



**DESERT HEALTHCARE DISTRICT
BOARD MEETING
Board of Directors
April 27, 2021
5:30 P.M.**

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

**<https://us02web.zoom.us/j/86503179316?pwd=ZElmYmdFT3o0ZHN6L3B3K1JvNFpHZz09>
Password: 020762**

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

Dial in #: **(669) 900-6833** To Listen and Address the Board when called upon:

Webinar ID: 865 0317 9316

Password: 020762

You may also email ahayles@dhcd.org with your public comment no later than 4 p.m., Tuesday, 04/27

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



	1. BOARD MINUTES	
4-18	a. Board of Directors Meeting – March 23, 2021	
	2. FINANCIALS	
19-43	a. Approval of the March 2021 Financial Statements – F&A Approved April 13, 2021	
	3. SERVICE AGREEMENTS	
44-47	a. Las Palmas Medical Plaza Property Management/Maintenance Agreement – INPRO-EMS Construction	
	F. DESERT HEALTHCARE DISTRICT CEO REPORT	
	– Conrado E. Bárzaga, MD	
48-49	1. COVID-19 Vaccination Campaign for Underserved Communities in the Coachella Valley	Information
50	2. The Coachella Valley Resource Conservation District (CVRCD) Feasibility Study	Information
	3. Strategic Planning Retreat Update	Information
51-53	4. Wellness Park Bench Dedication Ceremony, Timothy Ray Brown – Friday, May 7	Information
54	5. Association of California Healthcare Districts (ACHD) Budget Request	Information
55-58	6. AB 868 – State of Emergency: Funeral Expense Assistance	Information
59-60	7. Community Hike at Oswit Canyon	Information
	G. DESERT REGIONAL MEDICAL CENTER CEO REPORT	Information
	– Michele Finney, CEO	
	H. DESERT REGIONAL MEDICAL CENTER GOVERNING BOARD MEETING – Les Zendle, MD and Carole Rogers, RN	Information
	I. COMMITTEE MEETINGS	
	1. PROGRAM COMMITTEE – Chair/Director Evett PerezGil, Vice-President Karen Borja, and Director Carmina Zavala	
61-66	1. Draft Meeting Minutes – April 13, 2021	Information
67-68	2. Funding Requests Schedule	Information
69-109	3. Progress and Final Reports	Information
110	4. Grant Payment Schedule	Information
111	5. Desert Healthcare District and Regional Access Project Foundation (RAP) \$100,000 Joint Pool Collective COVID-19 Recovery Fund	Information
112-132	6. Consideration to approve Grant #1266 Galilee Center Our Lady of Guadalupe Shelter – \$150,000	Action
133-154	7. Consideration to approve Grant #1277 Lift To Rise – United Lift Rental Assistance 2021 – \$300,000	Action



2. FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE

COMMITTEE – Chair/Director Arthur Shorr, President Leticia De Lara, and Director Les Zendle, MD

155-159 1. Draft Meeting Minutes – April 13, 2021 Information

J. OLD BUSINESS

160 1. Desert Healthcare District History Book – Will Dean, Director of Marketing and Communications Information

161-165 2. Coachella Valley Association of Governments (CVAG) CVLINK Q1 Progress Report Information

K. LEGAL

166-168 1. AB 903 (Frazier) Dissolution of Los Medanos Community Health District Information

L. IMMEDIATE ISSUES AND BOARD COMMENTS

M. ADJOURNMENT

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

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

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	Acting President Borja conducted the meeting in President De Lara's absence, calling the meeting to order at 5:37 p.m. The Clerk of the Board called the roll with all Directors' present.	
B. Pledge of Allegiance	Acting President Borja asked Director PerezGil to recite the Pledge of Allegiance.	
C. Approval of Agenda	Acting President Borja asked for a motion to approve the agenda.	#21-29 MOTION WAS MADE by Director Rogers and seconded by Director Shorr to approve the agenda. Motion passed unanimously. AYES – 6 Acting President Borja, Acting Vice-President Rogers, Director PerezGil, Director Zendle, Director Shorr, and Director Zavala

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		NOES – 0 ABSENT – 1 President De Lara
D. Public Comment	There were no public comments.	
E. Consent Agenda 1. BOARD MINUTES a. Board of Directors Meeting – February 23, 2021 b. Special Meeting of the Board of Directors – March 16, 2021 2. FINANCIALS a. Approval of the February 2021 Financial Statements – F&A Approved March 09, 2021 3. AGREEMENTS a. Professional Services Authorization – Prest-Vuksic-Greenwood Architects – Buildout Conference Room at Regional Access Project (RAP) Office 4. STRATEGIC PLANNING a. Veralon Partners, Inc., and Valentine Health Advisors consulting services and engagement agreement to facilitate, develop, and guide a three-year strategic plan – NTE \$72,500 5. COST GRANT EXTENSION a. Grant #1134 cost grant extension to the Desert Healthcare Foundation for an additional allocation of \$100,000 towards Expanding Racial Diversity in the Health Profession Workforce for a total of \$200,000, increasing the total grant amount from \$500,000 to \$600,000 6. HUMAN RESOURCES a. Promotion and Revised Job Description for Alejandro	Acting President Borja asked for a motion to approve the consent agenda.	#21-30 MOTION WAS MADE by Director PerezGil and seconded by Director Zavala to the consent agenda. Motion passed unanimously. AYES – 6 Acting President Borja, Acting Vice-President Rogers, Director PerezGil, Director Zendle, Director Shorr, and Director Zavala NOES – 0 ABSENT – 1 President De Lara

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Espinoza as Chief of Community Engagement		
F. Desert Healthcare District CEO Report		
1. COVID-19 Vaccination Campaign for Underserved Communities in the Coachella Valley	Conrado Bárzaga, MD, CEO, provided a presentation on equity and COVID-19 – Reflection on Community Interventions, detailing equity and equality of the vaccine distribution in the Coachella Valley by identifying the gaps for a more equitable system through the collaborative.	
2. Community Health Needs Assessment (CHNA) and Health Improvement Plan (HIP) Update and Future Workshop	Dr. Bárzaga, CEO, explained that a preliminary presentation from Health Assessment and Research for Communities (HARC) is included in the packet with the staff report, detailing the five focus areas identified by the community.	
3. Local Area Formation Commission (LAFCO) Sphere of Influence Review and Approval	Dr. Bárzaga, CEO, summarized the 2020 Municipal Services Review (MSR), including the Sphere of Influence and demographic areas assessed by the Local Area Formation Commission (LAFCO), and an approved resolution with no changes to the District boundaries.	
4. Senior Program Officer, Behavioral Health Update	Dr. Bárzaga, CEO, provided an update on the Senior Program Officer, Behavioral Health position explaining that the District is actively recruiting, the second round of interviews is scheduled for the	

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<p>5. Consideration to approve the acceptance of \$175,000 from The Coachella Valley Resource Conservation (CVRCD) and direct staff to further study the feasibility of acquiring and operating a mobile unit</p>	<p>two final candidates with the possibility of an offer of employment in the coming weeks.</p> <p>Dr. Bárzaga, CEO explained that the Coachella Valley Resource Conservation District (CVRCD) is a special district governed locally and working in partnership with the Natural Resource Conservation Service (NRCS), a service of the U.S. Department of Agriculture. Given the District's work to ensure the distribution of the COVID vaccine in the agricultural community, CVRCD approved at its most recent Board of Directors meeting, a resolution to provide the District with \$175k to purchase and retrofit a mobile unit. At the Board's direction, staff is requesting acceptance of the \$175k from CVRCD to study the feasibility of acquiring and operating a mobile unit.</p> <p>Board discussions included recommendations that the District include Desert Regional Medical Center's Residency Program as a possible partnership, the best approach to utilizing the funds, and consulting with the Board before accepting funding based on a resolution, such as the feasibility study first, then returning to the Board with the acceptance.</p>	<p>#21-30 MOTION WAS MADE by Director Zendle and seconded by Director Rogers to direct staff to study and analyze the possibility to use the \$175k funding to assist with the COVID-19 Coachella Valley Equity Collaborative, including the possibility of acquiring and operating a mobile unit for COVID vaccinations. Motion passed unanimously. AYES – 6 Acting President Borja, Acting Vice-President Rogers, Director PerezGil, Director Zendle, Director Shorr, and Director Zavala NOES – 0 ABSENT – 1 President De Lara</p>
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	<p>Director Zendle thanked the CVRCD and motioned to direct staff to study and analyze the possibility to use the \$175k funding to assist with the COVID-19 Coachella Valley Equity Collaborative, including the possibility of acquiring and operating a mobile unit for COVID vaccinations.</p>	
<p>G. Desert Regional Medical Center CEO Report</p>	<p>Michele Finney, CEO, Desert Care Network, Desert Healthcare District, explained that the hospital has returned to normal operations with single-digit COVID patients and low positivity testing rates. The ICU rate has returned to the customary range of 28-31 ICU patients. Effective today, DRMC reintroduced visitors to the hospital following the California Department of Public Health guidelines on a restricted basis. The process of reintroducing volunteers by the beginning of the week requires additional steps, such as the completion of the flu vaccine, TB Testing, and PPE training.</p> <p>An event is planned to honor the physicians due to the pandemic and to say thank you on Doctors Day March 30 with various activities planned throughout the week.</p> <p>Construction projects will resume, such as the remodeling and refurbishing of patient rooms, and the</p>	



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	<p>nursing system call update. Mrs. Finney explained that DRMC is willing to partner with the District on the mobile unit during the planning and reaching the population to participate and assist with the vaccine activities. A contract has commenced with Blue Shield as the statewide Third-Party Administrator (TPA) provider and DCN is also in the process of converting to the new TPA rules in April.</p> <p>At the most recent vaccination clinic in the Desert Highland Gateway Estates community, 400 individuals were inoculated in collaboration with multiple churches and organizations, primarily the Baptist Church, further describing the efforts to reach communities for equitable distribution of the vaccine.</p> <p>A psychiatrist has signed a letter of intent to start full-time in August, a second psychiatrist is in the process, and a third psychiatrist employed with Arcadia, but on the staff with the DCN will work with the local community.</p> <p>Acting President Borja thanked Mrs. Finney despite the pandemic and the health care professionals working year-round, caring for the communities throughout the Coachella Valley, and the</p>	
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	<p>District genuinely thanks DCN for assisting families throughout the year with the pandemic, including other challenges. On behalf of the District Mrs. Borja asked that Mrs. Finney relay the District's thanks to the entire DRMC workforce and appreciates the offer to continue to work with the District in underserved communities.</p>	
<p>H. Desert Regional Medical Center Governing Board</p>	<p>Director Rogers described the comprehensive report from the Maternity Director and increased utilization of services with national recognition and the only Neonatal Intensive Care Unit (NICU) in the Coachella Valley. The Governing Board received a community giving report illustrating the various areas of giving throughout the community.</p> <p>Other discussions were new legislation if passed proposes that hospital procurement of services and materials will require 51% of hospital purchases offered to local minority business, such as LGBTQ, women, disabled veterans, and black-owned businesses, further describing that DRMC provides 42% of their services to the Medicaid population in the Coachella Valley, and the reinvestments in the hospital facility every year were provided at the Governing Board meeting.</p>	



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	<p>The chief of staff for credentialing provided the report on credentials and peer reviews and the Governing Board received the self-evaluation results.</p> <p>Hanson House, a grantee of the District has reopened for housing to families of inpatients, and lastly, Mr. Rogers, the Chaplain at DRMC received his TB test and is eager to start back volunteer services.</p> <p>Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center, clarified that the senate bill for equity in hospital procurement has passed and is managed by the Office for Statewide Health Planning effective July 1. The first phase of the bill is for reporting with procurement for businesses owned and operated with 51% minority ownership, and the goal of OSHPD is to use the data statewide with a focus on increasing procurement with minority-owned businesses.</p> <p>Director Zendle explained that not for profit hospitals must spend a certain amount of money on community benefit; however, for-profit hospitals pay taxes that do not require the same amount of expenditures describing that he and Director Rogers are impressed with the charitable</p>	
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	contributions and involvement with non-profit Boards in the community the Desert Care Network provides to the community.	
I.1. Program Committee 1. Draft Meeting Minutes – March 09, 2021 2. Funding Requests Schedule 3. Grant Payment Schedule 4. Consideration to approve Grant #1141 Martha’s Village & Kitchen – Homeless Housing with Wrap Around Services – \$210,905	<p>Director PerezGil inquired on any questions of the Board concerning the meeting minutes, funding requests schedule, and grant payment schedule.</p> <p>Director PerezGil inquired on any questions of the Board concerning Martha’s Village & Kitchen’s grant request with Donna Craig, Chief Program Officer describing the request and answering questions of the Board describing a prior inquiry in the Program Committee meeting concerning the showers and meals to people experiencing homelessness living outside of Martha’s Village & Kitchen, which are accessible.</p> <p>Linda Barrack, President and CEO, Martha’s Village & Kitchen explained that the grant request is to serve Desert Hot Springs, Mecca, and other underserved areas to provide case management and wrap-around services.</p> <p>Greg Rodriguez, Government Relations and Public Policy Advisor, Office of Supervisor Perez, applauded Ms. Barrack for the agencies work concerning referrals and the</p>	<p>#21-31 MOTION WAS MADE by Director Zendle and seconded by Director Zavala to approve Grant #1141 Martha’s Village & Kitchen – Homeless Housing with Wrap Around Services – \$210,905 Motion passed unanimously. AYES – 6 Acting President Borja, Acting Vice-President Rogers, Director PerezGil, Director Zendle, Director Shorr, and Director Zavala NOES – 0 ABSENT – 1 President De Lara</p>

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<p>I.2. Finance, Legal, Administration & Real Estate</p> <p>1. Draft Meeting Minutes – March 09, 2021</p> <p>2. District and Retirement Plan Investment Reports 3Q20</p> <p>I.3. Strategic Planning Committee</p> <p>1. Draft Meeting Minutes – March 09, 2021</p>	<p>Director Shorr provided an overview of the F&A Committee meeting minutes, which also included the 3Q20 District and Retirement Plan Investment Reports, inquiring on any questions of the Board.</p> <p>Director Zendle provided an overview of the Strategic Planning Committee meeting minutes.</p>	
<p>J. Old Business</p> <p>1. Desert Healthcare District and Regional Access Project Foundation (RAP) Collective COVID-19 Recovery Fund</p>	<p>Donna Craig, Chief Program Officer detailed the Board-approved match of \$100k totaling \$200k with the Regional Access Project's contribution totaling \$200k. As outlined in the staff report, 72 applications were received totaling over \$717k, and staff's meeting with the Regional Access Project Foundation (RAP) grant team and Director PerezGil to review the applications.</p> <p>Director Zendle explained that if there are more worthy proposals than funds, then staff could possibly return to the District to request an increase of funding. Ms. Craig explained that RAP is revisiting an additional \$50k, and the District is reviewing the shortlist of applicants with many that do not meet the protocols and a few that include open grants with the District.</p>	

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	<p>Director Rogers, in favor of AB 1132, explained that last year she submitted a letter to the District's Assemblymember and that ACHD is a trade group representing hospitals, not a public benefit. The District should examine a second opinion in terms of the effect of the bill and the "Sutter-effect" leading to monopolistic pricing, detailing her work combating Sutter Health with acquisition practices and another opinion that benefits the community, not solely hospital owners.</p> <p>Counsel Scott explained that there could be devastating consequences and there is a role to work with the parent organization ACHD with rural and urban facilities interest and opportunities to provide additional input.</p>	
<p>3. Consideration to approve a Business Associate Agreement between the Desert Healthcare District and Rite Aid for Vaccination Clinics Coachella Valley</p>	<p>Jeff Scott, Legal Counsel, described his acceptable review of the Business Associate Agreement (BAA) between the District and Rite Aid from a legal standpoint with Dr. Bárzaga detailing the standardized BAA agreement regulated by the Department of Health and Human Services (HHS) to allow the transfer of personal information between two protected entities as part of the efforts to vaccinate and partner with Rite Aid.</p>	<p>#21-34 MOTION WAS MADE by Director Zendle and seconded by Director Shorr to approve a Business Associate Agreement (BAA) between the Desert Healthcare District and Rite Aid, including similar BAAs with legal counsel's review and approval for Vaccination Clinics in the Coachella Valley.</p> <p>Motion passed unanimously.</p> <p>AYES – 6 Acting President Borja, Acting Vice-President Rogers, Director PerezGil, Director Zendle, Director Shorr, and Director Zavala</p> <p>NOES – 0</p> <p>ABSENT – 1 President De Lara</p>

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	<p>Dr. Bárzaga clarified that the recommendation is to execute the BAA with Rite and similar BAAs with legal counsel's review, such as with Walgreens, the County, or Desert Regional Medical Center. Director Zandle amended his motion to include similar BAAs with legal counsel's review and approval for Vaccination Clinics in the Coachella Valley.</p>	
L. Immediate Issues and Comments	<p>Director Rogers reported that the Hospital Lease Oversight Committee met and inspected a portion of the El Mirador building.</p> <p>Regarding AB 2019, Director Rogers contacted Assemblymember Garcia on the impact and the ability of the District and the Directors to reach out to the community to solicit grant applications with a response from Assemblymember Garcia, in hopes that staff will work with the Assemblymembers office.</p> <p>The Coachella Valley Association of Governments (CVAG) CVHEART Subcommittee met and discussed the Housing Catalyst Fund. Mr. Rodriguez at some point during the meeting, acknowledged Director Rogers background portrait from prior long-term serving director Kay Hazen.</p>	

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	<p>Acting President Borja specified that the Board did not initiate the letter to Assemblymember Garcia, which was not on behalf of the District with no prior discussions of the Directors that was solely executed by Director Rogers.</p> <p>Director Zendle explained consideration of the CEO and Legal Counsel as a future agenda item to discuss AB 2019 to eliminate any confusion and the history of the bill to better understand and guide discussions with future grantees.</p>	
M. Adjournment	<p>Acting President Borja adjourned the meeting at 7:39 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
 Carole Rogers, RN, Acting Vice-President/Secretary
 Desert Healthcare District Board of Directors

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

DESERT HEALTHCARE DISTRICT
MARCH 2021 FINANCIAL STATEMENTS
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Year to Date Variance Analysis
Cumulative Profit & Loss Budget vs Actual - Summary
Cumulative Profit & Loss Budget vs Actual - District Including LPMP
Cumulative Profit & Loss Budget vs Actual - LPMP
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Balance Sheet - Expanded View
Accounts Receivable Aging
Deposit Detail - District
Property Tax Receipts - YTD
Deposit Detail - LPMP
Check Register - District
Credit Card Expenditures
Check Register - LPMP
Retirement Protection Plan Update
Grants Schedule

DESERT HEALTHCARE DISTRICT				
YEAR TO DATE VARIANCE ANALYSIS				
ACTUAL VS BUDGET				
NINE MONTHS ENDED MARCH 31, 2021				
Scope: \$25,000 Variance per Statement of Operations Summary				
Account	YTD		Over(Under)	Explanation
	Actual	Budget	Budget	
4000 - Income	\$ 4,261,227	\$ 4,644,350	\$ (383,123)	Lower interest income and market fluctuations (net) from FRF investments \$1,025k; higher property tax revenues \$669k; lower grant income \$29k; higher DHC recovery \$2k
4500 - LPMP	\$ 929,819	\$ 891,693	\$ 38,126	Higher rent revenue \$38k
5000 - Direct Expenses	\$ 885,156	\$ 1,262,745	\$ (377,589)	Lower wage related expenses \$207k due to open positions; lower education expense \$65k; lower health insurance expense \$55k; lower board expenses \$38k; lower workers comp expense \$7k; lower retirement expense \$6k
6000-General & Admin Expense	\$ 350,929	\$ 427,455	\$ (76,526)	Lower bank and investment fees expense \$27k; lower computer services expense \$17k; lower travel expense \$15k; higher dues and membership expense \$15k; lower supplies expense \$8k; lower staff mileage expense \$6k; lower meals & entertainment expense \$5k; lower personnel expense \$4k; lower various \$10k
6445 - LPMP Expense	\$ 733,947	\$ 881,595	\$ (147,648)	Lower landscaping expense \$121k; lower depreciation expenses \$20k; higher bank charges \$10k; lower marketing expense \$9k; higher bad debt expense \$6k; lower deferred maintenance expense \$5k; lower HVAC maintenance expense \$4k; higher security expense \$4k; lower various \$9k
6500 - Professional Fees Expense	\$ 305,096	\$ 943,974	\$ (638,878)	Lower Professional Services expense \$546k; lower PR/Communications expense \$77k; lower legal expense \$16k
7000 - Grants Expense	\$ 1,626,940	\$ 3,062,997	\$ (1,436,057)	Budget of \$4 Million for fiscal year is amortized straight-line over 12-month fiscal year. As of March 31, 2021, there is \$2,406,498 remaining in the fiscal year grant budget.
Las Palmas Medical Plaza - Net	\$ 195,872	\$ 10,098	\$ 185,774	LPMP expenses lower \$148k; LPMP revenue higher \$38k

Desert Healthcare District
Profit & Loss Budget vs. Actual
July 2020 through March 2021

	MONTH			TOTAL		
	Mar 21	Budget	\$ Over Budget	Jul '20 - Mar 21	Budget	\$ Over Budget
Income						
4000 • Income	59,974	147,640	(87,666)	4,261,227	4,644,350	(383,123)
4500 • LPMP Income	102,075	99,077	2,998	929,819	891,693	38,126
4501 • Miscellaneous Income	750	950	(200)	6,750	8,550	(1,800)
Total Income	162,799	247,667	(84,868)	5,197,796	5,544,593	(346,797)
Expense						
5000 • Direct Expenses	100,196	140,305	(40,109)	885,156	1,262,745	(377,589)
6000 • General & Administrative Exp	38,226	47,495	(9,269)	350,929	427,455	(76,526)
6325 • CEO Discretionary Fund	0	2,083	(2,083)	19,000	18,747	253
6445 • LPMP Expenses	82,435	97,955	(15,520)	733,947	881,595	(147,648)
6500 • Professional Fees Expense	32,613	104,886	(72,273)	305,096	943,974	(638,878)
6700 • Trust Expenses	7,958	8,792	(834)	76,240	79,128	(2,888)
Total Expense	261,428	401,516	(140,088)	2,370,370	3,613,676	(1,243,306)
7000 • Grants Expense	564,611	340,333	224,278	1,626,940	3,062,997	(1,436,057)
Net Income	(663,240)	(494,182)	(169,058)	1,200,486	(1,132,078)	2,332,564

Desert Healthcare District
Profit & Loss Budget vs. Actual
July 2020 through March 2021

				MONTH			TOTAL		
				Mar 21	Budget	\$ Over Budget	Jul '20 - Mar 21	Budget	\$ Over Budget
Income									
4000 • Income									
4010 • Property Tax Revenues				18,789	18,592	197	4,152,274	3,482,918	669,356
4200 • Interest Income									
4220 • Interest Income (FRF)				128,226	86,965	41,261	796,980	782,685	14,295
9999-1 • Unrealized gain(loss) on invest				(94,301)	33,333	(127,634)	(739,345)	299,997	(1,039,342)
Total 4200 • Interest Income				33,925	120,298	(86,373)	57,635	1,082,682	(1,025,047)
4300 • DHC Recoveries				3,554	1,750	1,804	17,879	15,750	2,129
4400 • Grant Income				3,706	7,000	(3,294)	33,439	63,000	(29,561)
Total 4000 • Income				59,974	147,640	(87,666)	4,261,227	4,644,350	(383,123)
4500 • LPMP Income				102,075	99,077	2,998	929,819	891,693	38,126
4501 • Miscellaneous Income				750	950	(200)	6,750	8,550	(1,800)
Total Income				162,799	247,667	(84,868)	5,197,796	5,544,593	(346,797)
Expense									
5000 • Direct Expenses									
5100 • Administration Expense									
5110 • Wages Expense				83,407	113,645	(30,238)	699,547	1,022,805	(323,258)
5111 • Allocation to LPMP - Payroll				(5,161)	(5,166)	5	(46,449)	(46,494)	45
5112 • Vacation/Sick/Holiday Expense				4,767	10,000	(5,233)	115,129	90,000	25,129
5114 • Allocation to Foundation				(30,794)	(37,196)	6,402	(269,580)	(334,764)	65,184
5115 • Allocation to NEOPB				(3,664)	(7,571)	3,907	(33,204)	(68,139)	34,935
5119 • Allocation to RSS/CVHIP-DHCF				0	(1,431)	1,431	(903)	(12,879)	11,976
5120 • Payroll Tax Expense				6,568	8,694	(2,126)	57,132	78,246	(21,114)
5130 • Health Insurance Expense									
5131 • Premiums Expense				12,993	16,795	(3,802)	111,982	151,155	(39,173)
5135 • Reimb./Co-Payments Expense				143	3,000	(2,857)	11,317	27,000	(15,683)
Total 5130 • Health Insurance Expense				13,136	19,795	(6,659)	123,299	178,155	(54,856)
5140 • Workers Comp. Expense				862	1,193	(331)	3,391	10,737	(7,346)
5145 • Retirement Plan Expense				6,868	7,848	(980)	65,148	70,632	(5,484)
5160 • Education Expense				70	7,250	(7,180)	(16)	65,250	(65,266)
Total 5100 • Administration Expense				76,059	117,061	(41,002)	713,494	1,053,549	(340,055)
5200 • Board Expenses									
5210 • Healthcare Benefits Expense				9,835	5,834	4,001	51,889	52,506	(617)
5230 • Meeting Expense				325	1,667	(1,342)	1,775	15,003	(13,228)
5235 • Director Stipend Expense				3,360	4,410	(1,050)	22,995	39,690	(16,695)
5240 • Catering Expense				200	708	(508)	1,250	6,372	(5,122)
5250 • Mileage Reimbursment Expense				0	208	(208)	0	1,872	(1,872)
5270 • Election Fees Expense				10,417	10,417	0	93,753	93,753	0
Total 5200 • Board Expenses				24,137	23,244	893	171,662	209,196	(37,534)
Total 5000 • Direct Expenses				100,196	140,305	(40,109)	885,156	1,262,745	(377,589)

Desert Healthcare District
Profit & Loss Budget vs. Actual
July 2020 through March 2021

		MONTH			TOTAL		
		Mar 21	Budget	\$ Over Budget	Jul '20 - Mar 21	Budget	\$ Over Budget
6000	General & Administrative Exp						
	6110 • Payroll fees Expense	174	208	(34)	1,599	1,872	(273)
	6120 • Bank and Investment Fees Exp	5,246	9,833	(4,587)	61,884	88,497	(26,613)
	6125 • Depreciation Expense	1,102	1,167	(65)	9,918	10,503	(585)
	6126 • Depreciation-Solar Parking lot	15,072	15,072	0	135,648	135,648	0
	6130 • Dues and Membership Expense	2,667	3,337	(670)	45,300	30,033	15,267
	6200 • Insurance Expense	2,343	2,417	(74)	21,137	21,753	(616)
	6300 • Minor Equipment Expense	0	42	(42)	0	378	(378)
	6305 • Auto Allowance & Mileage Exp	462	600	(138)	4,388	5,400	(1,012)
	6306 • Staff- Auto Mileage reimb	0	625	(625)	44	5,625	(5,581)
	6309 • Personnel Expense	0	1,167	(1,167)	6,640	10,503	(3,863)
	6310 • Miscellaneous Expense	0	42	(42)	0	378	(378)
	6311 • Cell Phone Expense	485	776	(291)	4,949	6,984	(2,035)
	6312 • Wellness Park Expenses	960	83	877	960	747	213
	6315 • Security Monitoring Expense	0	42	(42)	449	378	71
	6340 • Postage Expense	92	417	(325)	1,496	3,753	(2,257)
	6350 • Copier Rental/Fees Expense	752	458	294	3,546	4,122	(576)
	6351 • Travel Expense	0	1,667	(1,667)	0	15,003	(15,003)
	6352 • Meals & Entertainment Exp	314	875	(561)	2,595	7,875	(5,280)
	6355 • Computer Services Expense	3,795	3,775	20	16,900	33,975	(17,075)
	6360 • Supplies Expense	2,625	2,167	458	11,931	19,503	(7,572)
	6380 • LAFCO Assessment Expense	0	208	(208)	1,727	1,872	(145)
	6400 • East Valley Office	2,137	2,517	(380)	19,818	22,653	(2,835)
	Total 6000 • General & Administrative Exp	38,226	47,495	(9,269)	350,929	427,455	(76,526)
	6325 • CEO Discretionary Fund	0	2,083	(2,083)	19,000	18,747	253
	6445 • LPMP Expenses	82,435	97,955	(15,520)	733,947	881,595	(147,648)
6500	Professional Fees Expense						
	6516 • Professional Services Expense	18,772	77,198	(58,426)	148,827	694,782	(545,955)
	6520 • Annual Audit Fee Expense	1,313	1,313	0	12,042	11,817	225
	6530 • PR/Communications/Website	3,055	11,375	(8,320)	25,597	102,375	(76,778)
	6560 • Legal Expense	9,473	15,000	(5,527)	118,630	135,000	(16,370)
	Total 6500 • Professional Fees Expense	32,613	104,886	(72,273)	305,096	943,974	(638,878)
6700	Trust Expenses						
	6720 • Pension Plans Expense						
	6721 • Legal Expense	0	167	(167)	0	1,503	(1,503)
	6725 • RPP Pension Expense	7,500	7,500	0	67,500	67,500	0
	6728 • Pension Audit Fee Expense	458	1,125	(667)	8,740	10,125	(1,385)
	Total 6700 • Trust Expenses	7,958	8,792	(834)	76,240	79,128	(2,888)
	Total Expense Before Grants	261,428	401,516	(140,088)	2,370,370	3,613,676	(1,243,306)
7000	Grants Expense						
	7010 • Major Grant Awards Expense	560,905	333,333	227,572	1,593,501	2,999,997	(1,406,496)
	7027 • Grant Exp - NEOPB	3,706	7,000	(3,294)	33,439	63,000	(29,561)
	Total 7000 • Grants Expense	564,611	340,333	224,278	1,626,940	3,062,997	(1,436,057)
	Net Income	(663,240)	(494,182)	(169,058)	1,200,486	(1,132,078)	2,332,564

