



**DESERT HEALTHCARE FOUNDATION
BOARD MEETING
Board of Directors
July 27, 2021
6:30 P.M.**

Immediately Following the Adjournment of the Desert Healthcare District Board Meeting

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/86876625290?pwd=eDhlbmdKOTJPZnVNVThRVjUrZ3BCUT09>
Password: 259277**

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: 868 7662 5290
Password: 259277**

You may also email ahayles@dhcd.org with your public comment no later than 4 p.m., Tuesday, 07/27.

<i>Page(s)</i>	<i>AGENDA</i>	<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	
1-3	B. APPROVAL OF AGENDA	Action
	C. 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 Foundation. 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.	



	D. CONSENT AGENDA	Action
	All Consent Agenda item(s) listed below are considered to be 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>	
4-9	1. BOARD MINUTES a. Board of Directors Meeting – June 22, 2021	
10-19	2. FINANCIALS a. Approval of the June 2021 Preliminary Financial Statements – F&A Approved July 13, 2021	
20-21	3. AGREEMENTS a. Contract Service Agreement Addendum #1 - MYDuarte Strategy Group – Online Registration Services for Vaccination Events – \$10,000	
	E. DESERT HEALTHCARE FOUNDATION CEO REPORT – Conrado E. Bázquez, MD, CEO	
22-55	1. Advancing the District’s Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley a. Consideration to approve Grant #1288 – \$575,000 Borrego Community Health Foundation 3-year contract commencing July 1, 2021 through June 30, 2024.	Action
56-57	2. Coachella Valley Equity Collaborative: COVID-19 Community Support, Outreach, Education, Testing, and Vaccination Distribution	Information
58	3. Coachella Valley Equity Collaborative Community Health Workers Recognition Event a. Consideration to approve the budget NTE \$40,000 for the Coachella Valley Equity Collaborative Community Health Workers (Promotoras) Recognition Event	Action
	F. COMMITTEE MEETINGS	
59-60	1. FINANCE, LEGAL, ADMINISTRATION, & REAL ESTATE COMMITTEE – Chair/Treasurer Arthur Shorr, President Leticia De Lara, and Director Les Zendle, MD 1. Draft Meeting Minutes – July 13, 2021	Information
61	G. HOMELESSNESS INITIATIVE 1. Summer Cooling Centers Update	Information
62	H. BEHAVIORAL HEALTH INITIATIVE 1. Behavioral Health Implementation Plan Update a. Green Ribbon Committee Meeting	Information



I. ADJOURNMENT



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

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President De Lara called the meeting to order at 6:38 p.m. The Clerk of the Board called the roll with all Directors' present.	
B. Approval of Agenda	President De Lara asked for a motion to approve the agenda.	#18-93 MOTION WAS MADE by Director PerezGil seconded by Director Zavala to approve the agenda. Motion passed unanimously. AYES – 7 President De Lara, Vice-President/Secretary Borja, Director Shorr, Director Rogers, Director Zendle, Director PerezGil, and Director Zavala NOES – 0 ABSENT – 0
C. Public Comment	There were no public comments.	

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<p>D. Consent Agenda</p> <p>1. BOARD MINUTES</p> <p> a. Board of Directors Meeting – May 25, 2021</p> <p>2. FINANCIALS</p> <p> a. Approval of the May 2021 Financial Statements – F&A Approved June 08, 2021</p> <p>3. AGREEMENTS</p> <p> a. Environmental Health in the Eastern Coachella Valley – CONCUR, Inc. Service Agreement Amendment #2 through December 31, 2021</p>	<p>President De Lara asked for a motion to approve the consent agenda.</p>	<p>#18-94 MOTION WAS MADE by Director Shorr seconded by Director PerezGil to approve the consent agenda. Motion passed unanimously. AYES – 7 President De Lara Vice-President/Secretary Borja, Director Shorr, Director Rogers, Director Zendle, Director PerezGil, and Director Zavala NOES – 0 ABSENT – 0</p>
<p>E. Desert Healthcare Foundation CEO Report</p> <p>1. Coachella Valley Equity Collaborative: COVID-19 Community Support, Outreach, Education, Testing, and Vaccination Distribution</p> <p>2. Environmental Justice and Health Equity</p> <p> a. AB 617 South Coast Air Quality Management District (SCAQMD)</p> <p> b. Eastern Coachella Valley Air Quality and Illegal Fires Action Plan</p>	<p>Alejandro Espinoza, Chief of Community Engagement explained that school-based vaccination clinics continue to summarize the number of youth inoculated and the county’s McDonald’s partnership to try and obtain more vaccinations.</p> <p>Dr. Bárzaga, CEO, detailed Dr. Paul English, Director, Tracking California Achieving Resilient Communities, Public Health Institute’s air quality findings presentation that was well-received as a first step to identify the poor environmental conditions.</p>	



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	<p>President De Lara expressed her appreciation to the CEO, Vice-President Borja, and other community members participation and input to shape the air quality policies in the Coachella Valley.</p> <p>Dr. Bàrzaga described the community members that requested assistance with the Torres Martinez Tribe due to the insufficient water quality, the Board-approved hiring CONCUR as consultants to bridge the gaps in communication and response, while identifying solutions. Dr. Bàrzaga will share with the Board the date of the upcoming meeting that he will also share with members of the community.</p> <p>President De Lara is pleased with the way the matter is being addressed by the District and other partners, is proud of the work to advance the topic, thanked the CEO, and she is looking forward to the upcoming meeting date with CONCUR.</p>	
<p>F.1. Program Committee</p> <p style="text-align: center;">1. Draft Meeting Minutes – June 08, 2021</p>	<p>President De Lara inquired with the Board on any questions concerning the</p>	



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	<p>the June 8, F&A Committee meeting minutes.</p> <p>Given the occupancy rate at the Las Palmas Medical Plaza, Director Rogers suggested working with a real estate group or the management company on a feasibility study of the community on the needs of additional medical office building space.</p>	
<p>G. Homelessness Initiative</p> <p>1. Cooling Centers</p>	<p>Donna Craig, Chief Program Officer, described the background funding of the cooling centers and additional information from the Continuum of Care (COC) meeting concerning the United Method Church in Palm Springs as a source for a cooling center.</p> <p>Director Rogers explained that she spoke with Pastor Sheppard at Word of Life Fellowship Center who has hosted the cooling center in Desert Hot Springs in the past, providing details about the staffing of the centers and that Pastor Sheppard will contact Greg Rodriguez to work with church members that may qualify to work at the cooling centers.</p>	

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<p>H. Behavioral Health Initiative</p> <p>1. Behavioral Health Implementation Plan Update</p>	<p>Jana Trew, Senior Program Officer, Behavioral Health described the outreach in the fourth District to discuss the role of the Green Ribbon Committee, reaching out to stakeholders, meeting with Dr. McGuire, Chief of Psychiatry at the University of California Riverside (UCR), the Department of Health Services at the state and county level, Riverside County Health Systems (RUHS), and individuals involved Desert Regional Medical Center’s committee meetings.</p> <p>President De Lara and Director Rogers thanked the staff for their work.</p>	
<p>J. Adjournment</p>	<p>President De Lara adjourned the meeting at 7:19 p.m.</p>	<p>Audio recording available on the website at https://www.dhcd.org/Agendas-and-Documents</p>

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

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

DESERT HEALTHCARE FOUNDATION					
JUNE 2021 FINANCIAL STATEMENTS					
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Statement of Operations					
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Desert Healthcare Foundation
Profit & Loss Budget vs. Actual
July 2020 through June 2021

	Preliminary	MONTH			TOTAL		
		Jun 21	Budget	\$ Over Budget	Jul '20 - Jun 21	Budget	\$ Over Budget
Income							
	4000 · Gifts and Contributions	10	2,500	(2,490)	139,655	30,000	109,655
	4003 · Grants	302,500	100,000	202,500	2,802,500	1,200,000	1,602,500
	4116 · Bequests - Frederick Lowe	775	5,417	(4,642)	56,364	65,004	(8,640)
	4130 · Misc. Income	0	83	(83)	0	996	(996)
	8015 · Investment Interest Income	12,795	8,333	4,462	185,406	99,996	85,410
	8030 · Change in Value of CRT's	0	500	(500)	0	6,000	(6,000)
	8040 · Restr. Unrealized Gain/(Loss)	(23,249)	4,167	(27,416)	477,292	50,004	427,288
	Total Income	292,831	121,000	171,831	3,661,217	1,452,000	2,209,217
Expense							
	5001 · Accounting Services Expense	958	667	291	11,496	8,004	3,492
	5035 · Dues & Memberships Expense	0	42	(42)	25	504	(479)
	5057 · Investment Fees Expense	4,168	2,500	1,668	48,535	30,000	18,535
	5065 · Legal Costs Ongoing Expense	0	83	(83)	0	996	(996)
	5101 · DHCD-Exp Alloc Wages& benefits	12,605	21,844	(9,239)	198,261	262,128	(63,867)
	5102 · DHCD-Expenses - COVID CARES	64,902	0	64,902	320,053	0	320,053
	5106 · Marketing & Communications	117	3,958	(3,841)	515	47,496	(46,981)
	5110 · Other Expenses	333	417	(84)	4,922	5,004	(82)
	5115 · Postage & Shipping Expense	0	8	(8)	0	96	(96)
	5120 · Professional Fees Expense	0	83	(83)	0	996	(996)
	8051 · Major grant expense	1,910,000	83,333	1,826,667	3,876,624	999,996	2,876,628
	8052 · Grant Expense - Collective/Mini	0	27,500	(27,500)	0	330,000	(330,000)
	Total Expense Before Social Services	1,993,083	140,435	1,852,648	4,460,431	1,685,220	2,775,211
	5054 · Social Services Fund	0	5,000	(5,000)	32,000	60,000	(28,000)
	Net Income	(1,700,252)	(24,435)	(1,675,817)	(831,214)	(293,220)	(537,994)

Desert Healthcare Foundation
Balance Sheet Previous Year Comparison
As of June 30, 2021

			Preliminary	Jun 30, 21	Jun 30, 20
ASSETS					
Current Assets					
Checking/Savings					
100 · CASH					
		150 · Petty Cash		200	200
		151 · Checking - Union Bank 7611		1,182,817	998,158
		Total Checking/Savings		1,183,017	998,358
Total Accounts Receivable					
				200,000	0
Other Current Assets					
476-486 · INVESTMENTS					
477 · Morgan Stanley-Investments					
		477.2 · Unrealized Gain/(Loss)		106,100	224,502
		477 · Morgan Stanley-Investments - Other		3,106,473	3,024,349
		Total 477 · Morgan Stanley-Investments		3,212,573	3,248,851
486 · Merrill Lynch					
		486.1 · Merrill Lynch Unrealized Gain		801,848	221,312
		486 · Merrill Lynch - Other		1,786,285	1,716,380
		Total 486 · Merrill Lynch		2,588,133	1,937,692
		Total 476-486 · INVESTMENTS		5,800,706	5,186,543
500 · CONTRIBUTIONS -RCVB -CRTS					
		515 · Contrib RCVB-Pressler CRT		61,277	61,277
		530 · Contrib RCVB-Guerts CRT		126,022	126,022
		Total 500 · CONTRIBUTIONS -RCVB -CRTS		187,299	187,299
		601 · Prepaid Payables		2,500	3,000
		Total Other Current Assets		5,990,505	5,376,842
TOTAL ASSETS				7,373,522	6,375,200

