



**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE MEETING**

March 09, 2021

4:30 p.m.

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/81636198599?pwd=VDNQbTJYekdwYm9CSIV4S0ZsRHJIUT09>

Password: **925363**

Webinar ID: **816 3619 8599**

Participants will need to download the Zoom app on their mobile 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 Committee when called upon:

Webinar ID: **816 3619 8599**

Password: **925363**

<i>Page(s)</i>	AGENDA	<i>Item Type</i>
	I. Call to Order – Director Les Zendle, MD, Committee Chair	
1-2	II. Approval of Agenda	Action
3-9	III. Approval of Meeting Minutes 1. Meeting Minutes – January 19, 2021	Action
	IV. Public Comments 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 Committee has a policy of limiting speakers to not more than three minutes. The Committee cannot take action on items not listed on the agenda. Public input may be offered on an agenda item when it comes up for discussion and/or action	
10-24	V. Old Business 1. Update – Community Health Needs Assessment (CHNA) and Health Improvement Plan (HIP) a. Health Assessment for Research and for Communities (HARC), Jenna LeComte-Hinely, PhD, Chief Executive Officer and Casey Leier, PhD, Director of Research and Evaluation	Information



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Password: 925363

Webinar ID: 816 3619 8599

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VI. New Business

25-104

1. Strategic Planning

- a. Strategic planning consultant's proposal results review and approval to forward to the Board a consulting services and engagement agreement with Veralon Partners, Inc. and Valentine Health Advisors to facilitate, develop, and guide a three-year strategic plan – \$72,500

Action

VII. Adjournment



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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 Bárzaga, 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 Bárzaga, 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	



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	<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. Bázquez, 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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	<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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	<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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	<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>	



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	<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>	



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	<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	<p>Chair Zendle adjourned the meeting at 5:55 p.m.</p>	<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: March 9, 2021
To: Strategic Planning Committee
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.

Information:

- During the month of February, HARC and additional subject matter experts identified the top five health needs based on the following analysis and review:
 - Qualitative and quantitative data was gathered and analyzed from 3 sources:
 - 40 community focus groups with 205 community members.
 - 8 advisory council focus groups with 31 community leaders.
 - Secondary data from our Community Health Needs Assessment report.
 - Six subject matter experts followed a prioritization process toolkit looking at criteria such as the prevalence and severity of the issue, has the issue been increasing over time, root of other health problems, issues of equity, etc.
 - The top five health needs identified were access to care, education, environment, economic stability, and mental health.
- Currently, HARC is continuing to use the community to drive the Community Health Improvement Plan conversation by:
 - Hosting focus groups with local organizations and community leaders to share the results of the prioritization process and discussing how best to inform the goals and objectives, of the uplifted health issues, while maintaining the captured residential voice.
- 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.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

PROJECT UPDATE:
Coachella Valley
Community Health Needs Assessment (CHNA) and
Community Health Improvement Plan (CHIP)
March 2021



Overview of the CHNA Process

- **A Community Health Needs Assessment** is a systematic process of identifying the top health needs and issues in a community using data collection and analysis.
- Once needs are identified, it's critical to develop a **Community Health Improvement Plan (CHIP)**. The CHIP is a roadmap that tells us the specific path to improving the top 5 needs.

The voice of our community is central to the entire process.



Prioritizing Health Needs

We've gathered data from 3 sources:

Data Report

- **80+** data indicators
- Variety of public data sources
- **6** internal/external raters

Community Focus Groups

- **40** focus groups
- **205** community members
 - *English and Spanish*

Focus Groups with Leaders

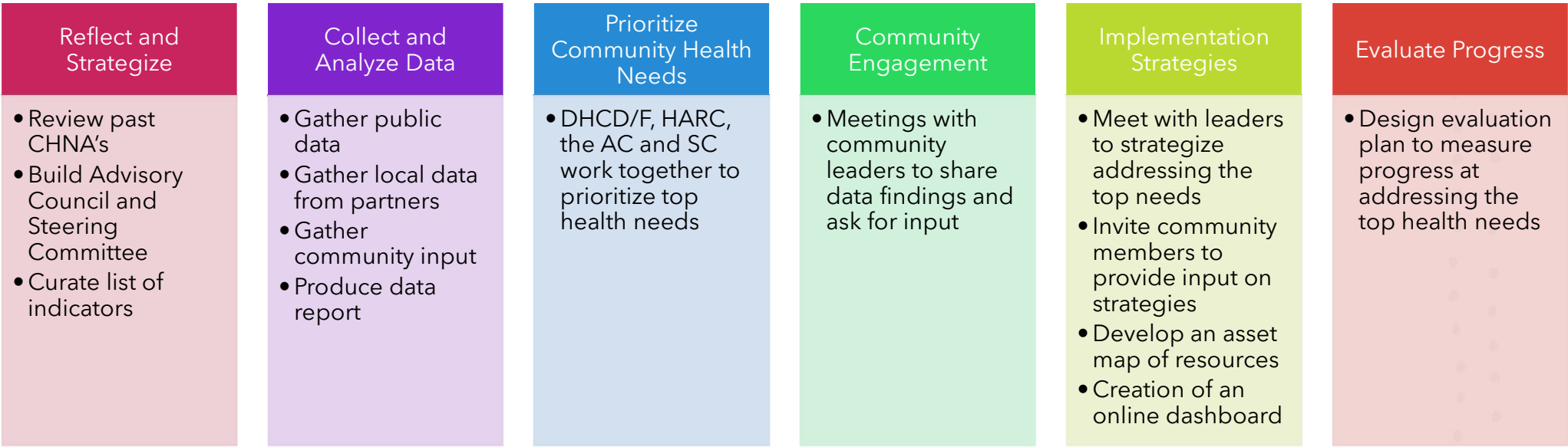
- **8** focus groups with leaders
- **31** leaders joined

We then analyzed the data and identified top issues within each of these sources. Then merged them to form **one final list of top health issues** in our community.

5 Main Priorities Identified

1. **Access to Care:** Physician shortage, healthcare is expensive, quality of care needs improvement, and the East Coachella Valley needs more healthcare access
2. **Education Access and Quality:** Need more education on health, more educational resources are needed, the quality of education should be improved, and educational attainment should be improved
3. **Environment:** Infrastructure is lacking in the East Coachella Valley, poor air quality in the East Coachella Valley, and lack of transportation
4. **Economic Stability:** homelessness, lack of affordable housing, higher paying jobs needed, and poverty
5. **Mental Health:** Mental health is generally important, and more resources/services are needed

Overview of Work and Timeline



Work Completed

- March
- April



- April

Strategizing with Community Leaders

- We've spoken with 31 community leaders what steps are needed to improve these topics - this information will be integrated into the **CHIP**.

Access to Healthcare

- 8 Participants
- Clinicas de Salud, Molina, CVVIM, IEHP, Public Health, etc.

Economic Stability

- 6 participants
- Galilee Center, Martha's Village, Lift to Rise, Pueblo Unido, etc.

Education

- 5 participants
- OneFuture CV, PSUSD, IEHP, SMaRT Education, etc.

Environment

- 1 participant (more focus groups to come)
- Desert Oasis Healthcare

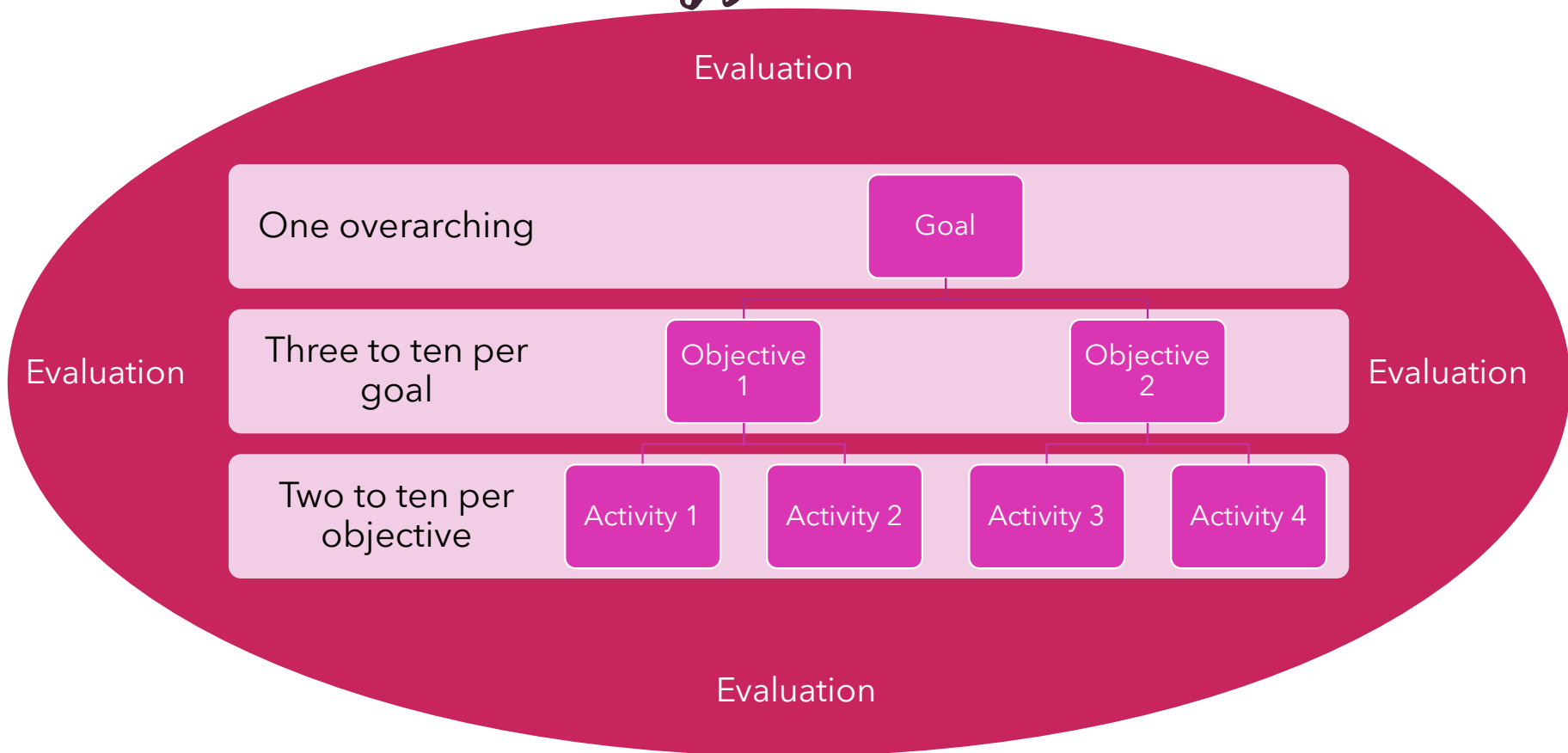
Mental Health

- 11 participants
- JFS, Joslyn, Mizell, Desert Oasis Healthcare, etc.

CHIP Terminology

- **Goal:** A broad statement about what we intend to accomplish; a major aspiration. This is also the intended long-term outcome—very big picture.
- **Objective:** A concrete, specific, measurable milestone that will help achieve the goal.
- **Activity:** Specific steps to take to reach the objectives. These explain the steps and resources needed to meet the objectives.
- **Evaluation:** How to measure progress made by the activities towards the objectives and goal.

CHIP Terminology: A Visual



Community Leader Input on the CHIP

A decorative horizontal line consisting of a series of small, light green dots, slightly wavy in appearance, spanning the width of the page below the title.

- With the community leaders, we presented them with draft goals and objectives.
- Some were pulled from Healthy People 2030, others were drafted from community feedback we gathered during the community engagement process.
- We requested feedback and then asked for their input on activities and existing assets to address these issues.
- We have a few more one-on-one interviews to gather input from leaders who were unable to attend the focus groups.

5 Main Priorities and Goals

- 1. Access to Care:** Increase access to comprehensive, high-quality healthcare services.
- 2. Education Access and Quality:** Increase educational opportunities and access to help children and adolescents with the intent to prepare them for post-secondary success and well-paying jobs
- 3. Environment:** Promote healthier environments to improve health
- 4. Economic Stability:** Help people earn steady and sufficient incomes that allow them to meet their needs
- 5. Mental Health:** Improve mental health

CHIP Example: Access to Healthcare

Goal: Increase access to comprehensive, high-quality healthcare services.

Objectives:

1. Increase the proportion of people with health insurance
2. Reduce the proportion of people under 65 who are underinsured
3. Increase the proportion of people with a usual primary care provider
4. Increase the number of healthcare providers, especially:
 - Those who accept Medi-Cal
 - Those who speak Spanish
 - Those who are primary care providers
 - Those who practice in the East Valley

CHIP Example: Access to Care

- Objective 1: Increase the proportion of people with health insurance
 - **Activities:**
 - Advocate for changes in Medi-Cal that expand eligibility
 - Continue enrollment efforts for Medi-Cal, Covered CA, etc.
 - Conduct education to reduce stigma around Medi-Cal, CalFresh, and other government services
 - Educate immigrants who may be unaware of the need for health insurance (because of the lack of need for insurance in their home country).
 - **Measurement/Evaluation:**
 - Population level: U.S. Census Bureau American Community Survey: health insurance. Updated annually.
 - Program level: Number of people newly enrolled, number of educational efforts, changes in attitudes towards governmental services, etc.

CHIP Focus Group Attendees

February 26th, 2021

Note that there were two focus groups held for each topic.

Access to Healthcare 8 Participants	Education 5 Participants	Mental Health 11 Participants	Economic Stability 6 Participants	Environment 1 Participant
Clinicas de Salud del Pueblo	Inland Empire Health Plan	Coachella Valley Volunteers in Medicine (CVVIM)	Galilee Center	Desert Oasis Healthcare
Comite Civico Del Valle	OneFuture Coachella Valley	Desert Oasis Healthcare	Martha's Village	
County of Riverside- Dept of Public Health	OneFuture Coachella Valley	Jewish Family Services of the Desert	Pueblo Unido	
CVVIM	Palm Springs USD	Jewish Family Services of the Desert	Lift to Rise	
Inland Empire Health Plan	SMaRT Education	Joslyn Senior Center	Riverside University Health System – Public Health	
Inland Empire Health Plan		Kaiser Permanente	OneFuture Coachella Valley	
Molina Healthcare		LGBTQ Community Center of the Desert		
Neurovitality Center		LGBTQ Community Center of the Desert		
		Mizell Senior Center		
		Riverside University Health System-Behavioral Health		
		SACH Health System		

Community Health Improvement Plan Invitation List

Organization Name		
ABC Recovery	Desert Highland Gateway community	Molina Healthcare
Agua Caliente	Desert Oasis Healthcare	Neuro Vitality Center
Alianza	Desert Water Agency	OneFuture Coachella Valley
Alzheimer's Association	Dr. Carreon Foundation	Planned Parenthood
American Red Cross	DSUSD	PSUSD
Angel View	Eisenhower	Pueblo Unido
Boo 2 Bullying	Eisenhower - Trans	Riverside County Behavioral Health
Borrego	Eisenhower (HARP-PS)	Riverside County Housing Authority
Braille Institute	El Sol	Riverside County Office on Aging
Cabazon	FIND Food Bank	Riverside County Office on Education
Cathedral City Senior Center	FIND Food Bank	Riverside County Probation Department
Clinicas de Salud del Pueblo	Friends of the Desert Mountains	Riverside County Sheriff's Department
Coachella Valley Association of Governments	Galilee Center	Riverside County Workforce Development OR Riverside County Employment Development Division
Coachella Valley Environmental Task Force	Get In Motion Entrepreneurs	Salton Sea Authority
Coachella Valley Habitat for Humanity	Growing Coachella Valley	Shelter from the Storm
Coachella Valley Housing Coalition	IEHP	SMART Education
Coachella Valley Water District	Imperial Irrigation District	South Coast Air Quality Management District
Coachella Water Authority	Indio Senior Center	South Coast Air Quality Management District
CODIE	Indio Water Authority	Sunline Transit
Comite Civico del Valle	Integrated Learning Institute	The LGBT Community Center
Communities for a New California	Jewish Family Service	The Ranch
CREST/REACH Team	Joslyn Center	Vision Y Compromiso
CSUSB-Palm Desert	Kaiser Permanente	Molina Healthcare
CVAG	Latino Commission	
CVEP	Lideres Campesinas	
CVUSD	Lift to Rise	
CVVIM	LiLac	
Desert AIDS Project	Loma Linda University Health/SACHS	
Desert Arc	Martha's Village and Kitchen	
Desert Best Friend's Closet	Mission Springs Water District	
Desert Care Network	Mizell Senior Center	



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: March 9, 2021
To: Strategic Planning Committee
Subject: Strategic Planning Services to Develop a Three-Year Strategic Plan for Desert Healthcare District

Staff Recommendation:

Staff collectively recommends approval of Veralon Partners Inc. and Valentine Health Advisers as the strategic planning consultant to assist the District Board in developing a three-year strategic plan.

Background:

- The District, by the issuance of a Request for Proposal, began the search to retain the services of a strategic planning consultant to assist the District Board in developing a three-year strategic plan that includes:
 - Reviewing and incorporating the findings of the Community Health Needs Assessment and Community Health Improvement Plan.
 - Evaluating the strategic alternatives in how additional resources, from a potential transaction with Desert Regional Medical Center, could further the District goals in meeting the important healthcare needs of the community.

Information:

- A Request for Proposals was released on February 11, 2021 with a submission date of February 26, 2021.
- Four applications were received in response to the released Request for Proposals.
 - Applications were received from Citrin Cooperman, La Piana Consulting, Learning Lens, and Veralon Partners, Inc./Valentine Health Advisers
- Four staff members thoroughly reviewed each applicant's qualifications, scope of services, timeline, and cost.
 - Please see attached for detailed notes and an overall rating score for each application.

Fiscal Impact:

- Expected fiscal impact of \$72,500.



