



**DESERT HEALTHCARE DISTRICT
BOARD MEETING
Board of Directors
December 21, 2021
5:30 P.M.**

In accordance with new authorization signed by the Governor – Executive Order N-17-21 on September 16, 2021 - (AB 361 - Government Code 54953 effective until January 1, 2024), which extends the provisions of the Governor's Executive Order N-29-20 of March 12, 2020, revised on March 18, 2020, and Board-approved Resolution #21-03 on September 26, 2021, 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 can participate by webinar by using the following link:

<https://us02web.zoom.us/j/88167023982?pwd=b2xtYm5KdnpEV2VWR0Q0ejJkZG9xUT09>

Password: 881 6702 3982

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: 881 6702 3982

Password: 572863

You may also email ahayles@dhcd.org with your public comment no later than 4 p.m., Tuesday, 12/21

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



4-13	1. BOARD MINUTES a. Board of Directors Meeting – November 26, 2021	
14-17	2. GRANT FUNDING a. Grant #1171 Blood Bank of Riverside and San Bernardino Counties AKA LifeStream – modification to the approved grant budget of \$150,000 by transferring \$30,000 from the line-item budget category <i>COVID Antibodies Test Kits</i> to line-item budget category <i>One Blood Mobile</i> to support the cost of the district-funded bloodmobile (Strategic Plan Linkage: Goal #2 <i>Proactively expand community access to primary and specialty health care services</i> ; Strategy 2.3: <i>Provide funding support to community organizations providing expanded mobile primary and specialty care services</i>)	
18-45	b. Grant #1289 Desert Cancer Foundation – Patient Assistance Program – \$150,000 (Strategic Plan Linkage: Goal #2 <i>Proactively expand community access to primary and specialty health care services</i> ; Strategy 2.7: <i>Utilize an equity lens to expand services and resources to underserved communities</i>)	
46-49	3. ENGAGEMENT LETTER a. Amendment to the Kaufman Hall Associates May 20, 2021, Engagement Letter – Effective January 2022	
50-52	4. RESOLUTIONS a. Subsequent Emergency Resolution #21-08 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings	
53	F. ANNUAL ELECTION OF OFFICERS – PRESIDENT, VICE-PRESIDENT/SECRETARY, AND TREASURER 1. Election of Officers Procedure, Jeffrey G. Scott, Esq., Legal Counsel	Action
54-69	G. PUBLIC HEARING 1. Zone Mapping Process – Justin Levitt, Vice-President, National Demographic Corporation (NDC) – Consideration for approval of the Quail, Roadrunner, or Hummingbird Map	Action
70-73 74	H. DESERT HEALTHCARE DISTRICT CEO REPORT – Conrado E. Bárzaga, MD 1. COVID-19 in the Coachella Valley – Update 2. KESQ and Telemundo COVID-19 Medical Expert Panel Live Broadcast, Wednesday, December 15 3. Strategic Planning Implementation	Information Information Information
75-78	a. Clear Impact Platform/Results Based Accountability (RBA) Metrics – Update	
79-98	b. 2021-2023 Communications and Marketing Plan	
99-100	4. Community Engagements and Presentations	Information



	I. DESERT REGIONAL MEDICAL CENTER CEO REPORT – Michele Finney, CEO	Information
	J. DESERT REGIONAL MEDICAL CENTER GOVERNING BOARD MEETING – Les Zendle, MD and Carole Rogers, RN	Information
	K. COMMITTEE MEETINGS	
	1. FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE COMMITTEE – Chair/Director Arthur Shorr, President Leticia De Lara, and Director Les Zendle, MD	
101-106	1. Draft Meeting Minutes – December 07, 2021	Information
107	2. Chief Administrative Officers Report	Information
108	3. Las Palmas Medical Plaza Leasing Update	Information
	2. PROGRAM COMMITTEE – Chair/Director Evett PerezGil, Vice-President Karen Borja, and Director Carmina Zavala	
109-112	1. Draft Meeting Minutes – December 07, 2021	Information
113-116	2. Funding Requests	Information
117	3. Grant Payment Schedule	Information
118-154	4. Progress and Final Reports	Information
	L. LEGAL	Information
	M. IMMEDIATE ISSUES AND BOARD COMMENTS	Information
	N. ADJOURNMENT	

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



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

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President De Lara called the meeting to order at 5:34 p.m. The Clerk of the Board called the roll with all directors' present.	
B. Pledge of Allegiance	President De Lara led the Pledge of Allegiance.	
C. Approval of Agenda	President De Lara asked for a motion to approve the agenda.	#21-73 MOTION WAS MADE by Director PerezGil and seconded by Director Rogers to approve the agenda. Motion passed 6-1. AYES – 6 President De Lara, Vice-President/Secretary Borja, Director Rogers, Director Zendle, Director PerezGil, and Director Zavala NOES – 0 ABSENT – 1 Director Shorr
D. Public Comment		

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<p>E. Consent Agenda</p> <p>1. BOARD MINUTES</p> <p> a. Board of Directors Meeting – October 26, 2021</p> <p> b. Special Meeting of the Board – November 08, 2021</p> <p>2. FINANCIALS</p> <p> a. Approval of the October 2021 Financial Statements – F&A Approved November 09, 2021</p> <p>3. GRANT FUNDING</p> <p> a. #1296 – Coachella Valley Volunteers in Medicine: Improving Access to Healthcare Services – \$154,094</p> <p>4. RESOLUTIONS</p> <p> a. Subsequent Emergency Resolution #21-07 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings</p>	<p>President De Lara asked for a motion to approve the consent agenda.</p> <p>Directors Rogers pulled item 3.a. inquiring about services for mental health counseling with the telehealth component. Donna Craig, Chief Program Officer, explained that Coachella Valley Volunteers in Medicine (CVVIM) has an area for behavioral health and testing, but as explained by Doug Moran, Executive Director, CVVIM, it is an area they would like to move into with telehealth in the near future.</p>	<p>#21-74 MOTION WAS MADE by Director Zendle and seconded by Director PerezGil to approve the consent agenda removing item 3.a.</p> <p>Motion passed 6-1.</p> <p>AYES – 6 President De Lara, Vice-President/Secretary Borja, Director Rogers, Director Zendle, Director PerezGil, and Director Zavala</p> <p>NOES – 0</p> <p>ABSENT – 1 Director Shorr</p> <p>#21-75 MOTION WAS MADE by Director Rogers and seconded by Director Zendle to approve Grant #1296 – Coachella Valley Volunteers in Medicine: Improving Access to Healthcare Services – \$154,094</p> <p>Motion passed 6-1.</p> <p>AYES – 6 President De Lara, Vice-President/Secretary Borja, Director Rogers, Director Zendle, Director PerezGil, and Director Zavala</p> <p>NOES – 0</p> <p>ABSENT – 1 Director Shorr</p>
<p>F. Public Hearing</p> <p>1. Zone Mapping Process – Quail, Roadrunner, and Hummingbird Maps – Justin Levitt, Vice-President, National Demographic Corporation (NDC)</p>	<p>Justin Levitt, Vice President, National Demographics Corporation (NDC), provided an overview of the district’s rezoning detailing the individual zones of under and overpopulated areas while detailing an in-depth overview of the maps. Mr. Levitt explained that the map Vice-President Borja requested at</p>	



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	<p>the prior meeting to maximize the voter rights act isn't possible to create with a third majority Latino seat in the East Valley that still has a registration or voting majority that are Latino, and it would divide Thermal, Indio, and the Coachella communities into two zones.</p> <p>Vice-President Borja inquired on the number of zones within the California Voter Rights Act (CVRA) district with Mr. Levitt explaining zones 4, 6, and 7 are protected by the CVRA.</p> <p>Director Zendle explained that the Hummingbird map boundaries ensure the LGBTQ communities in zones 1 and 4 are together as opposed to divided.</p> <p>Felice Chiapperini, Palm Desert Resident, provided a written public comment read aloud during the public hearing.</p> <p>Greg Rodriguez, Government Relations and Public Policy Advisor, Office of Supervisor Perez, supports the Hummingbird map for communities of interest to keep the contiguity of the city, such as the LGBTQ district, and supports the voter rights act for the majority-minority districts.</p>	
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	<p>Mr. Levitt outlined the 6,600 residents of Desert Palms as illustrated by Mr. Chiapperini's comment. If the area were considered part of zone 5, it would lose population in another area, and zone 2 would gain population in another area. Since zones, 4, 6, and 7 are three voting rights districts with Latino voters to pick up the population for zone 2, the population would necessitate a contiguous area. Removing from one area requires a balance in another area.</p> <p>The board's consensus is to move forward with all three maps for the next public hearing in December.</p>	
<p>G. Desert Healthcare District CEO Report</p> <p>1. Consideration to approve Director Les Zendle, MD, and Director Carole Rogers, RN reappointment to the Desert Regional Medical Center Governing Board</p> <p>2. COVID-19 Vaccination Campaign for Underserved</p>	<p>Conrado Bárzaga, MD, CEO, described the yearly reappointment of Director's Zendle and Rogers to the Desert Regional Medical Center Governing Board as stipulated in the Hospital Lease.</p> <p>Dr. Bárzaga, CEO, described the report on the most recent COVID cases and deaths in the</p>	<p>#21-76 MOTION WAS MADE by Director PerezGil and seconded by Director Zavala to approve Director Les Zendle, MD, and Director Carole Rogers, RN reappointment to the Desert Regional Medical Center Governing Board.</p> <p>Motion passed 6-1.</p> <p>AYES – 6 President De Lara, Vice-President/Secretary Borja, Director Rogers, Director Zendle, Director PerezGil, and Director Zavala</p> <p>NOES – 0</p> <p>ABSENT – 1 Director Shorr</p>

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Communities in the Coachella Valley	Coachella Valley, the downward trend, and the vaccination population rate continuing at a higher percentage than Riverside County.	
3. Seismic Retrofit Legislative and Funding Update	<p>Dr. Bárzaga, CEO, described the background of the seismic retrofit initially established by The Office of Statewide Health Planning and Development (OSHDP) explaining the three buildings at Desert Regional Medical Center that require retrofitting in Seismic Performance Category (SPC) 2 and into the SPC 3 range. Meetings to discuss exploratory funding mechanisms with Congressman Ruiz and the Department of Treasury are ongoing with more information in the near future for financing the seismic retrofit.</p> <p>Director Roger requested engaging with organizations that fund financing for hospital construction bonds available to districts, if applicable.</p> <p>President Dr Lara inquired on the CARES Act funding to assist with Dr. Bárzaga explaining that the district is exploring all possibilities for funding.</p>	
4. Community Engagements and Presentations	Dr. Bárzaga, CEO, described the past and most recent community engagements and presentations.	
H. Desert Regional Medical Center CEO Report	Linda Evans, Chief Strategy Officer, Desert Regional	



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	<p>Medical Center, Desert Regional Medical Center (DRMC) provided an overview of the CEO report in Michelle Finney's absence explaining that the COVID trends peaked in August with local subsiding numbers and an increase in other areas of the country. The hospital ranges from a 22% positivity rate at Desert Regional Medical Center and 75% at Hi-Desert Medical Center with the unvaccinated and some breakthrough cases. The PPE remains at an adequate supply while continuing with the vaccination clinic, boosters, and flu shots.</p> <p>The entire infant security system is being overhauled for the Safe Place Hugs system conversion at Desert Regional. The CAT Scans relocation replacement with upgrades and moves of 120 sliced CT into the Comprehensive Cancer Center and the process of moving the slice into the main hospital.</p> <p>A new robot will be updated, and the nuclear medicine camera completion is awaiting OSPHD's final approval. Additional capital updates were described, such as the two (2) new CAT scans in the design phase, a complete wireless network overhaul is in the works, the nursing call system replacement, and OB rooms upgrades.</p>	
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	<p>JFK Memorial Hospital is now a trauma 4 designation with treatment in Indio before transfer to Desert Regional Medical Center.</p> <p>Mrs. Evans thanked Director Zendle and Rogers for attending the Star Reveal in Palm Springs followed by the reception at Hansen House founded by Dr. Ercoli.</p> <p>A survey completion from the Joint Commission for the perinatal program recertification with no deficiencies, and the DNV comprehensive stroke reaccreditation.</p> <p>An overview of events was provided with Desert Care Network hosting the annual pride breakfast before the pride parade, participation in the upcoming festival of lights, and the blood drive while thanking various organizations.</p> <p>Lifestream blood bank is working to educate the community on minority blood donations due to particular health conditions, blood types, and antibodies for county-wide assistance for the demand.</p>	
I. Desert Regional Medical Center Governing Board	<p>Director Zendle described the standard credentialing and peer review with preparations for the 2022 budget and a presentation on the 2021 experience, such as 8% of the admissions to Desert Regional</p>	

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	<p>Medical Center were COVID-related.</p> <p>Director Rogers described her inquiry into the new trauma center qualification at JFK Memorial generating more traffic in the area for ambulance visits and wait times, further outlining the expansion of the emergency department beds. An overview of the tour of the new construction at Acadia psychiatric hospital in Indio was detailed, and the psychiatrist and mental health professionals on staff will be shared with Desert Regional and JFK Memorial. The CEO of Acacia is on the Board of JFK Memorial Hospital Governing Board with upcoming information on the needs of the community.</p>	
<p>J. Committee Meetings –</p> <p>J.1. Strategic Planning Committee</p> <ol style="list-style-type: none"> 1. Draft Meeting Minutes – November 9, 2021 2. Funding Strategic Program Grants 3. Strategic Plan Marketing Approaches 	<p>President De Lara inquired on any questions from the Board concerning the November Strategic Planning Committee draft meeting minutes.</p> <p>Director Zendle described the discussions of the strategic plan categories of high, moderate, and low priority grant funding, in what way the categories will apply, and the next steps of the program committee and the board in the next year.</p>	

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<p>J.2. Finance, Legal, Administration & Real Estate</p> <ol style="list-style-type: none"> 1. Draft Meeting Minutes – November 14, 2021 2. District & Retirement Protection Plan Investment Reports – 3Q21 <p>J.3. Program Committee</p> <ol style="list-style-type: none"> 1. Draft Meeting Minutes – October 14, 2021 2. Clear Impact Platform/Results Based Accountability (RBA) – Update 3. Funding Requests 4. Grant Payment Schedule 5. Progress and Final Reports 	<p>President De Lara explained that she is looking forward to moving ahead with the Strategic Plan as a guide in the future.</p> <p>President De Lara inquired with the board on any questions concerning the F&A Committee meeting minutes.</p> <p>President De Lara inquired with the Board on any questions concerning the Program Committee meeting minutes.</p>	
<p>K. Old Business</p> <ol style="list-style-type: none"> 1. Communications and Marketing <ol style="list-style-type: none"> a. Media, Promotions, and Advertising 	<p>Will Dean, Communications and Marketing Director, highlighted the media coverage, promotions, and advertising of the district primarily for the COVID Collaborative with television and radio programming in English and the applicable Spanish organizations.</p> <p>Vice-President Borja</p>	



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	President De Lara thanked staff for shining a light on the district.	
L. Legal	There were no legal updates.	
M. Immediate Issues and Comments	<p>Director Rogers inquired about office space needs at Las Palmas Medical Plaza and the possibility of Desert Regional Medical Center (DRMC) leasing an office space, a needs assessment survey, tenants plan for expansion, and discussions with the DRMC recruiter on anticipated office needs, requesting that staff determine if we are adequately serving our community.</p> <p>President De Lara requested that the matter is addressed at the next F&A Committee meeting.</p>	
N. Adjournment	President De Lara adjourned the meeting at 7:09 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

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

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



Date: December 21, 2021
To: BOARD OF DIRECTORS
Subject: Grant #1171 LIFESTREAM (aka Blood Bank of Riverside and San Bernardino Counties) – *Bloodmobiles for the Coachella Valley*

Program Committee Recommendation: Consideration to forward to the Board of Directors an approval of a modification to the approved grant budget of \$150,000 by transferring \$30,000 from the line item budget category *COVID ANTIBODIES TEST KITS* to line item budget category *ONE BLOODMOBILE*. (Please see budget attached with highlighted transfer changes)

Background:

- On March 23, 2021 the Desert Healthcare District Board of Directors approved an award of \$150,000 to LifeStream Blood Bank with the purpose to offset the purchase of a bloodmobile and the purchase of 12,000 COVID antibody test kits.
- Due to several factors listed in LifeStream's letter request (please see attached), the organization does not anticipate conducting the volume of COVID-19 antibodies testing that had been forecasted in the original grant application approved by the District's board of directors.
- LifeStream expects to only test approximately 125 blood donations per month for the presence of COVID antibodies instead of the 1,000 per month originally projected.
- To date, LifeStream has spent approximately \$30,000 of the approved \$60,000 on COVID testing and would like to move the balance of \$30,000 to help cover the cost of the District-funded bloodmobile.

Current:

- Per Section 17 of the Desert Healthcare District's board and legal counsel-approved grant contract states, in part, as follows:

Changes or Modifications to the Use of DISTRICT Grant Funds

RECIPIENT shall submit to DISTRICT, in writing, any requests for proposed changes in the use of DISTRICT grant funds. DISTRICT 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 DISTRICT Board approval.

- LifeStream has submitted a formal request. Please see attached letter and revised budget.

Fiscal Impact: no fiscal impact as grant dollars had been awarded in FY 20/21.

7.1.6



WE HELP SAVE LIVES BY CONNECTING DONORS
AND PATIENTS THROUGH THE GIFT OF BLOOD.

November 16, 2021

Donna Craig, Chief Program Officer
Desert Healthcare District & Foundation
1140 N. Indian Canyon Drive
Palm Springs, CA 92262

Dear Donna:

As a follow-up to my correspondence and our recent conversation, I'm writing to provide you with an update regarding the status of Goal #1 of our grant and to request staff and Board approval to reallocate funding from one program to another item partially funded by the grant.

As previously reported in our September 2021 update, from 4/1/21 to 6/30/21, we tested 3,205 Coachella Valley blood donations for the presence of COVID antibodies—primarily to let donors know if they had been exposed to the virus. If donors tested positive for COVID antibodies, their blood donations were tested a second time to determine if they could donate plasma in support of our COVID-19 Convalescent Plasma (CCP) Program. Approximately 2,642 donations were tested a second time during the reporting period. Of the \$60,000 allocated for COVID testing, \$29,208 was spent on testing during this reporting period.

In late June, due to ample supply of COVID Convalescent Plasma (CCP) throughout the country and a subsequent drop in demand for CCP by hospitals, COVID antibodies testing was suspended at blood centers nationwide. Due to the spike in COVID infections and hospitalizations over the summer months, primarily due to the Delta variant, COVID-19 antibodies testing was resumed by blood collection organizations in September. This change allowed LifeStream to resume COVID antibodies testing and our CCP Program.

However, as a result of several factors that disqualify donors from participating in the CCP program, including COVID vaccinations, we anticipate testing a fraction of the 1,000 blood donations per month that were forecast when our grant was originally submitted and approved. As an example, we only performed COVID antibodies testing on 117 blood donations from September 1 through November 10, which cost us less than \$300 per month. Obviously, this substantial reduction in testing will result in a significant surplus of funding for this item.

To date, we have spent approximately \$30,000 on COVID testing. We respectfully request approval to use the remaining \$30,000 of funding earmarked for our COVID testing program to help cover the cost of the DHCD funded bloodmobile. This reallocation of funds would bring

384 West Orange Show Road, San Bernardino, CA 92408
800.879.4484 T | 909.381.2036 F | [LSTREAM.ORG](https://www.lstream.org)

DHCD's total investment in the new bloodmobile to \$120,000 which is approximately half the cost of the \$250,000 bus.

I understand this change will require approval of the committee and Board of Directors. Please let me know at your earliest convenience if you need any more information from me or my colleagues to facilitate approval of this funding reallocation request.

Regards,

A handwritten signature in blue ink, reading "Dan Ballister". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dan Ballister

Director of Community Development

LifeStream Blood Bank

909-677-0136

dballister@lstream.org

Line Item Budget Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs Detail on sheet 2				0
Equipment (itemize)				
1	One bloodmobile	250000	160000	90000
2				120000
3				0
4				0
Supplies (itemize)				
1	12,000 COVID Antibodies Test Kits	60000	0	60000
2				30000
3				0
4				0
Printing/Duplication				0
Mailing/Postage				0
Travel/Mileage				0
Education/Training				0
Office/Rent/Mortgage				0
Telephone/Fax/Internet				0
Utilities				0
Insurance				0
Other facility costs not described above (itemize)				
1				0
2				0
3				0
4				0
Other program costs not described above (itemize)				
1				0
2				0
3				0
4				0
Total Program Budget		310000	160000	150000
Budget Narrative	<p>LifeStream Blood Bank needs to purchase a new bloodmobile, which costs \$250,000, to replace an older bloodmobile that will be "retired" soon because it will no longer meet state and federal vehicle emissions standards. The new bloodmobile will serve the Coachella Valley including the underserved population who reside in the eastern portion of Riverside County. Bloodmobiles are an essential component of LifeStream's blood collections plan. In a typical year, LifeStream conducts approximately 700 mobile blood drives in the Coachella Valley to supplement collection efforts at its La Quinta and Rancho Mirage blood centers. Bloodmobiles are also crucial to LifeStream's commitment to make it convenient for donors to give the gift of blood. In 2020, LifeStream began testing donors' blood for COVID-19 antibodies. The offer to test blood donations for COVID antibodies proved to be an effective incentive to recruit blood donors during the height of the pandemic. Testing let donors know if they had been infected with the virus and helped LifeStream identify people who might be able to donate COVID convalescent plasma. Convalescent plasma is used by local hospitals and medical centers to treat patients seriously-ill from the virus.</p>			



Date: 12/21/2021

To: Board of Directors

Subject: Grant #1289 Desert Cancer Foundation

Grant Request: Patient Assistance Program

Amount Requested: \$150,000.00

Project Period: 1/1/2022 to 12/31/2022

Project Description and Use of District Funds:

Desert Cancer Foundation is a nonprofit organization dedicated to helping pay for cancer treatment for valley residents who lack medical insurance or sufficient funds to pay for vital care. Desert Cancer Foundation makes direct payments to healthcare providers on behalf of patients for cancer screening, diagnosis, and treatment related expenses.

The Desert Healthcare District funds will directly support their Patient Assistance Program. The Patient Assistance Program provides not only financial relief to patients but a supportive, trusting environment where patients and families can turn to for assistance and resource navigation. Throughout COVID, the Desert Cancer Foundation has constantly worked on their coordination efforts to leverage funding and ensure the availability of their program, offer patient navigation, and pay for direct cancer care. Desert Cancer Foundation strategically engages partners externally and maintains continuous communication across their internal team, Board, and patients.

Desert Cancer Foundation's Patient Assistance Program directly aligns with the Desert Healthcare District and Foundation's goal of expanding community access to primary and specialty care services. Specifically, the strategy of utilizing an equity lens to expand services and resources to underserved communities while leveraging funds where every \$1 translates to over \$10 in cancer care assistance.

Strategic Plan Alignment:

Utilize an equity lens to expand services and resources to underserved communities

Geographic Area(s) Served:

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



Action by Program Committee: (Please select one)

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

Recommendation with modifications

Deny

Full Grant Application Summary

Desert Cancer Foundation, Grant #1289

About the Organization

Desert Cancer Foundation

74091 Larrea Street

Palm Desert, CA 92260

Tel: (760) 773-6554

Fax: (760) 773-6532

<http://www.desertcancerfoundation.org>

Primary Contact:

Eevet Edens

Tel: (760) 773-6554

Fax: (760) 773-6532

ED@desertcancerfoundation.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2005	Project Support & Expansion	\$150,000	Grant	7/26/2005	Grant budget
2006	Comprehensive Program & Capacity Building Support	\$155,000	Grant	10/24/2006	Grant budget
2008	Operating support for program expansion	\$100,000	Grant	7/22/2008	Grant budget
2009	Comprehensive Patient Assistance Project	\$150,000	Improving Lives	10/27/2009	Grant budget
2010	Comprehensive Healthcare Assistance Project	\$200,000	Improving Lives	9/28/2010	Grant budget
2011	Integrated Healthcare Assistance Program	\$588,983	Achievement Building	9/27/2011	Grant budget
2013	Integrated Cancer Assistance Program	\$341,997	Achievement Building	1/28/2014	Grant budget

2015	Patient Assistance - Cancer Care	\$185,000	Grant	6/28/2016	Grant budget
2017	Patient Assistance and SJBCF Programs	\$200,000	Grant	2/27/2018	Grant budget
2019	Patient Assistance Program	\$150,000	Grant	5/27/2020	

Program/Project Information

Project Title: Patient Assistance Program

Start Date: 1/1/2022 **End Date:** 12/31/2022

Term: 12 months

Total Project Budget: \$505,125

Requested Amount: \$150,000

Executive Summary:

MISSION & HISTORY

Desert Cancer Foundation is a nonprofit organization dedicated to helping pay for cancer care for local valley residents in need of financial assistance.

Desert Cancer Foundation (DCF) was founded in 1994 by valley oncologist, Dr. Sebastian George, and Art & Cory Teichner, to pay for cancer treatment for valley residents who lacked medical insurance or sufficient funds to pay for vital care. Our vision is that no one should forgo life-saving treatment due to their inability to pay.

Patient Assistance Program

DCF's Patient Assistance Program provides financial assistance to Coachella Valley and surrounding community residents who lack insurance or funds to pay for treatment.

We make direct payments to the healthcare providers on behalf of patients, for cancer screening, diagnosis, and costly cancer treatment. DCF covers insurance premiums, deductibles, co-pays/co-insurance, and prescription medications, including chemo and radiation therapies.

Desert Cancer Foundation works closely with our two local cancer centers - Desert Regional Comprehensive Cancer Center and Eisenhower Lucy Curci Cancer Center - to ensure the availability of our program, offer patient navigation, and pay for cancer care. Thanks to strategic partnerships, DCF leverages funding; every \$1 raised translates to \$10 in care.

The program fulfills a vital community need, gaps in healthcare, and aligns with DHCD's Strategic Goal expand community access to primary and specialty care.

Desert Cancer Foundation serves an already marginalized, underserved population. Our program assists individuals 18 years and older, who are living at or below 300% of the Federal Poverty Guidelines. While some need screening, most have already been diagnosed with cancer, sometimes an advanced stage, and require immediate, potentially life-saving medical treatment.

Our work is made possible only with the support of our community. Together, we help the most marginalized individuals, in a time of their greatest need. On behalf of DCF's Board of Directors and the residents we serve together, thank you for your consideration of our grant request!

Program/project Background and Community Need:

DCF's Patient Assistance (PA) Program is an ongoing program that provides financial assistance for residents to help pay for cancer screening, diagnosis, and treatment.

The PA program serves residents of the Coachella Valley and surrounding communities, who are uninsured/underinsured, or lack sufficient funds to pay for treatment of cancer and allied diseases. The program makes direct payments on behalf of the patient, covering the cost of insurance premiums, deductibles, co-pays/co-insurance, prescription medication, including chemo and radiation therapies, and Medi-Cal Share of Cost.

Desert Cancer Foundation works closely with our local hospitals - Eisenhower Lucy Curci Cancer Center and Desert Regional Comprehensive Cancer Center to ensure the availability of our program, and leverage existing health programs and available patient resources.

A cancer diagnosis is much more devastating for individuals from a marginalized, lower income population. The diagnosis comes with a great deal of fear, uncertainty, and financial worry. DCF helps to alleviate the financial burden, so the patient can opt for treatment, focus on healing, and ensure the wellbeing of the entire family. With our support, a patient has the best possible health outcome, while the family can maintain some normalcy in a time of great need and distress.

Strategic Plan Alignment:

Utilize an equity lens to expand services and resources to underserved communities

Program/project description:

The funds will directly support our Patient Assistance program. DCF will make payments to the healthcare providers, on behalf of low-income individuals residing in the district region, to cover the cost screening, diagnosis, and vital treatment of cancer and its allied diseases.

Our mission aligns with DHCD's focus area to help with vital human services. Our program serves local district residents who need the funds to pay for cancer care; ensuring access to timely care to treat a deadly disease.

The funds, under the PA program, will cover insurance premiums and deductibles, co-pays/co-insurance, Medi-Cal Share of Cost, prescription medications, including IV infusions, chemo and radiation therapies for the clients in our program. A portion of the funds will also cover staff wages to help run the program.

Description of the target population (s):

The PA program serves adults 18 years and older (mainly 25-64 and 65+ age categories), with a family household income at or below 300% of the Federal Poverty Guidelines. Individuals served must demonstrate a need for financial assistance for cancer screening, diagnosis, and/or treatment. DCF estimates to serve approximately 120 unduplicated District residents over 12 months.

Geographic Area(s) Served:

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

Age Group:

(25-64) Adults
(65+) Seniors

Total Number of District Residents Served:

120

Program/Project Goals and Evaluation

<p>Goal #1: Provide financial assistance for Coachella Valley residents undergoing cancer care.</p> <p>For the upcoming calendar year (January 1 to December 31, 2022), Desert Cancer Foundation (DCF) will provide financial assistance for Coachella Valley residents living within the Desert Healthcare District (DHCD) boundaries, ensuring access to healthcare for medical services related to cancer and its allied diseases.</p> <p>Through the Patient Assistance (PA) program, DCF will provide financial assistance to approximately 120 District residents, 18 years and older; cover approximately 1,600 cancer care services and treatments, for an estimated \$115,000 paid directly to the healthcare providers.</p> <p>For marginalized individuals (living at or below 300% of FPL), who are uninsured,</p>	<p>Evaluation #1: DCF’s Patient Assistance (PA) program is well-organized and managed, with the goal to process all incoming applications, provide coverage and access to healthcare. All data is gathered into a database and reconciled monthly.</p> <p>Progress of the PA program (patients served, services rendered, dollar amount paid vs. billed) is provided and monitored monthly by the Executive Director (ED), Patient Assistance Committee and DCF’s Board of Directors. There is also ongoing collaboration that ensures the program is being executed efficiently, as follows:</p> <p>-A dedicated PA Coordinator works closely with healthcare partners to process patient applications.</p> <p>-Applications are reviewed twice monthly by a PA Committee – comprised of social workers,</p>
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<p>underinsured, or simply lack funds for cancer care, Desert Cancer Foundation will cover the costs associated with their medical screening, diagnosis, and treatment. DCF will pay for insurance premiums and deductibles, co-insurance and co-pays, chemo and radiation therapies, scans and diagnostic screenings, prescription medications, and Medi-Cal Share of Cost.</p>	<p>oncologists, radiologists, pharmacists, insurance brokers, along with the PA Coordinator and ED – to ensure eligibility guidelines, review medical coverage, treatment plan, and leverage available resources to meet the patient needs.</p> <p>-Patients approved into our program are entered into a database, with demographics information including age, gender, ethnicity, zip code.</p> <p>-DCF’s Accounting Manager will process insurance premiums and medical bills, rendering payments directly to the providers. Billing and payment data is entered into a tracking system to allow for reporting.</p>
<p>Goal #2: Patient Navigation to ensure all available resources for the patient.</p> <p>From January 1 to December 31, 2022, Desert Cancer Foundation will provide patient navigation for cancer care services and treatment, for an estimated 120 patients residing in the District boundaries.</p> <p>Through ongoing communication, collaboration, and outreach efforts with our local healthcare community, DCF will ensure the availability of our Patient Assistance program, as well as offer patient navigation (especially for newly diagnosed patients), to provide cancer-related screening, diagnosis, and access to services and vital treatment.</p> <p>The Patient Assistance Coordinator works with social workers and patient navigators to ensure we leverage all available and existing resources to meet the patient’s needs. This includes financial navigation – such as Medicare supplemental plans, Medi-Cal and other low-income subsidy programs, as well as additional support services such as transportation and mental health counseling.</p>	<p>Evaluation #2: DCF’s Patient Assistance program is regularly monitored by the Patient Assistance Coordinator, Executive Director, and the PA Committee. We work closely with community social workers, financial counselors, doctors, nurses, and pharmacists, to ensure a smooth process for patient navigation and support.</p> <p>There is ongoing collaborative work to access or leverage available resources to further alleviate the financial burden to our patients - subsidized funding or coverage options such as Covered California, Medi-Cal, Medicare supplemental plans, or Pharma Drug Assistance Programs. Patient navigation is further ensured with:</p> <p>- A dedicated PA Coordinator who receives and reviews the applications, communicates with the patient, and prepares the summary for committee review.</p> <p>- Our PA Coordinator also works alongside the healthcare community - social workers, financial counselors, and pharmacists - to ensure that a can access existing resources and support services, especially early in their cancer journey.</p>

	<ul style="list-style-type: none"> - Hosting bi-monthly PA Committee meetings to review and approve patient applications. DCF staff, along with social workers, doctors, and insurance brokers also provide patient navigation and discusses the most suitable resources for the patient. - For patients approved into the program, there is ongoing oversight of coverage, treatment plan, services rendered, and billing review and paid.
Goal #3:	Evaluation #3:
Goal #4:	Evaluation #4:
Goal #5:	Evaluation #5:

Proposed Program / Project Evaluation Plan

NEED

Desert Cancer Foundation (DCF) has been serving Coachella Valley residents for over 25 years. We are the only nonprofit that makes direct payments to healthcare providers on behalf of residents who otherwise could not afford vital care.

