatment resources.
- **Delay suspension of Proposition 56 Supplemental Payment Program** – A total of \$3.2 billion (\$2.2 billion in federal funds, \$718 million in Prop 56 funds, and \$275 million in General Fund) will be used to provide payments to physicians for various health programs, the majority of which will be for physicians treating Medi-Cal enrollees. These funds have been largely targeted towards primary and preventative care.

Details on these proposals will be forthcoming as the Legislature begins reviewing the proposal through the budget process.