**DESERT HEALTHCARE
DISTRICT & FOUNDATION**

**Strategic Planning Consultant
Proposal Review
March 2021**

	Citrin Cooperman	LaPiana Consulting	Learning Lens	Veralon Partners, Inc. and Valentine Health Advisers
Overall Rating				
Reviewer 1	8	6	6	9
Reviewer 2	7	5	0	9
Reviewer 3	8	6	4	9
Reviewer 4	8	6	1	9
Average	7.75	5.75	2.75	9
Logistics				
Timeline	Phase 1: Inspect Phase 2: Design Phase 3: Engage Phase 4: Align (12-week timeline: April 1 – June 25)	No timeline provided	Phase 1: Discovery and review (April-May) Phase 2: Core Values, Mission, and Vision (May) Phase 3: Analysis and Goal setting (June-July) Phase 4: Milestones and Responsibilities (July) (16-week timeline with proposed finish end of July)	9-step process (16-week timeline with proposed finish at the end of July)
Cost	\$80-\$100k Strategic plan development \$20-\$30k Transaction Evaluation (400-480 hours of work)	\$50,000 - \$225,000	\$36,000 (72 hours of work)	\$72,500



**DESERT HEALTHCARE
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Qualifications				
Background and experience providing strategic planning services for healthcare districts	-No experience with CA Health Districts -Has experience with one TX Health District -Applicant does have foundation related knowledge -Missing understanding of hospital component -Well-rounded agency	-No experience with CA Health Districts -Well-rounded experience with nonprofits including the publication of a book -Team members have expertise in the Public Health sector -Understanding of organization with grantmaking programs -Familiarity with CV and working with local organizations	-No experience with CA Health Districts -Expertise is rooted in the field of education	-Yes, extensive experience with CA healthcare district -Has completed strategic planning work for DHCD in the past -25 years of experience -Extensive experience in the CV -Understands components of the community, including hospitals and the structure of the District. -Has knowledge on the hospital lease and how it plays into the SP -Good understanding of CV needs
Provided examples of completed strategic plans	-No, none provided and no links	-Yes, samples and links provided	-Yes, samples and links provided	-Partially, samples mentioned but no links provided
Strategic planning experience advising special districts, healthcare districts, and/or public or private grantmaking foundations	-Partially, has foundation and TX Health District knowledge -Comprehensive approach to strategic planning	-Partially, worked directly with over 1,200 nonprofits, public agencies, and grantmaking foundations but no Health District expertise -Worked with elected directors	-No, no examples of special districts, healthcare districts, or foundations	-Yes, dozens of SP experience with Health Districts -No indication of working with public or private grantmaking foundations -Extensive experience advising other healthcare districts in CA, as well as safety net providers (FQHCs and RHCs), ambulatory and tele-health



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<p>Experience and credentials evaluating community needs, clinical or otherwise, as part of an evaluation of organizational capabilities, capital access/plans/ capacity, and/or constraints</p>	<p>-Partially, mentioned CHNA but not CHIP -Wants to work with the Board and staff to identify the strengths, weaknesses, opportunities, and threats– not completely necessary with priorities already uplifted</p>	<p>-Team members worked a lot around big health issues -Experience in health assessments that are more driven by a single issue not an entire community (Ex. Violence prevention) -Focus on the balance of gaps and needs with identification of community assets and strengths – similar to the CHIP we currently have underway</p>	<p>-No reference to addressing or analyzing community need data -Says “Evaluating & existing and future priorities in alignment to community health strengths & needs” but not how they would do that -Reads as if they want to create a SP for the work completed internally by staff -Limited credentials</p>	<p>-Extensive experience -Addresses financial resources, funding priorities and seismic -CHNA experience is more hospital related community assessments that are more driven by high leadership not residents</p>
<p>References provided</p>	<p>Provided</p>	<p>Provided</p>	<p>None provided</p>	<p>Provided</p>
<p>Organization’s unique value-added services</p>	<p>-Pointing out importance of incorporating health disparities and shifts in delivery of care/service models -Acknowledges equity/inequities and the role of SDH</p>	<p>-Familiarity with the Valley and team members that have conducted needs assessments -Nonprofit assessment and consulting experience</p>	<p>-Work is rooted in education, understanding of how people and organizations learn, grow, and transform</p>	<p>-Familiar with our Board, the CV, and our organizational structure -Understands relationship between DRMC and District, constraints of hospital lease transaction and experience negotiating such transactions</p>
<p>Other Comments</p>	<p>-High cost -Extensive experience with big name health systems (Adventist Health, John Hopkins, Duke U. Health Systems) -Not local</p>	<p>-Well known strategic planning consulting firm with its own, proprietary business planning methodology direction and creates clear priorities for use of resources</p>	<p>-Expertise is more applicable to school districts and other educational organizations/programs</p>	<p>-This applicant has a better understanding of the CV community, extensive healthcare district knowledge and expertise. -It seems more closely aligned with DHCD’s needs</p>



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	-Did not portray an understanding of relationship between DRMC & District; no mention of lease, seismic concerns & other concerns – kept referring to “potential transaction”			-Well qualified understands the interrelation between DRMC and DHCD. -No mention of evaluation, SDH or Equity
Scope of Services				
Includes analysis of the District’s current strategic plan and its efforts to accomplish the plan	-Yes, deep dive into current strategic plan will be incorporated	-Partially, SOW is incomplete	-Yes, mentions conducting in Phase 1	Yes, assessed in step 2 and 4
Review of CHNA and CHIP	-Partially, they address reviewing the documents but not how they would be incorporated	-No, does not address	-Partially, mentions conducting in Phase 1	-Yes, conducted during weeks 2-3 in step 2
Incorporates the importance of community voice within the planning process by utilizing detailed resident focus group information	-No, not really addressed but alludes to community in stage 4 process	-No, has expertise in community needs assessment but does not mention incorporating it or using our material to inform process	-No, not mentioned unless stakeholders are referring to community voice but usually that means Board members, people from big organizations, etc.	-Partially, understands work has been done and that there is no need for further interviews with reps of CBOs or open public forums or focus groups -Need to discuss the prioritization of health needs that has already been uplifted from community and Board needs to build off of that



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<p align="center">Strategic planning sessions with District Board of Directors and staff</p>	<p>-Yes, mentioned throughout timeline</p>	<p>-Partially, mentions working with a steering ground – assuming that is the Board</p>	<p>-Partially, mentions meetings throughout phases with key leaders and stakeholder – no mention of Board</p>	<p>- Yes, high engagement with 3 Board meetings and 3 Committee meetings</p>
<p align="center">Development of strategic plan</p>	<p>-Yes, conducted over four phases</p>	<p>-Yes, strategy would be to incorporate a organizational, programmatic, and operational pyramid to the SP</p>	<p>-Yes, conducted in phase 4</p>	<p>-Yes, conducted in a nine-step process -Will prepare a final version of the Strategic Plan complete with a PowerPoint summary suitable for presentation to the public</p>
<p align="center">Other Comments</p>	<p>-Mentioned incorporating the hospital transaction within the SP – but not clearly understood</p>		<p>-SOW is complete but the experience and expertise of the applicant is not relevant to a healthcare district</p>	<p>-Mentioned incorporating the hospital transaction within the SP - Proposed a “forced ranking” exercise to derive a preliminary prioritization of the goals and health needs to be addressed</p>

Desert Healthcare District & Foundation

Strategic Planning

Veralon Partners Inc. and Valentine Health Advisers
February 26, 2021



February 26, 2021

Via email
info@dhcd.org

Conrado Barzaga, MD
Chief Executive Officer
Desert Healthcare District & Foundation
1140 N. Indian Canyon Drive
Palm Springs, CA 92262

Dear Dr. Barzaga:

On behalf of Veralon Partners Inc. (“Veralon”) and Valentine Health Advisers (“VHA”), we are pleased to submit this proposal to assist the Desert Healthcare District & Foundation (the “District”) with strategic planning. The strategic plan will be developed through a collaboration between the District senior leadership and board, Veralon, and Steve Valentine of VHA. We believe that a strategic planning process is one of the most fundamental and important activities that any organization undertakes. It allows an organization to direct its future, rather than simply react to external and internal events.

Our team (Veralon/VHA) is uniquely qualified to assist you with this important work for the following reasons:

- Steve Valentine of our team has previously **supported the Desert Healthcare District & Foundation with strategic planning**, including the analysis and the facilitation of meetings designed to evaluate and prioritize opportunities to meet the healthcare needs of the region served. The analysis included **consideration of alternative strategies for providing acute, health centers/networks, and ambulatory care.**
- Our team has a **deep understanding of the demographic characteristics and healthcare resources of the Coachella Valley** and surrounding region on the basis of advisory services (bed need, service and program need, physician need, network need) provided to most of the hospitals in the region.
- Our team has **provided strategic planning and other advisory services to most of the Healthcare Districts in California**, as well as a broad array of Federally Qualified Health Clinics (“FQHC”) and Rural Health Clinics (“RHC”).
- **We pay constant attention to emerging and disruptive trends** specific to healthcare delivery models, business model innovation, clinical and technological advances, new entrants, consumerism, artificial intelligence, and predictive analytics, incorporating the strategic implications of these trends in our strategic planning advice.

Conrado Barzaga, MD
February 26, 2021
Page 2

If you have any questions about this proposal, please call me at (424) 299-8850 or Steve Valentine at (818) 512-0349. We can work with you to modify or refine our proposed approach to most appropriately meet your objectives. We look forward to the opportunity to work with you and the rest of the District team on this important effort.

Sincerely,

A handwritten signature in black ink that reads "Mark Dubow". The signature is written in a cursive, flowing style.

Mark Dubow
Director

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Background and Understanding

The Desert Healthcare District & Foundation (the “District”) seeks to enhance the health of the approximately half million residents of the entire Coachella Valley. It does so through leading and participating in community health initiatives and acting as a source of grant funding for services.

In preparation for an update to its three-year strategic plan, the District retained Health Assessment and Research for Communities (“HARC”) to complete a series of data analytics that include: population, demographic and health status trends; interviews with the leadership of community organizations; and a comprehensive Community Health Needs Assessment and Health Improvement Plan (“Community Needs Assessment”). The latter identifies the existing healthcare resources in the region and the unmet healthcare needs of the residents. Each of those components will be inputs to the strategic plan.

Representatives of the District have commented that a preliminary draft of the Community Needs Assessment indicates a shortage of/barriers to access to primary care clinic services that could potentially be met through new Federal Qualified Health Clinics (“FQHC”), Rural Health Clinics (“RHC”), or other ambulatory centers. While the District has, to date, not supported the implementation of mobile services or telehealth, those resources are considered additional potential solutions to resolving barriers to access to primary care.

Three acute care hospitals serve the residents of the Coachella Valley: Desert Regional Medical Center (“DRMC”), which is leased by the District to Tenet Health Systems (“Tenet”), Eisenhower Health, and John F. Kennedy Memorial Hospital. District leadership does not perceive the need for the District to provide more inpatient care capacity and has indicated that they are not interested in building a new hospital. District leadership has greater interest in addressing the social determinants of health, ambulatory access, and primary and chronic care need.

The main hospital and north wing of DRMC have a SPC-2 rating and require a significant investment to complete a retrofit that will meet the 2030 requirements. The District has not received a retrofit plan from Tenet supporting its request for funding support to meet those requirements.

The District is seeking the assistance of a strategic planning consultant to review the current strategic plan, the findings of the data analytics and Community Needs Assessment, the status of DRMC, and the District’s financial resources and guide a process that:

- Confirms/updates its long-term vision;
- Evaluates its current and identifies new priorities for District initiatives that contribute to resolving unmet healthcare needs in the Coachella Valley;
- Establishes a prioritized set of goals and objectives that optimally align the District’s resources with community needs (including whether to invest in DRMC, FQHCs/RHCs, or other provider sites); and
- Results in a strategic plan, and implementation plan (action items and schedule), and performance criteria against which progress can be measured.

The District prefers that the strategic planning process be structured as a series of working sessions with a strategic planning committee. At intervals during the process, findings and draft recommendations would be shared with the Board and then further refined. At the conclusion of the process the result would be presented in a public meeting.

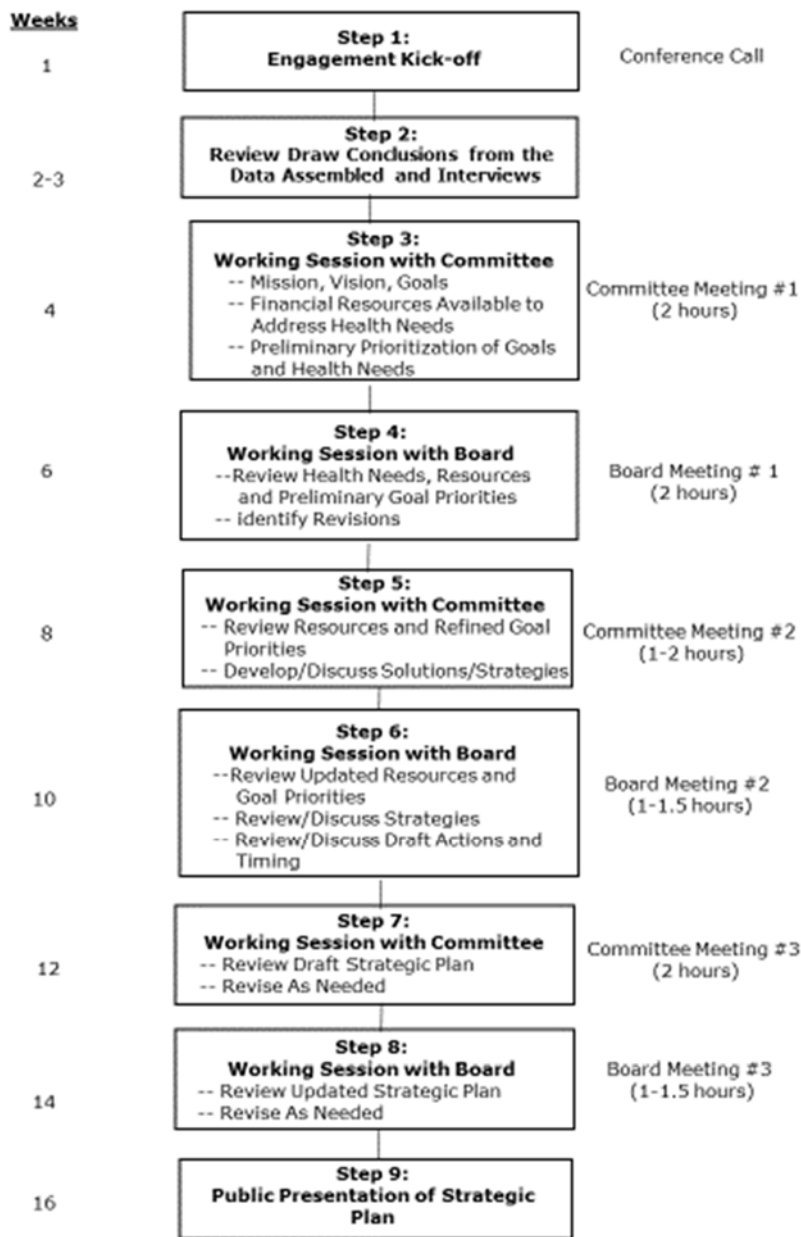
It is our understanding that the planning process should include interviews with District leadership and board members and selected other stakeholders as appropriate, but that there is no need for further interviews with representatives of community organizations or open public forums or focus groups.

It is preferred that the planning process be completed within six months or less.

Approach and Scope of Services

OUR COLLABORATIVE PROCESS

The Veralon/VHA team proposes to address the objectives through an interactive nine-step process summarized in the diagram below and described in greater detail on the pages that follow. The work steps reflect our understanding that HARC has responsibility for assembling: a summary analysis of population, demographic, and health status trends; the findings from the interviews they completed with the leadership of community organizations; and a comprehensive Community Needs Assessment that identifies the existing healthcare resources in the region and the unmet healthcare needs of the residents.



We will conduct a series of virtual working sessions with a Strategic Planning Committee (the “Committee”) and the Board. At the discretion of the District, additional Committee and Board meetings may be added. If additional meetings are requested, we will identify the associated incremental time and fees and seek approval before proceeding.

We recommend the appointment of an engagement liaison (“Liaison”) to facilitate the exchange of information with Veralon/VHA. That individual will serve as the day-to-day contact for our team and will also oversee the scheduling of interviews, meetings, and conference calls.

APPROACH & METHODOLOGIES

We will complete the following steps:

- **Step 1: Engagement Kick-off**
 - Submit a data request list to the Liaison.
 - In a kick-off conference call with the District management team or the Committee:
 - Confirm the objectives, work steps, final deliverables, and timeframe for completion of the strategic plan;
 - Discuss the information received in response to the data request and any questions that we have identified;
 - Discuss the District’s financial resources;
 - Highlight additional data needs, if any; and
 - Specify the individuals to be interviewed (Dr. Barzaga, members of the Board, others as appropriate).

- **Step 2: Draw Conclusions from the Data Assembled and the Interviews**
 - Review the Community Needs Assessment and other data provided by HARC and supplement it as needed. Prepare a brief summary of the unmet health service needs in the Coachella Valley.
 - Pending the availability of information, designate the relative importance (and size, if possible) of each unmet need.
 - Conduct the interviews by telephone.
 - On the basis of the information provided in response to the data request and the interviews, identify the financial resources the District can utilize to meet community health needs including continuation of its current funding priorities, potential new priorities and any support the District may devote to meeting the seismic safety retrofit requirements of DRMC. The financial resources may include one or more of:
 - Current District investments;
 - Partnerships and potential strategic relationships with other organizations (healthcare providers, community organizations); and
 - Access to grant funding.

- **Step 3: Working Session with Committee (Committee Meeting #1)**
 - Provide a brief synopsis of the findings from the analysis completed by HARC, the interviews completed by Veralon/VHA, the summary of unmet health needs, and the District's financial resources available to address those needs.
 - Discuss the District's current Mission and Vision in light of the findings and determine if they will be retained as is or update them as appropriate.
 - Identify a *preliminary* list of goals and the health needs to be addressed by the District.
 - With consideration to the financial resources available, utilize a "forced ranking" exercise to derive a *preliminary* prioritization of the goals and health needs to be addressed.

- **Step 4 Working Session with Board (Board Meeting #1)**
 - Review and discuss the health needs of the Coachella Valley, District resources, and the preliminary prioritization of the goals and health needs.
 - Identify revisions to the goals and priority needs, and specify issues requiring further investigation.

- **Step 5: Working Session with Committee (Committee Meeting #2)**
 - In advance of Committee meeting #2, Veralon/VHA will refine the description and priority of the goals and health needs consistent with the Step 4 discussion and complete any additional research.
 - During Committee meeting #2, discuss the refined goals and health need priorities, and identify further revisions as appropriate. Identify those needs to be addressed during the first, second, and third year in the planning period.
 - Through a brainstorming exercise, identify a preliminary list of solutions/strategies that will support addressing the goals and health needs to be pursued by the District in years one through three.
 - Solutions/strategies could include funding support by the District for implementation of one or more of: new FQHCs/RHCs, other new ambulatory care sites, particular types of mobile services, telehealth, retrofit or other solutions for DRMC's seismic issues, etc.

- **Step 6: Working Session with Board (Board Meeting #2)**
 - On the basis of Step 5, in advance of Board meeting #2, Veralon/VHA will refine and further develop a *draft* list of solutions/strategies and action steps to be implemented by the District in addressing the health needs of the Coachella Valley. Those solutions/strategies and action steps would include funding and other support the District will apply toward meeting the high priority health needs.
 - During Board meeting #2, discuss the refined goals, health need priorities, as well as the draft solutions/strategies and actions by time period. Identify refinements to the solutions/strategies and action items themselves as well as their relative priority.

- **Step 7: Working Session with Committee (Committee Meeting #3)**
 - On the basis of Step 6, in advance of Committee meeting #3, Veralon/VHA will assemble the Mission, goals, strategies and actions into a draft District Strategic Plan.
 - If desired by the District leadership, we will follow the structure and format applied in the current strategic plan.
 - During Committee meeting #3, review and discuss the draft Strategic Plan and identify refinements as appropriate.
- **Step 8: Working Session with Board (Board Meeting #3)**
 - On the basis of Step 7, Veralon/VHA will refine the District Strategic Plan.
 - During Board meeting #3, we will review and discuss the Strategic Plan and identify refinements as appropriate.
- **Step 9: Public Presentation of Strategic Plan**
 - Veralon/VHA will prepare a final version of the Strategic Plan.
 - We will create a PowerPoint summary of the Strategic Plan suitable for presentation to the public.
 - We will assist the District in presenting the Strategic Plan to the public.

Engagement Deliverables

At the conclusion of the strategic planning process, the District will have received the following:

- Prioritized list of goals and health needs to be addressed by the District reflecting the relative magnitude/importance of the needs and the availability of District and other funding sources;
- Written three-year District Strategic Plan that includes: Mission, Goals, and strategies as well as an action plan;
- PowerPoint presentation of selected portions of the Strategic Plan that are suitable for public presentation;
- Agreement by the District's management team and board to support the Strategic Plan and take the actions needed to implement it; and
- Three virtual Committee meetings, three virtual Board meetings, and one public meeting (if needed).

Engagement Timeline

We are prepared to begin this engagement immediately upon receiving approval to do so. Based on the RFP, we anticipate that work will begin on April 1, 2021. We estimate that the Steps described herein can be completed within four months (June/July).

Client Responsibilities

To assist Veralon/VHA in the completion of this engagement, the District agrees to assume the following responsibilities:

- Provide copies of the work product prepared by HARC (e.g., the Community Needs Assessment; analysis of population, demographics and health status indicators; and summary of the interviews with community organizations) (in electronic format where possible).
- Provide District financial statements (last year and current year-to-date);
- Schedule the interviews as well as meetings with the Committee and Board, as discussed in the scope section;
- Participate in Committee and Board meetings; and
- Designate a member of District senior management team to serve as a project liaison representative to Veralon/VHA for this engagement.

Engagement Team

The quality of a consulting engagement is directly related to the skills and expertise of the consultants performing the individual tasks. As such, Veralon/VHA brings to the District a senior team with significant experience which is as follows:

- **Mark Dubow, MSPH, MBA, Director, Veralon Partners, Inc. (Co-Engagement Executive)**

Mark is a national expert in strategy and innovation and devotes considerable time to monitoring emerging trends (e.g., changes in clinical practice, the role of new entrants in clinical care and digital health) and discerning their implications for future health service utilization and organization strategy. For over 38 years he has assisted healthcare organizations throughout the nation. On behalf of the American College of Healthcare Executives he has co-taught “Hospitals and Health Systems of the Future” on a quarterly basis for the past five years.

He led the 2015 strategic planning process for the **Morongo Basin Healthcare District** and has worked with a **broad array of district hospitals** throughout California including: Beach Cities Health District, El Camino Hospital District, Kaweah Delta Healthcare District, Marin Healthcare District, and Tri-city Healthcare District.

Mark will be a co-Engagement Executive for the strategic planning process and will have ultimate responsibility for ensuring that the Veralon-Valentine Health Advisors team delivers a superior work product on time and on budget. Mark will work closely with Steve Valentine, participate in the analysis and prioritization of the District’s opportunities to enhance healthcare services to the residents of its region, and assist in facilitating each working session with the Committee.

- **Steve Valentine, MPA, President, Valentine Healthcare Advisers (Co-Engagement Executive)**

Steve is a national expert in strategic planning and has served healthcare organizations in California and nationally for over 40 years.

He has **worked with Desert Health Care District for many years in the areas of strategic planning, health needs assessment, adviser role** regarding the lease negotiations of the Tenet Hospital, board and management retreats and presentations to the public on behalf of the District.