Desert Healthcare Foundation
Balance Sheet Previous Year Comparison
As of June 30, 2021

				Preliminary	Jun 30, 21	Jun 30, 20
LIABILITIES & EQUITY						
Liabilities						
Current Liabilities						
Accounts Payable						
			1000 · Accounts Payable	104,550	18,730	
			1052 · Account payable-DHCD Exp Alloc	27,363	81,738	
			Total Accounts Payable	131,913	100,468	
Other Current Liabilities						
			2183 · Grants Payable-COVID-CARES PHI	1,102,500	0	
			2185 · Deferred Revenue	50,000	0	
			2190 · Current - Grants payable	3,339,819	2,694,224	
			Total Other Current Liabilities	4,492,319	2,694,224	
			Total Current Liabilities	4,624,232	2,794,692	
Long Term Liabilities						
			2186 · Grants payable	1,600,000	1,600,000	
			Total Liabilities	6,224,232	4,394,692	
Equity						
			3900 · Retained Earnings	1,980,510	2,294,853	
			Net Income	(831,214)	(314,343)	
			Total Equity	1,149,296	1,980,510	
TOTAL LIABILITIES & EQUITY				7,373,522	6,375,200	

DESERT HEALTHCARE FOUNDATION				
BALANCE SHEET 06/30/21				
ALLOCATION OF MAJOR CATEGORIES/LIABILITIES				
		Preliminary		
		T/B	GENERAL	Restricted
			Fund	Funds
				Trusts
ASSETS				
	150 · Petty Cash	200	200	-
	151 · Checking - Union Bank 7611*	1,182,817	527,471	655,346
	Total 100 · CASH - UNRESTRICTED	1,183,017	527,671	655,346
Accounts Receivable				
	321 - Accounts Receivable - Other	200,000	-	200,000
	Total Accounts Receivable	200,000	-	200,000
477 · Invt-Morgan Stanley				
	477.2 · Unrealized Gain	106,100	-	106,100
	477 · Invt-Morgan Stanley	3,106,473	-	3,106,473
	Total 477 · Invt-Morgan Stanley	3,212,573	-	3,212,573
6441	486.1 · Merrill Lynch Unrealized Gain	801,848	563,733	238,115
	486 · Merrill Lynch	1,786,285	-	1,786,285
	Total 486 · Merrill Lynch	2,588,133	563,733	2,024,400
	515 · Contrib RCVB-Pressler CRT	61,277	-	-
	530 · Contrib RCVB-Guerts CRT	126,022	-	-
	601 - Prepaid payables	2,500	2,500	-
	Total Current Assets	7,373,522	1,093,904	6,092,319
	TOTAL ASSETS	7,373,522	1,093,904	6,092,319
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
	1000 · Accounts Payable	104,550	104,550	-
	1052 - Account Payable - DHCD - Alloc Expenses	27,363	27,363	-
	2183 · Grants Payable-COVID-CARES PHI	1,102,500	-	1,102,500
	2185 - Deferred Revenue	50,000	-	50,000
	2190 - Grants Payable - Current Portion	3,339,819	-	3,339,819
	Total Current Liabilities	4,624,232	131,913	4,492,319
	2186 - Grant Payable - Long Term	1,600,000	-	1,600,000
	Total Liabilities	6,224,232	131,913	6,092,319
Equity				
	3900 · Retained Earnings	1,980,510	1,793,211	-
	Net Income	(831,214)	(831,214)	-
	Total Equity	1,149,296	961,997	-
	TOTAL LIABILITIES & EQUITY	7,373,522	1,093,904	6,092,319
* Restricted funds include Summer Survival Homeless Fund (\$18,433), Donations (\$25,000), Pass-Through Funds and Accounts Payable				

Desert Healthcare Foundation
Deposit Detail
 June 2021

Type	Date	Name	Account	Amount
Deposit	06/07/2021		151 - Checking - Union Bank 7611	202,500
		Public Health Institute -	4003 - Grants	(202,500)
TOTAL				(202,500)
Deposit	06/16/2021		151 - Checking - Union Bank 7611	775
		Warner Music Group Services	4116 - Bequests - Frederick Lowe	(775)
TOTAL				(775)
Deposit	06/28/2021		151 - Checking - Union Bank 7611	10
		Misc.	4000 - Gifts and Contributions	(10)
TOTAL				(10)
			TOTAL	203,285

Desert Healthcare Foundation
Check Register
As of June 30, 2021

Type	Date	Num	Name	Amount
100 - CASH				
151 - Checking - Union Bank 7611				
Bill Pmt -Check	06/03/2021	5215	PALS for Health	(320)
Bill Pmt -Check	06/03/2021	5216	Verizon Wireless	(201)
Bill Pmt -Check	06/03/2021	5217	Lund & Guttry LLP	(2,500)
Bill Pmt -Check	06/09/2021	5218	Union Bank	(2,437)
Bill Pmt -Check	06/09/2021	5219	County of Riverside - Sheriff Department	(1,738)
Bill Pmt -Check	06/11/2021	5220	Alejandro Espinoza - Expense Reimbursement	(9,303)
Bill Pmt -Check	06/11/2021	5221	Lideres Campesinas, Inc.	(30,000)
Bill Pmt -Check	06/11/2021	5222	Melina Duarte	(2,187)
Bill Pmt -Check	06/11/2021	5223	Pueblo Unido CDC	(30,000)
Bill Pmt -Check	06/11/2021	5224	Vision Y Compromiso	(30,000)
Bill Pmt -Check	06/11/2021	5225	Youth Leadership Institute	(30,000)
Bill Pmt -Check	06/23/2021	5226	Alianza Coachella Valley	(30,000)
Bill Pmt -Check	06/23/2021	5227	Vision Y Compromiso	(40,000)
Bill Pmt -Check	06/23/2021	5228	Youth Leadership Institute	(30,000)
Check	06/25/2021		Bank Service Charge	(333)
Bill Pmt -Check	06/30/2021	5229	Pueblo Unido CDC	(30,000)
Bill Pmt -Check	06/30/2021	5230	Todec Legal Center Perris	(30,000)
Bill Pmt -Check	06/30/2021	5231	Verizon Wireless	(201)
Bill Pmt -Check	06/30/2021	5232	Alejandro Espinoza - Expense Reimbursement	(2,645)
Bill Pmt -Check	06/30/2021	IB 063021	Desert Healthcare District	(118,036)
TOTAL				(419,901)

DESERT HEALTHCARE FOUNDATION								
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE								
June 30, 2021								
TWELVE MONTHS ENDED JUNE 30, 2021								
A/C 2190 and A/C 2186-Long term			6/30/2020	New Grants	Total Paid	6/30/2021		
Grant ID Nos.	Name		Open	Current Yr	July-June	Open		
			BALANCE	2020-2021		BALANCE		
Health Portal	Remaining Collective Funds-Mayor's Race & DHCF		\$ 110,105		\$ 37,529	\$ 72,576		HP-cvHIP
BOD - 04/24/18	Behavioral Health Initiative Collective Fund		\$ 1,952,000		\$ 199,644	\$ 1,752,356		Behavioral Health
BOD - 06/26/18 BOD	Avery Trust Funds-Committed to Pulmonary services		\$ 919,801		\$ 124,783	\$ 795,017		Avery Trust
BOD - 5/28/19 BOD (#993)	Galilee Center - Emergency Services		\$ 7,500		\$ 7,500	\$ -		
BOD - 6/25/19 BOD (#1006)	DHCD - Homelessness Initiative Collective Fund		\$ 711,383		\$ 115,669	\$ 595,714		Homelessness
F&A - 06/11/19	\$300k Grant Funding Commitment FY18-19 - \$225k Balance		\$ 119,156		\$ 105,000	\$ 14,156		EV Funding
BOD - 9/26/17; 10/23/18; 09/24/19 (#1025)	RSS Funds-From Investment Funds & DHCD Grants		\$ 174,279		\$ 903	\$ 173,376		RSS
	Reclass Unexpended Balance for COVID-19 Per BOD 10/27/20					\$ (173,376)		
F&A - 06/09/20	\$300k Grant Funding Commitment FY19-20		\$ 300,000		\$ -	\$ 300,000		
BOD - 07/28/20 (#1134)	DHCD/IEHP - Addressing the Healthcare Needs of Black Communities			\$ 400,000	\$ -	\$ 400,000		
	IEHP Contribution to Grant #1134 (Aug 2020)			\$ 50,000	\$ -	\$ 50,000		
	Lift To Rise Contribution to Grant #1134 (Dec 2020)			\$ 75,000	\$ -	\$ 75,000		
BOD - 02/23/21 BOD (#1148)	OneFuture - Black and African American Healthcare Scholarship - 2 yrs			\$ 200,000	\$ 45,000	\$ 155,000		
BOD - 06/22/2021 Resolution NO. 21-02	Carry over of remaining Fiscal Year 2020/2021 Funds			\$ 730,000	\$ -	\$ 730,000		
TOTAL GRANTS			\$ 4,294,223	\$ 1,455,000	\$ 636,028	\$ 4,939,819		
Summary: As of 06/30/2021		Uncommitted			A/C 2190	\$ 3,339,819		
Health Portal (CVHIP):	\$ 72,576	\$ 72,576			A/C 2186	\$ 1,600,000		
West Valley Homelessness Initiative	\$ 595,714	\$ 73,214			Total	\$ 4,939,819		
Behavioral Health Initiative Collective Fund	\$ 1,752,356	\$ 1,752,356			Diff	\$ (0)		
Avery Trust - Pulmonary Services	\$ 795,017	\$ 558,427						
Galilee Center - Emergency Services	\$ -	\$ -						
East Valley Grant Funding Commitment	\$ 314,156	\$ 309,156						
Healthcare Needs of Black Communities	\$ 680,000	\$ 525,000						
Carry over of 2020/2021 Funds	\$ 730,000	\$ 730,000						
Total	\$ 4,939,819	\$ 4,020,729						
Amts available/remaining for Grant/Programs - FY 2020-21:				FY21 Grant Budget		Social Services Fund #5054		
Amount budgeted 2020-2021		\$ 1,330,000	\$ 1,000,000			Budget	\$ 60,000	
Amount granted year to date		\$ (1,455,000)	\$ 330,000			DRMC Auxiliary	\$ 32,000	Spent YTD
Mini Grants:						Balance Available	\$ 28,000	
Net adj - Grants not used:								
Contributions / Additional Funding	IEHP \$50,000 - LIFT TO RISE \$75,000	\$ 125,000						
Balance available for Grants/Programs		\$ -						

