



**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE MEETING**

January 11, 2022

1:30 p.m.

In lieu of attending the meeting in person, members of the public will be able to participate by webinar by using the following link:

<https://us02web.zoom.us/j/84722529392?pwd=cnJldmJYR29pcmJuakhOUFJ3MnhEQTO9>

Password: **799646**

Webinar ID: **847 2252 9392**

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

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<i>Page(s)</i>	AGENDA	<i>Item Type</i>
	I. Call to Order – Director Les Zendle, MD, Committee Chair	
1	II. Approval of Agenda	Action
2-4	III. Approval of Meeting Minutes 1. Meeting Minutes – November 11, 2021	Action
	IV. Public Comments At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Committee has a policy of limiting speakers to not more than three minutes. The Committee cannot take action on items not listed on the agenda. Public input may be offered on an agenda item when it comes up for discussion and/or action	
5-39	V. Old Business 1. FY2021-2026 Strategic Plan a. Strategic Goals - Priorities Implementation/Communications	Discussion
	VI. Adjournment	



**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
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Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Director/Chair Les Zendle, MD President Leticia De Lara Vice-President/Secretary Karen Borja	Conrado E Bárzaga, MD, CEO 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 Andrea S. Hayles, Clerk to the Board	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Zendle called the meeting to order at 1:37 p.m. with all directors present except President De Lara who joined the meeting at 2 p.m.	
II. Approval of Agenda	Chair Zendle asked for a motion to approve the agenda.	It was moved by Vice-President Borja and seconded by Director Zendle to approve the agenda. Motion passed unanimously.
III. Approval of the Minutes – March 09, 2021	Chair Zendle asked for a motion to approve the minutes of the March 09, 2021, meeting.	It was moved by President De Lara and seconded by Vice-President Borja to approve the March 09, 2021, meeting minutes. Motion passed unanimously.
IV. Public Comment	There was no public comment.	
V. Old Business		
1. FY2021-2026 Strategic Plan a. Funding Strategic Program Grants b. Strategic Plan Marketing Approaches	The committee engaged in discussions concerning the grant's high versus moderate versus low priority requests, potential caps on grant funding, whether an amount should be applied to the strategic planning goals, determining considerations for current grant requests outside the scope of the strategic plan, prioritizing the strategic goals, and	

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	<p>projected future grant spending.</p> <p>Chair Zendle explained that the district should stay on message that the social determinants of health are important, raise awareness, and determine opportunities for the district to engage in assisting other organizations to address health matters, but it doesn't necessarily equate to committing funding if there are higher priorities identified.</p> <p>Dr. Bárzaga, CEO, explained that it is acceptable for staff to wait and clarify the recommendation from the Strategic Planning Committee to determine in what way the district will advance the high priorities, and closer to the end of the fiscal year consider additional funding for specific proposals with Board approval.</p> <p>Vice-President Borja inquired on marketing the strategic plan to the public, how the public perceives the district launching the strategic plan, determining what works well, what doesn't, and returning to the Board with any potential changes.</p> <p>Dr. Barzaga, CEO, explained that staff is working on a presentation to present the plan as-is with a key message to convey to the community the main goals, such as increasing resources, primary and</p>	
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	<p>specialty care and mental health infrastructure, and the district's role in creating a robust healthcare structure.</p> <p>As discussed by the committee, staff will prioritize the top three (3) goals as the primary focus areas and the others as modest, while proposing to the program committee to focus the high priority grants, determine what funding is available for immediate release, including in the next two to three years, discuss the moderate grants at a later date, which will require a discussion at the board level.</p>	
VI. Adjournment	Chair Zendle adjourned the meeting at 2:39 p.m.	<p>Audio recording available on the website at https://www.dhcd.org/Agendas-and-Documents</p>

ATTEST:

 Les Zendle, MD, Chair/Director, Strategic Planning Committee
 Desert Healthcare District Board of Directors

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



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: January 11, 2022
To: Strategic Planning Committee
Subject: Strategic Plan Implementation

Background:

- On October 26, 2021, the Board of Directors of the Desert Healthcare District and Foundation approved the 5 Year Strategic Plan.
- During the November 9, 2021, Strategic Planning Committee meeting, staff was directed to prioritize the top 3 Strategic Plan Goals (***Goal 1: Proactively increase the financial resources DHCD/F can apply to support community health needs, Goal 2: Proactively expand community access to primary and specialty care services as the primary focus areas, and Goal 3: Proactively expand community access to behavioral/mental health services***) as the other 4 goals were identified as moderate priority.
- As Goals 2 and 3 are more specific to grant funding, staff worked within the Clear Impact platform and created performance measures to track and measure funding impact. This work was presented to the Program Committee and Board of Directors in December.