Las Palmas Medical Plaza
Profit & Loss Budget vs. Actual
July 2020 through March 2021

		MONTH			TOTAL		
		Mar 21	Budget	\$ Over Budget	Jul '20 - Mar 21	Budget	\$ Over Budget
Income							
	4500 · LPMP Income						
	4505 · Rental Income	74,056	71,672	2,384	676,060	645,048	31,012
	4510 · CAM Income	28,019	27,372	647	253,759	246,348	7,411
	4513 · Misc. Income	0	33	(33)	0	297	(297)
	Total 4500 · LPMP Income	102,075	99,077	2,998	929,819	891,693	38,126
Expense							
	6445 · LPMP Expenses						
	6420 · Insurance Expense	2,599	2,750	(151)	23,391	24,750	(1,359)
	6425 · Building - Depreciation Expense	21,487	21,879	(392)	193,383	196,911	(3,528)
	6426 · Tenant Improvements -Dep Exp	15,320	16,833	(1,513)	134,730	151,497	(16,767)
	6427 · HVAC Maintenance Expense	2,414	1,333	1,081	8,453	11,997	(3,544)
	6428 · Roof Repairs Expense	0	208	(208)	0	1,872	(1,872)
	6431 · Building -Interior Expense	0	833	(833)	10,235	7,497	2,738
	6432 · Plumbing -Interior Expense	0	333	(333)	6,228	2,997	3,231
	6433 · Plumbing -Exterior Expense	0	208	(208)	0	1,872	(1,872)
	6434 · Allocation Internal Prop. Mgmt	5,161	5,166	(5)	46,449	46,494	(45)
	6435 · Bank Charges	2,071	1,125	946	20,427	10,125	10,302
	6437 · Utilities -Vacant Units Expense	188	83	105	1,730	747	983
	6439 · Deferred Maintenance Repairs Ex	2,000	833	1,167	2,000	7,497	(5,497)
	6440 · Professional Fees Expense	10,117	10,472	(355)	91,053	94,248	(3,195)
	6441 · Legal Expense	0	83	(83)	0	747	(747)
	6455 · Bad Debt Expense	0	0	0	5,543	0	5,543
	6458 · Elevators - R & M Expense	1,649	1,000	649	8,913	9,000	(87)
	6460 · Exterminating Service Expense	0	333	(333)	1,400	2,997	(1,597)
	6463 · Landscaping Expense	0	14,167	(14,167)	6,380	127,503	(121,123)
	6467 · Lighting Expense	0	500	(500)	4,118	4,500	(382)
	6468 · General Maintenance Expense	0	83	(83)	0	747	(747)
	6471 · Marketing-Advertising	0	1,250	(1,250)	2,507	11,250	(8,743)
	6475 · Property Taxes Expense	6,000	6,008	(8)	54,000	54,072	(72)
	6476 · Signage Expense	0	125	(125)	0	1,125	(1,125)
	6480 · Rubbish Removal Medical Waste E	1,546	1,583	(37)	12,989	14,247	(1,258)
	6481 · Rubbish Removal Expense	2,301	2,250	51	20,488	20,250	238
	6482 · Utilities/Electricity/Exterior	531	625	(94)	4,476	5,625	(1,149)
	6484 · Utilities - Water (Exterior)	451	625	(174)	4,669	5,625	(956)
	6485 · Security Expenses	7,140	7,167	(27)	68,625	64,503	4,122
	6490 · Miscellaneous Expense	1,460	100	1,360	1,760	900	860
	6445 · LPMP Expenses	82,435	97,955	(15,520)	733,947	881,595	(147,648)
Net Income		19,640	1,122	18,518	195,872	10,098	185,774

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of March 31, 2021

				Mar 31, 21	Mar 31, 20
ASSETS					
	Current Assets				
	Checking/Savings				
		1000 · CHECKING CASH ACCOUNTS		667,548	1,716,582
		1100 · INVESTMENT ACCOUNTS		62,635,303	61,038,610
		Total Checking/Savings		63,302,851	62,755,192
		Total Accounts Receivable		34,237	106,374
	Other Current Assets				
		1204.1 · Rent Receivable-Deferred COVID		171,459	0
		1270 · Prepaid Insurance -Ongoing		18,553	13,647
		1279 · Pre-Paid Fees		12,957	10,108
		1281 · NEOPB Receivable		20,803	0
		1295 · Property Tax Receivable		9,138	1,247,289
		1565 · Retirement Plan ForfeitureAsset		0	10,017
		Total Other Current Assets		232,910	1,281,061
		Total Current Assets		63,569,998	64,142,627
	Fixed Assets				
		1300 · FIXED ASSETS		4,913,164	4,913,164
		1335-00 · ACC DEPR		(2,184,193)	(1,971,764)
		1400 · LPMP Assets		6,863,572	6,929,874
		Total Fixed Assets		9,592,543	9,871,274
	Other Assets				
		1700 · OTHER ASSETS		2,909,152	2,867,136
	TOTAL ASSETS			76,071,693	76,881,037

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of March 31, 2021

					Mar 31, 21	Mar 31, 20
LIABILITIES & EQUITY						
	Liabilities					
	Current Liabilities					
	Accounts Payable					
		2000 - Accounts Payable			3,279	39,104
		2001 - LPMP Accounts Payable			7,656	5,832
		Total Accounts Payable			10,935	44,936
	Other Current Liabilities					
		2002 - LPMP Property Taxes			(17,950)	(16,924)
		2131 - Grant Awards Payable			2,788,296	5,986,961
		2133 - Accrued Accounts Payable			233,303	129,550
		2141 - Accrued Vacation Time			80,421	36,708
		2188 - Current Portion - LTD			3,701	3,701
		2190 - Investment Fees Payable			27,000	23,244
		Total Other Current Liabilities			3,114,771	6,163,240
	Total Current Liabilities				3,125,706	6,208,176
	Long Term Liabilities					
		2170 - RPP - Pension Liability			4,671,754	3,485,623
		2171 - RPP-Deferred Inflows-Resources			370,700	1,643,743
		2280 - Long-Term Disability			28,809	40,626
		2281 - Grants Payable - Long-term			6,660,000	5,400,000
		2286 - Retirement BOD Medical Liabilit			48,544	73,416
		2290 - LPMP Security Deposits			52,520	61,962
	Total Long Term Liabilities				11,832,327	10,705,370
	Total Liabilities				14,958,033	16,913,546
	Equity					
		3900 - *Retained Earnings			59,913,158	55,207,356
		Net Income			1,200,486	4,760,138
	Total Equity				61,113,644	59,967,494
	TOTAL LIABILITIES & EQUITY				76,071,693	76,881,037

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of March 31, 2021

|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of March 31, 2021

					Mar 31, 21	Mar 31, 20
				1335-00 · ACC DEPR		
				1335 · Accumulated Depreciation	(220,368)	(211,352)
				1336 · Acc. Software Depreciation	(68,770)	(68,770)
				1337 · Accum Deprec- Solar Parking Lot	(1,733,451)	(1,552,587)
				1338 · Accum Deprec - LPMP Parking Lot	(161,604)	(139,055)
				Total 1335-00 · ACC DEPR	(2,184,193)	(1,971,764)
				1400 · LPMP Assets		
				1401 · Building	8,705,680	8,705,680
				1402 · Land	2,165,300	2,165,300
				1403 · Tenant Improvements -New	2,187,796	2,214,163
				1404 · Tenant Improvements - CIP	129,550	129,550
				1406 · Building Improvements		
				1406.1 · LPMP-Replace Parking Lot	676,484	676,484
				1406.2 · Building Improvements-CIP	285,005	0
				1406 · Building Improvements - Other	1,581,558	1,559,534
				Total 1406 · Building Improvements	2,543,047	2,236,018
				1407 · Building Equipment Improvements	375,185	364,891
				1409 · Accumulated Depreciation		
				1410 · Accum. Depreciation	(7,585,660)	(7,349,598)
				1412 · T I Accumulated Dep.-New	(1,657,326)	(1,536,130)
				Total 1409 · Accumulated Depreciation	(9,242,986)	(8,885,728)
				Total 1400 · LPMP Assets	6,863,572	6,929,874
				Total Fixed Assets	9,592,543	9,871,274
				Other Assets		
				1700 · OTHER ASSETS		
				1731 · Wellness Park	1,693,800	1,693,800
				1740 · RPP-Deferred Outflows-Resources	1,204,238	1,159,189
				1741 · OPEB-Deferrred Outflows-Resourc	11,114	14,147
				Total Other Assets	2,909,152	2,867,136
				TOTAL ASSETS	76,071,693	76,881,037

Desert Healthcare District
Balance Sheet Previous Year Comparison
As of March 31, 2021

						Mar 31, 21	Mar 31, 20
LIABILITIES & EQUITY							
	Liabilities						
	Current Liabilities						
	Accounts Payable						
		2000 · Accounts Payable			3,279	39,104	
		2001 · LPMP Accounts Payable			7,656	5,832	
		Total Accounts Payable			10,935	44,936	
	Other Current Liabilities						
		2002 · LPMP Property Taxes			(17,950)	(16,924)	
		2131 · Grant Awards Payable			2,788,296	5,986,961	
		2133 · Accrued Accounts Payable			233,303	129,550	
		2141 · Accrued Vacation Time			80,421	36,708	
		2188 · Current Portion - LTD			3,701	3,701	
		2190 · Investment Fees Payable			27,000	23,244	
		Total Other Current Liabilities			3,114,771	6,163,240	
	Total Current Liabilities				3,125,706	6,208,176	
	Long Term Liabilities						
		2170 · RPP - Pension Liability			4,671,754	3,485,623	
		2171 · RPP-Deferred Inflows-Resources			370,700	1,643,743	
		2280 · Long-Term Disability			28,809	40,626	
		2281 · Grants Payable - Long-term			6,660,000	5,400,000	
		2286 · Retirement BOD Medical Liabilit			48,544	73,416	
		2290 · LPMP Security Deposits			52,520	61,962	
	Total Long Term Liabilities				11,832,327	10,705,370	
	Total Liabilities				14,958,033	16,913,546	
	Equity						
		3900 · *Retained Earnings			59,913,158	55,207,356	
		Net Income			1,200,486	4,760,138	
	Total Equity				61,113,644	59,967,494	
	TOTAL LIABILITIES & EQUITY				76,071,693	76,881,037	

Desert Healthcare District
A/R Aging Summary
As of March 31, 2021

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL	COMMENT
Desert Family Medical Center	(3,753)	0	0	0	0	(3,753)	Prepaid
Desert Healthcare Foundation-	30,815	0	30,815	209	0	61,839	Due from Foundation
EyeCare Services Partners Management LLC	(7,217)	0	0	0	0	(7,217)	Prepaid
Hassan Bencheqroun, M.D.	(2,639)	0	0	0	0	(2,639)	Prepaid
Laboratory Corporation of America	0	(4,859)	0	0	0	(4,859)	Prepaid
Quest Diagnostics Incorporated	0	(3,864)	0	0	0	(3,864)	Prepaid
Sleep Treatment Partners, Inc.	0	(550)	0	0	0	(550)	Prepaid
Sovereign	0	750	0	0	0	750	Slow pay
Steven Gundry, M.D.	(5,471)	0	0	0	0	(5,471)	Prepaid
TOTAL	11,735	(8,523)	30,815	209	0	34,236	

Desert Healthcare District
Deposit Detail
March 2021

Type	Date	Name	Amount
Deposit	03/01/2021		20
		Riverside County Treasurer - Property Tax	(20)
TOTAL			(20)
Deposit	03/02/2021		1,749
		T-Mobile	(1,749)
TOTAL			(1,749)
Deposit	03/03/2021		33
		Pitney Bowes Global Financial Services	(33)
TOTAL			(33)
Deposit	03/10/2021		790
		Miscellaneous - Refund of Cancelled Conference	(790)
TOTAL			(790)
Deposit	03/17/2021		56
		California Business Bureau, Inc.	(56)
TOTAL			(56)
Deposit	03/18/2021		14,634
		Riverside County Treasurer - Property Tax	(14,634)
TOTAL			(14,634)
Deposit	03/19/2021		4,134
		Riverside County Treasurer - Property Tax	(4,134)
TOTAL			(4,134)

Desert Healthcare District
Deposit Detail
 March 2021

Type	Date	Name	Amount
Deposit	03/30/2021		1,749
		T-Mobile	(1,749)
TOTAL			(1,749)
		TOTAL	23,165

DESERT HEALTHCARE DISTRICT											
PROPERTY TAX RECEIPTS FY 2020 - 2021											
RECEIPTS - NINE MONTHS ENDED MARCH 31, 2021											
	FY 2019-2020 Projected/Actual						FY 2020-2021 Projected/Actual				
	Budget %	Budget \$	Act %	Actual Receipts	Variance		Budget %	Budget \$	Act %	Actual Receipts	Variance
July	2.5%	\$ 168,407	0.0%	\$ -	\$ (168,407)		2.5%	\$ 154,934	0.0%	\$ -	\$ (154,934)
Aug	1.6%	\$ 107,780	2.9%	\$ 207,292	\$ 99,512		1.6%	\$ 99,158	2.4%	\$ 149,547	\$ 50,390
Sep	2.6%	\$ 175,143	0.0%	\$ -	\$ (175,143)		2.6%	\$ 161,131	0.0%	\$ -	\$ (161,131)
Oct	0.0%	\$ -	2.2%	\$ 158,895	\$ 158,895		0.0%	\$ -	2.6%	\$ 162,968	\$ 162,968
Nov	0.4%	\$ 26,945	0.0%	\$ -	\$ (26,945)		0.4%	\$ 24,789	0.0%	\$ -	\$ (24,789)
Dec	16.9%	\$ 1,138,429	17.1%	\$ 1,222,723	\$ 84,294		16.9%	\$ 1,047,354	20.6%	\$ 1,279,429	\$ 232,075
Jan	31.9%	\$ 2,148,868	31.1%	\$ 2,228,697	\$ 79,829		31.9%	\$ 1,976,959	41.9%	\$ 2,596,795	\$ 619,836
Feb	0.0%	\$ -	1.0%	\$ 69,468	\$ 69,468		0.0%	\$ -	1.5%	\$ 94,294	\$ 94,294
Mar	0.3%	\$ 20,209	1.0%	\$ 71,486	\$ 51,277		0.3%	\$ 18,592	0.3%	\$ 18,789	\$ 196
Apr	5.5%	\$ 370,495	5.7%	\$ 405,506	\$ 35,012		5.5%	\$ 340,855	0.0%		
May	19.9%	\$ 1,340,517	1.4%	\$ 101,619	\$ (1,238,897)		19.9%	\$ 1,233,275	0.0%		
June	18.4%	\$ 1,239,473	37.6%	\$ 2,695,867	\$ 1,456,394		18.4%	\$ 1,140,315	0.0%		
Total	100%	\$ 6,736,264	100.0%	\$ 7,161,553	\$ 425,289		100.00%	\$ 6,197,363	69.4%	\$ 4,301,821	\$ 818,903

Las Palmas Medical Plaza
Deposit Detail - LPMP
March 2021

Type	Date	Name	Amount
Deposit	03/03/2021		15,327
Payment	03/03/2021	Steven Gundry, M.D.	(5,471)
Payment	03/03/2021	Hassan Bencheqroun, M.D.	(2,639)
Payment	03/03/2021	EyeCare Services Partners Management LLC	(7,217)
TOTAL			(15,327)
Deposit	03/05/2021		5,966
Payment	03/05/2021	Sleep Treatment Partners, Inc.	(550)
Payment	03/04/2021	Desert Regional Medical Center	(5,416)
TOTAL			(5,966)
Deposit	03/08/2021		6,717
Payment	03/08/2021	Palmtree Clinical Research	(6,717)
TOTAL			(6,717)
Deposit	03/08/2021		63,503
Payment	03/05/2021	Pathway Pharmaceuticals, Inc.	(2,346)
Payment	03/04/2021	Tenet HealthSystem Desert, Inc	(6,066)
Payment	03/04/2021	Tenet HealthSystem Desert, Inc.	(32,131)
Payment	03/05/2021	Aijaz Hashmi, M.D., Inc.	(2,803)
Payment	03/05/2021	Brad A. Wolfson, M.D.	(3,430)
Payment	03/05/2021	Cohen Musch Thomas Medical Group	(4,349)
Payment	03/05/2021	Cure Cardiovascular Consultants	(2,962)
Payment	03/05/2021	Derakhsh Fozouni, M.D.	(6,101)
Payment	03/05/2021	Ramy Awad, M.D.	(3,315)
TOTAL			(63,503)
Deposit	03/10/2021		3,184
Payment	03/10/2021	Peter Jamieson, M.D.	(3,184)
TOTAL			(3,184)

Las Palmas Medical Plaza
Deposit Detail - LPMP
March 2021

Type	Date	Name	Amount
Deposit	03/23/2021		5,286
Payment	03/22/2021	Laboratory Corporation of America	(5,286)
TOTAL			(5,286)
Deposit	03/24/2021		560
		Sleep Treatment Partners, Inc.	(10)
		Sleep Treatment Partners, Inc.	(550)
TOTAL			(560)
Deposit	03/25/2021		3,864
Payment	03/25/2021	Quest Diagnostics Incorporated	(3,864)
TOTAL			(3,864)
Deposit	03/26/2021		550
Payment	03/26/2021	Sleep Treatment Partners, Inc.	(550)
TOTAL			(550)
Deposit	03/31/2021		8,110
Payment	03/31/2021	Hassan Bencheqroun, M.D.	(2,639)
Payment	03/31/2021	Steven Gundry, M.D.	(5,471)
TOTAL			(8,110)
Deposit	03/31/2021		7,217
Payment	03/31/2021	EyeCare Services Partners Management LLC	(7,217)
TOTAL			(7,217)
Deposit	03/31/2021		3,753
Payment	03/31/2021	Desert Family Medical Center	(3,753)
TOTAL			(3,753)
		TOTAL	124,037

Desert Healthcare District
Check Register
As of March 31, 2021

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1010 - Union Bank - Checking				
Bill Pmt -Check	03/03/2021	16341	AgostinoCreative	(3,000)
Bill Pmt -Check	03/03/2021	16342	First Bankcard (Union Bank)	(1,042)
Bill Pmt -Check	03/03/2021	16343	Leticia De Lara - Stipend	(525)
Bill Pmt -Check	03/03/2021	16344	Our Lady of Guadalupe Church	(10,000)
Bill Pmt -Check	03/03/2021	16345	The Chronicle of Philanthropy	(170)
Bill Pmt -Check	03/03/2021	16346	Underground Service Alert of Southern Cal	(2)
Bill Pmt -Check	03/03/2021	16347	Verizon Wireless	(720)
Bill Pmt -Check	03/03/2021	16348	Carmina Zavala - Premium Reimbursement & Stipend	(1,343)
Bill Pmt -Check	03/03/2021	16349	First Bankcard (Union Bank)	(804)
Bill Pmt -Check	03/03/2021	16350	HARC, INC.	(11,081)
Bill Pmt -Check	03/03/2021	16351	Rauch Communication Consultants	(858)
Bill Pmt -Check	03/03/2021	16352	Regional Access Project Foundation	(2,000)
Bill Pmt -Check	03/03/2021	16353	So.Cal Computer Shop	(810)
Bill Pmt -Check	03/04/2021	16354	Rogers, Carole - Stipend	(525)
Check	03/05/2021	Auto Pay	Calif. Public Employees'Retirement System	(11,600)
Liability Check	03/05/2021		QuickBooks Payroll Service	(42,022)
Bill Pmt -Check	03/10/2021	16355	Arthur Shorr - Stipend	(945)
Bill Pmt -Check	03/10/2021	16356	Maggie Martinez	(3,333)
Bill Pmt -Check	03/10/2021	16357	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	03/10/2021	16358	OneFuture Coachella Valley	(78,750)
Bill Pmt -Check	03/10/2021	16359	Staples Credit Plan	(881)
Bill Pmt -Check	03/10/2021	16360	State Compensation Insurance Fund	(862)
Bill Pmt -Check	03/10/2021	16361	Top Shop	(617)
Bill Pmt -Check	03/10/2021	16362	Xerox Financial Services	(358)
Bill Pmt -Check	03/11/2021	16363	CalCPA	(535)
Bill Pmt -Check	03/11/2021	16364	PolicyMap, Inc.	(5,006)
Bill Pmt -Check	03/17/2021	16365	Alzheimer's Association	(14,969)
Bill Pmt -Check	03/17/2021	16366	Arthur Shorr - Medicare Reimbursement	(8,439)
Bill Pmt -Check	03/17/2021	16367	Clear Impact	(2,400)
Bill Pmt -Check	03/17/2021	16368	CoPower Employers' Benefits Alliance	(1,687)
Bill Pmt -Check	03/17/2021	16369	Jewish Family Service of the Desert	(36,000)
Bill Pmt -Check	03/17/2021	16370	Purchase Power	(125)
Bill Pmt -Check	03/17/2021	16371	Time Warner Cable	(250)
Bill Pmt -Check	03/17/2021	16372	Vanessa Smith - Mileage Reimbursement	(42)
Bill Pmt -Check	03/17/2021	16373	Ernest Enterprises	(426)
Bill Pmt -Check	03/18/2021	ACH 031821	Law Offices of Scott & Jackson	(9,473)
Bill Pmt -Check	03/18/2021	16374	Principal Life Insurance Co.	(1,612)

Desert Healthcare District
Check Register
As of March 31, 2021

Type	Date	Num	Name	Amount
Liability Check	03/19/2021		QuickBooks Payroll Service	(41,863)
Bill Pmt -Check	03/24/2021	16375	Desert Communities EAC	(40)
Bill Pmt -Check	03/24/2021	16376	Liebert Cassidy Whitmore	(190)
Bill Pmt -Check	03/24/2021	16377	Regional Access Project Foundation	(137)
Bill Pmt -Check	03/24/2021	16378	Shred-It	(106)
Bill Pmt -Check	03/24/2021	16379	Eric Taylor - Expense Reimbursement	(49)
Bill Pmt -Check	03/24/2021	16380	Ready Refresh	(50)
Bill Pmt -Check	03/25/2021	16381	Grantmakers In Health	(3,250)
Check	03/25/2021		Bank Service Charge	(746)
Bill Pmt -Check	03/31/2021	16382	Carmina Zavala - Premium Reimbursement & Stipend	(1,028)
Bill Pmt -Check	03/31/2021	16383	Image Source	(234)
Bill Pmt -Check	03/31/2021	16384	Verizon Wireless	(615)
Bill Pmt -Check	03/31/2021	16385	Xerox Financial Services	(394)
Bill Pmt -Check	03/31/2021	16386	Zendle, Les - Stipend	(630)
Bill Pmt -Check	03/31/2021	16387	So.Cal Computer Shop	(189)
Bill Pmt -Check	03/31/2021	16388	HARC, INC.	(13,859)
TOTAL				(317,092)

**Las Palmas Medical Plaza
Check Register - LPMP
As of March 31, 2021**

Type	Date	Num	Name	Amount
1000 - CHECKING CASH ACCOUNTS				
1046 - Las Palmas Medical Plaza				
Bill Pmt -Check	03/03/2021	10314	Desert Water Agency	(358)
Bill Pmt -Check	03/03/2021	10315	Palm Springs Disposal Services Inc	(2,301)
Bill Pmt -Check	03/03/2021	10316	Stericycle, Inc.	(1,544)
Bill Pmt -Check	03/03/2021	10317-VOID	The Chronicle of Philanthropy	0
Bill Pmt -Check	03/03/2021	10318	Imperial Security	(1,785)
Bill Pmt -Check	03/10/2021	10319	Desert Air Conditioning Inc.	(2,414)
Bill Pmt -Check	03/10/2021	10320	INPRO-EMS Construction	(3,000)
Bill Pmt -Check	03/10/2021	10321	Marina Landscape, Inc.	(110,580)
Bill Pmt -Check	03/17/2021	10322	Frontier Communications	(239)
Bill Pmt -Check	03/17/2021	10323	Imperial Security	(1,785)
Bill Pmt -Check	03/17/2021	10324	INPRO-EMS Construction	(10,117)
Bill Pmt -Check	03/17/2021	10325	Matthew Jennings Riverside Co. Treasurer	(35,975)
Bill Pmt -Check	03/17/2021	10326	Southern California Edison	(695)
Bill Pmt -Check	03/24/2021	10327	Amtech Elevator Services	(1,410)
Bill Pmt -Check	03/24/2021	10328-VOID	Imperial Security	0
Bill Pmt -Check	03/24/2021	10329	Desert Oasis Healthcare - Deposit Refund	(1,364)
Bill Pmt -Check	03/24/2021	10330	Imperial Security	(3,570)
Bill Pmt -Check	03/24/2021	10331	LabCorp - Deposit Refund	(3,630)
Bill Pmt -Check	03/25/2021	10332	So.Cal Computer Shop	(1,460)
Bill Pmt -Check	03/31/2021	10333	Desert Water Agency	(451)
Bill Pmt -Check	03/31/2021	10334	INPRO-EMS Construction	(2,005)
Check	03/31/2021		Bank Service Charge	(2,071)
TOTAL				(186,754)



MEMORANDUM

DATE: April 13, 2021

TO: F&A Committee

RE: Retirement Protection Plan (RPP)

Current number of participants in Plan:

	<u>Feb</u>	<u>Mar</u>
Active – still employed by hospital	94	93
Vested – no longer employed by hospital	60	58
Former employees receiving annuity	<u>7</u>	<u>7</u>
Total	<u>161</u>	<u>158</u>

The outstanding liability for the RPP is approximately **\$3.7M** (Actives - \$2.4M and Vested - \$1.3M). US Bank investment account balance \$5.2M. Per the June 30, 2020 Actuarial Valuation, the RPP has an Unfunded Pension Liability of approximately **\$4.6M**. A monthly accrual of \$7.5K is being recorded each month as an estimate for FY2021.

The payouts, excluding monthly annuity payments, made from the Plan for the Nine (9) months ended March 31, 2021 totaled **\$428K**. Monthly annuity payments (7 participants) total **\$1.0K** per month.



Chief Administration Officer's Report

April 13, 2021

Landscape Renovation and Fire Alarm Electrical Connection project –

The landscape project is taking shape and looking very good. Most plant life is installed. Presently, the cobblestone and boulders are being placed. The DG and larger palm trees at the entrance are part of the remaining items to complete. Estimated completion mid-April.

The annual budgeting process is beginning with the draft FY21-22 budget scheduled to be presented to the Committee at the May 11, 2021 F&A Committee meeting.

Las Palmas Medical Plaza - Property Management:

Occupancy:

See attached unit rental status report.

92% currently occupied –

Total annual rent including CAM fees is **\$1,262,118**.