DESERT HEALTHCARE FOUNDATION						
OUTSTANDING PASS-THROUGH GRANTS AND GRANT PAYMENT SCHEDULE						
June 30, 2021						
FISCAL YEAR ENDED JUNE 30, 2021						
Preliminary						
A/C 2183		6/30/2020	New Grants	Total Paid	6/30/2021	
Grant ID Nos.	Name	Open	Current Yr	July-June	Open	
		BALANCE	2020-2021		BALANCE	
BOD - 10/20/20 - Contract #21-024	Coronavirus Aid, Relief, and Economic Security (CARES) Act and Center for Disease Control and Prevention Epidemiology and Laboratory Capacity (ELC) Enhancing Detection funding from Riverside County - \$2.4 Million (\$1,960,000 for grants)					
BOD - 10/20/20 (#1152)	Galilee Center - Emergency Services		\$ 120,000	\$ 120,000	\$ -	
BOD - 10/20/20 (#1154)	Vision Y Compromiso - Stop the Spread of COVID-19		\$ 120,000	\$ 120,000	\$ -	
BOD - 10/20/20 (#1155)	Pueblo Unido CDC - Coachella Valley COVID-19 Collaborative		\$ 120,000	\$ 120,000	\$ -	
BOD - 10/20/20 (#1156)	El Sol Neighborhood Educational Center - Coachella Valley COVID-19 Collaborative		\$ 120,000	\$ 120,000	\$ -	
BOD - 10/20/20 (#1157)	Youth Leadership Institute - COVID-19 ECV Collaborative		\$ 120,000	\$ 120,000	\$ -	
BOD - 10/20/20 (#1158)	Alianza Coachella Valley - ECV COVID-19 STRATEGIC COMMUNICATIONS PLAN		\$ 120,000	\$ 120,000	\$ -	
BOD - 10/20/20 (#1159)	Lideres Campesinas, Inc. - Take It to the Fields Initiative		\$ 120,000	\$ 90,000	\$ 30,000	
BOD - 10/20/20 (#1161)	Todec Legal Center Perris - Sembrando Prevencion		\$ 120,000	\$ 120,000	\$ -	
BOD - 03/23/21 (#1268)	El Sol Neighborhood Educational Center - Coachella Valley COVID-19 Collaborative		\$ 125,000	\$ -	\$ 125,000	
BOD - 03/23/21 (#1269)	Alianza Coachella Valley - ECV COVID-19 STRATEGIC COMMUNICATIONS PLAN		\$ 125,000	\$ -	\$ 125,000	
BOD - 03/23/21 (#1270)	Galilee Center - Emergency Services		\$ 125,000	\$ 40,000	\$ 85,000	
BOD - 03/23/21 (#1271)	Vision Y Compromiso - Stop the Spread of COVID-19		\$ 125,000	\$ 40,000	\$ 85,000	
BOD - 03/23/21 (#1272)	Youth Leadership Institute - COVID-19 ECV Collaborative		\$ 125,000	\$ 40,000	\$ 85,000	
BOD - 03/23/21 (#1273)	Pueblo Unido CDC - Coachella Valley COVID-19 Collaborative		\$ 125,000	\$ -	\$ 125,000	
BOD - 03/23/21 (#1274)	Todec Legal Center Perris - Sembrando Prevencion		\$ 125,000	\$ -	\$ 125,000	
BOD - 03/23/21 (#1275)	Lideres Campesinas, Inc. - Take It to the Fields Initiative		\$ 125,000	\$ -	\$ 125,000	
BOD - 12/15/20 - Contract	Together Toward Health funding, a Program of the Public Health Institute - \$725,000 (\$635,000 for grants)					
BOD - 12/15/20 (#1172)	El Sol Neighborhood Educational Center - Coachella Valley COVID-19 Collaborative		\$ 185,000	\$ 140,000	\$ 45,000	
BOD - 12/15/20 (#1175)	Pueblo Unido, CDC		\$ 25,000	\$ 25,000	\$ -	
BOD - 12/15/20 (#1176)	Galilee Center - Emergency Services		\$ 25,000	\$ 25,000	\$ -	
BOD - 12/15/20 (#1179)	Youth Leadership Institute		\$ 25,000	\$ 18,750	\$ 6,250	
BOD - 12/15/20 (#1180)	Alianza Coachella Valley - ECV COVID-19 STRATEGIC COMMUNICATIONS PLAN		\$ 25,000	\$ 18,750	\$ 6,250	
BOD - 12/15/20 (#1181)	Vision Y Compromiso - Promotoras and the Coachella Valley COVID-19 Collaborative		\$ 185,000	\$ 140,000	\$ 45,000	
BOD - 12/15/20 (#1185)	Lideres Campesinas, Inc. - Take It to the Fields Initiative		\$ 70,000	\$ 25,000	\$ 45,000	
BOD - 12/15/20 (#1189)	Todec Legal Center Perris - Sembrando Prevencion		\$ 95,000	\$ 50,000	\$ 45,000	
TOTAL GRANTS			\$ -	\$ 2,595,000	\$ 1,492,500	\$ 1,102,500
					A/C 2183	\$ 1,102,500
					Diff	\$ -
	CARES/ELC Administrative Costs		\$ 440,000	\$ 240,000	\$ 200,000	
	Public Health Institute Administrative Costs		\$ 90,000	\$ 40,195	\$ 49,805	
TOTAL ADMINISTRATIVE COSTS			\$ -	\$ 530,000	\$ 280,195	\$ 249,805
Amts available/remaining for Grant/Programs - FY 2020-21:						
Amount granted year to date		\$ (2,595,000)			Grant Funds	
Mini Grants:					CARES/ELC	PHI
Net adj - Grants not used:				Total Grant	\$ 2,400,000	\$ 725,000
Foundation Administration Costs		\$ (530,000)		Received to Date	\$ 1,350,000	\$ 702,500
Contributions / Additional Funding	CARES \$600,000 & ELC2 \$600,000 & ELC3 \$1,200,000 PHI \$725,000			Balance Remaining	\$ 1,050,000	\$ 22,500
Balance available for Grants/Programs		\$ -				
Summary: As of 06/30/2021						
Riverside County COVID-19 Support		\$	1,110,000			
Public Health Institute Support		\$	242,305			
Total		\$	1,352,305			



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: July 27, 2021
To: Board of Directors
Subject: Addendum #1 to the Consulting Services Agreement with MYDuarte Strategy Group for development and implementation of an online registration tool for vaccination events of the CV Equity Collaborative – NTE \$10,000

Staff Recommendation:

Approval of Addendum #1 to the Consulting Services Agreement with MYDuarte Strategy Group for development and implementation of an online registration tool for vaccination events of the CV Equity Collaborative - NTE \$10,000

Background:

- In April 2021, a consulting services agreement for MYDuarte Strategy Group was approved by the Finance & Administration Committee and the Board of Directors, to develop and implement an online registration tool to streamline the registration efforts at the vaccination events.
- The consulting services agreement in the amount of \$25,000 included \$5,000 for the application development and \$20,000 for event operation support for the months of April and May 2021.
- The consultant's services for event operation support continued into the month of June 2021 and was completed June 30.
- Addendum #1 in the amount of \$10,000 will accommodate the extended work period.
- At the July 13, 2021 Finance & Administration Committee meeting, the Committee recommended forwarding Addendum #1 in the amount of \$10,000 for consideration of approval by the full Board.
- Staff recommends approval of the Addendum #1 to the Consulting Service Agreement with MYDuarte Strategy Group.

Fiscal Impact:

Original Service Agreement - \$25,000
Addendum #1 - \$10,000
Total Expense - \$35,000

The expense is covered by the CARES/ELC funds provided by Riverside County.

**CONSULTING SERVICES AGREEMENT
ADDENDUM #1**

This Professional Services Agreement (“Agreement”) was entered into on April 28, 2021 by and between Desert Healthcare District (“District”), a public agency organized and operating pursuant to California Health and Safety Code section 32000 et seq., and MyDuarte Strategy Group, (“Consultant”) as follows:

R-E-C-I-T-A-L-S

1. This Addendum extends and revises the termination date in Section 3.1 from May 31, 2021 to June 30, 2021.
2. Consultant shall receive an additional \$10,000 for services rendered for the extension period.
3. All other terms and conditions of the original service agreement remain unchanged.

“District”:

Desert Healthcare District

By: _____
Leticia DeLara, President

Date: _____

“Consultant”:

MYDuarte Strategy Group

By: _____
Melina Duarte, CEO and Lead Strategist

Date: _____



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: July 27, 2021
To: Board of Directors
Subject: Grant #1288: Borrego Community Health Foundation: *Improving Access to Healthcare in Desert Highland Gateway Estates* –: \$575,000

Staff recommendation:

- Consideration to approve a 3-year grant contract to Borrego Community Health Foundation for \$575,000 to provide access to healthcare services in Desert Highland Gateway Estates neighborhood **contingent** on the receipt and acceptance of the required financial documentation.

Background:

- On July 28, 2020, the Board of Directors approved advancing the District's role in addressing the District's role in addressing the healthcare needs of Black communities in the Coachella Valley.
- Of the \$500,000 allocated towards the initiative, \$400,000 was to address access to healthcare, including but not limited to, primary care, behavioral health, and navigation services. Additional funds of \$175,000 was contributed by IEHP and Lift to Rise, ensuring a total allocation of \$575,000.
- An RFP was developed and, ultimately, Borrego Health's proposal (among 3 other service providers) was reviewed and vetted by the DHG community members, who then made the final decision to accept Borrego Health as the health care service provider in providing access to healthcare services in Desert Highland Gateway Estates.
- The Board of Directors, at their May 25, 2021 meeting, approved Borrego Community Health Foundation Access to Healthcare for Black Communities and authorized the CEO to negotiate a Grant/service Agreement for \$575,000 over a three-year period.
- Legal Counsel has reviewed the grant contract and terms of payment (based on a monthly reimbursable basis – Please see Exhibit B of the contract)

Fiscal Impact: none

- Previously approved \$400,000 from the FY20/21 grantmaking budget
- Additional funds of \$175,000 committed in FY20/21 from IEHP and Lift to Rise

Full Grant Application Summary

Borrego Community Health Foundation, Grant #1288

About the Organization

Borrego Community Health Foundation
P.O. Box 2369
4343 Yaqui Pass Road
Borrego Springs, CA 92004
Borrego Springs, CA 92004
Tel: (619) 873-3555
<http://borregohealth.org>

Primary Contact:

Cynthia Preciado
Tel: (619) 873-3555
cpreciado@borregomedical.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2008	CMCC Clinic Expansion	\$300,000	Grant	1/27/2009	Grant budget
2009	Desert Hot Springs Clinic	\$330,000	Capital Improvement	4/28/2010	Grant budget
2013	Centro Medico Cathedral City (CMCC) Expanded Capacity and Services.	\$678,789	Achievement Building	9/24/2013	Grant budget
2013		\$320,007	Foundation	10/17/2013	Grant budget
2013	Desert Hot Springs Boys and Girls Club Stabilization Plan	\$155,000	Achievement Building	6/24/2014	Grant budget
2014	Desert Hot Springs Boys and Girls Club Stabilization Plan	\$149,094	Achievement Building	12/16/2014	Grant budget
2015	Desert Hot Springs Boys and Girls Club Stabilization Plan	\$155,000	Achievement Building	7/28/2015	Grant budget
2015	Desert Hot Springs Boys and Girls Club Stabilization Plan	\$145,292	Achievement Building	2/23/2016	Grant budget
2019	COVID 19 Response	\$150,000	Grant	4/1/2020	
2019	COVID-19 RAPID TESTING IN THE EASTERN COACHELLA VALLEY	\$350,000	Grant	4/3/2020	

Program/Project Information

Project Title: IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

Start Date: 7/1/2021 **End Date:** 6/30/2024

Term: 36 months

Total Project Budget: \$938,419

Requested Amount: \$575,000

Executive Summary:

Borrego Health is committed to providing and increasing access to healthcare services for those living in Desert Highland Gateway Estates and the surrounding communities. This funding will provide support for a pilot mobile services program and begin to assess the sustainability of a more permanent health care program within the community. Community engagement is essential to the success of improving the health and wellbeing of the population and to this end, the team will include representation from the community and collaboration with the Community Wellness Committee to address the identified needs. It is anticipated that 2,913 medical and dental visits will be conducted with part time mobile services in the community.