Desert Cancer Foundation kindly requests funding from the Desert Healthcare District in the amount of \$150,000 to help provide cancer care through our Patient Assistance (PA) program for District residents. The PA program aligns with DHCD's strategic Goal #2 – Community access to primary and specialty care.

PARTNERSHIPS

Desert Cancer Foundation has longstanding partnerships with local healthcare providers, including Desert Care Network's Comprehensive Cancer Center, Eisenhower Lucy Curci Cancer Center, City of Hope, over 10 local pharmacies and additional radiologist and oncologists. Together, we ensure patient navigation and timely access to cancer care and treatment.

DCF has negotiated contractual agreements with many of the providers, allowing for a reduced rate for uninsured patients. Along with navigation to help access existing available resources, to leverage funds, where every \$1 translates to over \$10 in cancer care.

The PA program is an ongoing, well-managed process - from application to patient navigation, access to healthcare and treatment coverage.

Organizational Capacity and Sustainability

Organizational Capacity

Desert Cancer Foundation currently employs three staff members, and each has an important role in the Patient Assistance program. DCF strives to cross-train employees in order to assist one another where possible. Staff Roles are as follows:

1- The Patient Assistance Coordinator works alongside hospital staff members to receive, review, and process the application for financial assistance. This role also provides patient navigation to ensure the patient's needs are met.

2- The Accounting Clerk manages and processes all the medical billing and insurance premiums. This role also tracks the data on billing to provide the monthly PA financial report.

3- The Executive Director oversees all aspects of the organization, including the PA program. This includes review of applications and attending the PA meetings, insurance overview, billing and approval, and communication with hospital staff and PA committee chairs as necessary.

The PA Committee is an all-volunteer committee, comprised of professionals who donate their time and expertise to support the Patient Assistance program. Desert Cancer Foundation is also managed by an all-volunteer Board of Directors, two of them are insurance brokers and serve on the PA Committee to help navigate the insurance aspect to healthcare coverage.

Organizational Sustainability:

Desert Cancer Foundation (DCF) has been serving Coachella Valley residents for over 25 years. We are the only nonprofit in the valley that makes direct payments to healthcare providers on behalf of individuals who cannot afford cancer care and treatment. Since 1994, DCF has served more than 8,600 residents, paid over \$10.5 million in care, valued at over \$106 million.

DCF is comprised of an all-volunteer Board (including doctors, pharmacists, nurses, oncologists, hospital administrators, and community leaders) who understand the need to fulfill this vital service for marginalized individuals and who remain committed to the organization's mission. The Board of Directors meets monthly to review operations, fundraising plans and efforts, oversee the Patient Assistance program, and monitor the budget.

With longstanding strategic partnerships in place, DCF can leverage funds and resources, to ensure the availability of our program, serve as many residents as possible, and maintain the organization's sustainability. In addition to grant funding, DCF hosts two to three fundraising events, and works closely to ensure ongoing community support with donations and third-party events to benefit our work.

Diversity, Equity, and Inclusion

How is diversity, equity, and inclusion addressed?

Desert Cancer Foundation's core values, along with those of our staff members, committee members, and Board of Directors are inclusive. Our organization culture fosters diversity, equity, and inclusion in all areas of work. We provide support for individuals who meet the financial eligibility criteria; DCF does not discriminate based on age, gender, ethnicity, religion, sexual identity or orientation.

What is preventing the organization from addressing diversity, equity, and inclusion? There are no barriers to diversity. The only "category" DCF does not serve are children. Childhood cancer is a pediatric specialty and is not part of our mission at this time.

Partnerships:

Key Partners:

Desert Cancer Foundation Partners with Desert Regional Comprehensive Cancer Center and Eisenhower Lucy Curci Cancer Center, City of Hope, local pharmacies, and additional oncologists in the valley. These strategic partnerships are critical in our ability to serve our client and ensure they receive proper and timely care. DCF has contractual rates with our two hospitals cancer centers, allowing for negotiated rates for uninsured patients. For insured clients, we pay the patient portion of cancer services and treatment. In certain cases, there is some flexibility to negotiate a "large" bill. This is how DCF leverages funding dollars for a 1/10 ratio, where every \$1 raised translates to \$10 in care.

Our two cancer center partners are truly committed to our success and sustainability. Both partners, Desert Regional's Comprehensive Cancer Center and Eisenhower Lucy Curci Cancer Centers are always supportive of our fundraising events with sponsorship dollars, event participation, even serving on committees.

Line Item Budget Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD	
Total Staffing Costs Detail on sheet 2		\$ 163,200	\$ 128,200	\$ 35,000	
Equipment (itemize)					
	1			0	
	2			0	
	3			0	
	4			0	
Supplies (itemize)					
	1			0	
	2			0	
	3			0	
	4			0	
Printing/Duplication				0	
Mailing/Postage				0	
Travel/Mileage				0	
Education/Training				0	
Office/Rent/Mortgage		\$ 26,208	\$ 26,208	0	
Telephone/Fax/Internet		\$ 2,272	\$ 2,272	0	
Utilities		\$ 1,445	\$ 1,445	0	
Insurance				0	
Other facility costs not described above (itemize)					
	1			0	
	2			0	
	3			0	
	4			0	
Other program costs not described above (itemize)					
	1	Patient Assistance	\$ 312,000	\$ 197,000	\$ 115,000
	2				0
	3				0
	4				0
Total Program Budget		\$ 505,125	\$ 355,125	\$ 150,000	
Budget Narrative	Fully describe items above in this cell. You may insert rows or create additional worksheets if more space is needed to fully describe your budget.				

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	Patient Assistance Coordinator	\$ 41,600	70%	\$ 29,120	\$ 25,000
2	Accounting Manager	\$ 41,600	50%	\$ 20,800	\$ 10,000
3	Executive Director	\$ 80,000	20%	\$ 16,000	\$ -
4					
5					
6					
7					
8					
Total Employee Benefits					
Enter this amount in Section 1; Staffing Costs				Total › \$ 65,920	\$ 35,000
Budget Narrative	<p>The Patient Assistance (PA) Coordinator is solely dedicated to the PA program - from receipt of patient application, intake of financial information, medical records, as well as coordinating with social workers and medical staff for patient navigation, to the final step of preparing and presenting applications for committee review.</p> <p>The Accounting Manager is responsible for processing all medical billing for treatments and services rendered to patients, as well as processing payments for insurance premiums.</p> <p>The ED oversees all operations of the organization,, including oversight of the PA program - from applications to billing.</p>				
Budget Narrative	<p>NOTE: Staff salaries above do not include benefits. Salaries are still reflective of the 2021 calendar year budget and may change/increase in 2022. This will not affect the amount of salary requested to be covered from the DHCD.</p>				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1	None for this program				
2					
3					
4					
5					
Enter this amount in Section 1; Staffing Costs				Total ›	0
Budget Narrative	No professional fees or consultants for this program.				

Line Item Budget Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project			Amount
Fees			
Donations			\$ 30,000
Grants (List Organizations)			
Projected 2022	1	The Auen Foundation - rec'd 2021, projected 2022	\$ 15,000
	2	Regional Access Project	\$ 10,000
Projected 2022	3	H.N. and Frances C Berger Foundation	\$ 20,000
Projected 2022		Albertson Companies Foundation	\$ 5,000
Pending	4	Stater Brothers Foundation	\$ 10,000
Actual thru 6/2022	5	United Way of the Desert	\$ 5,500
Fundraising (describe nature of fundraiser)			
Projected 2022	1	DCF Events (Paint El Paseo Pink, Corks & Cuisine)	\$ 200,000
Projected 2022	2	Third-Party Events - to benefit DCF	\$ 150,000
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)			
	1	Investment Income - if any	\$ 13,000
	2		
	3		
	4		
Total funding in addition to DHCD request			\$ 458,500
Budget Narrative	<p style="color: red;">The additional income listed above is based on 2021 actuals. DCF's budget has not yet been finalized for 2022. However, we predict that projections will be similar to current year's budget and actuals.</p> <p style="color: red;">We have seen a rise in Patient Assistance from 2020 to 2021. Overall, current year's actual program costs seem to have normalized to reflect the historical averages that DCF raises in funds vs. pays in program support.</p>		



November 12, 2021

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

Dear Donna,

Thank you for providing Desert Cancer Foundation (DCF) with the opportunity to submit a grant application. As you know, DCF provides a vital community need in supporting patients with financial assistance to pay for cancer care and treatment.

Vested with responsibility to help an underserved population, DCF is the only nonprofit in the valley to offer direct payment assistance for cancer-specific care. In collaboration with local healthcare providers, DCF has served more than 8,600 residents with patient assistance and navigation to get the guidance and support services required for cancer detection and treatment.

The financial impact of the pandemic on an already vulnerable population has increased the need for Desert Cancer Foundation's support. Many local valley residents remain unemployed, lacking insurance and funds to obtain adequate care. DCF provides that direct access to care.

As a professional in the healthcare industry and a DCF partner, I can attest to the organization's commitment to foster access to healthcare. As a board and committee member, I witness firsthand that Desert Cancer Foundation has distinguished itself with a program that is resourceful and efficient in promoting good health in our region.

This letter is in support of the grant request from the Desert Cancer Foundation to provide a much-needed service to our community.

Sincerely,

A handwritten signature in black ink, appearing to read "Teresa Whipple".

Teresa Whipple
Executive Director,
Desert Care Network's Comprehensive Cancer Center



EISENHOWER HEALTH
CURCI CANCER CENTER

November 12, 2021

Donna Craig
Chief Program Officer,
Desert Healthcare District

Dear Donna:

This letter is in support of the grant request from the Desert Cancer Foundation (DCF), our local non-profit providing financial assistance for cancer patients residing in the Coachella Valley.

Eisenhower Medical Center has been partnering with DCF for over 20 years, helping to ensure no Coachella Valley resident goes without cancer care because they cannot afford the costs of that care.

Financial toxicity is the number one reason many choose to forgo life-saving or life-extending cancer care. A 2018 study from the Perelman School of Medicine at the University of Pennsylvania found patients undergoing cancer treatment face exceptionally high out-of-pocket costs that impact their abilities to adhere to treatment plans.

Working closely with Eisenhower physicians, nurses, social workers, and our finance department, the Desert Cancer Foundation has served over 8,600 patients, covering insurance premiums, co-pays, and/or (for those few under- or uninsured), the costs of their cancer treatments. In partnership with our local medical community, Desert Cancer Foundation has paid for cancer care valued at \$106 million for local valley residents in need.

The organization's staff meet twice monthly with dedicated oncology professionals and Board Members to review every patient application, and ensure the request meets eligibility guidelines and then moves forward through the approval process.

The Desert Cancer Foundation provides a much-needed safety net for our community and Eisenhower Medical Center is proud to partner with them in providing this care.

Alison Mayer Sachs, MSW, OSW-C, FAOSW
Director Community Outreach and Cancer Support Services
Eisenhower Lucy Curci Cancer Center

Grant Scoring Review

Grant Staff Review # 1 of 4

Executive Summary: 10

Community Need and Alignment: 10

Goals: 9

Proposed Evaluation Plan: 8

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 8

Budget: 9

Key Partners/Collaborations: 10

Total Score: 73.00

Reviewer Comments: Desert Cancer Foundation has been the major organization and go-to for uninsured and under-insured residents that seek cancer treatment of which could be otherwise unattainable due to cost of treatments, prescriptions, transportation to treatment, high copays, etc. DCF is the perfect example of what leveraging dollars is about. The clients of DCF are thoroughly vetted and are navigated through patient navigators very carefully. No one falls through the cracks. DCF and DHCD have a long and successful partnership. DCF fills the gaps in a timely, consistent and compassionate manner.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19 (2 of 2)

Grant Program Staff Review Stage: 72.75 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 38 (2 of 2)

Grant Program Staff Review Stage: 291 (4 of 4)

Total average proposal score: 92/100

Grant Scoring Review

Grant Staff Review # 2 of 4

Executive Summary: 9

Community Need and Alignment: 9

Goals: 8

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 9

Budget: 8

Key Partners/Collaborations: 9

Total Score: 70.00

Reviewer Comments: Desert Cancer Foundation's Patient Assistance Program directly aligns with the Desert Healthcare District and Foundation's goal of expanding community access to primary and specialty care services. Specifically, the strategy of utilizing an equity lens to expand services and resources to underserved communities. Throughout COVID, the Desert Cancer Foundation has constantly worked on their coordination efforts to leverage funding and ensure the availability of their program, offer patient navigation, and pay for direct cancer care. Desert Cancer Foundation strategically engages partners externally and has continuous communication across their internal team, Board, and patients. The Patient Assistance Program provides not only financial relief to patients but a supportive, trusting environment where patients and families can consistently turn to for assistance and resource navigation. I recommend approval for the grant to support the continuous work of the Desert Care Foundation.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19 (2 of 2)

Grant Program Staff Review Stage: 72.75 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 38 (2 of 2)

Grant Program Staff Review Stage: 291 (4 of 4)

Total average proposal score: 92/100

Grant Scoring Review

Grant Staff Review # 3 of 4

Executive Summary: 10

Community Need and Alignment: 10

Goals: 9

Proposed Evaluation Plan: 10

Applicant Capacity and Infrastructure: 10

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 9

Total Score: 76.00

Reviewer Comments: The Desert Cancer Foundation request clearly identifies the project plan to provide financial assistance to our Coachella Valley community members who lack the resources to pay for cancer treatment. This focus area aligns with the Desert Healthcare District and Foundation's Strategic Goal of utilizing an equity lens to expand services and resources to underserved communities. Linkage to appropriate support services including mental health counseling will be important. The budget allocations were in alignment with the identified resources/costs necessary to perform the tasks associated with this project successfully.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19 (2 of 2)

Grant Program Staff Review Stage: 72.75 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 38 (2 of 2)

Grant Program Staff Review Stage: 291 (4 of 4)

Total average proposal score: 92/100

Grant Scoring Review

Grant Staff Review # 4 of 4

Executive Summary: 10

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 8

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 8

Budget: 9

Key Partners/Collaborations: 10

Total Score: 72.00

Reviewer Comments: Desert Cancer Foundation provides guidance and financial support to District residents who are battling cancer during a very vulnerable and difficult time in their lives. DHDC funds will ensure DCF can continue this great service to cancer patients by addressing gaps in service, information, and financial resources. I fully support the funding of this grant application.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19 (2 of 2)

Grant Program Staff Review Stage: 72.75 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 38 (2 of 2)

Grant Program Staff Review Stage: 291 (4 of 4)

Total average proposal score: 92/100

Grant Scoring Review

Fiscal Staff Review # 1 of 2

Fiduciary Compliance: 9

Financial Stability: 10

Total Score: 19.00

Reviewer Comments: Fiduciary Compliance

The audit report is unmodified

Current Ratio is very strong (3:1) which represents the grantee's ability to pay it's short-term liabilities

The Net Assets increased by \$52,000 as of 12/31/2020, the Balance Sheet is in good order

Financial Stability

Grantee demonstrates a strong financial position.

Grantee has diversified resources for this project of \$505,000. The District's grant of \$150,000 is well supported by other resources

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19 (2 of 2)

Grant Program Staff Review Stage: 72.75 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 38 (2 of 2)

Grant Program Staff Review Stage: 291 (4 of 4)

Total average proposal score: 92/100

Grant Scoring Review

Fiscal Staff Review # 2 of 2

Fiduciary Compliance: 9

Financial Stability: 10

Total Score: 19.00

Reviewer Comments: Unmodified financial statements presented and approved by board. Positive cash flow for 2020 with sufficient assets to meet liabilities. Multiple funding sources documented in organizational budget and project budget. Strategic plan documents plan to increase funding sources and types.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19 (2 of 2)

Grant Program Staff Review Stage: 72.75 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 38 (2 of 2)

Grant Program Staff Review Stage: 291 (4 of 4)

Total average proposal score: 92/100



FY 2020-2021: Grant Application Scoring Rubric



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

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

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

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

Recommendation:

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

Grant #1289

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

Patient Assistance Program

Start/End

1/01/2022

12/31/2022

PAYMENTS:

(2) Payments: \$67,500.00

10% Retention: \$15,000.00

Total request amount: \$150,000.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
1/01/2022	Signed Agreement submitted & accepted.	Advance of \$67,500.00 for time period 1/01/2022 - 6/30/2022
8/01/2022	1 st six-month (1/01/2022 - 6/30/2022) progress report, budget reports and receipts submitted & accepted	Advance of \$67,500.00 for time period 7/01/2022 - 12/31/2022
2/01/2023	2 nd six-month (7/01/2022 - 12/31/2022) progress report, budget reports and receipts submitted & accepted	\$0
2/15/2023	Final report (1/01/2022 - 12/31/2022) and final budget report submitted & accepted	\$15,000.00 (10% retention)

TOTAL GRANT AMOUNT: \$150,000.00

DELIVERABLES:

Program/Project Goals and Evaluation

<p>Goal #1: Provide financial assistance for Coachella Valley residents undergoing cancer care.</p> <p>For the upcoming calendar year (January 1 to December 31, 2022), Desert Cancer Foundation (DCF) will provide financial assistance for Coachella Valley residents living within the Desert Healthcare District (DHCD) boundaries, ensuring access to healthcare for medical services related to cancer and its allied diseases.</p> <p>Through the Patient Assistance (PA) program, DCF will provide financial assistance to approximately 120 District residents, 18 years and older; cover approximately 1,600 cancer care services and treatments, for an estimated \$115,000 paid directly to the healthcare providers.</p> <p>For marginalized individuals (living at or below 300% of FPL), who are uninsured, underinsured, or simply lack funds for cancer care, Desert Cancer Foundation will cover the costs associated with their medical screening, diagnosis, and treatment. DCF will pay for insurance premiums and deductibles, co-insurance and co-pays, chemo and radiation therapies, scans and diagnostic screenings, prescription medications, and Medi-Cal Share of Cost.</p>	<p>Evaluation #1: DCF's Patient Assistance (PA) program is well-organized and managed, with the goal to process all incoming applications, provide coverage and access to healthcare. All data is gathered into a database and reconciled monthly.</p> <p>Progress of the PA program (patients served, services rendered, dollar amount paid vs. billed) is provided and monitored monthly by the Executive Director (ED), Patient Assistance Committee and DCF's Board of Directors. There is also ongoing collaboration that ensures the program is being executed efficiently, as follows:</p> <ul style="list-style-type: none"> -A dedicated PA Coordinator works closely with healthcare partners to process patient applications. -Applications are reviewed twice monthly by a PA Committee – comprised of social workers, oncologists, radiologists, pharmacists, insurance brokers, along with the PA Coordinator and ED – to ensure eligibility guidelines, review medical coverage, treatment plan, and leverage available resources to meet the patient needs. -Patients approved into our program are entered into a database, with demographics information including age, gender, ethnicity, zip code. -DCF's Accounting Manager will process insurance premiums and medical bills, rendering payments directly to the providers. Billing and payment data is entered into a tracking system to allow for reporting.
<p>Goal #2: Patient Navigation to ensure all available resources for the patient.</p>	<p>Evaluation #2: DCF's Patient Assistance program is regularly monitored by the Patient Assistance Coordinator, Executive Director, and the PA Committee. We work closely with</p>

<p>From January 1 to December 31, 2022, Desert Cancer Foundation will provide patient navigation for cancer care services and treatment, for an estimated 120 patients residing in the District boundaries.</p> <p>Through ongoing communication, collaboration, and outreach efforts with our local healthcare community, DCF will ensure the availability of our Patient Assistance program, as well as offer patient navigation (especially for newly diagnosed patients), to provide cancer-related screening, diagnosis, and access to services and vital treatment.</p> <p>The Patient Assistance Coordinator works with social workers and patient navigators to ensure we leverage all available and existing resources to meet the patient’s needs. This includes financial navigation – such as Medicare supplemental plans, Medi-Cal and other low-income subsidy programs, as well as additional support services such as transportation and mental health counseling.</p>	<p>community social workers, financial counselors, doctors, nurses, and pharmacists, to ensure a smooth process for patient navigation and support.</p> <p>There is ongoing collaborative work to access or leverage available resources to further alleviate the financial burden to our patients - subsidized funding or coverage options such as Covered California, Medi-Cal, Medicare supplemental plans, or Pharma Drug Assistance Programs. Patient navigation is further ensured with:</p> <ul style="list-style-type: none">- A dedicated PA Coordinator who receives and reviews the applications, communicates with the patient, and prepares the summary for committee review.- Our PA Coordinator also works alongside the healthcare community - social workers, financial counselors, and pharmacists - to ensure that a can access existing resources and support services, especially early in their cancer journey.- Hosting bi-monthly PA Committee meetings to review and approve patient applications. DCF staff, along with social workers, doctors, and insurance brokers also provide patient navigation and discusses the most suitable resources for the patient.- For patients approved into the program, there is ongoing oversight of coverage, treatment plan, services rendered, and billing review and paid.
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December 17, 2021

Conrado Bárzaga, M.D.
Chief Executive Officer
Desert Healthcare District
1140 N. Canyon Drive
Palm Springs, California 92262

Dear Conrado:

Kaufman, Hall & Associates, LLC ("Kaufman Hall") is pleased to present this addendum ("Addendum Two") to the executed July 18, 2019 engagement letter (the "Engagement Letter") and the addendum executed May 20, 2021 ("Addendum One") between Kaufman Hall and Desert Healthcare District ("Desert Health" or the "District") to continue support of the District's strategic options analysis for its major asset, Desert Regional Medical Center ("DRMC") (the "Client Project").

This Addendum Two will be governed by the terms and conditions of the Engagement Letter. To the extent that any terms of this Addendum Two conflict with the terms of the Engagement Letter, the terms of this Addendum Two shall govern. All other terms and conditions of the Engagement Letter remain in full force and effect.

SCOPE OF SERVICES

Assist the District on Organizing and Initiating Seismic Assessment Refresh

- Assist in updating/renewing seismic cost and timing estimates using prior consultant
- Help the District assess and decide scope of compliance (e.g., minimal disruption to accomplish compliance vs improvements)
- Establish the framework for initiating discussions with seismic compliance contractor(s)
- Summarize high-level estimates for the total cost of seismic retrofit
- Determine the latest reasonable construction date necessary for legal compliance

Initiate Discussions with Tenet

- Inform Tenet of the District's intent to determine and commence seismic retrofit in order to comply with the law
- Seek Tenet's participation and cooperation with seismic compliance

- Inform Tenet of the District's plans to execute a strategy to meet the District's healthcare needs in the context of overall seismic compliance
- Suggest that early intervention related to seismic retrofit needs might be useful for Tenet and the District

Explore Alternative Approaches to Meeting the District's Goals

- Prepare an informational package using publicly available information describing the District, its goals, DRMC and DRMC's service area for use in facilitating discussions with Tenet and potential alternative partners (in substitution for or in cooperation with Tenet)
- Initiate dialogue with Tenet regarding the District's long-term goals and objectives, their approach to achieving those, and the role that Tenet might play going forward in supporting those goals and objectives
- Initiate dialogue (and follow-up discussions or meetings) with potential partners interested in providing medical and other services in the Coachella Valley and exploring how they may support the District's long-term goals and objectives
- Solicit feedback from Tenet and potential partners including their level of interest, potential form and structure of a future working relationship, and any commitments they might consider extending to the District in support of its mission

Review of the District's Development Plan

- Confirm health care (medical and social) needs in the District
- Outline options for meeting those needs
- Estimate (at a high level) the resources/ costs necessary to meet those needs
- Evaluate the potential for partners to assist the District with development

For the avoidance of doubt, the District understands that in rendering services hereunder, Kaufman Hall will not provide accounting, legal, investment, tax, audit, compliance, or regulatory advice, and the District will rely upon the advice of counsel and other advisors to District for such matters, as applicable.

TRANSACTION TEAM

Jody Hill-Mischel and Anu Singh, Managing Directors, will be the co-lead advisors on this engagement, responsible for leading all phases of this assignment. Ms. Hill-Mischel and Mr. Singh will be led by Richard Rollo, Senior Vice President and the team will be assisted by other Kaufman Hall staff as necessary and appropriate.

ENGAGEMENT TIMING, TERMINATION, AND FEES

The term of this Addendum Two will initially be 90 days, beginning in January 2022 and continuing through March 2022. The professional fees for this engagement will consist of fixed fees of \$75,000 per month (the “Monthly Fee”), billed at the end of each month beginning in January 2022 and continuing for a total of three months. Should the District provide written approval to extend the engagement beyond the initial 3 months, District will pay professional fees of \$75,000 per month.

At any time, should the District decide not to proceed with the Transaction, or otherwise elect to terminate this Engagement Letter, Kaufman Hall’s Monthly Fee for the month would be prorated to the date of notification by the District of its decision (“Notification Date”). Kaufman Hall will also be entitled to reimbursement of any expenses (as described below) incurred by Kaufman Hall through the Notification Date.

If, within a period of 18 months following the Notification Date, the District decides to resume the services contemplated herein or to pursue a strategic option, then the District must promptly advise Kaufman Hall of its intention to do so and may either (i) request that Kaufman Hall provide the remainder of the services not previously provided thorough the Notification Date upon the terms and conditions described herein, (ii) pay to Kaufman Hall the remaining unpaid portion of professional fees upon the Signing Date and the closing date, or (iii) request Kaufman Hall provide a scope of services that align with the situation and the objectives. If, due to other existing commitments, Kaufman Hall is unable to provide the remainder of the services not previously provided through the Notification Date, the District would not be responsible for the unpaid professional fees after the Notification Date.

In addition to professional fees, the District is responsible for monthly administrative expenses of \$2,650 and, to the extent applicable, reimbursable travel and third-party data/analytics expenses, which are billed as incurred and not subject to markup. Invoices are sent at the end of each month and are due upon receipt.

Engagement fees will remain fixed unless the scope or timing of this engagement materially changes for reasons beyond the control of Kaufman Hall. In the unlikely event that would occur, Kaufman Hall may be entitled to additional fees subject to the mutual agreement of the parties.

Conrado Bárzaga, M.D.
Desert Healthcare District
December 17, 2021
Page 4

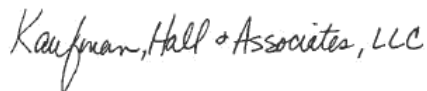
AUTHORIZATION

We very much appreciate the opportunity to present this proposal and look forward to serving the District on this important assignment. Your signature below will indicate your agreement with this Addendum. Please sign and return via email or by fax to (847) 965-3511.

If you have additional questions or require further information, please feel free to contact Jody or Anu.

Sincerely,
KAUFMAN, HALL & ASSOCIATES, LLC

This Addendum is accepted.
DESERT HEALTHCARE DISTRICT



/sd

Authorizing Signature / Date

cc: Jody Hill-Mischel
Anu Singh

Printed Name / Title

RESOLUTION NO. 21-08

RESOLUTION OF THE BOARD OF DIRECTORS OF DESERT HEALTHCARE DISTRICT RE-RATIFYING THE STATE OF EMERGENCY AND RE-AUTHORIZING REMOTE TELECONFERENCE MEETINGS

WHEREAS, Desert Healthcare District (“District”) is committed to preserving and fostering access and participation in meetings of its Board of Directors; and

WHEREAS, Government Code section 54953(e) makes provisions for remote teleconferencing participation in meetings by members of a legislative body without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain emergency conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the jurisdictions that are within the District’s boundaries, caused by natural, technological, or human-caused disasters; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote vaccines, masking, and social distancing, and that meeting in person would present imminent risks to the health and safety of attendees; and

WHEREAS, the Board of Directors previously adopted Resolution No. 21-03 on September 28, 2021, finding that the requisite conditions exist for the Board of Directors of the District to conduct remote teleconference meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953; and

WHEREAS, as a condition of extending the use of the provisions found in Government Code section 54953(e), the Board of Directors must reconsider the circumstances of the state of emergency that exists in the District, and the Board of Directors has done so; and

WHEREAS, emergency conditions persist in the District and vaccine compliance, masking, and social distancing measures are required to be followed for the continued health and safety of the District Board, staff, and the public; and

WHEREAS, as a consequence of the local emergency persisting, the Board of Directors does hereby find that the District shall conduct its meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by Government Code section 54953(e), and that such meetings shall comply with the requirements to provide the public with access to the meetings as prescribed in Government Code section 54953(e);

THEREFORE, BE IT RESOLVED by the Desert Healthcare District Board of Directors as follows:

Section 1: Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2: Affirmation that a Local Emergency Persists. The Board of Directors hereby considers the conditions of the state of emergency in the District and proclaims that a local emergency persists throughout the District.

Section 3: Re-Ratification of the Governor's Proclamation of a State of Emergency. The Board hereby ratifies the Governor's Proclamation of a State of Emergency.

Section 4. Remote Teleconference Meetings. The District's Chief Executive Officer is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this resolution, including conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Ralph M. Brown Act.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of Desert Healthcare District held on December 21, 2021, by the following roll call vote:

AYES: Directors_____

NOES: Directors_____

ABSTAIN: Directors_____

ABSENT: Directors_____

Leticia De Lara, MPA, President
Board of Directors

ATTEST:

Karen Borja, Vice-President/Secretary
Board of Directors

LAW OFFICES
SCOTT & JACKSON

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

JEFFREY G. SCOTT

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

Of Counsel
JAMES R. DODSON

Date: December 21, 2021

To: Desert Healthcare District – Board of Directors

From: Jeff Scott, General Counsel

Re: 2021 Election of Officers procedure

Article V. Section 5.2 of the District Bylaws provides that at the first regular Board meeting in December, the Board shall organize by the election, of one of its members as President, one as Vice-President/Secretary and one as Treasurer. The following outlines the process to elect officers:

- Counsel Scott will announce that nominations are open for the office of President. As more than one person may be nominated, nominations remain open until all are made. Pursuant to Roberts Rules of Order, no second is required for nomination of officers.
- Counsel Scott will close the nominations after all the nominations are made.
- If only one individual has been nominated, Mr. Scott will call for a motion and a vote.
- If more than one person is nominated, Mr. Scott will ask each of the directors' who they would like to vote for. Each Board member will have an opportunity to express their selection.
- When one of the board members has received a majority of the votes (4 or more if 6 or more directors are present). Mr. Scott will then ask for a motion and a second to provide an opportunity for unanimous consent. If a nominee fails to receive a majority vote, the nomination process will be repeated.
- The same procedure will follow for election of the Vice-President/Secretary, and Treasurer.