Leasing Activity:

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

Las Palmas Medical Plaza													
Unit Rental Status													
As of April 1, 2021													
Unit	Tenant Name	Deposit	Lease Dates		Term	Unit	Percent	Monthly	Annual	Rent Per	Monthly	Total Monthly	Total Annual
			From	To		Sq Feet	of Total	Rent	Rent	Sq Foot	CAM	Rent Inclg CAM	Rent Inclg CAM
											\$ 0.69		
3W, 101	Vacant					1,656	3.36%						
2W, 107	Vacant					1,024	2.07%						
1W, 204	Vacant					1,280	2.59%						
Total - Vacancies						3,960	8.02%						
Total Suites-31 - 28 Suites Occupied		\$ 52,519.50				49,356	92.0%	\$ 74,051.25	\$ 888,615.00	\$ 1.63	\$ 31,125.28	\$ 105,176.53	\$ 1,262,118.36
			Summary - All Units										
			Occupied	45,396	92.0%								
			Vacant	3,960	8.0%								
			Pending	0	0%								
			Total	49,356	100%								

DESERT HEALTHCARE DISTRICT							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
As of 03/31/21							
TWELVE MONTHS ENDED JUNE 30, 2021							
Grant ID Nos.	Name	Approved Grants - Prior Yrs	Current Yr 2020-2021	6/30/2020 Bal Fwd/New	Total Paid July-June	Open BALANCE	
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000		\$ 8,330,000	\$ -	\$ 8,330,000	
2018-974-BOD-09-25-18	HARC - 2019 Coachella Valley Community Health Survey - 2 Yr	\$ 399,979		\$ 39,999	\$ 39,998	\$ -	
2019-985-BOD-03-26-19	Coachella Valley Volunteers in Medicine - Primary Healthcare & Support Services - 1 Yr	\$ 121,500		\$ 12,150	\$ 12,150	\$ -	
2019-986-BOD-05-28-19	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr	\$ 200,000		\$ 20,000	\$ 20,000	\$ -	
2019-997-BOD-05-28-19	Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	\$ 200,896		\$ 20,090	\$ 20,090	\$ -	
2019-989-BOD-05-28-19	Pegasus Riding Academy - Cover the Hard Costs of Pegasus Clients - 1 Yr	\$ 109,534		\$ 10,954	\$ 10,954	\$ -	
2019-994-BOD-05-28-19	One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yr	\$ 700,000		\$ 385,000	\$ 236,250	\$ 148,750	
2019-1000-BOD-05-28-19	Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$ 24,000		\$ 2,400	\$ 2,400	\$ -	
2019-1017-BOD-09-24-19	Jewish Family Services - Case Management Services for Homeless Prevention - 1 Yr	\$ 90,000		\$ 9,000	\$ 8,855	\$ 145	
	3 Unexpended funds Grant #1017					\$ (145)	
2019-1023-BOD-10-22-19	CVRM - Transportation for Seniors & Homeless Hospital Discharge Referrals - 1 Yr	\$ 216,200		\$ 118,910	\$ 113,586	\$ 5,324	
	3 Unexpended funds Grant #1023					\$ (5,324)	
2019-1021-BOD-11-26-19	Neuro Vitality Center - Community Based Adult Services Program - 6 Months	\$ 143,787		\$ 79,083	\$ 50,323	\$ 28,760	
	1 Unexpended funds Grant #1021					\$ (28,760)	
2020-1045-BOD-03-24-20	FIND Food Bank - Ending Hunger Today, Tomorrow, and for a Lifetime - 1 Yr	\$ 401,380		\$ 311,069	\$ 270,933	\$ 40,136	
2020-1129-BOD-05-26-20	Coachella Valley Volunteers In Medicine - Response to COVID-19	\$ 149,727		\$ 149,727	\$ 149,727	\$ -	
2020-1085-BOD-05-26-20	Olive Crest Treatment Center - General Support for Mental Health Services	\$ 50,000		\$ 27,500	\$ 22,500	\$ 5,000	
2020-1057-BOD-05-26-20	Desert Cancer Foundation - Patient Assistance Program	\$ 150,000		\$ 82,500	\$ 67,500	\$ 15,000	
2020-1124-BOD-06-23-20	Regents of UCR - COVID-19 Testing & Health Education for Eastern Valley - 5 Months	\$ 149,976		\$ 149,976	\$ 149,976	\$ -	
2020-1134-BOD-07-28-20	1 Desert Healthcare Foundation - Addressing Healthcare Needs of Black Communities		\$ 600,000	\$ 600,000	\$ 500,000	\$ 100,000	
2020-1139-BOD-09-22-20	1 CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr		\$ 50,000	\$ 50,000	\$ 22,500	\$ 27,500	
2020-1135-BOD-11-24-20	5 Hope Through Housing Foundation - Family Resilience - 1 Yr		\$ 20,000	\$ 20,000	\$ 9,000	\$ 11,000	
2020-1149-BOD-12-15-20	1 Voices for Children - Court Appointed Special Advocate Program - 1 Yr		\$ 40,000	\$ 40,000	\$ 18,000	\$ 22,000	
2021-1136-BOD-01-26-21	1 Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr		\$ 119,432	\$ 119,432	\$ 53,744	\$ 65,688	
2021-1147-BOD-01-26-21	4 Alzheimer's Association - Critical Program Support - 1 Yr		\$ 33,264	\$ 33,264	\$ 14,969	\$ 18,295	
2021-1162-BOD-01-26-21	2 Joslyn Center - Wellness Center Program Support - 1 Yr		\$ 109,130	\$ 109,130	\$ 49,108	\$ 60,022	
2021-1170-BOD-02-23-21	2 Jewish Family Services - Mental Health Counseling for Underserved Residents - 1 yr		\$ 80,000	\$ 80,000	\$ 36,000	\$ 44,000	
2021-BOD-02-23-21	5 COVID-19 Recovery Grants in Collaboration with Regional Access Project Foundation		\$ 100,000	\$ 100,000	\$ -	\$ 100,000	
2021-1141-BOD-03-23-21	3 Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr		\$ 210,905	\$ 210,905	\$ -	\$ 210,905	
2021-1171-BOD-03-23-21	1 Blood Bank of San Bernardino and Riverside Counties - Bloodmobiles for Coachella Valley		\$ 150,000	\$ 150,000	\$ -	\$ 150,000	
2021-1174-BOD-03-23-21	4 Mizell Center - Geriatric Case Management Program		\$ 100,000	\$ 100,000	\$ -	\$ 100,000	
TOTAL GRANTS		\$ 13,106,979	\$ 1,612,731	\$ 11,361,089	\$ 1,878,563	\$ 9,448,296	
Amts available/remaining for Grant/Programs - FY 2020-21:							
Amount budgeted 2020-2021			\$ 4,000,000		G/L Balance:	3/31/2021	
Amount granted through March 31, 2021:			\$ (1,612,731)		2131	\$ 2,788,296	
Mini Grants:	1132, 1163		\$ (10,000)		2281	\$ 6,660,000	
Financial Audits of Non-Profits	8/15/20		\$ (5,000)				
Net adj - Grants not used:	1017, 1021, 1023		\$ 34,229		Total	\$ 9,448,296	
Matching external grant contributions			\$ -			\$ (0)	
Balance available for Grants/Programs			\$ 2,406,498				
Strategic Focus Areas FY20-21:							
	Grant Budget	Granted YTD	Available				
1 Healthcare Infrastructure and Services	\$ 1,500,000	\$ (930,672)	\$ 569,328				
2 Behavioral Health/Mental Health	\$ 500,000	\$ (189,130)	\$ 310,870				
3 Homelessness	\$ 500,000	\$ (210,436)	\$ 289,564				
4 Vital Human Services to People with Chronic Conditions	\$ 1,000,000	\$ (133,264)	\$ 866,736				
5 Economic Protection, Recovery and Food Security	\$ 500,000	\$ (130,000)	\$ 370,000				
Balance available for Grants/Programs			\$ 4,000,000	\$ (1,593,502)	\$ 2,406,498		



Date: April 27, 2021

To: Board of Directors

Subject: Consideration to approve a Property Management/Maintenance Agreement with INPRO-EMS Construction for property maintenance services for Las Palmas Medical Plaza – \$10,825 per month

Staff recommendation: Consideration to approve a Property Management - Maintenance Agreement with INPRO-EMS Construction for property maintenance services for Las Palmas Medical Plaza - \$10,825 per month.

Background:

- INPRO-EMS Construction (INPRO) has been the onsite property maintenance company for the Las Palmas Medical Plaza since 2017.
- During the 4 years of service, INPRO has performed at a high level of service without an increase in compensation. Monthly compensation is presently \$10,117 per month.
- It is customary to consider periodic compensation increases.
- INPRO continues to maintain a positive working relationship with the LPMP tenants and District staff.
- Staff recommends compensation be increased to \$10,825 per month.
- Staff recommends approval of the draft management/maintenance agreement for the period May 1, 2021 – April 30, 2022.
- At the April 13, 2021 Finance & Administration Committee meeting, the Committee approved the request and recommended forwarding to the Board for consideration of approval.
- Draft management/maintenance agreement is attached for your review.

Fiscal Impact:

\$10,825 per month. The Las Palmas Medical Plaza FY21-22 annual budget will be adjusted to accommodate the increase.

NOTE: The property maintenance fees are passed on to the LPMP tenants through the CAM charges.

**LAS PALMAS MEDICAL PLAZA
PROPERTY MANAGEMENT/MAINTENANCE
AGREEMENT**

This Property Management/Maintenance Agreement (“Agreement”) is entered into by and between the Desert Healthcare District (“District”), a public agency organized and operating pursuant to California Health & Safety Code sections 32000 et seq., and INPRO-EMS Construction (“Manager”), as follows:

RECITALS

A. District is the owner of the Las Palmas Medical Plaza, located at 555 Tachevah, Palm Springs, California (“Las Palmas”).

B. Manager is in the business of providing professional property management and maintenance services for a variety of clients in the Palm Springs, California, area.

C. District would like to retain Manager to provide property management and maintenance services for Las Palmas in accordance with the Exhibit “A” Scope of Services and pursuant to the terms and conditions of this Agreement.

COVENANTS

1. Term of Agreement

This Agreement shall be for a period of one (1) year commencing on **May 1, 2021, and ending April 30, 2022** (“Term”). At the expiration of the Term, this Agreement, if not renewed in writing for an additional fixed period and if not terminated in writing by either party as provided in Section 2, shall remain in effect on a month-to-month basis not to exceed three (3) months (“Extended Term”).

2. Termination of Agreement

Either party may terminate this Agreement upon thirty (30) calendar days’ written notice to the other party. If the Agreement is terminated prior to the last day of the month, District will prorate the monthly compensation fee as described in Section 6, Compensation.

3. Personnel

Manager will employ daily on-site maintenance personnel in order to maintain the Scope of Services as described in Exhibit “A.” All such on-site maintenance personnel shall be employees of Manager and will be paid prevailing wages.

4. Licenses

Manager shall perform the services pursuant to this Agreement in a skillful and competent manner, consistent with the standards generally recognized as being employed by professionals in the same discipline in the State of California and consistent with all applicable laws. Manager represents that it, its employees and subcontractors have all licenses, permits, qualifications, and approvals of whatever nature that are legally required to perform the Scope of Services to comply

with public works projects, including the payment of prevailing wages and any required business licenses, and that such licenses and approvals shall be maintained throughout the term of this Agreement.

5. Insurance Requirements

Manager shall provide proof of commercial general liability insurance to the District in amounts and with policies, endorsements, and conditions required by the District for the Scope of Services. If Manager is an employer or otherwise hires one or more employees during the term of this Agreement, Manager shall also provide proof of workers' compensation coverage for such employees which meets all requirements of state law.

6. Compensation

Invoices shall be submitted to the District monthly in the amount of ~~\$10,117.00~~\$10,825.00. District shall review and pay such invoices in a timely manner. Manager shall not be reimbursed for any expenses unless authorized in writing by District.

At any time during the term of this Agreement, District may request that Manager perform Extra Work. As used herein, "Extra Work" means any work that is determined by District to be necessary, but for which the parties did not reasonably anticipate would be necessary at the execution of this Agreement. Manager shall not perform, nor be compensated for, Extra Work without written authorization from District.

7. Financial Responsibilities to Vendors

Manager will review, attach approved purchase order, if applicable, and approve each invoice and forward to District for direct payment. District shall review and pay such invoices in a timely manner.

8. Records Management

Manager shall maintain its standard comprehensive system of office records, books, accounts, and contracts, which shall belong to District. District and others designated by District shall have access to such records at all times.

9. Monthly Reports

On or before the last day of each month during the Term of this Agreement and any Extended Term, Manager shall deliver to District a monthly report including inspection reports, correspondence sent and/or received on behalf of the District, photos of extraordinary maintenance issues, and recommendations. If requested, Manager shall also provide proof of certified payroll records submitted to the Labor Commissioner in the Department of Industrial Relations in the State of California, pursuant to California Labor Code section 1720.

10. Waiver and Indemnification

Manager shall defend, indemnify and hold District, its officials, directors, officers, employees, agents, and volunteers free and harmless from any and all claims, demands, causes of action, expenses, liabilities, losses, damages, and injuries to property or persons, including

wrongful death, in any manner arising out of or incident to any alleged negligent acts, omissions or willful misconduct of Manager, its officials, officers, employees, agents, consultants, and contractors arising out of or in connection with the performance of the Services or this Agreement, including, without limitation, the payment of all consequential damages, attorneys fees, and other related costs and expenses.

11. Assignment or Transfer

Manager shall not assign, hypothecate, or transfer, either directly or by operation of law, this Agreement or any interest herein without the prior written consent of the District. Any attempt to do so shall be null and void, and any assignees, hypothecates or transferees shall acquire no right or interest by reason of such attempted assignment, hypothecation or transfer.

12. Independent Contractor

District has retained Manager to provide management and maintenance services and Manager shall perform, such services as an independent contractor maintaining exclusive direction and control over its employees; and, no personnel utilized by Manager to perform such services are employees of the District.

DESERT HEALTHCARE DISTRICT:

INPRO:

Approved by:

Reviewed and Accepted by Management:

Leticia De Lara
President

Signature

Name

Date

Title

Date

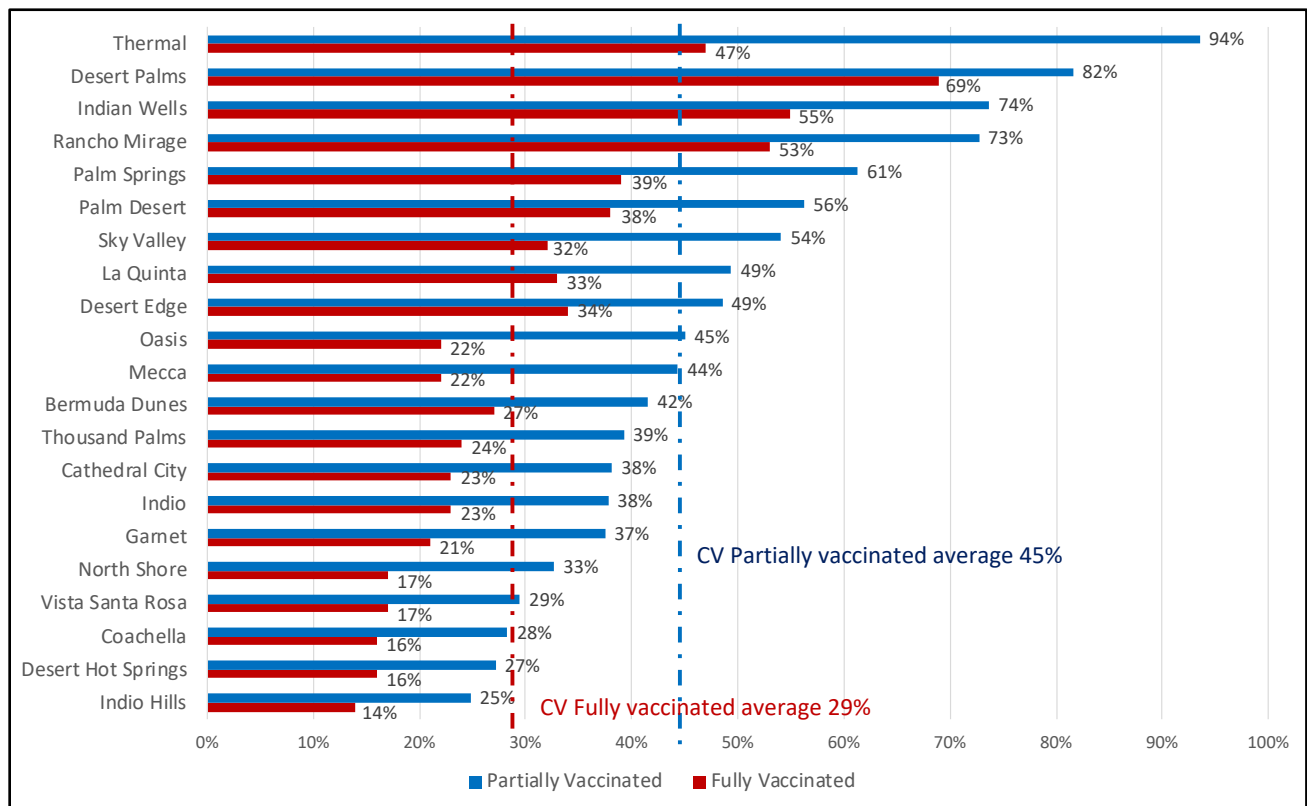


DESERT HEALTHCARE
DISTRICT & FOUNDATION

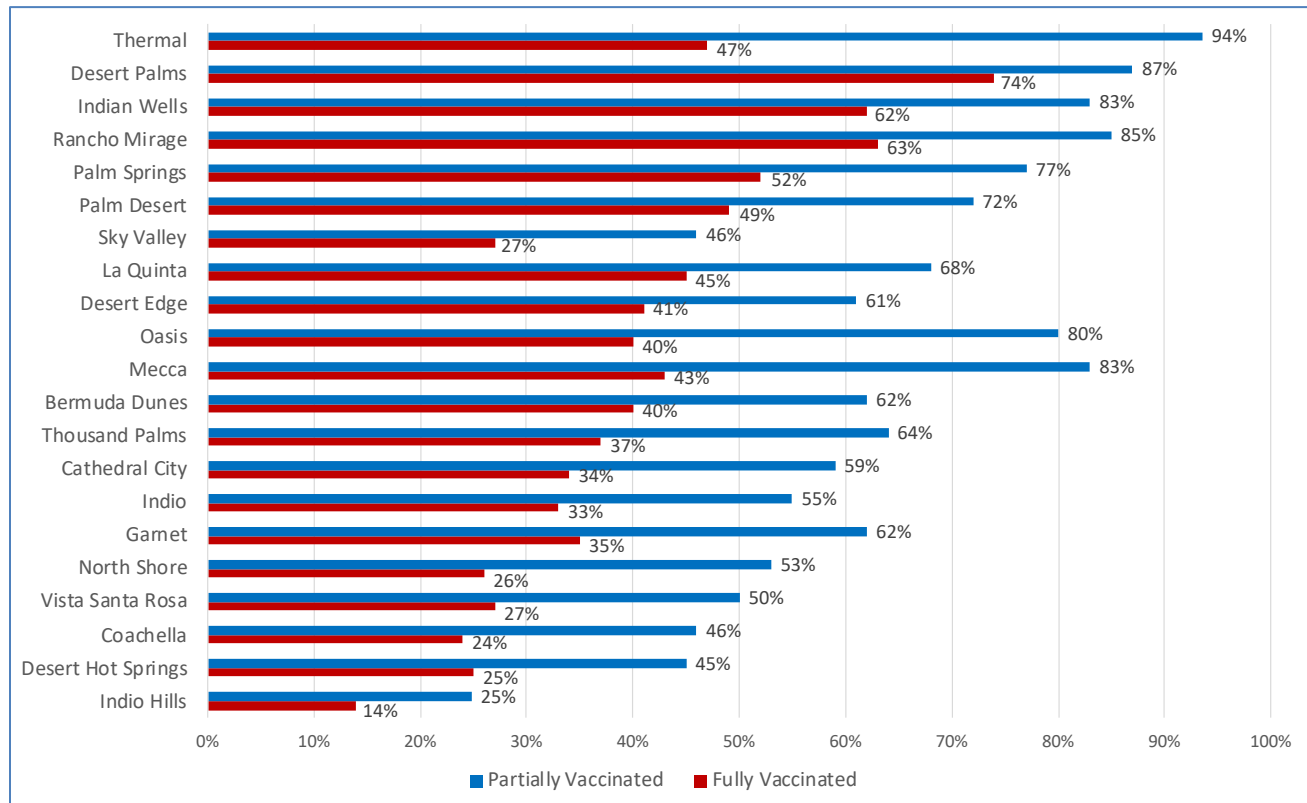
Date: April 27, 2021
To: Board of Directors
Subject: COVID-19 Vaccination Campaign for Underserved Communities
in the Coachella Valley - UPDATE

Information:

- Riverside County remains in the Orange or **“MODERATE”** in the state tier system, which allows for some indoor activities with modifications. There are 4.5 new cases per day per 100,000 residents, which is an increase of 50% compared to the previous week.
- State calculated positivity rate is 2.3%, which is higher than the state average of 1.5%.
- Local efforts to vaccinate eligible recipients started in late December when 2,820 doses of the vaccine were administered.
- The number of vaccine doses have increased steadily each month as follows: January 46,938; February 103,970; March 126, 281. It is estimated that another 125,000 doses will be administered in April.
- There have been some significant challenges with the single-dose Johnson & Johnson vaccine. In March, up to 15 million doses of Johnson & Johnson’s vaccine had to be discarded at a factory in Baltimore. A new report says problems were not fully investigated and other doses may be compromised. This adds to the recommendation to “pause” the use of the Johnson & Johnson’s vaccine due to at least six reported cases of Cerebral venous sinus thrombosis (CVST), a rare blood clot event.
- These news about the Johnson & Johnson vaccine have caused an increased in vaccine hesitance amongst members of our community.
- District staff continues to work with the County of Riverside Department of Public Health to ensure as many eligible recipients as possible are fully vaccinated.
- A new data partnership with the County has been established. Our District staff, Meghan Kane, MPH is working with RUHS Public Health Staff. DHCD staff is working with RUHS PH to develop a data exchange that allows for more timely data access and data analysis.
- Using available data DHCD staff has been informing local efforts to promote a more equitable distribution of vaccines and close the gap in vaccinations between communities with less healthy conditions and communities with healthier conditions (California Healthy Places Index) <https://healthyplacesindex.org>
- Desert Healthcare District and Foundation efforts through the Coachella Valley Equity Collaborative have made possible access to vaccine to traditionally underserved communities. To-date over 17,000 vaccine doses have been administered at sites supported by the collaborative.
- As result of these efforts, the most recent data shows that such gap has been closing in our region. See graph below:



Partially and fully vaccinated by city/CDP. Coachella Valley. 04/12/2021.



Partially and fully vaccinated by city/CDP. Coachella Valley. 04/23/2021.



Date: April 27, 2021

To: Board of Directors

Subject: Donation of \$175,000 from Coachella Valley Resource Conservation District for mobile unit to support COVID-19 testing and vaccination efforts in Eastern Coachella Valley.

Staff Recommendation: Information only

Background:

- CVRCD is a locally governed *special district* that works in partnership with the Natural Resource Conservation Service (NRCS), a service of the U.S. Department of Agriculture, to provide Coachella Valley farmers, desert habitat managers, homeowners, landscape nursery managers, golf course superintendents, and municipal land managers support with resource conservation issues.
- CVRCD's mission is to promote the wise use, conservation, and protection of natural resources in the Coachella Valley and surrounding desert regions through research, education, partnership, and on-site technical support, CVRCD helps public and private landowners and land managers voluntarily protect and sustainably use water, soil, air, animal, watershed and desert habitat resources.
- At its March 17, 2021, CVRCD Board approved **Resolution No. 2021-01** Authorizing the Use of District Funds to assist the Desert Healthcare District with the Purchase and Retrofit of a Mobile Unit for \$175,000.
- The resolution acknowledges that DHCD's efforts to mitigate the impact of COVID-19 and promoting vaccination amongst farm workers and farmers, play an important role in food safety and food supply, and consequently engaging in the conservation of farmland.
- At the March board meeting, staff was directed to explore options for the board to consider at a future meeting.

Update

- Staff visited Aleph Group, Inc., which is a mobile unit manufacturer with over 30 years of experience based out of Riverside, CA. The staff was presented with several options and mobile unit models ranging from 40ft mobile units to their smaller unit, which is 25ft in length.
- All mobile units built by Aleph Group, Inc., are custom-built according to the specific needs of the customer. Staff will be submitting those specific needs and will receive a mock-up of the floor plan, along with the cost of the mobile unit.
- Staff is also looking at other manufacturers to get price quotes on the mobile unit.
- Staff is working to bring a report to the board at the next meeting with options and recommendations.

Fiscal Impact:

\$175,000 Income to support the acquisition of a mobile unit
\$175,000 Expense to support an acquisition of a mobile unit



Date: April 27, 2021
To: Board of Directors
Subject: Timothy Ray Brown Memorial Bench and Plaque Dedication – May 7, 2021

Information:

- On Friday, May 7, 2021 there will be a ceremony at The Wellness Park, in honor of Timothy Ray Brown.
- Timothy Ray Brown was also known as "the Berlin patient". He was the first person to be cured of HIV after he was given a stem cell transplant from a donor who was naturally resistant to HIV in 2007.
- In July 2012, he founded the Timothy Ray Brown Foundation, an organization dedicated to fighting HIV/AIDS.
- Mr. Brown gave the world hope that an HIV cure was possible. He was a champion and advocate for keeping an HIV cure on the political and scientific agenda.
- He died in Palm Springs in September 2020.
- Enclosed, is a copy of the program for the Memorial Bench and Plaque Dedication ceremony.

TIMOTHY RAY BROWN - "The Berlin Patient"

Memorial Bench & Plaque Dedication

Friday, MAY 7, 2021 - 12 noon

The Wellness Park / Desert Healthcare District & Foundation



PROGRAM

Welcome

Jim McBride & Tim Hoeffgen / TRB Memorial Campaign

Remembering Timothy

Tim Hoeffgen / Husband of Timothy Ray Brown

Memorials & Meditations/Bench Dedication

Dr. Conrado Bárzaga / CEO, Desert Healthcare District and Foundation

Community Partners

Peter Kostrobala / Let's Kick A.S.S. (AIDS Survivors Syndrome)-Palm Springs

Jeff Taylor / HIV + Aging Research Project

Thank You/Press Photo Opportunity

TRB MEMORIAL CAMPAIGN COMMUNITY PARTNERS:



TIMOTHY RAY BROWN - "The Berlin Patient"



Timothy Ray Brown was an American considered to be the first person cured of HIV/AIDS. Timothy was diagnosed with HIV while studying abroad in 1995, and later developed acute myeloid leukemia. Timothy underwent two stem cell transplantations and discontinued antiretroviral therapy. By the end of 2007, it appeared that the treatment worked – both for his viral infection and for his cancer.

Timothy was called "The Berlin Patient" at the 2008 Conference on Retroviruses and Opportunistic Infections, where his cure was first announced, and after which he dedicated his life to supporting research to search for a cure for HIV. Timothy moved back to the United States in 2010, and to San Francisco in 2012. Shortly thereafter, Timothy met his life partner, Tim Hoeffgen. The couple moved to Palm Springs in 2015.

Over the last decade, Timothy became a visible and vocal advocate for HIV and cancer research. He traveled to many conferences around the world to tell his story and inspired researchers, activists, and patients living with HIV. He established the Washington, D.C.-based Timothy Ray Brown Foundation dedicated to fighting HIV/AIDS. He also inspired the establishment of IciStem, a collaborative project to guide and investigate the potential for HIV cure by stem cell transplantation. In 2015, he published "I Am the Berlin Patient: A Personal Reflection".

Timothy never again tested positive for HIV. His leukemia, however, relapsed last year and Timothy passed away on September 29, 2020. He was 54.

TESTIMONIALS

"I wanted to do what I could to make [a cure] possible." ^{11 SEP} "I get...pace of mind knowing I've done what I can to help bring about a cure for HIV." ^{11 SEP} "I'm very much hoping that curing HIV can be done in a much easier way, in a way that's not so hard on the body."

Timothy Ray Brown

"Tim committed his life's work to telling his story about his HIV cure and became an ambassador of hope."

Tim Hoeffgen – Partner

"Timothy symbolized that it is possible, under special circumstances" to cure HIV."

Dr. Gero Hutter (who performed Timothy's stem cell transplant)

The International AIDS Society (IAS) said Mr. Brown gave the world hope that an HIV cure was possible. "We owe Timothy and his doctor, Gero Hutter, a great deal of gratitude for opening the door for scientists to explore the concept that a cure for HIV is possible," said Prof. Adeeba Kamarulzaman, the IAS president said.

International AIDS Society (IAS)

"Timothy was a champion and advocate for keeping an HIV cure on the political and scientific agenda," Sharon Lewin, the director of the Doherty Institute in Melbourne, Australia, tells the BBC News. "It is the hope of the scientific community that one day we can honour his legacy with a safe, cost-effective and widely accessible strategy to achieve HIV remission and cure using gene editing or techniques that boost immune control."

Doherty Institute / Melbourne, Australia



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: April 27, 2021
To: Board of Directors
Subject: Association of California Healthcare Districts (ACHD) Sponsored State Budget Proposal - Information

Staff Recommendation: Information only

Background:

- The State of California is expected to receive \$26 billion dollars through the Federal American Rescue Plan Act (ARPA), along with \$16 billion for counties and cities, for specific purposes: to respond to coronavirus disease 2019 and its negative economic impacts, to replace a reduction in revenue, among others. These funds are available until December 31, 2024.

New Developments:

- ACHD's Advocacy Committee and Board of Directors approved an ACHD sponsored state budget proposal to appropriate **\$32,000,000** for healthcare districts that have and continue to provide direct health services related to the COVID-19 pandemic.
- Funds would be allocated to healthcare districts based on the amount of funds each district has expended directly for COVID-19 activities to date. Funds would range between \$50,000 and \$750,000.
- The funds could be used for costs incurred, future costs, revenues lost, delayed, or decreased, and funds expended to address economic impacts of the COVID-19 pandemic.
- ACHD submitted the budget proposal to the Governor's Office and to the Department of Finance.
- Additionally, the California Special Districts Association (CSDA) is working on its own version of a budget proposal for similar purposes that would benefit all special districts.

Fiscal Impact:

N/A



Date: April 27, 2021
To: Board of Directors
Subject: AB 868 – State of Emergency: Funeral Expense Assistance

Staff Recommendation: Information only

Background:

- Authored by Assemblymember Eduardo Garcia, the California Emergency Services Act authorizes the Governor to declare a state of emergency when specified conditions of disaster or extreme peril to the safety of persons and property exist and authorizes the Governor or the appropriate local government to exercise certain powers in response to that emergency.
- The bill would require the State Department of Social Services to provide, to a person that applies for funeral expense assistance, for eligible funeral home contract costs, incurred by the person for a decedent who died due to COVID-19 on or after March 4, 2020, or who died as a result of an emergency that is the basis of a state of emergency declared by the Governor on or after January 1, 2022.
- The bill would require the department to award, upon receipt of a completed application that fulfills the bill's requirements, \$5,000 or the amount of the eligible funeral home contract costs for the decedent, whichever is less, for each decedent.
- The bill would create the Emergency Funeral Expenses Fund for purposes of implementing the bill's provisions.
- The bill would not require the applicant to be a US citizen or legal resident and it would allow for the assistance of expenses not paid, sent to the service provider directly, relieving the applicant from struggling to come up with the money upfront.
- The bill would make money in the fund available only upon appropriation by the Legislature.
- The bill would also require the department to allocate money for each region designated by the department based on the percentage of low-income individuals in the region and to achieve equitable distribution of funds for underserved regions.
- The Office of Assemblymember Garcia requested a letter of support. Enclosed is a copy of the letter sent by the District's CEO and fact sheet.