Steve has **worked with over 10 Health Care Districts in California, many FQHCs** (e.g., AltaMed Health Services, Share Our Selves [“SOS”], Adventist Health [over 30 FQHCs and RHCs], Antelope Valley Community Clinic) **and RHCs**.

Steve will participate in evaluating the data, conducting the interviews, and developing District goals and strategies. He will review the summary and presentation materials prepared on behalf of the District and help to facilitate the Committee, Board and public meetings.

They will be assisted by other Veralon staff as necessary. The professional profiles of Mark Dubow and Steve Valentine are attached to this proposal as Exhibit 1.

Qualifications

Veralon is a leading healthcare strategy and finance firm. As experts who have dedicated our careers exclusively to the healthcare industry and bring broadly recognized thought leadership and best practice insights to our clients, we know that strategy is what drives organizational success.

Veralon consultants are trusted advisors to healthcare leaders, partnering with those leaders to achieve success for their organizations and to transform healthcare. We offer expertise and thought leadership combined with outstanding financial capabilities to fully implement planning recommendations.

Our management team averages more than **25 years** of healthcare consulting and operations experience, so we can attack problems requiring senior level capabilities and expertise. Veralon has completed over **6,500 healthcare consulting engagements** for more than **1,300 clients** in **48 states** and Canada, including academic medical centers, teaching hospitals, health systems, community hospitals, physician groups, foundations, ACOs/PHOs/CINs, health plans, and more. Our commitment to clients is a responsibility we take seriously. **70%** of our business comes from clients we have worked with previously, and our longevity in the field speaks to our ability to deliver results.

STRATEGIC PLANNING CAPABILITIES

Veralon's work on strategic engagements is **results-oriented**. In strategic planning alone, we have helped with **over 700 engagements** for health systems, academic medical centers, hospitals, provider networks and foundations.

Why Veralon?

We believe that Veralon is the right choice for your organization because:

- Our consultants, particularly senior staff, have been providing training on strategic planning for years.
- We are ready to respond to new needs that emerge during the planning process.



Proven Thought Leadership

We are thought leaders in the field, publishing numerous articles and blogs, while also presenting on the latest topics at organizations around the country



Veralon's leaders are invited to speak and publish because we are recognized thought leaders that assist organizations to generate fresh ideas using new analytic and decision-making tools and techniques. Evidence of our thought leadership includes:

- Four editions of our book, *Healthcare Strategic Planning*, have been widely endorsed and used as an indispensable resource by healthcare executives.
- Teaching several courses a number of times each year for the American College of Healthcare Executives on strategic planning – "Hospitals and Health Systems of the Future: Transforming to Thrive", "Strategic Planning: From Formulation to Action" and "Advanced Strategic Planning to Transform Your Organization."
- Presenting at national conferences on value-based care and disruptive innovation (presentations are available upon request).
- Contributing to healthcare publications. A sample of several key articles relevant to strategic planning in the current era are available upon request.

PRIOR EXPERIENCE IN SERVING DESERT HEALTHCARE DISTRICT FOUNDATION

Steve Valentine has worked with Desert Health Care District for many years in the areas of strategic planning, health needs assessment, adviser role regarding the lease negotiations of the Tenet Hospital, board and management retreats and presentations to the public on behalf of the District.

EXPERIENCE IN SERVING OTHER DISTRICTS AND WORKING WITH CLINICS

District Health Care Organizations in California

Members of the Veralon/VHA engagement team have provided strategic planning and other advisory services to a significant number of the healthcare districts located in California (refer to the list below). Additionally, we have served District Hospitals in other portions of the nation.

- Beach Cities Health District (Redondo Beach, California) – strategic planning ^{1,2}
- Camarillo Health Care District (Camarillo, California) – advised on the sale of healthcare facilities to St. John's Oxnard, assessment of the need for hospital programs and services ²
- Doctors Medical Center (San Pablo, California) – assessed the need/opportunity to continue operation of the hospital's programs services and ambulatory network ²
- El Camino Hospital District (Mountain View, California) – strategic plan, multiple service line business plans, Cyberknife JV ^{1,2}
- Eden Township Healthcare District (Castro Valley, California) – program and service need analysis, home health analysis ²
- Desert Healthcare District (Palm Springs, California) – refer to description above ²
- Fallbrook Healthcare District (Fallbrook, California) – board retreat ²

- Grossmont Healthcare District (La Mesa, California) – financial feasibility study, ASC valuation and transaction ^{1,2}
- Harris County Hospital District (Houston, Texas) – strategic plan ³
- Hemet District Hospital (Hemet, California) – strategic plan, Community Needs Assessment, physician network strategy, presented at public meetings, hospital operations assessment ²
- Healdsburg District Hospital (Healdsburg, California) – program and service needs assessment, feasibility study ²
- Kaweah Delta Healthcare District (Visalia, California) – strategic plan, cardiovascular surgery CON, oncology service line analysis, physician needs assessment, physician alignment ^{1,2}
- Lompoc Healthcare District (Lompoc, California) – 3 feasibility studies, demand analysis for new hospital, physician needs assessment, multiple board retreats ²
- Marin Healthcare District (Marin, California) – strategic plan, health network plan, 3 physician needs assessments, assistance in separation from Sutter Health, facility planning ^{1,2}
- McDonough District Hospital (Macomb, Illinois) – strategic plan ³
- Mendocino Coast Health Care District (Fort Bragg, California) – Community Needs Assessment, FQHC assessment, outmigration analysis ²
- Morongo Basin Healthcare District (Yucca, California) – strategic plan ¹
- North Broward Hospital District (Fort Lauderdale, Florida) – medical staff needs analysis, hospital valuation analysis, compensation fair market valuations, board retreat ^{2,3}
- North Kern – South Tulare Hospital District (Delano, California) – strategic plan, Community Needs Assessment ²
- Oak Valley Healthcare District (Oakdale, California)— strategic plan and partner assessment ¹
- Pioneers Memorial Healthcare District (Brawley, California)— strategic plan, cardiac needs assessment, cardiac JV, ASC need, physician needs assessment ^{1,2}
- Pottstown Area Health and Wellness Foundation (Pottstown, Pennsylvania) – strategic plan, Community Needs Assessment ³
- Sequoia Healthcare District (Redwood City, California) -- physician needs assessment, cardiac needs assessment, facilitated session on disruptive innovation ^{1,2}
- Sierra View District Hospital (Porterville, California) – strategic plan, Community Needs Assessment, master facility plan ²
- Sonoma Valley Healthcare District (Sonoma, California) – Community Needs Assessment, physician needs analysis ²
- Southern Mono Healthcare District/ Mammoth Hospital (Mammoth Lakes, California)— interim CFO, feasibility analysis specific to the hospital and FQHC, board education sessions ²
- Tri-City Healthcare District (Oceanside, California) – strategic plan ¹

- Tulare Healthcare District — strategic plan, Community Needs Assessment, physician needs analysis, facility plan ²

¹Organizations served by Mark Dubow when he was a member of another consulting firm

²Organizations served by Steve Valentine

³Organizations served by Veralon

Clinics

Members of the Veralon/VHA engagement team have provided advisory services to a significant number of FQHCs, RHCs and other clinics (refer to a partial list below).

- Adventist Health (operates over 30 FQHCs and RHCs)^{1,2}
- AltaMed (Los Angeles, California)²
- Antelope Valley Community Clinic²
- Share Our Services²

¹Organizations served by Mark Dubow when he was a member of another consulting firm

²Organizations served by Steve Valentine

³Organizations served by Veralon

EXPERIENCE IN EVALUATING COMMUNITY NEEDS

Members of the Veralon/VHA engagement team have **completed Community Needs Assessments for each of the certificate of need (“CON”) applications prepared (over 50), hospital mergers (over 10), medical staff, program and service needs (over 100), and some strategic plans (over 100)**. Each of those studies included an assessment of: population, demographics, and health status trends; evaluation of existing providers (wellness, ambulatory, acute, post-acute) and identification of “gaps” in patient access and health services; and evaluation of emerging trends and their implications for future health service needs and utilization patterns.

In addition to the studies referenced above, we have completed community needs assessment analyses for public reporting on behalf of the following organizations:

- Albert Einstein Medical Center (East Norriton, Pennsylvania) ³
- Atlantic Health System (Florham Park, New Jersey) ³
- BayCare Health System (Tampa, Florida) ³
- Broward Health (Fort Lauderdale, Florida) ³
- Chilton Memorial Hospital (Pompton Plains, New Jersey) ³
- Einstein Healthcare Network (Philadelphia, Pennsylvania) ³
- Florida Hospital Waterman (Tavares, Florida) ³
- Good Samaritan Hospital (Lebanon, Pennsylvania) ³
- Grand View Hospital (Sellersville, Pennsylvania) ³
- Hackensack Meridian Health (Hackensack, New Jersey) – over 90 community needs studies performed ³

- Holy Cross Health (Silver Spring, Maryland) ³
- Inspira Health Network (Bridgeton, New Jersey) ³
- Lawrence & Memorial Healthcare (New London, Connecticut) ³
- LifeBridge Health, Inc. (Baltimore, Maryland) ³
- Main Line Health (Bryn Mawr, Pennsylvania) ³
- Marshall Medical Center (Placerville, California) ³
- Martin Luther King Community Hospital (Los Angeles, California) ²
- Mercy Fitzgerald Hospital (Darby, Pennsylvania) ³
- Mercy Health System (Conshohocken, Pennsylvania) ³
- Mercy Hospital (Portland, Maine) ³
- Morristown Memorial Hospital (Morristown, New Jersey) ³
- Northeastern Hospital (Philadelphia, Pennsylvania) ³
- Northridge Hospital - Board Oversight and review (Northridge, California) ²
- Phoenixville Hospital (Phoenixville, Pennsylvania) ³
- Pottstown Area Health and Wellness Foundation (Pottstown, Pennsylvania) ³
- Princeton Healthcare System (Princeton, New Jersey) ³
- Redlands Community Hospital (Redlands, California) ²
- Riverside Community Hospital (Riverside, California) ²
- Rush System for Health (Chicago, Illinois) ³
- RWJBarnabas Health (Somerset, New York) ³
- Shore Medical Center (Somers Point, New Jersey) ³
- Sierra Vista Regional Medical Center (San Luis Obispo, California) ³
- South Fulton Medical Center (East Point, Georgia) ³
- Southeast Georgia Health System (Brunswick, Georgia) ³
- St. Elizabeth Medical Center (Williamstown, Kentucky) ³
- St. Luke's Hospital & Health Network (Bethlehem, Pennsylvania) ³
- St. Mary Medical Center (Langhorne, Pennsylvania) ³
- The Valley Hospital (Paramus, New Jersey) ³
- University Healthcare System (Augusta, Georgia) ³
- Wyoming Valley Health Care System (Wilkes-Barre, Pennsylvania) ³

¹Organizations served by Mark Dubow when he was a member of another consulting firm

²Organizations served by Steve Valentine

³Organizations served by Veralon

REFERENCES

AltaMed Health Services Corporation² (FQHC/Clinics)

Castulo de la Rocha

President

Cdelarocha@la.altamed.org

323 889-7310

Nature of the work completed: strategy, retreats, transactions, valuation

Children's Hospital Los Angeles^{1,2}

Paul Viviano

President and Chief Executive Officer

pviviano@chla.usc.edu

(323) 361-4180

Nature of the work completed: strategy, retreats, ambulatory outreach, market needs analyses

Marin General Hospital^{1,2} (District Hospital)

Lee Domanico

Former Chief Executive Officer (retired)

(650) 283-1471

Nature of the work completed: multiple board and management retreats, strategy, utilization and resource needs analysis for hospital replacement, physician needs analysis and medical staff development plan (three times), litigation assistance specific to separating from Sutter Health

Redlands Community Hospital²

Jim Holmes

Chief Executive Officer

jrh@redlandshospital.org

(909) 335-5515

Nature of the work completed: strategic plans, retreats, program and service need assessments, transactions, market needs analyses

Morongo Basin Healthcare District¹ (Healthcare District)

Jackie Combs

Chief Executive Officer

jcombs@mbhdistrict.org

(760) 820-9234

Nature of the work completed: strategy

Kaweah Delta Healthcare District^{1,2} (District Hospital)

Gary Herbst

Chief Executive Officer

gherbst@kdhcd.org

(559) 624-2330

Nature of the work completed: strategy, retreats, service line business plans, physician alignment, medical staff needs assessments, Certificate of Need

Dignity Health Greater Sacramento Area ¹

Chris Champlin

Chief Strategy Officer

chris.champlin@dignityHealth.org

(916) 851-2031

Nature of the work completed: strategy, retreats, facilitation of executive team work sessions, service line feasibility studies, utilization and resource needs analysis for hospital replacement.

¹Organizations served by Mark Dubow

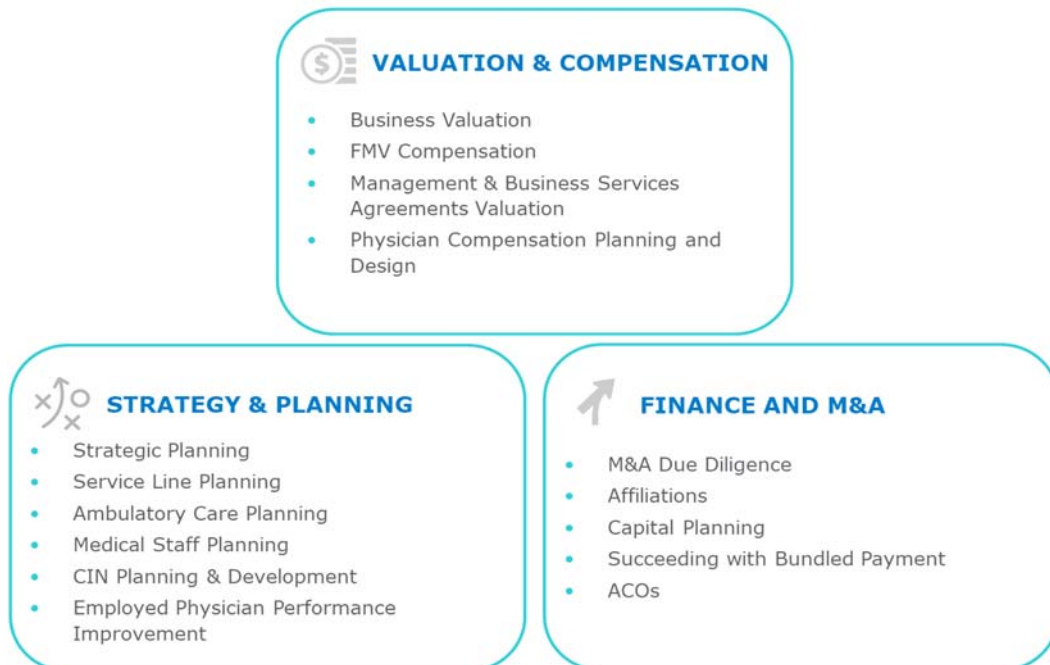
²Organizations served by Steve Valentine

VALUE-ADDED SERVICES THAT FURTHER SET US APART

Members of the Veralon/VHA engagement team have longstanding working relationships with the executive leaders of many of the healthcare organizations in and serving the Coachella Valley as well as physician organizations and clinics throughout southern California. If the District's strategic planning process reveals a need/opportunity to resolve the healthcare needs of Valley residents through the formation of strategic relationships with other providers, we are able to call upon those individuals to explore the potential for doing so.

In addition, Veralon is a full-service consulting firm that assists healthcare organizations with the breadth of advisory services highlighted in the following diagram. To the extent that the strategic planning process reveals needs by or opportunities for the District that are consistent with these services our thought leaders and experts are ready to lend support.

Our Services



Fees and Billing

Based on the above scope of services, professional fees for the analysis as described in this proposal, inclusive of expenses, will be \$72,500.

Our fee estimate is based on our experience on similar engagements and the specific customized Approach and Scope of Services described above. From time to time, we encounter issues which require significantly more time than we had expected, including:

- Challenges accessing data or converting available data into usable information;
- Unanticipated issues that require additional attention to ensure a positive outcome; and
- Additional interviews and/or meetings to ensure effective communication and stakeholder buy-in.

We seek to flexibly address additional questions or engagement issues within our estimated fees. We will inform you if tasks are requiring more effort than was anticipated so we can discuss with you the relative value of the additional work and mutually agree on any adjustments to scope and estimated fees.

Expenses incurred in connection with all engagements are billed at cost, in addition to professional fees. These include the following: travel, lodging, meals, telephone, data input, published data costs, and report preparation, reproduction and delivery. We understand that each of the meetings will be virtual in nature. As such, we do not anticipate any expenses beyond those included in the fixed price of \$72,500.

We will bill as follows for this engagement:

Timing Of Invoice	Installment Amount
Upon engagement authorization	\$ 20,000
Monthly	Based on estimated % of completion

Expenses will be incorporated with the professional fees in the invoices. The engagement will commence upon receipt of the initial installment payment. All invoices for our services are due and payable upon receipt. Upon engagement acceptance, client will indicate any invoicing requirements necessary to process payment in a timely manner (i.e., P.O. number, etc.). Client will also specify invoice recipient and any additional parties' invoices should be sent to.

Additional terms and conditions are included as Exhibit 2.

Engagement Acceptance

If you have any questions about what we have proposed, please call Mark Dubow at (424) 299-8850 or Steve Valentine at (818) 512-0349 We can work with you to modify or refine our proposed approach to most appropriately meet your objectives. We look forward to working with the District on this important effort. If this proposal is acceptable as written, you may authorize the engagement by completing the signature block that follows and returning/emailing a signed copy, along with the initial installment payment, to Dana Wander (dwander@veralon.com).

APPROVED FOR:
Desert Healthcare District Foundation

Name: _____

Title: _____

Date: _____

Exhibit 1: Resumes



Mark J. Dubow, MSPH, MBA

Director, Veralon Partners Inc.

Mark is a national expert in strategy development and facility planning for healthcare organizations, with an emphasis on helping providers capitalize on emerging innovations. He has more than 35 years of healthcare consulting experience and has directed engagements for healthcare organizations throughout the nation, including health systems, community and teaching hospitals, academic medical centers, ambulatory care providers, post-acute care organizations, health plans, and physician organizations.

Mark's work focuses primarily on facility planning for hospitals and ambulatory care centers, strategy, enhancing the effectiveness of clinical service lines, mergers and alliances, and alignment. His experience includes:

- Acute hospital, ambulatory care and post-acute care facility development including strategy, defining the service portfolio, site selection, utilization projections and resource sizing
- Determining strategy in light of healthcare reform and in establishing the most appropriate model of care to apply as organization's transition from a fee-for-service to a value-based payment environment
- Assisting hospitals and physician organizations in the formation and refinement of integrated delivery systems, including clinical integration, and establishing strategies for growth
- Establishing various alignment models
- Determining client need for and benefit of forming strategic partnerships, and evaluating potential candidates
- Enhancing service lines including cardiovascular, neuroscience, oncology, orthopedics, women's services, and behavioral health, among other clinical services; developing Centers of Excellence and Clinical Institutes

Previously, Mark was senior vice president at a nationally recognized healthcare consulting firm, and a leader within the planning and business advisory practice. Prior to joining that firm, Mr. Dubow was the president of another healthcare consulting firm. Before that he was a senior manager in the national healthcare consulting practice of a Big Four accounting firm, where he led the South/West Region of the firm's Accelerated Solutions Services, and was Director, Strategic Planning Services, for the South/West Region.

Mark is a frequent speaker for organizations including the Hospital Association of Southern California, Texas Health Trustees, the VHA, the Texas Hospital Association, the Association of Healthcare Enterprises, the Association of Community Cancer Centers, and the Society for Healthcare Strategy and Market Development, among others. He has taught courses for the American College of Healthcare Executives since 1999. Mark has published in books and more than 30 articles on a wide variety of topics.

Mark holds an MBA degree from the University of Michigan, a Master of Science degree in public health, with an emphasis on healthcare planning and policy, from UCLA, and a bachelor's degree in biology from Colgate University.



Steven T. Valentine, MPA

President, Valentine Health Advisers

Mr. Valentine is the President of Valentine Health Advisers a management consulting company serving the health care industry. With over 45 years of health care experience, he is a leading thinker, author and speaker on health care trends and developing strategies to succeed in this difficult environment. He has worked in over 30 states across the country, specializing in strategy, transactions and board governance.

He co-authors the Top Ten Trends in Healthcare for the Governance Institute (over 15 years). He has worked with academic medical centers, public hospitals, health systems, hospitals of all sizes and ownership structures. Additionally, he has worked with various physician organizations, health networks, RHCs, FQHCs and ambulatory deliver systems.