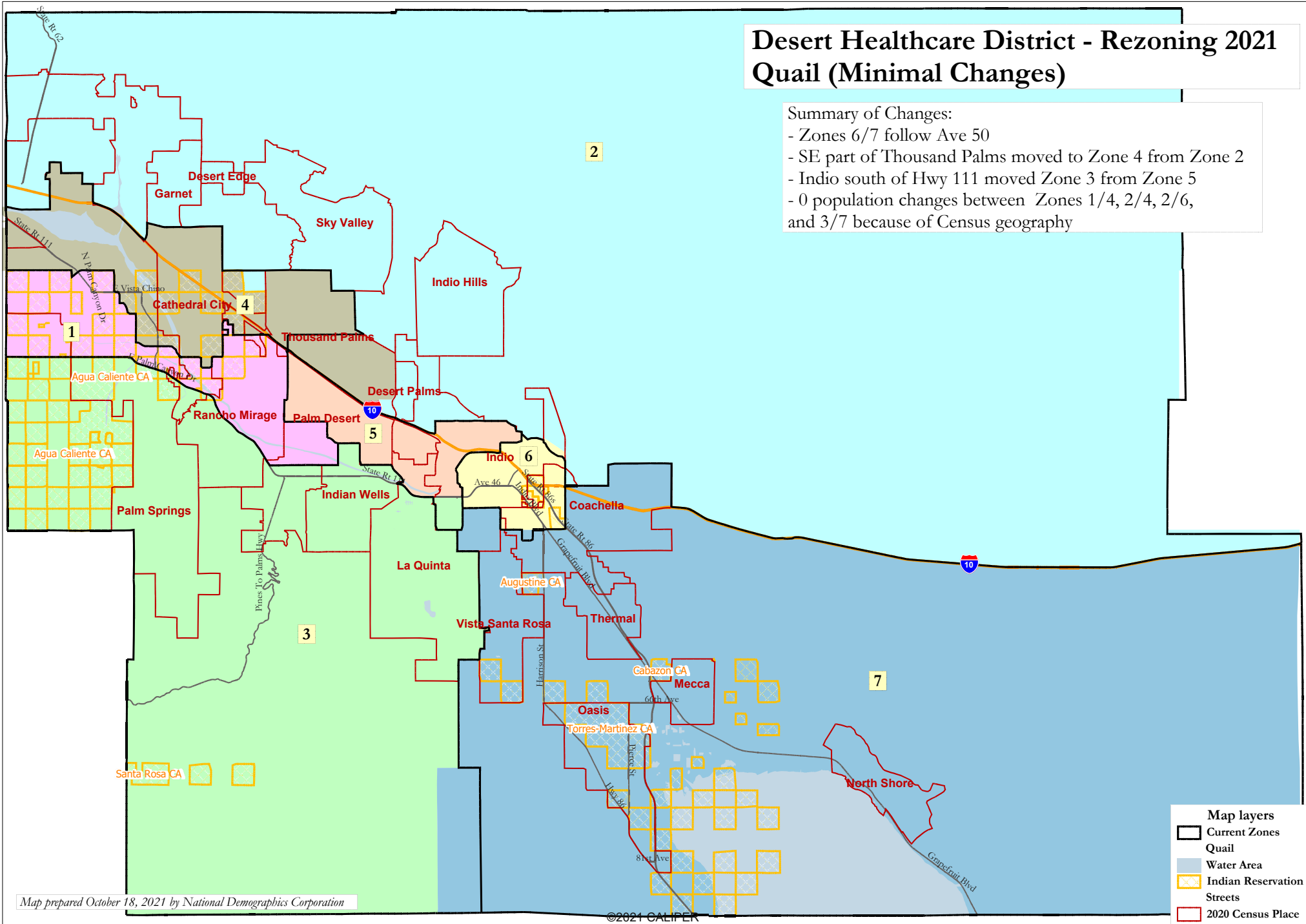
<i>Desert Healthcare District - Current Zones</i>									
District		1	2	3	4	5	6	7	Total
2020	2020 Census (Raw)	61,476	67,254	59,214	60,870	67,195	65,888	61,342	443,239
	Deviation from ideal	-1,844	3,934	-4,106	-2,450	3,875	2,568	-1,978	8,040
	% Deviation	-2.91%	6.21%	-6.48%	-3.87%	6.12%	4.06%	-3.12%	12.70%
2020 Total Pop	% Hisp	22%	52%	28%	62%	36%	86%	90%	54%
	% NH White	67%	38%	64%	25%	53%	10%	7%	37%
	% NH Black	3%	5%	2%	4%	2%	2%	1%	3%
	% Asian-American	5%	2%	3%	7%	6%	2%	1%	4%
Citizen Voting Age Pop	Total	51,426	40,751	50,343	36,969	50,929	38,894	25,600	294,911
	% Hisp	15%	32%	21%	45%	27%	81%	82%	39%
	% NH White	77%	58%	73%	41%	65%	16%	15%	54%
	% NH Black	3%	7%	2%	4%	3%	2%	1%	3%
	% Asian/Pac.Isl.	4%	2%	2%	8%	4%	1%	1%	3%
Voter Registration (Nov 2020)	Total	41,547	32,508	38,673	29,576	42,440	25,574	19,330	229,648
	% Latino est.	13%	32%	18%	47%	27%	79%	78%	36%
	% Spanish-Surnamed	12%	30%	17%	43%	25%	72%	72%	34%
	% Asian-Surnamed	2%	1%	1%	2%	2%	1%	0%	1%
	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	81%	60%	78%	47%	69%	22%	19%	59%
Voter Turnout (Nov 2018)	% NH Black	3%	6%	2%	5%	3%	2%	1%	3%
	Total	26,230	16,570	23,699	14,136	24,701	9,584	7,034	121,954
	% Latino est.	9%	20%	12%	36%	20%	74%	72%	25%
	% Spanish-Surnamed	8%	19%	12%	34%	18%	69%	69%	24%
	% Asian-Surnamed	1%	1%	1%	1%	1%	1%	0%	1%
	% Filipino-Surnamed	1%	1%	0%	2%	1%	1%	1%	1%
Voter Turnout (Nov 2020)	% NH White est.	85%	72%	84%	54%	76%	25%	23%	69%
	% NH Black	3%	5%	1%	5%	3%	2%	1%	3%
	Total	36,573	25,374	33,369	23,133	36,221	18,035	13,181	185,886
	% Latino est.	11%	27%	16%	43%	25%	77%	74%	32%
	% Spanish-Surnamed	11%	26%	15%	40%	23%	70%	70%	29%
	% Asian-Surnamed	2%	1%	1%	2%	2%	1%	0%	1%
ACS Pop. Est.	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	83%	65%	80%	50%	71%	23%	22%	63%
	% NH Black est.	3%	6%	2%	5%	3%	2%	1%	3%
	Total	63,947	60,066	63,761	63,528	68,610	65,427	55,765	441,105
Age	age0-19	13%	22%	16%	27%	21%	28%	26%	22%
	age20-60	39%	45%	42%	53%	44%	58%	55%	48%
	age60plus	49%	34%	42%	20%	36%	15%	19%	31%
Immigration	immigrants	18%	22%	17%	32%	17%	29%	41%	25%
	naturalized	49%	41%	50%	45%	58%	44%	25%	42%
Language spoken at home	english	77%	62%	75%	44%	71%	30%	18%	55%
	spanish	16%	34%	20%	49%	23%	69%	81%	41%
	asian-lang	3%	2%	2%	5%	3%	1%	0%	2%
	other lang	5%	2%	3%	2%	3%	0%	1%	2%
Language Fluency	Speaks Eng. "Less than Very Well"	8%	13%	9%	20%	10%	39%	53%	21%
Education (among those age 25+)	hs-grad	45%	53%	46%	50%	52%	57%	43%	49%
	bachelor	23%	12%	23%	14%	19%	6%	5%	15%
	graduatedegree	17%	7%	15%	8%	13%	3%	3%	10%
Child in Household	child-under18	12%	23%	15%	33%	22%	32%	27%	22%
Pct of Pop. Age 16+	employed	46%	47%	50%	60%	53%	66%	62%	55%
Household Income	income 0-25k	24%	31%	19%	25%	17%	29%	41%	26%
	income 25-50k	21%	26%	21%	25%	21%	28%	28%	24%
	income 50-75k	16%	16%	16%	17%	17%	19%	14%	16%
	income 75-200k	29%	24%	31%	29%	37%	23%	15%	28%
	income 200k-plus	10%	3%	13%	5%	8%	2%	2%	7%
Housing Stats	single family	69%	88%	79%	73%	82%	76%	77%	78%
	multi-family	31%	12%	21%	27%	18%	24%	23%	22%
	rented	33%	35%	32%	41%	26%	32%	34%	33%
	owned	67%	65%	68%	59%	74%	68%	66%	67%

Total population data from the California adjustment to the 2020 Decennial Census. Surname-based Voter Registration and Turnout data from the California Statewide Database. Latino voter registration and turnout data are Spanish-surname counts adjusted using Census Population Department undercount estimates. NH White and NH Black registration and turnout counts estimated by NDC. Citizen Voting Age Pop., Age, Immigration, and other demographics from the 2015-2019 American Community Survey and Special Tabulation 5-year data.

Desert Healthcare District - Rezoning 2021 Quail (Minimal Changes)

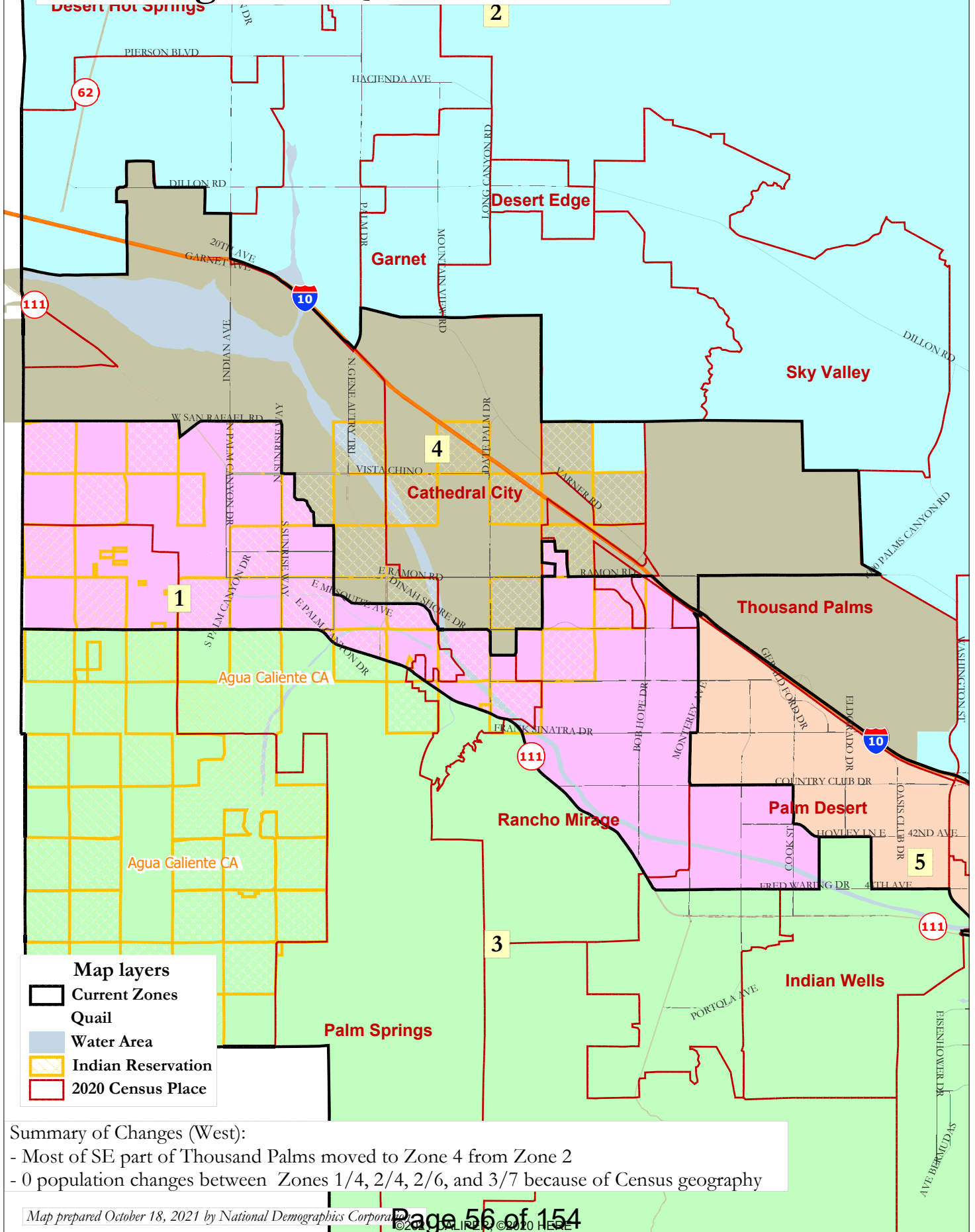
Summary of Changes:

- Zones 6/7 follow Ave 50
- SE part of Thousand Palms moved to Zone 4 from Zone 2
- Indio south of Hwy 111 moved Zone 3 from Zone 5
- 0 population changes between Zones 1/4, 2/4, 2/6, and 3/7 because of Census geography



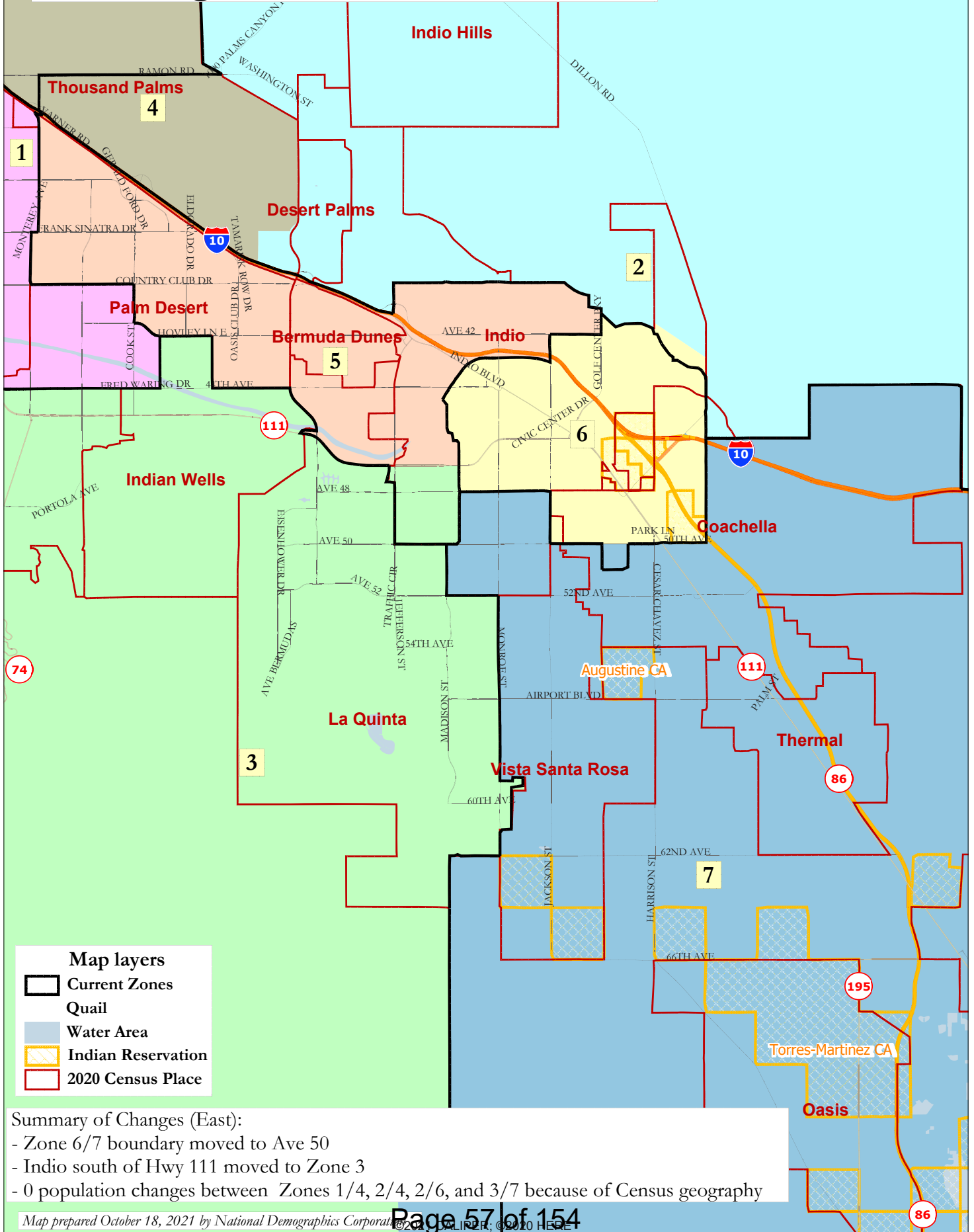
Desert Healthcare District (West)

Rezoning 2021 - Quail



Desert Healthcare District (East)

Rezoning 2021 - Quail



<i>Desert Healthcare District - Quail</i>									
Zone		1	2	3	4	5	6	7	Total
2020	2020 Census (Adj)	61,476	64,447	64,928	63,677	61,481	63,988	63,242	443,239
	Deviation from ideal	-1,844	1,127	1,608	357	-1,839	668	-78	3,452
	% Deviation	-2.91%	1.78%	2.54%	0.56%	-2.90%	1.06%	-0.12%	5.45%
2020 Total Pop	% Hisp	22%	53%	31%	61%	34%	85%	91%	54%
	% NH White	67%	36%	61%	27%	55%	10%	7%	37%
	% NH Black	3%	6%	2%	3%	3%	2%	1%	3%
	% Asian-American	5%	2%	3%	6%	6%	2%	1%	4%
Citizen Voting Age Pop	Total	51,426	38,692	54,363	39,028	46,909	37,769	26,725	294,911
	% Hisp	15%	33%	23%	43%	25%	80%	83%	39%
	% NH White	77%	56%	72%	43%	66%	16%	14%	54%
	% NH Black	3%	8%	2%	4%	3%	2%	1%	3%
	% Asian/Pac.Isl.	4%	2%	3%	8%	4%	1%	1%	3%
Voter Registration (Nov 2020)	Total	41,547	30,747	41,755	31,337	39,358	24,749	20,155	229,648
	% Latino est.	13%	33%	21%	45%	25%	78%	78%	36%
	% Spanish-Surnamed	12%	30%	19%	41%	23%	71%	73%	34%
	% Asian-Surnamed	2%	1%	1%	2%	2%	1%	0%	1%
	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	81%	59%	76%	49%	70%	22%	18%	59%
	% NH Black	3%	7%	2%	5%	3%	2%	1%	3%
Voter Turnout (Nov 2018)	Total	26,230	15,498	25,374	15,208	23,026	9,324	7,294	121,954
	% Latino est.	9%	20%	14%	35%	18%	73%	73%	25%
	% Spanish-Surnamed	8%	20%	13%	32%	17%	68%	70%	24%
	% Asian-Surnamed	1%	1%	1%	1%	1%	1%	0%	1%
	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	85%	71%	82%	56%	77%	25%	22%	69%
	% NH Black	3%	5%	1%	4%	3%	2%	1%	3%
Voter Turnout (Nov 2020)	Total	36,573	23,897	35,851	24,610	33,739	17,454	13,762	185,886
	% Latino est.	11%	28%	18%	41%	23%	76%	75%	32%
	% Spanish-Surnamed	11%	26%	17%	38%	21%	70%	70%	29%
	% Asian-Surnamed	2%	1%	1%	2%	2%	1%	0%	1%
	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	83%	64%	78%	52%	73%	24%	21%	63%
	% NH Black est.	3%	6%	2%	5%	3%	2%	1%	3%
ACS Pop. Est.	Total	63,947	57,717	69,639	65,878	62,732	63,527	57,665	441,105
Age	age0-19	13%	22%	17%	26%	20%	28%	25%	22%
	age20-60	39%	45%	43%	52%	43%	57%	56%	48%
	age60plus	49%	32%	40%	22%	37%	15%	19%	31%
Immigration	immigrants	18%	22%	17%	32%	16%	29%	41%	25%
	naturalized	49%	41%	51%	45%	57%	45%	25%	42%
Language spoken at home	english	77%	61%	73%	46%	73%	31%	18%	55%
	spanish	16%	35%	22%	47%	21%	68%	82%	41%
	asian-lang	3%	2%	2%	5%	3%	1%	0%	2%
	other lang	5%	2%	3%	2%	2%	0%	1%	2%
Language Fluency	Speaks Eng. "Less than Very Well"	8%	13%	9%	20%	10%	39%	53%	21%
Education (among those age 25+)	hs-grad	45%	53%	47%	51%	51%	56%	44%	49%
	bachelor	23%	12%	22%	13%	19%	6%	5%	15%
	graduatedegree	17%	7%	14%	8%	13%	3%	3%	10%
Child in Household	child-under18	12%	24%	16%	32%	21%	33%	27%	22%
Pct of Pop. Age 16+	employed	46%	47%	51%	58%	53%	66%	63%	55%
Household Income	income 0-25k	24%	31%	19%	26%	17%	29%	41%	26%
	income 25-50k	21%	26%	21%	24%	21%	28%	28%	24%
	income 50-75k	16%	15%	16%	17%	17%	19%	14%	16%
	income 75-200k	29%	25%	32%	28%	37%	23%	15%	28%
	income 200k-plus	10%	3%	13%	5%	8%	2%	2%	7%
Housing Stats	single family	69%	88%	81%	75%	81%	76%	78%	78%
	multi-family	31%	12%	19%	25%	19%	24%	22%	22%
	rented	33%	36%	31%	39%	27%	33%	33%	33%
	owned	67%	64%	69%	61%	73%	67%	67%	67%

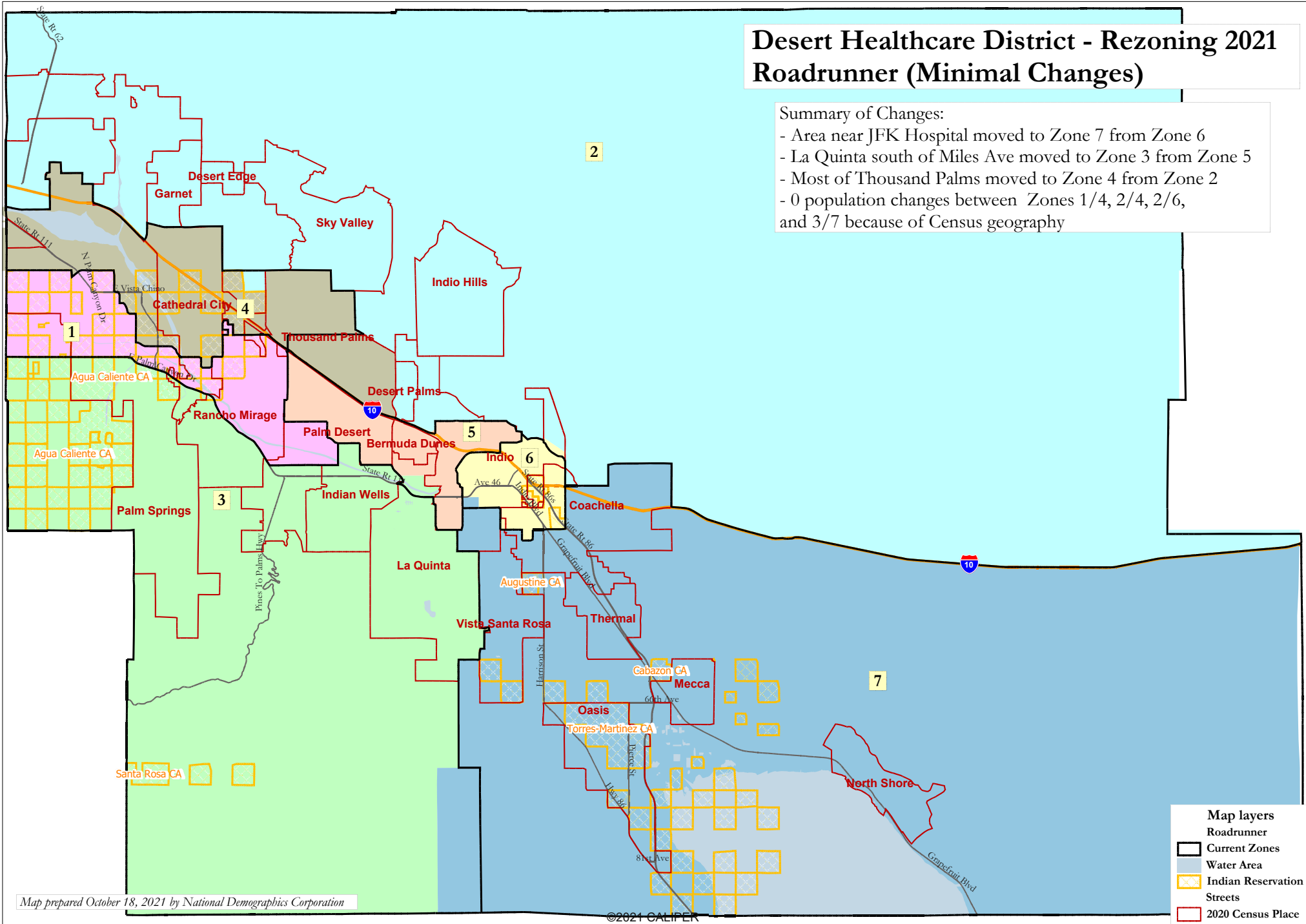
Total population data from the California adjustment to the 2020 Decennial Census. Surname-based Voter Registration and Turnout data from the California Statewide Database. Latino voter registration and turnout data are Spanish-surname counts adjusted using Census Population Department undercount estimates. NH White and NH Black registration and turnout counts estimated by NDC. Citizen Voting Age Pop., Age, Immigration, and other demographics from the 2015-2019 American Community Survey and Special Tabulation 5-year data.

<i>Desert Healthcare District - Quail</i>									
Zona		1	2	3	4	5	6	7	Total
2020	Pob. Total	61,476	64,447	64,928	63,677	61,481	63,988	63,242	443,239
	Desviación de pob.	-1,844	1,127	1,608	357	-1,839	668	-78	3,452
	% Desviación	-2.91%	1.78%	2.54%	0.56%	-2.90%	1.06%	-0.12%	5.45%
2020 Pob. Total	% Hisp	22%	53%	31%	61%	34%	85%	91%	54%
	% Blanco	67%	36%	61%	27%	55%	10%	7%	37%
	% Negro	3%	6%	2%	3%	3%	2%	1%	3%
	% Asiático	5%	2%	3%	6%	6%	2%	1%	4%
Ciudadanos +18 años	Total	51,426	38,692	54,363	39,028	46,909	37,769	26,725	294,911
	% Hisp	15%	33%	23%	43%	25%	80%	83%	39%
	% Blanco	77%	56%	72%	43%	66%	16%	14%	54%
	% Negro	3%	8%	2%	4%	3%	2%	1%	3%
	% Asiático	4%	2%	3%	8%	4%	1%	1%	3%
Registros (Nov 2020)	Total	41,547	30,747	41,755	31,337	39,358	24,749	20,155	229,648
	% Latino est.	13%	33%	21%	45%	25%	78%	78%	36%
	% apellido español	12%	30%	19%	41%	23%	71%	73%	34%
	% apellido asiático	2%	1%	1%	2%	2%	1%	0%	1%
	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	81%	59%	76%	49%	70%	22%	18%	59%
	% negro est.	3%	7%	2%	5%	3%	2%	1%	3%
Votantes (Nov 2018)	Total	26,230	15,498	25,374	15,208	23,026	9,324	7,294	121,954
	% Latino est.	9%	20%	14%	35%	18%	73%	73%	25%
	% apellido español	8%	20%	13%	32%	17%	68%	70%	24%
	% apellido asiático	1%	1%	1%	1%	1%	1%	0%	1%
	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	85%	71%	82%	56%	77%	25%	22%	69%
	% negro est.	3%	5%	1%	4%	3%	2%	1%	3%
Votantes (Nov 2020)	Total	36,573	23,897	35,851	24,610	33,739	17,454	13,762	185,886
	% Latino est.	11%	28%	18%	41%	23%	76%	75%	32%
	% apellido español	11%	26%	17%	38%	21%	70%	70%	29%
	% apellido asiático	2%	1%	1%	2%	2%	1%	0%	1%
	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	83%	64%	78%	52%	73%	24%	21%	63%
	% negro est.	3%	6%	2%	5%	3%	2%	1%	3%
Pob. ACS	Total	63,947	57,717	69,639	65,878	62,732	63,527	57,665	441,105
Edad	Edad 0 – 19 años	13%	22%	17%	26%	20%	28%	25%	22%
	Edad 20 – 60 años	39%	45%	43%	52%	43%	57%	56%	48%
	Edad +60 años	49%	32%	40%	22%	37%	15%	19%	31%
Migración	Migrante	18%	22%	17%	32%	16%	29%	41%	25%
	Naturalizada	49%	41%	51%	45%	57%	45%	25%	42%
Lengua en casa	Inglés	77%	61%	73%	46%	73%	31%	18%	55%
	Español	16%	35%	22%	47%	21%	68%	82%	41%
	Idioma Asiático	3%	2%	2%	5%	3%	1%	0%	2%
	Otro idioma	5%	2%	3%	2%	2%	0%	1%	2%
Fluidez en Inglés	Habla Inglés solo “bien” o menos	8%	13%	9%	20%	10%	39%	53%	21%
Nivel de educación (edad +25)	preparatoria	45%	53%	47%	51%	51%	56%	44%	49%
	licenciatura	23%	12%	22%	13%	19%	6%	5%	15%
	graduado	17%	7%	14%	8%	13%	3%	3%	10%
Hogares con niño(s)	con niño(s)	12%	24%	16%	32%	21%	33%	27%	22%
Pto. Edad 16+	empleado	46%	47%	51%	58%	53%	66%	63%	55%
Ingreso (por hogar)	\$0 a \$25 000	24%	31%	19%	26%	17%	29%	41%	26%
	\$25 a \$50 000	21%	26%	21%	24%	21%	28%	28%	24%
	\$50 a \$75 000	16%	15%	16%	17%	17%	19%	14%	16%
	\$75 a \$200 000	29%	25%	32%	28%	37%	23%	15%	28%
	mayor a \$200 000	10%	3%	13%	5%	8%	2%	2%	7%
Unidades de vivienda	Unifamiliar	69%	88%	81%	75%	81%	76%	78%	78%
	Multifamiliar	31%	12%	19%	25%	19%	24%	22%	22%
	Rentadas	33%	36%	31%	39%	27%	33%	33%	33%
	Propias	67%	64%	69%	61%	73%	67%	67%	67%
Población en total del Censo 2020 y ha estado ajustada por el estado de California. Registros y votantes (por apellido) vienen del California Statewide Database. Registros y votantes "latinos" han estado ajustados según la dirección del Census Population Department. Registros y votantes blancos y negros han estado estimados por NDC. Los ciudadanos 18+, edad, migrantes, y otras cifras socioeconómicas vienen del 2015-2019 American Community Survey									

Desert Healthcare District - Rezoning 2021 Roadrunner (Minimal Changes)

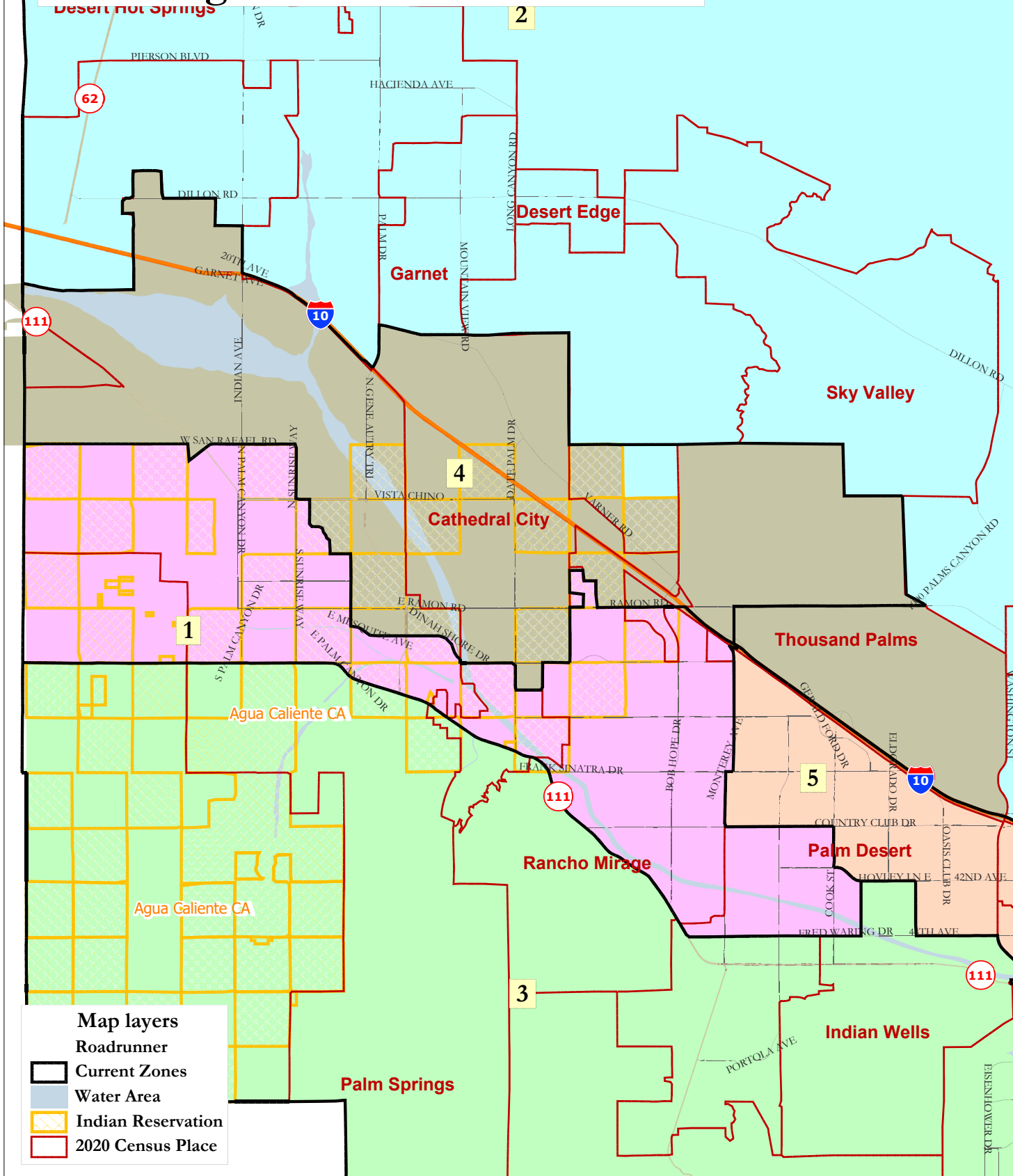
Summary of Changes:

- Area near JFK Hospital moved to Zone 7 from Zone 6
- La Quinta south of Miles Ave moved to Zone 3 from Zone 5
- Most of Thousand Palms moved to Zone 4 from Zone 2
- 0 population changes between Zones 1/4, 2/4, 2/6, and 3/7 because of Census geography



Desert Healthcare District (West)

