DESERT HEALTHCARE FOUNDATION

DESERT HEALTHCARE FOUNDATION
BOARD MEETING
Board of Directors
March 26, 2019
6:00 P.M.

Or As Soon After The Adjournment of the Desert Healthcare District Board Meeting

Regional Access Project Foundation (RAP)
Conference Room 103
41550 Eclectic Street, Palm Desert, CA 92260
This meeting is handicapped-accessible

Page(s)		**AGENDA**	*Item Type*

Any item on the agenda may result in Board Action

A.   CALL TO ORDER – President Wortham, DrPH
    Roll Call
    ____Director De Lara____Director Borja____Director PerezGil
    ____Director Rogers____ Director Matthews
    ____Vice-President/Secretary Zendle, MD___President Wortham, DrPH

1-2   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>
    1. BOARD MINUTES
3-9   a. Special Meeting of the Board of Directors – February
        26, 2019
10-17   b. Special Meeting of the Board of Directors Study
        Session – March 19, 2019

E.   DESERT HEALTHCARE FOUNDATION CEO REPORT

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![Desert Healthcare Foundation logo]

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F.   FINANCE & ADMINISTRATION COMMITTEE
     1. No March Meeting of the F&A Committee

G.   OLD BUSINESS

H.   NEW BUSINESS

I.   DIRECTOR'S COMMENTS & REPORTS

J.   ADJOURNMENT

If you have any disability which would require accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer, at ahayles@dhcd.org or call (760) 323-6110 at least 24 hours prior to the meeting.

DESERT HEALTHCARE FOUNDATION
SPECIAL MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
February 26, 2019

Directors Present	District Staff Present	Absent
President Jennifer Wortham, DrPH Vice-President/Secretary Les Zendle, MD Treasurer Mark Matthews Director Carole Rogers, RN Director Evett PerezGil Director Karen Borja Director Leticia De Lara	Chris Christensen, CFO, Interim CEO Lisa Houston, COO Donna Craig, Senior Program Officer Alejandro Espinoza, Program Officer and Outreach Director Will Dean, Communications and Marketing Director Andrea S. Hayles, Clerk of the Board Legal Counsel Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order **Roll Call**	President Wortham called the meeting to order at 8:04 p.m. The Clerk of the Board called the roll with all Directors present.	
B. Approval of Agenda	President Wortham asked for a motion to approve the Agenda.	**#17-91 MOTION WAS MADE by Vice-President Zendle and seconded by Director Matthews to approve the agenda.** **Motion passed unanimously.** **AYES – 7 President Wortham, Vice-President Zendle, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director De Lara** **Motion passed unanimously.** **NOES – 0** **ABSENT – 0** **ABSTAIN – 0**
C. Public Comment	President Wortham called for public comment. No public comment.	
D. Consent Agenda	President Wortham asked for a motion to approve the Consent Agenda.	**#17-92 MOTION WAS MADE by Vice-President Zendle and seconded by Director De Lara to approve the Consent Agenda.**

D.1.a. Special Board Meeting of the Board of Directors – January 22, 2019 **2. Approval of December 2018 and January 2019 Financial Statements – F&A Approved February 12**		**Motion passed unanimously.** **AYES – 7 President Wortham, Vice-President Zendle, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director De Lara** **NOES – 0** **ABSENT – 0**
E. Desert Healthcare Foundation CEO Report	No report was provided.	
F. Finance & Administration Committee **1. No January Meeting of the F&A Committee** **2. Meeting Minutes of February 12, 2019**	Director Matthews explained that there was no January meeting of the F&A Committee describing the minutes of the February 12 meeting.	
G. Old Business **1. CVHIP/IEHP**	Alejandro Espinoza, Program Officer and Outreach Director, explained that the MOU is now executed with IEHP, also detailing the data uploads and progress.	
2. Homelessness Initiative	President Wortham described a study session to bring the board up-to-date within the next two weeks with all relevant agencies present – directing staff to provide a list of collaborators.	
Public Comments	Tom Kirk, Executive Director, Coachella Valley Association of Governments (CVAG), provided an update on the matching funds also explaining that CVAG has	

	mailed letters to Valley cities to consider a contribution of $100k for the homelessness collaboration. Mr. Kirk explained Barbara Poppe's recommendations for homelessness, hiring three consultants, and outlining Supervisor Perez's alternative of an interim solution with the intent to lend the services of Greg Rodriguez, Government Relations and Public Policy Advisor, Supervisor Perez, to lead the collaborative as the executive director, which the CVAG Executive Committee supports. Mr. Kirk provided a letter from CVAG and Supervisor Perez in support of Greg Rodriguez as executive director of the collaborative (letters are attached). Heather Vaikona, CEO, Lift to Rise, described the organizations work as a collective impact organization specializing in housing stability, health, and social connectedness explaining the housing collaborative action network with a 10-year goal of reducing rent burdens. The agency is heartened by some of the conversations with District board members at recent intersecting meetings on homelessness and hopes for more consideration with further alignments with the county. In addition, Ms. Vaikona requested authentic	

	and transparent engagement with additional conversations. President Wortham requested additional information about the work of Lift to Rise for further understanding, collaborations, and inclusion in the agenda for the homelessness study session, including CVAG. Directors were encouraged to provide Chris Christensen, Interim CEO, with a list of other agency recommendations for the study session. Director De Lara explained for disclosure purposes that the RAP Foundation is a fiscal agent for Lift to Rise and she is also a board member. Counsel Scott will discuss the matter with Director De Lara.	
3. Behavioral Health Initiative **a. Behavioral Health Consultant update**	Donna Crag, Senior Program Officer, explained the comprehensive data assessment necessary for the Behavioral Health Consultant, also describing the recommendations to solicit a proposal for subject matter experts. Staff was directed to bring forward a proposal from EVALCORP Research and Consulting.	**#17-93 MOTION WAS MADE by Vice-Director De Lara and seconded by Director Borja for staff to bring forward a proposal from EVALCORP Research and Consulting.** **Motion passed unanimously.** **AYES – 7 President Wortham, Vice-President Zendle, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director De Lara** **NOES – 0** **ABSENT – 0** **ABSTAIN – 0**
b. The California Endowment (TCE) Public Policy and Research/Academic Partnership Update	Chris Christensen, Interim CEO, explained the most recent updates of The California Endowment grant	

	that includes a revised scope of work with four focus areas.	
H. New Business	None	
I. Directors' Comments & Reports		
J. Adjournment	President Wortham adjourned the meeting at 8:25 p.m.	***Audio recording available on the website at*** http://dhcd.org/Agenda-Board-of-Directors_____

ATTEST: _____
                    Les Zendle, MD, Vice-President/Secretary
                    Desert Healthcare District Board of Directors

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

COACHELLA VALLEY ASSOCIATION OF GOVERNMENTS

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

CVAG

February 26, 2019

President Jennifer Wortham
Desert Healthcare District/Foundation
1140 N. Indian Canyon Drive
Palm Springs, CA 92262

Dear President Wortham:

On behalf of the Coachella Valley Association of Governments (CVAG), I am writing to express our support for the alternative staffing options for the Collaborative to End Homelessness in the Coachella Valley.

CVAG appreciates the Desert Healthcare District/Foundation's continued efforts to end homelessness in the Coachella Valley. First, the District/Foundation's commitment of a $2 million challenge matching fund was an inspiration for Coachella Valley cities to contribute to CVAG's CV Housing First program. Additionally, the District/Foundation's engagement of Barbara Poppe and Associates provided all of us with recommendations through "The Path Forward" report. CVAG would like to keep the momentum going, which is why we've worked with the District/ Foundation to seek funding that can launch the Collaborative.

CVAG understands that the District/Foundation is considering hiring three staff positions for the Collaborative. At its February 25, 2019 meeting, the CVAG Executive Committee voiced support for the Riverside County Supervisor V. Manuel Perez's offer for an alternative short-term solution to launch the collaborative efforts. The Supervisor suggested his Government Affairs and Public Policy Advisor, Greg Rodriguez, be the person launches this initiative. In this option, Mr. Rodriguez would be able to commit 75 percent of his time to launching the Collaborative. The Supervisor's office will maintain the remaining 25 percent of Mr. Rodriguez's time and salary negotiated, as well as his County benefits.