He serves as the Chair of the Board at Northridge Hospital Medical Center, Chair of the Board and the Strategy & Finance Committee at Orthopaedic Institute for Children (UCLA Affiliate), Advisory Board of UCLA Health, and Advisory Board for Partners in Care Foundation (a think tank for new delivery models using SDOH). He has been interviewed by Los Angeles Business Journal, Modern Healthcare, Los Angeles Times, Health Leader's magazine, Hospitals magazine, HFMA Finance Journal and many more.

He earned a BS from San Diego State University graduating with Distinction, and a MPA in Health Sciences from the University of Southern California and completed the Ernst & Young Executive Management Program at Northwestern University.

Exhibit 2: Terms and Conditions

TERMS AND CONDITIONS

1. This agreement, together with these Terms and Conditions, form the entire agreement between Veralon and the addressee of this agreement (“you”, “your” or “client”).
2. This agreement will become effective, and our work on this engagement will commence, upon receipt of a signed agreement from you and payment of any requested engagement retainer or initial installment.
3. You will need to provide us requested data and other information in a timely fashion and in the format, we request for us to perform our work in accordance with the timetable we have set forth. You will also need to provide necessary logistical support.
4. If the engagement scope of work or timetable changes, or if we encounter unforeseen circumstances in performing our engagement tasks, we will advise you of such changes or circumstances and any impact on our professional fees, and obtain your written authorization for additional fees and to proceed with the engagement. If you decide not to proceed with the engagement after Veralon advises you of such changes or circumstances, Veralon will provide you with an invoice for all professional fees and expenses incurred to date, the balance of which shall be payable by you upon receipt.
5. The strategies and actions we recommend and prospective estimates we generate will be based on certain assumptions with respect to future events. Some of these assumptions may concern actions we will expect you to take. Others will concern events beyond the control of either party. Consequently, while any prospective estimates will be reasonable, based on the information we gather and the assumptions referenced, we do not guarantee any particular outcome or result.
6. Each party will protect the Proprietary Information of the other party. “Proprietary Information” means non-public information of competitive or commercial value to the discloser, which has been designated by the discloser as confidential, or which a reasonable person would recognize as confidential or proprietary in nature. Proprietary Information will be used only for the purposes of this engagement and will be disclosed only on a need to know basis or as required by law.
7. Should either party elect to terminate this agreement before conclusion of the engagement, you will pay Veralon all professional fees and expenses incurred up to the date of termination.
8. Payment for our services will be due upon receipt of our monthly invoice. If payment is not received within 60 days, (i) work on the engagement may be temporarily suspended until all amounts due are paid, and (ii) Veralon may charge interest at the rate of 12% per annum on any such unpaid amounts, plus any reasonable collection costs incurred. We reserve the right to withhold delivery of the final report pending receipt of overdue payments.
 - a. Veralon will provide interim and draft deliverables throughout the engagement. At the conclusion of the engagement, Veralon will provide you with a final draft deliverable, and you will have 15 days to review it and provide comments, so that the final deliverable may be issued to you. After this 15-day period, Veralon will consider the engagement to be complete and payment of our final invoice may not be withheld.
9. As a subcontractor that may be subject to Section 1861 (v) (1) (I) of the Social Security Act, we shall, upon written request, make available as appropriate to the Comptroller General, the Secretary of Health and Human Services, and their duly authorized representatives, a copy of this agreement and access to our books, documents, and records necessary to verify the nature and extent of the costs of services provided hereunder. Such access will be available until the expiration of four years after the services to which the costs relate have been furnished.
10. Any proposed estimate of fees prepared in connection with this agreement will remain valid for a period of 90 days, subject to the terms of this agreement. After such period, you may request that Veralon propose a new estimate, which shall be the valid estimate, subject to the terms of this agreement.



Proposal to Provide Professional Services

Desert Healthcare District and Foundation

Heather Spillman, Principal
hspillman@citricooperman.com

February 26, 2021

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

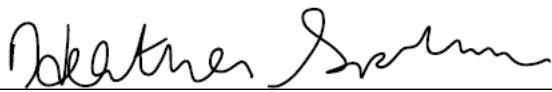
Dear Desert Healthcare District and Foundation Leadership:

It is our privilege to provide the included proposal to deliver professional strategic consulting services to the Desert Healthcare District and Foundation (“District”). The intent of this document is to provide an overview of our process to support the District in developing the three-year strategic plan and evaluating strategic alternatives as a result of a potential hospital transaction. We have taken into account the objectives defined in the Request for Proposal (“RFP”), as well as our subsequent research of the District’s previous strategic plan.

We are confident based on our significant experience delivering similar services to other clients, including specific experience working with healthcare organizations, foundations, and health districts, coupled with our understanding of the broader needs and direction of the District, we are well-positioned to effectively and efficiently serve as an ongoing strategic advisor to support the near-term success and long-term effectiveness of the District. We recognize this is a critical time for the District in developing its strategic plan and evaluating potential options for the use of additional resources related to a potential transaction.

Citrin Cooperman & Company, LLP (“Citrin Cooperman”) is fully committed to the efforts that would be required to attain a successful result from our ongoing District relationship, and we are eager to support the great work being done within the organization. It is our commitment to assign an experienced team with broad and deep industry expertise across the defined areas of this engagement. Thank you very much for your consideration in partnering with our firm and team. Please do not hesitate to contact us with any questions or comments regarding our proposal.

Sincerely,



Heather Spillman

Principal

Citrin Cooperman & Company, LLP

Strategic Planning

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OUR EXPERIENCE

Our team has extensive experience supporting clients in all aspects of strategic planning, including the complete redesign of organizational Mission, Vision, and Values, evaluation of progress against previous strategic plans and creating updated priorities, and development of broader strategic growth plans and partnerships. These organizations range from public health departments, health conversion foundations, and large multi-facility health systems. For many of our clients, we have been privileged to serve them as strategic advisors across many years – growing and evolving our services based on the changing needs of their organization. In this section, we captured many examples of our experience that we believe align well with the services requested by the District. We would welcome the opportunity to discuss our experience in more detail.

Please note, all of our work is proprietary to our clients and cannot be shared, but please reach out to any of our references at the end of this document.

EXPERIENCE WITH HEALTH DISTRICTS, SPECIAL DISTRICTS, AND PUBLIC OR PRIVATE GRANT MAKING FOUNDATIONS

JPS Health Network

JPS Health Network (“JPS”), located in Fort Worth, Texas, is Tarrant County’s tax-supported, public healthcare provider. The groundwork for JPS was laid in 1906 when a hospital affiliated with Fort Worth Medical College was opened. Seven years later, the county commissioners agreed to match city funds for the operation of a city and county hospital. In 1959, the Tarrant County Hospital District was created to give JPS sound financial footing. Today, JPS is governed by a board of eleven county commissioner-appointed board members and continues to serve as the safety net provider for Tarrant County.

The health network includes John Peter Smith Hospital, JPS Surgical Center, a network of community and school-based health centers, psychiatric services, as well as a Level I Trauma Center. JPS is licensed for 578 beds with over one (1) million patient encounters each year. JPS has the only Psychiatric Emergency Center in Tarrant County and an inpatient psychiatric hospital for adolescents and adults. The network includes forty (40) primary and specialty health centers serving patients throughout the community, with nineteen (19) at public schools. JPS also has a Level III NICU, a Comprehensive Level I Stroke Center, and an AMI Certified facility. As an academic medical center, JPS is dedicated to training the physicians and healthcare workers of the future. JPS has seventeen (17) residency and fellowship programs, including one of the nation’s largest Family Medicine residency programs.

In August of 2020, JPS released a Request for Proposal seeking qualified vendors for Strategic Planning Consultant Services. After participating in the RFP process, our team was engaged to support JPS Health Network in establishing an office of strategy and business development, create an annual strategic planning process, develop the initial strategic plan, and integrate a culture of strategic planning throughout the organization. Our approach recognized the need to build internal capacity for JPS, helping the organization to own the ongoing integrated strategic planning process.

To support JPS in establishing an Office of Strategy Management (“OSM”) to implement an annual strategic planning process for the organization, incorporating all components of the health system, we focused on building the necessary infrastructure and designed a customized approach that could be used in the annual strategic planning process of JPS. The first phase of work focused on establishing the OSM to build necessary capacity to own the strategic planning process and drive ongoing management of the strategic plan. We started this work by developing a deep understanding of how strategic and business planning functions were operating in the current model at JPS, including the structure, roles/responsibilities, and integration with related functions like finance and operations. We interviewed executive leaders across JPS to understand their current strategic planning efforts and then defined specific needs for a redesigned

strategic planning process, identifying specific areas that could be improved as the organization moved into the new strategic planning structure. At the end of this phase, the OSM was developed and ready to support the strategic planning process for JPS.

Next, we worked with the OSM to design the strategic planning process, incorporating feedback provided during the Executive and Board interviews and considering best practices across the industry. During this phase, we worked with the OSM to create a strategic planning framework that was translated into a comprehensive strategic planning playbook. This playbook will serve as a living document, providing the framework for the ongoing strategic planning efforts of the organization, while adapting to its evolving needs, as appropriate. The playbook provides a step-by-step game plan for executing the annual strategic planning process and includes supporting tools, techniques, and templates to drive the process. The framework, as defined in the playbook, will help JPS evaluate the current state, identify opportunities, prioritize initiatives, and translate this work into actionable plans.

After designing the strategic planning framework and process, our team worked with the OSM to lead JPS through the development of the first annual strategic plan. Following the defined approach and leveraging the tools and techniques included in the strategic planning playbook, we supported the OSM during the deployment of the strategic planning process. Our work built on the themes raised during Executive and Board interviews and incorporated detailed market and organizational analyses, including detailed volume analyses by service line, patient population analyses, and overall market trend. We also designed and facilitated both the Executive and Board retreats. During these retreats our team utilized specific techniques intended to draw out the creative thinking of the group and support collaboration to build the components of the strategic plan. Working with the OSM, we distilled the retreat outputs to build the strategic plan blueprint, which will be taken into strategic priority workgroups that will be tasked with identifying the initiatives under each of the strategic priorities.

As our work is currently ongoing with JPS, but in the final phases of work, we will help the OSM build a comprehensive project plan to execute the initiatives, define key organizational goals and metrics tied to the strategic plan, and build the change management and communication plan to support the roll out of the strategic plan. Our engagement with JPS has been designed to be nimble and customized to meet the specific needs of JPS, allowing us to work with project sponsors to adjust the level of support as needed and help to build the internal expertise to drive the strategic planning function moving forward.

PATH Foundation

Until 2013, PATH Foundation's predecessor entity, Fauquier Hospital, was an independent Section 501(c)(3) tax-exempt community hospital in Fauquier County, Virginia. In 2013, Fauquier Hospital sold the hospital's assets to LifePoint Health System for more than \$200 million. When the Board decided to sell the hospital's assets to LifePoint, there were two primary motivations. First, a skilled, successful operator of hospitals across the country would take ownership of Fauquier Hospital, which would help preserve the healthcare services currently provided in the community. Second, Fauquier Hospital would be able to transition into a community foundation that had a substantial amount of money to provide assistance/support to the community across a range of needs. After the sale of the hospital's assets, the hospital foundation's president assumed leadership over Fauquier Hospital, and the organization was renamed "PATH Foundation."

We had worked with Fauquier Hospital for a decade prior to the sale and were intimately involved with the development of its Community Health Needs Assessment. Once the hospital's assets were sold, we were engaged by PATH Foundation to help the organization determine the most optimal structure for the organization moving forward. In particular, we helped PATH Foundation assess the benefits and drawbacks of continuing as a public charity or transitioning into a private foundation, as well as whether to operate out of one legal entity or to organize across multiple legal entities with different purposes. We presented to management and the PATH Foundation Board at numerous Board meetings and Board retreats regarding different options. Pursuant to this analysis, PATH Foundation decided to undertake a 5-year transition into a private foundation that focused upon public health and economic development initiatives for Fauquier

and Rappahanock Counties. Additionally, PATH Foundation set up a controlled public charity entity to undertake related educational and fundraising activities.

As the organization has matured, we have worked closely with PATH Foundation to help develop and implement multiple programs, including a number of impact investments. For these programs and investments, we have helped PATH Foundation to determine the economic terms of grants and other economic support, as well as metrics to utilize to determine the outcomes stemming from such financial investment. A key guiding principle for PATH Foundation has been to infuse business principles into its grant-making activities, and we have provided key technical assistance to the recipients of the grants to help them develop greater system capabilities, operational efficiency, and financial rigor.

Two examples of investments made by PATH Foundation, with respect to which we have been intimately involved, have been (i) the establishment of a drug and alcohol rehabilitation facility in Fauquier County, as well as (ii) the provision of a sizeable grant to a food hub operating throughout the region. First, with respect to the drug and alcohol rehabilitation facility, we helped PATH Foundation to analyze the financial feasibility of the project, evaluate the potential partner organization to run the facility, review the business plan and provide financial projections for the project, and to help develop the business terms in the legal agreements. On an ongoing basis, we have worked with the facility to determine opportunities for growth, as well as to determine potential, additional cash needs. Regarding the food hub, PATH Foundation was uncertain as to whether to make the impact investment, as well as how best to help the food hub remain sustainable so that its investment would have a significant impact. We worked with PATH Foundation to evaluate the food hub, and then once the investment had been made, to provide ongoing technical assistance to the food hub to help with strategic planning and to improve its internal financial and operational processes. In particular, we provided a current state assessment for the business, as well as a roadmap to help meet the organization's desired future state. Furthermore, we helped develop a line-item budget and ongoing key performance indicators to help with ongoing review and assessment of the business.

Finally, we regularly engage with the leadership of PATH Foundation to help assess strategic priorities for the organization, including helping them to decide where best to invest their money. We are an ongoing, trusted advisor that is seen as a true partner in PATH's mission.

Foothills Health District (*Formerly the Rutherford Polk McDowell Health District*)

The Rutherford Polk McDowell Health District was charged with providing public health services, environmental services, and emergency response services across a three county area in North Carolina. The counties decided to consolidate services into a common health district to create synergies and allow them expand the reach of their services. In 2019, Polk County withdrew from the District and it was renamed Foothills Health District.

Our team was engaged to assess the Foothills Health District performance against the previous strategic plan, complete a current state assessment, and help develop a multi-year strategic plan to the guide the organization for the next three to five years. Specific areas of support included:

- Analyzed progress toward objectives/priorities and measures/targets developed in the previous strategic plan:
 - Focus on Obesity Prevention
 - Increase County Appropriations to Support Public Health Services
 - Develop a Leadership Management Program
 - Collaborate with Community Partners to Address Substance Abuse Prevention Services
 - Access to Health Care in the Foothills Health District
- Analyzed the per capita human services and public health spends in comparison to regional peers
- Worked with leadership to identify new revenue sources (grants, partnerships, and new services)
- Facilitated the strategic planning process with Leadership and Board Members

- Revisited the organization’s Mission, Vision, and Values
- Completed an industry scan of similar organizations to inform the strategic planning process
- Developed a framework to cascade the Mission, Vision, and Values to specific priorities and initiatives with measures of success and targets

EXPERIENCE WITH OTHER FOR-PROFIT AND NON-PROFIT ORGANIZATIONS

In the section below, we have provided additional experience with other for-profit and non-profit organizations. Our work with these organizations has spanned strategic planning to financial feasibility analyses and business planning. We also highlight our experience with evaluating community needs, organizational capabilities, capital access, and broader transaction advisory.

Adventist Health Care

Adventist Health Care (“AHC”) is a faith-based, non-profit network of healthcare providers including hospitals, rehab, mental health, and a large physician network. Our team has worked with AHC for many years across a number of engagements. A large portion of our more recent work has focused on the development and execution upon the system’s ambulatory and physician alignment strategies. In this role we have helped AHC identify potential physician partners, determine potential avenues for outpatient growth that meets the needs of its community, and structure mutually beneficial partnership models. In addition to physician alignment, we have highlighted our other experience below:

Strategic Planning Support

- **Strategic Planning Function Redesign:** Currently working with leadership to transition ownership of the Strategic Planning function, revisit the governance model, and redesign the process for Strategy Planning across the organization.
- **Strategic Planning:** Also currently working with leadership to revisit the Strategy Map for the organization given recent growth, develop updated measures of success, and cascade the Strategy Map across all entities, the physician enterprise, ambulatory services, post-acute services, and multiple service lines

Financial Due Diligence and Transaction Evaluation of Howard University Hospital (“HUH”)

- **Due Diligence:** Completed an assessment of the financial, strategic, and operational position of HUH. As part of the due diligence, we identified key areas of risk and opportunities, which informed the development of pro forma financial projections.
- **New Hospital Build Planning:** Developed comprehensive pro forma financial projections to evaluate the costs and impact of potentially building a new hospital as part of the business plan for the AHC / HUH arrangements. In addition to the pro forma, considered potential funding options for the building of a new hospital, which contemplated the various funding sources and organizational debt capacity. Will be assessing the service lines to prioritize for future development of the hospital.
- **Business Planning:** Provide ongoing analysis and support for specific areas of the transaction arrangement development, including an exploration of affiliation models, capital needs analysis, academic affiliation agreement assessment, professional services agreement analysis, and ongoing business planning.

Financial Feasibility and Cash Flow Analyses

- **Financial Due Diligence:** Performed financial due diligence for AHC with respect to its acquisition of Fort Washington Medical Center (“FWMC”) and its related outpatient operations. In this process, we provided AHC leadership with a comprehensive picture of FWMC’s financial strengths and risk factors.

- **Financial Feasibility Analysis & Cash Flow Analyses:** Developed comprehensive multi-year financial projections, including sensitivity analyses, exploring variables like alternative capital structures, operational changes, and service line build-outs. Also developed cash flow projections based on complex scenarios.

South Shore Health System:

Our team has supported South Shore Health (“SSH”) for several years as they redesigned the Strategic Plan for the organization and have explored a number of strategic growth priorities and partnership opportunities. In this role we facilitated the Strategic Planning process for the organization, including revisiting the organization’s mission, vision, and values, conducting market and broader industry research, completing an organizational SWOT analysis, and defining specific priorities to cascade across the organization. Additionally, we completed a multi-state evaluation of potential strategic partners for the organization, including building a framework to evaluate the partners against identified criteria and conducting detailed analyses on the recommended partners for consideration. In addition to the strategic planning work, we have also help SSH with a number of other engagements, including:

Market Share Analysis

- **Primary and Secondary Service Area Analysis:** Performed market share analysis of South Shore health in its primary and secondary service areas. This analysis included all activity and services lines in the inpatient, outpatient, emergency department, clinic, urgent care, and home health settings.
- **Market and Community Demand Understanding:** In this analysis, we studied how the market and community demand had evolved over several years across each care setting and service line. We also explored areas where SSH and its competitors had grown or lost market share, respectively, and the driving forces behind those changes.
- **Opportunity Identification:** This analysis allowed SSH to better understand patient leakage patterns, opportunities for growth and areas of priority within those opportunities, as well as key threats to the health system’s core service lines.

Ambulatory Surgery Center Syndication

- **Financial Impact Analysis:** Modeled the direct contribution margin for each service and specialty performed at the ASC. Based on this analysis, modeled the impact to profitability of transitioning the ASC from a hospital outpatient department to freestanding. This analysis also included an analysis of capacity to determine whether increased volume could offset the lower freestanding ASC reimbursement rates.
- **Syndication Exploration:** Worked with leadership to understand who other potential investors may be and how to price out their purchase price into the venture.
- **Partner Assessment:** Supported leadership in assessing potential partners in the marketplace and the strategic impact to the health system of taking on such partners at the ASC.
- **Return on Investment:** Developed an analysis comparing free-standing ASC to outpatient hospital performance.

*Physician Group Alignment (*Name of Physician Group removed to preserve confidentiality*)*

- **Financial Pro Forma Development:** In support of SSH’s discussions with the largest physician group in the area regarding a closer alignment between the two organizations, we developed a financial pro forma modeling the impact to the health system if the physician group were to increase the number of surgical cases brought to SSH. This pro forma contemplated changes in payor mix, changes in reimbursement, as well as requisite increases in staffing and variable expense categories.
- **Capacity Analysis:** A key piece of this work was a thorough analysis of hospital surgical capacity—including operating rooms (“OR”) and post-anesthesia care units (“PACU”). This analysis looked at current capacity utilization and projected capacity utilization, based on the proposed increase in surgical volume, leveraging data

on historical OR and PACU time for individual service lines. This analysis helped SSH leadership understand the potential need to open up additional surgical capacity, which would have significant financial implications for the health system.

- **Reimbursement Negotiations:** Based on our analyses, we developed a proposed reimbursement fee arrangement for value-based contracts held by the physician group. Through this work, we provided SSH leadership with insight into the level of reimbursement necessary to maintain a sufficient margin in order to make this new surgical volume sustainable.