Program/project Background and Community Need:

The Desert Highland Gateway Community Health Assessment 2013-2014 indicates that 7.8% of adults have no usual source of care and 37.5% of utilize the emergency room as a usual source of care. According to the Youth Risk Behavior Survey 2017, 30% of youth the hospital, urgent care or the ER for healthcare services. Additionally, BCHF plans to assist a minimum of 200 individuals to enroll in health insurance and assist a minimum of 100 individuals to retain enrollment in health insurance. The health Assessments indicate barriers to care that include medical insurance coverage with some of the individuals interviewed in 2014 citing cost. BCHF plans to deliver a minimum of 330 behavioral health visits that will be provided in person or via telehealth.

The health assessments suggest that adults within the Desert Highland Gateway Community may benefit from counseling as 48.2% drink alcohol, 36.5% smoke cigarettes and 12.4% currently use illegal substances. Similarly, 25% of youth reported consuming alcohol in the past 30 days, 10.7% reported smoking cigarettes and 33.3% used marijuana. BCHF also recognizes the impact of community events and is committed to conducting one event or activity per month in an effort to engage and connect with the community by providing education opportunities. The organization is also committed to provide 200 visits for patients 19 and younger to address risk behaviors by the end of the first program year with a total of 860 medical and dental visits.

Strategic Plan Alignment:

Healthcare Infrastructure and Services

Program/project description:

Borrego Health intends to engage the Desert Highland Gateway Estates community to increase the utilization of medical, dental and behavioral health visits. The care will be provided by mobile teams, telehealth, and the provision of transportation to the local Borrego Health clinics. The original proposal was for a one year grant period to evaluate the utilization and determine if a fixed base clinic would be sustainable. Since the original proposal, the same funding is being proposed to provide a three year mobile program that includes community health workers to help with engagement and utilization of services. The proposal in the first year has been modified to 860 total medical and dental visits provided by mobile services with additional telehealth visits for behavioral and medical care. Ongoing meetings will be established in collaboration with the Community Health and Wellness Committee. The project will utilize Evidence-Based Treatments for Ethnic Minority Youth published by the National Institute of Health describes the importance of addressing issues of culture in ethnic minority children. The Office of Minority Health convened a national dialogue on Effective Holistic Health for African American/Blacks that describes the need for a more diverse workforce that utilizes culturally and linguistically proficient and competent interventions. The need to develop and measure a core set of practice standards is also addressed as there are a significant number of health and behavioral health conditions in African American communities that are co-morbid with other socio-economic conditions. Some of these include substance abuse, severe mental illness, HIV/AIDS, poverty, diabetes, heart disease, low income, unemployment, and homelessness as examples. The Department of Veterans Affairs, Health Research and Development Service also published the Interventions to Improve Minority Health Care and Reduce Racial and Ethnic Disparities which describes a number of interventions for chronic disease where the addition of community health workers, developing self-management skills, Patient Centered Medical Home provided improved outcomes. The addition of cultural competency training increased and improved clinician knowledge, attitude and skills. The Centers for Disease Control and Prevention published a Vital Signs report on African American Health which addresses the need for increasing effective health promotion programs and connect people with services that impact health. Every effort will be taken to recruit from within the community in particular for the Care Coordination Specialist and Patient Services Representative positions.

Description of the target population (s):

African American/Black population living in Desert Highland Gateway Estates including seniors, LGBTQ, uninsured/underinsured, low income.

Geographic Area(s) Served:

Palm Springs

Age Group:

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

Total Number of District Residents Served:
2,913

Program/Project Goals and Evaluation

<p>Goal #1: Collaboration – Borrego Health intends to develop a collaborative relationship with the DHG Health and Wellness Committee through a multifaceted approach. The team is committed to participation in meetings as desired by the committee to ensure open dialogue as to the perceptions of health issues. This can include administrative staff as well as service providers or the Chief Medical Officer. The committee will be informed of all planned schedules and activities on a monthly basis in advance to encourage support and participation. Any changes will be clearly communicated to avoid any misunderstandings.</p>	<p>Evaluation #1: By July 30, 2021, ongoing meetings will be held with the Community Wellness Committee to discuss program implementation and utilization.</p>
<p>Goal #2: By June 30 2024, a minimum of 2053 patient care medical and 860 dental visits will be provided.</p>	<p>Evaluation #2: Monthly reports will be submitted as to the number of patient visits.</p>
<p>Goal #3: Conduct community education events and activities once a month to address health care and other wellness topics.</p>	<p>Evaluation #3: Monthly report of topic and participation</p>
<p>Goal #4: By June 30, 2024 provide 600 individuals with assistance for applications, retention, addressing issues with their healthcare coverage and/or other enabling services.</p>	<p>Evaluation #4: Hire and train Care Coordination Specialist that are able to assist with Covered California or Medi-Cal applications. They will be hired from within the community and conduct community education as to the benefits of these programs. Provide a monthly report of the total persons receiving assistance.</p>
<p>Goal #5: Include a teen health component that addresses risk behaviors. By June 30, 2024 a total of 300 unduplicated teens will have participated in educational activities or received health care services.</p>	<p>Evaluation #5: The monthly utilization report will include the total of teens 12-19 that received services.</p>

Proposed Program / Project Evaluation Plan

A community assessment will be conducted to identify the healthcare needs of the community. Borrego Health will utilize patient satisfaction surveys and other clinical measures such as improved control of diabetes and improvement in hypertension management. Borrego Health utilizes Intergy by Greenway as the practice management and electronic health record. There is a dedicated reporting team that provides business intelligence support using Tableau that has developed a number of dashboards supporting the program. These dashboards provide real time reporting of indicators and measures used to make decisions on a daily basis. The reports include utilization of services by location, clinical measures outcome by location and provider, patient satisfaction survey, radiology and lab reports, Uniform Data reports which includes demographic information and several clinical data elements, and many more. Ad-hoc reports are also provided upon request. Data is also gathered on patient enrollment in insurance or the use of sliding fee. The insurance enrollment data is tracked by the Care Coordination Specialist with a summary report provided monthly.

Organizational Capacity and Sustainability

Organizational Capacity

Borrego Health will utilize a well-structured team to provide services in the DHG. This includes the following positions:

Primary Contact: Corina Velasquez Executive VP of Operations

cvelasquez@borregohealth.org

Mobile Services: Heidi Galicia Director of Mobile Services and School Based Health

Nurse Practitioner: Open Position

RN/LVN: Open Position

Medical Assistant: Open Position

Care Coordination: Open Position

Specialist

Patient Service: Open Position

Representative

Organizational Sustainability:

Borrego Health has provided similar services in the DHG community at the James O. Jesse Community Center over the years utilizing the mobile unit. These have included primary care and mobile mammography. There are challenges in encouraging the community utilization of services due to perceived barriers of trust. The mobile team is currently providing COVID 19 testing upon request of the city. There are ongoing efforts to encourage participation in the various programs.

The willingness of staff to provide care outside of the traditional setting for health care, the connection to the communities served and the understanding of disparities and barriers that people experience has been the success of reaching the people. The program provides services to a very diverse population as well as embraces and understands the cultural differences. Recruitment of community representatives is anticipated to provide the linkage and trust to further address the needs.

Diversity, Equity, and Inclusion

How is diversity, equity, and inclusion addressed? Borrego Health maintains diversity throughout the programs and services offered by the organization and encourages participation in all phases of the program. The program served minority low income populations that are struggling with barriers to care on an ongoing basis and Borrego Health is committed to addressing these within its capacity to do so. Populations served include Hispanic, African American/Black, AI/AN, Asian, Arabic, Pacific Islanders, Transgender, LGBTQ, and the homeless. The organization is a recipient of grant funds to serve the Migrant and Seasonal Farmworkers throughout the service area. Languages spoken other than English include Spanish, Purépecha and Arabic and bilingual or multilingual staff provide the care in a culturally sensitive manner. The diversity is reflected at all levels within the organization, starting with the Board of Trustees that reflect the population served and address the needs at that level and are included in the Strategic Plan

What is preventing the organization from addressing diversity, equity, and inclusion? Not applicable

Partnerships:

Key Partners:

Borrego Health intends to develop a collaborative relationship with the DHG Health and Wellness Committee through a multifaceted approach. The team is committed to participation in meetings as desired by the committee to ensure open dialogue as to the perceptions of health issues. This can include administrative staff as well as service providers or the Chief Medical Officer. The committee will be informed of all planned schedules and activities on a monthly basis in advance to encourage support and participation. Any changes will be clearly communicated to avoid any misunderstandings.

Borrego Health works in collaboration with DPSS to resolve complex cases of Medi-Cal enrollment. The Care Coordination Specialists are also Certified Enrollment Counselors with Covered California. The organization maintains strong relationships with community partners and social service agencies to address the many social determinants of health by providing additional enabling services. Other health entities may be invited from time to time to provide health education or other support that would support the development of a healthy community



DESERT HEALTHCARE FOUNDATION GRANT AGREEMENT

This agreement is entered into by the Desert Healthcare Foundation (“FOUNDATION”), a California nonprofit benefit corporation and Borrego Community Health Foundation (“RECIPIENT”) and is effective upon execution by both parties.

1. **Grant**

IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

Funding will specifically provide support for a pilot mobile services program and begin to assess the sustainability of a more permanent health care program within the community. It is anticipated that 2,913 medical and dental visits will be conducted with part time mobile services in the community.

Amount: \$575,000.00

2. **Term of Agreement**

The term of this agreement is from July 1, 2021 through June 30, 2024, subject, however, to earlier termination as provided in this agreement.

3. **Legal Responsibility/Liability**

In authorizing execution of this agreement, the governing body of RECIPIENT accepts legal responsibility to ensure that the funds provided by FOUNDATION are allocated solely for the purpose for which the grant was intended. RECIPIENT agrees to be knowledgeable of the requirements of this agreement and to be responsible for compliance with its terms. In no event shall FOUNDATION be legally responsible or liable for RECIPIENT's performance or failure to perform under the terms of the grant or this agreement.

RECIPIENT agrees that FOUNDATION may review, audit, and/or inspect FOUNDATION-funded program operated by RECIPIENT under this agreement for compliance with the terms of this agreement.