The task of launching a Collaborative is a heavy lift in a community that has multiple stakeholders and organizations already working on ending homelessness. Using his extensive knowledge and stakeholder relationships, Mr. Rodriguez can bring together both public and private partners, help all of us integrate our programs, leverage our collective resources and provide the support needed to take on the goal of ending homelessness. We are committed to a continued partnership with the Collaborative and the District/Foundation in this endeavor. CVAG already has dedicated staff and resources to overseeing the CV Housing First program, and we are also committed to providing in-kind staff support to the Collaborative as well.

We hope the District/ Foundation will join us in supporting Supervisor Perez's recommendation. If you have any questions or need additional information, feel free to contact me at (760) 346-1127 or at tkirk@cvag.org.

Sincerely,

Tom Kirk, CVAG Executive Director

cc: Director Karen Borja   Director Carole Rogers
        Director Leticia DeLara   Director Mark Matthews
        Director Evett PerezGil   Director Les Zendle

CITY OF BLYTHE · CITY OF CATHEDRAL CITY · CITY OF COACHELLA · CITY OF DESERT HOT SPRINGS · CITY OF INDIAN WELLS
CITY OF INDIO · CITY OF LA QUINTA · CITY OF PALM DESERT · CITY OF PALM SPRINGS · CITY OF RANCHO MIRAGE · COUNTY OF RIVERSIDE
AGUA CALIENTE BAND OF CAHUILLA INDIANS · CABAZON BAND OF MISSION INDIANS

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County of Riverside

SUPERVISOR V. MANUEL PEREZ
FOURTH DISTRICT

February 11, 2019

To: Desert Healthcare District/Foundation Board of Directors
Coachella Valley Association of Governments Homeless Committee

I am extremely excited about the Coachella Valley Association of Governments (CVAG) and Desert Healthcare District/Foundation embracing Barbara Poppe's recommendation of building a Collective Impact Collaborative with the County of Riverside to address the homelessness issue in the Coachella Valley. Homelessness is one of my top issues and I am confident that this Collaborative will be a great leap in significantly reducing the homelessness in the valley.

I also understand that the next step is to hire three staff positions to launch the Collaborative and that the district is considering funding, and perhaps staffing through the Foundation or some other means. I applaud your interest in such an ambitious start to staffing and I would like to offer an alternative that might reduce cost and expedite implementation of the Collaborative.

As an alternative to hiring full time staff initially, I offer my Government Affairs and Public Policy Advisor, Greg Rodriguez, to be the person who takes on the Executive Director role, at least for the startup phase of up to two years. Mr. Rodriguez is uniquely qualified to launch this effort. He is not only doing all my homelessness policy already, but has been actively engaged in both CVAG's and the District's homelessness efforts. He already holds many key County roles that address homelessness, serving on the Continuum of Care's (COC) Board of Governance, Chair of the COC Housing and Sustainability Committee and works with our County Deputy CEO of Homelessness Solutions on a regular basis.

I am willing to provide 75% of his time to the Collaborative. The remaining 25% of his time with my office will be spent on behavioral health, physical health and housing which are all integral to addressing homelessness and play key roles in the collaborative. My office will maintain his 25% portion of the salary negotiated as well as his County benefits. Under this option, the District/Foundation can consider funding the remaining 75% of his salary.

Additionally, I understand that CVAG Executive Director Tom Kirk, with support from the CVAG Homelessness and Executive Committee, is willing to commit in-kind staff time to the Collaborative's efforts as well. Together, these staffing contributions could reduce the District/Foundation's contributions to staffing and free up resources for services and programs.

It is imperative that we keep the momentum and commitment to the great strides we have already made in the valley. I believe that this proposal does exactly that and I am dedicated to do whatever I can to make that happen.

Sincerely,

V. Manuel Perez
Riverside County Supervisor, 4th District

DESERT HEALTHCARE FOUNDATION
SPECIAL STUDY SESSION MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
March 19, 2019

Directors Present	District Staff Present	Absent
President Jennifer Wortham, DrPH Vice-President/Secretary Les Zendle, MD Treasurer Mark Matthews Director Carole Rogers, RN Director Evett PerezGil Director Karen Borja Director Leticia De Lara	Chris Christensen, CFO, Interim CEO Lisa Houston, COO Donna Craig, Senior Program Officer Alejandro Espinoza, Program Officer and Outreach Director Will Dean, Communications and Marketing Director Andrea S. Hayles, Clerk of the Board <u>Legal Counsel</u> Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order **Roll Call**	President Wortham called the meeting to order at 5:00 p.m. The Clerk of the Board called the roll with all Directors present except Director PerezGil that joined the meeting at 5:12 p.m.	
B. Approval of Agenda	President Wortham asked for a motion to approve the Agenda.	**#17-94 MOTION WAS MADE by Director Matthews and seconded by Vice-President Zendle agenda.** **Motion passed unanimously.** **AYES – 7 President Wortham, Vice-President Zendle, Director Matthews, Director Rogers, Director Borja, and Director De Lara** **Motion passed unanimously.** **NOES – 0** **ABSENT – 1 Director PerezGil** **ABSTAIN – 0**
C. Pledge of Allegiance	President Wortham asked Director Matthews to	

	lead the pledge of allegiance. President Wortham introduced the elected officials in attendance from the cities of Palm Springs, Cathedral City, Palm Desert, and Indio.	
D. Public Comment **(items not listed on the agenda)**	There were no public comments.	
E. Workshop – Homelessness Initiative **1. Coachella Valley Collaborative to End Homelessness Update & Staff Report**	Chris Christensen, Interim CEO, provided background on the Coachella Valley Collaborative to End Homelessness also describing board direction for the collaborative based on the recommendations from consultant Barbara Poppe.	
a. CVAG Presentation/Recommendations – Tom Kirk, Executive Director, CVAG	Sabby Jonathan, Councilmember, Palm Desert and Chair, Homelessness Committee, Coachella Valley Association of Governments (CVAG), thanked the District for the Challenge Match to inspire other cities to follow suit. The Coachella Valley Association of Governments (CVAG) Homelessness Committee supports the collaborative, and Mr. Jonathan outlined the alternatives for staffing the collaborative.	

	Tom Kirk, Executive Director, Coachella Valley Association of Governments (CVAG), explained that the homelessness initiative is unique and is making an impact in the Coachella Valley as the collective forges ahead of other cities, further detailing his letter of recommendation and three options for the board to consider. Mr. Kirk also outlined the Housing First program detailing the need for the staffing component – proposing Greg Rodriguez, Government Relations and Public Policy Advisor, Supervisor V. Manuel Perez's Office.	
b. **Lift to Rise Presentation/Recommendations – Heather Vaikona, President & CEO, Lift to Rise**	Heather Vaikona, President and CEO, Lift to Rise, provided a presentation describing her organization's purpose and proposal to build out a homelessness subcommittee within the Housing Stability Collaborative Action Network (CAN). The structure of the CAN, the significance of housing stability, and the end result of stable, safe, and affordable housing was described.	

c. **Public Input/Comments/Recommendations from other community organizations**	Public Commenters included the following persons: Melody Winterhead, Federal Reserve, Leadership Table, Lift to Rise; Christy Holstege, Councilmember, City of Palm Springs; Greg Kors, Mayor Pro Tem, City of Palm Springs, Co-Chair CVAG Homelessness Committee; Greg Rodriguez, Government Relations and Public Policy Advisor Supervisor V. Manuel Perez's Office; Taylor Varner, Business Development Manager, MSA Consulting; Beatriz Gonzalez, Coachella Valley Unified School District.	
d. **Board consideration of possible funding recommendations and options**	Director de Lara serves on the board of Lift to Rise and the Regional Access (RAP) Foundation is a fiscal agent for Lift to Rise. Director De Lara will not be providing a recommendation, supports the board's decision, and exited the room. The board discussed the recommendations taking into consideration the public comments, including consideration of opportunity zones per an	

	inquiry of Director Matthews. Sabby Jonathan, Councilmember, Palm Desert, Chair, CVAG Homelessness Committee suggested that someone manage an entity of nonprofits that oversees the effort that is inclusive to the homelessness process. The board directed staff to provide a proposal with a budget to move forward the Initiative that includes Lift to Rise and Greg Rodriguez for presenting at the March 26 board meeting. Director De Lara rejoined the meeting.	
2. Homelessness Initiative Collective Fund **a. Challenge Matching Grant Update - $700,000**	Greg Rodriguez, Government Relations and Public Policy Advisor Supervisor V. Manuel Perez's Office, described the closure of Roy's and the CV Housing First concept leading up to an update on the matching grant of the six cities contributions and the District's match. The most recent contributions were from the cities of Desert Hot Springs, La Quinta, Rancho Mirage, Palm Desert, and	

	conversations with Indian Wells and Indio are ongoing.
	Chris Christensen, Interim CEO, described the Homelessness Initiative Collective Fund Challenge Match requesting clarification from the board for disbursement of funds and the consideration for three options.
	Christy Holstege, Councilmember, City of Palm Springs, Vice-Chair, CVAG Homelessness Committee, strongly recommends that the board continues in the same manner as in the past with funding disbursed to CVAG, explaining the importance of the matching grants for the cities and maintaining the collective work seeing as new cities are contributing including the tribes.
	Director Matthews recommended and the board directed staff to provide a resolution for option 1 for CVAG to continue to receive all matching funds.
b. City of Palm Springs Partnership Matching Funds Update - $450,000	Jay Virata, Director, Economic Development,