Fiscal Impact:

None



April 15, 2021

The Honorable Eduardo Garcia
State Capitol Building, Room 4140
Sacramento, CA 95814

RE: AB 868- STATE OF EMERGENCY: FUNERAL EXPENSE ASSISTANCE (Eduardo Garcia)

Dear Assemblymember Garcia:

On behalf of Desert Healthcare District, I am writing in support of AB 868- State of Emergency: Funeral Expense Assistance. This bill would create a program to provide low-income Californians – regardless of their immigration status – financial assistance to pay for funeral related expenses of individuals whose life has been lost due to COVID-19 or in the occurrence of future state emergencies, such as earthquakes and wildfires.

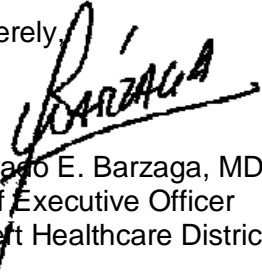
On March 4, 2020, Governor Newsom declared a State of Emergency as a result of the threat of a global pandemic related to the outbreak of COVID-19 in the State of California. For over a year now, Californians have been making significant adjustments to their everyday life with the intent to minimize the spread of COVID-19. Low-income individuals, which make up 18% of the state's population, account for higher numbers of COVID-19 deaths in comparison to wealthier ones. Over 55,000 Californians have died to COVID-19, un-expectantly leaving their family members, many of which are financially burdened, responsible for funeral arrangements that average in the \$7,000's, an amount almost impossible to pay. This pandemic not only has family members mourning the loss of a loved one, but also struggling to cover expenses, on an already constrained budget.

AB 868 would direct the CA Department of Social Services (CDSS) to retroactively provide monetary assistance for COVID -19 related deaths for up to \$5,000 or the amount of funeral related costs, whichever is less. CDSS would be required to allocate moneys into regions based on the percentage of low-income individuals and to achieve equitable distribution of funds for underserved regions. A person seeking funeral expense assistance would contact a local nonprofit organization selected by CDSS to complete an application for such assistance. The selected nonprofit organization would conduct intake and process applications on a first-come-first-served basis. In contrast to FEMA's Funeral Assistance, AB 868 would not require the applicant to be a US citizen or legal resident and it would allow for the assistance of expenses yet to be paid, to be sent to the service provider directly, relieving the applicant from struggling to come up with the money upfront.

The COVID-19 pandemic has brought overwhelming grief to many families. We strongly support AB 868 and look forward to working with you in helping Californians ease some of the financial

stress and burden caused by the COVID-19 pandemic. Should you have any questions regarding this letter, please contact me at cbarzaga@dhcd.org.

Sincerely



Conrado E. Barzaga, MD
Chief Executive Officer
Desert Healthcare District



Issue

Over 55,000 Californian's have died to COVID-19, un-expectantly leaving their family members, many of which are financially burdened, responsible for funeral arrangements. The median cost of funeral expenses is \$7,640, an amount almost impossible to pay. This pandemic not only has family members mourning the loss of a loved one, but also struggling to cover expenses, on an already constrained budget.

Background

The COVID-19 pandemic has affected California in unprecedented ways – from high infection rates, to staggering number of hospitalizations, to the increasing devastating death toll. In addition to being a catastrophic public health crisis, COVID-19 has claimed over 20 million jobs statewide.

For almost a year, Californians have been making significant adjustments to their everyday life with the intent to minimize the spread of COVID-19, but unfortunately, we have lost over 55,000 lives to this disease. Disproportionately, lower-income individuals account for a higher number of COVID-19 deaths in comparison to wealthier ones.

A large number of Californians find themselves jobless, on the verge of losing their home, making ends meet, and with debt accumulating exponentially, when the responsibility to cover funeral expenses of a loved one is added to their load.

Bill Summary

This bill would create the Emergency Funeral Expenses Fund to reimburse low-income families for funeral expenses when the cause of death is directly related to a Governor-declared state of emergency.

This bill would also direct the Department of Social Services to retroactively provide monetary assistance for COVID -19 related deaths for up to \$5,000 or the amount of the eligible funeral home contract costs, whichever is less, for each decedent.

The department would be required to allocate moneys based on the percentage of low-income individuals in each region and to achieve equitable distribution of funds for underserved regions.

The bill would require a person seeking funeral expense assistance to contact a nonprofit organization selected by the department to complete an application for such assistance.

The bill would require a nonprofit organization selected by the department to conduct intake for funeral expense assistance, and to process applications, developed by the department, on a first-come-first-served basis.

The bill would require the application to include specified information, including an affidavit provided under penalty of perjury that eligible funeral home contract costs have not been fully paid for by other public or private sources.

For More Information:

Yarelyn Trujillo | yarelyn.trujillo@asm.ca.gov
Capitol Office (916) 319-2056

Kimberly Barraza | kimberly.barraza@asm.ca.gov
Coachella District Office (760) 347-2360



Date: April 27, 2021
To: Board of Directors
Subject: Community Hike at Oswit Canyon

Staff Recommendation: Information only

Background:

- As our community has moved into the “moderate” COVID-19 tier and some restrictions are lifted by the County of Riverside Public Health, and in the spirit of promoting healthy physical activity, the Desert Healthcare District and Foundation is presenting a free nature walk for Coachella Valley residents (25 maximum).
- COVID safety will be observed, with face masks and social distancing required.
- The community hike will take place on April 28, at the beautiful Oswit Canyon in southern Palm Springs.
- The hike will be guided by Hike Local Palm Springs, a local organization that promotes outdoor activities.
- Enclosed is a flyer with additional details about this activity.
- We thank Director Zavala for her leadership and initiating this idea.

Fiscal Impact:

None associated with the hike; however, the District is making a \$1,000 donation to Oswit Land Trust, the local grassroots organization that has diligently worked to preserve Oswit Canyon from development.



Free Community Hike Oswit Canyon

PRESENTED BY DESERT HEALTHCARE DISTRICT AND FOUNDATION
WITH HIKE LOCAL PALM SPRINGS

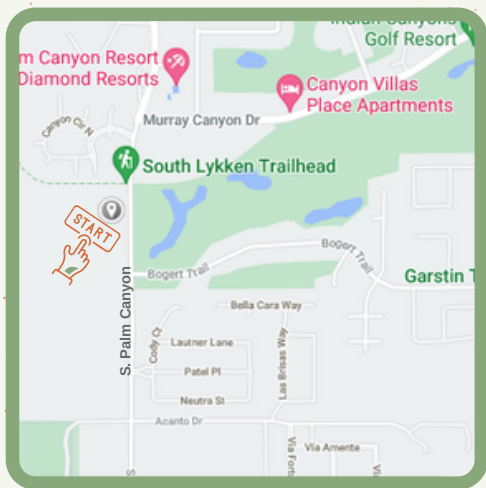
WHEN

7 A.M.
APRIL 28,
2021

WHERE

OSWIT
CANYON,
PALM
SPRINGS

- 80 minutes round trip
- Mostly flat terrain
- Moderate difficulty
- Limited to 25 masked participants



(adjacent to South Lykken Trail)

RSVP: Email Will Deane at will@hikepalmsprings.org
or call (760) 835-5220.

Page 60 of 166



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
April 13, 2021**

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

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 12:00 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	Moved and seconded by Vice-President Borja and Director Zavala to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. March 09, 2021	Chair PerezGil asked for a motion to approve the March 09, 2021 meeting minutes.	Moved and seconded by Vice-President Borja and Director Zavala to approve the March 09, 2021 meeting minutes. Motion passed unanimously.
IV. Public Comment	There were no public comments.	
V. Old Business 1. Funding Requests Schedule 2. Progress and Final Reports Update 3. Grant Payment Schedule	Chair PerezGil inquired on any questions of the committee concerning the funding requests and grant payment schedule. Vice-President Borja requested a detailed description of the letters of intent for Desert AIDS Project (DAP), Lift to Rise, and the Transgender Center Health and Wellness Center commencing with DAP for expanded access to behavioral health and primary care, also inquiring about the capital	



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
April 13, 2021**

	<p>expenditures and the District's capital projects policy.</p> <p>Donna Craig, Chief Program Officer, described the 3-year request for \$750k, the majority for capital expenses and the behavioral health expansion. After a mutual decision, DAP submitted a grant request for \$100k to assist with building the first phase of the behavioral health expansion for the salaries of the psychiatrist and the LCSW behavioral health clinician. Phases two and three are for the capital construction of the project for the buildout for the family resource center. However, the Board is not currently funding any capital projects. Vice-President Borja requested that once the application is submitted to the District that it coincides with the capital projects policy. Additionally, Vice-President Borja requested more details on phase 2.</p> <p>Conrado Bárzaga, MD, CEO, described the capital expenditures explaining that the District does not have a policy that forbids the Board from investing in capital costs. The policy committee earlier in the year discussed and clarified the matter since the policy does not exist. Capital requests are on a case-by-case basis, such as the purpose, amount of the request, and staff will expand the</p>	
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**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
April 13, 2021**

	<p>conversation once a significant request is proposed.</p> <p>Donna Craig, Chief Program Officer, described Lift to Rise's letter of intent for the Housing Catalyst explaining the reduction in the request of \$2.5M for pre-development fees towards low-income affordable housing. The reduction from \$10M to \$2.5M is due to the facilities replacement fund with concern that the \$2.5M is more practical due to the seismic retrofit and hospital operations, using the existing grant funding allocation from the annual \$4M for the current fiscal year with \$2.4M remaining.</p> <p>Dr. Bárzaga, CEO, described the conversations in Board meetings concerning the process and the Board's direction for a Workshop on affordable housing and discussing the different methods at the committee levels, such as a multi-year or a smaller commitment if the funds are not available at the end of the year.</p> <p>Donna Craig, Chief Program Officer, described the waiting period for completion of the community needs assessment for the Transgender Health and Wellness Center as a new organization transitioning from a coalition to a health and wellness center. The District funded an organizational agency assessment with the Center for</p>	
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**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
April 13, 2021**

	<p>Nonprofit Advancement that revealed no audited financials, and the unaudited financials illustrated \$35k in the red. Additional assistance is needed with organizational capacity, further work is necessary after completion of the assessment and the capacity to handle a \$400k grant for sustainability. The updated audited financials indicate growth; however, once more, the assessment will disclose the additional work required to support the organization.</p> <p>Donna Craig, Chief Program Officer, described the progress and final reports schedule describing a history of the District's grant-making request, such as the goals, approval, and progress during the grant period.</p> <p>Vice-President Borja indicated that for the Coachella Air Quality and Health Analysis, Ryan Sinclair, is a resident expert on air quality and the importance of including the California Institute of Rural Studies that has conducted in-person and other varying surveys. Furthermore, Vice-President Borja invited staff to thank Angel View for filling in the gaps for families supported by technical assistance, such as laptops and other necessities.</p> <p>Director Zavala inquired on the OneFuture Coachella Valley grant for Mental Health College</p>	
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**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
April 13, 2021**

	and Career Pathway Development Initiative, whether the proposed schools and evaluations for career focus on behavioral health with Ms. Craig outlining LCSW to psychiatry, physician assistant, and differing professions, detailing the institutional requirements, with Ms. Zavala further inquiring whether the OneFuture career paths are with the local Coachella Valley colleges and universities.	
VI. Program Updates		
1. Desert Healthcare District and Regional Access Project (RAP) \$100,000 Joint Pool Collective COVID-19 Recovery Fund – Update	Donna Craig, Chief Program Officer, described the seventy-one requests for funding of \$717k, and thirty-one approved funded requests totaling \$230k from the collective COVID-19 recovery fund joint pool partnership with the Regional Access Project Foundation (RAP).	
2. Community Health Needs Assessment and Health Improvement Plan	Meghan Kane, Program and Research Analyst, provided an update on the community health needs assessment and health improvement plan, explaining the upcoming Board Workshop to inform the Strategic Plan, the process, outcome, and hopeful in May to obtain a final document from draft format.	
VII. Grant Funding Requests		
1. Consideration to forward to the Board for approval:		

DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
April 13, 2021

<p>a. Grant #1266 Galilee Center: <i>Our Lady of Guadalupe Shelter</i> – \$150,000</p> <p>b. Grant #1277 Lift To Rise: <i>United Lift Rental Assistance 2021</i> – \$300,000</p>	<p>Donna Craig, Chief Program Officer, described the Galilee Center's \$150k request to support overhead costs, food distribution, operations of the shelter, and three employees for asylum seekers' family reunification, including transportation and accommodation.</p> <p>Donna Craig, Chief Program Officer, described Lift to Rise's gap to increase staff capacity, disburse applications, funding for 4,500 individuals, the 8% administrative ratio in addition to Riverside County's 2% administrative rate.</p> <p>Heather Vaikona, President and CEO, Lift to Rise detailed the gap and shortfall for hiring an additional six staff for outreach, as well as support for the United Lift Rental Assistance program.</p>	<p>Moved and seconded by Vice-President Borja and Director PerezGil to approve Grant #1266 Galilee Center: <i>Our Lady of Guadalupe Shelter</i> – \$150,000 and forward to the Board for approval. Motion passed unanimously.</p> <p>Moved and seconded by Vice-President Borja a and Director Zavala to approve Grant #1277 Lift To Rise: <i>United Lift Rental Assistance 2021</i> – \$300,000 and forward to the Board for approval. Motion passed unanimously.</p>
<p>VII. Committee Members Comments</p>	<p>There were no committee member comments.</p>	
<p>V. Adjournment</p>	<p>Chair PerezGil adjourned the meeting at 12:49 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
Evett PerezGil, Chair/Director
Program Committee

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

FUNDING REQUESTS UPDATE for *April* 2021

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

(includes both mini grants and full grants)

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

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

Letters of Interest				
Agency	Staff Notes	Status & Staff Notes	Funding Allocation	Strategic Focus Areas FY 2020-2021
DAP Health	LOI received requesting \$750,000 over 3 years for a 3-Phased project to expand access to behavioral healthcare and primary healthcare.	Stage 2 – the application – has been generated with a revised amount of \$100,000 towards the first phase of the behavioral health expansion and supporting in part, the salary of the psychiatrist and LCSW Behavioral Health Clinician.	District	Behavioral Health
Lift to Rise	LOI received requesting \$2.5 million to support the Coachella Valley Housing Catalyst Fund	Stage 2 has been generated and the application is expected to be brought forward to the May Program Committee	District? Facilities Replacement Fund?	Economic Protection, Recovery, and Food Security
Coachella Valley Housing Coalition	LOI received requesting \$107,750 to support the Oasis Villas Community	Staff will be generating Stage 2, the application, for recommended support of the healthcare	District	Healthcare Infrastructure and Services

	Housing project in Thermal – healthcare navigator; feasibility study; and leasing outreach	navigator position (approximately (\$41,000)		
City of Coachella	LOI received requesting \$100,000 to rehabilitate the Bagdouma Park Swimming Pool in Coachella	Stage 2, the application, has been generated. Staff has requested a site visit of the pool with the contractor to determine ADA Compliance.	District	Healthcare Infrastructure and Services
Transgender Health and Wellness Center	LOI received requesting \$397,702 for Primary Care Clinic Launch	Staff is waiting for CNA agency organizational assessment before initiating a pre-proposal conference with applicant	District	Healthcare Infrastructure and Services
Reynaldo J. Carreon MD Foundation	LOI received for \$5,000 mini grant in support of matching healthcare scholarships	Waiting for revised budget before generating Stage 2, the application	District	Healthcare Infrastructure and Services/Workforce development
Pending Applications				
Grantee	Staff Notes	Status	Funding Allocation	Strategic Focus Area FY 20/21
Galilee Center	\$150,000 in support of Our Lady of Guadalupe Center	4/13/21 Program Committee 4/27 Board of Directors	District	Homelessness
Lift To Rise	\$300,000 in support of staffing for United Lift Rental Assistance project	4/13/21 Program Committee 4/27 Board of Directors	District	Economic Protection/Recovery/Food Insecurity



Date: 4/13/2021

To: Program Committee

Subject: Progress and Final Grant Reports 1/1/21 – 3/31/21

The following progress and final grant reports are included in this staff report:

- **Coachella Valley Volunteers In Medicine, Grant #1038**
Grant term: 2/1/20 – 1/31/21
Original Approved Amount: \$50,000
Progress report covering the time period from: 8/1/20 - 1/31/21
- **Food In Need Of Distribution, Inc. dba FIND Food Bank, Grant #1045**
Grant term: 4/1/20 – 3/31/21
Original Approved Amount: \$401,380
Progress report covering the time period from: 10/1/20 to 12/31/20
- **Angel View, Inc., Grant #1035**
Grant term: 2/1/20 – 1/31/21
Original Approved Amount: \$50,000
Final report covering the time period from: 2/1/20 to 1/31/21
- **Public Health Institute, Grant #1046**
Grant term: 3/1/20 – 2/28/20
Original Approved Amount: \$250,000
Progress report covering the time period from 9/1/20 to 2/30/21
- **OneFuture Coachella Valley, Grant #994**
Grant term: 6/1/19 – 5/31/21
Original Approved Amount: \$700,000
Progress report covering the time period from 9/1/20 to 11/30/20

- **John F Kennedy Memorial Foundation, Grant #1041**
Grant term: 3/1/20 – 2/28/21
Original Approved Amount: \$50,000
Progress report covering the time period from 9/01/20 to 2/28/21
- **Health Assessment & Research for Communities, Grant #974**
Grant term: 11/1/18 – 10/31/20
Original Approved Amount: \$399,979
Final report covering the time period from 11/1/18 to 10/31/20
- **Pueblo Unido CDC, Grant #1036**
Grant term: 2/1/20 to 1/31/21
Original Approved Amount: \$50,000
Final report covering the time period from 2/1/20 to 1/31/21

COACHELLA VALLEY VOLUNTEERS IN MEDICINE, Grant#: 1038

Affordable and Accessible Healthcare Services For East Valley Residents

Reporting Period: 8/1/2020 - 1/31/2021

Doug Morin
Tel: (760) 625-0760
doug.morin@cvvim.org

Grant Information

Grant Amount: \$50,000

Paid to date: \$45,000

Balance: \$5,000

Due Date: 2/01/21

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by (1/31/2021):

CVVIM is committed to providing quality healthcare services to our patients. We have processes in place for both quantitative and qualitative evaluation, focusing on both patients and volunteers.

Quantitative evaluation is an ongoing process whereby each patient is tracked over their lifetime with CVVIM, both to the number of individual face-to-face "visits" for either medical or dental care scheduled and received, as well as for numbers of other "contacts" such as medical case management, diabetes and other disease-specific case management, health education and wellness services, health navigator services, homeless medical outreach services and social assessments resulting in social service/community referrals. In particular, numbers for "visits" are monitored monthly to ensure we are on target to maintain, and ideally increase, our annual average number of patient visits at around 3,000 per year. Encounters are tracked primarily for supplemental reporting on additional services provided that are not medical or dental visits.

We also track the number of volunteers by service type (i.e. physician, dentist, medical assistant, clerical volunteer, etc.) and use Department of Labor Wage and Labor information to determine the value of their donated professional service. The value of

all donated services is calculated monthly and ultimately is budgeted and accounted for in our annual and monthly budgets.

Qualitatively, volunteers are evaluated annually for their level of satisfaction, or at the time of their resignation from volunteer service. Patients are evaluated biannually through a random sampling of patients while at the clinic and also for patients who have not been into the clinic for six months or more. Questions are focused on both their personal satisfaction with services received as well as to healthcare services they would like, or needed, that are not offered.

Information from all surveys is reviewed by program committees and the Board of Directors.

Proposed number of District residents to be served:

0-5: 0

6-17: 0

18-24: 100

25-64: 800

65 or more: 100

Proposed geographic area(s) served:

Coachella
Indian Wells
Indio
La Quinta
Mecca
North Shore
Oasis
Palm Desert
Thermal

Progress This Reporting Period

Progress Outcomes:

We provided services to 556 low-income and uninsured patients (unduplicated) during the period, exceeding our 6-month goal and nearly exceeding our full grant period goal of services to 600 unduplicated patients. Services included medical and dental visits, general and diabetes case management, homeless medical outreach, diabetes

education and social services.

Progress on the number of District residents served:

0-5: 0

6-17: 0

18-24: 16

25-64: 504

65 or older: 36

Geographic area(s) served during this reporting period:

Coachella

Indio

Mecca

North Shore

Oasis

Thermal

Program/Project Tracking:

- *Is the project/program on track?*

Yes

- *Please describe any specific issues/barriers in meeting the desired outcomes:*

There were none.

- *What is the course correction if the project/program is not on track?*

Not applicable.

- *Describe any unexpected successes during this reporting period other than those originally planned:*

None were noted

Food In Need Of Distribution, Inc. dba FIND Food Bank, Grant#: 1045

Ending Hunger Today, Tomorrow, and for a Lifetime

Reporting Period: 10/1/20 to 12/31/20

Lorena Marroquin

Tel: (760) 775-3663

Fax: (760) 775-0252

lmarroquin@findfoodbank.org

Grant Information

Grant Amount: \$401,380

Paid to date: \$270,932

Balance: \$130,449

Due Date: 2/1/2021

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by (3/31/2021):

Because FIND Food Bank is recognized as the Desert's Regional Food Bank by the state of California, and nationally, by Feeding America, extensive qualitative and quantitative assessments are required by both entities. For example, the age groups specified above are for the west District only and are unduplicated numbers; however, we also track duplicated numbers.

FIND's qualitative assessments are based upon the percentage of healthy foods of the total pounds of food distributed, the percentage of healthy foods distributed to comprise nutritionally balanced meals based on the USDA My Plate recommendations, the number of people served and the geographic locations served throughout the region ensuring equitability, the types of services provided to food insecure clients, beyond food, that address increased self-sufficiency and/or the root causes of hunger.

Annually, FIND Food Bank is required to submit to Feeding America a comprehensive activity report that tracks more than 75 quantifiable metrics including food distribution benchmarks, the total pounds of food/number of meals distributed, outreach services, agency and community partner assessments, FIND's direct Mobile Market distributions, food insecurity and advocacy work, board governance, equity, diversity and inclusion, and financial health.

At the state level, FIND Food Bank submits monthly and quarterly reports on FIND's service numbers by city and by zip code and statistics on CalFresh outreach activities.

From these complex metrics, that are clear and transparent, FIND derives the majority of metrics that are specified below.

Specific goals and evaluations are noted for each goal in the next section.

Proposed number of District residents to be served:

0-5: 3,900

6-17: 9,000

18-24: 6,000

25-64: 12,000

65 or more: 10,500

Proposed geographic area(s) served:

All District Areas

Progress This Reporting Period

Progress Outcomes:

FIND Food Bank's SMART Goal #1 is to provide 5 million pounds of fresh produce, 2.5 million pounds of which will be in the western District region. In the third quarter, FIND has provided a total of 2,555,814 pounds of produce. Therefore, within the first 3 quarters of the grant period, FIND has provided a total of 8,811,163 pounds of produce, exceeding our overall goal by 76.2%.

Of the 3,214,419 pounds of produce, 1,092,132 pounds has been provided within the western District boundaries. Therefore, within the first 3 quarters of the grant period, FIND has provided a total of 3,821,776 pounds of produce within the western District boundaries, exceeding our overall goal by 52.9%.

FIND's SMART Goal #2 is to provide Kids' Farmers Markets at Agua Caliente Elementary School, in Cathedral City, at Della S. Lindley Elementary School in Thousand Palms, and at Painted Hills Middle School, in Desert Hot Springs. In the third

quarter, FIND has distributed 322,097 pounds of food, 99,331 pounds of which was in the form of fresh produce.

Due to the COVID-19 school closures, FIND continues to serve the Della S. Lindley Elementary School at nearby Thousand Palms Park.

FIND's SMART Goal #3 is to add a new Community Health Worker to serve the western region of the District, moving our current Community Health Worker, funded by Loma Linda University Health, to the eastern region of the District. FIND recently hired Aleeah Aguilera. Ms. Aguilera is a recent graduate of UCLA, who majored in Psychology and minored in Chicano Studies. With a Bachelor of Science degree, Ms. Aguilera's passion is studying health, particularly in the Latino population.

FIND's existing Community Health Worker has been serving the western region, and has provided significant assistance within the Western District:

- 43 CalFresh/Medi-Cal applications (64 in all areas)
- 5 Housing and Transportation (Neighborhood/Built Environment) (13 in all areas)
- 31 Economic Stability (54 in all areas)
- 3 Education/Tutoring/Financial Literacy (19 in all areas)
- 6,984 Food/Nutrition (12,145 Food/Nutrition in all areas)
- 21 Healthcare Referrals (28 in all areas)
- 62 County Benefit Referrals (Unemployment, SSI, Section 8, Adult Protective Services) (89 in all areas)
- 5 Social/Legal/Community (15 in all areas)

FIND's SMART Goal #4 is to have FIND's entire Community Outreach Team participate in CVHIP. All of FIND's program staff were trained on the CVHIP platform within the first quarter of the grant. In this third quarter, a total of 68 referrals were made utilizing CVHIP. Significantly, food assistance searches in the month of November soared to 1,400.

FIND's SMART Goal #5 is to partner with the DHCD to support, promote, and assist in implementing their Behavioral Economics program through FIND's Agency Network and Mobile Markets ensuring nutrition education to food insecure clients. In the third quarter, FIND staff has worked closely with DHCD's Vanessa Smith, Special Projects and Programs Manager. Nutrition education videos are now a part of FIND's volunteer orientation program and provide critical nutrition training to the FIND volunteers who assist at FIND food distributions.

Progress on the number of District residents served:

0-5: 22,978

6-17: 81,847

18-24: 71,564

25-64: 62,561

65 or older: 54,368

Geographic area(s) served during this reporting period:

All District Areas

Program/Project Tracking:

- *Is the project/program on track?*

Yes

- *Please describe any specific issues/barriers in meeting the desired outcomes:*

Overall, the COVID-19 pandemic, coupled with the holidays, delayed the background check, references from UCLA (which was closed), and the hiring of our new Community Health Worker. However, FIND Food Bank has hired a new Community Health Worker.

- *What is the course correction if the project/program is not on track?*

As noted above, FIND Food Bank has hired a new Community Health Worker – Ms. Aleeah Aguilera.

- *Describe any unexpected successes during this reporting period other than those originally planned:*

In the third quarter, FIND Food Bank served 5,225 homebound people. Of those individuals, 90%, or 4,703 homebound individuals, were Desert Healthcare District residents.

- FIND is pleased to be able to continue to provide food assistance to those who are confined to their homes and unable to reach out for any social services or food assistance.

Angel View, Inc., Grant#: 1035

Angel View Children's Outreach - East Valley

Reporting Period: 2-1-20 - 1-31-21

Amanda Galindo

Tel: (760) 329-6471

Fax: (760) 329-9024

agalindo@angelview.org

Grant Information

Grant Amount: \$50,000

Paid to date: \$45,000

Balance: \$5,000

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by (1/31/2021):

Program evaluation is an important component. We track clients by city; the number of clients served; the children's diagnoses; and the number of children needing referrals and resources, family stabilization, mileage reimbursement and mini-grants. We also track the number of miles and mini-grants awarded. Last fiscal year, for example, we reimbursed clients' families for nearly 275,000 miles, which enabled children to get to approximately 2,000 critical medical appointments with specialists (primarily in Loma Linda). Additionally, we evaluate the effectiveness of the program on an ongoing basis. Since launching it in 2012, as we have learned from clients more about what they need, we have continuously massaged the program to be of more benefit to them. For instance, in 2013-14, many parents requested family support groups, which were not originally part of the program. To their gratitude, we added them and now conduct them regularly. Family stabilization/case management was likewise not part of the original program but was added because our outreach team was frequently asked to help siblings or parents with issues. It was apparent that all family members were being impacted by the children's disabilities. To provide more stable environments for children with disabilities, Desert Healthcare District helped us expand/refocus the program. Now we are able to help them address the systemic problems in their homes; family stabilization is a very valuable and core part of the program.

Proposed number of District residents to be served:

0-5: 100

6-17: 300

18-24: 190

25-64: 300

65 or more: 10

Proposed geographic area(s) served:

Coachella

Indio

La Quinta

Mecca

North Shore

Oasis

Thermal

Final Progress:

Final Outcomes:

We were very pleased with the final results of the project. We outperformed all of our proposed goals. Please see below for specifics on each goal. In all, we served more than 400 East Valley children with disabilities -- a new high for the program since it was launched in 2012. COVID-19 caused an even greater demand than usual for our services. Having the District's support enabled us to focus resources in that area and was very helpful.

Final number of District residents served:

0-5: 100

6-17: 307

18-24: 26

25-64: 434

65 or older: 5

Final geographic area(s) served:

Please answer the following questions

1. Please describe any specific issues/barriers in meeting the proposed program/project goals:

As previously reported, we applied for funding for the program prior to the arrival of COVID-19. The pandemic caused us to reformat the program slightly. For example, we were no longer able to meet with clients in person. Instead we met with them virtually. And instead of attending IEP meetings in person, when meetings were held, we participated virtually. But we were able to meet and exceed all of our proposed goals.

2. Please describe any unexpected successes other than those originally planned

We outperformed on all of our metrics -- in some cases by 200-300% We helped more East Valley children and families than we had projected. And when school was changed to virtual, we assisted lots of families with technology issues, which hadn't been part of the original plan. But it was very helpful.

3. After the initial investment by the DHCD how will the program/project be financially sustained?

The program will continue to be funded by grants, donations, fundraisers and proceeds from our resale stores. There is no source of funding -- all services are provided at no cost to clients so we must raise the budget each year. It has the full support of our board, though.