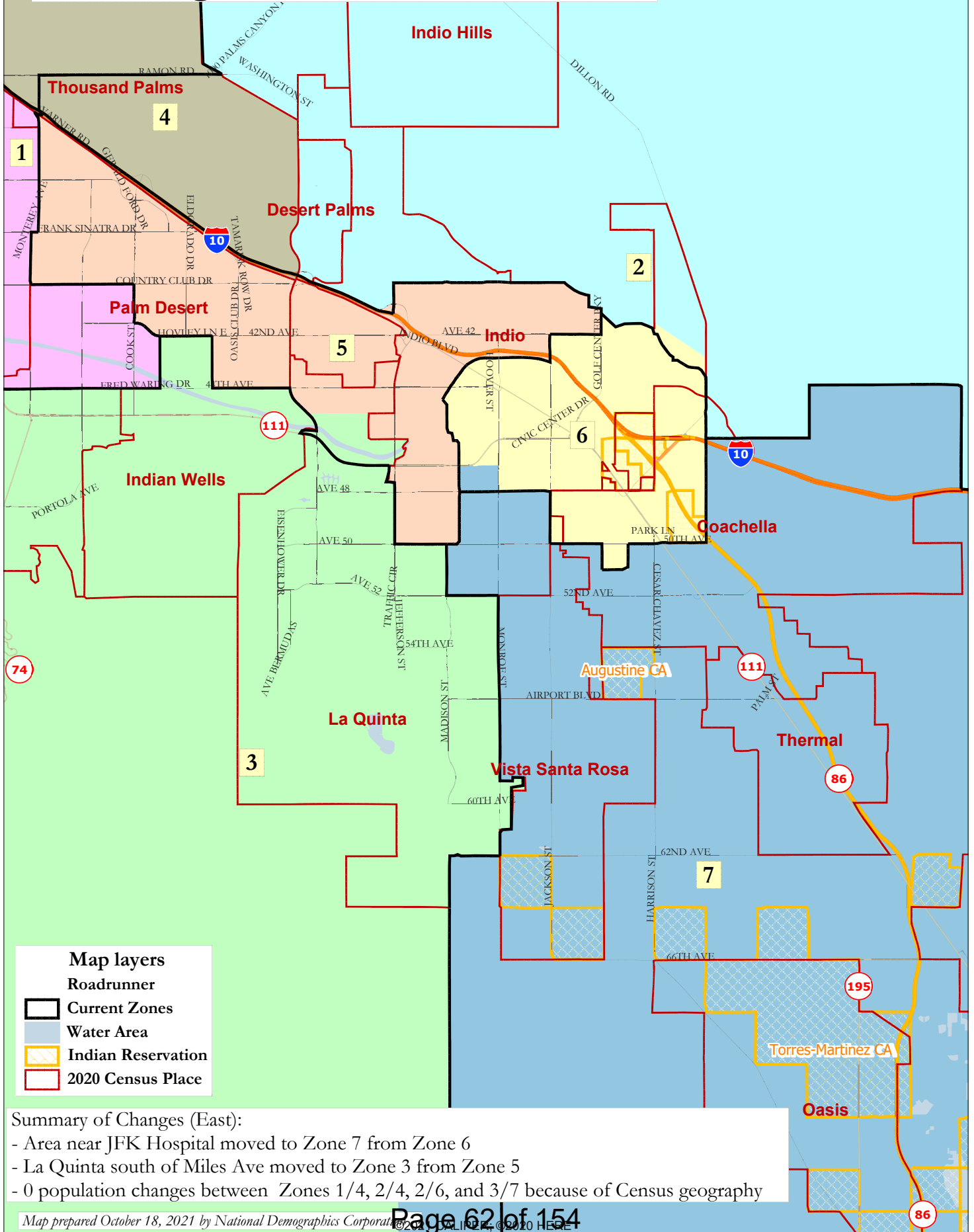
Rezoning 2021 - Roadrunner



Summary of Changes (West):

- SE part of Thousand Palms moved to Zone 4 from Zone 2
- 0 population changes between Zones 1/4, 2/4, 2/6, and 3/7 because of Census geography

Desert Healthcare District (East) Rezoning 2021 - Roadrunner



<i>Desert Healthcare District - Roadrunner</i>									
Zone		1	2	3	4	5	6	7	Total
2020	2020 Census (Adj)	61,476	64,418	62,476	63,714	63,925	63,874	63,356	443,239
	Deviation from ideal	-1,844	1,098	-844	394	605	554	36	2,942
	% Deviation	-2.91%	1.73%	-1.33%	0.62%	0.96%	0.88%	0.06%	4.65%
2020 Total Pop	% Hisp	22%	53%	29%	61%	36%	86%	90%	54%
	% NH White	67%	36%	63%	27%	53%	9%	8%	37%
	% NH Black	3%	6%	2%	3%	3%	2%	1%	3%
	% Asian-American	5%	2%	4%	6%	5%	2%	1%	4%
Citizen Voting Age Pop	Total	51,426	38,681	52,579	39,041	48,691	37,361	27,132	294,911
	% Hisp	15%	33%	21%	43%	27%	82%	81%	39%
	% NH White	77%	56%	73%	43%	65%	15%	17%	54%
	% NH Black	3%	8%	2%	4%	3%	2%	1%	3%
	% Asian/Pac.Isl.	4%	2%	3%	8%	4%	1%	1%	3%
Voter Registration (Nov 2020)	Total	41,547	30,738	40,719	31,350	40,390	24,498	20,406	229,648
	% Latino est.	13%	33%	19%	45%	27%	79%	77%	36%
	% Spanish-Surnamed	12%	30%	17%	41%	25%	73%	72%	34%
	% Asian-Surnamed	2%	1%	1%	2%	2%	1%	0%	1%
	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	81%	59%	78%	49%	69%	21%	20%	59%
	% NH Black	3%	7%	2%	5%	3%	2%	1%	3%
Voter Turnout (Nov 2018)	Total	26,230	15,495	24,838	15,211	23,562	9,042	7,576	121,954
	% Latino est.	9%	20%	12%	35%	20%	75%	71%	25%
	% Spanish-Surnamed	8%	20%	12%	32%	18%	70%	68%	24%
	% Asian-Surnamed	1%	1%	1%	1%	1%	1%	0%	1%
	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	85%	71%	84%	56%	76%	23%	25%	69%
	% NH Black	3%	5%	1%	4%	3%	2%	1%	3%
Voter Turnout (Nov 2020)	Total	36,573	23,888	35,088	24,623	34,498	17,185	14,031	185,886
	% Latino est.	11%	28%	16%	41%	25%	77%	74%	32%
	% Spanish-Surnamed	11%	26%	15%	38%	23%	71%	69%	29%
	% Asian-Surnamed	2%	1%	1%	2%	2%	1%	1%	1%
	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	83%	64%	80%	52%	71%	22%	23%	63%
	% NH Black est.	3%	6%	2%	5%	3%	2%	1%	3%
ACS Pop. Est.	Total	63,947	57,696	67,481	65,905	64,883	63,046	58,146	441,105
Age	age0-19	13%	22%	17%	26%	20%	28%	26%	22%
	age20-60	39%	45%	42%	52%	43%	58%	55%	48%
	age60plus	49%	32%	41%	22%	37%	15%	20%	31%
Immigration	immigrants	18%	22%	17%	32%	17%	29%	40%	25%
	naturalized	49%	41%	50%	45%	58%	44%	25%	42%
Language spoken at home	english	77%	61%	74%	46%	72%	30%	19%	55%
	spanish	16%	35%	21%	47%	23%	69%	80%	41%
	asian-lang	3%	2%	2%	5%	3%	1%	0%	2%
	other lang	5%	2%	3%	2%	3%	0%	1%	2%
Language Fluency	Speaks Eng. "Less than Very Well"	8%	13%	9%	20%	10%	40%	52%	21%
Education (among those age 25+)	hs-grad	45%	53%	46%	51%	52%	56%	44%	49%
	bachelor	23%	12%	23%	13%	19%	6%	5%	15%
	graduatedegree	17%	7%	15%	8%	12%	3%	3%	10%
Child in Household	child-under18	12%	24%	16%	32%	21%	32%	27%	22%
Pct of Pop. Age 16+	employed	46%	47%	51%	58%	53%	66%	62%	55%
Household Income	income 0-25k	24%	31%	19%	26%	17%	29%	40%	26%
	income 25-50k	21%	26%	21%	24%	21%	28%	29%	24%
	income 50-75k	16%	15%	16%	17%	17%	19%	14%	16%
	income 75-200k	29%	25%	31%	28%	37%	23%	16%	28%
	income 200k-plus	10%	3%	13%	5%	8%	2%	2%	7%
Housing Stats	single family	69%	88%	80%	75%	81%	77%	76%	78%
	multi-family	31%	12%	20%	25%	19%	23%	24%	22%
	rented	33%	36%	32%	39%	26%	31%	34%	33%
	owned	67%	64%	68%	61%	74%	69%	66%	67%

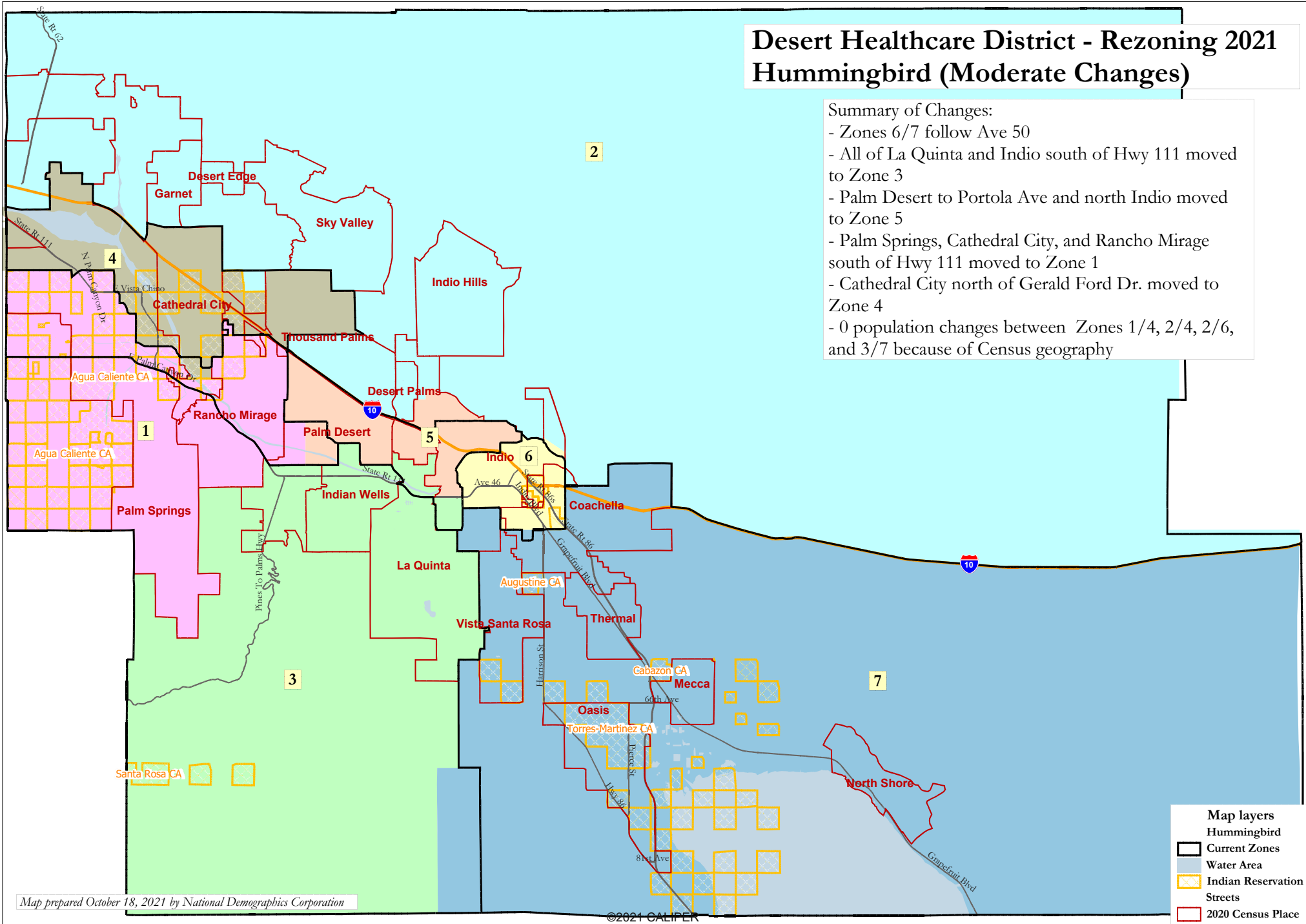
Total population data from the California adjustment to the 2020 Decennial Census. Surname-based Voter Registration and Turnout data from the California Statewide Database. Latino voter registration and turnout data are Spanish-surname counts adjusted using Census Population Department undercount estimates. NH White and NH Black registration and turnout counts estimated by NDC. Citizen Voting Age Pop., Age, Immigration, and other demographics from the 2015-2019 American Community Survey and Special Tabulation 5-year data.

<i>Desert Healthcare District - Roadrunner</i>									
Zona		1	2	3	4	5	6	7	Total
2020	Pob. Total	61,476	64,418	62,476	63,714	63,925	63,874	63,356	443,239
	Desviación de pob.	-1,844	1,098	-844	394	605	554	36	2,942
	% Desviación	-2.91%	1.73%	-1.33%	0.62%	0.96%	0.88%	0.06%	4.65%
2020 Pob. Total	% Hisp	22%	53%	29%	61%	36%	86%	90%	54%
	% Blanco	67%	36%	63%	27%	53%	9%	8%	37%
	% Negro	3%	6%	2%	3%	3%	2%	1%	3%
	% Asiático	5%	2%	4%	6%	5%	2%	1%	4%
	Total	51,426	38,681	52,579	39,041	48,691	37,361	27,132	294,911
Ciudadanos +18 años	% Hisp	15%	33%	21%	43%	27%	82%	81%	39%
	% Blanco	77%	56%	73%	43%	65%	15%	17%	54%
	% Negro	3%	8%	2%	4%	3%	2%	1%	3%
	% Asiático	4%	2%	3%	8%	4%	1%	1%	3%
	Total	41,547	30,738	40,719	31,350	40,390	24,498	20,406	229,648
Registros (Nov 2020)	% Latino est.	13%	33%	19%	45%	27%	79%	77%	36%
	% apellido español	12%	30%	17%	41%	25%	73%	72%	34%
	% apellido asiático	2%	1%	1%	2%	2%	1%	0%	1%
	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	81%	59%	78%	49%	69%	21%	20%	59%
	% negro est.	3%	7%	2%	5%	3%	2%	1%	3%
	Total	26,230	15,495	24,838	15,211	23,562	9,042	7,576	121,954
Votantes (Nov 2018)	% Latino est.	9%	20%	12%	35%	20%	75%	71%	25%
	% apellido español	8%	20%	12%	32%	18%	70%	68%	24%
	% apellido asiático	1%	1%	1%	1%	1%	1%	0%	1%
	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	85%	71%	84%	56%	76%	23%	25%	69%
	% negro est.	3%	5%	1%	4%	3%	2%	1%	3%
	Total	36,573	23,888	35,088	24,623	34,498	17,185	14,031	185,886
Votantes (Nov 2020)	% Latino est.	11%	28%	16%	41%	25%	77%	74%	32%
	% apellido español	11%	26%	15%	38%	23%	71%	69%	29%
	% apellido asiático	2%	1%	1%	2%	2%	1%	1%	1%
	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	83%	64%	80%	52%	71%	22%	23%	63%
	% negro est.	3%	6%	2%	5%	3%	2%	1%	3%
	Total	63,947	57,696	67,481	65,905	64,883	63,046	58,146	441,105
Pob. ACS	Total	63,947	57,696	67,481	65,905	64,883	63,046	58,146	441,105
Edad	Edad 0 – 19 años	13%	22%	17%	26%	20%	28%	26%	22%
	Edad 20 – 60 años	39%	45%	42%	52%	43%	58%	55%	48%
	Edad +60 años	49%	32%	41%	22%	37%	15%	20%	31%
Migración	Migrante	18%	22%	17%	32%	17%	29%	40%	25%
	Naturalizada	49%	41%	50%	45%	58%	44%	25%	42%
Lengua en casa	Inglés	77%	61%	74%	46%	72%	30%	19%	55%
	Español	16%	35%	21%	47%	23%	69%	80%	41%
	Idioma Asiático	3%	2%	2%	5%	3%	1%	0%	2%
	Otro idioma	5%	2%	3%	2%	3%	0%	1%	2%
Fluidez en Inglés	Habla Inglés solo “bien” o menos	8%	13%	9%	20%	10%	40%	52%	21%
Nivel de educación (edad +25)	preparatoria	45%	53%	46%	51%	52%	56%	44%	49%
	licenciatura	23%	12%	23%	13%	19%	6%	5%	15%
	graduado	17%	7%	15%	8%	12%	3%	3%	10%
Hogares con niño(s)	con niño(s)	12%	24%	16%	32%	21%	32%	27%	22%
Pto. Edad 16+	empleado	46%	47%	51%	58%	53%	66%	62%	55%
Ingreso (por hogar)	\$0 a \$25 000	24%	31%	19%	26%	17%	29%	40%	26%
	\$25 a \$50 000	21%	26%	21%	24%	21%	28%	29%	24%
	\$50 a \$75 000	16%	15%	16%	17%	17%	19%	14%	16%
	\$75 a \$200 000	29%	25%	31%	28%	37%	23%	16%	28%
	mayor a \$200 000	10%	3%	13%	5%	8%	2%	2%	7%
Unidades de vivienda	Unifamiliar	69%	88%	80%	75%	81%	77%	76%	78%
	Multifamiliar	31%	12%	20%	25%	19%	23%	24%	22%
	Rentadas	33%	36%	32%	39%	26%	31%	34%	33%
	Propias	67%	64%	68%	61%	74%	69%	66%	67%
Población en total del Censo 2020 y ha estado ajustada por el estado de California. Registros y votantes (por apellido) vienen del California Statewide Database. Registros y votantes "latinos" han estado ajustados según la dirección del Census Population Department. Registros y votantes blancos y negros han estado estimados por NDC. Los ciudadanos 18+, edad, migrantes, y otras cifras socioeconómicas vienen del 2015-2019 American Community Survey									

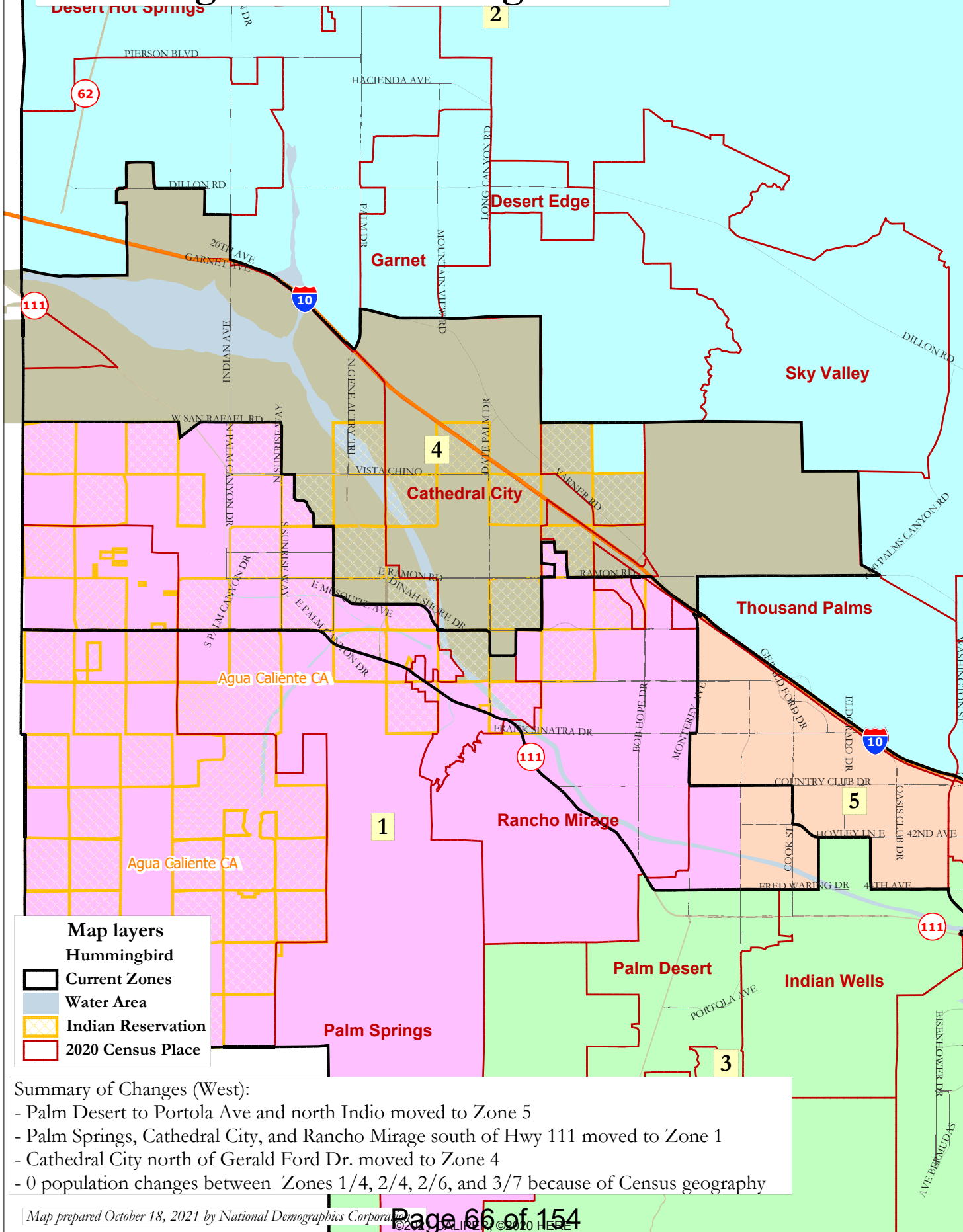
Desert Healthcare District - Rezoning 2021 Hummingbird (Moderate Changes)

Summary of Changes:

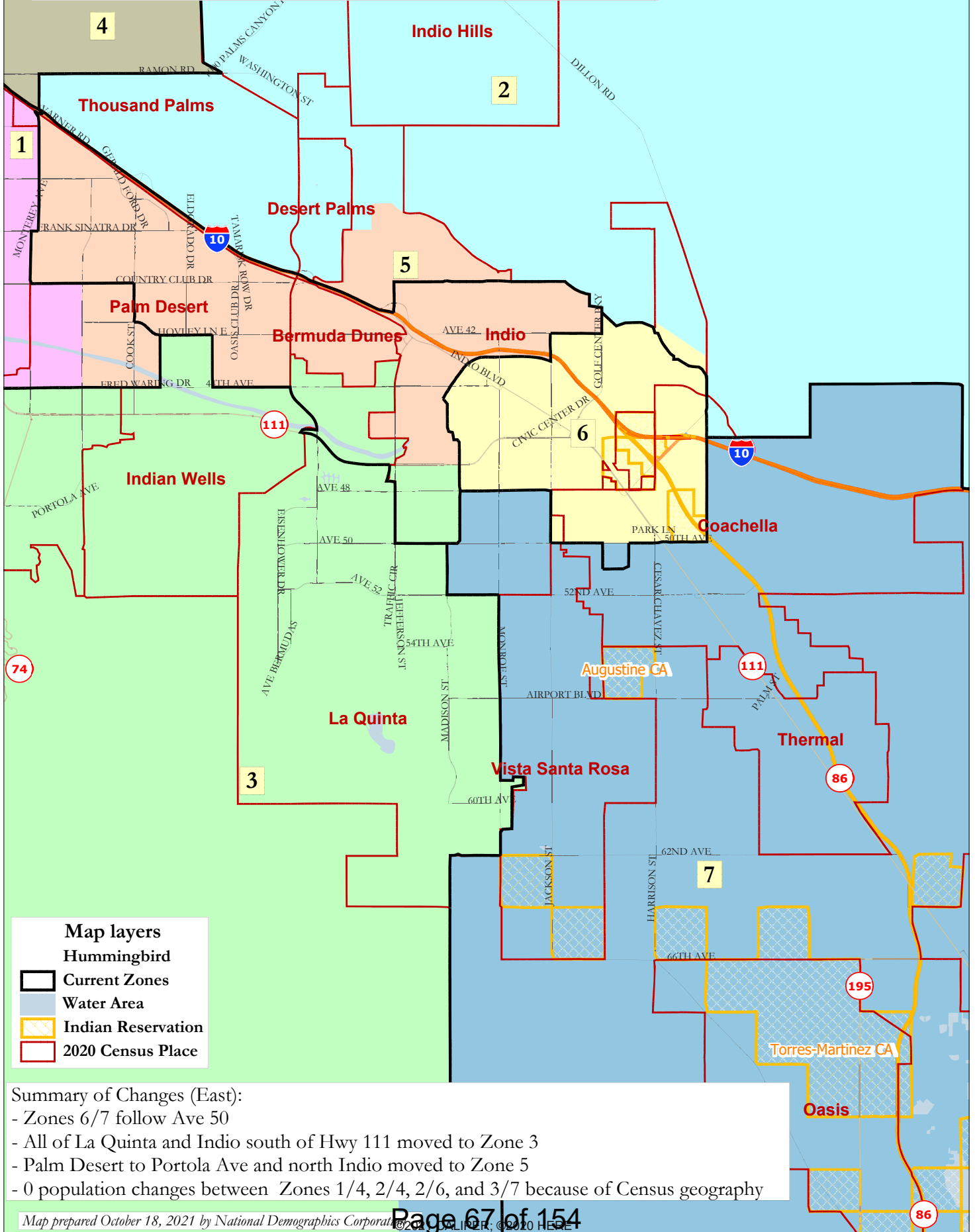
- Zones 6/7 follow Ave 50
- All of La Quinta and Indio south of Hwy 111 moved to Zone 3
- Palm Desert to Portola Ave and north Indio moved to Zone 5
- Palm Springs, Cathedral City, and Rancho Mirage south of Hwy 111 moved to Zone 1
- Cathedral City north of Gerald Ford Dr. moved to Zone 4
- 0 population changes between Zones 1/4, 2/4, 2/6, and 3/7 because of Census geography



Desert Healthcare District (West) Rezoning 2021 - Hummingbird



Desert Healthcare District (East) Rezoning 2021 - Hummingbird



<i>Desert Healthcare District - Hummingbird</i>									
Zone		1	2	3	4	5	6	7	Total
2020	2020 Census (Raw)	63,072	61,845	64,631	64,062	62,399	63,988	63,242	443,239
	Deviation from ideal	-248	-1,475	1,311	742	-921	668	-78	2,786
	% Deviation	-0.39%	-2.33%	2.07%	1.17%	-1.45%	1.06%	-0.12%	4.40%
2020 Total Pop	% Hisp	20%	52%	33%	61%	36%	85%	91%	54%
	% NH White	69%	37%	58%	27%	54%	10%	7%	37%
	% NH Black	3%	6%	2%	4%	3%	2%	1%	3%
	% Asian-American	4%	2%	4%	6%	5%	2%	1%	4%
Citizen Voting Age Pop	Total	53,920	36,296	52,957	39,539	47,705	37,769	26,725	294,911
	% Hisp	14%	31%	25%	43%	27%	80%	83%	39%
	% NH White	79%	58%	69%	43%	65%	16%	14%	54%
	% NH Black	3%	8%	2%	4%	3%	2%	1%	3%
	% Asian/Pac.Isl.	3%	2%	3%	8%	4%	1%	1%	3%
Voter Registration (Nov 2020)	Total	43,452	29,499	41,025	31,708	39,060	24,749	20,155	229,648
	% Latino est.	11%	32%	23%	45%	26%	78%	78%	36%
	% Spanish-Surnamed	11%	30%	21%	41%	24%	71%	73%	34%
	% Asian-Surnamed	2%	1%	2%	1%	2%	1%	0%	1%
	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	83%	60%	73%	49%	69%	22%	18%	59%
	% NH Black	3%	7%	2%	5%	3%	2%	1%	3%
Voter Turnout (Nov 2018)	Total	28,090	14,851	24,313	15,481	22,601	9,324	7,294	121,954
	% Latino est.	8%	19%	16%	34%	19%	73%	73%	25%
	% Spanish-Surnamed	7%	19%	15%	32%	17%	68%	70%	24%
	% Asian-Surnamed	1%	1%	1%	1%	1%	1%	0%	1%
	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	87%	71%	80%	56%	77%	25%	22%	69%
	% NH Black	2%	6%	2%	4%	3%	2%	1%	3%
Voter Turnout (Nov 2020)	Total	38,467	22,799	35,003	25,010	33,391	17,454	13,762	185,886
	% Latino est.	10%	27%	20%	41%	24%	76%	75%	32%
	% Spanish-Surnamed	9%	25%	19%	38%	22%	70%	70%	29%
	% Asian-Surnamed	2%	1%	2%	2%	2%	1%	0%	1%
	% Filipino-Surnamed	1%	1%	1%	2%	1%	1%	1%	1%
	% NH White est.	84%	64%	76%	52%	72%	24%	21%	63%
	% NH Black est.	2%	6%	2%	5%	3%	2%	1%	3%
ACS Pop. Est.	Total	65,348	53,505	70,212	66,912	63,934	63,527	57,665	441,105
Age	age0-19	11%	21%	20%	26%	20%	28%	25%	22%
	age20-60	39%	44%	44%	52%	43%	57%	56%	48%
	age60plus	50%	35%	36%	22%	37%	15%	19%	31%
Immigration	immigrants	17%	23%	17%	32%	17%	29%	41%	25%
	naturalized	49%	40%	53%	44%	56%	45%	25%	42%
Language spoken at home	english	78%	63%	72%	45%	70%	31%	18%	55%
	spanish	15%	33%	22%	47%	24%	68%	82%	41%
	asian-lang	2%	2%	2%	5%	3%	1%	0%	2%
	other lang	4%	2%	3%	2%	3%	0%	1%	2%
Language Fluency	Speaks Eng. "Less than Very Well"	8%	13%	9%	20%	11%	39%	53%	21%
Education (among those age 25+)	hs-grad	44%	53%	48%	50%	52%	56%	44%	49%
	bachelor	23%	12%	22%	14%	19%	6%	5%	15%
	graduatedegree	18%	7%	13%	8%	12%	3%	3%	10%
Child in Household	child-under18	10%	22%	20%	31%	21%	33%	27%	22%
Pct of Pop. Age 16+	employed	46%	45%	54%	58%	52%	66%	63%	55%
Household Income	income 0-25k	24%	33%	16%	26%	18%	29%	41%	26%
	income 25-50k	20%	27%	21%	25%	20%	28%	28%	24%
	income 50-75k	15%	16%	16%	17%	18%	19%	14%	16%
	income 75-200k	29%	22%	34%	28%	36%	23%	15%	28%
	income 200k-plus	11%	2%	13%	5%	8%	2%	2%	7%
Housing Stats	single family	71%	88%	82%	73%	78%	76%	78%	78%
	multi-family	29%	12%	18%	27%	22%	24%	22%	22%
	rented	34%	36%	30%	39%	27%	33%	33%	33%
	owned	66%	64%	70%	61%	73%	67%	67%	67%

Total population data from the California adjustment to the 2020 Decennial Census. Surname-based Voter Registration and Turnout data from the California Statewide Database. Latino voter registration and turnout data are Spanish-surname counts adjusted using Census Population Department undercount estimates. NH White and NH Black registration and turnout counts estimated by NDC. Citizen Voting Age Pop., Age, Immigration, and other demographics from the 2015-2019 American Community Survey and Special Tabulation 5-year data.