	City of Palm Springs, explained as a result of the partnership with the Foundation, new agreements with the county and other partners were established to increase the size of the outreach team and wrap around services. As a result of the additional services there is more expansion of existing resources such as housing vouchers and mainstream benefits, also describing the city's support and number of housing placements. Geoff Kors, Mayor Pro Tem, City of Palm Springs, Co-Chair, CVAG Homelessness Committee, described the interconnection between the CVAG Homelessness Committee and the City of Palm Springs Affordable Housing Subcommittee detailing the Palm Springs program that was started as a foundation for the crisis teams devised by prior councilmember Ginny Foat. Councilmember Kors also detailed the social services components such as employment and described the agenized recommendations for the	

	upcoming April 3 city council meeting for $80-$100K to fund and assist families that are unable to obtain housing with HUD housing vouchers, the decrease in funding for the vouchers from HUD, and the rent increases in the city of Palm Springs.	
c. Consideration to Approve an Amended MOU between the City of Palm Springs and the Desert Healthcare Foundation to provide matching grants up to $100,000 for the Wrap Around Services program up to $350,000 for Mental Health Housing Crisis Team Expansion FY 18-19.	Chris Christensen, Interim CEO, explained the wrap around services and support of the mental health housing response unit outlining an amendment to the MOU to extend to FY 18-19.	**#17-95 MOTION WAS MADE by Vice-President Zendle and seconded by Director Rogers to approve the amended MOU between the City of Palm Springs and the Desert Healthcare Foundation. Motion passed unanimously. AYES – 7 President Wortham, Vice-President Zendle, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director De Lara Motion passed unanimously. NOES – 0 ABSENT – 0 ABSTAIN – 0**
F. Adjournment	President Wortham adjourned the meeting at 7:01 p.m.	*Audio recording available on the website at* *http://dhcd.org/Agenda-Board-of-Directors*_____

ATTEST: _____

DESERT HEALTHCARE
FOUNDATION

Date: March 19, 2019

To: Program Committee

Subject: CVHIP to Connect IE transition update

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Staff Recommendation: Informational item only

Background:

- **September 2018:** DHCD/F staff had meetings with representatives from Inland Empire Health Plan (IEHP) and Aunt Bertha (platform operator) determined the ConnectIE platform would give our local healthcare providers an opportunity to create and track referrals and "close the loop" of services.

- **October 2018:**
    o At the October 23, 2018 Board of Directors meeting, staff presented what a partnership with IEHP can do to enhance CVHIP. The Board directed staff to continue the pursuit of a partnership with both parties and bring back an MOU for approval.

- **February 2019:**
    o The MOU was executed and signed by the executive directors from IEHP, Inland Empire Health Information Organization (IEHIO), Inland Empire United Way/San Bernardino County 211 and the Desert Healthcare Foundation.
    o DHCD/F staff met with representatives from all partner organizations to establish a timeline for the conversion of 1,352 resources/programs.
    o Aunt Bertha will conclude the conversion and validation of the CVHIP resource database onto the Connect IE platform by April 1, 2019.

- **March 2019:**
    o DHCD/F staff notified Healthify of the cancelation of the service agreement, effective date of May 1, 2019.

- **March/April 2019:**
    o DHCD/F staff will reestablish the current CVHIP.com website/landing page with the ConnectIE.org search engine feature.
    o Staff will work with IEHP to finalize outreach and marketing plan, as follows:

Marketing / Outreach Plan

- Phase 1:
    - April/May 2019
        - Outreach to Coachella Valley CBOs who have large outreach / case management teams.
- Phase 2:
    - June/July 2019
        - Onboard main CBOs serving large populations i.e. CVRM, DAP, Joselyn, Angel View, etc.
        - CBO launch event.
- Phase 3:
    - August/September 2019
        - Full data analysis presented to the Board to show steady increase use of the platform.
        - Driven by data, establish next steps alongside IEHP i.e. incentives and marketing.
        - CBO listening forums and continued training.
        - Identify additional service providers for additional onboarding i.e. school districts, first responders, RUHS, etc.

Fiscal Impact: None.

CVHIP Outreach Plan
April 2019 to September 2019

Monthly Active Users: 165/month average

Goal: 400 monthly users

April 2019 to May 2019
- Finish and launch "new" landing page with new artwork and color scheme with direct search capabilities.
- Identify 20% of the CBOs performing 80% of the referral work.
- Work with IEHP team to establish training module for onboarding.
- Phase 1 of CBO onboarding (organizations with outreach staff / case management).
  - Identify administrator
  - Create user accounts for staff
  - Claim program on Connect IE
  - Review and edit profile content
  - Training of staff on referrals and reporting features
    - Desert AIDS Project
    - The Center of Palm Springs
    - FIND Food Bank
    - Volunteers in Medicine
    - Borrego Health
    - Clinicas de Salud del Pueblo
    - Catholic Charities
    - Planned Parenthood

June 2019 to July 2019
- CBO launch event for CVHIP.
- Phase 2 of CBO onboarding (organizations without or limited outreach staff).
  - Identify administrator
  - Create user accounts for staff
  - Claim program on Connect IE
  - Review and edit profile content
  - Training of staff on referrals and reporting features
    - Mizell Senior Center
    - Joselyn Senior Center
    - Galilee Center
    - Martha's Village
    - CVRM
    - Boys and Girls Club of CV
    - Ranch Recovery
    - ABC Center
    - Angel View
    - PUFF

- Latino Commission
- Desert ARC

<u>August 2019 to September 2019</u>
- Creation of phase 3 outreach plan.
- Present report the District/Foundation Board showing increased use of the platform.
- Driven by data, establish next steps for further growth in users i.e. incentives and marketing.
- Identify additional service providers to include in training/onboarding process.
    - School districts (parent liaisons, counselors, etc.)
    - RUHS (behavioral health; public health; social workers, etc.)
    - DPSS facilities (DHS and Mecca)
    - Other local non-profits; service providers; CBOs; food pantries
    - Hospitals (JFK/DRMC/Eisenhower)
    - First Responders
- Host feedback session with all service providers using the new CVHIP system for further training and development.
- Goal is to increase to 600 monthly users by November 2019.

DESERT HEALTHCARE
FOUNDATION

Date: March 26, 2019

To: Board of Directors

Subject: LIFT TO RISE proposal

Staff recommendation: Consideration to commit and approve a *draft* proposal and funding concept from Lift To Rise (LTR), a local collective impact organization, to integrate the homelessness collaborative/collective as recommended by consultant Barbara Poppe into LTR's work. If approved, the grant application will be processed through the District grant program and allocated from the FY 2018/2019 grant budget.

Background:
- At the February 26, 2019 Board of Directors meeting information was provided by Heather Vaikona, President and CEO of Lift To Rise (LTR), regarding the work the organization is doing with the Housing Stability Collaborative Action Network (CAN) to reduce the rent burden in the Coachella Valley
- A special study session, specific to the District/Foundation's Homelessness Initiative and *The Path Forward – Coachella Valley Collaborative to End Homelessness,* was held on March 19, 2019 to discuss the development of the homelessness collaborative/collective structure, to further understand the work of Lift To Rise, and to hear input from other organizations and community members.
- Included in the board packet was a proposal from LTR to build out a homelessness subcommittee within the Housing Stability CAN, with the structure designed to align with the ongoing work in the Coachella Valley towards coordinated efforts to address a common, important underlying issue of the critical need for Coachella Valley residents to have access to safe, affordable and stable housing.
- Ms. Vaikona presented LTR's proposal, describing the proposed structure and funding allocation and strong alignment with the recommendations offered by the report conducted by Barbara Poppe & Associates
- At the conclusion of the presentation and reviewing verbal input from community members and organizations, the board directed staff to bring back a proposal with a dollar amount for Lift to Rise and the homelessness project manager for review, discussion and possible action to the March 26, 2019 Foundation board of directors meeting.
- LTR proposes to house the homelessness collaborative as a subcommittee within the Housing Stability Collaborative Action Network (CAN).
- The subcommittee is in alignment with the Barbara Poppe & Associates report that had been presented and accepted by the Desert Healthcare Foundation board.
- Funding support is requested for staffing, capacity building, partner tested-interventions and research support.