Information:

- As staff moves forward with the implementation of the new 5 Year Strategic Plan, significant internal administrative updates are needed on our District website and within our grantmaking software, Blackbaud. When updates are made to our grant application and any other forms in Blackbaud, unfortunately it becomes necessary to shut down the entire system and any pending applications. The applications then must be restarted by the requesting organization.
- To avoid community confusion and frustration, all administrative updates need to be complete prior to conducting public outreach on funding availability.
- To properly articulate the areas in which organizations can apply for funding and to avoid updating Blackbaud and the website several times, staff needs clear direction in relation to goals #5-7.
- If grant funding is to be associated with Strategic Plan goals #5-7, staff is requesting committee/Board direction during the January Committee and Board meetings or consider later during a review and update of strategic plan priorities at the end of fiscal year 2023.
 - Identifying grant funding availability, if applicable, for goals #5-7 now is imperative to avoid missteps in communications and internal grant administration updates.
 - If the Board wishes to wait until the end of fiscal year 2023's annual review, staff recommends updating the District website, the grant application, and external communications/marketing to be redesigned to incorporate goal # 2 and 3 only.

Fiscal Impact:

- N/A



Desert Healthcare District & Foundation

Final Draft Strategic Plan – Revised Based on October 9 Meeting

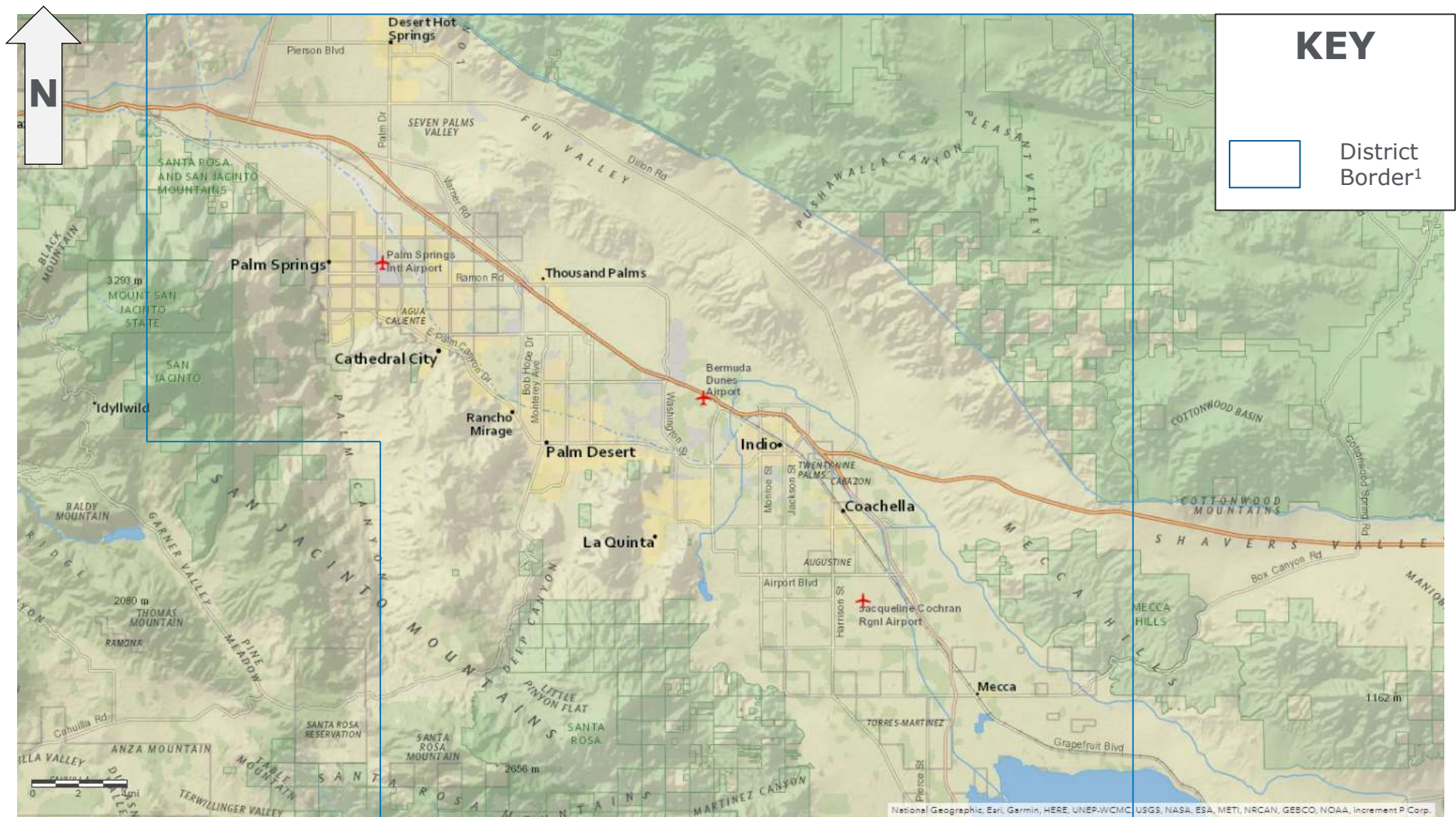
October 15, 2021



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Strategic Plan is Specific to the Entire District -- Coachella Valley As A Whole



1. District border is hand drawn by Veralon and represents an approximation of the district boundaries.

DHCD/F Enabling Legislation, Mission and Vision

DHCD/F Enabling Legislation Clarifies the Emphasis Is On Health Services

AB 2414, Eduardo Garcia. Desert Healthcare District.

“Existing law, the Local Health Care District Law, authorizes the organization and incorporation of local health care districts and specifies the powers of those districts, including, among other things, the power to establish, maintain, and operate, or provide assistance in the operation of, one or more health facilities or health services, including, but not limited to, outpatient programs, services, and facilities; retirement programs, services, and facilities; chemical dependency programs, services, and facilities; or other health care programs, services, and facilities and activities at any location within or without the district for the benefit of the district and the people served by the district.”^{1,2}