FOUNDATION _____ RECIPIENT _____

4. **Reduction/Reimbursement of Awarded Funds**

FOUNDATION may reduce, suspend, or terminate the payment or amount of the grant if the Foundation determines in its sole discretion that RECIPIENT is not using the grant for the intended purposes or meeting the objectives of the grant. RECIPIENT hereby expressly waives any and all claims against FOUNDATION for damages that may arise from the termination, suspension, or reduction of the grant funds provided by FOUNDATION.

RECIPIENT further agrees to reimburse any funds received from FOUNDATION, where the FOUNDATION determines that grant funds have not been utilized by RECIPIENT for their intended purpose.

5. **Other Funding Sources**

If requested by FOUNDATION, RECIPIENT shall make information available regarding other funding sources or collaborating agencies for the programs or services provided by RECIPIENT.

6. **Attribution Policy**

RECIPIENT agrees to comply with the FOUNDATION'S attribution policy, which is attached to this agreement as Exhibit "A."

7. **Payment Schedule**

Unless RECIPIENT and FOUNDATION agree upon alternative arrangements, grant funds shall be allocated and paid according to the schedule and requirements described on Exhibit "B." In the event RECIPIENT fails to provide report(s) and/or appropriate supporting documentation in a timely manner, RECIPIENT may be subject to a delay or discontinuance of funding, at FOUNDATION'S sole discretion.

8. **Program Budget**

RECIPIENT shall also submit, prior to the FOUNDATION entering into this agreement, a program budget, which shall be subject to review and approval of FOUNDATION. A copy of RECIPIENT'S program budget shall be attached to this agreement as Exhibit "C."

9. **Scope of Services/Recipient Activities**

Prior to the FOUNDATION entering into this agreement, RECIPIENT shall include in its application, subject to review and approval by the FOUNDATION, details of the RECIPIENT'S scope of service(s), activities or program(s) proposed for funding.

FOUNDATION _____ RECIPIENT _____

10. Evaluation/Outcomes Reporting

Prior to the Foundation entering into this agreement, RECIPIENT shall include in its application, subject to review and approval of the FOUNDATION, details of its plan for evaluation and reporting.

RECIPIENT shall cooperate in efforts undertaken by FOUNDATION to evaluate RECIPIENT'S effectiveness and use of the grant funds. RECIPIENT shall participate in and comply with all on-site evaluation and grant monitoring procedures including interviews with RECIPIENT'S staff by FOUNDATION. RECIPIENT, at the request of the FOUNDATION, shall also provide progress reports to FOUNDATION according to the schedule contained on Exhibit "B" in a format to be provided by FOUNDATION.

11. Use of Subcontractors

RECIPIENT may not subcontract any portion of the duties and obligations required by this agreement without the written consent of the FOUNDATION. A copy of the proposed subcontract between RECIPIENT and the subcontractor shall be provided to FOUNDATION for review. In the event FOUNDATION consents to subcontract, the subcontractor shall be required to execute an agreement assuming all rights and obligations of this agreement, including the FOUNDATION'S right to inspect the subcontractor's books and records and the right to monitor and evaluate the effectiveness of the use of the grant funds. Notwithstanding the forgoing, RECIPIENT shall remain primarily responsible for compliance with all terms and conditions of this agreement.

12. Use of Funds

The funds received pursuant to this agreement may not be used by RECIPIENT for general operating expenses or any other programs or services provided by RECIPIENT without the written consent of FOUNDATION.

Upon request, RECIPIENT shall make available for the FOUNDATION and members of the public, a detailed description of the program(s) and/or service(s) funded by FOUNDATION. This program description may be a separate document or may be incorporated into the overall program materials developed by the RECIPIENT.

13. Prevailing Wages

If the funds received are used to pay for any portion of an applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws (Labor Code sections 1720 et seq. and 1770 et seq.), and if the project cost is \$1,000 or more, RECIPIENT agrees to fully comply with such Prevailing Wage Laws, if applicable. RECIPIENT shall require any contractor or subcontractor performing work on an applicable "public works" or "maintenance" project to fully comply with all Prevailing Wage Laws, including but not

FOUNDATION _____ RECIPIENT _____

limited to the payment of prevailing wages, registration with DIR, and maintenance of certified payroll records.”

14. **Independent Contractor Status**

The relationship between FOUNDATION and RECIPIENT, and the agents, employees, and subcontractors of RECIPIENT in the performance of this agreement, shall be one of independent contractors, and no agent, employee, or subcontractor of RECIPIENT shall be deemed to be an officer, employee, or agent of FOUNDATION.

15. **Use of Funds for Lobbying or Political Purposes**

RECIPIENT is prohibited from using funds provided by FOUNDATION herein for any political campaign or to support attempts to influence legislation by any governmental body.

16. **Compliance with Applicable Law and Regulations**

RECIPIENT shall comply with all federal, state, and local laws and regulations, including but not limited to labor laws, occupational and general safety laws, and licensing laws. All licenses, permits, notices, and certificates as are required to be maintained by RECIPIENT shall be in effect throughout the term of this agreement.

Where medical records, and/or client records are generated under this agreement, RECIPIENT shall safeguard the confidentiality of the records in accordance with all state and federal laws, including the provisions of the Health Insurance Accountability and Portability Act of 1996 (HIPAA), and the laws and regulations promulgated subsequent thereto.

RECIPIENT shall notify FOUNDATION in writing within 5 (five) days if any required licenses or permits are canceled, suspended, or otherwise terminated, or if RECIPIENT becomes a party to any litigation or investigation by a regulatory agency that may interfere with the ability of RECIPIENT to perform its duties under this agreement.

17. **Changes or Modifications to the Use of FOUNDATION Grant Funds**

RECIPIENT shall submit to FOUNDATION, in writing, any requests for proposed changes in the use of FOUNDATION grant funds. FOUNDATION must receive such requests at least thirty (30) days prior to the date the proposed changes are to be implemented and the proposed changes shall be subject to FOUNDATION Board approval.

FOUNDATION _____ RECIPIENT _____

Notwithstanding the foregoing, requests for transfers between budget categories or line items less than ten percent (10%) of the total grant amount that do not change the total grant amount or generate additional line items may be directed to the FOUNDATION's Program Department for consideration.

18. **No-Cost Grant Extensions**

Any request by the RECIPIENT to extend a grant's project period without additional funding from the FOUNDATION will be processed pursuant to the FOUNDATION's No-Cost Grant Extension Policy. Any no-cost grant extension request shall be subject to FOUNDATION Board approval.

19. **Conflict of Interest/Self Dealing**

RECIPIENT and RECIPIENT'S officers and employees shall not have a financial interest or acquire any financial interest, direct or indirect, in any business entity or source of income that could be financially affected by, or otherwise conflict in any manner or degree with, the performance of programs or services required under this agreement.

20. **Indemnity and Hold Harmless**

RECIPIENT agrees to indemnify, defend, and hold harmless FOUNDATION and its officers, agents, employees, volunteers, and servants from any and all claims and losses accruing or resulting to any and all employees, contractors, subcontractors, laborers, volunteers, and any other person, firm, or corporation furnishing or supplying work, services, materials, or supplies in connection with the performance of this agreement and from any and all claims and losses of any kind accruing or resulting to any person, firm, or corporation arising out of, or in any way connected with or as a result of, the performance or execution of this agreement, the consummation of the transactions contemplated hereby, or in the expenditure of grant funds provided by FOUNDATION.

21. **Fiscal/Accounting Principles**

RECIPIENT shall maintain an accounting system that accurately reflects and documents all fiscal transactions for which grant funds are used. The accounting system must conform to generally accepted accounting principles and upon request, FOUNDATION shall have the right to review, inspect and copy all books and records related to the accounting system.

22. **Documentation of Revenues and Expenses**

RECIPIENT shall maintain full and complete documentation of all revenue and expenses (including subcontracted, overhead, and indirect expenses) associated with use of the grant funds covered by this agreement. During the term of this agreement and thereafter,

FOUNDATION _____ RECIPIENT _____

FOUNDATION or its authorized representative(s) shall have the right to review all RECIPIENT financial records including records related to the use or disbursement of the grant funds, upon request by FOUNDATION. FOUNDATION shall also have the right to audit, if necessary, RECIPIENT'S use of grant funds and any and all programs or services that were provided through the use of the FOUNDATION funds. In the event of an audit or financial review, RECIPIENT agrees to provide FOUNDATION access to all of RECIPIENT'S books and records.

23. **Records Retention**

All records of RECIPIENT pertaining to the use of grant funds shall be maintained at RECIPIENT'S main local office for at least five (5) years following the year in which grant funds were first provided by FOUNDATION.

24. **Governing Law**

This agreement shall be governed by and construed in accordance with the laws of the State of California.

25. **Assignment or Transfer**

RECIPIENT may not assign or transfer any interest in this agreement or entitlement to grant funds without the written consent of Foundation.

26. **Entire Agreement, Amendment**

This agreement contains the entire understanding and agreement of the parties with respect to the subject matter hereof and supersedes all prior and contemporaneous agreements not contained herein. This agreement may only be amended or modified by a writing signed by both parties.

27. **Notices**

Any notice required or permitted pursuant to this agreement may be given by a party to the other party at the address set forth in the signature block of this agreement. Either party may change its address for purposes of notice by complying with the requirements of this section.

28. **Signatories**

The persons executing this agreement on behalf of the RECIPIENT have been designated by the governing body or fiscal agent of the RECIPIENT as the official signatories of this agreement and all related documents. At least one of these persons is a member of the

FOUNDATION _____ RECIPIENT _____

RECIPIENT'S governing board, and both persons have the authority to execute this agreement on behalf of RECIPIENT.

RECIPIENT:

Borrego Community Health Foundation
P.O. Box 2369
4343 Yaqui Pass Road
Borrego Springs, CA 92004
Borrego Springs, CA 92004

Name: President/Chair of RECIPIENT
Governing Body

Name: Executive Director/CEO

PLEASE PRINT

PLEASE PRINT

SIGNATURE

SIGNATURE

DATE

DATE

FOUNDATION _____ RECIPIENT _____

Authorized Signatory for Desert Healthcare Foundation:

Name: Conrado Bárzaga, MD

Title: Chief Executive Officer

SIGNATURE

DATE

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

FOUNDATION _____ RECIPIENT _____

EXHIBIT A

DESERT HEALTHCARE FOUNDATION ATTRIBUTION POLICY

1. **Attribution Wording**

Attribution for Foundation-funded programs shall be as follows:

“Made possible by funding from Desert Healthcare Foundation” / “Echo posible por medio de fondos de Desert Healthcare Foundation” or “Funded by Desert Healthcare Foundation” / “Fondado por Desert Healthcare Foundation”

2. **Educational Materials**

Educational materials are items such as brochures, workbooks, posters, videos, curricula, or games. Materials (in print or electronic formats) produced and distributed for Desert Healthcare Foundation-funded programs shall include the approved wording.

3. **Promotional Materials**

Foundation attribution shall be included on promotional items such as flyers, banners and other types of signage. However, acknowledgement may be omitted when space limitation is an issue (e.g., buttons, pencils, pens, etc.)

4. **Media Materials and Activities**

Attribution to the Foundation shall be included in any information distributed to the media for the purpose of publicizing a Foundation-funded program. This information may include news releases and advisories, public service announcements (PSAs), television and radio advertisements, and calendar/event listings.