To: Desert Healthcare District/Foundation Board of Directors

From: Heather Vaikona, President and CEO
             Lift to Rise

RE: Housing Stability Subcommittee on Homelessness: Lift To Rise seeks
             organizational backbone and related funding to create an effective
             and efficient framework to support the homelessness collaborative
             within the organization

Lift To Rise proposes to build out a homelessness subcommittee within the Housing Stability CAN. This structure is designed to align ongoing work in the Coachella Valley towards coordinated efforts to address a common, important underlying issue: **the critical need for Coachella Valley residents to have access to safe, affordable and stable housing.** This proposal begins by introducing Lift To Rise's organizational background. Next, it describes the proposed structure and funding allocation. It concludes by describing the strong alignment between this proposal and the recommendations offered by the report conducted by Barbara Poppe & Associates.

Organization Background:
Lift To Rise is an ambitious collective action partnership rooted in our belief in a better future, where all Coachella Valley families are healthy, stable and thriving. Our vision is bold: we strive to do no less than change the trajectory of what it means to grow up, live, and work in the Coachella Valley. Our work emerged from the deep recognition that mounting local need requires us to pursue new and more effective strategies that tackle the underlying problems driving resident need. Even in our organizational infancy, we have built a strong collective impact initiative, employing a proven results framework, to achieve important results for residents that have begun to shift our region's systems.

Lift To Rise builds and scales interventions in housing, health and social connection, to foster resident stability and support broader systems change toward a more equitable and inclusive region. Lift To Rise catalyzes institutional and grassroots leaders to shift their attention and activities toward mutually reinforced interventions that address the underlying causes of poverty in the region. We work to build and sustain bridges across all dimensions of social change: from resident engagement, to partnerships with community organizations, to systems-level

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institutions, leaders and policymakers, to the philanthropic foundations that make this collaborative work possible. We have built bridges to some of the nation's leading thought partners, philanthropies and practitioners, challenging us to constantly refine our work, pursue innovative strategies, and remain accountable to producing results for our residents.

We work to create both vision and possibility across the region, building out an agenda to catalyze social progress across three critical dimensions: story, strength, and change. We seek to uplift our region's story, to reframe the local narrative around poverty through evidence and inclusive dialogue, to shape local practice, and enable collective action. We build local strength: to build capacity to improve our collective ability to create and sustain social change. We work to change our region: to stabilize and support Coachella Valley families by implementing, evaluating, and scaling economic stability, housing, and health-related interventions.

Our three intervention areas—housing stability, health, and social connection—are root-cause issues of resident struggle identified through extensive data analysis and community collaboration. We structure our activities into Collaborative Action Networks (CANs), which are working groups comprised of stakeholder organizations and agencies. We use a *results framework** that focuses our work on moon-shot, population-level results. The CANs deploy rapid improvement cycles to develop and refine strategies, identifying key performance measures and outcomes for each iteration of strategy implementation, and using periodic evaluation to adjust strategies and promote continual learning. We collaborate to foster collective action, build capacity, and launch new processes and interventions, pursuing a better future for our residents.

Over the past three years, the work of Lift To Rise has grown from a philosophical commitment of a handful of local leaders to a robust cross-sector collaboration. We engage a wide range of partners, from grassroots community activists to transformation-focused systems leaders. We launched as an independent organization in July 2018. Even in this short time, we have built work that has already progressed towards achieving tangible population-level outcomes at scale, guided by deep community listening and extensive data analysis. Throughout, we recognize that our greatest strength lies in our ability to build bridges across our landscape, between the grassroots, across the organizations that support our families, and toward activating the institutions that define opportunity to better support our most vulnerable residents.

Housing Stability Collaborative Action Network (CAN):
Advancing new, collaborative solutions to address the growing issue of homelessness represents a natural, important extension of our existing housing stability work. Lift To Rise's Housing Stability CAN seeks to achieve the headline result that all residents have access to stable, safe

and affordable housing. The Housing Stability CAN, like all our CANs, simultaneously fosters both immediately stabilizing interventions, to produce short-term interventions to support residents, and the broader, systems changes that will help us advance population-level results that change the landscape of opportunity across the entire Coachella Valley. In response, the Housing Stability CAN has built out an ambitious agenda, focusing on (1) immediately stabilizing basic supports; and (2) a regional vision for safe and affordable housing, to address regional housing instability by radically increasing housing supply, to catalyze the construction of nearly 10,000 new housing units over the next decade. In this latter work, Lift To Rise is a leading partner, with the County of Riverside Economic Development Agency, of a cross-sectoral housing partnership funded by the Center for Community Investment and the Robert Wood Johnson Foundation. This housing systems work exemplifies our vital regional role: by convening local stakeholders toward a collective regional vision, we can attract technical and financial resources, and advance solutions, to systems change.

The proposed collaborative on homelessness strongly aligns with the mission of Lift To Rise, and particularly the Housing Stability CAN. In the nearly four years in which Lift To Rise has existed, we have built out a powerful framework for advancing a more effective collaboration model, rooted in the local and national lessons of collective impact. **By building out a homelessness subcommittee within the Housing Stability CAN, we have an opportunity to efficiently and effectively align ongoing work in the Coachella Valley towards greater impact to address a common underlying issue: the critical need for Coachella Valley residents to have access to safe, affordable and stable housing.**

<u>Homelessness Collaborative Subcommittee Proposal:</u>
As the Desert Healthcare District/Foundation and CVAG consider launching a Homelessness Collaborative recommended by Barbara Poppe & Associates in "The Path Forward: recommendations to advance an end to homelessness in the Coachella Valley", Lift was invited to present recommendations to the District/Foundation of integration of the work into Lift's organization. In response, Lift To Rise proposes to house the homelessness collaborative within the Housing Stability CAN, drawing on the strong mission alignment between these pieces of work, as well as the organization's existing, strong backbone support and proven framework. The homelessness collaborative work is a natural fit for Lift's Housing Stability CAN, since both pieces of work fundamentally work towards the same goal: to improve the housing stability of Coachella Valley residents.

Lift To Rise proposes funding for staffing, capacity building, and interventions, to provide the support necessary to build a thriving collaborative to address regional homelessness. By building this work within Lift To Rise, the homelessness collaborative work can leverage the organization's

structure and framework toward greater efficiency, and avoiding the duplication that collective impact initiatives are intended to reduce. Funding from the District/Foundation can support the backbone support necessary to build and sustain this work. Further, it can create new roles to specifically support partnerships and interventions to address homelessness. To this end, Lift To Rise proposes partial staffing support for four roles across the organization:

1. The Director of Research and related research support, to ensure that strategies are supported by an evidence-based, results framework;
2. A Community Engagement Coordinator to, among other tasks, build out a resident table, to ensure that affected residents have institutionalized voice within the initiative;
3. An Implementation Manager to support interventions, undertaken within a results framework, to build support strategies to address homelessness; and
4. A new Project Manager dedicated to the homelessness subcommittee.

Lift To Rise has secured partial funding for most of these roles through other grants and investments. However, the additional work and resources required to build out a homelessness collaborative necessitates additional funding to support the backbone organization. This request, and the existing backbone structure that Lift has already built out, corresponds to the recommendations of the Barbara Poppe & Associates report. In particular, the report concluded that the work warranted three separate roles: a project manager, organizational director, and research associate. The partner organizations would provide in-kind support for the initiative, from office space to IT systems. The homelessness collaborative would take advantage of Lift To Rise's strong organizational backbone, with built-in research support through our active relationships with the USC Sol Price Center for Social Innovation, to create a dynamic and cross-sectoral approach to advancing solutions to the growing homelessness challenges across the Coachella Valley.

We realize there are a number of options to staff the proposed new role of Project Manager dedicated to homelessness. Among these, there is established partnership and momentum between CVAG and Supervisor Manuel Perez's office, with an existing offer from the Supervisor's office to provide a staffer to support these efforts. Some of these conversations pre-dated Lift's involvement, and we are committed to honoring and optimizing these innovative partnership solutions potentially within or outside of Lift To Rise. We've budgeted for the role in order to provide a backstop to create the staffing and resource structure necessary to make sure someone is in this role in any eventuality. We've learned that collective impact requires concurrent planning of both staffing and resources and we must have sufficient cushion to absorb this work as it expands.