1. Source: Assembly Bill 2414 Chapter 416
2. During the strategic planning retreat this description of the purpose of DHCD/F was cited as a means of emphasizing that the role is specific to healthcare services and resources



DHCD/F Mission Statement

"To achieve optimal health at all stages of life for all District residents"¹

1. Source: Desert Healthcare District / Desert Healthcare Foundation Strategic Plan, adopted June 27, 2017

DHCD/F Vision Statement

“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”¹

1. Source: Desert Healthcare District / Desert Healthcare Foundation Strategic Plan, adopted June 27, 2017

Critical Planning Issues

Critical Planning Issues

- Resolve the Tenet lease and seismic investment
- Maintain the District's reserves at the current level until the Tenet situation is resolved
- Evaluate current/future programs and services to which DHCD/F provides funds using effectiveness and impact criteria and looking at impact
- No new parcel tax funding in the short term (at least 2 years)
- Pursue new funding sources to support meeting CV healthcare needs (e.g., Riverside County, grants, JVs/partnerships, Federal and State Govt.)
- Expand access to care: focus on health care
 - Community-oriented primary care (medical), mental health and dental services
- Enhance equity for all residents accessing care
- Measure/assess the impact on and size of a population to which DHCD/F holds organizations/programs accountable for achieving stated goals
- Encourage innovation and collaboration
- Enhance DHCD/F's lobbying capabilities, as needed and targeted

Goals and Strategies



Discussion: Setting Preliminary Goals and Strategies

- **Goal** – an [outcome](#) to be achieved over a 5-year period.
 - Describes [what](#) DHCD/F is going to achieve through the implementation of strategies
- **Strategy** – an [action](#) to be taken in support of accomplishing the goal.
 - A statement of [how](#) DHCD/F will accomplish the goal
 - Strategies are stated for a 3-year period and can be refined annually

CPIs “Drive” Selection of *Draft* DHCD/F Goals



Critical
Planning
Issues

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

Goal 1

Goal 1: Proactively increase the financial resources DHCD/F can apply to support community health needs