<i>Desert Healthcare District - Hummingbird</i>									
Zona		1	2	3	4	5	6	7	Total
2020	Pob. Total	63,072	61,845	64,631	64,062	62,399	63,988	63,242	443,239
	Desviación de pob.	-248	-1,475	1,311	742	-921	668	-78	2,786
	% Desviación	-0.39%	-2.33%	2.07%	1.17%	-1.45%	1.06%	-0.12%	4.40%
2020 Pob. Total	% Hisp	20%	52%	33%	61%	36%	85%	91%	54%
	% Blanco	69%	37%	58%	27%	54%	10%	7%	37%
	% Negro	3%	6%	2%	4%	3%	2%	1%	3%
	% Asiático	4%	2%	4%	6%	5%	2%	1%	4%
Ciudadanos +18 años	Total	53,920	36,296	52,957	39,539	47,705	37,769	26,725	294,911
	% Hisp	14%	31%	25%	43%	27%	80%	83%	39%
	% Blanco	79%	58%	69%	43%	65%	16%	14%	54%
	% Negro	3%	8%	2%	4%	3%	2%	1%	3%
	% Asiático	3%	2%	3%	8%	4%	1%	1%	3%
Registros (Nov 2020)	Total	43,452	29,499	41,025	31,708	39,060	24,749	20,155	229,648
	% Latino est.	11%	32%	23%	45%	26%	78%	78%	36%
	% apellido español	11%	30%	21%	41%	24%	71%	73%	34%
	% apellido asiático	2%	1%	2%	1%	2%	1%	0%	1%
	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	83%	60%	73%	49%	69%	22%	18%	59%
	% negro est.	3%	7%	2%	5%	3%	2%	1%	3%
Votantes (Nov 2018)	Total	28,090	14,851	24,313	15,481	22,601	9,324	7,294	121,954
	% Latino est.	8%	19%	16%	34%	19%	73%	73%	25%
	% apellido español	7%	19%	15%	32%	17%	68%	70%	24%
	% apellido asiático	1%	1%	1%	1%	1%	1%	0%	1%
	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	87%	71%	80%	56%	77%	25%	22%	69%
	% negro est.	2%	6%	2%	4%	3%	2%	1%	3%
Votantes (Nov 2020)	Total	38,467	22,799	35,003	25,010	33,391	17,454	13,762	185,886
	% Latino est.	10%	27%	20%	41%	24%	76%	75%	32%
	% apellido español	9%	25%	19%	38%	22%	70%	70%	29%
	% apellido asiático	2%	1%	2%	2%	2%	1%	0%	1%
	% apellido filipino	1%	1%	1%	2%	1%	1%	1%	1%
	% blanco est.	84%	64%	76%	52%	72%	24%	21%	63%
	% negro est.	2%	6%	2%	5%	3%	2%	1%	3%
Pob. ACS	Total	65,348	53,505	70,212	66,912	63,934	63,527	57,665	441,105
Edad	Edad 0 – 19 años	11%	21%	20%	26%	20%	28%	25%	22%
	Edad 20 – 60 años	39%	44%	44%	52%	43%	57%	56%	48%
	Edad +60 años	50%	35%	36%	22%	37%	15%	19%	31%
Migración	Migrante	17%	23%	17%	32%	17%	29%	41%	25%
	Naturalizada	49%	40%	53%	44%	56%	45%	25%	42%
Lengua en casa	Inglés	78%	63%	72%	45%	70%	31%	18%	55%
	Español	15%	33%	22%	47%	24%	68%	82%	41%
	Idioma Asiático	2%	2%	2%	5%	3%	1%	0%	2%
	Otro idioma	4%	2%	3%	2%	3%	0%	1%	2%
Fluidez en Inglés	Habla Inglés solo “bien” o menos	8%	13%	9%	20%	11%	39%	53%	21%
Nivel de educación (edad +25)	preparatoria	44%	53%	48%	50%	52%	56%	44%	49%
	licenciatura	23%	12%	22%	14%	19%	6%	5%	15%
	graduado	18%	7%	13%	8%	12%	3%	3%	10%
Hogares con niño(s)	con niño(s)	10%	22%	20%	31%	21%	33%	27%	22%
Pto. Edad 16+	empleado	46%	45%	54%	58%	52%	66%	63%	55%
Ingreso (por hogar)	\$0 a \$25 000	24%	33%	16%	26%	18%	29%	41%	26%
	\$25 a \$50 000	20%	27%	21%	25%	20%	28%	28%	24%
	\$50 a \$75 000	15%	16%	16%	17%	18%	19%	14%	16%
	\$75 a \$200 000	29%	22%	34%	28%	36%	23%	15%	28%
	mayor a \$200 000	11%	2%	13%	5%	8%	2%	2%	7%
Unidades de vivienda	Unifamiliar	71%	88%	82%	73%	78%	76%	78%	78%
	Multifamiliar	29%	12%	18%	27%	22%	24%	22%	22%
	Rentadas	34%	36%	30%	39%	27%	33%	33%	33%
	Propias	66%	64%	70%	61%	73%	67%	67%	67%
Población en total del Censo 2020 y ha estado ajustada por el estado de California. Registros y votantes (por apellido) vienen del California Statewide Database. Registros y votantes "latinos" han estado ajustados según la dirección del Census Population Department. Registros y votantes blancos y negros han estado estimados por NDC. Los ciudadanos 18+, edad, migrantes, y otras cifras socioeconómicas vienen del 2015-2019 American Community Survey									

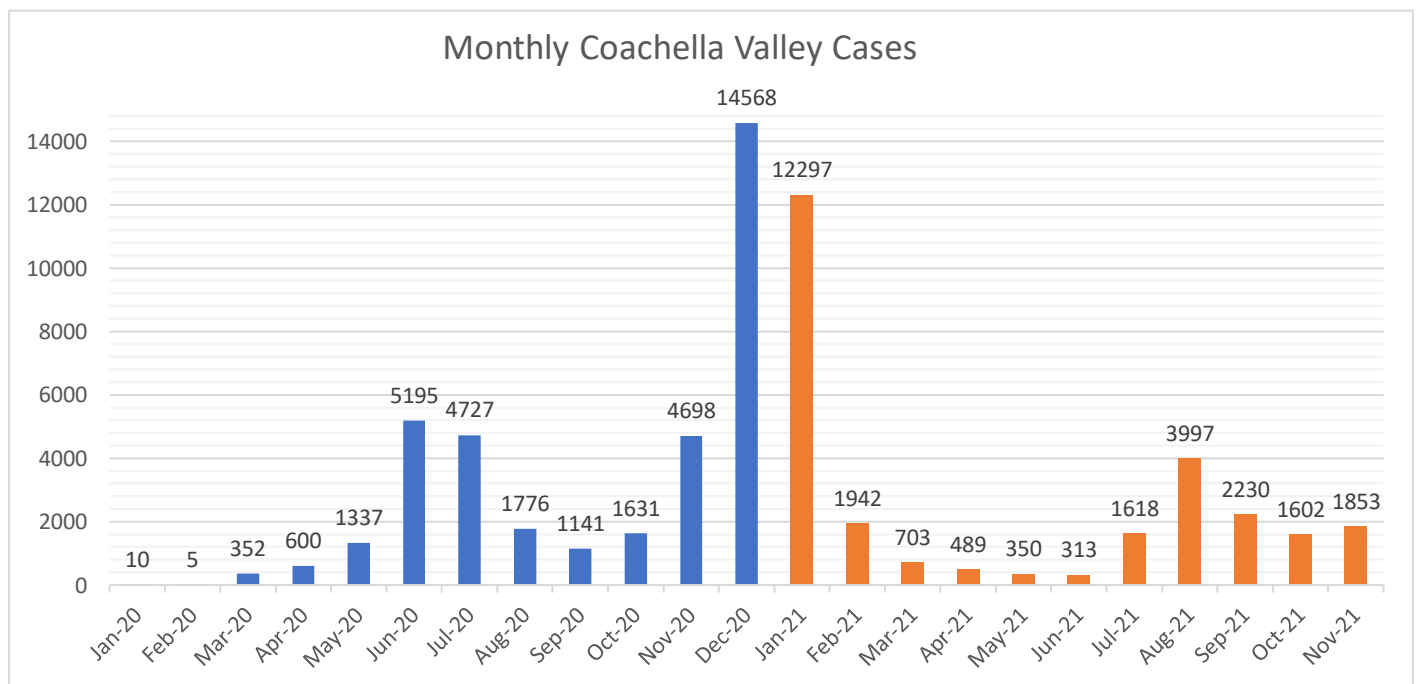


DESERT HEALTHCARE
DISTRICT & FOUNDATION

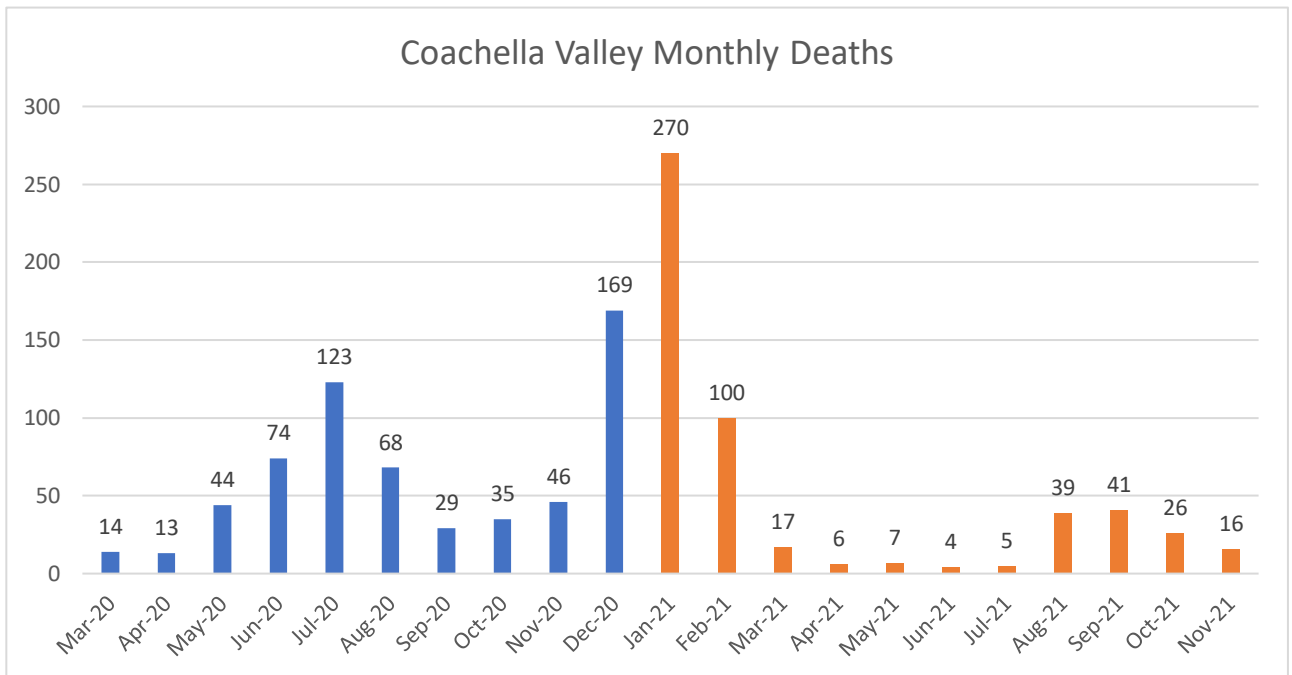
Date: December 21, 2021
To: Board of Directors
Subject: COVID-19 Vaccination Efforts in the Coachella Valley - UPDATE

Information:

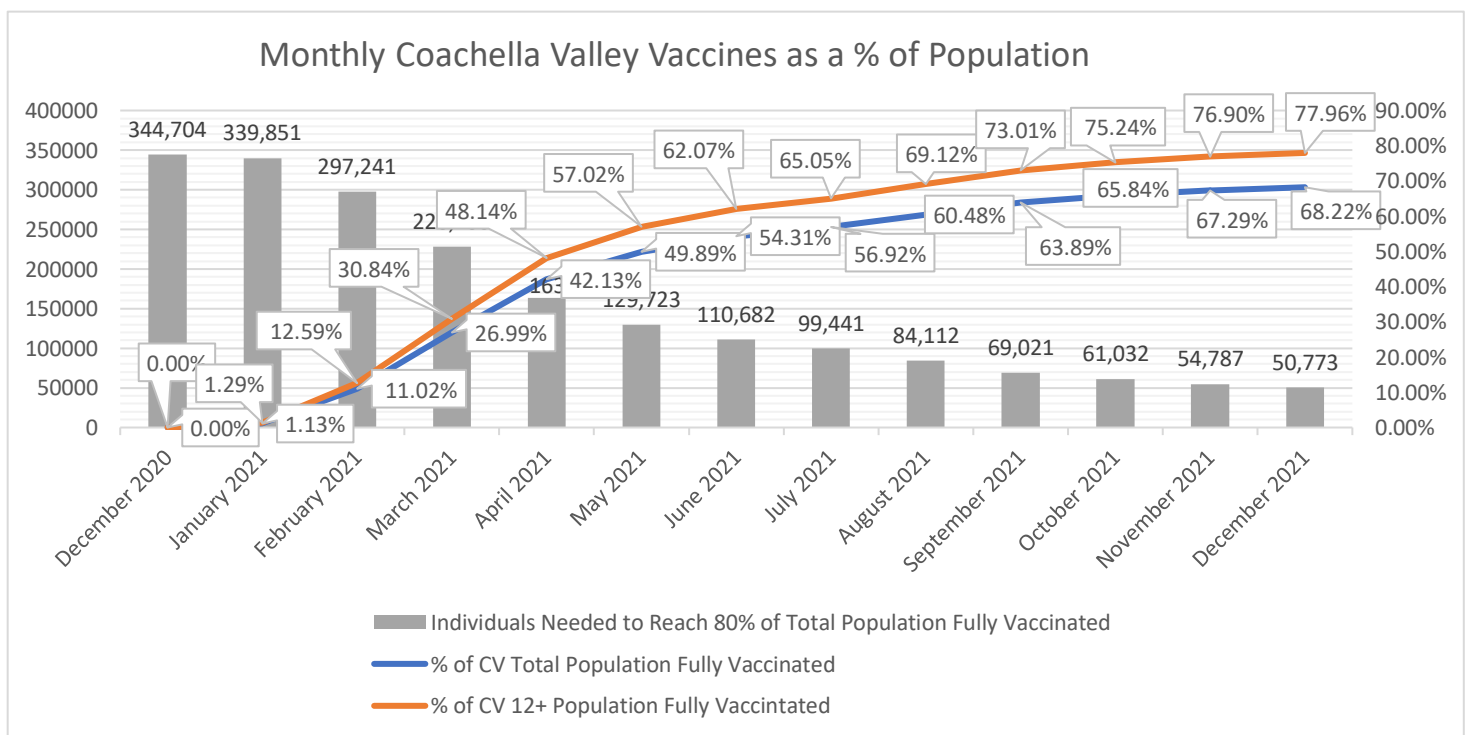
- COVID-19 continues to be the focus of public health interventions across the nation. Recent increases in COVID-19 cases, especially after the Delta variant became the most prevalent strain and the introduction of the new Omicron variant, continue to create great concerns and have reinforced the importance of vaccines as the most effective prevention measure.
- The Coachella Valley experienced, like the rest of the nation, an increase in the number of cases, in great part due to populations that remain unvaccinated.
- After a peak in the number of COVID-19 cases in August, we began to see a reverse in cases trend, with cases declining from a nearly 4,000-case peak in August to about 1,500 in October (-60%). However, November is showing an upward trend to about 1,850 (+15.5% since October).



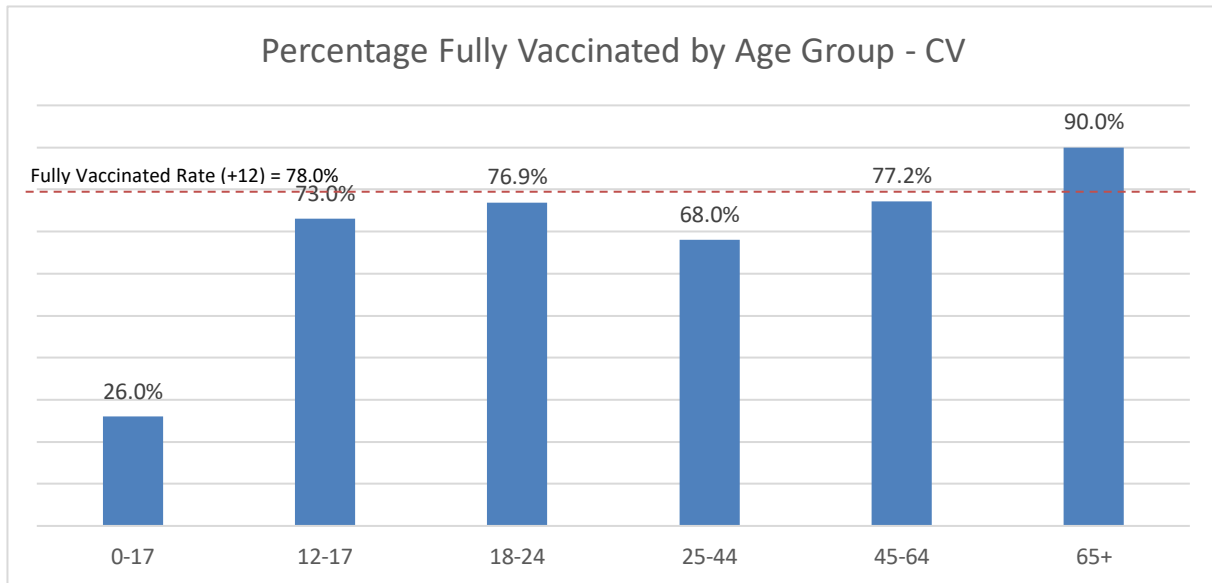
- Even with the small increase in monthly cases, the number of deaths continues to decline. A reduction in Covid-related mortality is also seen in the graph below; from a recent 38 deaths in August to 16 deaths in November (-60%).



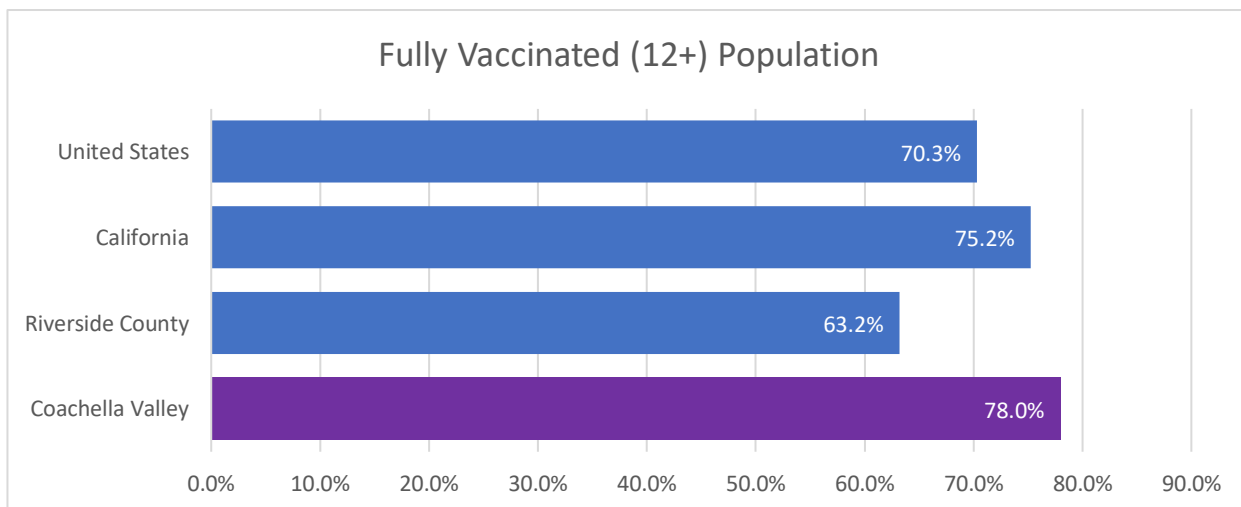
- Vaccination rates have continued to increase in the Valley. Currently, the District's population (12+) is above 78% fully vaccinated, and total population is 68%. The latter number is expected to increase as many children (ages 5 – 12) are being vaccinated.



- Additionally, we have seen an increase in fully vaccinated individuals across the region. From our previous report, the 12 – 17 age group saw an increase from 64% to 73%; the 18 – 24 group increased from 75% to 77%; the 25 – 44 increased from 67% to 68%; and the 45 – 64 age group stayed at 77%.



- Our efforts in Coachella Valley continue to be reflected in our vaccination rates.



- However, significant gaps remain, especially between communities with highest vs. lowest vaccination rates, as we have been highlighting for months now. The city of Rancho Mirage has a vaccination rate of 83.2%, while the city of Coachella has only 57.4% of its population fully vaccinated.
- The COVID-19 case rate is much lower in Rancho Mirage (8.1%) compared to Coachella which has a case rate 2.5X higher (19.5%).
- We see some very positive developments in the District. Higher vaccination rates and lower cases and lower mortality after the August peak caused by the Delta variant.

- The Omicron variant is showing to be highly transmissible. In New York City, the COVID-19 positivity rate doubled in just 3 days (from 3.9% to 7.8%). It is just a matter of time for us to see a large increase in cases, especially after the holidays season which creates conditions for large gatherings.
- While little is known thus far about the Omicron variant, existing data suggests that it causes milder illness than the Delta variant, but will sicken many more people, threatening the stability of our healthcare systems.
- The existing data about how effective vaccines are against the Omicron variant of SARS-CoV-2 are not conclusive. Some in-vitro studies show that vaccines may not offer the same protection against Omicron as it does with the Alpha and Delta variant.
- The NIH and CDC are recommending everyone who has been fully vaccinated to receive a booster dose of the vaccine, as some studies have shown that booster do offer some protection against the new variant.



Date: December 21, 2021
To: Board of Directors
Subject: KESQ and KUNA Telemundo 15 Special – COVID-19 Experts Panel Live Broadcast Wednesday, December 15, 2021

Staff Recommendation: Information only.

Background:

Considering ongoing resistance to COVID-19 vaccines and given the potential uptick in COVID-19-related infections, hospitalizations and mortality with the existing (Delta) and new (Omicron) variants, staff reached out to KESQ/KPSP/KDFX News Channel 3 & KUNA Telemundo 15 to explore a possible segment to offer education and information to the public regarding COVID-19.

Our local media was very receptive and supportive to the idea and suggested a live broadcast to take place before the holidays. Local healthcare organizations supported the event and provided experts to join the Desert Healthcare District and Foundation in this endeavor. Desert Regional Medical Center was represented by Dr. Constanza Burciaga Calderoni (Pediatrician); Eisenhower Medical Center by Dr. Ali Zareh Mendez (Hospitalist); DAP by Carmina Zavala (Psychological Assistant). We also had panelists on the phone representing Desert Oasis, Dr. Lindsey Valenzuela, PharmD, APh, BCACP; and Borrego Community Health Foundation, Dr. Jorge O. Cervantes, (Family Medicine), and Gennady “Henry” Nosovitsky (Physician Assistant).

The show was broadcasted live in English on KESQ and on Telemundo 15 in Spanish. Below are links to the recordings:

English: <https://kesq.com/news/coronavirus-questions/2021/12/06/panel-of-local-health-experts-answers-your-coronavirus-questions/>

Spanish: <https://kesq.com/kunamundo/2021/12/09/reporte-especial-expertos-responden-a-sus-preguntas-sobre-el-coronavirus/>

Fiscal Impact:

N/A



Date: December 21, 2021
To: Board of Directors
Subject: Clear Impact: DHCD 5 Year Strategic Plan

Background:

- On October 26, 2021, the Board of Directors of the Desert Healthcare District and Foundation approved the 5 Year Strategic Plan.
- Within **Goal 4** of the 5 Year Strategic Plan- *Proactively measure and evaluate the impact of DHCD/F-funded programs and services on the health of community residents, Strategy 4.1* (given a High Priority by the Board of Directors) is specific to **adopting Clear Impact as a performance management tool and a Results Based Accountability (RBA) platform to track and report impact.**
- After Board approval of the Strategic Plan, staff began incorporating the goals and strategies – specifically Goals 2 and 3 - into the new performance management system, Clear Impact.

Information:

- In order to accomplish the approved Strategic Plan goals, staff has been working on operationalizing the strategies to better track and measure the impact of District funding.
- Staff incorporated goal 2 and goal 3 of the Desert Healthcare District and Foundation's 5 Year Strategic Plan into Clear Impact: *proactively expand community access to primary and specialty care services and proactively expand community access to behavioral/mental health services.*
- Within both goals 2 and 3, staff created performance measures to operationalize the goals and create metrics to track funding impact. Please refer to the attached document.
- Best practices of performance measures include **Input measures** (show the amount of resources, either financial or otherwise, used for a specific service or program); **Output measures** (show units produced or service provided by a service or program,); and **Outcome measures** (show results of the services provided. Outcome measures assess program impact and effectiveness and show whether expected results are achieved).
- Going forward, the grants team will request that prospective grantees incorporate identified performance measures into their application.
- Staff continues to learn features and functions of Clear Impact and will begin implementing information from approved grants under the new Strategic Plan.
- Staff continues to review its grant-making policies and procedures to align with the new Strategic Plan.

Fiscal Impact:

- N/A.

Desert Healthcare District & Foundation Strategic Plan

Strategic Plan



Mission: "To achieve optimal health at all stages
of life for all District residents"

Vision: "Equitably connecting Coachella Valley residents to health and wellness services and programs through resources and philanthropy,
health facilities, information and community education, and public policy"

Goal 2

G **SP** Goal 2: Proactively expand community access to primary and specialty care services

Aligned Strategies

S **SP** 2.1 Provide funding to support an increase in the number of primary care and specialty professionals (clinicians, physicians, physician assistants, nurses, nurse practitioners, etc.)

PM # of primary providers (FTE metric)

PM # of specialty care service providers (FTE metric)

PM # of residency positions for primary and specialty care services

PM # of fellowship positions for primary and specialty care services

PM # of scholarships awarded to students pursuing education in a healthcare related field

S **SP** 2.2 Provide funding to support an increase in the number of clinics and needed programs (FQHCs, community clinics, multi-purpose community centers) in geographically-targeted markets and the days and hours that they operate

PM # of healthcare organizations creating health access points in geographically targeted markets

PM # of programs addressing barriers to access to care in geographically targeted markets

PM # of healthcare settings offering services outside of traditional (8:00 – 5:00pm M-F) business hours

S	SP	2.3 Provide funding support and evaluation to community organizations providing expanded mobile primary and specialty care services
PM		# of mobile units in operation
PM		# of additional mobile unit locations increasing health access points
PM		# of new services provided on or with established mobile units
PM		# of clients reached through mobile unit services
PM		# of mobile healthcare settings offering services outside of traditional (8:00 – 5:00pm M-F) business hours
S	SP	2.4 Provide funding support to community organizations providing primary and specialty care via telehealth
PM		# of available telehealth hubs with connectivity and infrastructure
PM		# of clients served via telehealth visits
PM		# of clients referred to additional services (whole-person care)
S	SP	2.5 Collaborate/partner with culturally-competent training programs to expand primary care residency and nursing programs with required retention initiatives
PM		# of healthcare workforce settings that incorporate culturally competent training
PM		# of service providers who received cultural competency training
S	SP	2.6 Collaborate/partner with the Riverside University Health System on increasing the number of public health initiatives, including but not limited to: COVID- 19, obesity, sex education, drug use/addiction, and nutrition
PM		# of collaborations with Riverside University Health System around public health initiatives
PM		# of community organizations partnering on public health initiatives
P	Initiative	Coachella Valley Equity Collaborative
PM		# of initiative partners
PM		# of educational outreach events (indirect)
PM		# of direct service events
PM		# of individuals who were connected to services through direct service events
PM		# of individuals who were connected to resources through direct service events
S	SP	2.7 Utilize an equity lens to expand services and resources to underserved communities
PM		# of individuals who were connected to primary and specialty healthcare services in underserved communities
PM		# of individuals who were connected to primary and specialty healthcare resources in underserved communities
PM		# of primary and specialty healthcare service locations in underserved communities
Goal 3		
G	SP	Goal 3: Proactively expand community access to behavioral/mental health services
S	SP	3.1 Provide funding to support an increase in the number of behavioral/mental health professionals (includes training)
PM		# of behavioral/mental health service professionals (FTE metric)
PM		# of internship positions for behavioral/mental health service professionals

PM	# of residency positions for behavioral/mental health service professionals
PM	# of fellowship positions for behavioral/mental health service professionals
PM	# of scholarships awarded to students pursuing education in a healthcare related field
S	SP 3.2 Provide funding to CBOs to support an increase in the number of days and hours of operation of behavioral/mental health services*
PM	# of healthcare settings offering behavioral/mental healthcare services outside of traditional (8:00 – 5:00pm M-F) business hours (including mobile)
PM	# of programs addressing barriers to access to behavioral/mental healthcare in geographically targeted markets
PM	# of individuals who were connected to behavioral/mental healthcare
S	SP 3.3 Provide funding to CBOs enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services
PM	# of healthcare organizations creating behavioral/mental healthcare access points in geographically targeted markets (including mobile)
PM	# of individuals who were connected to behavioral/mental healthcare services
S	SP 3.4 Provide funding support to CBOs providing telebehavioral/ mental health services
PM	# of available telehealth hubs with connectivity and infrastructure providing a connection to behavioral/mental healthcare services
PM	# of clients served via behavioral/mental healthcare telehealth visits
PM	# of clients referred to additional services (whole-person care)
S	SP 3.5 Work with the new private psychiatric and community hospitals to identify opportunities to collaborate on the delivery of community-based behavioral/mental health services (payer mix)
PM	# of collaborative partners working on the delivery of community-based behavioral/mental healthcare services
S	SP 3.6 Educate community residents on available behavioral/mental health resources
PM	# of community awareness activities related to educating the community around behavioral/mental health services and resources
PM	# of individuals reached through behavioral/mental healthcare community awareness activities (indirect)
PM	# of individuals who were connected to behavioral/mental health services and resources (direct)
S	SP 3.7 Collaborate/partner with community providers to enhance access to culturally-sensitive behavioral/mental health services
PM	# of new collaborative partnerships established to enhance access to culturally-sensitive behavioral/mental health services
PM	# of individuals who received culturally-sensitive behavioral/mental health services
PM	# of individuals who were connected to behavioral/mental health services



Date: December 21, 2021
To: Board of Directors
Subject: Desert Healthcare District and Foundation's Communications and Marketing Plan for 2021-2023

Staff Recommendation: Presentation of a Communications and Marketing Plan to raise awareness of the Desert Healthcare District and Foundation's mission, vision and work in the Coachella Valley from 2021 through 2023. (Informational)

Background: On Sept. 25, 2018, the Desert Healthcare District and Foundation approved a Communications and Marketing Plan with an emphasis on the proposed geographic expansion of District boundaries. As many of its goals have been accomplished, a new Communications and Marketing Plan has been drafted to augment current methods to refine and advance communication. Highlights are below:

- The new five-year Strategic Plan adopted by the Board in October 2021 provides a significant basis for the Communications and Marketing Plan.
- A focus on equity drives many of the tenets and goals in the new plan, including ongoing efforts to inform and educate constituents and stakeholders about the District and Foundation's leading role in the Coachella Valley Equity Collaborative. These efforts include, but are not limited to, the Collaborative's and Riverside County Public Health's response to COVID-19 in the Coachella Valley.
- Starting in 2022, a video spotlight of Collaborative partners will be launched and featured on the District and Foundation's website and social media bimonthly.
- We'll continue to tell the District's story of original and evolution with plans to publish its history book in English and Spanish in 2022.
- Continuing the District and Foundation's commitment to behavioral health, the director of communications and marketing will work closely with the recently hired senior program officer – behavioral health to help establish the agency as a go-to source for behavioral health information, data and resources.
- We're expanding our social media outreach by continuing to grow Facebook, Instagram, Twitter, and exploring the addition of WhatsApp and TikTok.
- Ongoing improvements of the website with periodic evaluations by the director of communications and marketing for effective messaging, ease of use and updated content, with staff and web provider. An update is scheduled for January 2024.
- In addition to developing and promoting an online seminar in 2022 to introduce the community to the five-year Strategic Plan, we'll also publish in fall 2022 an updated Annual Report.
- Post a Crisis Plan in September 2022 to ensure all stakeholders are informed and assess the post response.
- A style guide that sets communications practices and standards, with an emphasis on branding our voice and story, will be developed for internal use by the District and Foundation staff and Board of Directors.

Fiscal Impact:

FY2022 Communications and Marketing Budget is \$96,500, not including funds allocated to promote CVHIP/ConnectIE.



DESERT HEALTHCARE
DISTRICT & FOUNDATION
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Communications and Marketing Plan 2021-2023

Equitably Connecting Coachella
Valley Residents to Health &
Wellness

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Statement of Purpose

The Board of Directors of Desert Healthcare District and Desert Healthcare Foundation believes that excellent communication is critical for meeting our mission and vision. We want to become proactive and strategic communicators and foster an environment where residents and stakeholders are informed and involved in their health and wellness.

This Communications and Marketing Plan augments the current methods used by the District and Foundation Director of Communications and Marketing to refine and advance communication. Efforts to build communication are an on-going process that needs to continually be revisited with consideration given to the recently expanded District boundaries (November 2018) and to the District and Foundation's evolving goals with a focus on equity.

This plan will show how effective communications can help:

- Implement District and Foundation Strategic Plan priorities
- Engage with residents and strengthen community
- Increase the visibility of the District and Foundation to raise awareness about its purpose, service and outlook
- Ensure that residents across the Coachella Valley gain understanding of the District and Foundation's programs, services and initiatives
- Change perceptions about health and wellness programs, services and policies, as needed
- Position the organization as a health and wellness leader in the region through communications and marketing projects that build toward that goal

Methodology

The Board of Directors adopted its Strategic Plan in October 2021 with specific priorities, strategies and tactics.

In 2020, the District and Foundation Board commissioned a Community Health Needs Assessment and Community Health Improvement Plan (its first Coachella Valley-wide assessment). Its completion in 2021 serves as the basis for priorities identified the same year for a new Strategic Plan. In addition, the District and Foundation emerged as a regional leader to form the Coachella Valley Equity Collaborative in response to COVID-19. The aforementioned planning and developments inform this Communications and Marketing Plan.

Collaboration with the Chief Administration Officer was purposeful in drafting the Communications and Marketing Plan; guidance and review with the Chief Executive Officer was vital in the drafting and finalization. The approved Communications and Marketing Plan will provide guidance and direction for the organization, staff and Board of Directors. Upon approval and with implementation, input will be sought from staff and Board of Directors for creating our values and value statements, which will be the drivers of our new messaging.