Beyond staffing support, Lift To Rise proposes to dedicate part of the allocated funding for implementation test strategies and capacity building, to ensure that partners are adequately resourced and supported to quickly move towards action.

Test Interventions: An effective homelessness collaborative requires resources to support the development and implementation of test interventions that ensure that this work has the potential to immediately begin to foster change for residents. Lift To Rise uses test interventions to foster a culture of learning and results among collaborative participants. We evaluate our test interventions in an iterative and ongoing manner, which allows us to understand and scale what works, to ensure that we generate positive impact for Coachella Valley residents. By drawing from Lift's existing framework, organizational resources and ongoing activities, additional funds will be deployed to provide sufficient resources to support intervention.

Capacity Building: Lift also proposes to direct part of the funding towards capacity-building and consulting. The consulting costs will support Lift To Rise and partners to evaluate different ways to structure the subcommittee, to ensure that this work is properly aligned and most effectively positioned to catalyze local change. The capacity-building work will support collaborative participants to understand collective impact and the results framework that Lift uses, and to help them most effectively advance this work. Intensive partnership capacity building is an often overlooked, critical component to affecting long-term change. Lift To Rise benefits from access to technical assistance and capacity support from leading regional and national collaborative thought leaders.

Alignment with the Barbara Poppe & Associates Report:
This alignment strongly corresponds with the structure recommended in the report written by Barbara Poppe & Associates, focusing on organizational and research staffing support, and project management. Beyond staffing, this proposal seeks to allocate part of the proposed funding to test interventions to build stabilizing interventions for individuals experiencing homelessness, and capacity building for staff partners. While not included in the original report, Lift To Rise's experiences in collective impact and using a results framework have demonstrated the need for funding for interventions and capacity-building to support partners and advance change strategies. The following section describes how the proposal corresponds to the recommendations made through the report written by Barbara Poppe & Associates.

First, the report recommended *establishing the Coachella Valley Collaborative to End Homelessness, under a collective impact framework, and including both local public and philanthropic investors. The collaborative should be supported by a respected organization that*

can foster its collective impact work, with strong staffing support, including a necessary "backbone." Lift To Rise is a leading collective impact organization in the Coachella Valley, using a proven results framework. Lift has built a thriving network of local public, private and nonprofit partners, as well as leading national philanthropies and collective impact thought leaders. Lift To Rise has the organizational stability, connections and framework to build out a robust and effective collective impact collaborative to address regional homelessness, acting as the organizational "backbone," consistent with the report's recommendations.

The report also called for *engaging the entire community in solutions.* Among its local partners, Lift has effectively built deep relationships with community stakeholders across the Coachella Valley. Lift is also actively building out a Resident Table, to institutionalize resident voice in its work. Further, Lift is currently hiring a Community Engagement Coordinator and an Implementation Manager to further root the organization's work in the local community. For this reason, we propose partial funding for these roles through this work.

Finally, the report emphasized supporting a *wide range of partners under a collective impact model.* In the four years in which Lift To Rise has engaged in this work, we have built a strong organizational structure, using a proved framework and collective impact process, and tailored to our unique, Coachella Valley context. We have demonstrated a strength for engaging a wide range of partners, and providing them with the capacity and support to engage in collective impact. This support relies on the strong partnerships we have built with leading collective impact thought partners, to ensure that our work promotes effective strategies and processes.

Through support for the organizational backbone, project management staffing, and funding for capacity-building and test interventions, we believe that building the homelessness work into Lift To Rise's Housing Stability CAN, with sufficient resources and support, is the best strategy to build a healthy, impactful and sustainable homelessness collaborative.

* https://www.aecf.org/work/leadership-development/results-count/

- If approved, the proposal will go through the board-approved grant process, with LTR submitting a grant application to the Desert Healthcare District.

- The grant award will be allocated from the District's FY 2018/2019 grant budget.

Fiscal Impact: NTE $825,000 over 2 years to be allocated from District FY 2018/2109 Grant Budget.

Line Item Budget - Sheet 1 Operational Costs

Approved budgets are the basis for reporting all grant expenditures. Line items may not be added or changed without grant amendment. Prior authorization is required for transfering funds (<10%) between existing line items. Describe budget narrative in cell B38. You may insert rows or create additional worksheets if more space is needed to fully describe your budget.

PROGRAM OPERATIONS		Total Program Budget - 2 Years	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Labor Costs	Detail on sheet 2	$2,663,000		769950
Equipment (itemize)				
1		0		
2		0		
3		0		
4		0		
Supplies (itemize)				
1	Office Supplies / Machines	60,000		9,400
2		0		
3		0		
4		0		
Printing/Duplication		0		
Mailing/Postage/Delivery		2,600		
Travel / Mileage		40,000		14,000
Education/Training		0		
Facilities (Detail)				
Office/Rent/Mortgage		57,600		10,000
Meeting Room Rental		15,000		
Telephone/Fax/Internet		14,400		4,750
Utilities		5,200		
Insurance		24,000		3,900
Maintenance/Janitorial		0		
Other Facility costs (itemize)				
1		0		
2		0		
3		0		
4		0		
Other Program Costs not described above (itemize)				
1	USC - NDSC Portal Support & Portal Engageme	400,000		
2	Communications	60,000		
3	Materials and Supplies	15,000		
4	Meeting Expenses	24,000		
5	Leadership Mentorship	24,000		
6	Consulting: Legal	100,000		
Total Program Budget		3,504,800		812000

Budget Narrative

All line-item expenses are pro-rated in "Amount Requested from DHCD" to reflect portion allocated to District-specific programming. Lift's budget reflects the 3 core areas required to activate collaboration: backbone staffing, capacity building and shared interventions. Lift's work has taken significant strides in the past year and in many ways we did not anticipate the level of success we would achive in both activating collaboration and generating pathways to results. This means we have a lot of work that is not reflected in this budget, from which the homelessness collaborative will benefit.

Line Item Budget
Sheet 2 - Labor Costs

Staff Salaries Employee Position/Title		Annual Salary	% of Time Allocated to Program	Actual Program Salary - 2 Years	Amount of Salary Paid by DHCD Grant - 2 Years
1	Director of Research	$95,000	0.33	$62,700	$62,700
2	Director of Community Engageme	$80,000	0.33	$52,800	$52,800
3	Implementation Manager	$60,000	0.33	$39,600	$39,600
4	Project Manager, Homelessness	$75,000	100	$150,000	$150,000
5	Director of Collective Impact	$95,000	0.33	$62,700	
6	President & CEO	$110,000	0.33	$72,600	
7	Operations Manager	$55,000	0.33	$36,300	
8	Director of Resource & Communic	$90,000	0.33	$59,400	
9	Benefits	$151,500	0.33	$99,990	$91,530
Enter this amount in Section 1, Employee Salaries				**Total ›**	396630

Budget Narrative	All line-item expenses are pro-rated in "Amount Requested" from DHCD: to reflect the portion allocated to District-specific programming. Due to the nature of Lift To Rise's work we are including combined, prorated labor expenses for the following personnel, as they relate specifcally to launching, integrating and growing the homelessness subcomittee into the more expansive work of the Housing Stability CAN: Director of Community Engagement, Director of Research, Implimentation Manager and Project Manager, Homelessness. There are additional roles in FY 19/20 that are not included in this budget, funded by other sources, that will contribute to and strengthen the homelessness work.

Consultants/Contractors Consultant/Contractor Name		Total Program Budget - 2 Years		Monthly Fee	Amount of Salary Paid by DHCD Grant
1	USC - Research Support	$200,000		2,605	62,520
2	Capacity Building	$300,000		3,750	90,000
3	Partner Interventions	$540,000		9,200	220,800
4					
5					
6					
7					
8					
Enter this amount in Section 1, Professional Services/Consultants				**Total ›**	373320

Budget Narrative	All line-item expenses are pro-rated in "Amount Requested from DHCD" to reflect the portion of District-specific programming. Lift has an expansive research agenda which benefits from the multiple years of investment it took to create this foundation. The cost of research support is significantly reduced because of the substantial in-kind contribution made by USC's Price Center for Social Innovation and its faculty and staff. The support listed herein is specific to the additional graduate research assistants, post doctoral scholars and analysts that activate our entire data agenda. Lift invests significant resource in leadership development and policy area specific capcity building. These costs, again similar to the in-kind support from USC's Center for Social Innovation, is significantly reduced by the in-kind support/ technical assistance we receive from the Center for Community Investment, funded by the Robert Wood Johnson Foundation, the Annie E Casey Foundation, among others.