Media and publicity activities, such as news conferences, story pitching, press interviews, editorial board meetings and promotional events shall include reference to the Foundation’s program support. As a courtesy, the Foundation would appreciate notification of these activities at least two (2) weeks in advance, whenever possible. Please send to the Foundation copies of any press coverage of Foundation-funded programs.

5. **Logo Usage**

Use of the Desert Healthcare Foundation logo is permitted and encouraged. Logos can be provided in print and electronic formats. Logos will be provided by FOUNDATION upon initial grant funding and at RECIPIENT’s request thereafter. Graphic standards for logos shall be adhered to as provided by FOUNDATION. Requests for logo should be directed to the Program Department of Desert Healthcare Foundation.

6. **Photograph Consent**

RECIPIENT shall permit photographs of Foundation-funded program to be taken by Foundation-designated photographer at Foundation expense, and consents to usage of such photographs on Foundation Web site and other materials designed to inform and educate the public about Foundation.

FOUNDATION _____ RECIPIENT _____

EXHIBIT B

PAYMENT SCHEDULE, REQUIREMENTS & DELIVERABLES

<u>Project Title</u>	<u>Start/End</u>
IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES	7/1/2021 6/30/2024

PAYMENTS:

Total request amount: \$575,000.00

Payments will be made on a monthly reimbursable basis.

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Reporting Period	Payment
7/01/21	Signed Agreement submitted & accepted		\$30,000.00 advance to draw down toward approved monthly reimbursed expenses
8/15/21	Monthly one page report, budget report and receipts submitted and accepted	7/01/21 - 7/31/21	Reimbursed based on approved expenses
9/15/21	Monthly one page report, budget report and receipts submitted and accepted	8/01/21 - 8/31/21	Reimbursed based on approved expenses
10/15/21	Monthly one page report, budget report and receipts submitted and accepted	9/01/21-9/30/21	Reimbursed based on approved expenses
11/15/21	Monthly one page report, budget report and receipts submitted and accepted	10/01/21 - 10/31/21	Reimbursed based on approved expenses
12/15/21	Monthly one page report, budget report and receipts submitted and accepted	11/01/21 -11/30/21	Reimbursed based on approved expenses
1/15/22	Monthly one page report, budget report and receipts submitted and accepted	12/01/21 -12/31/21	Reimbursed based on approved expenses
1/15/22	First 6-month progress report submitted through grant portal	7/01/21 - 12/31/21	\$0

FOUNDATION _____ RECIPIENT _____

2/15/22	Monthly one page report, budget report and receipts submitted and accepted	1/01/22 - 1/31/22	Reimbursed based on approved expenses
3/15/22	Monthly one page report, budget report and receipts submitted and accepted	2/01/22 - 2/28/22	Reimbursed based on approved expenses
4/15/22	Monthly one page report, budget report and receipts submitted and accepted	3/01/22 - 3/31/22	Reimbursed based on approved expenses
5/15/22	Monthly one page report, budget report and receipts submitted and accepted	4/01/22 - 4/30/22	Reimbursed based on approved expenses
6/15/22	Monthly one page report, budget report and receipts submitted and accepted	5/01/22 - 5/31/22	Reimbursed based on approved expenses
7/15/22	Monthly one page report, budget report and receipts submitted and accepted	6/01/22 - 6/30/22	Reimbursed based on approved expenses
7/15/22	Second 6-month progress report submitted through grant portal	1/01/22 - 6/30/22	\$0
8/15/22	Monthly one page report, budget report and receipts submitted and accepted	7/01/22 - 7/31/22	Reimbursed based on approved expenses
9/15/22	Monthly one page report, budget report and receipts submitted and accepted	8/01/22 - 8/31/22	Reimbursed based on approved expenses
10/15/22	Monthly one page report, budget report and receipts submitted and accepted	9/01/22 - 9/30/22	Reimbursed based on approved expenses
11/15/22	Monthly one page report, budget report and receipts submitted and accepted	10/01/22-10/31/22	Reimbursed based on approved expenses
12/15/22	Monthly one page report, budget report and receipts submitted and accepted	11/01/22-11/30/22	Reimbursed based on approved expenses
1/15/23	Monthly one page report, budget report and receipts submitted and accepted	12/01/22-12/31/22	Reimbursed based on approved expenses
1/15/23	Third 6-month progress report submitted through grant portal	7/01/22 - 12/31/22	\$0
2/15/23	Monthly one page report, budget report and receipts submitted and accepted	1/01/23 - 1/31/23	Reimbursed based on approved expenses
3/15/23	Monthly one page report, budget	2/01/23 - 2/28/23	Reimbursed based on

FOUNDATION _____ RECIPIENT _____

	report and receipts submitted and accepted		approved expenses
4/15/23	Monthly one page report, budget report and receipts submitted and accepted	3/01/23 - 3/31/23	Reimbursed based on approved expenses
5/15/23	Monthly one page report, budget report and receipts submitted and accepted	4/01/23 - 4/30/23	Reimbursed based on approved expenses
6/15/23	Monthly one page report, budget report and receipts submitted and accepted	5/01/23 - 5/31/23	Reimbursed based on approved expenses
7/15/23	Monthly one page report, budget report and receipts submitted and accepted	6/01/23 - 6/30/23	Reimbursed based on approved expenses
7/15/23	Fourth 6-month progress report submitted through grant portal	1/01/23 - 6/30/23	\$0
8/15/23	Monthly one page report, budget report and receipts submitted and accepted	7/01/23 - 7/31/23	Reimbursed based on approved expenses
9/15/23	Monthly one page report, budget report and receipts submitted and accepted	8/01/23 - 8/31/23	Reimbursed based on approved expenses
10/15/23	Monthly one page report, budget report and receipts submitted and accepted	9/01/23 - 9/30/23	Reimbursed based on approved expenses
11/15/23	Monthly one page report, budget report and receipts submitted and accepted	10/01/23-10/31/23	Reimbursed based on approved expenses
12/15/23	Monthly one page report, budget report and receipts submitted and accepted	11/01/23-11/30/23	Reimbursed based on approved expenses
1/15/24	Monthly one page report, budget report and receipts submitted and accepted	12/01/23-12/31/23	Reimbursed based on approved expenses
1/15/24	Fifth 6-month progress report submitted through grant portal	7/01/23 - 12/31/23	\$0
2/15/24	Monthly one page report, budget report and receipts submitted and accepted	1/01/24 - 1/31/24	Reimbursed based on approved expenses
3/15/24	Monthly one page report, budget report and receipts submitted and accepted	2/01/24 - 2/29/24	Reimbursed based on approved expenses
4/15/24	Monthly one page report, budget report and receipts submitted and	3/01/24 - 3/31/24	Reimbursed based on approved expenses

FOUNDATION _____ RECIPIENT _____

	accepted		
5/15/24	Monthly one page report, budget report and receipts submitted and accepted	4/01/24 - 4/30/24	Reimbursed based on approved expenses
6/15/24	Monthly one page report, budget report and receipts submitted and accepted	5/01/24 - 5/31/24	Reimbursed based on approved expenses
7/15/24	Monthly one page report, budget report and receipts submitted and accepted	6/01/24 - 6/30/24	Reimbursed based on approved expenses
7/15/24	Sixth 6-month progress report submitted through grant portal	1/01/24 - 6/30/24	\$0
7/31/24	Final report submitted through grant portal	7/01/21 - 6/30/24	\$0

TOTAL GRANT AMOUNT: \$575,000.00

DELIVERABLES:

Program/Project Goals and Evaluation

<p>Goal #1: Collaboration - Borrego Health intends to develop a collaborative relationship with the DHG Health and Wellness Committee through a multifaceted approach. The team is committed to participation in meetings as desired by the committee to ensure open dialogue as to the perceptions of health issues. This can include administrative staff as well as service providers or the Chief Medical Officer. The committee will be informed of all planned schedules and activities on a monthly basis in advance to encourage support and participation. Any changes will be clearly communicated to avoid any misunderstandings.</p>	<p>Evaluation #1: By July 30, 2021, ongoing meetings will be held with the Community Wellness Committee to discuss program implementation and utilization.</p>
<p>Goal #2: By June 30 2024, a minimum of 2053 patient care medical and 860 dental visits will be provided.</p>	<p>Evaluation #2: Monthly reports will be submitted as to the number of patient visits.</p>
<p>Goal #3: Conduct community education events and activities once a month to address health care and other wellness topics.</p>	<p>Evaluation #3: Monthly report of topic and participation</p>

FOUNDATION _____ RECIPIENT _____

<p>Goal #4: By June 30, 2024 provide 600 individuals with assistance for applications, retention, addressing issues with their healthcare coverage and/or other enabling services.</p>	<p>Evaluation #4: Hire and train Care Coordination Specialist that are able to assist with Covered California or Medi-Cal applications. They will be hired from within the community and conduct community education as to the benefits of these programs. Provide a monthly report of the total persons receiving assistance.</p>
<p>Goal #5: Include a teen health component that addresses risk behaviors. By June 30, 2024 a total of 300 unduplicated teens will have participated in educational activities or received health care services.</p>	<p>Evaluation #5: The monthly utilization report will include the total of teens 12-19 that received services.</p>

EXHIBIT C

PROGRAM BUDGET ATTACHED AS SUPPLEMENTAL PAGE(S)

FOUNDATION _____ RECIPIENT _____

Year 1 Budget

Line Item Budget Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources <i>Detail on sheet 3</i>	Amount Requested from DHCD
Total Staffing Costs <i>Detail on sheet 2</i>		\$ 235,810	\$ 55,700	\$ 180,110
Equipment (itemize)				
1	NA			\$ -
2				\$ -
Supplies (itemize)				
1	Medical Supplies	\$ 2,320	\$ 2,320	\$ -
2	Dental Supplies	\$ 1,120	\$ 1,120	\$ -
3	Laptops and routers	\$ 4,200	\$ 4,200	\$ -
Printing/Duplication		\$ 1,000	\$ 1,000	\$ -
Mailing/Postage		\$ 720	\$ 720	\$ -
Travel/Mileage		\$ 4,660	\$ 4,660	\$ -
Education/Training		\$ -	\$ -	\$ -
Office/Rent/Mortgage		\$ -	\$ -	\$ -
Telephone/Fax/Internet		\$ 8,400	\$ 8,400	\$ -
Utilities		\$ -	\$ -	\$ -
Insurance		\$ 14,400	\$ 14,400	\$ -
Other facility costs not described above (itemize)				
1	Vehicle Fuel	780	\$ 780	\$ -
2				\$ -
3				\$ -
4				\$ -
Other program costs not described above (itemize)				
1	Mobile Unit Maintenance	\$ 6,000	\$ 6,000	\$ -
2	Vehicle Registration	\$ 250	\$ 250	\$ -
3	Electronic Health Record Licenses	\$ 7,200	\$ 7,200	\$ -
4				
Total Program Budget		\$ 286,860	\$ 106,750	\$ 180,110