Strategies	Priority	Lead Party	Start Date	Complete Date
1.1 Develop a healthcare delivery system vision for the Coachella Valley	High	CEO	Oct '21	Mar '22
1.2 Pursue renegotiation of the Tenet lease - Complete seismic retrofit design/planning	High	Ad-Hoc	Immediate	Jan '24
1.3 Expand capabilities and activities for obtaining new grant funding - Hire grant writer (already in budget) (Jan)	High	CEO	Immediate	Ongoing
1.4 Work with Riverside University Health System to continue/expand funds provided to DHCD/F to meet community health needs	High	CEO	Ongoing	Ongoing
1.5 Identify opportunities and implement selected joint venture/partnerships with community organizations to jointly support funding of selected community health needs	Moderate	CEO	Nov '21	Ongoing
1.6 Evaluate the potential to conduct community-based fund raising (Foundations, individuals, corporations) - Hire a development director - Explore planned giving program	Low	CEO	Mar '22	Ongoing

Goal 2

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

Strategies	Priority	Lead Party	Start Date	Complete Date
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.)	High	CPO*	Nov '21	Ongoing
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	High	CPO	Nov '21	Ongoing
2.3 Provide funding support and evaluation to community organizations providing expanded mobile primary and specialty care services - In support of the District buying a mobile van for primary care and vaccinations, identify operating costs and resources required	High	CPO	Mar '22	On-going
2.4 Provide funding support to community organizations providing primary and specialty care via telehealth - Fund telehealth internet hubs to increase access in underserved communities	High	CPO	Dec '21	Ongoing
2.5 Collaborate/partner with culturally-competent training programs to expand primary care residency and nursing programs with required retention initiatives	Moderate	CPO	Dec '21	Ongoing
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	Moderate	CEO/ Program Staff	Dec '21	Ongoing
2.7 Utilize an equity lens to expand services and resources to underserved communities - Increase the number of Promotoras/CHWs**	High	CEO/ Program Staff	Dec '21	Ongoing

*CPO - Chief Program Officer

** CHW - Community health worker

Goal 3

Goal 3: Proactively expand community access to behavioral/mental health services

Strategies	Priority	Lead Party	Start Date	Complete Date
3.1 Provide funding to support an increase in the number of behavioral/mental health professionals (includes training)	High	SPO - BMH**	Jan '22	Ongoing
3.2 Provide funding to CBOs to support an increase in the number of days and hours of operation of behavioral/mental health services*	High	SPO - BMH	Jan '22	Ongoing
3.3 Provide funding to CBOs enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services (consider co-location with other health services)	High	SPO - BMH	Jan '22	Ongoing
3.4 Provide funding support to CBOs providing tele-behavioral/mental health services	High	SPO - BMH	Jan '22	Ongoing
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)	Moderate	SPO - BMH	Sept '22	Ongoing
3.6 Educate community residents on available behavioral/mental health resources	Moderate	SPO - BMH	Oct '21	Ongoing
3.7 Collaborate/partner with community providers to enhance access to culturally-sensitive behavioral/mental health services	Moderate	SPO - BMH	Mar '22	Ongoing

*CBO - community based organization

** SPO - BMH - Senior Program Officer Behavioral & Mental Health

Goal 4

Goal 4: Proactively measure and evaluate the impact of DHCD/F-funded programs and services on the health of community residents

Strategies	Priority	Lead Party	Start Date	Complete Date
4.1 Adopt Clear Impact performance management and RBA* platform to track and report impact	High	CPO	Jan '22	Ongoing
4.2 Evaluate the potential to offer multi-year grants to organizations	Moderate	CPO	Jan '22	Ongoing
4.3 Require, where appropriate, grantees to conduct and report the results of patient satisfaction surveys	Low	CPO	July '22	Ongoing
4.4 Conduct a CHNA in 5 years (2026)	Low	CEO, CPO	2026	2026
4.5 Annually report progress of funded programs/services toward meeting identified community health needs	High	CPO	Jan '22	Ongoing
4.6 Support local organizations' capacity building efforts	Low	CPO	Jan '22	Ongoing

*RBA -- Results based accountability

Goal 5

Goal 5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents

Strategies	Priority	Lead Party	Start Date	Complete Date
5.1 On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to homelessness of community residents and be a catalyst for community organizations to act in implementing solutions	Moderate	CPO	Oct '21	Ongoing
5.2 On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to affordable housing for community residents and be a catalyst for community organizations to act in implementing solutions	Moderate	CEO	Oct '21	Ongoing
5.3 On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to poverty among community residents and be a catalyst for community organizations to act in implementing solutions	Moderate /Low	CEO	Oct '21	Ongoing
5.4 Promote Health Action Planning and co-location of healthcare services in affordable housing developments	Moderate	CEO	Oct '21	Ongoing