Line Item Budget - Other Program Funds

Funding for this program received from other sources			Amount
Fees			
Donations			
Grants (List Organizations)			
	1	Annie E. Casey Foundation	50,000
	2	United Way of the Desert	50,000
	3	US Bank Foundation	25,000
	4	Pacific Western Bank Foundation	5,000
	5	Wells Fargo Foundation	20,000
	6	Union Bank Foundation	25,000
	7	Regional Access Project Foundation	75,000
	8	James Irvine Foundation	240,000
	9		
	10		
	11		
Fundraising (describe nature of fundraiser)			
		Private Donations	1,250,000
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)			
	1	Robert Wood Johnson Foundation (2-year In Kind Support)	200,000
	2		
	3		
	4		
Total funding in addition to DHCD request			1,940,000

	Budget Narrative
Budget Narrative	Revenue will come from grant funding and private donations. We have listed funding here that specifically relates to the ongoing work of all 3 collaborative action networks. We have several multi-year proposals with regional and national philanthropies, pending. Additionally we have drawn down significant resource from the Robert Wood Johnson Foundation, including the Connect Capital work, for partner organizations to be able to participate and collaborate in this work. Those funds are not represented here. Lift To Rise has a track record of generating significant resources for partner organizations and community members. Those resources are not reflected in these list of funders but include major philanthropies and donors.

DESERT HEALTHCARE
FOUNDATION

Date: March 26, 2019

To: Board of Directors

Subject: Community Health Focus Area: Primary Care and Behavioral
                Health Access
                Behavioral Health Consultant update

Staff recommendation:
1. to approve the proposal from EVALCORP Research and Consulting to conduct a comprehensive community behavioral/mental health needs assessment NTE $50,000
2. to approve the Consulting Services Agreement as prepared by District/Foundation legal counsel.

Background:
- In July 2017 the Board of Directors approved the scope of work for the Behavioral Health Consultant NTE $50,000.
- March 27, 2018 the Board of Directors approved a $2 million collective fund for a behavioral health initiative.
- At the February 26, 2019 Board of Directors meeting, the preliminary scope of work from EVALCORP Research and Consulting to conduct a community behavioral/mental health needs assessment was presented for review and discussion.
- At that meeting, staff was directed to bring forward a proposal from EVALCORP.

Fiscal Impact:
$50,000 (NTE) – budgeted in the $2M collective fund for the behavioral health initiative.

CONSULTING SERVICES AGREEMENT

This Professional Services Agreement ("Agreement") is entered into by and between Desert Healthcare Foundation ("Foundation"), a public agency organized and operating pursuant to California Health and Safety Code section 32000 et seq., and EVALCORP Research & Consulting ("Consultant") as follows:

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

1.   Consultant is a behavioral health consultant with expertise in needs assessment, program evaluation, and strategic planning services.

2.   Foundation would like to retain the services of Consultant to design and conduct a comprehensive, community-level needs assessment consistent with the Desert Healthcare District ("District") and Foundation's strategic plan.

2.   Consultant shall provide its professional services in accordance with the terms and conditions of this Agreement.

C-O-V-E-N-A-N-T-S

1. CONSULTANT'S SERVICES.

1.1   Services.   Consultant shall provide all labor and incidentals as outlined in the "Proposed Scope of Work" Section 2 of the attached Exhibit "A" EVALCORP Proposal. Consultant's services shall include a compressive needs assessment, data compilation report, interviews, a provider survey, community forums and focus groups and a final report as more specifically described in the Scope of Work.

1.2   Compliance with Laws. In performing the services, Consultant shall, at all times comply with all applicable laws, rules, regulations, codes, ordinances, and orders of every kind whatsoever issued, adopted, or enacted by any federal, state, or local governmental body having jurisdiction over the Services.

1.3   Performance Standard. Consultant shall perform the services with efficiency and diligence and shall execute the services in accordance with the standards of Consultant's profession, generally described as that degree of skill and care ordinarily exercised by professionals providing similar services as Consultant practicing in California.

1.4   District and Foundation's Representative.   For purposes of this Agreement, the District and Foundation's Representative shall be District's Interim Chief Executive Officer Chris Christensen, located at 1140 North Indian Canyon Drive, Palm Springs, CA 92262.   All amendments to this Agreement shall be approved by the Foundation Board.

2.   FEES AND PAYMENTS.

2.1   <u>Compensation for Services</u>. For the full and satisfactory performance of the services, District shall compensate Consultant a Not To Exceed amount of $50,000.

2.2   <u>Invoices</u>. Consultant shall deliver monthly invoices to the District no later than the 10th day of each month for services.

2.3   <u>Payment.</u> The District shall remit payment for all amounts due to Consultant within thirty (30) days after receipt of invoices; provided, however, in the event District disputes any portion of Consultant's invoice, it shall timely pay any undisputed amounts invoiced and notify Consultant within thirty (30) days of its receipt of the invoice of the specifics of any disputed amounts. The parties shall expeditiously resolve the subject of any disputed amounts by way of negotiation or, if necessary, mediation. Any such dispute shall not relieve Consultant of its obligation to continue diligently performing the Services.

3.   TERM; TERMINATION.

3.1   <u>Term</u>. The term of this Agreement shall run from the date this Agreement is fully executed until September 30, 2019, subject to Section 1.3 above or the District's right to terminate sooner for convenience.

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

4.   INDEPENDENT CONTRACTOR.

Foundation has retained Consultant to provide, and Consultant shall perform, the Services as an independent contractor maintaining exclusive direction and control over its employees; and, no personnel utilized by Consultant to perform the services are employees of the Foundation.

5.   OWNERSHIP OF DOCUMENTS.

All deliverables and other documents generated by Consultant in the performance of the services, including all work papers, work-in-progress, designs, documents, data, ledgers, journals and reports prepared by Consultant as a part of Consultant's services shall belong to and be subject to the sole ownership and use of the District. The provisions of this Paragraph 5 shall survive any termination of this Agreement.

6.   INDEMNIFICATION.

Consultant agrees to indemnify and hold the District and Foundation, its governing body, officers, employees, representatives, agents, successors and assigns (collectively the District/Foundation Indemnities), harmless from and against any and all losses, liabilities, claims, causes of action or costs and expenses of whatever nature or kind, incurred or suffered by the District or the District/Foundation Indeminities including indemnity claims arising by reason of any personal injury of any person or property loss, loss of use, or damage, to the extent the same arise out of or in connection with the negligent act(s) or omission(s), recklessness, or willful misconduct of Consultant, its officers, employees, subcontractors, or representatives, relating to the performance of the services outlined in this Agreement.

7.   NOTICE.

All notices to be given under this Agreement shall be in writing and shall be deemed effective upon receipt when personally served or two days after mailing by certified, return receipt requested, to the following addresses:

To: Foundation
Desert Healthcare Foundation
Attention: Chris Christensen, Interim Chief Executive Officer
1140 N. Indian Canyon Drive
Palm Springs, California 92262

To: Consultant
EVALCORP
15615 Alton Parkway, Suite 450
Irvine, CA 92618

8.   MISCELLANEOUS PROVISIONS.

8.1   Venue. Venue shall lie only in the federal or state courts nearest to the City of Palm Springs, in the County of Riverside, State of California.

8.2   Modification. This Agreement may not be altered in whole or in part except by a modification, in writing, executed by all the parties to this Agreement.

8.3   Entire Agreement. This Agreement, together with the attached proposal, contains all representations and the entire understanding between the parties with respect to the subject matter of this Agreement. Any prior correspondence, memoranda, or agreements, whether or not such correspondence, memoranda, or agreements are in conflict with this Agreement, are intended to be replaced in total by this Agreement and its schedules.

8.4 <u>Assignment</u>. Consultant shall not be entitled to assign all or any portion of its rights or obligations contained in this Agreement without obtaining the prior written consent of the District. Nothing in this Agreement shall obligate the District to give such consent. Any purported assignment without the District's consent shall be void.

8.5 <u>Binding Effect</u>. This Agreement shall inure to the benefit of and be binding upon the parties and their respective purchasers, successors, heirs, and assigns.