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	Administrative Support	\$ 95,000	15%	\$ 14,250	\$ 12,970
2	IT Staff	\$ 83,440	10%	\$ 8,100	\$ 8,100
3	Billing Clerk	\$ 50,583	10%	\$ 4,900	\$ 4,900
4	Nurse Practitioner	\$ 159,135	20%	\$ 30,900	\$ 30,900
5	Nurse (RN, LVN)	\$ 89,347	40%	\$ 34,692	\$ 34,692
6	Medical Assistant	\$ 38,244	30%	\$ 11,138	\$ 11,138
7	Medical Assistant-Phlebotomist	\$ 41,725	30%	\$ 12,150	\$ 12,150
8	Dentist	\$ 169,600	10%	\$ 16,460	\$ 16,460
9	Dental Assistant	\$ 37,482	10%	\$ 3,640	\$ 3,640
10	CCS/Community Liaison	\$ 36,874	100%	\$ 35,800	\$ 35,800
11	Transportation	\$ 38,563	25%	\$ 9,360	\$ 9,360
Total Employee Benefits				\$ 54,420	
Enter this amount in Section 1; Staffing Costs				Total ›	\$235,810
Budget Narrative	<p style="color: red;">The administrative staff support the collaboration with the community and are the sole contact for program development. The mobile unit includes remote connectivity and requires ongoing technical assistance with systems and software. The clinical support are on the mobile unit providing direct patient care and follow-up continuity of care post date of service. This includes telehealth, specialty referrals and care coordination/case management. A dental mobile unit will delivery care at this location on a scheduled basis. The dental team provide direct care. The community liaison will assist with insurance eligibility, enabling services and scheduling of appointments. Transportation staff drive the patient vans to transport patient to clinics on days the unit is not in the community.</p>				
Budget Narrative	<p style="color: red;">30% of salary was used to calculate the benefits. These include Medical, Dental, Vision insurance, retirement plan, sick leave, unemployment insurance, worker's comp and staff training or CME.</p>				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1	NA				
2					
Enter this amount in Section 1; Staffing Costs				Total ›	0
Budget Narrative	<p style="color: red;">NA</p>				

Line Item Budget Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project		Amount
Fees		\$ 106,570
Donations		\$ -
Grants (List Organizations)		
	1	
	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		\$106,570
Budget Narrative	The income is projected based on the estimated number of patient visits and a historical payer mix of insurance types including Medi-Cal, Medicare, Private Insurance, Sliding Fee, Other Public Programs and Self-Pay	

Year 2 Budget

Line Item Budget Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources <i>Detail on sheet 3</i>	Amount Requested from DHCD
Total Staffing Costs <i>Detail on sheet 2</i>		\$ 242,872	\$ 41,190	\$ 201,682
Equipment (itemize)				
1	NA			\$ -
2				\$ -
Supplies (itemize)				
1	Medical Supplies	\$ 2,485	\$ 2,485	\$ -
2	Dental Supplies	\$ 1,188	\$ 1,188	\$ -
5	Clinical Instruments	\$ 23,473	\$ 23,473	\$ -
Printing/Duplication		\$ 1,000	\$ 1,000	\$ -
Mailing/Postage		\$ 837	\$ 837	\$ -
Travel/Mileage		\$ 4,799	\$ 2,976	\$ 1,823
Education/Training		\$ -	\$ -	\$ -
Office/Rent/Mortgage		\$ -	\$ -	\$ -
Telephone/Fax/Internet		\$ 8,580	\$ 8,580	\$ -
Utilities		\$ -	\$ -	\$ -
Insurance		\$ 14,832	\$ 14,832	\$ -
Other facility costs not described above (itemize)				
1	Vehicle Fuel	803	\$ 803	\$ -
2				\$ -
3				\$ -
4				\$ -
Other program costs not described above (itemize)				
1	Mobile Unit Maintenance	\$ 6,180	\$ 6,180	\$ -
2	Vehicle Registration	\$ 258	\$ 258	\$ -
3	Electronic Health Record Licenses	\$ 7,200	\$ 7,200	\$ -
4				
Total Program Budget		\$ 314,507	\$ 111,002	\$ 203,505

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	Administrative Support	\$ 97,850	15%	\$ 14,678	\$ 14,678
2	IT Staff	\$ 83,440	10%	\$ 8,343	\$ 8,343
3	Billing Clerk	\$ 50,583	10%	\$ 5,047	\$ 5,047
4	Nurse Practitioner	\$ 159,135	20%	\$ 31,827	\$ 31,827
5	Nurse (RN, LVN)	\$ 89,347	40%	\$ 35,731	\$ 35,731
6	Medical Assistant	\$ 38,244	30%	\$ 11,473	\$ 11,473
7	Medical Assistant-Phlebotomist	\$ 41,725	30%	\$ 12,515	\$ 12,515
8	Dentist	\$ 169,600	10%	\$ 16,960	\$ 16,960
9	Dental Assistant	\$ 37,482	10%	\$ 3,743	\$ 3,743
10	CCS/Community Liaison	\$ 36,874	100%	\$ 36,874	\$ 36,874
11	Transportation	\$ 38,563	25%	\$ 9,641	\$ 9,641
Total Employee Benefits				\$ 41,190	\$ 14,850.00
Enter this amount in Section 1; Staffing Costs				Total >	\$242,872
Budget Narrative	<p>The administrative staff support the collaboration with the community and are the sole contact for program development. The mobile unit includes remote connectivity and requires ongoing technical assistance with systems and software. The clinical support are on the mobile unit providing direct patient care and follow-up continuity of care post date of service. This includes telehealth, specialty referrals and care coordination/case management. A dental mobile unit will delivery care at this location on a scheduled basis. The dental team provide direct care. The community liaison will assist with insurance eligibility, enabling services and scheduling of appointments. Transportation staff drive the patient vans to transport patient to clinics on days the unit is not in the community.</p>				
Budget Narrative	<p>30% of salary was used to calculate the benefits. These include Medical, Dental, Vision insurance, retirement plan, sick leave, unemployment insurance, worker's comp and staff training or CME.</p>				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1	NA				
2					
Enter this amount in Section 1; Staffing Costs				Total >	0
Budget Narrative	NA				

Line Item Budget Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project		Amount
Fees		\$ 111,002
Donations		\$ -
Grants (List Organizations)		
	1	
	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		\$111,002
Budget Narrative	The income is projected based on the estimated number of patient visits and a historical payer mix of insurance types including Medi-Cal, Medicare, Private Insurance, Sliding Fee, Other Public Programs and Self-Pay	

Year 3 Budget

Line Item Budget Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources <i>Detail on sheet 3</i>	Amount Requested from DHCD
Total Staffing Costs <i>Detail on sheet 2</i>		\$263,566	\$ 72,181	\$ 191,385
Equipment (itemize)				
1	NA			\$ -
2				\$ -
Supplies (itemize)				
1	Medical Supplies	\$ 3,584	\$ 3,584	\$ -
2	Dental Supplies	\$ 1,200	\$ 1,200	\$ -
5	Clinical Instruments	\$ 10,063	\$ 10,063	\$ -
Printing/Duplication		\$ 1,800	\$ 1,800	\$ -
Mailing/Postage		\$ 592	\$ 592	\$ -
Travel/Mileage		\$ 4,939	\$ 4,939	\$ -
Education/Training		\$ -	\$ -	\$ -
Office/Rent/Mortgage		\$ -	\$ -	\$ -
Telephone/Fax/Internet		\$ 8,765	\$ 8,765	\$ -
Utilities		\$ -	\$ -	\$ -
Insurance		\$ 15,277	\$ 15,277	\$ -
Other facility costs not described above (itemize)				
1	Vehicle Fuel	827	\$ 827	\$ -
2				\$ -
				\$ -
4				\$ -
Other program costs not described above (itemize)				
1	Mobile Unit Maintenance	\$ 6,365	\$ 6,365	\$ -
2	Vehicle Registration	\$ 266	\$ 266	\$ -
3	Electronic Health Record Licenses	\$ 7,200	\$ 7,200	\$ -
4				
Total Program Budget		\$ 324,444	\$ 133,059	\$ 191,385

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	Administrative Support	\$ 97,850	15%	\$ 14,678	\$ 14,678
2	IT Staff	\$ 83,440	10%	\$ 8,343	\$ 8,343
3	Billing Clerk	\$ 50,583	10%	\$ 5,047	\$ 5,047
4	Nurse Practitioner	\$ 159,135	20%	\$ 47,741	\$ 47,741
5	Nurse (RN, LVN)	\$ 89,347	40%	\$ 35,731	\$ 35,731
6	Medical Assistant	\$ 38,244	30%	\$ 11,473	\$ 11,473
7	Medical Assistant-Phlebotomist	\$ 41,725	30%	\$ 12,515	\$ 12,515
8	Dentist	\$ 169,600	10%	\$ 16,960	\$ 16,960
9	Dental Assistant	\$ 37,482	10%	\$ 3,743	\$ 3,743
10	CCS/Community Liaison	\$ 36,874	100%	\$ 36,874	\$ 36,874
11	Transportation	\$ 38,563	25%	\$ 9,641	\$ 9,641
Total Employee Benefits				\$ 60,820	
Enter this amount in Section 1; Staffing Costs				Total >	\$263,566
Budget Narrative	<p style="color: red;">The administrative staff support the collaboration with the community and are the sole contact for program development. The mobile unit includes remote connectivity and requires ongoing technical assistance with systems and software. The clinical support are on the mobile unit providing direct patient care and follow-up continuity of care post date of service. This includes telehealth, specialty referrals and care coordination/case management. A dental mobile unit will delivery care at this location on a scheduled basis. The dental team provide direct care. The community liaison will assist with insurance eligibility, enabling services and scheduling of appointments. Transportation staff drive the patient vans to transport patient to clinics on days the unit is not in the community.</p>				
Budget Narrative	<p style="color: red;">30% of salary was used to calculate the benefits. These include Medical, Dental, Vision insurance, retirement plan, sick leave, unemployment insurance, worker's comp and staff training or CME.</p>				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1	NA				
2					
Enter this amount in Section 1; Staffing Costs				Total >	0
Budget Narrative	<p style="color: red;">NA</p>				

Line Item Budget Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project		Amount
Fees		\$ 133,059
Donations		\$ -
Grants (List Organizations)		
	1	
	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		\$133,059
Budget Narrative	The income is projected based on the estimated number of patient visits and a historical payer mix of insurance types including Medi-Cal, Medicare, Private Insurance, Sliding Fee, Other Public Programs and Self-Pay	



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: July 27, 2021
To: Board of Directors
Subject: CV Equity Collaborative: COVID-19 Testing and Vaccine Update

Staff Recommendation: Informational item only

Background:

- The Desert Healthcare District and Foundation to received \$1.2 million from the County of Riverside and \$500,00 from The Public Health Institute to support targeted community-based outreach, education, and COVID-19 testing in partnership with community- and faith-based organizations that serve vulnerable communities in Coachella Valley, with an emphasis on Eastern Coachella Valley.
- The Desert Healthcare District and Foundation has established and leads The Coachella Valley Equity Collaborative (CVEC), which has brought together community-and faith-based organizations, government agencies (county and state), and local farm owners to address the COVID-19 epidemic and ensure there is a coordinated effort to maximize resources and prevent overlap is services and/or outreach.