The Plan identifies key initiatives for the District and Foundation. Where appropriate, the Plan also details specific implementation strategies, tactics, timelines and measurement goals.

The Communications and Marketing Plan will position the District and Foundation for success in visibility, messaging and outreach efforts, including becoming the recognized and trusted source of health and wellness information in the Coachella Valley.

District and Foundation Mission, Vision, and Strategic Plan Priorities

The pillars of an effective organization are the foundation for the direction of a Communications and Marketing Plan. The District and Foundation in October 2021 adopted a five-year Strategic Plan, upon which is the basis for this proposed Communications and Marketing Plan.

Mission

To achieve optimal health at all stages of life for all District residents.

Vision

Equitably connecting Coachella Valley residents to health and wellness services and programs through philanthropy and resources, health facilities, information and community education, and public policy.

Strategic Plan Goals

- 1) Proactively increase the *financial resources* DHDF can apply for to support community health needs
- 2) Proactively expand community *access to primary and special care services*
- 3) Proactively expand community *access to behavioral/mental health services*
- 4) Proactively measure and evaluate the *impact* of DHDF-funded programs and services on the health of community residents
- 5) Be responsive to and supportive of selected community initiatives that *enhance the economic stability* of the District residents
- 6) Be responsive to and supportive of selected community initiatives that *enhance the environment* in the District's service area
- 7) Be responsive to and supportive of selected community initiatives that *enhance the general education* of the District's residents

SP1 – Proactively increase financial resources

The strategies employed to achieve this goal include, but are not limited to, developing a healthcare delivery system vision for the Coachella Valley, renegotiation of the Tenet lease, expansion of capabilities and activities to obtain new grant funding, and evaluating the potential to conduct community-based fund-raising.

SP2 – Proactively expand access to primary and specialty care services

Strategies include, but are not limited to, providing funds to support an increase in primary care and specialty professionals, clinics and needed programs; collaborating with culturally competent training programs to expand primary care residency and nursing programs with required retention initiatives, and collaborating with Riverside University Health System on increasing public health initiatives.

SP3 – Proactively expand community access to behavioral/mental health services

Strategies include, but are not limited to, providing funding to support an increase in the number of behavioral/mental health professionals, providing funding to existing community-based organizations in the behavioral/mental health arena, and promoting to community residents District and Foundation information sources on community behavioral/mental health resources and access.

SP4 – Proactively measure and evaluation impact

Strategies include, but are not limited to, evaluating the potential to offer multiyear grants to organizations, requiring grantees to conduct and report the results of patient feedback surveys, and conducting a Community Health Needs Assessment in five years (2026).

SP5 – Community initiatives that enhance the economic stability of District residents

On a situational basis, the District and Foundation will play a role in raising awareness of and facilitating progress on the social determinants of health specific to homelessness, affordable housing, and poverty among community residents. It also will promote a health action planning and co-location of healthcare services in affordable housing developments.

SP6 – Community initiatives that enhance the environment

The DHDF will play a role in raising awareness of the impact of air quality and poor water quality in eastern Coachella Valley, as well as collaborating with and supporting public organizations in the valley to address social determinants of health related to the environment (air quality, water quality, shelter).

SP7 – Community initiatives that enhance the general education of the District's residents

Strategies include raising awareness of the impact of general health education on the health of community residents and being a catalyst for community organizations to act in implementing solutions and raising awareness of the impact of school resources on the health of community residents.

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Communication Principles to Guide the Organization

The Plan was created with these guiding principles in mind.

- **Tell Our Story**

The District and Foundation has a great story, one that includes its evolution from a hospital-centric District to a community- and collaborative-focused, public, health and wellness agency. Its history is recorded in a new book to be published in 2021/2022. We must continue to tell our own story rather than allowing misunderstanding and misperceptions to prevail. The organization should use opportunities to relay our message with an emphasis on connecting the community to health and wellness.

- **Be Proactive in Our Communication**

The organization must increase visibility; take a positive and proactive approach to communications and marketing efforts; maintain open lines of communication with constituents, stakeholders and community partners; and enhance existing relationships with media.

- **Enhanced Collaboration with Partners and Stakeholder Organizations**

This Plan emphasizes educating residents with information to help them to not only be informed on health and wellness programs and services, but also to guide them to these services. It will be important to continue to build relationships with local leaders. Equally as important is our partnerships with other Coachella Valley, regional, state and national entities to support the health of the valley; these collaborative initiatives are important and must also be messaged. The two-way flow of information enhances the principle of community problem-solving; gathering information and receiving feedback is as essential as providing information.

- **Established as *the* Coachella Valley Health and Wellness Expert for Residents, Providers, Facilities, Programs, and Services**

Building upon the work that the District and Foundation has accomplished, two staff positions were recently redefined (Chief of Community Engagement and Senior Program Officer – Public Health) and another added (Senior Program Officer – Behavioral Health), which will help establish our organization as the go-to source for health information, data and resources in the Coachella Valley. This will be an important element in our brand enhancement.

- **A Communication Program Built on Strong Themes, Organizational Pillars**

A communication program built on strong and consistent themes is more efficient than one with scattered messages. Communication should reinforce and reflect our mission, vision and Strategic Plan and target issues of the healthcare needs in the Coachella Valley, as established by the Board of Directors and executive management. The organizational pillars are the key values the District and Foundation is built on – those must be identified and memorialized, as well as communicated to staff and the Board of Directors as part of an internal style guide.

- **Communication is Built into the Organizational Structure & Processes**

This communication system allows the District and Foundation to communicate timely, accurate, and useful information to residents and stakeholders. It includes a robust commitment to presenting a consistent and focused message, with the Director of Communications and Marketing as the first point of contact/nexus of messaging and campaign development with input from staff in relation to their specialty, guidance from the Chief Operating Officer, and ultimate approval from the Chief Executive Officer.

Assessment of Current Communication

The District and Foundation uses a variety of methods to present our story.

- **Website at www.dhcd.org**

The website provides important information for all audiences: residents, stakeholders, Board of Directors, media, grantee organizations, area visitors, etc. It needs consistent updating with fresh, appealing and informative content. Its recent overhaul and compliance with state law as information resource were integral parts of earning accreditation from the Association of California Healthcare Districts and California Special Districts Association.

WEBSITE METRICS (average two weeks):

1,752 total page views (1,403 unique page views)

01:52 minutes, time on a page

- **News Releases**

An essential line of communication with media, news releases have played a vital role in disseminating information locally, statewide and nationally since the coronavirus outbreak. Prior to 2018, the District and Foundation had been using a consultant to create news releases and distribute to local media on an as-needed basis to keep them informed of current information and news. From 2015-2017, an average of 4 news releases per year were distributed. From 2018-2020, the yearly average is 34.

- **Social Media**

Informing and engaging with the community about the District and Foundation's efforts, meetings, and health and wellness information are greatly enhanced through frequent and consistent social media posts. The Plan currently utilizes Facebook (doubled followers to nearly 1,700 since 2018) and Instagram. A LinkedIn account was launched in 2021 and a WhatsApp account will be added in 2022.

- **Town Hall Meetings, Forums, Hearings, Meetings**

District and Foundation held public-invitation Town Hall Meetings in 2019-2021 to discuss zoning. The meetings were successful in encouraging two-way communication with attendees through question-and-answer formats. Public engagement also was employed through a District and Foundation partnership with a local school district in 2021 to disseminate information about COVID-19.

- **Brochure and Presentations**

Educational brochures to accompany educational presentations and training to use ConnectIE in the Coachella Valley, formerly CVHIP, were integral to branding this digital resource. The new iteration of this digital format, as well as behavioral/mental health services, will require communications and marketing materials and collateral in 2022.

- **Annual Report 2022**

The District and Foundation is due for an update annual report that is professionally produced to distribute at events/meetings and to present as a website feature (November 2022).

- **Strategic Plan 2022**

An overview of the process to develop a new Strategic Plan and its seven goals is scheduled to be shared via the District and Foundation website in the first quarter of 2022 and to be printed as a brochure/pamphlet to distribute at public meetings and external events.

Communications Situational Analysis:

Challenges...

- Need for a communications strategy to tie-in with the District/Foundation's new Strategic Plan to support the direction of the organization and help fulfill the strategic priorities established by the Board of Directors.
- Messaging could be confusing to residents with critical District and Foundation and Coachella Valley Equity Collaborative work occurring simultaneously. This includes initiatives such as collaborative branding and growth, general health education, and funding source challenges, and DRMC facility seismic compliance.
- The addition of communications and marketing efforts in support of the Coachella Valley Equity Collaborative has doubled the duties and responsibilities of the Director of Communications and Marketing.
- Correcting inaccurate perceptions about the District and Foundation, such as hospital ownership, funding sources, intent of organization's creation in the 1940s.
- A need exists for a stronger valley leader's voice in health and wellness.

...and Opportunities

- Defining communications goals and strategies by the new Director of Communications & Marketing in concert with the COO and CEO.
- Strengthening and positioning the District and Foundation as *the* expert for data, information, advocacy and resources on general Coachella Valley health and wellness.
- Identifying key messages to create a District and Foundation voice that relates to the mission, vision and Strategic Plan priorities.
- Fostering and promoting transparency of the District and Foundation's activities such as Board Meetings, grant awards, and financials.
- Building upon the District and Foundation Grant Program with specific requirements of grantees that will garner visibility such as planned check presentations, testimonials, joint news releases and social media posts with imagery and video.
- Promotion of the Desert Healthcare District and Foundation's history book with a community event, social media and marketing to digital and print publication as needed.
- Strengthening brand knowledge with community members, CBOs, Riverside University Health Service, regional partner agencies, chambers of commerce, civic groups, government officials, and legislative offices.
- Creating documents, such as a Style Guide, to be used internally by staff and the Board of Directors to streamline communications and organizational efforts while conveying our voice, our story.

Primary Target Audiences

The identified primary target audiences are the groups of people with whom the District/Foundation needs to regularly communicate with on a variety of topics and issues.

- Residents within expanded service area
- Grantee organizations
- Stakeholders
 - All government officials
 - Community groups and local organizations
 - County and regional organizations and agencies
 - Nonprofit organizations
 - Educational community
 - Service providers
 - Hospitals
 - Clinics
 - Other funders
 - Media
 - Professional organizations (Southern California Grantmakers, American Public Health Association, Association of California Healthcare Districts and California Special Districts Association)

Plan of Action:

Over-arching Objectives

Strategies, Tactics and Timelines

OBJECTIVE I

Create Effective and Brilliant Communications Executed with Consistency

1) *Enhancement of District and Foundation identity, image, brand*

Strategies and Tactics

The organization's brand, the essence of who we are, our organizational identity, needs to be defined by developing our promise to residents and stakeholders. The District and Foundation successfully worked with a consultant to align branding with direction. Now that brand must continue to be incorporated across all messaging.

- Identify values, value statements, and evolving key messages that reflect the District and Foundation's tagline: *Advancing community wellness in the Coachella Valley* (Ongoing).
- Ensure messaging reflects the new Strategic Plan priorities and speaks with one voice – create a Style Guide (April 2022).

2) *Achieve greater effectiveness of communications and visibility with more community involvement*

Strategies and Tactics

- Proactive interaction and relationship development with stakeholders, partners and grantees to drive visibility (Ongoing).
- Ensure news releases, flyers and essential printed materials are available in Spanish, creating a contact list of those who prefer to receive eblasts in Spanish (March 2022).
- Require written testimonials and/or videos from grantee agencies (or their clients) to support the District and Foundation; this element is a part of the agreement as grants are awarded. Examples: joint news releases announcing grant awards, launching Strategic Plan awareness campaign (January 2022 & Ongoing).
- Increased community exposure through staff-identified opportunities with other organizations and events, such as the grants program, health screenings, health fairs (Ongoing).
- Host more health and wellness forums, webinars and focus groups as needed; assure Spanish-translation is provided (Ongoing).
- Increase CEO and Board of Directors exposure in community forums, events and media coverage opportunities (Ongoing). Community exposure will be enhanced also through utilizing nametags and clothing with organization brand (February 2022).
- Assure that all key staff and Board of Directors are versed in the District and Foundation messages and story; District and Foundation communications/media policy must also be adhered to (primarily through the aforementioned Style Guide). Training for speaking, presenting, media interaction for select staff and Board of Directors; new Board member and incoming Board president orientations (Ongoing).

3) Provide consistent and professional communication and marketing

Strategies and Tactics

- (A) Provide engaging, accurate, timely and useful public information regarding all new initiatives and programs via social media, the website, news releases (Ongoing).
- (B) Invest in training tools and conferences to provide guidance in communications and media skills (Ongoing).
- (C) Assure information, such as news releases, is approved by CEO; FYI to the Board of Directors; then released to the public (Ongoing).
- (D) Create Standard Operating Procedures for all communications, marketing, and media work as well as additional organizational matters (included in Style Guide); externally, create SOPs as needed for District and Foundation projects and initiatives (April 2022 & Ongoing).
- (E) Increase effectiveness of all internal communication between staff and the Board (Ongoing).

4) Increase visibility and effectiveness via collateral

Strategies and Tactics

Strategically purposing collateral to support brand development is paramount in this communications process; all must include Spanish translation. Additionally, the use of infographics will be helpful in the organization's messaging efforts to target audiences.

- (A) Strategic Plan Brochure (digital and print, as needed) (Timeline)
- (B) Relaunch Bi-Monthly E-newsletter (January 2022)
- (C) Ad Buys – online, print, radio/TV, outdoor (Ongoing)
- (D) District and Foundation History Book & Brochure (Timeline & Ongoing)
- (E) Organization premiums/giveaway items that build brand awareness (Ongoing)
- (F) Behavioral Health Plan (Timeline TBD)
- (G) Annual Report (November 2022)

5) Understand public opinion on important issues by providing avenues for two-way communication

Strategies and Tactics

- (A) Opportunities for open discussion made available at community forums, public hearings, events, Board meetings (Ongoing).
- (B) Promote sign-up for District and Foundation e-newsletter (January 2022 & Ongoing).
- (C) Create a resident survey (baseline and then every two years); focus on unaided brand awareness and expansion polling for first survey (April 2022).
- (D) Timely responsiveness to resident/public comments and feedback (Ongoing).

6) Increase media interaction and earned media opportunities to aid organization visibility

Strategies and Tactics

- (A) Identify targeted media outlets and publications (Ongoing).
- (B) Identify newsworthy information; news release distribution as needed with a minimum of two per month (Ongoing).

- (C) Build and maintain rapport with reporters; contact proactively and on a regular basis via email and phone; request in-person meetings with select media monthly (Ongoing).
- (D) Target media outlets; see Appendix (Ongoing).
- (E) Target media outlets that are designed for the Spanish-speaking demographic; see Appendix (Ongoing).
- (F) Submit articles for state association and trade publications (Ongoing).
- (G) Plan and schedule meetings to convey District and Foundation initiatives to local media editorial boards.
- (H) Submit initiative-driven opinion pieces and letters to editorial boards (Ongoing).
- (I) Create Public Service Announcements (PSAs) for radio, print, television (Ongoing).
- (J) Promote District and Foundation news through the cities/served city TV channel scrolling bulletin boards and on public, educational, and governmental programming channels (Ongoing).

OBJECTIVE II

Invest in Long-Term Communications Vehicles

Utilize website and marketing vehicles to tell the District and Foundation's story

Strategies and Tactics

(A) Periodic re-evaluation of the website. The website is often the first experience a private citizen or professional will have with the Desert Healthcare District and Foundation. As a result, it requires comprehensive, continually fresh and engaging content.

- Staff brainstorming session to review website features, with the director of communications and marketing leading regular website committee/staff meetings. The goal is to identify areas of the current website that need updates, review and update content; incorporate key messaging; Maintaining the website with the most current messages is critical to overall communications success (August 2023).
- Enhance website's mobile platform capability (Ongoing).
- Apply revisions and updates, relaunching revamped website (January 2024).

(B) Increase effectiveness of social media presence.

- Continue to incorporate Strategic Plan priorities and collaborative projects into social media posts to reach key target audiences; provide messaging in Spanish, consider posts in Spanish or consider adding a Spanish District and Foundation Facebook page. Growing Facebook, Instagram, YouTube and LinkedIn platforms (Ongoing).
- Add additional social media platforms, such as WhatsApp, TikTok, etc. (January 2022)

(C) Capture organization history.

- Publish Desert Healthcare District and Foundation History book digitally (January 2022) and print as needed (Tentative February 2022 & Ongoing).
- Plan community event to launch history book with copies available for attendees (Tentative February 2022)

Ensure the District and Foundation is prepared for a crisis on the communications front

Strategies and Tactics

Crisis management is the process by which the organization deals with a disruptive or emergency situation that threatens to harm the character of the organization or its stakeholders.

The crisis management policy is a strategy that helps guide how we will deal with said situation with:

- (A) Develop a process to make quick decisions to limit damage.
- (B) Identify individuals who will serve as lead spokesperson and a team to support throughout the timeframe.
- (C) An established system to monitor and report out in a timely fashion to all Directors, stakeholders and employees.
- (D) Process on how to hold a District Board meeting within the approved guidelines of the Brown Act.
- (E) Established authority and priority list of communications.
- (F) Post Crisis Plan to ensure all stakeholders are informed and assess the post response system (September 2022).

To reduce uncertainty in the event of a crisis, a plan is created in advance:

- (A) Planning on perceived possible crises anticipation.
- (B) Training of key spokesperson (Chief Executive Officer).
- (C) Identify potential outside contractors.
- (D) Identify and know who the stakeholders are.
- (E) Establish a holding statement and key messages.
- (F) Build strong relationships with all media outlets.
- (G) Training and understanding of the emergency meeting procedures.
- (H) Establish a risk matrix to gauge possible impact and response required.
- (I) Outline the communications process and diagram so easily accessible by all staff and Board.
- (J) Establish cross training for staff on both web and social media platforms to ensure quick and efficient responses.

OBJECTIVE III

Advance Strategic Priorities via Education and Outreach Campaign

Assure residents are connected to and informed about providers, facilities, programs and services via Connect IE, formerly CVHIP

Strategies and Tactics

- (A) Continue campaign to inform residents and stakeholders (Ongoing).
- (B) Training providers and other users by District and Foundation staff (Ongoing).
- (C) Report out on measurement of campaign and interaction with platform, as well as effectiveness with platform agencies (Ongoing).

Inform and educate residents about the behavioral/mental health initiatives by the District and Foundation, and available regional services.

Strategies and Tactics

- (A) Create a District and Foundation website page and menu item dedicated to behavioral/mental health (March 2022)
- (B) Provide promotional support to staff's participation in community and regional behavioral/mental health events (Ongoing).
- (C) Assist in developing behavioral/mental health initiatives and campaigns to raise community awareness through social media posts and print, digital and broadcast media (Ongoing).

General education for residents about health and wellness issues affecting the Coachella Valley, based on Community Health Needs Assessment and Strategic Plan

Strategies and Tactics

- (A) Employ social media and website posts to bring awareness to general health issues (Ongoing).
- (B) Work with staff to identify key issues and messaging for broader marketing campaign consisting of public bus shelters, billboards, radio, TV (As Needed).

Evaluation and Measurement of Results

Utilize benchmarks and measurement tools.

- Conduct resident satisfaction survey to measure unaided brand awareness; initial baseline with follow-up every two years (April 2022).
- Contract with consultant/services to conduct media content analysis; message traction via media coverage; and earned media status. (July 2022 & Ongoing)
- Track impressions on ads and campaigns (Ongoing).
- Utilize analytics for website and social media – site visits, page views, number of followers, likes, shares, etc. (Ongoing).
- Create benchmarks and milestones for agency outreach efforts such as participation in Board meetings, town halls, forums and events, media coverage, and increased touchpoints for staff (Ongoing).

APPENDIX

Media in the Coachella Valley **Target newspapers, TV, radio, online**

Print Media Outlets

The Desert Sun
Coachella Valley Independent
Coachella Valley Weekly
Coachella Valley Patch
La Prensa Hispana (Spanish-language)
El Informador Del Valley (Spanish-language)
Desert Health News
Desert Charities News
Desert Public Record
The Press-Enterprise
Tidbits

TV Media Outlets

KESQ-TV, News Channel 3 CBS Local 2, KDFX-TV/KUNA-TV and KCWQ CW 5
KMIR and KPSE (Entravision)
KLPS-LP Channel 19 (Independent)

Radio Media Outlets including Spanish-language Outlets

Telemundo (part of KESQ)
Univision (Entravision / part of KMIR)
La Poderosa (96.7FM)
Radio Jose (94.7FM)
ALPHA MEDIA
KKUU
KUNA
KLOB
KPLM
KPST
KDES
KNWZ
KPSI KGX

National Media Outlets

Reuters
Telemundo
The Associated Press
The New York Times (International)
DW Español (International)

Trade Publications

ACHD, CSDA

KEY FUTURE PROJECTS & TIMELINE

STRATEGIC PLAN ONLINE SEMINAR (Jan. 2022 -)

- Phase I – Work with key District and Foundation staff and service provider to identify date and objectives of webinar ... through January 2022
- Phase II— Promote webinar among stakeholders and residents via social media, news release, media coverage ... date TBD
- Phase III – Create Frequently Asked Questions/Answers based on webinar to post on website ... date TBD

BEHAVIORAL/ MENTAL HEALTH COMMUNITY PLAN/ PRESENTATION (Date TBD)

- Phase I – Create a District and Foundation webpage and corresponding menu item dedicated to Coachella Valley, regional and state behavioral/mental health needs and services
- Phase II – Work with Senior Program Officer – Behavioral Health to identify findings and recommendations determined by Green Ribbon Steering Committee and work groups
- Phase III— Promote on the District and Foundation website, news releases and media interviews the recommended focus areas and plans to address behavioral/mental health needs

COACHELLA VALLEY EQUITY COLLABORATIVE BRANDING (Oct. 2021 & Ongoing)

- Phase I – Continue promoting and supporting the District and Foundation's Coachella Valley Equity Collaborative (CVEC) initiative with Riverside County, community-based and faith-based organizations
- Phase II – Develop with collaborative members a mission statement and CVEC branding in alignment with the District and Foundation's
- Phase III – Engage with and support, whenever possible, the marketing and communications efforts of county and regional agencies committed to work that's adjacent to CVEC's focus and dedication to equity in health and wellness; bimonthly video spotlight of a Collaborative partner organization (February 2022)

E-NEWSLETTER (Jan. 2022 & ongoing)

- Phase I – Relaunch in January 2022 the periodic (bimonthly) newsletter to keep subscribers and stakeholders aware of District activities and Board actions.
- Phase II – Survey District and Foundation contacts and stakeholders about the type of content they'd like to see in an newsletter, via targeted news release
- Phase III – Promote subscriptions of bimonthly newsletter (via email contact list) through social media posts and website

ANNUAL REPORT (November 2022)

- Fiscal year-end numbers approved Chief Administration Officer and staff (October 2022)
- Compile report by the director of communications and marketing with staff input (October 2022)

DRAFT



Date: December 21, 2021
To: Board of Directors
Subject: Community Engagement and Presentations

Background:

- Continuing with the key professional responsibilities of the District's CEO in maintaining and developing the organization's external relations by communicating the organization's mission and achievements effectively to stakeholders and to create links with community constituents so the highest degree of impact can be achieved through the most effective use of resources.
- The following is brief information regarding some of the current, past, current, and upcoming presentations and community engagements involving the CEO.

Information:

- COVID-19 Vigil with interfaith group, City of Coachella – November 19, 2021
- Meeting with Ann McMillan, Grantmakers in Health – November 20, 2021
- Meeting with Kim Saruwatari, RUHS Public Health – November 23, 2021
- Meeting with Madison Rozakos, Trakstar – November 23, 2021
- Hospital inspection – November 30, 2021
- ACHD Governance Committee meeting – December 1, 2021
- Meeting with Yvonne Bell, CDSP – December 1, 2021
- Meeting with KESQ/KUNA TV Planning COVID-19 Expert Panel Live Broadcast – December 2, 2021
- ACHD CEOs Roundtable – December 2, 2021
- Grantmakers in Health – 2022 Conference Proposal Review – December 7 -10, 2021

- COVID-19 Vaccines for Children Press Conference with Coachella Valley Unified School District (CVUSD) Superintendent Dr. Luis Valentino, CVUSD Board President Joey Acuña, RUHS Public Health Director Kimberly Saruwatari – December 8, 2021
- Meeting with Kim Saruwatari, RUHS Public Health – December 8, 2021
- Planning Retreat - Riverside County - Lift To Rise Economic Mobility Action Planning – December 9, 2021
- Meeting with Jarrod McNaughton, IEHP – December 9, 2021
- Live Broadcast – KESQ/Telemundo Medical Experts Panel on COVID-19 – December 15, 2021

Staff Holidays Gifts:

- Continuing with the tradition of giving staff a small holiday present, we have ordered a Trader Joe's gift card with a value of \$200.00 for each staff member.

CEO Vacation Plans:

- The CEO will be taking a vacation starting January 3 through January 28, 2022.
- I will be traveling abroad and continue to have a personal cell phone with service to be accessible to staff if needed. Some meetings are being scheduled in which I will be participating via Zoom.
- In my absence, Chris Christensen will be acting in my place, coordinating staff meetings, committee meetings, and the January 25 Board meeting.

**DESERT HEALTHCARE DISTRICT
SPECIAL MEETING OF THE FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL,
AND COMMITTEE
MEETING MINUTES
December 07, 2021**

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

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Shorr called the meeting to order at 3:40 p.m.	
II. Approval of Agenda	Chair Shorr asked for a motion to approve the agenda.	Moved and seconded by Director Zendle and President De Lara to approve the agenda. Motion passed unanimously.
III. Public Comment	There was no public comment.	
IV. Approval of Minutes 1. F&A Minutes – Meeting November 09, 2021	Chair Shorr motioned to approve the November 09, 2021, minutes.	Moved and seconded by President De Lara and Director Zendle to approve the November 09, 2021, meeting minutes. Motion passed unanimously.
V. CEO Report	Conrado Bárzaga, MD, CEO, explained that his wife is presented with the opportunity of a sabbatical in January, and he will join her by using vacation dates during this period as well.	
VI. Chief Administration Officer's Report	Chris Christensen, CAO, explained that at the January F&A Committee meeting, the December and January financials will be provided due to time constraints in the month of December. Two of the bank accounts were compromised. The bank is in the process of closing the	

**DESERT HEALTHCARE DISTRICT
SPECIAL MEETING OF THE FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL,
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December 07, 2021**

	<p>accounts and assigning new accounts for the district operating account and the investment account for the facility replacement fund. All safeguards are in place and no transactions were completed.</p> <p>Subsequent to Chair Shorr explaining that he received a phishing email from President De Lara's account, director Zendle suggested that staff or legal contact each director describing the various areas of entry.</p> <p>The Las Palmas Medical Plaza continues with the two vacancies which hopefully will generate more interest in the new year.</p> <p>Mr. Christensen explained that given the discussions at the board level concerning Director Rogers inquiry into a marketing assessment to fill the two vacancies, although there is a limited number of vacancies at the Plaza, the districts' interest in pursuing additional real estate or new medical plaza suites, which is a future agenda item to review the needs of the Coachella Valley. The volume of vacant medical suites is unknown compared to the number of medical providers for the needs in the Valley.</p> <p>Director Zendle explained that the shortage of providers does</p>	
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**DESERT HEALTHCARE DISTRICT
SPECIAL MEETING OF THE FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL,
AND COMMITTEE
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December 07, 2021**

	<p>not relate to the number of provider spaces in the Coachella Valley, and the implication that the district has an interest in building medical offices is not a strategic priority. The reason there is a shortage of medical providers is not associated with office space, but young families that are not moving to the Valley for several reasons that have nothing to do with office space availability.</p> <p>There was no consensus at the board level for director Roger's request, chair Shorr indicated the possibility of a discussion at the strategic planning committee for space utilization and capacity, and the committee discussed and considered not to recommend that staff move forward with any marketing assessments at this time as it is unwarranted.</p>	
<p>VII. Other Matters</p> <p>1. Consideration to forward to the Board for approval – Guidehouse, Inc. Service Agreement Proposal – Healthcare Vision for Coachella Valley Advisory Services</p>	<p>Conrado Bárzaga, MD, CEO, described conversations during the strategic planning process for developing a vision of healthcare for One Coachella Valley with the expansion in place, hospital discussions for the Palm Springs and Eastern Coachella Valley areas with the resolve to create a vision for the needs, the hospital utilization trends, population growth and hiring consultants to assist. Steve Valentine that</p>	<p>Moved and seconded by President De Lara and Director Zendle to table the Guidehouse, Inc. Service Agreement Proposal. Motion passed unanimously.</p>



**DESERT HEALTHCARE DISTRICT
SPECIAL MEETING OF THE FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL,
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MEETING MINUTES
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	<p>assisted with the strategic plan is working for Guidehouse, Inc. and submitted a proposal for recommendation to the board. The ad hoc committee also directed staff based on the board's position of the strategic direction associated with the hospital. The proposal is \$250k to complete the project within four (4) to six (6) months with Guidehouse's healthcare division specializing in hospitals and government-owned healthcare facilities.</p> <p>Chair Shorr outlined the respectable work of Mr. Valentine but inquired if the project necessitates a Request for Proposals (RFP).</p> <p>Dr. Bárzaga, CEO, explained that legal counsel should be consulted, the district can move forward without an RFP, especially given Mr. Valentine's prior engagements with similar assessments before the expansion.</p> <p>President De Lara described the unique qualifications of Guidehouse but if they are the most qualified for this project, the deliverables are vague and require more details, which, according to Dr. Bárzaga is due to some of the confidentiality aspects.</p>	
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**DESERT HEALTHCARE DISTRICT
SPECIAL MEETING OF THE FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL,
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<p>2. 2021-2023 Communications and Marketing Plan – INFORMATIONAL</p>	<p>Director Zendle outlined the 2017 Market Analysis with Mr. Valentine as the primary consultant in completing the report to assess the current and future healthcare needs in the Greater Coachella Valley for a 10-year planning perspective. Updates may be necessary, but an assessment is already finalized, and determine the next steps with the data to inform the district.</p> <p>The committee concluded that the Ad Hoc and F&A Committees review the internal historical reports to assess the proposal and provide their feedback for the next direction, and possibly integrate the report into the strategic plan.</p> <p>Dr. Bárzaga, CEO, described the growth and the district's presence in the community and the future of the Coachella Valley healthcare infrastructure with a solid presence of a communications and marketing plan.</p> <p>Will Dean, Communications and Marketing, highlighted the prior plan with a general approach to raise awareness with the expansion in mind. As the district continues to evolve with the new strategic plan to communicate to the community and stakeholders, including partnerships for</p>	
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**DESERT HEALTHCARE DISTRICT
SPECIAL MEETING OF THE FINANCE, ADMINISTRATION, REAL ESTATE, LEGAL,
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MEETING MINUTES
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	<p>promotion. For instance, the Behavioral Health Initiative to identify needs and understand the district's contribution and the focus on the equity portion of the district's vision statement.</p> <p>President De Lara requested a calendar for events and press conferences.</p> <p>Director Zendle described the navigation issues on the website for locating documents and a site map to take the user directly to a document, video, or file.</p> <p>Chair Shorr suggested a radio program to invite community members for 30 minutes every week similar to the nonprofit of the week previously illustrated on the website.</p>	
IV. Adjournment	Director Shorr adjourned the meeting at 4:39 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

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

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



Chief Administration Officer's Report

December 07, 2021

Las Palmas Medical Plaza - Property Management:

Occupancy:

See attached unit rental status report.

95.6% currently occupied –

Total annual rent including CAM fees is **\$1,344,843**.

Leasing Activity:

Two suites are vacant and available for lease. We anticipate interest will be limited through the holidays, but expect increased interest in early 2022.