8.6 <u>Unenforceable Provisions</u>. The terms, conditions, and covenants of this Agreement shall be construed whenever possible as consistent with all applicable laws and regulations. To the extent that any provision of this Agreement, as so interpreted, is held to violate any applicable law or regulation, the remaining provisions shall nevertheless be carried into full force and effect and remain enforceable.

This Agreement is entered into in the County of Riverside, State of California.

"Foundation":   "Consultant":

Desert Healthcare Foundation   Kristen Donovan, Ph.D.

By: _____   By: _____
    Jennifer Wortham, Dr.PH   Kristen Donovan, Ph.D.
    President, Board of Directors   President and Principal Consultant

Date:_____   Date:_____

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Proposal Submitted in Response to Desert Healthcare District/Foundation Request for Proposals

Community Behavioral/Mental Health Needs Assessment

Prepared for

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

Submitted by

Primary Contact for EVALCORP
Dr. Kristen Donovan, President and Principal Consultant
15615 Alton Parkway, Suite 450, Irvine, CA 92618
Direct: 949.433.4103; Email: kdonovan@evalcorp.com

Introduction

This proposal was prepared in response to Desert Healthcare District's request to retain a behavioral health consultant to conduct a comprehensive, community-level needs assessment consistent with terms outlined in Desert Health District/Desert Healthcare Foundation's Three-Year Strategic Plan. Below details our firm's interest, expertise, and capacity to serve the current identified needs of Desert Healthcare District/Desert Healthcare Foundation.

Section 1. Contractor Qualifications

EVALCORP provides highly customized, full-service needs assessment, program evaluation, and strategic planning services. Our mission is to provide agencies with data-driven services resulting in maximally useful information for enhanced planning, implementation, and outcomes. Our services are utilization-focused, meaning that our project design and data collection efforts are tailored to each agency's specific needs for information (e.g., collect data across communities, increase access to services, enhance efficiencies, improve operations, facilitate outcomes, document effectiveness, etc.). Our core service offerings include:

- needs assessment studies;
- implementation, outcome, and impact evaluation studies;
- strategic planning;
- community forums;
- stakeholder interviews;
- database development and management;
- descriptive and inferential statistical analyses;
- evaluation capacity building;
- logic model development;
- literature reviews;
- evaluation-related training and technical assistance; and
- report development and presentation

In addition to our methodological expertise, we are known for our pragmatic approach and ability to provide clients with actionable information. Our services are customized to work within the unique demographics and particular needs of a county/agency and their funded partners. Our staff is proficient in and has provided assessment and planning services for municipal, county, state, and federal/ national organizations in English, Spanish, Mandarin, Vietnamese, Tagalog, and American Sign Language.

A. Relevant Experience

EVALCORP has designed and conducted over 450 needs assessment, evaluation, and/or planning projects for community-based organizations, foundations and government agencies. Our team's experience ranges from providing 5 to over 25 years of similar services as are requested by Desert Healthcare District/Desert Healthcare Foundation. Although our staff is well versed in research methods and statistics, we rely on our clients and stakeholders' (e.g., program management and staff, funded agencies, community partners) experience and expertise to inform our efforts. It is not uncommon for us to hear from agencies that we work with statements such as: "We feel like we are true partners in this process" and "You've taught

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us how to effectively utilize our data to make good decisions, plan better, and serve our communities more effectively" and "You've given us information that we can actually use."

A select list of agencies we have partnered with in recent years includes:

- California Department of Public Health, Office of Problem Gambling
- County of Los Angeles Department of Mental Health
- County of Los Angeles Department of Children and Family Services
- County of San Diego Health and Human Services Agency, Public Health Services
- County of San Diego Health and Human Services Agency, Behavioral Health Services
- County of San Bernardino Department of Behavioral Health, Office of Prevention and Early Intervention
- County of San Bernardino Department of Behavioral Health, MHSA Innovation
- County of San Bernardino Department of Behavioral Health, Alcohol and Drug Services
- Ventura County Behavioral Health, Mental Health Services Administration PEI
- Ventura County Behavioral Health, Mental Health Services Administration Innovation
- Ventura County Behavioral Health, Alcohol and Drug Problems
- Ventura County Human Services Agency
- Ventura County Probation Agency
- Ventura County Sheriff's Office
- County of Orange Health Care Agency, Alcohol & Drug Education & Prevention Team
- County of Riverside Department of Mental Health
- County of Solano Health and Social Services Agency
- County of Butte Department of Behavioral Health, Community Services Division
- Santa Clara County Area Agency on Aging
- San Diego County Office of Education
- Ventura County Office of Education
- Tulare County Office of Education
- Cook County Adult Probation Department
- Illinois Department of Corrections
- Illinois Criminal Justice Information Authority
- Illinois Department of Human Services
- Naval Base Ventura County
- Murrieta Valley Unified School District
- Conejo Valley Unified School District
- First 5 California
- First 5 Los Angeles
- First 5 Sacramento
- First 5 Ventura County

Selected projects that attest to the breadth and depth of EVALCORP's comparable experience in conducting mental/behavioral health needs assessment and related evaluation projects are provided below.

Monterey County Health Department, Behavioral Health Bureau, MHSA PEI
Evalcorp was contracted to design a three-year, multi-phase countywide evaluation of all (29 programs in total) MHSA Prevention & Early Intervention (PEI) funded programs, including methods for assessing cost-benefit, community-level communication and engagement plan, and assessment of provider/agency specific outcomes and impacts.

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Ventura County Behavioral Health, Continuum of Care Reform (CCR)
Our agency was contracted to design and implement a countywide data collection initiative, data reporting structure and system, and client level outcome data and evaluation for Behavioral Health and Child & Family Services countywide. Responsible for development of data collection infrastructure, cross-system data aggregation and analysis, report development, and ongoing technical assistance and consultation with multiple systems/agencies (Behavioral Health, Child Welfare Services, Probation, Education, Public Health) to support a five-year Continuum of Care implementation and outcomes evaluation due to change in policy from State of California.

County of San Bernardino, Behavioral Health – Program Support Services, MHSA PEI
EVALCORP was contracted to develop data collection tools and methods to assess outcomes from all MHSA PEI funded programs. Carried out Key Stakeholder Interviews with representatives from over 25 provider agencies to inform development of evaluation data collection tools and countywide methodology. Facilitated evaluation meetings with county stakeholders, and worked in collaboration to strengthen outcomes measurement by initiative. Built infrastructure for MHSA data collection still in use years after EVALCORP designed tools and structure.

Mental Health America of San Diego County, Father 2 Child Mentoring Program
EVALCORP developed and carried out a three-year multi-site evaluation for the Second Chance Father 2 Child Mentoring Program, designed to offer services to young fathers re-entering the community post-incarceration. Specifically, EVALCORP developed evaluation infrastructure to assess the extent to which the program provided participants with the skills to improve their relationships with their children, supported their re-entry needs, and kept participants from recidivating due to substance use or mental health challenges. EVALCORP worked closely with the Program Manager and his staff in the development of the program's evaluation data collection tools, and reports useful for enhancing the program over the three-year term of the project. EVALCORP provided trainings to program staff on data collection procedures to ensure consistent and reliable data are obtained throughout the project.

Ventura County Turning Point Foundation, Mental Health Services
EVALCORP provided data collection, analysis and evaluation services for this MHSA Innovation funded initiative for four years. Carried out focus groups with Board and Care residents/program participants, analyzed surveys collected from multiple sites/board and care homes, conducted qualitative evaluation interviews with key staff and developed user-friendly annual evaluation and data reports.

Ventura County Behavioral Health (VCBH), MHSA PEI and Innovation
Designed and carried out a two-year countywide needs assessment strategy involving mixed methods – interviews, focus groups, surveys, forums, and trend analyses – to ensure that all priority populations, age groups, and other key stakeholders had a voice in the planning process. Data collection activities were carried out in both English and Spanish. Data were collected within and across five Regions in the County, with considerable time and effort spent to ensure that underserved and harder to reach populations participated in the planning process. Our scope of work also involved: identifying key data indicators to be tracked over time, collecting and aggregating indicator data, writing a report of measurable data Indicators for evaluation purposes, analyzing all collected data (i.e., through surveys, interviews, forums, and focus groups), preparing over 50 summary reports of findings (individual and aggregate), and co-writing the County's PEI plan, submitted to and approved by, California Department of Mental Health (now part of DHCS). EVALCORP has worked collaboratively with VCBH to develop their PEI five-year strategic plan and evaluation methodology, and wrote the County's

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strategic plan still in use. Since 2013, our firm has been contracted by VCBH MHSA to measure outcomes associated with 19 county-funded PEI programs – including their CIT program. Each fiscal year we conduct data collection, carry out data analysis, and write their Annual MHSA PEI Evaluation Report.