COVID-19 Testing Update:

- The CVEC has coordinated multiple COVID-19 testing events that have been hosted throughout the Coachella Valley and beyond. To date, a total of **4,601** COVID-19 tests have been conducted in events organized by the CVEC and the RUHS-Department of Public Health.
- A significant decrease of COVID-19 testing participants has been a concern not only for events hosted by the CVEC but for all testing sites county-wide. Aggressive outreach marketing and outreach have been conducted leading up to each event that includes, door-to-door outreach, radio and television announcements, social media posts, and flyer distribution at food distribution sites.
- RUHS Department of Public Health will be providing the CVEC new testing kits that will capture the Delta variant. Once those testing kits are delivered there will be an increase of testing events throughout the Coachella Valley by the CVEC.

COVID-19 Vaccination Update

- As the COVID-19 testing has seen a decline in recent weeks, COVID-19 vaccine events have increased dramatically and the CVEC once again finds itself leading efforts to increase access to underserved communities in the Eastern Coachella Valley, specifically farmworker communities, and now educators and food service workers.
- Since the launch of the first COVID-19 vaccine event at Tudor Ranch, Inc on January 21st., multiple on-site registrations and vaccination events have been held. To date, a total of more than **31,913** COVID-19 vaccines have been provided to District residents in vaccination clinics hosted by the CVEC in partnership with the RUHS-Department of Public Health and Rite-Aid pharmacies and Desert Care Network.
- The CVEC partnered with Rite-Aid pharmacies to host school-based vaccination clinics at the Desert Sands Unified School District and Coachella Valley Unified School District middle and high schools. These vaccination clinics were open to students ages 12 to 17 years old and their families, along with any other community member.
- Vaccination clinics in the Palm Springs Unified School District middle and high schools were held in partnership with Desert Care Network. These vaccination clinics were open to students ages 12 to 17 years old and their families, along with any other community member.
- Due to the low turnout at vaccination clinics hosted in the community, smaller targeted vaccination clinic locations and hours have been scheduled in partnership with the Coachella Valley Housing Coalition and Pueblo Unido partner mobile home parks.
- In addition, a larger emphasis on community-based outreach has been implemented to inform and encourage community those unvaccinated community members. These outreach strategies include informational booths at the Indio Swapmeet on Wednesday and Saturday evenings, and at the various sporting league fields.
- Using RUHS Department of Public Health vaccination data, special emphasis is being placed on the three Coachella Valley cities with the lowest vaccination rates. Those cities include Coachella, Indio, and Desert Hot Springs. A comprehensive community outreach plan has been developed with community partners to ensure those cities are targeted by door-to-door outreach, tabling events, and social media outreach.

Fiscal Impact:

Riverside County Contract: \$2,400,000, of which \$440,000 will support/compensate DHCF staff.

Public Health Institute grant: \$725,000, of which \$90,000 will support/compensate DHCF staff



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: July 27, 2021
To: Board of Directors
Subject: Coachella Valley Equity Collaborative
Community Health Workers (Promotoras) Recognition Event

Staff Recommendation: Approval of a budget NTE \$40,000 for the Coachella Valley Equity Collaborative Community Health Workers (Promotoras) Recognition Event.

Background:

- The Desert Healthcare District and Foundation has established and leads The Coachella Valley Equity Collaborative (CVEC), which has brought together community-and faith-based organizations, government agencies (county and state), and local farm owners to address the COVID-19 epidemic and ensure there is a coordinated effort to maximize resources and prevent overlap in services and/or outreach.
- The CVEC has coordinated multiple COVID-19 testing events that have been hosted throughout the Coachella Valley and beyond. To date, a total of **4,700** COVID-19 tests have been conducted in events organized by the CVEC and the RUHS-Department of Public Health.
- Since the launch of the first COVID-19 vaccine event, a total of more than **31,000** COVID-19 vaccines have been provided to District residents in vaccination clinics hosted by the CVEC in partnership with the RUHS-Department of Public Health and Rite-Aid pharmacies.

Information

- The success of the COVID-19 educational, testing and vaccination campaigns through the CV Equity Collaborative can be directly attributed to the Community Health Workers (Promotoras) from partner organizations, who have worked countless hours on weekends and evenings in the intense summer heat to ensure our District residents are connected to vital COVID-19 programs and services.
- Since the start of the COVID-19 pandemic, these Community Health Workers have put themselves in harm's way to ensure our District residents had access to educational, testing and vaccination resources putting aside their health. These unsung heroes rarely receive recognition or are celebrated for their unwavering commitment to improving the health and wellness of our District residents.
- It is with this in mind; we would like to organize a Community Health Worker Recognition Event to express our gratitude and celebrate them for their hard work during this COVID-19 pandemic and beyond.
- The event would take place sometime in the summer (August/September).

Fiscal Impact:

NTE \$40,000 from existing (already approved) CV Equity Collaborative Fund. Currently, there are \$130,000 available in the fund.



DESERT HEALTHCARE FOUNDATION
FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE
July 13, 2021

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Chair/Director Arthur Shorr President Leticia De Lara Director Les Zendle, MD	Conrado E. B�rzsaga, MD, Chief Executive Officer Chris Christensen, Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Outreach Andrea S. Hayles, Clerk to the Board	Eric Taylor, Accounting Manager

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Shorr called the meeting to order at 4:24 p.m.	
II. Approval of Agenda	Chair Shorr asked for a motion to approve the agenda.	Moved and seconded by Director Zendle and President De Lara to approve the agenda. Motion passed unanimously.
III. Public Comment	There was no public comment.	
IV. Approval of Minutes 1. Minutes – Meeting June 08, 2021	Chair Shorr asked for a motion to approve the minutes of the June 08, 2021, F&A Committee meeting.	Moved and seconded by President De Lara and Director Zendle to approve the June 08, 2021, meeting minutes. Motion passed unanimously.
V. CEO Report		
VI. Financial Reports 1. Financial Statements 2. Deposits 3. Check Register 4. Credit Card Expenditures 5. General Grants Schedule	Chris Christensen, CAO, reviewed the June financial reports answering questions of the committee concerning the net loss and accruing the entire amount of the pass-through grant funds, total assets, check register, credit card expenditures,	Moved and seconded by President De Lara and Director Zendle to approve the June 2021 Foundation Financial Reports – items 1-5 and forward to the Board for approval. Motion passed unanimously.
VII. Other Matters 1. Contract Service Agreement Addendum #1 - MYDuarte Strategy Group – Online Registration Services for Vaccination Events – \$10,000	Chris Christensen, CAO, provided an overview of the MYDuarte Strategy Group to establish an online registration service for the ongoing vaccination events. Most recently, the organization continued working through June although an addendum was not in place requesting that the committee approve the additional \$10k.	Moved and seconded by Director Zendle and President De Lara to approve the Contract Service Agreement Addendum #1 - MYDuarte Strategy Group – Online Registration Services for Vaccination Events – \$10,000 and forward to the Board for approval. Motion passed unanimously.



DESERT HEALTHCARE FOUNDATION
FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE
July 13, 2021

	<p>Alejandro Espinoza, Chief of Community Outreach explained the additional work by MyDuarte involving registration and the collaboration with the school districts. Chair Shorr suggested to advise the consultant that the recommendation is pending until full review and approval by the Board, including with other consultants, further requesting that the matter is not listed on the consent agenda.</p> <p>Director Zandle agreed with Chair Shorr requesting that staff remind all contractors that there are no authorizations without Board approval, that the Board reaffirms all expenditures for authorization before disbursements, and unauthorized contract work will not be paid.</p>	
<p>VIII. Adjournment</p>	<p>Chair Shorr adjourned the meeting at 4:50 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

ATTEST: _____

Arthur Shorr, Chair, Director, Board of Directors
 Finance & Administration Committee
 Desert Healthcare Foundation Board of Directors

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

To: Desert Healthcare District

From: Greg Rodriguez

Date: July 21, 2021

Re: Palm Springs 24 Hour Cooling Center Update

On June 29, 2021, The Riverside County Board of Supervisors approved the allocation of Emergency Solutions Grant (ESG) funding which provided the necessary resources to operate the 24-hour cooling shelter at the Palm Springs United Methodist Church (PSUMC).

Unfortunately, as we prepared for the operation of this center, CVRM was not able to run the operations this year due to some County issues with contracting. However, I worked with Martha's Village to secure them as the operator.

On July 6, 2021 operations began at PSUMC. The site will run until September 30, 2021. Once again it is a 24-hour operation that can accommodate about 50 people. Meals will be provided. In addition to a place to sleep, the operations will include full wrap around services by Martha's staff, working with clients during the day to link them to services and hopefully permanent housing options.

As of this update, everything is running smoothly, and they are at capacity almost every night. Clients are engaging in services, and we have already seen a couple placements with family through rapid resolution measures.

ADDITION TO GREG RODRIGUEZ'S REPORT:

List of Community Action Partnership Cool Centers located in the Coachella Valley:

- a. Coachella Senior Center – Coachella
- b. Lake Tamarisk Library – Desert Center
- c. Desert Hot Springs Library – DHS
- d. Desert Hot Springs Senior Center – DHS
- e. Coachella Valley Rescue Mission – Indio
- f. Indio Public Library – Indio
- g. Indio Senior Center – Indio
- h. Martha's Village & Kitchen – Indio
- i. La Quinta Wellness Center – La Quinta
- j. Mecca Community Center – Mecca
- k. North Shore Beach and Yacht Club – North Shore
- l. Palm Desert Community Center – Palm Desert
- m. Palm Desert Library – Palm Desert
- n. Demuth Community Center – Palm Springs
- o. James O. Jessie Desert Highland Unity Center – Palm Springs
- p. Well In The Desert – Palm Springs
- q. Palm Springs Public Library – Palm Springs
- r. Jerry Rummonds Senior and Community Center – Thermal



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: July 27, 2021
To: Board of Directors- Desert Healthcare District and Foundation
Subject: Behavioral Health Informational Report

Behavioral Health Improvement Plan:

- District Behavioral Health Initiative (BHI) work is advancing with plans to continue this process through the Green Ribbon Committee (GRC), led by Riverside County 4th District Supervisor, V. Manuel Perez. The relaunch of the Green Ribbon Committee is underway and will be announced on Thursday, September 30th at 10am at a location to be determined. This will be a joint initiative led by the Desert Healthcare District and Foundation in partnership with Riverside University Health System – Behavioral Health, represented by Dr. Matthew Chang, Director- Behavioral Health.

This announcement will introduce the Steering Committee members and will kickstart the process of structured meetings with stakeholders who have expressed an interest in participating in our Working Groups. The Working Groups will each focus on one of the need areas identified through our EVALCORP 2019 Mental and Behavioral Health Needs Assessment. Community stakeholders interested in this collaborative work opportunity will be able to express their interest in joining one of the working groups through a sign up process that will be made available at the meeting and online. Information detailing the focus of each group will also be provided.

- A landscape analysis is under development that will identify the behavioral and mental health support service providers within our District. This information will be helpful as we endeavor to work to address the needs in this area for our community members. This information will also highlight areas where services currently exist and identify potential opportunities for further development. This information is being referenced from several sources to promote accuracy and will be updated as new information becomes available. Current sources include but are not limited to: DHCD Community Assets report, CVHIP, Connect IE, Riverside County Behavioral Health Directory and Riverside County University Health System – Behavioral Health, Guide to Services.