Bayonne Medical Center

Bayonne Medical Center (“BMC”) in Bayonne, New Jersey was seeking a buyer for its hospital and outpatient operations. Our team was engaged by a potential suitor to develop a comprehensive business plan that contemplated the evolving needs of the Bayonne and Hudson County, New Jersey areas, the existing capabilities within Bayonne Medical Center, and the suitor’s own clinical and organizational core competencies. Ultimately, the suitor with which we worked was chosen by BMC’s operator to acquire operations.

- **Competition and Market Position Review:** We conducted a comprehensive review of Bayonne Medical Center’s competitors among inpatient and outpatient service lines. As part of this review, we reviewed demographic data as well as community health needs assessment data to better understand the evolving needs of the community. We married this data with service line market share data in order to identify key growth opportunities for Bayonne Medical Center that would enable BMC to better serve the community.
- **Financial Projections Development:** Based on our competition and market position review, we developed go-forward financial projections under multiple strategic scenarios. These projections contemplated multiple alternatives, such as the addition of new service lines, alternative physician alignment arrangements, and changes in payor mix based on evolving demographic information.
- **Comprehensive Business Plan:** Building off the first two phases of the project—competition and market position review and financial projections development—we compiled a comprehensive business plan setting forth our recommendations for Bayonne Medical Center to enhance its service of the community’s needs while simultaneously improving financial performance and long-term sustainability.

In addition to the above organizations, we provided strategic planning support to the following organizations:

- **Calvert Health System** (Market Assessment)
- **EMU Health** (ASC Syndication and Operational Analysis)
- **Scott and White Health Plan** (Strategic Planning and Project Management)
- **University of Tennessee Medical Center** (Strategic Plan Development)
- **UAB Health System** (Population Health Strategy Development)
- **VCU Health** (Strategic Plan Development and Facilitated Innovation Workshop)
- **CLEAR** (Facilitated Innovation Workshop)

WHAT SETS CITRIN COOPERMAN APART

Citrin Cooperman is committed to serving our clients well and tailoring our approach to meet the unique needs of our clients. We have a nimble team that can quickly adjust to the needs of the District and we will be easily accessible to the District’s leadership. The individuals we have listed in the proposal are the leaders who will be working with project sponsors on a day-to-day basis. For over 40 years, we have been dedicated to enhancing the businesses and personal

lives of our clients through our services, guidance, and enthusiasm for building long-standing relationships. A key part of this commitment, we maintain open lines of communication and transparency in everything we do.

As noted above, our team has a depth of healthcare industry experience, working across the entire healthcare ecosystem. Our work in areas such as transactions, financial and operational analysis, organizational structure, and strategic planning ensures we have a holistic understanding of the demands and challenges our clients face. Pulling from experience, we offer our clients actionable advice and creative ideas to solving everyday business problems. We have worked with other healthcare organizations striving to address the needs of the populations they serve, including behavioral health, homelessness, and other social determinants of health, so we understand the unique challenges the District is facing.

WHY CHOOSE US?

DIFFERENTIATOR	HOW YOU BENEFIT
<p>More partner face-time gives you a greater return on investment: Citrin Cooperman provides greater partner and director interaction with clients. This means the District will get more one-on-one time with our partners and principals and faster responses to critical issues that impact your operations.</p>	<p>Solutions that are practical, actionable, and increase your return on investment.</p>
<p>Impeccable client service: Our caring about our clients begins with caring about our people. We know that successful engagements begin with happy professionals. And satisfied people tend to stay put, providing the District with engagement team continuity. Citrin Cooperman does everything possible to ensure that our colleagues are inspired, stimulated, and empowered to reach their potential. We value our people and they value their work.</p>	<p>Be inspired by working with people who love what they do.</p>
<p>Speed and agility to make decisions and resolve issues: Citrin Cooperman is structured to react quickly to clients’ needs and issues. We are empowered to make decisions locally, rather than moving issues up through a complex chain of command.</p>	<p>Answers, faster, so you can stay focused on running your business.</p>
<p>Practical, scalable, actionable advice: Many large firms offer over-engineered solutions and advice that is theoretical, but not necessarily practical or easy to implement. We know that the biggest ideas are not necessarily the best ideas. We focus solely on what needs to be done – and know how to do it in practical ways that are relevant to the District’s needs.</p>	<p>Less disruption; efficient process; deadlines met.</p>
<p>Customized solutions for your unique needs: Unlike some firms that take a one-size-fits-all approach to serving their clients, Citrin Cooperman offers solutions tailored to each client’s specific needs and issues. We address your unique needs without conducting steps and initiatives that are irrelevant to your environment.</p>	<p>Cost-effective and realizable solutions based on the realities of your operating model.</p>

OUR UNDERSTANDING

The District has served the Coachella Valley for over seventy (70) years with health and wellness services and programs. We understand that the District is committed to the community and focused on its mission to “*achieve optimal health at all stages of life for all District residents*” and the three-year strategic plan is intended to help further this mission. Through a Request for Proposal (“RFP”) process, the District is seeking a strategic planning consultant to facilitate the creation of the three-year strategic plan and evaluate strategic alternatives for additional resources resulting from a potential transaction with Desert Regional Medical Center. We understand that the District is looking for a partner with strong experience in strategic planning and with the flexibility to adapt to the unique needs of the District. As part of the response to the RFP, the District would like to understand the consultant’s experience and credentials in strategic planning, market and organizational assessment, and healthcare districts. Included in the RFP document were the objectives of the engagement as noted below:

1. Analysis of the District’s current strategic plan and its efforts to accomplish the plan
2. Review the results of the District’s Community Health Needs Assessment (“CHNA”) and Health Improvement Plan (“CHIP”)
 - a. Synthesize material in a clear and actionable way to facilitate Board discussion
 - b. Incorporate the importance of community voice within the planning process by utilizing detailed resident focus group information
3. Facilitate strategic planning sessions with District Board of Directors and staff
4. Draft and develop three-year strategic plan
 - a. Articulate the District’s long-term vision
 - b. Establish prioritized goals and objectives informed by the CHIP and Board strategic planning sessions
 - c. Evaluate current priorities and make recommendations for development of different or new priorities
 - d. Identify alignment to the community’s health needs
 - e. Establish performance criteria to measure the success of strategic directives
 - f. Develop action items

We understand that the District is currently undertaking the process to complete the CHNA and CHIP both of which will be critical in shaping the three-year strategic plan for the District. We also understand that the District has been working through a previous strategic plan that was adopted on June 27, 2017. In this strategic plan four (4) strategic priorities were identified:

1. Resources and Philanthropy
2. Health Facilities
3. Information and Community Education, and
4. Public Policy.

The previous strategic plan also called out four (4) specific Community Health Focus Areas:

1. Homelessness. Participate in community efforts and support programs and services to address homelessness in the Coachella Valley.

2. Primary Care and Behavioral Health Access. Support programs, services and workforce development efforts that increase access to primary care and behavioral health services for Coachella Valley residents.
3. Healthy Eating, Active Living. Promote efforts that address diabetes, obesity, and other chronic conditions, nutrition, healthy lifestyles, food insecurity and healthy communities.
4. Quality, Safety, Accountability and Transparency. Advance the provision of high quality health services and programs with clear accountability in District-owned facilities and in the delivery of the District – sponsored services and program.





These community health challenges, coupled with related social determinants of health (“SDOH”), are areas that many of our clients struggle to address as they serve diverse and economically disadvantaged populations. In our experience, these challenges, coupled with broader health equity issues, have been intensified by the COVID-19 pandemic (“COVID”). We would assume that the new CHNA analysis will capture specific impacts for your population and we will work with leadership to specifically build those into the strategic plan. Below are common challenges across our clients and the broader healthcare industry related to COVID that we would recommend considering as part of the strategic planning process:

- **Shift in Delivery Models/Care at Home & Facility Planning Impacts** – COVID has continued to shift the way in which healthcare is delivered and is causing providers to reevaluate their current assets to better optimize space and more efficiently deliver care in settings where patients are more comfortable.
- **Increase in Racial and Ethnic Health Disparities and the Impact of Social Determinants of Health** – For those populations already facing disparities in healthcare, COVID has further exacerbated the health equity issues and the consequences from SDOH.
- **Focus on Behavioral/Mental Health** – The impacts of job loss, increased domestic violence, increased substance abuse, and increased isolation, resulting from the pandemic, have escalated the mental health crisis in America. As this was a specific focus for the District’s previous strategic plan, we would anticipate that the behavioral health issues will be intensified, as reported through this CHNA.
- **Rise in Unemployment and Loss of Insurance Coverage** – As a result of the pandemic, unemployment rates have surged, leaving many individuals without employer-sponsored health insurance. This will further intensify the financial challenges providers face for uncompensated care/self-pay patients and increase the need for supportive social services to address social and health needs of populations.

In this document, we set forth our experience working with healthcare districts and community foundations, facilitating the strategic planning process, building effective strategic plans, and evaluating strategic alternatives in transactions. Our goal is to meet the objectives of the engagement outlined in the RFP and serve as a flexible and effective partner for the District.

OUR APPROACH

We have significant experience working with healthcare organizations like the District, driving transformation across complex and diverse stakeholders including providers and community partners. That said, every organization is unique and we will utilize an approach that is flexible, responsive, and can be further customized as we gain more detailed understanding of the intricacies of the District and the needs of the community. With our professional team, every step of our work will focus on partnering with the District Board and staff to develop a responsive strategic plan, evaluating all potential options and allocating the appropriate resources. Our approach, as outlined below, is nimble and can adjust to the specific level of support needed.

			
INSPECT	DESIGN	ENGAGE	ALIGN
<p>The purpose of this stage is to level set understanding across the organization, evaluate performance against the previous strategic plan and begin to identify strategic opportunities. During this stage we will pay special attention to the outputs of the CHNA/CHIP to help shape the potential opportunities for DHCD.</p>	<p>The next stage will focus on formation of the strategic plan. During this stage, we will work with Board members and staff to develop the strategic plan, identifying funding priorities, goals and objectives. This stage will center around strategy session(s) with Board Members and staff, to collaborate and collectively build the components of the strategic plan.</p>	<p>The next stage of work will make the connection between the defined goals of the strategic plan and clear metrics to track performance. This stage will help to create a connection between the strategic plan, staff and community members, creating the appropriate level of accountability and transparency for reporting purposes.</p>	<p>During the final stage of work, we will work with Board members and staff to create a detailed project management plan for execution and comprehensive communication plan. This work is critical for the implementation and ongoing management of the strategic plan. It will also help to create awareness and understanding across the community, with clearly defined communication tactics.</p>
<i>Work during this stage will include:</i>			
<ul style="list-style-type: none"> - Complete assessment of performance against previous strategic plan - Review outputs from CHNA / CHIP - Complete additional market analyses as necessary to supplement information on market dynamics and regional/national trends - Conduct stakeholder interviews and/or surveys (as needed) - Develop a comprehensive SWOT analysis 	<ul style="list-style-type: none"> - Facilitate strategy session(s) with Board Members and Staff - Define strategic priorities, goals and objectives - Determine integration of the strategic plan with other related functions/processes, including the annual budget process 	<ul style="list-style-type: none"> - Define the key performance indicators (KPIs) of success for the strategic plan - Design strategic plan scorecard to formalize reporting process - Consider process to evaluate and manage strategic partnerships - Incorporate strategic plan metrics into the grant review and approval process - Identify strategic alternatives for resources resulting from a potential transaction with Desert Regional Medical Center 	<ul style="list-style-type: none"> - Build project management implementation plan - Identify primary work streams, accountable parties, and any interdependencies - Create communication plan to roll out plan to staff and community - Evaluate strategic alternatives for resources resulting from potential transaction and align with goals of the strategic plan

In the red box above we incorporated the transaction advisory support into the final two stages of work. We believe this will allow the District to appropriately identify and evaluate strategic alternatives for the resources resulting from a potential transaction with Desert Regional Medical Center and to ensure alignment with the three-year strategic plan.

Scope of Services

This proposal covers all of the components of the engagement, including the creation of the three-year strategic plan and the evaluation of strategic alternatives following a potential transaction with Desert Regional Medical Center to further the District's goals. A description of the proposed scope of services is set forth below.

THREE – YEAR STRATEGIC PLAN DEVELOPMENT

During the plan development, we will work directly with the District Board members and staff to drive the annual strategic planning process. In our experience, following a structured approach, akin to the one we have detailed below, ensures the appropriate level of analysis and engagement to create a strategic plan that addresses the needs of the organization and the community it serves. We have adapted our typical approach to meet the needs of the District and can further customize as necessary to meet the specific needs of the organization. Our proposed strategic planning approach will follow four (4) stages: Inspect, Design, Engage and Align (**I-D-E-A**) to foster collaboration and promote strategic and transformative *ideation*. Each stage is further described below:

- **INSPECT**: During this stage, we will dive deeper into the current state of the organization, the community, and the industry. The purpose of this stage is to level set understanding across the organization, evaluate performance against the previous strategic plan and begin to identify strategic opportunities. We will work with Board members and staff to understand the current state of the District, pinpoint the needs of the community and identify potential opportunities. It will be critical that during this stage of work there is a clear connection to District's mission: *"To achieve optimal health at all stages of life for all District residents"* and vision *"Connecting Coachella Valley residents to health and wellness services and programs through resources and philanthropy, health facilities, information and community education, and public policy."*

We recognize the District has historical strategic plans and is in the process of completing a CHNA and CHIP, all of which will be leveraged during this stage to further inform the current state and potential opportunities for the organization. During this stage, we will work with the Board and staff to identify the strengths, weaknesses, opportunities, and threats ("SWOT") to help inform the *DESIGN* stage and shape the strategic priorities, goals, and objectives.

- **DESIGN**: The next stage will focus on formation of the strategic plan. This stage will build upon the findings of the *INSPECT* stage and turn the focus towards the future state of the organization. Work during this stage will be rooted in facilitated strategy session(s) with Board members and staff to define the primary components of the strategic plan, including the strategic priorities and goals. During this process, we will carefully consider the number of priorities to ensure the plan has a manageable list, allowing the organization to be laser-focused on executing against the established plan.
- **ENGAGE**: The next stage of work will make the connection between the defined priorities, goals, and objectives and establish metrics to track performance. In this stage, we will take the outputs from the *DESIGN* stage and define the key performance indicators (KPIs) to track the plan. The purpose is to create a structure that engages staff and community partners/members across the District to execute the strategic plan and promote the appropriate level of accountability and transparency. The KPIs will be built upon industry standards. As the KPIs are developed, we will also work with the District Board and staff to formalize a strategic metric scorecard to help with the reporting process.

The other component of this stage will be the integration of the strategic plan into other related processes of the organization. During the *DESIGN* stage, we will identify what processes need to work in combination with the strategic plan. This will likely include incorporating the strategic plan objectives and goals into the grant review and approval process as well as incorporating of the strategies and initiatives into the budget process. The purpose is to ensure appropriate coordination and collaboration across the entire organization.

- **ALIGN:** The final stage of the strategic planning process will include the development of a comprehensive implementation plan for execution of the initiatives defined in the plan. This implementation plan will help drive forward the strategic priorities. This work is critical for the execution and ongoing management of the strategic plan and will ensure the District appropriately allocates resources and efforts for effective execution of the plan. During this stage we will also work with the Board and staff to develop a comprehensive communication plan that will create awareness and understanding of the strategic plan across the community.

The strategic planning work will build upon historical performance and help the District create and execute the three-year strategic plan. This process will draw upon the creativity and knowledge of Board members and staff, promote rapid ideation, and transform ideas into a comprehensive strategic plan that can be executed across the District.

We recognize the importance of connecting the strategic plan to the potential transaction with the Desert Regional Medical Center; in the next section we have set forth the scope of work we see being necessary for the evaluation of strategic alternatives related to the transaction. We would recommend evaluating these alternatives in parallel with the strategic plan development and align the alternatives to the objectives of the strategic plan.

TRANSACTION EVALUATION

In the final two stages of work we will support the District in the identification and evaluation of strategic alternatives for the resources resulting from the potential transaction with Desert Regional Medical Center. We will utilize the outputs from *DESIGN* stage, to identify potential programs to be built and funded with these resources. Based upon the strategic vision for the District and the strategic objectives defined in the plan, we will work with the District's Board and staff to identify existing or future programs and impact investments that would help advance the strategic plan.

Then in the final stage, *ALIGN*, we will work closely with the District to evaluate the potential programs, including any potential impact investments. We will complete high-level impact analyses of the identified programs, assessing their financial, social, operational, and overall community impact. During this stage of work, we are prepared to help the District infuse business principles into its grant-making and program development activities.

PROJECT MANAGEMENT & PROJECT TRANSITION

To start the project, we will work with the Board and staff to create a comprehensive project plan that will serve as a living document that is flexible yet prescriptive to manage the engagement. It will be updated regularly to help drive the execution activities in a timely fashion. As part of the ongoing project management we will provide regular updates to the Project Sponsor to summarize project status, key accomplishments, key upcoming activities, progress against milestones, key risks / issues, and major decisions. In the wrap-up of the engagement, we will work to transition ownership of the strategic plan to the District leadership and ensure as smooth of a transition as possible.

ENGAGEMENT TIMELINE

This engagement is anticipated to last approximately 12 weeks, beginning around April 1, 2021 and extending through June 25, 2021. The timeline is primarily dependent on the availability of District resources, information, and scheduling. That said, every effort will be made to compress the timeline, given the critical urgency of this work. If selected, we would work with the District leadership to further vet and refine the timeline.

	Week1	Week2	Week3	Week4	Week5	Week6	Week7	Week8	Week9	Week10	Week11	Week12
Inspect												
Design												
Engage												
Align												

PROFESSIONAL FEES

We will bill the District based on the actual hours of work incurred by the Citrin Cooperman professionals, at a 20% discount off of standard billing rates. The table below estimates our fees and hours for this project. If it appears that we will exceed the estimated hours or fees, we will notify the District in advance, prior to undertaking additional work.

Professional Fee Summary	
Strategic Plan Development Estimated Fees	<ul style="list-style-type: none"> \$80,000 - \$100,000
Transaction Evaluation Estimated Fees	<ul style="list-style-type: none"> \$20,000 - \$30,000
Estimated Project Timeline	<ul style="list-style-type: none"> 12 Weeks Starting on April 1, 2021 and ending June 25, 2021
Estimated Number of Hours	<ul style="list-style-type: none"> 400 – 480 hours

In addition to the professional fees described above, the District will reimburse Citrin Cooperman for travel and other out-of-pocket expenses incurred by Citrin Cooperman, in accordance with the provisions set forth in this Agreement.

Payments for services are due when rendered. Interim billings may be submitted as work progresses and expenses are incurred. In accordance with our firm policies, work may be suspended if your account becomes overdue and will not be resumed until your account is paid in full. The District acknowledges and agrees that we are not required to continue work in the event of the District’s failure to pay any statement or invoice from us in accordance with our customary invoice terms.

Should work be suspended, Citrin Cooperman shall not be liable to the District for any damages that occur as a result of our ceasing to render services. In the event that a situation arises that precludes us from completing this engagement, the District agrees to pay us for the time we incurred on this engagement at our standard hourly rates. The District agrees to reimburse Citrin Cooperman for attorney’s fees and costs incurred in connection with the collection of past due fees.

THE TEAM

We have developed a very experienced Engagement Team for the delivery of this engagement. The breadth and depth of expertise of the team listed below will be drawn from to execute this engagement in a dedicated fashion to meet the District’s needs, along with additional staff identified as needed:

CORE TEAM



404.849.7787

Austin, Texas

hspillman@citrincooperman.com

Heather will serve as the engagement lead for this project. In this role she will be responsible for the day-to-day oversight and delivery of the work. She will also help to ensure effective procedures are in place for the execution of the strategic plan.

HEATHER SPILLMAN | MS

PRINCIPAL

Heather Spillman is a Principal in the Health Care Advisory Practice at Citrin Cooperman & Company, LLP. Heather has 15 years of dedicated health care experience working with clients across the healthcare ecosystem, including large health systems, physician practices, urgent care facilities, post-acute care facilities, and healthcare startups. She specializes in helping clients develop and drive organizational transformation, focusing on healthcare strategy, change management, and project management.

Heather’s expertise includes:

- Working with clients to develop integrated organizational strategic plans that tie together finance and operations to drive financial results, growth, and operational excellence
- Creating and deploying scaled program management approaches to support clients in driving large scale transformational
- Leading post-merger integration efforts for healthcare organizations, including establishing strategic business plans for consolidated functions
- Developing and executing change management strategies, including communication approaches to drive employee and provider engagement

Heather is a certified practitioner in Design Thinking and the Prosci® Change Management methodologies. Prior to joining Citrin Cooperman, Heather served as an associate partner at IBM Watson health and spent many years serving healthcare clients during her time with “Big 4” firms including KPMG and Deloitte.