Los Angeles County Department of Mental Health, Prevention & Early Intervention (PEI)
Our work (2008 to 2014) with Los Angeles County Department of Mental Health (DMH) provided us with extremely valuable experience evaluating programs in a diverse and complex system of mental health care service provision. Some of our primary services/deliverables to the County of Los Angeles Department of Mental Health Prevention and Early Intervention (PEI) Needs Assessment were to: conduct 55 interviews with representatives from varied Sectors, Age Groups, Priority Populations and Service Areas within the county; conduct 60+ focus groups with key stakeholders; facilitate 17 community forums within and across eight Service Areas; design all data collection tools and an evaluation methodology for carrying out all quantitative and qualitative data collection; conduct data analysis of all collected data; write 100+summary reports of (by individual, and also within and across each Service Area, as well as aggregating the data for Countywide Reports); and report findings from the needs assessment and planning process at Community Roundtables put on by the Department wherein over 500 key stakeholders participated during the PEI Planning process.

Sourcewise Community Resource Solutions, Countywide Needs Assessment
Contracted to design and implement countywide needs assessment and update relevant data indicators for Sourcewise's Four-Year Area Plan on Aging. Designed needs assessment plan, data collection tools, and data analysis plans. Conducted facilitation of data collection using a countywide Random Digit Dial survey, focus groups, and surveys with representatives of county populations. Delivered updated quantitative data indicators related to national, state, and local trends. Conducted qualitative and quantitative analyses of survey and focus group data and provided a series of reports to inform the Area Plan on Aging. Assisted in development of the Santa Clara Area Plan on Aging (including findings from the Needs Assessment, development of metrics, planning process, and determining targeted priorities and how to best allocate resources).

Imperial County Economic Development Department, Countywide Needs Assessment
Contracted to provide a countywide needs assessment for ensuring greater access to all county residents for public library services. Designed needs assessment plan, numerous data collection tools, data analysis plans, 12 Community Data Profiles, and comprehensive literature review to inform project. Conducted facilitation of data collection using online and paper copy surveys, forums/focus groups, in-person and telephone stakeholder interviews. Conducted qualitative and quantitative analysis of all collected survey, community forum/focus group, and interview data and provided a series of reports to inform planning/resource allocation among the Imperial County Librarian, Economic Development Department, and County Board of Supervisors.

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Section 2. Proposed Scope of Work

Key activities and proposed deliverables described below will be completed and submitted to Desert Healthcare District by **September 16, 2019.** It should be noted that the activities described in **Table 1** are not mutually exclusive or linear; thus, work across tasks will be occurring simultaneously. A start date of April 15, 2019 was utilized for the planned phases and tasks outlined for the project.

Of note, EVALCORP will design and lead all aspects of the proposed Scope of Services. It is anticipated that our team will work in collaboration with Desert Healthcare District staff (e.g., Community Health Analyst) to obtain some of the indicators/requisite data to establish baselines, services inventories and Data Compilation Report as well as assist in logistics/planning of the community forums/focus groups. The anticipated time requested from Desert Healthcare District's staff will not exceed 25 hours during the course of the project. Also, as part of our approach and commitment to keeping clients informed/sharing information routinely, we anticipate facilitating a monthly "check-in call" for up to an hour in length to keep the identified internal project lead (person EVALCORP reports to) apprised of our progress.

TABLE 1. SCOPE OF SERVICES, DELIVERABLES, & MILESTONE DATES

Key Activities	Deliverables	Estimated Duration of Task Phase & Milestone Dates
Phase 1. Needs Assessment		
Task 1: Project Launch		
Project launch and initial data gathering meeting with Desert Healthcare District/Desert Healthcare Foundation Informational interviews with Board of Directors Develop final project/ task timeline Develop community engagement plan	Finalized Project/ Task Timeline Finalized Community Engagement Plan	Duration: Project start – 4 weeks Participate/share information at Board of Directors Meeting (April 2019) Finalized Community Engagement & Project/ Task Timeline: 5/15
Task 2: Data Compilation Report		
Identify relevant available secondary data sources Work with Desert Healthcare District to identify and review existing data sources tracking mental health services utilization data Compile and analyze indicators to establish baseline/identify trends	Data Compilation Report, including inventory of existing services	Duration: Project start – 10 weeks of project Final Data Compilation report 6/30
Task 3: Stakeholder Interviews*		
Identify stakeholder groups in conjunction with Desert Healthcare District	Final Interview Protocol	Duration: Project start – 6 weeks

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Develop interview protocol; Schedule and conduct interviews with 8-12 identified key stakeholders Develop interview findings summary; provide draft summary to Desert Healthcare District for review/approval; revise and finalize based on feedback *Purpose = in-depth assessment with knowledgeable/tenured stakeholders on key issues identified through data compilation activities	Stakeholder Interviews List Final Interview Findings Summary	Final Interview Protocols Developed: 4/22 Stakeholder Interviews Completed: 5/15 Combined Interview and Survey Findings Summary: 5/31
Task 4: Provider Survey*		
Work with Desert Healthcare District to develop survey dissemination plan – see community engagement plan Develop Community Survey, revise based on feedback Translate survey instrument into additional identified languages as needed Analyze survey results and produce survey findings summary, revise and finalize based on feedback *Purpose = obtain perceptions & recommendations from broad reach of systems interfacing directly with persons receiving or in need of mental health services. Survey administered online with "direct service providers" in law enforcement, hospitals, BH treatment, schools, etc. (facilitated through Desert Healthcare District's Network).	Community Survey Plan Community Survey Survey Findings Summary	Duration: 6 weeks Final Community Survey: 5/3 (Launch 5/6) Combined Interview and Survey Findings Summary: 5/31
Task 5: Community Forums/Focus Groups		
Work with District to identify sites for community forums/focus groups and develop participant recruitment plan – see community engagement summary Develop community forum/focus group protocol Schedule forums and coordinate logistics with a Board-designated committee Conduct forums - Provide for Spanish/other translation as needed Summarize findings and develop final report	Community Forum Plan Community Forum Protocol Community Forum Findings Summary	Duration: 8-10 weeks Community Forum Protocol: 4/29 Community Forums Completed: 6/15 Community Forum Summary Findings: 6/30

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Task 6: Final Report and Presentation		
Prepare draft of final report that synthesizes findings from all needs assessments tasks (inclusive of strengths, gaps and recommendations) Provide draft to Desert Healthcare District for review/approval Revise report based on feedback Identify date of Board presentation Develop presentation and handout for Board of Directors	Final Report PowerPoint Presentation Handout	Duration: 6 weeks from 7/1 start Final Report: 8/15 Presentation and Handout: September Board of Directors Meeting
Phase 2. Call to Action		
Task 7: Learning Summit		
Work with Desert Healthcare District/Desert Healthcare Foundation to identify service organizations and agencies to participate in Summit designed to share findings from Community Needs Assessment Invite participants in collaboration with Desert Healthcare District Schedule Summit and coordinate logistics with a Board-designated committee Develop requisite materials for Summit and Facilitate Summit	Presentation Summit Materials, Facilitation of Learnings	Duration: 4 weeks Learning Summit: Date TBD

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Section 3. Proposed Project Costs

Costs laid out below are inclusive of all direct and indirect costs, including: developing and implementing all data collection tools and activities; facilitating meetings and data collection activities; conducting data analyses (quantitative and qualitative); compiling collected information into the Needs Assessment final report; travel; materials; and presentations to the Board of Directors, hospitals and additional identified key stakeholders. No additional costs are proposed. Payment shall be made upon submission of an invoice and the completed deliverable activity, as outlined in the following deliverable schedule.

Phase 1. Needs Assessment			
Scope of Work	**Targeted Completion Date**	**Deliverables**	**Cost**
Project launch, Key Stakeholder Interviews, and Provider Survey	5/31/2019	Community Engagement Plan, data collection tools, and related reports	$14,800.00
Community Forums/Focus Groups, Data Compilation Report, and Final Report and related documents	8/15/2019	Data collection tools and related reports; Final report and related documents	$24,500.00
Phase 2: Call to Action			
Scope of Work	**Targeted Completion Date**	**Deliverables**	**Cost**
Facilitate Summit (in collaboration with hospitals, behavioral health, and other identified stakeholder organizations)	9/16/2019	Summit Preparation, Materials and Facilitation	$8,700.00

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