4. List five things to be done differently if this project/program were to be implemented again

Honestly there aren't five things we would do differently. We have been providing the program since 2012 and have continually adapted it to meet families' changing needs. The program is very flexible and responsive. The number of clients served has grown each year but is still handled by a very small staff -- just three bilingual case managers and one outreach advocate. Over the years it has evolved from a program that provided short term solutions to one that focuses on longer term assistance. The new emphasis on family stabilization and education support through IEP advocacy has proven to be extremely beneficial to clients. We need to keep it up!

Public Health Institute, Grant#: 1046

Coachella Air Quality and Health Analysis

Reporting Period: 9/1/20 to 2/30/21

Paul English

Tel: (510) 620-3684

paul.english@cdph.ca.gov

Grant Information

Grant Amount: \$250,000

Paid to date: \$75,000

Balance: \$175,000

Due Date: 3/01/21

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by (2/28/2023):

This project evaluation plan emphasizes assessing the reach and effectiveness of outreach and engagement of target audiences in project activities. An outreach log will track activities to engage survey respondents, monitor hosts, and other target participants and stakeholders in the project. Example activities include presenting and distributing informational materials at health fairs and screening events, clinics, schools, senior centers, community meetings, and other venues.

Proposed evaluation activities for qualitative assessment of this project include:

- 1) Conduct testing of the sample survey instrument by community-based organization staff not involved in the project in both English and Spanish prior to distributing it to respondents, and ensure that questions included are appropriate and understandable for target audiences;
- 2) Debrief with project team members on project planning calls to obtain feedback on efficacy of project outreach and communications activities and materials, such as draft project fact sheets and written summaries of survey and analysis results;
- 3) Conduct informal interviews with project team members, monitor hosts, and/or other project participants to solicit their feedback on project progress and results;
- 4) Document and incorporate feedback received from project team members and other project stakeholders into ongoing project planning and implementation.

Proposed evaluation activities for quantitative assessment of this project include:

- 1) Develop and maintain an outreach log to track number of people reached and number of informational materials distributed to target audiences;
- 2) Develop and maintain a performance evaluation and monitoring spreadsheet to track data collected on specific evaluation metrics as listed below;
- 3) Analyze and summarize evaluation data to inform project implementation;
- 4) Share evaluation data with project team to inform required reporting and other communications about project results;
- 5) Incorporate evaluation results for the project into grant reporting and other communications about the project to key stakeholders, as appropriate.

Proposed number of District residents to be served:

0-5: 10,845

6-17: 44,304

18-24: 15,358

25-64: 94,833

65 or more: 32,850

Proposed geographic area(s) served:

All District Areas

Progress This Reporting Period

Progress Outcomes: During the reporting period, we have accomplished the following in relation to our proposed goals and evaluation plan:

Goal #1:

In Year 1, conduct a sample survey of 250 respondents in English and Spanish by mobile device to estimate prevalence of undiagnosed and physician-diagnosed asthma and cardiovascular disease among permanent residents of the Coachella Valley, with oversampling of vulnerable communities in the Eastern portion of the valley and of tribal populations.

Accomplishments: We have consulted with Ryan Sinclair at Loma Linda University, who had conducted a sample survey of vulnerable populations in the Coachella Valley and was able to brief us on his study's methods and challenges. He has convinced us that

to reach these populations in the Valley it is necessary to conduct the surveys in person. Therefore, we have abandoned plans to investigate conducting the survey by mobile phone or by the internet or other remote means. Dr. Sinclair also told us of surprising findings of low prevalence rates of asthma in the adults who responded to his survey. We have decided to revisit our survey questions as we are now questioning whether the standard asthma questions may need to be revised based on different cultural and/or language differences in understanding the concept of asthma. We will be conducting a focus group with residents and other impacted individuals in the area remotely with assistance from the Asthma Leadership Academy staff at Komite Civico Del Valle. The purpose of the focus group will be to obtain information on how residents in this area may have different definitions or interpretations which are culturally defined of asthma and respiratory disease and how we may revise our survey accordingly. Once the focus group has taken place, we will revise the survey as needed and prepare for pilot testing.

Goal #2:

In Year 1, conduct an analysis of current and historic emergency room visits and hospitalizations for asthma and cardiovascular disease by zip code and comparable Indian Health Service data for the DHDF areas.

Accomplishments: This analysis of hospitalization and emergency room visits for the Coachella Valley by ZIP code, including diagnoses of asthma, COPD, bronchitis, pneumonia, heart disease, and myocardial infarction has been completed and submitted to DHCF for review.

Goal #3:

In Year 1, conduct an analysis of available PM2.5, PM10, and ozone air pollution data for the DHDF areas, including seasonal trends, federal exceedances, and health benchmarks.

Accomplishments: We have completed a draft of this report and it is currently in review. We expect to submit this deliverable to DHCF for review in a few weeks.

Goal #4:

During Years 1-3, conduct source apportionment monitoring at one primary site in the Coachella valley for a 12-month period to improve understanding of the sources of particulate matter in the Valley, with additional targeted PM2.5 and PM10 measurements at locations of interest, such as where high pollution levels are expected and where vulnerable populations are located.

Accomplishments: The project partner, Berkeley Air Monitoring Group, installed ASPEN gravimetric samplers at the Indio Jackson SCAQMD air quality monitoring site in December, 2020, which allows for comparison and validation of air pollution data, and

safe housing of the instrumentation. As of February 2021 the team has collected 16 48-hour samples of PM2.5 and PM10 using the selected ASPEN samplers. Filters have been shipped to contracted laboratories for analysis, and results of the first batch of 12 samples are forthcoming. The protocols that have been developed for sustained successful sampling are being adhered to, and data analysis pathways have been generated to allow for high quality data and redundant checks to the data. We anticipate continuing with our every sixth day sampling schedule until December, 2021, and still plan to conduct our supplemental sampling at locations of interest during periods of high expected pollution such as the summertime period.

Goal #5:

By the project completion, produce a white paper outlining results of the monitoring and analyses, and summarize practical policy options to mitigate sources and reduce exposures harmful to health.

Accomplishments: We have not started working on this goal at present.

Progress on the number of District residents served:

0-5: 10,845

6-17: 44,304

18-24: 15,358

25-64: 94,833

65 or older: 32,850

Geographic area(s) served during this reporting period:

All District Areas

Program/Project Tracking:

- *Is the project/program on track?*

Yes

- *Please describe any specific issues/barriers in meeting the desired outcomes:*

Goals 2 and 3 (analysis of patient data and air pollution data) are on track. We anticipate delays in conducting the survey (Goal 1) due to pandemic-related

prohibitions on work in the field and travel from the Public Health Institute. We therefore are planning on moving this activity to Year 2. Goal #4 (source apportionment) is now on track.

- *What is the course correction if the project/program is not on track?*

If we are unable to get out in the field this calendar year due to COVID-19, we are planning on moving the activities for Goal 1 to Year 2.

- *Describe any unexpected successes during this reporting period other than those originally planned:*

We have been receiving support from the South Coast AQMD to help on the source apportionment activities.

OneFuture Coachella Valley, Grant#: 994

Mental Health College and Career Pathway Development Initiative

Reporting Period: 9/1/20 to 11/30/20

Paul Olson

Tel: (760) 989-4211

paul@onefuturecv.org

Grant Information

Grant Amount: \$700,000

Paid to date: \$472,500

Balance: \$227,500

Due Date: 01/01/21

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by (5/31/2021):

- By the end of the grant, two (2) high schools will add a Behavioral Health pathway resulting in a minimum of 60 additional students annually exposed to mental health careers.
- By the end of the grant, four (4) presentations on Mindfully Resilient curriculum and resources are provided to professionals in CVUSD, DSUSD and PSUSD.
- By the end of the grant, three (3) schools pilot a school-wide behavioral health wellness practices and career awareness programs.
- By the end of the grant, up to forty (40) behavioral health undergraduate and graduate students will have been awarded up to \$200,000 in scholarships; completed a C2 Navigator profile and scholarship application; been assigned a Behavioral Health A-Team mentor; completed a college and career plan; completed a financial aid package review and plan; achieved 90% persistence and 90% on track for degree completion.
- By the end of the grant, a minimum of twelve (12) undergraduate students pursuing Behavioral Health related majors will have completed a 10-week, paid summer internship; completed four (4) of five (5) leadership workshops and agreed to participate in a minimum of two (2) web-based or 1:1 interactions during the academic year following their internship.

The Behavioral Health Alignment Team (BH A-Team) will monitor and track outcome progress at their monthly meetings beginning June 2019 and regularly report to the Regional Plan Oversight Team throughout the grant term. OFCV staff will evaluate student scholar progress and report progress to the Behavioral Health Alignment Team.

Specific timeline targets include:

June 2019: BH A-Team will establish baseline for the number of academies implementing behavioral health pathways and measure the increase in May 2020 and May 2021.

September 2019: BH A-Team will affirm OFCV/HCC internship completion by six (6) students at Behavioral Health sites.

December 2019: BH A-Team will package Mindfully Resilient curriculum and resources, and frame presentation schedule to be complete by Fall 2020.

April 2020: Continuing through end of grant, academic progress will be affirmed by OFCV counselors every six months and at the end of the grant period.

May 2020: BH A-Team will affirm that at least one school has piloted a school-wide behavioral health wellness practices and career awareness program and identify two additional to launch program during the 2020-2021 school year.

September 2020: BH A-Team will affirm OFCV/HCC internship completion by six (6) students at Behavioral Health sites.

Proposed number of District residents to be served:

0-5: 0

6-17: 2,000

18-24: 500

25-64: 0

65 or more: 0

Proposed geographic area(s) served:

All District Areas

Cathedral City

Coachella

Desert Hot Springs

Indio

Progress This Reporting Period

Progress Outcomes:

By the end of the grant, two (2) high schools will add a Behavioral Health pathway resulting in a minimum of 60 additional students annually exposed to mental health careers.

Report #6 – September 2020 – November 30, 2020

- BH A-team continued collaboration with the CA Health Workforce Initiative on updates to the behavioral health education and careers maps. The new resources will be published in the CA-HWI careers curriculum, and made available on the CA-HWI website.
- Ron Paiz, lead teacher for the Palm Desert High School Health Academy is on extended personal leave. OFCV is working with the long-term substitute to continue Ron's work to incorporate behavioral health lessons into the academy program of study.
- By the end of the grant, four (4) presentations on Mindfully Resilient curriculum and resources are provided to professionals in CVUSD, DSUSD and PSUSD.

Report #6 – September 2020 – November 30, 2020

- CVUSD shared the Mindfully Resilient powerpoint resource bank with all middle school counselors.
- By the end of the grant, three (3) schools pilot a school-wide behavioral health wellness practices and career awareness programs.

Report #6 – September 2020 – November 30, 2020

- The BH A-Team launched a Bridge to Behavioral Health Careers pilot for high school seniors and undergraduate students interested in pursuing careers in behavioral health. The team is excited to help students navigate the transition through college and into career by providing supports to keep students connected to this career path and help bring them back to the Coachella Valley as next-generation behavior health professionals. The program includes mentoring by the BH A-Team members and student support services provided by the OFCV staff team.
- By the end of the grant, up to forty (40) behavioral health undergraduate and graduate students will have been awarded up to \$200,000 in scholarships; completed a C2 Navigator profile and scholarship application; been assigned

a Behavioral Health A-Team mentor; completed a college and career plan; completed a financial aid package review and plan; achieved 90% persistence and 90% on track for degree completion

Report #6 – September 2020 – November 30, 2020

- In preparation for the start of the 2020-21 academic year, OneFuture Coachella Valley (OFCV) selected seven (7) Desert Healthcare District (DHCD) scholars for the initial round of selections.
 - During the grant reporting period of September – November 2020, one scholar (1) withdrew from college, due to technology and online learning challenges. The remaining six (6) scholars completed their College and Career plan, which was reviewed by OFCV staff to prioritize academic, financial, provisional development and mental wellness goals and milestones. Among the topics students communicated as priorities were mental wellness/self-care, including adapting to online learning.
 - Four (4) scholars are on track to complete their college degree by Spring of 2021 and two scholars are on track to complete by Spring of 2021.
 - OFCV also accepted, reviewed and identified potential DHCD scholarship candidates during this reporting period as part of the second round of awards. In November, the top candidates were invited to participate in online interviews with OFCV staff to ensure their academic and career plans aligned with the DHCD Mental & Behavioral Health scholarship requirements. Qualified students were asked to submit class schedules, financial aid packages and to schedule their first one-on-one counseling session with OFCV's staff.
 - Scholarship disbursements for the Fall 2020 term were scheduled to be mailed to the colleges/universities in December. OFCV looks forward to providing an update on the additional scholarship recipients in the next DHCD grant report.
- By the end of the grant, a minimum of twelve (12) undergraduate students pursuing Behavioral Health related majors will have completed a 10-week, paid summer internship; completed four (4) of five (5) leadership workshops and agreed to participate in a minimum of two (2) web-based or 1:1 interactions during the academic year following their internship.

Report #6 – September 2020 – November 30, 2020

- Projects completed by OFCV HCC interns were shared at the 2020 Intern and Preceptor Celebration on September 2nd. Behavioral health projects completed included:
 - COFEM: Intern Alberto Garcia created mental health resources in response to COVID and its impact on mental health. Four mental health workshops were hosted – two in English and two in Spanish.
 - Jewish Family Services of the Desert: Intern Frankly Toatley worked in the Case Management department, supporting research and staff training projects specific to behavioral health topics.
 - OneFuture Coachella Valley: Intern Yuvia Hernandez designed a series of social media posts and student resource documents specific to mental health and wellness resources. She also working in partnership with the intern at COFEM to design and deliver two behavioral health workshops for youth.
 - Coachella Valley Unified School District, Education Related Mental Health Services Division: Intern Consuelo Urtes created an online set of mental health resources for students.
 - Coachella Unincorporated Youth Leadership Institute: Intern Jazmin Lopez expanded the YLI and Que Madre Instagram, increasing participation by 100 and helping young women of color navigate mental and behavioral health challenges.

Progress on the number of District residents served:

0-5: 0

6-17: 2,000

18-24: 500

25-64: 0

65 or older: 0

Geographic area(s) served during this reporting period:

All District Areas

Cathedral City

Coachella

Indio

Program/Project Tracking:

- *Is the project/program on track?*

Yes

- *Please describe any specific issues/barriers in meeting the desired outcomes:*

No specific issues or barriers.

- *What is the course correction if the project/program is not on track?*

No correction is needed.

- *Describe any unexpected successes during this reporting period other than those originally planned:*

Candidates interviewed this period for the scholarship were very impressive, the strongest group yet. This is very encouraging and we intend to include these students in our Bridge to Behavioral Health Careers program as peer mentors for high school pathway students.

John F Kennedy Memorial Foundation, Grant#: 1041

SafeCare Home Visitation Program

Reporting Period: 09/01/2020 to 02/28/2021

Susan Francis
Tel: (760) 776-1600
susanfrancis@jfkfoundation.org

Grant Information

Grant Amount: \$50,000

Paid to date: \$45,000

Balance: \$5,000

Due Date: 3/01/21

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by (2/28/2021):

SafeCare is an Evidence-Based Practice that is highly structured, involves data collection, and involves coaching to assist with adherence to the protocol. In order to become a Certified SafeCare Provider, a Home Visitor must perform at 85% fidelity or higher on 9 different sessions (3 sessions per module). Coaching for Providers is required at the onset of implementation and decreases as Providers become more knowledgeable in SafeCare, and complete certification.

Each SafeCare module begins with an observational assessment (session 1) to determine parents' current skills and to identify which skills to focus on during training. Providers work with parents during the training sessions (2 through 5) until they have mastered the module skills. SafeCare Providers conduct a final re-assessment (session 6) to confirm parents' mastery of skills.

SafeCare Assessments:

Safety Module - Home Accident Prevention Inventory (HAPI)

Parent Infant/Child Interaction Module - Daily Activities Checklist (DAC)

Health Module - Sick or Injured Child Checklist (SICC)

Parenting skills are taught by:

1. Explaining the targeted skills and noting their importance
2. Modeling targeted skills
3. Having parents Practice targeted skills
4. Assessment of targeted skills and providing positive and corrective Feedback

JFK Foundation's process for evaluating the SafeCare program includes a data collection strategy utilizing program records of participants. Client data is collected and entered into the SafeCare Portal database system. Monthly, mid-year and end-of-year program results are compiled into statistical reports and assessed focusing on attaining program goals, objectives and outcomes.

The Home Visitation Director:

Facilitates monthly Provider case presentation meetings

Tracks each Provider's caseload documenting program outcomes

Compiles individual Provider data into weekly / monthly / annual Reports

Verifies proof of service delivery

Measures overall success of the program by: Client Engagement Rate; Client Retention Rate; Graduation Rate; Decline Rate; Satisfaction and Exit Surveys; Pre-Post Assessments

Proposed number of District residents to be served:

0-5: 50

6-17: 1

18-24: 15

25-64: 32

65 or more: 2

Proposed geographic area(s) served:

All District Areas

Progress This Reporting Period

Progress Outcomes: During the reporting period from September 1, 2020 to February 28, 2021 we projected a minimum of 25 additional families in eastern Coachella Valley would be identified as families in need of this valuable program.

During this reporting period our Provider accomplished the following: 42 families were identified and recruited (exceeded goal); 27 families consented to participate and enrolled in the program, 14 families are currently active and receiving services; 7 families have completed the SafeCare Program; 196 tele-visits have been provided; 6 families have requested to be placed on hold and/or are pending.

2nd Six-Month Program Outcomes Achieved:

Parent-Infant/Child Interaction Module:

9 Families Improved on DAC Post Assessment and demonstrated “mastery” of targeted skills

- Increased positive interaction skills
- Increased parent-child interactions
- Increased use of an organized process for activities
- Increased engagement of children in age-appropriate activities

Safety Module

8 Families Improved on HAPI-R Post Assessment and demonstrated “mastery” of targeted skills

- Increased understanding of the importance of home safety
- Increased knowledge of finding and removing hazards in the home
- Increased understanding of the importance of supervision

Health Module

7 Families Improved on SICC Post Assessment and demonstrated “mastery” of targeted skills

- Increased knowledge on how to keep children healthy

- Increased knowledge on how to recognize when children are sick or injured
- Increased knowledge of using a decision-making process to decide when symptoms need emergency services, doctor's attention, or can be cared for at home
- Increased understanding of how to use health reference materials and health record keeping.

Progress on the number of District residents served:

0-5: 35

6-17: 0

18-24: 11

25-64: 24

65 or older: 0

Geographic area(s) served during this reporting period:

Coachella

Indio

La Quinta

Mecca

North Shore

Oasis

Thermal

Program/Project Tracking:

- *Is the project/program on track?*

Yes

- *Please describe any specific issues/barriers in meeting the desired outcomes:*

Some families are still struggling with telehealth sessions based on their available technology, data plans and internet connections. COVID restrictions continue to impact in-person recruitment. Overall though, client retention continues to increase, parents are engaged, are adjusting to virtual sessions, and are completing the modules with success and mastery of target skills.

- *What is the course correction if the project/program is not on track?*

Our Provider continues to implement a variety of methods to increase client engagement including, offering flexibility of session delivery time (evenings and weekends), using texts between sessions to maintain contact, and splitting sessions into multiple shorter sessions when possible. In addition, we continue no-contact drop-offs of essential supplies at clients' homes, allowing for some safe, in person connection with families.

Staff have connected with community partners like FIND Food Bank and School Districts to attend no-contact drive through sites to reach and recruit vulnerable families in need of services. Referrals continue to come in from the following: CPS, Barbara Sinatra Children's Center, Shelter from the Storm, Martha's Village and Kitchen, and Mamma's House. When possible community outreach at: Pediatricians/OB-GYNs, Daycares, Hospitals/Clinics, Health Fairs, and Churches.

Through JFK Foundation's contract with First 5 Riverside to provide home visitation services to CalWORKs eligible families (utilizing JFK Foundation's Healthy Families America program model), JFK Foundation is now coordinating with F5R to recruit and offer non-eligible CalWORKs families the SafeCare Home Visitation program. This has enhanced our ability to reach and serve more clients in eastern Coachella Valley.

- *Describe any unexpected successes during this reporting period other than those originally planned:*

Clients tell us they are extremely happy that we are continuing services virtually. Clients are very appreciative of the referrals we provide to needed resources including health, mental health, childcare, basic needs, food distribution centers, and other services. Clients have stated they are confident that we can answer any questions that may come up.

Our Provider tells us parents are implementing parent-child interaction skills a lot more. Having children home all day has provided more opportunity for parents to practice and implement the targeted SafeCare skills. This increased time with children has had a positively impact on parents' motivation to use the skills they are learning.

In addition to learning and implementing new service delivery methods to reach and serve families when face-to-face visits are not possible, new virtual training opportunities for staff are available. The staff have completed or will complete the following trainings: Trauma-Informed Care, Protecting Children, Case Management 101, Self-Care, Culturally Proficient Professional, Change Talk, Protective Factors, Anti-bias Education Symposium, along with other trainings.

Grant Final Report

Organization Name

Health Assessment & Research for Communities

Service or Program Title

2019 Coachella Valley Community Health Survey

ID

974

Contact

Ms Jenna LeComte-Hinely Ph.D.

Grant Amount

399979.0000

Paid Amount

0.0000

Balance

399979.0000

Type

Due Date

December 31, 2020

Report and period of activity covered

Final report

11/1/2018 to 10/31/2020

Participant Number

From your application

200000

Final number served

How many District residents were served by the project or program?

430000

Results Statement

From your application request.

HARC's five deliverables for this project are as follows:

1. By November 2018, the survey will be adapted (based on stakeholder input, DHCD/F needs, and the requirement of cutting it down to 22 minutes), programmed into the CATI lab, and ready for beta-testing.
2. By the end of the grant period (October 2020), HARC will have co-created four trendline data reports with DHCD/F (health insurance coverage/utilization, mental health, socioeconomic needs, and key diseases). The reports will include HARC's data and existing data from other sources. All data will be broken out demographically and geographically. HARC will contribute up to 150 staff hours per report over a two-month period, as illustrated in the tracking document (i.e., 600 hours of work over eight months to complete four reports).
3. By the end of the grant period (October 2020), HARC will have offered 15 data trainings/workshops to potential data users in the region. The workshops will cover how to find data, understand data, and use the data, and will include both HARC's own data and valuable secondary data (e.g., Census data, school district data, etc.).
4. Data will be released to the public no later than January 31, 2020, in the form of written reports, the online database, and the data release event. At least 200 people will attend the data release event. DHCD shall have full access and use of the information and data collected by Kent State University which DHCD may share confidentially with third parties and direct service providers to the extent allowed by state or federal law.
5. HARC staff and Board to establish a plan of action to be presented to the District Board prior to 4th payment submitted (May 2020)

Final Results Achieved

Did you achieve the specific benefits or tangible effects that you stated you would achieve with this service/program? Please explain

All five deliverables were successfully accomplished. However, the timeline of accomplishments was delayed slightly, due to difficulties in data collection as well as difficulties based on COVID-19.

DELIVERABLE 1: SURVEY READY FOR IMPLEMENTATION

The survey was revised with input from DHCD/F and stakeholders, beta-tested, and approved by Kent State University's Institutional Review Board (IRB). Data collection commenced on January 29, 2020.

DELIVERABLE 2: TREND REPORTS

HARC submitted the four trend reports to DHCD/F on 11/2/20. HARC worked with DHCD/F staff to determine how the demographic and geographic breakdowns should

occur and produced the reports accordingly. Reports and the email chain regarding the instructions from DHCD/F are attached here. HARC incorporated comparative data from other sources as instructed, including the California Health Interview Survey and the Behavioral Risk Factor Surveillance Survey.

DELIVERABLE 3: DATA TRAININGS

HARC offered trainings to the general public on how to find and use data. Several individuals responded and went through one-on-one trainings with HARC staff. Others reached out to request custom data runs, ask questions about HARC data, or inquire about the availability of other data. HARC responded to these individuals with trainings and handouts as well.

HARC publicized the availability of one-on-one customized trainings on our website (slider on the main page and webpage within the site) from 6/2/20 to 9/19/20. We also sent an e-blast promoting the opportunity on 6/4/20; the e-blast had 633 opens (248 unique opens) and 37 clicks.

HARC also publicized the trainings on social media:

Facebook: Posted June 4, 174 people reached, 12 engagements (likes, shares, or clicks).

Facebook: Posted June 18, 143 people reached, 9 engagements (likes, shares, or clicks).

Twitter: Posted June 4, 291 impressions.

Twitter: Posted June 18, 264 impressions.

Instagram: Posted June 4, 53 people reached.

In the end, HARC provided trainings/information to the following organizations/individuals:

1. Alzheimer's Coachella Valley
2. Boys & Girls Club of Palm Springs
3. CFO Nonprofit Consulting
4. City of La Quinta
5. Desert Cancer Foundation
6. Fausto Figueroa (no organizational affiliation)
7. Friends of the Desert Mountains
8. Get in Motion Entrepreneurs
9. Halo Diagnostics
10. Internal Medicine Residents at Eisenhower Health
11. Jeff Crider
12. JFS of the Desert
13. Joslyn Center
14. Literacy, Language & Cultural Centers (LiLaC), Inc.
15. Pharmacy Residents at Desert Oasis Healthcare

DELIVERABLE 4: DATA RELEASE

The deliverable specified that the data would be released by January 31, 2020.

However, due to delays in data collection (i.e., phone calls taking several months longer than anticipated), the data was released two months late on March 31, 2020.

To encourage attendance for the data release event, HARC issued a press release in January, participated in radio interviews about the event, and sent postcard invites to more than 600 local leaders in January (including funders, all current and former Board Members, all the city council members and city managers, police, tribal leadership, superintendents from the school districts, county departments, nonprofits, healthcare organizations, etc.).

All of those outreach efforts were focused on the in-person event. However, because of the COVID-19 pandemic and the lockdown that occurred approximately two weeks before the event was scheduled, HARC was forced to switch the event from an in-person event to a virtual event.

We successfully hosted the webinar on March 31 via Zoom. Participation was lower than we had hoped (the deliverable specified 200 in-person attendees); there were 187 unique participants in the live event. Participants were very engaged and active in the polls, with an average of 108 unique participants engaging in each of the seven polls. An additional 160 individuals viewed the video after it was posted to YouTube (as of 12/30/20).

The data is available in SPSS format should DHCD/F wish to have access.

DELIVERABLE 5: PLAN TO ADDRESS FUNDING ISSUES

DHCD/F generously supported about half of the total cost of the project. DHCD/F required that if HARC had not raised an additional 30% of the funding by January 2020 that HARC and DHCD/F would work together to create a plan of action to address the issue. However, as updated in the 11/1/19 progress report, HARC was able to raise \$739,179 of the \$767,701 needed for the project (96.3% of the total cost for the three-year project) by the end of the first year. Thus, there was no need to work together to create a plan of action to address funding shortages, as there were no funding shortages. HARC was able to fundraise the entire amount for the project over the two-year period.

Final Results Self Rate

Choose a final results rating from the drop-down box below that best describes your results.

Achieved same as projected results

Final Results Impediments

What impediments did you encounter in achieving the stated benefits or tangible effects?

Data collection via telephone gets increasingly harder each year. Because of caller ID and the rise of systems that block unknown callers, it was difficult to get through to

people. While we had hoped that data collection would be complete in August/September, it continued on into December in order to reach our desired sample size. The delays in data collection pushed everything else back as well.

COVID-19 was also an impediment; we were not able to hold our data release event in-person, and news of the event was overshadowed by the news of the start of a global pandemic. In addition, many of the people who use our data are involved in the healthcare industry and were overwhelmed battling the pandemic and did not access our data as much. It was also detrimental to our last push for funding; we did not actively pursue many contributions in 2020 that we normally would have because the very organizations that normally give to HARC are those hardest hit by the pandemic (e.g., hospitals, Public Health, etc.).

As described in our progress reports, we also struggled to transfer our data into our searchable database. We switched from our historical provider (ThinkLogic) to our main website provider (Thetford Web Development) in 2019; however, Thetford suddenly stopped providing services and stopped communicating with us (and still has yet to respond). As such, we had to go out to bid and find a new contractor (Intelligent Clout) and start the process all over again. Thus, the new searchable database didn't go live until November 2, instead of as planned on March 31.

Sustainability

From your application request.

HARC is requesting that DHCD/F fund two years of a three-year program. The third year will be supported by contributions and interest, as illustrated in the attached cash flow.

In terms of the "big picture" (i.e., potential additional triennial surveys beyond the 2019 survey), the truth is the triennial survey will never be truly financially sustainable. If we were to raise our prices on our consulting services to cover the cost of the triennial survey, no one could afford our consulting services, and the revenues would dry up altogether. As such, we will always need to solicit grants and contributions to fund the survey. We are committed to finding ways to fund the triennial Coachella Valley Community Health Survey, because it is perfectly aligned with our mission (dedicated to providing objective, reliable research, analysis and technical services to communities in order to facilitate better decision making regarding health and quality of life). It is possible that future iterations of the survey will be fee-for-questions; that is, the content would be driven by what individual funders are willing to pay for, rather than what data the community reports that they need and want. This, among other options, will be explored at the next cycle; HARC welcomes DHCD/F's feedback on the future of the triennial survey. HARC will be undergoing strategic planning in September and October, and this subject will be discussed there as well.

As for the current 2019 survey, HARC is committed to finding new sources of revenue for this project and for potential future iterations (e.g., the 2022 survey, the 2025

survey, etc.). We continue to use GrantStation and the Foundation Directory Online (both services available to us based on our membership with RAP Foundation's Center for Nonprofit Advancement) to explore potential new grantors each quarter.