Las Palmas Medical Plaza													
Unit Rental Status													
As of December 1, 2021													
Unit	Tenant Name	Deposit	Lease Dates		Term	Unit	Percent	Monthly	Annual	Rent Per	Monthly	Total Monthly	Total Annual
			From	To		Sq Feet	of Total	Rent	Rent	Sq Foot	CAM	Rent Inclg CAM	Rent Inclg CAM
											\$ 0.69		
1E, 204	Vacant					880	1.78%						
1W, 204	Vacant					1,280	2.59%						
Total - Vacancies						2,160	4.38%						
Total Suites-31 - 29 Suites Occupied		\$ 59,100.54				49,356	95.6%	\$ 79,645.76	\$ 955,749.12	\$ 1.69	\$ 32,424.48	\$ 112,070.24	\$ 1,344,842.88
			Summary - All Units										
			Occupied	47,196	95.6%								
			Vacant	2,160	4.4%								
			Pending	0	0%								
			Total	49,356	100%								

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
December 07, 2021**

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Chair Evett PerezGil Director Carmina Zavala	Conrado E. Bárzaga, MD, Chief Executive Officer Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Jana Trew, Senior Program Officer, Behavioral Health Meghan Kane, Senior Program Officer, Public Health Erica Huskey, Administrative and Program Assistant Andrea S. Hayles, Clerk of the Board	Vice-President Karen Borja

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 5:01 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	Moved and seconded by Director Zavala and Chair PerezGil to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. November 09, 2021	Chair PerezGil asked for a motion to approve the November 09, 2021, meeting minutes.	Moved and seconded by Director Zavala and Chair PerezGil to approve the November 09, 2021, meeting minutes. Motion passed unanimously.
IV. Public Comment	There were no public comments.	
V. Old Business 1. Clear Impact Platform/Results Based Accountability (RBA) – Update	Donna Craig, Chief Program Officer, described the contract with Clear Impact and the district will utilize the performance measures for incorporating into a dashboard and scorecard, explaining that the draft performance measures will commence after the implementation of the strategic plan to avoid researching	

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
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	<p>baseline data due to the broad nature of the strategic plan and the accompanying performance measures. Ms. Craig thanked the staff for their assistance to move forward with the measures for the implementation of the strategic plan.</p> <p>Conrado Barzaga, MD, CEO, explained that the performance measures will allow the district to evaluate the effectiveness of the strategic plan and the programs that the district will be investing its funding into the community. Organizations that are recipients of grants will be responsible for providing the information from staff's evaluation of the proposals and performance.</p>	
2. Funding Requests Update	<p>Donna Craig, Chief Program Officer, highlighted the Desert Cancer Foundation grant application outlining the proposal conferences with the University of California Riverside (UCR) and Vision to Learn currently in the second phase for approval in January, and an upcoming letter of intent review Cal State University San Bernardino (CSUSB) Palm Desert.</p>	
3. Grant Payment Schedule	<p>Chair PerezGil inquired with the committee concerning any questions related to the grant payment schedule.</p>	

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
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<p>4. Grant #1171 Blood Bank of Riverside and San Bernardino Counties AKA LifeStream – Consideration to forward to the Board of Directors an approval of a modification to the approved grant budget of \$150,000 by transferring \$30,000 from the line-item budget category <i>COVID ANTIBODIES TEST KITS</i> to line-item budget category <i>ONE BLOODMOBILE</i>. This line-item transfer will support the cost of the District-funded bloodmobile.</p>	<p>Donna Craig, Chief Program Officer, explained that any budget modifications over 10% of the approved grant amount require board approval, further describing transferring funds not used from the antibodies test kits to the bloodmobile that the district also provided partial funding.</p>	<p>Moved and seconded by Director Zavala and Chair PerezGil to forward to the Board for approval a modification to the approved grant budget of \$150,000 by transferring \$30,000 from the line-item budget category <i>COVID ANTIBODIES TEST KITS</i> to line-item budget category <i>ONE BLOODMOBILE</i>. Motion passed unanimously.</p>
<p>VI. Program Updates</p> <p>1. Progress and Final Reports Update</p>	<p>Chair PerezGil inquired with the committee concerning any questions on the most recent progress and final reports.</p> <p>Donna Craig, Chief Program Officer, described the OneFuture report and the thank you letters from the scholarship recipients who will join a future board meeting to publicly thank the board for the scholarship funding while highlighting their career pathways and goals of returning to the Coachella Valley to practice upon graduation.</p>	
<p>VII. Grant Funding Requests</p>		

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
December 07, 2021**

1. Grant #1289 Desert Cancer Foundation – Patient Assistance Program - \$150,000	Donna Craig, Chief Program Officer, described the Desert Cancer Foundation’s \$150,000 funding request of financial relief to patients through the Patient Assistance Program.	Moved and seconded Director Zavala and Chair PerezGil to forward to the Board for approval Grant #1289 Desert Cancer Foundation – Patient Assistance Program - \$150,000. Motion passed unanimously.
VIII. Committee Members Comments	There were no committee member comments.	
IX. Adjournment	Chair PerezGil adjourned the meeting at 5:12 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST: _____
 Evett PerezGil, Chair/Director
 Program Committee

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

New Grant Requests/Updates; Grants Team Review and Recommendations; Next Steps (December 2021)
The following LOIs (Letter of Interest) and/or Applications have been received and reviewed or under review by the
Grants Team (Alejandro, Meghan, Jana, Erica, Vanessa, Chris, Eric, Donna) and Chief Executive Officer

Agency	Grant # & Project Title	Amount and Timeline	Description of what funds would support	Results of grants team review	Status	Nexus to 2022 5-year Strategic Plan
Desert Cancer Foundation	LOI: #1289 <i>Patient Assistance Program</i>	\$150,000 one year	Through the Patient Assistance Program, DCF will make payments to the healthcare providers, on behalf of qualified (means-tested) low-income individuals residing in the District region, to cover the costs of screening, diagnosis, and vital treatment of cancer and its allied diseases. The funds will cover insurance premiums and		Stage 2, the application, has been generated. Application on 12/7/21 Program Committee agenda for review and consideration to forward to the board for approval.	<i>Strong nexus to the <u>high priority</u> goals of Goal #2 (Proactively expand community access to primary health care and specialty health care services)/Strategy #2.7: Utilize an equity lens to expand services and resources to underserved communities</i>

			deductibles, co-pays/co-insurance, Medic-Cal Share of Cost, prescription medications, including IV infusions, chemo and radiation therapies. A portion of the funds will also cover staff wages to help run the program.			
UCR SOM	<i>LOI #1301 Community-based interventions to mitigate psychological trauma and mental health disparities in immigrant communities in the COVID-19 pandemic</i>	\$113,376 one year (start date January 2022)	Funds will pay for community capacity building (2 trainings), stipends for mental health professionals and promotores to facilitate restorative circles, compensation for promotores, participant incentives for	Reviewed by grant team	LOI review meeting scheduled for December 2nd	<i>Possible nexus to Goal #3: Proactively expand community access to behavioral/mental health services</i>

			qualitative interviews, and salary support.			
Vision to Learn	LOI #1302 <i>Vision to Learn – Desert Sands and CV Unified School Districts</i>	\$25,000 for one year After LOI review staff is recommending \$50,000 for one year (start date will be February 2022)	Funds will support a portion of salaries of opticians, optometrists and other program staff; eyeglasses, supplies and some mobile unit expenses	Reviewed by grant team with proposal meeting held November 30 th	Stage 2, the application, has been generated with the recommendation to increase the request amount from \$25,000 to \$50,000. Anticipated to bring full proposal to Program Committee at 1/11/22 meeting	<i>nexus to the <u>high priority goals of Goal #2 (Proactively expand community access to primary health care and specialty health care services)/Strategy 2.3 – provide funding support to community organization’s provided expanded mobile primary and specialty care services</u></i>
CSUSB Street Medicine	LOI #1303 <i>Nursing Street Medicine Program</i>	\$54,056 one year (start date January 2022)	Support for faculty supervision of CSUSB PDC nursing students; provide support for a faculty member to build collaborative partnerships;	Reviewed by grants team	LOI review meeting scheduled for December 8th	<i>Possible nexus to Goal #2: Proactively expand community access to primary health care and specialty health care services</i>

			stipends for 4 nursing students			
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DESERT HEALTHCARE DISTRICT								
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE								
November 30, 2021								
TWELVE MONTHS ENDING JUNE 30, 2022								
			Approved	6/30/2021	Current Yr	Total Paid Prior Yrs	Total Paid Current Yr	Open
Grant ID Nos.		Name	Grants - Prior Yrs	Bal Fwd	2021-2022	July-June	July-June	BALANCE
2014-MOU-BOD-11/21/13		Memo of Understanding CVAG CV Link Support	\$ 10,000,000	\$ 6,660,000		\$ -		\$ 6,660,000
2019-994-BOD-05-28-19		One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yr	\$ 700,000	\$ 148,750		\$ 148,750		\$ -
2020-1085-BOD-05-26-20		Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr	\$ 50,000	\$ 5,000		\$ 5,000		\$ -
2020-1057-BOD-05-26-20		Desert Cancer Foundation - Patient Assistance Program - 1 Yr	\$ 150,000	\$ 15,000		\$ 15,000		\$ -
2020-1139-BOD-09-22-20		CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr	\$ 50,000	\$ 5,000		\$ (528)		\$ 5,528
		Unexpended funds Grant #1139						\$ (5,528)
2020-1135-BOD-11-24-20		Hope Through Housing Foundation - Family Resilience - 1 Yr	\$ 20,000	\$ 2,000		\$ -		\$ 2,000
2020-1149-BOD-12-15-20		Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$ 40,000	\$ 22,000		\$ 18,000		\$ 4,000
2021-1136-BOD-01-26-21		Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr	\$ 119,432	\$ 65,688		\$ 53,744		\$ 11,944
2021-1147-BOD-01-26-21		Alzheimer's Association - Critical Program Support - 1 Yr	\$ 33,264	\$ 18,295		\$ 14,969		\$ 3,326
2021-1162-BOD-01-26-21		Joslyn Center - Wellness Center Program Support - 1 Yr	\$ 109,130	\$ 60,022		\$ 49,108		\$ 10,914
2021-1170-BOD-02-23-21		Jewish Family Services - Mental Health Counseling for Underserved Residents - 1 yr	\$ 80,000	\$ 44,000		\$ 36,000		\$ 8,000
2021-1141-BOD-03-23-21		Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	\$ 210,905	\$ 115,998		\$ -		\$ 115,998
2021-1171-BOD-03-23-21		Blood Bank of San Bernardino/Riverside Counties - Bloodmobiles for Coachella Valley - 18 Months	\$ 150,000	\$ 82,500		\$ 67,500		\$ 15,000
2021-1174-BOD-03-23-21		Mizell Center - Geriatric Case Management Program	\$ 100,000	\$ 55,000		\$ 45,000		\$ 10,000
2021-1266-BOD-04-27-21		Galilee Center - Our Lady of Guadalupe Shelter - 1 yr	\$ 150,000	\$ 82,500		\$ 67,500		\$ 15,000
2021-1277-BOD-04-27-21		Lift To Rise - United Lift Rental Assistance 2021 - 8 Months	\$ 300,000	\$ 210,000		\$ 180,000		\$ 30,000
2021-1280-BOD-05-25-21		Desert AIDS Project - DAP Health Expands Access to Healthcare - 1yr	\$ 100,000	\$ 55,000		\$ -		\$ 55,000
2021-21-02-BOD-06-22-21		Carry over of remaining Fiscal Year 2020/2021 Funds	\$ 1,854,873	\$ 1,854,873		\$ 154,094		\$ 1,700,779
2021-1296-BOD-11-23-21		Coachella Valley Volunteers In Medicine - Improving Access to Healthcare Services - 1yr			\$ 154,094		\$ -	\$ 154,094
							\$ -	\$ -
TOTAL GRANTS			\$ 14,217,604	\$ 9,501,626	\$ 154,094	\$ 854,137	\$ -	\$ 8,796,055
Amts available/remaining for Grant/Programs - FY 2021-22:								
Amount budgeted 2021-2022				\$ 4,000,000			G/L Balance:	11/30/2021
Amount granted through November 30, 2021:				\$ (154,094)				
Mini Grants:	1293; 1294		\$ (10,000)				2131	\$ 3,806,055
Financial Audits of Non-Profits			\$ -				2281	\$ 4,990,000
Net adj - Grants not used:	FY20-21 Funds, 1124, 1139		\$ -					
			\$ 1,873,147				Total	\$ 8,796,055
Matching external grant contributions			\$ -					\$ (0)
Balance available for Grants/Programs			\$ 5,709,053					



Date: 12/07/2021

To: Program Committee – District

Subject: Progress and Final Grant Reports 11/1/21 – 11/30/21

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

OneFuture #994

Grant term: 6/01/19 – 5/31/21

Original Approved Amount: \$700,000.

Final report covering the time period from: 6/01/19 – 5/31/21

CSUSB #1139

Grant term: 10/01/20 – 9/30/21

Original Approved Amount: \$50,000.

Final report covering the time period from: 10/01/20 – 9/30/21

Galilee Center #1266

Grant term: 5/01/2021 – 4/30/2022

Original Approved Amount: \$150,000.

Progress report covering the time period from: 5/01/21 – 10/31/21

Lift To Rise #1277

Grant term: 5/01/21 – 12/31/21

Original Approved Amount: \$300,000.

Progress report covering the time period from: 8/01/21 – 10/31/2021

OneFuture Coachella Valley, Grant#: 994

Mental Health College and Career Pathway Development Initiative

Reporting Period: Final Report: 6/1/2019-5/31/2021

Paul Olson

Tel: (760) 989-4211

paul@onefuturecv.org

Grant Information

Grant Amount: \$700,000

Paid to date: \$630,000

Balance: \$70,000

Proposed Goals and Evaluation

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

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

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

Specific timeline targets include:

June 2019: BH A-Team will establish baseline for the number of academies

implementing behavioral health pathways and measure the increase in May 2020 and May 2021.

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

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

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

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

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

Proposed number of District residents to be served:

0-5: 0

6-17: 2,000

18-24: 500

25-64: 0

65 or more: 0

Proposed geographic area(s) served:

All District Areas

Cathedral City

Coachella

Desert Hot Springs

Indio

Final Progress:

Final Outcomes:

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

- Cathedral City High School health academy added a behavioral health focus, introducing 272 students to behavioral health careers, and Palm Desert High School is adding a behavioral health focus for the 2021/2022 school year, which will impact an additional 78 students annually. Palm Desert had begun to add a behavioral health focus in spring 2020, but the health academy lead teacher was on extended medical leave through the 2020/2021 school year, so that addition was delayed until this academic year. These two programs join Coachella Valley High School and Indio High School, which were the first to add a behavioral health pathway focus. Between these four programs, an average of 592 high school students will be introduced to behavioral health related careers annually. La Quinta High School Health Academy and Desert Hot Springs High School Education Academy faculty joined the Behavioral Health Workforce A-Team in 2021 and are exploring ways to incorporate behavioral health careers information into their programs.
- The Behavioral Health Workforce A-Team also piloted a “Bridge to Behavioral Health Careers” program in spring 2020 to mentor high school seniors and college undergraduate students as they pursue behavioral health post-secondary pathway programs. COVID-19 intervened and the bridge program launched with a small number of students. Students who participated in the inaugural program year are informing the 2021/2022 program design.
- A number of virtual resources were developed by the team to support student career exploration during this grant period, including a partnership with the CA Health Workforce Initiative to update the behavioral health education and careers maps originally designed by this team. The new resources have been published in the CA-HWI careers curriculum and made available on the CA-HWI website, as well as on OneFuture’s Pathways to Careers in Behavioral Health website. In addition, the Behavioral Health A-Team hosted a Mental Health Matters webinar series in May 2020 and May 2021, resulting in roughly six hours of video content specific to behavioral health careers and education pathways. All videos are posted on OneFuture Coachella Valley’s YouTube channel and on OneFuture’s Regional Plan portal’s Mindfully Resilient page. (<https://portal.onefuturecv.org/mindfully-resilient>). The 2020 series featured four sessions, including “Exploring Careers in Mental Health”, “Careers and Community College Pathways” and “Careers and University Pathways”. The 2021 series featured six wellness topic presentations and interviews with twelve local behavioral health professionals sharing brief stories of their individual career paths. All of these resources are now part of an expanding virtual library for teachers and students.
- CSUSB announced in spring 2021 that they are bringing their Social Work Degree program to the Palm Desert campus, which is an exciting pathway addition for local students. Currently, students at the main campus are able to earn a 5-year BA/MA degree in Social Work, and ultimately this will be available to Coachella Valley students at our local campus.

By the end of the grant, four (4) presentations on Mindfully Resilient curriculum and resources are provided to professionals in CVUSD, DSUSD and PSUSD.

- The Mindfully Resilient curriculum resource library was shared five (5) times via presentations to PSUSD, CVUSD and DSUSD counselors and staff in a variety of venues. In addition, the PowerPoint library of 10 lessons was posted in English and Spanish on the OFCV Regional Plan portal and different lessons were highlighted in the Mindful Moments e-newsletter each month.
- In addition to the original Mindfully Resilient PowerPoint library, the region was introduced to the Taking Time to B.R.E.A.T.H.E. wellness program and it was showcased during the virtual College Fair Chat series in March 2021, with a digital copy of the resource guide provided to all attendees in English and Spanish. Those resources are currently posted on the Regional Plan portal - <https://portal.onefuturecv.org/mindfully-resilient>
- Five behavioral health/wellness presentations were offered through the spring 2021 Regional College Fair Chat virtual series, including an introduction to several free resources and tools -- the virtual VIA Character Strengths Survey, Bullet Journaling and Drawing and Mindfulness tools. Those sessions are posted on OneFuture's YouTube channel and the regional college fair website.
- OneFuture Coachella Valley also utilized these resources, embedding mindfulness and wellness sessions throughout the Summer Leadership Conferences in 2020 and 2021 for all college scholars, as well as the Gents Alliance workshops for high school young men.

By the end of the grant, three (3) schools pilot a school-wide behavioral health wellness practices and career awareness programs.

- Before the pandemic closed school campuses in March 2020, Indio High School was working to establish a Calm/Meditation space on campus. Administration was working to determine available space on campus and exploring staffing options. That work was put on hold as students left campus.
- Coachella Valley High School's Health Academy established an Active Minds chapter that is open to all students, and they are using the "Year of Mindful Moments" calendar designed by the Behavioral Health A-Team to design monthly activities for their campus community.
- Health academy teachers at Coachella Valley, Indio and Cathedral City high schools expressed a need for virtual career exploration and information resources that students could access during online learning. In response, the Behavioral Health A-Team launched a Mental Health Matters webinar series.

The first series was held May 2020, featuring four (4) thirty-five minute sessions about careers in behavioral health and post-secondary education pathway programs. Six (6) behavioral health professionals and five (5) educators presented during these sessions. An expanded virtual series was created in May 2021, which featured eleven (11) local behavioral health professionals and two (2) educators sharing their “Career Path” stories. In addition, DHCD scholar Jazmine Rojas recorded six (6) mindfulness/wellness sessions. These videos are posted on YouTube (<https://www.youtube.com/playlist?list=PLzUbOFT2gTysz2mWbfmycf4LLdhpXLl8Y>), and the Mindfully Resilient web resource page (<https://portal.onefuturecv.org/mindfully-resilient>) for ongoing access for all educators in the Coachella Valley.

- Teen Mental Health First Aid is now available to certify students under 18 and health academies at Cathedral City, Indio and Coachella Valley high schools are planning to offer the program to their students in 2022. Educators anticipate that a rollout at local schools will not happen until 2022 because educators are focused on reacclimating students to the campus environment when students return to campus in fall 2021. Offering Teen Mental Health First Aid will require that many adult staff be certified in advance of the program being offered to students so that there are enough certified adults available to support students once they experience the program.

By the end of the grant, up to forty (40) behavioral health undergraduate and graduate students will have been awarded up to \$200,000 in scholarships; completed a C2 Navigator profile and scholarship application; been assigned a Behavioral Health A-Team mentor; completed a college and career plan; completed a financial aid package review and plan; achieved 90% persistence and 90% on track for degree completion

- Nineteen students were awarded scholarships through this grant. Eighteen successfully persisted through the pandemic and one student withdrew from school due to challenges securing sufficient Wi-Fi access to participate in virtual courses.
- All students completed a C2 Navigator profile and scholarship application, all were connected to group mentoring through the Behavioral Health A-Team, all completed a college and career plan, a financial aid package review and plan and 90% achieved persistence and are on track for degree completion.

-- Irais Valenzuela: Graduated UCR 2021, BA Psychology. Career Goal: Psychotherapist

Dear One Future Coachella Valley/Desert Healthcare District,

My name is Irais Valenzuela and I am currently going into my fourth year as a psychology major at the University of California, Riverside and my end goal is to

become a psychotherapist. I plan to go to graduate school to get a masters in Mental Health Counseling. I am writing this letter to express my gratitude for being awarded this scholarship. This scholarship will allow me to continue my pursuit for higher education and to finish my bachelors degree in Psychology. In addition, it will alleviate financial worries my family and I often face since I am a twin and having two people attending college at once can be worrisome, however this scholarship will help both my family and I immensely. Once again thank you for selecting me and supporting my educational endeavors. Best, Irais Valenzuela

-- Anahis Valenzuela: Graduated UCR 2021, BA Psychology. Career Goal: Mental Health Counselor

Dear Desert Healthcare District,

I am writing this letter to let you know that I greatly appreciate the Desert Healthcare District scholarship award that you have so generously granted me. I was very pleased when I found out that I was selected to receive a scholarship. I am a fourth year Psychology major. I am majoring in psychology in order to become a Mental Health counselor to treat patients with anxiety and depression and work with patients to develop coping skills. These are goals that thanks to you I am one step closer to accomplishing. By granting me this award once again you have helped me focus more on what college is about, instead of worrying about the financial aspect of college. I am so thankful and hope that one day I can help out other individuals continue their education and achieve their goals just like you have helped me.

Best, Anahis Valenzuela

-- Jazmin Rojas-Monarez: Graduated UC Irvine 2021, BA Psychology and Social Behavior. Career Goal: Physician Assistant

Dear One Future and Desert Healthcare District,

First and foremost, thank you for taking the time to read my story and also taking the opportunity to speak with me to learn more about my efforts and dedication towards mental health. Organizations like yourself are investing towards a greater future and for that I am forever thankful. Know that your efforts are being appreciated by students like myself who depend on scholarships while on the path towards a higher education. There has never been a doubt in my mind that I am not capable of achieving anything I set my mind to, but I have accepted that setbacks are bound to occur. Year after year financial setbacks cross my path, but after successfully completing 3 years of my undergraduate schooling and securely beginning my fourth, I know I have endless support from organizations like yourselves that have been to the rescue time and time again. My tuition, board, and books are things I worry less and less about with the help of your scholarship. I have the opportunity to dedicate myself as a student and less as an employee whose main purpose is to meet ends meet. As I reach the end of my undergraduate career, I feel more and more prepared to enter the world as an educated

individual who embraces the significance of networking, worth ethic, communication, and responsibility. I am grateful for the resources I have been given as well as the encouragement that my efforts eventually pay off. My volunteer experience in the medical field has only exercised these skills and can only continue to improve. I take this last year to polish up my skills and begin the process of one day attending Western University's Masters of Science in Physician Assistant program to begin a career in Psychiatry. In the meantime, I will gain all the knowledge I can through Loma Linda's Hospital Scribes of America position by observing and practicing patient care. I look forward to building a connection between both organizations to work towards a greater Coachella Valley. By collaborating with young and old, small and large, I know that great minds who have supported the youth of the valley are creating a legacy who will eventually put the valley on the map that means more than the name of a music festival. With gratitude, Jazmin Rojas-Monarez

-- Jessenia V Ramos: Senior, CSU Chico, Pursuing BA Psychology. Exploring Grad School.

Dear Desert Healthcare District and OneFuture Coachella Valley,

I am extremely honored to have been selected as a scholarship recipient for the 2020-2021 academic year. I would like to take this opportunity to deeply thank you for your interest in my application as well as my future. I am currently a fourth year student attending California State University, Chico who plans to graduate next year with a degree in both Psychology and Criminal Justice. My family has dedicated their time and effort to ensure that my siblings and I have an opportunity at a higher education. I have and will continue to strive for academic success by earning a high GPA and hope that my hard work will allow me to graduate with honors. While attending school I have become involved in my community as much as possible. Some of the places I have been involved in include the Chico Peace and Justice Center, the Chico Boys and Girls Club, and a couple of elderly homes such as Little Chico Creek and Amber Grove Place. I truly enjoy giving back to my community and plan to give back as much as I can in the Coachella Valley once I graduate from CSU, Chico and relocate back here. Being selected to receive this scholarship has provided me with a great sense of financial relief and will allow me to shift my focus towards my schoolwork. I am excited to complete my degree and hope that in the future I am able to attend graduate school in Southern California with a focus in Psychology. My family is also extremely thankful for the Desert Healthcare and OneFuture Coachella Valley for granting me this opportunity which has helped us all financially. I cannot emphasize enough the gratitude and appreciation my family and I have experienced from being a scholarship recipient. Sincerely, Jessenia V Ramos

-- Christian Orozco: Graduated CSUSB 2021, BA Criminology. Career Goal: Law Enforcement

Desert Healthcare District & OneFuture Coachella Valley:

I would like to begin by thanking you and showing you my gratitude for investing into my education. I began my education journey at community college and successfully graduated 2019 with my Associate's Degree in Administration of Justice. I truly believe that going to community college then transferring into Cal State San Bernardino was crucial in my educational journey. My professors in community college were retired law enforcement officers and my professors now in CSUSB are all researchers who have published work and continue being researchers in the criminal justice field. These two perspectives made me realize my dreams in bettering our community and law enforcement. My future plans are to create task forces for our local police departments so we may have the necessary resources to better help our community. Have initiatives where the community knows who are the individuals that are patrolling our streets so we may not have fear or feel intimidated by their presence. Your investment is going to give me the opportunity to finish this last school year strong even with the hardships we all face this year. I have been laid off from my part-time job due to the global pandemic so focusing on my education has been my priority. Receiving this scholarship will ease the financial stress and bring me closer to achieving my dreams. Sincerely, Christian Orozco

-- Cristina Munoz Orozco. BA Candidate 2022 CSUSB. Career Goal: Bringing hope to students with disabilities, MA in Special Education

Dear Desert Healthcare District:

I am sincerely honored to have been selected as the recipient of the Desert Healthcare District scholarship. Thank you for your generosity, which will allow me to continue to pursue my dream as an elementary school teacher. As I complete my education at California State University San Bernardino, I am thankful for receiving your thoughtful gift. Because of your scholarship, you have lightened my financial burden which allows me to focus more on the most important aspect of school, learning. Thank you for making a dream become a reality in my life and many others who dream big. Sincerely, Cristina Munoz Orozco

-- Irieanna Meza. Nursing Candidate 2022, Loma Linda University. Career Goal: Nurse

Dear Desert Healthcare District:

I would like to take this opportunity to thank you. Thank you for the generosity in funding Desert Healthcare District scholarship. I am very honored to be awarded this scholarship. This is a tremendous gesture. I am a Nursing student at Loma Linda University school of nursing. I just finished my fall quarter and will be starting winter soon. You are helping me complete my education and giving me hope to keep striving for the best. Without this scholarship I would not be able to pay for my tuition. You have reduced my financial burden. Words cannot explain how thankful I am for this opportunity. You took a chance on me and believed in me. I will forever be grateful. Thank you very much for this generous contribution towards my schooling.

Sincerely, Irieanna Meza

-- Isai Martinez Rios. BA Psychology Candidate 2022, UCLA. Career Goal: Clinical Psychology

Dear Desert Healthcare District and OneFuture Coachella Valley,

I am honored to be one of the recipients of the Desert Healthcare District Scholarship. Thanks to your generous support I am the first in my family to attend college. I hope to make my family proud as I continue to push for further success. Growing up in a less privileged community has not only offered financial and academic challenges, but has also helped me realize the value of a college education. An education is what I value the most above most things in life and I will take advantage of every opportunity presented to me. I am continuing my undergraduate career as a third year transfer student at the University of California, Los Angeles and can wholeheartedly say that I am off to a great start academically and socially. My plans at this stage are to complete a major in Psychology. UCLA offers one of the finest if not the finest psychology programs in the country and I consider myself extremely privileged to be able to attend. Clinical Psychology is the field I wish to obtain a career in to give back to my community and emphasize the importance of mental health. My goal is to become an educated member of society who aids and teaches those in need. My educational pursuits would not be possible without generous support from scholarship sponsors like your organization. I appreciate this scholarship from the bottom of my heart and I will not let a single soul regret this decision. Thank you for opening up my path to success!

Sincerely, Isai Martinez Rios

-- Maritz Lojero. Masters in Clinical Mental Health Counseling Candidate, 2022, University of Redlands. Career Goal: Clinical Counseling

To Desert Healthcare District:

I would like to express my gratitude for selecting me to be a 2020-2021 Desert Healthcare District scholarship recipient. Being awarded with a scholarship is a true honor and blessing. With your help, my graduate school tuition will not be such a burden. I hope that in the future, I will be able to give back to our community of the Coachella Valley, once I obtain my Masters in Clinical Mental Health Counseling, and provide mental health services for those suffering from mental illnesses. I assure you that I will not let you down and that I will use your scholarship in a rightful manner. Thank you for all you do and for supporting students like me, with a dream of making the world a better place and enhancing our knowledge. Sincerely, Maritza Lojero

-- Michael Gonzalez. Graduated UC Irvine 2021, BA Psychology. Career Goal: Clinical or School Psychologist

Dear Desert HealthCare District,

I would like to express my deepest appreciation for being selected to receive a scholarship for the 2020-2021 school year. As a first generation college student, it is difficult to navigate the university system by myself. Since my parents have no knowledge of how to get through college life, I have to rely on other sources of support. One of these sources of support comes from organizations such as One Future Coachella Valley and Desert HealthCare District. These organizations provided me with the knowledge and support that shaped me into the college student I am today. There is no doubt in my mind I would not be here today without their support at my side. The financial support from sources like Desert HealthCare District has allowed me to succeed as a student. Because of generous donations, I have not had to worry about finances at all while in college. As a result, I was able to put my entire focus on academics. These are not just empty words. I have been on the Dean's List every single quarter since my freshman year. I have been a leader on campus that has made meaningful contributions to my school community. All of this success is not due to my own efforts, but it is due to support from organizations here in the Coachella Valley. I look forward to sharing the privileges I have attained as a college with my local community. As a student in psychology, I am committed to learning about the best ways to address mental health. Once I settle into my career, I will be committed to contributing to the mental health needs of the Coachella Valley. Whether as a clinical psychologist or school psychologist, it is my desire to serve the community in the future. Once again, thank you for choosing me as a scholarship recipient. This money will finance my textbooks and room and board for the year. I cannot thank you enough for your generosity. With appreciation, Michael J. Gonzales

-- Kenya Cordero. Graduated CSUSB 2021, BA Education. Career Goal: School Counselor

Dear Desert Healthcare District,

I would like to express my gratitude for your kind financial support. I am truly honored and thankful to be a recipient of the Desert Healthcare District scholarship. I am just starting the one year Multiple Subjects Credential Program here at California State University San Bernardino. I am in the integrated track for my bachelors degree, so I will be graduating with both my bachelors degree and my Multiple Subjects Teaching Credential in the Spring of 2021. Once I graduate I will be ready to teach locally in the Coachella Valley. Within the next few years, I plan on enrolling in a masters program to further my understanding on mental health practices in school settings and possibly enter the school counseling field. I will be doing my student teaching this semester alongside the four classes I am taking. Because of this busy schedule it is recommended not to work, and I was worried as to how I would hold my funds within these next 7 months. With this scholarship, you have given me immense relief and an ability to give my all to the last semester of the credential program. I am extremely grateful for this support, and I hope to find ways to repay this generosity through giving back to my community. Sincerely, Kenya Cordero

-- Daysi Chavez. Graduated CSUSB 2021, BA Nursing. Career Goal: Registered Nurse

Dear Desert Healthcare District,

I am writing to show my sincere appreciation for the scholarship recently awarded to me. It was an honor to know that I was selected as the recipient of the scholarship. I want to thank all of you that made this possible. I am Salvadoran, my parents brought me to the United States when I was 11 years old. As every one that immigrates, the main goal is to obtain a better life and have more opportunities. This is why I went beyond High School to become someone in life. When I participated in an Army Cadet program as a medic, I found my devotion towards medicine and the human body. This is why I am working hard to become a Registered Nurse and graduate in the coming school year, to be able to help others. This way I will be able to give back to this country and community for what it has given me. I am truly blessed to have received this scholarship and thank you to all the donors of the scholarship for helping me. It means a lot to me and my family. The same way you helped me, I plan to help others when I graduate from the California State University, San Bernardino nursing program.