Experience relevant to Desert Healthcare District & Foundation

JPS Health Network: Heather led the Strategic Planning engagement with JPS Health Network. Heather and the team collaborated closely with the client to build a new Office of Strategy Management (OSM) to own the Strategic Planning function in the future, including developing the annual strategic planning process, tying the strategic planning process to the budget process, creating a Strategic Planning Playbook to guide activities from year-to-year, and providing technical assistance as the OSM team worked to build internal capacity. Heather and the team also led the organization in the development of the first annual Strategic Plan, including

interviewing key stakeholders across the organization, completing market and industry analyses, developing a SWOT analysis for the organization, and facilitating retreats with the JPS Health Network Executives and the JPS Health Network Board of Managers.

Scott and White Health Plan (SWHP): Heather was engaged to support the integration of two Texas-based health plans, post-acquisition, providing strategic planning and program management support in collaboration with the SWHP Team. This included establishing and operating a program management function to guide the day-to-day integration efforts and align integration efforts with overarching SWHP strategic priorities and related initiatives. Heather also supported the development of strategic business plans that defined the short and long-term priorities for 12+ specific functional areas, including people, process, and technology considerations.

PATH Foundation: Heather led the technical evaluation of PATH's food hub grantee, which involved the holistic analysis of the grantee's strategic, operational, and financial performance with a focus on future viability and sustainability. Heather and the team worked directly with the food hub to understand and evaluate their strategic plan for the organization, their growth and scaling approach, and the existing operational and financial infrastructure. At the end of the project, Heather presented a detailed report with findings, recommendations, and a suggested project plan with specific next steps to drive improvements. Heather remains engaged with ongoing grantee evaluation and has helped with the broader work to develop metrics to determine the outcomes of PATH's investments.



SARAH HUGHES | MBA, MSHA

MANAGER

Sarah Hughes is a Manager in the Health Care Advisory Practice at Citrin Cooperman & Company, LLP. Sarah has 6 years of health care industry experience. In her current role as Manager, she has served a variety of organizations across the country in evolving their healthcare perspectives and functions. Her work has included:

- Supporting a major health system in the strategic and financial assessment of various merger & acquisition opportunities and partnership models, to more closely align physicians in the market and build strategic partnerships to advance the mission of the system
- Developing the strategic program infrastructure and process for a large safety net hospital to define the vision and direction of the organization, develop the annual strategic plan, and manage the implementation of the plan
- Building a comprehensive business plan based on an analysis of the market opportunities and go-forward financial projections under multiple strategic scenarios
- Serving a “super” clinically integrated network in the evolution of the operational structure to further promote clinical integration activities and better align capabilities to market demands

Sarah’s areas of expertise include strategic planning and facilitation, partnership development, transaction advisory, population health planning and execution, and project management. Sarah received her Masters in Health Administration and Masters in Business Administration from The University of Alabama Birmingham.

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Sarah will be the engagement manager for the strategic planning portion of this engagement. In this role she will be responsible for managing the project plan and guiding the strategic planning process. Sarah will also provide the connection between the strategic plan and the transaction evaluation components of work.

Experience relevant to Desert Healthcare District & Foundation Proposal

JPS Health Network: Sarah worked with JPS Health Network to build the strategic planning infrastructure and capacity through the creation of the Office of Strategy Management, design of the annual strategic planning process, develop the first annual strategic plan, and support of the communication plan. In this engagement, Sarah worked closely with the OSM to develop and deploy the strategic planning process, including completing the strategic market and organizational assessments and designing and facilitating the Executive and Board retreats.

Adventist Health Care: Sarah has helped Adventist Health Care across a number of different engagements, including the operational and financial due diligence around the potential affiliation of Howard University Hospital as well as the structuring of multiple partnerships with physician practices. Sarah has worked closely with the team at AHC to evaluate different strategic transactions in key markets, including the development of an ambulatory surgery center.

VCU Health: While at a previous firm, Sarah served as the engagement manager for the development of the VCU Health System strategic plan. In this role she was responsible for project management and the development of the strategic plan. As part of this work, Sarah helped to lead the accelerated strategic planning session, using a methodology she helped to develop, which included various breakout group and unique tools to drive collaboration and creative design.



301.654.9000

Salt Lake City, Utah

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Dominik will be primarily responsible for the market assessment component of work in the strategic plan development. He will provide the necessary analytics and understanding to supplement the findings of the CHNA and inform the development of the strategic plan. Dominik will oversee modeling of the strategic alternatives in the transaction advisory work.

DOMINIK VAN DER VEEN | MS

DIRECTOR

Dominik is a Director in the firm's Healthcare Practice. He is a financial professional with more than seventeen years of experience in corporate financial analysis and management, of which fifteen years were spent in the healthcare industry. He regularly works with hospitals and health systems, long-term care facilities, physician practices, hospices, and investor and management groups working with health care providers.

Dominik's expertise includes:

- Development of business plans
- Advanced data analysis
- Formulating budgets
- Financial modeling and forecasting

Prior to joining Citrin Cooperman, Dominik served as the Senior Director of Finance for Sibley Memorial Hospital, a leading 300-bed general acute community hospital located in Washington, D.C. and part of the Johns Hopkins Medicine system. Dominik provided leadership and direction to the Finance Department with overall fiscal responsibility for the operations of the hospital, working hand-in-hand with the Chief Executive Officer (CEO), Chief Financial Officer (CFO), and departmental vice presidents and managers on a daily basis. Dominik oversaw and directed a team of finance and decision-support staff. Prior to joining Johns Hopkins Medicine, Dominik served as a director in the health care consulting practice of a top 20 public accounting firm. He began his career as a consultant at a boutique health care firm.

Experience relevant to Desert Healthcare District & Foundation Proposal

CalvertHealth Medical Center: Dominik has provided a strategic plan for specific service lines to fill certain, immediate gaps, as well as establish ongoing presence for employed and/or affiliated physicians. Part of this engagement included a market assessment, which allows the organization to understand what is happening around them to utilize strategies to impact their services. Some analyses included, but not limited to: examining supply and demand for physicians, examining incidence rates, and utilizing use rates to projected population figures.

Adventist Health Care: Dominik has provided advisory services that include multi-year financial forecasts for hospitals, ambulatory surgery centers, physician practices. Forecasts are typically constructed on a bottom up approach to develop both volumes, revenues, and expenses.

Johns Hopkins Health System: Prior to joining Citrin Cooperman, Dominik served roles as both Senior Director for Sibley Memorial Hospital and Director of Decision Support for the National Capital Region. Lead annual capital and operating budget process, built organization's long-range strategic financial plan (10-Year Plan). Collaborated with the hospital's revenue cycle team to monitor and improve charge capture and cash collection rates. Led the development of multiple service line strategic plans, providing in-depth financial analysis for initiatives, investments, and business ventures. Provided recommendations and guidance on developing and implementing the business plans across service lines. Helped turn around financial stability across the organization by developing and implementing tools to make finances more visible, allowing for more accurate staffing and financial planning; developed a standardized template/processes for strategic plans.

ADDITIONAL TEAM MEMBERS FOR TRANSACTION EVALUATION



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Washington, D.C.

acohen@citrincooperman.com

Aaron will serve as a subject matter expert in the identification and evaluation of strategic alternatives from the transactions. Aaron will bring his experience in structuring various transactions and other alignment strategies to help support the strategic plan.

AARON COHEN | JD, MPHIL

PRINCIPAL

Aaron is the leader of Citrin Cooperman's Health Care Advisory practice, where he provides advisory services to health care organizations throughout the continuum of care. He has worked extensively with hospitals and health systems, ambulatory surgery centers, outpatient facilities, physician practices, hospices, post-acute care providers, and investor and management groups working with health care providers. Aaron regularly works with health care organizations to consider fundamental operational and financial transformation resulting from changes in regulations, financing, and strategic opportunities. Aaron has advised more than fifty health care transactions within the past seven years alone.

Aaron's expertise includes:

- Planning and operationalizing new business ventures, including the formation of strategic business plans and completion of gap analyses on health care providers.
- Developing and executing upon growth strategies for health care providers
- Providing a diverse array of services related to health care transactions, including the due diligence, structuring, negotiating business terms of the transaction, and post-transaction integration.
- Supporting valuation services through the preparation and delivery of valuations of businesses.

Prior to joining Citrin Cooperman, Aaron served as a principal in the health care consulting practice of a Top 20 public accounting firm. He began his career as a senior vice president of advisory services at a boutique health care firm and as an associate in the corporate legal department of an international law firm.

Experience relevant to Desert Healthcare District & Foundation Proposal

Duke University Health System & WakeMed Health & Hospitals: While at a previous firm, Aaron led the financial analysis and structuring associated with two service line revenue mergers between Duke University Health System and WakeMed Health & Hospitals. As part of this project, Aaron facilitated eight separate meetings with the C-suite of both Duke and WakeMed to determine the appropriate revenue and expense items to incorporate into the strategic partnership, as well as how to ensure the cost accounting allocation methodology between the parties was uniform and consistent. Aaron then helped prepare go forward financial projections for each service line, as well as developed the financial sections of the culminating business plans created for each service line collaborative.

Adventist Health Care: Aaron helped lead the financial and operational due diligence surrounding the potential affiliation between Adventist Health Care and Howard University Hospital. As part of this engagement, Aaron and his team provided 5-year and 10-year financial projections, identified the key risks of the affiliation, and delineated the potential opportunities for Adventist Health Care. Aaron worked with the CFO, General Counsel and CEO of Adventist Health Care to review and revise the terms of the Management Services Agreement signed between the parties.

Bayonne Medical Center: Aaron led the development of a business plan, together with 3-year financial projections, associated with the potential acquisition of Bayonne Medical Center. Aaron worked closely with the Buyer to help determine the key strategic investments to be undertaken related to physician alignment, development of hospital service line capabilities, improvements to the patient experience, and opportunities associated with potential value-based care initiatives. The business plan was utilized by the Buyer group as the primary underpinning of its Certificate of Need application, and Aaron has helped prepare the Buyer for potential questions from the New Jersey Department of Health.



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JOHN SAUNDERS | CPA, CFE

PRINCIPAL

John, a partner in the Citrin Cooperman Health Care Advisory practice, has extensive experience with physician practices and clinics, ambulatory surgical centers (ASC's), medical service organizations (MSO's) and investor management groups working with health care providers. John works with physician practices, ASC's and MSO's in strategic business structuring, business and finance operations and tax compliance.

Prior to joining Citrin Cooperman & Company LLP, John was a senior partner in one of Southern California's largest local C.P.A. firms, focusing nationally on health care and real estate clients.

John will support the transaction advisory work. He will provide assistance with the tax and accounting implications of the strategic alternatives for the resources resulting from a potential transaction.

Experience relevant to Desert Healthcare District & Foundation Proposal

MAO Leawood Surgical Center: MAO Leawood Surgical Center was a doctor-owned and managed ambulatory surgical center located in Kansas City, KS. The member manager initially requested our assistance in business and financial operations, including recruiting high-quality physicians, capital needs and managing the complex reimbursement landscape. The client subsequently requested us to assist them in conducting a search for an ambulatory surgery center management company. We assisted the client in locating and negotiating a partial sale and investment by a regional management company.

Advanced Surgical Group: Advanced Surgical Group is a doctor owned physician practice and ambulatory surgical center group in Southern California. At the time that we were first engaged, the group was a one-location physician group with ownership in one ambulatory surgical center. Our team assisted the group in growing the number of clinics to four locations, the number of ambulatory surgery centers to six locations, and created an in-house billing company. In addition, our team created a structure for the acquisition of real estate LLCs to take over ownership of most of the ASCs.



KATE BRODERICK | MBA, MSIS

MANAGER

Kate is a manager in the Citrin Cooperman’s healthcare practice, having joined in March 2019. Kate works closely with the healthcare practice leadership to develop financial and strategic analyses and recommendations.

Kate’s expertise includes:

- Financial, operational and strategic analyses for transactions
- Business planning
- Data analytics
- Digital medicine and innovation
- Competitive and market analysis

Kate’s areas of focus include building quantitatively driven business plans for hospital and outpatient organizations; developing comprehensive market analyses to support provider organizations in understanding community needs and planning go-forward operations; and developing financial projections and scenario analyses.

Prior to joining Citrin Cooperman, Kate was responsible for designing the go-to-market plan for a new scheduling product from athenahealth, including the development of a provider performance management framework and accompanying consulting services. Kate also completed an Operations Fellowship at Ochsner Health System. During her fellowship, she worked closely with the system’s CEO and COO’s teams on strategy and operations management, as well as with the leadership of innovationOchsner on managing a portfolio on both inpatient and outpatient innovations.

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Boston, Massachusetts

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Kate will be primarily responsible for building the financial model(s) to evaluate the impact of the strategic alternatives of the transaction. She will help to identify key variables and complete scenario analysis to assist leadership in selecting the programs and impact investments to move forward with post-transaction.

Experience relevant to Desert Healthcare District & Foundation Proposal

PATH Foundation: As described above, our team has provided ongoing strategic and technical assistance to PATH Foundation. In addition to the current state assessment, PATH Foundation also engaged our team to provide technical assistance to one of PATH Foundation’s key impact investments in a food hub. As part of this assistance, Kate and the team created a flexible line-item budget, developed a framework for quarterly performance reviews, and provided ongoing participation in such performance reviews. This work has helped to support the food hub in its exponential growth throughout the COVID-19 pandemic, enabling the organization to grow not only its charitable impact, as many families and individuals face food insecurity, but also to grow its economic impact by increasing its purchases from local farmers.

South Shore Health: Kate was part of a team that completed a comprehensive service line competitive and market analysis to identify areas of growth. As part of this analysis, Kate, along with the team, identified key trends in service line performance over time and worked with health system leadership to understand the root causes behind these trends. This analysis supported system strategic planning, as leadership worked to identify an overall market approach.

Ochsner Health System: While working for Ochsner Health System, Kate was responsible for building a growth strategy for Ochsner Health’s digital health offering, including digital hypertension, congestive heart failure, diabetes, and prenatal programs. As part of this work, Kate collaborated with operational teams to understand growth capacity and operational opportunities as well as working with revenue cycle teams to identify additional reimbursement opportunities. Kate also worked with business development leadership to identify non-traditional growth opportunities, such as direct-to-employer strategies.

REFERENCES

As we outlined in the Our Experience section, our team has extensive experience with similar clients to Desert Healthcare District & Foundation and this prospective engagement. We have included the contact information for four (4) clients we have worked with on similar engagements.

EXPERIENCE #1

Organization Name: JPS Health Network
Contact Name || Title: Lauren Poe || Executive Director, Strategy & Business Development
Contact Number 817.702.6294
Email Address: LPoe01@jpshealth.org
Address: 1400 S. Main Street, Suite 1500
Fort Worth, TX 76104

EXPERIENCE #2

Organization Name: PATH Foundation
Contact Name || Title: Christy Connolly || Chief Executive Officer
Contact Number: 540.680.4100
Email Address: cconnolly@pathforyou.org
Address: 321 Walker Drive, Suite
Warrenton, VA 20186

EXPERIENCE #3

Organization Name: Adventist Health Care
Contact Name || Title: James Lee || Chief Financial Officer; Chief Growth Officer
Contact Number 301.315.3025
Email Address: JLee@adventisthealthcare.com
Address: 820 West Diamond Avenue - Suite 600
Gaithersburg, MD 20878

EXPERIENCE #4

Organization Name: South Shore Health
Contact Name || Title: Steve Coco || Chief Financial Officer
Contact Number 401.263.9587
Email Address: scoco@southshorehealth.org
Address: 55 Fog Road
South Weymouth, MA 02190



Submitted to:

Desert Healthcare District
info@dhcd.org



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Proposal to **Desert Healthcare
District & Foundation**
for Strategic Planning
from **La Piana Consulting**

February 26, 2021

Proposal to Desert Healthcare District & Foundation for Strategic Planning From La Piana Consulting



DESERT HEALTHCARE
DISTRICT & FOUNDATION

February 26, 2021

1. Overview of Background and Experience

Firm Background

Founded in 1998, La Piana Consulting is a California-based national management consulting firm dedicated to strengthening organizations for greater social impact. We are recognized as a leading consultancy on the cutting edge of thinking and methodology related to strategy development, business planning, change management, and partnerships. We help our clients leverage organizational strategy, structure, and culture to reach their goals.

Our highly skilled consultants employ a balanced, creative, and comprehensive approach to consulting engagements, incorporating relevant data, practical processes, and their direct experience leading and managing organizations. We work closely with our clients to devise powerful strategies, analyze the prospects for new ventures, develop strong management teams and boards, and negotiate bold partnerships. Where needed, we work with organizational leadership to create a more adaptive culture and equip the organization for change.

With an extensive track record of providing assistance exclusively to the social and public sectors, we have developed innovative methodologies for strategy development and planning. We developed the proven *Real-Time Strategic Planning* approach — described in our book [The Nonprofit Strategy Revolution](#) — which we have customized for use by hundreds of wide-ranging agencies. This powerful approach enables organizations to remain flexible and to successfully respond to the rapidly-changing environment, translating strategy to impactful policy and practices.

We also developed the powerful *DARE² Succeed* business planning methodology — described in our book [The Nonprofit Business Plan](#) — which provides an intensive, focused process, including iterative financial modeling tools, to help an organization review and refine its current thinking, create and test different operating scenarios, challenge assumptions, and reframe the organization's plans as needed for maximum likelihood of success.

Beyond innovative methodologies, we believe that *how we work* with our clients is as important as what we do with them. Our approach is collaborative and iterative, and driven by a commitment to help our clients accelerate results. We offer a practical framework and tools for decision-making and action, with the flexibility to accommodate a range of organizational needs and to adjust as new information is developed during the process.

Consultant Team Experience

La Piana is proud to field a diverse team of seasoned consultants, each of whom has a deep understanding of the social and public sectors. Our team expertly blends the process and analytical skills required to help clients achieve their goals.

Doug Green, Senior Manager, will be the lead consultant for this project. Doug has extensive experience in strategy development and planning for diverse organizations across multiple sectors. His relevant work has included:

- Public sector experience addressing a wide range of health issues, including planning and coalition development to address violence prevention, tobacco cessation, childhood obesity, oral health, and HIV prevention and care services
- Experience as a grantmaker for health and social justice issues in both the public and private sectors, including chairing the Ventura County Ryan White Coalition, the Ventura County AIDS Partnership (an affiliate of the National AIDS Fund), and the Social Justice Fund for Ventura County
- Directing government public affairs programs (including strategic communications, press relations, and public policy advocacy) in Washington, D.C., and Massachusetts
- Financial analysis and scenario planning to test strategic initiatives, revenue models, and business plans to support change management

Lester Olmstead-Rose, a Partner in the firm, will work closely with Doug in this process, providing overall strategic guidance, reviewing project materials, and participating in key meetings. Lester brings deep and relevant experience to this project, including:

- Diverse work in the public sector, including a stint as a Legislative Assistant to an elected County Supervisor, consultant to a California county's healthcare services department, and Director of Public Affairs for a Fortune 500 company with responsibility for maintaining positive relationships with local elected officials
- Experience working with grantmaking organizations focused on health and wellness, including John Muir Community Health Fund in Contra Costa County, The Health Trust (an operational foundation) in Santa Clara County, and San Francisco General Hospital Foundation
- Substantive understanding of the Coachella Valley, primarily through work over many years with Desert Healthcare District partner, OneFuture Coachella Valley, as well as with the Coachella Valley Economic Partnership

John Carandang, Associate Consultant, will assist with research and analysis, document development, scheduling, and other project management and support.

Individual consultant bios are provided in Appendix A.

Strategic Planning Experience

La Piana Consulting's powerful *Real-Time Strategic Planning* methodology (summarized in Appendix B) enables organizations to remain flexible and to successfully respond to their environment. We developed this approach as a way for nonprofit and public agencies to quickly focus on and resolve significant strategic questions.

Core to our methodology is a balance between a long-term perspective and detailed nearer-term action planning. Our approach is to provide clarity on long-term direction while building the capacity, flexibility, and focus of organizational leadership to enable rapid adjustments to unforeseen changes without the need for lengthy strategic planning processes.

Our framework for strategy development and planning is based on several key principles:

- Planning is not strategy. Strategy is choosing an overall organizational direction and creates clear priorities for use of resources. Planning is used to bring the strategy to fruition by describing how diverse activities will be aligned in support of strategic decisions.
- Strategy development is most effective and relevant when a range of stakeholder perspectives are engaged in the process.
- While strategy may describe medium- and long-term goals — subject to change as needed — the best plans benefit from ongoing refinement as new information is received.
- Effective decision-making, especially for public agencies, is rooted in transparent criteria that drive how decisions will be made. By reaching agreement on decision-making criteria — what we call a “strategy screen” — leaders build cohesion and transparency about how and why the agency does what it does.

Our *Real-Time Strategic Planning* methodology was created to account for uncertainty, making it even more powerful in these exceptionally uncertain times.

Unlike traditional strategic planning — an episodic activity usually undertaken every 3–5 years — our approach is designed to keep nonprofits one step ahead in a rapidly-changing world.