For example, in FY 16-17, excluding our grant with DHCD/F, HARC submitted \$341,566 worth of grant requests to 18 funders (a rate of more than one proposal per month). We successfully obtained \$94,750 from seven funders, and one additional grants are still under consideration (\$50,000). That's a 28% success rate in terms of dollars, and a 39% success rate in terms of funders, both of which are very strong. Because this is a survey year, and we have a larger budget and greater needs for funds, HARC staff will be writing a minimum of 24 grant proposals during FY 18-19. If we expect a similar success rate, this will significantly help to support the 2019 survey.

We will also continue to solicit contributions from local agencies who benefit from the data, and who can afford to contribute. Our staff and Board will once again request funding from the hospitals, the County, the cities, First 5 Riverside, IEHP, and many others. Suggestions of additional entities to approach are always welcome, and introductions to those entities are much appreciated.

Final Sustainability

Will the service/program be financially sustained in the manner described in your application? Please explain.

The sustainability as described in our proposal is still the same today. As described in the proposal, the triennial survey will never be truly financially sustainable. If we were to raise our prices on our consulting services to cover the cost of the triennial survey, no nonprofits could afford our consulting services, and the revenues would dry up altogether. As such, we will always need to solicit grants and contributions to fund the survey.

The methods for the survey will need to change for the 2022 survey; telephone surveys are increasingly difficult and are no longer practical. To address this, the California Health Interview Survey (CHIS) pilot tested some alternative methods (funded by Kaiser) in 2018. They selected an address-based system to implement for the first time in 2019. This system involved sending postcards/letters to randomly selected home addresses, urging participants to take the survey online or call in to the call center to participate. Multiple mailings were sent, and if participants were still nonresponsive, calls were made to their phones. Their 2019 data was released on October 30, and they indicated that this method worked well; 90% of participants used the online survey. Going forward, CHIS aims to work to make the mailed materials more appealing and thus more likely to be opened. Their staff have done some modeling, and feel confident that despite the methodological shift, trends in the data over time still have meaning.

HARC plans to replicate this methodological shift going forward, with guidance from CHIS staff (outreach to CHIS during the first half of 2021). Hopefully, this method will

make the survey a little more cost-effective than the all-phone-interview method. A lower cost will make it easier for HARC to fundraise the amount to cover the cost.

In early 2021, HARC will also be exploring alternative funding methods, including pay-for-questions (e.g., entities interested in a certain topic would need to pay \$X to have Y questions on the topic on the survey). Feedback from other organizations who do surveys in this manner have shown that it is possible as long as a primary funder is involved to fund a substantial part of the survey (e.g., one third to one half of the total cost).

HARC continues to apply for grants each month; see our progress reports for details. We will continue to apply for funds to do this. We are hopeful that in the aftermath of COVID-19, more funders will provide general operating support rather than project-specific support, which would give HARC a better chance of getting these grants (many project-specific grants are focused on direct services and thus exclude the type of work HARC does based on their funding priorities).

HARC also has plans to develop our philanthropy capabilities; we had initially planned to hire a Development Manager in FY 20-21. However, the financial difficulties associated with COVID-19 made this impossible. HARC hopes to recover financially this year (based on increased revenues from COVID-19 related studies) and hire a Development Manager at the start of FY 21-22. HARC has never had anyone on staff with this type of expertise, and so having this position in house will allow us to explore philanthropy and individual giving in ways that we have not done in the last 14 years. The Development Manager will also take over major asks and continue to generate contributions in that manner.

HARC does plan to request support from DHCD/F for the 2022 survey and welcomes a discussion of how to do this in a manner that serves both organizations' missions.

Five things doing differently

List five things that you would do differently if you were to implement this service or program again.

(Note: responses here refer to doing the survey a sixth time in 2022; not what we would've done differently in the 2019 survey)

1. As mentioned previously, telephone surveys are increasingly difficult and are no longer doable. To address this, CHIS pilot tested some alternative methods (funded by Kaiser) in 2018. They selected an address-based system to implement for the first time in 2019. This system involved sending postcards/letters to randomly selected home addresses, urging participants to take the survey online or call in to the call center to participate. Multiple mailings were sent, and if participants were still nonresponsive, calls were made to their phones. Their 2019 data was released on October 30, and they indicated that this method worked well; 90% of participants used the online survey.

HARC plans to replicate this methodological shift going forward, with guidance from CHIS staff (outreach to CHIS during the first half of 2021). Hopefully, this method will make the survey a little more cost-effective than the all-phone-interview method. A lower cost will make it easier for HARC to fundraise the amount to cover the cost.

2. Shorten the length of the survey. We intended to get the survey down to 22 minutes, and it took 29 minutes. I'd ideally like to get it down to 20 minutes. No one wants to sacrifice questions, but I think we need to cut more off. We will cut strategically, based on what questions are used most frequently.

3. Provide incentives for everyone: 2019 was the first year that HARC offered any incentives; each week one participant was randomly selected to receive \$100 Visa card. Responses anecdotally indicated that this was very incentivizing. However, a guaranteed incentive instead of a lottery style incentive would be much more powerful, as we have seen in our other work (e.g., surveys conducted for Kaiser with guaranteed incentives, etc.). Providing a \$20 incentive to all 2,500 participants would cost between \$62,500 and \$72,750 (includes fees and postage) as well as staff time to track and distribute the incentives. This is a lot to cover, but if we could find a funder to provide this money, it would not only make data collection quicker and easier, but it would also enrich the community as well.

4. Explore new methods of advertising/outreach. As the way that we engage with each other changes, and as technology advances, we aim to always stay abreast of new ways to advertise the survey and bring it to people's awareness. There is almost no way of telling where technology and advertising will be two years from now, but we are committed to exploring all avenues to ensure the survey and its value is known by much of the community.

5. Explore new ways to use or share the data. HARC has consistently utilized the data in similar ways: data dashboard, special reports, press releases, etc. However, data is only as valuable to the extent that it is used and useful. We will continue to explore new ways to put HARC data to work. For example, for the first time, the 2019 Executive Report included multiple maps of the data, given our newly acquired mapping skills. We hope to obtain additional skills and ways to share the data in the future, such as a regular blog or newsletter which highlights and explores topics included in the survey, or utilization of Story Maps, etc.

Grant Final Report

Organization Information

Organization Name

Pueblo Unido CDC

Project Title

Fostering Healthy Communities

Reporting Period Covered

(example: 7/1/19 to 10/31/19)

2/1/2020 to 1/31/2021

Final Progress

Please describe your program/project final accomplishment(s) in comparison to your proposed goal(s) and evaluation plan.

At the end of the program period, Pueblo Unido CDC (PUCDC) accomplished the established goals outlined in the narrative. The Short-Term Arsenic Removal (STAT), a plan under the Rural Infrastructure Program was designed to provide technical assistance to farmworker families facing water contamination. This continues to be a real challenge due to geological underground conditions of a large portion of the eastern Coachella Valley. Based on our collection and water testing data, the area includes the unincorporated communities of Thermal, Oasis and Mecca.

The STAT program was established with the goal of providing alternative and interim solutions for drinking water until water consolidation with the Coachella Valley Water District's municipal service is available. PUCDC is currently the lead agency in the process of outreach, planning and design for three (3) major water consolidation project. The projects include San Antonio del Desierto, Pierce Community Water Consolidation, and Avenue 76 Community Water Consolidation, which will provide municipal services to the highest number of connections that will solve the arsenic and fluoride contamination. It is estimated that these projects will be complete in the next 7 to 9 years.

Final Progress on Goal #1

By the end of December 2020, Pueblo Unido CDC (PUCDC) installed 25 Reverse Osmosis Water Filtration Units falling short with just five (5) units from the projected goal. The Covid-19 pandemic which officially hit the eastern Coachella Valley around February 2020 has been the main cause of this shortfall. The STAT program requires direct interaction for planning, education and installation with park owners and tenants. The pandemic interrupted the normal organizing and implementation structure which caused the delay. However, the scheduled installation of 30 RO water

filtration units will be complete by the end of the first week in March 2021. The RO water filtration units were installed at the following Polanco parks:
Vargas MHP – 14 units - 69455 Pierce St., Thermal, CA 92236
Valenzuela MHP – 8 units - 88-385 Airport Blvd, Thermal, CA 92274
Oasis MHP – 2 units (Pilot Program) - 88740 70th Ave, Thermal, CA 92274
Rancho Delgado – 1 unit - 78820 Pierce Street Thermal, CA 92274
Additionally, the installation of twelve (12) RO water filtration units is in process at Zakey Heartland located at 88755 Ave. 58, Thermal; bringing a total installation of thirty-seven (37) units.

Final Evaluation of Goal #1

The implementation of the RO water filtration units during the pandemic was a new experience for PUCDC. The pandemic brought an array of different factors including lack of knowledge, fear, and insecurity by park owners and tenants, and PUCDC's staff that normally interact with community members. Real and specific cases of Covid-19 infections at the scheduled Polanco parks created a three-month delay. In normal health conditions, the coordination and installation process are rather fast; however, during this pandemic a new level of precautions including wearing masks, coordinating distancing from park owners and tenants inside the mobilehome to create a trusting environment was quite a challenge. To develop a more trusting environment, outreach and coordination including instructions to increase the level of safety and distancing was provided to park owners and tenants, as well to PUCDC's staff. Additionally, park owners and tenants kept PUCDC's staff informed about people completing the quarantine period prior to proceed with installation.

Final Progress on Goal #2

The installation of twenty-five (25) RO water filtration units by the end of December 2020, and the additional twelve (12) RO water filtration units by the first week of March of 2021 has greatly increased the access for drinking water and cooking as interim solution. The units provide an additional support to prevent families from purchasing bottled water and minimized the travel and exposure to Covid-19. Over 185 people are now served by these reliable devices and will join the network of families that participate with the STAT project including a schedule of maintenance, monitoring and education program.

Final Evaluation of Goal #2

The need for additional installation of RO water filtration units is a top priority due to the lack of critical infrastructure in the eastern Coachella Valley. There are other obstacles preventing these installations which is the case of Valencia mobilehome park. This Polanco park has experienced problems with the onsite well. The well is producing sand which is an indication of well casing disintegration or collapsing. In this typical scenario it is recommended to develop a new onsite well at a different location within the parcel. For this reason, PUCDC's technical staff recommended to hold on the installation of the RO water filtration units until the issue is resolved to avoid any future problems.

Furthermore, many families live at parks located at the Torres Martinez Reservation. These parks are owned by allottee tribal members. Due to the lack of collaboration and political barriers, the installation of RO water filtration to provide drinking water to tenants is more complex. However, PUCDC installed two RO water filtration units at Oasis mobilehome park per request from two residents at the park.

Final Progress of Goal #3

The Union de Polancos Association helped with facilitating remote community meetings that continued throughout the end of the grant period. New updates about the RO water filtration unit installation was provided to all the attendees as part of the STAT program. Park owners who had RO water filtration units installed in the past shared their positive experience with the systems with the two Polanco owners receiving the systems for the first time. The Director of Community Capacity Building and the Water Specialist worked with the owners to educate and train the tenants about the STAT program and the operation and maintenance of the RO water filtration units. The water specialist conducted inspections with tenants to ensure units are working properly. This is part of the monitoring and replacement program. The Director of Community Capacity Building maintained ongoing outreach and communication with the tenants to collect testimonies and provide any additional information upon request.

Final Evaluation of Goal #3

Due to current pandemic, the outreach, training, and education program was delayed. PUCDC staff evaluated the new challenging environment and created a new strategy to continue with this component of the program. For the first time, PUCDC shifted its outreach effort to remote community meetings with park owners and tenants. Training was provided to inform the residents on how to use network phone line to encourage participation. This new approach was welcomed by community leaders at Polanco parks which facilitated the participation and reduced the burden of traveling for in-person community meetings. PUCDC also used phone texting to keep the community informed about the program including report on progress, and to further raise awareness about preventative measures during the pandemic while the installation process took place.

Final Progress of Goal #4

Final Evaluation of Goal #4

Final Progress of Goal #5

Final Evaluation of Goal #5

Final Number of District Residents Served**0 to 5 served**

20

6 to 17 served

20

18 to 24 served

20

25 to 64 served

20

65 or older served

20

Final Geographic Area(s) Served**Geographical Area(s) Served**

Mecca

Oasis

Thermal

Please answer the following questions:**Describe any specific issues/barriers in meeting the proposed program/project goals**

As stated above, Covid-19 became the real issue and barrier during the period of proposed program/project goals. The pandemic delayed the implementation process and challenged PUCDC staff to create new approaches to cope with this new environment. Lack of knowledge, fear and insecurity was prevalent among community members and PUCDC's staff.

Describe any unexpected successes other than those originally planned

The STAT program has been showcased statewide as model for alternative solutions for drinking water at disadvantages communities. The State Water Resources Control Board (SWRCB) has recognized PUCDC's pilot program and has created a new category for funding under the SB200 Safe and Affordable Drinking Water Act. Under the Interim Water Supplies Program, SWRCB will provide permanent funding for the installation of Point of Use and Point of Entry Reverse Osmosis water filtration units.

The program will also provide funding to develop new onsite wells, water distribution and to cover operating costs for programs such as STAT. All these eligible activities are interim solutions until municipal services are available.

After the initial investment by the DHCD how will the program/project be financially sustained?

As stated before, the initial investment by the DHCD helped to establish a government program that will continue to provide ongoing funding to sustain interim solutions for drinking water until water consolidation to municipal services are feasible. Under the SB 200 legislation, the SWRCB is allocating approximately \$147 million a year for the next ten years to provide financial support for these programs. This achievement is another example of PUCDC's expertise in leveraging critical government financial investment to the eastern Coachella Valley's farmworker communities.

List five things to be done differently if this project/program were to be implemented and /or funded again

- Increase the level of collaboration to include other CBO's and government institutions
- Increase awareness about the lack of infrastructure as prevalent health disparity in the eastern Coachella Valley.
- Increase organizational capacity to expand our outreach, training, and education
- Improve existing safety protocols and processes to increase protection during the pandemic
- Build on past remote community meetings experience to increase engagement and promote effective communication

DESERT HEALTHCARE DISTRICT							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
As of 03/31/21							
TWELVE MONTHS ENDED JUNE 30, 2021							
Grant ID Nos.	Name	Approved Grants - Prior Yrs	Current Yr 2020-2021	6/30/2020 Bal Fwd/New	Total Paid July-June	Open BALANCE	
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000		\$ 8,330,000	\$ -	\$ 8,330,000	
2018-974-BOD-09-25-18	HARC - 2019 Coachella Valley Community Health Survey - 2 Yr	\$ 399,979		\$ 39,999	\$ 39,998	\$ -	
2019-985-BOD-03-26-19	Coachella Valley Volunteers in Medicine - Primary Healthcare & Support Services - 1 Yr	\$ 121,500		\$ 12,150	\$ 12,150	\$ -	
2019-986-BOD-05-28-19	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr	\$ 200,000		\$ 20,000	\$ 20,000	\$ -	
2019-997-BOD-05-28-19	Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	\$ 200,896		\$ 20,090	\$ 20,090	\$ -	
2019-989-BOD-05-28-19	Pegasus Riding Academy - Cover the Hard Costs of Pegasus Clients - 1 Yr	\$ 109,534		\$ 10,954	\$ 10,954	\$ -	
2019-994-BOD-05-28-19	One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yr	\$ 700,000		\$ 385,000	\$ 236,250	\$ 148,750	
2019-1000-BOD-05-28-19	Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$ 24,000		\$ 2,400	\$ 2,400	\$ -	
2019-1017-BOD-09-24-19	Jewish Family Services - Case Management Services for Homeless Prevention - 1 Yr	\$ 90,000		\$ 9,000	\$ 8,855	\$ 145	
3	Unexpended funds Grant #1017					\$ (145)	
2019-1023-BOD-10-22-19	CVRM - Transportation for Seniors & Homeless Hospital Discharge Referrals - 1 Yr	\$ 216,200		\$ 118,910	\$ 113,586	\$ 5,324	
3	Unexpended funds Grant #1023					\$ (5,324)	
2019-1021-BOD-11-26-19	Neuro Vitality Center - Community Based Adult Services Program - 6 Months	\$ 143,787		\$ 79,083	\$ 50,323	\$ 28,760	
1	Unexpended funds Grant #1021					\$ (28,760)	
2020-1045-BOD-03-24-20	FIND Food Bank - Ending Hunger Today, Tomorrow, and for a Lifetime - 1 Yr	\$ 401,380		\$ 311,069	\$ 270,933	\$ 40,136	
2020-1129-BOD-05-26-20	Coachella Valley Volunteers In Medicine - Response to COVID-19	\$ 149,727		\$ 149,727	\$ 149,727	\$ -	
2020-1085-BOD-05-26-20	Olive Crest Treatment Center - General Support for Mental Health Services	\$ 50,000		\$ 27,500	\$ 22,500	\$ 5,000	
2020-1057-BOD-05-26-20	Desert Cancer Foundation - Patient Assistance Program	\$ 150,000		\$ 82,500	\$ 67,500	\$ 15,000	
2020-1124-BOD-06-23-20	Regents of UCR - COVID-19 Testing & Health Education for Eastern Valley - 5 Months	\$ 149,976		\$ 149,976	\$ 149,976	\$ -	
2020-1134-BOD-07-28-20	1 Desert Healthcare Foundation - Addressing Healthcare Needs of Black Communities		\$ 600,000	\$ 600,000	\$ 500,000	\$ 100,000	
2020-1139-BOD-09-22-20	1 CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr		\$ 50,000	\$ 50,000	\$ 22,500	\$ 27,500	
2020-1135-BOD-11-24-20	5 Hope Through Housing Foundation - Family Resilience - 1 Yr		\$ 20,000	\$ 20,000	\$ 9,000	\$ 11,000	
2020-1149-BOD-12-15-20	1 Voices for Children - Court Appointed Special Advocate Program - 1 Yr		\$ 40,000	\$ 40,000	\$ 18,000	\$ 22,000	
2021-1136-BOD-01-26-21	1 Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr		\$ 119,432	\$ 119,432	\$ 53,744	\$ 65,688	
2021-1147-BOD-01-26-21	4 Alzheimer's Association - Critical Program Support - 1 Yr		\$ 33,264	\$ 33,264	\$ 14,969	\$ 18,295	
2021-1162-BOD-01-26-21	2 Joslyn Center - Wellness Center Program Support - 1 Yr		\$ 109,130	\$ 109,130	\$ 49,108	\$ 60,022	
2021-1170-BOD-02-23-21	2 Jewish Family Services - Mental Health Counseling for Underserved Residents - 1 yr		\$ 80,000	\$ 80,000	\$ 36,000	\$ 44,000	
2021-BOD-02-23-21	5 COVID-19 Recovery Grants in Collaboration with Regional Access Project Foundation		\$ 100,000	\$ 100,000	\$ -	\$ 100,000	
2021-1141-BOD-03-23-21	3 Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr		\$ 210,905	\$ 210,905	\$ -	\$ 210,905	
2021-1171-BOD-03-23-21	1 Blood Bank of San Bernardino and Riverside Counties - Bloodmobiles for Coachella Valley		\$ 150,000	\$ 150,000	\$ -	\$ 150,000	
2021-1174-BOD-03-23-21	4 Mizell Center - Geriatric Case Management Program		\$ 100,000	\$ 100,000	\$ -	\$ 100,000	
TOTAL GRANTS		\$ 13,106,979	\$ 1,612,731	\$ 11,361,089	\$ 1,878,563	\$ 9,448,296	
Amts available/remaining for Grant/Programs - FY 2020-21:							
Amount budgeted 2020-2021			\$ 4,000,000		G/L Balance:		3/31/2021
Amount granted through March 31, 2021:			\$ (1,612,731)		2131	\$	2,788,296
Mini Grants:	1132, 1163		\$ (10,000)		2281	\$	6,660,000
Financial Audits of Non-Profits	8/15/20		\$ (5,000)				
Net adj - Grants not used:	1017, 1021, 1023		\$ 34,229		Total	\$	9,448,296
Matching external grant contributions			\$ -			\$	(0)
Balance available for Grants/Programs			\$ 2,406,498				
Strategic Focus Areas FY20-21:							
	Grant Budget	Granted YTD	Available				
1	Healthcare Infrastructure and Services	\$ 1,500,000	\$ (930,672)	\$ 569,328			
2	Behavioral Health/Mental Health	\$ 500,000	\$ (189,130)	\$ 310,870			
3	Homelessness	\$ 500,000	\$ (210,436)	\$ 289,564			
4	Vital Human Services to People with Chronic Conditions	\$ 1,000,000	\$ (133,264)	\$ 866,736			
5	Economic Protection, Recovery and Food Security	\$ 500,000	\$ (130,000)	\$ 370,000			
Balance available for Grants/Programs		\$ 4,000,000	\$ (1,593,502)	\$ 2,406,498			

COVID-19 RECOVERY FUND IMPACT
Information only

History

On February 23, 2021, the Desert Healthcare District's Board of Directors approved a match of \$100,000 with the Regional Access Project Foundation to create a \$200,000 **COVID-19 Recovery Fund**. Subsequently, on March 29, 2021, the RAP Foundation Executive Committee approved an additional \$30,693. of funding, for a total of \$230,693. This fund, through a RFP process, was created to provide operating support to community-based organizations negatively impacted by the coronavirus pandemic and providing much-needed health services to vulnerable populations within the District and RAP Foundation's geographic boundaries.

COVID-19 Recovery Funding

The COVID-19 Recovery Fund received **71 requests** for funding, for a total amount of **\$717,444.81**. **Thirty-one requests** were mutually approved and funded for a total amount of **\$230,693**. Below is the list of community-based organizations funded by the District and the RAP Foundation in April 2021.

Desert Healthcare District

• Angel View	\$10,000.
• Stroke Recovery Center	\$10,000.
• Inland Congregation United For Change Sponsoring Committee	\$10,000.
• United Cerebral Palsy of the Inland Empire	\$10,000.
• Cielo Vista Charter School Parent Teacher Group	\$10,000.
• Senior Shuttle	\$5,000.
• Transgender Health and Wellness Center	\$5,000.
• Hidden Harvest Corporation	\$5,000.
• Soroptimist House of Hope	\$5,000.
• Desert Ability Center	\$5,000.
• Desert Recreation Foundation	\$5,000.
• Family Services of the Desert	\$5,000.
• Variety Children's Charities of the Desert Tent 66	\$5,000.
• The L-Fund	\$5,000.
• Parkinson's Resource Organization	\$5,000.

Regional Access Project Foundation

• Big Brothers Big Sisters of the Desert	\$10,000.
• Desert Cancer Foundation	\$10,000.
• Palo Verde College Foundation	\$10,000.
• Ronnie's House For Hope	\$10,000.
• Well In The Desert	\$10,000.
• Desert Blind Association	\$10,000.
• Boys and Girls Club of Coachella Valley	\$10,000.
• Desert Arc	\$10,000.
• Cathedral Center	\$10,000.
• Inland Equity Community Land Trust	\$9,693.
• Olive Crest	\$7,500.
• Mizell Center	\$7,500.
• Martha's Village and Kitchen	\$6,000.
• Desert Best Friends Closet	\$5,000.
• The LGBT Sanctuary Palm Springs	\$3,000.
• Adult Health & Fitness Today	\$2,000.



Date: 4/27/2021

To: Board of Directors

Subject: Grant #1266 Galilee Center

Grant Request: Our Lady of Guadalupe Shelter

Amount Requested: \$150,000.00

Project Period: 5/1/2021 to 4/30/2022

Project Description and Use of District Funds:

The Galilee Center addresses the support service needs of underprivileged and disadvantaged individuals and families living or coming to the Coachella Valley. Started back in 2010 with a simple act of food distribution to local families in Thermal evolved into an organization serving 12,000 people annually. The Galilee Center offers a variety of services to those in need including rental and utility assistance, food distribution, children and senior specific services, and the operation of a shelter.

Similar to many organizations, the Galilee Center suffered financially from the impact of COVID-19 with the cancellation of fundraising events and a projected overall operational expense increase of 40%. The Galilee Center required an additional 17 full-time staff members to keep up with the demand from farm workers and asylum seekers staying at the Our Guadalupe Shelter. As many support services are needed now more than ever, the Galilee staff continues to identify ways to serve their clients and expand their reach.

The funds provided by the Desert Healthcare District will be used to support overhead, food distribution, and three employee salaries. Two employees to help with the operations of the shelter and one employee that ensures asylum seekers make contact with relatives/sponsors and help arrange all of the transportation and accommodation needs to get them to their final destination.

Strategic Plan Alignment:

Homeless / Case management / wraparound services

Geographic Area(s) Served:

Coachella; Mecca; North Shore; Oasis; Thermal; Thousand Palms



Action by Program Committee: (Please select one)

- ✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$150,000.00 be approved.

Recommendation with modifications

Deny

Full Grant Application Summary

Galilee Center, Grant #1266

About the Organization

Galilee Center
66-101 Hammond Rd
PO BOX 308
Mecca, CA 92254
Tel: (760) 396-9100
<http://www.galileecenter.org>

Primary Contact:

Claudia Castorena
Tel: (760) 396-9100
ccastorena@galileecenter.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2018	Galilee Center Emergency Seervices	\$75,000	Grant	4/16/2019	
2019	Our Lady of Guadalupe Shelter	\$25,000	Mini-Grant	4/1/2020	
2020	Galilee Center Emergency Services	\$120,000	Grant	11/3/2020	
2020	Galilee Center Emergency Services	\$25,000	Grant	1/28/2021	

Program/Project Information

Project Title: Our Lady of Guadalupe Shelter

Start Date: 5/1/2021 **End Date:** 4/30/2022

Term: 12 months

Total Project Budget: \$3,153,150

Requested Amount: \$150,000

Executive Summary:

The Galilee Center is requesting a grant of \$150,000 to assist in meeting its mission to provide for the migrant farm worker and the asylum seeker a safe haven at the Our Lady of Guadalupe Center. The center provides showers, restrooms, and laundry services for migrant farm workers and asylum seekers, as well as 3 hot meals and snacks. The number of migrant workers staying during the past year (2020) decreased to 70 because of limited work in the fields for the migrant worker. As the effects of the pandemic diminished the work in the fields, the number of farm workers is expected to increase in 2021. An estimated 200 migrant workers used the shelter during the harvest seasons in 2019 (pre-COVID). The center is open 24 hours a day to provide a safe

place for residents. A fleet of 5 RV was given to Galilee Center by the State of California through the County to assist in the overflow in sleeping accommodations. The migrant workers are sleeping in the RVs, but use the showers, and laundry in the shelter, as well as eat all meals in the shelter. There were 903 asylum seekers during the first quarter of 2021 with 180 staying in quarantine. The County Public Health and Galilee Center staff monitor all families in quarantine at the hotels. Medical attention is arranged if needed. There were 303 men, 298 women, and 302 children. The asylum seekers mainly come from the entry points at El Centro (Galilee Center picks up 5 days per week), Blythe and Yuma, AZ. The asylum seekers stay for an average of 36 hours at shelter. They come from Brazil, Cuba, Ecuador, India, Bangladesh, China, Uzbekistan, Venezuela, Romania, Pakistan, El Salvador, Nicaragua, Honduras. Their final destination throughout the United States includes Florida, New York, Massachusetts, Georgia, North and South Carolina, Virginia, Oregon, Nevada and California. Upon arrival the agency provides short-term services that include a place to rest, three hot meals a day, a change of clothes, toiletries, a shower and washer and virus protection. The case workers help each family to connect via phone with their relatives/sponsors and immediately begin the travel and transportation arrangements to help them reach their final destinations. A sponsor is expected to pay for transportation, but if cannot then the agency provides the funds. Asylum seekers must check-in with immigration authorities at their final destination within 2 weeks of entering the US.

Program/project Background and Community Need:

Adjacent to the main facility the farm worker comfort station called Our Lady of Guadalupe Shelter was built and opened October 11, 2015. This was constructed in collaboration with the County of Riverside to provide showers, restrooms, and laundry services for farm/migrant farm workers to ensure they have a place to take a shower, utilize restroom facilities and wash their clothes as well as have a safe place to sleep during the farm work harvest seasons. The center also provides hot meals to farm workers daily during the harvest season. The number of migrant workers staying at the center for 24 hours a day because there is limited work in the fields, has expanded the existing program costs. The service began in 2015 provided breakfast and dinner but with the expanded hours of attendance of the field workers the center now provides a third hot meal at lunchtime, as well as snacks and beverages. In addition, the center is now open 24 hours a day increasing the used of all utilities. The Galilee Center facility is the only one in the Mecca area for the migrant farm workers to reside.

Strategic Plan Alignment:

Homeless / Case management / wraparound services

Program/project description:

The Our Lady of Guadalupe Shelter is providing a safe place for the migrant farm workers currently residing in the Mecca area working the local farms and packing houses. The Center is available for the farm worker 24 hours a day to ensure they have a safe place to stay during the times they do not have work in the fields. The Our Lady of Guadalupe Shelter provides many of the services needed to maintain the migrant worker's basic needs during this crisis. This includes a shelter, hot meals, restroom/showers, laundry facilities and a community room. Funding received from the Desert Healthcare District and Foundation will be used to offset the increased cost of the program because of the financial impact of the coronavirus. This includes a

projected overall operational increase of 40%, with increases in Food, Cleaning & Janitorial supplies, and Consumables (paper plates, utensils, napkins, etc.).

Description of the target population (s):

The target area is the Eastern Coachella Valley communities of Coachella, Mecca, Thermal, North Shore, Oasis, and Salton Sea. The target population is the farm and migrant working population who are currently underserved. These are the farmer workers and migrant workers employed in seasonal work in the local farms, as well as residents employed in low paying jobs in the area.