Goal 6

Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area

Strategies	Priority	Lead Party	Start Date	Complete Date
6.1 Play a role in raising awareness of the impact of air quality in the East Coachella Valley on the health of community residents and be a catalyst for community organizations to act in implementing solutions	Moderate	CCE*	Ongoing	Ongoing
6.2 Play a role in raising awareness of the impact of poor water quality in the East Coachella Valley on the health of community residents and be a catalyst for community organizations to act in implementing solutions	Moderate	CCE	Ongoing	Ongoing
6.3 Collaborate with and support public organizations in the Coachella Valley to address SDOH** related to the environment (air quality, water quality and shelter)	Moderate	CCE	Ongoing	Ongoing

*CCE -- Chief of Community Engagement

** SDOH - Social determinants of health

Goal 7

Goal 7: Be responsive to and supportive of selected community initiatives that enhance the general education of the District's residents

Strategies	Priority	Lead Party	Start Date	Complete Date
7.1 Play a role in raising awareness of the impact of general health education on the health of community residents and be a catalyst for community organizations to act in implementing solutions - Education including the ConnectIE platform and other resources	Moderate	CCE	Ongoing	Ongoing
7.2 Play a role in raising awareness of the impact of school resources on the health of community residents and be a catalyst for community organizations to act in implementing solutions	Moderate	CCE	Ongoing	Ongoing

Appendices

Potential Sources of New Funding

Potential Modes of New Funding

Potential Source of New Funds	Observations	Priority # or "Not Viable"*
Early Negotiation of Tenet Lease (Expires May 2027)	<ul style="list-style-type: none"> Potential to generate revenue to support DHCD/F activities 	Highest Priority
Use Portion of Reserve (\$59M less \$7M already pledged)	<ul style="list-style-type: none"> Draw down or guarantee would reduce DHCD/F's "reserves" to support operations, capitalize investments and seismic retrofit Almost all Board members not supportive 	Not at this time
New Parcel Tax	<ul style="list-style-type: none"> Economic downturn due to COVID makes this unlikely in next 3-4 yrs. Expected to be politically unpopular 	Potential Source but Beyond the Next 2-3 years
Seek Grants Through State/National Philanthropic Sources	<ul style="list-style-type: none"> Is an opportunity; magnitude difficult to quantify Requires grant writer (Sr. Dir. Development previously approved) 	High priority
Local Community Fundraising (e.g., Galas)	<ul style="list-style-type: none"> Is an opportunity; magnitude difficult to quantify DHCD/F could be perceived as competing with other local organizations 	Viability to be Assessed

* Priority rating was identified by the DHCD/F Board and management team through discussion during the September 2021 strategic planning retreat

Continued next page

Potential Modes of New Funding

Potential Source of New Funds	Observations	Priority # or "Not Viable"*
Debt (Use the most beneficial method to finance)	<ul style="list-style-type: none"> \$59M (\$52M net) principal/reserve is DHCD/F's only collateral asset; Requires pledge of revenue or guarantee, debt or a guarantee would reduce availability of these funds for operations, capital investment or seismic funding 	Feasibility and strategic and financial impact to be evaluated
Funding Support by County	<ul style="list-style-type: none"> Riverside County Dept. of Public Health recently provided \$2M. Potential exists for future funding Access to funding can be bureaucratic/uncertain 	High priority
Funding Support by Hospitals	<ul style="list-style-type: none"> Investments focused on their assisting their services and viability -- unlikely 	Low priority

* Priority rating was identified by the DHCD/F Board and management team through discussion during the September 2021 strategic planning retreat

Community Health Needs Evaluation Exercise Findings

Evaluation of Community Needs

- Community needs were highlighted through CHNA and discussion during day 1 of the DHCD/F retreat
 - Summarized by priority category: economic stability, health access, mental health, environment, education, other
- Evaluative criteria were agreed to on day 1 of the retreat
 - Magnitude of need by the District's residents (size of population served)
 - Extent to which improving the issue enhances equitability of healthcare
 - Degree of impact DHCD/F can achieve through its funding support (resources available)
 - Timeliness of achieving progress
 - Fit with DHCD/F's Mission, vision and capabilities and resources
- Within each of the priority categories, the board assessed the needs against the 5 criteria