2. Examples of Strategic Plans

We have linked two examples of strategic plans below for review, provided with the client's permission with the understanding that they will only be shared with individuals making a hiring decision.

Trust for Public Land

The [Trust for Public Land](#) (TPL) engaged La Piana to develop an overarching strategy for its urban parks work and create a multi-million dollar initiative to lead national efforts for parks expansion and improvements. La Piana guided the effort to pull together TPL's long-standing areas of urban parks work, which had never been comprehensively aligned, and to create this [strategy and business plan](#) detailing TPL's organizational structure, staffing and partnership needs, and financial requirements in order to jump-start national parks activities.

San Francisco General Hospital Foundation

We have provided [this sample strategic plan](#) for [San Francisco General Hospital Foundation](#) as an example of our work with a healthcare-focused grantmaking organization. The scope of this engagement was limited, with a strong emphasis on developing an organizational strategy for the Foundation, followed by high-level support to create a planning outline that staff could flesh out and refine through ongoing planning processes.

3. Experience Advising Special Districts, Healthcare Districts, and/or Public or Private Grantmaking Foundations

La Piana Consulting has worked with over 1,200 nonprofits, public agencies, and grantmaking foundations of all size, type, and scope, from across the country, including scores of healthcare organizations and a number of governmental and quasi-public agencies (see selected client list at right).

We have consulted on many engagements that will translate to direct experience for this effort with DHCD. Several relevant examples are described below.

Alameda County Health Care Services Agency

We engaged in a department-wide strategy development and planning process for this public agency, aimed at promoting cross-functional cooperation and establishing a greater commitment to mission-based health outcomes. Our work on this project was carried out exclusively with leadership (staff) and led to changes in structure, adoption of clearer functional goals, and increased coordination.

Midpeninsula Regional Open Space District

We guided this special district, led by elected directors, through a strategy development process in anticipation of a vote to renew and expand its public funding. Although much of the project was developed through staff engagement, all board input and major decisions took place in public workshops and meetings. Elements of our process well-adapted to this special-district setting included our commitment to meaningful community input as well as our methodology that puts adoption of decision-making criteria near the beginning of the process.

Selected Clients

Alameda County Health Care Services Agency
 Albuquerque Health Care for the Homeless
 AlohaCare
 Asian Health Services
 Baptist Health
 Blue Shield of California Foundation
 California Department of Public Health
 The California Endowment
 California Wellness Foundation
 Chase Brexton Health Care
 Coachella Valley Economic Partnership
 Colorado Health Network
 Crescend Health
 Desert AIDS Project
 Foundation for a Healthy St. Petersburg
 Fresno County Cradle to Career
 Gay & Lesbian Medical Association
 Growing Inland Achievement
 Hawaii Primary Care Association
 Health Federation of Philadelphia
 Health Literacy Coalition
 The Health Trust
 Humboldt County Probation Department
 Institute for Health Policy Solutions
 Jefferson Regional Foundation
 John Muir Community Health Fund
 Kansas Health Foundation
 Obici Healthcare Foundation
 OneFuture Coachella Valley
 Open Space Authority of Santa Clara County
 Midpeninsula Regional Open Space District
 Pillars Community Health
 Rosalynn Carter Institute for Caregiving
 San Francisco HIV Health Services
 St. Jude Neighborhood Health Center
 UAZ Center for Integrative Medicine

John Muir Community Health Fund

Working in partnership with the John Muir Community Health Fund (CHF), a private grantmaking foundation, we have engaged in multiple strategy and business planning efforts spanning over a decade. Our role has been to engage with potential CHF grantees to build out actionable plans for advancing a programmatic initiative, in advance of the organization applying for an implementation grant. These plans incorporate significant strategic elements; have often been built through collaborative multi-sector efforts; and have always been centered on the health and wellness needs of poor, racially- and culturally-diverse, and traditionally underserved communities.

Such projects have included:

- *Healthcare Career Pathways* – We developed a public-private initiative including a public school district, two nonprofits, and private industry to launch a new training program for certified nursing assistants with plans to expand supports for ongoing healthcare career advancement.
- *College Food Pantries* – We established a collaboration among all local colleges and the regional food bank to help establish, support, and expand college-operated food pantries with collaborative learning and sharing of resources.
- *New American Family Initiative* – We crafted a collaborative business plan with three nonprofit agencies to provide enhanced, coordinated services to a growing Afghan refugee and immigrant population.
- *Food Bank Mobile Distribution* – We created an operational plan for the Food Bank of Contra Costa and Solano to establish a mobile food distribution program.
- *Meals on Wheels Diablo Region* – We developed a strategic plan and complete agency restructuring to increase internal program coordination and clarify organizational goals.

4. Experience in Developing, Evaluating, and/or Reviewing Clients' Strategic Plans or Initiatives

La Piana Consulting has conducted hundreds of strategic planning engagements with a wide range of clients, and we begin most such efforts by reviewing the client's current strategic plan and assessing the success of that plan: what has been valuable for the client, what worked well in the process to develop the plan, and where the plan could have been more helpful.

At core, we want to know:

- How useful the decisions and document were in moving the client in a clear direction — providing guidance for ongoing decisions as needs and information changed over time, and aligning activities in support of a clear strategy
- How well the process built support for decisions and increased the capacity of organizational leaders to think and act strategically

We routinely engage in other types of assessments with our clients, ranging from a full organizational assessment to more-specific program or functional assessments.

For this project, we will begin the process first by referring to the comprehensive health needs assessment DHCD has commissioned. We will supplement that assessment of the organization and its community and constituents with stakeholder interviews to further understand DHCD — its role, strengths, and opportunities — and to develop insight into the questions DHCD most needs to resolve during this process.

5. Experience and Credentials in Evaluating Community Needs

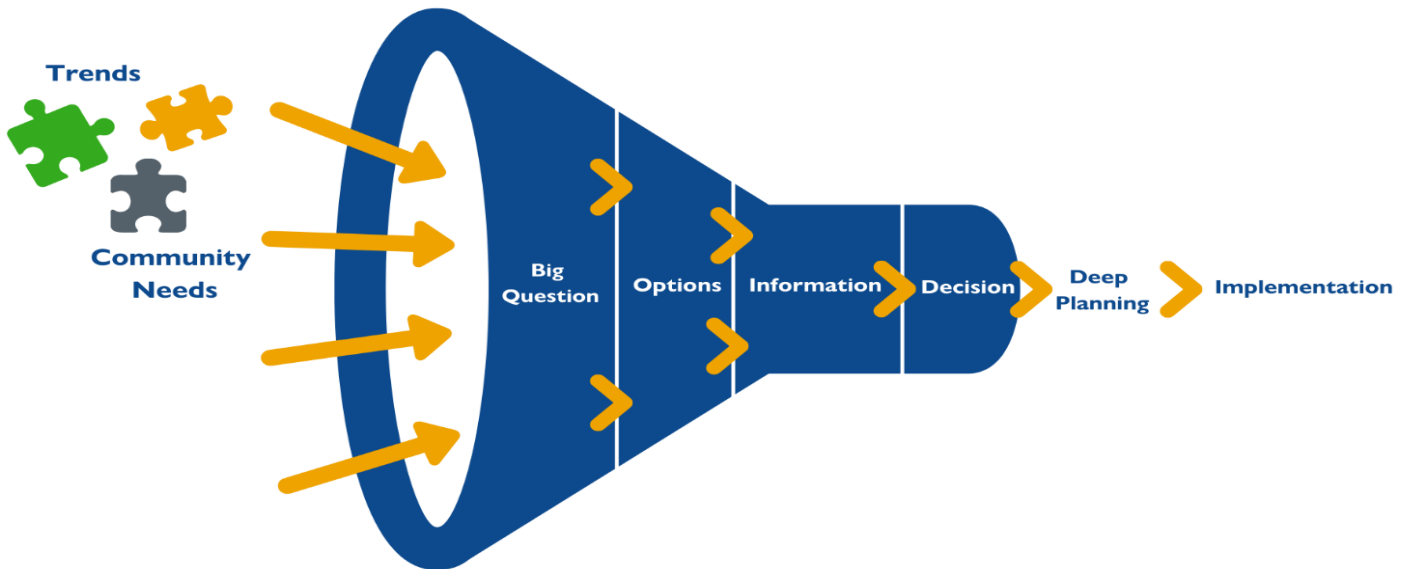
Doug Green, the lead consultant on this project, has conducted community needs assessments for several public agencies in California, encompassing a broad range of public health issues including HIV care and prevention services (Ventura County Public Health), violence prevention (City of Oxnard), and fourth-grade academic achievement in reading and math (Fresno County).

Our overarching approach to evaluating community needs is to balance an exploration of gaps and needs with identification of community assets and strengths, as part of an evaluation of organizational capabilities, capacity, and constraints. We know that no single organization is able to meet all the needs present. Therefore, we focus on:

- Working with a diverse assessment steering group that will support an inclusive process
- Developing criteria for decision-making: how will our client decide what to prioritize?
- Identifying community leaders and gatekeepers and tapping their wisdom about key community assets, challenges, and needs
- Understanding the sector ecosystem: what organizations are operating now, what are their specific strengths, and where are there gaps in the sector compared to the need?
- Using the data collected from the community to articulate a potential organizational strategy that describes the role our client will play in the sector, built to leverage their differentiating strengths and to complement the work of other groups with complementary missions
- Returning to community leaders — formal and informal — to test the organizational strategy and refine it based upon community feedback
- Considering the alignment of organizational strategy with existing mission, goals, implementation plans, and resource development efforts

Based on these considerations, we help our clients to focus on a strategic role they are best-suited to play in meeting community needs. We then work with our clients to develop implementation plans that include more-specific goals and milestones to set the plan in motion. Our approach to strategy development is described above and in the supplemental information about our *Real-Time Strategic Planning* methodology (Appendix B).

Our general approach to evaluating community needs as an initial step in strategy development is summarized in the graphic below. However, our methodology is built on a set of key principles that allow us to be flexible in adapting our approach to meet the specific needs of our clients.



6. References

Cradle to Career Fresno County

Linda Gleason, Executive Director

linda@fresnoc2c.org | 559.696.4095

In 2018, Doug Green led a La Piana team in developing a quantitative gap analysis — on behalf of the Fresno Cradle to Career Partnership, Fresno County Superintendent of Schools, and the Central Valley Community Foundation — to identify existing resources relative to optimum need of young children in Fresno County. We conducted a meta-analysis of studies of root causes of health and wellness factors that contribute to readiness to learn. The findings from this secondary research were summarized and used as the basis for establishing a gap analysis for children in Fresno County.

John Muir Community Health Fund

Lillian Roselin, Executive Director

lillian.roselin@johnmuirhealth.com ▪ 925.941.3100

For over 10 years, La Piana has worked closely with this healthcare foundation on numerous projects including business planning for grantees and other community partners and board retreats designed to increase board member alignment with program goals.

NAMI Los Angeles County Council

Brittney Weissman, Executive Director

brittney@namilacc.org | 213.386.3615

In 2017, Doug Green conducted a comprehensive partnership process — including assessment, negotiation, financial due diligence and analysis, and planning — for 12 independent affiliates of the National Alliance on Mental Illness in Los Angeles County.

OneFuture Coachella Valley

Sheila Thornton, President / CEO

sheila@onefuturecv.org | 760.340.1575 x207

From 2014 through 2021, Lester has engaged in several projects with OneFuture Coachella Valley including an organizational assessment of the program when it was still part of Coachella Valley Economic Partnership; a strategic decision-making process resulting in the decision to become an independent organization; implementation planning to become independent; and various subsequent staff, board, and strategy development engagements.

San Francisco General Hospital Foundation

Amanda Heier, former Executive Director

Current CEO, Breast Cancer Prevention Partners

amanda@bcpp.org | 415.283.9250

In 2015–2016, Lester Olmstead-Rose led the Hospital Foundation through an abbreviated process to develop an organizational strategy and planning outline that staff could flesh out and refine through ongoing planning processes.

Surfrider Foundation

Chad Nelson, CEO

cnelson@surfrider.org | 949.492-8170

In 2017, Doug Green conducted a thorough organizational assessment with recommendations to support increased efficiency, program alignment, and mission impact for this international environmental protection nonprofit.

7. What Sets Us Apart and Unique Value-Added Services

La Piana Consulting is a top strategy consultancy and the national leader in the field of nonprofit partnerships and strategic restructuring. As a mid-sized firm, we combine the capacity to undertake complex projects with a highly personalized, client-centric approach featuring seasoned consultants. Our original methodologies have been adopted across the social and public sectors; and our commitment to sharing knowledge and making sense of evolving trends is demonstrated in our many books, articles, and print/web-based resources.

Achieving significant outcomes for our clients’ missions is what drives us. Importantly, we are committed to equity and justice in how we do our work and in how we advise our clients (see Appendix C). Our work is guided by six values that we bring to each engagement:

Our work is guided by six values, or promises, that we bring to each client engagement.



Robust Research, Innovation, and Analysis

We bring innovative thinking to all our work, rooted in rigorous analysis and informed by a deep understanding of the social sector.



Proven, Yet Customized Methodology

Our consistent, proven methodologies provide frameworks for success that are adaptable to the unique needs of each engagement. We combine these methodologies with an adaptive change framework to accelerate results.



High Touch, Collaborative Approach

We believe “how we do it” is just as important as “what we do.” Our hands-on approach is supportive, responsive, pragmatic, and expertly managed to include all voices including those from affected communities.



Balanced Perspective

We blend process expertise with the analytical skills and tools required to build a practical business case to achieve each client’s mission. We do this using a framework that centers racial equity and inclusive practice.



Committed, Seasoned Team

Our diverse senior team is intimately involved through the duration of an engagement, bringing our clients wisdom only earned through experience.



Enduring Value

Everything we do is designed to help our clients accelerate their impact. We want our work to yield rapid results, measurable outcomes, and sustainable change.

In addition to these core values of the firm, we bring several specific strengths to this engagement that will benefit DHCD, including:

- We work nationally, bringing awareness of change and trends throughout the nonprofit sector — yet we are based in California with a depth of knowledge about state culture and systems and, further, bring significant experience working in the Coachella Valley and understand the region’s demographics and community needs.
- We are generalists, committed to understanding the principles of excellent consulting skills, nonprofit management, and community engagement — yet we come with diverse experiences working with healthcare organizations and funders from a wide range of perspectives.
- We are committed to the social sector and work deeply with nonprofits — but we bring deep public sector experience, having worked as public sector staff, with elected officials, and as consultants to special districts and public agencies.

8. Fee Structure

If requested by DCHD, we will develop a detailed scope, work plan, and budget for this effort in consultation with your project team, which will enable us to propose a fixed price fee for the engagement. We anticipate a price range from \$50,000 to \$225,000, depending on the scope of stakeholder input desired, the extent of research needed, the depth of planning required, and the role of DHCD staff in developing information.

Our project budget will be based on our standard billing rates:

La Piana Consulting Fee Schedule	
Title	Hourly Rate
Partner (<i>Lester</i>)	\$300
Senior Manager (<i>Doug</i>)	\$275
Associate Consultant (<i>John</i>)	\$175

Appendix A

Consultant Qualifications and Experience

Doug Green, Senior Manager



Doug (he/him) works with nonprofit leaders to help them do their good work more effectively. His consulting is informed by diverse experiences with nonprofits and organizations in times of great change. In the 1980s S&L crisis, he supported the first modern interstate banking mergers with financial analysis. He also led an AIDS services organization during the height of the HIV/AIDS epidemic and has been a consultant to nonprofits during the Great Recession and its uneven recovery. Doug thrives on challenges and enjoys partnering with clients on multifaceted projects that draw on his range of skills in communication, analysis, and group facilitation.

“I love the combination of analysis and sense-making connected with complex strategy projects, board development, and merger exploration.”

Doug is a skilled consultant, teacher, writer, financial analyst, and community-based researcher. He is an expert in large group facilitation and dialog, with a keen sense of how to move participants toward common understanding. He is also certified in the Myers-Briggs type indicator for leadership development and team building. His past clients include California Network of Family Strengthening Networks, Kids and Families Together, International Community Foundation, San Diego Natural History Museum, and Surfrider Foundation.

“When I work with organizations, I try to bring understanding, empathy, and insight (because I’ve been there) — and a deep sense of pride in the contributions the sector makes to American society.”

Prior to joining La Piana in 2016, Doug consulted independently to numerous nonprofits on California’s Central Coast and served as director of the Resource Center for Nonprofit Management at the Ventura County Community Foundation. He also has executive-level experience in public affairs, in both the nonprofit and public sectors. Doug has helped prepare the next generation of leaders as a professor of nonprofit studies at Pepperdine University and California Lutheran University.

Doug has an MBA with a concentration in Finance from Southern Methodist University’s Cox School of Business and a BA in English from the University of North Florida. He co-founded and continues to co-host the Nonprofit Leadership Institute at Pepperdine University and is currently a featured faculty member for the Center for Nonprofit Leadership at California Lutheran University. He is based in Tallahassee, Florida.

Lester Olmstead-Rose, Partner



Lester helps nonprofits and foundations think about the direction they're headed and how to move in that direction. He specializes in strategy development and business planning, working collaboratively with clients to design detailed, but practical, plans for the future. He is a co-author of *The Nonprofit Business Plan*. Lester excels in helping organizations explore tough issues and address what might otherwise be the unrecognized barriers to success.

Lester's keen sense of both big-picture strategy and everyday organizational dynamics is informed by his past experience, which includes both being an executive director and serving as a secretary. He is proud of his achievements as an executive director of a nonprofit serving the LGBT community, where he helped grow the organization and its ability to advance a mission he cares about directly. He values his time as a secretary, a role he wears proudly because he sees how it shares many elements of consulting in its focus on providing flexible support to enable the success of others. His consulting clients have included: Y USA, John Muir Community Health Fund, San Diego Natural History Museum, Win/Win Network, and the Sobrato Family Foundation.

"It's all about connecting with the client. Over the years, I've found that working with the issues I care most about isn't as important as working with clients who bring passion and thoughtfulness to the mission they serve. Nothing is more satisfying than helping high-impact leaders move their work and their organization to the next level."

When Lester talks about projects that exemplify this type of success, he always includes working with the Trust for Public Lands (TPL) and its Parks for People programs. Through that project, Lester guided the development of a cohesive strategic framework for a collection of local programs operating nationally, agreement on expansion priorities, and adoption of an implementation plan.

Lester's background includes nonprofit management and public policy. Prior to joining La Piana in 2005, Lester was director of government and public affairs at Pacific Gas & Electric Company and served as executive director of Community United Against Violence. He was also legislative assistant to San Francisco County Supervisor Angela Alioto. His nonprofit board service includes SPUR, Chinese for Affirmative Action, and Intergroup Clearinghouse. Lester has an MBA from Golden Gate University, a BA in Religious Studies from Stanford University, and also studied at the University of Salamanca. He is based in San Francisco.

John Carandang, Associate Consultant



John (he/him) helps deliver high-value organizational results to our clients, serving as the hub for consulting projects and ensuring excellent customer service. He is social impact advocate who specializes in research, data analysis, strategic communications, and project management. His ability to manage complex engagements and deliver quality work products contributes to clients' confidence and overall success.

Prior to joining La Piana, John served as marketing and communications director for Telegraph Hill Neighborhood Center where he worked cross-functionally with program managers and directors on the development, administrative, and program sides to create marketing collateral and support fund development in copy editing and overseeing online campaigns. He also served as the Executive Director for the Partnership for Pre-Professional Pilipinxs, where he led training workshops and events to teach interviewing and networking skills to members.

At financial technology firm LendingClub, John was a business operations analyst of the company's internal consulting team, conducting data-analysis and ad-hoc analyses like business cases and market sizings. John has also worked with data with the finance teams at Amazon and Oath (now Verizon Media Group) and a sales team at WalkMe.

John is a first generation Filipinx-American who was born and raised in the San Francisco Bay Area. He received his BA in Economics from the University of California – Berkeley.

Appendix B

Real-Time Strategic Planning

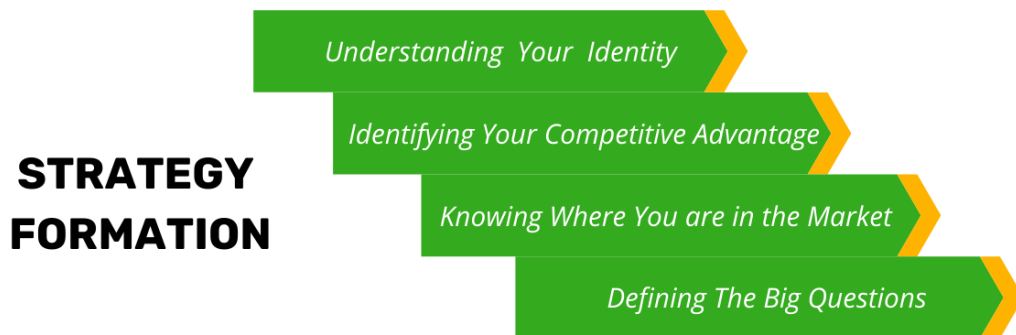
We define strategy as: *A coordinated set of actions designed to create and sustain a competitive advantage in achieving a nonprofit’s mission.*

There are three levels of organizational functioning, each of which requires a different type of strategy: organizational, programmatic, and operational. The Strategy Pyramid below displays these levels.