Geographic Area(s) Served:

Coachella; Mecca; North Shore; Oasis; Thermal; Thousand Palms

Age Group:

(18-24) Youth

(25-64) Adults

(65+) Seniors

Total Number of District Residents Served:

3,600

Program/Project Goals and Evaluation

<p>Goal #1: The Our Lady of Guadalupe Shelter will provide a safe place for a minimum of 900 migrant farm workers and asylum seekers quarterly to stay 24 hours a day 7 days per week for the program year May 1, 2021 to April 30, 2022.</p>	<p>Evaluation #1: A plan of action to evaluate the program consists first of record keeping that includes all data collected when registering new clients using the Our Lady of Guadalupe shelter through an intake form. A Client Sign-In sheet is maintained for all services given that records number of services. The breakdown of migrant farm workers versus asylum seekers is recorded. Both daily and monthly reporting is monitored in an annual report.</p>
<p>Goal #2: The Our Lady of Guadalupe Shelter will provide basic services for a minimum of 900 residents quarterly in the shelter that include place to sleep, hot meals, restroom/showers, laundry facilities, a community room to relax, clothing, and access to phones calls to contact their families for the program year May 1, 2021 to April 30, 2022.</p>	<p>Evaluation #2: A plan of action to evaluate the program consists first of record keeping that includes all data collected when registering new clients through an intake form. A Client Sign-In sheet is maintained for all services given that records number of services. The breakdown of migrant farm workers versus asylum seekers is recorded. Both daily and monthly reporting is monitored in an annual report. A Client Service Needs Survey is</p>

	conducted once a year to gather input from clients using the facility.
Goal #3: The Our Lady of Guadalupe Shelter staff will provide basic case management and intake services for a minimum 900 residents quarterly in the shelter that includes providing medical referrals. The staff will assist a minimum 100 migrant workers annually in finding needed resources and arrange transportation needs for a minimum 900 asylum seekers quarterly including providing funding for transportation costs for approximately one third of the asylum seekers for the program year May 1, 2021 to April 30, 2022.	Evaluation #3: Record keeping that includes all data collected when registering clients for referrals including a Client Sign-In sheet are maintained for all services given. Collaboration and partnerships provide the agency with many community resources to refer people being served by the Our Lady of Guadalupe quickly to other agencies when needed. Transportation for 900 asylum seekers quarterly will be provided to 100% of the asylum seekers annually.
Goal #4: The Our Lady of Guadalupe Shelter staff will provide hygiene bags containing face masks, hand sanitizer and toiletries for a minimum of 900 residents quarterly. As well as provide approximately 20% asylum seekers that have tested positive for COVID-19 accommodations in local motels/hotels to quarantine for 10 days before continuing on their journey to sponsors throughout the US. Medical treatment will be provided as needed for any residents of the shelter for the program year May 1, 2021 to April 30, 2022.	Evaluation #4: The evaluation plan for the Our Lady of Guadalupe Center includes providing toiletries and PPE as well as training of the basic understanding of COVID-19 testing, vaccination, handwashing and social distancing to 100% of the residents. A Client Log is maintained that records all COVID - 19 prevention training techniques and PPE equipment distributed to clients.
Goal #5:	Evaluation #5:

Proposed Program / Project Evaluation Plan

The success of all Galilee Center programs being evaluated is determined by the impact of services provided at the Our Lady of Guadalupe Center to the migrant farm workers and the asylum seekers. A plan of action to evaluate the qualitative aspects of the services include input of client services received through exit interview results collected by staff case workers for the program. In addition, where possible the input of the community partners assisting in the transportation and medical health of the asylum seekers, as well as the provision of economic, medical and social resources for the migrant workers and asylum seekers is collected. The quantitative aspects of the evaluation of the program includes the record keeping of data collected for each service received by a client. A Client Sign-In sheet is maintained for all services given that

records number services provided to clients. Both daily and monthly reporting is monitored in an annual report. A Client Service Need's Survey is conducted once a year that incorporates the finding of client interviews and staff program evaluation. Evaluations are reviewed by staff and management and appropriate steps or changes are implemented as needed.

Organizational Capacity and Sustainability

Organizational Capacity

The Our Lady of Guadalupe Shelter required the addition of 17 full-time staff. This includes 8 staff members to do the Intake Process for migrant farm workers and asylum seekers staying at the shelter. Also 2 cooks and 3 kitchen staff are needed to provide the 3 meals per day to the residents at the shelter. Three additional shelter administrators are needed for the 24-hour operation of the shelter. In addition, 1 FT extra laundry attendant and janitorial staff are needed.

Organizational Sustainability:

The Galilee Center has a 3-year strategic plan that guides its current work and expansion of programs to meet the needs of its target population, and is updated annually and renewed every 36 months. The founders are the heart to sustaining the mission and vision of the agency. The Board of Directors are committed to support the founders' vision for the agency. The agency has a sustainable and unique position in the community because it excels at what it does under the leadership of its founders. The agency offers the community years of experience, and true dedication to continue to grow and thrive. This is accomplished providing needed services for food and basic needs assistance, rental/utility assistance, and a safe haven for farmers, migrant workers, asylum seekers, as well as low-income residents of the Eastern Coachella Valley. The agency is consistent in the delivery of services and shows compassion and courteous to its clients. The agency treats donors and volunteers with respect and professionalism. The partnership with the County Board of Supervisors has proven to provide a shelter for migrant workers and asylum seekers not available anywhere else in the target area.

Diversity, Equity, and Inclusion

How is diversity, equity, and inclusion addressed? The Galilee Center has from its beginning recruited board members directly associated with the communities being served. It has a history of non-discriminatory practices against any person on the basis of race, color, religion, national origin, gender, gender expression, sexual orientation, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. It actively recruits all board and executive members representing the diversity of the people served by the agency, as well as volunteer members who provide the talents needed to ensure that all operational and financial practices are in the best interest of the Galilee Center.

What is preventing the organization from addressing diversity, equity, and inclusion?

Non-Applicable

Partnerships:

Key Partners:

The Board of Supervisors Riverside County built the Our Lady of Guadalupe Center and is a partner with the Galilee Center providing operating funds annually for 10 years. The foundations of Wells Fargo, Weingart, United Way, BofA, and The Berger Foundation provide funding for the program. Clinicas de Salud del Pueblo, accepts referrals of migrant workers or asylum seekers in need of medical care. Borrego Health mobile clinic comes to the Galilee Center once a month to do COVID-19 testing for the migrant workers, asylum seekers and the community. The Riverside County Housing, Homelessness Prevention & Workforce Solutions Department provides transportation for asylum seekers from Blythe to the shelter or Indio hotels, and ensure the individuals are tested for COVID-19. Galilee Center shelters those whose results are negative.

Line Item Budget Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs Detail on sheet 2		1,218,423	1,134,528	83,895
Equipment (itemize)				
	1			
	2			
	3			
	4			
Supplies (itemize)				
	1			
	2			
	3			
	4			
Printing/Duplication				
Mailing/Postage				
Travel/Mileage				
Education/Training				
Office/Rent/Mortgage				
Telephone/Fax/Internet				
Utilities- Electricity, Water, Gas, Waste/trash, pest control, etc.				
Insurance				
Other facility costs not described above (itemize)				
	1	Indirect/Overhead Cost	1,776,327	1740222
	2			36105
	3			0
	4			0
Other program costs not described above (itemize)				
	1	Food - Hot meals, snacks, sack lunches	158,400	128400
	2			30000
	3			0
	4			0
Total Program Budget		3153150	3003150	150000
Budget Narrative	Staf Costs details are in Sectiion 2. Indirect/ Overhead - All expenses related to the operations of the program. Food - purchase of goods, food and other items for daily meal preparations and feeding.			

Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
Employee Position/Title					
1	1 FT Shelter Attendant	32,323	100	32,323	32,323
2	1 FT Laundry Attendant	32,323	100	32,323	16161.5
3	1 Ft Intake/Case Worker	35,410	100	35410	35410
4					
5					
6					
7					
8					
Total Employee Benefits					
Enter this amount in Section 1;Staffing Costs				Total »	83,895
Budget Narrative	There are 8 shelter attendants that provide a safe, efficient facility for shelter residents. They ensure the sign-in sheets are current, screen them for COVID-19 (by taking their temperature and asking them how they feel) assign their lockers, etc. They also monitor that everyone is wearing their mask and practicing safe distancing. Laundry attendant is responsible to wash, dry and fold all linnen daily and have it ready for use every evening. Intake/Case manager ensures asylum seekers make contact with their relatives/sponsors and arrange all of the transportation to get them to their final destination.				
Budget Narrative	Shelter and Laundry Attendants hourly rate is \$15/hr. Full time hours are 36-38 per week. Each of the salaries includes an additional 12% of benefits. Request for the Laundry Attendant is at 50% of annual salary. FT Intake/Case manager hourly rate, \$16 p/hr.				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1					
2					
3					
4					
5					
Enter this amount in Section 1;Staffing Costs				Total »	0
Budget Narrative	Please describe in detail the scope of work for each professional service/consultant on this grant.				

Line Item Budget Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project			Amount
Fees			12500
Donations			50000
Grants (List Organizations)			
1	CDBG Riverside County		35,000
2	CA DPSS, EFSP SAHA ,		2,809,611
3	Riverside County		50,000
4	WF Bank 20,000, BofA 10,000, UWD 5,000, Berger Fndtn 12,500		47,500
Fundraising (describe nature of fundraiser)			
1	Annual Angels Dinner		55000
2			
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)			
1			
2			
3			
4			
Total funding in addition to DHCD request			3059611
Budget Narrative	<p style="color: red;">Most of the grants are committed and funding have been received for the fiscal year 2020-2021. The CA DPSS has committed and approved funding for the next three months. Subsequent funding for the next months is pending approval. EFSP-SAHA funding will be requested later in the month of april, pending approval.</p>		

Grant Scoring Review

Grant Staff Review # 1 of 3

- Executive Summary:** 9
- Community Need and Alignment:** 9
- Goals:** 9
- Proposed Evaluation Plan:** 9
- Applicant Capacity and Infrastructure:** 10
- Organizational Sustainability:** 9
- Budget:** 9
- Key Partners/Collaborations:** 10

Total Score: 74.00

Reviewer Comments: The Galilee Center serves a population - migrant farm workers- that no other organization serves. It is the only safety point/service area for the multitude of asylum seekers arriving in the US to then connect with their sponsors and/or family members. This applicant fills a need that no other organization provides in the east end of

the Coachella Valley, especially for shelter and services to the migrant farm worker population.

Response Notes:

Average Review Score:

- Fiscal Staff Review Stage: 20 (1 of 1)
- Grant Program Staff Review Stage: 72.3333333333333333333333333333 (3 of 3)

Sum of all Reviews:

- Fiscal Staff Review Stage: 20 (1 of 1)
- Grant Program Staff Review Stage: 217 (3 of 3)

Total average proposal score: 92/100

Grant Scoring Review

Grant Staff Review # 2 of 3

- Executive Summary:** 9
- Community Need and Alignment:** 8
- Goals:** 9
- Proposed Evaluation Plan:** 8
- Applicant Capacity and Infrastructure:** 10
- Organizational Sustainability:** 10
- Budget:** 8
- Key Partners/Collaborations:** 9

Total Score: 71.00

Reviewer Comments: The Galilee Center opens its doors to provide a safe, resourceful environment for migrant farm workers and asylum seekers 24 hours a day. The District funds will help support the operations and capacity of the Our Lady of Guadalupe Shelter to serve a minimum of 900 people quarterly, 3,600 annually. Their care services range from providing individuals and families a safe space to sleep and access to basic necessities to case management support for asylum seekers. The Galilee Center is a trusted community organization that continues to build their capacity and adapt to sustain their mission of fulfilling the needs of underprivileged and disadvantaged groups. I fully support funding the Galilee Center.

Response Notes:

Average Review Score:

- Fiscal Staff Review Stage: 20 (1 of 1)
- Grant Program Staff Review Stage: 72.3333333333333333333333333333 (3 of 3)

Sum of all Reviews:

- Fiscal Staff Review Stage: 20 (1 of 1)
- Grant Program Staff Review Stage: 217 (3 of 3)

Total average proposal score: 92/100

Grant Scoring Review

Grant Staff Review # 3 of 3

- Executive Summary:** 9
- Community Need and Alignment:** 10
- Goals:** 9
- Proposed Evaluation Plan:** 9
- Applicant Capacity and Infrastructure:** 9
- Organizational Sustainability:** 8
- Budget:** 9
- Key Partners/Collaborations:** 9

Total Score: 72.00

Reviewer Comments: The Galilee Center provides key services to the farmworkers communities of the eastern Coachella Valley, which include COVID-19 financial assistance programs, and a relief shelter for migrant farmworkers. The need for a shelter and all of its supportive services, including laundry and meal services are crucial for farmworkers, who otherwise would sleep in their vehicles and in some cases in the fields. The DHCD funds will increase their capacity to continue this service along with others that are much needed by those community members served by the Galilee Center.

Response Notes:

Average Review Score:

- Fiscal Staff Review Stage: 20 (1 of 1)
- Grant Program Staff Review Stage: 72.3333333333333333333333333333 (3 of 3)

Sum of all Reviews:

- Fiscal Staff Review Stage: 20 (1 of 1)
- Grant Program Staff Review Stage: 217 (3 of 3)

Total average proposal score: 92/100

Grant Scoring Review

Fiscal Staff Review # 1 of 1

Fiduciary Compliance: 10

Financial Stability: 10

Total Score: 20.00

Reviewer Comments: Grantee demonstrates a strong financial position. Current Ratio is 6:1

Grantee has diversified resources for this grant. The District's \$150,000 is a small portion of the project's budget.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 20 (1 of 1)

Grant Program Staff Review Stage: 72.333333333333333333333333333333 (3 of 3)

Sum of all Reviews:

Fiscal Staff Review Stage: 20 (1 of 1)

Grant Program Staff Review Stage: 217 (3 of 3)

Total average proposal score: 92/100



FY 2020-2021: Grant Application Scoring Rubric



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

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

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

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

Recommendation:

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

EXHIBIT B – Grant #1266

PAYMENT SCHEDULE, REQUIREMENTS & DELIVERABLES

<u>Project Title</u>	<u>Start/End</u>
Our Lady of Guadalupe Shelter	05/01/2021 04/30/2022

PAYMENTS:

(2) Payments: \$67,500.00
10% Retention: \$15,000.00

Total request amount: \$150,000.00

Scheduled Date	Grant Requirements for Payment	Payment
5/01/2021	Signed Agreement submitted & accepted	Advance of \$67,500.00 for time period 5/01/2021– 10/30/2021
11/01/2021	1 st six-month (5/01/2021– 10/30/2021) progress and budget reports submitted & accepted	Advance of \$67,500.00 for time period 11/01/2021– 4/30/2022
5/01/2022	2 nd six-month (11/01/2021– 4/30/2022) progress and budget reports submitted and accepted	\$0
5/31/2022	Final report (5/01/2021 – 4/30/2022) submitted & accepted	\$15,000.00 (10 % retention)

TOTAL GRANT AMOUNT: \$150,000.00

DELIVERABLES:

Program/Project Goals and Evaluation

<p>Goal #1: The Our Lady of Guadalupe Shelter will provide a safe place for a minimum of 900 migrant farm workers and asylum seekers quarterly to stay 24 hours a day 7 days per week for the program year May 1, 2021 to April 30, 2022.</p>	<p>Evaluation #1: A plan of action to evaluate the program consists first of record keeping that includes all data collected when registering new clients using the Our Lady of Guadalupe shelter through an intake form. A Client Sign-In sheet is maintained for all services given that records number of services. The breakdown of migrant farm workers versus asylum seekers is recorded. Both daily and monthly reporting is monitored in an annual report.</p>
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<p>Goal #2: The Our Lady of Guadalupe Shelter will provide basic services for a minimum of 900 residents quarterly in the shelter that include place to sleep, hot meals, restroom/showers, laundry facilities, a community room to relax, clothing, and access to phones calls to contact their families for the program year May 1, 2021 to April 30, 2022.</p>	<p>Evaluation #2: A plan of action to evaluate the program consists first of record keeping that includes all data collected when registering new clients through an intake form. A Client Sign-In sheet is maintained for all services given that records number of services. The breakdown of migrant farm workers versus asylum seekers is recorded. Both daily and monthly reporting is monitored in an annual report. A Client Service Needs Survey is conducted once a year to gather input from clients using the facility.</p>
<p>Goal #3: The Our Lady of Guadalupe Shelter staff will provide basic case management and intake services for a minimum 900 residents quarterly in the shelter that includes providing medical referrals. The staff will assist a minimum 100 migrant workers annually in finding needed resources and arrange transportation needs for a minimum 900 asylum seekers quarterly including providing funding for transportation costs for approximately one third of the asylum seekers for the program year May 1, 2021 to April 30, 2022.</p>	<p>Evaluation #3: Record keeping that includes all data collected when registering clients for referrals including a Client Sign-In sheet are maintained for all services given. Collaboration and partnerships provide the agency with many community resources to refer people being served by the Our Lady of Guadalupe quickly to other agencies when needed. Transportation for 900 asylum seekers quarterly will be provided to 100% of the asylum seekers annually.</p>
<p>Goal #4: The Our Lady of Guadalupe Shelter staff will provide hygiene bags containing face masks, hand sanitizer and toiletries for a minimum of 900 residents quarterly. As well as provide approximately 20% asylum seekers that have tested positive for COVID-19 accommodations in local motels/hotels to quarantine for 10 days before continuing on their journey to sponsors throughout the US. Medical treatment will be provided as needed for any residents of the shelter for the program year May 1, 2021 to April 30, 2022.</p>	<p>Evaluation #4: The evaluation plan for the Our Lady of Guadalupe Center includes providing toiletries and PPE as well as training of the basic understanding of COVID-19 testing, vaccination, handwashing and social distancing to 100% of the residents. A Client Log is maintained that records all COVID -19 prevention training techniques and PPE equipment distributed to clients.</p>



Date: 4/27/2021

To: Board of Directors

Subject: Grant #1277 Lift To Rise

Grant Request: United Lift Rental Assistance 2021

Amount Requested: \$300,000.00

Project Period: 5/1/2021 to 12/31/2021

Project Description and Use of District Funds:

The United Lift Rental Assistance Program is a coordinated effort between Riverside County, Inland SoCal United Way and Lift To Rise to keep Riverside County renter households, financially impacted by COVID-19, housed by providing direct rental and utility assistance. The United Lift Rental Assistance Program uses federal funding from different sources to provide assistance to Riverside County renter households, and each source of funding carries its own set of eligibility guidelines and timeframe defined by federal legislation and regulations.

Lift To Rise leads the effort in the Coachella Valley and has just been allocated another significant pool of \$25 million in federal rental assistance funding. This round of federal rental assistance funding provided limited financial support for administrative expenses. Lift To Rise received 8% for administrative related expenses and the County of Riverside received 2% for legal related support. In order to disperse the significant pool of funding received from the federal government by the end of the year, Lift To Rise needs to increase their staff capacity by adding additional outreach and program staff to ensure that all eligible residents are able to successfully apply for resources.

Using current and historical approval rates, Lift To Rise is anticipating the need of a minimum of 6,500 applications by June 30, 2021 to qualify and disperse funding to 4,500 renter households by December 31, 2021. To attract that level of application, Lift To Rise will be conducting a robust valley-wide outreach that includes bi-weekly, in-person public and private pop-ups. The Funds provided by the Desert Healthcare District will be used to fund additional outreach coordinators and program coordinators.

Strategic Plan Alignment:

Economic Protection, Recovery, and Food Security / Promoting community collaborations and regional work around these efforts



Geographic Area(s) Served: Cathedral City; Coachella; Desert Hot Springs; Indio; Indian Wells; La Quinta; Mecca; North Shore; Oasis; Palm Desert

Action by Program Committee: (Please select one)

- ✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$300,000.00 be approved.

Recommendation with modifications

Deny

Full Grant Application Summary

Lift To Rise, Grant #1277

About the Organization

Lift To Rise
73710 Fred Waring Dr. Ste 100
Palm Desert, CA 92260
Tel: (760) 636-0426
<http://www.lifttorise.org>

Primary Contact:

Heather Vaikona
Tel: (760) 348-8013
heather@lifttorise.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2019	Economic Protection Plan + Rental Assistance	\$600,000	Grant	4/2/2020	

Program/Project Information

Project Title: United Lift Rental Assistance 2021

Start Date: 5/1/2021 **End Date:** 12/31/2021

Term: 8 months

Total Project Budget: \$25,300,000

Requested Amount: \$300,000

Executive Summary:

The United Lift Rental Assistance Program is a coordinated effort between Riverside County, Inland SoCal United Way and Lift To Rise to keep Riverside County renter households financially impacted by COVID-19 housed by providing direct rental and utility assistance.

The United Lift Rental Assistance Program uses federal funding from different sources to assist Riverside County renter households, and each source of funding carries its own set of eligibility guidelines defined by federal legislation and regulations. Because of this, the County and Federal sources agreed to bifurcate the process which means that LTR must complete the County process by June 30th before the Federal program commences. The County allows for a 10% administrative allocation to support this work, however, 2% of this needed to be dedicated to necessary legal aide, leaving only 8% for LTR to administer the program. This funding will help us close that gap so we can adequately staff and administer the County Assistance and meet the June 30th deadline.

Between June 2020 and December 2020, United Lift assisted over 6,000 households, disbursing over \$22 million in federal funding allocated by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. After depleting its allocation of CARES funding in December 2020, United Lift switched to disbursing a \$9 million allocation of federal funding from the Community Development Block Grant (CDBG) program, which will continue through March 2021.

United Lift re-launched in March 2021, with the goal to disburse upwards of \$57 million in United States Treasury funds authorized by the federal Consolidated Appropriations Act coronavirus stimulus bill signed into law in December 2020. Lift To Rise will handle outreach to households in the east end of Riverside County and plans to serve an additional 4,500 households this year. Inland SoCal United Way will cover the remaining west and southwestern portions of Riverside County. United Lift will track and report application data from the rental assistance program to contribute to the understanding of how rent burden impacts residents and communities in Riverside County.

Program/project Background and Community Need:

The United Lift Rental Assistance Program is a coordinated effort between Riverside County, Inland SoCal United Way, and Lift To Rise to keep Riverside County families and residents housed by providing one-time direct rental assistance to households that are unable to meet their rent obligations due to the ongoing COVID-19 pandemic. The United Lift program launched in June of 2020, after a significant allocation of federal funds by Riverside County – \$30 million from the Coronavirus Aid, Relief, and Economic Security (CARES) Act and \$3 million from the Community Development Block Grant (CDBG) program – making it one of the most generous emergency rental assistance programs in the state in terms of funding per capita. Other organizations such as the Desert Healthcare District and the Regional Access Project Foundation have also contributed resources to support Lift To Rise's efforts in eastern Riverside County.

Lift To Rise leads the effort in the Coachella Valley and has just been allocated another significant pool of \$25 million in federal rental assistance funding and expects to receive a further allocation of \$20M of federal funding before the end of the calendar year. This funding will serve a new pool of applicants as we were able to pay down our waitlist with previous funding. While we are thrilled to receive such a significant allocation of support for our community there are significant challenges in disbursing these funds to the community which can be eased by adding additional outreach and program staff to ensure that all eligible residents are able to successfully apply for resources. Specifically, the County's allocation allows for a ceiling of 10% to cover administrative and indirect costs. Recognizing the significant need for legal aide to support residents, the County needed to dedicate 2% of that allocation for this purpose leaving us with the remaining 8% to fund hiring new staff and other needed administrative support. The subsequent federal funding will provide a 15% indirect rate with much more flexibility and a longer timeline.

The additional program staff are necessary for the first round of funding to help us move through the incredibly high demand for support more quickly by adding additional internal capacity to case manage the very labor-intensive applicant process which requires us to navigate extensive federally mandated verification processes for each application. It will also help us meet our deadline of June 30, 2021. Reaching our goal

of 4,500 approvals requires that we reach a minimum of 6,500 individuals – knowing that not all will qualify for these benefits. With this additional staffing, our outreach team is prepared to enhance its traditional outreach efforts with bi-weekly public and private pop ups throughout the Valley to help close this gap.

Strategic Plan Alignment:

Economic Protection, Recovery, and Food Security / Promoting community collaborations and regional work around these efforts

Program/project description:

Lift To Rise will use district funds to address the gap and increase our staffing capacity to disburse emergency rental assistance across the grant period. District funds will be used to support aggressive community outreach efforts to ensure that residents with barriers to access are able to apply, and to additionally support program staff processing applications, which will allow us to expedite getting funds to community residents facing extreme housing precarity. Additionally, this will ensure that we are able to disburse funds within the federally mandated timeline.

Description of the target population (s):

Low Income Coachella Valley residents.

Geographic Area(s) Served:

Cathedral City; Coachella; Desert Hot Springs; Indio; Indian Wells; La Quinta; Mecca; North Shore; Oasis; Palm Desert

Age Group:

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

Total Number of District Residents Served:

4,500

Program/Project Goals and Evaluation

<p>Goal #1:</p> <p>Goal #1: Total Households Served</p> <p>By September 2021, a total of 4,500 qualified renter households (in the Lift to Rise geographic catchment) will have received rental assistance and utility assistance under the United Lift Rental Assistance program.</p>	<p>Evaluation #1:</p> <p>Detailed plan of action for evaluation that monitors and tracks the progress of Goal #1</p> <p>Service Delivery Outcomes (a full evaluation plan below):</p> <p># of Households Served: Number of qualified renter households served</p>
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	<p>% Approval Rate: number of renter households approved and served divided by total number of completed applications</p> <p>\$ Total Funds Disbursed: Total funds of rental assistance payment funding spent or appropriated.</p> <p>\$ Average Combined Payment: Average of Rental assistance + utility assistance payments.</p> <p>\$ Average Rental Assistance PAYMENT: Average of all rental assistance payments.</p> <p>\$ Average Utility Assistance payment: Average of all utility assistance payments.</p>
<p>Goal #2:</p> <p>Goal #2: Robust Valley-Wide Outreach</p> <p>Conduct robust outreach that attracts a minimum of 6,500 applicants throughout our service region – especially in hard-to-reach areas that are difficult to access during the period of this project.</p>	<p>Evaluation #2:</p> <p>Outreach Effort Outcomes</p> <p># of households reached # of households that apply</p> <p>Mid-Point evaluations: That monitor the progress towards our goal.</p> <p>% of regional representation that comports with need</p>
Goal #3:	Evaluation #3:
Goal #4:	Evaluation #4:
Goal #5:	Evaluation #5:

Proposed Program / Project Evaluation Plan

This program will provide a critical resource to households and a critical opportunity to learn about the efficacy of emergency aid programs that are in response to economic downturns and natural disasters. Specifically, evaluating this emergency aid program will be able to do the following:

- Provide important insights into a stronger understanding of the benefits and costs of emergency aid in economic downturns
- Provide insights into and strengthen the design of future programs to assess the role of eligibility criteria in providing effective emergency aid

- Provide insights into multiple outcomes for impacted households (“doubling up”, eviction, homelessness, food insecurity, health care, childcare)
- Provide insights into how landlords are impacted by the relief to tenants, including how these benefits to households are distributed to a variety of corporate and small business landlords

We will conduct a one-year evaluation to answer critical questions on the efficacy of this emergency aid program and on its impacts. The evaluation will have three main components. First, initial analysis of the applicant pool will provide insights into the representativeness of the sample of low income renters that applied to the program and received assistance. This initial analysis can highlight how well the program is targeting the sample of households most at risk of eviction and identify populations that the eligibility criteria excluded. Second, we will conduct two surveys of households over the year to determine how the receipt of rental assistance impacts households in Riverside County. Lastly, we will conduct qualitative interviews with select landlords to further generate qualitative insights into the impact of rental assistance programs on the broader rental market in Riverside County. A final report would be generated and delivered to the County of Riverside. A final report will be generated and delivered to the County, summarizing the research conducted and findings that emerged from the one-year study. A mid-term report will also provide a basic summary of the characteristics of the funded households based on the intake forms, and a summary of the project status, including survey protocols that have been developed.

Outcomes that will be tracked will include:

- The rate of “doubling-up”
- Residential mobility
- Eviction
- Homelessness
- Food insecurity
- Household budgeting
- Participation in other social service programs
- Mental and physical health; and
- Stress

Organizational Capacity and Sustainability

Organizational Capacity

Lift To Rise has built significant organizational capacity across the past year as we have modified our platform to adapt to public funding guidelines, and to best serve community residents. Our current and planned staffing capacity is described below.

Existing program staff (permanent and temporary)

Program Coordinators (20): program coordinators coordinate work directly with tenants and landlords to process emergency rental assistance for persons experiencing financial hardship due to the COVID-19 pandemic. Staff complete a variety of eligibility reviews; verify documentation needed to determine eligibility for assistance; audit files for personal data needed; analyze and verify information reported for accuracy.

Outreach Coordinators (4): outreach coordinators cultivate meaningful community relationships and conduct essential community outreach. In this role, outreach coordinators perform direct on-the-ground outreach activities and services across the Coachella Valley Region.

Program Leads (2): Program leads support, monitor, and participate in the work of program coordinators to ensure adherence to program standards and procedures.

Permanent staff assigned to program:

Senior Implementation Manager (1)

Community Engagement Manager (1)

Communications Manager (1)

Research & Data Analyst (1)

Organizational Sustainability:

Our Ten-Year Action Plan addresses the underlying causes and consequences of poverty in the Coachella Valley by uplifting our region's story, building local strength, and working to instigate change.