Evaluation Exercise: Economic Stability*

Economic stability community needs	Select: High, Moderate or Low					Priority Conclusion (High, Moderate, Low, None)
	Magnitude of need by District residents (size pop. served)	Extent to which improving the issue enhances equitability of healthcare	Degree of impact DHDF can achieve through its funding support	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	
Homelessness	High	High	Mod/Low	Mod/Low	Yes	Moderate
Affordable housing	High	Moderate	Mod/Low	Low	Yes/No (Spilt)	Moderate
Higher paying jobs	--	--	--	--	No	--
Poverty	Moderate	High	Low	Low	Yes/No (Spilt)	Mod/Low
Substandard housing (missing gas for stove, over crowded, etc.)	--	--	--	--	No	--
Little to no employment	--	--	--	--	No	--

* The seven members of the DHCD/F Board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes

Evaluation Exercise: Health Access*

Health access community needs	Select: High, Moderate or Low					Priority Conclusion (High, Moderate, Low, None)
	Magnitude of need by District residents (size pop. served)	Extent to which improving the issue enhances equitability of healthcare	Degree of impact DHDF can achieve through its funding support	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	
Clinician shortage	High	High	Moderate	Moderate	Yes	High/Mod
Healthcare is expensive (services, insurance, prescriptions)	High/Mod	High	High	High	Yes	High
Quality of care (outcomes., physician empathy, accuracy of diagnosis)	High	High	Mod/Low	Low	Yes	Mod/Low
East Valley access to healthcare services	High	High	High	High/Mod	Yes	High

* The seven members of the DHCD/F Board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes

Evaluation Exercise: Mental Health*

Mental health community needs	Select: High, Moderate or Low					Priority Conclusion (High, Moderate, Low, None)
	Magnitude of need by District residents (size pop. served)	Extent to which improving the issue enhances equitability of healthcare	Degree of impact DHDF can achieve through its funding support	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	
Mental health is an important issue	High	High	High	High/Mod	Yes	High
Need more mental health clinics/resources	High	High	High	High	Yes	High
People should know more about mental health and how to get help	High	High	High	High	Yes	High

* The seven members of the DHCD/F Board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes

Evaluation Exercise: Environment*

Environment community needs	Select: High, Moderate or Low					Priority Conclusion (High, Moderate, Low, None)
	Magnitude of need by District residents (size pop. served)	Extent to which improving the issue enhances equitability of healthcare	Degree of impact DHCD/ F can achieve through its funding support	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	
Infrastructure needs (sidewalks, lighting, internet connectivity)	--	--	--	--	No	--
Transportation (lack of transportation, no public transportation)	--	--	--	--	No	--
Air quality in East CV	High	High	Moderate	Low	Yes	Moderate
Walkability is low	--	--	--	--	No	--
Poor water quality in East CV	High/Mod	High	High/Mod	Mod/Low	Yes	High/Mod

* The seven members of the DHCD/F Board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes

Evaluation Exercise: Education*

Education community needs	Select: High, Moderate or Low					Priority Conclusion (High, Moderate, Low, None)
	Magnitude of need by District residents (size pop. served)	Extent to which improving the issue enhances equitability of healthcare	Degree of impact DHCD/F can achieve through its funding support	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	
General health education (need more awareness on health issues not presented in schools)	High	High	High	High	Yes	High
School resources needed (guidance counselors, computers for students, tutoring, scholarships)	Low	Low	Low	Low	Yes/No (Split)	Low
Quality of education (need better quality of education, teachers who are passionate/care)	--	--	--	--	No	--
General education attainment (more people need to go to college, differences in educational attainment across districts)	--	--	--	--	No	--

* The seven members of the DHCD/F Board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes

Evaluation Exercise: Other Issues*

Other community needs (with high mentions)	Select: High, Moderate or Low					Priority Conclusion (High, Moderate, Low, None)
	Magnitude of need by District residents (size pop. served)	Extent to which improving the issue enhances equitability of healthcare	Degree of impact DHCD/F can achieve through its funding support	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	
High crime (crime is high in CV, fights and gang violence)	--	--	--	--	No	--
Obesity (obesity is a problem, obesity among low income)	High	High	High/Mod	Moderate	Yes	High/Mod
Sex education in schools	High	High	High	High	Yes	High
Drug use/addiction (drug use is a problem, substance abuse rates high, methamphetamine problem)	High	High	High	High	Yes	High
Food shortage/food access (lack of food, food access for low income)	High	High	High	High	Yes	High

* The seven members of the DHCD/F Board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes

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