We approach strategy development from the top of the pyramid, beginning with organizational strategy. Programmatic and operational strategies must align with your high-level strategic intent in a mutually reinforcing system.

Our *Real-Time Strategic Planning* approach starts by identifying “Big Questions,” top organizational issues, during a strategy development session with key organizational leaders. This process includes:



Building on this foundation, we work with clients to find powerful solutions to their Big Questions, creating strategies that will guide the organization’s progress.

Appendix C

Striving Toward Justice

La Piana Consulting is a leading national strategy firm helping the social sector navigate change. Our work provides us with an opportunity to help the people and organizations driving positive social change to be their best, to use their resources wisely, to create equitable workplaces where colleagues can thrive, and, as a result of their organizational health and strategic alignment, to make measurable progress on the critical missions we all rely upon them to advance.

In order to be effective in this role, we have developed a racial equity framework. What this means is that, while we are far from perfect, we strive toward justice. We live in a country founded on white supremacy and we are all complicit in upholding it. From centuries of inhaling air filled with racism and other social toxins, we have become conditioned to accept the status quo, if we see it at all, rather than to disrupt it. As a result, racial disparities exist in every aspect of life, stemming from our country's default toward whiteness as the norm for all conventions. We recognize that race and racism do not exist in a vacuum; identities are intersectional and overlapping. Applying a racial equity frame to our work also informs our efforts to counter other forms of discrimination.

Racial Equity is Advanced When:

- Racial identity does not limit one's success, participation, voice, access to power and professional growth, or sense of belonging at an organization.
- Leaders have an awareness of an organization's history and an understanding of its connection to the broader U.S. history of oppression and inequity.
- Organizational processes and systems are intentionally designed to promote equity.

Our Foundational Beliefs:

- Positional leadership in any organization is a privilege, an obligation, and a duty, but leadership also exists throughout the organization, regardless of title.
- Achieving influence without authority is a necessary skillset in the workplace that may be more difficult for some groups to navigate depending upon who they are and who is in charge.
- Work styles are influenced by personal and cultural identities.
- Effective leadership teams openly and frequently discuss and work toward agreement on relationships, power, decision rights, delegation, and span of control.
- Implicit or explicit bias can inhibit full participation from all organization members. People default to familiar hierarchical models, but organizational structures and systems are a result of design decisions and can be changed.

La Piana



Proposal for Strategic Planning Process

Desert Healthcare District & Foundation
February 25, 2021

Ronit Carter
Learning Lens

ronitcarter@gmail.com



Date: February 25, 2021
To: Leticia De Lara, Board President
Dr. Conrado Bárzaga, CEO; and associated staff
Desert Healthcare District & Foundation (CA)
From: Ronit Carter, President, *Learning Lens*
Re: Proposal for Strategic Planning Process

We were delighted to learn of Desert Healthcare's ambitious and vital work. In response to your RFP for a Strategic Planning process, I am pleased to share this proposal.

Context

Building on a track record of success, Desert Healthcare District & Foundation is well-positioned to serve the express needs of its community. Driven by this mission, the health care services and acute-care hospital facility aim to be first rate. Because of its exceptional performance and commitment to the community's optimal health, DHCD has expanded its reach to the entire Coachella Valley. This strategic planning process will set the stage to sustain its practice, continue to realize its mission, and grow the organization's influence and impact over the next 3 years and beyond.

Goals and Intended Outcomes

- Conduct a comprehensive analysis of organizational infrastructure & capacity to achieve its mission
- Craft a clear vision, along with realistic goals & objectives, for Desert Healthcare's work by 2024
- Develop a comprehensive 3-year strategic plan, including goals/objectives, roles & responsibilities, timelines & metrics, and continuous improvement to monitor progress over time

Background

Learning Lens partners with schools & districts, colleges & universities, and companies & organizations to strategically transform environments for learning – by bringing educational research and effective learning models into professional practice and shifting mindsets through the lens of design, resulting in systemic outcomes.



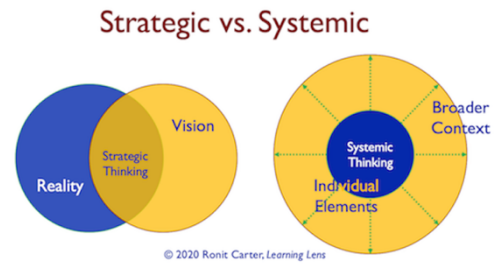
Our Approach

Equity is our passion; intersection is our forté. We strategically intersect seminal principles and methodologies with organizational mission & vision to guide leadership planning and enhance future outcomes. Our approach is experiential, interactive, and research-based but practical (practice-oriented). Our work is highly customized to build on schools'/districts' and organizations' contexts and priorities, engage in collaborative reflection, cultivate shared understanding, and build capacity.

Why partner with an learning-centered consultant in the education sector, on a healthcare-focused mission in the medical sector? Because strategic planning is fundamentally a learning process.

Learning is the missing link in most traditional corporate & non-profit strategic planning processes. At its core, the purpose of strategic planning is to look inside, outside, and beyond; reflect on successes and challenges; understand the scope of where we've been and where we're going; and envision future possibilities for continual improvement, innovation, and growth. That's the essence of learning, and **our consulting approach is always mission-driven – your mission, not ours.**

Strategic planning involves proven research-based phases – from mission, vision, and core values to strategic analysis to goal-setting and action planning. **Our value-added:** Rooted in the field of education, our background and deep understanding of how people and organizations learn, grow, and transform strengthens our facilitation.



We see the strategic planning process through a systemic lens – an intersection of strategic and systemic thinking, a powerful fusion of seeing and bringing a vision to reality (i.e., strategic thinking) with discerning the implications of ideas and decisions in a broader context (i.e., systemic thinking). Without compromising, but rather, by enhancing the traditional process, our approach is designed for any entity, but especially and uniquely suitable educational & non-profit organizations.

Finally, we are extremely collaborative, inclusive, and flexible, because we believe:

- There are multiple ways to reach desired outcomes,
- The outcomes must be yours, not ours (i.e., mission drives action, not vice versa),
- We are the facilitators, but **you** are the decision-makers and consensus-builders, and
- It's imperative to gauge progress, in order to meet and adapt to emerging needs as the work unfolds (remember, we're coming from a learning perspective and a growth mindset orientation).

Our Experience & Qualifications

From leadership planning and capacity-building to professional learning in a wide range of topics, our experience spans sectors. We have fostered partnerships across business and non-profit organizations, colleges/universities, and PK-12 education to dramatically raise outcomes, impact, and outreach. We continue to serve organizations through strategic collaboration, as we are grateful for many long-term and ongoing relationships. **Please see attached for a synopsis of my background, passions, and expertise, as I will be delighted to serve as your facilitator and primary point of contact.**

Here are a few examples of our collaborative outcomes:

- Raised school district standardized test results from 60-100% proficiency in one year
- Raised Bose Corporation's educational outreach program from 2,000 to 10,000 participants, and from 2 to 12 organizational partnerships, in one year
- Facilitated large-scale curriculum & assessment innovations and school-college-career pathways in partnership with non-profits (Concord Consortium, TERC) and state education boards (MA, RI)
- Expanded depth and breadth of **non-profit** projects, even beyond funding terms, such as:
 - Statewide STEM Council (MA) – expanded from grassroots initiative with only a handful of businesses, schools & colleges, to a statewide Governor's Council with legislative body, thriving tri-sector involvement through regional networks, and a statewide strategic plan
 - National Women's Equity Center (based at Education Development Center, funded by federal department of education) – expanded influence of technical assistance 800-line to quarterly newsletters and annual conferences on multicultural and gender equity
 - Early College School/Initiative Co-Founder – Developed & used strategic planning process in 1 district to re-configure 4 schools into a research-based elementary/middle school model, and galvanized the community by partnering with local businesses & non-profits to establish an early-college 1-to-1 project-based middle/high school, which raised outcomes especially for Latinx & African-American, EL, SPED, and low income student populations
 - Queens Public Library (NY) – Strategic formative evaluation of Adult Basic Education GED programs; resulted in more rigorous curriculum & greater capacity of literacy coaches

- Evaluated existing plans/status & advised leaders in planning ahead, including:
 - Program Evaluation (e.g., TERC & Museum of Science (MA))
 - Needs Assessments & Model Design (e.g., Delta Foss Publishing (NH))
 - Curriculum Audits for school districts
 - Assembling and leading Consortia of partners across sectors (e.g., PA Regional STEM Consortium with school districts, local businesses & Carnegie Science Center)

Samples of Prior Work

These links provide a sampling of a variety of work in strategic and leadership planning across sectors. Please note that because our work is mission-driven, every strategic planning process and document varies. These are just samples. We will discuss and further refine the parameters of your desired outcome early in the process to ensure a customized model of your own, from which we will then design backwards.

- Massachusetts Statewide STEM Council – Strategic Plan (state-level)
- Marlborough Public Schools (MA) – Strategic Plan (school district)
- TERC Signing Dictionary (for deaf/hard of hearing children) – Program Evaluation (non-profit)

Scope of Work and Timeline

Here is a scope of work and proposed timeline based on the RFP. We will discuss and adjust as needed.

Overall

Regular and ongoing communication will be vital to the overall process. Specifically, we will build in regular checkpoints with primary point(s) of contact. These conversations (at least 2 per phase, see below) will ensure adherence to and understanding of scope of work and phases, regular updates and information flow, helpful background information, trouble-shooting as needs or questions arise, technical needs, informal dialogue and reflection on the process as we build a relationship, and anything else that would be helpful to ensure a smooth, productive, and energizing journey. We will also discuss with whom and how to engage various groups at different phases of the work. Lastly, we will be pleased to facilitate the strategic planning process virtually. Conducting a virtual process will combine virtual meetings and breakout rooms (e.g., on Zoom), phone calls, emails, surveys, etc.

Phase 1: Discovery & Review

Introductory background learning will be very beneficial to gain familiarity and a better understanding of the organization (including its mission, work, passions, and people); its history; prior initiatives, plans, and progress to-date; and emerging ideas. This phase also provides an opportunity to discuss the strategic planning process in more detail and strategize collaboratively about how we might ensure active engagement by key stakeholders in, and a preview of, a very inclusive facilitation process. Finally, we will determine the parameters of the final deliverables your team is seeking.

This phase will include:

- ✓ Document review (a combination of prior Strategic Plan, mission/core values, organizational chart, annual reports, website content, impact and/or participation data, Community Health Needs Assessment & Health Improvement Plan, etc.)
- ✓ Initial meetings with “key leaders” (identified among organizational leadership, representative staff, and Board members as appropriate) and stakeholders (i.e., community members & focus groups)
- ✓ Outlining the process and drafting any related data collection instruments (i.e., surveys)
- ✓ Survey(s) and Interviews with a range of stakeholders, both internal & external (to be discussed), to assess current strengths/challenges/perceptions and surface initial ideas

Deliverable: Brief report of initial findings from assessment of organizational capacity to achieve mission
Timeline: April–May 2021 (3–5 meetings with “key leaders” & stakeholders, TBD)

Phase 2: Core Values, Mission, and Vision

Typically, this phase would engage an inclusive combination of stakeholders (e.g., Board, company leadership, representative employees, and community members as appropriate) in (a) revisiting and updating the organization's core values and vision and (b) envisioning the future of the organization.

We will engage in discussion through reflective exercises and tools, including:

- ✓ Revisiting Desert Healthcare's purpose and mission, defining the vision, considering organizational structure (sample tools we might use include SOAR analysis, Vision vs. Reality venn diagram, etc.)
- ✓ Ongoing meetings with "key leaders" to continually shape, debrief, and inform the process

Deliverable: Clearly articulated, unifying, long-term vision statement

Timeline: May 2021 (potentially 4-6 meetings with key leaders & stakeholders, TBD)

Phase 3: Analysis and Goal-Setting

This may be the most involved phase, which we will facilitate with input from and/or in collaboration with "key leaders" and other stakeholders as needed. Throughout and toward the latter end of this phase, communication with "key leaders" will also serve to provide important context needed to inform our analysis and recommendations.

Components will include:

- ✓ Organizational analysis (using SWOT, SOAR, PESTLE, and/or other tools, to be discussed)
- ✓ Evaluating & existing and future priorities in alignment to community health strengths & needs
- ✓ Developing SMART Goals in the context of broader mission & vision
- ✓ Considering any related initiatives, special projects, or small-scale experiments which may need to be scaled up either now or in the future
- ✓ Outlining a strategy(ies) for executing the goals, both short-term and long-term, along with anticipating potential shifts or constraints (either expected or unexpected)

Deliverable: Brief status update on findings, emerging goals & strategies, potential actions and options

Timeline: June-July 2021 (potentially 3-5 meetings with key leaders and stakeholders, TBD)

Phase 4: Milestones, and Responsibilities

This phase brings more detail to Phase 3, in crafting a clear and compelling roadmap for the work ahead. We will facilitate the process of planning action steps related to ongoing and emerging programming, staffing roles & responsibilities, timelines with milestones, performance-based criteria & metrics to monitor progress, related budgetary needs, and strategies to foster an equity-driven and growth mindset-oriented approach to continuous improvement and decision-making workflow throughout the life of the plan for the next 3 years. This phase will also involve collaboration with not only "key leaders," but also key employees who will take responsibility for various goals and initiatives emerging from Phase 3.

Deliverable: Strategic Plan document (with components listed above)

Timeline: July 2021 (potentially 2-4 meetings with key leaders, TBD)

Deliverables

We will conclude our work with a final report documenting the process, including any relevant observations or findings, reflections, and/or recommendations, and the cohesive **Strategic Plan** document itself based on parameters determined in Phase 1. The Strategic Plan document will include action steps and timelines (components outlined in Phases 3 & 4), along with business/financial model and organizational structure.

Associated Fees

Our work is highly customized. Since the work will be virtual, we have estimated costs using our hourly rate of \$500/hr as merely a starting point, which accumulates upon both session time and preparation or follow-up time. For the Scope of Work proposed, we estimate a total of 72 hours, or a total investment of roughly \$36,000. Cost breakdown (shown below) is an initial estimate and negotiable, pending discussion of options, possibilities, and adjustments to be determined in Scope of Work described above.

Scope of Work (Phase or Component)	Estimated Quantity *	Estimated Budget *
Overall: Ongoing Communication (embedded in phases below)		N/A
Phase 1: Review	12 hrs	\$6,000
Phase 2: Mission & Vision	16 hrs	\$8,000
Phase 3: Analysis & Goals	18 hrs	\$9,000
Phase 4: Milestones & Responsibilities	10 hrs	\$5,000
Deliverable: Strategic Plan & Report	16 hrs	\$8,000
Total Investment	72 hrs*	\$36,000*

* This budget is only an initial estimate and absolutely negotiable, based on options and parameters yet to be discussed (as described above). Fees will be adjusted upon further conversation. Revised investment may be less or more than proposed above, depending on the result of our conversations and your budget needs.

Next Steps

We have built flexibility into this proposal, as we are committed to working within your needs, timeline, and budget. As there are a few possibilities to discuss, we anticipate making adjustments upon further discussion. When the Scope is finalized, we'll write a contract and start with project timelines.

Thank you for the opportunity to learn more about your organization, and to share our passions and expertise with you. I look forward to hearing your thoughts and discussing this proposal further. We wish you continued success and look forward to being a small part of your journey through our collaboration.

**Expanding student outcomes by empowering strategic intersections between research and practice
Partnering with schools/districts and organizations through collaborative reflection, learning, and planning**

Background

With deep-seated research background among the world's top education reform organizations including EDC, TERC, and Concord Consortium, **Ronit Carter** is a former Assistant Superintendent with extensive consulting experience. She has been leading and coaching others to lead professional learning in a wide range of topics, subjects, and grade levels, including as a national consultant in *Growth Mindset*[®] and *Understanding by Design*[®], since her earliest teaching experiences in a national interdisciplinary project-based learning school and museums. Ronit has advised numerous school/district leaders, companies, and non-profit organizations in curriculum, instruction, assessment, professional learning, leadership, online/blended learning, and ed-tech software. A highly collaborative, reflective consulting approach, her own *Systemic Intersection Planning*[®] Model is designed to purposefully consider an array of options grounded in research and best practice by closely aligning strategic decisions to an organization's core values, mission, vision, challenges, and context.



Ronit's latest adventures involve designing *Become*[®]: *A Whole-School Model for Transformational Learning* and infusing an art/design/creativity lens into all content areas. She has initiated, designed, implemented, and evaluated innovative educational models and partnerships which dramatically and quickly advanced outcomes for a wider range of learners. These include co-founding a 1:1 blended PBL STEM early college middle/high school, co-facilitating an *International Baccalaureate Programme*, co-leading the MA State Department of Education's tri-state partnership with *Achieve* to create Common Core-aligned exemplar curriculum, and growing Bose Corporation's interdisciplinary music education program from 2,000 to 10,000 students in just one year. Ronit has developed numerous mathematics curricula and multimedia online professional learning, including the first online course in educational equity. A statewide leader with the MA Governor's STEM Initiative, Ronit also worked at the cutting edge of designing digital performance tasks to analyze student thinking with AI/analytics. Her work was published by EDC, Pearson, and PBS. Ronit earned her B.A. in Biology from Brandeis and Ed.M. from Harvard in Teaching, Curriculum, Learning Environments.

Focus Areas (Selected)

- *Become*SM: *A Transformational Learning Model*
- Curriculum design & mapping, unpacking standards, vertical alignment (all subjects)
- Performance assessment & data-driven decisions
- Project-based/problem-based learning (PBL)
- Professional Learning Communities (PLCs)
- Differentiating Instruction
- Social-emotional & academic learning (SEAL)SM
- Technology integration, online/blended learning
- Educational equity & diverse learners (EL, SPED)
- STEM/STEAM education, policy & programs
- Infusing art & design across all content areas
- Connecting faith-based and academic initiatives
- Intersecting and customizing educational models

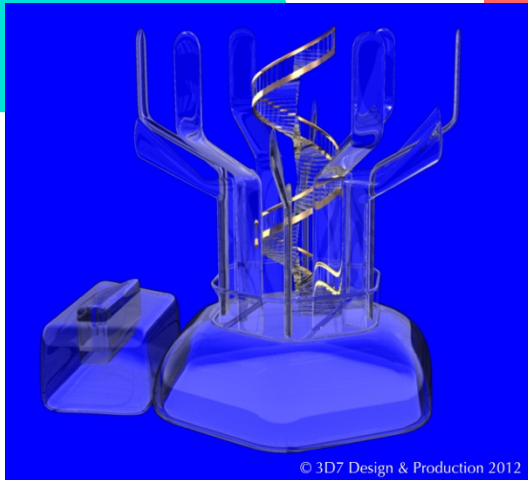
Types of Work

- Strategic & *Systemic Intersection Planning*SM
- Curriculum & Instructional coaching;
- Leadership capacity-building
- Professional learning (face-to-face and virtual/online multi-media)
- Making connections across initiatives & research-based practices
- Program reviews; curriculum audits
- Program implementation, evaluation, and business-education partnerships
- Advising content/instructional design & professional learning in ed-technology
- Educator evaluation/professional practice

Change begins by seeing...

Curriculum
Assessment
Instruction
Leadership
Equity
Technology
Community
Learning

...through the lens of design



Let's design...

Deeper understandings
Closer relationships
Shifted mindsets
Higher standards
Better opportunities
Clearer pathways
Stronger communities

...through education

3D7 Education through Design intersects the aesthetic eye, creative heart, and visionary mind to design 2D and 3D works that entertain, educate, and inspire. **Learning Lens** partners with schools & districts, higher education, and companies/organizations to strategically transform learning into professional practice.

Ronit Carter, President, Executive Producer, and Lead Consultant, is a former school district leader with extensive background in educational consulting, professional learning & coaching, educational research & reform, multi-media curriculum design, and teaching in innovative school models. She co-founded a 1:1 early-college project-based learning school; co-pioneered online/hybrid learning, expanded corporate educational outreach programs; and partnered at state/national levels to lead cross-sector STEM initiatives, align standards/curriculum, and reinvent large-scale assessment models. She worked at the cutting edge of digital-AI simulations and infuses an art/design/creativity lens to transform learning environments. Ronit has advised numerous organizational leaders in strategic & systemic planning to advance leadership capacity, curriculum, instruction, assessment, online learning, and educational equity.