Sincerely, Daysi Chavez

-- Rubi Becerril Gonzalez. MS Counseling and Guidance Candidate 2022, CSUSB PDC. Career Goal: School Counselor

Dear Desert Health Care District & OneFuture Coachella Valley,

I am immensely thankful to have been awarded the Desert Health Care District Scholarship for the 2020-2021 academic year. It is very meaningful to be awarded this scholarship because not only does it provide financial support, but it continues to remind me that I am on the right path and I have the support to achieve my goals. This scholarship will truly make a difference as it will help me cover a significant amount of my cost of attendance. I currently only work part-time, and my income has become more limited as my financial responsibilities have increased to support my dad, as a result of the pandemic. Additionally, a fundamental component of the Master of Science in Counseling and Guidance program is the on-site counseling practice to develop our skills. I will begin my fieldwork practice this upcoming Spring, so I feel relieved I will have this financial support so I can focus on completing as many practice hours as possible to meet the semester requirement and to fully immerse in this valuable experience. While I will be completing practice hours in a school site this semester, I look forward to completing my clinical hours in the summer or perhaps in Fall 2021. Thank you once again for this scholarship! Gratefully, Rubi Becerril Gonzalez

-- Ceydel Barragan. BA Psychology Class of 2023, CSUSB Palm Desert. Career Goal: Behavioral Health Therapist

Dear Desert Healthcare District and Foundation -

I am extremely thankful and honored to be a chosen candidate for this year's scholarship. This means an immense financial relief from mine and my parents' shoulders. I would like to thank you for allowing students, like me, to pursue their career

goals with the help of this scholarship. With the help of OFCV and Desert Healthcare District My first two years of college was a complete success and I'm sure that my third year will be as well. I cannot thank you enough for what you do as a foundation. This scholarship not only helps students pay for school, but it also decreases the risk of mental health problems to students. This is because students do not have to worry about working long hour shifts and potentially lowering in their academics to pay for school. I hope to continue receiving this scholarship and form closer connection with the foundation. Sincerely, Ceydel Barragan

-- Zitlaly Lizeth Cruz-Roman. MA Social Work, Class of 2022. Career Goal: Licensed Clinical Social Worker

Dear Desert Healthcare District:

I am honored to be a recipient of the 2020-2021 Desert Healthcare District scholarship. I would like to express my sincere gratitude for your financial support towards my higher education. I am a first-generation student pursuing a Master in Social Work degree at California State University, San Bernardino. I hope to one day return to the Coachella Valley and provide mental health services, resources and referrals to community members. After graduation, I plan to obtain my Pupil Personnel Services Credential and work in the school setting where I plan to provide services to students and families. I also plan to become a Licensed Clinical Social Worker (LCSW) and provide mental health services in the Eastern Coachella Valley. While pursuing my credential and license, I plan to be active in nonprofit organizations as a member or as a part of the organization. Your scholarship has reduced my financial burden, and has allowed me to continue pursuing my education. I am now able to focus my attention and time on my education and on passing my classes. Your generous support will allow me to pursue my education and achieve my dreams of becoming a Social Worker. Again, I cannot express my gratitude enough and am very grateful for your support. Sincerely, Zitlaly Lizeth Cruz-Roman

-- Elise Schoneman. Graduated University of Redlands 2021, BA Speech and Hearing Sciences and Disorders. Career Goal: Speech-Language Pathologist

Dear Desert Healthcare District,

My most sincere thank you to you all for your generous scholarship - what a wonderful thing to give back to students, as you once were. I hope to be able to do the same later in life. Currently, I attend University of Redlands and plan to be a Speech-Language Pathologist. It is my hope that I can impact students' abilities to communicate and perform in school, as well as at home with loved ones, and that they will be successful in both relationships and careers. This has been a difficult year financially, and this scholarship means more than I can put into words. I have not been able to work regularly because my family is at extreme risk for COVID. The news of the scholarship has given me peace of mind and has allowed me to focus on my finals for this semester. I am more confident that I will be able to finance my last undergrad semester

and that I will be able to save to grad school tuition. Thank you, once again. All my gratitude, Elise Schoneman

-- Samantha Schoneman. Graduated California Baptist University 2021, BA Health Sciences. Career Goal: Nutrition and Mental Health

Dear Desert Healthcare District,

I would like to thank you profusely for choosing me to be a scholarship recipient this year. As we all know, it has been a hard year for everyone and this contribution is beyond helpful for me and my family to pay for my senior year at California Baptist University. This year has been a huge mental struggle for me and has brought up many things that I have had to confront, but it has only given me a bigger appreciation for learning about mental health and for those who devote their careers to helping others struggle less. I have given more thought into going into a career in both nutrition and mental health, where I can help others become knowledgeable about how to eat for better mental health and coach them through hard times. I am so excited to graduate and apply to school in order to accomplish my goal of helping others. Thank you so much for being a part of this and helping me reach my goals. Sincerely, Samantha Schoneman

By the end of the grant, a minimum of twelve (12) undergraduate students pursuing Behavioral Health related majors will have completed a 10-week, paid summer internship; completed four (4) of five (5) leadership workshops and agreed to participate in a minimum of two (2) web-based or 1:1 interactions during the academic year following their internship.

- Thirteen (13) undergraduate students pursuing Behavioral Health related majors completed a 10-week, paid summer internship through the OneFuture Coachella Valley Health Career Connections program; completed four of five leadership workshops and agreed to participate in a minimum of two web-based or 1:1 interactions during the academic year following their internship.

Final number of District residents served:

0-5: 0

6-17: 2,000

18-24: 500

25-64: 0

65 or older: 0

Please answer the following questions

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

The COVID 19 pandemic created significant challenges during this grant implementation. Specifically, the grant began June 2019 and by early 2020 COVID-19 was on the horizon. Schools closed March 13 and all work pivoted to virtual platforms. Student focus changed due to impact of pandemic on their families and many students had to move home, which created challenges finding a dedicated quiet space to study, reliable internet, etc. Many students' parents lost jobs due to pandemic closures, so students sought employment to help boost family finances.

During this period, we experienced one of the greatest increases in reports of mental wellness issues and challenges among our students than we have seen to date, and, overall, student engagement was at a historical low during this grant period.

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

Viability of virtual platforms for advancing work that was previously accomplished solely in-person was a surprise. The ability to convene partners via Zoom increased participation in Behavioral Health A-Team meetings and workshops

During the grant period, OneFuture and key professional partners launched a Physician Assistant Pipeline working group which is now exploring ways to integrate Behavioral and Mental Health skills into the goals of supporting a high quality, locally-grown primary care workforce to serve the needs of our region.

As a result of this focus on behavioral health workforce development, the California Community College system adopted OneFuture's Behavioral Health Pathway map and added it to statewide resources for expansion of the workforce.

As a result of the work, OneFuture has established a foundation upon which the Desert Healthcare District and Foundation and Supervisor Perez's Green Ribbon Committee's Workforce Expansion group can build.

Riverside County Office of Education's funding of fifteen (15) OneFuture Coachella Valley Health Career Connection interns and emphasis on Mental Health and Wellness projects was unexpected and exciting.

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

- This work will be sustained as part of OneFuture's core operating body of work with funding from contracts, grants and private donations.

- Behavioral Health has been integrated as a core component of OneFuture's student support programming for all college scholars and our Gents Alliance mentoring program for young men in high school and college.
 - During the period of the grant, two local philanthropists established the OneFuture Healthcare Workforce Investment Fund with a goal of raising \$1 million annually to support local students in college and graduate medical education who are committed to return to the region to serve our community as health professionals; this includes funding for Behavioral Health professionals. It is our hope and expectation that leading health systems and healthcare nonprofits will support the growth of this fund so that we have a sustaining, coordinated approach to workforce investment in our region.
4. List five things to be done differently if this project/program were to be implemented again
1. Structure a partnership with institutions who can coordinate financial aid assistance supporting graduate medical education for students who have completed their bachelor's degrees and are advancing to masters or doctoral programs. While a portion of the funding from this grant supported scholarships for graduate level students, many more students need assistance with locating available grants, loan reimbursement and other sources to complete the required post-baccalaureate degrees in behavioral health. This is an area where the addition of a dedicated staff member to serve as a navigation for students would be a of great value.
 2. Add more scholarship funding for post-baccalaureate students. As a result of the project, a significant number of high school students have been educated on behavioral health careers. This will create future demand for scholarship in behavioral health. In addition, the DCHD scholarship fund was used to support current masters level students but did not meet the full financial gap for these students.
 3. Require scholarship students to attend Behavioral Health Workforce A-Team meetings at least four times a year throughout scholarship period and remain engaged at least two-years post-award. This will keep them connected to networking and mentor support as they navigate the extended education and internship requirements toward behavioral health/social work certification and employment.
 4. Engage K-12 district office leaders as additional champions, in addition to health academy and career technical education network, for use of wellness tools made available by the Behavioral Health A-Team.
 5. Allocate more staff time to narrative and financial report writing in the grant planning.

California State University, San Bernardino, Grant#: 1139

Street Medicine Program / Department of Nursing

Strategic Area: Healthcare Infrastructure and Services

Reporting Period: 10/01/2020 to 9/30/2021

Kimberly Shiner
Tel: (909) 537-7295
kshiner@csusb.edu

Grant Information

Grant Amount: \$50,000

Paid to date: \$45,000

Balance: \$5,000

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (9/30/2021)

Evaluation Plan:

The Evaluator will utilize both quantitative and qualitative methods to gather data throughout the grant term. Data will include, but not limited to, surveying of nursing student assistants, 10 testimonials from partners or agencies and the numbers of persons served, services provided and referrals. The PI and evaluator will present findings at one national conference and two regional conferences by September 30, 2021; in addition to sharing the results with Desert Healthcare District & Foundation and other relevant agencies. The evaluator will be a CSUSB faculty researcher who will work with the Street Medicine nursing faculty and students to analyze data collection, conduct a project evaluation and suggest recommendations for improvement. Proposed hire date for evaluator is Fall 2020.

Goal #1:

To provide healthcare services to 100 individuals and 300 contacts (contacts may be duplicated individuals) through nurse and medical clinics serving the homeless, unsheltered and vulnerable populations in the Coachella Valley; additionally assisting with COVID-19 testing, education and immunization services by September 30, 2021.

Evaluation of goal #1:

Quantitative

The program will collect, analyze and report the following data about patients served:

- Number served
- Demographic information including age, gender, race/ethnicity (as reported by patient), veteran status, insurance status
- Reason for being seen
- Services provided
- Referrals

Projected numbers of individuals in each age group:

- 6-17: 8
- 18-24: 10
- 25-64: 67
- 65+: 15

Projected total individuals: 100

Qualitative

The program will include ten testimonials from patients or agencies about the services provided by the nursing faculty and students.

Goal #2:

To engage 32 CSUSB PDC nursing students at all degree levels in the Street Medicine Program activities for course credit or volunteer hours by September 30, 2021.

Evaluation of goal #2:

Quantitative

The program will report on the number of BSN nursing students involved, locations of service and whether the student is participating for volunteer hours or course credit.

Qualitative

The program will survey nursing student assistants and compare the results before and after they participate in the Street Medicine Program utilizing the internationally recognized survey tool: Health Professional's Attitude Toward the Homeless Inventory.

Goal #3:

The program will monitor and track Street Medicine progress towards the development of additional collaborative partnerships and efforts to replicate the program reporting the new partner names and MOU agreements of the two new partnerships by September 30, 2021.

Evaluation of goal #3:

We will present the programmatic work accomplished by the Street Medicine clinics at one national conference and two regional conferences by September 30, 2021.

The program will report on one replication of the Street Medicine program by September 30, 2021.

Goal #4:

The program will hire four nursing student assistants to work with the Street Medicine teams in homeless outreach settings in the Valley by October 1, 2020

Evaluation of goal #4:

Detailed plan of action for evaluation that monitors and tracks the progress of Goal #5 (200 word limit)

The program will provide the resumes of and hire four nursing student assistants with the position description on file with the student assistant office at CSUSB by October 1, 2020. CSUSB Nursing student assistants will work with clients handling triage and treatments such as: vital signs, blood glucose, wound care, referrals, health assessments, medication management, preventive healthcare and education, case management, chronic disease management, pre-screening and post-results for the pandemic and flu shots. The nursing student assistants will assist in the Street Medicine activities, collect data for reporting, document the activities of the nurses and medical residents, and recruit and orient student nursing volunteers. The program will report on the total number of hours worked by the nursing assistants.

Goal #5: None

Evaluation of goal #5: None

Proposed number of District residents to be served:

Total: 100

Proposed geographic area(s) served:

Coachella

Indio

Mecca

Palm Springs

Thermal

Final Progress:

Final Outcomes on Goals and Evaluation

Program/project final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.

The Nursing Street Medicine Program final accomplishments include the following:

- The program provided nursing faculty supervision to CSUSB PDC nursing students who worked with the healthcare teams at street medicine sites in Palm Springs and East Valley.
- Engaged CSUSB PDC nursing students at all degree levels in clinical course healthcare activities and provided student community volunteer opportunities.
- Collected data on the number of students who served in the program, number of students successfully completing clinical hours and tracked numbers of persons served at the outreach sites.
- Purchased equipment and supplies the students needed to allow them to be most useful.

The Street Medicine nurse clinics provided the following:

- Took blood pressure, pulse, temperature, blood glucose level, oxygen level, breath and lung sounds;
- Provided wound care and supplies for self-care;
- Provided medication management, chronic disease management, health promotion and education;
- Provided therapeutic communication with people with mental health and addiction challenges;
- Made referrals/appointments for follow up care;
- When available and with partners, administered flu and COVID vaccines; and
- Provided hygiene products, clothing, shoes, socks, sunscreen, condoms, sunglasses, lotion, hand sanitizers, shampoo, and soap.

To summarize the accomplishments compared to our proposed goals and the evaluation plan, the program met the goals and quantitative and qualitative measures in the reporting period in the following areas.

- Number of patient contacts far surpassed our projected numbers of 100 individuals and 300 contacts.
- We are instituting a plan for the future to collect the number of unduplicated individuals served.
- The demographic percentages of the contacts are equivalent to that which we projected.
- Program staff were able to involve more students than projected.
- We surveyed the students on their attitude toward homelessness and poverty after participation in the program with positive attitudes toward the homeless.
- Presented at three national conferences and two regional meetings.
- Replicated the program in San Bernardino.
- Hired seven nursing students who worked more hours than projected.

In summary, we met all of our measures except a count of individual unduplicated people.

We also added a nurse clinic for the Indio United Methodist Church Under the Bridge free breakfast program under a Highway 87 overpass near Spotlight 29 in Coachella. During the pandemic when local hospitals would not allow nursing students into their facilities, we used the nurse clinics and outreach to allow students to continue to progress in their community public health and psychiatric mental health nursing courses. Without the nurse clinics and outreach opportunities and vaccination clinics, these students might have been prevented from progressing in their course work.

Goal #1:

To provide healthcare services to 100 individuals and 300 contacts (contacts may be duplicated individuals) through nurse and medical clinics serving the homeless, unsheltered and vulnerable populations in the Coachella Valley, additionally assisting with COVID-19 testing, education and immunizations services by September 30, 2021.

We far surpassed the number of contacts served and COVID vaccinations provided during the grant period. Between October 1, 2020 and September 30, 2021, the PDC campus program served 1655 contacts, participated in serving 6363 lunches, distributed 1296 care packages, and assisted the Desert Physicians Medical Group physicians to serve 77 contacts. Contacts include duplicated individuals.

Evaluation of goal #1:

Quantitative

The program will collect, analyze and report data about patients served.

Demographic information is listed below:

- Ages
 - 6-17 = 6
 - 18-25 = 55
 - 25-64 = 1050
 - 65+ = 318
 - Unknown = 216
- Gender
 - Female: 458
 - Male: 1003
 - Other: 12
 - Unknown: 182
- Race/ethnicity
 - Out of the clients that were willing to provide their race:
 - American Indian / Alaskan Native: 2.3%
 - Hispanic / Latino: 38.7%
 - Black / African American: 15.2%

- Caucasian: 31.5%
 - Native Hawaiian & Pacific Islander: 0.4%
 - Asian: 2.5%
 - Mixed Race: 6.8%
 - Other: 2.6%
- Veteran status
 - 156 clients self-identified that they were veterans.
- Insurance status
 - Medi-Cal / Medicare: 1056
 - Private Insurance: 55
 - Uninsured: 240
 - Don't Know: 73
 - Military / Tricare / VA: 8
- Use ER for primary care provider: 438

Reason for being seen and services provided:

- Vital signs
- Wound care
- Blood glucose
- Establish insurance coverage
- Medication management/education
- Health education and prevention
- Chronic care management

Wound care: 288

Care Packages: 904

Referrals:163

- To medical residents onsite: 77
- To primary care provider (new or current): 37
- To urgent care/ER: 20
- To "other": 29
- To housing sources: 0
- To other social services including ID and insurance application: 0

*Number of contacts include duplicated individuals.

COVID Vaccinations

The program assisted with the vaccination of 950 people from vulnerable populations.

During the grant, the need for COVID-19 vaccinations developed and we responded by partnering with organizations to provide 950 vaccines to vulnerable populations. With the Desert Physicians Medical Group, we vaccinated seniors at senior centers, Hope through Housing facilities, the Well in the Desert, and a church in Desert Hot Springs.

The vaccinations were administered in the following locations.

- Well in the Desert
- Cathedral Palms Hanson House
- Ajalon Baptist Church in Palm Springs
- Sedona Surgery Center
- Our Lady of Guadalupe Church in Palm Springs
- Neuro Vitality Center
- Desert Hot Springs Church
- Joslyn Center

Well in the Desert: 4/9/21 (39)

Well in the Desert: 5/7/21 (24)

Cathedral Palms Hanson House: 4/10/21 (29)

Ajalon Baptist Church: 4/13/21 (300)

Sedona Surgery Center: 4/14/21 (250)

Our Lady of Guadalupe: 4/16/21 (14)

Neuro Vitality Center: 4/23/21 (150)

Our Lady: 4/30/21 (4)

Desert Hot Springs: 5 /15/21 (19)

Cathedral Palms: 5/14/2021 (28)

Joslyn Center: 4/9/21 (45)

Joslyn Center: 4/24/21 (49)

Joslyn Center: 5/9/21 (19)

Total: (950)

Flu shots

The Program assisted with the administration of 446 flu shots to vulnerable populations.

Goal #2:

To engage 32 CSUSB PDC nursing students at all levels in the Street Medicine Program activities for course credit or volunteer hours by September 30, 2021.

We are grateful to have surpassed the projected number of students at all levels participating in the program, with 69 BSN nursing student and two master's degree student participation. The graduate students received course credit. The BSN students received course credit October to May and served at the Coachella Valley Rescue Mission (CVRM), the Coachella Valley Volunteers in Medicine (CVVIM), Hope through Housing, the Well in the Desert, and in the Under the Bridge program. In June, July, August, and September the BSN students volunteered and served every other Friday in the nurse clinics at the Well in the Desert free lunch program at Our Lady of Guadalupe Church in Palm Springs; at CVVIM on Tuesday evenings with the outreach team; and one Saturday a month at the Indio United Methodist Church Under the Bridge free breakfast program under a Highway 86 overpass in Coachella.

Evaluation of goal #2:

Quantitative

The program will report on the number of BSN nursing students involved, locations of service and whether the student is participating for volunteer hours or course credit.

The program involved:

- BSN nursing students in Coachella Valley: 69

For clinical credit: 35

For volunteer hours: 34

- At community sites in Palm Springs, Coachella, Mecca, Thermal, Indio,
- At encampments in Indio, Coachella
- At clinics, churches, and farm worker sites in Thermal and Mecca

Qualitative

The program will survey nursing student assistants and compare the results before and after they participate in the Street Medicine Program utilizing the internationally recognized survey tool: Health Professional's Attitude Toward the Homeless Inventory.

Attitude Survey Results:

See follow-up email addendum.

The survey tool Health Professionals Attitude Toward the Homeless Inventory was administered to nursing students who participated in the Program. On all items, the students scored the overwhelming majority of the items indicating an attitude of empathy for homeless people as strongly agree or somewhat agree.

Goal #3:

The program will monitor and track Street Medicine progress towards the development of additional collaborative partnerships and efforts to replicate the program reporting the new partner names and MOU agreements of the two new partnerships by September 30, 2021.

We will present the programmatic work accomplished by the Street Medicine clinics at one national conference and two regional conferences by September 30, 2021.

The program will report on one replication of the Street Medicine program by September 30, 2021.

The program exceeded the projections and presented at three national conferences and two regional meetings and the program was replicated on the San Bernardino campus.

Evaluation of goal #3:

Quantitative

The program presented at the Association of Psychiatric Nurses Association 2021 Annual Conference on Oct. 15, 2021 where the topic was "Street Medicine Participation for Mental Health Nursing Students." Dr. Vines was joined by two CSUSB nursing students, Emily Hagar and Cidney Silva.

Goal #4:

Three nursing assistants were hired (one student served two positions) who served from October 1, 2020 to May 2021 and four other nursing student assistants who served from May 2021 to September 30, 2021.

The nursing student assistants served according to the attached position description. In the nurse clinics, the nursing student assistants worked with clients handling triage and treatments such as vital signs, blood glucose, wound care, referrals, health assessments, medication and chronic disease management, preventive healthcare and education, case management, and vaccinations. They also assisted with data collection, documenting activities, recruiting and orienting student nursing volunteers and reporting off to the medical residents who are seeing clients.

The resumes of the seven students will be in the emailed addendum.

Evaluation of goal #4:

The program will hire four nursing student assistants to work with the Street Medicine teams in homeless outreach settings in the Valley by October 1, 2020.

The number of hours worked by nursing student assistants is 860 hours. The hours for each student is as follows:

- Veronica Cresinger: 33 hours
- Emily Hagar: 128 hours
- Michelle Rodriguez: 130 Hours
- Genevieve Marruffo: 108 Hours
- Maria Morales: 144 Hours
- Cidney Silva: 126 hours
- Rayla Silvagni: 91 hours

The nursing student assistants served for 860 hours from October 1, 2020 to September 30, 2021.

Final number of District residents served:

Total: 1,655

Please answer the following questions

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

The COVID pandemic was a major challenge for the project. Risk management officials of the California State University system were concerned about the exposure of faculty and students to the virus. We were very careful and provided PPE for faculty, students, and clients. In addition, sanitation was of the utmost important and our staff made sure that everything a client may have touched during the visit was properly disinfected. We also made a point to meet outdoors even though the heat, rain, and wind were often problems. To our knowledge, we had no COVID cases among clients and staff.

When the vaccines became available, we used the trust we and our partners had developed among the homeless, seniors and farm workers to address vaccine resistance and get our clients to accept vaccinations.

Another issue was getting unduplicated numbers of patients served. Currently, we do not have access to an electronic medical system that is HIPPA compliant in the field. In order to ensure patient confidentiality we deleted the names of the

patients served at the end of each clinic and did not develop a foolproof system of identification that was confidential. We briefly considered assigning numbers to each patient but that required that the patient remember the number and we knew that was unlikely. Students and staff are now using the question "Have you been seen here before?" as an attempt at determining unduplicated numbers in the future but then we don't have a record of the first time they were seen so we can count them. This is a barrier we will continue to work on until we find a viable solution.

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

COVID

During the pandemic when local hospitals would not allow nursing students in their facilities, we used the nurse clinics and outreach to allow students to continue to progress in their community public health and psychiatric mental health nursing courses. Without the nurse clinics and outreach opportunities and vaccination clinics, these students might have been prevented from progressing in their course work.

We did not expect to replicate the program in San Bernardino during the grant period. However, the faculty at the San Bernardino campus learned about our success in the Valley and decided to start a volunteer nurse clinic at Mary's Mercy Center. Also, with the Palm Desert campus needed locations for community health and psychiatric mental health nursing clinicals when hospitals and other agencies refused to have students during the pandemic. The nurse clinics in community agencies still working face to face with clients provided these clinical experiences so students could proceed in the program toward graduation.

COVID vaccinations

The pandemic also increased the need for students to help with vaccinations. Previously we assisted with flu clinics and now we helped provide 950 vaccinations for vulnerable populations.

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

The project will continue with other grants received and with the contributions of the campus in paying faculty in clinical courses with state funds. The nurse clinics and outreach for course credit will continue with the state funding support although separate funds are needed for supplies.

The volunteer activities will need funds for supplies, for nursing student assistants and for faculty oversight. We are planning to raise funds for these expenses.

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

There are several important lessons learned during this grant period.

1. There is a great need for patient education for medication and chronic disease management and we would increase these activities.
2. It is difficult to locate appropriate referrals to agencies that will accept these clients and we had to spend a great deal of time on the phone to get appointments for these clients so we would be constantly updating our referral lists with accurate information about the acceptance of referrals.
3. The need for clothing, shoes, socks, hygiene products, blankets and sleeping bags is huge and getting donations of these items is important and we would expand our requests for donations.
4. It is important to assess for depression, anxiety and PTSD while providing physical care and we would include these services.
5. To track data to identify the number of individuals served as well as the total number of patient contacts.

Galilee Center, Grant#: 1266

Our Lady of Guadalupe Center

Strategic Area: Homeless

Reporting Period: 5/1/2021 To 10/31/2021

Claudia Castorena
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Grant Information

Grant Amount: \$150,000

Paid to date: \$67,500

Balance: \$82,500

Due Date: 11/1/21

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (4/30/2022):

Goal #1: The Our Lady of Guadalupe Shelter will provide a safe place for a minimum of 900 migrant farm workers and asylum seekers quarterly to stay 24 hours a day 7 days per week for the program year May 1, 2021 to April 30, 2022.

Goal #2: The Our Lady of Guadalupe Shelter will provide basic services for a minimum of 900 residents quarterly in the shelter that include place to sleep, hot meals, restroom/showers, laundry facilities, a community room to relax, clothing, and access to phones calls to contact their families for the program year May 1, 2021 to April 30, 2022.

Goal #3: The Our Lady of Guadalupe Shelter staff will provide basic case management and intake services for a minimum 900 residents quarterly in the shelter that includes providing medical referrals. The staff will assist a minimum 100 migrant workers annually in finding needed resources and arrange transportation needs for a minimum 900 asylum seekers quarterly including providing funding for transportation costs for approximately one third of the asylum seekers for the program year May 1, 2021 to April 30, 2022.

Goal #4: The Our Lady of Guadalupe Shelter staff will provide hygiene bags containing face masks, hand sanitizer and toiletries for a minimum of 900 residents quarterly. As well as provide approximately 20% asylum seekers that have tested positive for COVID-19 accommodations in local motels/hotels to quarantine for 10 days before continuing on their journey to sponsors throughout the US. Medical treatment will be provided as needed for any residents of the shelter for the program year May 1, 2021 to April 30, 2022.

Evaluation Plan: The success of all Galilee Center programs being evaluated is determined by the impact of services provided at the Our Lady of Guadalupe Center to the migrant farm workers and the asylum seekers. A plan of action to evaluate the qualitative aspects of the services include input of client services received through exit interview results collected by staff case workers for the program. In addition, were possible the input of the community partners assisting in the transportation and medical health of the asylum seekers, as well as the provision of economic, medical and social resources for the migrant workers and asylum seekers is collected. The quantitative aspects of the evaluation of the program includes the record keeping of data collected for each service received by a client. A Client Sign-In sheet is maintained for all services given that records number services provided to clients. Both daily and monthly reporting is monitored in an annual report. A Client Service Need's Survey is conducted once a year that incorporates the finding of client interviews and staff program evaluation. Evaluations are reviewed by staff and management and appropriate steps or changes are implemented as needed.

Proposed number of District residents to be served:

Total: 3,600

Proposed geographic area(s) served:

Coachella
Mecca
North Shore
Oasis
Thermal
Thousand Palms

Progress This Reporting Period

Progress Outcomes:

Galilee Center's Our Lady of Guadalupe Center accomplished its goals for the first six-months of the program. Shelter and other supportive services were provided to 21 unduplicated migrant farm workers and 554 asylum seeking families, representing 1,663 unduplicated people. The 21 unduplicated farm workers stayed at the shelter from May to July. From August to November the workers travel to Northern California to follow the crops. The average stay of a farm worker is 26 days per month. The average stay

of the asylum seeking people is 2 days. During their stay all guests received hot meals, showers, access to laundry, hygiene supplies, and other basics. In addition, the GC case workers assisted all families to communicate with their relatives/sponsors in the U.S.A. and helped with the travel arrangements.

Progress on the number of District residents served:

Total: 1,684

Geographic area(s) served during this reporting period:

Mecca

North Shore

Thermal

Progress on the Program/Project Goals:

Goal #1:

For the six-month period, the Our Lady of Guadalupe Shelter provided shelter for a total of 1,684 people. There were 634 children, 595 women and 655 men (including 21 farm worker men).

Goal #2:

During the six-month period all men women and children received basic services that included a clean, safe place to sleep. The 1,684 people received 4,560 nights of shelter, 3,796 showers, 14,905 hot meals and snacks, and 2,055 laundry services. In addition, 207 infants received baby diapers, formula and baby food and 1,663 people received new undergarments and clothing.

Goal #3:

During the six-month period the shelter intake case workers assisted 554 asylum seeking families or 1,663 people with basic case management, travel arrangements (air plane or bus tickets), transportation needs, back pack needs, and medical referrals. The staff also assisted farm workers with medical referrals and filling unemployment forms and other basic needs.

Goal #4:

All 1,684 people/554 families received hygiene bags containing face masks, hand sanitizers, toiletries, deodorants, toothpaste & tooth brush, hair brush/combs, and flip flops.

Program/Project Tracking:

- *Is the project/program on track?*
Yes

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

On August 31, there was a wind storm and rain that damaged many houses in the Mecca-North Shore area including the old roof in the shelter area. The community room that is utilized as dormitory had water damage. Because of this incident, Galilee Center had to stop receiving people at its facility creating a small decreased in number of people helped. The organization in Yuma, AZ that coordinates the transportation of Asylum Seekers from Yuma, AZ to Galilee Center had to find other alternative places to send the people to be helped. Galilee Center is currently trying to establish collaboration once again with this agency to start taking asylum seeking families but there are no groups/buses scheduled to be sent to Galilee any time soon.

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

Completion of the repair and replace of the shelter roof is projected by November 10.

Galilee Center staff will continue to contact the Yuma organization's director to start taking asylum seeking families again at our facility.

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

There were no unexpected successes during the six-month period, other than Galilee Center achieving its goals as planned.

Lift to Rise, Grant#: 1277

United Lift Rental Assistance 2021

Strategic Area: Economic Protection, Recovery, and Food Security

Reporting Period: 5/1/2021 - 12/31/2021

Heather Vaikona

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Grant Information

Grant Amount: \$300,000

Paid to date: \$180,000

Balance: \$120,000

Due Date: 11/1/21

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (12/31/2021):

Goal #1: Goal #1: Total Households Served

By September 2021, a total of 4,500 qualified renter households (in the Lift to Rise geographic catchment) will have received rental assistance and utility assistance under the United Lift Rental Assistance program.

Goal #2: Goal #2: Robust Valley-Wide Outreach

Conduct robust outreach that attracts a minimum of 6,500 applicants throughout our service region – especially in hard-to-reach areas that are difficult to access during the period of this project.

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

- Provide important insights into a stronger understanding of the benefits and costs of emergency aid in economic downturns
- Provide insights into and strengthen the design of future programs to assess the role of eligibility criteria in providing effective emergency aid
- Provide insights into multiple outcomes for impacted households (“doubling up”, eviction, homelessness, food insecurity, health care, childcare)
- Provide insights into how landlords are impacted by the relief to tenants, including how these benefits to households are distributed to a variety of corporate and small business landlords

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

Outcomes that will be tracked will include:

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

Proposed number of District residents to be served:

Total: 4,500

Proposed geographic area(s) served:

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

Progress This Reporting Period

Progress Outcomes:

Lift to Rise has already exceeded its goals for this grant. Below is a detail of our activities that contributed to this success

Progress on the number of District residents served:

Total: 6,500

Geographic area(s) served during this reporting period:

All District Areas

Progress on the Program/Project Goals:

Goal #1:

From May 1, 2021 to October 26, 2021, Lift to Rise has approved \$21,342,281 in rental and utilities assistance to 2,651 households. A total of 5,208 applications were received with a 75% approval rating.

Of these households, the average combined (rental and utilities) allocation was \$7,716.

Goal #2:

We continue to execute our marketing strategies, which combine traditional marketing, community outreach efforts, and follow ups with previously engaged clients that contributed to our success in working towards our volume goals for the project.

Activities included:

- About two dozen pop-up application events in communities around the valley since March 2021, plus 12 pop-ups at rental properties where residents could apply on site.
- Paid digital ads & billboards located across the valley in June 2021
- Flyering at community events, including back to school events, vaccine drives and other events reaching out to residents
- 134,000 visitors to UnitedLift.org between July 1 and October 15, with about 64% of visitors directly heading to the site indicating a strong awareness and interest in the program that has spread throughout the community.
- Google Ads campaign launched in July 2021 has generated nearly 4,000 hits to UnitedLift.org
- Facebook & Instagram ads ran from June 7 to June 21 reached 55,000 people

UnitedLift applicants found out about the program through the following mechanisms:

29% - Word of mouth from landlord

25% - Word of mouth from family member or friend

16% - From the news/social media

12% - Some other way

11% - From a local community org

6% - Referral from a local legal aid group

1% - From a local elected official

Goal #3: N/A

Goal #4: N/A

Goal #5: N/A

Program/Project Tracking:

- *Is the project/program on track?* Yes

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

There were no substantive challenges or barriers related to this project during this period

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

We have already reached our stated goal

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

Lift to Rise, in partnership with Inland SoCal United Way and Riverside County, runs the nation's third-largest rental assistance program, per capita. Based on the data on ERAP-assisted households so far, it appears that the COVID-19 pandemic is continuing to have a particularly devastating impact on low-income Riverside County renters, especially those who identify as Black/African American and as female. The data also shows that families led by single parents, especially single mothers, continue to be overrepresented among approved applicants, as well as workers from the food service and healthcare industries. The pandemic has resulted in unprecedented job losses, with 62% of approved applicants out of work. Debt to landlords continues to pile up as the pandemic rages on, leaving renters vulnerable to eviction, bankruptcy, and trauma associated with housing insecurity. These trends have generally remained consistent over the course of the pandemic, suggesting that the most acutely impacted demographics could benefit from targeted interventions to improve housing stability as Riverside County continues its recovery. A comprehensive report with the most up-to-date data can be found at unitedlift.org.