Through collaboration with community partners and extensive data analysis, we have identified housing stability and economic opportunity as two areas of focus for our work. Our goal is to reduce the number of rent burdened Coachella Valley households by 30% over the next ten years by increasing the supply of affordable housing, changing local policies, and increasing regional investment. As we make progress on this ambitious long-term goal, we have instituted immediate stabilizing activities, such as rental and utilities assistance, that keep low-income people in their homes and stabilize their living situation. Our emergency aid program fits neatly within these plans as a mitigant for increasing housing stability for low-income Coachella Valley residents.

Diversity, Equity, and Inclusion

How is diversity, equity, and inclusion addressed? Lift To Rise holds explicit race, equity and inclusion values and has worked across the last 3 years to operate these values across all levels of organizational leadership and partnership. Staff, and board members are explicitly coached around these values which we operationalize in our strategic, action and operational plans. All bodies of our leadership are at minimum 50% BIPOC and our staff is more than 80% BIPOC. Additionally, we hold racial equity as the central value in our housing and economic mobility strategy work, seeking to explicitly address the ways in which communities of color in the Coachella Valley are historically and currently marginalized.

What is preventing the organization from addressing diversity, equity, and inclusion?

Partnerships:

Key Partners:

Lift to Rise was first visualized in 2014–15 when a group of community-based organizations serving eastern Riverside County's Coachella Valley — including FIND Food Bank, United Way of the Desert, the Regional Access Project Foundation, and the Desert Healthcare District — came together to discuss using a collective impact approach to turn the tide of mounting disadvantages faced by too many residents. We understood that combining our expertise and resources would create greater community impact.

We believe strongly in partnerships with local entities, government, and residents. Our Collective Action Networks (CAN) ensure that our work remains deeply rooted in the community. Today, Lift to Rise is thrilled to partner with a wide range of local, statewide, and national entities that help further our work and build awareness about the benefits of the CAN model in creating local empowerment and community-driven outcomes.

Specific to our COVID relief work, Lift to Rise partners directly with Riverside County and Inland SoCal United Way and with dozens of community partners throughout our region including DAP Health, The Galilee Center, COFEM, First 5 Riverside, all nine local cities, multiple public agencies and more.

Line Item Budget Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs		\$ 1,618,991.00	\$ 1,318,991.00	\$ 300,000.00
Equipment (itemize)				
	1 Work Stations	35,625.00	35,625.00	-
	2 Furniture & Fixtures	23,775.00	23,775.00	-
	3			-
	4			-
Supplies (itemize)				
	1 Supplies & Materials	24,715.02	24,715.02	-
	2 Data Program Costs	14,300.00	14,300.00	-
	3 Program Evaluation	200,000.00	200,000.00	-
	4			-
Printing/Duplication		12,525.00	12,525.00	-
Mailing/Postage/Payment Processing		26,225.94	26,225.94	-
Travel/Mileage/Reimbursed Org Hours		22,500.00	22,500.00	-
Education/Training		3,600.00	3,600.00	-
Office/Rent/Mortgage		38,692.21	38,692.21	-
Computer/Internet Expense		52,623.83	52,623.83	-
Utilities/Cleaning		19,500.00	19,500.00	-
Insurance				-
Other costs not described above (itemize)				
	1 Recruiting Expense	3,675.00	3,675.00	0
	2 Payroll Expense	2,421.00	2,421.00	0
	3 Community Outreach Events	20,250.00	20,250.00	0
	4 Direct Rental Assistance	23,193,225.00	23,193,225.00	0
Other program costs not described above (itemize)				
	1 CPA Consulting	58,500.00	58,500.00	0
	2 HR Legal Consulting	8,400.00	8,400.00	0
	3 Legal Fees	24,800.00	24,800.00	0
	4 Communications/Advertising	140,000.00	140,000.00	0
	5 IT Consulting	10,500.00	10,500.00	0
Total Program Budget		25,554,844.00	25,254,844.00	300,000.00
Budget Narrative	Lift to Rise is requesting this funding to allow additional outreach and staffing support because of the sheer volume of applications. Increasing staffing will allow Lift to Rise to expedite the process of getting funds to Coachella Valley residents in need. Additionally, this will ensure that we are able to disburse funds within the federally mandated timeline.			

Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
Employee Position/Title					
1	Outreach Coordinators x 4	\$45,760 (\$22/hr)	100%	\$ 183,040.00	150,000.00
2	Program Coordinators x 20	\$45,760 (\$22/hr)	100%	\$ 915,200.00	150,000.00
3	Program Leads x 2	\$56160 (\$27/hr)	100%	\$ 112,320.00	
4	Permanent Staff			\$ 408,431.00	
5					
6					
7					
8					
Total Employee Benefits				\$ 1,618,991.00	
Enter this amount in Section 1; Staffing Costs				Total >	\$ 300,000.00
Budget Narrative	<p>Program Coordinators process tenant applications for rental assistance. They communicate with tenants and landlords to collect necessary documentation, process and review for accuracy, and determine eligibility for the program. We currently have 20 Program Coordinators on staff, working full time and 100% on the Rental Assistance program. There are 2 Program Leads who provide significant support, training and review. Outreach Coordinators work in the communities to assist with applications, spread messaging and program information. We currently have 4 OCs on staff, who work roughly 30 hours per week, and devote 100% of their time to the Rental Assistance program.</p>				
Budget Narrative	<p>Employees are paid a living wage, and receive health, (medical/dental/vision) benefits, Paid time off, and effective May 1st, will be able to participate in our employer 403(b) plan.</p>				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1	CPA Consultants			6500	0
2	Legal Fees			3000	0
3	IT Consulting			1500	0
4					
5					
Enter this amount in Section 1; Staffing Costs				Total >	0
Budget Narrative	<p>This generous grant will allow us to increase our staffing by adding additional outreach and program coordinator positions. By supplementing the staffing budget that we currently have in place, we are able to add approximately 7 roles.</p>				

Line Item Budget
Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project			Amount
Fees			
Donations			
Grants (List Organizations)			
	1	County of Riverside - Emergency Rental Assistance Program	\$25,254,844
	2		
	3		
	4		
Fundraising (describe nature of fundraiser)			
	1		
	2		
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)			
	1		
	2		
	3		
	4		
Total funding in addition to DHCD request			25254844
Budget Narrative	Lift to Rise is the Subrecipient of a Grant Agreement with the County of Riverside Emergency Rental Assistance Program, and will receive funding in the amount of \$25,254,844 for rental assistance. Of that, \$2,016,620 is for indirect administrative costs. Additional funding from DHCD will allow us to increase staffing for the program in order to process applications more quickly within the defined timeline, and more effectively serve the Coachella Valley.		

Grant Scoring Review

Grant Staff Review # 1 of 3

Executive Summary: 9

Community Need and Alignment: 10

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 7

Organizational Sustainability: 9

Budget: 8

Key Partners/Collaborations: 9

Total Score: 70.00

Reviewer Comments: Lift To Rise plays a pivotal role in ensuring that CV residents get rental assistance offered through the federal government and state government and that this important assistance can prevent families from losing their homes or apartments due to income loss as impacted by COVID-19. A social determinant of health is being addressed (housing stability) and this request for funding from the District helps offset the gap created of limited administrative related expenses that is necessary to carry out this program.

Response Notes:

Average Review Score:

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

Fiscal Staff Review Stage: 19 (1 of 1)

Sum of all Reviews:

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

Fiscal Staff Review Stage: 19 (1 of 1)

Total average proposal score: 89/100

Grant Scoring Review

Grant Staff Review # 2 of 3

Executive Summary: 9

Community Need and Alignment: 10

Goals: 9

Proposed Evaluation Plan: 8

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 8

Budget: 8

Key Partners/Collaborations: 10

Total Score: 71.00

Reviewer Comments: Lift to Rise has been a lifeline to many Coachella Valley families during the COVID-19 epidemic by providing rental assistance and connecting families to additional resources. DHCD grant funds will increase Lift to Rise's capacity to keep up with the ever increasing demand for rental assistance and affordable housing.

Response Notes:

Average Review Score:

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

Fiscal Staff Review Stage: 19 (1 of 1)

Sum of all Reviews:

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

Fiscal Staff Review Stage: 19 (1 of 1)

Total average proposal score: 89/100

Grant Scoring Review

Grant Staff Review # 3 of 3

Executive Summary: 9

Community Need and Alignment: 8

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 8

Budget: 8

Key Partners/Collaborations: 9

Total Score: 69.00

Reviewer Comments: The COVID-19 crisis continues to financially impact our Coachella Valley residents. Lift To Rise has been working since the pandemic hit to keep renter households, financially impacted by COVID-19, housed by providing direct rental and utility assistance. The goal of this additional pool of \$25 million federal funding is to get 6,500 renter household applications by June 30, 2021 and disperse funding to 4,500 qualified applicants by December 31, 2021. To help manage the short timeline, the labor-intensive applicant process, and the verification process additional internal program staff are necessary to help manage the high demand for support. I support funding Lift To Rise as it directly aligns with the District's strategic plan alignment of economic protect/recovery. By providing funding for Lift To Rise to increase staffing, the District helps to ensure appropriate staffing capacity to get the rental assistance funding dispersed to low-income Coachella Valley residents, within the short timeline, and avoid leaving money on the table.

Response Notes:

Average Review Score:

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

Fiscal Staff Review Stage: 19 (1 of 1)

Sum of all Reviews:

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

Fiscal Staff Review Stage: 19 (1 of 1)

Total average proposal score: 89/100

Grant Scoring Review

Fiscal Staff Review # 1 of 1

Fiduciary Compliance: 9

Financial Stability: 10

Total Score: 19.00

Reviewer Comments: The audit report is unmodified

Current Ratio per the 6/30/2020 audit report is very strong (6:1) which represents the grantee's ability to pay it's short term liabilities

The Net Assets decreased by \$388k as of 6/30/2020, but the Balance Sheet is in good order

Grantee demonstrates a strong financial position.

Grantee has diversified resources for this grant of \$25,254,844. The District's grant of \$300,000 is well supported by other resources

Response Notes:

Average Review Score:

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

Fiscal Staff Review Stage: 19 (1 of 1)

Sum of all Reviews:

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

Fiscal Staff Review Stage: 19 (1 of 1)

Total average proposal score: 89/100



FY 2020-2021: Grant Application Scoring Rubric



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

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

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

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

Recommendation:

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

EXHIBIT B – Grant #1277**PAYMENT SCHEDULE, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
United Lift Rental Assistance 2021	5/1/2021 12/31/2021

PAYMENTS:

(3) Payments: \$90,000.00
 10% Retention: \$30,000.00

Total request amount: \$300,000.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
5/01/2021	Signed Agreement submitted & accepted	Advance of \$90,000.00 for time period 5/01/2021 – 7/31/2021
8/01/2021	1 st progress report (5/01/2021 – 7/31/2021), budget reports and receipts submitted & accepted	Advance of \$90,000.00 for time period 8/01/2021 – 10/30/2021
11/01/2020	2 nd progress report (8/01/2021 – 10/30/2021), budget reports and receipts submitted & accepted	Advance of \$90,000.00 for time period 11/01/2021 – 12/31/2021
1/01/2022	3 rd progress report (11/01/2021 – 12/31/2021), budget reports and receipts submitted & accepted	\$0
1/31/2022	Final report (5/01/2021 – 12/31/2021) and final budget report submitted & accepted	\$30,000.00 (10 % retention)

TOTAL GRANT AMOUNT: \$300,000.00

DELIVERABLES:**Program/Project Goals and Evaluation**

<p>Goal #1:</p> <p>Goal #1: Total Households Served</p> <p>By September 2021, a total of 4,500 qualified renter households (in the Lift to Rise geographic catchment) will have received rental assistance and utility assistance under the United Lift Rental Assistance program.</p>	<p>Evaluation #1:</p> <p>Detailed plan of action for evaluation that monitors and tracks the progress of Goal #1</p> <p>Service Delivery Outcomes (a full evaluation plan below):</p> <p># of Households Served: Number of qualified renter households served</p> <p>% Approval Rate: number of renter households approved and served divided by total number of completed applications</p> <p>\$ Total Funds Disbursed: Total funds of rental assistance payment funding spent or appropriated.</p> <p>\$ Average Combined Payment: Average of Rental assistance + utility assistance payments.</p> <p>\$ Average Rental Assistance PAYMENT: Average of all rental assistance payments.</p> <p>\$ Average Utility Assistance payment: Average of all utility assistance payments.</p>
<p>Goal #2:</p> <p>Goal #2: Robust Valley-Wide Outreach</p> <p>Conduct robust outreach that attracts a minimum of 6,500 applicants throughout our service region – especially in hard-to-reach areas that are difficult to access during the period of this project.</p>	<p>Evaluation #2:</p> <p>Outreach Effort Outcomes</p> <p># of households reached</p> <p># of households that apply</p> <p>Mid-Point evaluations: That monitor the progress towards our goal.</p> <p>% of regional representation that comports with need</p>



DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
April 13, 2021

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

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Shorr called the meeting to order at 3:38 p.m. with President De Lara joining the meeting shortly after the approval of the agenda.	
II. Approval of Agenda	Chair Shorr asked for a motion to approve the agenda.	Moved and seconded by Director Zendle and Director Shorr to approve the agenda. Motion passed unanimously.
III. Public Comment	There was no public comment.	
IV. Approval of Minutes 1. F&A Minutes – Meeting March 09, 2021	Chair Shorr motioned to approve the March 09, 2021 minutes.	Moved and seconded by Director Zendle and Director Shorr to approve the March 09, 2021 meeting minutes. Motion passed unanimously.
V. CEO Report		
VI. Chief Administration Officer's Report	Chris Christensen, CAO, explained that the landscape project is moving forward with progress despite the challenges with the date palm trees. The FY 2022 budget process has commenced and will be presented for review at the May F&A Committee meeting as the CAO works with the CEO as it relates to Strategic Planning.	

**DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
April 13, 2021**

	<p>The Las Palmas Medical Plaza has three vacant suites, tenants making rent payments with credit cards are now charged the 2.75% fee the District would normally incur; therefore, the income in the coming months will illustrate a decrease in expenses.</p> <p>The CAM fees increase from \$.62 per square foot to \$.69 per square foot has moved forward with an illustration of the increase in payments on the upcoming statements.</p>	
<p>VII. Financial Reports</p> <ol style="list-style-type: none"> 1. District and LPMP Financial Statements 2. Accounts Receivable Aging Summary 3. District – Deposits 4. District – Property Tax Receipts 5. LPMP Deposits 6. District – Check Register 7. Credit Card – Detail of Expenditures 8. LPMP – Check Register 9. Retirement Protection Plan Update 10. Grant Payment Schedule 	<p>Chris Christensen, CAO, thoroughly reviewed the financials, answering questions of the committee concerning the Actual vs. Budget, the A/R Aging Summary, the Check Register, and the three additional retirees on the Retirement Protection Plan (RPP).</p> <p>Director Zendle inquired on the grant payment schedule with Mr. Christensen explaining the \$1.8M in grant payments, noting that the schedule illustrates grant awards for prior years, as well as new grant awards for all outstanding grants, and awards of \$1.6M committed in new grants. The \$2.4M amount is the remaining funding that could be</p>	<p>Moved and seconded by Director Zendle and President De Lara to approve the March 2021 District Financial Reports - Items 1-10 and to forward to the Board for approval.</p> <p>Motion passed unanimously.</p>

**DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
April 13, 2021**

	<p>awarded from the entire \$4M budget.</p> <p>Donna Craig, Chief Program Officer, explained that \$450k in new grants were presented to the Program Committee for approval to the Board and will reduce the remaining grant funding.</p> <p>Director Zendle conveyed that the reporting should distinguish the committed \$2.4M of the \$4M grant, then after the next round of funding from the Program Committee of \$450k illustrating the remainder of the funding.</p> <p>Mr. Christensen explained that staff will include descriptions on the Year-to-Date Variance Analysis showing the \$2.4M remaining in the unallocated grant budget, as well as highlighting the \$2.4M budget to stand out as unawarded grants.</p>	
<p>VIII. Other Matters</p> <p>1. LPMP Fire Sprinkler System Update</p>	<p>Chris Christensen, CAO, provided an update of the Las Palmas Medical Plaza fire sprinkler system explaining that the architect, Chris Mills has estimated installing the system for \$250k-\$300k before the public bidding process commences to bring the sprinkler system to city code. Staff will continue</p>	

**DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
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	working with Mr. Mills to complete the bidding process and expects to present the bidding results to the Committee at the May meeting.	
2. LPMP Property Management/Maintenance Agreement – INPRO-EMS Construction	Chris Christensen, CAO, described the background of the Las Palmas Medical Plaza property management with INPRO-EMS Construction who is currently requesting an increase of 7% through the April 2022 service agreement, which is customary as INPRO-EMS continues to maintain a positive working relationship with the tenants.	Moved and seconded by Director Zendle and President De Lara to approve the LPMP Property Management/Maintenance Agreement – INPRO-EMS Construction and forward to the Board for approval. Motion passed unanimously.
3. District Office at RAP – Conference Room Buildout Update	<p>Chris Christensen, CAO, provided an update on the conference room buildout at the District satellite office at the Regional Access Project Foundation (RAP) describing the supplemental cost increase and the annual lease term renewals at the satellite office. The initial costs were anticipated at under \$25k; however, the architect now anticipates a cost not to exceed \$40k for the conference room buildout.</p> <p>The District has a one-year annual lease at the RAP office, with three separate annual renewals, and the possibility of requesting the</p>	

**DESERT HEALTHCARE DISTRICT
FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL, AND COMMITTEE
MEETING MINUTES
April 13, 2021**

	<p>new rental in May 2021 with a four 1-year lease renewal option, becoming a 5-year lease, which allows more flexibility not to implement the annual renewals. The \$40k would be capitalized and amortized over 5-years with an annual expense of \$8k.</p> <p>Staff will contact RAP for the 5-year lease consideration and provide at the May Committee meeting with the prevailing wages for completion of the work as opposed to public bidding since the District does not own the building.</p>	
IV. Adjournment	Director Shorr adjourned the meeting at 4:20 p.m.	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
 Arthur Shorr, Director, Board of Directors
 Finance & Administration Committee Member
 Desert Healthcare District Board of Directors

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



Date: April 27, 2021
To: Board of Directors
Subject: District and Foundation History Book Project Update

Staff Recommendation: The Desert Healthcare District and Foundation history book is currently in the final stage, with the majority of content being edited, designed and translated in Spanish. Due to unforeseen challenges presented by the pandemic, the publication date was delayed until July 1, 2021. (Informational)

Background:

- As a part of ongoing efforts to increase awareness of the District and Foundation, the Board of Directors in September 2018 approved a communications and marketing plan that included publishing the District and Foundation's history in book form and on the organization's website, dhcd.org.
- Three research and writing proposals were submitted in the fall 2019 to the District. Author Jeff Crider of Palm Desert was selected and approved by the Board to proceed with the book project.
- Mr. Crider completed and submitted two drafts, which received informed feedback from a review committee composed of current and former Board Directors, senior staff, and Coachella Valley residents who are knowledgeable about the District and/or valley history.
- The initial publication date of October 2020 was pushed forward in response to COVID-19 and as the scope of the book changed. More time was required to conduct additional interviews, as well as accommodate final revisions, graphic design, and Spanish translation for a larger book than initially anticipated.
- The District staff recognizes the history book as a significant and accessible tool for marketing and raising awareness about the District and Foundation. As such, a book release event has been suggested as a part of its promotion and online rollout. The book event release may not immediately follow the July 1, 2021, digital publication, as uncertainty remains at this time about community gatherings due to COVID-19.

Fiscal Impact:

The initial book cost at the original length was estimated to not exceed \$45,000, which was covered in the 2019-2020 Communications and Marketing Budget. With the total now estimated closer to \$50,000, the balance is covered in the 2020-2021 Communications and Marketing Budget.



Date: April 6, 2021

DHCD Progress Report #2021-1 for reporting period January 1, 2021 to March 31, 2021

Grantee: Coachella Valley Association of Governments (CVAG)

Project Title: CV Link Project

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

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

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

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

2. Summarize work completed during reporting period.

CVAG made significant progress on CV Link in the first quarter of 2021, but the biggest milestone was the official groundbreaking at the future CV Link Promontory Point access point, where a new bridge will provide cyclists and pedestrians with a safe connection between the Cities of La Quinta and Indio. The groundbreaking marks the beginning of the \$52.733 million in construction with Ames Construction that was approved by the CVAG Executive and Transportation Committees in October 2020.

COACHELLA VALLEY ASSOCIATION OF GOVERNMENTS

73-710 Fred Waring Dr., Suite 200, Palm Desert, CA 92260 • (760) 346-1127 • www.cvag.org



CVAG held a small outdoor celebration on March 29, 2021 that was held with COVID-19 precautions in mind. CVAG extended invitations to its funding partners, and CVAG staff appreciated that Desert Healthcare District/ Foundation Board President Leticia De Lara was able to attend. Photos from the event were shared on CV Link's social media accounts.





The construction of Promontory Point, which will be located just east of Jefferson Street, and the bridge is just the start of the work that will be occurring in 2021. As noted in a previous quarterly report, CVAG's construction involves 13.5 miles in the cities of Palm Springs, Palm Desert, La Quinta, Indio, and Coachella as well as unincorporated Riverside County.

CVAG is also working with the contractor to start work on the additional miles identified in the three bid alternatives, which involves working with CVAG's state partners to finalize right-of-way approval. In the first quarter of 2021, CVAG staff has worked with Caltrans to get its approval on a right-of-way certification, which is needed to execute another construction contract and start adding the additional bid alternatives.

This year's construction will largely be funded by the \$29.447 million in funds from the Active Transportation Program and State Transportation Improvement Program, which the California Transportation Commission (CTC) green lighted in 2020. CVAG also will be drawing down its funding commitments, including those from the Desert Healthcare District/ Foundation and South Coast Air Quality Management District. The Congressional Budget Office has estimated that every dollar spent on infrastructure produced an economic benefit of up to \$2.20, and the U.S. Council of Economic Advisers has calculated that \$1 billion of transportation infrastructure investment supports 13,000 jobs for a year. Based on these calculations, the \$52.7 million investment will produce an economic benefit of over \$116 million, and support more than 685 jobs for a year.

Construction is also ongoing in the City of Palm Desert, where CVAG is working with Palm Desert staff to complete the part of the CV Link route that runs on-street in the City. This construction, which started in September 2020, was led by the City of Palm Desert under the terms of a cooperative agreement with CVAG. This portion runs along Painters Path from the Bump and Grind trail head to Park View Drive; Park View Drive from Highway 111 to Monterey Avenue; Monterey Avenue from Park View Drive to Magnesia Falls Drive; and Magnesia Falls Drive from Monterey Avenue to Deep Canyon Road. The contract was for \$5.58 million, plus contingency. The city conducted its bidding according to the terms of the cooperative agreement, and CVAG reimburses the City for the work. Project signs identify several funding sources being used for that segment, including the Desert Healthcare District/ Foundation and the South Coast Air Quality Management District.

Work in the City of Palm Desert is divided into three parts: the on-street work, the pathway along the Coachella Valley Stormwater Channel, and then an extension over the wash and up to Hovely. Work on the on-street segment – including barrier placement, thermoplastic crosswalk treatments and a new access point at the Bump and Grind trailhead – is anticipated to start wrapping in the second quarter of 2021. This coincides with the start of the construction that CVAG will lead along the bank of the stormwater channel, which should start in May 2021.



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

The CV Link team had a reorganization occur since the last quarterly report. Jonathan Hoy, a former City Engineer who has been a consultant on CV Link for more than a year, became CVAG's Transportation Director. Martin Magaña remains on the CV Link team as a consultant and CVAG's point person on property negotiations. This allows CVAG to better focus resources on finalizing the right-of-way process, which, as detailed in previous reports, has taken longer than initially anticipated due to work with state and federal agencies such as Caltrans and the Bureau of Indian Affairs.

The CV Link has remained on schedule despite the unprecedented challenges the world has faced in the COVID-19 pandemic, which resulted in unique working conditions at both CVAG and its member jurisdictions. The COVID pandemic has also further complicated an already lengthy process to obtain the remainder of right-of-way agreements that are needed for the rest of the project.

4. Is your project on schedule?

Yes. This year will involve construction valleywide as CVAG completes its biggest single phase of CV Link. While CVAG may make minor adjustments to the timing of building various parts of the route, the overall construction of CV Link remains on schedule.

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

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

State Active Transportation Program:	\$21,692,000
CVAG Transportation Funds:	\$20,000,000
State Transportation Improvement Program:	\$18,655,000
South Coast Air Quality Mitigation District:	\$18,800,000
Federal Congestion Mitigation and Air Quality:	\$12,600,000
Desert Healthcare District:	\$10,000,000
California Strategic Growth Council:	\$1,000,000
Riverside County Parks:	\$750,000
Bicycle Transportation Account Grant:	\$748,500 (secured w/ Cathedral City)
Caltrans Environmental Justice Grant:	\$291,000 (secured w/ Palm Desert)



6. Work planned for next reporting period:

In the first quarter, CVAG will achieve the following milestones:

1. Complete construction of the on-street work in the City of Palm Desert, which includes the access point at Bump and Grind trailhead.
2. Start construction on the segment of work in the City of Palm Desert that runs along the Coachella Valley Stormwater Channel, including the path near Palm Desert High School.
3. Continue construction at Promontory Point access point, where a bridge connects the Cities of La Quinta and Indio, and the nearby pathway segments along the Coachella Valley Stormwater Channel.
4. Work with the construction team to mobilize for the additional segments that are included in this year's construction plans, including segments in the cities of Palm Springs, La Quinta, Indio and Coachella as well as unincorporated Riverside County.
5. Acquire additional right of way for future segments of CV Link.

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

Because the COVID-19 pandemic has altered working conditions, CVAG staff continues to work both in-office and remotely. Jonathan Hoy, Transportation Director can best be reached at (760) 238-1540 or at jhoy@cvag.org and Erica Felci, Assistant to the Executive Director, can also be reached at (760) 534-1546 or at efelci@cvag.org.

LAW OFFICES
JEFFREY G. SCOTT

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

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

JEFFREY G. SCOTT

Of Counsel
JAMES R. DODSON

DATE: April 23, 2021

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

FROM: Jeffrey G. Scott, General Counsel

RE: AB 903 (Frazier) Dissolution of Los Medanos Community Health District

Healthcare districts are created by and can be dissolved pursuant to the authority of the California Legislature. Assembly Bill 903 dissolves the Los Medanos Community Healthcare District (LMCHD) and designates the County of Contra Costa as the successor agency to the LMCHD. Specifically, this bill:

1. Provides that the LMCHD shall be dissolved effective February 1, 2022.
2. It provides that the County of Contra Costa shall have ownership, possession, and control of all the assets and property, real or personal, owned or leased by LMCHD for the benefit or use of the LMCHD.
3. It requires the County to complete all of the following by the effective date of dissolution:
 - The Board of Supervisors (Board) shall form a Los Medanos Health Advisory Committee (Advisory Committee) that reports directly to the Board and shall develop and conduct the Los Medanos Area Health Plan Grant Program (Program) focused on comprehensive health-related services. The Board shall appoint five members to the Advisory Committee which shall:
 - Develop an area health plan that identifies major health disparities impacting residents in the district's territory and identifies priorities for improving health outcomes;
 - Solicit proposals from service providers interested in participating in the Program and that are capable of addressing the priorities in an adopted health plan;
 - Monitor the efficacy of the programs to which grants are made; and

- Report to the Board not less than once a year on the execution of the health plan and the status of the Program.
- Commence and complete a property tax transfer process;
- Direct the county auditor-controller to establish a new special fund for the county treasurer to track the receipt and disbursement of property tax revenues received by the County pursuant to the property tax transfer process;
- The Program shall be funded by the property tax funds received by the County as a result of the dissolution;
- Accept all assets of the District including all real and personal property and monies and all other assets and obligations transferred from the district in “as is” condition, without any payment or repair obligations from the LMCHD.

According to the author:

“Over the past year, the COVID-19 pandemic has created tremendous disruption for every Californian. However, some communities have been more severely affected than others. The pandemic has highlighted inequities in healthcare, exacerbated gaps in services, and demonstrated the importance of every dollar spent to protect our communities.”

“AB B 903 effectively creates hundreds of thousands of dollars in new funding for badly need healthcare services. Current grant recipients will continue to receive the funding they require to serve their communities. AB 903 will deliver even more money for healthcare efforts like these. Most importantly, this bill ensures that the health and safety of communities, especially communities of color, is of the highest priority.”

This bill authorizes LAFCO to control the process by requiring the following:

- A completed application including a petition or resolution, and environmental review document, and a property tax exchange agreement between the County and LMCHD;
- LAFCO must hold a noticed public hearing and **may** approve the proposed dissolution; LAFCO may impose terms and conditions that spell out what happens to LMCHD’s assets and liabilities. If LAFCO disapproves, the proposed dissolution stops;
- LAFCO must hold another public hearing to measure protests;
- If state law requires an election, it will occur among LMCHD’s voters; a successful dissolution requires majority-voter approval; and,
- Finally, LAFCO’s staff will be responsible for filing the formal documents to complete the dissolution.

April 23, 2021

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LMCHD has had a long and controversial history of Grand Jury investigations and various recommendations to dissolve LMCHD. LAFCO voted to dissolve LMCHD in September 2018. LMCHD filed suit against LAFCO in 2019 and argued that LAFCO had a duty to obtain voter approval before dissolving the LMCHD. In January 2020, the court ruled in favor of LMCHD. The County filed a notice of appeal and a hearing is pending.